

**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

September 20, 2016

10:00 a.m.

Frontiers of Flight Museum  
Conference Room  
6911 Lemmon Ave.  
Dallas, Texas 75209

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

September 20, 2016

10:00 a.m.

Frontiers of Flight Museum  
Conference Room  
6911 Lemmon Ave.  
Dallas, Texas 75209

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, June 16, 2016
  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
    - Texas Tech University Health Sciences Center
    - The University of Texas Medical Branch
  5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
  1. Texas Department of Criminal Justice
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VI. Medical Directors Updates
  - 1. Texas Department of Criminal Justice
    - Health Services Division Fiscal Year 2016 Third Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. CMHCC Joint Medical Directors Working Group Update –  
Owen Murray, DO, MBA, Vice-President Offender Care Services  
University of Texas Medical Branch, Correctional Managed Care
- VIII. Public Comments
- IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
June 16, 2016

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**June 16, 2016**

**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., Elizabeth Anne Linder, Ed.D., Cynthia Jumper, M.D., Tamela Griffin

**CMHCC Members Absent:** Ben Raimer, M.D., Mary Annette Gary, Ph.D

**Partner Agency Staff Present:** Ron Steffa, Marsha Brumley, Natasha Mills, Cathy Hager, Charlene Maresh, Rebecka Berner, Chris Black-Edwards, Debra Jones, Lorie Davis; Texas Department of Criminal Justice; Stephen Smock, Kelly Coates, Anthony Williams, Monte Smith, M.D., Olugbenga Ojo, M.D., Marjorie, Kovacevich, Ryan Micks, Joseph Penn, M.D.; UTMB; Denise DeShields, M.D., Benjamin Leeah, M.D., TTUHSC

**Others Present:** Frances Vaughn, Offender Family Member

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b> - Margarita de la Garza-Graham</p> <p><b>II. Recognitions and Introductions</b> - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>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. However, there no one was present wishing to provide public comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p> <p>Dr. de la Garza-Graham introduced Ms. Tamela Griffin as the newly appointed non-voting member to CMHCC Committee. Ms. Griffin replaced Ms. Patricia Vojack following her resignation from the position upon her acceptance of another position within the Health and Human Services Commission.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items</b></p> <p><b>- Margarita de la Garza-Graham</b></p> <ul style="list-style-type: none"> <li>○ Approval of Excused Absences</li> <li>○ Approval of CMHCC Meeting Minutes – March 15, 2016</li> <li>○ Approval of TDCJ Health Services Monitoring Report</li> <li>○ University Medical Director’s Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham noted approval of the excused absence for Dr. Ben Raimer due to a scheduling conflict.</p> <p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on March 15, 2016.</p> <p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director’s Reports.</p> <p>Dr. de la Garza-Graham noted the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>	<p>Dr. de la Garza-Graham requested that verbiage in the meeting minutes be changed from... “cure for cancer” to “manage cancer” to accurately reflect Dr. Markowitz’ statement during his presentation.</p>	<p>Dr. Raimer made motion to approve the consent items and Dr. Sherwood seconded the motion which prevailed by unanimous vote.</p>
<p><b>IV. Update on Financial Reports</b></p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Second Quarter of Fiscal Year (FY) 2016, as submitted to the Legislative Budget Board (LBB). The report was submitted in</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>Funding received by the universities was \$297.6 million dollars during the Second Quarter.</p> <p>The report also shows expenditures broken down by strategies.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 51.9% percent, for a total of \$164 million dollars.</p> <p>Hospital and clinical care accounts for 37.7% of total expenditures at a cost of \$118.8 million. This strategy showed the greatest shortfall at \$17.2 million dollars for FY 2016.</p> <p>Pharmacy services makes up 10.4 % of total health care expenditures at a cost of \$32.9 million dollars, of the \$32.9 million, \$25 million is for pharmaceutical purchases.</p> <p>Total expenditures during the Second Quarter were \$315.7 million dollars, resulting in a shortfall of \$18.1 million dollars.</p> <p>Ms. Maresh reported that this report also reflects \$11.2 million that was a result of the FY15 ending balance plus UTMB's hospital cost report reconciliation which brings the total shortfall to \$29.3 million dollars.</p> <p>As of the Second Quarter of FY 2016, the average service population is 147,269.</p> <p>The offender population age 55 and over had a slight increase with an average daily census of 16,664. This population makes up about 11.3 % of the overall population and accounts for 43% of total hospital cost.</p> <p>The average mental health inpatient census is 1,802 of the total service population. The average mental health outpatient census is 22,923 of the total service population.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>The average health care cost is \$11.78 per offender, per day, which is an increase from \$10.75 for FY 2015.</p> <p>The projected expenditures submitted by the universities for FY 2016 is \$637.8 million dollars, resulting in a projected shortfall of \$50.8 million dollars.</p>	<p>Dr. Sherwood asked if the projected shortfall could be explained in words so that those without historical perspective would have a better understanding of the expenditures and shortfalls.</p> <p>Ms. Maresh explained that when the third quarter report is submitted to the Legislature, it is anticipated that a request will also need to be sent to the Legislative Budget Board (LBB) to use FY 2017 spend forward funding to cover FY 2016 expenses.</p> <p>Dr. Linthicum also responded that historically, the agency has always had to go back to the Legislature for a supplemental appropriation request. A request must be submitted to the LBB to request spend forward authority whenever there is a deficit.</p> <p>Ron Steffa, Deputy Chief Financial Officer, TDCJ also reported that the LBB had requested a report from the universities and TDCJ regarding cost saving initiatives and efforts that will be implemented in efforts to help avoid cost overages and reduce spending. These reports will be submitted along with the spend forward request to the LBB to spend FY 2017 funds in FY 2016.</p> <p>Dr. Berenzweig inquired as to where the 10 percent increase in the healthcare strategy came from after recalling that from FY2014 to FY 2015 it had remained relatively stable.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (Cont.)</b></p>		<p>Ms. Maresh responded that the greatest increase in the healthcare strategy came from the hospital strategy, but some increase was seen in the pharmacy strategy as well.</p> <p>Dr. DeShields added that in June of 2015, the Office of Pharmacy Affairs conducted an audit. Some of the pharmaceutical vendors were changed causing a projected increase of about \$2.4 million dollars to be seen in pharmaceuticals in the TTUHSC sector alone as TTUHSC does not meet the criteria to qualify for the 340B savings plan.</p> <p>Dr. Berenzweig requested that some historical data be made available to the committee on healthcare cost from previous years so the cost trend could be seen.</p> <p>Dr. Sherwood asked if a 10 year trend could be provided to show the number of offenders incarcerated, number of offenders treated, and the cost per inmate per day.</p> <p>Ms. Maresh replied that the Business and Finance Division would provide a trending document. Ms. Maresh referenced some of the requested data as far back as FY 2012 which was displayed in the summary level of the agenda book.</p> <p>Dr. de la Garza-Graham suggested that graphs be provided at future meetings to show trends in different categories (i.e. Pharmacy, Hepatitis C, etc).</p> <p>Dr. Linthicum asked that the committee submit ideas so reports could be formulated.</p> <p>Dr. DeShields responded that she believes much of the shortfall in healthcare cost being seen is due to the aging offender population.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>IV. Update on Financial Reports (Cont.)</b>		<p>Dr. Linthicum also commented that the agency receives a large number of patients who have received solid organ transplants. Additionally, there are patients who rely on dialysis, those who require medications, those who are mentally ill, paraplegic, and require substance abuse management. These offender patients must be treated on a daily basis and physicians must be hired to manage them full-time.</p>	
<b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b>	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called upon Dr. Linthicum to begin the presentation of the TDCJ's Critical Personnel Vacancies.</p>	<p>Dr. Jumper also added that treatment of care is mandated so each offender requiring treatment must be cared for.</p>	
<ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> </ul>	<p>Dr. Linthicum reported that there are two Health Specialist V positions within the Office of Mental Health Monitoring and Liaison vacant and the position posting has been extended.</p>		
	<p>Dr. Linthicum noted that there were no qualified applicants for the position of Director II, Office of Public Health.</p>		
	<p>Dr. Linthicum reported that within the Office of Professional Standards, the vacant position of Investigator II at the Jester IV Unit had closed and an interview date was pending.</p>		
	<p>Dr. Linthicum further reported there were two other Investigator positions vacant at the Montford Unit. The Health Services Division has requested approval to relocate these positions to the Patient Liaison HUB Office located at the Hilltop Unit.</p>		
<ul style="list-style-type: none"> <li>- Dr. Denise DeShields</li> </ul>	<p>Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p>		
	<p>Dr. DeShields reported that the Medical Director's position located at the Middleton Unit had been filled as of mid-July</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p>- Dr. Monte Smith on behalf of Dr. Owen Murray</p>	<p>2016; however, the selected applicant transferred from the Dalhart Unit which in turn leaves that position vacant.</p> <p>Dr. DeShields noted that the physician selected for the Medical Director’s position at the Jordan/Baten Unit has been granted a Texas license and was scheduled to begin on July 1, 2016.</p> <p>Dr. de la Garza-Graham then called on Dr. Monte Smith to report on UTMB’s critical vacancies on behalf of Dr. Owen Murray.</p> <p>Dr. Smith noted that UTMB had one critical vacancy for the virologist position, but advised that Dr. Jessica Khan who had previously vacated the position would be returning back to UTMB to fill the position.</p>		
<p><b>VI. Medical Director’s Updates</b></p> <p>- Lannette Linthicum, MD</p> <p>• <b>TDCJ – Health Services Division FY 2016 Second Quarter Report</b></p> <ul style="list-style-type: none"> <li>○ Operational Review Audit</li> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> </ul>	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to present the TDCJ’s Medical Director’s Report.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Second Quarter of FY 2016, (December 2015, January and February 2016), Operational Review Audits (ORAs) were conducted on nine facilities: Briscoe, Cotulla, Gist, Gurney, LeBlanc, Lockhart, Luther, Michael and Wynne. Dr. Linthicum referred to the 11 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. Linthicum explained that Dental Quality Review audits were conducted at the following 17 facilities: Boyd, Byrd, Cleveland, Estelle, Ferguson, Glossbrenner, Holliday, Lopez, Middleton, Polunsky, Powledge, Robertson, Segovia, Wallace, Ware, Willacy and Wynne.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Grievance and Patient Liaison Correspondence</li> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Office of Public Health</li> </ul>	<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 Second Quarter of FY 2016, the PLP and the Step II Medical Grievance Programs received 4,166 correspondences. The PLP received 2,668 correspondences and Step II Medical Grievance received 1,498. There were 298 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were seven percent and five percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addresses quality of care issues. There were 26 Sick Call Request Verification Audits conducted on 25 facilities. A total of 222 indicators were reviewed and 24 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 585 cases of Hepatitis C identified for the Second Quarter FY 2016. There were 14,682 intake tests and 110 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Second Quarter FY 2016, 10,360 pre-release test were performed and 1 offender tested HIV positive. 13 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Second Quarter FY 2016.</p> <p>222 cases of suspected Syphilis were reported in the Second Quarter FY 2016. Seventeen of those required treatment or retreatment.</p> <p>129 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2016.</p> <p>Dr. Linthicum advised that there was an average of 18 Tuberculosis (TB) cases under active management for the Second Quarter FY 2016.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Second Quarter FY 2016, training sessions were held at 25 units. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 184 chart reviews of alleged sexual assaults. There were 20 deficiencies found this quarter. 51 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. 18,385 offenders attended classes presented by educators. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 173 offenders trained to become peer educators during the Second Quarter of FY 2016. This is an increase from offenders trained in the First Quarter FY 2016.</p> <p>Dr. Linthicum reported that there were 72 deaths reviewed by the Mortality and Morbidity Committee during the Second Quarter of FY 2016. Of those 72 deaths, 6 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Second Quarter of FY 2016. Administrative Segregation (Ad. Seg.) audits were conducted on 18 facilities. 3,292 offenders were observed, 2,898 were interviewed and four offenders were referred to the university providers for further evaluation.</p> <p>Access to Care for mental health (ATC) 4 and (ATC) 5 were met at 100 percent on 17 of the 18 facilities audited.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Health Services &amp; Liaison</li> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> </ul>	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 55 instances of compelled psychoactive medication administration occurred. Jester IV and Skyview were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. Clements unit reported no instances of compelled psychoactive medication. Montford unit fell below compliance briefly in the month of December but were back at 100% compliance in January. There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 17 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 158 hospital and 50 infirmary discharge audits. UTMB had 26 deficiencies identified and TTUHSC had no deficiencies identified for the hospital discharge audits. UTMB had 9 deficiencies identified and TTUHSC had no deficiencies for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 12 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that TTUHSC Correctional Managed Health Care (CMHC) was currently working on reports requested by the Legislature. TTUHSC has been working intensely preparing these reports for the upcoming session.</p> <p>Dr. DeShields further reported that the Senate Finance Committee has also requested reports be provided regarding infirmary bed challenges, and cost saving initiative plans for FY 2016 and FY 2017. The LBB has also requested a</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>University of Texas Medical Branch</b></li> <li>- Monte Smith, MD on behalf of, Owen Murray, DO</li> </ul> <p><b>VII. Update on the Policy and Procedure Committee</b></p> <ul style="list-style-type: none"> <li>- Benjamin Leeah, MD</li> <li>- Chris Black-Edwards, RN, BSN</li> </ul>	<p>strategic fiscal review along with an analysis of expenses.</p> <p>Dr. DeShields explained that alongside the primary functions of providing patient care, there is also a lot going on behind scenes to make sure the Legislative body understands agency challenges.</p> <p>Dr. de la Garza-Graham then called on Dr. Smith to present the report for UTMB.</p> <p>Dr. Smith had no additional information to add to the Medical Directors Report, but did state that UTMB is also actively preparing for that upcoming 85<sup>th</sup> Legislature.</p> <p>Dr. de la Garza-Graham then called on Dr. Benjamin Leeah, MD, Northern Regional Medical Director, TTUHSC and Chris Black-Edwards, RN, BSN, Director III of Nursing Administration, TDCJ, to provide the update on the Joint Policy and Procedure Committee.</p> <p>Dr. Leeah begin by introducing himself and then explained that the committee is a statewide committee made up of members from all three partnering agencies TDCJ, UTMB and TTUHSC.</p> <p>The function of the Joint CMHCC Policy and Procedure Committee is to develop new policies and review and update existing policies to ensure that the delivery of health services provided is complaint with accreditation standards, relevant laws, regulations, judicial mandates, and standard of care. It is the responsibility of the committee to decide how these items will be implemented within the policies.</p> <p>Dr. Leeah reported that the CMHC Policy and Procedure Manual is a system wide resource available online and in print. Every policy in the manual is reviewed at least annually. Currently, there are 131 policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings. If there is any change with a National Standard of Care, the</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Update on the Policy and Procedure Committee (Cont.)</b></p>	<p>policy changes that need to be made are responded to in real time as well.</p> <p>Ms. Black-Edwards explained that policies are added as new needs arise. At times, policies may require utilization of joint working groups or subcommittees with specialist representation to review specific care issues that need to be updated within a policy. Some changes are simple and can be updated during an upcoming meeting, but in some instances, multiple months of development and review with collaborative efforts from specialty groups are required.</p> <p>Dr. Leeah reported on special interest items and referred to one being the Mental Health Therapeutic Diversion Program (MHTDP) in which a new policy was developed. Other policies are created to address items such as Periodic Physical Exams and Medical Holds which address when a patient is on one unit and has had a condition develop such as one that they are referred for specialty care. This has been identified as an area of potential challenge because at times, classification will need to transfer the offender to another unit unaware of the pending specialist appointment the offender patient needs to attend. Therefore, policies have been developed so that when a medical hold is placed, continuity of care can still be provided so that the patient still has access to be seen by the provider to receive their follow-up care.</p> <p>Ms. Black-Edwards stated that this became especially important with the treatment of Hepatitis C for patients undergoing 12 or 24 week treatment. It is critical that they not be moved so that they are able to receive all of their scheduled treatments; therefore, a medical hold is placed on them so that anything that is non-urgent can be rescheduled.</p> <p>Dr. Leeah reported that recently, the CMHCC Joint Gender Dysphoria Working Group had come together to make changes to the policy on the evaluation and referral of patients. Updates were also made to the Restrictive Housing Policy formerly known as Administrative Segregation (Ad. Seg.).</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Update on the Policy and Procedure Committee (Cont.)</b></p>	<p>Dr. Linthicum explained that the American Correctional Association (ACA) has been working on new restrictive housing standards that governs offenders who are in restrictive housing. These standards will govern how offenders are managed in a restrictive housing setting.</p> <p>Dr. Linthicum further explained the Chronic Mentally Ill (CMI) Program which is a new sheltered housing program for offenders. TDCJ is attempting to move these offenders out of the Ad. Seg. setting and place them into a more therapeutic setting. This program is already in place in the TTUHSC sector and planning is underway to duplicate it in the UTMB sector.</p> <p>Dr. Linthicum reported that the Mental Health Therapeutic Diversion Program (MHTDP) is also a new program that has been designed to target those offenders who are mentally ill in Ad. Seg. The goal is to get all seriously mentally ill patients out of the Ad. Seg. environment and move them into a therapeutic community.</p>	<p>Dr. de la Garza-Graham asked if Gender Dysphoria would be classified as a mental illness.</p> <p>Dr. Joseph Penn, Mental Health Director, UTMB replied, yes.</p> <p>Dr. Linthicum added that the agency has a gender dysphoria expert who is nationally recognized and works jointly with agency representatives, Dr. Penn and Dr. Rafael Ruiz, the Regional Mental Health Director, TTUHSC.</p>	
<p><b>VIII. Public Comments</b></p>	<p>Dr. de la Garza-Graham thanked Dr. Leeah and Ms. Black-Edwards, and with no further questions proceeded with the announcement of acceptance of any 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. Ms. Frances Vaughn signed up to express public comments and was given the opportunity to do so.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Public Comments (Cont.)		<p>Frances Vaughn expressed concern on how patients were transferred to and from their cells and the communication received between healthcare staff and individuals calling to check on their loved ones.</p> <p>Ms. Vaughn felt that when contacting healthcare officials, she was not given the option to express her concerns directly to the Director of Health Services and Vice President of UTMB CMC. She feels that there is a communication barrier between getting medical units and management to communicate with the public and stated that she had also heard complaints from agency staff.</p> <p>Ms. Vaughn expressed that she does feel that the quality of care is top notch. Her concern is just being able to reach administration to get the offender the care requested. She feels the practice managers should be more available in communicating with offender family members and responding to their concerns and believes by doing so, it would result in fewer offender lawsuits.</p> <p>Dr. de la Garza-Graham asked Ms. Vaughn if there was a specific situation that had occurred that she would like to share regarding her loved one.</p> <p>Ms. Vaughn responded that all issues regarding her loved one had been addressed and that she would just like better communication and feels she did not receive this or the best treatment.</p> <p>Dr. Linthicum reported that she responded to Ms. Vaughn's email request to meet with her at the Texas Board of Criminal Justice (TBCJ) meeting in which she attended, but somehow their paths did not cross. She explained to Ms. Vaughn that the agency has a very large system of approximately 147,000 offenders and</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Public Comments (Cont.)		<p>explained that if every offender family member was to directly email herself and the medical directors it would overload the email systems.</p> <p>Dr. Linthicum explained that structures have been set into place to assist offender family members with all of their health care concerns, one being the family hotline which is available for offender family members to directly access.</p> <p>There is the Patient Liaison Program which includes investigators that are set into place to investigate each healthcare complaint that comes in from advocates and offender family members.</p> <p>Dr. Linthicum further reported that the UTMB also has the Office of Risk Management and Quality Review. The TDCJ also has the Office of Professional Standards. Both of these agency departments are managed by bachelor's level registered nurses with clinical backgrounds; however, if in the event they feel they need physician's assistance, they have full access to the medical directors or any of the other regional physicians.</p> <p>Dr. Linthicum explained that due to the large number of complaints, systems have been put into place, and order must be followed to ensure each offender and family complaint is properly handled.</p> <p>Dr. Linthicum explained that this is not an attempt to put a wedge between offender family members and medical directors, and explained that she meets with advocacy groups on a regular basis to discuss concerns.</p> <p>Dr. Linthicum expressed that things must be handled decently and in order, so concerns of offender family members are addressed. This is the reason programs have been designed and set</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Public Comments (Cont.)</b></p>		<p>into place because one person would not be able to handle such a large volume of concerns.</p> <p>Dr. Linthicum responded that once the process has been followed and an offender family member is still dissatisfied and feels the issue has still not been resolved, they can send an email directly to the medical directors expressing their concern so that resolution can be met to resolve the issue.</p> <p>Dr. Linthicum informed Ms. Vaughn that she personally investigated her concern about her family member. She explained that she did not want Ms. Vaughn to see the process as a barrier set in place to prevent communication between physicians and herself or family members, but asked that the communication process be followed and if she is still dissatisfied, she may email her directly to schedule to meet or talk to discuss the issue.</p>	
<p><b>X. Adjourn</b></p>	<p>Dr. de la Garza-Graham thanked everyone for attendance and asked for a motion to adjourn the meeting at 11:27 AM.</p>		

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

\_\_\_\_\_  
Date:

Consent Item

TDCJ Health Services  
Monitoring Reports

**Rate of Compliance with Standards by Operational Categories**  
**Third Quarter, Fiscal Year 2016**  
**March 2016 - May 2016**

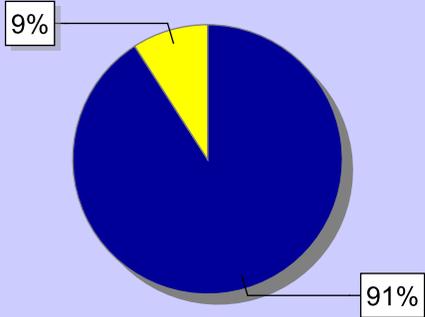
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Clements	33	30	91%	31	20	65%	32	20	62%	16	16	100%	53	48	91%	6	6	100%
Cole	33	33	100%	13	11	85%	30	21	70%	10	10	100%	16	13	81%	3	3	100%
Ferguson	33	32	97%	13	10	77%	19	15	79%	10	10	100%	16	14	88%	4	4	100%
Havins	31	31	100%	13	13	100%	17	17	100%	10	10	100%	2	2	100%	5	5	100%
Johnston	32	32	100%	12	12	100%	28	23	82%	11	10	91%	2	2	100%	4	4	100%
Kegans	30	27	90%	8	8	100%	11	10	91%	1	0	0%	1	1	100%	4	4	100%
Lindsey	33	33	100%	15	15	100%	38	38	100%	11	10	91%	14	10	71%	4	4	100%
Lychner	33	32	97%	15	12	80%	39	34	87%	11	11	100%	16	15	94%	4	4	100%
Moore C.	33	33	100%	13	12	92%	29	28	97%	10	10	100%	2	2	100%	3	3	100%
Neal	33	33	100%	13	11	85%	25	22	88%	11	11	100%	14	14	100%	4	4	100%

*n* = number of applicable items audited.

