

**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

June 20, 2018

10:00 a.m.

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

## **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

June 20, 2018

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions  
  
Recognition of Dr. Cynthia Jumper  
Bestowed the honor of Master of the American College of Physicians
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, March 20, 2018
  3. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Administrative Segregation Mental Health Monitoring
  4. University Medical Directors Reports
    - Texas Tech University Health Sciences Center
    - The University of Texas Medical Branch
  5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
  1. Texas Department of Criminal Justice
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

- VI. Medical Directors Updates
  - 1. Texas Department of Criminal Justice
    - Health Services Division Fiscal Year 2018 Second Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. Policy Presentation Hepatitis C Policy (Revision)  
Melanie Roberts, PharmD, Director of Pharmacy Services  
UTMB CMC Pharmacy
- VIII. Data and the CMC Dashboard  
Dr. Jane Leonardson, Chief Medical Information Officer
- IX. Public Comments
- X. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
March 20, 2018



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. Recognitions and Introductions (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Harold Berenzweig</li>   <li>- Dr. Owen Murray</li>   <li>- Dr. Billy Horton</li>   <li>-</li> </ul>	<p>Dr. Berenzweig asked if Ms. Myers was the inaugural person in this position and Dr. Murray confirmed that, yes, she was and that was 32 years ago.</p> <p>Dr. Murray then introduced Dr. Billy Horton, Dental Director for UTMB. Dr. Murray stated that Dr. Horton has worked with Ms. Myers throughout his entire career as Dental Director and can best summarize her career achievements.</p> <p>Dr. Horton stated that he holds great admiration for Pam and not just for her excellent knowledge of dentistry and correctional health care, but also for her morals, ethics and ideals. Pam is the kind of person you want as a co-worker in your organization and as a leader in your organization. If you give Pam a project to do, it's going to be done on time and the right way. She is very adamant about doing things the correct way. In addition, she has been married 49 years and a dental hygienist 48 years, 32 of those years were spent in correctional dentistry. She has 2 children and 2 grandchildren. Her daughter also works as a unit nurse. So, in addition to being a good co-worker she is also the kind of friend and neighbor you would want to have. She has been on several committees with her church, she is very strong in her faith and active in the vacation bible school. They have shared a lot of tragic issues and times throughout the years and leaned on each other a lot and prayed for each other. Dr. Horton stated that he appreciates her and presented Ms. Myers with a plaque. The plaque reads: "To Pam Myers in Grateful Recognition of Your Compassionate Service to Your Fellowmen, Benevolent Attitude Toward Your Colleagues and Loyalty to the Profession of Dentistry and in Recognition of Your 32 Years of Dedicated Services to the Texas Department of Criminal Justice and the University of Texas Medical Branch-Correctional Managed Care Dental Division as a Dental Hygienist and Manager of the Dental Hygiene Program." We thank you very much.</p> <p>Dr. Horton next called on Dr. Linthicum to recognize the retirement of Pamela Myers.</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. Recognitions and Introductions (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Owen Murray</li> </ul>	<p>WHEREAS, Ms. Myers retired with commitment and dedication in March 2018; the correctional health care program has greatly benefited from her demonstrated leadership throughout her tenure, and the success of the dental hygiene program has been built through a spirit of active partnership between the agencies involved; since retiring, Ms. Myers continued to work with UTMB CMC in a part-time capacity; and,</p> <p>WHEREAS, Ms. Myers earned the admiration and respect of her peers for her steadfast guidance and professionalism during her tenure; and,</p> <p>WHEREAS, the Correctional Managed Health Care Committee and the partner agencies wish to gratefully acknowledge the contributions and steady leadership provided by Pamela Myers; and,</p> <p>THEREFORE BE IT RESOLVED, that the Correctional Managed Health Care Committee present this resolution as an expression of our sincere appreciation for Pamela Myers’ professionalism, dedication and outstanding service to the State of Texas and the Correctional Managed Health Care Program.”</p>		
<p><b>III. Approval of Consent Items</b></p> <p>Dr. Harold Berenzweig</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – December 5, 2017</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> </ul>	<p>Dr. Berenzweig then moved onto agenda item III approval of consent items.</p> <p>Dr. Berenzweig stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences- from the December 5, 2017 meeting, which include; Elizabeth Anne Linder, Mary Annette Gary and Harold Berenzweig.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 5, 2017 meeting. Dr. Berenzweig asked if there were any corrections, deletions or comments-hearing none; Dr. Berenzweig moved onto the third consent item.</p> <p>The third consent item was the approval of TDCJ Health Services Monitoring Report and there were no comments or discussion of these reports.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- University Medical Directors Reports <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> </li> <li>- Summaries of CMHCC Joint Committee/ Work Groups Activities</li> </ul> <p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Ron Steffa</li> </ul>	<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 were no comments or discussion of these reports.</p> <p>Dr. Berenzweig then called for a motion to approve the consent items.</p> <p>Dr. Berenzweig next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the First Quarter of Fiscal Year (FY) 2018, 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>Mr. Steffa reported that the overall offender service population has increased 1.8% from FY 2017. This is largely due to the addition of the East Texas Treatment Facility. The offender population age 55 and over had a 6.9% increase with an average daily census of 17,316 through the First Quarter of FY 2017 compared to 18,512 through the First Quarter of FY 2018.</p> <p>Unit and psychiatric care expenses represent the majority of health care cost at \$90 million or 52.4 percent of total expenses. Hospital and clinical care accounted for \$63.4 million or 37 percent. Pharmacy services were at \$18.1 million or 10.6 percent of the total expenses.</p> <p>Mr. Steffa reported on unit and psychiatric care revenues of \$89.9 million and expenditures of \$89.9 million, which for the First Quarter of FY 2018 resulted in a surplus of \$7 thousand in this strategy.</p>		<p>Dr. Raimer made a motion to approve all consent items, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>

