

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 5, 2017

10:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 5, 2017

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions

Retirement of Dr. Brian Tucker, Dental Director-Texas Tech University Health Sciences Center, effective December 31, 2017
- III. Consent Items **(TAB A) (pgs. 1 – 90)**
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, September 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
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports **(TAB B) (pgs. 91 – 104)**
- V. Summary of Critical Correctional Health Care Personnel Vacancies **(TAB C) (pgs. 105 – 114)**
 1. Texas Department of Criminal Justice
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VI. Medical Directors Updates **(TAB D) (pgs. 115 – 122)**
 - 1. Texas Department of Criminal Justice
- Health Services Division FY 2017 Fourth Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch

- VII. Disease Management Guideline and Policy Presentation **(TAB E) (pgs. 123 – 142)**
Hepatitis C Chronic (Revision)
Stephanie Zepeda, PharmD, Associate Vice President
UTMB Pharmacy Services

- VIII. Public Comments

- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 20, 2017

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 20, 2017

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

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Cynthia Jumper, Ben Raimer, M.D., Tamela Griffin

CMHCC Members Absent:

Partner Agency Staff Present: Oscar Mendoza, Marsha Brumley, Toni Moore, Ron Steffa, Melodye Nelson, Texas Department of Criminal Justice; Olugbenga Ojo, M.D., Marjorie Kovacevich, Ryan Micks, Owen Murray, D.O., Joseph Penn, M.D., Anthony Williams, University of Texas Medical Branch (UTMB); Denise DeShields, M.D., Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC)

Others Present: Jo Lynn Linville, Pat Prophitti, Texas Inmate Families Association (T.I.F.A.)

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Margarita de la Garza-Graham</p> <p>II. Recognitions and Introductions</p> <p>III. Approval of Consent Items - Margarita de la Garza-Graham</p>	<p>Dr. Margarita de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:02 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and would be allowed a three minute time limit to express comment. Jo Lynn Linville and Pat Prophitti signed up to provide public comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p> <p>Dr. de la Garza-Graham asked if there were any recognitions or introductions-hearing none; she moved onto agenda item III approval of consent items.</p> <p>Dr. de la Garza-Graham stated that the following five consent items would be voted on as a single action:</p>		

<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 20, 2017 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summaries of CMHCC Joint Committee/ Work Groups Activities 	<p>The first item was the approval of excused absences of Dr. Ben Raimer and Ms. Tamela Griffin from the June 20, 2017 meeting.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 20, 2017 meeting. Dr. de la Garza-Graham asked if there were any corrections, deletions or comments-hearing none; Dr. de la Garza-Graham moved onto the third consent item.</p> <p>The third consent item was the approval of TDCJ Health Services Monitoring Report and there was no comments or discussion of these reports.</p> <p>The fourth consent item was the approval of the University Medical Directors Report. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the summaries of CMHCC Joint Committee/Work Groups Activities. There was no comments or discussion of these reports.</p> <p>Dr. de la Garza-Graham then called for a motion to approve the consent items.</p>		
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Ron Steffa 	<p>Dr. de la Garza-Graham next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the Third 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>Unit and psychiatric care expenses represent the majority of health care cost at \$261 million or 52 percent of total expenses; hospital and clinical care accounted for \$185 million or 37 percent; and pharmacy services were at \$50 million or 10 percent of the total expenses.</p>		<p>Dr. Linthicum made a motion to approve all consent items, and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p>

<p>IV. Update on Financial Reports (Cont.) - Ron Steffa</p>	<p>The average daily census within the incarceration setting actually decreased compared to the Third Quarter of FY 2016 by 0.5%.</p> <p>The offender population age 55 and over had a 5.2% increase with an average daily census of 16,742 through the Third Quarter of FY 2016 compared to 17,612 through the Third Quarter of FY 2017.</p> <p>Mr. Steffa reported on the unit and psychiatric care revenues of \$269.7 million and \$261.7 million of expenditures giving a difference of surplus of \$8 million in the strategy.</p> <p>The unit and psychiatric care expenses represent the majority of total health care costs at \$261 million or 52%, hospital and clinical care at \$185 million or 37%, and pharmacy services at \$50 million or 10% of total expenses.</p> <p>Mr. Steffa next reported on hospital and clinical care revenues of \$159.4 million and expenditures of \$185.9 million for a deficit of \$26.5 million.</p> <p>Managed health care pharmacy revenues of \$47.3 million and expenses of \$50.5 million gave a shortfall of \$3.2 million.</p> <p>Mr. Steffa stated that the details for each of the three quarters include the projections of revenues of \$637 million with expenditures of \$669 million giving a shortfall of \$32 million. The projected amounts were included in the supplemental appropriation that was requested and approved during the last Legislative Session.</p>		
<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies - Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Correctional Health Care Personnel Vacancies.</p> <p>Dr. Linthicum reported that the entire Hilltop office Patient Liaison Program was shut down because of the hiring freeze. The positions are posted and there are applicants. Interviews will be conducted in the coming weeks.</p>	<p>Dr. de la Garza-Graham asked Dr. Linthicum if the interviews for the Hilltop positions were conducted in Gatesville.</p> <p>Dr. Linthicum responded yes. The Patient Liaison supervisory staff will go to the Hilltop Unit to conduct the interviews.</p>	

<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. Linthicum next reported that there are also applicants for the Jester IV Patient Liaison Program positions and interviews are also scheduled.</p> <p>Dr. Linthicum reported that the supervisor position of Investigator III was vacant at the Stiles Unit and has been posted to be filled.</p> <p>Dr. Linthicum reported that there were two applicants for the Director III Office of Mental Health Monitoring & Liaison position. One applicant did meet the position qualifications and will be interviewed.</p> <p>Dr. Linthicum reported that interviews for the Nurse IV Utilization Review position were conducted this week, and an applicant was offered the position.</p> <p>Dr. Linthicum reported that interviews were held for the Public Health and Prevention Specialist I position that maintains the statewide offender data base for syphilis, MRSA, and other infectious diseases, and there is an internal candidate that will be transitioning into this position.</p> <p>Dr. Linthicum stated that the Deputy Division Director in the Health Services Division contract is currently in UTMB's legal department for review. Once their review is completed, the position will be posted.</p> <p>Dr. Linthicum further reported that within the Office of Mental Health Monitoring and Liaison, there were two vacant positions for Health Specialist V which are psychologist positions. There are applicants and interviews will be conducted.</p> <p>The Director II position in the Office of Public Health is a Registered Nurse position that will post in the future after discussion with the TDCJ Chief Financial Officer.</p>	<p>Dr. de la Garza-Graham asked if applicants would need to be at a Ph.D. level or master's level to qualify for these positions.</p> <p>Dr. Linthicum responded applicants would need to be at master's level.</p>	
---	--	---	--

<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Grievances and Patient Liaison Correspondence - Quality Improvement (QI) Access to Care Audit - Office of Public Health 	<p>Dr. Linthicum then reported that the Office of Professional Standards operates the Family Hotline, the Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Third Quarter, the PLP and the Step II Medical Grievance received 4,574 correspondences. The PLP received 2,861 correspondences and Step II Grievance received 1,713. There were 196 Action Requests generated. The percentage of sustained Step II Medical grievances from UTMB was seven percent and three percent for TTUHSC.</p> <p>There were 34 Sick Call Request Verification Audits conducted on 30 facilities. A total of 285 indicators were reviewed and 19 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum continued by explaining that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). During the Third Quarter, there were 17,699 intake HIV tests performed. Of those tested, 248 offenders were newly identified as having HIV infection. During the same time period, there were 9,332 pre-release tests performed with none found to be HIV positive. For this quarter, 15 new AIDS cases were identified. There were 466 cases of Hepatitis C identified for the Third Quarter FY 2017.</p> <p>119 cases of suspected Syphilis were reported.</p> <p>154 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2017.</p> <p>Dr. Linthicum advised that there was an average of 20 Tuberculosis (TB) cases under active management for the Third Quarter FY 2017.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a 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>VI. Medical Director's Report (Cont.) - Dr. Owen Murray</p>	<p>Dr. Murray complemented and thanked Mr. Mendoza and the CID team for their assistance in helping to provide accommodations to make the Travis SJ Facility work for Pack offenders. CID provided wheel chair escorts which assisted in administering medications. Specifically, in assisting those patients who could not ambulate to the pill window to receive their medications. Dr. Murray stated that Dr. Linthicum's guidance in this process was also very helpful and worked incredibly well.</p> <p>Dr. Murray further acknowledged and thanked UTMB staff for their assistance with the management of offenders during Hurricane Harvey.</p> <p>Dr. Murray reported that the impact of relocating offenders from the Rosharon Units resulted in approximately 6,000 offender moves. During the hurricane, health care staff sheltered in place at 23 facilities. The efforts on behalf of nursing staff were incredible; some nurses worked 150 to 200 additional hours.</p> <p>Dr. Murray felt that UTMB, CMC and TDCJ always work very well together but did exceptionally well together during this time of crisis.</p>		
<p>VII. Biennial Review and Adoption of the Offender Health Services Plan – Joint Medical Directors Working Group - Dr. Owen Murray</p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham called on the Joint Medical Directors to provide an update on the Biennial Review and Adoption of the Offender Health Services Plan.</p> <p>Dr. Murray explained that the Health Services Plan directs and defines the service levels that are agreed on by the committee relating to the care that is provided to offender patients. There were no significant changes made to the document.</p> <p>Dr. Linthicum noted only minor changes were made to the dental portion. The Joint Medical Directors met to discuss the changes and were all in agreement.</p>		<p>Dr. Jumper made a motion to approve the adoption of the offender health services plan, and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>

<p>IX. Public Comments</p>	<p>Dr. de la Garza-Graham noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. Ms. Pat Prophitti and Ms. Jo Lynn Linville signed up to express public comments and were given the opportunity to do so.</p>	<p>Ms. Prophitti spoke on their behalf and stated that they represented the Texas Inmate Families Association (T.I.F.A.) and gave an overview of the functions of the organization.</p> <p>Ms. Prophitti stated that they were there to express concerns on behalf of offender families.</p> <p>Ms. Prophitti spoke on a concern of an offender's mother. Her son was placed in hospice care, and she did not hear from him for two days. She tried calling but was unable to get any information. The mother was on his medical release and tried going through the chaplain. The chaplain was not able to give her any information. Ms. Prophitti stated the concern then came to her, and she reached out to Warden Monroe who handled the concern.</p>	<p>Dr. Linthicum asked Ms. Prophitti did the mother try contacting the family hotline or patient liaison.</p> <p>Ms. Prophitti responded that the mother was not able to get any information at all.</p> <p>Dr. Linthicum informed Ms. Prophitti that Dr. Murray has an office called the UTMB Office of Risk Management and Quality Services with a full-time registered nurse, Ms. Gigi Jamison that is available to speak with family members. Contact information was given.</p> <p>Dr. Linthicum stated that she would find out why the family hotline was unable to give her any information because this is their purpose.</p> <p>Dr. Linthicum asked Ms. Prophitti if she had the name of the loved one that is in hospice.</p>
-----------------------------------	---	--	---

IX. Public Comments (Cont.)

Ms. Prophitti next referenced another mother's son who had been incarcerated for 2 years and was diagnosed with severe sleep apnea while in the system. He had a C-PAP machine at home but was unable to take it with him once incarcerated. He had been transported to different locations and asked to show paperwork for needing use of a C-PAP machine, his mother has been trying to get paperwork for C-PAP machine for 2 years.

Ms. Prophitti responded no, but she could e-mail the name to Dr. Linthicum.

Dr. Linthicum asked Ms. Prophitti if the offender had been to Hospital Galveston for a sleep study to be performed.

Ms. Prophitti responded that she did not know.

Dr. Linthicum assured Ms. Prophitti that this matter would be looked into and investigated to ensure he gets his C-PAP machine.

<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prophitti expressed a past concern that she reached out to Ms. Myra Walker on. In this situation a loved one fell, had a seizure and was transported by ambulance from the unit. He was transported to a local hospital due to the urgency of medical attention needed from his fall. Ms. Prophitti stated family spent three days trying to find out his condition, and they were on his medical release. Since he was in a private facility when family called, they were unable to receive any information because he is an offender. Ms. Prophitti stated that she later spoke with Ms. Walker who got involved and may have personally gone to the hospital.</p> <p>Ms. Prophitti stated that there had been several phone calls made from family members checking on their family members after they have made a sick call or been to the infirmary. Ms. Prophitti asked if medical personnel was now unable to release this information. Ms. Prophitti explained that before family could call and ask questions once confirmed on the medical release.</p>	<p>Dr. Linthicum explained that it is very difficult to receive information on an offender in a private hospital because of HIPAA laws, and they are very reluctant to give out information over the phone to anyone, even to her when she identifies herself as the medical director for TDCJ.</p> <p>Dr. Linthicum further explained that usually to obtain the information she must reach out to one of the UTMB utilization review nurses, because they receive a daily case management update. Once the case management update is given, she is able to notify Ms. Walker who can then provide this information to the family.</p> <p>Dr. Linthicum stated that anytime the family needs information, they should start with Ms. Walker or Ms. Jamison. The two of them will work to get the information.</p> <p>Dr. DeShields added that Brenda Whitney in West Texas is the Utilization Review Nurse contact for TTUHSC sector.</p>
---	--	---	--

<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prophitti continued further speaking about concerns she had from Region I in the past few months. She has been told that information cannot be given out, and they are being told that their name and number can be taken and given to Ms. Pace who will get back with them.</p>	<p>Dr. Linthicum responded no, there has not been a change in the policy. The person on the unit designated to be the liaison for families is the health administrator, UTMB calls them practice managers. It is usually the practice manager or the director of nurses that can talk with the families. In the TTUHSC sector it is also the health services administrator that they can speak with.</p> <p>Mr. Tony Williams of UTMB responded that he would follow-up to get information on this matter on why responses are not being provided.</p> <p>Dr. Linthicum reiterated that the health administrator or director of nurses are supposed to talk with families.</p> <p>Dr. Linthicum explained that as long as there is a valid release of information, they can talk with the family.</p> <p>Dr. Linthicum noted that Mr. Williams is the Director of Outpatient Services for UTMB and that he would look into the matter.</p>
---	--	---	--

<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prophitti then asked what generated verification for an audit and if they were done yearly.</p>	<p>Dr. Linthicum explained that the statute established in the Correctional Managed Health Care Texas Government Code section 501.150 states that TDCJ has to do four things, one of which is to ensure access to care and conduct operational review audits.</p> <p>Dr. Linthicum further explained that part of our monitoring is to look at the offenders' access to care. The units cannot destroy the sick call request. The offender writes their concern, and they get a written response saying that they will be scheduled for an appointment. Sick call requests cannot be destroyed until health services staff conduct an audit.</p> <p>Dr. Linthicum added that there is a team of registered nurses in the Office of Health Services Monitoring and Patient Liaison as well as investigators in the Office of Professional Standards that conduct audits on the sick call requests. There is a process that is performed to see if access to care has been provided.</p>
---	--	--	--

<p>VIII. Public Comments (Cont.)</p>			<p>Dr. Linthicum further added that monthly every unit has to report their access to care in medical, nursing, dental, and mental health. Any unit that falls below the 80 percent threshold must submit a corrective action. Ensuring access to care is state law. This is monitored to ensure access to care is being met.</p> <p>Dr. Linthicum also stated that offenders have methods to reach out and ask for help as well if they feel access to care is not being met. They can reach out to advocacy groups, family members, or they have the option to file a grievance which can be appealed to Step II and sent to the Health Services Division if the offender is not in agreement with the response of unit medical staff.</p>
---	--	--	---

<p>VIII. Public Comments (Cont.)</p>		<p>Ms. Prohitti asked when a verification is generated and showing failed indicators if the information is available to the public.</p>	<p>Dr. Linthicum responded that the audits are a part of the Health Services Division Monitoring activities. An open records request could be submitted which would be reviewed by the general counsel to confirm if the requested information could be released with redacting of protected health information that is confidential.</p> <p>Dr. Linthicum also included that the information from the CMHCC meetings include the medical director's reports describing the results of the audits relating to the indicators. This information can be accessed from the CMHCC Committee website at any time.</p> <p>Dr. Raimer also included that the audits are very thorough and all the material generated from the offices are summarized in the report, which is also reviewed by the Legislature.</p>
---	--	---	---

<p>IX. Adjourn</p>	<p>Dr. de la Garza-Graham thanked everyone for their attendance. The next CMHCC meeting is scheduled for December 5, 2017 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:07 a.m.</p>		<p>Dr. Raimer made a motion to adjourn the meeting, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>
---------------------------	--	--	--

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

Date

Consent Item

TDCJ Health Services Monitoring Reports



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

HEALTH SERVICES DIVISION

QUARTERLY MONITORING REPORT

***FOURTH QUARTER FISCAL YEAR 2017
(JUNE, JULY AND AUGUST 2017)***

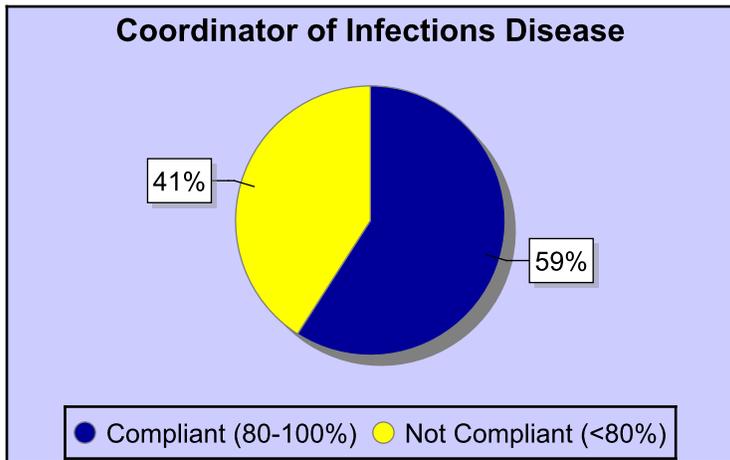
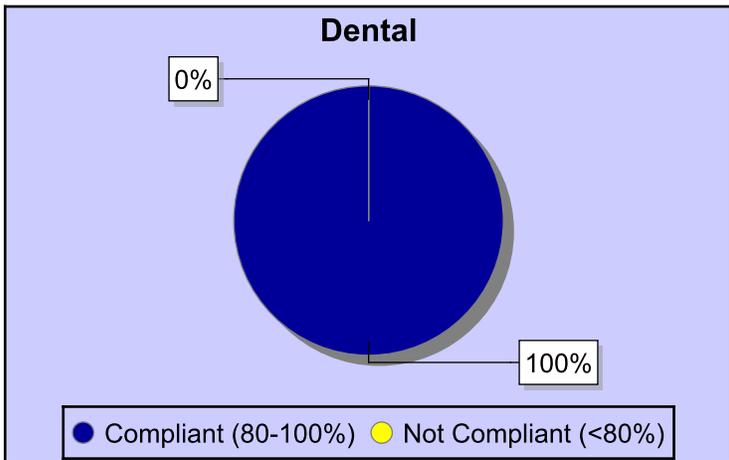
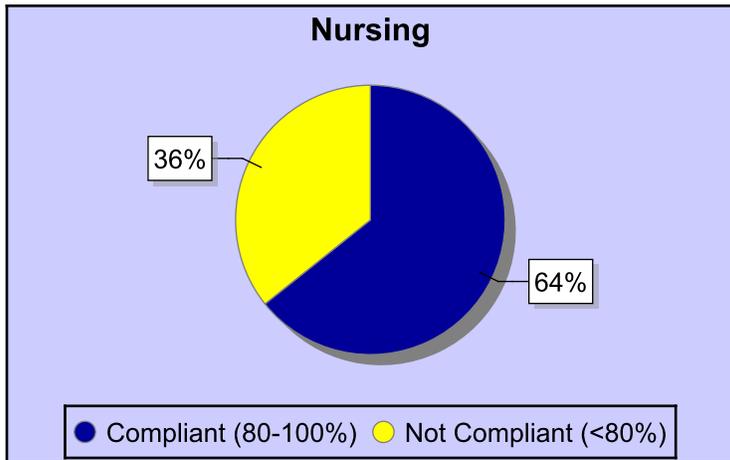
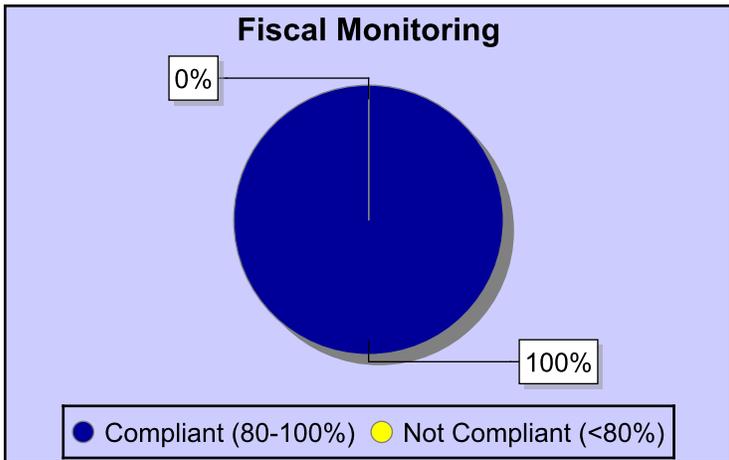
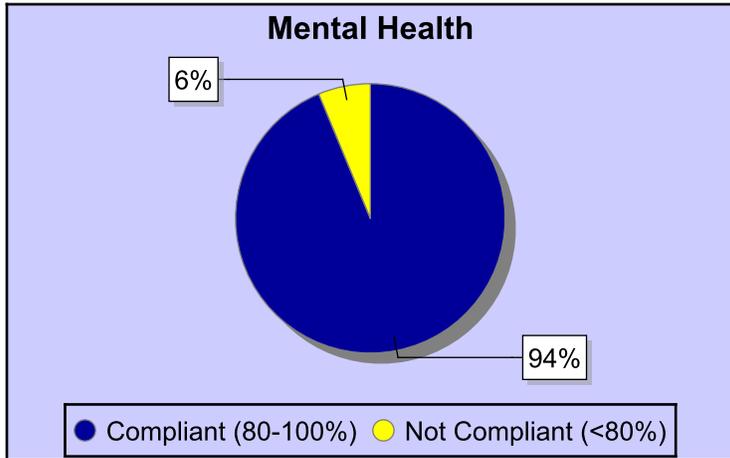
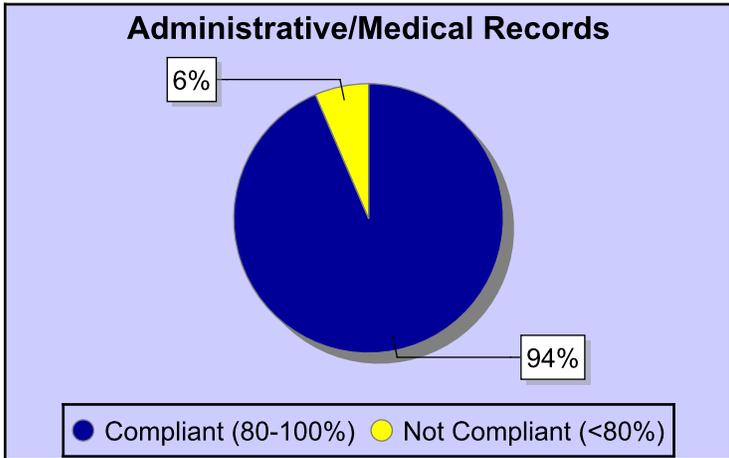
Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2017
June 2017 - August 2017

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	
Formby	31	29	94%	14	9	64%	22	13	59%	12	12	100%	16	15	94%	5	5	100%
Hobby	32	31	97%	15	12	80%	28	22	79%	11	11	100%	15	12	80%	5	5	100%
Kegans (ISF)	30	25	83%	12	10	83%	23	19	83%	2	0	0%	14	9	64%	5	4	80%
Marlin	31	31	100%	15	14	93%	28	25	89%	10	10	100%	14	13	93%	4	4	100%
Montford	53	48	91%	21	20	95%	29	22	76%	11	11	100%	50	44	88%	8	8	100%
Pack	33	31	94%	13	13	100%	27	24	89%	10	10	100%	15	12	80%	5	5	100%
Polunsky	33	32	97%	13	10	77%	33	24	73%	11	11	100%	19	16	84%	6	6	100%
Wallace	30	29	97%	13	13	100%	18	17	94%	10	10	100%	2	2	100%	4	4	100%
Wheeler	29	29	100%	9	7	78%	21	17	81%	10	10	100%	1	1	100%	4	4	100%

