

**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

June 20, 2017

10:00 a.m.

UTMB Conroe Operations Offices  
200 River Pointe Dr. , Suite 200  
Conroe, Texas 77304

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

June 20, 2017

10:00 a.m.

UTMB Conroe Operations Offices  
200 River Pointe Dr., Suite 200, Training Room  
Conroe, Texas 77304

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, March 20, 2017
  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 2017 Second Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. University of Texas Medical Branch – Correctional Managed Care, Inpatient Services Overview –  
  
Monte K. Smith, DO, Senior Medical Director, Inpatient Services, UTMB CMC
- VIII. Public Comments
- IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
March 20, 2017



<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Approval of CMHCC Meeting Minutes – December 7, 2016</li>   <li>- Approval of TDCJ Health Services Monitoring Report</li>   <li>- University Medical Director’s Reports <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> </li>   <li>- Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<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 December 7, 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 TTUHSC and UTMB 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><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Ron Steffa</li> </ul>	<p>Dr. de la Garza-Graham called on Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the First Quarter of Fiscal Year (FY) 2017, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>The CMHC total method of finance revenue for the First Quarter was \$158.3 million. The total expenses through the First Quarter was \$164 million, leaving a shortfall of \$5.7 million.</p> <p>The report also shows expenditures broken down by strategies.</p>		<p>Dr. Raimer made motion to approve and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>

<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Unit and psychiatric care had total financing of \$89.4 million. The expenses for this strategy make up the majority of health care costs for a total of \$ 85.7 million. This strategy shows a surplus of \$3.7 million through the First Quarter.</p> <p>Hospital and clinical care had total financing of \$53.1 million and the total expenditures were \$ 61.5 million. This strategy showed a shortfall of \$8.4 million through the First Quarter.</p> <p>Pharmacy services had total funding of \$15.7 million and total expenditures were \$16.9 million leaving a shortfall of \$1.1 million.</p> <p>As of the First Quarter of FY 2017, the average service population was 146,282.</p> <p>The offender population age 55 and over had a slight increase with an average daily census through the First Quarter of 17,316. This population makes up about 11.8 % of the overall population and accounts for 43 % of the total hospital cost.</p> <p>The average health care cost is \$12.32 per offender, per day, which is an increase from \$11.94 for FY 2016.</p> <p>The average mental health inpatient census is 1, 893 of the total service population. The average mental health outpatient census is 24,132 of the total service population.</p> <p>Mr. Steffa concluded the financial report but wanted to discuss an item that was requested at the last meeting on expenditures relating to agency contracted staff. Mr. Steffa explained that both universities combined, reported that for the First Quarter of FY 2017, expenditures totaled \$2.9 million. Mr. Steffa further explained that generally, those staffing costs run 50% to 100% or more than the costs of a regular university employee.</p>	<p>Dr. de la Garza-Graham asked if the \$2.9 million could be used to increase the salaries of a couple positions. Dr. de la Garza-Graham further stated that there is money to pay them, so it would make sense to apply that money towards more equitable</p>	
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**IV. Update on Financial Reports (Cont.)**

salaries to try to entice more people to apply for those positions.

Dr. Raimer inquired as to why the number was so large regarding hospital and clinical care, and stated that \$8 million is a fairly large amount uptick for one quarter that includes both hospital Galveston and free world. Dr. Raimer asked if there were any comments as to why that was running over.

Mr. Steffa explained that the hospital strategy has had an increase in utilization and also an increase in the costs per day. The acuity of the patients and the procedures that they are having are more costly on average as well.

Dr. Ojo further explained that the clinical acuity of the patients has gone up due to the growing offender population age 55 and older, who are major users of the healthcare resources.

Dr. Jumper included that it has been closely analyzed and that occasionally there will be a patient with healthcare cost of \$1 million. However, that is not what is driving the cost up. Instead, it is the smaller amount patients that continues to climb.

Dr. Linthicum explained that it is really related to changes in the criminal code years ago, the three strikes you're out. Dr. Linthicum further explained that over time, there is an increase in the aging or the greying offender population due to long sentences.

<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b></p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Personnel Vacancies.</p> <p>Dr. Linthicum explained that there is currently a hiring freeze for all Texas State agencies throughout the remainder of the fiscal year by the Governor's office.</p> <p>Dr. Linthicum further informed the CMHCC that Bryan Collier, TDCJ Executive Director, has requested a waiver from the Governor's office for key healthcare positions that are unit based and that are involved in providing direct patient care.</p> <p>Dr. Linthicum reported that there were two masters level Health Specialist V positions vacant within the Office of Mental Health Monitoring and Liaison. These positions have continually been posted without success and now it is part of the hiring freeze.</p> <p>Dr. Linthicum next reported that the vacant Director II position in the Office of Public Health is a registered nurse position and is also part of the hiring freeze. This is an administrative position that oversees the Office of Public Health.</p>	<p>Dr. de la Garza-Graham asked if Mr. Collier feels the Governor may grant the waiver.</p> <p>Dr. Linthicum responded that she is unable to speak on Mr. Collier's behalf at this time. However; a compelling argument was made in that the unit based staff that provide direct patient services are key to maintain access to care and treatment services.</p>	
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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Cynthia Jumper on behalf of Dr. Denise DeShields</li> <li>- Dr. Olugbenga Ojo on behalf of Dr. Owen Murray</li> </ul>	<p>There are two Investigator II positions vacant at the Jester IV unit which are part of the Office of Professional Standards, specifically, the Patient Liaison Program.</p> <p>There are also two vacant Investigator II positions at the Hilltop unit and are also part of the hiring freeze.</p> <p>Dr. Linthicum further reported that there is a Registered Nurse IV position that works in the Utilization Review Department, which is also part of the hiring freeze.</p> <p>Dr. Linthicum noted that a Public Health and Prevention Specialist I position within the Office of Public Health was recently vacated and also subject to the hiring freeze.</p> <p>Dr. Jumper noted that TTUHSC had no critical vacancies to report.</p> <p>Dr. Ojo referred to the hiring freeze and discussed the vacancy rates for the first 3 months of the year. Dr. Ojo explained that that the clinical care vacant positions were about 26 percent compared to 20.3 percent in FY 2016.</p>		
<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- <b>TDCJ – Health Services Division FY 2017 First Quarter Report</b></li> <li>- Capital Assets Monitoring</li> </ul>	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to present TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the First Quarter FY 2017 (September, October, and November, 2016), Operational Review Audits (ORAs) were conducted at the following eight facilities: Allred, Boyd, Clemens, Darrington, Powledge, Roach, Scott, and Terrell. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum reported that the same eight units listed above were audited and determined to be in compliance range for capital assets.</p>		

<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dental Quality Review Audit</li> <li>- Grievance and Patient Liaison Correspondence</li> <li>- Office of Public Health</li> </ul>	<p>Dr. Linthicum explained that Dental Quality Review Audits were conducted at the following 18 facilities: B. Moore, Bartlett, Bradshaw, Bridgeport, Bridgeport PPT, Daniel, Halbert, Havins, Hobby, Hodge, Johnston, Marlin, San Saba, Skyview, Smith GP, Smith HS, Telford, and Travis County.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the First Quarter, the PLP and the Step II Medical Grievance received 4,590 correspondences. The PLP received 3,059 correspondences and Step II Grievance received 1,531. There were 294 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB was seven percent and five percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addresses the quality of care issues. There were 34 Sick Call Request Verification Audits conducted on 33 facilities. A total of 264 indicators were reviewed and 23 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum continued by explaining that the Office of Public Health monitors cases of all infectious and communicable diseases within TDCJ. There were 782 cases of Hepatitis C identified for the First Quarter FY 2017. There were 15,446 intakes tests and 105 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2017, 10,662 pre-release tests were performed and zero tested HIV positive. 15 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2017.</p> <p>170 cases of suspected Syphilis were reported in the First Quarter FY 2017. 15 of those required treatment of retreatment.</p> <p>187 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2017.</p>		
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<p><b>VI. Medical Director's Report (Cont.)</b></p> <p>- Mortality and Morbidity</p> <p>- Office of Mental Health Monitoring &amp; Liaison</p>	<p>Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the First Quarter FY 2017.</p> <p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits.</p> <p>This position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the First Quarter FY 2017, there were 196 chart reviews of alleged sexual assaults. There were 9 deficiencies found this quarter. Corrective Actions have been requested. 62 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 19,027 offenders attended classes presented by educators. Within TDCJ, 100 of the 108 facilities have active peer education programs. 153 offenders trained to become peer educators during the First Quarter of FY 2017.</p> <p>Dr. Linthicum reported that there were 95 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2017. Of those 95 deaths, 1 was referred to the peer review committee for further review.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the First Quarter of FY 2017. Administrative Segregation (Ad Seg) audits were conducted on 20 facilities. 2,726 offenders were observed, 2,201 were interviewed, and three offenders were referred to the university providers for further evaluation. Access to care</p>		
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<p><b>VI. Medical Director's Report (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Accreditation</li> <li>- Biomedical Research Projects</li> <li>- <b>Texas Tech University Health Sciences Center</b></li> <li>- Dr. Cynthia Jumper on behalf of Dr. Denise DeShields</li> </ul>	<p>(ATC) for mental health ATC 4 was met at 100 percent on 19 of 20 facilities audited, ATC 5 was met at 100 percent on 20 of the 20 facilities and ATC 6 was met at 100 percent on 19 of the 20 facilities.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 52 instances of compelled psychoactive medication administration. Jester IV, Montford and Skyview were 100 percent compliant with required criteria for implementation and documentation of compelled psychoactive medication.</p> <p>There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 20 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 164 hospital and 44 infirmary discharge audits. UTMB had 145 deficiencies identified and TTUHSC had 19 deficiencies identified for the hospital discharge audits. UTMB had 21 deficiencies identified and TTUHSC had 1 for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 16 units reaccredited during the American Correctional Association Conference in San Antonio, Texas on January 20-25, 2017.</p> <p>Dr. Linthicum referenced biomedical research projects.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. Jumper to present the report for TTUHSC.</p> <p>Dr. Jumper advised that the TTUHSC CMC turnover rate was 15 percent and the vacancy rate was 15.5 percent. Dr. Jumper noted that TTUHSC would be proactive when dealing with a potential unit closure in their sector.</p>	<p>Dr. Linthicum responded that Lorie Davis, TDCJ CID Director, was present and has pledged that</p>	
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<p><b>VI. Medical Director's Report (Cont.)</b></p> <p><b>- University of Texas Medical Branch</b></p> <p>- Dr. Olugbenga Ojo on behalf of Dr. Owen Murray</p> <p><b>VII. Hepatitis C Policy and Hepatitis C Disease Management Guideline Update</b></p> <p>-Stephanie Zepeda, Pharm D</p>	<p>Dr. de la Garza-Graham then called on Dr. Ojo to present the report for UTMB.</p> <p>The UTMB Medical Director's Report was provided.</p> <p>Dr. de la Garza-Graham thanked Dr. Ojo then called on Stephanie Zepeda to present the Hepatitis C Policy and the Hepatitis C Disease Management Guideline Update.</p> <p>Dr. Zepeda provided a summary of the Joint Hepatitis C Workgroup. New drug therapy recommendations for the treatment of Hepatitis C were discussed. Dr. Zepeda outlined the proposed changes to CMHC Policy, B-14.13.3 "Hepatitis C Policy" and also discussed patient management and drug costs.</p> <p>Dr. de la Garza-Graham asked for approval of the Hepatitis C Policy change recommendations as there were no further comments or questions.</p>	<p>all key administrative staff would be involved as decisions are made relating to coordinating unit closures.</p> <p>Lorie Davis stated that at that time, there was no final decision from the Legislature regarding unit closures. Ms. Davis advised that TDCJ will give as much notice as possible.</p> <p>Dr. Raimer asked Ms. Davis as to whether or not employees will be allowed to relocate to other facilities.</p> <p>Ms. Davis responded that those staff will be given priority placement to other facilities.</p>	
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<p><b>VII. Hepatitis C Policy &amp; Hepatitis C Disease Management Guideline Update (Cont.)</b></p>	<p>Dr. de la Garza-Graham announced the approval of the revised CMHC Infection Control Policy B-14.13.3 “Hepatitis C Policy”.</p> <p>Dr. de la Garza-Graham thanked Dr. Zepeda.</p>		<p>Dr. Linthicum made a motion to approve the Hepatitis C Policy and Dr. Berenzweig seconded the motion which prevailed unanimously.</p>
<p><b>VIII. Public Comments</b></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 and then proceeded with public comments from Ms. Frances Vaughn.</p>	<p>Ms. Vaughn asked the CMHCC for assistance to encourage TDCJ to close a loop hole in one of their policies.</p> <p>Ms. Vaughn reported that recently her husband was transferred to the Wynne Unit in Huntsville and was told by the senior warden that in order to own two pairs of tennis shoes, specifically, those purchased from the commissary, it would require a doctor’s note. The senior warden does not allow two pairs of tennis shoes, and policy was cited. “An offender may possess two pair of shoes at a time. If the offender chooses to purchase both pairs from the commissary, one pair should be appropriate for work and both shall be registered.”</p> <p>Ms. Vaughn stated that the senior warden’s interpretation of that was that also in the commissary, “Rhino” work boots are sold. They are rubber sole boots, and are not steel toed that meets safety requirements.</p> <p>Ms. Vaughn further stated that if the offender had a job that required such footwear, then TDCJ would be required to provide the footwear. Ms.</p>	

**VIII. Public Comments (Cont.)**

Vaughn continued stating that she had specific reasons for her husband to have two pairs of tennis shoes at a time. Ms. Vaughn noted that it would be beneficial to prevent foot diseases, if alternate tennis shoes were allowed to be worn instead of having to wear the same pair every day.

Ms. Vaughn stated that the CMHCC talks about the aging population in every meeting and the cost. Those offenders are working on concrete floors all day with no support. Ms. Vaughn stated that if they are able to purchase alternate foot wear, then in the long run, it will be better for them health wise and prevent them from later needing orthotic footwear that will be more cost to the state.

Ms. Vaughn concluded that she wanted to bring this matter to the CMHCC's attention and was hoping for support on closing the loop hole for that interpretation in the policy.

Dr. de la Garza-Graham asked Ms. Vaughn to clarify what she was asking from the CMHCC.

Ms. Vaughn responded that she is requesting that the administrative directive be modified by TDCJ to specify that offenders can possess two pairs of tennis shoes of their choice.

Dr. Linthicum explained that medical only gets involved in the shoe business for medically necessary reasons. Dr. Linthicum further explained that there is a brace and limb clinic that offenders are sent to for evaluation to determine if there is a medical reason for special orthotics shoes or if diabetics need soft shoes.

<p><b>VIII. Public Comments (Cont.)</b></p>		<p>Dr. Linthicum asked Ms. Vaughn who has she worked with on this request and where her husband is currently housed.</p> <p>Ms. Vaughn noted that her husband is now at the Connally Unit.</p> <p>Dr. Linthicum advised that she and Ms. Davis would meet to discuss this matter.</p> <p>Dr. Sherwood commented that it may not be a medical issue at all, but that this policy may be enforced in different ways on different units. Dr. Sherwood noted that this is an issue even though it may not be for the CMHCC to address, the policy should make sense everywhere.</p> <p>Ms. Vaughn explained that she did point out to the warden at the Wynne Unit that AD-3.72 states “offenders transferring from another unit should be allowed to retain any items previously purchased through commissary at any other unit.”</p> <p>Ms. Vaughn stated that had she not read the policy to the warden, the warden would have made her husband get rid of the shoes.</p> <p>Dr. Linthicum reiterated that the matter would be addressed.</p>	
<p><b>IX. Adjourn</b></p>	<p>Dr. de la Garza-Graham thanked everyone for their attendance and adjourned the meeting at 1:55 p.m.</p>		

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

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Date:

## Consent Item

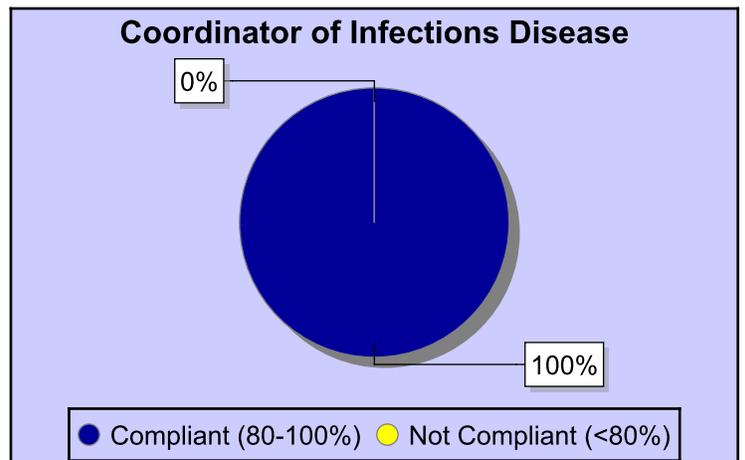
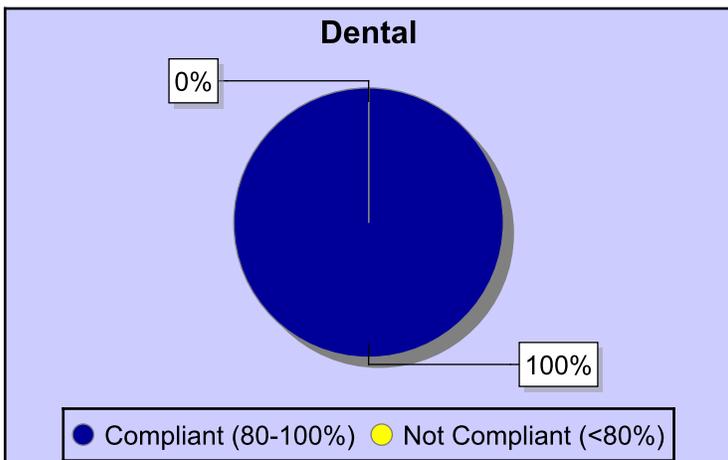
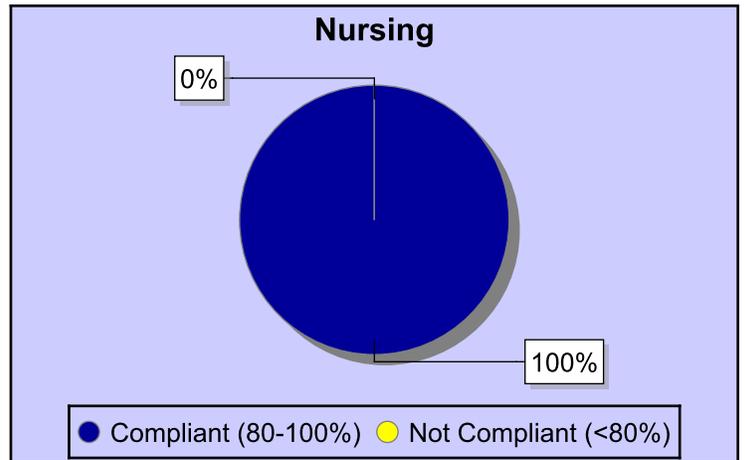
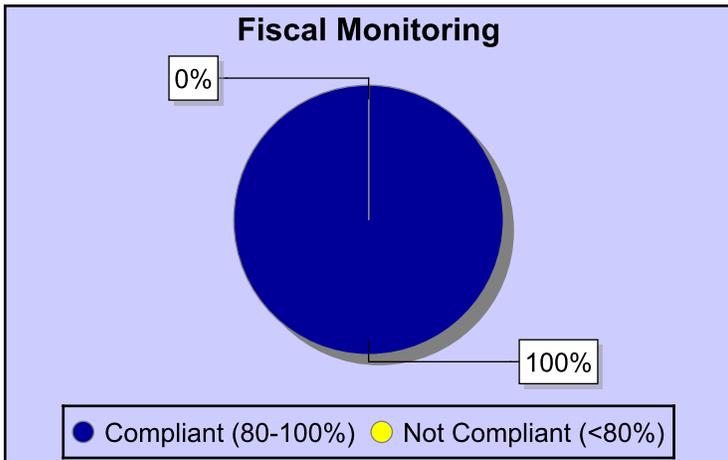
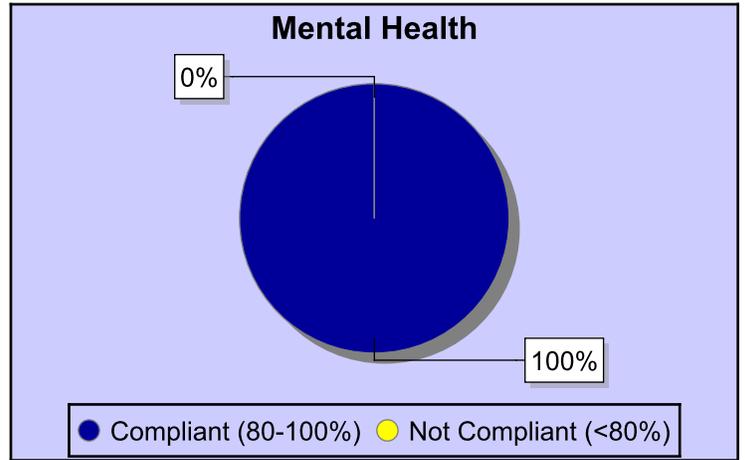
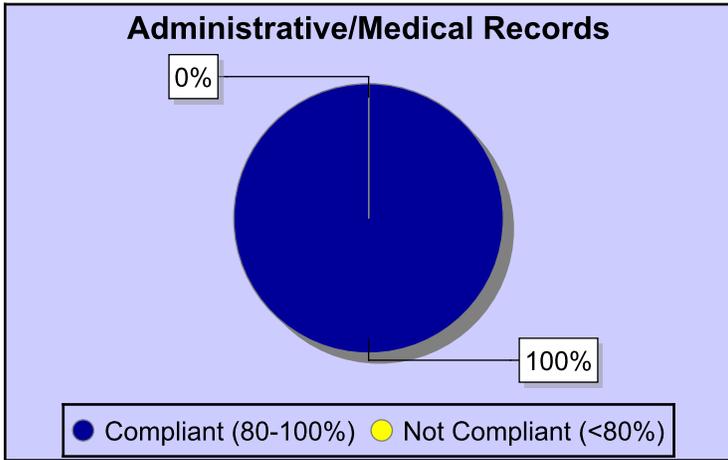
# TDCJ Health Services Monitoring Reports

**Rate of Compliance with Standards by Operational Categories**  
**Second Quarter, Fiscal Year 2017**  
**December 2016 - February 2017**

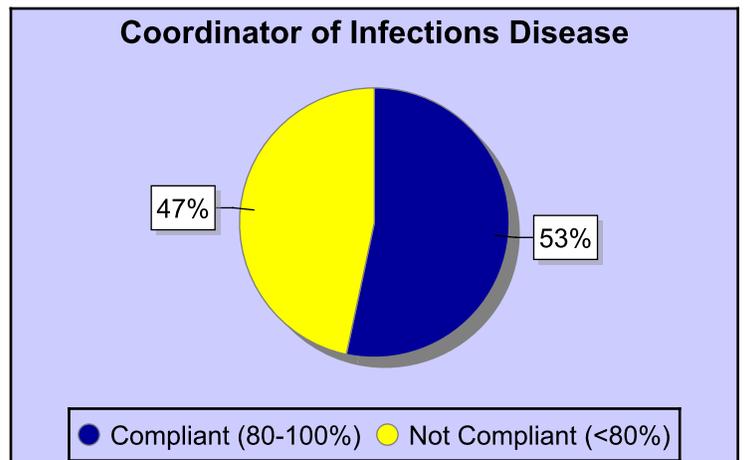
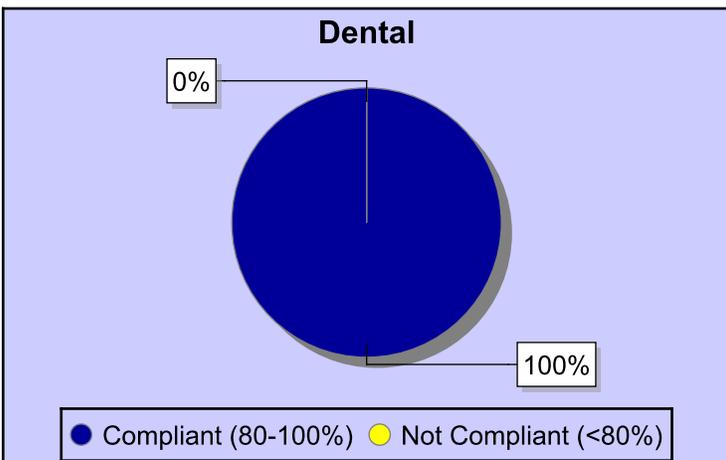
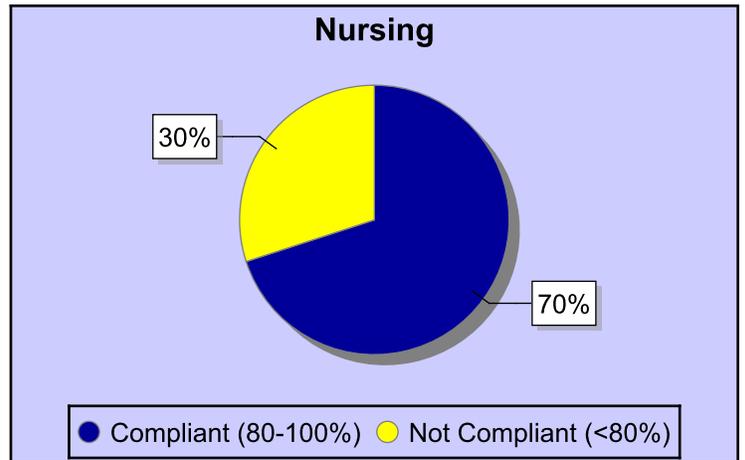
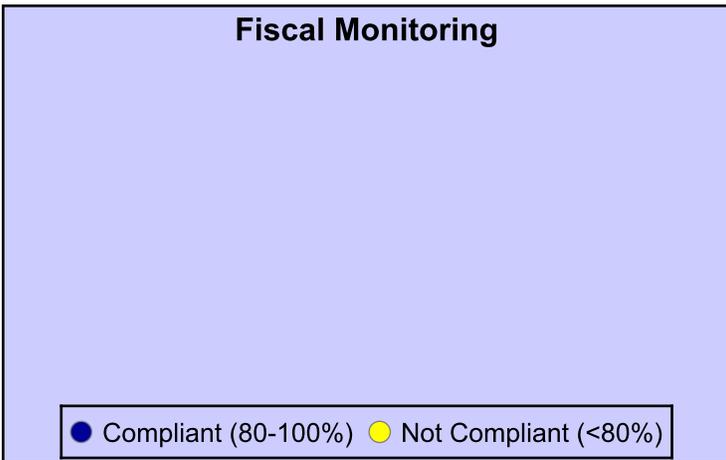
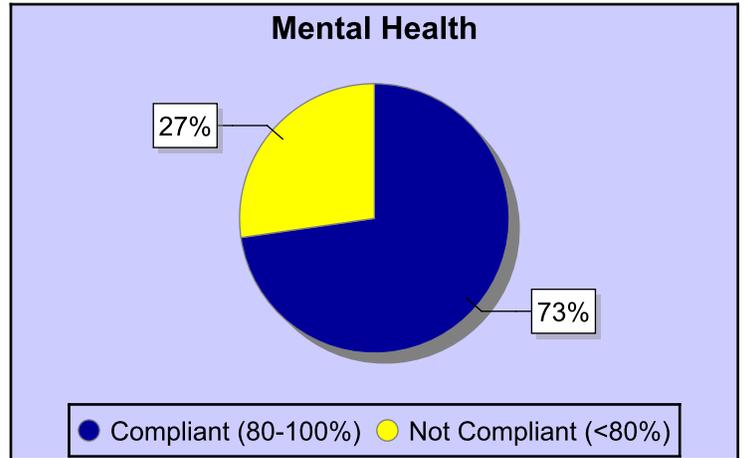
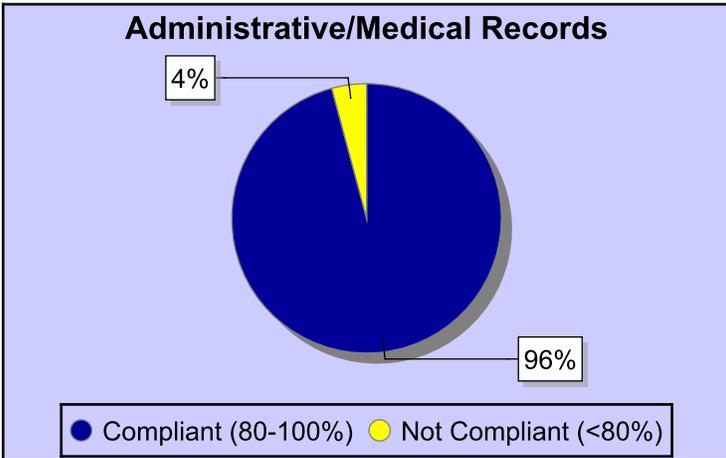
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
<b>Bridgeport (Male)</b>	31	31	100%	13	13	100%	25	25	100%	11	11	100%	2	2	100%	3	3	100%
<b>Bridgeport PPT</b>	24	23	96%	10	7	70%	15	8	53%	11	11	100%	11	8	73%	NA	NA	NA
<b>Crain</b>	33	33	100%	21	21	100%	37	36	97%	12	12	100%	19	18	95%	4	4	100%
<b>East Texas TF</b>	32	31	97%	20	16	80%	34	29	85%	11	9	82%	14	7	50%	NA	NA	NA
<b>Ellis</b>	33	33	100%	13	11	85%	25	18	72%	11	10	91%	14	12	86%	4	4	100%
<b>Hamilton</b>	33	33	100%	12	12	100%	23	14	61%	11	11	100%	14	8	57%	5	5	100%
<b>Hughes</b>	33	33	100%	15	14	93%	35	31	89%	11	11	100%	16	14	88%	4	4	100%
<b>Lewis</b>	64	64	100%	23	23	100%	41	39	95%	20	20	100%	26	23	88%	6	6	100%
<b>Murray</b>	34	33	97%	15	15	100%	28	16	57%	11	11	100%	16	16	100%	4	4	100%
<b>South Texas ISF</b>	29	25	86%	14	6	43%	4	0	0%	11	7	64%	14	5	36%	NA	NA	NA
<b>Telford</b>	33	33	100%	12	8	67%	40	25	62%	11	11	100%	24	20	83%	4	4	100%

*n* = number of applicable items audited.

