

Texas Department of State Health Services (DSHS)
Texas Corrections Planning Committee

Action Plan – 2014-2018

Mission

The mission of the Corrections Planning Committee (CPC) is to improve tuberculosis (TB) prevention and care in Texas correctional and detention facilities.

Justification for Committee

- Texas is a high incidence state for TB. In 2017, 1127 cases of TB were reported in Texas, a rate of 4.5 per 100,000 persons. This is higher than the median state incidence of 1.8 per 100,000 and the national rate of 2.8 per 100,000 persons.^{1, 2}
- Texas, California, New York and Florida accounted for half of all reported TB cases.²
- Texas' incarceration rate is the second highest in the U.S. More people are incarcerated in Texas than in any other state.³ This population is disproportionately affected by TB due to the high proportion of people at greater risk for TB disease and environmental conditions favorable for TB transmission such as overcrowding and close living quarters.
- Texas proportion of TB cases diagnosed in correctional facilities is higher than the U.S. In 2017, 8.3% of Texas cases occurred among people incarcerated at the time of diagnosis¹ compared to 3.0% in the U.S.^{1, 2}
- TB outbreaks continue to occur in correctional settings, posing a greater risk for widespread transmission. TB case clusters are most likely to become outbreaks and grow rapidly when at least one patient in the cluster is incarcerated at the time of diagnosis.⁴
- Lapses in communication and coordination between public health and correctional groups often result in continuity of care failures.

¹ DSHS. (2017) TB Statistics. Data pending publication

² CDC. (2018, March 23) Tuberculosis- United States, 2017. Retrieved from

https://www.cdc.gov/mmwr/volumes/67/wr/mm6711a2.htm?s_cid=mm6711a2_e

³ Justice Policy Institute. (2010) "Texas Tough? An Analysis of Incarceration." www.cjci.org/news/5881.

⁴ Althomsons, Sandy; Krammerer, J. Steven; Shang, Nong; Navin, Thomas R. (2012) Using Routinely Reported Tuberculosis Genotyping and Surveillance Data to Predict Tuberculosis Outbreaks.

Strategic Priorities

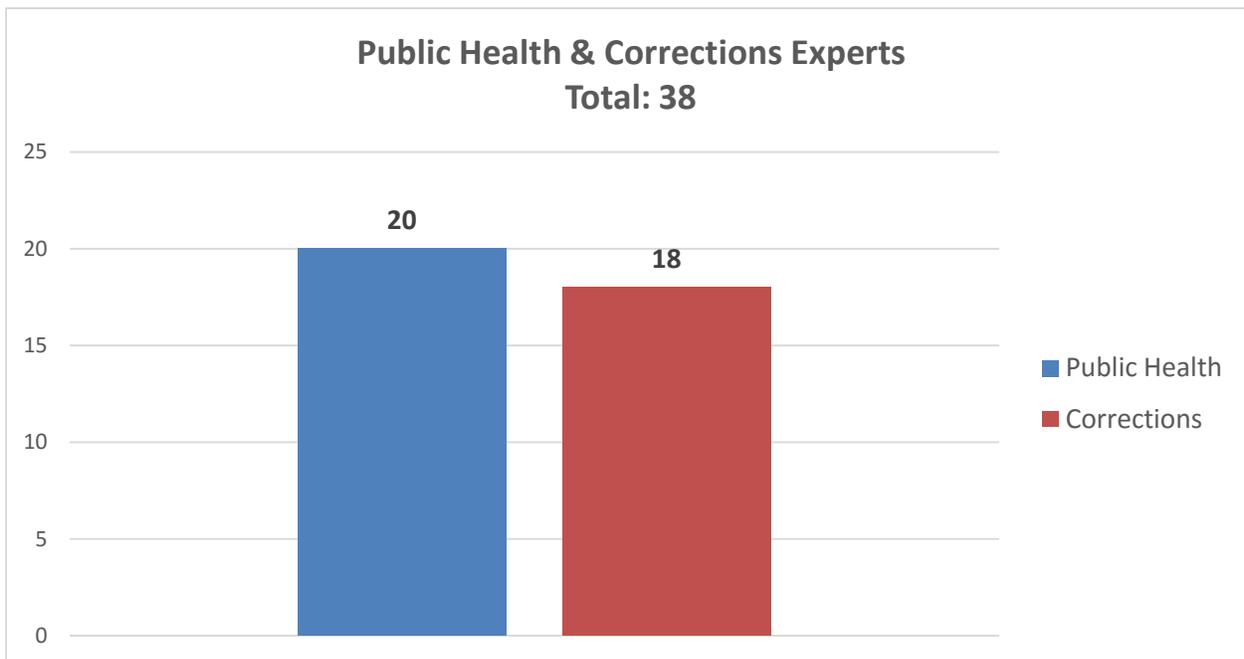
1. Promote the use of best practices and tools for TB screening, diagnosis and treatment. *Updated 2018*
2. Enhance TB contact and cluster investigations based on best practices, sound evidence and multi-agency collaboration. *Updated 2017*
3. Improve discharge planning and continuity of care by providing guidance and fostering collaboration between public health departments, correctional facilities and TB patients.
4. Increase education and training opportunities related to TB in correctional and detention facilities.
5. Advance ongoing communication between public health and correction partners to ensure a successful alliance for TB prevention and control.