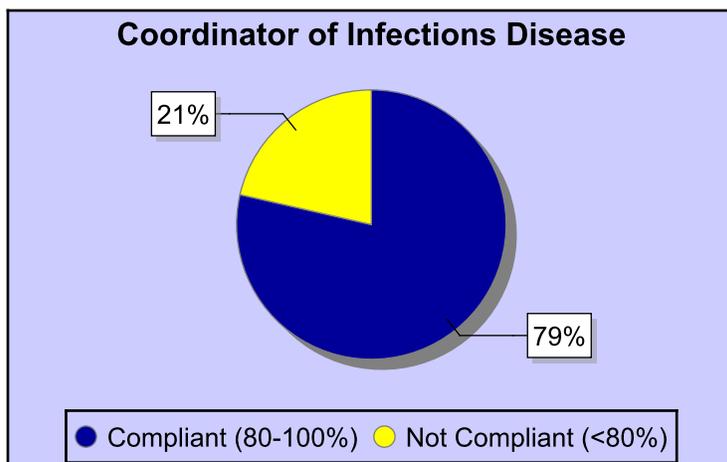
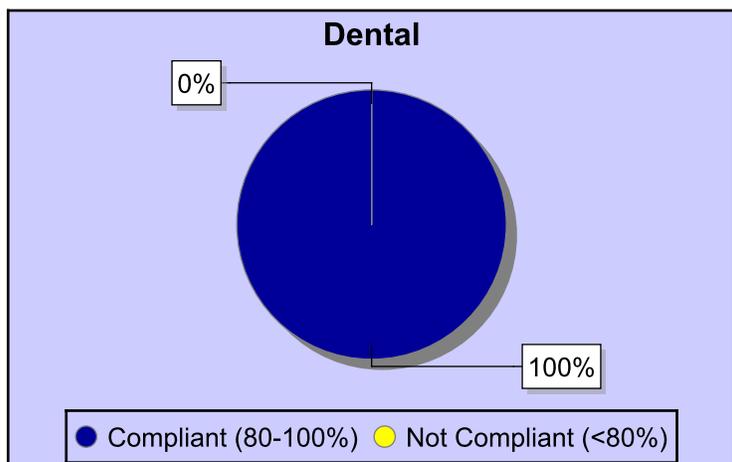
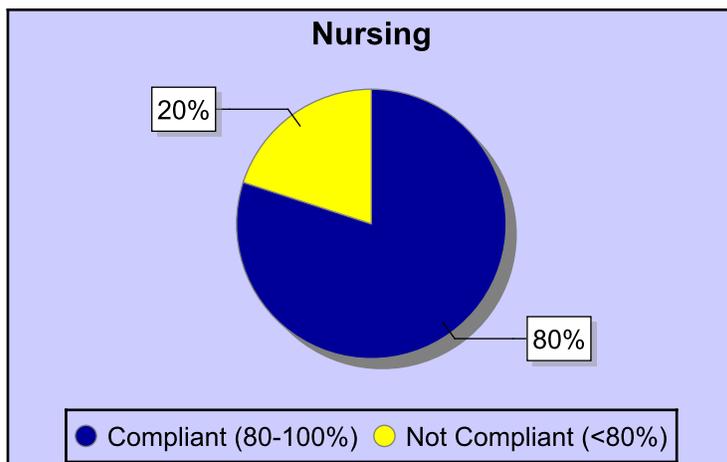
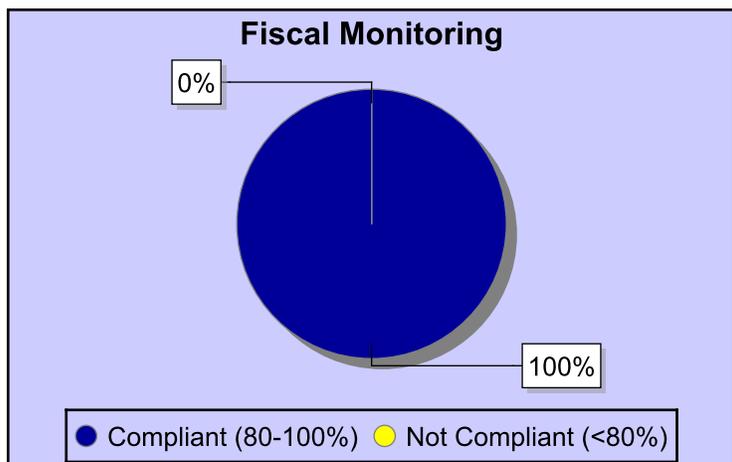
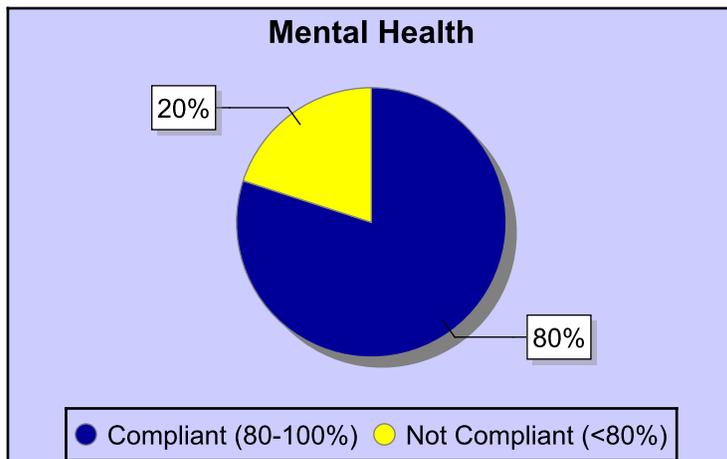
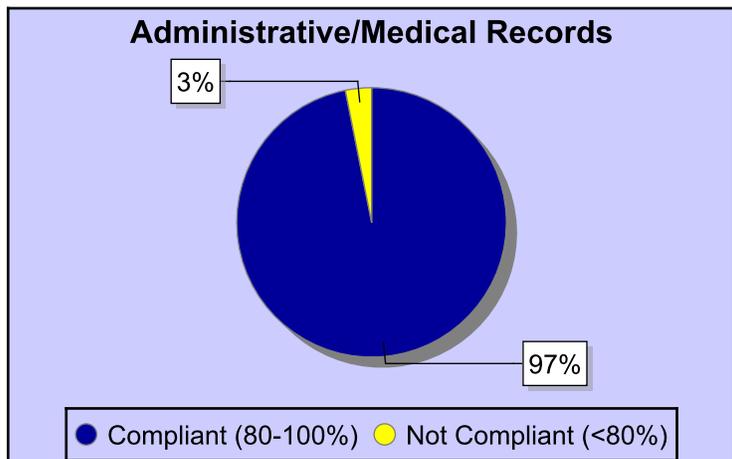
n = number of applicable items audited.

Compliance Rate By Operational Categories for FORMBY FACILITY

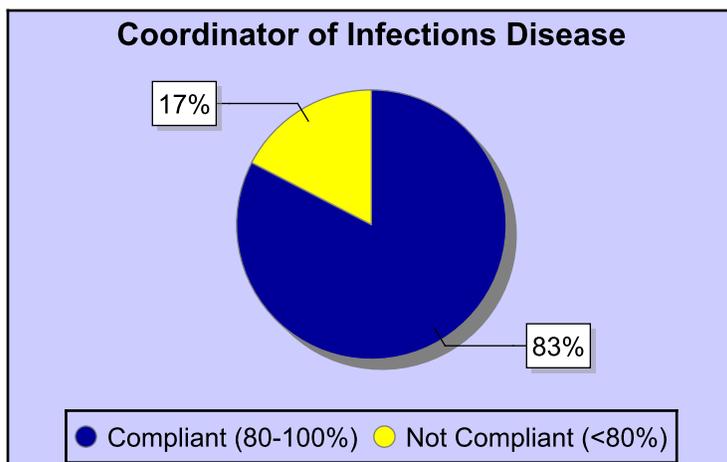
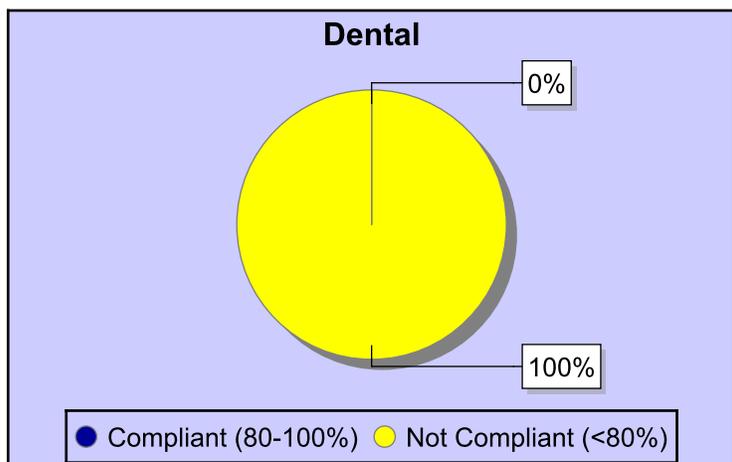
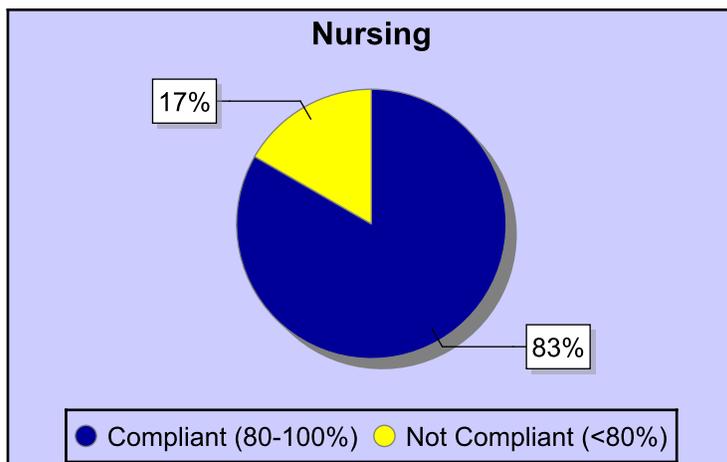
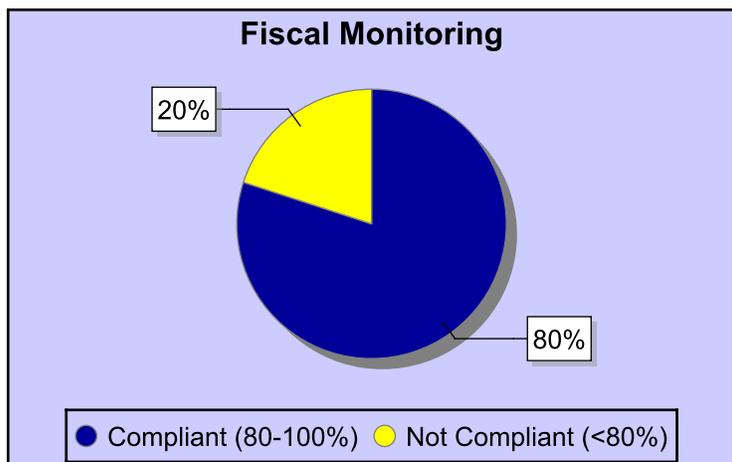
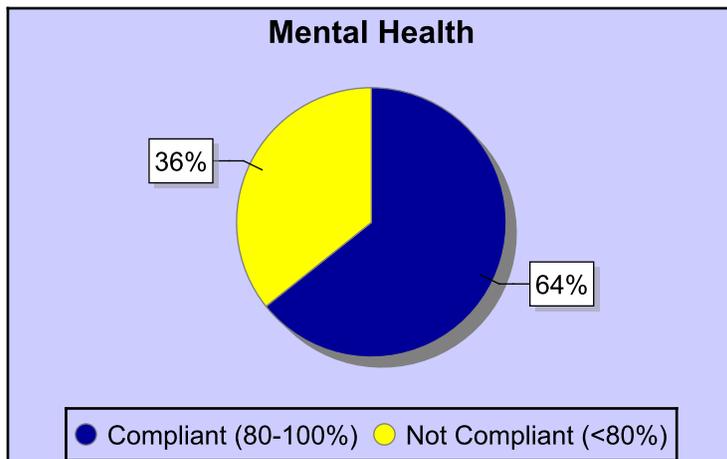
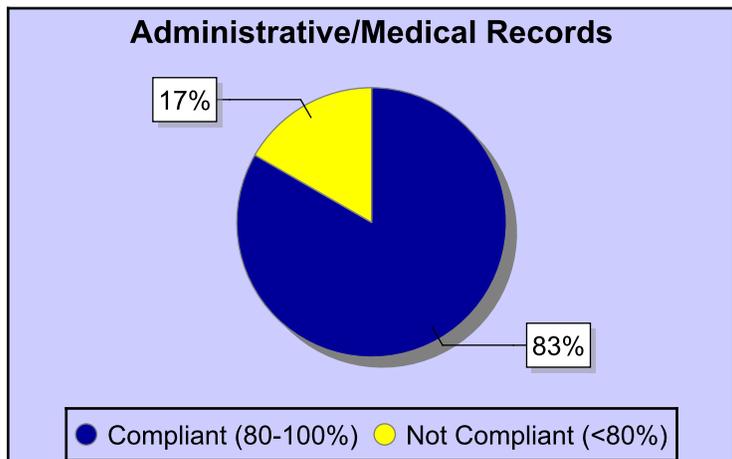
July 06, 2017



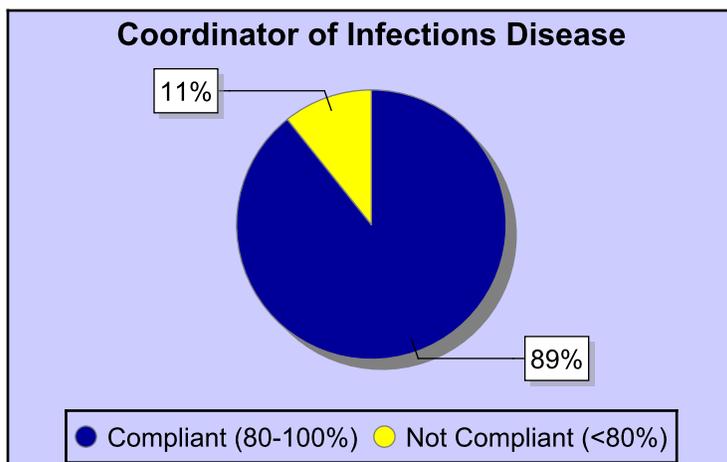
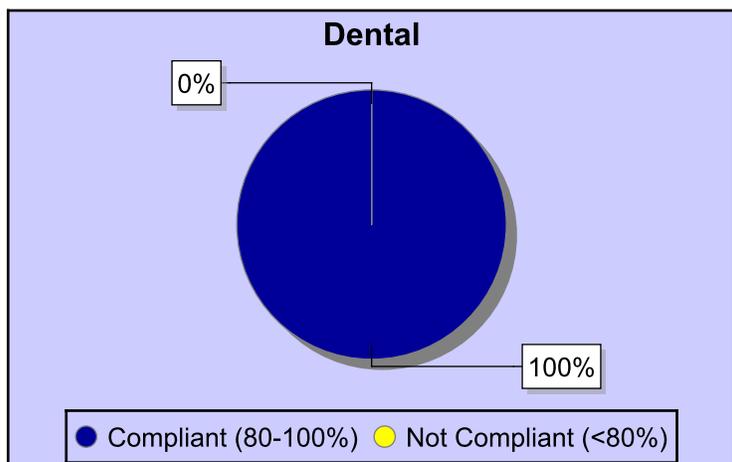
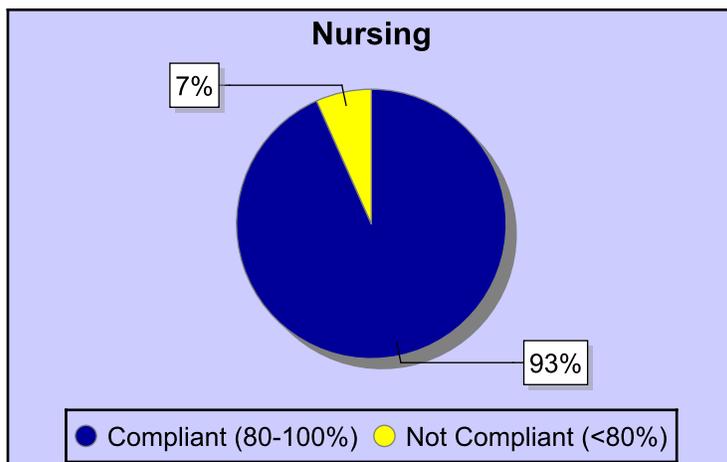
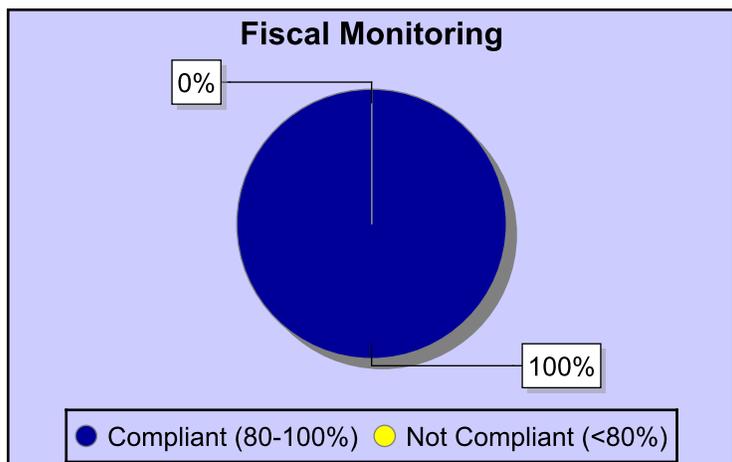
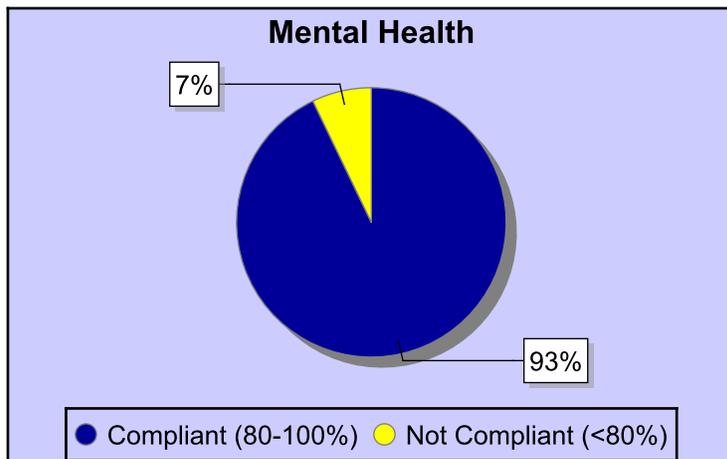
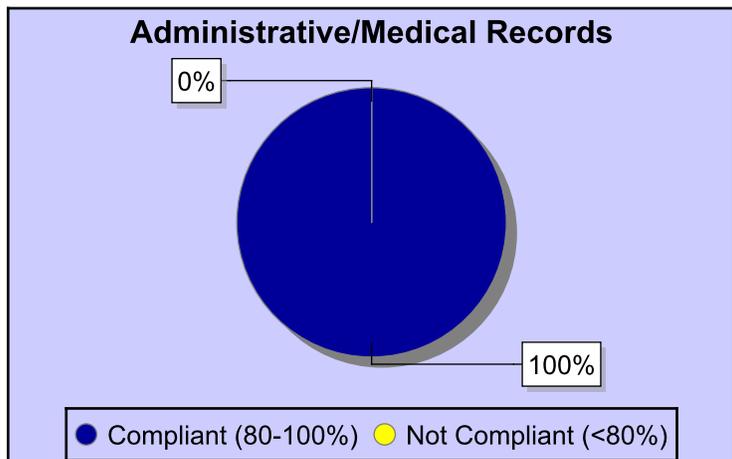
Compliance Rate By Operational Categories for HOBBY FACILITY August 01, 2017



Compliance Rate By Operational Categories for KEGANS FACILITY July 03, 2017

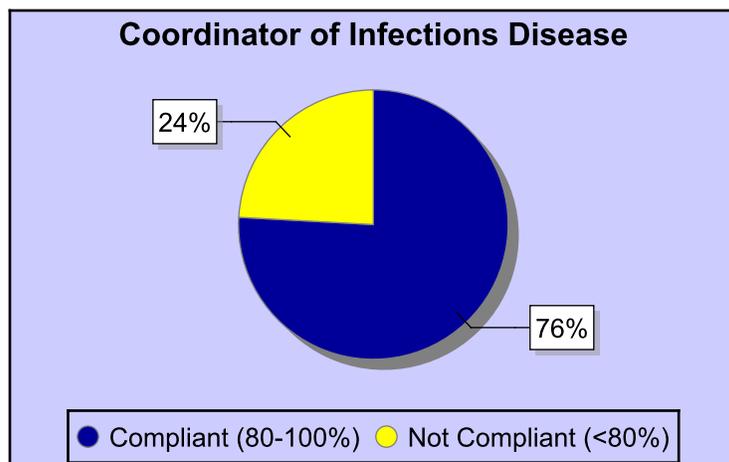
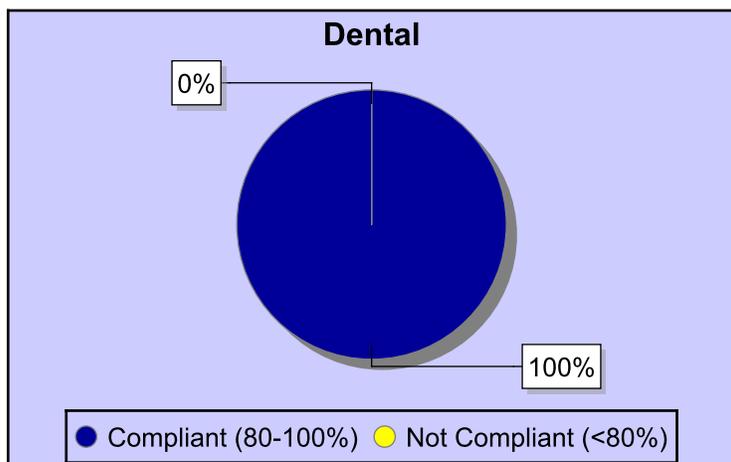
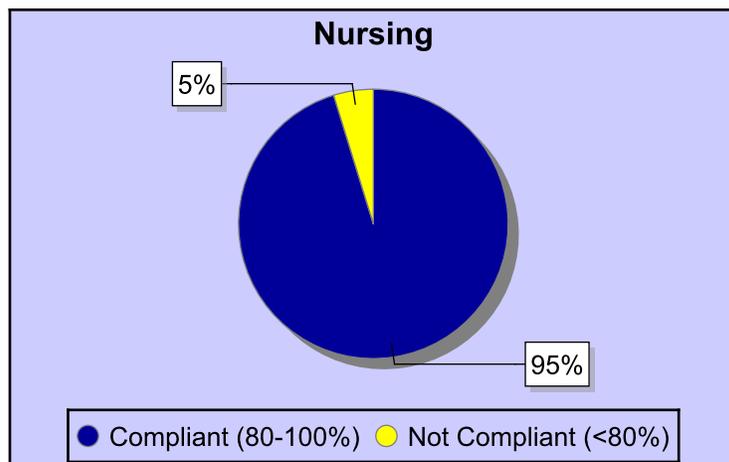
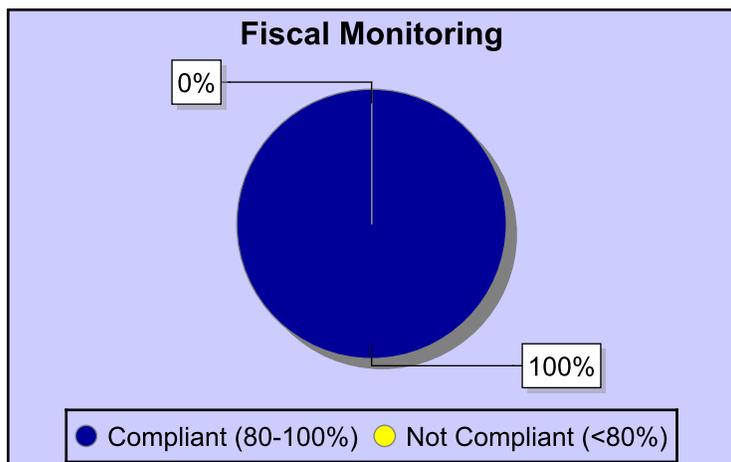
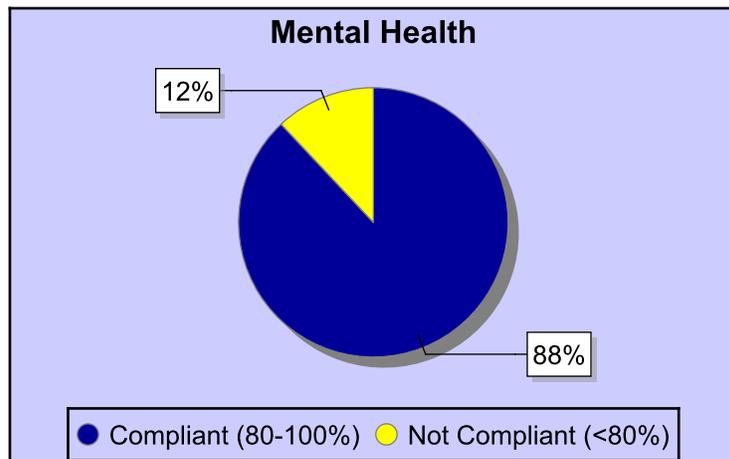
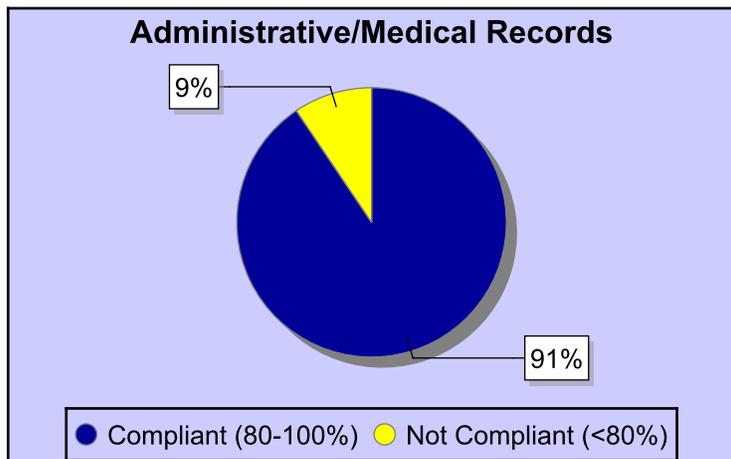