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<p><b>IV. Update on Financial Reports (Cont.)</b> - Ron Steffa</p>	<p>Mr. Steffa reported on hospital and clinical care revenues of \$47.7 million and expenditures of \$63.4 million leaving a shortfall of \$15.6 million in this strategy.</p> <p>Managed health care pharmacy revenues of \$15.7 million and expenditures of \$18 million leaving a shortfall of \$2.3 million in this strategy.</p> <p>Mr. Steffa next reported on the First Quarter FY 2018 combined summary for both universities. The combined total reflects a shortfall of \$18 million for First Quarter FY 2018. The Annual Projection reflects an estimated \$72.7 million shortfall.</p>	<p>Dr. Raimer asked Mr. Steffa if there is anything out of line; a trend that we need to adjust right now. Any places that we need to make corrective action on our financial trends, which you would recommend that we look at.</p> <p>Mr. Steffa answered that we need to continue efforts on our cost containment initiatives. Both universities are constantly looking for ways to reduce costs and we need to continue those efforts.</p> <p>Dr. Linthicum noted that our appropriations were not funded at 100%.</p> <p>Mr. Steffa concurred. He stated that legislative appropriations to maintain the current level of service and to meet the FY 2016/2017 deficit and projected increases were unfunded and therefore we had a structural deficit going into the current biennium that contributes to the projected shortfall.</p> <p>Dr. Berenzweig asked about the high cost of pharmaceuticals and the ongoing concern over 340B pricing and if there are any plans in place if the funding collapses?</p>	

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<p><b>IV. Update on Financial Reports (Cont.)</b> - Ron Steffa</p>		<p>Dr. Murray stated that he knows that this issue is on the radar at the university and there are ongoing discussions. Dr. Raimer has made trips to Washington with Lauren Sheer to discuss and can speak to this further.</p> <p>Dr. Raimer stated that this continues to be a very tense issue. It was not addressed in the budget reconciliation that congress has just gone through. We have had some very good support in the Texas Congressional Delegation, both democrats and republicans, who have worked very hard to keep the issue off the table and delay it. We had hoped for at least a two year delay, but pharma has pushed that ahead again with senate testimony on it last week. We were told this week by America's Essential Hospitals and the American Association of Medical Colleges that they believe there will be a delay in taking any permanent action. The way things are working in Washington right now that can change overnight. There is a huge amount of money being spent by large pharma to get rid of this and there is no doubt that there has been some bad actors. There have been some hospitals that see less than 10% Medicaid and underserved people who have claimed exemptions for 340B, received the drugs and then sold them for profit. So, at best they are going to ask everyone who utilizes the program to start reporting multiple times per year on how they use the savings from 340B. Ms. Sollenberger at UTMB, our EVP &amp; CEO Health System, is on the board of America's Essential Hospitals and has been taking a very active part in providing testimony on that. We are doing all we can and it is very important to let the Governor's Office know how important this is.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (Cont.)</b> - Ron Steffa</p> <p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies</b></p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. Berenzweig 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 Deputy Division Director position continues to be vacant and posted. The decision was made to take the posting down and the job description is being reworked. Consideration is being given to posting the position for a physician, as it is right now, or a physician extender, advance practice nurse, a physician's assistant or a health services administrator. We will look at all of those credential types and see what is received in the applicant pool. This position has been vacant for over a year now.</p> <p>The Director II position in the Office of Public Health is a Registered Nurse position. This position is currently on hold, however, Ms. Black-Edwards is currently serving in this capacity.</p> <p>Dr. Linthicum reported that there is a vacant Health Specialist V position in the Office of Mental Health Monitoring and Liaison. This position posting has closed and the applications are being reviewed.</p> <p>Dr. Linthicum reported that there is an Investigator II position vacancy in the Patient Liaison Program at the Hilltop Unit. The interviews for this position were held February 27, 2018 and the selected candidate is in the clearance phase.</p> <p>There is also an Investigator II position vacancy in the Patient Liaison Program at the Stiles Unit. This position will be reposted due to the lack of applicants. Dr. Linthicum noted that there are 10 of these positions that are unit assigned. They are responsible for responding to complaints about health care from third parties, interviewing offenders, reviewing medical records and drafting responses.</p>	<p>It is about 200 million dollars over a biennium. This is a lot of money that will have to come out of Texas taxes if we're not able to continue with this program.</p>	