# Compliance Rate By Operational Categories for CLEMETS FACILITY

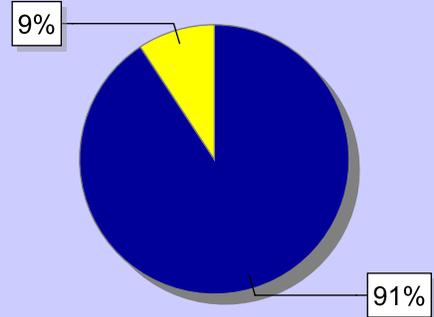
May 03, 2016

### Administrative/Medical Records



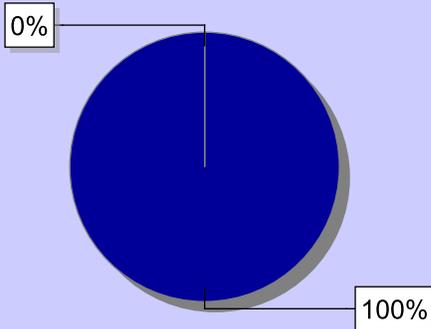
● Compliant (80-100%) ● Not Compliant (<80%)

### Mental Health



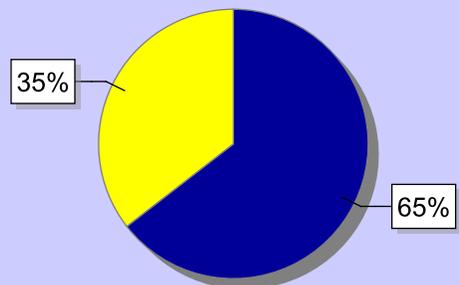
● Compliant (80-100%) ● Not Compliant (<80%)

### Fiscal Monitoring



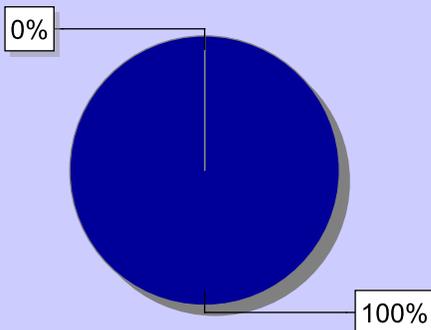
● Compliant (80-100%) ● Not Compliant (<80%)

### Nursing



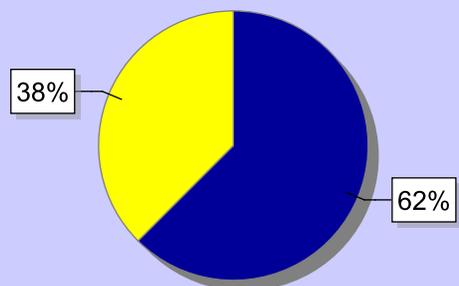
● Compliant (80-100%) ● Not Compliant (<80%)

### Dental



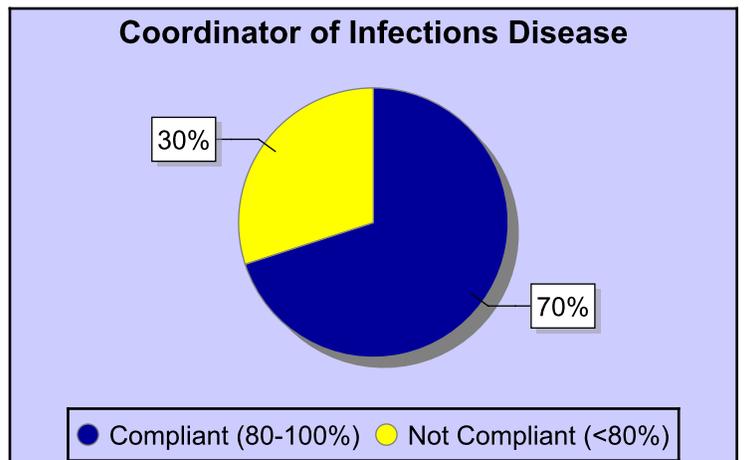
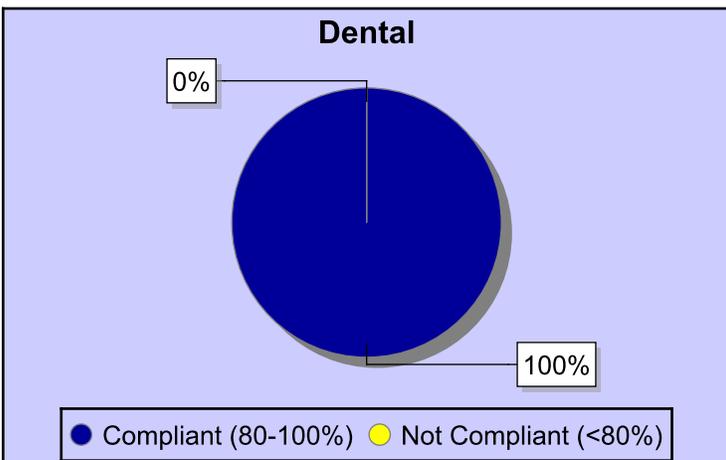
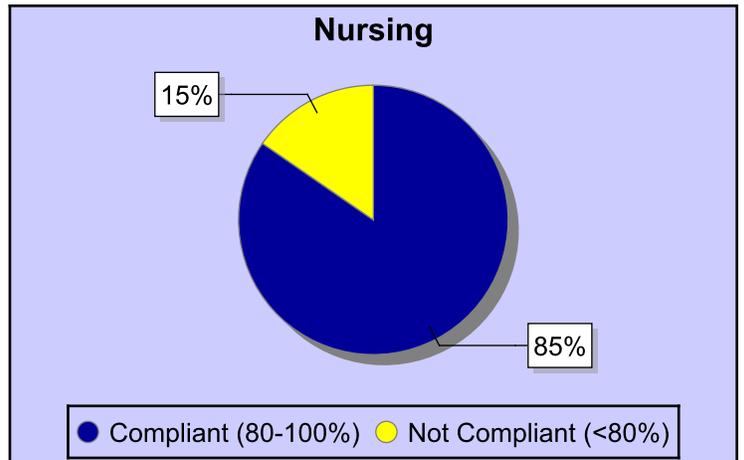
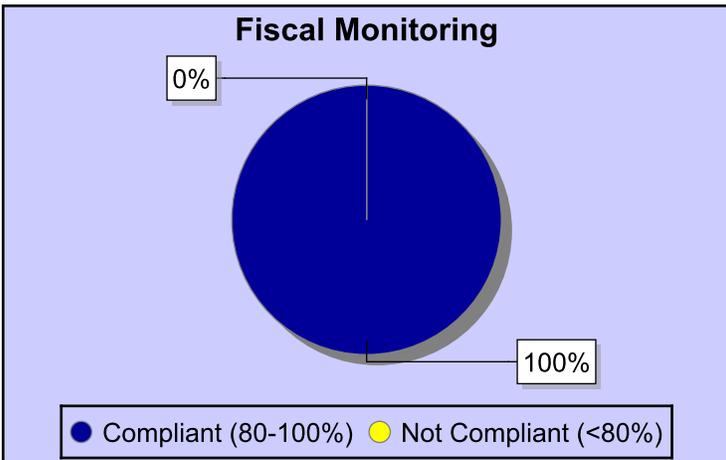
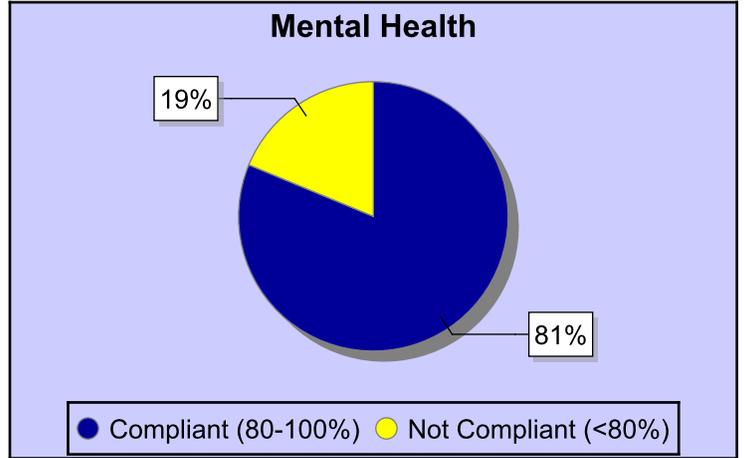
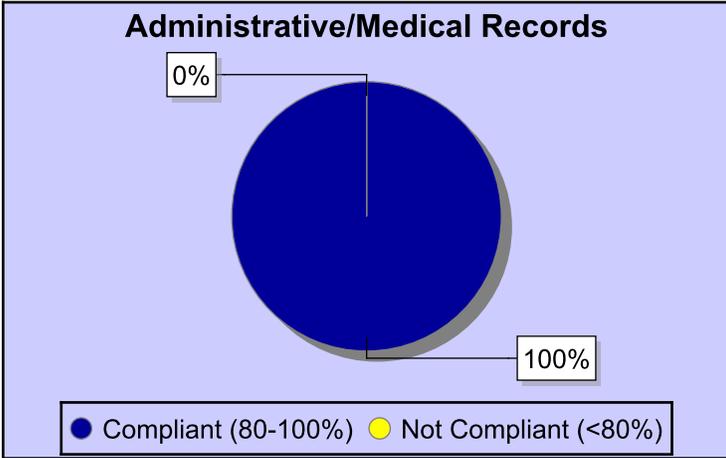
● Compliant (80-100%) ● Not Compliant (<80%)

### Coordinator of Infections Disease



● Compliant (80-100%) ● Not Compliant (<80%)

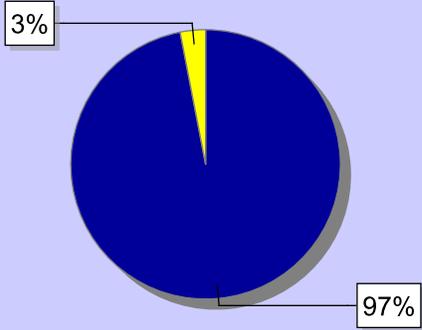
Compliance Rate By Operational Categories for  
COLE FACILITY  
April 05, 2016



# Compliance Rate By Operational Categories for FERGUSON FACILITY

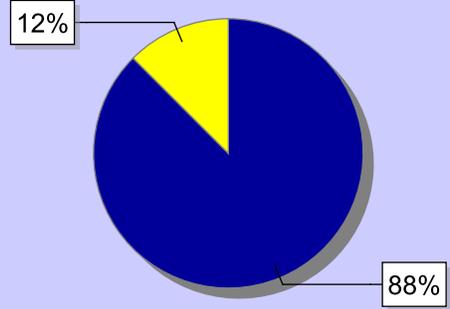
May 09, 2016

### Administrative/Medical Records



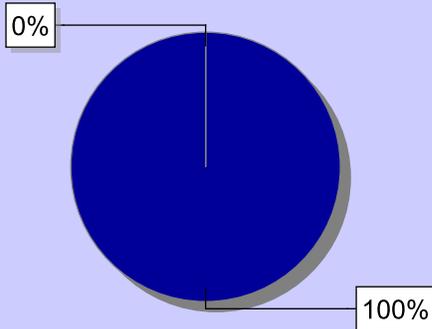
● Compliant (80-100%) ● Not Compliant (<80%)

### Mental Health



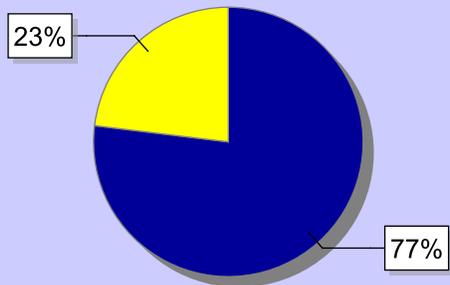
● Compliant (80-100%) ● Not Compliant (<80%)

### Fiscal Monitoring



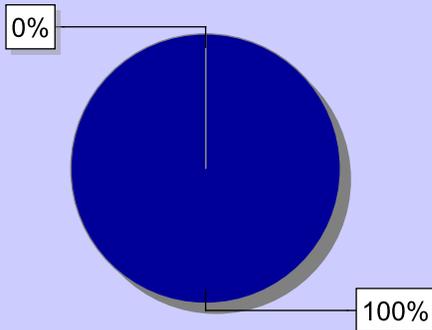
● Compliant (80-100%) ● Not Compliant (<80%)

### Nursing



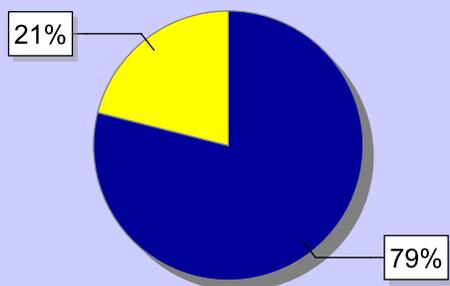
● Compliant (80-100%) ● Not Compliant (<80%)

### Dental



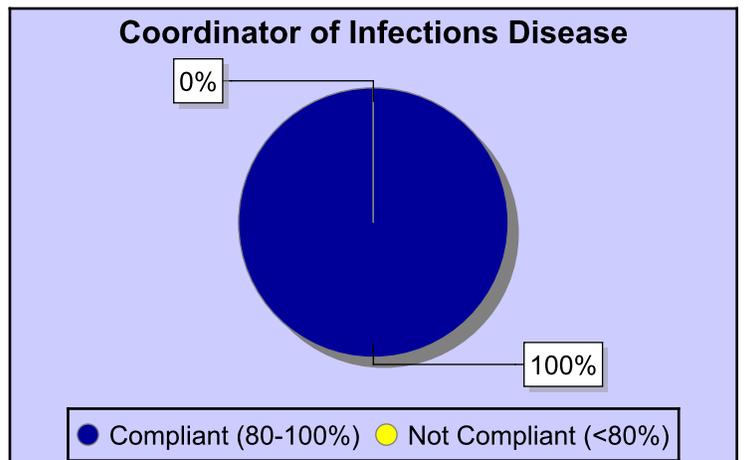
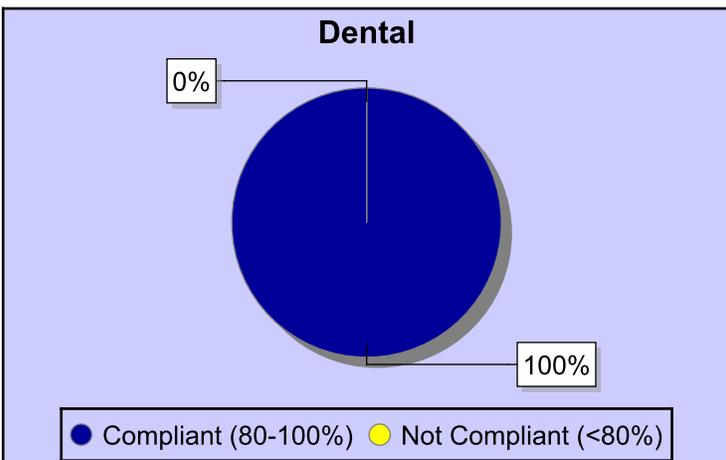
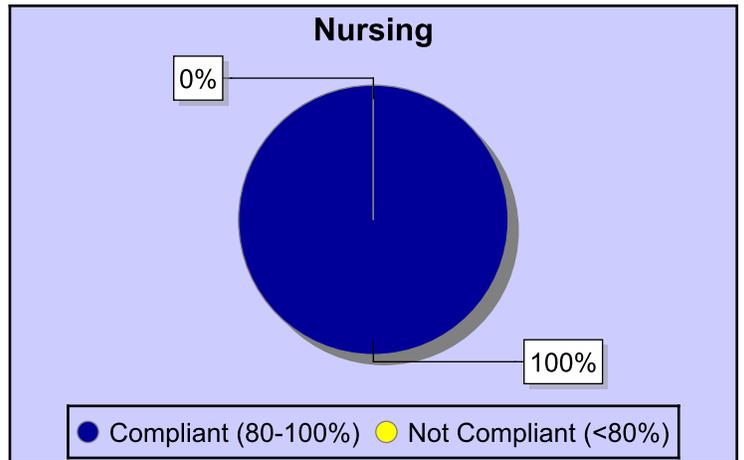
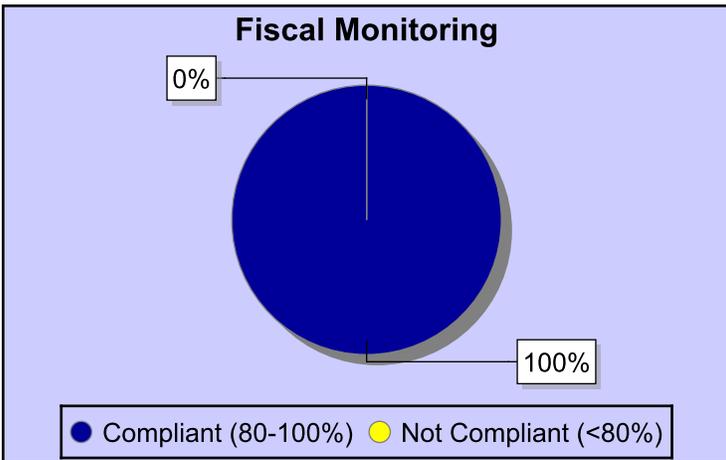
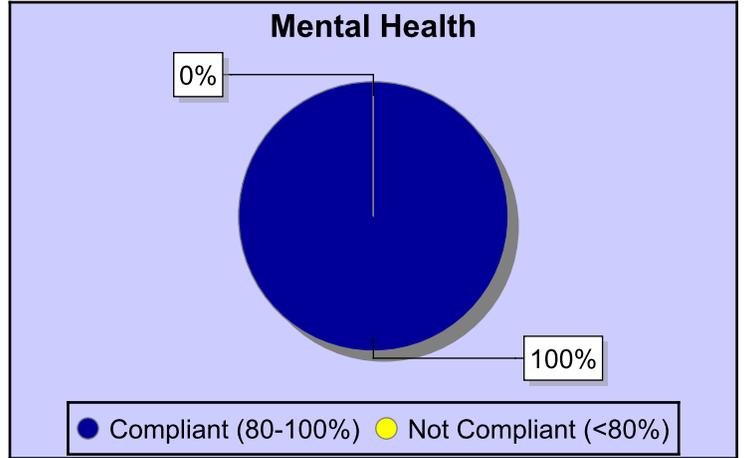
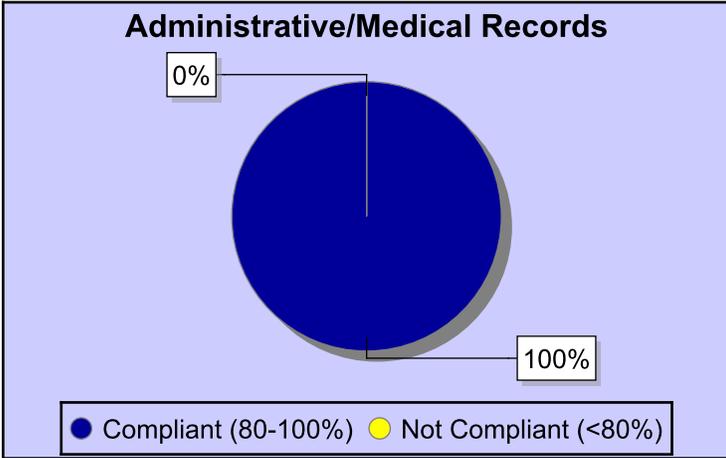
● Compliant (80-100%) ● Not Compliant (<80%)

### Coordinator of Infections Disease

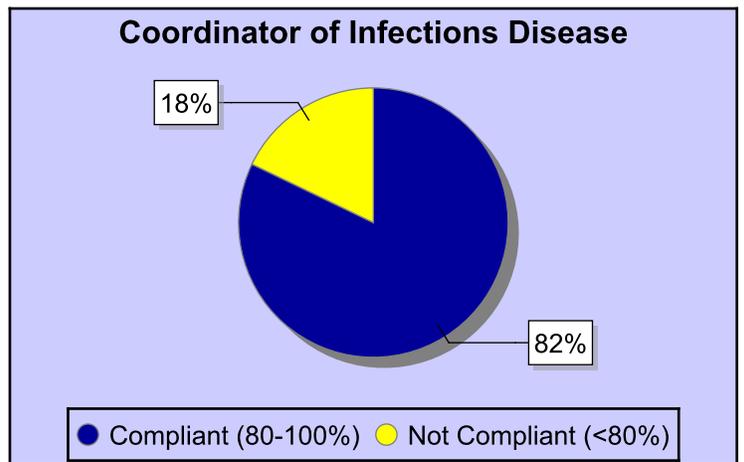
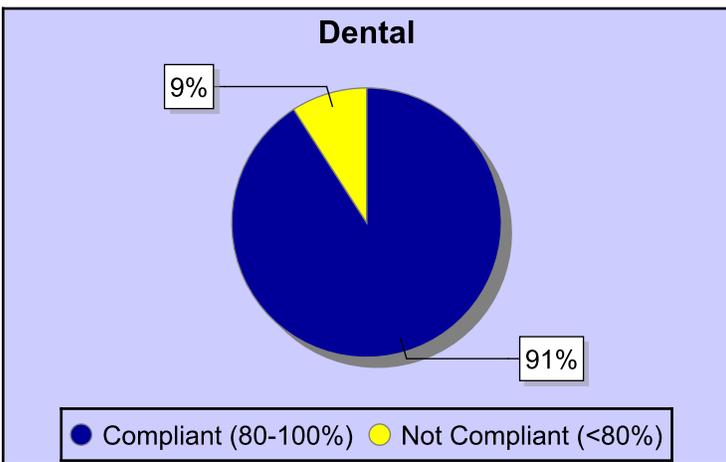
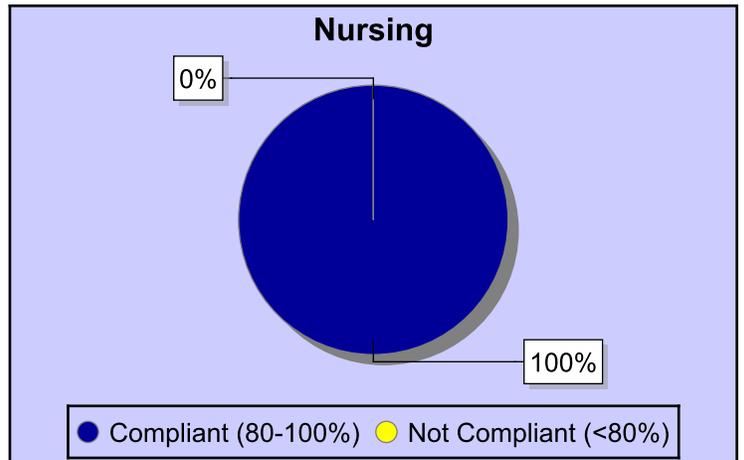
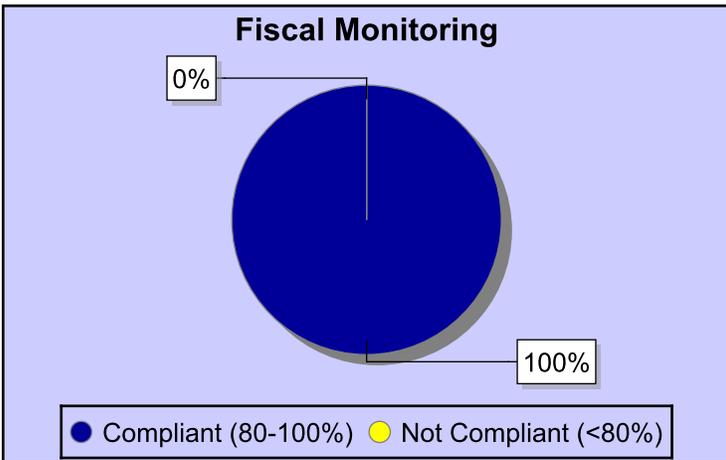
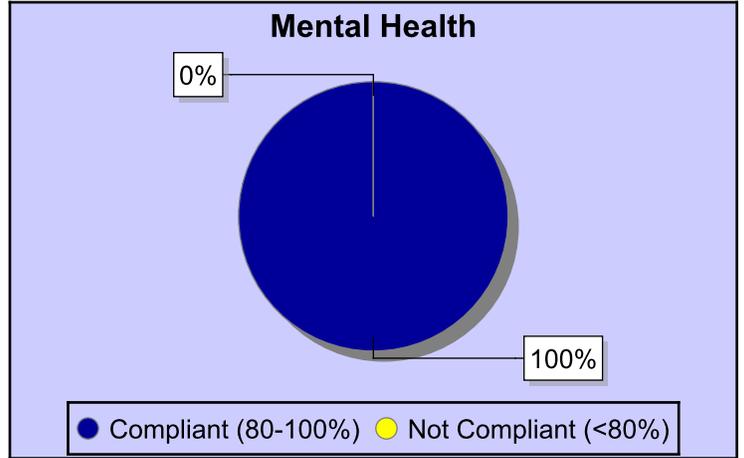
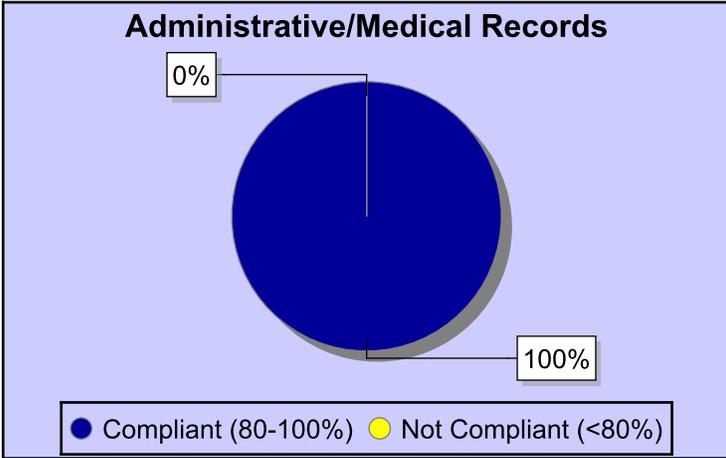


● Compliant (80-100%) ● Not Compliant (<80%)