Compliance Rate By Operational Categories for MARLIN FACILITY August 02, 2017

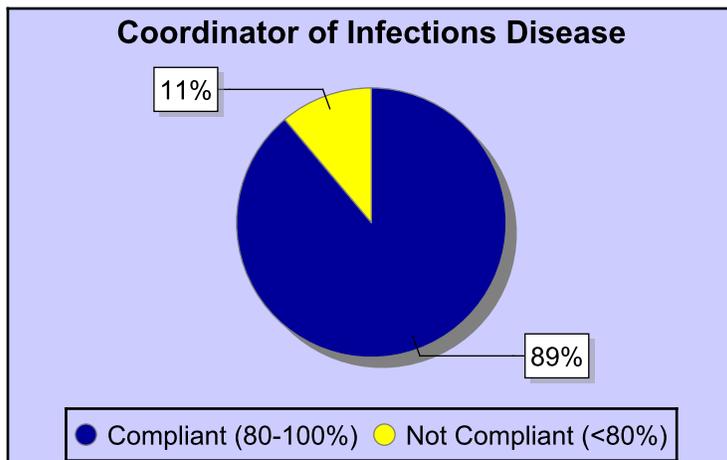
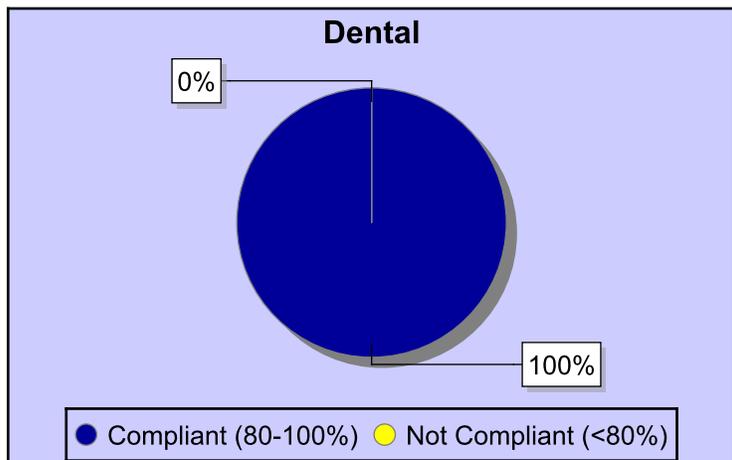
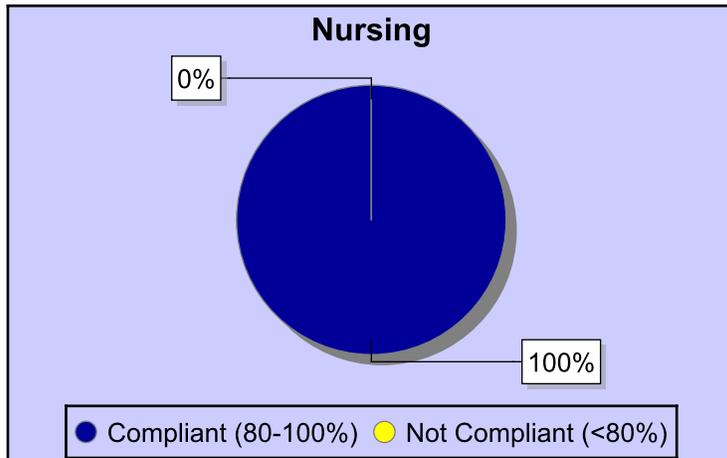
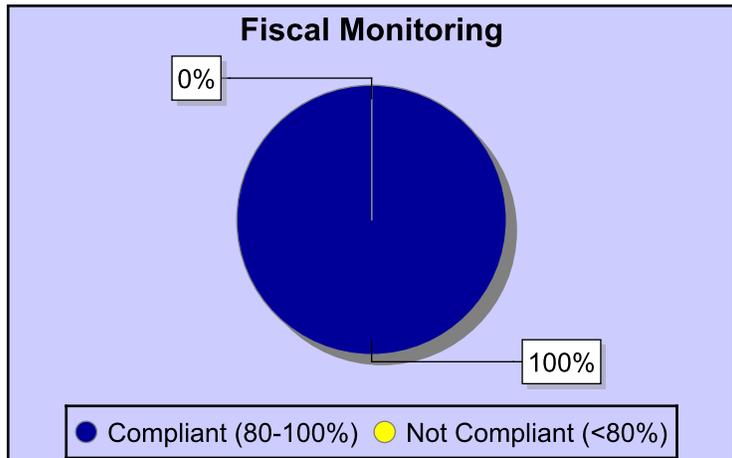
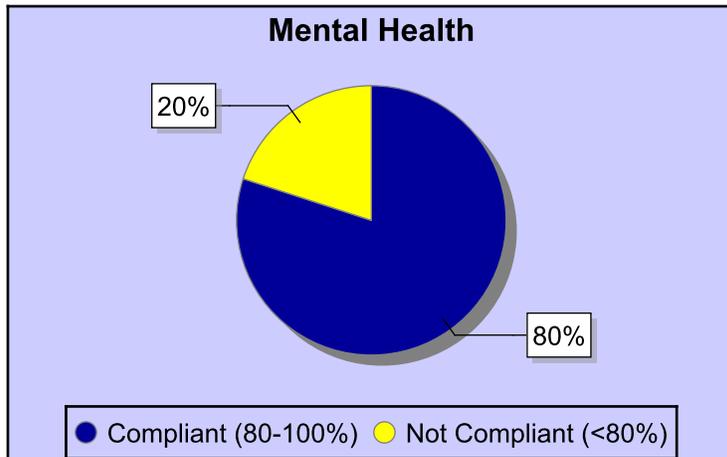
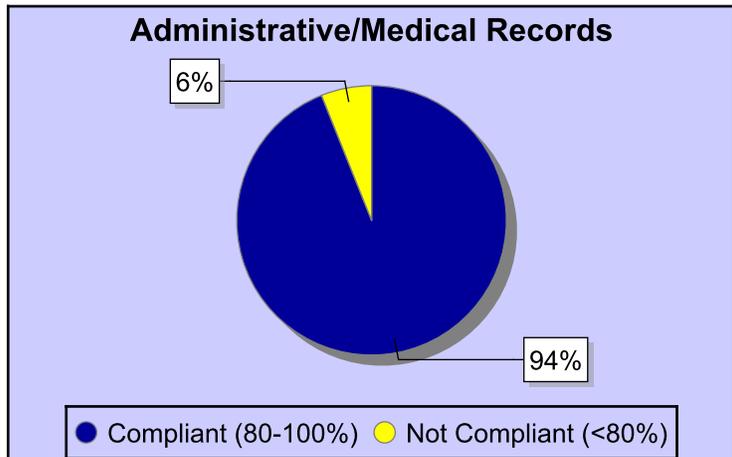


Compliance Rate By Operational Categories for MONTFORD FACILITY

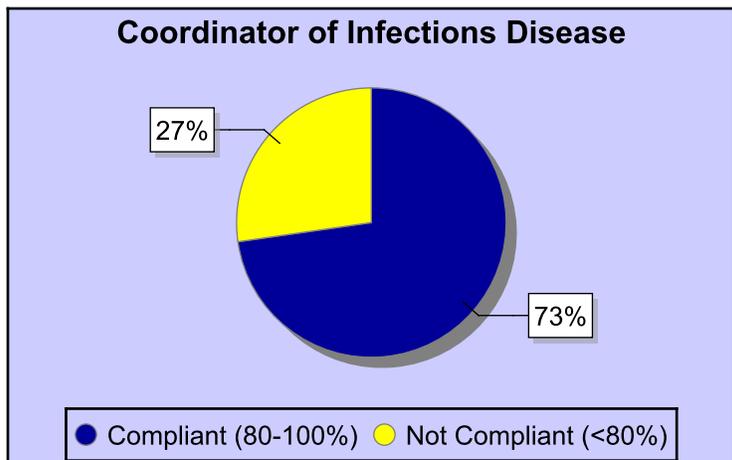
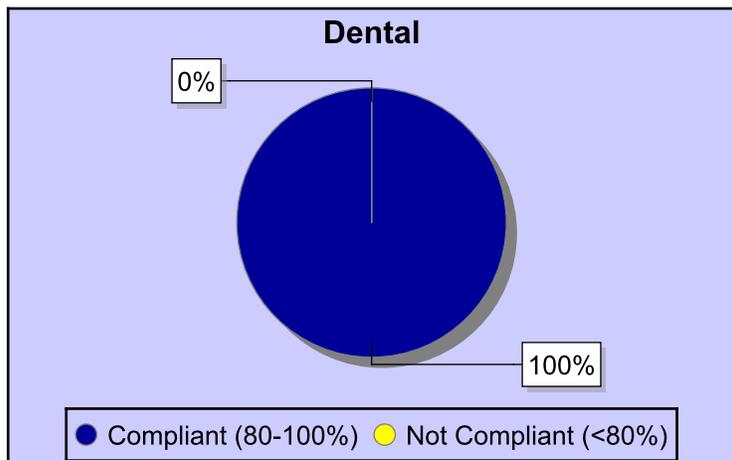
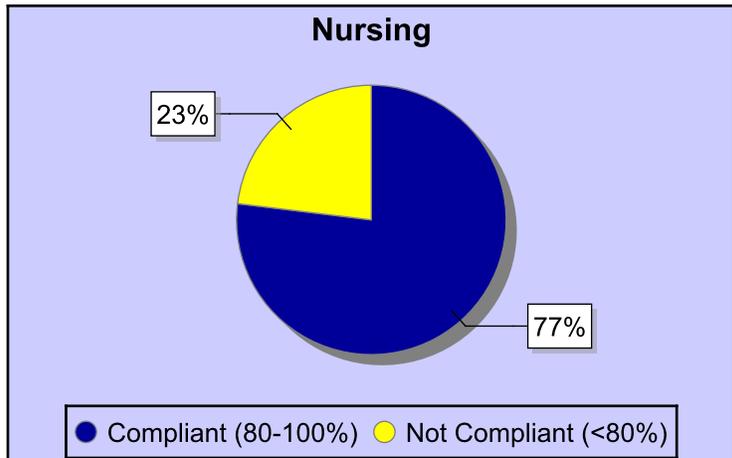
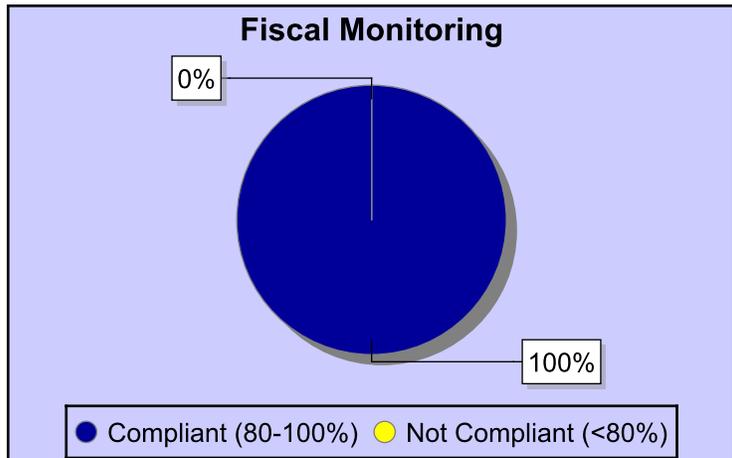
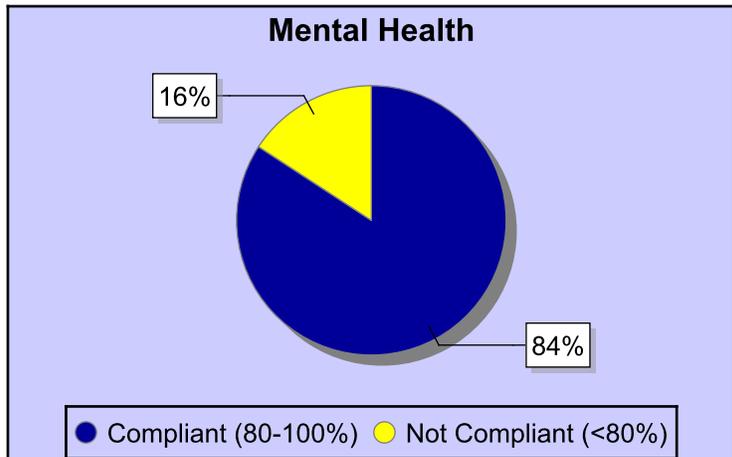
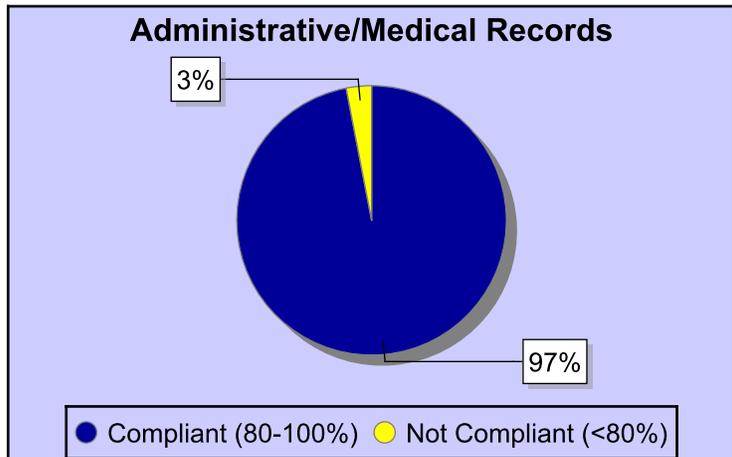
June 06, 2017



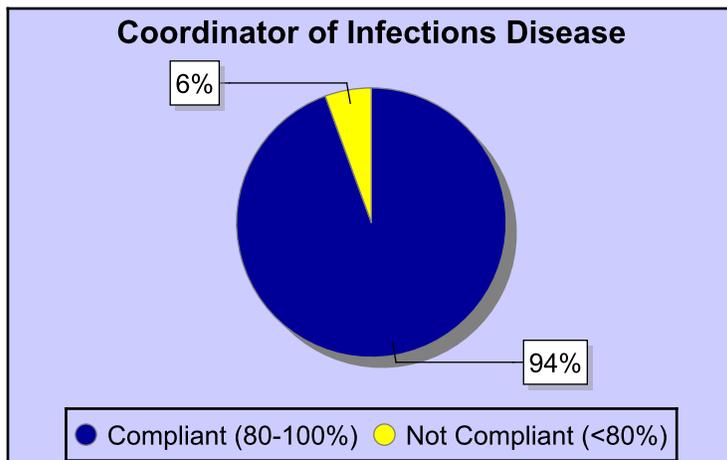
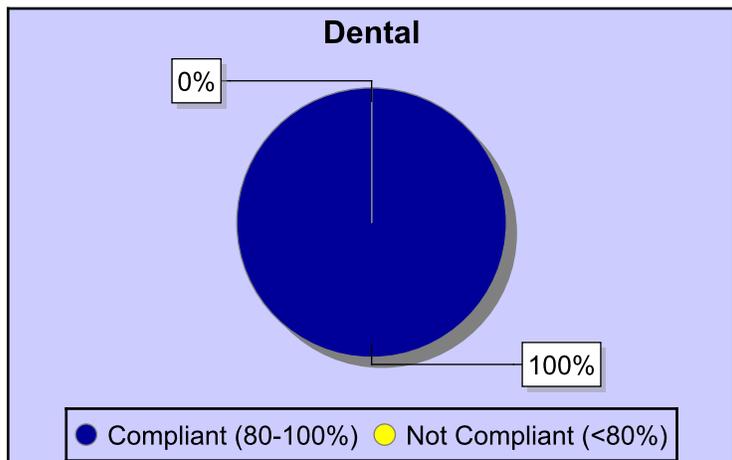
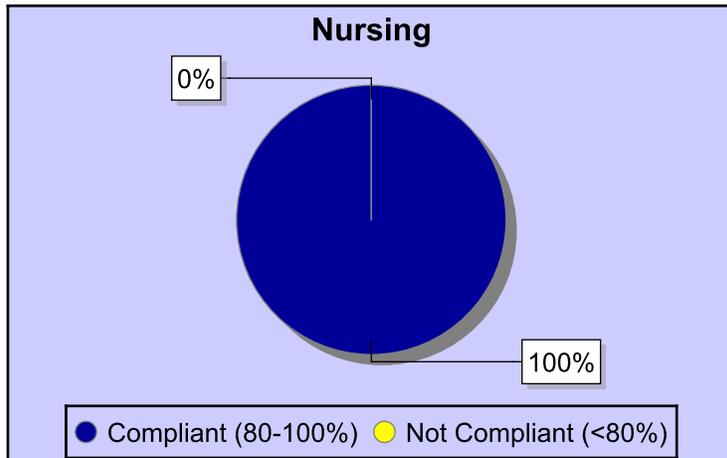
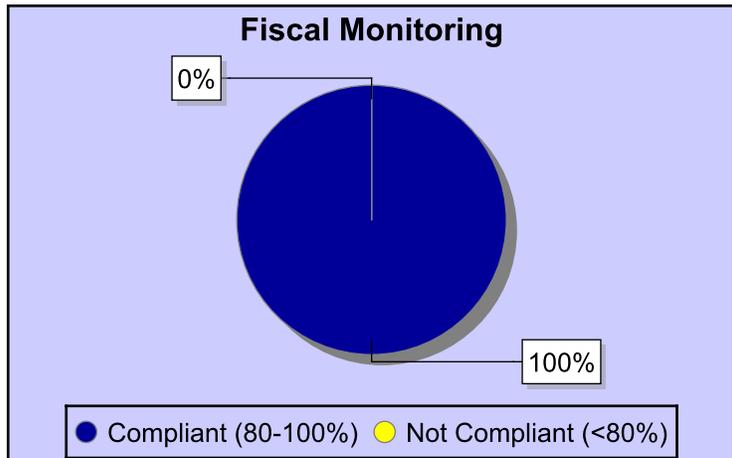
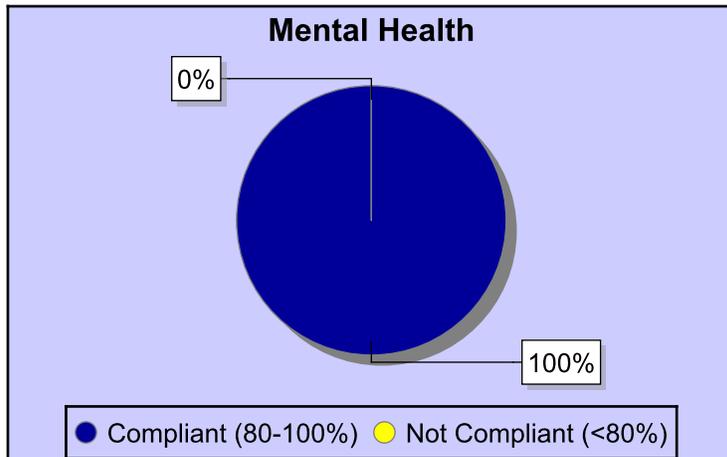
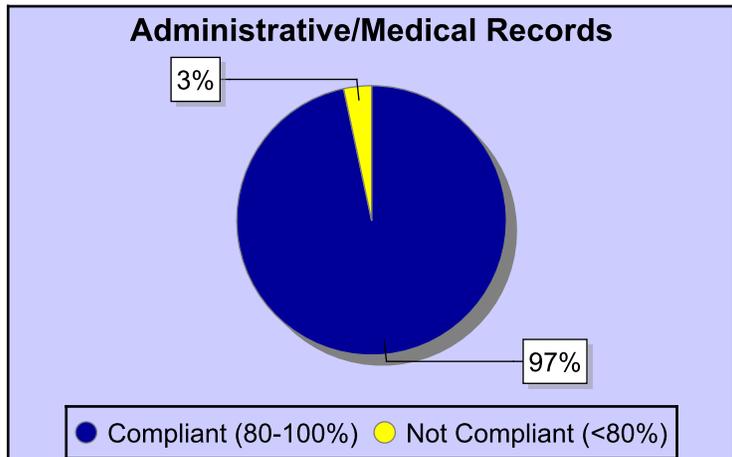
Compliance Rate By Operational Categories for PACK FACILITY June 02, 2017



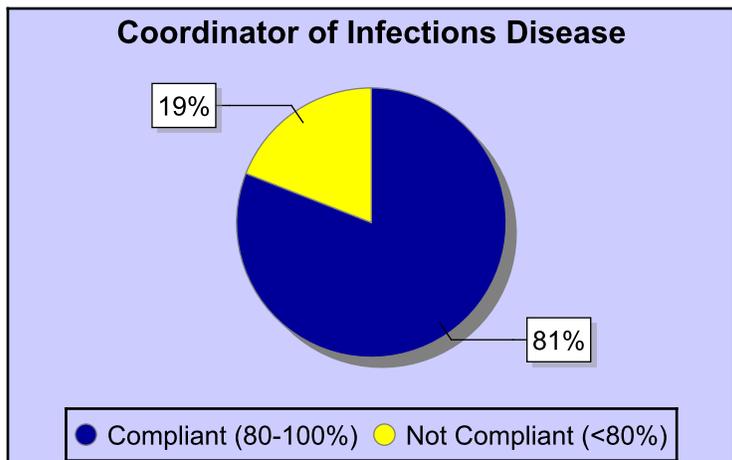
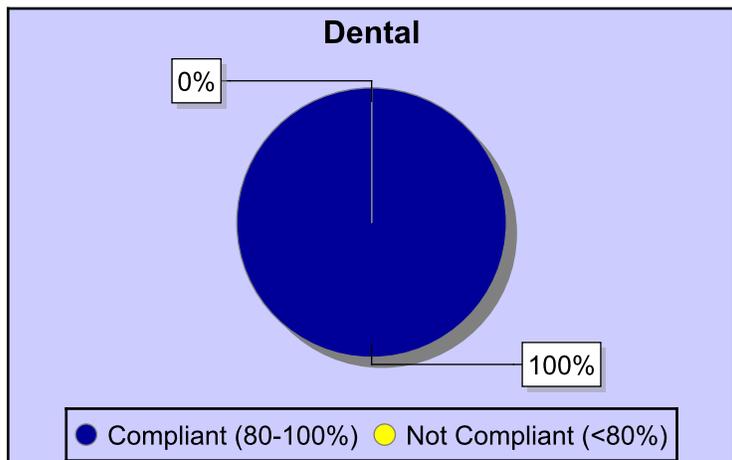
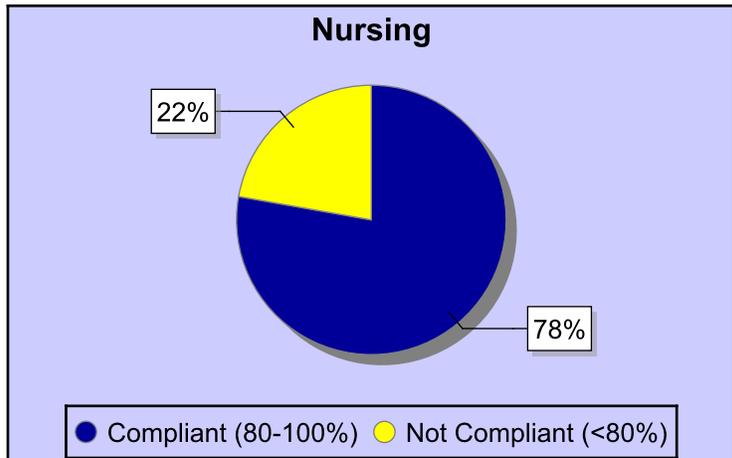
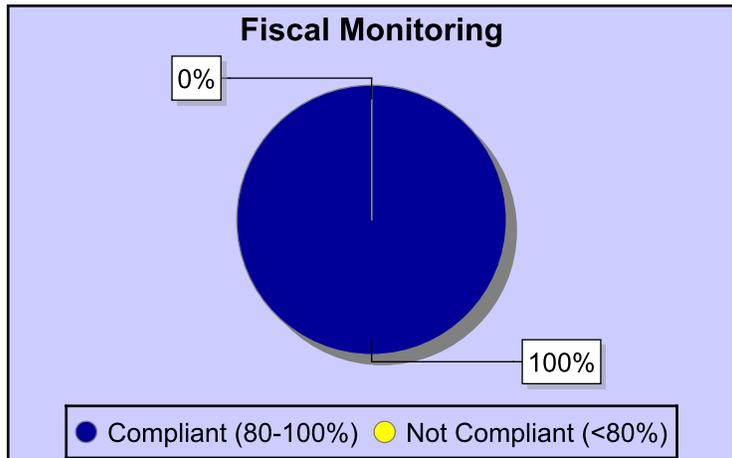
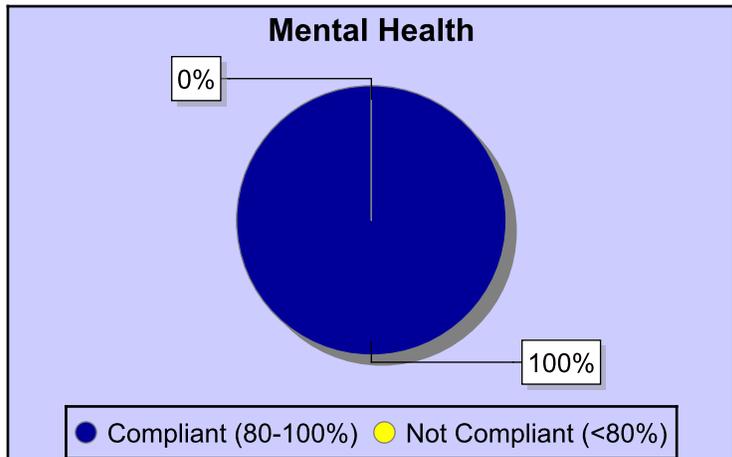
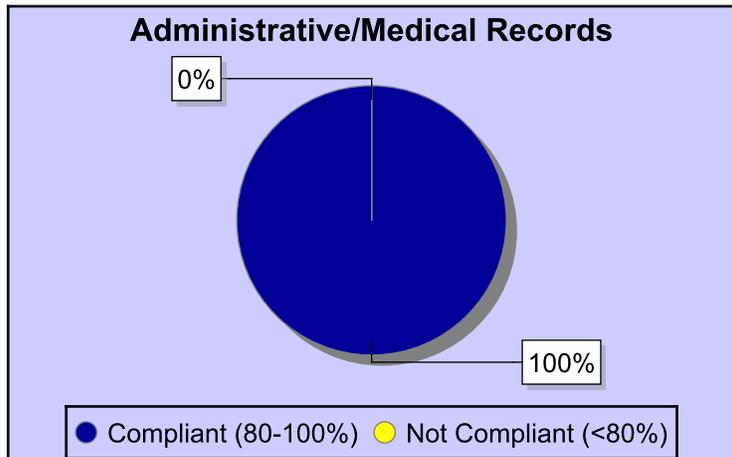
Compliance Rate By Operational Categories for POLUNSKY FACILITY August 01, 2017