Committee Membership

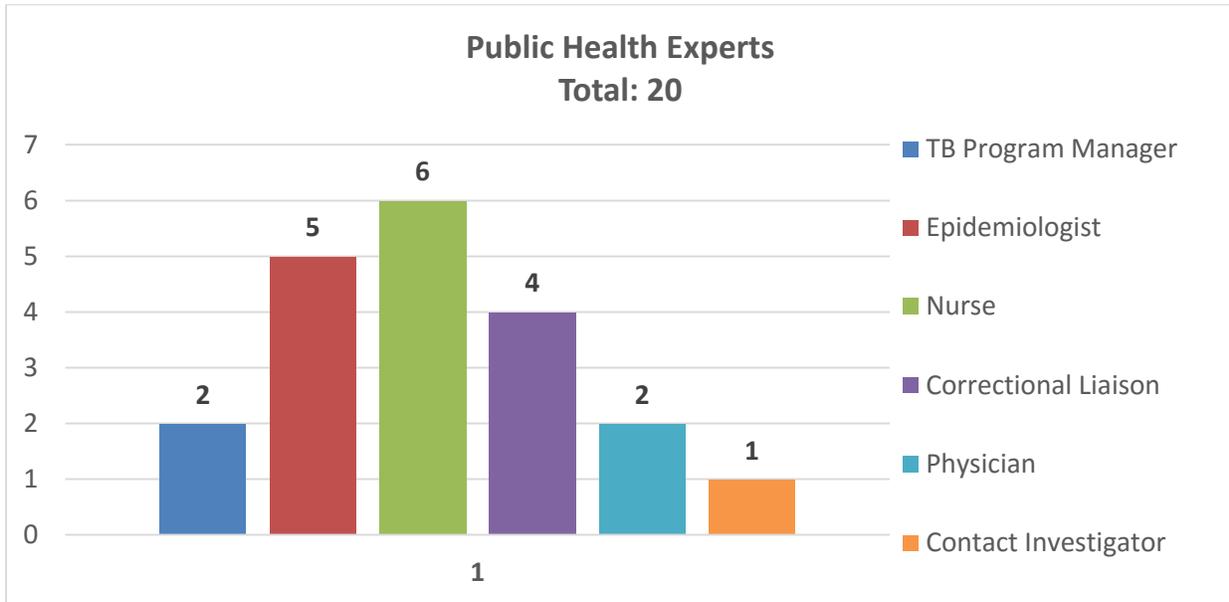
Through the work of the CPC, DSHS strives to discover new and innovative ways to collaborate with partner agencies and integrate TB services in order to use resources more efficiently and effectively. Committee members represent key organizations in public health and corrections including:

- Centers for Disease Control and Prevention
- Local and Private Jails
- Cure TB
- Customs and Border Protection
- Federal Bureau of Prisons
- Heartland National TB Center
- Immigration and Customs Enforcement, Department of Homeland Security
- National Tuberculosis Controllers Association
- Office of Refugee Resettlement, U.S. Department of Health and Human Services
- Southeastern National Tuberculosis Center
- TB Net Binational Program (Migrant Clinician's Network)
- Texas Center for Infectious Disease
- Texas Commission on Jail Standards
- Texas Department of Criminal Justice
- Texas Department of State Health Services
- Texas Jail Association
- Texas Local Health Departments
- U.S. Marshals Service

As of 2018, 20 public health and 18 corrections experts form the CPC. DSHS followed a deliberate member selection process to balance public health and corrections representation and to ensure adequate expertise from multiple disciplines. The CPC membership composition ensures that CPC decisions and recommendations are pragmatic and benefit public health and correctional partners.