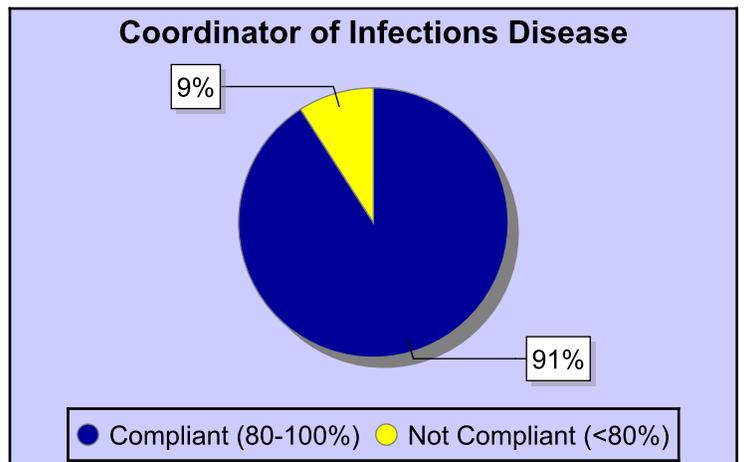
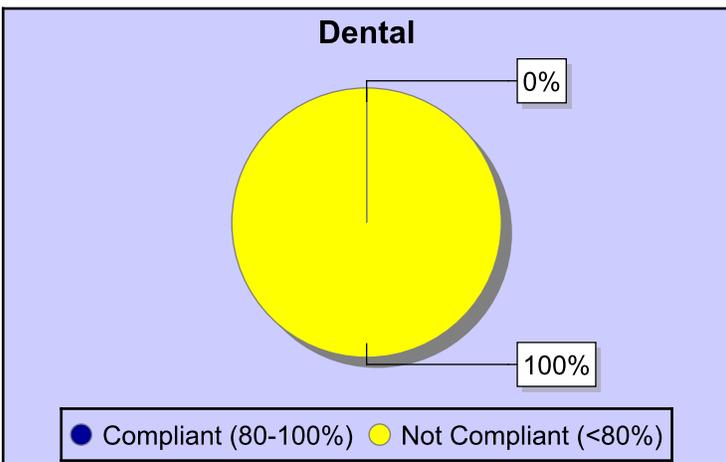
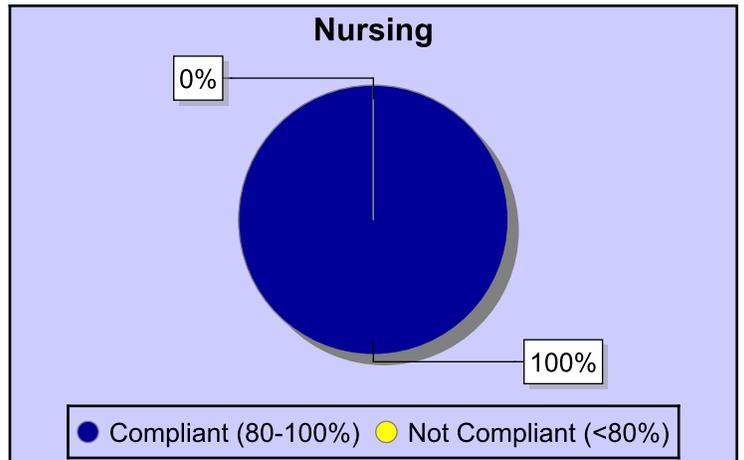
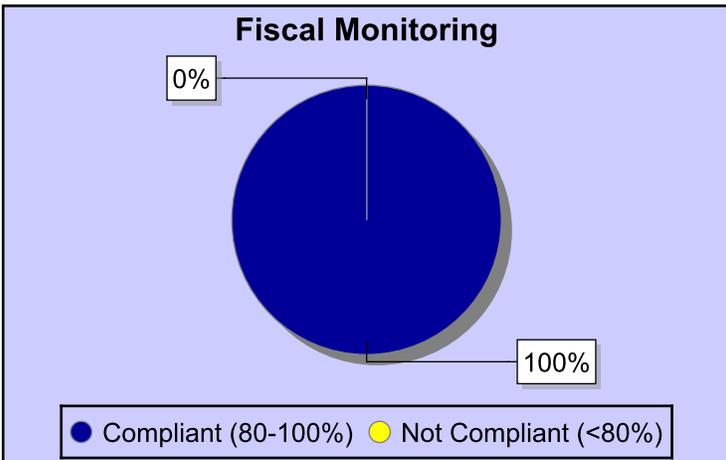
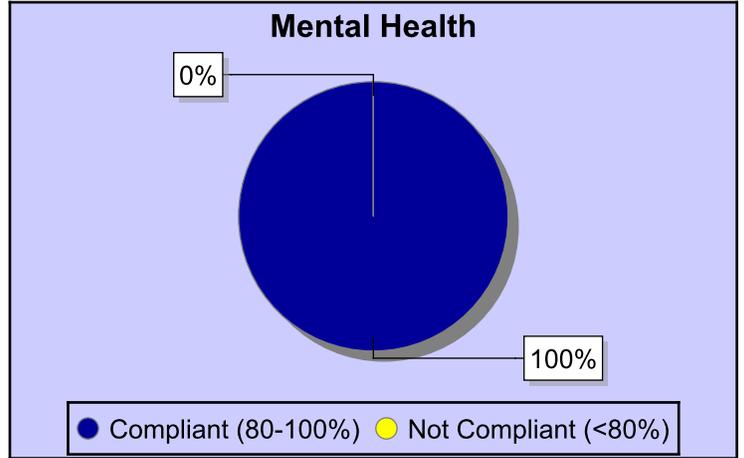
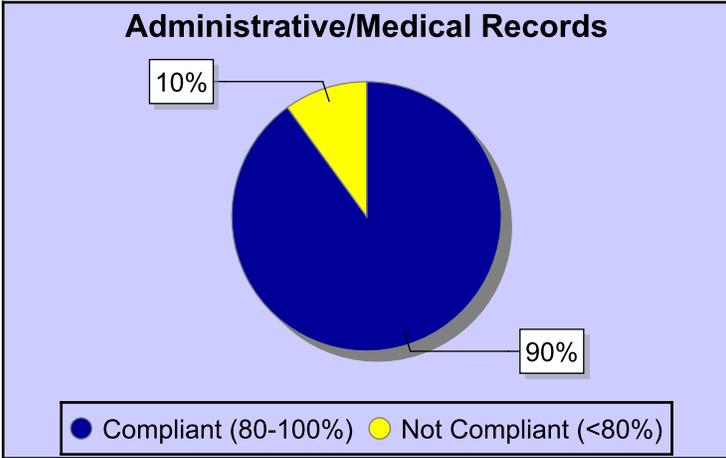
Compliance Rate By Operational Categories for  
HAVINS FACILITY  
April 05, 2016



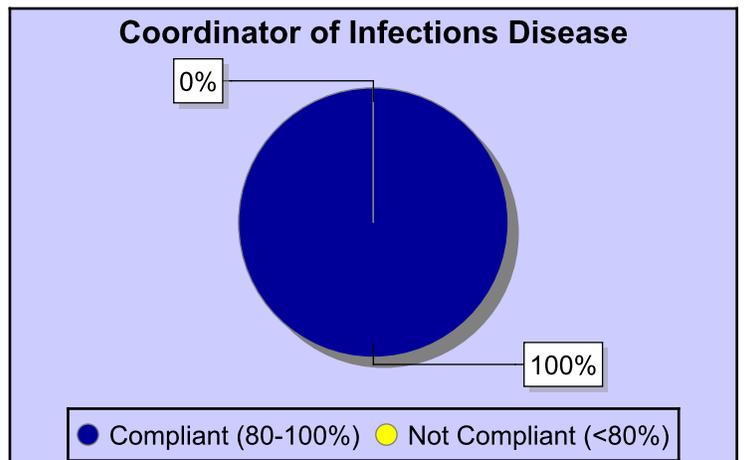
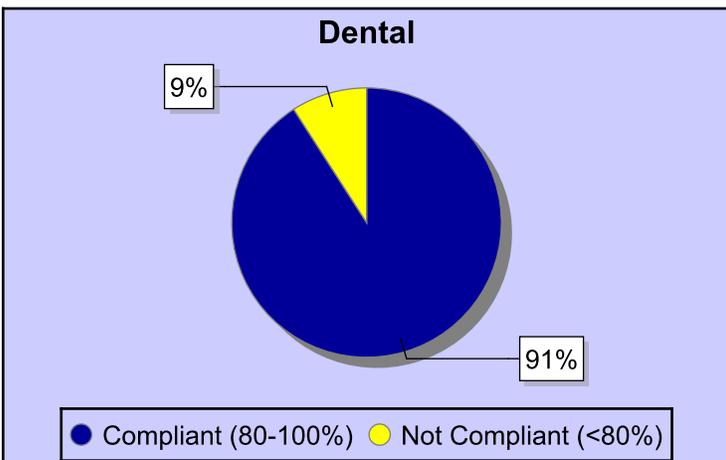
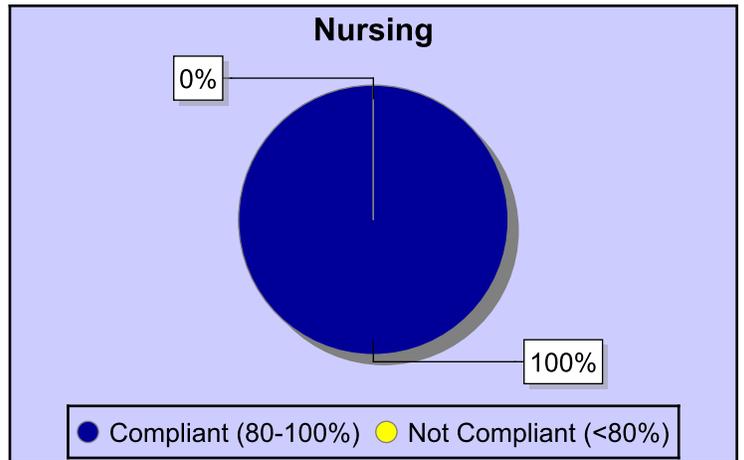
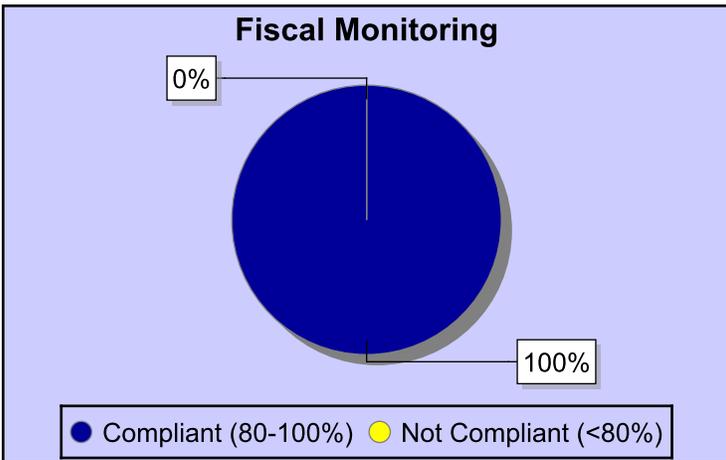
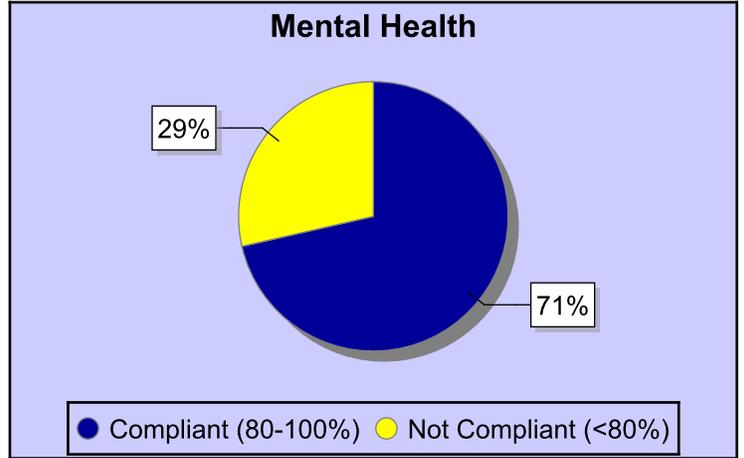
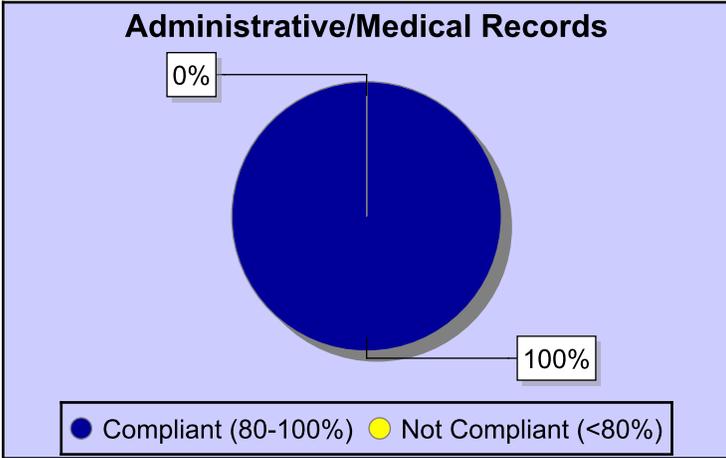
Compliance Rate By Operational Categories for  
JOHNSTON FACILITY  
March 08, 2016



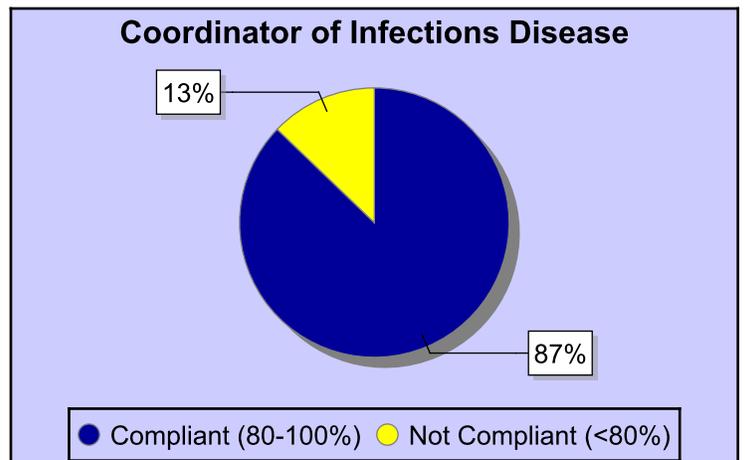
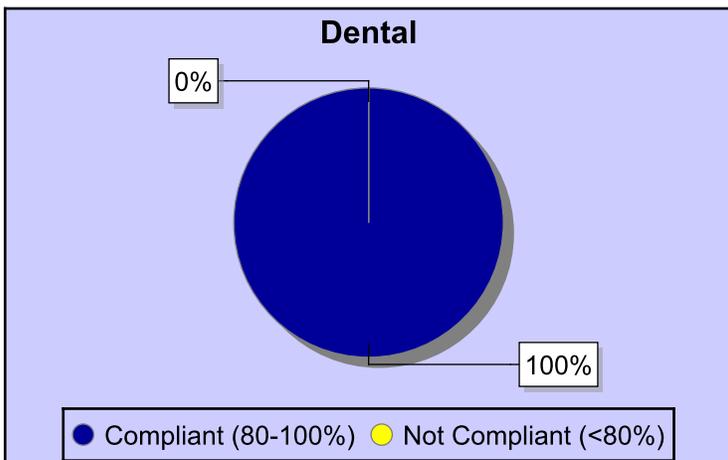
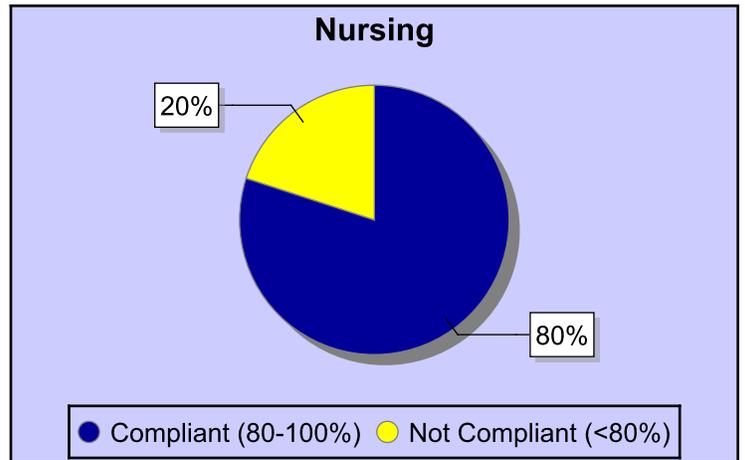
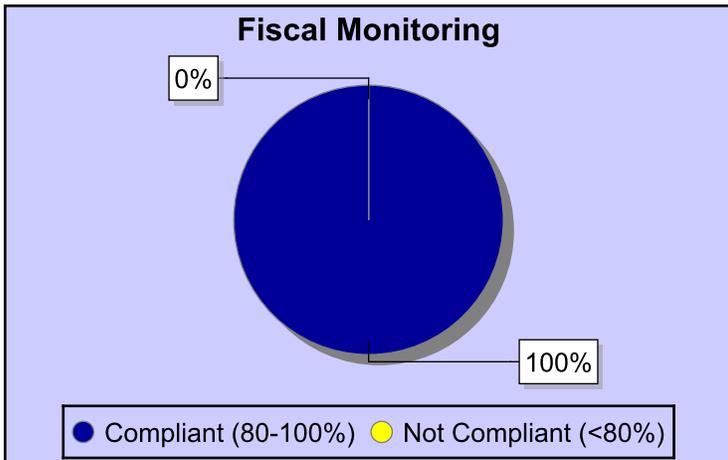
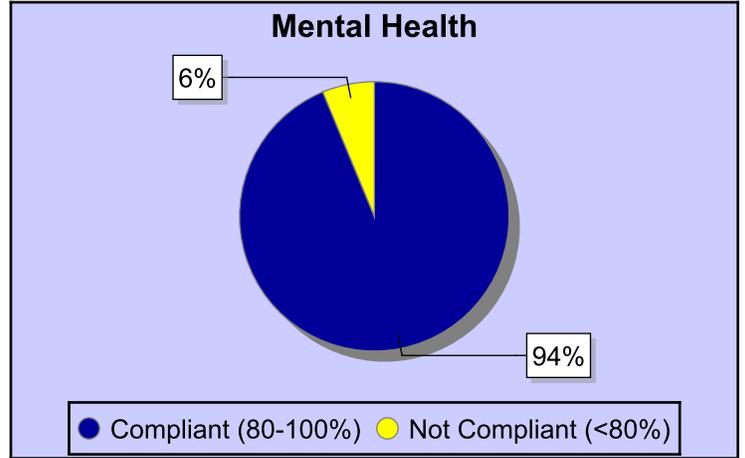
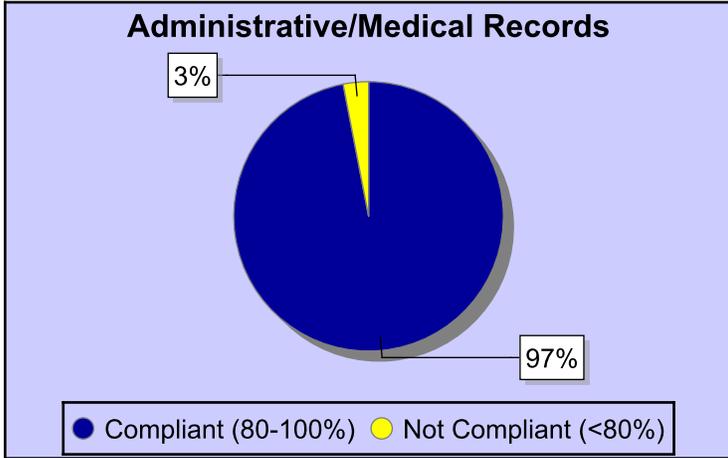
Compliance Rate By Operational Categories for  
KEGANS FACILITY  
April 01, 2016



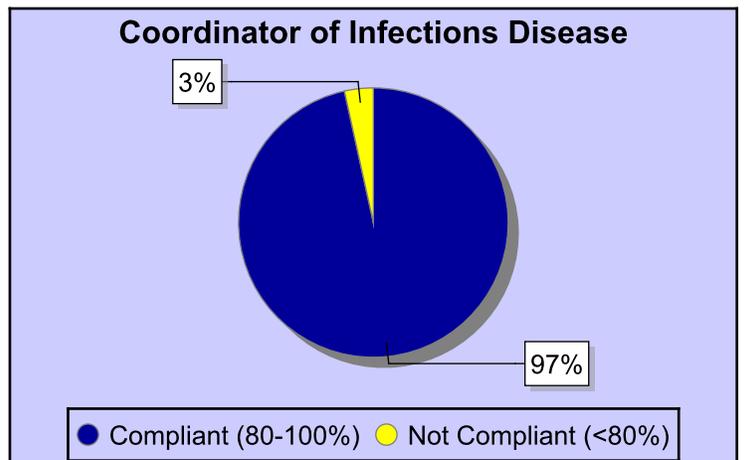
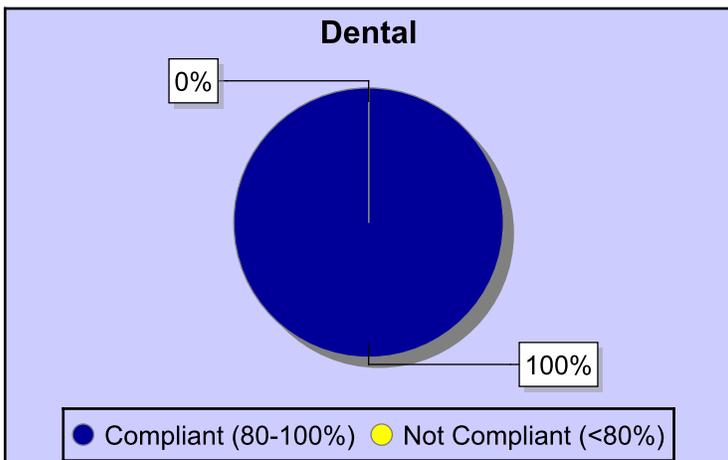
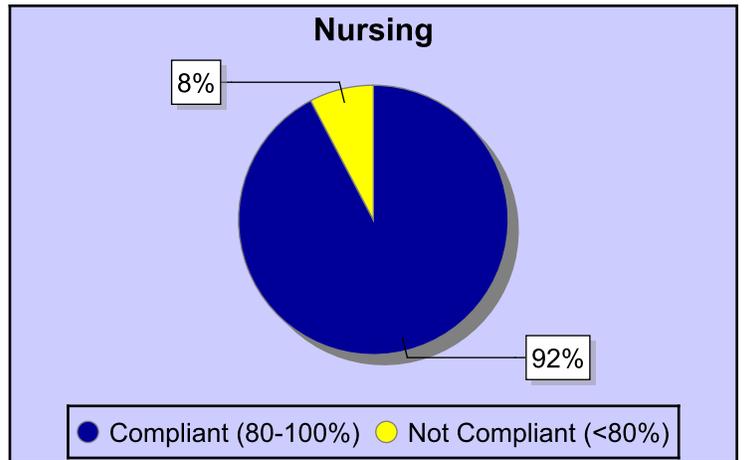
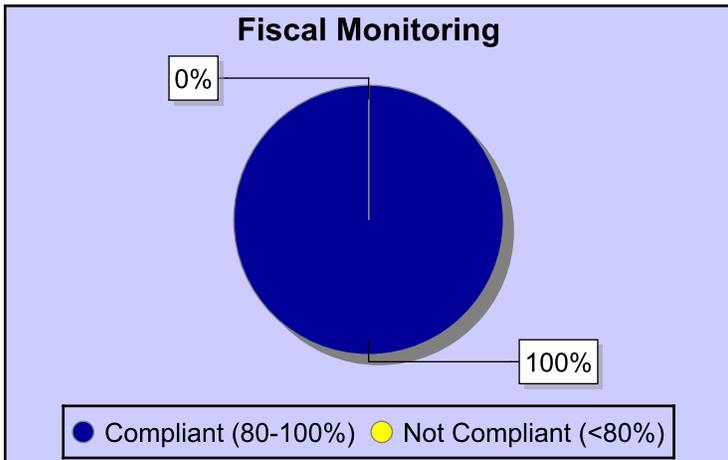
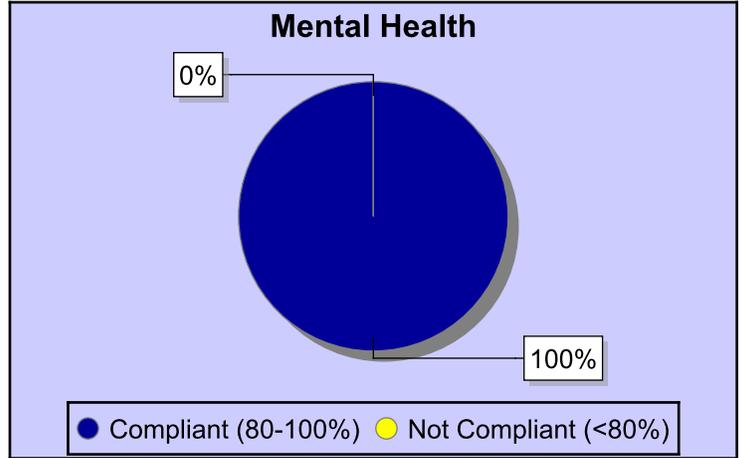
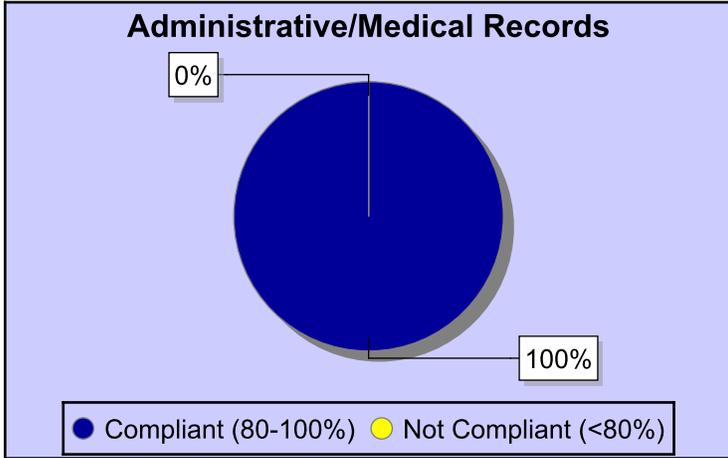
Compliance Rate By Operational Categories for  
LINDSEY FACILITY  
March 01, 2016