Compliance Rate By Operational Categories for WALLACE FACILITY July 11, 2017



Compliance Rate By Operational Categories for WHEELER FACILITY July 06, 2017



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended August 31, 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***
Allred ECB	10	100%	0	0
Allred GP	10	100%	0	0
Beto	10	100%	0	0
Coffield	10	70%	3	0
Estes	10	90%	1	0
Gurney	10	100%	0	0
Hutchins	10	100%	0	0
Michael	10	90%	1	0
Neal	10	100%	0	0
Roach	10	100%	0	0
Roach ISF	10	100%	0	0
Sayle	10	90%	1	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*	
June	420	532	42	7.89%	23	6.39%	11	5	1.50%	3	0	0.00%	0
July	432	427	35	8.20%	18	5.85%	7	2	2.34%	8	1	0.23%	0
August	443	461	32	6.94%	11	5.64%	15	1	1.30%	5	0	0.00%	0
Totals:	1,295	1,420	109	7.68%	52	5.99%	33	8	1.69%	16	1	0.07%	0

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*	
June	1,078	993	55	5.54%	44	5.34%	9	0	0.20%	2	0	0.20%	2
July	952	838	52	6.21%	34	6.09%	17	0	0.12%	1	0	0.00%	0
August	1,064	989	32	3.24%	28	3.24%	4	0	0.00%	0	0	0.00%	0
Totals:	3,094	2,820	139	4.93%	106	4.82%	30	0	0.11%	3	0	0.07%	2
GRAND TOTAL=	4,389	4,240	248	5.85%									

*QOC= Quality of Care

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

June 2017

Reportable Condition	Reports			
	2017 This Month	2016 Same Month	2017 Year to Date*	2016 Year to Date*
Chlamydia	1	9	7	27
Gonorrhea	1	1	6	12
Syphilis	35	63	206	455
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	315	227	1140	1512
Human immunodeficiency virus (HIV) +, known at intake	172	152	1,169	1,221
HIV screens, intake	5,554	3,165	30,451	30,906
HIV +, intake	70	37	405	261
HIV screens, offender- and provider-requested	823	802	4,734	4,794
HIV +, offender- and provider-requested	0	1	0	2
HIV screens, pre-release	3,039	3,064	18,399	20,607
HIV +, pre-release	0	0	0	1
Acquired immune deficiency syndrome (AIDS)	2	1	19	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	48	52	276	287
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	24	177	159
Occupational exposures of TDCJ staff	20	10	78	72
Occupational exposures of medical staff	6	2	23	16
HIV chemoprophylaxis initiation	8	0	21	19
**Tuberculosis skin test (ie, PPD) +, intake	174	169	898	992
**Tuberculosis skin test +, annual	54	54	385	395
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	1	12
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	0	8	13
Tuberculosis cases under management	23	20		
Peer education programs [¶]	0	0	99	100
Peer education educators [∞]	36	37	6,098	5,170
Peer education participants	4,480	6,125	41,373	40,754
Alleged assaults and chart reviews	58	60	328	380
Bloodborne exposure labs drawn on offenders	16	23	106	122
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

**TB - 0 UTMB and 4 TT facilities failed to submit their Monthly TB Screening Reports. E-mail was sent.

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

July 2017

Reportable Condition	Reports			
	2017 This Month	2016 Same Month	2017 Year to Date*	2016 Year to Date*
Chlamydia	2	2	9	29
Gonorrhea	0	0	6	12
Syphilis	50	71	256	526
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	296	187	1438	1699
Human immunodeficiency virus (HIV) +, known at intake	193	166	1,362	1,387
HIV screens, intake	5,860	4,439	36,311	35,345
HIV +, intake	76	6	481	267
HIV screens, offender- and provider-requested	719	754	5,453	5,548
HIV +, offender- and provider-requested	0	0	0	2
HIV screens, pre-release	3,001	3,829	21,400	24,436
HIV +, pre-release	0	0	0	1
Acquired immune deficiency syndrome (AIDS)	4	0	23	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	96	59	372	346
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	55	27	232	186
Occupational exposures of TDCJ staff	13	17	91	89
Occupational exposures of medical staff	2	4	25	20
HIV chemoprophylaxis initiation	3	4	24	22
Tuberculosis skin test (ie, PPD) +, intake	158	177	1,056	1,169
Tuberculosis skin test +, annual	44	62	429	457
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	1	12
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	3	8	16
Tuberculosis cases under management	24	23		
Peer education programs [¶]	1	0	99	100
Peer education educators [∞]	11	62	6109	5232
Peer education participants	8763	7503	50136	48257
Alleged assaults and chart reviews	62	60	390	440
Bloodborne exposure labs drawn on offenders	20	31	126	153
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

August 2017

Reportable Condition	Reports			
	2017 This Month	2016 Same Month	2017 Year to Date*	2016 Year to Date*
Chlamydia	1	7	10	36
Gonorrhea	1	1	7	13
Syphilis	39	87	295	613
Hepatitis A	0	1	0	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	230	265	1670	1964
Human immunodeficiency virus (HIV) +, known at intake	238	149	1,600	1,536
HIV screens, intake	5,186	5,398	41,497	40,743
HIV +, intake	51	47	532	314
HIV screens, offender- and provider-requested	713	1,016	6,166	6,564
HIV +, offender- and provider-requested	10	0	10	2
HIV screens, pre-release	3,153	4,334	24,553	28,770
HIV +, pre-release	0	0	0	1
Acquired immune deficiency syndrome (AIDS)	7	2	30	8
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	72	63	444	409
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	57	31	289	217
Occupational exposures of TDCJ staff	19	12	110	101
Occupational exposures of medical staff	9	10	34	30
HIV chemoprophylaxis initiation	7	8	31	30
Tuberculosis skin test (ie, PPD) +, intake	180	196	1236	1365
Tuberculosis skin test +, annual	69	54	498	504
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	2	3	14
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	0	8	6
Tuberculosis cases under management	14	20		
Peer education programs [¶]	0	0	99	100
Peer education educators [∞]	0	47	6109	5279
Peer education participants	3773	7014	57682	55271
Alleged assaults and chart reviews	62	76	452	516
Bloodborne exposure labs drawn on offenders	14	24	140	177
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 Fourth Quarter of Fiscal Year 2017, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 164 hospital discharge and 43 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	7	4	57.14%	0	N/A	0	N/A	0	N/A	2	28.57%
July	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	21.05%	0	N/A	0	N/A	0	N/A	2	10.53%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	22	2	9.09%	0	N/A	2	9.09%	0	N/A	8	36.36%
July	25	0	N/A	0	N/A	0	N/A	0	N/A	4	16.00%
August	21	3	14.29%	0	N/A	1	4.76%	1	N/A	12	57.14%
Total/Average		5	7.35%	0	N/A	3	4.41%	1	1.47%	24	35.29%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	25	0	N/A	2	8.00%	2	8.00%	2	8.00%	0	N/A
August	28	0	N/A	2	7.14%	2	7.14%	2	7.14%	0	N/A
Total/Average		0	N/A	4	5.19%	4	5.19%	4	5.19%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	53	6	11.32%	0	N/A	2	3.77%	0	N/A	10	18.87%
July	56	0	N/A	2	3.57%	2	3.57%	2	3.57%	4	7.14%
August	55	3	5.45%	2	3.64%	3	5.45%	3	5.45%	12	21.82%
Total/Average		9	5.49%	4	2.44%	7	4.27%	5	3.05%	26	15.85%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	8	1	12.50%	0	N/A	0	N/A	0	N/A	0	N/A
August	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	8	1	12.50%	0	N/A	1	12.50%	0	N/A	0	N/A
July	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
August	8	1	12.50%	0	N/A	3	37.50%	0	N/A	0	N/A
Total/Average		3	13.04%	0	N/A	4	17.39%	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	14	1	7.14%	0	N/A	1	7.14%	0	N/A	0	N/A
July	15	2	13.33%	0	N/A	0	N/A	0	N/A	0	N/A
August	14	1	7.14%	0	N/A	3	21.43%	0	N/A	0	N/A
Total/Average		4	9.30%	0	N/A	4	9.30%	0	N/A	0	N/A

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

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

June 2017	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Montford	130	0	0	0
Pack	38	1	0	0
Total	168	1	0	0

July 2017	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Formby	6	0	1	0
Kegans (ISF)	11	0	0	2
Wallace	4	0	0	0
Wheeler	2	0	0	0
Total	23	0	1	2

August 2017	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hobby	31	0	1	0
Marlin	17	0	0	0
Polunsky	63	13	0	12
Total	111	13	1	12

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

Audit Tools	June	July	August	Total
Total number of units audited	2	4	3	9
Total numbered property	168	23	111	302
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Fourth Quarter FY-2017**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Polunsky	June 12-14, 2017	100.00%	98.60%
Briscoe/Cotulla	June 26-28, 2017	100.00%	99.00%
Cole/Moore	July 10-12, 2017	100.00%	98.80%
Gist	July 24-26, 2017	100.00%	98.10%
LeBlanc	July 26-28, 2017	100.00%	98.10%
Goodman	August 7-9, 2017	100.00%	99.00%
Woodman	August 21-23, 2017	100.00%	99.30%
Stiles	August 28-30, 2017	TO BE RESCHEDULED	

Texas Tech University Health Science Center

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

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 Fourth Quarterly Report: June, July, August

Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 11.07.04	<u>IRB Expiration Date:</u> 7/10/2018	<u>Research Began:</u> 5/1/2002
--	---------------------------------------	---	---

<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)	<u>Data Collection Began:</u> 10/12/2015
--	--

Data Collection End:

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

<u>Project Status:</u> Data Collection-Round 17	<u>Progress Report Due:</u> 03/06/2018	<u>Projected Completion:</u> 07/01/2018
---	--	---

Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 12.05.11	<u>IRB Expiration Date:</u> 7/10/2018	<u>Research Began:</u> 6/6/2002
--	---------------------------------------	---	---

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

Data Collection End:

Proponent:
NORC at the University of Chicago

<u>Project Status:</u> Data Collection-Round 26	<u>Progress Report Due:</u> 03/06/2018	<u>Projected Completion:</u> 07/01/2018
---	--	---

Project Number: 434-RL04

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

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

Data Collection End:
5/31/2012

Proponent:
University of Texas- Austin

<u>Project Status:</u> Pending Manuscript	<u>Progress Report Due:</u> 1/4/2018	<u>Projected Completion:</u> 9/29/2017
---	--	--

Project Number: 547-RL07**Researcher:** **IRB Number:**

Robert Morgan

501024

IRB Expiration Date:

12/31/2012

Research Began:

6/11/2008

Title of Research:

Re-Entry: Dynamic Risk Assessment

Data Collection Began:

6/11/2008

Data Collection End:

8/30/2012

Proponent:

Texas Tech University

Project Status:

Pending Manuscript

Progress Report Due:

2/20/2018

Projected Completion:

7/1/2018

Project Number: 587-AR09**Researcher:** **IRB Number:**

Marcus Boccaccini

2009-04-032

IRB Expiration Date:

7/20/2016

Research Began:

9/6/2009

Title of Research:

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

Data Collection Began:

7/15/2010

Data Collection End:

02/28/2016

Proponent:

Sam Houston State University

Project Status:

Pending Manuscript

Progress Report Due:

12/06/2017

Projected Completion:

12/31/2018

Project Number: 605-AR10**Researcher:** **IRB Number:**

Patrick Flynn

SUM 13-0401506CR

IRB Expiration Date:

6/24/2016

Research Began:

10/3/2011

Title of Research:

Reducing the Spread of HIV by Released Prisoners

Data Collection Began:

10/3/2011

Data Collection End:

06/30/2016

Proponent:

Texas Christian University

Project Status:

Data Analysis

Progress Report Due:

2/20/2018

Projected Completion:

6/30/2018

Project Number: 612-AR10**Researcher:** **IRB Number:**

Jeffrey Bouffard

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:

12/04/2017

Projected Completion:

12/31/2018

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

Proponent:
Sam Houston State University

Data Collection End:
4/2/2012

Project Status: Data Analysis
Progress Report Due: 12/4/2017

Projected Completion:
12/1/2017

Project Number: 661-AR12

Researcher: Byron Johnson
IRB Number: 656915
IRB Expiration Date: 8/4/2018

Research Began:
1/7/2013

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

Data Collection Began:
1/7/2013

Proponent:
Baylor University

Data Collection End:

Project Status: Data Collection
Progress Report Due: 12/6/2017

Projected Completion:
1/6/2020

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

Proponent:
University of North Texas

Data Collection End:
8/31/2015

Project Status: Pending Manuscript
Progress Report Due: 9/28/2017

Projected Completion:
10/02/2017

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

Proponent:
MDRC

Data Collection End:

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: 686-AR13

Researcher: Jeffrey Bouffard **IRB Number:** 10-12362 **IRB Expiration Date:** 10/12/2014

Title of Research:
Criminal Decision Making Among Adult Felony Inmates

Research Began:
10/14/2013

Data Collection Began:
4/11/2014

Data Collection End:
6/12/2014

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
9/8/2017

Projected Completion:
6/30/2018

Project Number: 692-AR14

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

Title of Research:
U.S. Department of Education

Research Began:
1/22/2014

Data Collection Began:
4/28/2014

Data Collection End:
5/30/2014

Proponent:
United States Department of Education

Project Status:
Data Analysis

Progress Report Due:
9/27/2017

Projected Completion:
9/27/2017

Mr. Livingston approved 01/22/14

Project Number: 695-AR14

Researcher: Dan Bloom **IRB Number:** FWA 0003522 **IRB Expiration Date:** 06/06/2017

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

Research Began:
6/23/2015

Data Collection Began:
6/23/2015

Data Collection End:
8/1/2016

Proponent:
MDRC

Project Status:
Data Analysis

Progress Report Due:
12/06/2017

Projected Completion:
12/31/2018

Project Number: 697-AR14

Researcher: Jodi Walton **IRB Number:** 798475-1 **IRB Expiration Date:** 9/22/2016

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

Research Began:
12/15/2014

Data Collection Began:
12/15/2014

Data Collection End:
7/31/2016

Proponent:
MDRC

Project Status:
Data Analysis

Progress Report Due:
9/29/2017

Projected Completion:
9/29/2017

Project Number: 715-AR14

Researcher: Shannon Carey
IRB Number: HSRRRC 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

Proponent:
NPC Research

Data Collection End:
12/12/2016

Project Status:
Data Analysis

Progress Report Due:
09/29/2017

Projected Completion:
09/29/2017

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

Proponent:
Sam Houston State University

Data Collection End:
05/30/2016

Project Status:
Pending Manuscript

Progress Report Due:
11/15/2017

Projected Completion:
5/31/2019

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

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

Data Collection End:
8/31/2016

Project Status:
Data Analysis

Progress Report Due:
9/29/2017

Projected Completion:
9/29/2017

Project Number: 723-AR15

Researcher: David Pyrooz
IRB Number: 00001971

IRB Expiration Date:
1/13/2018

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

Proponent:
Sam Houston State University

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
03/01/2018

Projected Completion:
12/31/2017

Project Number: 725-AR15

Researcher:
Vikram Maheshri

IRB Number:
Exempt

IRB Expiration Date:
2/1/2020

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:
3/6/2018

Projected Completion:
2/1/2020

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:
9/1/2016

Proponent:
Capella University

Project Status:
Formulating Results
(Data Collection Complete)

Progress Report Due:
1/12/2018

Projected Completion:
9/29/2017

Project Number: 736-AR15

Researcher:
Timothy Smith

IRB Number:
13623

IRB Expiration Date:
3/23/2018

Research Began:
3/24/2016

Title of Research:
Survey of Prison Inmates

Data Collection Began:
5/17/2016

Data Collection End:
10/17/2016

Proponent:
Bureau of Justice Statistics, RTI International

Project Status:
Data Analysis

Progress Report Due:
12/6/2017

Projected Completion:
9/29/2017

Project Number: 737-AR15

Researcher:
William Evans

IRB Number:
FWA00002462

IRB Expiration Date:
10/18/2017

Research Began:
8/23/2016

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

Data Collection Began:
7/29/2016

Data Collection End:

Proponent:
University of Notre Dame

Project Status:
Data Collection

Progress Report Due:
12/6/2017

Projected Completion:
12/31/2017

Project Number: 740-AR16**Researcher:** Veronica Kwarteng-
IRB Number: 16-0005
IRB Expiration Date: 1/04/2018**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:**
Pending Manuscript Review**Progress Report Due:**
9/29/2017**Projected Completion:**
9/29/2017

Project Number: 747-AR16**Researcher:** Angela Thomas
IRB Number:
IRB Expiration Date: N/A**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:**
12/5/2016**Proponent:**
Grand Canyon University**Data Collection End:**
4/5/2017**Project Status:**
Data Analysis**Progress Report Due:**
9/29/2017**Projected Completion:**
9/29/2017

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**Proponent:**
University of the Incarnate Word**Data Collection End:**
8/14/2017**Project Status:**
Data Analysis**Progress Report Due:**
2/28/2018**Projected Completion:**
10/02/2017

Project Number: 761-AR16**Researcher:** William Kelly
IRB Number: IRB00008463
IRB Expiration Date: 1/12/2018**Research Began:**
7/14/2017**Title of Research:**
Travis County State Jail Probation Study**Data Collection Began:**
7/14/2017**Proponent:**
Texas Criminal Justice Coalition**Data Collection End:****Project Status:**
Data Collection**Progress Report Due:**
9/21/2017**Projected Completion:**
7/14/2018

Project Number: 764-AR17

Researcher:

John Hepburn

IRB Number:

00002035

IRB Expiration Date:

6/15/2018

Research Began:

4/26/2017

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

Data Collection Began:

5/1/2017

Data Collection End:

Proponent:

Arizona State University

Project Status:

Data Collection

Progress Report Due:

1/19/2018

Projected Completion:

9/1/2017

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2017 Fourth Quarterly Report: June, July, August

Project 754-AR16

Researcher:
Mark Trahan

IRB Number:

Application Received:

9/20/2016

Application Completed:

9/20/2016

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

Detail: 8/15/17: PER MR. MENDOZA, PROJECT WILL BE REVIEWED AGAIN IN 30-60 DAYS.

Project 767-AR17

Researcher:
Whiteley Kathryn

IRB Number:
2015-061

Application Received:

3/21/2017

Application Completed:

Title of Research:

Self-Identities of Women Incarcerated for Acts of Violence

Division Review Requested:

Proponent:

Messiah College

Reviewer:

Pending

Project Status:

Pending Review

Detail: Pending Deputy Executive Director Review

Project 771-AR17

Researcher:
Jazmine Wells

IRB Number:
2017-04-0014

Application Received:

4/19/2017

Application Completed:

Title of Research:

Writing as a Means to Perform Motherhood Behind Bars

Division Review Requested:

Proponent:

University of Texas- Austin

Reviewer:

Pending

Project Status:

Pending Review

Detail: PENDING HEALTH SERVICES REVIEW, FALL 2017

Project 773-AR17

Researcher:
Catherine Pfeiffer

IRB Number:

Application Received:

5/9/2017

Application Completed:

Title of Research:

Offender Families as Victims and their Role in Reintegration

Division Review Requested:

Proponent:

Walden University

Reviewer:

Project Status:

Pending Receipt of IRB
Approval

Detail: PENDING EXECUTIVE SERVICES INITIAL REVIEW

Project 775-AR17

Researcher:
Matthew May

IRB Number:
IRB2017-0239D

Application Received:

6/19/2017

Application Completed:

Title of Research:

Student Experience in Prison College Classes

Division Review Requested:

Proponent:

Texas A & M University

Reviewer:

Project Status:

Pending OIG Clearance

Detail: PENDING EXECUTIVE SERVICES INITIAL REVIEW

Project 777-AR17

Researcher:
Eugene Wang

IRB Number:

Application Received:

8/15/2017

Application Completed:

Title of Research:

Parole/CJAD Validation Study

Division Review Requested:

Proponent:

Texas Tech University

Reviewer:

Project Status:

Pending OIG Clearance

Detail:



Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2017 Fourth Quarterly Report: June, July, August

Project Number: 615-RM10

Researcher:

John Petersen

IRB Number:

11-069

IRB Expiration Date:

9/28/2017

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:

12/6/2017

Projected Completion:

1/1/2020

Project Number: 705-RM14

Researcher:

Mostafa Borahay

IRB Number:

13-0428

IRB Expiration Date:

3/15/2018

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

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

Title of Research:

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

Data Collection Began:
4/1/2015

Data Collection End:

Proponent:

UTMB

Project Status:

Data Collection

Progress Report Due:

7/11/2017

Projected Completion:

12/31/2018

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

Project Number: 709-RM14

<u>Researcher:</u> Celia Chao	<u>IRB Number:</u> 14-0018	<u>IRB Expiration Date:</u> 2/8/2018	<u>Research Began:</u> 5/28/2015
---	--------------------------------------	--	--

Title of Research:

A Pilot Study to Correlate Cancer
Diagnosis with Urine Thiosulfate

Data Collection Began:
5/28/2015

Data Collection End:

Proponent:

UTMB

Project Status:

Data Collection

Progress Report Due:

9/29/2017

Projected Completion:

9/30/2018

Project Number: 724-RM15

<u>Researcher:</u> Zbigniew Gugala	<u>IRB Number:</u> 14-0351	<u>IRB Expiration Date:</u> 8/18/2018	<u>Research Began:</u> 6/29/2015
--	--------------------------------------	---	--

Title of Research:

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

Data Collection Began:
9/21/2015

Data Collection End:

Proponent:

UTMB

Project Status:

Data Collection

Progress Report Due:

09/14/2017

Projected Completion:

12/21/2017

Project Number: 729-RM15

<u>Researcher:</u> Jacques Baillargeon	<u>IRB Number:</u> 14-0283	<u>IRB Expiration Date:</u> 3/27/2018	<u>Research Began:</u> 10/1/2015
<u>Title of Research:</u> The Health and Healthcare Needs of Older Prisoners			<u>Data Collection Began:</u> 10/1/2015
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 12/06/2017		<u>Projected Completion:</u> 12/31/2019

Project Number: 750-RM16

<u>Researcher:</u> Ilyse Kornblau	<u>IRB Number:</u> 16-0167	<u>IRB Expiration Date:</u> 5/23/2018	<u>Research Began:</u> 12/6/2016
<u>Title of Research:</u> Incidence of Endophthalmitis following Intravitreal Injection Comparing 30 vs. 32 Gauge Needles			<u>Data Collection Began:</u> 12/06/2017
<u>Proponent:</u> UTMB-Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 3/06/2018		<u>Projected Completion:</u> 07/01/2018

Project Number: 752-RM16

<u>Researcher:</u> Lara Reichert	<u>IRB Number:</u> 16-0216	<u>IRB Expiration Date:</u> 6/6/2018	<u>Research Began:</u> 12/21/2016
<u>Title of Research:</u> Practice Patterns, Patient Characteristics, and Complications of Tracheotomy at UTMB			<u>Data Collection Began:</u> 12/21/2017
<u>Proponent:</u> UTMB-Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 12/5/2017		<u>Projected Completion:</u> 08/1/2018

Project **765-RM17**

Researcher:

Laurie Stelter

IRB Number:

Application Received:

2/1/2017

Application Completed:

2/8/2017

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 review

Detail: Pending OGC

Project **776-RM17**

Researcher:

Douglas Tyler

IRB Number:

17-0160

Application Received:

8/3/2017

Application Completed:

Title of Research:

Retrospective Data Analysis of the TDCJ's Surgical Patients

Division Review Requested:

Proponent:

University of Texas-Medical Branch

Reviewer:

Pending

Project Status:

Pending OIG Clearance

Detail: PENDING OIG CLEARANCE

4th Quarter FY 2017
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary

Date	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
6/2/2017	Pack	17	17	0	0	100	100	100	100
6/7-6/8/2017	Estelle	218	200	0	6	100	100	100	100
6/21/2017	Hughes	87	82	0	4	100	100	100	100
6/21/2017	Murray	86	75	0	4	100	100	100	100
6/22/2017	Mt. View	23	23	0	3	100	100	100	100
6/26/2017	Michael	84	78	0	1	100	100	100	100
7/18/2017	Lychner	15	15	0	0	100	100	100	100
7/18/2017	Gist	16	16	0	1	100	100	100	100
7/19/2017	Stiles	95	889	0	8	100	100	100	100
7/26/2017	Coffield	576	505	1	3	100	100	100	100
8/8-10/2017	Ferguson	246	221	0	8	100	100	100	100
8/15-16/2017	Eastham	337	284	0	3	100	100	100	100
8/17/2017	Kegans	3	3	0	0	100	100	100	100
8/22-23/2017	Robertson	296	254	0	8	100	100	100	100
8/23/2017	Travis	14	14	0	0	100	100	100	93
8/23/2017	Formby	25	25	0	0	100	100	100	100
Total		2,138	2,701	1	49				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT
Conducted in 4th Quarter of 2017
Period Audited—June, July and August

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	7	6	6	1	100%
Baten ISF	18	18	5	0	28%
Bradshaw State Jail	8	7	4	1	57%
Byrd Unit	18	8	10	8	100%
Dominguez State Jail	20	20	19	0	95%
East TX Treatment Facility	20	20	19	0	95%
Formby State Jail	8	7	4	1	57%
Garza Transfer Facility	20	17	17	3	100%
Gist State Jail	3	3	3	0	100%
Glossbrenner SAFPF	3	3	3	0	100%
Gurney Transfer Facility	20	16	5	4	31%
Halbert SAFPF	7	7	6	0	86%
Holliday Transfer Facility	20	20	20	0	100%
Hutchins State Jail	15	15	15	0	100%
Jester I SAFPF	15	15	15	0	100%
Johnston SAFPF	5	5	4	0	80%
Kegans ISF	17	17	8	0	47%
Kyle SAFPF	N/A	N/A	N/A	N/A	N/A
Lindsey State Jail	5	5	5	0	100%
Lychner State Jail	20	20	16	0	80%
Middleton Transfer Facility	20	20	19	0	95%
Plane State Jail	20	19	16	1	84%
Roach ISF	20	20	19	0	95%
Sanchez State Jail	2	2	1	0	50%
Sayle SAFPF	5	5	5	0	100%
Travis State Jail	14	14	14	0	100%
West Texas-Unit Closed					
Woodman State Jail	20	20	20	0	100%
GRAND TOTAL	350	329	278	19	

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

4th Quarter 2017

Audits Conducted in June, July and August

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record¹				
-------------	--------------------	--	--	--	--	--

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	June	0	0	N/A	N/A	None
Jester IV	June	3	3	3	100	None
Montford	June	4	4	4	100	None
Skyview	June	13	13	13	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July	0	0	N/A	N/A	None
Jester IV	July	6	6	6	100	None
Montford	July	2	2	2	100	None
Skyview	July	12	12	12	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August	1	1	1	100	None
Jester IV	August	0	0	N/A	N/A	None
Montford	August	5	5	5	100	None
Skyview	August	7	7	7	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

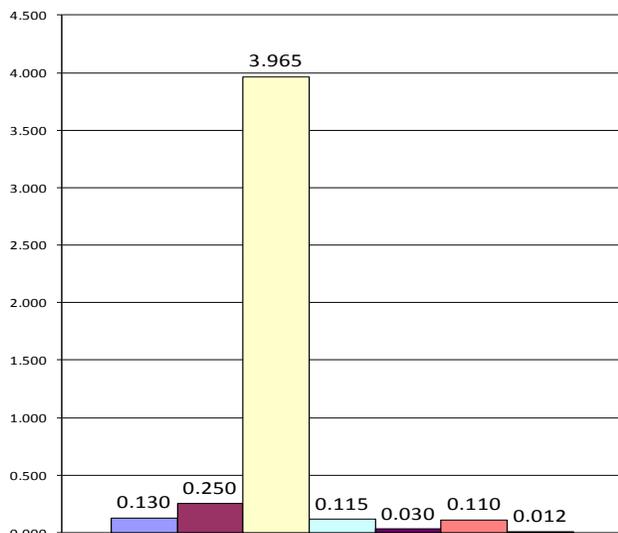
4TH QUARTER

FY 2017

Medical Director's Report:

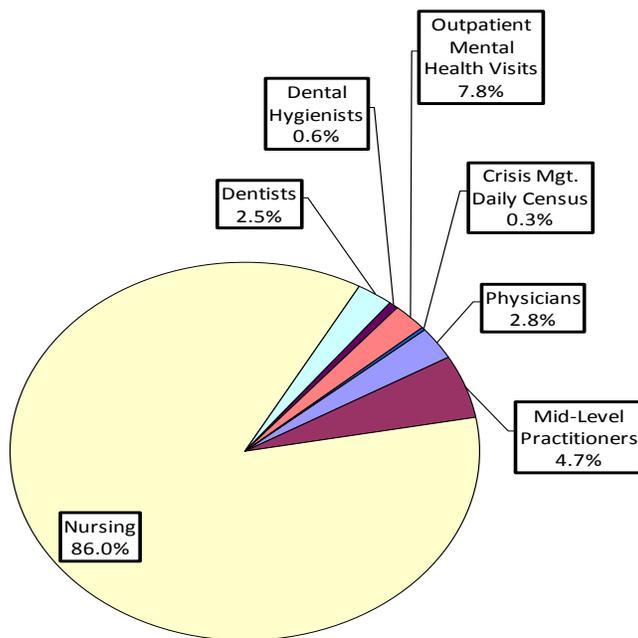
	JUNE		JULY		AUGUST		Qtly Average	
<i>Average Population</i>	29,476.05		29,429.73		29,772.00		29,559.26	
	Number	Rate Per Offender						
Medical encounters								
Physicians	5,848	0.198	2,526	0.086	3,157	0.106	3,844	0.130
Mid-Level Practitioners	7,256	0.246	6,829	0.232	8,041	0.270	7,375	0.250
Nursing	125,371	4.253	112,680	3.829	113,593	3.815	117,215	3.965
Sub-total	138,475	4.698	122,035	4.147	124,791	4.192	128,434	4.345
Dental encounters								
Dentists	3,362	0.114	3,316	0.113	3,558	0.120	3,412	0.115
Dental Hygienists	854	0.029	798	0.027	967	0.032	873	0.030
Sub-total	4,216	0.143	4,114	0.140	4,525	0.152	4,285	0.145
Mental health encounters								
Outpatient Mental Health Visits	3,477	0.118	3,108	0.106	3,182	0.107	3,256	0.110
Crisis Mgt. Daily Census	344	0.012	345	0.012	344	0.012	344	0.012
Sub-total	3,821	0.130	3,453	0.117	3,526	0.118	3,600	0.122
Total encounters	146,512	4.971	129,602	4.404	132,842	4.462	136,319	4.612

Encounters as Rate Per Offender Per Month



- Physicians
- Mid-Level Practitioners
- Nursing
- Dentists
- Dental Hygienists
- Outpatient Mental Health Visits
- Crisis Mgt. Daily Census

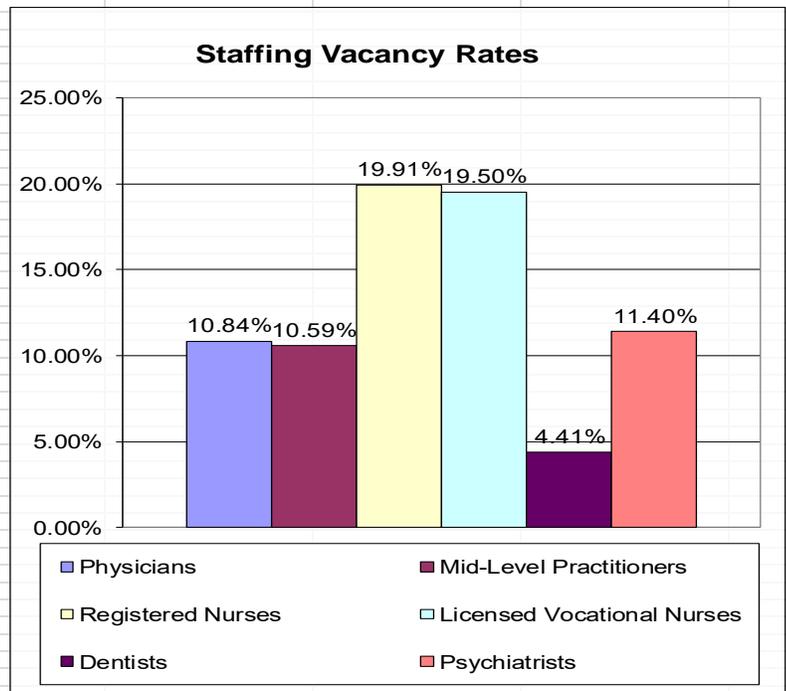
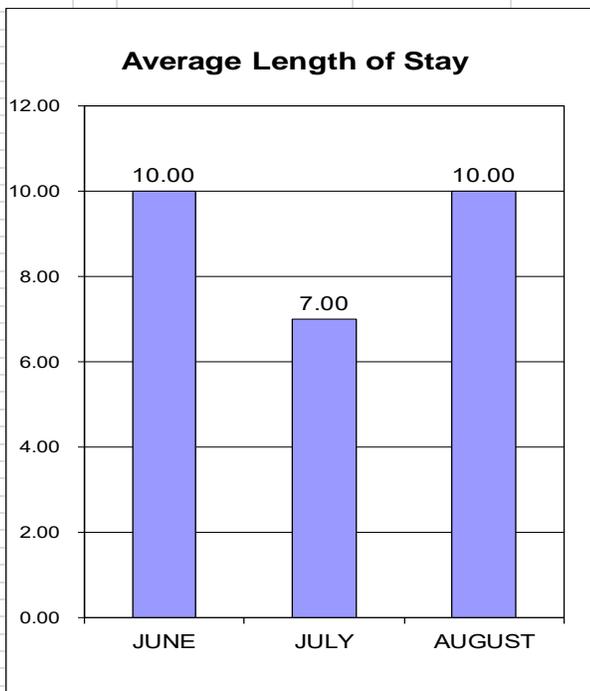
Encounters by Type



Medical Director's Report (Page 2):

	JUNE	JULY	AUGUST	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	110.00	115.00	117.00	114.00
Number of Admissions	187.00	183.00	168.00	179.33
Average Length of Stay	10.00	7.00	10.00	9.00
Number of Clinic Visits	711.00	697.00	716.00	708.00
Mental Health Inpatient Facilities				
Average Daily Census	413.00	440.00	457.00	436.67
PAMIO/MROP Census	420.00	399.00	410.00	409.67
Specialty Referrals Completed	1,344.00	1,287.00	1,460.00	1,363.67
Telemedicine Consults	1,202	1,076	1,300	1,192.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	16.82	2.20	20.29	10.84%
Mid-Level Practitioners	37.00	4.50	42.50	10.59%
Registered Nurses	113.16	28.13	141.29	19.91%
Licensed Vocational Nurse	260.82	63.18	324.00	19.50%
Dentists	18.87	0.87	19.74	4.41%
Psychiatrists	6.77	1.00	8.77	11.40%



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



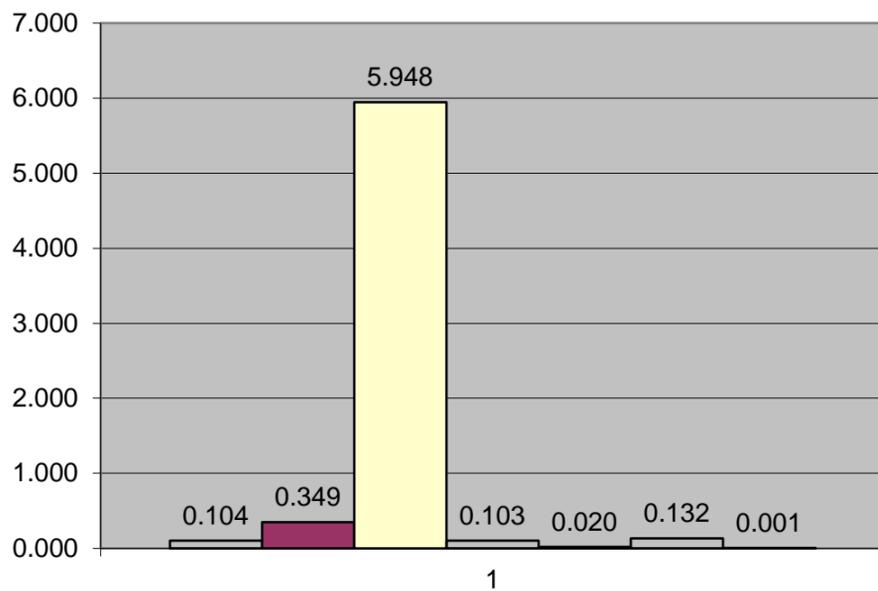
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2017**

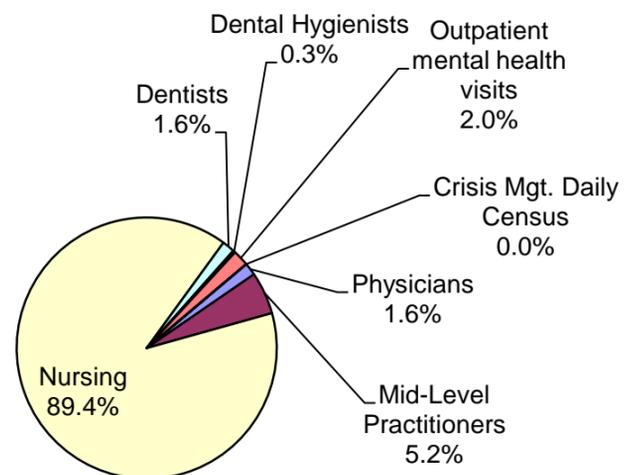
Medical Director's Report:

Average Population	June		July		August		Qtly Average	
	116,947		117,008		117,409		117,121	
	Number	Rate Per Offender						
Medical encounters								
Physicians	12,198	0.104	11,615	0.099	12,561	0.107	12,125	0.104
Mid-Level Practitioners	41,522	0.355	39,709	0.339	41,317	0.352	40,849	0.349
Nursing	678,032	5.798	707,883	6.050	703,844	5.995	696,586	5.948
Sub-total	731,752	6.257	759,207	6.489	757,722	6.454	749,560	6.400
Dental encounters								
Dentists	12,003	0.103	11,502	0.098	12,816	0.109	12,107	0.103
Dental Hygienists	2,189	0.019	2,192	0.019	2,495	0.021	2,292	0.020
Sub-total	14,192	0.121	15,697	0.134	15,311	0.130	14,399	0.123
Mental health encounters								
Outpatient mental health visits	15,756	0.135	14,858	0.127	15,712	0.134	15,442	0.132
Crisis Mgt. Daily Census	74	0.001	71	0.001	69	0.001	71	0.001
Sub-total	15,830	0.135	14,929	0.128	15,781	0.134	15,513	0.132
Total encounters								
	761,774	6.514	789,833	6.750	788,814	6.719	779,473	6.655

Encounters as Rate Per Offender Per Month



Encounters by Type



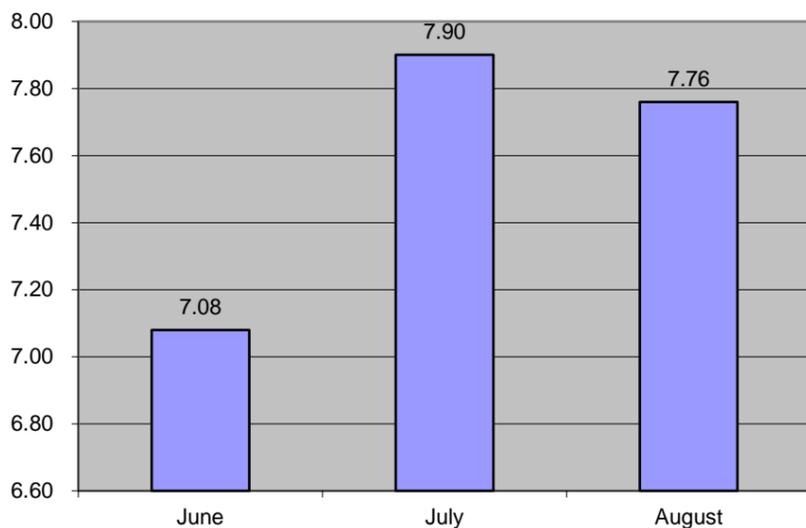
■ Physicians	■ Mid-Level Practitioners
■ Nursing	■ Dentists
■ Dental Hygienists	■ Outpatient mental health visits
■ Crisis Mgt. Daily Census	

Medical Director's Report (Page 2):

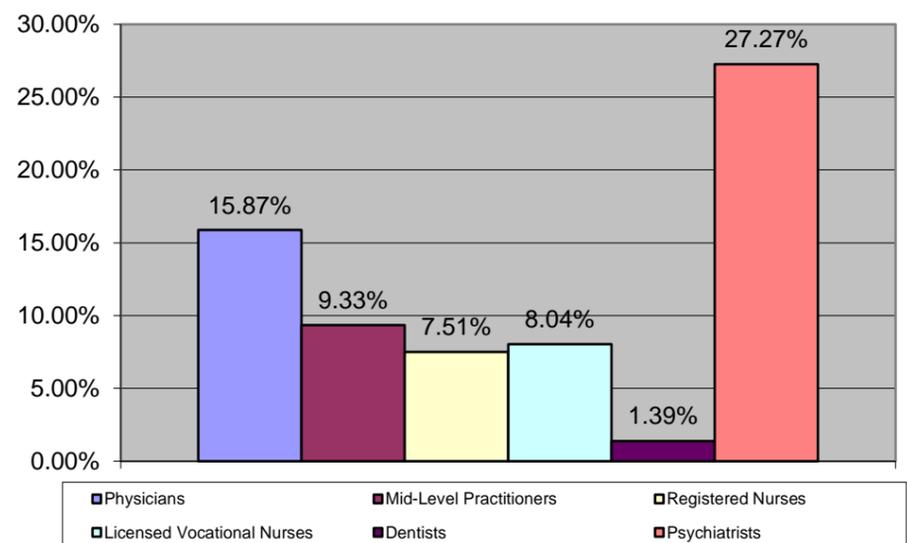
	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	96.30	100.60	94.30	97.07
Number of Admissions	408.00	395.00	377.00	393.33
Average Length of Stay	7.08	7.90	7.76	7.58
Number of Clinic Visits	7,557.00	6,985.00	6,466.00	7,002.67
Mental Health Inpatient Facilities				
Average Daily Census	1,008.33	1,030.41	1,086.46	1,041.73
PAMIO/MROP Census	708.17	714.49	727.36	716.67
Telemedicine Consults	11,003	11,556	11,949	11,502.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	53.00	10.00	63.00	15.87%
Mid-Level Practitioners	136.00	14.00	150.00	9.33%
Registered Nurses	271.00	22.00	293.00	7.51%
Licensed Vocational Nurses	595.00	52.00	647.00	8.04%
Dentists	71.00	1.00	72.00	1.39%
Psychiatrists	16.00	6.00	22.00	27.27%

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 December 5, 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: November 9, 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 2017 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: Robert Dalecki, MBA

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: October 12, 2017

Sub Committee Updates:

- Chronic Care Renewal of Medications G-51.10 – Chair, Benjamin Leeah, MD. Members: Mike Jones, RN, Monte Smith, MD, Justin Robinson, RN, Eidi Millington, MD, Myra Walker, RN, Renee Lenz, PharmD.
- Formation of subcommittees with recent legislative changes – Monte Smith, MD

Committee Updates:

- Appointment of new co-chairs and members to the committee

Committee Referrals:

- Joint Mental Health Working Group – Shana Khawaja, PhD

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

A-09.1	A-10.1	A-11.1*	A-11.2	A-12.1*	A-12.2	A-13.1	C-24.1	C-25.1	D-30.1
D-30.2	E-36.7*	E-42.2*	E-42.3*	E-43.1*	E-44.1	E-44.2*	F-50.1	G-55.1	G-56.1
G-57.1*	G-59.2	G-59.3*	H-64.1*	H-65.1	I-66.2	I-66.3	I-67.1*	I-70.2*	I-71.2*
* Indicates Attachment(s) included in the policy.									

The Following Policies Were Submitted for Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
A-08.8	Medical Passes	Jane Leonardson
A-08.8 Attachment A	Examples of Approved Medical Passes	Jane Leonardson
A-08.8 Attachment B	Examples of Items For Which A Medical Pass is Not Necessary	Jane Leonardson
A-10.1	Notification Requirements Regarding Critically ILL Offenders	Cecilia Horton
A-11.1	Procedure to be Followed in Cases of Offender Death	Chris Black-Edwards
E-36.7	Dental Clinic Operations Reporting	Manuel Hirsch
E-36.7 Attachment A	Private Non-EMR Facilities Dental Clinic Operations Monthly Report Form	Manuel Hirsch
E-42.3	Transportation of Infirmity and Assisted Living Patients	Justin Robison
G-55.1	Pregnant Offenders	Phyllis McWhorter
G.57.1	Sexual Assault / Sexual Abuse	Chris Black-Edwards
G-59.2 Attachment A	CMHC Dispensing of Prescription Eyewear (NEW)	Mike Jones
Proposed	Approved Dental Abbreviations (NEW)	Billy Horton
H-60.1 Attachment C	List of Approved Abbreviations (Abbreviated Job Titles)	Billy Horton

H-61.1	Confidentiality and Release of Protected Health Information	Lisa Lopez
H-61.1 HSA27	Authorization for the use of Disclosure of Protected Health Information (PHI)	Lisa Lopez
I-66.1	Medical Therapeutic Restraints	Jane Leonardson
I-66.2	Therapeutic Restraint of Mental Health Patients	Justin Robison
I-66.3	Psychiatric Inpatient Seclusions	Justin Robison

Adjournment

- Next Meeting Date: January 11, 2018

Joint Pharmacy and Therapeutics Committee

Chair: Joseph Penn, 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: November 9, 2017

Key Activities:

- I. Approval of the Minutes from September 14, 2017 Meeting
- II. Reports from Subcommittees
 - A. COPD – Dr. Fisher
 - B. DMG Triage – Dr. Sandmann
 - C. Immunizations – Dr. Gonzalez
 - D. Psychiatry – Need to appoint new chair
 - 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 (September - October 2017)
 - D. Non-Formulary Deferral Reports
 - 1. Texas Tech Sector (July - August 2017)
 - 2. UTMB Sector (September - October 2017)
 - E. Utilization Reports (FY 2017)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization
 - F. Quarterly Medication Error Reports – 4th Quarter FY 2017
 - 1. UTMB Sector
 - 2. Texas Tech Sector
 - 3. Medication Dispensing Error Report
 - G. Special Reports
 - 1. P&T Initiatives FY2017
 - 2. Top 50 Medications by Cost and Volume – 4th Quarter FY 2017
 - 3. Top 10 Non-Formulary Medications by Cost and Volume – 4th Quarter FY 2017
 - H. Policy Review Schedule
- IV. Old Business
 - A. Policy Revisions
 - 1. Ordering Stock Medications (10-30)
 - 2. Administration and Distribution of Patient Medications (40-10)
- V. New Business
 - A. Action Requests
 - 1. Reconfirmation of Ex-Officio Members – Dr. Ho, Dr. Khan, Dr. Leonardson, Dr. Ojo, Mr. Pulvino
 - 2. Formulary Addition of Ciprofloxacin Ophthalmic Suspension – Dr. Aristimuno
 - 3. Formulary Substitution of Phenylephrine Packaging
 - 4. Review of Hepatitis C Disease Management Guideline
 - B. Joint Commissary Committee Reports
 - C. Medication Use Evaluation
 - 1. Gabapentin Monitor
 - D. FDA Medication Safety Advisories
 - E. Manufacturer Shortages and Discontinuations
 - F. Policy and Procedure Revisions
 - 1. Distribution of Medications during Lockdown or Disaster Situations (40-15)
 - 2. Missing Medications (40-20)
 - 3. KOP Medication Distribution Program (50-05)
 - 4. Self-Administration of Medication (50-10)
 - 5. Drug Therapy Management by a Pharmacist (55-10)
 - 6. Therapeutic Interchange (55-15)
 - 7. Clozapine Protocol (55-20)
 - 8. Disease Management Guidelines (55-25)

9. Emergency Drugs (60-05)
10. Requisition of Drugs by EMS (60-10)
11. Credential Requirements for Administration of Medication (65-05)
12. Therapeutic Optometrists (65-10)
13. Representatives of Pharmaceutical Supplies and Related (70-05)
14. Drug Samples (70-10)
15. Adverse Medication Reaction Reports (75-05)
16. Medication Errors (75-10)
17. Pharmacy Medication Area Audits and Inspections (75-15)
18. Record Retention (75-20)
19. Medication Safety (75-30)

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: October 12, 2017

Key Activities:

- I. Review of previous minutes
- II. Public Health Update
 - A. Marsha Clark – Public Health Tech I – Syphilis
 - B. Mary McRee, LVN – Hepatitis
 - C. Peggy Davis, LVN – HIV
 - D. Latasha Hill, LVN - Occupational Exposure, MRSA & MSSA
 - E. Mary Parker, LVN - Tuberculosis
 - F. Dianna Langley – Peer Education
 - G. Sandra Jones, RN – Sexual Assault Nurse Examiner (SANE)
- III. Old Business

None

IV. New Business

B-14.07 Immunization

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

- a. B-14.31 Personal Protective Equipment and Other Protective Supplies
- b. B-14.40 Infection Control in Dental Clinics and Dental Laboratories
- c. B-14.41 Barber/Beauty Shop Personnel (Health and Hygiene)
- d. B-14.42 Food Handlers
- e. B.14.50 Housing and Job Restrictions
- f. B-14.51 Influenza Like Illness (ILI)
- g. B-15.1 Environmental Inspections
- h. B-16.1 Kitchen Sanitation and Food Handlers
- i. B-17.1 Ectoparasite Control

VI. Adjourn

- A. Next Meeting: February 8, 2018
- B. Policies to be reviewed are B-14.1 to B-14.11

Joint Dental Work Group

Chair: Dr. Billy Horton

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: September 13, 2017

Meeting Postponed

Next Meeting: January 24, 2018

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 November 2017:

There were 85 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October and November 2017. Of those 85 deaths, 2 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: October 11, 2017

- I. Call to Order
- II. Approval of Minutes from the July 7, 2017 meeting
- III. Old Business
 1. Operational Review Audits – Separating Nursing/Medical Questions – Chris Black-Edwards, RN
- IV. New Business
 1. FY18 UTMB Nursing Indicators – Justin Robison, RN
 2. Skin Integrity Surveillance Program for Infirmaries – Justin Robison, RN
 3. Use of Force – Mike Jones, RN
Documentation – Security Requirements
EHR Forms
 4. HIPAA –Mike Jones, RN
 5. SCR and I-214 – Mike Jones, RN
- V. Other
- VI. Next Meeting: January 10, 2018
- VII. Adjournment

Financial Report on Correctional Managed Health Care



Quarterly Report FY2017 Fourth Quarter

September 2016 – August 2017

Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

- Report submitted in accordance with the FY2016-17 General Appropriations Act, Article V, Rider 47, 84th 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>
HB 1, Article V, TDCJ Appropriations	
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
TOTAL	\$ 570,138,891
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
Unit and Psychiatric Care	\$ 238,779,145
Hospital and Clinic Care	\$ 180,524,878
Pharmacy Care	\$ 48,644,304
Subtotal UTMB	\$ 467,948,327
Texas Tech University Health Sciences Center	
Unit and Psychiatric Care	\$ 59,427,383
Hospital and Clinic Care	\$ 30,480,695
Pharmacy Care	\$ 12,282,486
Subtotal TTUHSC	\$ 102,190,564
TOTAL TO UNIVERSITY PROVIDERS	\$ 570,138,891

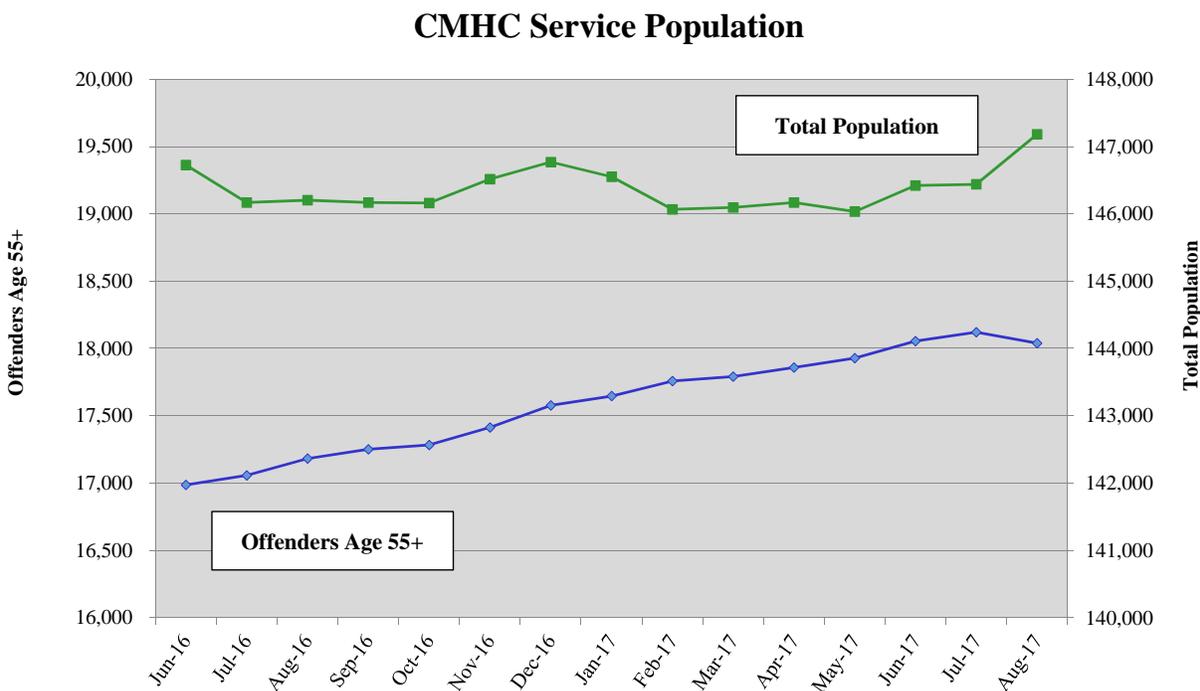
Note: The amounts above do not reflect a transfer of funds from FY2017 into FY2016 in the amount of \$48.6M as approved by the Legislative Budget Board on September 21, 2016.

Population

- Overall offender service population has decreased 0.3% from FY2016
 - Average daily census 146,832 through 4th quarter of FY2016 compared to 146,381 through 4th quarter of FY2017

- Offenders aged 55 or older population increased 5.4% from FY2016
 - Average daily census 16,825 through 4th quarter of FY2016 compared to 17,727 through 4th quarter of FY2017
 - While comprising about 12.1% of the overall service population, offenders age 55 and over account for 43.6% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2017 average number of psychiatric inpatients through 4th quarter: 1,854
 - FY2017 average number of psychiatric outpatients through 4th quarter: 24,477



Health Care Costs

- Total expenses through 4th quarter, FY2017: \$670.7M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$351.3M, 52.4% of total expenses
- Hospital and Clinical Care - \$250.6M, 37.4% of total
- Pharmacy Services - \$68.8M, 10.3% of total
 - HIV related drugs: 35.3% of total drug costs
 - Psychiatric drugs: 6.2% of total drug costs
 - Hepatitis C drug therapies: 12.8% of total drug costs
- Cost per offender per day, FY2017 through 4th quarter: \$12.55
 - 5.1% 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	FYTD 17 3rd Qtr	FYTD 17 4th Qtr
Population									
UTMB	118,359	118,705	117,779	116,828	117,918	116,199	116,376	116,574	116,574
TTUHSC	30,713	31,314	30,790	30,004	30,705	30,083	29,997	29,807	29,807
Total	149,072	150,019	148,569	146,832	148,623	146,282	146,373	146,380	146,381
Expenses									
UTMB	\$415,579,990	\$456,286,749	\$474,922,507	\$523,473,857	\$467,565,776	\$134,447,051	\$269,412,073	\$410,741,200	\$554,779,025
TTUHSC	\$98,335,680	\$102,834,980	\$107,975,637	\$118,262,289	\$106,852,147	\$29,585,883	\$58,507,853	\$87,327,991	\$115,982,376
Total	\$513,915,670	\$559,121,729	\$582,898,144	\$641,736,146	\$574,417,922	\$164,032,934	\$327,919,926	\$498,069,191	\$670,761,401
Cost/Day									
UTMB	\$9.62	\$10.53	\$11.05	\$12.24	\$10.86	\$12.71	\$12.79	\$12.91	\$13.04
TTUHSC	\$8.77	\$9.00	\$9.61	\$10.77	\$9.53	\$10.81	\$10.78	\$10.73	\$10.66
Total	\$9.45	\$10.21	\$10.75	\$11.94	\$10.58	\$12.32	\$12.38	\$12.46	\$12.55

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
Fourth Quarter, FY2017

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 59,427,383	\$ 238,779,145	\$ 298,206,528
State Reimbursement Benefits	\$ 9,442,148	\$ 52,865,251	\$ 62,307,399
Other Misc Revenue	\$ 1,498	\$ 132,990	\$ 134,488
C.1.8. Total Method of Finance	\$ 68,871,029	\$ 291,777,386	\$ 360,648,415
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 30,480,695	\$ 180,524,878	\$ 211,005,573
State Reimbursement Benefits	\$ 2,099,791	\$ -	\$ 2,099,791
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 32,580,486	\$ 180,524,878	\$ 213,105,364
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 12,282,486	\$ 48,644,304	\$ 60,926,790
State Reimbursement Benefits	\$ 80,073	\$ 2,182,818	\$ 2,262,891
Other Misc Revenue	\$ 11,849	\$ 35,253	\$ 47,102
C.1.10. Total Method of Finance	\$ 12,374,408	\$ 50,862,375	\$ 63,236,783
TOTAL METHOD OF FINANCE	\$ 113,825,923	\$ 523,164,639	\$ 636,990,562

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 102,190,564	\$ 467,948,327	\$ 570,138,891
State Reimbursement Benefits	\$ 11,622,012	\$ 55,048,069	\$ 66,670,081
Other Misc Revenue	\$ 13,347	\$ 168,243	\$ 181,590
TOTAL METHOD OF FINANCE	\$ 113,825,923	\$ 523,164,639	\$ 636,990,562

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 68,042,908	\$ 283,259,839	\$ 351,302,747
C.1.9. Hospital & Clinical Care	\$ 35,039,563	\$ 215,584,263	\$ 250,623,826
C.1.10. Managed Health Care - Pharmacy	\$ 12,899,905	\$ 55,934,923	\$ 68,834,828
TOTAL EXPENDITURES	\$ 115,982,376	\$ 554,779,025	\$ 670,761,401

DIFFERENCE	\$ (2,156,453)	\$ (31,614,386)	\$ (33,770,839)
FY2017 Spend Forward to FY2016 - LBB Approved	\$ (7,463,995)	\$ (40,582,488)	\$ (48,046,483)
Excess Collected Health Care Fees	\$ -	\$ 265,164	\$ 265,164
FY2017 Supplemental Appropriation, HB2	\$ 9,620,448	\$ 70,379,552	\$ 80,000,000
NET DIFFERENCE	\$ -	\$ (1,552,158)	\$ (1,552,158)

Expenditures in this report do not include the UTMB final FY2017 Hospital Cost Reconciliation to be completed by UTMB during FY2018; additionally, the FY2017 Spend Forward to FY2016 includes the UTMB final FY2016 Hospital Cost Reconciliation.

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

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 59,427,383	\$ 238,779,145	\$ 298,206,528
State Reimbursement Benefits	\$ 9,442,148	\$ 52,865,251	\$ 62,307,399
Other Misc Revenue	\$ 1,498	\$ 132,990	\$ 134,488
TOTAL METHOD OF FINANCE	\$ 68,871,029	\$ 291,777,386	\$ 360,648,415
Expenditures:			
Unit Care			
Salaries	\$ 21,311,326	\$ 163,523,621	\$ 184,834,947
Benefits	\$ 7,227,108	\$ 49,854,587	\$ 57,081,695
Other Operating Expenses	\$ 2,000,126	\$ 23,105,177	\$ 25,105,303
Professional Services	\$ 1,772,829	\$ -	\$ 1,772,829
Contracted Units/Services	\$ 16,867,611	\$ -	\$ 16,867,611
Travel	\$ 170,229	\$ 1,318,383	\$ 1,488,612
Capitalized Equipment	\$ 40,391	\$ 930,897	\$ 971,288
Subtotal, Unit Care	\$ 49,389,620	\$ 238,732,665	\$ 288,122,285
Psychiatric Care			
Salaries	\$ 12,398,184	\$ 27,558,347	\$ 39,956,531
Benefits	\$ 3,375,564	\$ 7,086,204	\$ 10,461,768
Other Operating Expenses	\$ 182,641	\$ 224,369	\$ 407,010
Professional Services	\$ 573,626	\$ -	\$ 573,626
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 43,314	\$ 158,506	\$ 201,820
Subtotal, Psychiatric Care	\$ 16,573,329	\$ 35,027,426	\$ 51,600,755
Indirect Expenditures (Shared Services)	\$ 2,079,959	\$ 9,499,748	\$ 11,579,707
TOTAL EXPENDITURES	\$ 68,042,908	\$ 283,259,839	\$ 351,302,747
DIFFERENCE	\$ 828,121	\$ 8,517,547	\$ 9,345,668

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

C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 30,480,695	\$ 180,524,878	\$ 211,005,573
State Reimbursement Benefits	\$ 2,099,791	\$ -	\$ 2,099,791
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 32,580,486	\$ 180,524,878	\$ 213,105,364
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,274,868	\$ 23,692,460	\$ 24,967,328
Freeworld Provider Services	\$ 19,145,573	\$ 43,252,840	\$ 62,398,413
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 13,006,734	\$ 131,590,091	\$ 144,596,825
Estimated IBNR	\$ 545,564	\$ 9,750,000	\$ 10,295,564
Subtotal, Hospital & Clinical Care	\$ 33,972,739	\$ 208,285,391	\$ 242,258,130
Indirect Expenditures (Shared Services)	\$ 1,066,824	\$ 7,298,872	\$ 8,365,696
TOTAL EXPENDITURES	\$ 35,039,563	\$ 215,584,263	\$ 250,623,826
DIFFERENCE	\$ (2,459,077)	\$ (35,059,385)	\$ (37,518,462)

Cost Analysis, per Texas Government Code Chapter 501.1471 (a)(4)

- Based on FY2017 expenditure data received from UTMB, the average cost per patient day for FY2017, adjusted for each hospital's case mix index (CMI), was approximately \$1,217 for Huntsville Memorial Hospital (HMH), and \$1,363 for UTMB Hospital Galveston (HG).
- FY2017 expenditures at HMH totaled \$7.3 million for 4,389 patient days (equivalent to an average population of 12 offenders). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$8.2 million.
- Based on FY2017 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$0.9 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 12,282,486	\$ 48,644,304	\$ 60,926,790
State Reimbursement Benefits	\$ 80,073	\$ 2,182,818	\$ 2,262,891
Other Misc Revenue	\$ 11,849	\$ 35,253	\$ 47,102
TOTAL METHOD OF FINANCE	\$ 12,374,408	\$ 50,862,375	\$ 63,236,783
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,957,602	\$ 7,119,811	\$ 9,077,413
Benefits	\$ 90,461	\$ 2,351,433	\$ 2,441,894
Other Operating Expenses	\$ 287,397	\$ 1,800,223	\$ 2,087,620
Pharmaceutical Purchases	\$ 10,117,047	\$ 42,745,749	\$ 52,862,796
Travel	\$ 17,511	\$ 23,961	\$ 41,472
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 12,470,018	\$ 54,041,177	\$ 66,511,195
Indirect Expenditures (Shared Services)	\$ 429,887	\$ 1,893,746	\$ 2,323,633
TOTAL EXPENDITURES	\$ 12,899,905	\$ 55,934,923	\$ 68,834,828
DIFFERENCE	\$ (525,497)	\$ (5,072,548)	\$ (5,598,045)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2017 YTD</u>
Average Service Population								
UTMB Service Population	116,199	116,551	116,426	116,947	117,008	117,409	117,121	116,574
TTUHSC Service Population	30,083	29,911	29,674	29,476	29,430	29,772	29,559	29,807
Average Service Population	146,282	146,462	146,100	146,423	146,438	147,181	146,680	146,381
Population Age 55 and Over								
UTMB Population	14,434	14,780	14,977	15,141	15,175	15,013	15,110	14,829
TTUHSC Population	2,882	2,888	2,882	2,913	2,946	3,026	2,962	2,905
Population Age 55 and Over	17,316	17,668	17,859	18,054	18,121	18,039	18,072	17,734
HIV Population	2,009	2,015	2,003	1,994	1,996	2,006	1,999	2,006
Medical Inpatient Average Daily Census								
UTMB-Hospital Galveston	88	87	86	84	89	80	84	86
UTMB Freeworld Hospitals	39	41	38	30	34	36	33	38
TTUHSC Freeworld Hospitals	10	8	10	12	12	8	10	10
Medical Inpatient Average Daily Census	137	136	134	126	135	124	127	134
Medical Outpatient Visits								
UTMB Specialty Clinics and ER Visits	8,180	7,789	8,432	8,750	8,130	7,611	8,164	8,141
TTUHSC Freeworld Outpatient and ER Visits	1,229	1,219	1,328	1,245	1,186	1,286	1,239	1,254
Medical Outpatient Visits	9,409	9,008	9,760	9,995	9,316	8,897	9,403	9,395
Mental Health Inpatient Average Census								
UTMB Psychiatric Inpatient	1,016	1,028	1,011	1,008	1,030	1,086	1,041	1,024
TTUHSC Psychiatric Inpatient	877	790	805	833	839	867	846	830
Mental Health Inpatient Average Census	1,893	1,818	1,816	1,841	1,869	1,953	1,887	1,854
Mental Health Outpatient Caseload, Month End								
UTMB Psychiatric Outpatient	19,258	19,348	19,550	19,715	19,792	19,888	19,798	19,488
TTUHSC Psychiatric Outpatient	4,874	4,958	4,971	5,046	5,189	5,224	5,153	4,989
Mental Health Outpatient Caseload, Month End	24,132	24,306	24,521	24,761	24,981	25,112	24,951	24,477

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

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

Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 25,477,646	\$ 25,197,675	\$ 25,757,620	\$ 25,757,623	\$ 102,190,564
State Reimbursement Benefits	\$ 2,823,810	\$ 3,011,188	\$ 2,920,288	\$ 2,866,726	\$ 11,622,012
Other Misc Revenue	\$ 155	\$ 478	\$ 533	\$ 12,181	\$ 13,347
TOTAL REVENUES	\$ 28,301,611	\$ 28,209,341	\$ 28,678,441	\$ 28,636,530	\$ 113,825,923

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 5,237,910	\$ 5,346,229	\$ 5,401,370	\$ 5,325,817	\$ 21,311,326
Benefits	\$ 1,750,945	\$ 1,840,327	\$ 1,847,329	\$ 1,788,507	\$ 7,227,108
Other Operating Expenses	\$ 542,316	\$ 406,391	\$ 437,847	\$ 613,572	\$ 2,000,126
Professional Services	\$ 552,484	\$ 347,648	\$ 304,338	\$ 568,359	\$ 1,772,829
Contracted Units/Services	\$ 4,218,099	\$ 4,171,893	\$ 4,264,305	\$ 4,213,314	\$ 16,867,611
Travel	\$ 36,666	\$ 30,949	\$ 50,854	\$ 51,760	\$ 170,229
Capitalized Equipment	\$ -	\$ 21,544	\$ 12,847	\$ 6,000	\$ 40,391
Subtotal, Unit Care Expenditures	\$ 12,338,420	\$ 12,164,981	\$ 12,318,890	\$ 12,567,329	\$ 49,389,620
Psychiatric Care Expenditures					
Salaries	\$ 3,100,947	\$ 3,110,025	\$ 3,094,306	\$ 3,092,906	\$ 12,398,184
Benefits	\$ 833,772	\$ 863,423	\$ 847,049	\$ 831,320	\$ 3,375,564
Other Operating Expenses	\$ 41,938	\$ 34,961	\$ 46,445	\$ 59,297	\$ 182,641
Professional Services	\$ 117,529	\$ 124,790	\$ 176,595	\$ 154,712	\$ 573,626
Travel	\$ 8,375	\$ 10,089	\$ 11,125	\$ 13,725	\$ 43,314
Subtotal, Psychiatric Care Expenditures	\$ 4,102,561	\$ 4,143,288	\$ 4,175,520	\$ 4,151,960	\$ 16,573,329
Total Expenditures, Unit & Psychiatric Care	\$ 16,440,981	\$ 16,308,269	\$ 16,494,410	\$ 16,719,289	\$ 65,962,949

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 325,000	\$ 325,000	\$ 325,000	\$ 299,868	\$ 1,274,868
Freeworld Provider Services	\$ 4,202,285	\$ 3,245,526	\$ 3,690,829	\$ 8,006,933	\$ 19,145,573
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,358,312	\$ 3,265,674	\$ 3,192,209	\$ 3,190,539	\$ 13,006,734
Estimated IBNR	\$ 972,715	\$ 1,929,475	\$ 1,184,170	\$ (3,540,796)	\$ 545,564
Total Expenditures, Hospital & Clinical Care	\$ 8,858,312	\$ 8,765,675	\$ 8,392,208	\$ 7,956,544	\$ 33,972,739

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 497,107	\$ 478,825	\$ 499,411	\$ 482,259	\$ 1,957,602
Benefits	\$ 23,224	\$ 24,134	\$ 24,167	\$ 18,936	\$ 90,461
Other Operating Expenses	\$ 76,035	\$ 62,686	\$ 86,155	\$ 62,521	\$ 287,397
Pharmaceutical Purchases	\$ 2,796,934	\$ 2,394,354	\$ 2,416,902	\$ 2,508,857	\$ 10,117,047
Travel	\$ 1,573	\$ 6,107	\$ 5,369	\$ 4,462	\$ 17,511
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 3,394,873	\$ 2,966,106	\$ 3,032,004	\$ 3,077,035	\$ 12,470,018

Indirect Expenditures (Shared Services)	\$ 891,717	\$ 881,920	\$ 901,516	\$ 901,517	\$ 3,576,670
TOTAL EXPENDITURES	\$ 29,585,883	\$ 28,921,970	\$ 28,820,138	\$ 28,654,385	\$ 115,982,376
DIFFERENCE	\$ (1,284,272)	\$ (712,629)	\$ (141,697)	\$ (17,855)	\$ (2,156,453)

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

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 116,666,569	\$ 115,384,520	\$ 117,948,619	\$ 117,948,619	\$ 467,948,327
State Reimbursement Benefits	\$ 13,294,273	\$ 14,222,911	\$ 13,648,120	\$ 13,882,765	\$ 55,048,069
Other Misc Revenue	\$ 26,461	\$ 18,173	\$ 26,470	\$ 97,139	\$ 168,243
TOTAL REVENUES	\$ 129,987,303	\$ 129,625,604	\$ 131,623,209	\$ 131,928,523	\$ 523,164,639

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 39,821,180	\$ 39,871,844	\$ 41,893,417	\$ 41,937,180	\$ 163,523,621
Benefits	\$ 12,176,384	\$ 12,643,761	\$ 12,717,000	\$ 12,317,442	\$ 49,854,587
Other Operating Expenses	\$ 5,543,802	\$ 5,062,625	\$ 6,581,371	\$ 5,917,379	\$ 23,105,177
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 389,465	\$ 345,666	\$ 301,737	\$ 281,515	\$ 1,318,383
Capitalized Equipment	\$ 62,756	\$ (1,800)	\$ 504,718	\$ 365,223	\$ 930,897
Subtotal, Unit Care Expenditures	\$ 57,993,587	\$ 57,922,096	\$ 61,998,243	\$ 60,818,739	\$ 238,732,665
Psychiatric Care Expenditures					
Salaries	\$ 6,961,359	\$ 6,851,977	\$ 6,856,725	\$ 6,888,286	\$ 27,558,347
Benefits	\$ 1,764,562	\$ 1,807,413	\$ 1,776,764	\$ 1,737,465	\$ 7,086,204
Other Operating Expenses	\$ 33,406	\$ 69,277	\$ 58,291	\$ 63,395	\$ 224,369
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 52,081	\$ 45,580	\$ 26,466	\$ 34,379	\$ 158,506
Subtotal, Psychiatric Care Expenditures	\$ 8,811,408	\$ 8,774,247	\$ 8,718,246	\$ 8,723,525	\$ 35,027,426
Total Expenditures, Unit & Psychiatric Care	\$ 66,804,995	\$ 66,696,343	\$ 70,716,489	\$ 69,542,264	\$ 273,760,091

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,546,004	\$ 5,595,280	\$ 6,310,392	\$ 6,240,784	\$ 23,692,460
Freeworld Provider Services	\$ 4,644,231	\$ 9,949,499	\$ 12,816,409	\$ 15,842,701	\$ 43,252,840
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 32,837,701	\$ 30,140,905	\$ 34,463,029	\$ 34,148,456	\$ 131,590,091
Estimated IBNR	\$ 7,904,872	\$ 4,489,957	\$ (657,160)	\$ (1,987,669)	\$ 9,750,000
Total Expenditures, Hospital & Clinical Care	\$ 50,932,808	\$ 50,175,641	\$ 52,932,670	\$ 54,244,272	\$ 208,285,391

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 1,730,407	\$ 1,762,269	\$ 1,821,117	\$ 1,806,018	\$ 7,119,811
Benefits	\$ 572,164	\$ 589,024	\$ 596,663	\$ 593,582	\$ 2,351,433
Other Operating Expenses	\$ 345,199	\$ 360,421	\$ 522,000	\$ 572,603	\$ 1,800,223
Pharmaceutical Purchases	\$ 10,330,901	\$ 10,384,770	\$ 10,457,585	\$ 11,572,493	\$ 42,745,749
Travel	\$ 4,241	\$ 9,521	\$ 6,055	\$ 4,144	\$ 23,961
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 12,982,912	\$ 13,106,005	\$ 13,403,420	\$ 14,548,840	\$ 54,041,177