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<p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</b>  - Dr. Owen Murray</p>		<p>Dr. Raimer noted that it may be helpful that the Area Health Education Centers (AHEC), mission has totally changed from the federal level. What they now have to do is place students in underserved areas. It may be good to explore this option both at the Texas Tech areas and at UTMB.</p> <p>Dr. Linthicum stated that John Pulvino should have a list of underserved areas that we could look at. She also noted that there is an existing provision allowing for loan repayment, but it had a rider attached to it that prohibits us from offering that incentive. That is an area, going into the next session, which we can revisit.</p> <p>Dr. Hudson asked what market analysis numbers does UTMB follow for those recruiting positions.</p> <p>Dr. Murray stated that they are different from the main campus due to the fact that where they have a market presence CMC often does not. In some of the locations it is difficult to find comparative salary data and hospitals are not always willing to share this information because of the proprietary nature of it. They do receive good feedback from candidates who do not choose to come on board.</p>	
<p><b>VI. Medical Director's Updates</b></p> <p>- <b>TDCJ – Health Services Division FY 2018 First Quarter Report</b>  -Dr. Lannette Linthicum</p>	<p>Dr. Berenzweig then called on Dr. Linthicum to present the TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the TDCJ Medical Director's report focuses on the First Quarter of Fiscal Year (FY) 2018 (September, October and November). During this quarter, Operational Review Audits (ORAs) were conducted at the following 9 facilities: Beto, Cleveland, Coffield, Daniel, Dominguez State Jail, Ney State Jail, San Saba, Smith and Torres. Dr. Linthicum referenced the 7 items found to be most frequently below the 80 percent compliance, and noted that corrective actions have been requested on all of these items.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- Capital Assets Monitoring</li>   <li>- Dental Quality Review Audit</li>   <li>- Grievances and Patient Liaison Correspondence</li>   <li>- Quality Improvement (QI) Access to Care Audit</li> </ul>	<p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 9 facilities listed above for ORA's during the First Quarter of FY 2018 and all 9 facilities were within the required compliance range. The Capital Assets Monitoring Program continues to experience strong compliance.</p> <p>Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 10 facilities. Item 2 and Item 21 were the items found to be the most frequently below the 80 percent threshold. Item 2 assesses if charts of incoming (chain-in) intra-system offender transfers are reviewed by the facility dental department within seven (7) days of arrival. Item 21 assesses if the radiographs utilized in the formation of the Comprehensive Treatment Plan (CTP) were of diagnostic quality necessary for assessment and treatment planning. Corrective actions were requested to address these items. There are issues that have been discussed in the quarterly outpatient services meetings regarding comprehensive treatment plans. An action plan is being developed to address those areas of concern.</p> <p>Dr. Linthicum reported that during the First Quarter of FY 2018, the Patient Liaison Program (PLP) and Step II Medical Grievance Program received 4,385 correspondences. The PLP received 2,855 correspondences and Step II Grievance received 1,530. There were 141 Action Requests generated. The overall combined percentage of sustained Step II Medical grievances was 3.5%. Performance measure expectation is 6% or less and both universities are below this threshold. Individually, UTMB was 4.29% and 1.05% for TTUHSC.</p> <p>There were 16 Sick Call Request Verification Audits conducted on 15 facilities. A total of 123 indicators were reviewed and 37 of the indicators fell below 80 percent compliance. Corrective actions were requested.</p> <p>For the benefit of the new members, Dr. Linthicum explained that offenders access care by submitting sick call requests.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li>   <li>- Office of Public Health</li> </ul>	<p>They write out their health care complaint and then they are scheduled through the appropriate discipline depending on the nature of the complaint. We audit those sick call requests by going out to ensure that there is appropriate access to care, which we are statutorily required to do.</p> <p>Dr. Linthicum explained that the Office of Public Health is a department within the Division of Health Services and not contracted out to the universities. 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 First Quarter, there were 17,805 intake HIV tests performed. Of those tested, 104 offenders were newly identified as having HIV infection. During the same time period, there were 9,526 pre-release tests performed with none found to be HIV positive. For this quarter, 12 new AIDS cases were identified.</p> <p>There were 481 cases of Hepatitis C identified for the First Quarter FY 2018.</p> <p>152 cases of suspected Syphilis were reported. 89 cases required treatment or retreatment.</p> <p>249 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2018.</p> <p>Dr. Linthicum reported that there was an average of 18 Tuberculosis (TB) cases under active management for the First Quarter FY 2018.</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>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- Office of Public Health</li> </ul>	<p>This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the First Quarter FY 2018, there were 220 chart reviews of alleged sexual assaults. There were 70 deficiencies found this quarter and corrective actions have been requested. 72 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum reported that during the First Quarter FY 2018, 3 units received a 3 day training which included the Wall Talk Training and the Somebody Cares Training in the Peer Education Program and 3 units received a 2 day training which included the Somebody Cares Training. As of the close of the First Quarter of FY 2018, 99 of the 105 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 104 offenders were trained to become peer educators, and 22,379 offenders attended the classes presented by peer educators. Dr. Linthicum stated that this peer education program is outstanding. Around the country other departments of corrections and the American Correctional Association are trying to get ahold of our curriculum and emulate what we are doing here in Texas. The offenders really embrace this program and we are positively promoting change in the offenders.</p>	<p>Dr. Berenzweig asked if we know what the recidivism rate is for the peer educators.</p> <p>Ms. Davis said that she will check into obtaining those numbers. She stated that it is truly a great program and they certainly benefit from the collaborative efforts of the Health Services Division and the universities and the non-profits that come in and partner with us to be able to train those offenders to become peer educators.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li>   <li>- Mortality and Morbidity</li>   <li>- Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum reported that the Morbidity and Mortality committee is a joint committee consisting of the three partners: UTMB, Texas Tech and TDCJ. Dr. Ojo and Dr. Millington are the co-chairs. 106 deaths were reviewed during the months of September, October and November of 2017. Of those 106 deaths, 4 were referred to peer review committees. 2 cases were referred to provider peer review and 2 cases were referred to nursing peer review.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the First Quarter of FY 2018. Restrictive Housing (formerly Administrative Segregation) audits were conducted on 17 facilities. 2,332 offenders were observed, 1,976 were interviewed, and two offenders were referred to the university providers for further evaluation. Access to Care (ATC) for mental health indicators four and five were met at 100 percent at 16 of the 17 facilities. ATC indicator six was meet at 100 percent by 17 of the 17 units.</p> <p>The OMHM&amp;L also monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. Compelled psychoactive medication is only done on inpatient facilities and there is a strict protocol in place. For the First Quarter FY 2018, 94 instances of compelled psychoactive medication administration occurred. There were 17 instances at Montford, 60 at Skyview, 12 at Jester IV, and 5 at the Bill Clements unit. All units were 100 percent compliant.