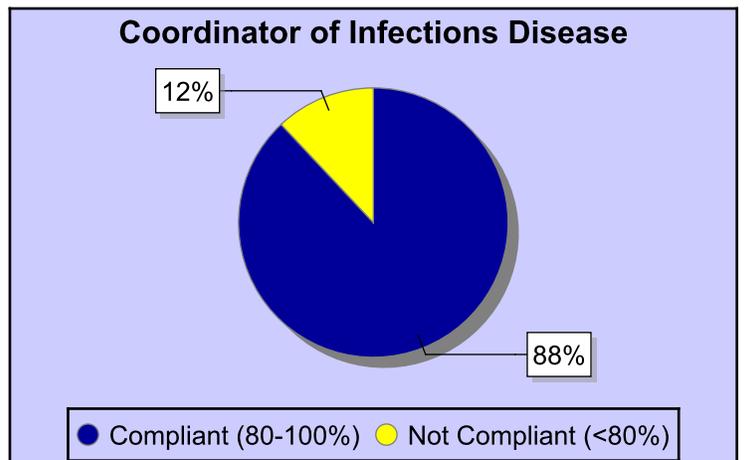
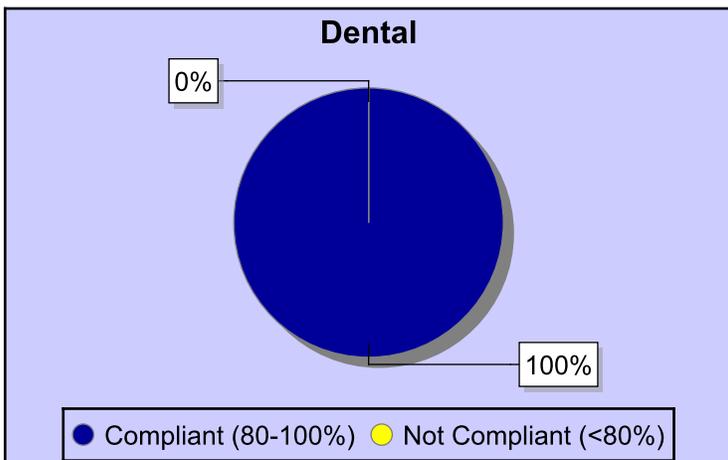
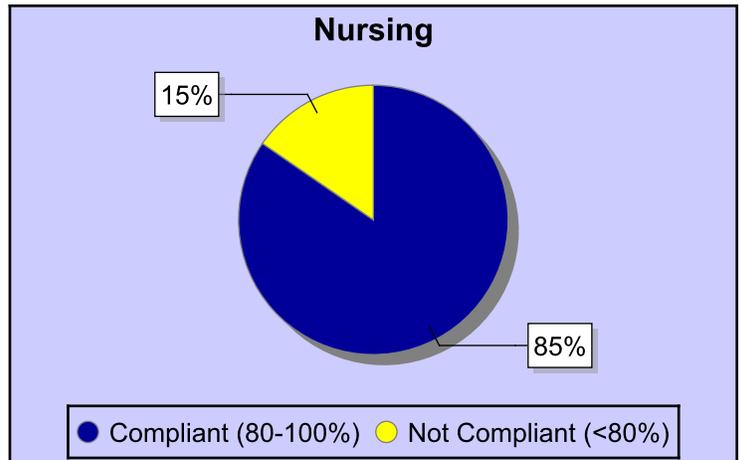
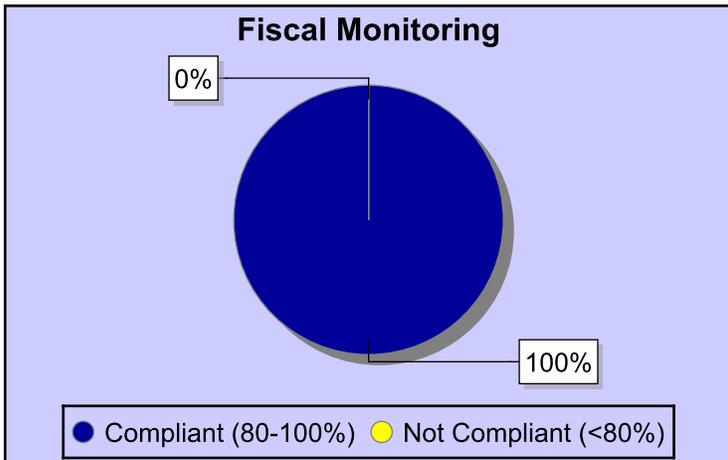
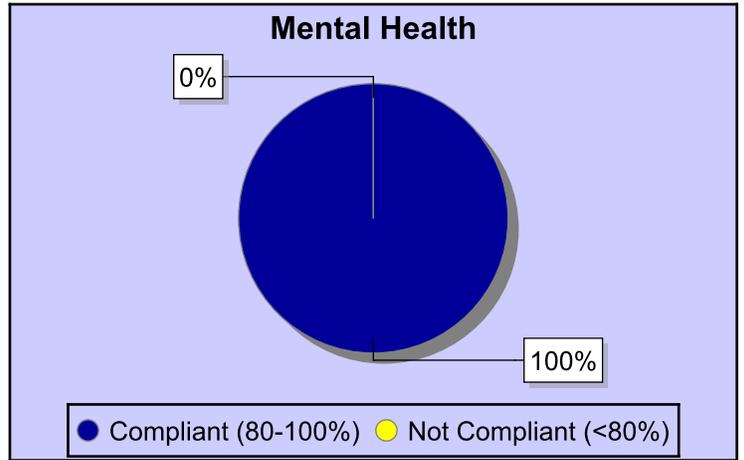
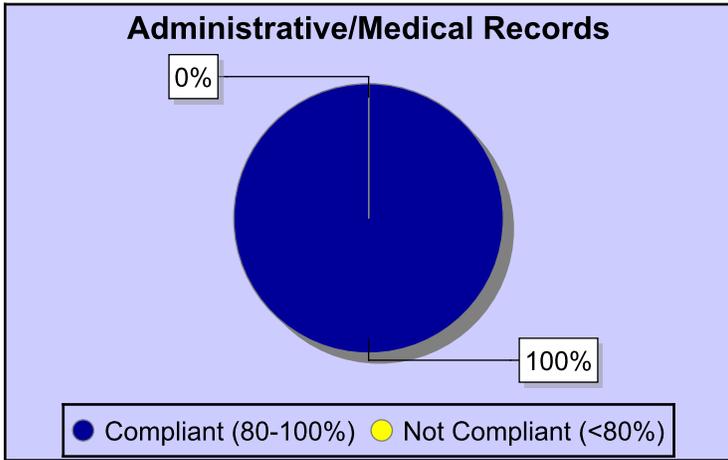
Compliance Rate By Operational Categories for  
LYCHNER FACILITY  
April 04, 2016



Compliance Rate By Operational Categories for  
MOORE (C) FACILITY  
April 06, 2016



Compliance Rate By Operational Categories for  
NEAL FACILITY  
May 04, 2016



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended May 31, 2016**

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

<b>Facility</b>	<b>Charts Assessed by TDCJ as Urgent</b>	<b>Urgent Care Score *</b>	<b>Offenders receiving treatment but not within timeframe **</b>	<b>Offenders identified as needing definitive care***</b>
Baten	10	<b>100</b>	0	0
Briscoe	10	<b>100</b>	0	0
Clemens	10	<b>90</b>	0	1
Clements GP	10	<b>90</b>	1	0
Clements HS	10	<b>100</b>	0	0
Cotulla	10	<b>40</b>	5	1
Dalhart	10	<b>100</b>	0	0
Jordan	10	<b>100</b>	0	0
Kegans	10	<b>100</b>	0	0
Lychner	10	<b>100</b>	0	0
Ney	10	<b>100</b>	0	0
Ramsey	10	<b>100</b>	0	0
Scott	10	<b>80</b>	1	1
Stringfellow	10	<b>100</b>	0	0
Terrell	10	<b>100</b>	0	0
Torres	10	<b>100</b>	0	0

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

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

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

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

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>													
Fiscal Year 2016	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	501	546	45	8.24%	35	7.88%	8	1	0.37%	1	0	0.00%	0
April	535	485	54	11.13%	30	9.90%	18	3	1.03%	2	0	0.21%	1
May	549	542	57	10.52%	35	8.86%	13	7	1.66%	2	0	0.00%	0
<b>Totals:</b>	<b>1,585</b>	<b>1,573</b>	<b>156</b>	<b>9.92%</b>	<b>100</b>	<b>8.84%</b>	<b>39</b>	<b>11</b>	<b>1.02%</b>	<b>5</b>	<b>0</b>	<b>0.06%</b>	<b>1</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>													
Fiscal Year 2016	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	1,072	973	66	6.78%	31	5.45%	22	1	0.92%	8	1	0.41%	3
April	1,159	1,016	78	7.68%	32	7.19%	41	0	0.30%	3	1	0.20%	1
May	1,032	1,127	43	3.82%	34	3.28%	3	2	0.44%	3	1	0.09%	0
<b>Totals:</b>	<b>3,263</b>	<b>3,116</b>	<b>187</b>	<b>6.00%</b>	<b>97</b>	<b>5.23%</b>	<b>66</b>	<b>3</b>	<b>0.55%</b>	<b>14</b>	<b>3</b>	<b>0.22%</b>	<b>4</b>
<b>GRAND TOTAL=</b>	<b>4,848</b>	<b>4,689</b>	<b>343</b>	<b>7.31%</b>									

\*QOC= Quality of Care

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

March 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	3	1	11	16
Gonorrhea	3	0	3	4
Syphilis	104	64	240	193
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	566	231	1148	693
Human immunodeficiency virus (HIV) +, known at intake	198	227	662	674
HIV screens, intake	5,285	6,138	17,423	18,096
HIV +, intake	47	42	133	132
HIV screens, offender- and provider-requested	783	914	2,576	2,723
HIV +, offender- and provider-requested	0	1	1	2
HIV screens, pre-release	3,490	4,021	11,706	12,410
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	8	2	11
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	42	76	139	202
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	30	56	90	127
Occupational exposures of TDCJ staff	9	12	39	25
Occupational exposures of medical staff	5	2	11	6
HIV chemoprophylaxis initiation	3	2	10	6
Tuberculosis skin test (ie, PPD) +, intake	199	101	568	311
Tuberculosis skin test +, annual	78	53	210	152
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	9	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	5	8	8
Tuberculosis cases under management	18	22		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	17	17	5,053	4,509
Peer education participants	5,721	6,013	17,867	17,506
Sexual assault in-service (sessions/units)	0	5/1	9/3	21/16
Sexual assault in-service participants	0	75	80	332
Alleged assaults and chart reviews	73	65	187	291
Bloodborne exposure labs drawn on offenders	16	42	51	45
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	5	5	16	21
Gonorrhea	3	2	6	6
Syphilis	89	72	329	265
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	315	334	1463	1027
Human immunodeficiency virus (HIV) +, known at intake	197	187	859	861
HIV screens, intake	5,197	5,229	22,620	23,325
HIV +, intake	34	52	167	184
HIV screens, offender- and provider-requested	691	836	3,267	3,559
HIV +, offender- and provider-requested	0	0	1	2
HIV screens, pre-release	2,891	3,950	14,597	16,360
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	3	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	49	61	188	263
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	22	35	112	162
Occupational exposures of TDCJ staff	14	9	53	34
Occupational exposures of medical staff	4	2	9	8
HIV chemoprophylaxis initiation	2	3	12	9
Tuberculosis skin test (ie, PPD) +, intake	132	153	700	464
Tuberculosis skin test +, annual	67	61	277	213
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	2	10	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	10	7
Tuberculosis cases under management	16	25		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	12	27	5,065	4,536
Peer education participants	9,514	7,979	27,381	25,485
Sexual assault in-service (sessions/units)	0/0	0/0	9/3	16/4
Sexual assault in-service participants	0	0	80	138
Alleged assaults and chart reviews	54	67	241	227
Bloodborne exposure labs drawn on offenders	18	19	69	93
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

May 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	2	5	18	26
Gonorrhea	5	5	11	11
Syphilis	63	55	392	320
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	142	349	1,605	1,453
Human immunodeficiency virus (HIV) +, known at intake	210	155	1,069	1,016
HIV screens, intake	5,121	5,118	27,741	28,443
HIV +, intake	57	36	224	220
HIV screens, offender- and provider-requested	725	678	3,992	4,237
HIV +, offender- and provider-requested	0	1	1	3
HIV screens, pre-release	2,946	3,009	17,543	19,369
HIV +, pre-release	1	0	1	0
Acquired immune deficiency syndrome (AIDS)	2	10	5	13
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	47	66	235	329
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	23	32	135	194
Occupational exposures of TDCJ staff	9	7	62	41
Occupational exposures of medical staff	5	5	14	13
HIV chemoprophylaxis initiation	6	4	19	13
Tuberculosis skin test (ie, PPD) +, intake	123	115	823	579
Tuberculosis skin test +, annual	64	61	341	274
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	11	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	1	1	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	1	13	8
Tuberculosis cases under management	20	28		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	68	22	5,133	4,558
Peer education participants	7,248	6,100	34,544	31,629
Sexual assault in-service (sessions/units)	0/0	0/0	9/3	16/4
Sexual assault in-service participants	0	0	80	138
Alleged assaults and chart reviews	79	54	320	281
Bloodborne exposure labs drawn on offenders	30	15	99	108
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 Third Quarter of Fiscal Year 2016, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 61 hospital discharge and 20 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 <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Apr-16	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May-16	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	23	3	13.04%	1	4.35%	1	4.35%	1	4.35%	2	8.70%
Apr-16	22	0	N/A	0	N/A	1	4.55%	0	N/A	0	N/A
May-16	28	2	7.14%	0	N/A	0	N/A	0	N/A	2	7.14%
<b>Total/Average</b>		5	6.85%	1	1.37%	2	2.74%	1	1.37%	4	5.48%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Apr-16	31	0	N/A	0	N/A	0	N/A	0	N/A	2	6.45%
May-16	27	0	N/A	0	N/A	0	N/A	2	7.41%	0	N/A
<b>Total/Average</b>		0	N/A	0	N/A	0	N/A	2	2.30%	2	2.30%
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	59	3	5.08%	1	1.69%	1	1.69%	0	N/A	0	N/A
Apr-16	58	0	N/A	0	N/A	1	1.72%	0	N/A	2	3.45%
May-16	61	2	3.28%	0	N/A	0	N/A	2	3.28%	0	N/A
<b>Total/Average</b>		5	2.81%	1	0.56%	2	1.12%	3	1.69%	6	3.37%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	8	1	12.50%	0	N/A	0	N/A	0	N/A	0	N/A
Apr-16	5	0	N/A	0	N/A	1	20.00%	0	N/A	0	N/A
May-16	11	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		1	4.17%	0	N/A	1	4.17%	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	8	4	50.00%	0	N/A	1	12.50%	0	N/A	0	N/A
Apr-16	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May-16	9	1	11.11%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		5	20.00%	0	N/A	1	4.00%	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Mar-16	16	5	31.25%	0	N/A	1	6.25%	0	N/A	0	N/A
Apr-16	13	0	N/A	0	N/A	1	7.69%	0	N/A	0	N/A
May-16	20	1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		6	12.24%	0	N/A	2	4.08%	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  
THIRD QUARTER, FISCAL YEAR 2016**

March 2016	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Johnston</b>	25	0	0	0
<b>Lindsey</b>	23	0	0	0
<b>Total</b>	48	0	0	0

April 2016	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Cole</b>	31	0	0	0
<b>Havins</b>	19	0	0	2
<b>Kegans</b>	10	0	0	1
<b>Lychner</b>	58	0	0	4
<b>Moore, C.</b>	34	0	0	0
<b>Total</b>	152	0	0	7

May 2016	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Clements</b>	20	1	1	0
<b>Ferguson</b>	41	0	0	0
<b>Neal</b>	11	0	0	0
<b>Total</b>	72	1	1	0

**CAPITAL ASSETS AUDIT  
THIRD QUARTER, FISCAL YEAR 2016**

<b>Audit Tools</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>Total</b>
<b>Total number of units audited</b>	2	5	3	10
<b>Total numbered property</b>	48	152	72	272
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Third Quarter FY 2016**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Garza East/West	March 14-17, 2016	100%	98.3%
Jester IV	April 4-6, 2016	100%	99.2%
Huntsville	April 11-13, 2017	100%	97.8%
Goree	April 13-15, 2016	100%	97.6%
Crain	April 18-20, 2016	100%	99.0%
Hightower	May 2-4, 2016	100%	98.9%
Plane/Henley	May 23-25, 2016	100%	99.3%

**Texas Tech University Health Sciences Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Wallace/Ware	March 7-9, 2016	100%	98.8%
Dalhart	March 21-23, 2016	100%	98.0%

The ACA Summer Conference was held in Boston, MA on August 5-10, 2016. During this conference, the following units were represented: Clemens, Crain, Dalhart, Duncan, Ellis, Ft. Stockton, Garza East/ West, Goree, Huntsville, Hutchins, Jester IV, Lynaugh, Stevenson and Wallace/ Ware.

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

**FY-2016 Third Quarterly Report: March, April, and May**

**Project Number:** 103-RL01

**Researcher:**  
Holly Miller

**IRB Number:**  
M20020807

**IRB Expiration Date:**  
7/21/2006

**Research Began:**  
11/1/2001

**Title of Research:**  
Psychopathy, Static Risk, and  
Dynamic Risk among Sexual Offenders

**Data Collection Began:**  
12/1/2001

**Data Collection End:**  
8/1/2004

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
11/18/2015

**Projected Completion:**  
12/31/2016

---

**Project Number:** 202-RL02

**Researcher:**  
Kymn Kochanek

**IRB Number:**  
11.07.04

**IRB Expiration Date:**  
7/10/2018

**Research Began:**  
5/1/2002

**Title of Research:**  
National Longitudinal Survey of Youth 1997  
(for Bureau of Labor Statistics)

**Data Collection Began:**  
10/12/2015

**Data Collection End:**

**Proponent:**  
NORC - National Organization for Research at the University of Chicago

**Project Status:**  
Data Collection-Round 17

**Progress Report Due:**  
9/2/2016

**Projected Completion:**  
7/2/2016

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**Project Number:** 221-RL02

**Researcher:**  
Kymn Kochanek

**IRB Number:**  
12.05.11

**IRB Expiration Date:**  
7/10/2018

**Research Began:**  
6/6/2002

**Title of Research:**  
National Longitudinal Survey of Youth 1979 (for Bureau of Labor  
Statistics)

**Data Collection Began:**  
10/1/2014

**Data Collection End:**

**Proponent:**  
NORC at the University of Chicago

**Project Status:**  
Data Collection-Round 26

**Progress Report Due:**  
8/26/2016

**Projected Completion:**  
10/31/2015

---

**Project Number:** 434-RL04

**Researcher:**  
Marilyn Armour

**IRB Number:**  
2003-11-0076

**IRB Expiration Date:**  
1/6/2014

**Research Began:**  
3/10/2004

**Title of Research:**

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

**Data Collection Began:**  
8/31/2004

**Data Collection End:**  
5/31/2012

**Proponent:**

University of Texas- Austin

**Project Status:**

Data Analysis

**Progress Report Due:**

9/4/2015

**Projected Completion:**

6/1/2015

---

**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

**Data Collection End:**  
8/30/2012

**Proponent:**

Texas Tech University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**Projected Completion:**

12/1/2015

---

**Project Number:** 587-AR09

**Researcher:**  
Marcus Boccaccini

**IRB Number:**  
2009-04-032

**IRB Expiration Date:**  
7/20/2016

**Research Began:**  
9/6/2009

**Title of Research:**

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

**Data Collection Began:**  
7/15/2010

**Data Collection End:**

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**Projected Completion:**

1/1/2018

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**Project Number:** 605-AR10

**Researcher:**  
Patrick Flynn

**IRB Number:**  
SUM 13-0401506CR

**IRB Expiration Date:**  
6/24/2016

**Research Began:**  
10/3/2011

**Title of Research:**

Reducing the Spread of HIV by Released Prisoners

**Data Collection Began:**  
10/3/2011

**Data Collection End:**

**Proponent:**

Texas Christian University

**Project Status:**

Data Analysis

**Progress Report Due:**

7/16/2016

**Projected Completion:**

6/30/2016

---

**Project Number:** 612-AR10

**Researcher:**  
Jeffrey Bouffard

**IRB Number:**  
210-08-008

**IRB Expiration Date:**  
10/4/2011

**Research Began:**  
12/27/2010

**Title of Research:**

A Test of Rational Choice Theory among Actual Offenders

**Data Collection Began:**  
1/24/2011

**Data Collection End:**  
5/19/2011

**Proponent:**

Sam Houston State University

**Project Status:**

Pending Manuscript

**Progress Report Due:**

12/02/2016

**Projected Completion:**

12/31/2018

**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:**  
6/14/2015

**Proponent:**

Social Policy Research Associates

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**Projected Completion:**

12/14/2015

**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:**

9/2/2016

**Projected Completion:**

6/1/2016

**Project Number:** 661-AR12

**Researcher:**  
Byron Johnson

**IRB Number:**  
656915

**IRB Expiration Date:**  
8/25/2016

**Research Began:**  
1/7/2013

**Title of Research:**

Assessing the Long-Term Effectiveness of Seminars in Maximum Security Prisons: An In-Depth Study of the Louisiana State Penitentiary and Darrington Prison

**Data Collection Began:**  
1/7/2013

**Data Collection End:**

**Proponent:**

Baylor University

**Project Status:**

Data Collection

**Progress Report Due:**

11/01/2016

**Projected Completion:**

8/31/2017

**Project Number:** 664-AR12

**Researcher:**  
Scott Walters

**IRB Number:**  
2011-125

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

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

**Title of Research:**

In-Person vs. Computer Interventions for Increasing Probation Compliance

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

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

**Proponent:**

University of North Texas

**Project Status:**

Data Analysis

**Progress Report Due:**

09/09/2016

**Projected Completion:**

2/28/2017

---

**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 to TDCJ to provide data only.  
MOU dated 12/21/12. Project will run through 2017

**Progress Report Due:**

**Projected Completion:**

12/31/2017

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**Project Number:** 671-AR13