Indirect Expenditures (Shared Services)	\$ 3,726,336	\$ 4,987,033	\$ 4,276,548	\$ 5,702,449	\$ 18,692,366
TOTAL EXPENDITURES	\$ 134,447,051	\$ 134,965,022	\$ 141,329,127	\$ 144,037,825	\$ 554,779,025
DIFFERENCE	\$ (4,459,748)	\$ (5,339,418)	\$ (9,705,918)	\$ (12,109,302)	\$ (31,614,386)

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

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 142,144,215	\$ 140,582,195	\$ 143,706,239	\$ 143,706,242	\$ 570,138,891
State Reimbursement Benefits	\$ 16,118,083	\$ 17,234,099	\$ 16,568,408	\$ 16,749,491	\$ 66,670,081
Other Misc Revenue	\$ 26,616	\$ 18,651	\$ 27,003	\$ 109,320	\$ 181,590
TOTAL REVENUES	\$ 158,288,914	\$ 157,834,945	\$ 160,301,650	\$ 160,565,053	\$ 636,990,562

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 45,059,090	\$ 45,218,073	\$ 47,294,787	\$ 47,262,997	\$ 184,834,947
Benefits	\$ 13,927,329	\$ 14,484,088	\$ 14,564,329	\$ 14,105,949	\$ 57,081,695
Other Operating Expenses	\$ 6,086,118	\$ 5,469,016	\$ 7,019,218	\$ 6,530,951	\$ 25,105,303
Professional Services	\$ 552,484	\$ 347,648	\$ 304,338	\$ 568,359	\$ 1,772,829
Contracted Units/Services	\$ 4,218,099	\$ 4,171,893	\$ 4,264,305	\$ 4,213,314	\$ 16,867,611
Travel	\$ 426,131	\$ 376,615	\$ 352,591	\$ 333,275	\$ 1,488,612
Capitalized Equipment	\$ 62,756	\$ 19,744	\$ 517,565	\$ 371,223	\$ 971,288
Subtotal, Unit Care Expenditures	\$ 70,332,007	\$ 70,087,077	\$ 74,317,133	\$ 73,386,068	\$ 288,122,285
Psychiatric Care Expenditures					
Salaries	\$ 10,062,306	\$ 9,962,002	\$ 9,951,031	\$ 9,981,192	\$ 39,956,531
Benefits	\$ 2,598,334	\$ 2,670,836	\$ 2,623,813	\$ 2,568,785	\$ 10,461,768
Other Operating Expenses	\$ 75,344	\$ 104,238	\$ 104,736	\$ 122,692	\$ 407,010
Professional Services	\$ 117,529	\$ 124,790	\$ 176,595	\$ 154,712	\$ 573,626
Travel	\$ 60,456	\$ 55,669	\$ 37,591	\$ 48,104	\$ 201,820
Subtotal, Psychiatric Care Expenditures	\$ 12,913,969	\$ 12,917,535	\$ 12,893,766	\$ 12,875,485	\$ 51,600,755
Total Expenditures, Unit & Psychiatric Care	\$ 83,245,976	\$ 83,004,612	\$ 87,210,899	\$ 86,261,553	\$ 339,723,040

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,871,004	\$ 5,920,280	\$ 6,635,392	\$ 6,540,652	\$ 24,967,328
Freeworld Provider Services	\$ 8,846,516	\$ 13,195,025	\$ 16,507,238	\$ 23,849,634	\$ 62,398,413
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,196,013	\$ 33,406,579	\$ 37,655,238	\$ 37,338,995	\$ 144,596,825
Estimated IBNR	\$ 8,877,587	\$ 6,419,432	\$ 527,010	\$ (5,528,465)	\$ 10,295,564
Total Expenditures, Hospital & Clinical Care	\$ 59,791,120	\$ 58,941,316	\$ 61,324,878	\$ 62,200,816	\$ 242,258,130

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,227,514	\$ 2,241,094	\$ 2,320,528	\$ 2,288,277	\$ 9,077,413
Benefits	\$ 595,388	\$ 613,158	\$ 620,830	\$ 612,518	\$ 2,441,894
Other Operating Expenses	\$ 421,234	\$ 423,107	\$ 608,155	\$ 635,124	\$ 2,087,620
Pharmaceutical Purchases	\$ 13,127,835	\$ 12,779,124	\$ 12,874,487	\$ 14,081,350	\$ 52,862,796
Travel	\$ 5,814	\$ 15,628	\$ 11,424	\$ 8,606	\$ 41,472
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 16,377,785	\$ 16,072,111	\$ 16,435,424	\$ 17,625,875	\$ 66,511,195

Indirect Expenditures (Shared Services)	\$ 4,618,053	\$ 5,868,953	\$ 5,178,064	\$ 6,603,966	\$ 22,269,036
--	---------------------	---------------------	---------------------	---------------------	----------------------

TOTAL EXPENDITURES	\$ 164,032,934	\$ 163,886,992	\$ 170,149,265	\$ 172,692,210	\$ 670,761,401
---------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

DIFFERENCE	\$ (5,744,020)	\$ (6,052,047)	\$ (9,847,615)	\$ (12,127,157)	\$ (33,770,839)
-------------------	-----------------------	-----------------------	-----------------------	------------------------	------------------------

FY2017 Spend Forward to FY2016 - LBB Approved	\$ (48,046,483)
--	------------------------

Excess Collected Health Care Fees	\$ 265,164
--	-------------------

FY2017 Supplemental Appropriation, HB2	\$ 80,000,000
---	----------------------

NET DIFFERENCE	\$ (5,744,020)	\$ (6,052,047)	\$ (9,847,615)	\$ (12,127,157)	\$ (1,552,158)
-----------------------	-----------------------	-----------------------	-----------------------	------------------------	-----------------------

Expenditures in this report do not include the UTMB final FY2017 Hospital Cost Reconciliation to be completed by UTMB during FY2018; additionally, the FY2017 Spend Forward to FY2016 includes the UTMB final FY2016 Hospital Cost Reconciliation.

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

As of November 2017

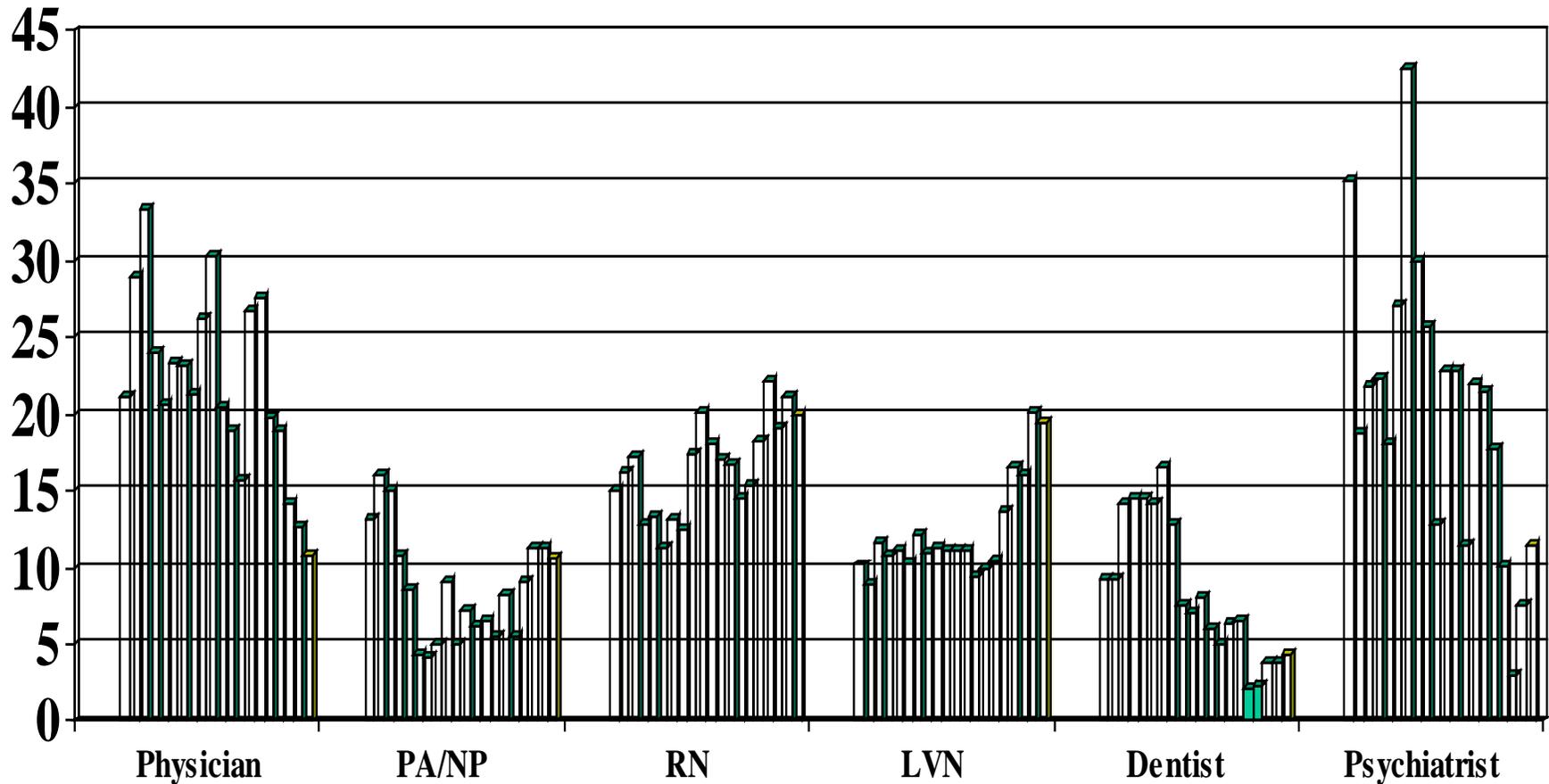
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Investigator II-Patient Liaison Program (Hilltop Unit) (2 positions)	TDCJ	10/01/2016	The selected candidates are in the clearance process.
Investigator II-Patient Liaison Program (Stiles Unit)	TDCJ	10/15/2017	The position closed on 11/01/2017. The applications are being reviewed.
Nurse II – Office of Health Services Monitoring	TDCJ	10/31/2017	The position closed on 11/08/2017. The applications are being reviewed.
Investigator III – Office of Professional Standards (Huntsville)	TDCJ	10/01/2017	The position closed on 11/08/2017. The applications are being reviewed.
Deputy Division Director-Health Services	Contract	04/01/2017	The position is currently posted.
Health Specialist V-Office of Mental Health Monitoring and Liaison	TDCJ	01/31/2016	The position closed on 11/02/2017. The applications are being reviewed.
Program Supervisor V – Health Services	TDCJ	10/01/2017	The selected candidate is in the clearance process.
Director II-Office of Public Health	TDCJ	06/15/2015	This position is on hold.
Medical Director- Smith Unit	TTUHSC	06/16/2017	New Hire: effective 10/01/2017.
Physician I-II (12)	UTMB CMC	03/01/2015	Local and National Advertising, TAFP [#] , NCCHC Conferences, ACA [*] Conference and Agency contacts
Mid Level Practitioners (PA and FNP) (10)	UTMB CMC	07/25/2016	Local and National Advertising, Career Fairs, TAPA [†] and TNP ^Δ Conferences, Intern programs
Psychiatrist (4)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC [‡] , TSPP [◊] , Agency contacts

- * 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
ΔTNP: 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



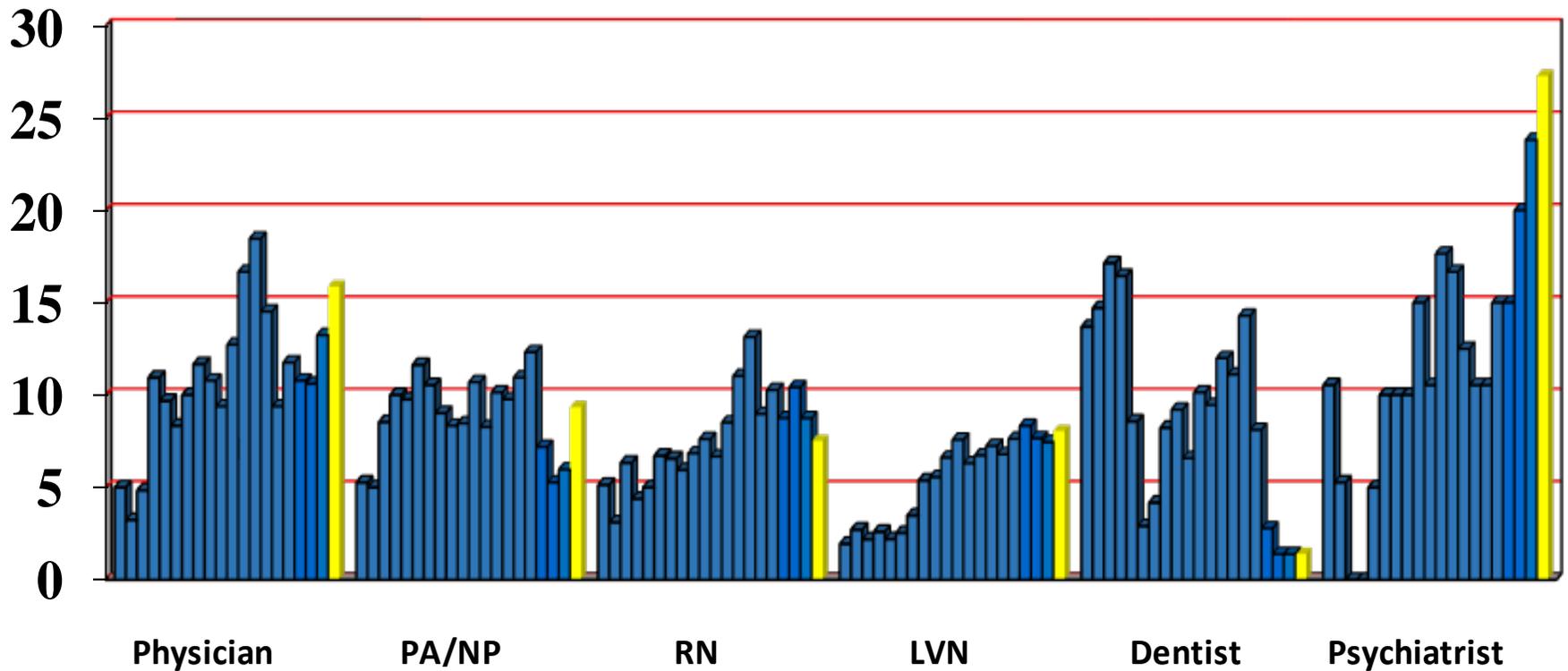
*Correctional Managed
Health Care*



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 DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Fourth 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 Fourth Quarter Fiscal Year (FY) 2017 (June, July and August 2017), Operational Review Audits (ORAs) were conducted at the following **9** facilities: Formby, Hobby, Kegans Intermediate Sanction Facility (ISF) Marlin, Montford (PSYCH/RMF), Pack, Polunsky, Wallace and Wheeler.

- 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 **6** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Fourth Quarter of FY 2017:
 1. Item **1.630** requires the facility to have an overall health services staffing vacancy of no more than 12%. The following **7** facilities were not in compliance with this requirement:
 - Formby (15%) – Corrective action plan pending
 - Hobby (17%) – Corrective action plan pending
 - Kegans ISF (25%) – Corrective action plan pending
 - Montford PSYCH (13%) – Corrective action plan received and closed
 - Montford RMF (26%) – Corrective action plan received and closed
 - Pack (30%) – Corrective action plan received and closed
 - Polunsky (20%) – Corrective action plan pending
 - Wallace (23%) – Corrective action plan received and pending approval
 2. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. The following **5** facilities were not in compliance with this requirement:
 - Formby (17%) – Corrective action plan pending
 - Hobby (50%) – Corrective action plan pending
 - Marlin (50%) – Corrective action plan pending
 - Montford PSYCH (25%) – Corrective action plan received and closed
 - Montford RMF (67%) – Corrective action plan received and closed
 - Wheeler (0%) – Corrective action plan pending
 3. Item **6.080** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the following offenders receiving Tuberculosis chemoprophylaxis: all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. The following **5** facilities were not in compliance with this requirement:
 - Formby (40%) – Corrective action plan pending
 - Hobby (78%) – Corrective action plan pending
 - Kegans ISF (0%) – Corrective action plan pending
 - Montford PSYCH (75%) – Corrective action plan received and closed
 - Montford RMF (67%) – Corrective action plan received and closed
 - Pack (62%) – Corrective action plan received and closed
 4. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **5** facilities were not in compliance with this requirement:

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Formby (67%) – Corrective action plan pending
 - Hobby (58%) – Corrective action plan pending
 - Montford RMF (63%) – Corrective action plan received and closed
 - Pack (64%) – Corrective action plan received and closed
 - Polunsky (57%) – Corrective action plan pending
5. Item **4.100** requires Mental Health Services Department to maintain an accurate and current caseload list. The following **4** facilities were not in compliance with this requirement:
- Hobby (70%) – Corrective action plan pending
 - Kegans ISF (63%) – Corrective action plan pending
 - Marlin (77%) – Corrective action plan pending
 - Pack (73%) – Corrective action plan received and closed
6. Item **5.101** requires newly assigned intra-system transfers arriving at the facility are HSN-1 Nursing Incoming Chain Reviews (section III and IV) completed within the required time frame of the offenders arrival. The following **4** facilities were not in compliance with this requirement:
- Formby (58%) – Corrective action plan pending
 - Hobby (63%) – Corrective action plan pending
 - Kegans ISF (79%) – Corrective action plan pending
 - Wheeler (75%) – Corrective action plan pending
- During the previous quarter, ORAs for **7** facilities had pending corrective action plans: Connally, Garza East, Garza West, McConnell, Sanchez, Stevenson and Tulia. During the Fourth Quarter FY 2017, ORAs for **5** of the **7** facilities closed: Connally, McConnell, Sanchez, Stevenson and Tulia.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same **9** facilities listed above for operational review audits during the Fourth 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 **9** facilities were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2017 (June, July, August), Dental Quality Review audits were conducted at the following **11** facilities: Allred (GP & ECB), Beto, Coffield, Estes, Gurney, Hutchins, Michael, Neal, Roach, Roach ISF and Sayle. The following item was found to be the most frequently below 80 percent.

- **Item 20** requires that if panoramic radiographs were taken during In-processing (intake) that they be currently available at the facility. **4** of the **12** facilities were not in compliance: Beto (**67%**), Michael (**67%**), Neal (**66%**), Roach (**50%**).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2017, the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,389** correspondences: The PLP received **3,094** and Step II Grievance received **1,295**. There were **248** 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 Fourth 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 **8** percent for TTUHSC for the Fourth 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, policy and documentation issues.

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Fourth Quarter of FY 2017, (June, July, and August 2017), the PLP nurses and investigators performed **18** Sick Call Request Verification Audits (SCRVAs) on **17** 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 **153** indicators were reviewed at the **17** facilities and **9** of the indicators fell below the 80 percent compliance threshold representing **7** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 17 facilities audited. There were six (6) units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the 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 requested, 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 Fourth Quarter FY 2017, there were **16,600** intake HIV tests performed. Of those tested, **197** offenders were newly identified as having HIV infection. During the same time period, there were **9,193** pre-release tests performed with **0** found to be HIV positive. For this quarter, **13** new AIDS cases were identified.
- There were **624** cases of Hepatitis C identified for the Fourth Quarter FY 2017. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **124** cases of suspected Syphilis were reported in the Fourth Quarter FY 2017. **66** 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)

- **216** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2017. For the same time period, **147** 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 Fourth 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 **182** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2017. There were **38** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **50** 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 Fourth Quarter FY 2017, **6** units received a **5** day training which included the Wall Talk Training and the Somebody Cares Training. In the month of July 2017, **one** unit received a **three** day training which included the Wall Talk Training. As of the close of the quarter, **99 of the 105** facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, **47** offenders trained to become peer educators and **20,456** offenders attended the classes presented by peer educators.

MORBIDITY AND MORTALITY

There were **113** deaths reviewed by the Morbidity and Mortality Review Committee during the months of June, July and August 2017. Of those **113** deaths, **6** were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	4
Nursing and Provider Peer Review	2
Total	6

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 Fourth Quarter of FY 2017:

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- The OMHM&L monitors all Administrative Segregation facilities within the TDCJ CID and State Jails once every six months. During the Fourth Quarter of FY 2017, **16** Segregation facilities were audited including: Pack, Estelle, Hughes, Murray, MountainView, Michael, Lychner, Gist, Stiles, Coffield, Ferguson, Eastham, Kegans ISF, Robertson, Travis and Formby. The OMHM&L auditors observed **2,138** offenders, interviewed **2,701** offenders, and referred **1** offender for further evaluation by university providers.
- In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ATC 4, **16** of **16** applicable units were **100%** compliant. For ATC 5, **16** of **16** applicable units were **100%** compliant. For ATC 6, **15** of **16** units were **100%** compliant. The Travis State Jail was **93%** 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 Fourth Quarter FY 2017, a total of **53** instances of compelled psychoactive medication administration occurred. There were **11** instances at the Montford unit, **32** instances at the Skyview unit, **9** instances at the Jester IV unit and **1** instance 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 **N/A** in June and July and **100%** in August. Jester IV was **100%** compliant in June and July and **N/A** in August. Montford was **100%** compliant in June, July and August. A score of **N/A** indicates there were no instances to audit for the month.
- 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 28 intake facilities, **26** facilities identified incoming offenders in need of Mental Health Evaluations. West Texas ISF closed and was not audited this quarter. Kyle State Jail was **N/A** as no offenders requiring MHEs were received. **20** of the 26 facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Byrd, Dominguez, East Texas Treatment Facility, Garza, Gist, Glossbrenner, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane, Roach ISF, Sayle, Travis and Woodman. **6** of the 26 facilities earned compliance scores of **79%** or lower: Baten (**28%**), Bradshaw (**57%**), Formby (**57%**), Gurney (**31%**), Kegans ISF (**47%**) and Sanchez (**50%**). Corrective action plans were requested from these 6 facilities.

OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of the Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Fourth Quarter of FY 2017, HSL conducted **164** hospital and **43** 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.
- Of the **164** hospital discharge audits conducted, **145** were from the UTMB Sector and **19** were from the TTUHSC sector. There were **45** deficiencies identified for UTMB and **6** identified for TTUHSC. Of the infirmary discharge audits conducted, **27** were from the UTMB sector and **16** were from the TTUHSC sector. There were **7** deficiencies identified from UTMB and **1** for TTUHSC.