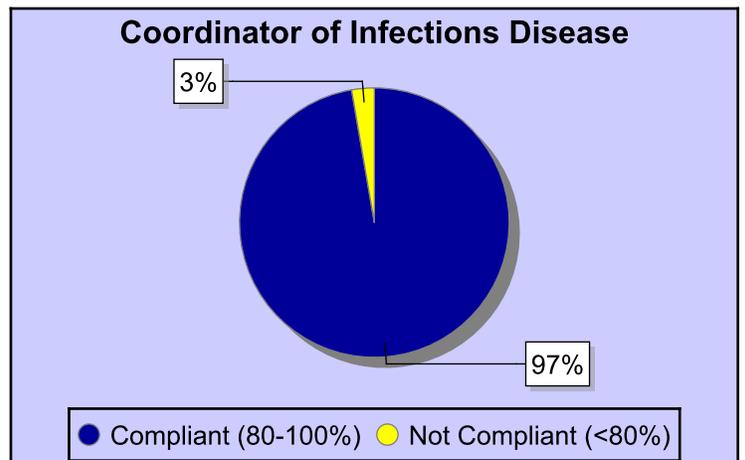
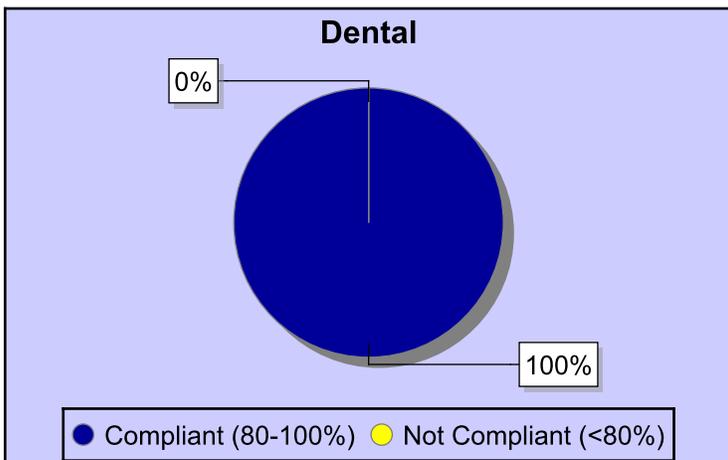
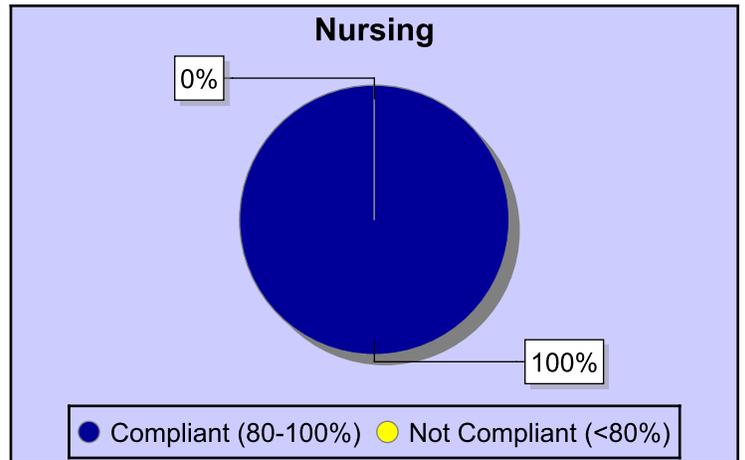
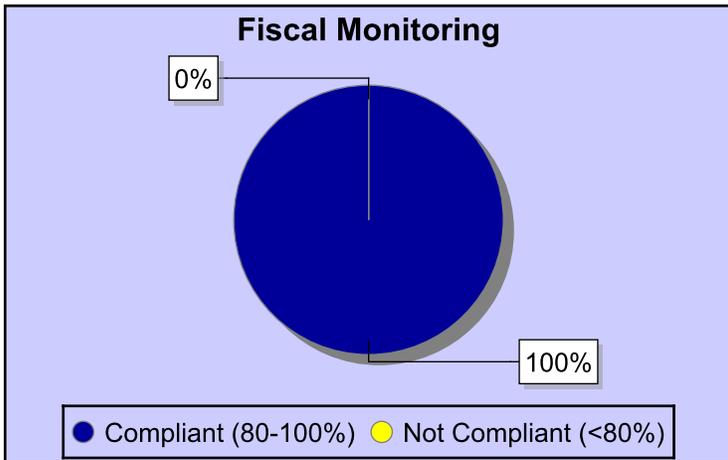
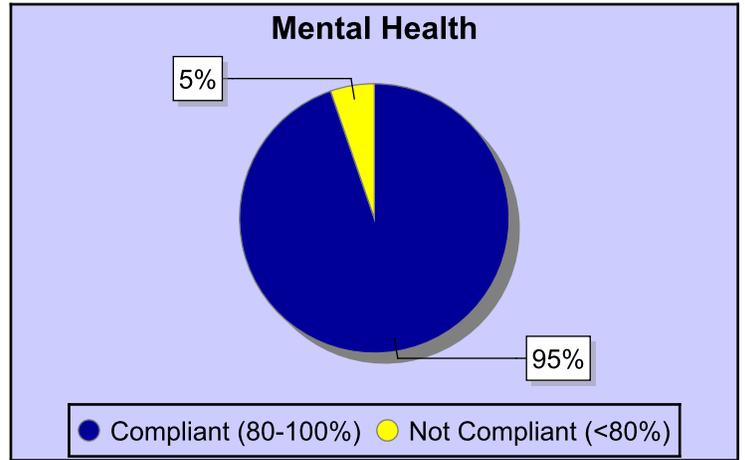
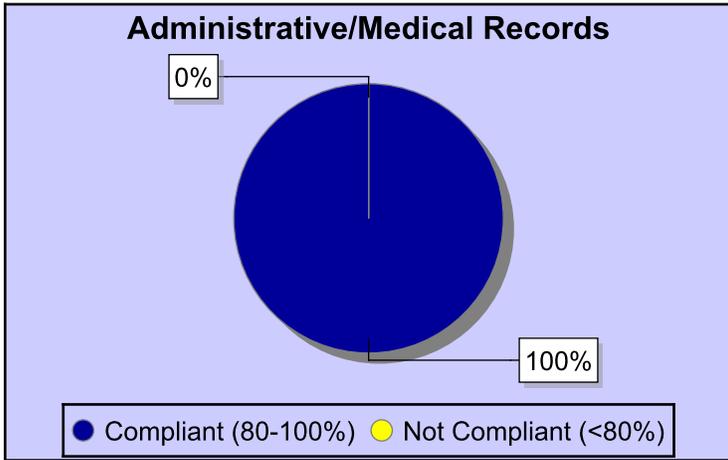
# Compliance Rate By Operational Categories for BRIDGEPORT FACILITY December 01, 2016



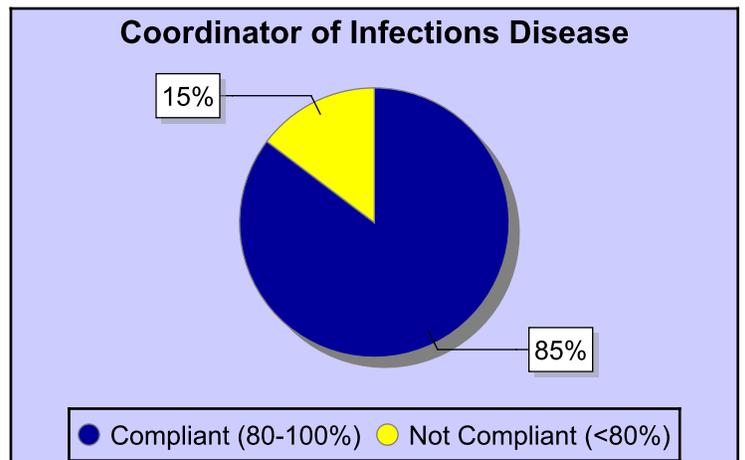
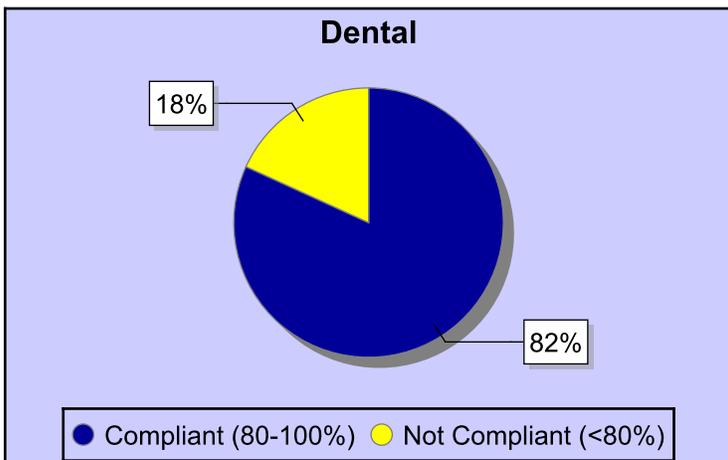
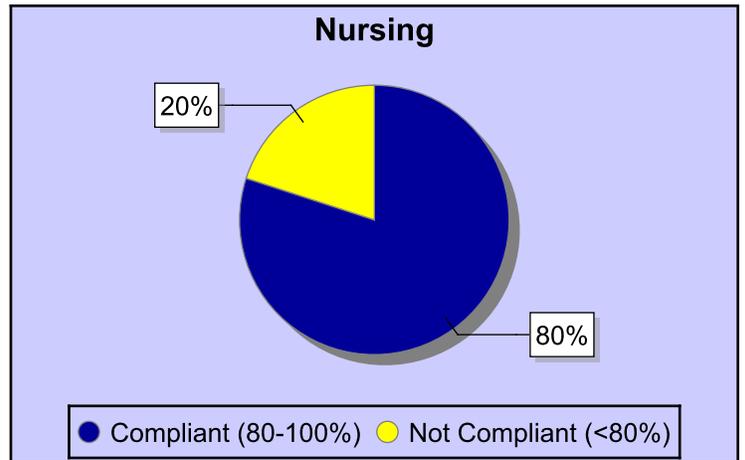
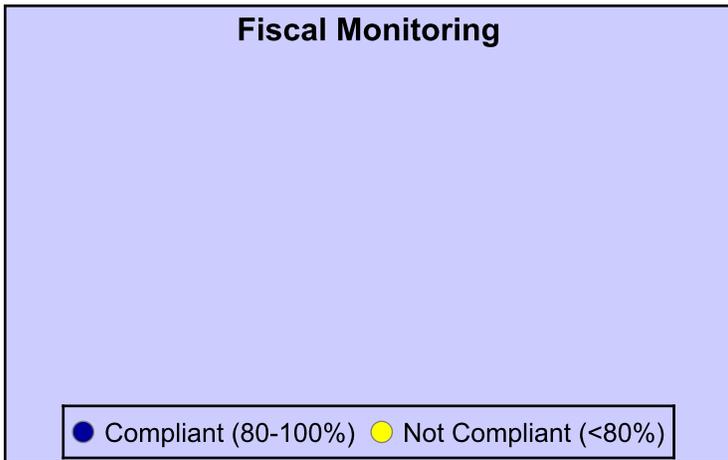
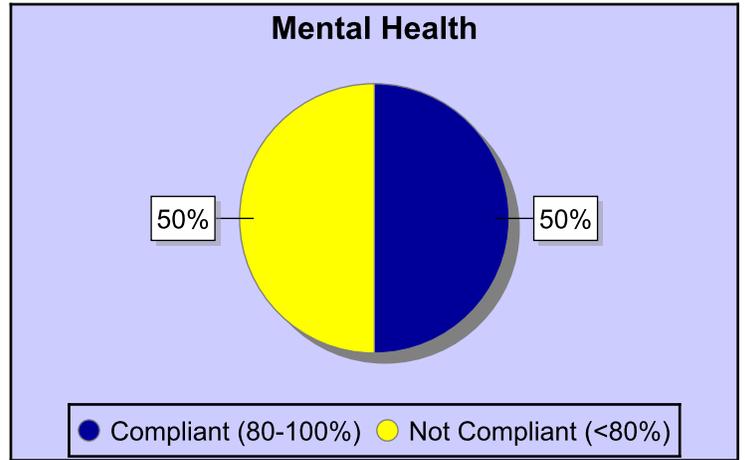
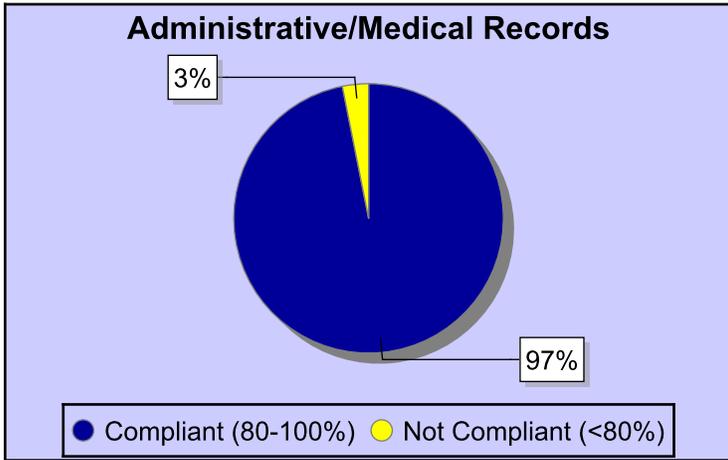
# Compliance Rate By Operational Categories for BRIDGEPORT PPT FACILITY December 01, 2016



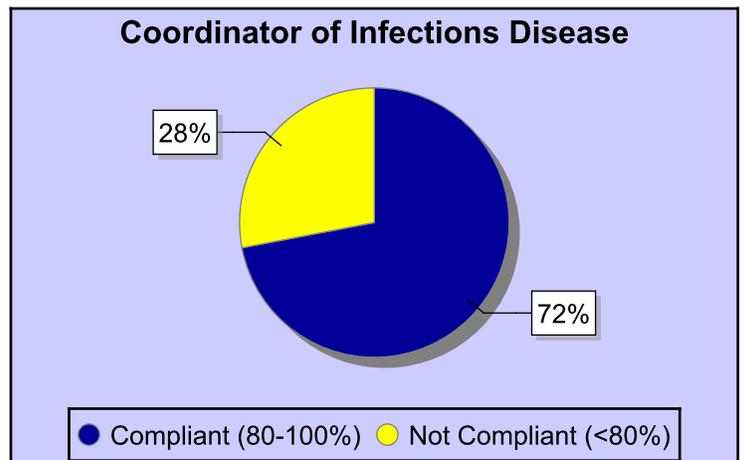
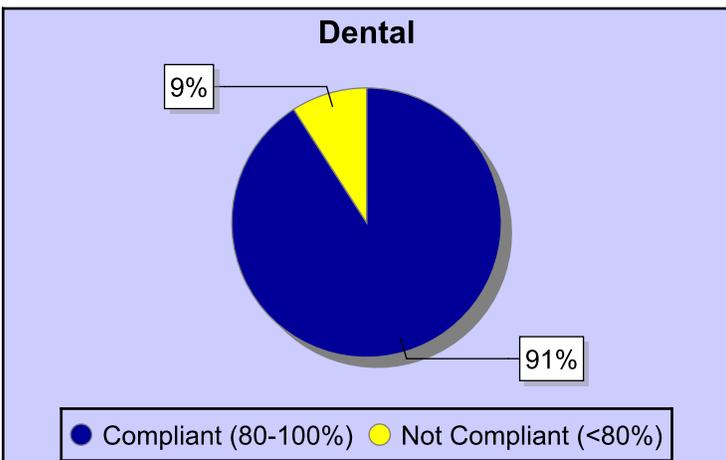
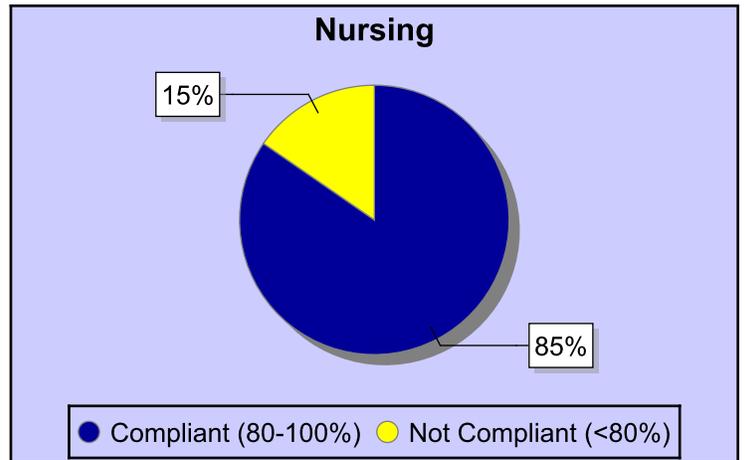
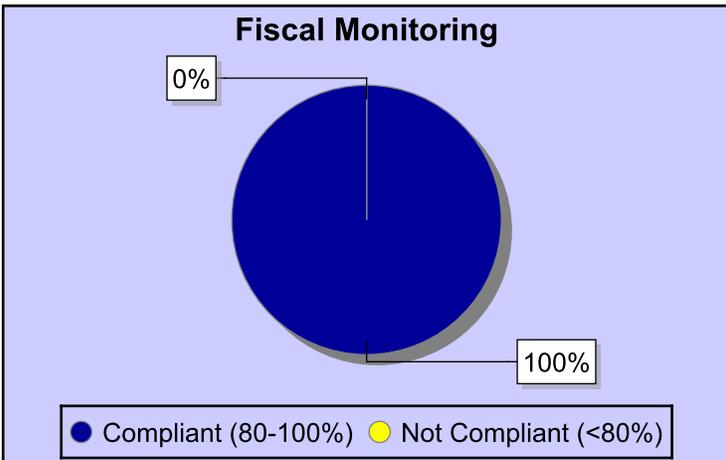
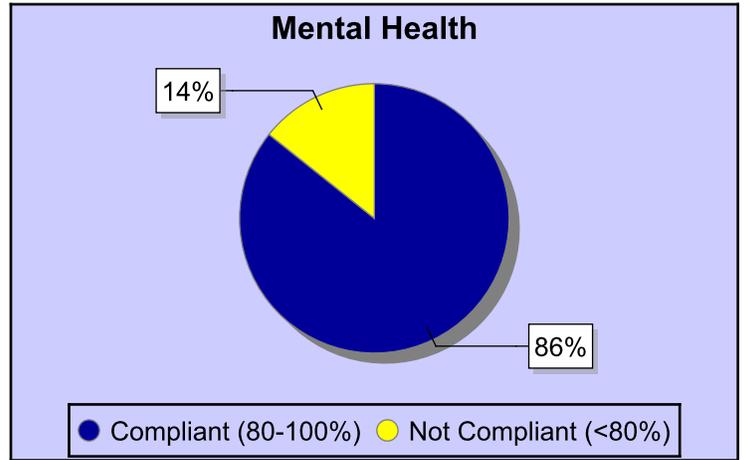
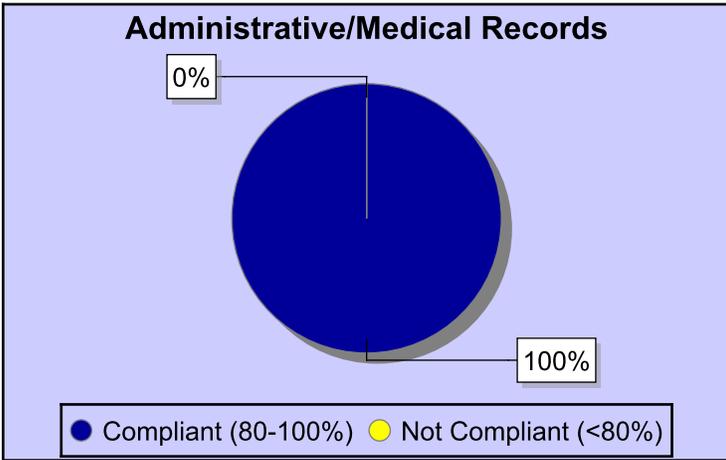
# Compliance Rate By Operational Categories for CRAIN FACILITY January 04, 2017



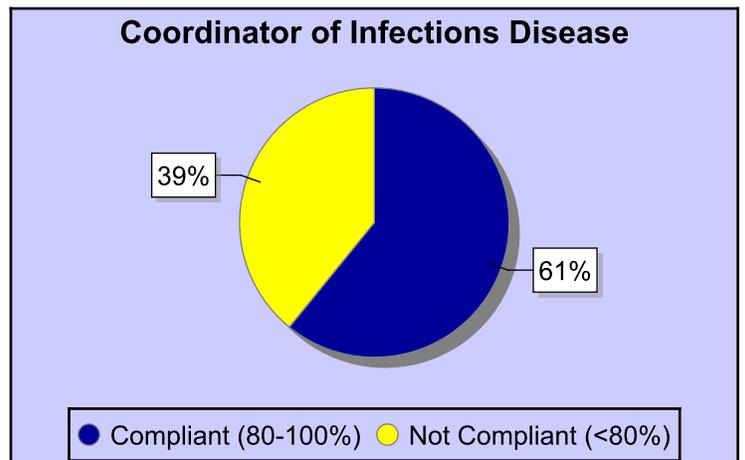
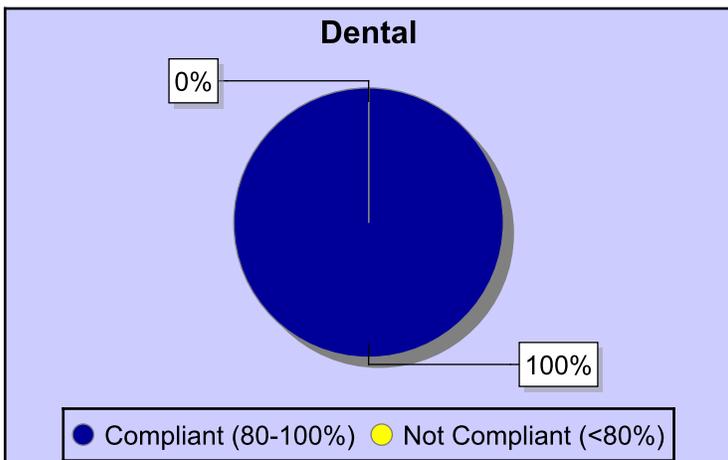
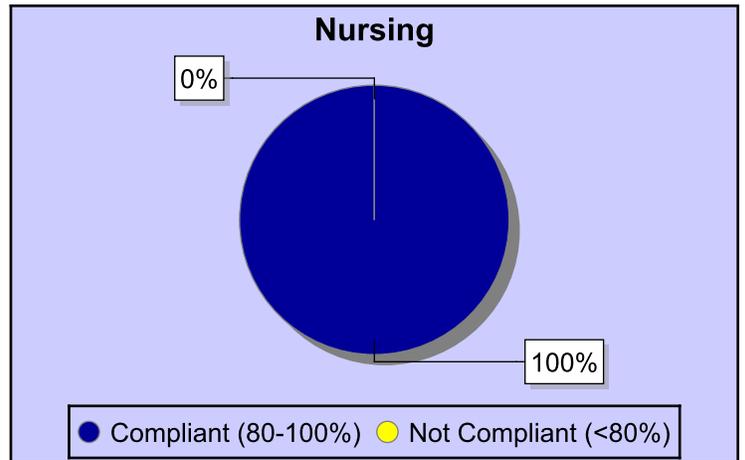
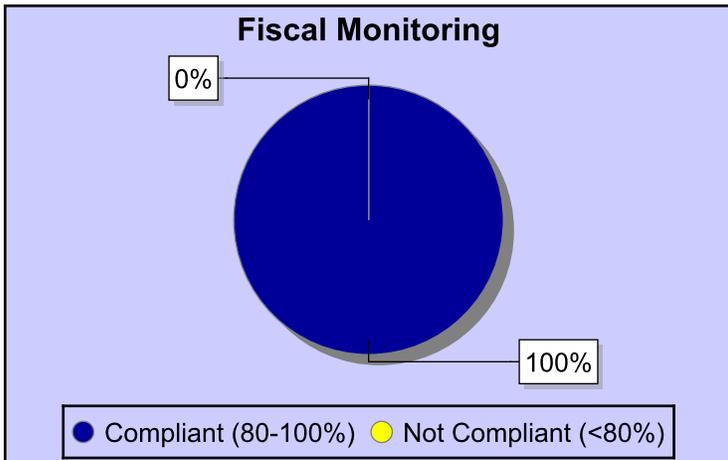
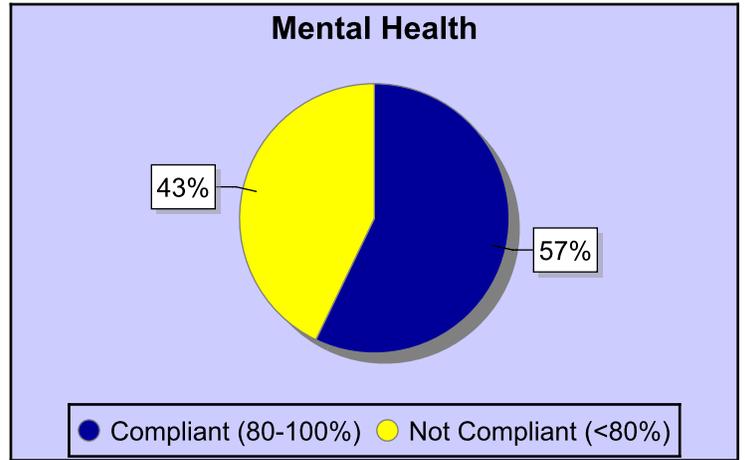
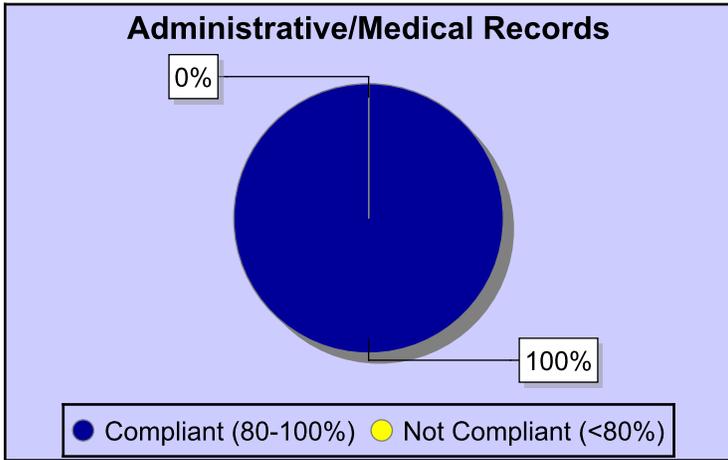
# Compliance Rate By Operational Categories for EAST TEXAS TF FACILITY December 01, 2016