Public health experts include two program managers, five epidemiologists, six nurses, four correctional liaisons, two physicians, and one contact investigator.



The Committee correctional experts include three healthcare administrators, five nurses, six operations specialists, two experts in policy and regulation, and two physicians.



Action Plan

In 2014, the DSHS created a five-year Action Plan ending in 2018. The Plan is based on strategic priorities and recommendations outlined by the CPC. DSHS engages the CPC in an annual plan review cycle to make adjustments, as necessary. Members agree that TB prevention and control in correctional and detention facilities are extremely challenging and require continuous well-coordinated efforts as depicted below:



Strategic Priorities Objectives and Activities Status

The Action Plan outlines short and long term objectives for each strategic priority as well as specific activities to achieve each objective. The CPC chair provides updates at each annual meeting and members may recommend changes.

Activity Status Definition

Done: Activity has been performed.

In progress: Activity is underway and will be completed in a reasonably short time period- typically a calendar year.

Ongoing: Activity is being done and will continue indefinitely.

On hold: Activity requires resources not currently available. Further examination, resources and/or approval are necessary for the proposed activity.

Not approved: Activity conflicts with current laws or regulations or imposes an undue burden.

Strategic Priority 1: Promote the use of best practices and tools for TB screening, diagnosis and treatment.

Short term objectives

1.1. Revise DSHS TB Symptoms Screening form to make it more user friendly for non-medical staff or develop a separate tool for non-medical staff

Activity and Status to Date

Done

- The TB Symptoms Screening form was revised with CPC input in 2015 and the Spanish version was fully translated in 2017. The publication numbers for the English (Publication # TB-810) and Spanish (TB-810-E) version of the form were also changed in 2017 for easier reference. They are posted on www.Texastb.org. **Updated 2017**

1.2. Educate staff in using the symptom screening form

Activity and Status to Date

Ongoing

- Recurring trainings offered by Heartland National TB Center (HNTC) include guidance on conducting TB screening: (1) *TB Nurse Case Management*; (2) *Tuberculin Skin Test (TST) Practicum*; and (3) *Screening and Treating for TB infection*.
- State, regional and local health departments provide training and technical assistance for correctional facilities upon request and advise them to include TB symptom screening in their policies and procedures.
- The Correctional TB Screening Plan (Publication # TB-805) asks jails meeting Texas Health and Safety Code Chapter 89 criteria if they conduct TB symptoms screening on intake. If they answer "No", the plan approval letter includes a recommendation to do it. The form was redesigned in 2017. **New 2017**

Done

- The section *Inmate Constitutional Right to TB Care* was added to the *DSHS Tuberculosis Standards for Correctional and Detention Facilities*. **New 2018**

1.3. Define screening and testing to help nurses understand the difference and follow the guidelines. New 2018

Activity and Status to Date

Done

- The *TB screening* definition, including a distinction from TB testing, was added to the *DSHS Tuberculosis Standards for Correctional and Detention Facilities*. **New 2018**

Long term objectives

1.4. Promote the use of TB screening tools that already exist

Activity and Status to Date

Done

- The Council on State and Territorial Epidemiologists released a new position statement for "*Establishing a Case Definition for Latent TB Infection (TB Infection)*". Based on the DSHS' recommendation, "history of incarceration" was added as a disease-specific data element. The document can be found at http://www.tbcontrollers.org/docs/noteworthy/2017-06_TB_Infection_Case_Definition_CTSE_Adopted.pdf **New 2017**