ACCREDITATION

The ACA Summer Conference will be held in St. Louis, Missouri on August 18-22, 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 - **28**
- Correctional Institutions Division Pending Monthly Research Projects - **6**
- Health Services Division Active Monthly Medical Research Projects - **8**
- Health Services Division Pending Medical Research Projects - **4**

Hepatitis C Policy and Program

Presented to the Correctional Managed
Health Care Committee
December 5, 2017

Correctional Managed
Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Objectives

- Identify members of Joint Hepatitis C Workgroup
- Discuss rationale for policy changes
- Discuss revisions to policy B-14.13.3
- Review cost projections
- Adopt revised policy

Hepatitis C Workgroup

TDCJ Health Services	Texas Tech	UTMB CMC
<p>Carol Coglianesse, MD Quality & Contract Monitoring</p>	<p>Ogechika Alozie, MD, MPH Infectious Disease Specialist</p>	<p>Jessica Khan, MD Director, Clinical Virology Workgroup Co-Chair</p>
<p>Chris Black-Edwards, RN, BSN Director of Nursing Administration</p>	<p>Sheri Talley, MD Regional Medical Director</p>	<p>Monte Smith, DO Sr. Medical Director Inpatient Services</p>
	<p>Ranee Lenz, PharmD Associate Professor / Chief Correctional Managed Healthcare Pharmacy Services</p>	<p>Stephanie Zepeda, PharmD AVP, Pharmacy Services</p>
	<p>Brenda Whitney Sr. Director Utilization Management</p>	<p>Gary Eubank, MSN, RN Chief Nursing Officer</p>
<p>Notes:</p> <ul style="list-style-type: none"> Policy B-14.13.3 pending approval by the Joint Infection Control Committee. Hepatitis C disease management guideline approved by the Joint Pharmacy & Therapeutics Committee 11/8/2017. 		<p>Melanie Roberts, PharmD Assistant Director, Pharmacy Operations & PIC Workgroup Co-Chair</p>

Rationale for Policy Changes

- Standard of care for chronic hepatitis C has changed rapidly since 2011 due to FDA approval of oral direct acting antivirals (DAAs)
- National guidelines no longer recommend
 - Dual therapy with peginterferon plus ribavirin (PEG/RBV)
 - PEG/RBV plus boceprevir or telaprevir
 - PEG as part of a treatment regimen with DAAs
- New therapies represent a significant advancement in treatment with overall response rates of 95% or higher, shorter duration of treatment, all oral regimens, and better tolerability
- High number of new DAA's in development resulting in continuous changes to treatment standards

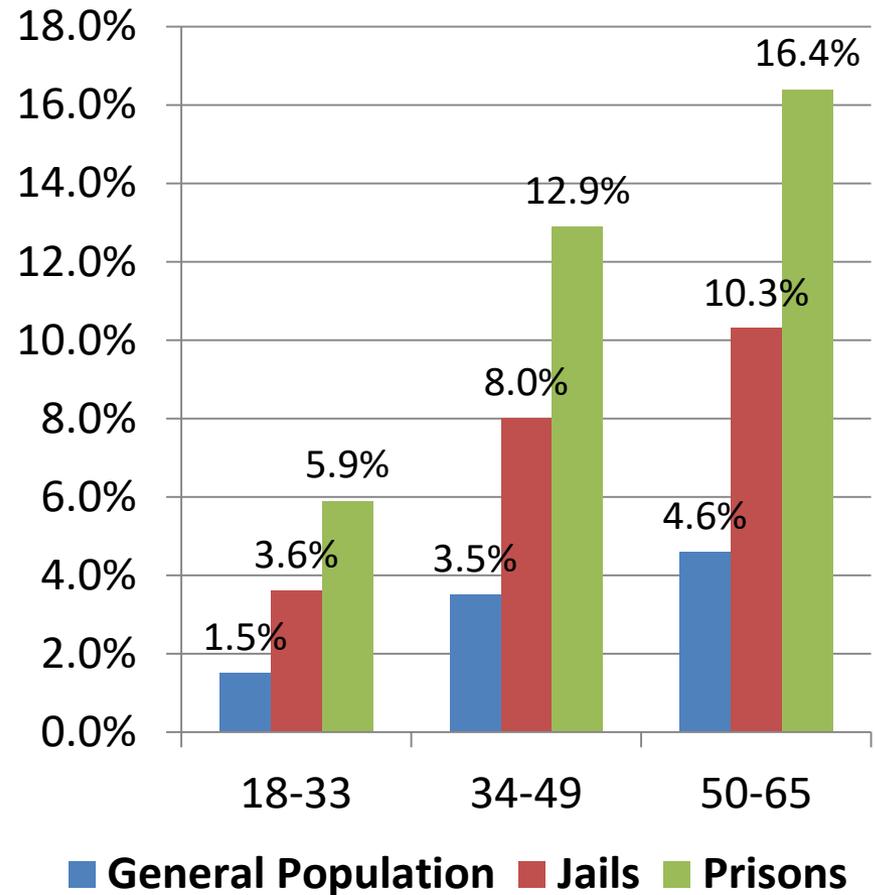
Rationale for Treatment

Chronic hepatitis C is a significant healthcare problem

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

High burden of hepatitis in US prisons

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



Rationale for Treatment

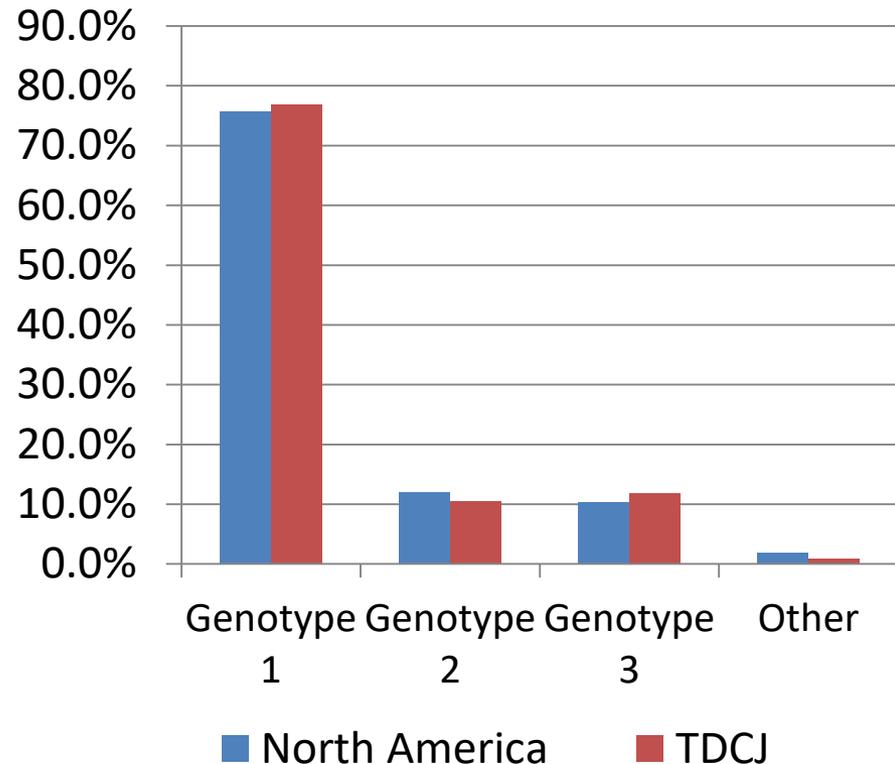
High Burden of Hepatitis in Texas Prisons

Prevalence rates

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

Majority of patients have genotype 1

Genotype Distribution⁶

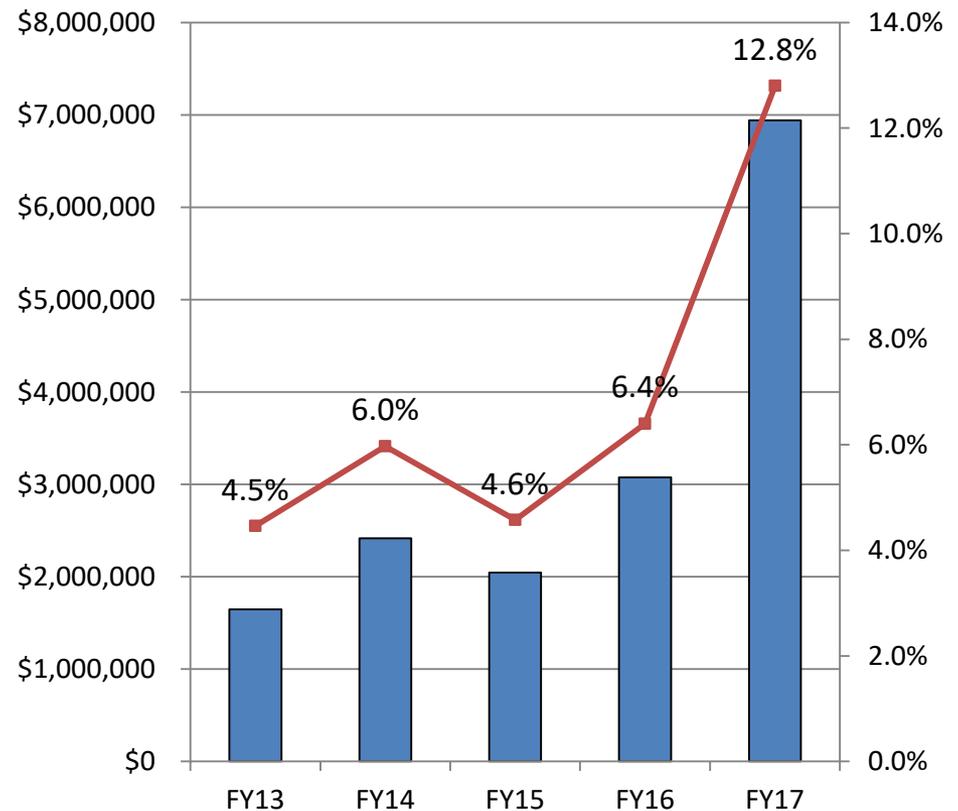


- CDC. Correctional Facilities and Viral Hepatitis. Available at <http://www.cdc.gov/hepatitis/Settings/corrections.htm>
- TDCJ prevalence data based on the number of active chronic HCV diagnosis in the EMR as of 10-31-14. This suggests prevalence rate 12.3% +/- 0.5%.
- Messina JP, et al. Global distribution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

Rationale for Treatment

Chronic hepatitis C is a significant economic burden

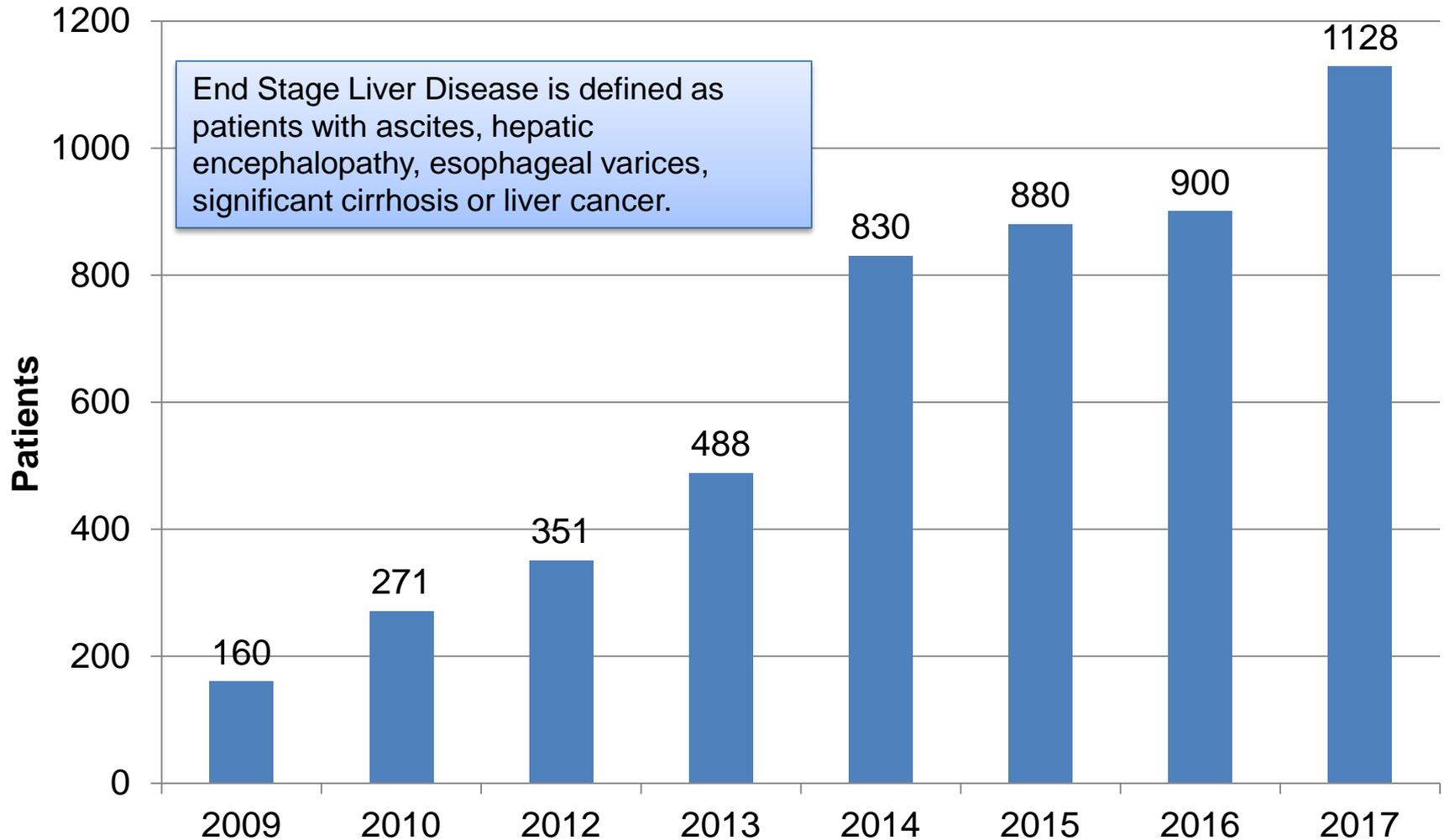
- American Association for the Study of Liver Diseases (AASLD) and the Trust for America's Health reported medical costs are expected to more than double over the next 20 years and death rate is expected to triple in the next 10-20 years⁷
- In FY17, cost was approximately \$6.9 million or 12.8% of the TDCJ drug budget



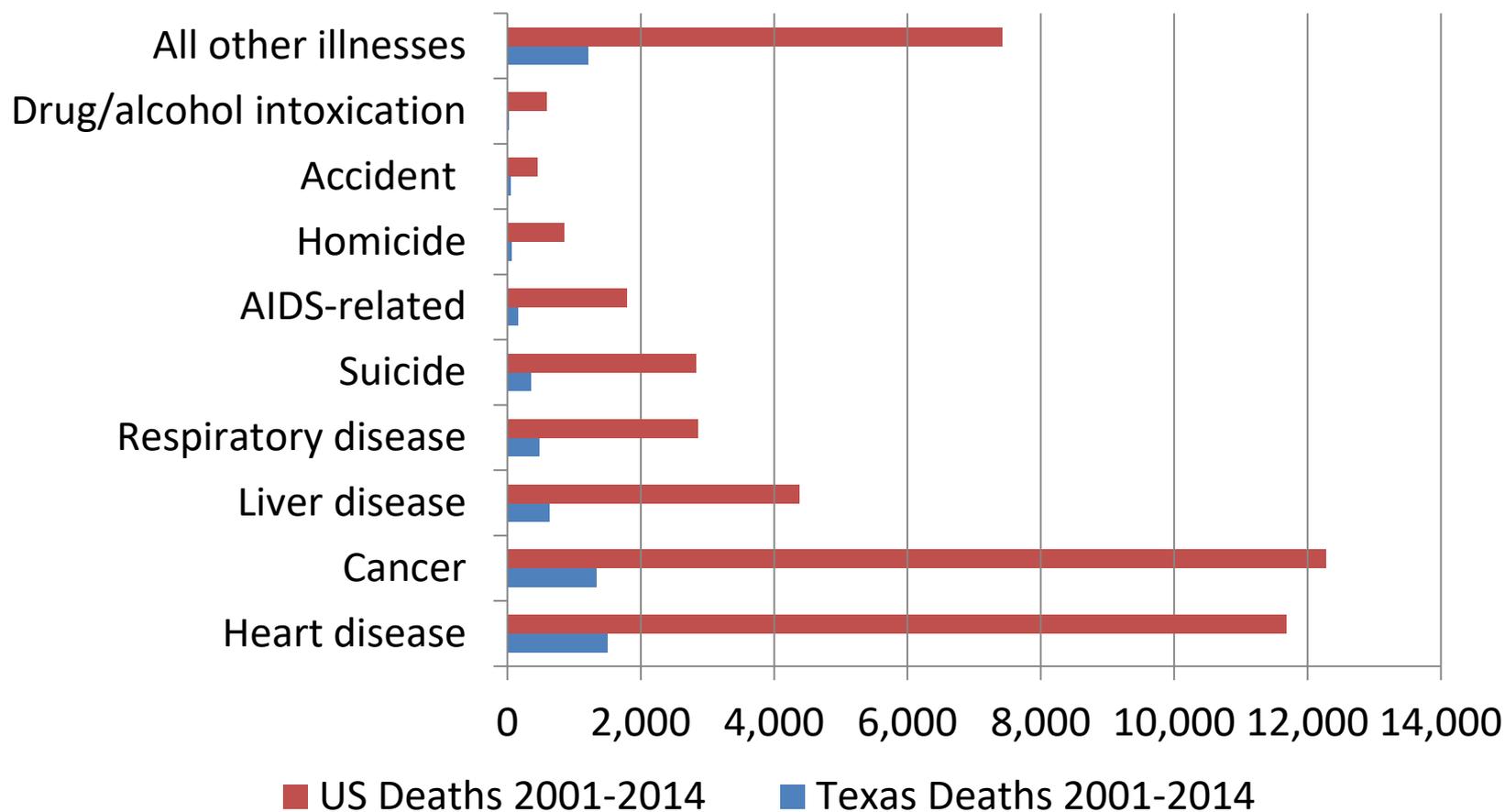
Rationale for Treatment

- Treating hepatitis C may protect the general community at large
 - National Reentry Resource Center reports that at least 95 percent of state prisoners will be released back to their communities at some point
 - 67,603 offenders were released from TDCJ in FY2016
- Achieving a cure has been shown to prevent disease progression, development of HCC, deaths, and leads to long-term cost savings

TDCJ Population with End Stage Liver Disease

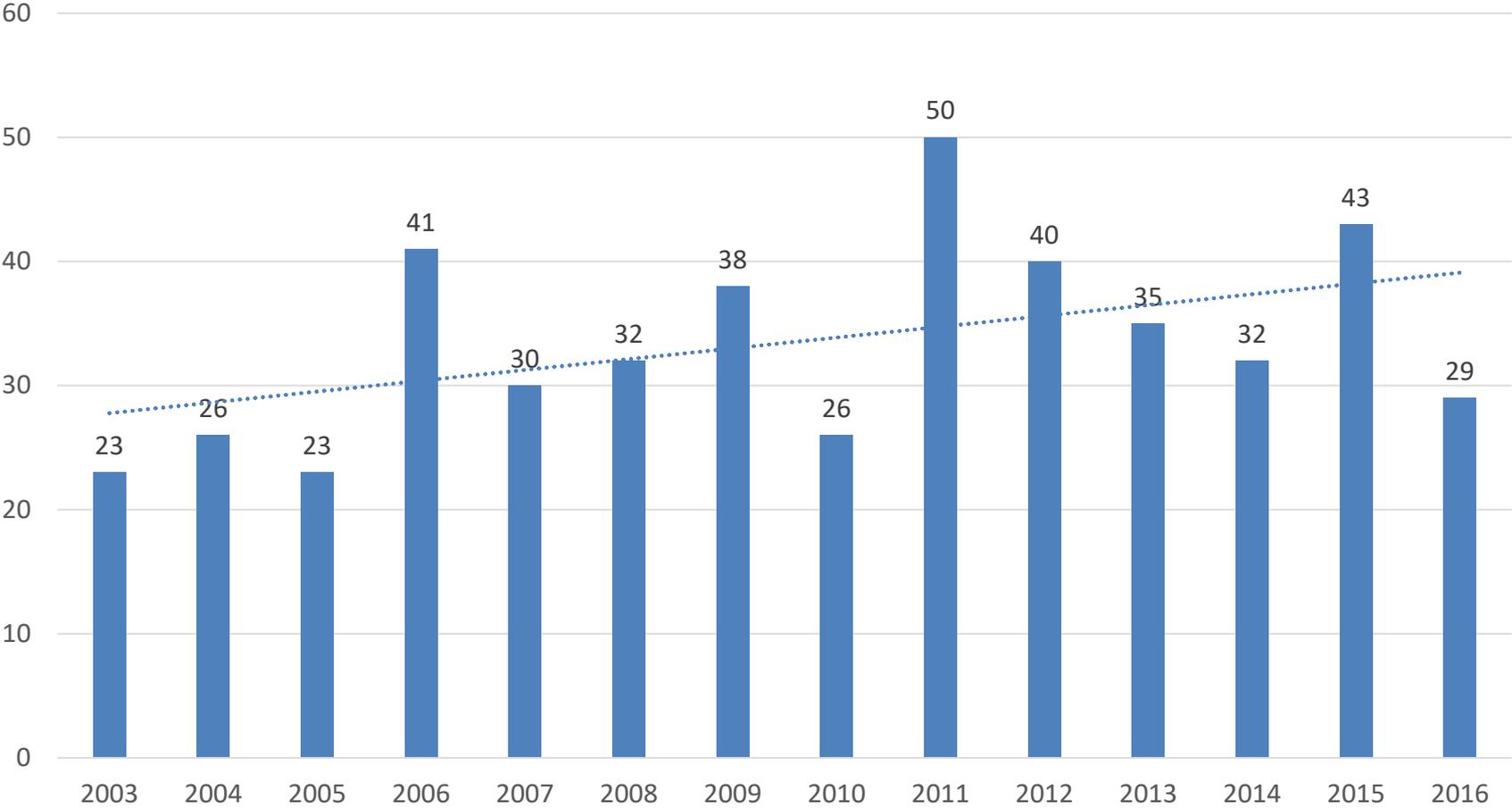


Hepatitis is the 3rd Leading Cause of Death in State Prisons



Mortality in state prisons, 2001-2014 – Statistical Tables. US Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. December 2016, NCJ 250150.

TDCJ Liver Cancer Deaths



Policy Changes

- Provided additional guidance on follow-up after treatment.
- Patients who have successfully completed treatment (cure achieved) can be diagnosed with resolved hepatitis C infection and discharged from HCV clinic after counseling regarding re-infection.
 - Patients with cirrhosis or abnormal LFTs will continue to follow-up in ESLD chronic care clinic.
- Patients who do not successfully complete treatment will continue to be followed in HCV chronic care clinic by a HCV provider.

Policy Changes

- Selected preferred agent based on efficacy, safety, and cost effectiveness
 - Epclusa[®] (velpatasvir/sofosbuvir) for all genotypes
 - Harvoni[®] (ledipasvir/sofosbuvir) no longer recommended
- Other agents preferred in limited situations
 - Mavyret[®] (glecaprevir/pibrentasvir) recommended for patients with CKD 4 and 5
 - Vosevi[®] (sofosbuvir/velpatasvir/voxilaprevir) recommended for treatment experienced patients if intolerant to ribavirin

Cost of Drug Course

Drug	Indication	UTMB (12 Week Course)	Texas Tech (12 Week Course)
Sofosbuvir/Velpatasvir (Epclusa [®])	GT1, GT2, GT3, GT4, GT5, GT6	\$21,678	\$69,930
Glecaprevir/Pibrentasvir (Mavyret [®])	GT1, GT2, GT3, GT4, GT5, GT6	\$28,485	\$37,042
Sofosbuvir/Velpatasvir/ Voxilaprevir (Vosevi [®])	GT1, GT2, GT3, GT4, GT5, GT6	\$51,894	\$69,930

Notes:

1. Drug selection is based on the genotype (GT) of the virus, treatment history, and degree of cirrhosis
2. Epclusa is dosed 1 tablet once daily (decompensated cirrhosis with Ribavirin) and was chosen based on comparative safety, efficacy, and cost; previous price \$50,400.

Hepatitis C Treatment Cost

Number of Patients	UTMB Cost (million)	Texas Tech Cost (million)
100	\$2.2	\$7.0
200	\$4.3	\$14.0
300	\$6.5	\$21.0
400	\$8.7	\$28.0
500	\$10.8	\$35.0
600	\$13.0	\$42.0
700	\$15.2	\$49.0
800	\$17.3	\$55.9

Notes:

1. Incremental cost projections assume patients will receive 12 weeks of therapy with Eplclusa®.
2. Cost to treat 4,500 priority patients is approximately \$98.7 million.

Patient Management

- Patients will continue to be treated in the UTMB sector to maximize 340B savings
- Patient caseload will be managed by Virology Team
- Estimated that 18,399 patients have chronic hepatitis C and that 4,554 patients meet priority criteria including F3-F4 fibrosis, co-infection, and extra-hepatic manifestations
- Patients receiving treatment are moved to centers of excellence to ensure they are closely monitored, are adherent to therapy, & to prevent disruptions in therapy
 - Male offenders: Stiles, Jester III, Dominguez
 - Female offenders: Young and Woodman

Outcomes Current Program

- Began using second generation DAAs September 2015
 - Harvoni® (ledipasvir/sofosbuvir) - GT1, GT4, GT6
 - Sovaldi® (sofosbuvir) - GT2, GT3, GT5
- Preferred DAA therapy changed in March 2017
 - Harvoni® (ledipasvir/sofosbuvir) - GT1, GT4, GT5, GT6
 - Epclusa® (sofosbuvir/velpatasvir) – GT2, GT3
- Data FY16 - FY17
 - 282 patients started on therapy
 - 105 midcourse or awaiting outcome assessment 12 weeks after completing therapy
 - 177 patients on therapy long enough to assess cure
 - 18 patients deceased, released or discontinued treatment
 - 1 patient refused viral load at end of treatment
 - 24 patients failed treatment
 - 134 patients achieved cure (84.8%)

Questions & Adoption of Policy

References

1. AASLD/IDSA. Recommendations for testing, managing, and treating hepatitis C. <http://www.hcvguidelines.org>. Updated July 6, 2016. Accessed September 7, 2016.
2. Kim, Arthur. In the clinic, hepatitis C virus. *Annals of Internal Medicine*. September 6, 2016: 34-46.
3. Centers for Disease Control and Prevention. Disease Burden from Viral Hepatitis A, B, and C in the United States. Available at <http://www.cdc.gov/hepatitis/Statistics>.
4. Binswanger A, et al. Prevalence of chronic medical conditions among jail and prison offenders in the USA compared with the general population. *J Epidemiol Community Health* 2009;63:912-919.
5. Centers for Disease Control and Prevention . Correctional Facilities and Viral Hepatitis. Available at <http://www.cdc.gov/hepatitis/Settings/corrections.htm>
6. Messina JP, et al. Global distribution and prevalence of hepatitis C virus genotypes. *Hepatology*. Article first published online: 28 JUL 2014. DOI: 10.1002/hep.27259.
7. American Association for the Study of Liver Diseases and the Trust for America's Health. HBV & HCV: America's Hidden Epidemics. Executive Summary. September 2010. Available at <http://healthyamericans.org/report/76/hepatitis-report>.
8. El Khoury AC, Klimack WK, Wallace C, Razavi H. Economic Burden of Hepatitis C-Associated Diseases in the United States. *Journal of Viral Hepatitis* 2012;19:153–160.
9. Ng V, Saab S. Effects of a Sustained Virologic Response on Outcomes of Patients With Chronic Hepatitis C. *Clinical Gastroenterology and Hepatology* 2011;9:923–930.
10. Morgan RL, Baack B, Smith BD, et al. Eradication of Hepatitis C Virus Infection and the Development of Hepatocellular Carcinoma. A Meta-analysis of Observational Studies. *Ann Intern Med* 2013;158:329-337.