</p>	<p>Ms. Perryman stated that she had the opportunity to observe some of the trainings and was impressed. Not only with the training, but also with the lift that it gave the inmates who were participating. They were very proud to be a part of it and very excited and enthusiastic about it.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li>   <li>- Office of the Health Services Liaison</li>   <li>- Accreditation</li>   <li>- Biomedical Research Projects</li> </ul>	<p>The Intake Mental Health Evaluation audit conducted by OMHM&amp;L is designed to provide reasonable assurance that offenders coming in at intake are identified as having a potential mental health need and receive a Mental Health Evaluation within 14 days of identification. On average TDCJ has approximately 70,000 new intakes each year. Audits were conducted at 25 intake facilities and 24 facilities identified incoming offenders in need of Mental Health Evaluations. 21 of the 25 facilities met or exceeded the 80 percent compliance for completing Mental Health Evaluations within 14 days of identified need and corrective action has been requested for those who did not.</p> <p>Dr. Linthicum reported that the Office of Health Services Liaison (HSL) coordinates entry into TDCJ facilities. During the First Quarter of FY 2018, the Office of Health Services Liaison conducted 172 hospital and 58 infirmary discharge audits. UTMB had 46 deficiencies identified and TTUHSC had 13 deficiencies identified for the hospital discharge audits. UTMB had 8 deficiencies identified and TTUHSC had 7 deficiencies identified for the infirmary discharge audits. Corrective action has been requested to address deficiencies.</p> <p>Dr. Linthicum reported that the ACA Winter Congress of Corrections was held in Orlando Florida on January 4-9, 2018. During this conference, the following facilities were represented: Polunsky, Briscoe, Cotulla, Cole, Moore, Gist, LeBlanc, Goodman, Woodman, Stiles, Beto, Torres/Ney, Jordan/Baten, Lopez/Segovia, Luther and Holliday. Ms. Davis did an outstanding job presenting all of the units, along with the senior wardens. The Commission on Accreditation for Corrections commented on Ms. Davis personally for her preparedness before the panel.</p> <p>Dr. Linthicum reported on the summary of active and pending biomedical research projects as reported by the TDCJ Executive Services. The CID has 27 active and 5 pending biomedical research projects. The Health Services Division has 9 active and 4 pending biomedical research projects.</p>	<p>Dr. Mills asked if he could receive suicide statistics by unit for the past five years.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b>  - Dr. Lannette Linthicum</p>		<p>Dr. Linthicum replied that she will forward him the information.</p> <p>Dr. Mills next asked about the Intake Mental Health Evaluation audits that were conducted that produced such low scores at Gurney and Kegans and what that is attributed to.</p> <p>Dr. Linthicum explained that Kegans had been an intermediate sanction facility (ISF) and the mission of the facility changed to that of a transfer facility. When it was an ISF it housed parolees and probationers. The parole board could put an ISF parolee or probationer in the facility without fully immersing them into prison. Now as a transfer facility they are actually receiving prisoners. As an ISF there was no mental health caseload. As a transfer facility they do now have a mental health caseload.</p> <p>Dr. Penn explained that the facility is in downtown Houston right next to Harris County Jail and that it flooded during Hurricane Harvey. The population has doubled or tripled. It is a very challenging physical plant. The physical plant does not lend itself well to clinical care. There has been a meeting with the warden and he is committed to do whatever it takes to ensure that medical, dental and mental health services are available.</p> <p>Dr. Linthicum stated that due to the physical plant issues, some offenders are moved to a sister unit for evaluations. All of these things contribute to the low number and work is in progress to address these issues. They will be required to submit a detailed written corrective action plan and it will be reviewed by the OMHM&amp;L.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b>  - Dr. Lannette Linthicum</p>		<p>After review by OMHM&amp;L, senior staff will come together to review it before it is signed.</p> <p>Dr. Penn noted that as of December, there are mental health staff physically on the facility, in addition to tele-psychiatry.</p> <p>Dr. Raimer suggested that Ms. Davis can further explain about the facility as it works closely with the parole division in its mission.</p> <p>Ms. Davis explained that Kegans has undergone a re-designation of the utilization of the facility recently. They are working with the Parole Division and the Parole Board as part of the overall agency diversion program to keep offenders out of jail and provide the resources that they need to have a greater impact on the community. It is a 612 bed facility in a high-rise in downtown Houston. The population changes about every 90 days. It is a 90 to about 145 day program depending on how well they do. They specialize in substance abuse treatment at that facility. In the conversion of that facility we have had to work through some challenges with staffing and how to process intake and complete the medical appointments and the medical screens, however; it continues to get better. Our commitment is to make sure that we follow through with those plans to get everybody on board. Having the additional staff and medical staff on board and targeting those areas has helped with compliance greatly. We flipped that facility last summer, so it has not been a full year yet. We are on our way and you will see those numbers continue to rise.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- <b>Texas Tech University Health Sciences Center</b></li> <li>- Dr. Dr. Denise DeShields</li> <li>- <b>University of Texas Medical Branch</b></li> <li>- Dr. Owen Murray</li> </ul> <p><b>VII. An Overview of the Texas Correctional Managed Health Care Program</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> </ul>	<p>Dr. Berenzweig thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that there were no further updates.</p> <p>Dr. Berenzweig thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that there were no further updates.</p> <p>Dr. Berenzweig thanked Dr. Murray and then called on Dr. Linthicum to present An Overview of the Texas Correctional Managed Health Care Program.</p> <p>Dr. Linthicum began by saying that they wanted to present this information for the new members to give an overview and also to give an update on the Correctional Managed Health Care Program.</p> <p>Dr. Linthicum gave a brief history of how the Correctional Managed Health Care Program came into place. The Ruiz litigation was the longest class action lawsuit in the history of corrections. It went from 1972 to 2002 when we vacated the final judgement. We were under the auspices of Federal Judge William Wayne Justice from the Eastern District of Tyler. One of the reasons that the lawsuit went on for so long related to the conditions of confinement. The conditions of confinement in the Texas Department of Corrections (TDC), as it was called back then, was found to be unconstitutional; including the health care. The majority of it was based on overcrowding. In order to address the unconstitutionality, TDC underwent a massive building campaign. There was an offender population of about 60,000 and that quickly doubled. The cost for both the prison and health care side continued to increase. Our state leaders began to look at this, particularly John Sharp the State Comptroller who was conducting a series of performance reviews;</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. An Overview of the Texas Correctional Managed Health Care Program (Cont.)</b> - Dr. Lannette Linthicum</p>	<p>The Texas Performance Reviews of 1993. They looked at the health care system of TDCJ and they concluded that “a managed health care system should be established for the inmates of TDCJ and that the system should be governed by a board comprised of officials from TDCJ, UTMB and TTUHSC.” This is how the Correctional Managed Health Care Committee was birthed. The state auditor followed with an audit later in 1993 and concluded that “the state is developing and implementing a comprehensive managed health care plan with the hope that spiraling inmate health costs can be more effectively controlled.”