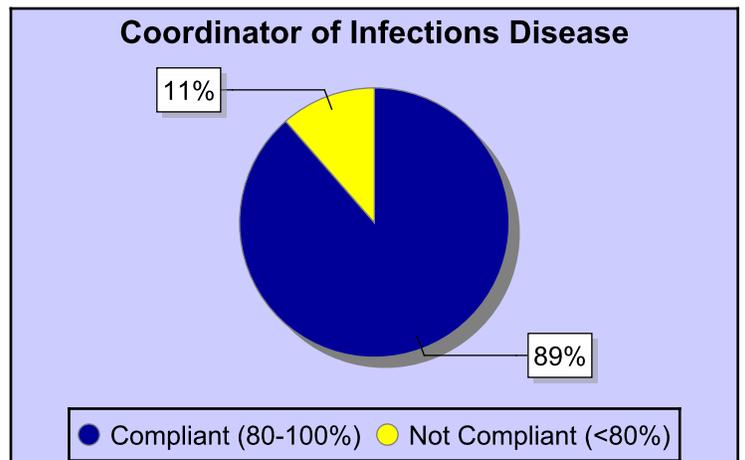
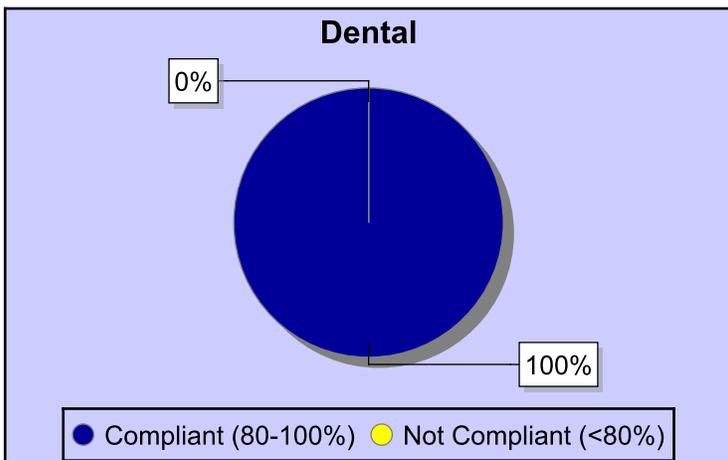
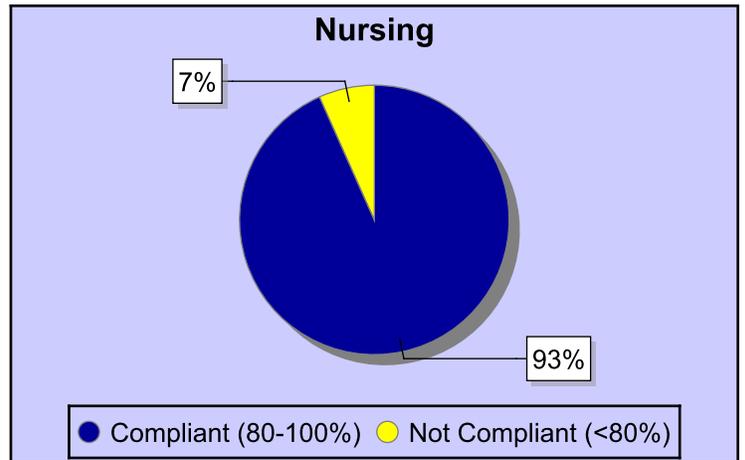
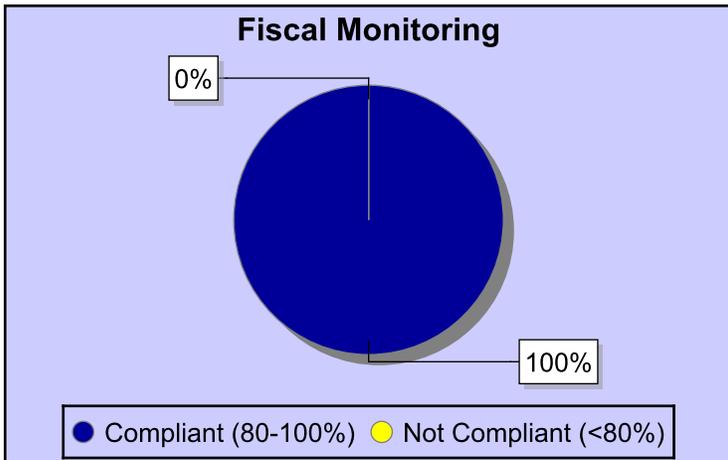
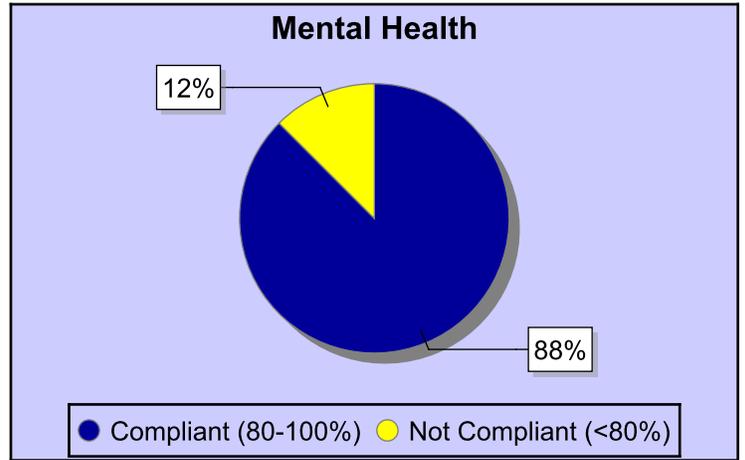
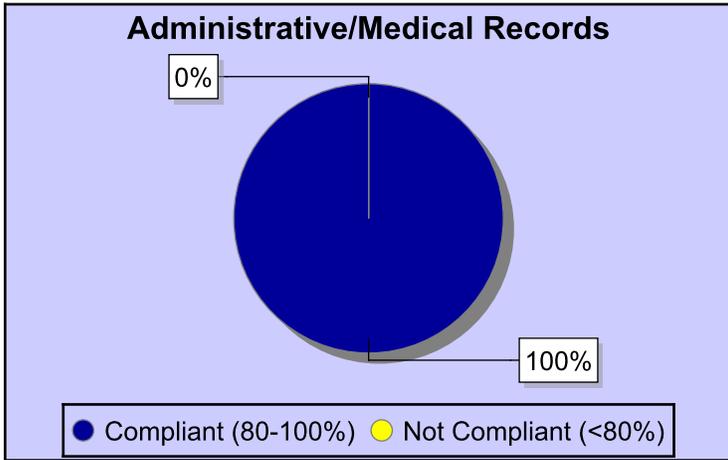
# Compliance Rate By Operational Categories for ELLIS FACILITY February 17, 2017



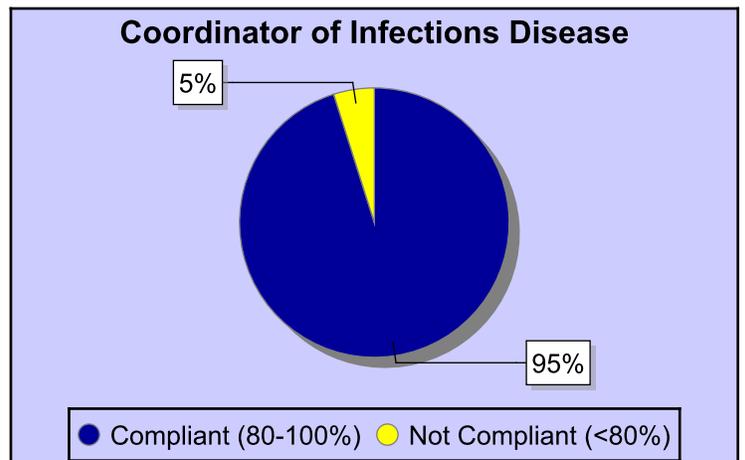
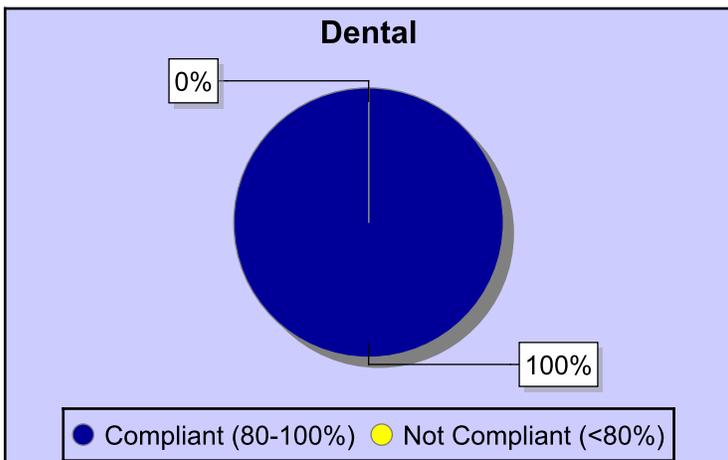
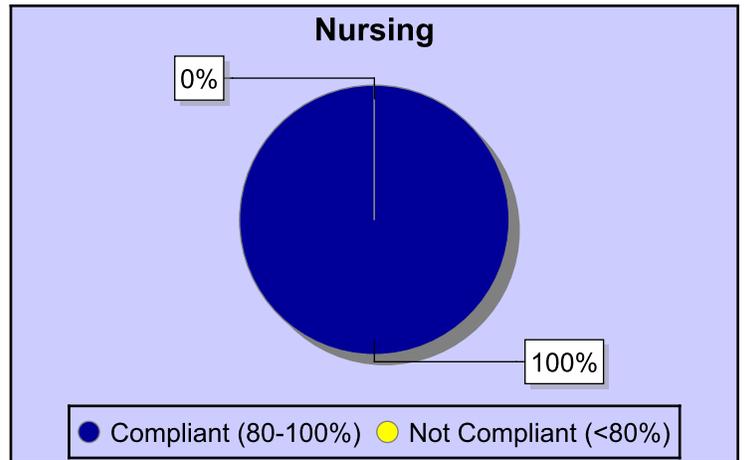
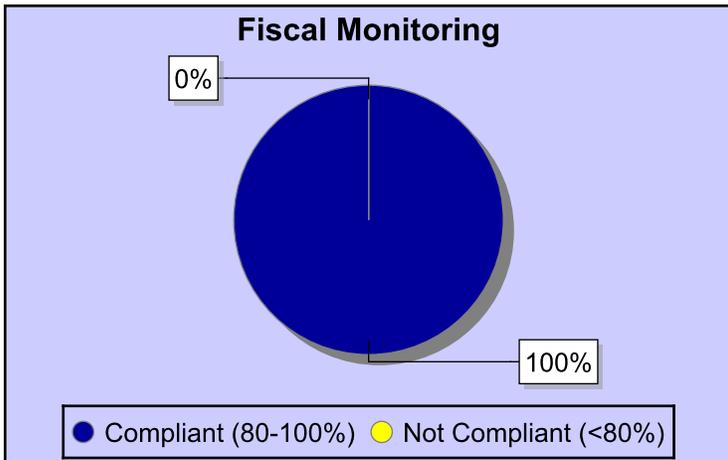
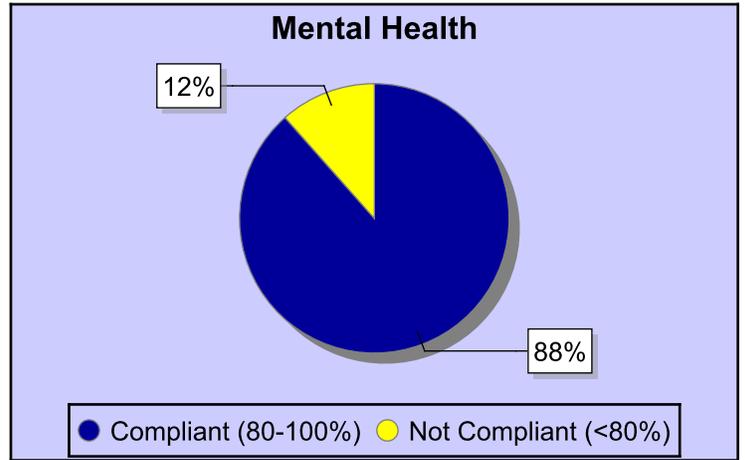
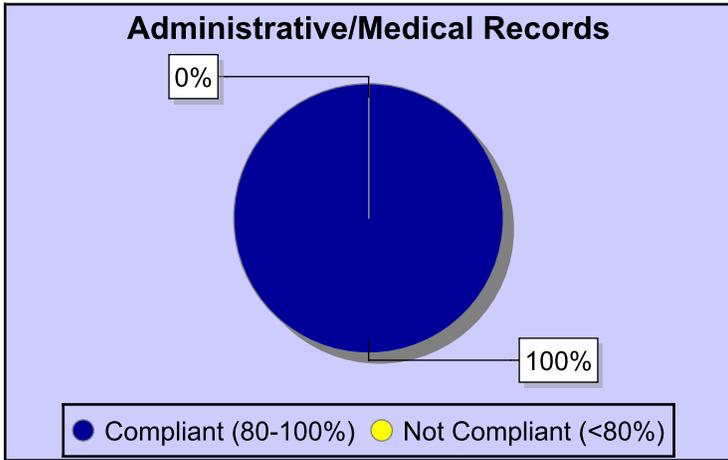
# Compliance Rate By Operational Categories for HAMILTON FACILITY January 09, 2017



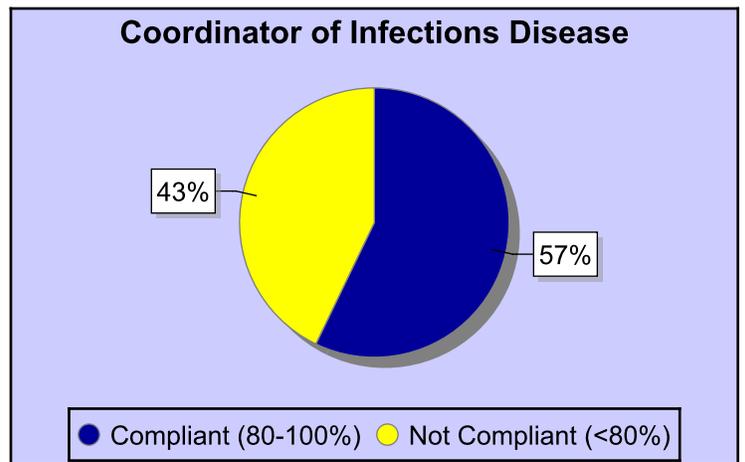
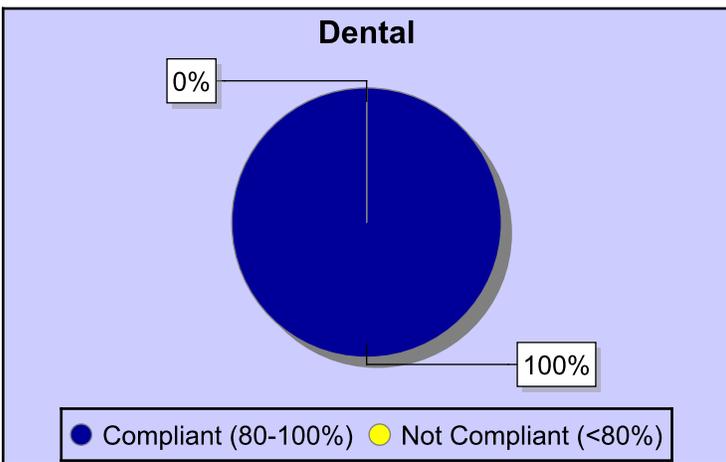
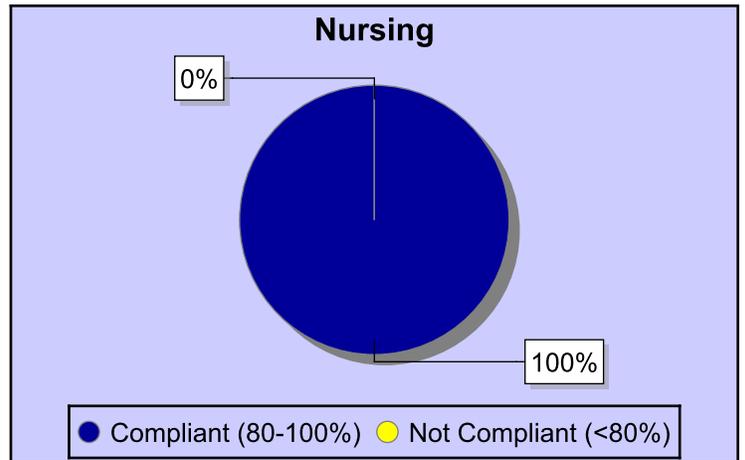
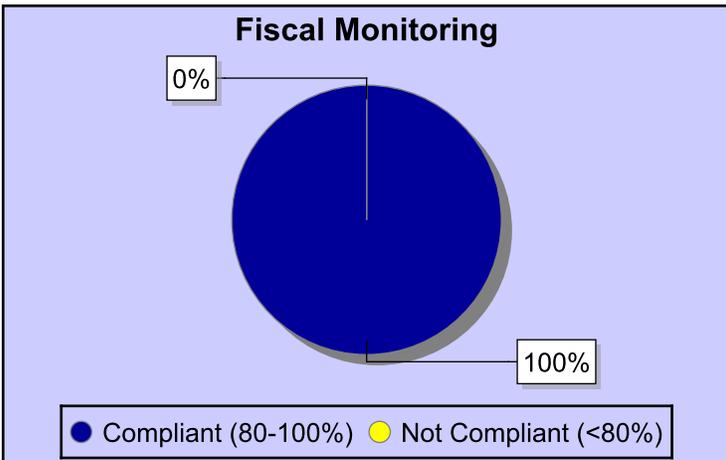
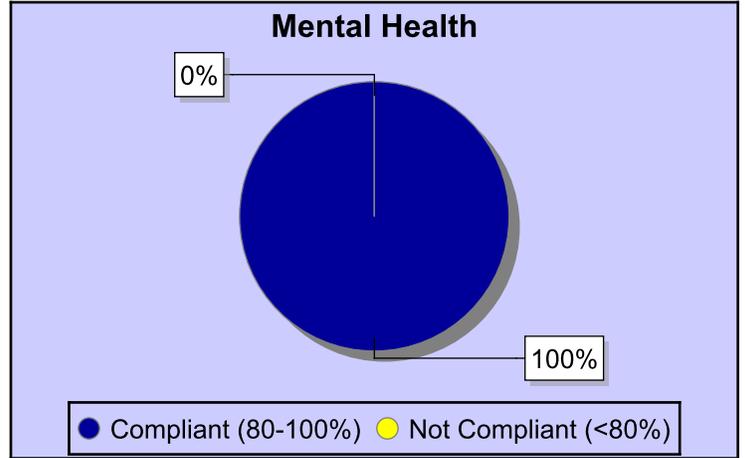
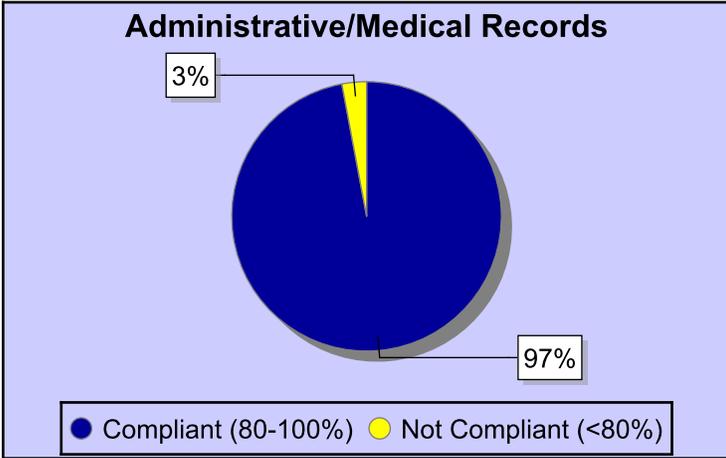
# Compliance Rate By Operational Categories for HUGHES FACILITY January 04, 2017



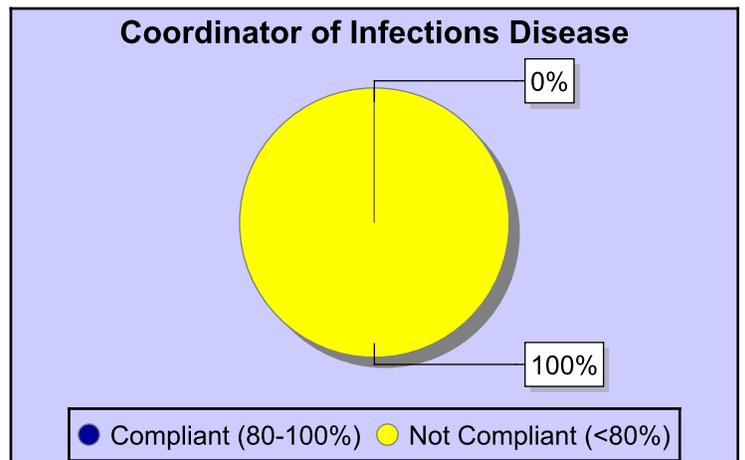
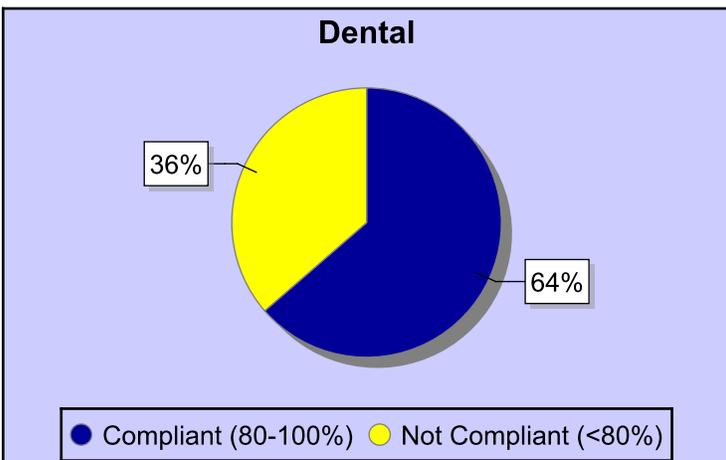
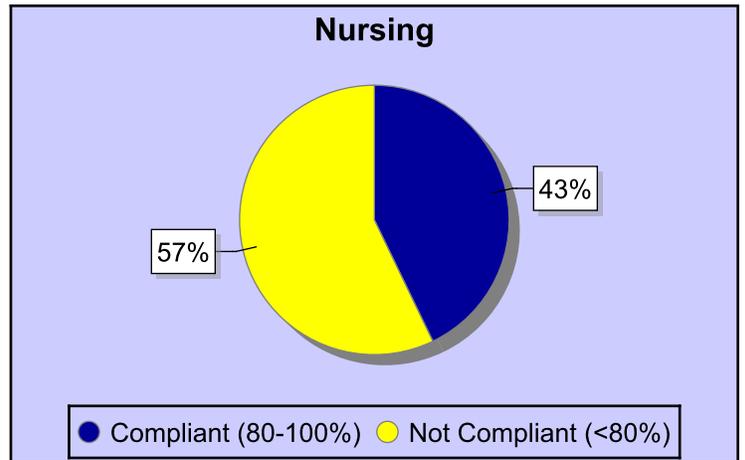
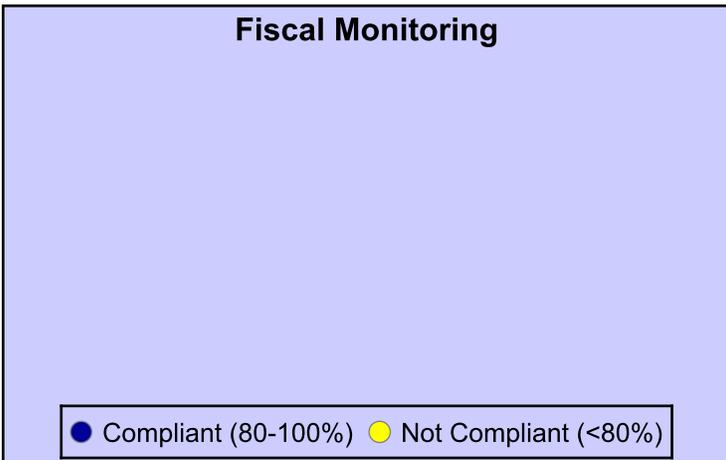
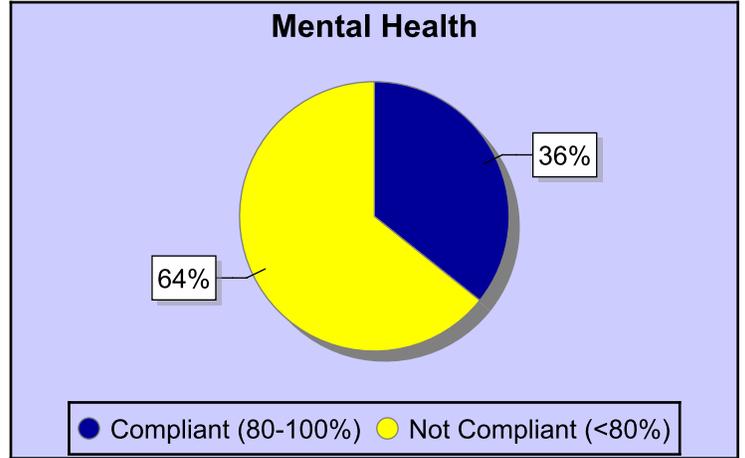
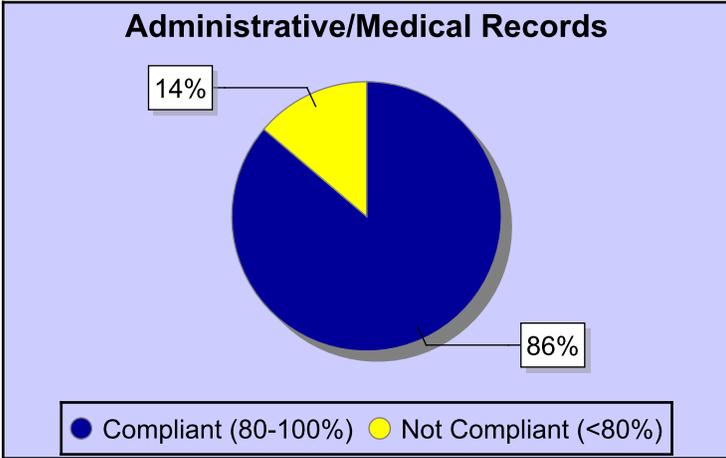
# Compliance Rate By Operational Categories for LEWIS FACILITY February 03, 2017



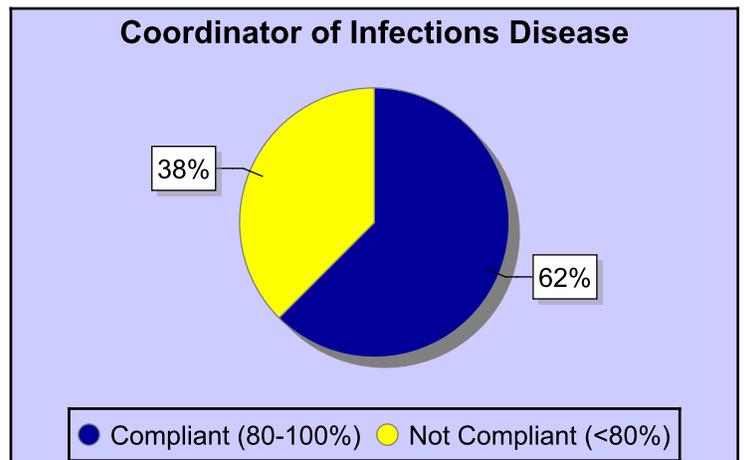
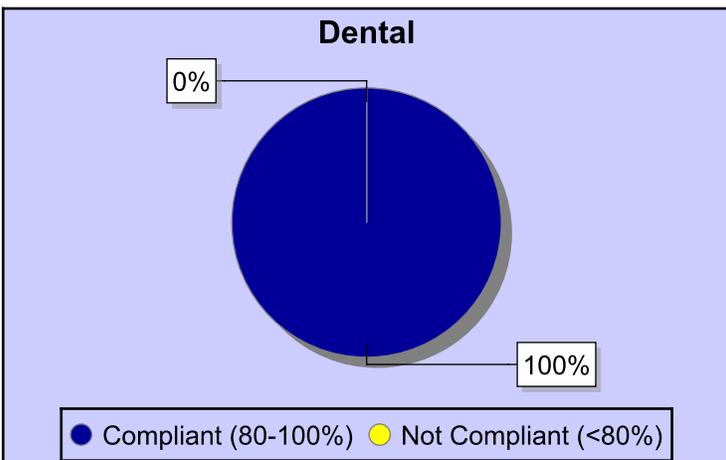
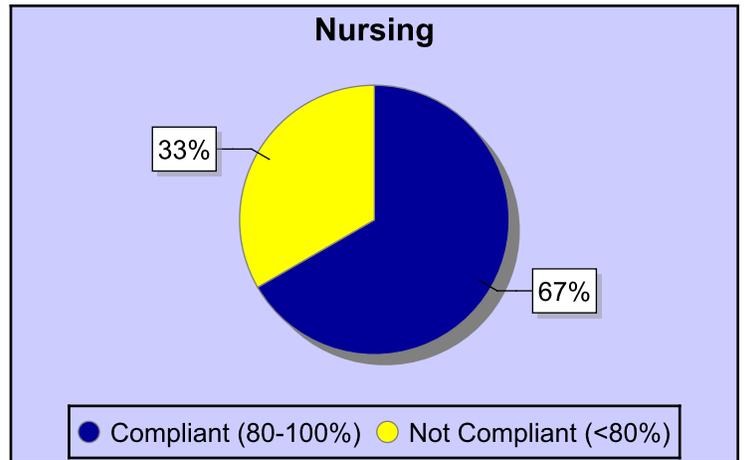
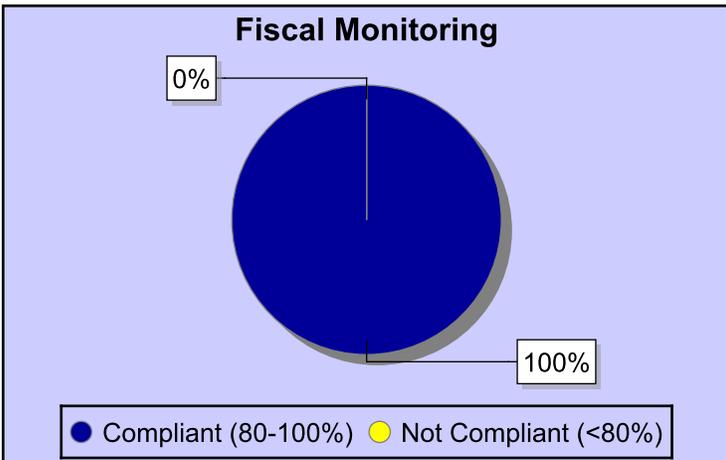
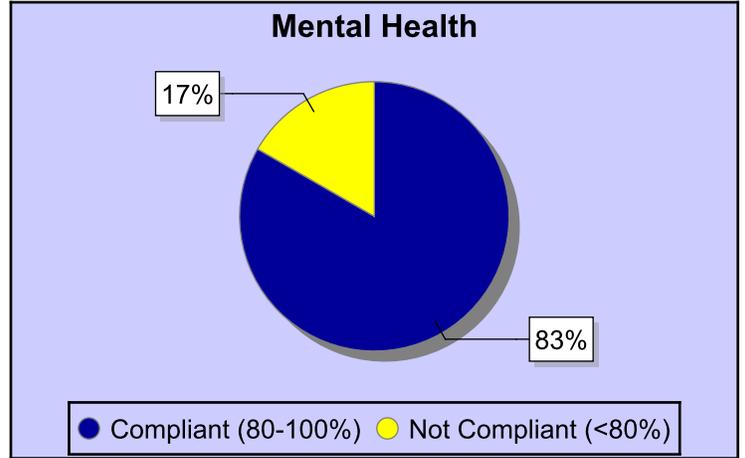
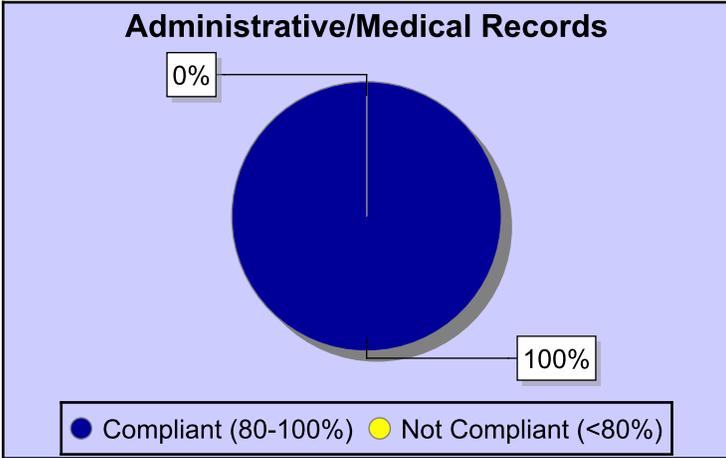
# Compliance Rate By Operational Categories for MURRAY FACILITY January 03, 2017