Ongoing

- The CDC repository of TB Resources www.findtbresources.org is open to everyone. The DSHS staff reviews the site periodically to identify useful tools and promotes it whenever possible. HNTC also promotes this resource through trainings and printed educational materials.
- The National Tuberculosis Controllers Association (NTCA) *Education and Training Workgroup* focuses on identifying good tools and adapting them for wider use. The Committee also promotes selected tools.
- DSHS TB program routinely uploads the best tools for Texas to its website www.texastb.org. A tour of this site is provided for all new employees in Texas local and regional health departments during DSHS quarterly new employee orientations.
- New forms have been posted to DSHS website including: (1) Revised TB Symptom Screening form (Spanish and English versions); (2) Prisoner in Transit Medical Summary; (3) Texas Uniform Health Status Update (THUSU); (4) Facility TB Risk Assessment (Publication # TB-800). **Updated 2017**
- Texas state law requires jails that meet the Texas Health and Safety Code Chapter 89 criteria to use additional DSHS reporting forms (i.e., the Correctional Tuberculosis TB Screening Plan and Monthly Correctional TB Report). DSHS promotes these forms and provides technical assistance for jails using them.

1.5. Develop requirements for earlier TB screening

“The standard is 7 days but some facilities do it sooner”

Activity and Status to Date

Not approved

- Texas law requires TB screening within 7 days for jails that meet Health and Safety Code Chapter 89 requirements. This allows jails to screen earlier than seven days. Jails that do not meet the criteria to screen for TB may develop a TB screening program at their discretion. No plans exists to change the statutory requirement.

1.6. Identify challenges to offering short course treatment regimens for TB infection and develop recommendations. *New 2018*

Done

- In 2013, DSHS approved short course treatment regimen for TB infection. This allows inmates to complete treatment in 12 weeks using isoniazid and rifapentine medications by direct observation. A presentation and group activity are on the 5th annual CPC meeting agenda to review recommendations and address barriers for TB infection treatment using short course treatment regimens in order to draft recommendations for Texas. ***New 2018***

1.7. Provide education and share data on TB test conversions reported on the Chapter 89 jails monthly reports. *New 2018*

On hold

- Conversion data in the monthly reports are difficult to verify as patient data are not submitted to DSHS to confirm results. ***New 2018***

1.8. Provide reporting guidance, including a definition of “Suspected TB”, for chapter 89 jails monthly reports to reduce the number of reported suspected TB cases who are never dispositioned. *New 2018*

In progress

- The definition of “suspected TB” will be included in the updated instructions for the Monthly Correctional TB Report. Additional instructions will specify that a designation of suspected TB cannot be given for more than 3 months. When diagnostic procedures have been completed, the person should be classified as a TB case or TB infection and the final disposition must be

reported in the monthly report. This new guidance is expected to reduce the number of reported suspected TB cases without a final disposition. **New 2018**

1.9. Create recommendations for handling sick calls. New 2018

Not approved

- Activity requested by CPC member in 2017. However, procedures for handling sick calls must be created within each correctional system based on local resources and facility operations. It is not feasible for the DSHS to create them. **New 2018**

Strategic Priority 2: Enhance TB contact and cluster investigations based on best practices, sound evidence and suitable multi-agency collaboration.

Short term objectives

2.1 Develop new tools or identify existing tools to enhance TB contact investigations

Activity and Status to Date

Done

- Two new forms were reviewed by the CPC in 2016 and have been published in DSHS' website: (1) Infectious Period Calculation Sheet (publication # TB-425) and (2) TB CI Expansion Analysis. **Updated 2017**
- Lacking tools for facility environmental assessments for contact and cluster investigations was identified as a barrier in 2016. In response, the Environmental Risk Assessment for Congregate Correctional Settings (publication # TB-505) was created. **Updated 2018**
- The Tuberculosis Contact Investigation Social History Interview (publication # TB-430) was presented to the CPC for input in 2017 and was published in 2018. **Updated 2018**
- *Quality Assurance (QA) and Data analysis for Aggregate Correctional Tuberculosis Reports* were provided with DSHS' annual corrections report for health departments and the Jail Administrator Report in 2018. Tips include how to use data to detect possible ongoing transmission (i.e., cluster of TB test conversions) and more. **New 2017**

In progress

- In 2017, the CPC requested a one-pager checklist for contact investigation steps. DSHS' will develop the tool or adapt a similar tool created by other states. **New 2018**