</p> <p>Dr. Linthicum continued by explaining Correction Managed Health Care. It is a strategic partnership between the Texas Department of Criminal Justice, the University of Texas Medical Branch and Texas Tech University Health Sciences Center with a shared mission to develop a statewide health care network that provides TDCJ offenders with timely access to a constitutional level of health care while also controlling costs. The enabling legislation is found in Subchapter E, Chapter 501, Texas Government Code. It has undergone a number of sunset reviews. When it originally started it was truly TDCJ, UTMB and Texas Tech. There were two members from each entity to form a six member committee. Now it is a ten person committee with a clinical majority, six members are physicians. Of the ten member positions, six members are appointed by the Governor and four members are appointed by the partner agencies. The UTMB position must be a physician, the TTUHSC position must be a physician, the TDCJ position does not have to be a physician and the state Medicaid Director appoints one position who is an ex officio non-voting member. The law charges the committee with establishing a statewide network to provide health care services to TDCJ offenders and maximize the use of the state medical schools to the extent possible.</p> <p>Organizationally, there is the Governor and Legislature, next the Correctional Managed Health Care Committee and then the three partner agencies; TDCJ, UTMB CMC and TTUHSC CMC. Within TDCJ there are two divisions that are held responsible for this program, which are the Health Services Division and the Business and Finance Division.</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b> - Dr. Denise DeShields</p>	<p>There are three 17 bed infirmaries in west Texas and a 98 bed medical/surgical unit located in Lubbock at the Montford Regional Medical Facility (RMF). There are 1,000 plus inpatients psychiatric beds split between Amarillo and Lubbock. There is an operating budget of \$103M for Fiscal Year 2018. There are 960 employees and 37% of these employees have greater than 10 years of service.</p> <p>In contrast to UTMB, Texas Tech does not have a Hospital Galveston equivalent. They rely heavily on an extensive contract network to manage offender patients in both an on-site and off-site capacity. There are currently 223 hospital and professional services contracts to make sure these offenders receive quality, cost efficient health care in a timely manner. As far as services we provide full spectrum, comprehensive services on site. Medical, dental, mental health and nursing encounters totaled approximately 1.8 million encounters for Fiscal Year 2017. There were 10,860 telehealth encounters and the majority were telepsychology and telepsychiatry. All Texas Tech facilities do have telehealth capability.</p> <p>Dr. DeShields highlighted the special medical programs at the Montford Regional Medical Facility. This facility was established in 1995 and it is the most complex TDCJ medical unit in the state. There are two full service surgical sites that are capable of performing most surgeries, except total joint and cardiothoracic surgeries, onsite dialysis with the capability of dialyzing 48 patients and there are 128 beds on the RMF side of the facility including 50 wards beds, 44 long term care beds, 4 step down beds and 30 holding beds. There is also computed tomography (CT), ultrasound and magnetic resonance imaging (MRI) diagnostics and physical, occupational and respiratory therapy available on site. There are also three special psychiatric programs. The Montford Inpatient Psychiatric Unit, which is co-located with the RMF, has 550 inpatient beds. They offer inpatient psychiatry, psychology and social work services. There are also 2 other programs located in Amarillo. The Program for Aggressive Mentally Ill Offenders (PAMIO) is a nationally recognized behavior program that provides structured behavioral services for aggressive and assaultive behavior.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b> - Dr. Denise DeShields</p>	<p>It has a 208 bed capacity. Co-located with the PAMIO program is the Chronically Mentally Ill (CMI) Program. This program has 2 tracks, a therapeutic program and a sheltered housing program. It has a 260 bed capacity and it was originally designed to decompress acute inpatient beds across the state, but these offenders now also receive programmatic activity while they are there. There are also 14 crisis management beds.</p> <p>Dr. DeShields shared some of the challenges that TTUHSC CMC experiences, that are not unique to west Texas, such as the aging offender population. Primarily due to the chronic care and infectious disease burden that these patients present and an increased demand for infirmary and long term care beds. These offenders are physiologically 10-15 years older than their chronological age and even since this presentation was complete, the numbers have increased. There is a program called Medically Recommended Intensive Supervision (MRIS) wherein we can release terminally ill offenders. The problem is that the vast majority of these offenders are not eligible for release due to their offense. One of the other escalating challenges is mental health needs. TDCJ is quickly becoming the state repository for mental health patients. Nearly 40% of offenders meet criteria for a mental health diagnosis. The rising cost of pharmaceuticals is another increasing challenge, particularly the biologics and the specialized targeted medication for oncology which is becoming increasingly more difficult to manage. Another challenge is in recruiting and retaining health care professionals. It is difficult to recruit into the prison system and especially in west Texas in these rural locations.</p>	<p>Dr. Mills asked who accredits the Montford Facility and if it requires Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation.</p> <p>Dr. DeShields answered that the Montford facility is accredited by American Correctional Association (ACA). The Montford facility is not a hospital and does not require JCAHO accreditation.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b> - Dr. Denise DeShields</p>		<p>Dr. Linthicum explained that there are three RMFs. The Estelle RMF in Huntsville, the Carol Young RMF in Texas City and Montford RMF in Lubbock. They mainly provide intermediate care, mainly step down from our hospital network. UTMB has about 140 hospitals in their network. As offenders are discharged out of tertiary care and cannot go back to their cells or they need a period of convalescence, then they step down into these infirmary beds. Due to the offender population aging we have had to change the mission of some of our infirmary beds. Now we are providing assistive living care. Approximately one third of the infirmary beds in UTMB have offenders permanently assigned to those beds and are receiving an assisted level of care as they are unable to function in general population. The only JCAHO accredited facility we have is the TDCJ Hospital in Galveston on the UTMB campus. All of the other facilities would be considered infirmary level care.</p> <p>Dr. Linthicum gave further clarification stating that originally the missions for east Texas and west Texas were different. The state leadership saw that the rural hospitals were failing and in trouble. They envisioned the model in west Texas would be to utilize some of the rural hospitals to provide care on some of the TDCJ units. It was a way of infusing a solid financial base into the hospitals to keep them open. For example, there is the Robertson unit, the Havins unit and the Middleton unit in Abilene. Hendricks Medical Center, which is the hospital in Abilene, staffs those units through a sub-contract with Texas Tech.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b>  - Dr. Denise DeShields</p>		<p>Dr. DeShields stated that approximately one third of their 960 employees are from sub-contracted hospitals.</p> <p>Dr. Hudson asked for clarification from the medical director's reports regarding the differences between UTMB and Texas Tech inpatient admissions and length of stay. What would drive three times the admission rate and 30% longer length of stay?</p> <p>Dr. DeShields answered that for the length of stay, the Texas Tech data does include a long term care facility.</p> <p>Dr. Linthicum added that Hospital Galveston data is not included in the UTMB totals.