**Researcher:**  
Bridget Williamson

**IRB Number:**  
EXEMPT

**IRB Expiration Date:**

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

**Title of Research:**

Female Sex Offender Recidivism: Risk and Assessment

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

**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:** 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:**

9/9/2016

**Projected Completion:**

6/30/2016

---

**Project Number:** 692-AR14

**Researcher:**  
Jacqueline Hogan

**IRB Number:**  
N/A

**IRB Expiration Date:**

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

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

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

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

**Proponent:**  
United States Department of Education

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/9/2016

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

Mr. Livingston approved 01/22/14

---

**Project Number:** 695-AR14

**Researcher:**  
Dan Bloom

**IRB Number:**  
FWA 0003522

**IRB Expiration Date:**  
06/22/2016

**Research Began:**  
6/23/2015

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

**Data Collection Began:**  
6/23/2015

**Data Collection End:**

**Proponent:**  
MDRC

**Project Status:**  
Data Collection

**Progress Report Due:**  
09/23/2016

**Projected Completion:**  
12/31/2018

---

**Project Number:** 697-AR14

**Researcher:**  
Jodi Walton

**IRB Number:**  
798475-1

**IRB Expiration Date:**  
9/22/2016

**Research Began:**  
12/15/2014

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

**Data Collection Began:**  
12/15/2014

**Data Collection End:**

**Proponent:**  
MDRC

**Project Status:**  
Data Collection

**Progress Report Due:**  
09/16/2016

**Projected Completion:**  
9/30/2017

---

**Project Number:** 715-AR14

**Researcher:**  
Shannon Carey

**IRB Number:**  
HSRRC 121177

**IRB Expiration Date:**  
1/14/2017

**Research Began:**  
1/9/2015

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

**Data Collection Began:**  
1/9/2015

**Data Collection End:**

**Proponent:**  
NPC Research

**Project Status:**  
Data Collection

**Progress Report Due:**  
4/8/2016

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

---

**Project Number:** 716-AR14

**Researcher:**  
Janet Mullings

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

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

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

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

**Data Collection Began:**  
8/11/2015

**Data Collection End:**

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Collection

**Progress Report Due:**  
10/19/2016

**Projected Completion:**  
5/30/2017

---

**Project Number:** 723-AR15

**Researcher:**  
David Pyrooz

**IRB Number:**  
00001971

**IRB Expiration Date:**  
1/14/2017

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

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

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

**Data Collection End:**

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Collection

**Progress Report Due:**  
12/01/2016

**Projected Completion:**  
8/31/2016

---

**Project Number:** 725-AR15

**Researcher:**  
Vikram Maheshri

**IRB Number:**  
Exempt

**IRB Expiration Date:**

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

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

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

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

**Proponent:**  
University of Houston

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/9/2016

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

---

**Project Number:** 733-AR15

**Researcher:**  
Pamela Carey

**IRB Number:**  
2016-186

**IRB Expiration Date:**  
3/2/2017

**Research Began:**  
3/8/2016

**Title of Research:**  
Post-Secondary Correctional Education Program Usefulness of Ex-  
Offenders' Participation: Utilization-Focused Evaluative Case Study

**Data Collection Began:**  
3/8/2016

**Data Collection End:**

**Proponent:**  
Capella University

**Project Status:**  
Data Collection

**Progress Report Due:**  
7/11/2016

**Projected Completion:**  
3/1/2017

---

**Project Number:** 736-AR15

**Researcher:**  
Timothy Smith

**IRB Number:**  
13623

**IRB Expiration Date:**  
3/23/2017

**Research Began:**  
3/24/2016

**Title of Research:**  
Survey of Prison Inmates

**Data Collection Began:**  
5/17/2016

**Data Collection End:**

**Proponent:**  
Bureau of Justice Statistics, RTI International

**Project Status:**  
Data Collection

**Progress Report Due:**  
11/01/2016

**Projected Completion:**  
10/31/2016

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

**FY-2016 Third Quarterly Report: March, April and May**

**Project**            717-AR14

**Application Received:**

**Researcher:**  
James Estrada

**IRB Number:**

12/5/2014

**Application Completed:**  
1/30/2015

**Title of Research:**

The Impact of Understaffing on Correctional Officers in Texas Prisons

**Division Review Requested:**  
10/6/2015

**Proponent:**

Capella University

**Reviewer:**

Approved with Conditions

**Project Status:**

Pending IRB Approval

**Detail:** Requested status of IRB from researcher on 2/29/16.

---

**Project**            718-AR14

**Application Received:**

**Researcher:**  
Kevin Reitz

**IRB Number:**  
1411S55206

11/13/2014

**Application Completed:**

**Title of Research:**

Probation Violations and Revocations Study

**Division Review Requested:**  
1/11/2016

**Proponent:**

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

**Reviewer:**

Pending

**Project Status:**

Pending Researcher Response

**Detail:** Pending Researcher Response.

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**Project**                    737-AR15

**Researcher:**

William Evans

**IRB Number:**

FWA00002462

**Application Received:**

11/6/2015

**Application Completed:**

**Title of Research:**

Evaluation of the Red & Black Books

Financial Literacy Tool

**Division Review Requested:**

1/12/2016

**Proponent:**

University of Notre Dame

**Reviewer:**

Pending

**Project Status:**

Pending OGC Review

**Detail:** Pending Division Review Approval from OGC

---

**Project**                    739-AR16

**Researcher:**

George Day

**IRB Number:**

AY2016-1123

**Application Received:**

2/16/2016

**Application Completed:**

**Title of Research:**

Impact of Faith-based dorms on Recidivism Survival Rates

**Division Review Requested:**

**Proponent:**

**Reviewer:**

**Project Status:**

Pending Review

**Detail:** Pending Executive Services Review

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**Project**                    742-AR16

**Researcher:**

Brian            Mabary

**IRB Number:**

**Application Received:**

4/13/2016

**Application Completed:**

**Title of Research:**

Violent Crime and the Social Environment: Causes, Effects, and Treatment

**Division Review Requested:**

**Proponent:**

West Texas A & M University

**Reviewer:**

Pending

**Project Status:**

Pending IRB Approval

**Detail:** Pending IRB

**Project** 743-AR16

**Researcher:**  
Temisha Hall

**IRB Number:**

**Application Received:**

4/13/2016

**Application Completed:**

**Title of Research:**

Perspectives of a Parole Officer: A Qualitative Case Study on the Transition of African American Male Parolees into the Community

**Division Review Requested:**

**Proponent:**

North Central University

**Reviewer:**

Pending

**Project Status:**

Pending Researcher Response

**Detail:** Pending IRB and Researcher Response

**Project** 745-AR16

**Researcher:**  
Thomas Kucharski

**IRB Number:**  
2015-1059

**Application Received:**

**Application Completed:**

**Title of Research:**

Sex Offender Recidivism: The Effectiveness of Sex Offender Treatment and Parole Rehabilitation Programs in the United States

**Division Review Requested:**

**Proponent:**

John Jay College of Criminal Justice

**Reviewer:**

Pending

**Project Status:**

Pending

**Detail:** Pending Review

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

**FY-2016 Third Quarterly Report: March, April and May**

**Project Number: 615-RM10**

**Researcher:**

John Petersen

**IRB Number:**

11-069

**IRB Expiration Date:**

10/19/2016

**Research Began:**

9/12/2013

**Title of Research:**

Serum Markers of Hepatocellular Cancer

**Data Collection Began:**

1/1/2014

**Data Collection End:**

**Proponent:**

University of Texas Medical Branch at Galveston

**Project Status:**

Data Collection

**Progress Report Due:**

9/2/2016

**Projected Completion:**

1/1/2020

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**Project Number: 705-RM14**

**Researcher:**

Mostafa Borahay

**IRB Number:**

13-0428

**IRB Expiration Date:**

3/16/2017

**Research Began:**

3/9/2015

**Title of Research:**

Clinical Outcomes and Cost Analysis of  
Robotic Gynecologic Surgery

**Data Collection Began:**

4/1/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

12/05/2016

**Projected Completion:**

12/31/2018

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**Project Number: 707-RM14**

**Researcher:**

Mostafa Borahay

**IRB Number:**

10-229

**IRB Expiration Date:**

12/15/2016

**Research Began:**

3/9/2015

**Title of Research:**

Study of Mediators and Potential Therapeutics in Uterine Fibroids,  
Endometriosis and Adenomyosis

**Data Collection Began:**

4/1/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

12/05/2016

**Projected Completion:**

12/31/2018

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**Project Number: 709-RM14**

**Researcher:**

Celia Chao

**IRB Number:**

14-0018

**IRB Expiration Date:**

3/3/2017

**Research Began:**

5/28/2015

**Title of Research:**

A Pilot Study to Correlate Cancer  
Diagnosis with Urine Thiosulfate

**Data Collection Began:**

5/28/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

9/2/2016

**Projected Completion:**

7/1/2016

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**Project Number: 724-RM15**

**Researcher:**

Zbigniew Gugala

**IRB Number:**

14-0351

**IRB Expiration Date:**

9/21/2016

**Research Began:**

6/29/2015

**Title of Research:**

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

**Data Collection Began:**

9/21/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

09/14/2016

**Projected Completion:**

9/21/2017

---

**Project Number: 729-RM15**

**Researcher:**

Jacques Baillargeon

**IRB Number:**

14-0283

**IRB Expiration Date:**

7/9/2016

**Research Began:**

10/1/2015

**Title of Research:**

The Health and Healthcare Needs of Older Prisoners

**Data Collection Began:**

10/1/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

9/9/2016

**Projected Completion:**

12/31/2017

---

**Project Number: 730-RM15**

**Researcher:**

Orry Birdsong

**IRB Number:**

15-0153

**IRB Expiration Date:**

8/16/2016

**Research Began:**

12/22/2015

**Title of Research:**

Improving Medication Compliance for Glaucoma in a Prison  
Population

**Data Collection Began:**

12/22/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

9/16/2016

**Projected Completion:**

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

**FY-2016 Third Quarterly Report: March, April, and May**

**Project**            **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

**Detail:** TDCJ determining what data is available for project.

**Project**            **728-RM15**

**Researcher:**

Scarlett Lusk-Edwards

**IRB Number:**

**Application Received:**

4/9/2015

**Application Completed:**

**Title of Research:**

Relationships between HIV/AIDS and Behavioral Risk Factors among Texas Prison Inmates

**Division Review Requested:**

**Proponent:**

Walden University

**Reviewer:**

Pending

**Review Status:**

Pending Researcher Response and IRB

**Detail:** Sent letter to researcher on 5/11/15 with information available and requesting IRB. Requested status of IRB on 12/09/2015.

**3rd Quarter FY 2016**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Segregation Audit Summary**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Mental Health Referrals</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC 6</b>
03/01/2016	Cole	5	5	0	0	100	67	100	100
03/02/2016	Powledge	10	10	0	1	100	100	100	100
03/02-03/2016	Connally	338	295	0	7	100	100	100	100
03/09-10/2016	Clements	386	328	0	7	100	100	100	100
03/22/2016	Mountain View	26	26	0	1	100	100	100	100
3/23/2016	Ellis	87	87	0	4	100	100	100	100
04/04-05/2016	Allred 12 Bldg.	238	209	0	3	100	100	100	100
04/06-07/2016	Allred ECB	394	307	1	5	100	100	100	100
04/13-14/2016	McConnell	255	217	1	5	100	100	100	100
04/19/2016	Bradshaw	12	12	0	2	100	100	100	75
04/20/2016	East Texas	13	13	0	0	100	0	25	75
04/20/2016	Lopez	7	7	0	0	100	100	100	100
04/25-26/2016	Polunsky	421	344	0	8	100	100	100	100
05/04-05-2016	Lewis	255	190	1	5	100	100	100	100
05/12/2016	Darrington	190	166	1	6	100	100	100	100
05/19/2016	Ramsey	34	33	0	2	100	100	100	100
05/19/2016	Dominguez	20	20	1	0	100	100	100	100
05/25/2016	Hutchins	10	10	0	0	100	100	100	100
05/25/2016	Sanchez	8	8	0	0	100	100	100	100
<b>Total</b>	19	2,709	2,287	5	56				

**INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT**  
**Conducted in 3<sup>rd</sup> Quarter of 2016**  
**Period Audited—March, April & May**

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	16	16	14	0	<b>88</b>
Bradshaw State Jail	20	20	20	0	<b>100</b>
Byrd Unit	20	13	9	7	<b>69</b>
Dominguez State Jail	15	15	15	0	<b>100</b>
East Tx Treatment Facility	20	20	7	0	<b>35</b>
Formby State Jail	0	0	0	0	<b>N/A</b>
Garza Transfer Facility	20	17	17	0	<b>100</b>
Gist State Jail	12	12	12	0	<b>100</b>
Glossbrenner SAFPF	4	4	4	0	<b>100</b>
Gurney Transfer Facility	20	20	20	0	<b>100</b>
Halbert SAFPF	17	17	13	0	<b>76</b>
Holliday Transfer Facility	0	0	0	0	<b>N/A</b>
Hutchins State Jail	20	20	20	0	<b>100</b>
Jester I SAFPF	11	11	11	0	<b>100</b>
Johnston SAFPF	8	7	7	1	<b>100</b>
Kyle SAFPF	0	0	0	0	<b>N/A</b>
Lindsey State Jail	8	8	8	0	<b>100</b>
Lychner State Jail	0	0	0	0	<b>N/A</b>
Middleton Transfer Facility	20	20	20	0	<b>100</b>
Plane State Jail	20	20	20	0	<b>100</b>
Roach ISF	13	13	10	0	<b>77</b>
Sanchez State Jail	0	0	0	0	<b>N/A</b>
Sayle SAFPF	7	7	7	0	<b>100</b>
South Texas	20	20	9	0	<b>45</b>
Travis State Jail	13	13	13	0	<b>100</b>
West Texas	20	18	9	2	<b>50</b>
Woodman State Jail	20	20	20	0	<b>100</b>
<b>GRAND TOTAL</b>	<b>344</b>	<b>331</b>	<b>285</b>	<b>10</b>	

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

A Corrective Action Plan is required of all units scoring below 80%.

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3<sup>rd</sup> Quarter 2016

Audits Conducted in March, April & May

<b>UNIT</b>	<b>Audit Month</b>	<b>Compelled Medication Cases Documented in Medical Record<sup>1</sup></b>				
-------------	--------------------	--	--	--	--	--

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	March	3	3	3	100	None
Jester IV	March	2	2	2	100	None
Montford	March	7	7	7	100	None
Skyview	March	5	5	5	100	None

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	April	2	2	0	0	Yes
Jester IV	April	4	4	4	100	None
Montford	April	9	9	9	100	None
Skyview	April	9	9	9	100	None

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	May	1	1	1	100	None
Jester IV	May	3	3	3	100	None
Montford	May	7	7	7	100	None
Skyview	May	16	16	16	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

Texas Tech University  
Health Sciences Center

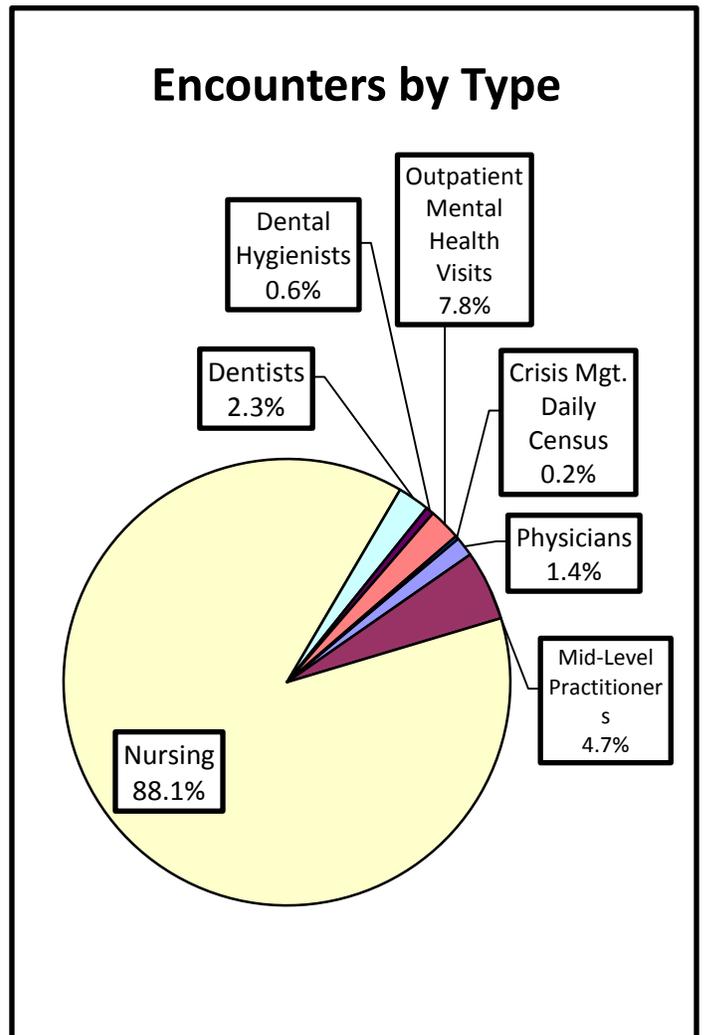
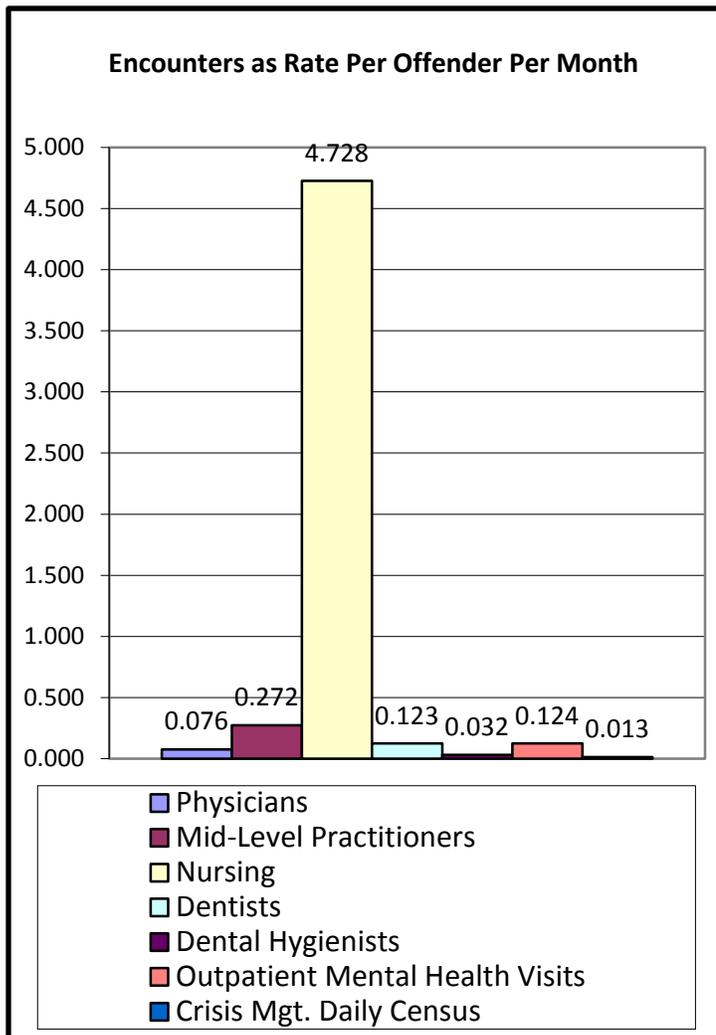


**Correctional Health Care**  
**MEDICAL DIRECTOR'S REPORT**

**THIRD QUARTER**

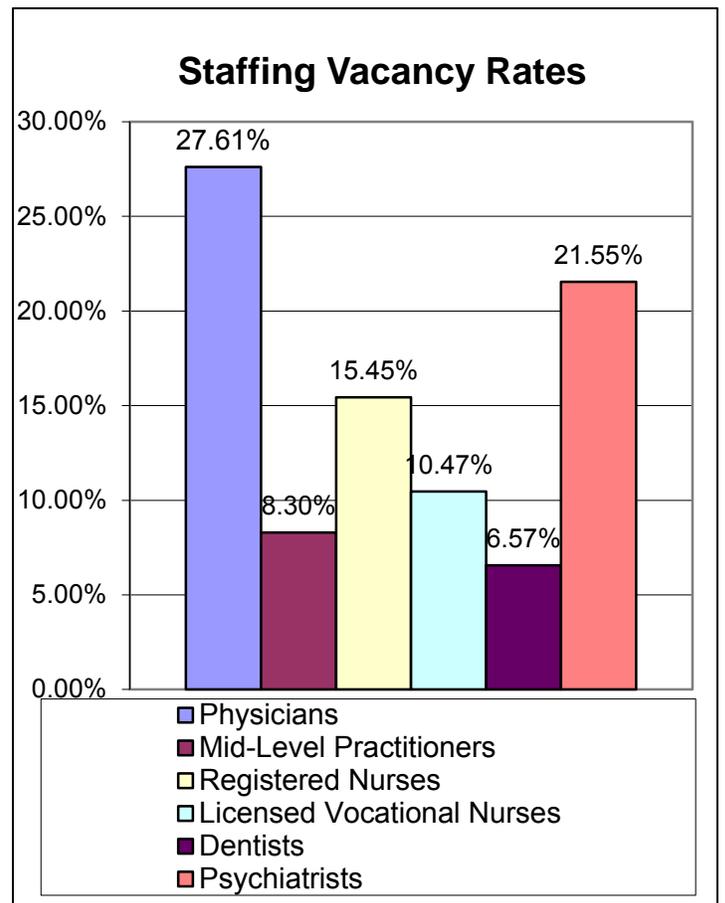
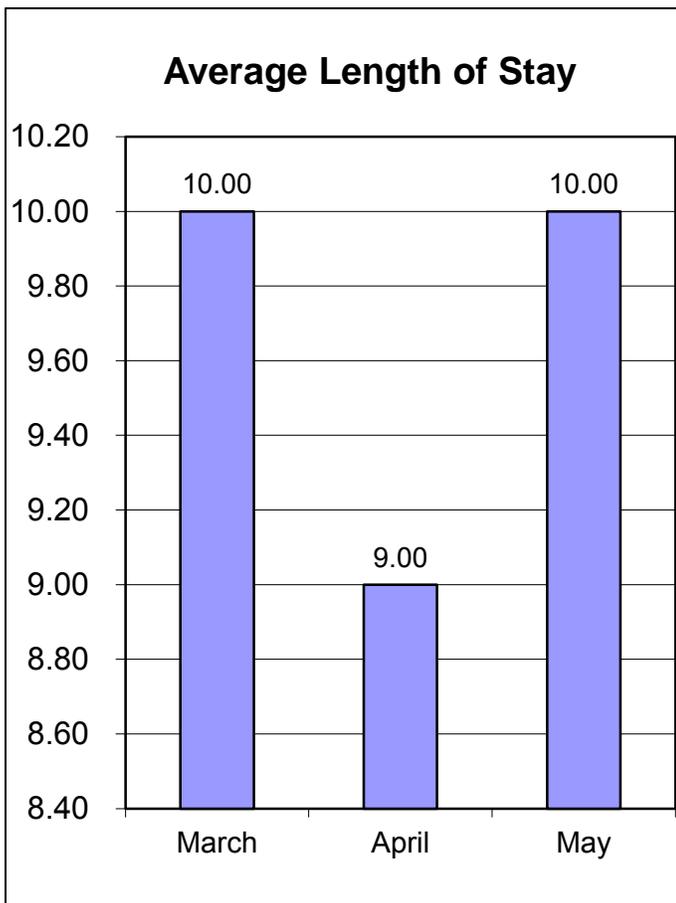
**FY2016**

	March	April	May	Qtly Average				
<i>Average Population</i>	30,109.55	30,054.52	30,013.02	30,059.03				
	Rate Per	Rate Per	Rate Per	Rate Per				
	Number	Offender	Number	Offender				
	Number	Offender	Number	Offender				
	Number	Offender	Number	Offender				
<b>Medical encounters</b>								
Physicians	2,582	0.086	2,010	0.067	2,289	0.076	2,294	0.076
Mid-Level Practitioners	8,935	0.297	7,745	0.258	7,813	0.260	8,164	0.272
Nursing	153,831	5.109	135,190	4.498	137,332	4.576	142,118	4.728
<b>Sub-total</b>	<b>165,348</b>	<b>5.492</b>	<b>144,945</b>	<b>4.823</b>	<b>147,434</b>	<b>4.912</b>	<b>152,576</b>	<b>5.076</b>
<b>Dental encounters</b>								
Dentists	4,086	0.136	3,451	0.115	3,599	0.120	3,712	0.123
Dental Hygienists	1,018	0.034	819	0.027	1,020	0.034	952	0.032
<b>Sub-total</b>	<b>5,104</b>	<b>0.170</b>	<b>4,270</b>	<b>0.142</b>	<b>4,619</b>	<b>0.154</b>	<b>4,664</b>	<b>0.155</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	3,918	0.130	3,645	0.121	3,616	0.120	3,726	0.124
Crisis Mgt. Daily Census	409	0.014	358	0.012	373	0.012	380	0.013
<b>Sub-total</b>	<b>4,327</b>	<b>0.144</b>	<b>4,003</b>	<b>0.133</b>	<b>3,989</b>	<b>0.133</b>	<b>4,106</b>	<b>0.137</b>
<b>Total encounters</b>	<b>174,779</b>	<b>5.805</b>	<b>153,218</b>	<b>5.098</b>	<b>156,042</b>	<b>5.199</b>	<b>161,346</b>	<b>5.368</b>