# Compliance Rate By Operational Categories for SOUTH TEXAS ISF FACILITY December 05, 2016



# Compliance Rate By Operational Categories for TELFORD FACILITY February 07, 2017



# Compliance Rate By Operational Categories for WEST TEXAS ISF FACILITY January 10, 2017

## Administrative/Medical Records

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

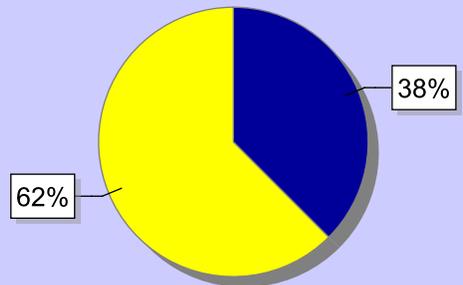
## Mental Health

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

## Fiscal Monitoring

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

## Nursing

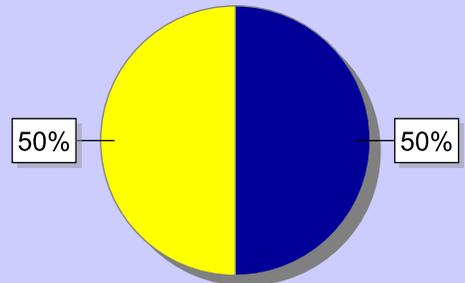


● Compliant (80-100%) ● Not Compliant (<80%)

## Dental

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

## Coordinator of Infections Disease



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

**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended February 28, 2017**

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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Connally	10	80%	2	0
East Texas TF	10	0%	2	8
Eastham	10	100%	0	0
Ellis	10	100%	0	0
Garza	10	100%	0	0
Gist	10	100%	0	0
Hamilton	10	100%	0	0
Henley	10	100%	0	0
Hightower	10	100%	0	0
LeBlanc	10	80%	2	
McConnell	10	100%	0	0
Plane	10	100%	0	0
Stevenson	10	100%	0	0
Stiles	10	100%	0	0
Young	10	100%	0	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2017	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*			
December	422	511	29	5.68%	8	2.94%	7	5	2.15%	6	0	0.00%	0
January	448	451	17	3.77%	6	2.44%	5	4	1.33%	2	0	0.00%	0
February	468	453	35	7.73%	18	6.18%	10	7	1.55%	0	0	0.00%	0
<b>Totals:</b>	<b>1,338</b>	<b>1,415</b>	<b>81</b>	<b>5.72%</b>	<b>32</b>	<b>3.82%</b>	<b>22</b>	<b>16</b>	<b>1.70%</b>	<b>8</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2017	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*			
December	801	769	21	2.73%	12	2.34%	6	3	0.39%	0	0	0.00%	0
January	892	791	43	5.44%	28	4.80%	10	0	0.25%	2	3	0.38%	0
February	904	848	32	3.77%	25	3.42%	4	1	0.35%	2	0	1.06%	9
<b>Totals:</b>	<b>2,597</b>	<b>2,408</b>	<b>96</b>	<b>3.99%</b>	<b>65</b>	<b>3.53%</b>	<b>20</b>	<b>4</b>	<b>0.33%</b>	<b>4</b>	<b>3</b>	<b>0.50%</b>	<b>9</b>
<b>GRAND TOTAL=</b>	<b>3,935</b>	<b>3,823</b>	<b>177</b>	<b>4.63%</b>									

\*QOC= Quality of Care

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

December 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	6	2	54	48
Gonorrhea	2	0	18	17
Syphilis	76	86	898	814
Hepatitis A	0	0	1	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	206	112	3348	3259
Human immunodeficiency virus (HIV) +, known at intake	208	173	2,266	2,230
HIV screens, intake	4,665	4,243	60,854	64,316
HIV +, intake	38	35	484	388
HIV screens, offender- and provider-requested	590	690	9,224	9,999
HIV +, offender- and provider-requested	0	1	4	17
HIV screens, pre-release	2,727	3,325	42,159	42,360
HIV +, pre-release	0	1	1	13
Acquired immune deficiency syndrome (AIDS)	2	6	25	26
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	35	32	631	631
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	28	23	338	385
Occupational exposures of TDCJ staff	16	17	173	132
Occupational exposures of medical staff	0	6	38	43
HIV chemoprophylaxis initiation	4	4	51	32
Tuberculosis skin test (ie, PPD) +, intake	124	93	1813	1629
Tuberculosis skin test +, annual	42	54	638	578
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	15	6
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	2	6
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	20	14
Tuberculosis cases under management	20	17		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	30	64	5,432	4,927
Peer education participants	6,641	6,239	80,939	76,888
Alleged assaults and chart reviews	62	70	774	779
Bloodborne exposure labs drawn on offenders	15	16	254	244
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

January 2017

Reportable Condition	Reports			
	2017 This Month	2016 Same Month	2017 Year to Date*	2016 Year to Date*
Chlamydia	0	5	0	5
Gonorrhea	0	0	0	0
Syphilis	37	51	37	51
Hepatitis A	0	1	0	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	193	218	193	218
Human immunodeficiency virus (HIV) +, known at intake	161	192	161	192
HIV screens, intake	3,722	5,496	3,722	5,496
HIV +, intake	28	42	28	42
HIV screens, offender- and provider-requested	877	947	877	947
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,161	3,502	3,161	3,502
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	6	0	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	48	46	48	46
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	38	29	38
Occupational exposures of TDCJ staff	8	21	8	21
Occupational exposures of medical staff	4	4	4	4
HIV chemoprophylaxis initiation	2	3	2	3
Tuberculosis skin test (ie, PPD) +, intake	151	197	151	197
Tuberculosis skin test +, annual	125	63	125	63
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	3	0	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	1	2
Tuberculosis cases under management	20	20		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	81	88	5,513	5,015
Peer education participants	7,325	6,125	7,325	6,125
Alleged assaults and chart reviews	54	51	54	51
Bloodborne exposure labs drawn on offenders	11	14	11	14
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

February 2017

Reportable Condition	Reports			
	2017 This Month	2016 Same Month	2017 Year to Date*	2016 Year to Date*
Chlamydia	0	3	0	8
Gonorrhea	2	0	2	0
Syphilis	14	85	51	136
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	356	364	549	582
Human immunodeficiency virus (HIV) +, known at intake	188	197	349	389
HIV screens, intake	3,476	4,943	7,198	10,439
HIV +, intake	59	33	87	75
HIV screens, offender- and provider-requested	667	846	1,544	1,657
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,867	3,533	6,028	7,035
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	1	0	7
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	26	51	74	97
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	19	22	48	60
Occupational exposures of TDCJ staff	11	9	19	30
Occupational exposures of medical staff	5	2	9	6
HIV chemoprophylaxis initiation	1	4	3	7
Tuberculosis skin test (ie, PPD) +, intake	145	172	296	369
Tuberculosis skin test +, annual	30	69	155	132
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	5	0	8
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	3	2	5
Tuberculosis cases under management	20	17		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	25	21	5,538	5,036
Peer education participants	7,401	6,021	14,726	12,146
Alleged assaults and chart reviews	63	54	117	114
Bloodborne exposure labs drawn on offenders	13	11	24	35
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

### Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the Second Quarter of Fiscal Year 2017, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 158 hospital discharge and 41 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
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)	
December	6	1	16.67%	0	N/A	0	N/A	0	N/A	0	N/A
January	4	0	N/A	0	N/A	0	N/A	0	N/A	2	50.00%
February	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>14</b>	<b>1</b>	<b>7.14%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>2</b>	<b>14.29%</b>
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
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)	
December	24	1	4.17%	0	N/A	0	N/A	2	8.33%	6	25.00%
January	26	1	3.85%	1	3.85%	0	N/A	1	3.85%	1	3.85%
February	29	0	N/A	0	N/A	0	N/A	0	N/A	5	17.24%
<b>Total/Average</b>	<b>79</b>	<b>2</b>	<b>2.53%</b>	<b>1</b>	<b>1.27%</b>	<b>0</b>	<b>N/A</b>	<b>3</b>	<b>3.80%</b>	<b>12</b>	<b>15.19%</b>
<b>UTMB Hospital Galveston Discharges</b>											
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)	
December	21	0	N/A	2	9.52%	0	N/A	2	9.52%	0	N/A
January	22	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	22	0	N/A	0	N/A	1	4.55%	0	N/A	0	N/A
<b>Total/Average</b>	<b>65</b>	<b>0</b>	<b>N/A</b>	<b>2</b>	<b>3.08%</b>	<b>1</b>	<b>1.54%</b>	<b>2</b>	<b>3.08%</b>	<b>0</b>	<b>N/A</b>
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
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)	
December	51	2	3.92%	2	3.92%	0	N/A	4	7.84%	6	11.92%
January	52	1	1.92%	1	1.92%	0	N/A	1	1.92%	3	5.81%
February	55	0	N/A	0	N/A	1	1.82%	0	N/A	5	9.09%
<b>Total/Average</b>	<b>158</b>	<b>3</b>	<b>1.90%</b>	<b>3</b>	<b>1.90%</b>	<b>1</b>	<b>0.63%</b>	<b>5</b>	<b>3.16%</b>	<b>14</b>	<b>8.86%</b>
<b>Texas Tech Infirmiry Discharges</b>											
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)	
December	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	6	1	16.67%	0	N/A	0	N/A	0	N/A	0	N/A
February	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>21</b>	<b>1</b>	<b>4.76%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
<b>UTMB Infirmiry Discharges</b>											
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)	
December	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
January	8	4	50.00%	0	N/A	0	N/A	0	N/A	0	N/A
February	5	1	20.00%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>20</b>	<b>6</b>	<b>30.00%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
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)	
December	15	1	6.67%	0	N/A	0	N/A	0	N/A	0	N/A
January	14	5	35.71%	0	N/A	0	N/A	0	N/A	0	N/A
February	12	1	8.33%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>41</b>	<b>7</b>	<b>17.07%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>

**Footnotes:** 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. Receiving facility did not have medical services available sufficient to meet the offender's current needs. 3. Chart not reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
SECOND QUARTER, FISCAL YEAR 2017**

December 2016	Numbered Property on Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Bridgeport (Male)</b>	14	0	0	0
<b>Bridgeport Pre Parole Transfer</b>	NA	NA	NA	NA
<b>East Texas Treatment Facility</b>	NA	NA	NA	NA
<b>South Texas Intermediate Sanction Facility</b>	NA	NA	NA	NA
<b>Total</b>	14	0	0	0

January 2017	Numbered Property on Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Crain</b>	68	0	0	0
<b>Hamilton</b>	18	1	0	1
<b>Hughes</b>	85	0	0	0
<b>Murray</b>	40	0	0	0
<b>Total</b>	211	1	0	1

February 2017	Numbered Property on Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Ellis</b>	38	0	0	0
<b>Lewis</b>	53	0	0	0
<b>Telford</b>	66	0	0	0
<b>Total</b>	157	0	0	0

**CAPITAL ASSETS AUDIT  
SECOND QUARTER, FISCAL YEAR 2017**

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	4	4	3	11
<b>Total numbered property</b>	14	211	157	382
<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  
Second Quarter FY-2017**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Glossbrenner	February 6-8, 2017	100%	99%
Wynne	February 27, 2017- March 1, 2017	100%	98.3%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Daniel	December 12-14, 2016	100%	99.2%
Formby/Wheeler	February 13-15, 2017	100%	98.6%

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Correctional Training	February 16-17, 2017	100%	100%

The ACA Summer Conference will be held in St. Louis, Missouri on August 17-25, 2017. During this conference, the following Facilities will be represented: Byrd, Clements, Daniel, Estelle, Formby/Wheeler, Jester Complex, Ramsey, Roach, Skyview/Hodge, Smith, and Wynne. Additionally, the following entities will also be represented: Central Office Administration, Correctional Industries, and Correctional Training.

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

**FY-2017 Second Quarterly Report: December, January, February**

**Project Number:** 103-RL01

<b><u>Researcher:</u></b> Holly Miller	<b><u>IRB Number:</u></b> M20020807	<b><u>IRB Expiration Date:</u></b> 7/21/2006	<b><u>Research Began:</u></b> 11/1/2001
<b><u>Title of Research:</u></b> Psychopathy, Static Risk, and Dynamic Risk among Sexual Offenders			<b><u>Data Collection Began:</u></b> 12/1/2001
<b><u>Proponent:</u></b> Sam Houston State University			<b><u>Data Collection End:</u></b> 8/1/2004
<b><u>Project Status:</u></b> Data Analysis		<b><u>Progress Report Due:</u></b> 12/1/2016	<b><u>Projected Completion:</u></b> 12/31/2016

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**Project Number:** 202-RL02

<b><u>Researcher:</u></b> Kymn Kochanek	<b><u>IRB Number:</u></b> 11.07.04	<b><u>IRB Expiration Date:</u></b> 7/10/2018	<b><u>Research Began:</u></b> 5/1/2002
<b><u>Title of Research:</u></b> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)			<b><u>Data Collection Began:</u></b> 10/12/2015
<b><u>Proponent:</u></b> NORC - National Organization for Research at the University of Chicago			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection-Round 17		<b><u>Progress Report Due:</u></b> 3/1/2017	<b><u>Projected Completion:</u></b> 12/31/2017

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**Project Number:** 221-RL02

<b><u>Researcher:</u></b> Kymn Kochanek	<b><u>IRB Number:</u></b> 12.05.11	<b><u>IRB Expiration Date:</u></b> 7/10/2018	<b><u>Research Began:</u></b> 6/6/2002
<b><u>Title of Research:</u></b> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)			<b><u>Data Collection Began:</u></b> 10/1/2014
<b><u>Proponent:</u></b> NORC at the University of Chicago			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection-Round 26		<b><u>Progress Report Due:</u></b> 3/1/2017	<b><u>Projected Completion:</u></b> 12/31/2017

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**Project Number: 434-RL04**

<b><u>Researcher:</u></b> Marilyn Armour	<b><u>IRB Number:</u></b> 2003-11-0076	<b><u>IRB Expiration Date:</u></b> 1/6/2014
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<b><u>Research Began:</u></b> 3/10/2004
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**Title of Research:**  
Victim Offender Mediated Dialogue: Study of the Impact of a Victim-Oriented Intervention in Crimes of Severe Violence

<b><u>Data Collection Began:</u></b> 8/31/2004
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**Proponent:**  
University of Texas- Austin

<b><u>Data Collection End:</u></b> 5/31/2012
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**Project Status:**  
Pending Manuscript

<b><u>Progress Report Due:</u></b> 1/4/2017
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<b><u>Projected Completion:</u></b> 12/1/2016
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**Project Number: 547-RL07**

<b><u>Researcher:</u></b> Robert Morgan	<b><u>IRB Number:</u></b> 501024	<b><u>IRB Expiration Date:</u></b> 12/31/2012
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<b><u>Research Began:</u></b> 6/11/2008
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**Title of Research:**  
Re-Entry: Dynamic Risk Assessment

<b><u>Data Collection Began:</u></b> 6/11/2008
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**Proponent:**  
Texas Tech University

<b><u>Data Collection End:</u></b> 8/30/2012
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**Project Status:**  
Pending Manuscript

<b><u>Progress Report Due:</u></b> 3/1/2017
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<b><u>Projected Completion:</u></b> 1/31/2017
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**Project Number: 587-AR09**

<b><u>Researcher:</u></b> Marcus Boccaccini	<b><u>IRB Number:</u></b> 2009-04-032	<b><u>IRB Expiration Date:</u></b> 7/20/2016
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<b><u>Research Began:</u></b> 9/6/2009
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**Title of Research:**  
Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism

<b><u>Data Collection Began:</u></b> 7/15/2010
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**Proponent:**  
Sam Houston State University

<b><u>Data Collection End:</u></b> 02/28/2016
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**Project Status:**  
Pending Manuscript

<b><u>Progress Report Due:</u></b> 3/9/2017
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<b><u>Projected Completion:</u></b> 12/31/2018
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**Project Number: 605-AR10**

<b><u>Researcher:</u></b> Patrick Flynn	<b><u>IRB Number:</u></b> SUM 13-0401506CR	<b><u>IRB Expiration Date:</u></b> 6/24/2016
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<b><u>Research Began:</u></b> 10/3/2011
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**Title of Research:**  
Reducing the Spread of HIV by Released Prisoners

<b><u>Data Collection Began:</u></b> 10/3/2011
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**Proponent:**  
Texas Christian University

<b><u>Data Collection End:</u></b> 06/30/2016
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**Project Status:**  
Data Analysis

<b><u>Progress Report Due:</u></b> 08/28/2017
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<b><u>Projected Completion:</u></b> 6/30/2018
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**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:**  
12/09/2016

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

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**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:**  
Pending Manuscript Review

**Progress Report Due:**  
03/09/2017

**Projected Completion:**  
12/14/2015

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**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:**  
3/1/2017

**Projected Completion:**  
9/1/2017

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**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 Seminaries 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:**  
4/6/2017**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:**  
9/8/2017**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

**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

PI has changed. Awaiting documentation.

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**Project Number:** 686-AR13

**Researcher:** Jeffrey Bouffard      **IRB Number:** 10-12362      **IRB Expiration Date:**

**Research Began:**

10/14/2013

Jeffrey Bouffard

10-12362

10/12/2014

**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:**

3/9/2017

**Projected Completion:**

6/30/2018

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**Project Number:** 692-AR14

**Researcher:** Jacqueline Hogan      **IRB Number:** N/A      **IRB Expiration Date:**

**Research Began:**

1/22/2014

Jacqueline Hogan

N/A

**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:**

3/1/2017

**Projected Completion:**

9/27/2017

Mr. Livingston approved 01/22/14

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**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:**

03/19/2017

**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:**

8/23/2017

**Projected Completion:**

9/30/2017

**Project Number:** 715-AR14**Researcher:**

Shannon Carey

**IRB Number:**

HSRRC 121177

**IRB Expiration Date:**

6/4/2017

**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:**

12/12/2016

**Proponent:**

NPC Research

**Project Status:**

Data Collection

**Progress Report Due:**

06/2/2017

**Projected Completion:**

4/30/2017

**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:**

05/30/2016

**Proponent:**

Sam Houston State University

**Project Status:**

Pending Manuscript

**Progress Report Due:**

05/29/2017

**Projected Completion:**

5/30/2017

**Project Number:** 718-AR14**Researcher:**  
Kevin Reitz**IRB Number:**  
1411S55206**IRB Expiration Date:**  
12/16/2016**Research Began:**  
6/14/2016**Title of Research:**  
Probation Violations and Revocations Study**Data Collection Began:**  
6/15/2016**Data Collection End:**  
8/31/2016**Proponent:**  
Robina Institute of Criminal Law and Criminal Justice at the  
University of Minnesota Law School**Project Status:**  
Data Analysis**Progress Report Due:**  
3/1/2017**Projected Completion:**  
12/31/2016**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:**  
9/01/2017**Projected Completion:**  
12/31/2017**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:****Proponent:**  
University of Houston**Project Status:**  
Data Collection**Progress Report Due:**  
9/1/2017**Projected Completion:**  
6/1/2017**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:**  
7/12/2017**Projected Completion:**  
5/31/2017

**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

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

**Data Collection End:**  
10/17/2016

**Project Status:** Data Collection      **Progress Report Due:** 05/01/2017

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

---

**Project Number: 737-AR15**

**Researcher:** William Evans      **IRB Number:** FWA00002462      **IRB Expiration Date:** 9/30/2016

**Research Began:**  
8/23/2016

**Title of Research:**  
Evaluation of the Red & Black Books Financial Literacy Tool

**Data Collection Began:**  
7/29/2016

**Proponent:**  
University of Notre Dame

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 05/30/2017

**Projected Completion:**

---

**Project Number: 740-AR16**

**Researcher:** Veronica Kwarteng-      **IRB Number:** 16-0005      **IRB Expiration Date:** 2/9/2017

**Research Began:**  
4/1/2016

**Title of Research:**  
An Exploratory Study of the Impact of the Baby and Mother Bonding Initiative (BAMBI) in Previously Incarcerated Mothers.

**Data Collection Began:**  
4/1/2016

**Proponent:**  
University of Texas Medical Branch at Galveston

**Data Collection End:**  
7/6/2016

**Project Status:** Data Analysis      **Progress Report Due:** 9/1/2017

**Projected Completion:**  
05/01/2017

---

**Project Number:** 747-AR16

**Researcher:**  
Angela Thomas

**IRB Number:**

**IRB Expiration Date:**

**Research Began:**

12/6/2016

**Title of Research:**

A Quantitative Analysis of Relationships between Male Inmates Participating  
In Academic/Social Courses during Incarceration and Recidivism

**Data Collection Began:**

12/6/2016

**Data Collection End:**

**Proponent:**

Grand Canyon University

**Project Status:**

Data Collection

**Progress Report Due:**

03/06/2017

**Projected Completion:**

**Project Number:** 751-AR16

**Researcher:**  
Francis Cassidy

**IRB Number:**  
16-08-004

**IRB Expiration Date:**  
8/24/2017

**Research Began:**  
11/10/2016

**Title of Research:**

Evidence-Based Learning

**Data Collection Began:**

11/10/2016

**Data Collection End:**

**Proponent:**

University of the Incarnate Word

**Project Status:**

Data Collection

**Progress Report Due:**

8/10/2017

**Projected Completion:**

08/24/2017

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

**FY-2017 Second Quarterly Report: December, January, February**

**Project**                **739-AR16**

**Researcher:**

George Day

**IRB Number:**

AY2016-1123

**Application Received:**

2/16/2016

**Application Completed:**

2/22/2016

**Title of Research:**

Impact of Faith-based dorms on Recidivism Survival Rates

**Division Review Requested:**

**Proponent:**

**Reviewer:** Executive Services

**Project Status:**

Pending Review

**Detail:** Pending Executive Services Review for data availability

**Project**                **754-AR16**

**Researcher:**

Mark Trahan

**IRB Number:**

**Application Received:**

9/20/2016

**Application Completed:**

**Title of Research:**

A Randomized Control Trial of Fathering Programs on Re-Integration of Prisoners into Families

**Division Review Requested:**

**Proponent:**

Texas State University

**Reviewer:**

IRB

**Project Status:**

Pending IRB approval

**Detail:** IRB pending

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**Project** 755-AR16

**Researcher:**

Bhavin Gupta

**IRB Number:**

**Application Received:**

9/18/2016

**Application Completed:**

**Title of Research:**

Using Machine Learning to Predict Recidivism Rates

**Division Review Requested:**

**Proponent:**

University of Texas - Austin

**Reviewer:**

**Project Status:**

Pending

**Detail:** Pending Review

---

**Project** 760-AR16

**Researcher:**

Joseph Wells

**IRB Number:**

**Application Received:**

11/1/2016

**Application Completed:**

**Title of Research:**

Faith Rehab in Texas Prisons

**Division Review Requested:**

**Proponent:**

Lamar University

**Reviewer:**

**Project Status:**

Pending IRB Approval

**Detail:** Pending IRB Approval

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**Project** 761-AR16

**Researcher:**

William Kelly

**IRB Number:**

IRB00008463

**Application Received:**

12/06/2016

**Application Completed:**

**Title of Research:**

Travis County State Jail Probation Study

**Division Review Requested:**

**Proponent:**

Texas Criminal Justice Coalition

**Reviewer:**

CID

**Project Status:**

Pending CID review

**Detail:** Pending CID Review

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**Project** 764-AR17

**Researcher:**  
John Hepburn

**IRB Number:**

**Application Received:**

1/25/2017

**Application Completed:**

**Title of Research:**

Measuring the Effects of Correctional Officer Stress on the Well-being of the Officer and the Prison Workplace and Developing a Practical Index of Officer Stress for Use by Correctional Agencies

**Division Review Requested:**

**Proponent:**

Arizona State University

**Reviewer:**

CID

**Project Status:**

Pending IRB Approval

**Detail:** Pending IRB

---

**Project** 766-AR17

**Researcher:**  
Abiodun Raufu

**IRB Number:**

**Application Received:**

2/14/2017

**Application Completed:**

**Title of Research:**

Attitudes of Parole Officers for Parole Supervision as an Effective Instrument to Reduce Recidivism Rates

**Division Review Requested:**

**Proponent:**

Texas Southern University

**Reviewer:**

OIG clearance pending

**Project Status:**

Pending IRB Approval

**Detail:** Pending IRB

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

**FY-2017 Second Quarterly Report: December, January, February**

**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:**

03/1/2017

**Projected Completion:**

1/1/2020

**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:**

07/11/2017

**Projected Completion:**

12/31/2018

\*\*1/2017: New PI Dr. Gokhan Kilic. \*\*

**Project Number: 707-RM14**

<b><u>Researcher:</u></b> Mostafa Borahay	<b><u>IRB Number:</u></b> 10-229	<b><u>IRB Expiration Date:</u></b> 11/09/2017	<b><u>Research Began:</u></b> 3/9/2015
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**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:**

7/11/2017

**Projected Completion:**

12/31/2018

\*\*1/2017: New PI Dr. Gokhan Kilic. \*\*

**Project Number: 709-RM14**

<b><u>Researcher:</u></b> Celia Chao	<b><u>IRB Number:</u></b> 14-0018	<b><u>IRB Expiration Date:</u></b> 3/3/2017	<b><u>Research Began:</u></b> 5/28/2015
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**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:**

7/11/2017

**Projected Completion:**

9/30/2018

**Project Number: 724-RM15**

<b><u>Researcher:</u></b> Zbigniew Gugala	<b><u>IRB Number:</u></b> 14-0351	<b><u>IRB Expiration Date:</u></b> 8/12/2017	<b><u>Research Began:</u></b> 6/29/2015
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**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:**

03/14/2017

**Projected Completion:**

9/21/2017

**Project Number: 729-RM15****Researcher:**

Jacques Baillargeon

**IRB Number:**

14-0283

**IRB Expiration Date:**

5/23/2017

**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:**

03/25/2017

**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:**

08/16/2016

**Proponent:**

UTMB

**Project Status:**

Manuscript Pending

**Progress Report Due:**

9/16/2016

**Projected Completion:**

07/01/2017

\*\*Awaiting remaining manuscripts/presentations to close project

**Project Number: 750-RM16****Researcher:**

Ilyse Kornblau

**IRB Number:**

16-0167

**IRB Expiration Date:**

6/29/2017

**Research Began:**

12/6/2016

**Title of Research:**

Incidence of Endophthalmitis following Intravitreal Injection  
Comparing 30 vs. 32 Gauge Needles

**Data Collection Began:**

12/06/2017

**Data Collection End:****Proponent:**

UTMB-Galveston

**Project Status:**

Data Collection

**Progress Report Due:**

3/16/2017

**Projected Completion:**

07/01/2017

**Project Number: 752-RM16****Researcher:**

Lara Reichert

**IRB Number:**

16-0216

**IRB Expiration Date:**

8/4/2017

**Research Began:**

12/21/2016

**Title of Research:**

Practice Patterns, Patient Characteristics, and Complications of  
Tracheotomy at UTMB

**Data Collection Began:**

12/21/2017

**Data Collection End:****Proponent:**

UTMB-Galveston

**Project Status:**

Data Collection

**Progress Report Due:**

3/24/2017

**Projected Completion:**

07/01/2017

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

**FY-2017 Second Quarterly Report: December, January, February**

**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

**Detail:** Researcher advised to resubmit proposal/application due to time lapse since initial submission and proposal changes. Pending response from researcher as to whether data available is enough for her project as of 2/23/2017.