</p> <p>Dr. Ojo relayed that the length of stay for Hospital Galveston is in the 7 point range. Admission runs around 11.5. They are meeting goals length of stay wise. Hospital Galveston is a unique place, there is none like it in the nation. The addition of infirmary beds has reduced the length of stay at the hospital by about 20% in one year.</p> <p>Dr. Linthicum explained that the reimbursement rate for Hospital Galveston was reduced. As a result, TDCJ asked the legislature for additional funds for sheltered housing beds to offset the length of stay and provide a place to move these patients out of the hospital. The length of stay prior to this was much higher. In addition, the UTMB sector has the most acute patients. UTMB has all the females offenders, they have 3-4 times the dialysis numbers, all the HIV and Hep C patient care, all of the solid organ transplants and all of the hemophiliac patients.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b>  - Dr. Denise DeShields</p> <p><b>VII. Overview of UTMB Correctional Managed Health Care Services</b>  - Dr. Owen Murray</p>	<p>Dr. DeShields next discussed the Texas Tech cost saving initiatives. These cost savings initiatives are not unique to Texas Tech. In the area of pharmacy they utilize a managed care formulary to mitigate costs and they have a very fiscally prudent drug reclamation program, through a sister agency, where if the drugs are not in the offenders hands, they can be reclaimed and refunded. They have a collaborative patient reassignment program, for example HIV and Hep C are reassigned to the UTMB sector. Despite the staffing shortages they try to limit the use of agency staff and professional recruiters as it can increase the cost of care by 2-3 times. They continue to utilize telemedicine. Not only does it promote public safety, but it reduces offender transport and enhances the availability of the providers. They offer efficient clinical care through preventative and maintenance care, a very robust chronic care management system and evidence based medicine. Utilization of the RMF facility has diverted many offsite evaluation and procedures and we estimate that the offsite care cost avoidance is approximately 1 million dollars. Lastly, they have expanded some hours of operation at some of the peripheral units to reduce some ER and offsite care utilization.</p> <p>Dr. Berenzweig thanked Dr. DeShields and then called on Dr. Murray to present an overview of University of Texas Medical Branch Correctional Managed Health Care.</p> <p>Dr. Murray stated that he would try not be too duplicative, since UTMB and Texas Tech do not differ that dramatically. The UTMB sector provides healthcare for about 114,000 patients and provides all services onsite.</p>	<p>If there is a need for specialized care that cannot be done in west Texas, these patients are moved to the UTMB sector. The acuity in the UTMB sector is much higher.</p> <p>Dr. Murray stated that a fairer comparison would be to use the UTMB infirmary care numbers only, which would more closely match the numbers presented from the Texas Tech sector.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Overview of UTMB Correctional Managed Health Care Services (Cont.)</b> - Dr. Owen Murray</p>	<p>This includes dental, mental health, dialysis services, infirmary level care, HIV care, radiology and lab services and telehealth.</p> <p>Dr. Murray stated that 30% of the patient population have at least one chronic condition. That presents a huge clinical burden. If the population remained the same 114,000 patients we could probably work these costs down, but we get 50% new patients each year and those workups have to begin again.</p> <p>Dr. Murray discussed some of the innovative programs that UTMB operates, including the CMC Dialysis Centers. Dialysis services were originally contracted out, but they now have a nephrologist, Dr. Khurana. They are the largest outpatient dialysis center in the state of Texas. The problem they face is space due to patient growth being more than anticipated. The pharmacy's 340B pricing is about a 100 million dollar benefit annually. Telehealth is provided at all UTMB CMC facilities. They provide primary care, mental health, urgent care, tele-nephrology, infectious disease, wound care and clinical pharmacology. There were over 120,000 telehealth encounters in Fiscal Year 2017 which make this the largest non-military program in the US. They have an aggressive utilization review program. The electronic medical record (EMR) came in approximately 15 years ago and has expanded to all CMC facilities. The CMC Dashboard outlines clinical goals for all of correctional managed care, including Texas Tech and shows clinical goals related to Healthcare Effectiveness Data and Information Set (HEDIS) measurements. The dashboard is real time and that provides a very nice management tool. Dr. Murray stated that more information regarding the dashboard will be provided at a future meeting. Telehealth utilization has been instrumental in providing another method to provide access to care and ensure that patients are being seen as required by policy. Telehealth providers are much easier to hire. There are offices north and south of Houston and in Austin.</p>	<p>Dr. Hudson asked how many of the HIV patients are on antiretroviral.</p> <p>Dr. Murray answered that the percentage is high and he will provide Dr. Hudson the numbers.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Overview of UTMB Correctional Managed Health Care Services (Cont.)</b> - Dr. Owen Murray</p>	<p>Vacant telehealth positions bring in a good applicant pool and they can pay the salary without the premium, however; there are some limitations with telehealth.</p> <p>Dr. Murray explained the reimbursement rate change at Hospital Galveston. In the year 2016 we had 40,000 bed days at Hospital Galveston and 10,000 of those bed days were taken up by patients who did not need to be in the hospital. This was the driving force for the state saying that we do not want to pay hospital rates for basically 25% of your bed days. We need to find a way to get those patients to a level of care that is consistent with what they need but also puts us in a place where we are paying less per day.</p> <p>Dr. Murray next gave an overview of Hospital Galveston. It opened in 1983 and it is accredited by the Joint Commission for Accreditation of Health Care Organizations. Hospital Galveston is both a tertiary hospital and also an academic training center. Short of bone marrow transplants there is not much that cannot be done at Hospital Galveston. Case mix index and discharges continue to increase. Hospital Galveston has a dedicated security staff as opposed to a free world hospital which has a positive impact to the state budget. Dr. Murray asked Ms. Davis what the cost is for security if offenders are taken to free world hospitals.</p>	<p>Ms. Davis stated that while she would have to defer the cost question to finance, she could say that the current number of offenders offsite is 95 across the state and that requires a minimum of two staff members per offender. Some offenders require three staff members to accompany them due to their custody level. 95 is average. A decrease has been seen in the average which used to be 150-160 each day. The number of security staff off site each day is equivalent to the number of staff it would take to run a medium size facility in a 24 hour day.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Overview of UTMB Correctional Managed Health Care Services (Cont.)</b> - Dr. Owen Murray</p> <p><b>VIII. Public Comments</b> - Dr. Harold Berenzweig</p> <p><b>IX. Adjourn</b></p>	<p>Dr. Berenzweig thanked Dr. Murray and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments-hearing none; he then moved to adjourn the meeting.</p> <p>Dr. Berenzweig then called for a motion to adjourn the meeting.</p> <p>Dr. Berenzweig thanked everyone for their attendance and adjourned the meeting. Dr. Berenzweig announced that the next CMHCC meeting is scheduled for June 20, 2018 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:44 a.m.</p>	<p>Mr. Steffa stated that they are not budgeted separately. Staff is taken from the unit to go offsite and the cost is built into unit staffing.</p> <p>Ms. Davis added that the cost is incurred when they then have to fill the position on the unit for the staff member who is offsite.</p>	<p>Dr. Linthicum made a motion to adjourn the meeting, and Dr. Mills seconded the motion which prevailed by unanimous vote.</p>