	March	April	May	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	116.00	110.00	111.00	<b>112.33</b>
Number of Admissions	321.00	311.00	333.00	<b>321.67</b>
Average Length of Stay	10.00	9.00	10.00	<b>9.67</b>
Number of Clinic Visits	824.00	745.00	655.00	<b>741.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	440.00	433.00	447.00	<b>440.00</b>
PAMIO/MROP Census	427.00	418.00	422.00	<b>422.33</b>
<b>Specialty Referrals Complete</b>	<b>1,546.00</b>	<b>1,344.00</b>	<b>1,435.00</b>	<b>1,441.67</b>
<b>Telemedicine Consults</b>	<b>774</b>	<b>639</b>	<b>652</b>	<b>688.33</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	<b>Vacant</b>
Physicians	14.89	5.68	20.57	27.61%
Mid-Level Practitioners	38.67	3.50	42.17	8.30%
Registered Nurses	132.99	24.30	157.29	15.45%
Licensed Vocational Nurse	283.82	33.18	317.00	10.47%
Dentists	18.48	1.30	19.78	6.57%
Psychiatrists	6.88	1.89	8.77	21.55%



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

***CMC Update***

# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



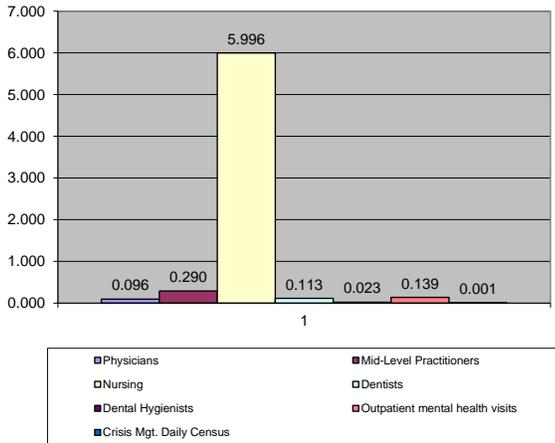
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**THIRD QUARTER  
FY 2016**

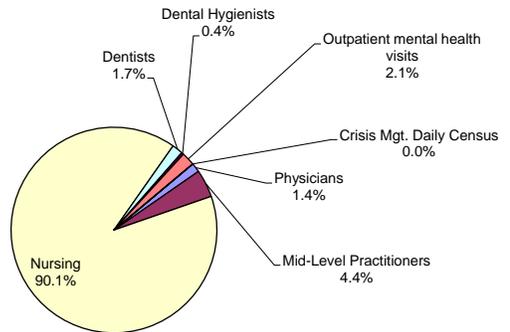
**Medical Director's Report:**

Average Population	March		April		May		Qtly Average	
	116,461		116,415		116,216		116,364	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	11,574	0.099	10,859	0.093	11,201	0.096	<b>11,211</b>	<b>0.096</b>
Mid-Level Practitioners	34,180	0.293	33,010	0.284	33,978	0.292	<b>33,723</b>	<b>0.290</b>
Nursing	712,516	6.118	687,250	5.903	693,308	5.966	<b>697,691</b>	<b>5.996</b>
<b>Sub-total</b>	<b>758,270</b>	<b>6.511</b>	<b>731,119</b>	<b>6.280</b>	<b>738,487</b>	<b>6.354</b>	<b>742,625</b>	<b>6.382</b>
<b>Dental encounters</b>								
Dentists	13,975	0.120	12,735	0.109	12,890	0.111	<b>13,200</b>	<b>0.113</b>
Dental Hygienists	2,812	0.024	2,672	0.023	2,696	0.023	<b>2,727</b>	<b>0.023</b>
<b>Sub-total</b>	<b>16,787</b>	<b>0.144</b>	<b>15,697</b>	<b>0.135</b>	<b>15,586</b>	<b>0.134</b>	<b>15,927</b>	<b>0.137</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	16,672	0.143	15,697	0.135	16,013	0.138	<b>16,127</b>	<b>0.139</b>
Crisis Mgt. Daily Census	59	0.001	66	0.001	53	0.000	<b>59</b>	<b>0.001</b>
<b>Sub-total</b>	<b>16,731</b>	<b>0.144</b>	<b>15,763</b>	<b>0.135</b>	<b>16,066</b>	<b>0.138</b>	<b>16,187</b>	<b>0.139</b>
<b>Total encounters</b>	<b>791,788</b>	<b>6.799</b>	<b>762,579</b>	<b>6.551</b>	<b>770,139</b>	<b>6.627</b>	<b>774,739</b>	<b>6.658</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

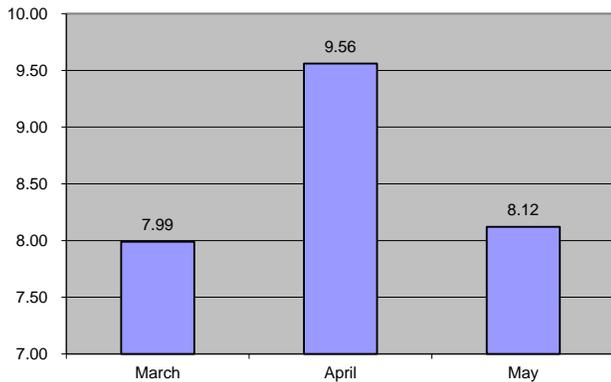


**Medical Director's Report (Page 2):**

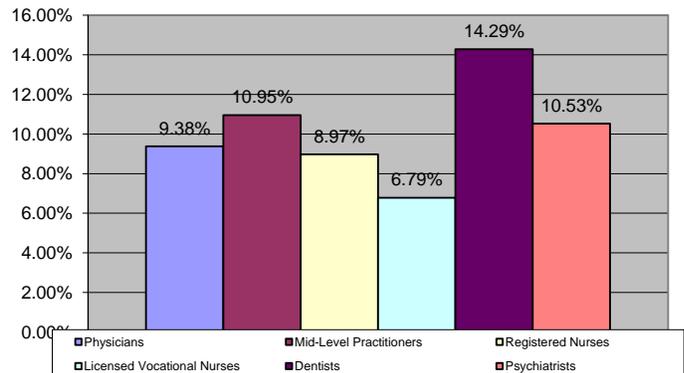
	March	April	May	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	101.80	106.10	101.90	<b>103.27</b>
Number of Admissions	409.00	325.00	385.00	<b>373.00</b>
Average Length of Stay	7.99	9.56	8.12	<b>8.56</b>
Number of Clinic Visits	7,332.00	6,393.00	7,315.00	<b>7,013.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,009.19	1,018.54	1,032.19	<b>1,019.97</b>
PAMIO/MROP Census	679.03	674.33	678.68	<b>677.35</b>
<b>Telemedicine Consults</b>	<b>10,332</b>	<b>10,102</b>	<b>10,032</b>	<b>10,155.33</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	58.00	6.00	64.00	9.38%
Mid-Level Practitioners	122.00	15.00	137.00	10.95%
Registered Nurses	284.00	28.00	312.00	8.97%
Licensed Vocational Nurses	577.00	42.00	619.00	6.79%
Dentists	66.00	11.00	77.00	14.29%
Psychiatrists	17.00	2.00	19.00	10.53%

**Average Length of Stay**



**Staffing Vacancy Rates**



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

***CMC Update***

## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

## **Correctional Managed Health Care Joint Committee/Work Group Activity Summary for September 20, 2016, 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. Owen Murray

Purpose: This group's membership consists of discipline directors in medical, nursing, mental health, dental and allied health care staff appointed by the Joint Medical Directors. This group is charged with implementation of the CMHCC Quality Improvement/Quality Management (QI/QM) Plan. The purpose of this plan is to provide a streamlined, integrated, clinically driven state-of-the-art Quality Improvement Program, which adds value to the quality of health care services, provided to TDCJ offenders. The plan demonstrates that quality will be consistently/ continuously applied and/or measured, and will meet or exceed regulatory requirements. The CMHCC strongly endorses and has administrative oversight for implementation of the plan. The agents of the CMHCC and the TDCJ Health Services Division will demonstrate support and participation for the plan. The committee meets on a quarterly basis.

Meeting Date: August 11, 2016

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)

**FY 2016 SLC Indicators**

- A. Dental: Total Open Reminders with Delay > 180 Days
- B. Mental Health: Heat Restrictions
- C. Nursing: Emergency Response
- D. Support Services: Inpatient/Outpatient Physical Therapy
- E. Clinical Administration: Missed Appointments (No Shows)
- F. Joint Medical/Pharmacy: Hepatitis C

**Standing Issues**

- A. New SLC Indicators
- B. CMHCC Updates
- C. CMHC Pharmacy Report

**Miscellaneous/Open for Discussion Participants:**

- A. ATC Accuracy Evaluation
- B. Nurse Protocol Audits
- C. Nursing QA Site Visit Audits

**Adjournment**

**Joint Policy and Procedure Committee**

Co-Chair: Benjamin Leeah, MD

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

Purpose: This group's membership consists of clinicians, nurses, health care administrators and dentists appointed by the Joint Medical Directors. This group is charged with the annual review of all 131 CMHC policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings.

Meeting Date: July 14, 2016

**Sub Committee Updates:**

- A. No Chemical Use of Force – Susan Morris, MD
- B. Access to Off-Site Hospitalization Offender Information – Phyllis McWhorter, RN
- C. Medical Pass – Phyllis McWhorter, RN
- D. Special Needs Offenders Releasing from TDCJ - Phyllis McWhorter, RN
- E. Gender Dysphoria Working Group – Chris Black-Edwards, RN; Benjamin Leeah, MD on behalf of Kelly Coates

**Tabled from April 2016 Meeting:**

- A. Dental Treatment Priorities – Manuel Hirsch, DDS

**Committee Referrals:**

Joint Mental Health Working Group - Guillermo Garcia, MD

The Following Policies Were Up for Review and Opened for Recommended Changes During this Quarter:

<b>A-08.3</b>	<b>A-08.4*</b>	<b>A-08.5</b>	<b>A-08.6*</b>	<b>A-08.7*</b>	<b>A-08.8</b>	<b>C-22.1</b>	<b>C-23.1</b>	<b>D-28.1</b>	<b>D-28.5</b>
<b>D-29.1</b>	<b>E-36.5</b>	<b>E-36.6</b>	<b>E-37.6</b>	<b>E-39.1</b>	<b>E-40.1</b>	<b>E-41.1</b>	<b>E-41.2*</b>	<b>E-42.1</b>	<b>F-49.1</b>
<b>G-51.11*</b>	<b>G-51.12*</b>	<b>G-52.1</b>	<b>G-53.1</b>	<b>G-53.3</b>	<b>G-54.1</b>	<b>H-60.3</b>	<b>H-61.1*</b>	<b>I-70.1*</b>	<b>I-71.1*</b>
<b>I-72.1</b>					<b>* Indicates Attachment(s) included in the policy.</b>				

The Following Policies Were Submitted for Changes or for Discussion:

Policy #	Policy Name	Submitted By
A-08.4	Offender Medical and Mental Health Classification	Guillermo Garcia, MD
A-08.4 Attachment A	Guidelines to Completing the Health Summary for Classification Form	Guillermo Garcia, MD Phyllis McWhorter, RN
A-08.7 Attachment B	Guidelines for Coding PULHES	Phyllis McWhorter, RN
C-23.1	Position Descriptions	Mike Jones, RN
D-28.1	Clinic Space, Equipment, and Supplies	Beckie Berner
D-28.5	Equipment, Supplies, and Inventory	Beckie Berner
E-36.1	Dental Treatment Priorities	Manuel Hirsh, DDS
E-39.1	Health Evaluation and Documentation Offenders in Segregation	Mike Jones, RN
E-41.1	Emergency Services	Mike Jones, RN
E-41.2	Emergency Response During Hours of Operation	Mike Jones, RN
E-41.2 Attachment A	Correctional Managed Health Care Emergency Response Bag Inventory List	Mike Jones, RN
G-52.1	Infirmery Care	Mike Jones, RN
G-53.1	Suicide Prevention Plan	Guillermo Garcia, MD
H-60.1	Health Records – Organization and Maintenance	Jane Moultrie, MD

H-60.1 Attachment B	List of EMR Chart Sections	Jane Moultrie, MD
H-60.1 Attachment D	Correctional Managed HealthCare EMR Standard Operating Procedure (New)	Jane Moultrie, MD
H-60.1 Attachment E	Correctional Managed Care Document Clarification (New)	Jane Moultrie, MD
H-60.1 Attachment F	Correctional Managed HealthCare EMR Standard Operating Procedure (New)	Jane Moultrie, MD
H-60.1 Attachment G	Incomplete Chart Notification (New)	Jane Moultrie, MD
I-66.1	Medical Therapeutic Restraints	Mike Jones, RN
I-66.1.1 Attachment A	Medical Therapeutic Restraint Flow Sheet	Mike Jones, RN

### **Adjournment**

- Next Meeting Date is October 13, 2016.

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

Chair: Sheri Talley, MD

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation, selection, procurement, distribution, control, use, and other matters related to medications within the health care system. This group further serves to support educational efforts directed toward the health care staff on matters related to medications and medication use. Disease management guidelines are reviewed annually and updated as needed by the CMHCC Joint Pharmacy and Therapeutics Committee. All changes to consensus guidelines published by the Centers of Disease Control and Prevention and the National Institutes of Health or other nationally recognized authorities are considered. In addition, CMHCC Joint Pharmacy and Therapeutics Committee reviews adverse drug reaction reports, drug recalls, non-formulary deferral reports and reports of medication errors. Clinical pharmacists present reviews of drug classes to the committee for education and consideration of new updates to the formulary. Clinical pharmacists also periodically conduct medication usage evaluations. Finally, this group reviews and evaluates all pharmacy and therapeutic policies and procedures annually. This group meets on a bi-monthly basis.

Meeting Date: July 14, 2016

## Key Activities:

- I. Approval of the Minutes from May 12, 2016 Meeting
- II. Reports from Subcommittees
  - A. Diabetes – Dr. Agrawal
  - B. DMG Triage – Dr. Sandmann
  - C. Gender Dysphoria (did not meet)
  - D. Psychiatry (did not meet)
  - E. Transfer Medications – Dr. Williams
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (May - June 2016)
  - D. Non-Formulary Deferral Reports
    1. Texas Tech Sector (April - May 2016)
    2. UTMB Sector (May - June 2016)
  - E. Utilization Reports (FY 2016 through May)
    1. HIV Utilization
    2. Hepatitis C Utilization
    3. Hepatitis B Utilization
    4. Psychotropic Utilization
  - F. Special Reports
    1. Top 50 Medications by Cost and Volume – 3<sup>rd</sup> Quarter FY 16
  - G. Policy Review Schedule
- IV. Old Business (See Policy Revisions – Tabled in May due to time constraints)
- V. New Business
  - A. Action Requests
    1. Proton Pump Inhibitor Consent Form
    2. Formulary Addition Request of Carbamazepine 100 mg/5ml Solution
    3. Review of Opioid Discontinuation DMG
    4. Review of Major Depression and Psychotropic Conversion DMGs
    5. Clinical Review of Novel Oral Anticoagulants – Postponed until September pending further review
  - B. Drug Category Reviews
    1. Anti-Infectives
    2. Gastrointestinal Agents
    3. Miscellaneous Agents
  - C. FDA Medication Safety Advisories
  - D. Manufacturer Shortages and Discontinuations
  - E. Policy and Procedure Revisions
    1. Incoming Patient's Free World Medications (25-05)
    2. Discharge Medications (25-10)
    3. IV Admixture (30-05)
    4. Multi-Dose Vials (30-10)

5. Crushing of Medications (35-05)
6. Unit Receipt (40-03)
7. Medication Administration during Computer Breakdown (40-05)

VI. Miscellaneous

VII. Adjournment

### **Joint Infection Control Committee**

Co-Chair: Carol Coglianese, MD

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

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacist appointed by the Joint Medical Directors. This group is charged with developing and promulgating policies and procedures for infection control, prevention and treatment. This group is charged with the annual review of all Correctional Managed Health Care Infection Control Policies and meets on a quarterly basis.

Meeting Date: August 11, 2016

Key Activities:

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

#### **Public Health Update**

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

#### **Old Business**

None

#### **New Business**

- a. Proposed Calendar for 2017

## **Policies Under Review**

- a. B-14.19 Disease Reporting
- b. B-14.20 Standard Precautions
- c. B-14.21 Transmission-Based Precautions
- d. B-14.22 Handwashing
- e. B.14.23 Medical Supply Decontamination
- f. B-14.24 Disposal of Sharps, Needles and Syringes
- g. B-14.25 Special (Medical) Waste Management
- h. B-14.26 Gastro-Intestinal Illness
- i. B-14.27 Bloodborne Pathogen Exposure Control Plan

## **Adjourn**

- Next Meeting –October 13, 2016
- Policies to be reviewed are B-14.31 – B-17.1

## **Joint Dental Work Group**

Chair: Dr. Manuel Hirsch

Purpose: This group's membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the UTMB CMC Dental Director, and the TTUHSC CMC Dental Director. This group is charged with the development of dental treatment and management guidelines; as well as the development of dental initiatives. It reviews changes to the Dental Scope of Practice Act and makes recommendations for policy changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all dental policies and procedures.

Meeting Date: July 13, 2016

## **Approval of Minutes from May 10, 2016**

### **Old Business**

- TSBDE and Proposed Informed Consent Forms:
  - Endodontic Consent
  - General Consent
  - Hygiene Consent
  - Prosthodontic Consent
  - Restorative Consent
- Chain-in and Traveling Reminders

### **New Business**

- Importing Reminders
- Dental Service Roster

- Staffing Recruitment
- Cell Side Visits
- Optimum Dental Program

### **Policies Under Review**

- E-31.1 Information on Dental Services
- E-36.2 In-Processing Offenders-Dental Examination, Classification, Education & Treatment
- E-36.3 Recording and Scheduling Patient Visits
- E-36.4 Dental Prosthodontic Services

### **Sector Updates**

- TDCJ
- UTMB
- TTUHSC

### **Meeting Adjourn**

### **Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Susan Morris

Co-Chair: Dr. Robert Williams

Purpose: This group's membership consists of physicians and nurses appointed by the Joint Medical Directors. The group is charged with reviewing the clinical health records of each offender death. The committee makes a determination as to whether or not a referral to a peer review committee is indicated. This group meets on a monthly basis.

### **For the Three Months Ended August 2016**

There were 83 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2016. Of those 83 deaths, 7 were referred to peer review committees.

### **Joint Nursing Work Group**

Chair: Mike Jones, MBA, BSN, RN

Purpose: This group's membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Chief Nursing Officer, the TTUHSC CMC Director of Nursing Services, and the UTMB CMC Director of Nursing Inpatient Services. This group is charged with the development of nursing management guidelines and programs. It reviews changes to the Nursing Scope of Practice Act for RNs and LVNs and makes recommendations for policy/practice changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all nursing policies and procedures.

Meeting Date: July 13, 2016

- I. Approval of Minutes from the April 13, 2016, meeting

## II. Old Business

1. PHI – Chris Black-Edwards, RN
2. Operational Review Audits – Separating Nursing/Medical Questions – Chris Black-Edwards, RN
3. Electronic Diabetic Flow Sheet – Mike Jones, RN

## III. New Business

1. Tiered Nursing Differential Salaries – Gary Eubank, RN
2. Urgent/Emergent Care Notebuilder Document – Justin Robison, RN
3. CMHC Policy E-41.2, Attachment A – Mike Jones, RN/Gary Eubank, RN
4. Nurse Chart Review/Verbal Order Notebuilder Document – Mike Jones, RN
5. I-214 referrals – Mike Jones, RN
6. HSN – 3, I - III – Mike Jones, RN
7. Self-Injurious Report – Mike Jones, RN
8. Unit Level Infirmary Capacity – Mike Jones, RN

## IV. Next Meeting: October 12, 2016

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



## **Quarterly Report FY2016 Third Quarter**

**September 2015 – May 2016**

## Third Quarter Financial Report on Correctional Managed Health Care

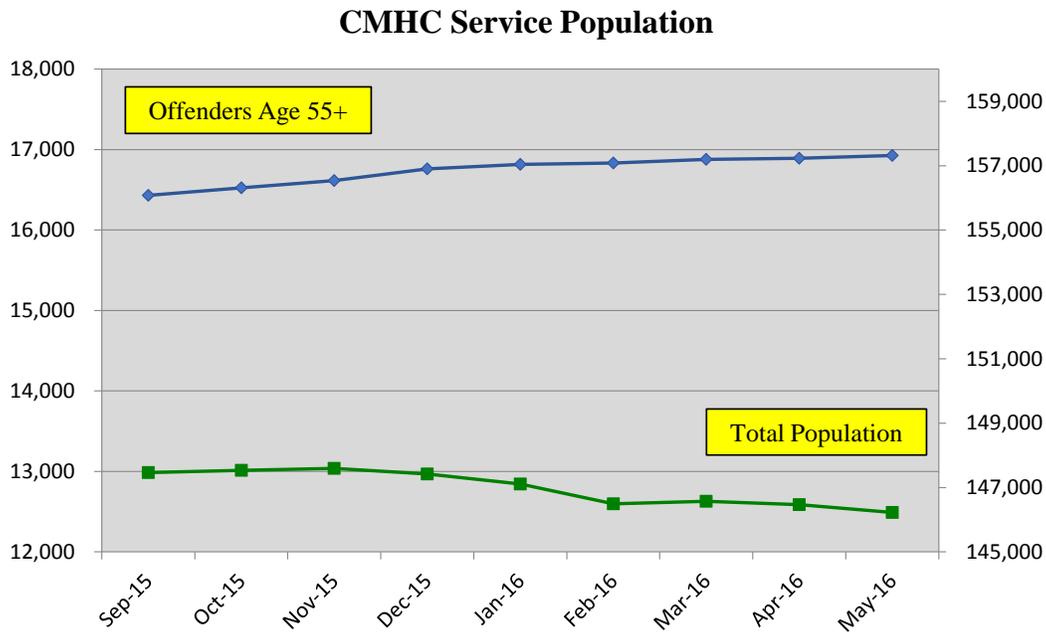
### Overview

- Report submitted in accordance with the FY2016-17 General Appropriations Act, Article V, Rider 47, 84<sup>th</sup> Legislature, Regular Session 2015
- FY2016 TDCJ Appropriations allocated to Correctional Managed Health Care:
  - \$277.4M Unit and Psychiatric Care, Strategy C.1.8
  - \$202.2M Hospital and Clinical Care, Strategy C.1.9
  - \$57.7M Pharmacy Care, Strategy C.1.10

<b><u>Method of Finance Summary</u></b>	<b><u>FY2016</u></b>
<b>HB 1, Article V, TDCJ Appropriations</b>	
Strategy C.1.8. Unit and Psychiatric Care	\$ 277,402,262
Strategy C.1.9. Hospital and Clinic Care	\$ 202,174,592
Strategy C.1.10. Pharmacy Care	\$ 57,747,578
<b>TOTAL</b>	<b>\$ 537,324,432</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 220,118,095
Hospital and Clinic Care	\$ 172,056,460
Pharmacy Care	\$ 45,479,313
<b>Subtotal UTMB</b>	<b>\$ 437,653,868</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 57,284,167
Hospital and Clinic Care	\$ 30,118,132
Pharmacy Care	\$ 12,268,265
<b>Subtotal TTUHSC</b>	<b>\$ 99,670,564</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 537,324,432</b>

## Population

- Overall offender service population has decreased 1.3% from FY2015
  - Average daily census 148,978 through 3<sup>rd</sup> quarter of FY2015 compared to 146,987 through 3<sup>rd</sup> quarter of FY2016
- Offenders aged 55 or older population increased 4.5% from FY2015
  - Average daily census 16,024 through 3<sup>rd</sup> quarter of FY2015 compared to 16,742 through 3<sup>rd</sup> quarter of FY2016
  - While comprising about 11.4% of the overall service population, offenders age 55 and over account for 43.1% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2016 average number of psychiatric inpatients through 3<sup>rd</sup> quarter: 1,829
  - FY2016 average number of psychiatric outpatients through 3<sup>rd</sup> quarter: 22,941



## Health Care Costs

- Total expenses through 3<sup>rd</sup> quarter, FY2016: \$479.1M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$245.5M, 51.2% of total expenses
- Hospital and Clinical Care - \$184.7M, 38.6% of total
- Pharmacy Services - \$48.9M, 10.2% of total
  - HIV related drugs: 33.5% of total drug costs
  - Psychiatric drugs: 7.9% of total drug costs
  - Hepatitis C drug therapies: 7.6% of total drug costs
- Cost per offender per day, FY2016 through 3<sup>rd</sup> quarter: \$11.90
  - 10.7% increase compared to FY2015 cost per day of \$10.75