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**Project** 763-RM17

**Researcher:**

Jacinta Assava

**IRB Number:**

**Application Received:**

1/11/2017

**Application Completed:**

**Title of Research:**

Diabetes Foot Assessment Training Module for Correctional Nurses

**Division Review Requested:**

**Proponent:**

UTMB-Galveston

**Reviewer:**

Pending

**Project Status:**

Pending

**Detail:** Pending OIG clearance

---

**Project** 765-RM17

**Researcher:**

Laurie Stelter

**IRB Number:**

**Application Received:**

2/1/2017

**Application Completed:**

**Title of Research:**

Impact of an Occupation-based Program for Incarcerated Women w/  
Intellectual and Developmental Disabilities

**Division Review Requested:**

**Proponent:**

Texas Women University

**Reviewer:**

Pending

**Project Status:**

Pending

**Detail:** Pending OIG clearance

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**2nd Quarter FY 2017**  
**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>
12/7/2016	Hughes	99	99	1	1	100	100	100	100
12/14/2016	Michael	99	95	0	6	100	100	100	100
12/19/2016	Estelle	153	135	0	4	100	100	100	86
12/20/2016	Murray	95	79	0	5	100	100	100	100
12/21/2016	Pack	17	16	0	1	100	100	100	100
1/4/2017	Mt. View	39	22	0	2	100	100	100	100
1/10/2017	Lychner	13	13	0	0	100	100	100	100
1/10/2017	Gist	16	16	0	0	100	100	100	100
1/11/2017	Stiles	241	224	0	9	100	100	100	100
1/18-19/2017	Coffield	554	489	0	7	100	100	100	100
2/7-2/8/2017	Eastham	344	301	0	11	100	100	100	100
2/15-2/16/2017	Ferguson	232	211	1	4	100	100	100	100
2/21-2/22/2017	Robertson	276	231	0	8	100	100	100	100
2/22/2017	Formby	25	25	0	0	100	N/A	N/A	N/A
2/23/2017	Travis	3	3	0	0	100	100	100	100
2/24/2017	Bartlett	11	11	0	0	100	100	100	100
<b>Total</b>	16	2,217	1,970	2	58				

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

## Conducted in 2nd Quarter of 2017

### Period Audited—December, January, February

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	11	11	11	0	100%
Bradshaw State Jail	14	13	1	1	8%
Byrd Unit	19	16	16	3	100%
Dominguez State Jail	11	11	11	0	100%
East Tx Treatment Facility	20	20	13	0	65%
Formby State Jail	2	2	2	0	100%
Garza Transfer Facility	20	17	9	3	60%
Gist State Jail	13	13	12	0	92%
Glossbrenner SAFPF	6	6	3	0	50%
Gurney Transfer Facility	20	20	19	0	95%
Halbert SAFPF	12	12	11	0	92%
Holliday Transfer Facility	20	20	19	0	95%
Hutchins State Jail	20	20	20	0	100%
Jester I SAFPF	7	7	7	0	100%
Johnston SAFPF	10	10	9	0	90%
Kegans ISF	3	3	2	0	67%
Kyle SAFPF	N/A	N/A	N/A	N/A	N/A
Lindsey State Jail	9	9	9	0	100%
Lychner State Jail	19	19	19	0	100%
Middleton Transfer Facility	20	20	20	0	100%
Plane State Jail	20	20	10	0	50%
Roach ISF	5	5	4	0	80%
Sanchez State Jail	3	3	2	0	67%
Sayle SAFPF	5	5	4	0	80%
South Texas ( unit closed)	N/A	N/A	N/A	N/A	N/A
Travis State Jail	10	10	10	0	100%
West Texas	10	10	9	0	90%
Woodman State Jail	17	17	17	0	100%
<b>GRAND TOTAL</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

2<sup>nd</sup> Quarter 2017

Audits Conducted in December, January and February

<b>UNIT</b>	<b>Audit Month</b>	<b>Compelled Medication Cases Documented in Medical Record<sup>1</sup></b>				
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		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	December	1	1	0	0	CAP
Jester IV	December	1	1	1	100	None
Montford	December	3	3	3	100	None
Skyview	December	6	6	6	100	None

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	January	1	1	1	100	None
Jester IV	January	4	4	4	100	None
Montford	January	7	7	7	100	None
Skyview	January	11	11	11	100	None

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	February	2	2	1	50	CAP
Jester IV	February	7	7	6	86	None
Montford	February	10	10	9	90	None
Skyview	February	10	10	10	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



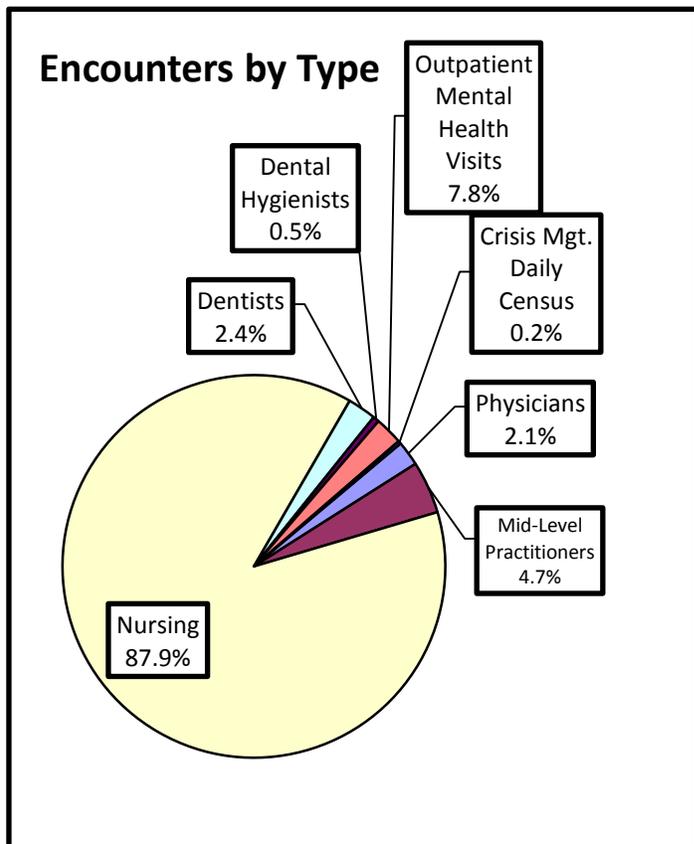
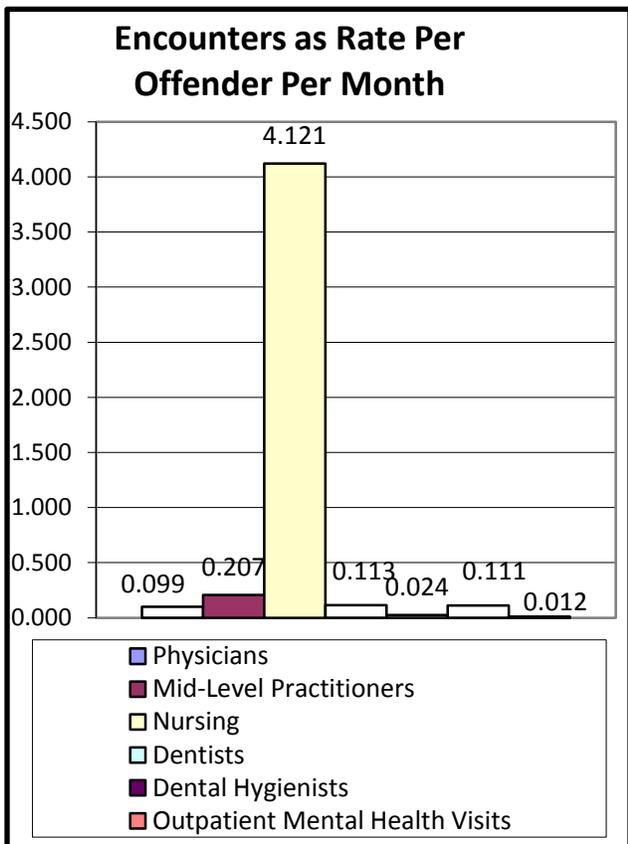
Correctional Health Care  
MEDICAL DIRECTOR'S REPORT

2<sup>ND</sup> QUARTER

FY 2017

### Medical Director's Report:

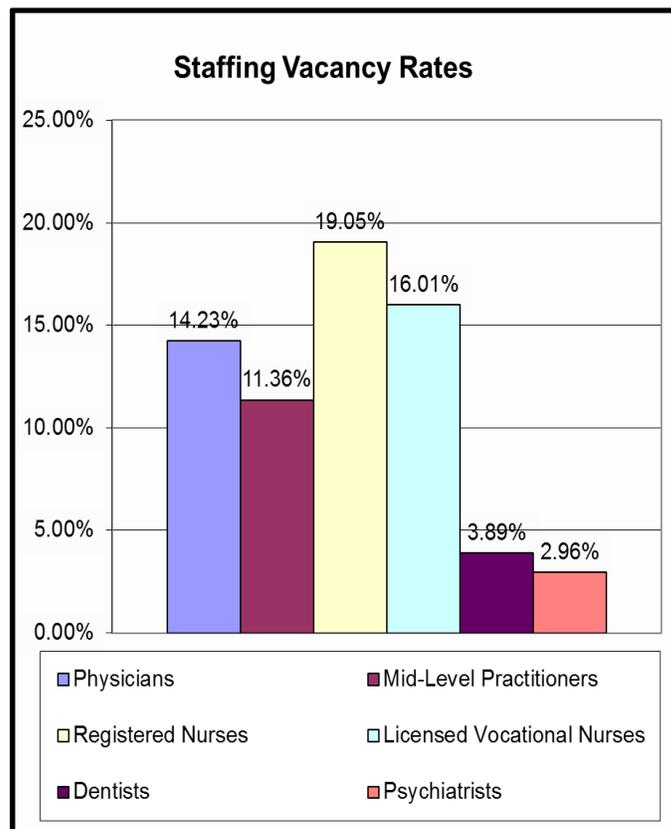
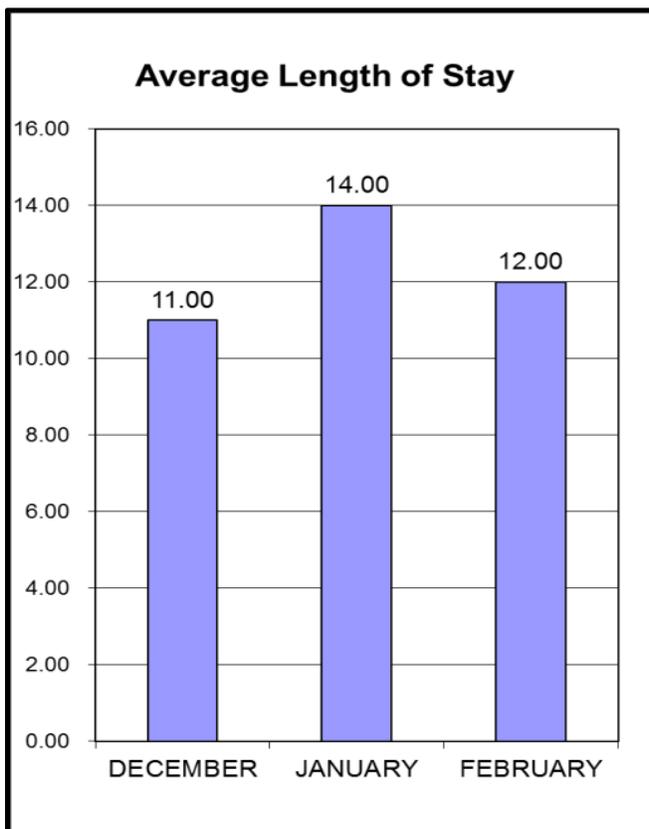
	DECEMBER		JANUARY		FEBRUARY		Qtly Average	
<i>Average Population</i>	29,960.41		29,981.34		29,792.74		29,911.50	
	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
<b>Medical encounters</b>								
Physicians	2,669	0.089	3,113	0.104	3,069	0.103	2,950	0.099
Mid-Level Practitioners	5,799	0.194	6,703	0.224	6,106	0.205	6,203	0.207
Nursing	119,874	4.001	133,397	4.449	116,488	3.910	123,253	4.121
<b>Sub-total</b>	<b>128,342</b>	<b>4.284</b>	<b>143,213</b>	<b>4.777</b>	<b>125,663</b>	<b>4.218</b>	<b>132,406</b>	<b>4.427</b>
<b>Dental encounters</b>								
Dentists	3,175	0.106	3,587	0.120	3,401	0.114	3,388	0.113
Dental Hygienists	633	0.021	841	0.028	704	0.024	726	0.024
<b>Sub-total</b>	<b>3,808</b>	<b>0.127</b>	<b>4,428</b>	<b>0.148</b>	<b>4,105</b>	<b>0.138</b>	<b>4,114</b>	<b>0.138</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	3,031	0.101	3,536	0.118	3,385	0.114	3,317	0.111
Crisis Mgt. Daily Census	330	0.011	362	0.012	340	0.011	344	0.012
<b>Sub-total</b>	<b>3,361</b>	<b>0.112</b>	<b>3,898</b>	<b>0.130</b>	<b>3,725</b>	<b>0.125</b>	<b>3,661</b>	<b>0.122</b>
<b>Total encounters</b>	<b>135,511</b>	<b>4.523</b>	<b>151,539</b>	<b>5.054</b>	<b>133,493</b>	<b>4.481</b>	<b>140,181</b>	<b>4.687</b>



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

	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	112.00	120.00	123.00	<b>118.33</b>
Number of Admissions	241.00	280.00	272.00	<b>264.33</b>
Average Length of Stay	11.00	14.00	12.00	<b>12.33</b>
Number of Clinic Visits	725.00	725.00	676.00	<b>708.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	379.00	351.00	347.00	<b>359.00</b>
PAMIO/MROP Census	432.00	441.00	420.00	<b>431.00</b>
<b>Specialty Referrals Completed</b>				
	1,278.00	1,370.00	1,247.00	<b>1,298.33</b>
<b>Telemedicine Consults</b>				
	481	660	780	<b>640.33</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	17.36	2.88	20.24	14.23%
Mid-Level Practitioners	37.67	4.83	42.50	11.36%
Registered Nurses	127.32	29.97	157.29	19.05%
Licensed Vocational Nurse	267.08	50.92	318.00	16.01%
Dentists	19.01	0.77	19.78	3.89%
Psychiatrists	8.51	0.26	8.77	2.96%



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

***CMC Update***

## Consent Item

University Medical Director's Report

The University of Texas Medical Branch



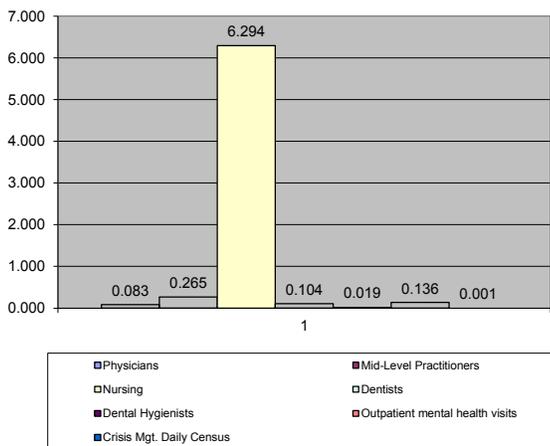
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER  
FY 2017**

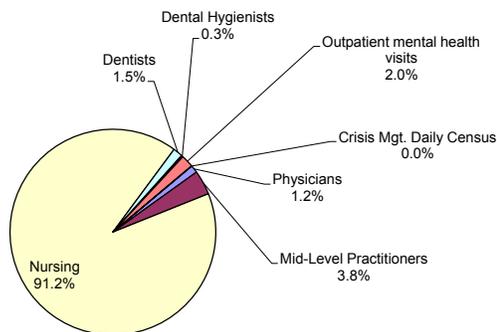
**Medical Director's Report:**

Average Population	December		January		February		Qtly Average	
	116,811		116,568		116,275		116,551	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	9,751	0.083	10,282	0.088	8,864	0.076	9,632	0.083
Mid-Level Practitioners	29,779	0.255	31,748	0.272	31,019	0.267	30,849	0.265
Nursing	745,178	6.379	759,472	6.515	695,913	5.985	733,521	6.294
<b>Sub-total</b>	<b>784,708</b>	<b>6.718</b>	<b>801,502</b>	<b>6.876</b>	<b>735,796</b>	<b>6.328</b>	<b>774,002</b>	<b>6.641</b>
<b>Dental encounters</b>								
Dentists	11,568	0.099	12,747	0.109	11,881	0.102	12,065	0.104
Dental Hygienists	2,027	0.017	2,460	0.021	2,146	0.018	2,211	0.019
<b>Sub-total</b>	<b>13,595</b>	<b>0.116</b>	<b>15,697</b>	<b>0.135</b>	<b>14,027</b>	<b>0.121</b>	<b>14,276</b>	<b>0.122</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	15,663	0.134	16,139	0.138	15,788	0.136	15,863	0.136
Crisis Mgt. Daily Census	65	0.001	66	0.001	59	0.001	63	0.001
<b>Sub-total</b>	<b>15,728</b>	<b>0.135</b>	<b>16,205</b>	<b>0.139</b>	<b>15,847</b>	<b>0.136</b>	<b>15,927</b>	<b>0.137</b>
<b>Total encounters</b>	<b>814,031</b>	<b>6.969</b>	<b>833,404</b>	<b>7.150</b>	<b>765,670</b>	<b>6.585</b>	<b>804,205</b>	<b>6.900</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

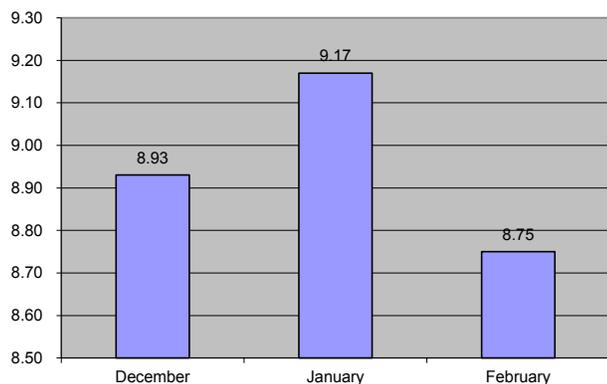


**Medical Director's Report (Page 2):**

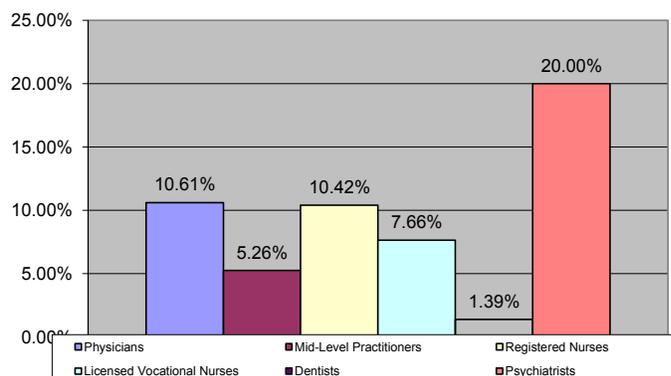
	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	100.30	98.50	104.10	<b>100.97</b>
Number of Admissions	361.00	326.00	335.00	<b>340.67</b>
Average Length of Stay	8.93	9.17	8.75	<b>8.95</b>
Number of Clinic Visits	6,736.00	6,745.00	6,306.00	<b>6,595.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,021.42	1,036.36	1,028.32	<b>1,028.70</b>
PAMIO/MROP Census	698.32	690.26	693.61	<b>694.06</b>
<b>Telemedicine Consults</b>	<b>9,194</b>	<b>10,204</b>	<b>9,357</b>	<b>9,585.00</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	59.00	7.00	66.00	10.61%
Mid-Level Practitioners	126.00	7.00	133.00	5.26%
Registered Nurses	258.00	30.00	288.00	10.42%
Licensed Vocational Nurses	591.00	49.00	640.00	7.66%
Dentists	71.00	1.00	72.00	1.39%
Psychiatrists	16.00	4.00	20.00	20.00%

**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 June 20, 2017, 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: May 11, 2017

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
- D. Hospital Galveston 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: April 13, 2017

Sub Committee Updates:

- New Committee to be formed for Chronic Care/Renewal of Medications

Committee Updates:

- None

Pending Final Approval:

- Health Records-Organization and Maintenance - Jane Leonardson, MD
- Access to Off-Site Hospitalization Offender Information – Phyllis McWhorter, RN

Committee Referrals:

- Joint Mental Health Working Group - Guillermo Garcia, MD

The Following Policies Were Reviewed and Acted on by the Joint Policy and Procedure Committee:

A-05.1	A-06.1	A-06.2	A-07.1	A-08.1*	A-08.2	C-19.1*	C-20.1	D-28.2	D-28.3
D-28.4	E-31.2*	E-31.4	E-34.4	E-35.1	E-35.2	E-36.3	E-36.4*	E-37.1*	E-37.2
E-37.3	E-37.4	E-37.5	F-47.1*	F-48.1	G-51.6	G-51.7	G-51.8*	G-51.9*	G-51.10
G-52.3*	H-60.2*	I-68.4*	I-69.1		* Indicates Attachment(s) included in the policy.				

The Following Policies Were Submitted for Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
A-07.01	Emergency Plan and Drills	Gary Eubank, RN
A-07.01 Attachment A	Disaster Drill Evacuation Form (New)	Gary Eubank, RN
A-08.2	Transfers of Offenders with Acute Conditions	Gary Eubank, RN
G-51.6	Referral of an Offender for Admission into a Mental Health Inpatient Treatment Facility	Justin Robison, RN
H-60.2	Inpatient Health Records	Gary Eubank, RN

**Adjournment**

- Next Meeting Date: July 13, 2017

## **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: May 11, 2017

Key Activities:

- I. Approval of the Minutes from March 23, 2017 Meeting
- II. Reports from Subcommittees
  - A. COPD – Dr. Fisher
  - B. DMG Triage – Dr. Sandmann
  - C. Heart Failure- Dr. Smith
  - D. Psychiatry- Dr. Ruiz
  - E. Transfer Medications – Need to Appoint New Chair
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (March – April 2017)
  - D. Non-Formulary Deferral Reports
    1. Texas Tech Sector (February – March 2017)
    2. UTMB Sector (March – April 2017)
  - E. Utilization Reports (FY 2017 through February)
    1. HIV Utilization
    2. Hepatitis C Utilization
    3. Hepatitis B Utilization
    4. Psychotropic Utilization

- F. Quarterly Medication Error Reports- 2<sup>nd</sup> Quarter FY 17
  - 1. UTMB Sector
  - 2. Texas Tech Sector
  - 3. Medication Dispensing Error Report
- G. Policy Review Schedule

IV. Old Business (none)

V. New Business

- A. Action Requests
  - 1. Review of Hepatitis C Patient Education
- B. Medication Use Evaluation
  - 1. Proton Pump Inhibitors
- C. Category Review
  - 1. Blood Formation & Coagulation Products
  - 2. Cardiovascular Agents
- D. FDA Medication Safety Advisories (none)
- E. Manufacturer Shortages and Discontinuations
- F. Policy and Procedure Revisions (Policies 40-10 through 75-30 to be reviewed in November)

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: April 13, 2017

Key Activities:

- I. Review of previous minutes

II. Public Health Update

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

III. Old Business

None

IV. New Business

None

V. The Following Policies Were Reviewed and Acted on by the Joint Infection Control Committee:

- a. B-14.12 Syphilis
- b. B-14.13.1 Hepatitis A
- c. B-14.13.2 Hepatitis B
- d. B-13.3.3 Hepatitis C (Revised, Discussed in February and approved by CMHCC)
- e. B.14.14 Varicella (Chickenpox and Herpes Zoster (Shingles))
- f. B-14.15 Meningitis
- g. B-14.16 Soft Skin Tissue
- h. B-14.17 Vancomycin Resistant Enterococcus (VRE)
- i. B-14.18 Clostridium Difficile

VI. Adjourn

- A. Next Meeting: August 10, 2017
- B. Policies to be reviewed are B-14.19 to B-14.27

**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: May 10, 2017

Approval of Minutes from March 22, 2017

New Business:

- Level 3 Requests Until Treatment (Dr. Hirsch)
- Flossers (Dr. Hirsch)
- Level 1 with ROT (Dr. Hirsch)
- In-Processing Exam/Level of Care (Dr. Hirsch)
- Slow Eating Pass (Dr. Hirsch)
- Periodontal Treatment Guidelines Flow Chart (Dr. Horton)
- Standard Responses for Sick Call Requests (Dr. Horton)
- HSA-97 (Dr. Horton)
- New SLC Indicator (Dr. Horton)
- L\*DMG Dental Exam Reminder (Dr. Horton)
- Scheduling (Dr. Tucker)
- Progression from SCR for Routine care Through First Restorative Appointment (Dr. Tucker)

The Following Policies Were Reviewed and Acted on by the Joint Dental Work Group:

- B-15.1 Chemical and Hazardous Material Control – Flammable Materials
- C-19.1 Dental Education and Professional Development
- D-28.2 Instrument, Sharp Needle and Syringe Control

Sector Updates

- TDCJ
- UTMB
- TTUHSC

Meeting Adjourned

Next Meeting: July 12, 2017

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

Co-Chair: Dr. Monte Smith

Co-Chair: Dr. Olugbenga Ojo

**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 May 2017:

There were 69 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2017. Of those 69 deaths, 6 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: April 12, 2017

- I. Approval of Minutes from the January 18, 2017, meeting
- II. Old Business
  1. PHI – Chris Black-Edwards, RN
  2. Operational Review Audits – Separating Nursing/Medical Questions – Chris Black-Edwards, RN
- III. New Business
  1. Decanoate Injections – Justin Robison, RN
  2. Nursing Plans of Care – Justin Robison, RN
  3. PHI Security Audit - Mike Jones, RN
  4. Staff Shortages – Mike Jones, RN
  5. Pill Windows – Mike Jones, RN
- IV. Other
- V. Adjournment
- VI. Next Meeting: July 2017

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



## **Quarterly Report FY2017 Second Quarter**

**September 2016 – February 2017**

## Second Quarter Financial Report on Correctional Managed Health Care

### Overview

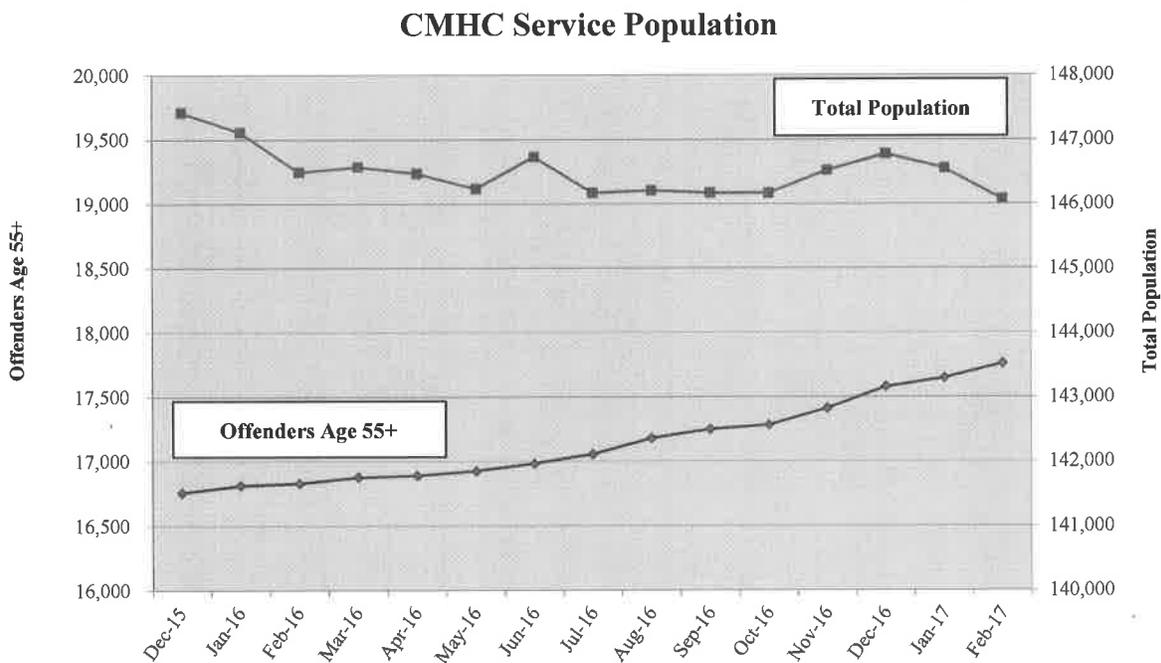
- Report submitted in accordance with the FY2016-17 General Appropriations Act, Article V, Rider 47, 84<sup>th</sup> Legislature, Regular Session 2015
- FY2017 TDCJ Appropriations allocated to Correctional Managed Health Care:
  - \$298.2M Unit and Psychiatric Care, Strategy C.1.8
  - \$211.0M Hospital and Clinical Care, Strategy C.1.9
  - \$60.9M Pharmacy Care, Strategy C.1.10