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

\_\_\_\_\_  
Date

Consent Item

TDCJ Health Services  
Monitoring Reports



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION***

***QUARTERLY MONITORING REPORT***

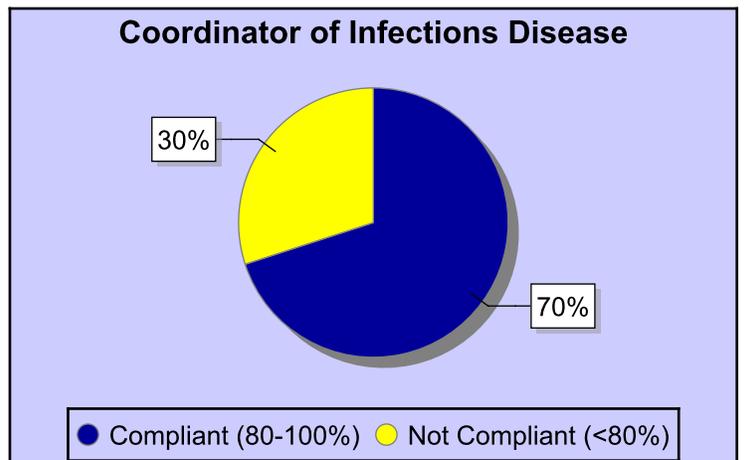
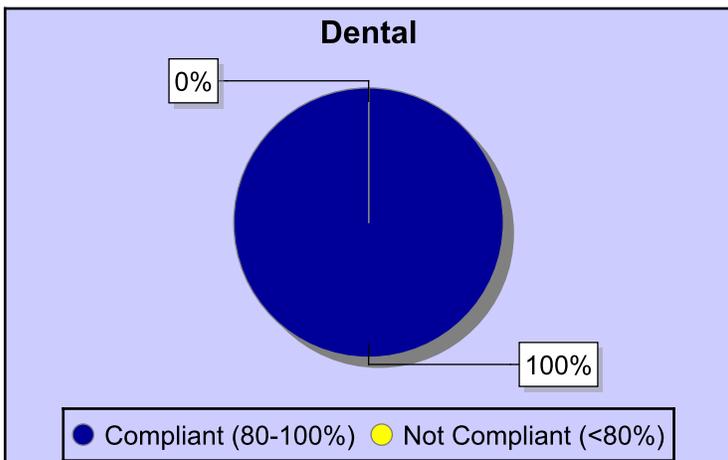
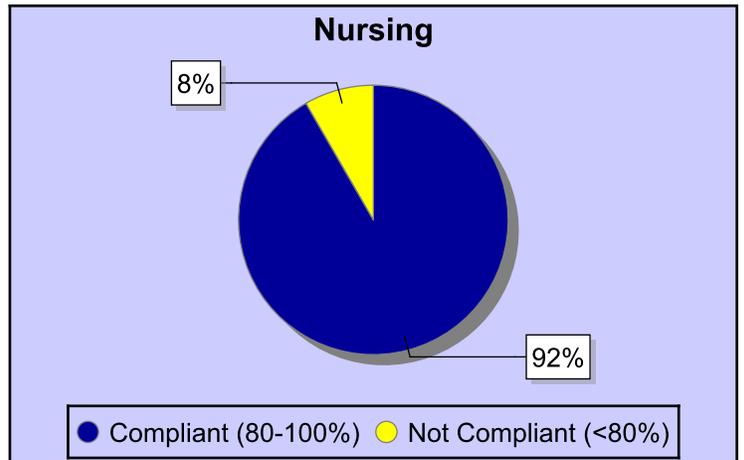
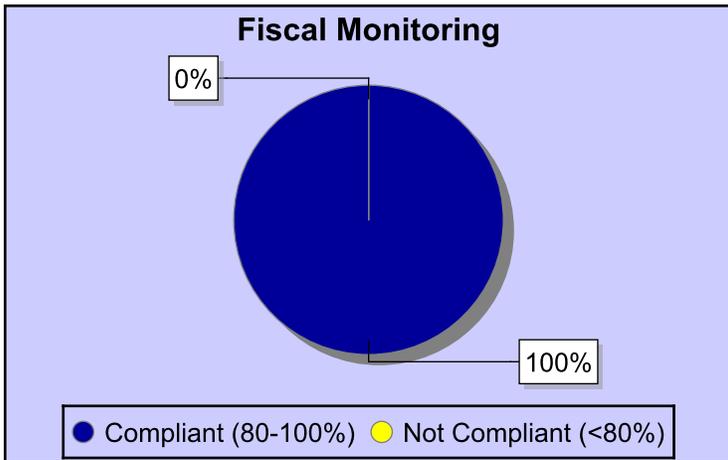
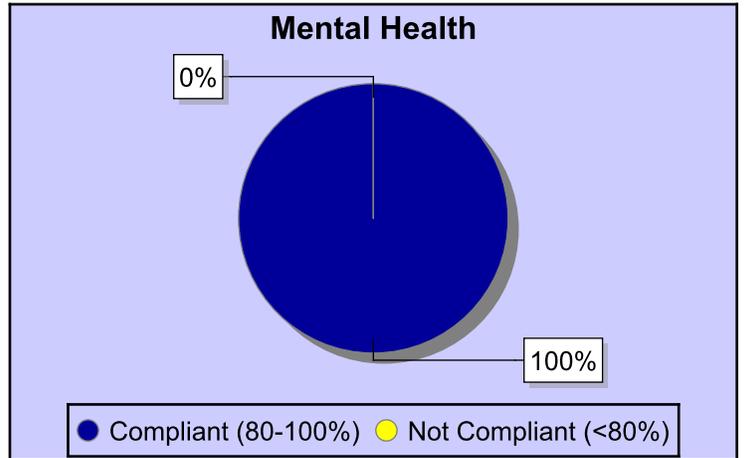
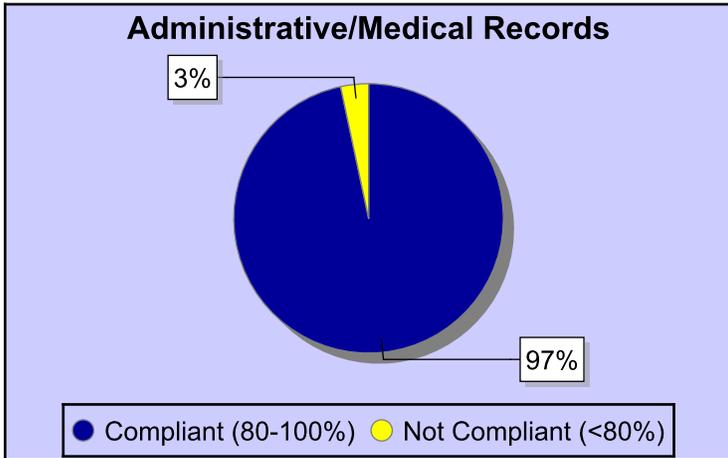
***SECOND QUARTER FISCAL YEAR 2018  
(DECEMBER 2017, JANUARY AND FEBRUARY 2018)***