### Comparison of Total Health Care Costs

	FY 12	FY 13	FY 14	FY 15	4-Year Average	FYTD 16 1st Qtr	FYTD 16 2nd Qtr	FYTD 16 3rd Qtr
<b>Population</b>								
UTMB	120,557	118,359	118,705	117,779	118,850	117,565	117,301	116,989
TTUHSC	31,491	30,713	31,314	30,790	31,077	29,967	29,968	29,998
<b>Total</b>	<b>152,048</b>	<b>149,072</b>	<b>150,019</b>	<b>148,569</b>	<b>149,927</b>	<b>147,532</b>	<b>147,269</b>	<b>146,987</b>
<b>Expenses</b>								
UTMB	\$397,606,713	\$415,579,990	\$456,286,749	\$474,922,507	\$436,098,990	\$126,650,271	\$256,649,341	\$390,694,171
TTUHSC	\$97,426,964	\$98,335,680	\$102,834,980	\$107,975,637	\$101,643,315	\$28,996,406	\$59,038,981	\$88,479,364
<b>Total</b>	<b>\$495,033,677</b>	<b>\$513,915,670</b>	<b>\$559,121,729</b>	<b>\$582,898,144</b>	<b>\$537,742,305</b>	<b>\$155,646,677</b>	<b>\$315,688,322</b>	<b>\$479,173,535</b>
<b>Cost/Day</b>								
UTMB	\$9.01	\$9.62	\$10.53	\$11.05	\$10.05	\$11.84	\$12.02	\$12.19
TTUHSC	\$8.45	\$8.77	\$9.00	\$9.61	\$8.95	\$10.63	\$10.82	\$10.76
<b>Total</b>	<b>\$8.90</b>	<b>\$9.45</b>	<b>\$10.21</b>	<b>\$10.75</b>	<b>\$9.82</b>	<b>\$11.59</b>	<b>\$11.78</b>	<b>\$11.90</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 47**  
**Third Quarter, FY2016**

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 42,884,868	\$ 164,787,863	\$ 207,672,731
State Reimbursement Benefits	\$ 6,696,207	\$ 35,502,522	\$ 42,198,729
Other Misc Revenue	\$ 2,726	\$ 59,542	\$ 62,268
<b>C.1.8. Total Method of Finance</b>	<b>\$ 49,583,801</b>	<b>\$ 200,349,927</b>	<b>\$ 249,933,728</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 22,547,454	\$ 128,807,295	\$ 151,354,749
State Reimbursement Benefits	\$ 1,643,854	\$ -	\$ 1,643,854
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 24,191,308</b>	<b>\$ 128,807,295</b>	<b>\$ 152,998,603</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 9,184,438	\$ 34,047,354	\$ 43,231,792
State Reimbursement Benefits	\$ 61,767	\$ 1,542,599	\$ 1,604,366
Other Misc Revenue	\$ -	\$ 6,730	\$ 6,730
<b>C.1.10. Total Method of Finance</b>	<b>\$ 9,246,205</b>	<b>\$ 35,596,683</b>	<b>\$ 44,842,888</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 83,021,314</b>	<b>\$ 364,753,905</b>	<b>\$ 447,775,219</b>

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 74,616,760	\$ 327,642,512	\$ 402,259,272
State Reimbursement Benefits	\$ 8,401,828	\$ 37,045,121	\$ 45,446,949
Other Misc Revenue	\$ 2,726	\$ 66,272	\$ 68,998
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 83,021,314</b>	<b>\$ 364,753,905</b>	<b>\$ 447,775,219</b>

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 50,367,208	\$ 195,163,345	\$ 245,530,553
C.1.9. Hospital & Clinical Care	\$ 27,626,117	\$ 157,096,566	\$ 184,722,683
C.1.10. Managed Health Care - Pharmacy	\$ 10,486,039	\$ 38,434,260	\$ 48,920,299
<b>TOTAL EXPENDITURES</b>	<b>\$ 88,479,364</b>	<b>\$ 390,694,171</b>	<b>\$ 479,173,535</b>

<b>DIFFERENCE</b>	<b>\$ (5,458,050)</b>	<b>\$ (25,940,266)</b>	<b>\$ (31,398,316)</b>
<b>FY2015 Ending Balance (Shortfall) and Hospital Cost Report Reconciliation</b>	<b>\$ -</b>	<b>\$ (11,154,277)</b>	<b>\$ (11,154,277)</b>
<b>NET DIFFERENCE</b>	<b>\$ (5,458,050)</b>	<b>\$ (37,094,543)</b>	<b>\$ (42,552,593)</b>

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<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 42,884,868	\$ 164,787,863	\$ 207,672,731
State Reimbursement Benefits	\$ 6,696,207	\$ 35,502,522	\$ 42,198,729
Other Misc Revenue	\$ 2,726	\$ 59,542	\$ 62,268
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 49,583,801</b>	<b>\$ 200,349,927</b>	<b>\$ 249,933,728</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 15,440,670	\$ 111,262,156	\$ 126,702,826
Benefits	\$ 5,180,596	\$ 34,838,316	\$ 40,018,912
Other Operating Expenses	\$ 1,298,874	\$ 15,272,674	\$ 16,571,548
Professional Services	\$ 1,786,201	\$ -	\$ 1,786,201
Contracted Units/Services	\$ 12,230,788	\$ -	\$ 12,230,788
Travel	\$ 149,763	\$ 1,042,790	\$ 1,192,553
Electronic Medicine	\$ 264,133	\$ -	\$ 264,133
Capitalized Equipment	\$ 231,596	\$ 334,697	\$ 566,293
<b>Subtotal, Unit Care</b>	<b>\$ 36,582,621</b>	<b>\$ 162,750,633</b>	<b>\$ 199,333,254</b>
<b>Psychiatric Care</b>			
Salaries	\$ 9,071,584	\$ 19,573,824	\$ 28,645,408
Benefits	\$ 2,472,755	\$ 5,061,641	\$ 7,534,396
Other Operating Expenses	\$ 114,659	\$ 130,663	\$ 245,322
Professional Services	\$ 581,281	\$ -	\$ 581,281
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 43,338	\$ 127,412	\$ 170,750
<b>Subtotal, Psychiatric Care</b>	<b>\$ 12,283,617</b>	<b>\$ 24,893,540</b>	<b>\$ 37,177,157</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,500,970</b>	<b>\$ 7,519,172</b>	<b>\$ 9,020,142</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 50,367,208</b>	<b>\$ 195,163,345</b>	<b>\$ 245,530,553</b>
<b>DIFFERENCE</b>	<b>\$ (783,407)</b>	<b>\$ 5,186,582</b>	<b>\$ 4,403,175</b>

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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 22,547,454	\$ 128,807,295	\$ 151,354,749
State Reimbursement Benefits	\$ 1,643,854	\$ -	\$ 1,643,854
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 24,191,308</b>	<b>\$ 128,807,295</b>	<b>\$ 152,998,603</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 1,053,750	\$ 15,871,464	\$ 16,925,214
Freeworld Provider Services	\$ 15,130,532	\$ 29,707,808	\$ 44,838,340
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 10,171,535	\$ 95,243,218	\$ 105,414,753
Estimated IBNR	\$ 481,139	\$ 10,221,525	\$ 10,702,664
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 26,836,956</b>	<b>\$ 151,044,015</b>	<b>\$ 177,880,971</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 789,161</b>	<b>\$ 6,052,551</b>	<b>\$ 6,841,712</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 27,626,117</b>	<b>\$ 157,096,566</b>	<b>\$ 184,722,683</b>
<b>DIFFERENCE</b>	<b>\$ (3,434,809)</b>	<b>\$ (28,289,271)</b>	<b>\$ (31,724,080)</b>

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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
<b>Method of Finance</b>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 9,184,438	\$ 34,047,354	\$ 43,231,792
State Reimbursement Benefits	\$ 61,767	\$ 1,542,599	\$ 1,604,366
Other Misc Revenue	\$ -	\$ 6,730	\$ 6,730
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 9,246,205</b>	<b>\$ 35,596,683</b>	<b>\$ 44,842,888</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 1,492,460	\$ 5,075,771	\$ 6,568,231
Benefits	\$ 68,066	\$ 1,665,838	\$ 1,733,904
Other Operating Expenses	\$ 247,409	\$ 1,264,317	\$ 1,511,726
Pharmaceutical Purchases	\$ 8,346,453	\$ 28,928,213	\$ 37,274,666
Travel	\$ 10,196	\$ 19,342	\$ 29,538
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 10,164,584</b>	<b>\$ 36,953,481</b>	<b>\$ 47,118,065</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 321,455</b>	<b>\$ 1,480,779</b>	<b>\$ 1,802,234</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 10,486,039</b>	<b>\$ 38,434,260</b>	<b>\$ 48,920,299</b>
<b>DIFFERENCE</b>	<b>\$ (1,239,834)</b>	<b>\$ (2,837,577)</b>	<b>\$ (4,077,411)</b>

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**Key Population Indicators**

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2016 YTD</u>
<b>Average Service Population</b>							
UTMB Service Population	117,565	117,037	116,461	116,415	116,216	116,364	116,989
TTUHSC Service Population	29,967	29,968	30,109	30,054	30,013	30,059	29,998
<b>Average Service Population</b>	<b>147,532</b>	<b>147,005</b>	<b>146,570</b>	<b>146,469</b>	<b>146,229</b>	<b>146,423</b>	<b>146,987</b>
<b>Population Age 55 and Over</b>							
UTMB Population	13,792	14,019	14,065	14,079	14,091	14,078	13,963
TTUHSC Population	2,732	2,784	2,813	2,813	2,836	2,821	2,779
<b>Population Age 55 and Over</b>	<b>16,524</b>	<b>16,803</b>	<b>16,878</b>	<b>16,892</b>	<b>16,927</b>	<b>16,899</b>	<b>16,742</b>
<b>HIV Population</b>	<b>2,081</b>	<b>2,078</b>	<b>2,072</b>	<b>2,045</b>	<b>2,018</b>	<b>2,045</b>	<b>2,068</b>
<b>Medical Inpatient Average Daily Census</b>							
UTMB-Hospital Galveston	85	85	86	90	87	88	86
UTMB Freeworld Hospitals	44	38	30	47	35	37	40
TTUHSC Freeworld Hospitals	9	9	9	10	11	10	9
<b>Medical Inpatient Average Daily Census</b>	<b>138</b>	<b>132</b>	<b>125</b>	<b>147</b>	<b>133</b>	<b>135</b>	<b>135</b>
<b>Medical Outpatient Visits</b>							
UTMB Specialty Clinics and ER Visits	8,060	7,520	8,432	7,532	8,488	8,151	7,910
TTUHSC Freeworld Outpatient and ER Visits	1,498	1,214	2,113	1,652	1,759	1,841	1,518
<b>Medical Outpatient Visits</b>	<b>9,558</b>	<b>8,734</b>	<b>10,545</b>	<b>9,184</b>	<b>10,247</b>	<b>9,992</b>	<b>9,428</b>
<b>Mental Health Inpatient Average Census</b>							
UTMB Psychiatric Inpatient	1,019	1,027	1,009	1,019	1,032	1,020	1,022
TTUHSC Psychiatric Inpatient	732	826	867	851	869	862	807
<b>Mental Health Inpatient Average Census</b>	<b>1,751</b>	<b>1,853</b>	<b>1,876</b>	<b>1,870</b>	<b>1,901</b>	<b>1,882</b>	<b>1,829</b>
<b>Mental Health Outpatient Caseload, Month End</b>							
UTMB Psychiatric Outpatient	18,146	18,413	18,185	18,269	18,659	18,371	18,310
TTUHSC Psychiatric Outpatient	4,733	4,555	4,576	4,596	4,643	4,605	4,631
<b>Mental Health Outpatient Caseload, Month End</b>	<b>22,879</b>	<b>22,968</b>	<b>22,761</b>	<b>22,865</b>	<b>23,302</b>	<b>22,976</b>	<b>22,941</b>

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

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 6/23/16
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 24,781,479	\$ 24,781,479	\$ 25,053,802	\$ -	\$ 74,616,760	\$ 99,670,564
State Reimbursement Benefits	\$ 2,731,358	\$ 2,850,797	\$ 2,819,673	\$ -	\$ 8,401,828	\$ 11,173,788
Other Misc Revenue	\$ 879	\$ 1,322	\$ 525	\$ -	\$ 2,726	\$ 3,634
<b>TOTAL REVENUES</b>	<b>\$ 27,513,716</b>	<b>\$ 27,633,598</b>	<b>\$ 27,874,000</b>	<b>\$ -</b>	<b>\$ 83,021,314</b>	<b>\$ 110,847,986</b>

**C.1.8. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 5,172,500	\$ 5,172,070	\$ 5,096,100	\$ -	\$ 15,440,670	\$ 20,587,560
Benefits	\$ 1,663,098	\$ 1,748,697	\$ 1,768,801	\$ -	\$ 5,180,596	\$ 6,907,461
Other Operating Expenses	\$ 483,793	\$ 441,141	\$ 373,940	\$ -	\$ 1,298,874	\$ 1,830,978
Professional Services	\$ 627,557	\$ 559,620	\$ 599,024	\$ -	\$ 1,786,201	\$ 2,381,601
Contracted Units/Services	\$ 4,062,097	\$ 4,062,097	\$ 4,106,594	\$ -	\$ 12,230,788	\$ 16,337,383
Travel	\$ 51,875	\$ 52,079	\$ 45,809	\$ -	\$ 149,763	\$ 224,684
Electronic Medicine	\$ 153,215	\$ 58,036	\$ 52,882	\$ -	\$ 264,133	\$ 352,177
Capitalized Equipment	\$ 225,346	\$ -	\$ 6,250	\$ -	\$ 231,596	\$ 244,096
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 12,439,481</b>	<b>\$ 12,093,740</b>	<b>\$ 12,049,400</b>	<b>\$ -</b>	<b>\$ 36,582,621</b>	<b>\$ 48,865,940</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,072,377	\$ 2,996,199	\$ 3,003,008	\$ -	\$ 9,071,584	\$ 12,095,445
Benefits	\$ 799,947	\$ 847,444	\$ 825,364	\$ -	\$ 2,472,755	\$ 3,297,007
Other Operating Expenses	\$ 33,384	\$ 44,459	\$ 36,816	\$ -	\$ 114,659	\$ 152,879
Professional Services	\$ 200,180	\$ 232,158	\$ 148,943	\$ -	\$ 581,281	\$ 775,041
Travel	\$ 10,051	\$ 15,296	\$ 17,991	\$ -	\$ 43,338	\$ 67,784
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,115,939</b>	<b>\$ 4,135,556</b>	<b>\$ 4,032,122</b>	<b>\$ -</b>	<b>\$ 12,283,617</b>	<b>\$ 16,388,156</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 16,555,420</b>	<b>\$ 16,229,296</b>	<b>\$ 16,081,522</b>	<b>\$ -</b>	<b>\$ 48,866,238</b>	<b>\$ 65,254,096</b>

**C.1.9. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 337,500	\$ 367,500	\$ 348,750	\$ -	\$ 1,053,750	\$ 1,465,000
Freeworld Provider Services	\$ 5,242,460	\$ 3,964,183	\$ 5,923,889	\$ -	\$ 15,130,532	\$ 21,035,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,280,687	\$ 3,445,996	\$ 3,444,852	\$ -	\$ 10,171,535	\$ 13,681,247
Estimated IBNR	\$ (779,960)	\$ 1,891,502	\$ (630,403)	\$ -	\$ 481,139	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 8,080,687</b>	<b>\$ 9,669,181</b>	<b>\$ 9,087,088</b>	<b>\$ -</b>	<b>\$ 26,836,956</b>	<b>\$ 36,181,247</b>

**C.1.10. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 497,915	\$ 492,349	\$ 502,196	\$ -	\$ 1,492,460	\$ 1,989,947
Benefits	\$ 22,206	\$ 22,922	\$ 22,938	\$ -	\$ 68,066	\$ 90,755
Other Operating Expenses	\$ 76,403	\$ 73,516	\$ 97,490	\$ -	\$ 247,409	\$ 329,879
Pharmaceutical Purchases	\$ 2,893,979	\$ 2,683,282	\$ 2,769,192	\$ -	\$ 8,346,453	\$ 11,500,000
Travel	\$ 2,441	\$ 4,681	\$ 3,074	\$ -	\$ 10,196	\$ 13,595
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 3,492,944</b>	<b>\$ 3,276,750</b>	<b>\$ 3,394,890</b>	<b>\$ -</b>	<b>\$ 10,164,584</b>	<b>\$ 13,924,176</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 867,352</b>	<b>\$ 867,351</b>	<b>\$ 876,883</b>	<b>\$ -</b>	<b>\$ 2,611,586</b>	<b>\$ 3,488,467</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 28,996,403</b>	<b>\$ 30,042,578</b>	<b>\$ 29,440,383</b>	<b>\$ -</b>	<b>\$ 88,479,364</b>	<b>\$ 118,847,986</b>
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University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/16/2016
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 108,815,578	\$ 108,815,579	\$ 110,011,355	\$ -	\$ 327,642,512	\$ 437,653,868
State Reimbursement Benefits	\$ 11,941,941	\$ 12,799,276	\$ 12,303,904	\$ -	\$ 37,045,121	\$ 49,401,524
Other Misc Revenue	\$ 45,150	\$ 18,443	\$ 2,679	\$ -	\$ 66,272	\$ 88,378
<b>TOTAL REVENUES</b>	<b>\$ 120,802,669</b>	<b>\$ 121,633,298</b>	<b>\$ 122,317,938</b>	<b>\$ -</b>	<b>\$ 364,753,905</b>	<b>\$ 487,143,770</b>

**C.1.8. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 36,539,708	\$ 37,379,570	\$ 37,342,878	\$ -	\$ 111,262,156	\$ 148,599,532
Benefits	\$ 11,303,293	\$ 11,839,250	\$ 11,695,773	\$ -	\$ 34,838,316	\$ 46,421,027
Other Operating Expenses	\$ 5,136,457	\$ 5,314,922	\$ 4,821,295	\$ -	\$ 15,272,674	\$ 20,289,743
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 377,471	\$ 355,484	\$ 309,835	\$ -	\$ 1,042,790	\$ 1,353,061
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 32,132	\$ 99,077	\$ 203,488	\$ -	\$ 334,697	\$ 1,200,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 53,389,061</b>	<b>\$ 54,988,303</b>	<b>\$ 54,373,269</b>	<b>\$ -</b>	<b>\$ 162,750,633</b>	<b>\$ 217,863,363</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 6,429,921	\$ 6,545,604	\$ 6,598,299	\$ -	\$ 19,573,824	\$ 26,248,129
Benefits	\$ 1,616,057	\$ 1,723,078	\$ 1,722,506	\$ -	\$ 5,061,641	\$ 6,787,565
Other Operating Expenses	\$ 53,343	\$ 38,642	\$ 38,678	\$ -	\$ 130,663	\$ 174,217
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 52,639	\$ 44,151	\$ 30,622	\$ -	\$ 127,412	\$ 169,883
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 8,151,960</b>	<b>\$ 8,351,475</b>	<b>\$ 8,390,105</b>	<b>\$ -</b>	<b>\$ 24,893,540</b>	<b>\$ 33,379,794</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 61,541,021</b>	<b>\$ 63,339,778</b>	<b>\$ 62,763,374</b>	<b>\$ -</b>	<b>\$ 187,644,173</b>	<b>\$ 251,243,157</b>

**C.1.9. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,325,232	\$ 5,032,644	\$ 5,513,588	\$ -	\$ 15,871,464	\$ 21,272,747
Freeworld Provider Services	\$ 3,802,030	\$ 9,969,381	\$ 15,936,397	\$ -	\$ 29,707,808	\$ 53,203,942
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 30,092,152	\$ 31,517,789	\$ 33,633,277	\$ -	\$ 95,243,218	\$ 127,222,692
Estimated IBNR	\$ 8,946,764	\$ 1,795,482	\$ (520,721)	\$ -	\$ 10,221,525	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 48,166,178</b>	<b>\$ 48,315,296</b>	<b>\$ 54,562,541</b>	<b>\$ -</b>	<b>\$ 151,044,015</b>	<b>\$ 201,699,381</b>

**C.1.10. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 1,744,824	\$ 1,679,911	\$ 1,651,036	\$ -	\$ 5,075,771	\$ 6,780,020
Benefits	\$ 566,254	\$ 556,239	\$ 543,345	\$ -	\$ 1,665,838	\$ 2,221,479
Other Operating Expenses	\$ 481,988	\$ 343,024	\$ 439,305	\$ -	\$ 1,264,317	\$ 1,685,109
Pharmaceutical Purchases	\$ 9,650,611	\$ 9,794,313	\$ 9,483,289	\$ -	\$ 28,928,213	\$ 39,676,709
Travel	\$ 5,172	\$ 7,886	\$ 6,284	\$ -	\$ 19,342	\$ 26,600
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 12,448,849</b>	<b>\$ 12,381,373</b>	<b>\$ 12,123,259</b>	<b>\$ -</b>	<b>\$ 36,953,481</b>	<b>\$ 50,389,917</b>

Indirect Expenditures (Shared Services)	\$ 4,494,223	\$ 5,962,623	\$ 4,595,656	\$ -	\$ 15,052,502	\$ 20,448,070
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<b>TOTAL EXPENDITURES</b>	<b>\$ 126,650,271</b>	<b>\$ 129,999,070</b>	<b>\$ 134,044,830</b>	<b>\$ -</b>	<b>\$ 390,694,171</b>	<b>\$ 523,780,525</b>
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<b>DIFFERENCE</b>	<b>\$ (5,847,602)</b>	<b>\$ (8,365,772)</b>	<b>\$ (11,726,892)</b>	<b>\$ -</b>	<b>\$ (25,940,266)</b>	<b>\$ (36,636,755)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 47**  
**Third Quarter, FY2016**

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 133,597,057	\$ 133,597,058	\$ 135,065,157	\$ -	\$ 402,259,272	\$ 537,324,432
State Reimbursement Benefits	\$ 14,673,299	\$ 15,650,073	\$ 15,123,577	\$ -	\$ 45,446,949	\$ 60,575,312
Other Misc Revenue	\$ 46,029	\$ 19,765	\$ 3,204	\$ -	\$ 68,998	\$ 92,012
<b>TOTAL REVENUES</b>	<b>\$ 148,316,385</b>	<b>\$ 149,266,896</b>	<b>\$ 150,191,938</b>	<b>\$ -</b>	<b>\$ 447,775,219</b>	<b>\$ 597,991,756</b>

**C.1.8. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 41,712,208	\$ 42,551,640	\$ 42,438,978	\$ -	\$ 126,702,826	\$ 169,187,092
Benefits	\$ 12,966,391	\$ 13,587,947	\$ 13,464,574	\$ -	\$ 40,018,912	\$ 53,328,488
Other Operating Expenses	\$ 5,620,250	\$ 5,756,063	\$ 5,195,235	\$ -	\$ 16,571,548	\$ 22,120,721
Professional Services	\$ 627,557	\$ 559,620	\$ 599,024	\$ -	\$ 1,786,201	\$ 2,381,601
Contracted Units/Services	\$ 4,062,097	\$ 4,062,097	\$ 4,106,594	\$ -	\$ 12,230,788	\$ 16,337,383
Travel	\$ 429,346	\$ 407,563	\$ 355,644	\$ -	\$ 1,192,553	\$ 1,577,745
Electronic Medicine	\$ 153,215	\$ 58,036	\$ 52,882	\$ -	\$ 264,133	\$ 352,177
Capitalized Equipment	\$ 257,478	\$ 99,077	\$ 209,738	\$ -	\$ 566,293	\$ 1,444,096
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 65,828,542</b>	<b>\$ 67,082,043</b>	<b>\$ 66,422,669</b>	<b>\$ -</b>	<b>\$ 199,333,254</b>	<b>\$ 266,729,303</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 9,502,298	\$ 9,541,803	\$ 9,601,307	\$ -	\$ 28,645,408	\$ 38,343,574
Benefits	\$ 2,416,004	\$ 2,570,522	\$ 2,547,870	\$ -	\$ 7,534,396	\$ 10,084,572
Other Operating Expenses	\$ 86,727	\$ 83,101	\$ 75,494	\$ -	\$ 245,322	\$ 327,096
Professional Services	\$ 200,180	\$ 232,158	\$ 148,943	\$ -	\$ 581,281	\$ 775,041
Travel	\$ 62,690	\$ 59,447	\$ 48,613	\$ -	\$ 170,750	\$ 237,667
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 12,267,899</b>	<b>\$ 12,487,031</b>	<b>\$ 12,422,227</b>	<b>\$ -</b>	<b>\$ 37,177,157</b>	<b>\$ 49,767,950</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,096,441</b>	<b>\$ 79,569,074</b>	<b>\$ 78,844,896</b>	<b>\$ -</b>	<b>\$ 236,510,411</b>	<b>\$ 316,497,253</b>