Long term objectives

2.2 Provide more trainings and technical assistance on TB contact investigations

Activity and Status to Date

Ongoing

- DSHS is now providing more consistent technical assistance to Chapter 89 jails and health departments based on submitted monthly reports and annual risk assessments. These include detecting possible TB outbreaks, improving TB prevention and care practices, and monitoring compliance with state law. **New 2017**

2.3 Address challenges associated with TB contact investigation reporting

Activity and Status to Date

Ongoing

- CI reporting was the topic for discussion at the CPC meeting in 2016. CPC input helped identify barriers to reporting and ways to remove those barriers.
- Barriers to obtaining accurate and complete records from correctional facilities hinder public health investigations. A presentation and group activity will be done at the CPC meeting in 2018 to identify facility records that may aid in TB contact investigations and how to request them. **New 2018**

Strategic Priority 3: Improve discharge planning and continuity of care by providing guidance and fostering collaboration between public health departments, correctional facilities and TB patients.

Short term objectives

3.1 Share and promote existing tools for discharge planning and continuity of care

Activity and Status to Date

Done

- New forms for release planning and continuity of care have been posted to DSHS website: (1) Prisoner in Transit Medical Summary and the (2) THUSU.
- Guidelines and resources for release planning and continuity of care were included in the *DSHS Tuberculosis Standards for Correctional and Detention Facilities*. These guidelines were revised and enhanced with CPC input in 2018. **Updated 2018**
- The training *Tuberculosis in Corrections: Best Practices for TB Prevention and Care*, co-hosted by DSHS and HNTC in 2015 included a presentation on discharge planning and continuity of care. The presentation slides are available online at HNTC and DSHS' website.
- Ellen Murray, PhD, BSN, Training Coordinator from Southeastern National Tuberculosis Center was invited to participate in the CPC meeting for 2017. She trained DSHS and Heartland staff during a site visit to Travis County Jail and offered recommendations to enhance Texas guidelines which have been incorporated into the state guidelines. **Updated 2018**
- The DSHS corrections webpage was updated in 2017 and 2018 with the latest resources for correctional facilities, including CPC meeting reference materials. See http://www.dshs.texas.gov/thsvh/corrections_references/. **Updated 2018**

In progress

- DSHS is developing THISIS, a new database expected to facilitate discharge planning and continuity of care among Texas jurisdictions.

Ongoing

- The brochure *Tuberculosis Case Management for Undocumented and Deportable Inmates/Prisoners/ Detainees in Federal Custody* continues to be promoted at state and national level whenever possible (i.e., trainings and conferences). ICE updated the brochure in 2017. A link to the document posted on the National Controller's Association (NTCA) website is included in the Texas TB Manual Chapter, *DSHS Tuberculosis Standards for Correctional and Detention Facilities*. **Updated 2017**

3.2. Update the THUSU to ensure TB information needed during transfers is visible, accurate and complete.

In progress

- The CPC provided input to improve the form in 2017. Upon obtaining approval from the Texas Commission on Jail Standards (form owner), DHSS submitted the recommended changes to TDCJ's Texas Correctional Office of Offenders with Medical or Mental Impairments (TCOOMMI) for consideration. TCOOMMI agreed with the changes and will update the THUSU. **Updated 2018**

Long term objectives

3.3 Develop a database to share information between facilities

Activity and Status to Date

In progress

- THISIS, as stated above, is currently being developed.
- Security and feasibility concerns must be addressed in order to grant access to correctional facilities.

3.4 Develop robust guidelines for release planning and continuity of care. **New 2016**

Activity and Status to Date

Done

- Instructions for coordinated release planning, including specific roles and responsibilities, were included in the *DSHS Tuberculosis Standards for Correctional and Detention Facilities in 2017*. The instructions were enhanced in 2018 with CPC input. **Updated 2018**
- A new section for inter-jurisdictional referrals was included in the *DSHS Tuberculosis Standards for Correctional and Detention Facilities*. **New 2018**

Strategic Priority 4: Increase **education and training** opportunities related to TB in correctional and detention facilities.