<u>Method of Finance Summary</u>	<u>FY2017</u>
<b>HB 1, Article V, TDCJ Appropriations</b>	
Strategy C.1.8. Unit and Psychiatric Care	\$ 298,206,528
Strategy C.1.9. Hospital and Clinic Care	\$ 211,005,573
Strategy C.1.10. Pharmacy Care	\$ 60,926,790
<b>TOTAL</b>	<b>\$ 570,138,891</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 238,779,145
Hospital and Clinic Care	\$ 180,524,878
Pharmacy Care	\$ 48,644,304
<b>Subtotal UTMB</b>	<b>\$ 467,948,327</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 59,427,383
Hospital and Clinic Care	\$ 30,480,695
Pharmacy Care	\$ 12,282,486
<b>Subtotal TTUHSC</b>	<b>\$ 102,190,564</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 570,138,891</b>

*Note: The amounts above do not reflect a transfer of funds from FY2017 into FY2016 in the amount of \$48.6M as approved by the Legislative Budget Board on September 21, 2016.*

## Population

- Overall offender service population has decreased 1% from FY2016
  - Average daily census 147,269 through 2<sup>nd</sup> quarter of FY2016 compared to 146,373 through 2<sup>nd</sup> quarter of FY2017
- Offenders aged 55 or older population increased 4.9% from FY2016
  - Average daily census 16,664 through 2<sup>nd</sup> quarter of FY2016 compared to 17,488 through 2<sup>nd</sup> quarter of FY2017
  - While comprising about 11.9% of the overall service population, offenders age 55 and over account for 43.3% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2017 average number of psychiatric inpatients through 2<sup>nd</sup> quarter: 1,856
  - FY2017 average number of psychiatric outpatients through 2<sup>nd</sup> quarter: 24,219



## Health Care Costs

- Total expenses through 2<sup>nd</sup> quarter, FY2017: \$327.9M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$171.8M, 52.4% of total expenses
- Hospital and Clinical Care - \$122.6M, 37.4% of total
- Pharmacy Services - \$33.5M, 10.2% of total
  - HIV related drugs: 31.4% of total drug costs
  - Psychiatric drugs: 6.7% of total drug costs
  - Hepatitis C drug therapies: 12% of total drug costs
- Cost per offender per day, FY2017 through 2<sup>nd</sup> quarter: \$12.38
  - 3.7% increase compared to FY2016 cost per day of \$11.94

### Comparison of Total Health Care Costs

	FY 13	FY 14	FY 15	FY 16	4-Year Average	FYTD 17 1st Qtr	FYTD 17 2nd Qtr
<b>Population</b>							
UTMB	118,359	118,705	117,779	116,828	117,918	116,199	116,376
TTUHSC	30,713	31,314	30,790	30,004	30,705	30,083	29,997
<b>Total</b>	<b>149,072</b>	<b>150,019</b>	<b>148,569</b>	<b>146,832</b>	<b>148,623</b>	<b>146,282</b>	<b>146,373</b>
<b>Expenses</b>							
UTMB	\$415,579,990	\$456,286,749	\$474,922,507	\$523,473,857	\$467,565,776	\$134,447,051	\$269,412,073
TTUHSC	\$98,335,680	\$102,834,980	\$107,975,637	\$118,262,289	\$106,852,147	\$29,585,883	\$58,507,853
<b>Total</b>	<b>\$513,915,670</b>	<b>\$559,121,729</b>	<b>\$582,898,144</b>	<b>\$641,736,146</b>	<b>\$574,417,922</b>	<b>\$164,032,934</b>	<b>\$327,919,926</b>
<b>Cost/Day</b>							
UTMB	\$9.62	\$10.53	\$11.05	\$12.24	\$10.86	\$12.71	\$12.79
TTUHSC	\$8.77	\$9.00	\$9.61	\$10.77	\$9.53	\$10.81	\$10.78
<b>Total</b>	<b>\$9.45</b>	<b>\$10.21</b>	<b>\$10.75</b>	<b>\$11.94</b>	<b>\$10.58</b>	<b>\$12.32</b>	<b>\$12.38</b>

Note: UTMB total expenses do not include the final Hospital Cost Reconciliations.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 47**  
**Second Quarter, FY2017**

<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	\$ 29,469,469	\$ 118,408,289	\$ 147,877,758
State Reimbursement Benefits	\$ 4,714,462	\$ 26,358,480	\$ 31,072,942
Other Misc Revenue	\$ 633	\$ 44,634	\$ 45,267
<b>C.1.8. Total Method of Finance</b>	<b>\$ 34,184,564</b>	<b>\$ 144,811,403</b>	<b>\$ 178,995,967</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 15,115,085	\$ 89,520,556	\$ 104,635,641
State Reimbursement Benefits	\$ 1,077,362	\$ -	\$ 1,077,362
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 16,192,447</b>	<b>\$ 89,520,556</b>	<b>\$ 105,713,003</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 6,090,767	\$ 24,122,244	\$ 30,213,011
State Reimbursement Benefits	\$ 43,174	\$ 1,158,704	\$ 1,201,878
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 6,133,941</b>	<b>\$ 25,280,948</b>	<b>\$ 31,414,889</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 56,510,952</b>	<b>\$ 259,612,907</b>	<b>\$ 316,123,859</b>

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 50,675,321	\$ 232,051,089	\$ 282,726,410
State Reimbursement Benefits	\$ 5,834,998	\$ 27,517,184	\$ 33,352,182
Other Misc Revenue	\$ 633	\$ 44,634	\$ 45,267
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 56,510,952</b>	<b>\$ 259,612,907</b>	<b>\$ 316,123,859</b>

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 33,780,682	\$ 137,963,372	\$ 171,744,054
C.1.9. Hospital & Clinical Care	\$ 18,153,015	\$ 104,487,811	\$ 122,640,826
C.1.10. Managed Health Care - Pharmacy	\$ 6,574,156	\$ 26,960,890	\$ 33,535,046
<b>TOTAL EXPENDITURES</b>	<b>\$ 58,507,853</b>	<b>\$ 269,412,073</b>	<b>\$ 327,919,926</b>

<b>DIFFERENCE</b>	<b>\$ (1,996,901)</b>	<b>\$ (9,799,166)</b>	<b>\$ (11,796,067)</b>
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*The difference amount identified above does not include the FY2016 shortfall of \$48,046,483 (LBB approved spend forward authority) and includes the final UTMB FY2016 Hospital Cost Reconciliation.*

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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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	\$ 29,469,469	\$ 118,408,289	\$ 147,877,758
State Reimbursement Benefits	\$ 4,714,462	\$ 26,358,480	\$ 31,072,942
Other Misc Revenue	\$ 633	\$ 44,634	\$ 45,267
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 34,184,564</b>	<b>\$ 144,811,403</b>	<b>\$ 178,995,967</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 10,584,139	\$ 79,693,024	\$ 90,277,163
Benefits	\$ 3,591,272	\$ 24,820,145	\$ 28,411,417
Other Operating Expenses	\$ 948,707	\$ 10,606,427	\$ 11,555,134
Professional Services	\$ 900,132	\$ -	\$ 900,132
Contracted Units/Services	\$ 8,389,992	\$ -	\$ 8,389,992
Travel	\$ 67,615	\$ 735,131	\$ 802,746
Capitalized Equipment	\$ 21,544	\$ 60,956	\$ 82,500
<b>Subtotal, Unit Care</b>	<b>\$ 24,503,401</b>	<b>\$ 115,915,683</b>	<b>\$ 140,419,084</b>
<b>Psychiatric Care</b>			
Salaries	\$ 6,210,972	\$ 13,813,336	\$ 20,024,308
Benefits	\$ 1,697,195	\$ 3,571,975	\$ 5,269,170
Other Operating Expenses	\$ 76,899	\$ 102,683	\$ 179,582
Professional Services	\$ 242,319	\$ -	\$ 242,319
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 18,464	\$ 97,661	\$ 116,125
<b>Subtotal, Psychiatric Care</b>	<b>\$ 8,245,849</b>	<b>\$ 17,585,655</b>	<b>\$ 25,831,504</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,031,432</b>	<b>\$ 4,462,034</b>	<b>\$ 5,493,466</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 33,780,682</b>	<b>\$ 137,963,372</b>	<b>\$ 171,744,054</b>
<b>DIFFERENCE</b>	<b>\$ 403,882</b>	<b>\$ 6,848,031</b>	<b>\$ 7,251,913</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 47**  
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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 15,115,085	\$ 89,520,556	\$ 104,635,641
State Reimbursement Benefits	\$ 1,077,362	\$ -	\$ 1,077,362
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 16,192,447</b>	<b>\$ 89,520,556</b>	<b>\$ 105,713,003</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 650,000	\$ 11,141,284	\$ 11,791,284
Freeworld Provider Services	\$ 7,447,811	\$ 14,593,730	\$ 22,041,541
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,623,986	\$ 62,978,606	\$ 69,602,592
Estimated IBNR	\$ 2,902,190	\$ 12,394,829	\$ 15,297,019
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 17,623,987</b>	<b>\$ 101,108,449</b>	<b>\$ 118,732,436</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 529,028</b>	<b>\$ 3,379,362</b>	<b>\$ 3,908,390</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 18,153,015</b>	<b>\$ 104,487,811</b>	<b>\$ 122,640,826</b>
<b>DIFFERENCE</b>	<b>\$ (1,960,568)</b>	<b>\$ (14,967,255)</b>	<b>\$ (16,927,823)</b>

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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 6,090,767	\$ 24,122,244	\$ 30,213,011
State Reimbursement Benefits	\$ 43,174	\$ 1,158,704	\$ 1,201,878
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 6,133,941</b>	<b>\$ 25,280,948</b>	<b>\$ 31,414,889</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 975,932	\$ 3,492,676	\$ 4,468,608
Benefits	\$ 47,358	\$ 1,161,188	\$ 1,208,546
Other Operating Expenses	\$ 138,721	\$ 705,620	\$ 844,341
Pharmaceutical Purchases	\$ 5,191,288	\$ 20,715,671	\$ 25,906,959
Travel	\$ 7,680	\$ 13,762	\$ 21,442
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 6,360,979</b>	<b>\$ 26,088,917</b>	<b>\$ 32,449,896</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 213,177</b>	<b>\$ 871,973</b>	<b>\$ 1,085,150</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,574,156</b>	<b>\$ 26,960,890</b>	<b>\$ 33,535,046</b>
<b>DIFFERENCE</b>	<b>\$ (440,215)</b>	<b>\$ (1,679,942)</b>	<b>\$ (2,120,157)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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**Second Quarter, FY2017**

**Key Population Indicators**

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2017 YTD</u>
<b>Average Service Population</b>						
UTMB Service Population	116,199	116,811	116,568	116,275	116,551	116,376
TTUHSC Service Population	30,083	29,960	29,981	29,793	29,911	29,997
<b>Average Service Population</b>	<b>146,282</b>	<b>146,771</b>	<b>146,549</b>	<b>146,068</b>	<b>146,462</b>	<b>146,373</b>
<b>Population Age 55 and Over</b>						
UTMB Population	14,434	14,686	14,769	14,874	14,776	14,605
TTUHSC Population	2,882	2,892	2,877	2,884	2,864	2,883
<b>Population Age 55 and Over</b>	<b>17,316</b>	<b>17,578</b>	<b>17,646</b>	<b>17,758</b>	<b>17,660</b>	<b>17,488</b>
<b>HIV Population</b>	<b>2,009</b>	<b>2,012</b>	<b>1,986</b>	<b>2,018</b>	<b>2,005</b>	<b>2,007</b>
<b>Medical Inpatient Average Daily Census</b>						
UTMB-Hospital Galveston	88	85	87	89	87	88
UTMB Freeworld Hospitals	39	33	35	54	41	40
TTUHSC Freeworld Hospitals	10	10	7	8	8	9
<b>Medical Inpatient Average Daily Census</b>	<b>137</b>	<b>128</b>	<b>129</b>	<b>151</b>	<b>136</b>	<b>137</b>
<b>Medical Outpatient Visits</b>						
UTMB Specialty Clinics and ER Visits	8,180	7,922	7,960	7,485	7,789	7,984
TTUHSC Freeworld Outpatient and ER Visits	1,227	1,159	1,283	1,111	1,184	1,206
<b>Medical Outpatient Visits</b>	<b>9,407</b>	<b>9,081</b>	<b>9,243</b>	<b>8,596</b>	<b>8,973</b>	<b>9,190</b>
<b>Mental Health Inpatient Average Census</b>						
UTMB Psychiatric Inpatient	1,016	1,021	1,036	1,028	1,028	1,022
TTUHSC Psychiatric Inpatient	877	811	792	767	790	834
<b>Mental Health Inpatient Average Census</b>	<b>1,893</b>	<b>1,832</b>	<b>1,828</b>	<b>1,795</b>	<b>1,818</b>	<b>1,856</b>
<b>Mental Health Outpatient Caseload, Month End</b>						
UTMB Psychiatric Outpatient	19,258	19,392	19,534	19,117	19,348	19,303
TTUHSC Psychiatric Outpatient	4,874	4,934	4,950	4,989	4,958	4,916
<b>Mental Health Outpatient Caseload, Month End</b>	<b>24,132</b>	<b>24,326</b>	<b>24,484</b>	<b>24,106</b>	<b>24,306</b>	<b>24,219</b>

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

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/07/2017
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 25,477,646	\$ 25,197,675	\$ -	\$ -	\$ 50,675,321	\$ 102,190,664
State Reimbursement Benefits	\$ 2,823,810	\$ 3,011,188	\$ -	\$ -	\$ 5,834,998	\$ 11,492,081
Other Misc Revenue	\$ 155	\$ 478	\$ -	\$ -	\$ 633	\$ 936
<b>TOTAL REVENUES</b>	<b>\$ 28,301,611</b>	<b>\$ 28,209,341</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 56,510,952</b>	<b>\$ 113,683,581</b>
<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 5,237,910	\$ 5,346,229	\$ -	\$ -	\$ 10,584,139	\$ 21,618,891
Benefits	\$ 1,750,945	\$ 1,840,327	\$ -	\$ -	\$ 3,591,272	\$ 7,162,980
Other Operating Expenses	\$ 542,316	\$ 406,391	\$ -	\$ -	\$ 948,707	\$ 2,070,968
Professional Services	\$ 552,484	\$ 347,648	\$ -	\$ -	\$ 900,132	\$ 1,844,654
Contracted Units/Services	\$ 4,218,099	\$ 4,171,893	\$ -	\$ -	\$ 8,389,992	\$ 16,918,604
Travel	\$ 36,666	\$ 30,949	\$ -	\$ -	\$ 67,615	\$ 124,975
Capitalized Equipment	\$ -	\$ 21,544	\$ -	\$ -	\$ 21,544	\$ 100,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 12,338,420</b>	<b>\$ 12,164,981</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 24,503,401</b>	<b>\$ 49,841,072</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,100,947	\$ 3,110,025	\$ -	\$ -	\$ 6,210,972	\$ 13,117,502
Benefits	\$ 833,772	\$ 863,423	\$ -	\$ -	\$ 1,697,195	\$ 3,409,807
Other Operating Expenses	\$ 41,938	\$ 34,961	\$ -	\$ -	\$ 76,899	\$ 158,756
Professional Services	\$ 117,529	\$ 124,790	\$ -	\$ -	\$ 242,319	\$ 617,626
Travel	\$ 8,375	\$ 10,089	\$ -	\$ -	\$ 18,464	\$ 38,832
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,102,561</b>	<b>\$ 4,143,288</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,245,849</b>	<b>\$ 17,342,523</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 16,440,981</b>	<b>\$ 16,308,269</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 32,749,250</b>	<b>\$ 67,183,595</b>
<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 325,000	\$ 325,000	\$ -	\$ -	\$ 650,000	\$ 1,300,000
Freeworld Provider Services	\$ 4,202,285	\$ 3,245,526	\$ -	\$ -	\$ 7,447,811	\$ 20,700,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,358,312	\$ 3,265,674	\$ -	\$ -	\$ 6,623,986	\$ 13,521,450
Estimated IBNR	\$ 972,715	\$ 1,929,475	\$ -	\$ -	\$ 2,902,190	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 8,858,312</b>	<b>\$ 8,765,675</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,623,987</b>	<b>\$ 35,521,450</b>
<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>						
<b>EXPENDITURES:</b>						
Salaries	\$ 497,107	\$ 478,825	\$ -	\$ -	\$ 975,932	\$ 1,971,410
Benefits	\$ 23,224	\$ 24,134	\$ -	\$ -	\$ 47,358	\$ 94,404
Other Operating Expenses	\$ 76,035	\$ 62,686	\$ -	\$ -	\$ 138,721	\$ 259,486
Pharmaceutical Purchases	\$ 2,796,934	\$ 2,394,354	\$ -	\$ -	\$ 5,191,288	\$ 11,059,408
Travel	\$ 1,573	\$ 6,107	\$ -	\$ -	\$ 7,680	\$ 17,158
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 3,394,873</b>	<b>\$ 2,966,106</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,360,979</b>	<b>\$ 13,401,866</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 891,717</b>	<b>\$ 881,920</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,773,637</b>	<b>\$ 3,676,670</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 29,686,883</b>	<b>\$ 28,921,970</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 58,507,853</b>	<b>\$ 119,683,581</b>
<b>DIFFERENCE</b>	<b>\$ (1,284,272)</b>	<b>\$ (712,629)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,996,901)</b>	<b>\$ (6,000,000)</b>

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University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/15/2017
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 116,666,569	\$ 116,384,620	\$ -	\$ -	\$ 232,051,089	\$ 467,948,327
State Reimbursement Benefits	\$ 13,294,273	\$ 14,222,911	\$ -	\$ -	\$ 27,517,184	\$ 55,744,386
Other Misc Revenue	\$ 26,461	\$ 18,173	\$ -	\$ -	\$ 44,634	\$ 90,263
<b>TOTAL REVENUES</b>	<b>\$ 129,987,303</b>	<b>\$ 129,626,604</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 259,612,907</b>	<b>\$ 523,782,966</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 39,821,180	\$ 39,871,844	\$ -	\$ -	\$ 79,693,024	\$ 163,021,320
Benefits	\$ 12,176,384	\$ 12,643,761	\$ -	\$ -	\$ 24,820,145	\$ 51,479,077
Other Operating Expenses	\$ 5,543,802	\$ 5,062,625	\$ -	\$ -	\$ 10,606,427	\$ 21,001,577
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 389,465	\$ 345,666	\$ -	\$ -	\$ 735,131	\$ 1,547,492
Capitalized Equipment	\$ 62,756	\$ (1,800)	\$ -	\$ -	\$ 60,956	\$ 1,200,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 57,993,687</b>	<b>\$ 57,922,096</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 115,915,683</b>	<b>\$ 238,249,466</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 6,961,359	\$ 6,851,977	\$ -	\$ -	\$ 13,813,336	\$ 27,738,122
Benefits	\$ 1,764,562	\$ 1,807,413	\$ -	\$ -	\$ 3,571,975	\$ 7,172,770
Other Operating Expenses	\$ 33,406	\$ 69,277	\$ -	\$ -	\$ 102,683	\$ 205,366
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 52,081	\$ 45,580	\$ -	\$ -	\$ 97,661	\$ 195,322
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 8,811,408</b>	<b>\$ 8,774,247</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,585,655</b>	<b>\$ 35,311,680</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 66,804,995</b>	<b>\$ 66,696,343</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 133,501,338</b>	<b>\$ 273,561,046</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,546,004	\$ 5,595,280	\$ -	\$ -	\$ 11,141,284	\$ 22,350,000
Freeworld Provider Services	\$ 4,644,231	\$ 9,949,499	\$ -	\$ -	\$ 14,593,730	\$ 54,726,800
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 32,837,701	\$ 30,140,905	\$ -	\$ -	\$ 62,978,606	\$ 130,000,000
Estimated IBNR	\$ 7,904,872	\$ 4,489,957	\$ -	\$ -	\$ 12,394,829	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 50,932,808</b>	<b>\$ 50,175,641</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 101,108,449</b>	<b>\$ 207,076,800</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 1,730,407	\$ 1,762,269	\$ -	\$ -	\$ 3,492,676	\$ 6,979,990
Benefits	\$ 572,164	\$ 589,024	\$ -	\$ -	\$ 1,161,188	\$ 2,299,137
Other Operating Expenses	\$ 345,199	\$ 360,421	\$ -	\$ -	\$ 705,620	\$ 1,360,122
Pharmaceutical Purchases	\$ 10,330,901	\$ 10,384,770	\$ -	\$ -	\$ 20,715,671	\$ 43,688,341
Travel	\$ 4,241	\$ 9,521	\$ -	\$ -	\$ 13,762	\$ 26,140
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 12,982,912</b>	<b>\$ 13,106,005</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,088,917</b>	<b>\$ 54,353,730</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,726,336</b>	<b>\$ 4,987,033</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,713,369</b>	<b>\$ 17,999,999</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 134,447,051</b>	<b>\$ 134,965,022</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 269,412,073</b>	<b>\$ 552,991,675</b>
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<b>DIFFERENCE</b>	<b>\$ (4,469,748)</b>	<b>\$ (5,339,418)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (9,799,166)</b>	<b>\$ (29,208,609)</b>
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Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 142,144,215	\$ 140,582,195	\$ -	\$ -	\$ 282,726,410	\$ 570,138,891
State Reimbursement Benefits	\$ 16,118,083	\$ 17,234,099	\$ -	\$ -	\$ 33,352,182	\$ 67,236,467
Other Misc Revenue	\$ 26,616	\$ 18,651	\$ -	\$ -	\$ 45,267	\$ 91,189
<b>TOTAL REVENUES</b>	<b>\$ 168,288,914</b>	<b>\$ 167,834,945</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 316,123,859</b>	<b>\$ 637,466,547</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
<b>Unit Care Expenditures</b>						
Salaries	\$ 45,059,090	\$ 45,218,073	\$ -	\$ -	\$ 90,277,163	\$ 184,640,211
Benefits	\$ 13,927,329	\$ 14,484,088	\$ -	\$ -	\$ 28,411,417	\$ 58,642,057
Other Operating Expenses	\$ 6,086,118	\$ 5,469,016	\$ -	\$ -	\$ 11,555,134	\$ 23,072,545
Professional Services	\$ 552,484	\$ 347,648	\$ -	\$ -	\$ 900,132	\$ 1,844,654
Contracted Units/Services	\$ 4,218,099	\$ 4,171,893	\$ -	\$ -	\$ 8,389,992	\$ 16,918,604
Travel	\$ 426,131	\$ 376,615	\$ -	\$ -	\$ 802,746	\$ 1,672,467
Capitalized Equipment	\$ 62,756	\$ 19,744	\$ -	\$ -	\$ 82,500	\$ 1,300,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 70,332,007</b>	<b>\$ 70,087,077</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 140,419,084</b>	<b>\$ 288,090,538</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 10,062,306	\$ 9,962,002	\$ -	\$ -	\$ 20,024,308	\$ 40,855,624
Benefits	\$ 2,598,334	\$ 2,670,836	\$ -	\$ -	\$ 5,269,170	\$ 10,582,577
Other Operating Expenses	\$ 75,344	\$ 104,238	\$ -	\$ -	\$ 179,582	\$ 364,122
Professional Services	\$ 117,529	\$ 124,790	\$ -	\$ -	\$ 242,319	\$ 617,626
Travel	\$ 60,456	\$ 55,669	\$ -	\$ -	\$ 116,125	\$ 234,154
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 12,913,969</b>	<b>\$ 12,917,635</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,831,604</b>	<b>\$ 52,664,103</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 83,245,976</b>	<b>\$ 83,004,612</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 166,250,688</b>	<b>\$ 340,744,641</b>

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,871,004	\$ 5,920,280	\$ -	\$ -	\$ 11,791,284	\$ 23,650,000
Freeworld Provider Services	\$ 8,846,516	\$ 13,195,025	\$ -	\$ -	\$ 22,041,541	\$ 75,426,800
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,196,013	\$ 33,406,579	\$ -	\$ -	\$ 69,602,592	\$ 143,521,450
Estimated IBNR	\$ 8,877,587	\$ 6,419,432	\$ -	\$ -	\$ 15,297,019	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 59,791,120</b>	<b>\$ 58,941,316</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 118,732,436</b>	<b>\$ 242,598,250</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,227,514	\$ 2,241,094	\$ -	\$ -	\$ 4,468,608	\$ 8,951,400
Benefits	\$ 595,388	\$ 613,158	\$ -	\$ -	\$ 1,208,546	\$ 2,393,541
Other Operating Expenses	\$ 421,234	\$ 423,107	\$ -	\$ -	\$ 844,341	\$ 1,619,608
Pharmaceutical Purchases	\$ 13,127,835	\$ 12,779,124	\$ -	\$ -	\$ 25,906,959	\$ 54,747,749
Travel	\$ 5,814	\$ 15,628	\$ -	\$ -	\$ 21,442	\$ 43,298
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 16,377,785</b>	<b>\$ 16,072,111</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 32,449,896</b>	<b>\$ 67,765,696</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,618,053</b>	<b>\$ 5,868,953</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,487,006</b>	<b>\$ 21,576,669</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 164,032,934</b>	<b>\$ 163,886,992</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 327,919,926</b>	<b>\$ 672,675,166</b>
<b>DIFFERENCE</b>	<b>\$ (6,744,020)</b>	<b>\$ (6,052,047)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (11,796,067)</b>	<b>\$ (35,208,609)</b>

The difference amount identified above does not include the FY2016 shortfall of \$48,046,483 (LBB approved spend forward authority) and includes the final UTMB FY2016 Hospital Cost Reconciliation.