**C.1.9. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,662,732	\$ 5,400,144	\$ 5,862,338	\$ -	\$ 16,925,214	\$ 22,737,747
Freeworld Provider Services	\$ 9,044,490	\$ 13,933,564	\$ 21,860,286	\$ -	\$ 44,838,340	\$ 74,238,942
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,372,839	\$ 34,963,785	\$ 37,078,129	\$ -	\$ 105,414,753	\$ 140,903,939
Estimated IBNR	\$ 8,166,804	\$ 3,686,984	\$ (1,151,124)	\$ -	\$ 10,702,664	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 56,246,865</b>	<b>\$ 57,984,477</b>	<b>\$ 63,649,629</b>	<b>\$ -</b>	<b>\$ 177,880,971</b>	<b>\$ 237,880,628</b>

**C.1.10. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 2,242,739	\$ 2,172,260	\$ 2,153,232	\$ -	\$ 6,568,231	\$ 8,769,967
Benefits	\$ 588,460	\$ 579,161	\$ 566,283	\$ -	\$ 1,733,904	\$ 2,312,234
Other Operating Expenses	\$ 558,391	\$ 416,540	\$ 536,795	\$ -	\$ 1,511,726	\$ 2,014,988
Pharmaceutical Purchases	\$ 12,544,590	\$ 12,477,595	\$ 12,252,481	\$ -	\$ 37,274,666	\$ 51,176,709
Travel	\$ 7,613	\$ 12,567	\$ 9,358	\$ -	\$ 29,538	\$ 40,195
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 15,941,793</b>	<b>\$ 15,658,123</b>	<b>\$ 15,518,149</b>	<b>\$ -</b>	<b>\$ 47,118,065</b>	<b>\$ 64,314,093</b>

Indirect Expenditures (Shared Services)	\$ 5,361,575	\$ 6,829,974	\$ 5,472,539	\$ -	\$ 17,664,088	\$ 23,936,537
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<b>TOTAL EXPENDITURES</b>	<b>\$ 155,646,674</b>	<b>\$ 160,041,648</b>	<b>\$ 163,485,213</b>	<b>\$ -</b>	<b>\$ 479,173,535</b>	<b>\$ 642,628,511</b>
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<b>DIFFERENCE</b>	<b>\$ (7,330,289)</b>	<b>\$ (10,774,752)</b>	<b>\$ (13,293,275)</b>	<b>\$ -</b>	<b>\$ (31,398,316)</b>	<b>\$ (44,636,755)</b>
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FY2015 Ending Balance (Shortfall) and Hospital Cost Report Reconciliation	\$ -	\$ -	\$ -	\$ -	\$ (11,154,277)	\$ (11,154,277)
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<b>NET DIFFERENCE</b>	<b>\$ (7,330,289)</b>	<b>\$ (10,774,752)</b>	<b>\$ (13,293,275)</b>	<b>\$ -</b>	<b>\$ (42,552,593)</b>	<b>\$ (55,791,032)</b>
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**Summary of Critical Correctional Health Care Personnel Vacancies  
Prepared for the Correctional Managed Health Care Committee**

**As of August 2016**

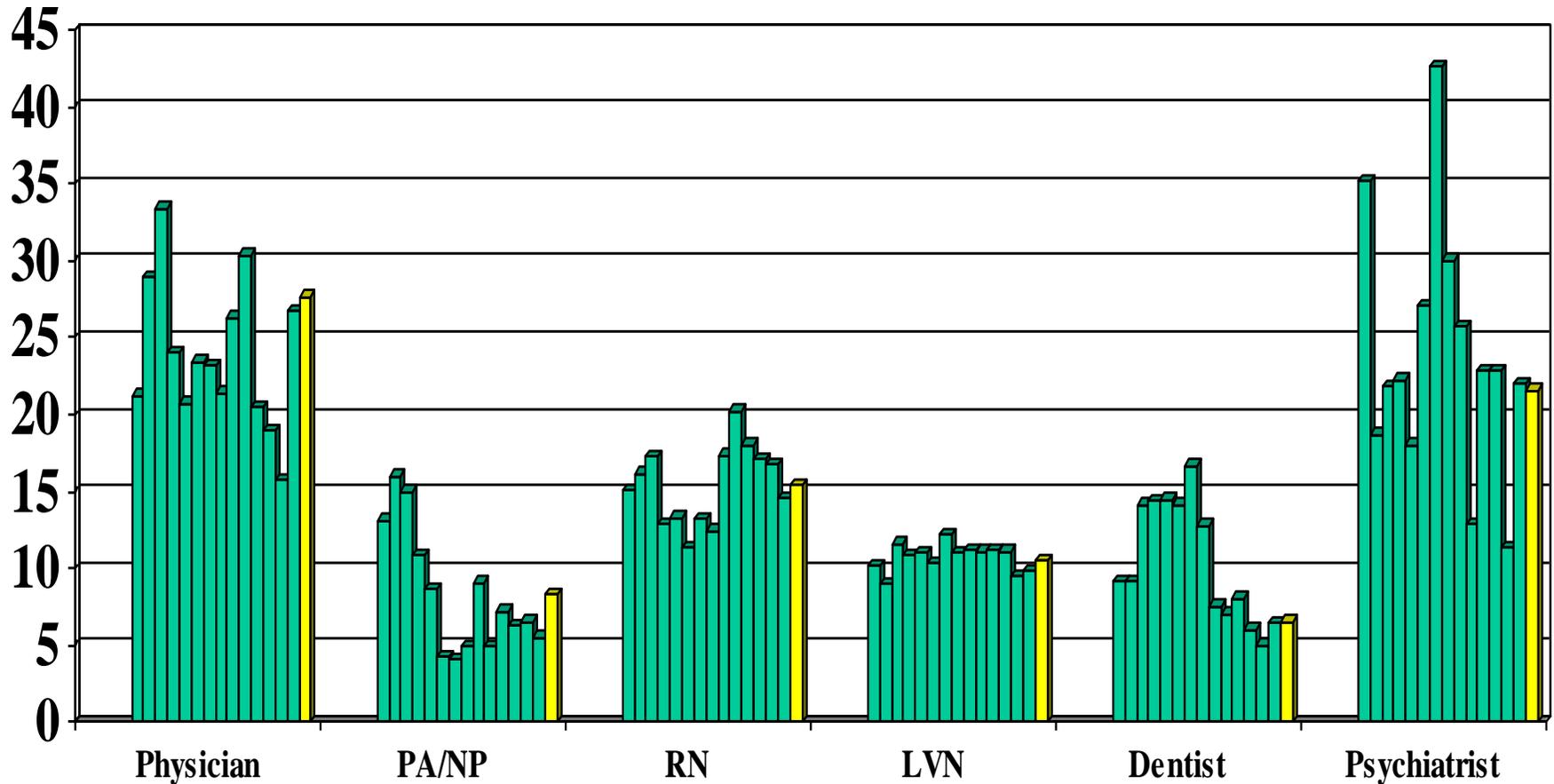
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Health Specialist V- Office of Mental Health Monitoring and Liaison (2 positions)	TDCJ	1/31/2016	An interview was conducted; however, the selected applicant accepted an offer elsewhere. The position was reposted.
Director III- Office of Mental Health Monitoring and Liaison	TDCJ	7/5/2016	An interview was held August 29, 2016. The selected applicant is in the clearance process.
Director II- Office of Public Health	TDCJ	6/15/2015	Health Services is reviewing the duties of this position. It will be reposted at a later date.
Investigator III- Patient Liaison Program (Hilltop Unit)	TDCJ	7/28/2016	The posting for this position closed on August 8, 2016. The interview date has been scheduled for September 21, 2016.
Investigator II- Patient Liaison Program (Montford Unit)	TDCJ	5/1/2016	There are two vacant Investigator II positions at the Montford Unit. Health Services will be requesting approval to relocate these positions in order to increase the applicant pool and reduce frequent vacancies.
Investigator III- Step 2 Grievance Program	TDCJ	8/31/2016	The position closed on August 19, 2016. The interview date is pending.
Manager IV- Health Services Liaison	TDCJ	8/31/2016	A request to post the position has been submitted to TDCJ Human Resources.
Dalhart Medical Director	TTUHSC CMC	07/2016	Continued advertisement in local, regional and national publications; expanded recruiting agency utilization, GME programs internet advertising
Physician I-II (7)	UTMB CMC	03/01/2015	Local and National Advertising, TAFP*, NCCHC† Conferences, ACA Conference* and Agency Contacts
Mid Level Practitioners (PA and FNP) (20)	UTMB CMC	01/01/2015	Local and National Advertising, Career Fairs, TAPA# and TNP‡ Conferences, Intern Programs
Psychiatrists (3)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC†, TSPPΔ, Agency Contacts
Dentists (6)	UTMB CMC	05/14/2015	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 - 2016

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2013 – FY 2016



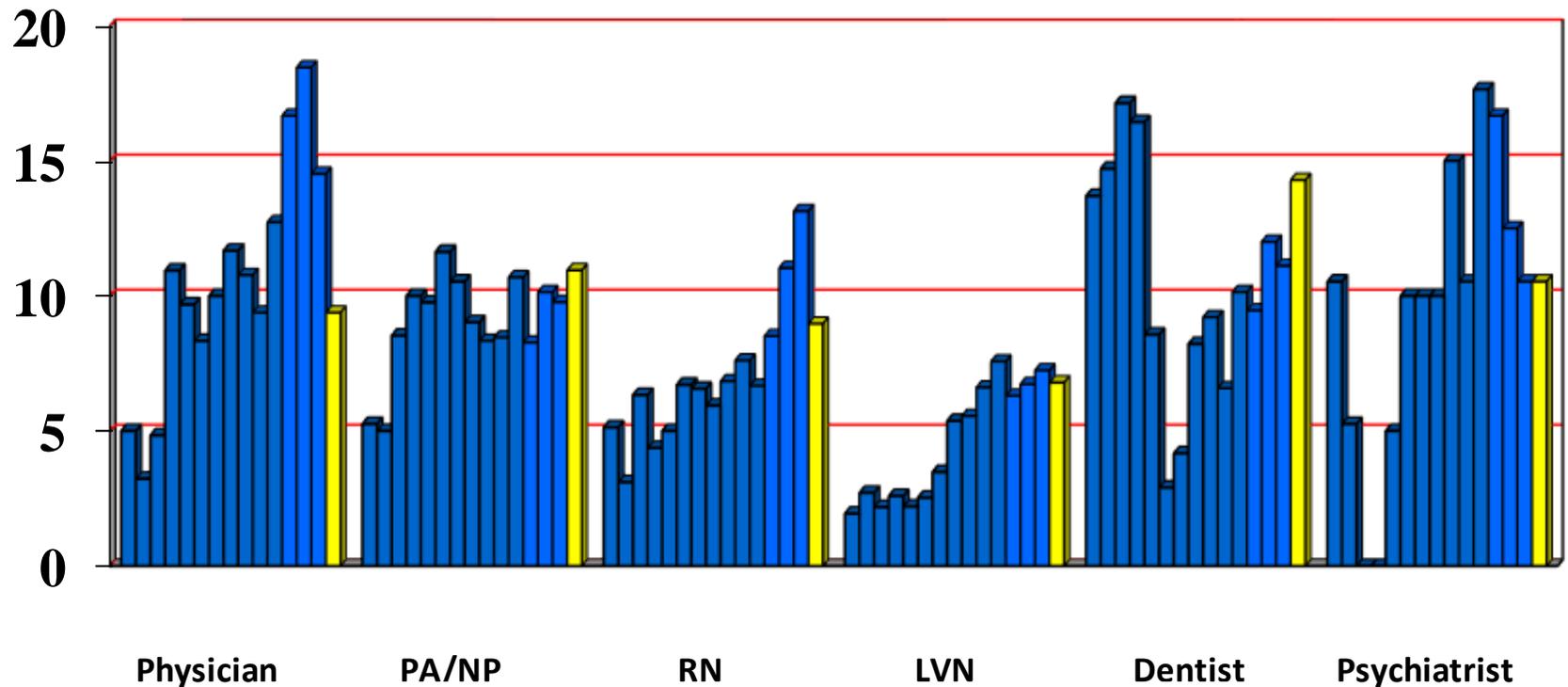
*Correctional Managed  
Health Care*



University Vacancy Rate Report  
by Quarter FY 2013 - 2016

University of Texas Medical Branch

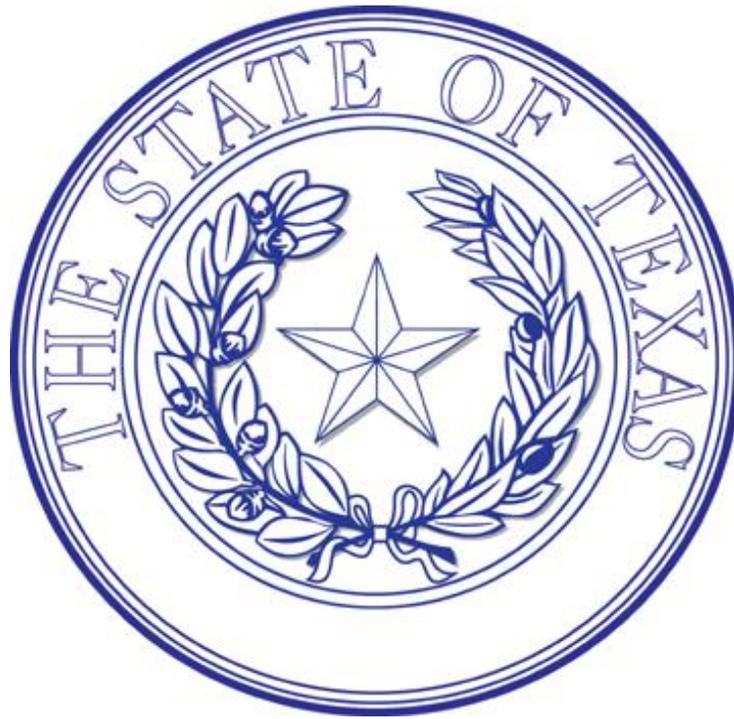
# UTMB Vacancy Rates (%) by Quarter FY 2013 – FY 2016



*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Third Quarter FY 2016***

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

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the Third Quarter Fiscal Year (FY) 2016 (March, April and May 2016), Operational Review Audits (ORAs) were conducted at the following **10** facilities: Clements, Cole, Ferguson, Havins, Johnston, Kegans, Lindsey, Lychner, C. Moore and Neal.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **9** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Third Quarter of FY 2016:

1. Item **6.380** requires the pneumococcal vaccine be offered with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **5** facilities were not in compliance with this requirement:

- Clements (74%) – Corrective action plan pending
- Cole (75%) – Corrective action plan pending
- Ferguson (79%) – Corrective action plan pending
- Kegans (38%) – Corrective action plan pending
- Neal (75%) – Corrective action plan pending

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

2. Item **5.251** requires documentation that three Hemocult cards were offered to offenders 50 years of age or greater within the required time frame of their annual date of incarceration. The following **5** facilities were not in compliance with this requirement:

- Clements (33%) – Corrective action plan pending
- Cole (20%) – Corrective action plan pending
- Ferguson (50%) – Corrective action plan pending
- Lychner (9%) – Corrective action plan pending
- Neal (74%) – Corrective action plan pending

3. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. The following **4** facilities were not in compliance with this requirement:

- Clements (0%) – Corrective action plan pending
- Cole (75%) – Corrective action plan pending
- Ferguson (40%) – Corrective action plan pending
- Johnston (50%) – Corrective action plan received and accepted

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

4. Item **6.351** requires Hepatitis C Virus infected patients that do not have documented contraindication for antiviral therapy, with Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) be referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway. The following **3** facilities were not in compliance with this requirement:
  - Clements (0%) – Corrective action plan pending
  - Cole (50%) – Corrective action plan pending
  - C. Moore (71%) – Corrective action plan pending
  
5. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. The following **3** facilities were not in compliance with this requirement:
  - Clements (45%) – Corrective action plan received
  - Kegans (0%) – Corrective action plan pending
  - Lychner (68%) – Corrective action plan pending
  
6. Item **3.060** requires dental records for offenders received by the facility via intra-system transfer be reviewed by facility dental staff for priority one conditions within 7 days of arrival. The following **3** facilities were not in compliance with this requirement:
  - Havins (79%) – Corrective action plan received and accepted
  - Johnston (61%) – Corrective action plan received and accepted
  - Kegans (0%) – Corrective action plan pending
  
7. Item **4.124** requires Individual Treatment Plan (ITP) include documentation of the offender's current PULHES and restrictions. The following **3** facilities were not in compliance with this requirement:
  - Clements (47%) – Corrective action plan pending
  - Cole (60%) – Corrective action plan pending
  - Ferguson (59%) – Corrective action plan pending
  
8. Item **5.070** requires offenders to have their medical record reviewed, and a physical examination completed within the required time frame of placement in administrative segregation, prehearing detention, or isolation. The following **3** facilities were not in compliance with this requirement:
  - Ferguson (58%) – Corrective action plan pending
  - Lychner (40%) – Corrective action plan pending
  - Neal (79%) – Corrective action plan pending
  
9. Item **6.450** requires follow-up serologies for Syphilis are obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus (HIV) negative at six and twelve months; Primary, and Secondary Syphilis, and HIV positive at three, six, nine, twelve, and twenty-four months; Latent Syphilis and HIV negative at every six, twelve, and twenty-four months, and Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **3** facilities were not in compliance with this requirement:
  - Cole (75%) – Corrective action plan pending
  - Lychner (33%) – Corrective action plan pending
  - Neal (0%) – Corrective action plan pending

## **OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)**

- During the previous quarter, ORAs for **7** facilities had pending corrective action plans: Gist, Gurney, Leblanc, Lockhart, Luther, Michael and Wynne. During the Third Quarter FY 2016, **all** were closed.

## **CAPITAL ASSETS CONTRACT MONITORING**

The Fixed Assets Contract Monitoring Officer audited the same **10** facilities listed above for ORAs during the Third Quarter of FY 2016. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **10** facilities were within the required compliance range.

## **DENTAL QUALITY REVIEW AUDIT**

During the Third Quarter of FY 2016, Dental Quality Review Audits were conducted at the following **11** facilities: Baten, Clemens, Clements (GP and HS), Dalhart, Jordan, Kegans, Lychner, Ramsey, Scott, Stringfellow, and Terrell. 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). The Cotulla Unit was not in compliance. Cotulla (**40%**).
- **Item 2** assesses if the charts of incoming (chain-in) intra-system offender transfers are being reviewed by the facility dental department within seven **7** days of arrival. Briscoe, Cotulla and Lychner Units were not in compliance with this requirement. Lychner (**29%**), Briscoe (**71%**) and Cotulla (**52%**).
- **Item 21** assesses the diagnostic quality of radiographs necessary for the assessment and treatment planning utilized in the formation of the Comprehensive Treatment Plan. Baten (**75%**) and Jordan (**76%**).

## **GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE**

During the Third Quarter of FY 2016, the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,848** correspondences: The PLP received **3,263** and Step II Grievance received **1,585**. There were **343** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Third Quarter FY 2016 for the Step II medical grievances was **6** percent. Performance measure expectation is 6 percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **7** percent and **3** percent for TTUHSC for the Third Quarter of FY 2016.

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

## **QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT**

During the Third Quarter of FY 2016, the PLP nurses and investigators performed **55** Sick Call Request Verification Audits (SCRVAs) on **53** 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.

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT (CONTINUED)

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 **465** indicators were reviewed at the **53** facilities and **24** of the indicators fell below the 80 percent compliance threshold representing **5** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 53 facilities audited. There were **7** 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.

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

## 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.

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider or offender requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Third Quarter FY 2016, there were **15,603** intake HIV tests performed. Of those tested, **138** offenders were newly identified as having HIV infection. During the same time period, there were **9,327** pre-release tests performed with **1** found to be HIV positive. For this quarter, **3** new AIDS cases were identified.
- There were **625** cases of Hepatitis C identified for the Third Quarter FY 2016. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **201** cases of suspected Syphilis were reported in the Third Quarter FY 2016. **15** required treatment or retreatment. 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.
- **138** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2016. For the same time period, **75** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include offenders who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **18** Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Third Quarter FY 2016. This number includes those diagnosed prior to entering TDCJ and still receiving treatment, and those who were diagnosed in TDCJ. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders under management for TB over the last few years.

## OFFICE OF PUBLIC HEALTH (CONTINUED)

- 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. This position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **206** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2016. There were **14** deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on **64** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Third Quarter FY 2016, **47** units received training which included the Wall Talk Training and **2** units received training which included the Somebody Cares Training. As of the close of the quarter, **100 of the 109** facilities housing Correctional Institutions Division offenders had active peer education programs. During this quarter, **97** offenders trained to become peer educators and **22,483** offenders attended the classes presented by peer educators.

## MORTALITY AND MORBIDITY

There were **108** deaths reviewed by the Mortality and Morbidity Review Committee during the months of March, April and May 2016. Of those **108** deaths, **8** 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.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider Peer Review	6
Nursing Peer Review	2
Mental Health	0
<b>Total</b>	<b>8</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third Quarter of FY 2016:

- The OMHM&L monitors all segregation facilities within the TDCJ Correctional Institutions Division and State Jails once every six months. During the Third Quarter of FY 2016, **17** Segregation facilities were audited including: Allred (12 Bldg., ECB), Bradshaw, Clements, Cole, Connally, Darrington, East Texas Intermediate Sanctioned Facility (ISF), Ellis, Hutchins, Lewis, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey and Sanchez. The OMHM&L auditors observed **2,709** offenders, interviewed **2,287** offenders, and referred **5** 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 and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ATC 4, **17** of 19 units were **100%** compliant. For ATC 5, **18** of 19 units were **100%** compliant. For ATC 6, **17** of 19 units were **100%** compliant. The Cole unit was **67%** compliant and the East Texas ISF was **0%** compliant on ATC 4, the East Texas ISF was **25%** compliant on ATC 5, the East Texas ISF and Bradshaw unit were **75%** on ATC 6 and a Corrective Action Plan was requested. For the 911 tool availability, 19 of 19 units were **100%** compliant.

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Third Quarter FY 2016, a total of **68** instances of compelled psychoactive medication administration occurred. There were **23** instances at the Montford unit, **30** instances at the Skyview unit, **9** instances at the Jester IV unit and **6** instances at the Clements unit. During each month of the quarter, Jester IV and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clement's compliance score was **100%** in both March and May and **0%** compliant for April audit and a Corrective Action Plan was requested.
- 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 27 intake facilities, **22** facilities identified incoming offenders in need of Mental Health Evaluations. At the Formby, Holliday, Kyle, Lychner and Sanchez units there were **0** offenders identified as applicable to the audit. Of the facilities audited, **16** met or exceeded 80% percent compliance for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Bradshaw, Dominguez, Garza, Gist, Glossbrenner, Gurney, Hutchins, Jester I, Johnston, Lindsey, Middleton, Plane, Sayle, Travis, and Woodman. The following **6** facilities earned compliance scores of 79% or lower: Byrd (**69%**), East Texas ISF (**35%**), Halbert (**76%**), Roach (**77%**), South Texas ISF (**45%**) and West Texas ISF (**50 %**). Corrective Action Plans were requested from these 6 facilities.

## OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Third Quarter of FY 2016, HSL conducted **178 hospital** and **49 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 EHR within 24 hours of the offender arriving at the unit.
- Of the **178** hospital discharge audits conducted, **25** were from the UTMB Sector and **24** were from the TTUHSC sector. There were **5** deficiencies identified for UTMB and **1** identified for TTUHSC. Of the infirmary discharge audits conducted, **160** were from the UTMB sector and **18** were from the TTUHSC sector. There were **16** deficiencies identified from UTMB and **0** for TTUHSC.

## ACCREDITATION

The ACA Summer Conference was held in Boston, MA on August 5-10, 2016. During this conference, the following units were presented: Clemens, Crain, Dalhart, Duncan, Ellis, Ft. Stockton, Garza East/ West, Goree, Huntsville, Hutchins, Jester IV, Lynaugh, Stevenson and Wallace/ Ware.

## **BIOMEDICAL RESEARCH PROJECTS**

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

- Correctional Institutions Division Active Monthly Research Projects - **24**
- Correctional Institutions Division Pending Monthly Research Projects - **7**
- Health Services Division Active Monthly Medical Research Projects - **7**
- Health Services Division Pending Medical Research Projects - **2**