Short term objectives

4.1. Create a website that defines TB

Activity and Status to Date

Done

- The CDC website contains core information on TB and Texas-specific guidelines on TB, including definitions and basic information.
- The DSHS' website TB FAQs were updated in 2017. **New 2017**

Ongoing

- The DSHS website contains key information on TB and will continue to be updated to provide comprehensive information about TB, including TB in corrections.

4.2. Link correctional staff to existing resources

Activity and Status to Date

Done

- Links to existing resources have been included in the DSHS website- www.texastb.org and the State TB Manual for Corrections TB Prevention and Care.
- An email blast was sent to health departments and Chapter 89 jails announcing the release of new TB forms in May 2017. **New 2017**

Ongoing

- Information and resources are distributed at conferences and trainings whenever possible.
- Regional and local health departments distribute TB educational materials and resources routinely when conducting sites visits for training and contact investigations.
- DSHS publishes the Jail Administrator Report annually in <http://www.dshs.texas.gov/idcu/disease/tb/programs/jails/annualreport/> . This reports raises TB awareness for jail administrators and is used as a training tool. It contains TB screening results for jails that falls under DSHS purview based on the criteria established by Texas Health and Safety Code Chapter 89.

4.3. Conduct site visits to specific correctional facilities that are at high risk for TB transmission or are having problems

Activity and Status to Date

Ongoing

- Texas regional and local health departments conduct site visits to correctional facilities upon invitation and as part of TB contact investigations. DSHS central office staff provides support as needed. However, the legal authority for routine jail inspections fall on the Texas Commission of Jail Standards.
- Based on current statutory guidelines, gaps exist in monitoring facilities that do not meet the Texas Health and Safety Code Chapter 89 criteria. It is the work of the CPC to recommend strategies for TB control and prevention in those facilities. This is an ongoing discussion for the CPC.

4.4. Provide training and technical assistance on screening, diagnosing and treating TB.

Done

- Trainings offered in 2018: 1) Screening for Tuberculosis Infection (4 trainings); and 2) TST Practicum: Train the Trainers (4 trainings). Training were held in San Antonio, Dallas, Harlingen and Midland. **New 2018**

Long term objectives

4.5. Develop a training program for new staff

Activity and Status to Date

Done

- The training slide set "Tuberculosis (TB) in Correctional Settings: What Corrections Staff need to Know" is available at the CDC website along with a facilitator guide to adapt the slides to the needs and regulations of a jurisdiction. This set is in the public domain and can be reproduced without permission.
- The Southeastern National Tuberculosis Center offers the following: (1) Mini-Fellowship in Corrections; (2) Arresting TB: Best Practices for Controlling TB in Corrections; (3) Arresting TB: Contact Investigation and Release Planning; (4) Enhances Skills for Public Health Corrections Liaison.
- DSHS hosted two corrections trainings in 2015: (1) Tuberculosis in Corrections: Best Practices for TB Prevention and Care; Co-Host: HNTC; and (2) Tuberculosis Reporting for Correctional Facilities in Texas: Law, Procedures and Best Practices.
- In March 24, 2017, DSHS hosted the World TB Day webinar "Translating TB Epidemiology Concepts into Practice". **New 2017**

In progress

- HNTC is developing a new online TB training for Correctional Liaisons. Release date has not been set. **Updated 2018**

Ongoing

- The DSHS' quarterly TB New Employee Orientation Congregate Settings presentation includes a discussion on TB in correctional facilities.

On hold

- The training *Arresting TB: Contact Investigation and Release Planning* was proposed for 2018. Planning was initiated in partnership with HNTC and Southeastern National TB Center (SNTC). However, training was placed on hold due to lack of funding. **New 2018**

4.6. Develop videos for correctional medical staff and inmates

Activity and Status to Date

Done in 2014

Videos exist and can be requested from DSHS. However, some of the information is outdated. DSHS is looking for resources to make new ones. The existing videos are:

TB Control in Correctional Facilities

- Tuberculosis Screening & Diagnosis
A presentation by an expert in TB screening in correctional facilities control edited from the 1995 satellite broadcast TB Control in Correctional Facilities.
(Run time 28:50 minutes)
- Safely Transporting Inmates with Tuberculosis
A discussion of the challenges of transporting inmates between correctional facilities control edited from the 1995 satellite broadcast TB Control in Correctional Facilities.
(Run time 14:00 minutes)
- Creating a Plan to Control Tuberculosis
A discussion of how to develop a written plan to control TB in a correctional facility control edited from the 1995 satellite broadcast TB Control in Correctional Facilities.
(Run time 21:30 minutes)
- Ins & Outs of Contact Investigation
Two experts discussing the topic of contact investigation when a TB cases occurs in a correctional facility. Control edited from the 1995 satellite broadcast TB Control in Correctional Facilities.
(Run time 32:21 minutes)

TB Education for Inmates and Correctional Officers

- What you don't know about TB can kill you
 - Basic facts about TB told in a story format for correctional facility inmates in English
(Run time 7:20 minutes)
- What you don't know about TB can kill you
 - Basic facts about TB told in a story format for correctional facility inmates in Spanish
(Run time 10:30 minutes)
- Correctional Officer Training
 - Basic facts about TB told in a story format for correctional facility officers
(Run time 8:52 minutes)
- I wish I'd known then what I know now
 - Basic facts about TB, and preventing the transmission of TB, told in a story format for police and correctional facility officers who transport correctional facility inmates with symptoms of TB disease
(Run time 8:40 minutes)

4.7. Establish requirements and standards to complete a TB education program

Activity and Status to Date

Done

- Based on this recommendation, training guidelines have been included in the TB Manual Corrections chapter. The CPC offered input in 2015.

4.8. Develop an educational training module and a more advanced on-line course

Activity and Status to Date

In progress

- HNTC is developing a new online TB training for Correctional Liaisons. Release date has not been set. **Updated 2018**

Strategic Priority 5: Advance **ongoing communication** between public health and correction partners to ensure a successful alliance for TB prevention and control.

Short term objectives

5.1. Make the Texas Correctional Planning Committee meeting an annual event

Activity and Status to Date

Done

- DSHS approved funding for annual CPC meetings for five years (2014-2018). Future meetings are contingent on funding availability. **Updated 2018**

Ongoing

- The CPC is envisioned as a perpetual committee as long as TB remain a threat in correctional and detention facilities in Texas. On September 25-26, 2018, DSHS will host the 5th Annual Corrections Planning Committee Meeting. In-person biennial meetings will be hosted thereafter. Once a critical structure has been created to accomplish the CPC mission, fewer in-person meetings will be necessary and shorter virtual meetings will be used to maintain a strong collaboration. **Updated 2018**

5.2. Develop an information sheet with resources and contact information

Activity and Status to Date

Done

- The SNTC created a one-page document with corrections resources for TB control. This document also contains a link to the Corrections Toolkit at <http://sntc.medicine.ufl.edu/CorrectionsToolkit.aspx>
- The *DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities* contains in depth information on TB in corrections and links to TB resources. The document was published in 2017. **Updated 2017**

5.3. Invite more correctional experts to participate in the CPC.

Done

- In 2018, the CPC called for nominations of correctional experts to the CPC. Eight nominations were received and four new correctional partners joined the CPC. **New 2018**

Long term objectives

5.4. Facilitate regular meetings, training events and multi-agency events

Activity and Status to Date

Ongoing

- The following trainings and events are ongoing:
 - Texas Correctional Planning Committee annual in-person meeting.
 - Monthly conference calls with the NTCA/NTNC Corrections Committee.
 - Monthly conference calls with NTCA Education and Training Workgroup.
- Since November 2016, DSHS and the Texas Department of Criminal Justice (TDCJ) have been meeting quarterly to discuss TB prevention and control in state prisons. In April 2017, other DSHS programs joined the recurring meeting to discuss other communicable diseases. **New 2017**

5.5. Develop a common database for TB records

Activity and Status to Date

In progress

- DSHS is currently developing THISIS. Release 1 was in September 12, 2016. Release 3 is expected in September 2018 or later. This release includes data collection modules (called question packages) for corrections. **Updated 2017.**

5.6. Work with the legislature to set a legal requirement to use the common system.

Activity and Status to Date

Done

- Use of THISIS system is required for regional health departments and local health departments that have contracts with DSHS.

On hold

- A broader legal requirement may conflict with federal regulations and requires careful examination by DSHS and the CPC.