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

As of May 2017

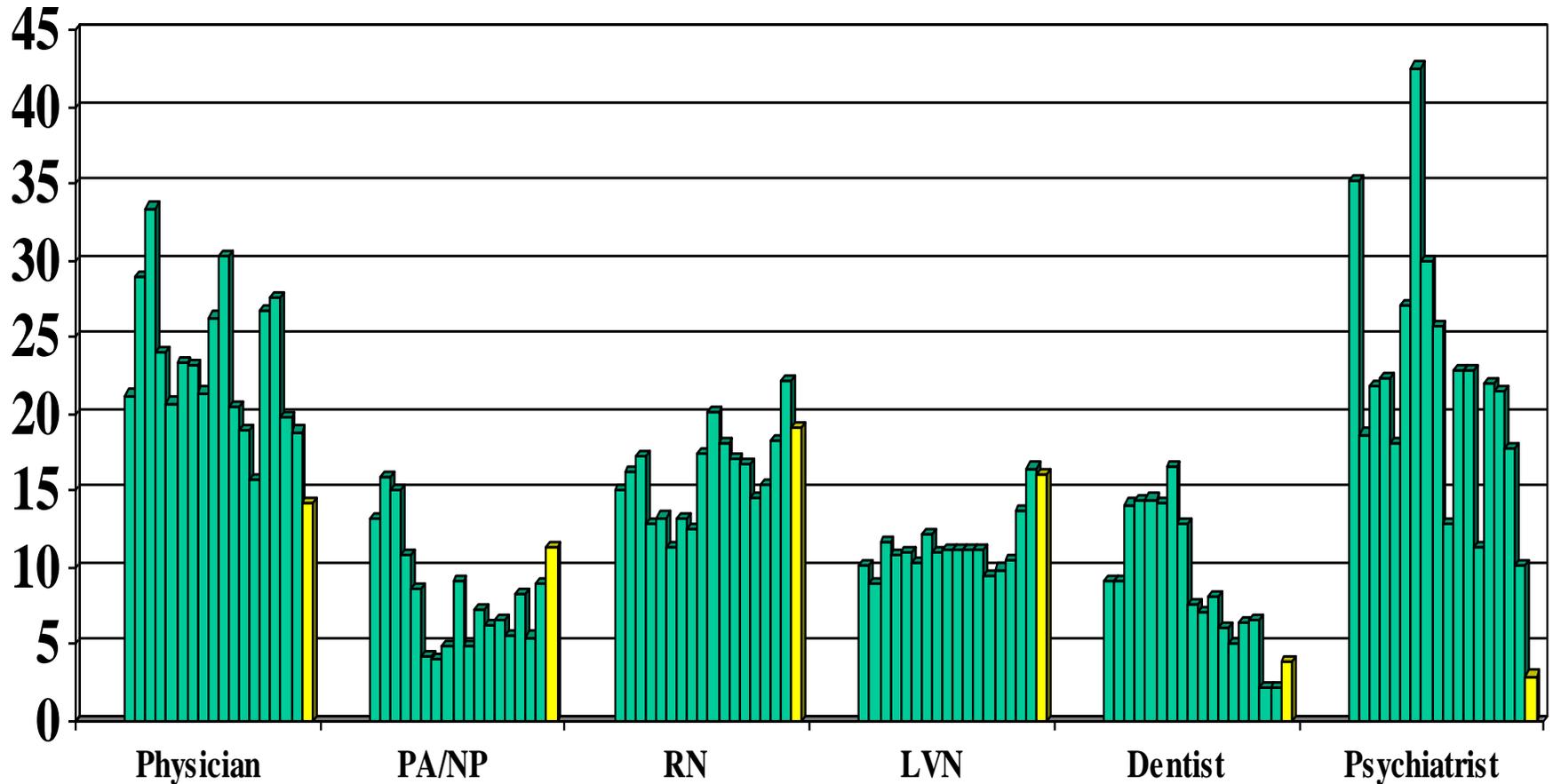
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Health Specialist V-Office of Mental Health Monitoring and Liaison (2 positions)	TDCJ	1/31/2016	The position was reposted on November 7, 2016, and the closing date was extended to January 31, 2017. However, there were no qualified applicants. The position is on hold due to the January 31, 2017 hiring freeze.
Director II-Office of Public Health	TDCJ	6/15/2015	The position will be reposted at a later date.
Investigator II-Patient Liaison Program (Jester IV Unit) (2 positions)	TDCJ	11/1/2016	The position posting is on hold due to the January 31, 2017 hiring freeze.
Investigator II-Patient Liaison Program (Hilltop Unit) (2 positions)	TDCJ	10/15/2016	The position posting is on hold due to the January 31, 2017 hiring freeze.
Investigator III-Patient Liaison Program (Hilltop Unit)	TDCJ	04/15/2017	The position posting is on hold due to the January 31, 2017 hiring freeze.
Nurse IV – Utilization Review	TDCJ	12/1/2016	The position posting is on hold due to the January 31, 2017 hiring freeze.
Public Health and Prevention Specialist I	TDCJ	01/01/2017	The position posting is on hold due to the January 31, 2017 hiring freeze.
Deputy Division Director – Health Services	Contract	04/01/17	The position posting is on hold due to the January 31, 2017 hiring freeze.
No Critical Vacancies to Report During this Reporting Period	TTUHSC		
Physician I-II (8)	UTMB CMC	03/01/2015	Local and National Advertising, TAFP <sup>#</sup> , NCCHC <sup>‡</sup> Conferences, ACA Conference <sup>*</sup> , Agency Contacts and DO Advertising <sup>†</sup>
Regional Medical Director-Region I	UTMB CMC	11/01/2016	Currently on hold
Mid-Level Practitioners (PA and FNP) (11)	UTMB CMC	03/04/2016	Local and National Advertising, Career Fairs, TAPA <sup>  </sup> and TNP <sup>Δ</sup> Conferences
Psychiatrist (5)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC <sup>‡</sup> , TSPP <sup>◊</sup> , Agency Contacts
Dentists (1)	UTMB CMC	09/16/2016	Local and National Advertising, Star of the South Conference

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

# University Vacancy Rate Report by Quarter FY 2013 - 2017

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2013 – FY 2017



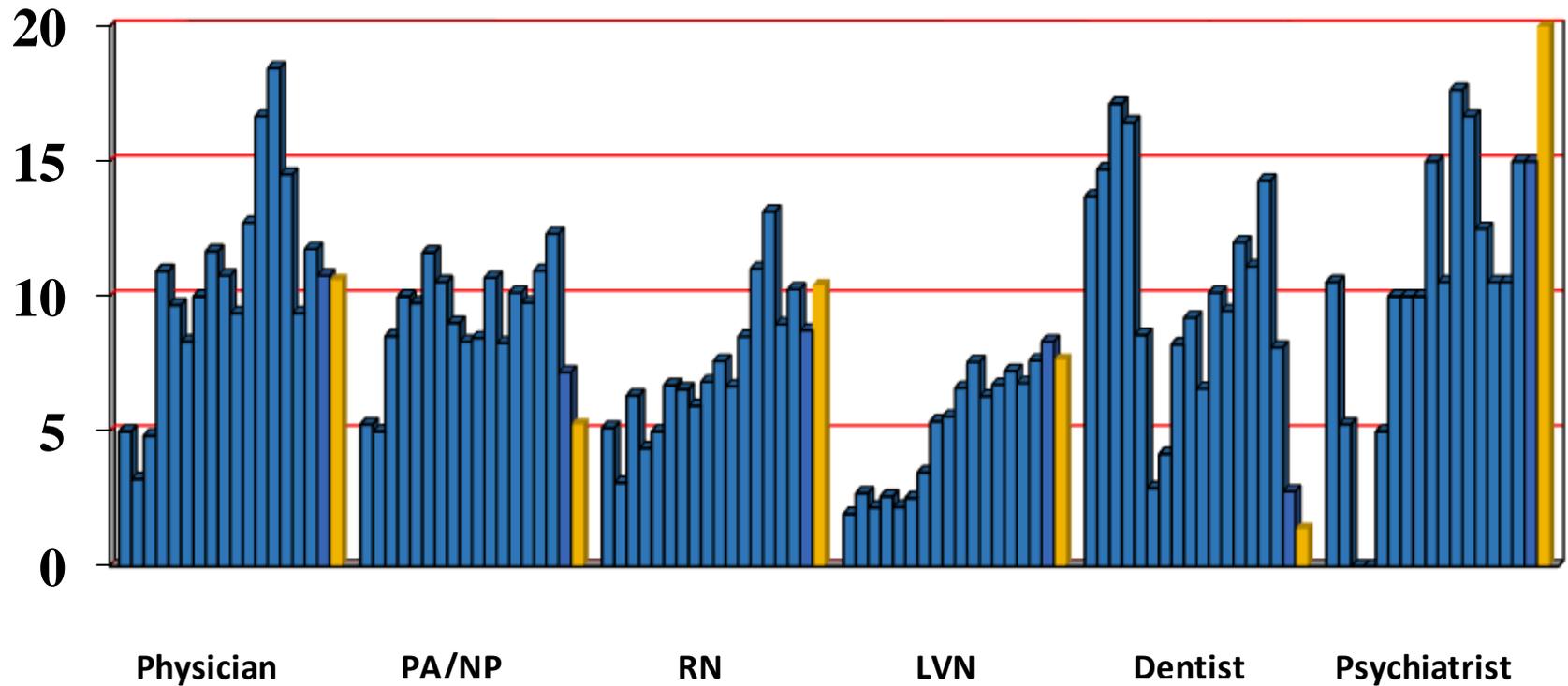
*Correctional Managed  
Health Care*



# University Vacancy Rate Report by Quarter FY 2013 - 2017

University of Texas Medical Branch

# UTMB Vacancy Rates (%) by Quarter FY 2013 – FY 2017



*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Second Quarter FY 2017***

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

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the Second Quarter Fiscal Year (FY) 2017 (December 2016, January and February 2017), Operational Review Audits (ORAs) were conducted at the following **11** facilities: Bridgeport), Bridgeport Pre- Parole Transfer (PPT) Facility (PPT), Crain, East Texas Treatment Facility, Ellis, Hamilton, Hughes, Lewis, Murray, South Texas Intermediate Sanction Facility (ISF) and Telford.

- 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 **11** items found to be most frequently out of compliance in the ORAs conducted in the Second Quarter of FY 2017:

1. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations 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 7 facilities were not in compliance with this requirement:

- Bridgeport PPT (0%) – Corrective action plan received and closed
- Ellis (75%) – Corrective action plan pending
- Hamilton (25%) – Corrective action plan pending
- Lewis (57%) – Corrective action plan pending
- Murray (63%) – Corrective action plan pending
- South Texas ISF (0%) – Administratively closed due to unit closure
- Telford (40%) – 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 **4.124** requires Individual Treatment Plans (ITP) to include documentation of the offender's current PULHES and restrictions. The following 5 facilities were not in compliance with this requirement:

- Crain (75%) – Corrective action plan pending
- East Texas Treatment Facility (50%) – Corrective action plan received and closed
- Ellis (69%) – Corrective action plan pending
- Hamilton (29%) – Corrective action plan pending
- Hughes (78%) – Corrective action plan pending

3. Item **4.130** requires the Health Summary for Classification (HSM-18) to include PULHES designations that are consistent with the current treatment and diagnosis. The following **5** facilities were not in compliance with this requirement:

- Bridgeport PPT (29%) – Corrective action plan received and closed
- East Texas Treatment Facility (33%) – Corrective action plan received and closed
- Hamilton (50%) – Corrective action plan pending
- Lewis (71%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- South Texas ISF (71%) – Administratively closed due to unit closure
4. Item **6.010** requires screening for tuberculosis be performed on offenders annually at the facility. The following **5** facilities were not in compliance with this requirement:
    - East Texas Treatment Facility (17%) – Corrective action plan received and closed
    - Ellis (71%) – Corrective action plan pending
    - Hughes (70%) – Corrective action plan pending
    - Lewis (71%) – Corrective action plan pending
    - Telford (29%) – Corrective action plan pending
  5. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) to be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **5** facilities were not in compliance with this requirement:
    - Bridgeport PPT (69%) – Corrective action plan received and closed
    - Ellis (75%) – Corrective action plan pending
    - Hamilton (75%) – Corrective action plan pending
    - Murray (68%) – Corrective action plan pending
    - Telford (45%) – Corrective action plan pending
  6. 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 **5** facilities were not in compliance with this requirement:
    - Bridgeport PPT (0%) – Corrective action plan received and closed
    - Ellis (58%) – Corrective action plan pending
    - Hamilton (67%) – Corrective action plan pending
    - Murray (40%) – Corrective action plan pending
    - Telford (27%) – Corrective action plan pending
  7. Item **4.100** requires the Mental Health Services Department to maintain an accurate, current caseload list. The following **4** facilities were not in compliance with this requirement:
    - Bridgeport PPT (43%) – Corrective action plan received and closed
    - Hamilton (79%) – Corrective action plan pending
    - Hughes (77%) – Corrective action plan pending
    - South Texas ISF (45%) – Administratively closed due to unit closure
  8. Item **4.490** requires offenders who are prescribed anti-psychotic medication be reassessed a minimum of every six months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following **4** facilities were not in compliance with this requirement:
    - East Texas Treatment Facility (39%) – Corrective action plan received and closed
    - Ellis (74%) – Corrective action plan pending
    - Hamilton (71%) – Corrective action plan pending
    - South Texas ISF (77%) – Administratively closed due to unit closure
  9. 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 **4** facilities were not in compliance with this requirement:
    - Bridgeport PPT (60%) – Corrective action plan received and closed
    - East Texas Treatment Facility (63%) – Corrective action plan received and closed

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Hughes (70%) – Corrective action plan pending
  - Telford (71%) – Corrective action plan pending
10. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. The following **4** facilities were not in compliance with this requirement:
- Bridgeport PPT (0%) – Corrective action plan received and closed
  - Ellis (67%) – Corrective action plan pending
  - Murray (67%) – Corrective action plan pending
  - Telford (73%) – Corrective action plan pending
11. Item **6.205** requires newly diagnosed HIV positive offenders be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **4** facilities were not in compliance with this requirement:
- Bridgeport PPT (0%) – Corrective action plan received and closed
  - Crain (0%) – Corrective action plan pending
  - Hamilton (0%) – Corrective action plan pending
  - Murray (50%) – Corrective action plan pending
- During the previous quarter, ORAs for six facilities had pending corrective action plans: Boyd, Clemens, Darrington, Powledge, Scott and Terrell. During the Second Quarter FY 2017, **all** were closed.

## CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same **11** facilities listed above for ORAs during the Second Quarter of FY 2017. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **11** facilities were within the required compliance range.

## DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2017, Dental Quality Review audits were conducted at the following **15** facilities: Connally, East Texas Treatment Facility, Eastham, Ellis, Garza, Gist, Hamilton, Henley, Hightower, LeBlanc, McConnell, Plane, Stevenson, Stiles and Young. The following item was found to be the most frequently below 80 percent.

- **Item 2** assesses if charts of incoming (Chain-in) intra-system offenders transfers are reviewed by the facility dental department within seven days of arrival. **5** of the **15** facilities were out of compliance: Eastham (**41%**), Ellis (**14%**), Young (**74%**), Henley (**50%**), and Stiles (**65%**).

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2017, the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,935** correspondences: The PLP received **2,597** and Step II Grievance received **1,338**. There were **177** 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 Second Quarter FY 2017 for the Step II medical grievances was **7** percent. Performance measure expectation is six percent or less (Article IX,

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was 7 percent and 7 percent for TTUHSC for the Second Quarter of FY 2017.

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

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Second Quarter of FY 2017, the PLP nurses and investigators performed **20** Sick Call Request Verification Audits (SCRVAs) on **19** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits.

The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **180** indicators were reviewed at the **20** facilities and **3** of the indicators fell below the 80 percent compliance threshold representing **2** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **20** facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from this facility. At each unit, OPS staff continued educating the medical staff.

The frequency of the SCRVAs 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 within the TDCJ offender 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, 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 Second Quarter FY 2017, there were **11,863** intake HIV tests performed. Of those tested, **125** offenders were newly identified as having HIV infection. During the same time period, there were **8,755** pre-release tests performed with **0** found to be HIV positive. For this quarter, **2** new AIDS cases were identified.
- There were **660** cases of Hepatitis C identified for the Second Quarter FY 2017. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **127** cases of suspected Syphilis were reported in the Second Quarter FY 2017. **22** 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.

**OFFICE OF PUBLIC HEALTH (CONTINUED)**

- **109** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2017. For the same time period, **76** 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 **20** TB cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2017. 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.
- 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 **179** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2017. There were **35** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **39** 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 Second Quarter FY 2017, **1** unit received training which included the Wall Talk Training and **1** unit received training which included the Somebody Cares Training. As of the close of the quarter, **100 of the 109** facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, **136** offenders trained to become peer educators and **21,762** offenders attended the classes presented by peer educators.

**MORTALITY AND MORBIDITY**

There were **95** deaths reviewed by the Mortality and Morbidity Review Committee during the months of December 2016, January and February 2017. Of those **95** deaths, **11** 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 & Nursing Peer Review	3
Provider Peer Review	5
Nursing Peer Review	2
Nursing & Mental Health Peer Review	1
<b>Total</b>	<b>11</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 Second Quarter of FY 2017:

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

- The OMHM&L monitors all Segregation facilities within the TDCJ CID and State Jails once every six months. During the Second Quarter of FY 2017, **16** Segregation facilities were audited including: Bartlett, Coffield, Eastham, Estelle, Ferguson, Formby, Gist, Hughes, Lychner, Michael, Mountain View, Murray, Pack, Robertson, Stiles and Travis. The OMHM&L auditors observed **2,217** offenders, interviewed **1,970** offenders, and referred **2** 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). The ATC audit was not applicable to the Formby unit because there were no sick call requests (SCR) submitted for the Second Quarter of FY 2017. For ATC 4, **15** of 15 units were **100%** compliant. For ATC 5, **15** of 15 units were **100%** compliant. For ATC 6, **14** of 15 units were **100%** compliant. The Estelle Unit was **86%** compliant on ATC 6. For the 911 tool availability, **16** of 16 units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Second Quarter FY 2017, a total of **63** instances of compelled psychoactive medication administration occurred. There were **20** instances at the Montford unit, **27** instances at the Skyview unit, **12** instances at the Jester IV unit and **4** instances at the Clements unit. During each month of the quarter, Skyview was **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements Unit was **0%** compliant in December, **100%** compliant in January and **50%** compliant in February. Jester IV was **100%** compliant in December and January and **86%** compliant in February. Montford was **100%** compliant in December and January and **90%** compliant in February. Corrective action plans were requested for December and February from Clements.
- 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, **26** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit there were no offenders identified as applicable to the audit. **19** of the 26 facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Byrd, Dominguez, Formby, Gist, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Roach ISF, Sayle, Travis, West Texas ISF and Woodman. **7** of the 26 facilities earned compliance scores of **79%** or lower: Bradshaw (**8%**), East Texas TF (**65%**), Garza (**60%**), Glossbrenner (**50%**), Kegans ISF (**67%**), Plane (**50%**) and Sanchez (**67%**). Corrective action plans were requested from these 7 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 Second Quarter of FY 2017, HSL conducted **158** hospital and **41** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.

**OFFICE OF THE HEALTH SERVICES LIAISON (CONTINUED)**

- Of the **158** hospital discharge audits conducted, **144** were from the UTMB Sector and **14** were from the TTUHSC sector. There were **23** deficiencies identified for UTMB and **3** identified for TTUHSC. Of the infirmity discharge audits conducted, **20** were from the UTMB sector and **21** were from the TTUHSC sector. There were **6** deficiencies identified from UTMB and **1** for TTUHSC.

**ACCREDITATION**

The ACA Summer Conference will be held in St. Louis, Missouri on August 17-25, 2017. During this conference, the following facilities will be represented: Byrd, Clements, Daniel, Estelle, Formby/Wheeler, Jester Complex, Ramsey, Roach, Skyview/Hodge, Smith, and Wynne. Additionally, the following entities will also be represented: Central Office Administration, Correctional Industries, and Correctional Training.

**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 - **29**
- Correctional Institutions Division Pending Monthly Research Projects - **7**
- Health Services Division Active Monthly Medical Research Projects - **9**
- Health Services Division Pending Medical Research Projects - **4**

# **Overview of UTMB CMC Inpatient Services**

Monte K. Smith, D.O.  
Senior Medical Director, Inpatient Services

# UTMB CMC Inpatient Leadership Team

Inpatient Services support CMC's mission by assuring that the TDCJ offender population receives rehabilitative and supportive care for medical conditions in a nursing home type setting within TDCJ. Inpatient Mental Health provides a full range of services including crisis management, inpatient care, and special programs.

- Senior Medical Director
- Associate VP of Inpatient Services
- Mental Health Services Director
- Director of Nursing
- Director of Utilization
- Dialysis Medical Director

# UTMB CMC Inpatient Facilities

- Estelle
- Carole Young
- Skyview
- Hodge
- Jester IV
- Duncan
- Diboll

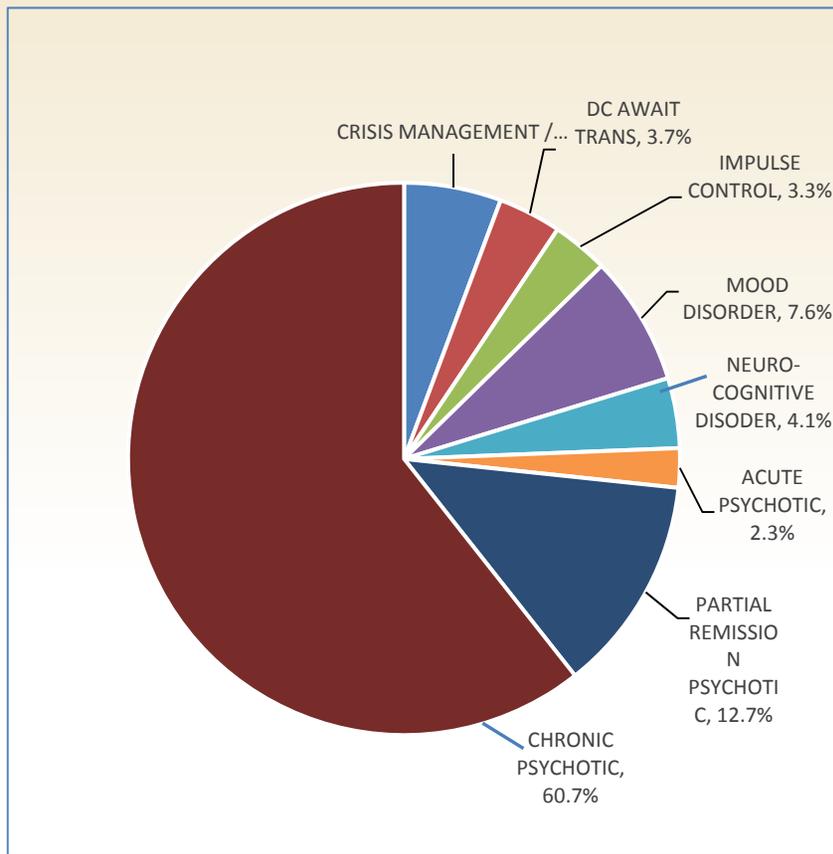
# Inpatient Psychiatric Facilities

Facility Name	Location	Beds	Gender	Levels of Care
Skyview	Rusk (East Texas)	562	Co-ed	Crisis Management Diagnostic & Evaluation (D & E) Acute Care Intermediate Care Extended Care
Jester IV	Sugarland (Houston Area)	550	Male	Crisis Management D & E Acute Care Intermediate Care Extended Care Neurocognitive Disorders Program
Mountain View	Gatesville (Central Texas)	20	Female	Crisis Management

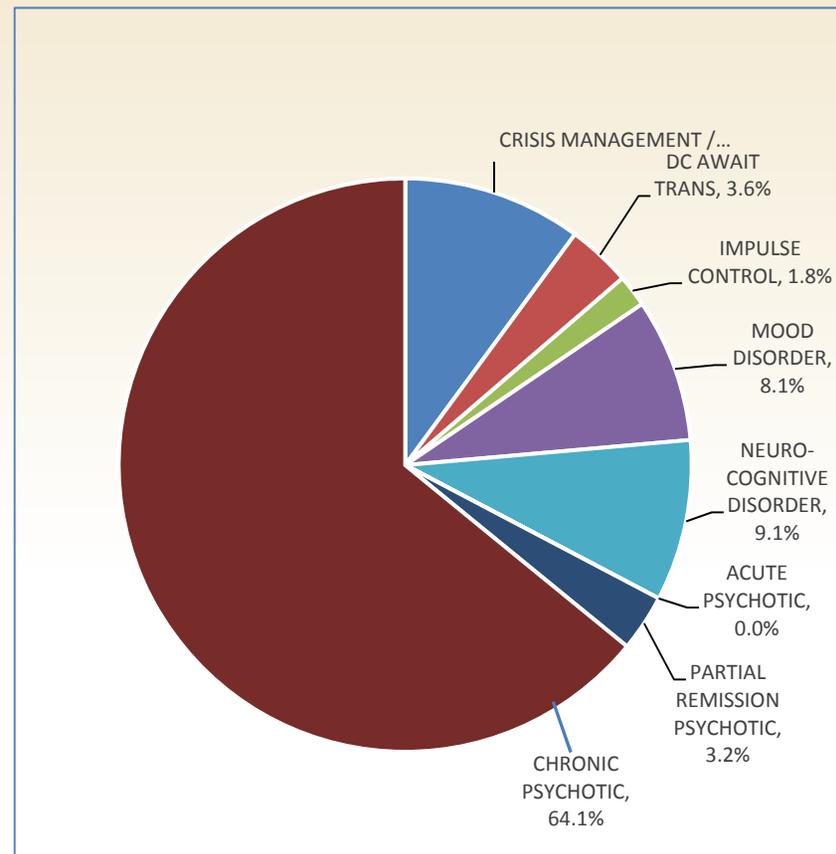
# PSYCHIATRIC INPATIENT CENSUS

## Inpatient Treatment Tracks as of May 1, 2017

SKYVIEW (Census = 488)



JESTER 4 (Census = 496)

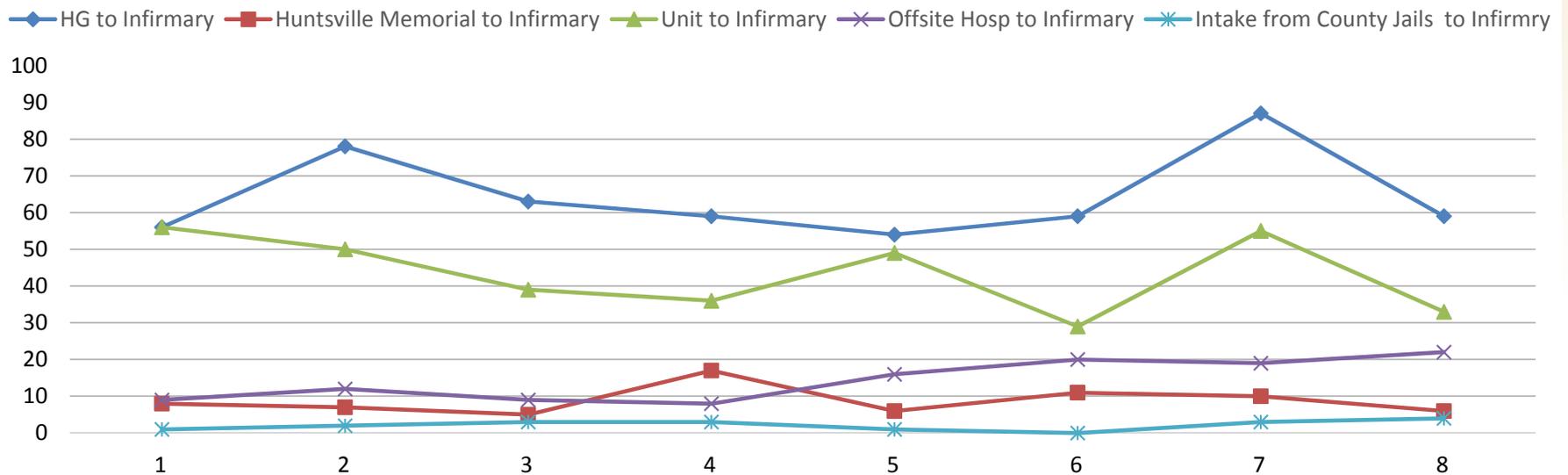


# Department of Utilization Review

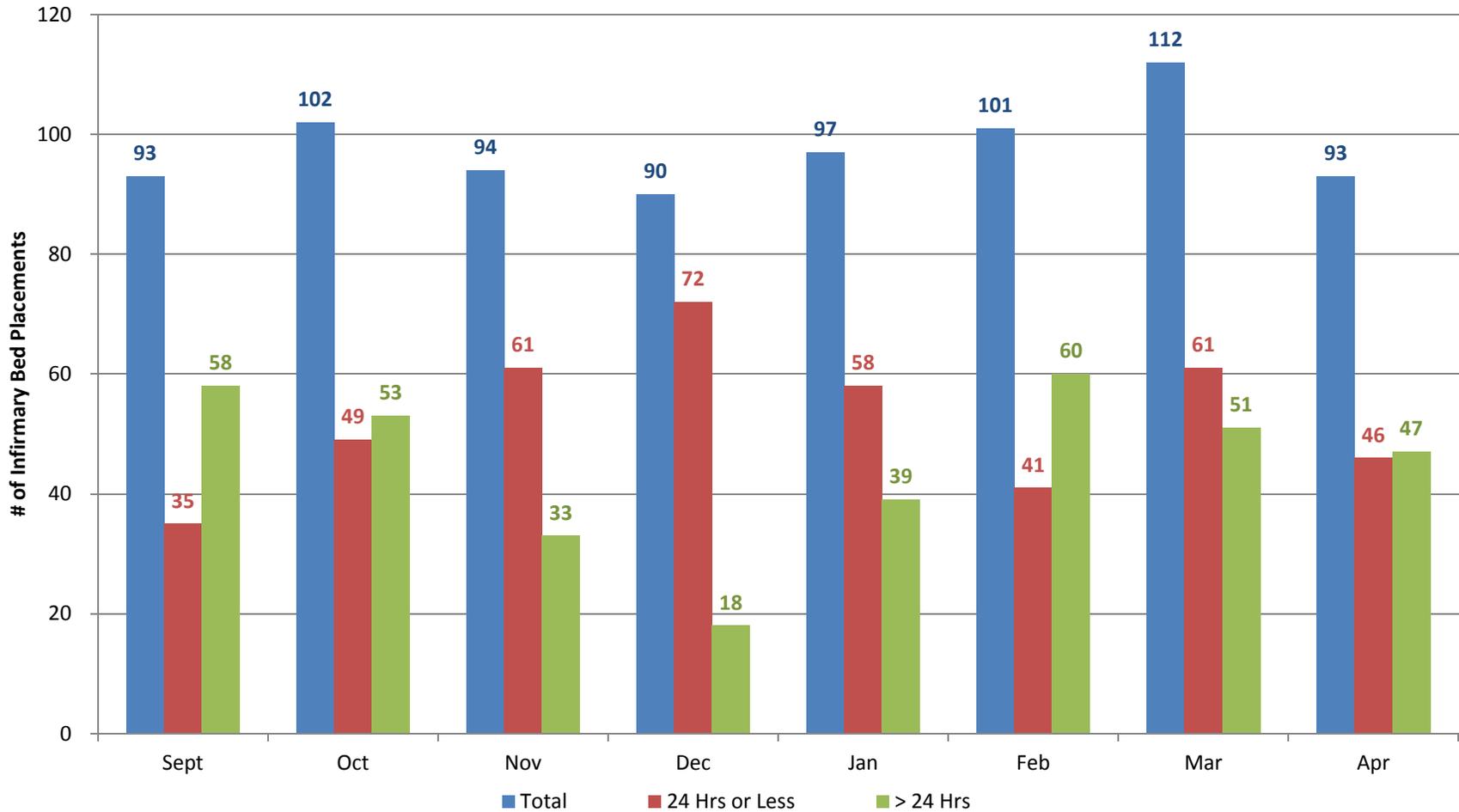
- Pre-Certification of Emergency Room visits
- Management of Acute Care Admissions and Hospital to Hospital Transfers
- Coordinate Direct Admissions
- Urgent Referrals for Specialty Care Consultations
- Infirmery Bed Management
- Case Management

# Infirmary Authorizations & Sources FY17

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
HG to Infirmary	56	78	63	59	54	59	87	59	515
Huntsville Memorial to Infirmary	8	7	5	17	6	11	10	6	70
Unit to Infirmary	56	50	39	36	49	29	55	33	347
Offsite Hosp to Infirmary	9	12	9	8	16	20	19	22	115
Intake from County Jails to Infirmary	1	2	3	3	1	0	3	4	17
<b>Total Infirmary Authorizations</b>	<b>130</b>	<b>149</b>	<b>119</b>	<b>123</b>	<b>126</b>	<b>119</b>	<b>174</b>	<b>124</b>	<b>1064</b>



# Hospital Galveston Placements Summary FY17



# Dialysis Services

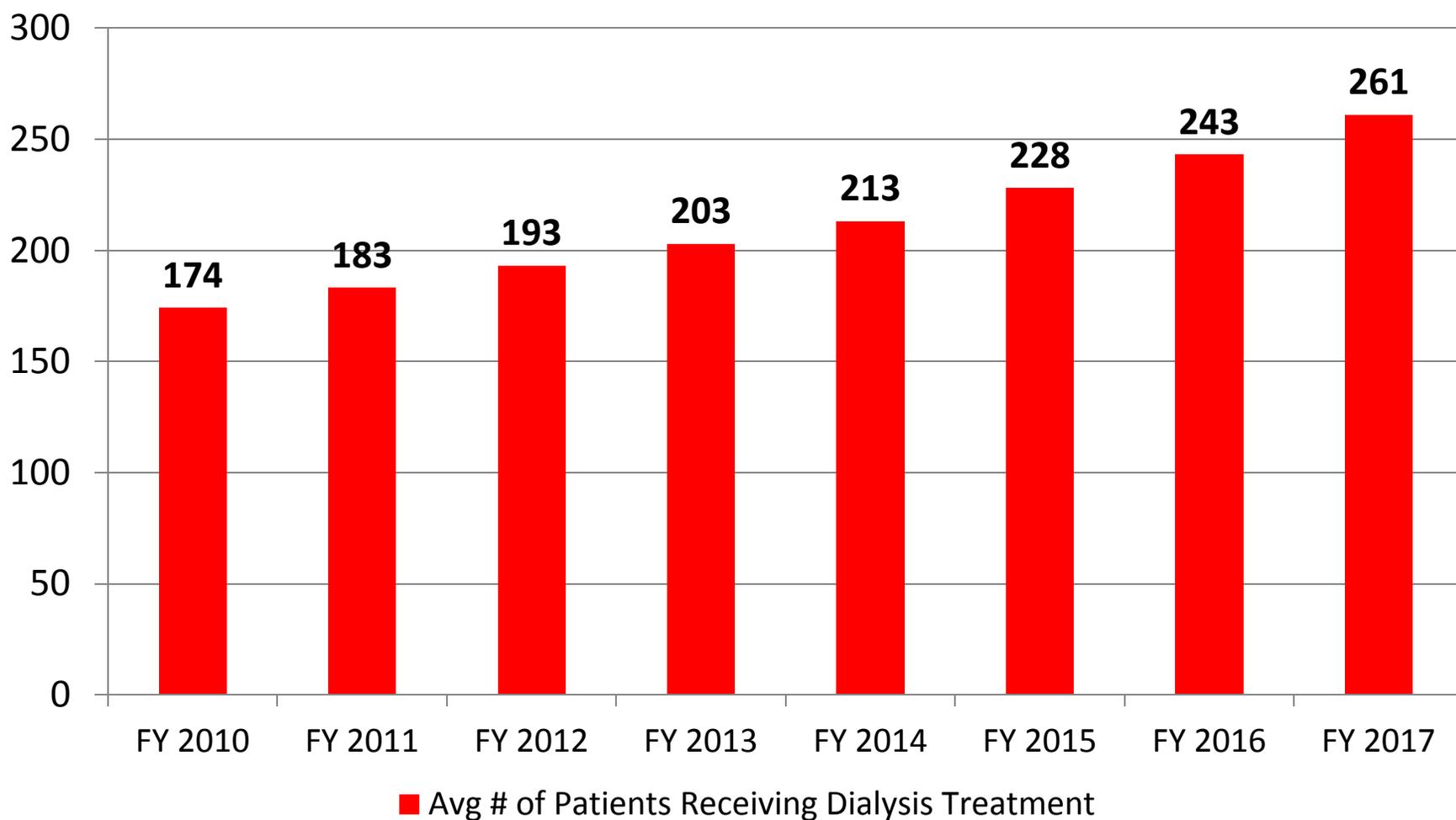
- Services are provided at Carole Young and Estelle Regional Medical Facilities
- Managed by Dave Khurana, M.D., UTMB-CMC's Full-Time Board Certified Nephrologist
- End Stage Renal Disease Team includes highly trained nurses, dialysis technicians, social workers, and dieticians
- Chronic Kidney Disease and Pre-Dialysis services offered

# Stages of Chronic Kidney Disease

Stage	Description	GFR Level
Normal kidney function	Healthy kidneys	90 mL/min or more
Stage 1	Kidney damage with normal or high GFR	90 mL/min or more
Stage 2	Kidney damage and mild decrease in GFR	60 to 89 mL/min
Stage 3	Moderate decrease in GFR	30-59 mL/min
Stage 4	Severe decrease in GFR	15 to 29 mL/min
Stage 5	Kidney Failure	< 15 mL/min or on dialysis

CMC Manages approximately 1800 Stage 3 and 100 Stage 4 patients

# UTMB-CMC Dialysis Patient Growth



# Overview of Infirmmary Care

- 507 Infirmmary Beds at 15 Facilities throughout Texas
- Rehabilitation Services
- Permanent versus Non-Permanent stays
- Levels of Infirmmary Care
- Infirmmary Bed Capacity and “Manageable” Infirmmary Beds
- Demographic Breakdown and Infirmmary Challenges
- Current Projects to relieve Infirmmary Bed shortage

# UTMB CMC Infirmiry Facilities

<u>Regional Medical Facilities</u>	<u>Bed Totals</u>
*Carole Young	149
Estelle	120

- All Levels of Infirmiry Care is provided at the Regional Medical Facilities
- Regional Medical Facility Patient Services
  - Dialysis
  - PT/OT
  - Phototherapy (Estelle)
  - Respiratory Therapy
  - Speech Therapy (Carole Young)
  - Wound Care
  - Total Parenteral Nutrition
  - Inpatient Clinical Pharmacist Support

\* denotes available hospice services

# UTMB CMC Infirmary Facilities

<u>Satellite Infirmaries</u>	<u>Bed Totals</u>
Beto	56
Connally	16
Hughes	16
Jester III	14
Luther	12
McConnell	14
*Michael	23
Pack	12
Polunsky	16
Powledge	14
Stiles	15
Telford	16
Terrell	14

\* denotes available hospice services

# Classification of Infirmity Patients

- Permanent

Patients whose physical or mental condition or disease process makes it unlikely that they will ever be able to function for a significant length of time in the general prison population.

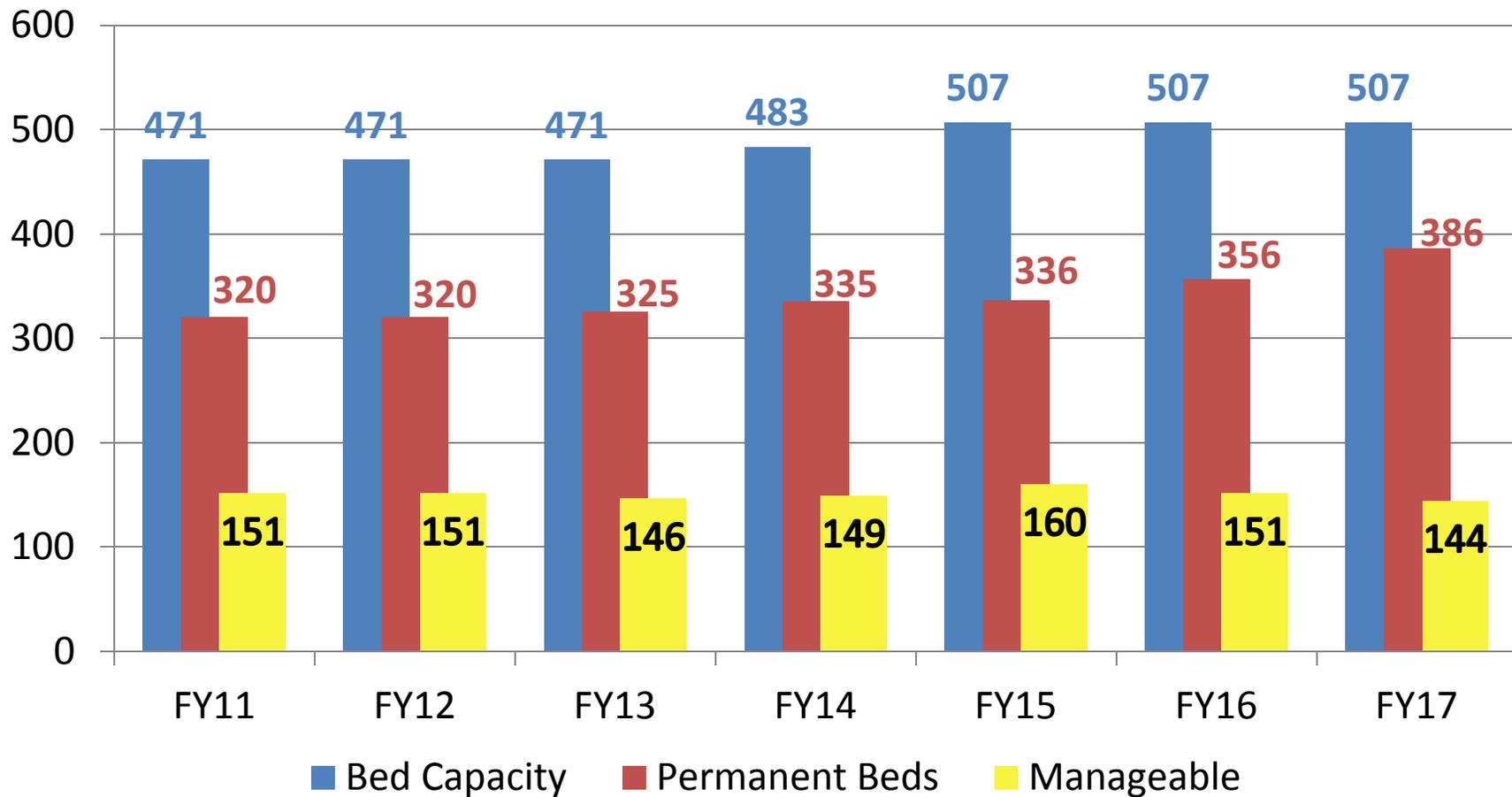
- Non-Permanent

Patients whose physical or mental condition or disease process is expected to improve to the point that they will likely at some future time be able to function independently in the general prison population.

# Infirmiry Levels of Patient Care

- Skilled Nursing
- Convalescent
- Assisted Living
- Hospice

# CMC Manageable Infirmatory Beds



# TDCJ Chronic Disease and Average Age

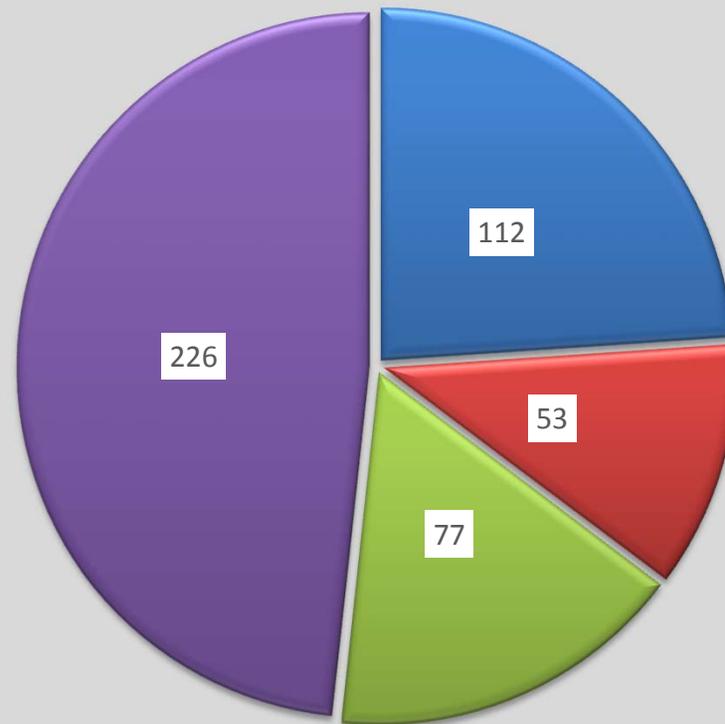
HTN	Hepatitis C	Asthma	Diabetes	Seizure	CAD	HIV
40,230	17,175	10,461	9,047	5,087	2,363	1,978

TDCJ Average Offender Age				
FY04	FY09	FY12	FY14	FY16
36.0	37.2	37.8	38.3	38.8

(As of 5/01/2017)

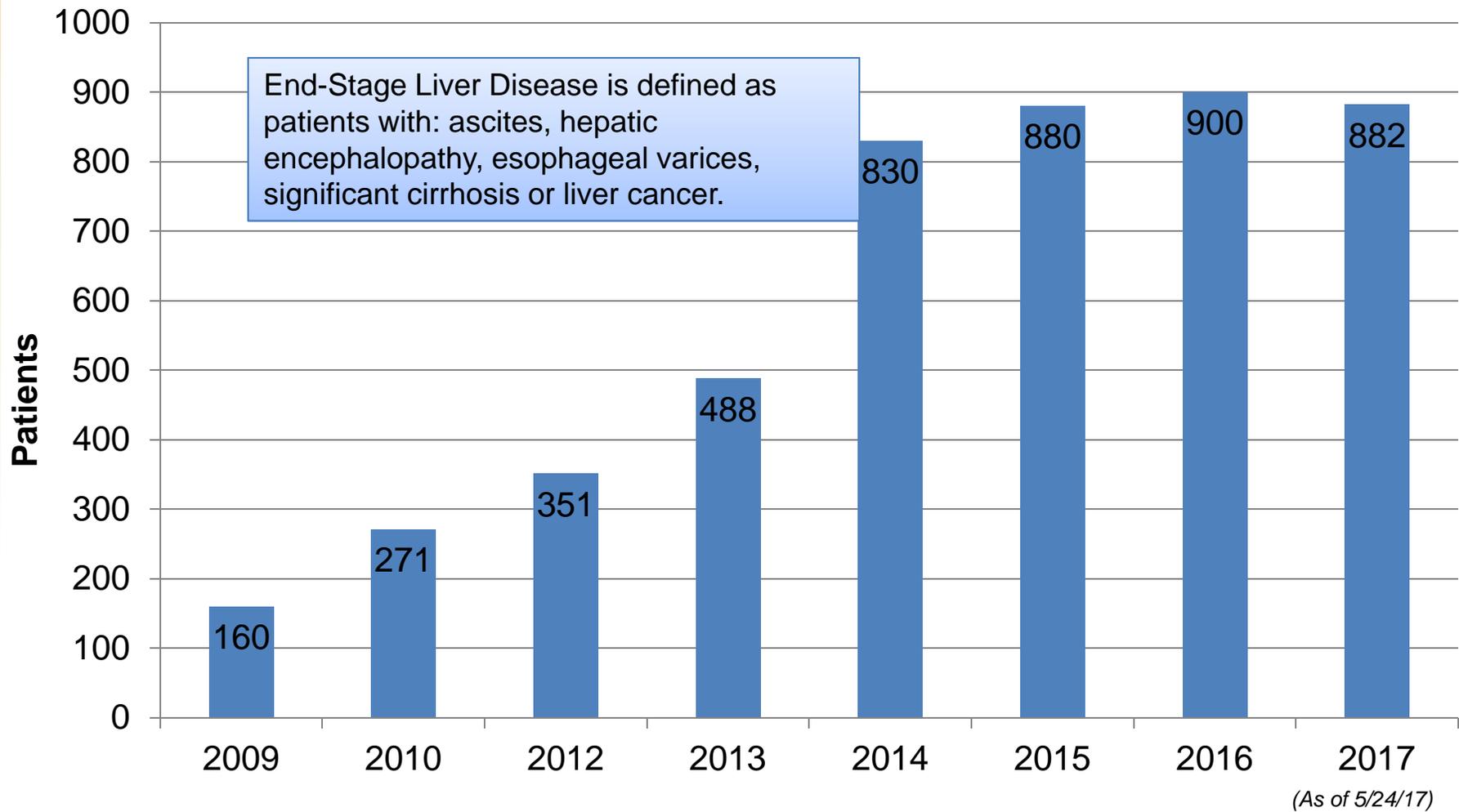
# Snapshot of Age Ranges for All Infirmiry Patients FY17

September 2016 – April 2017



■ < 50 ■ 50-54 ■ 55-59 ■ 60-99

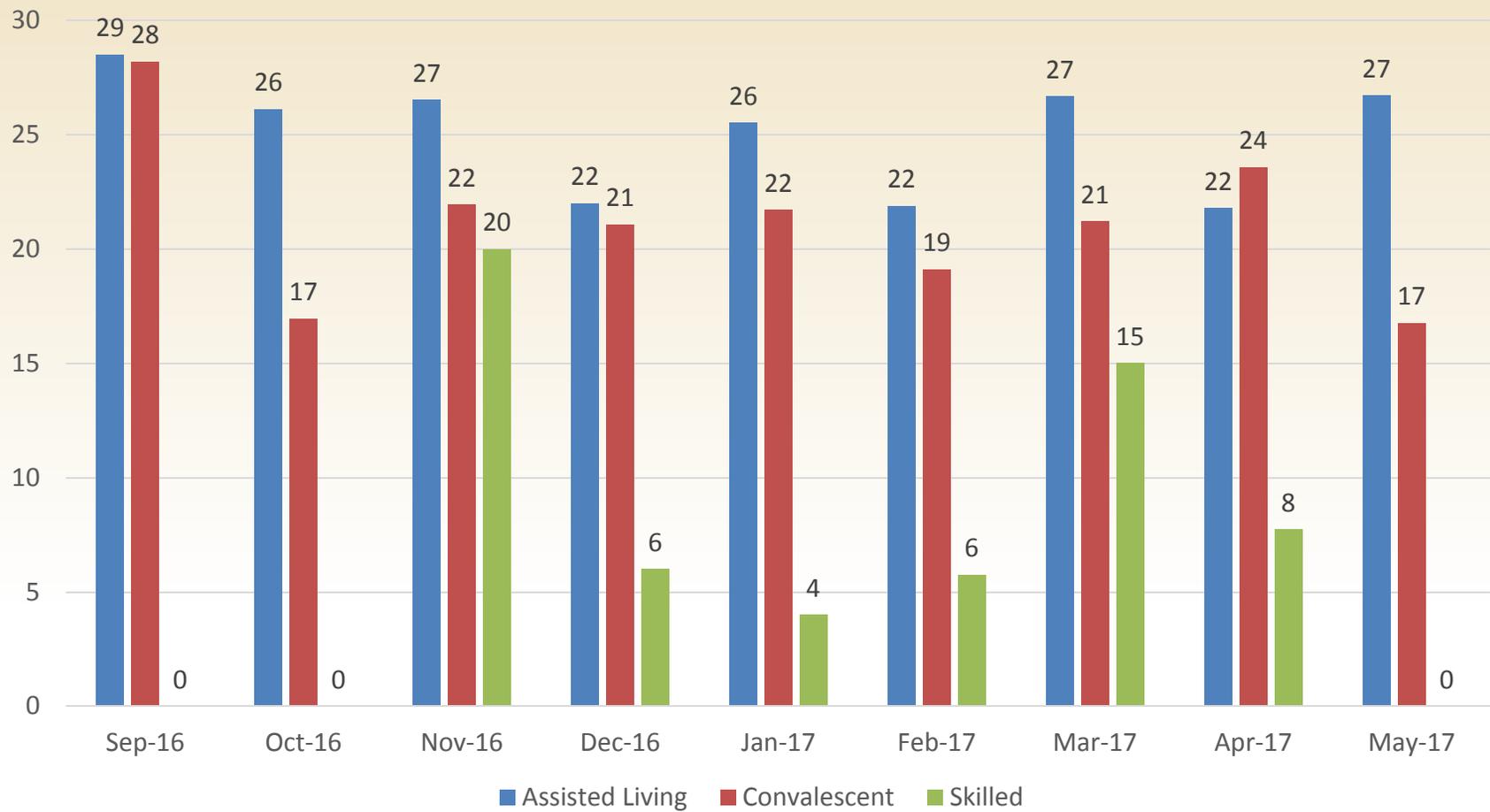
# TDCJ End-Stage Liver Disease Patient Growth



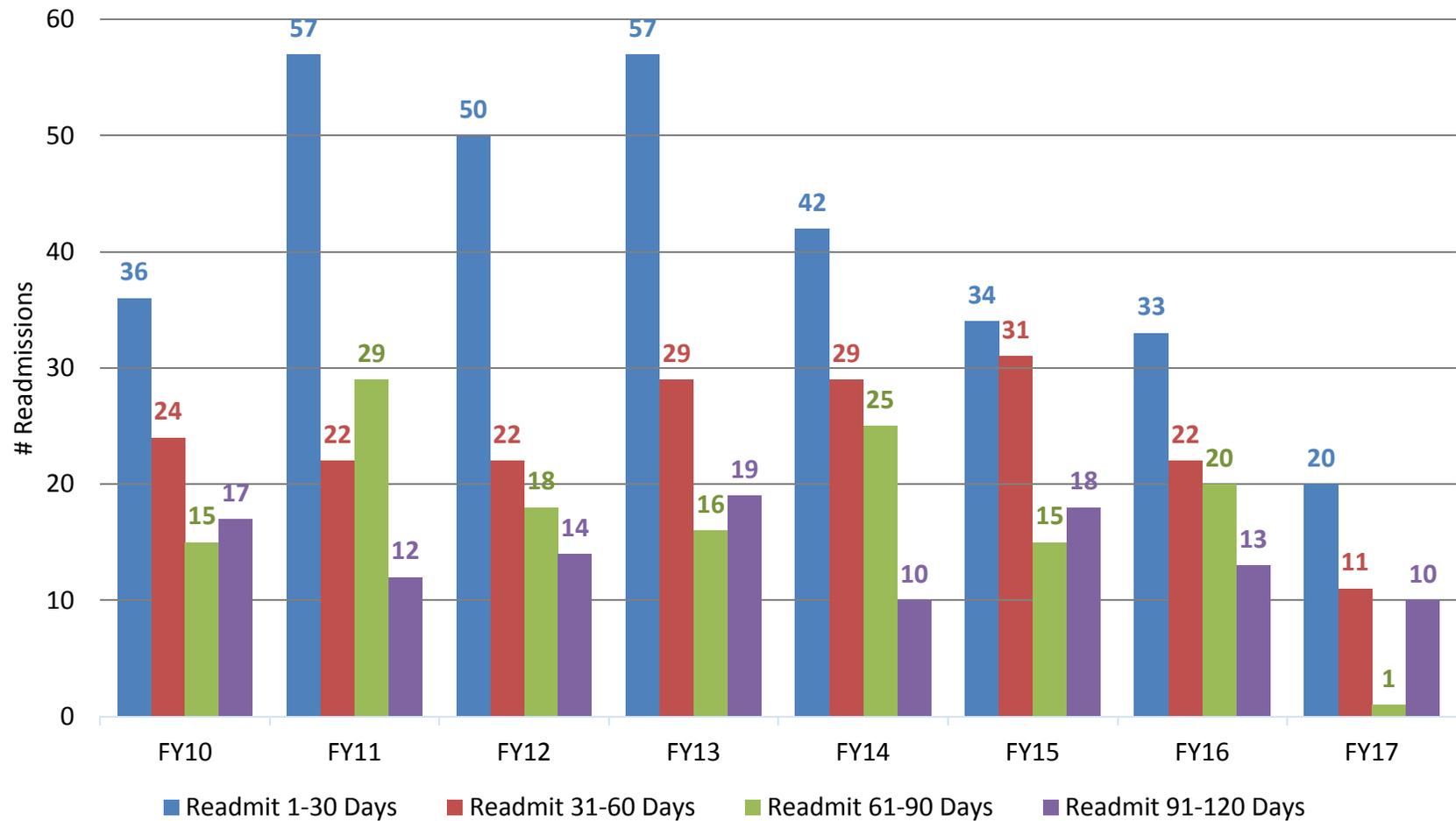
# Ongoing Team Efforts to Reduce Non-Perm Infirmatory Length of Stay

- Weekly Multidisciplinary Rounds (MDRs) – Satellite Infirmaries
- Bi-Weekly Multidisciplinary Rounds (MDRs) – Regional Medical Facilities
- Monthly Infirmatory Provider Committee Meeting
  - ✓ Review of recent Permanent patient approvals
  - ✓ Review of all Non-Permanent patients with length of stay >7 days
  - ✓ Review of Infirmatory Re-admissions
  - ✓ Review of previous Permanent patients discharged to unit of assignment
  - ✓ Review available Wheelchair Dorm Beds

# Average Non-Permanent Infirmiry Length of Stay FY17

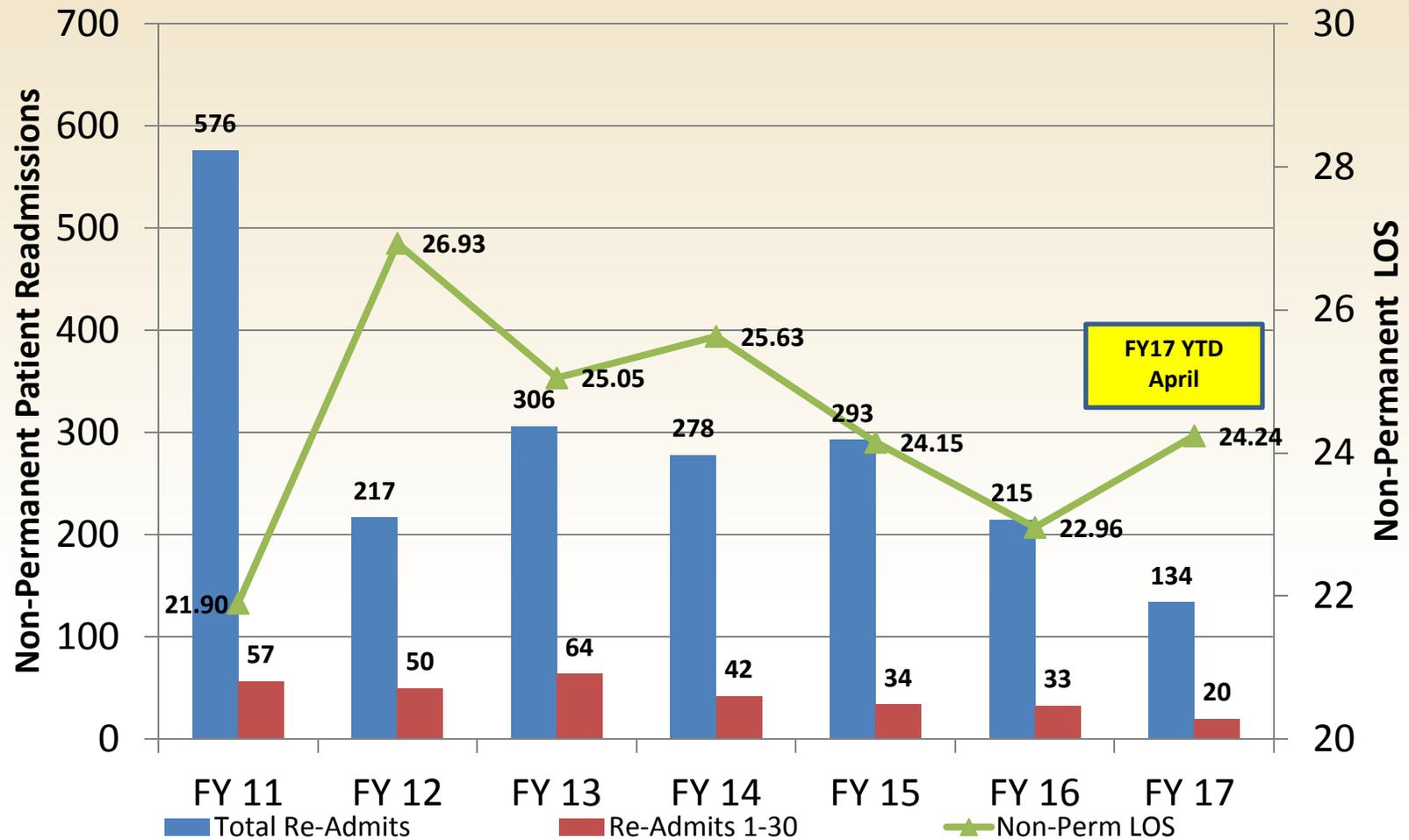


# UTMB CMC Non-Permanent Infirmary Readmission Baseline Data: FY10-17



FY17 YTD: 5/2017

# Non-Permanent Readmission Rate and LOS Comparison



# Sheltered Housing and Infirmatory Expansion Projects

- Telford – planned addition of 95 Sheltered Beds
- Jester III – planned addition of 54 Sheltered Beds
- Carole Young RMF – conversion of Surgical Suites
- Estelle – operationalize 15 Infirmatory Beds
- Jester III – expansion of level of care to include Convalescent Care