**Rate of Compliance with Standards by Operational Categories**  
**Second Quarter, Fiscal Year 2018**  
**December 2017 - February 2018**

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	
Baten ISF	30	29	97%	12	11	92%	10	7	70%	3	3	100%	14	14	100%	4	4	100%
Estelle	34	32	94%	38	29	76%	114	71	62%	22	20	91%	50	46	92%	4	4	100%
Jordan	31	30	97%	13	13	100%	16	16	100%	10	10	100%	1	1	100%	4	4	100%
Kegans ISF	30	28	93%	12	10	83%	23	15	65%	2	1	50%	14	12	86%	5	3	60%
Ramsey	32	32	100%	12	11	92%	28	23	82%	9	8	89%	15	13	87%	4	4	100%
Rudd ISF	29	28	97%	10	9	90%	8	5	62%	11	11	100%	14	11	79%	4	4	100%
Stiles	31	29	94%	13	11	85%	38	28	74%	10	10	100%	24	19	79%	6	3	50%
Stringfellow	32	31	97%	13	9	69%	21	21	100%	11	11	100%	14	13	93%	4	4	100%
Vance	30	30	100%	11	10	91%	20	20	100%	11	11	100%	1	1	100%	4	4	100%

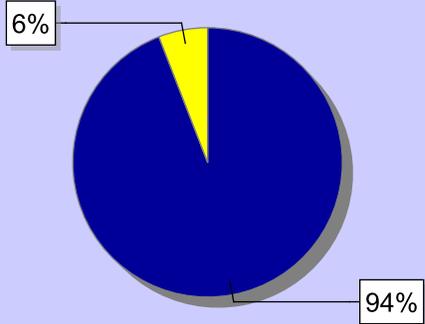
*n* = number of applicable items audited.

Compliance Rate By Operational Categories for  
BATEN FACILITY  
December 05, 2017



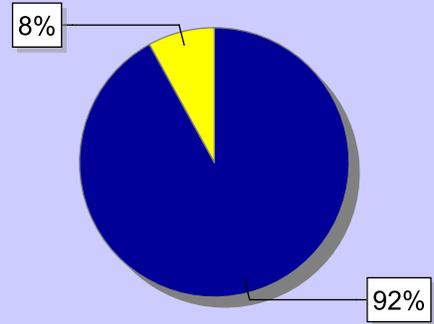
Compliance Rate By Operational Categories for  
ESTELLE FACILITY  
February 01, 2018

**Administrative/Medical Records**



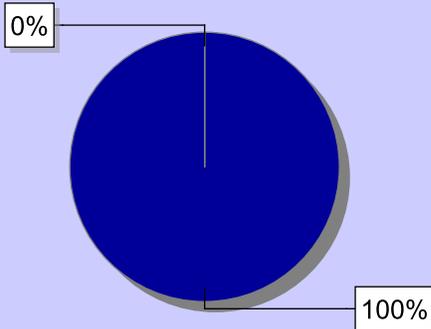
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**Mental Health**



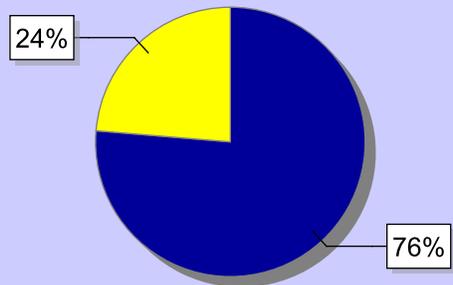
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**Fiscal Monitoring**



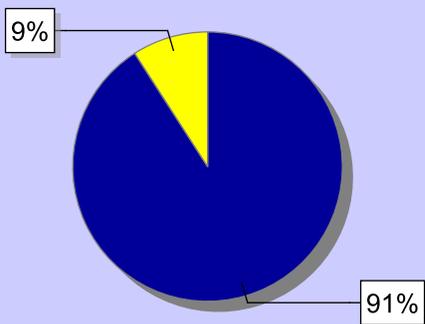
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**Nursing**



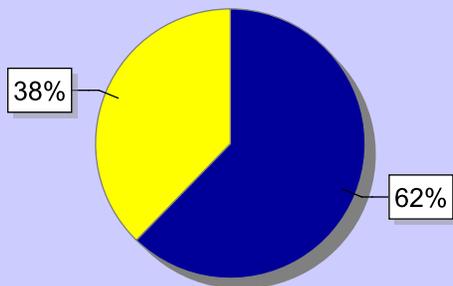
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**Dental**



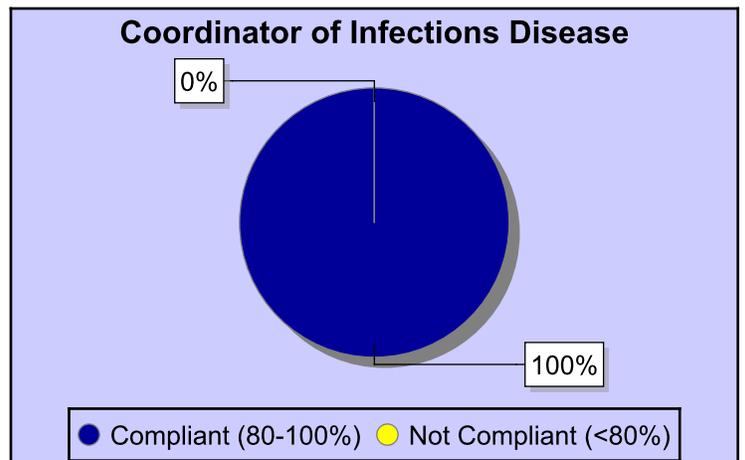
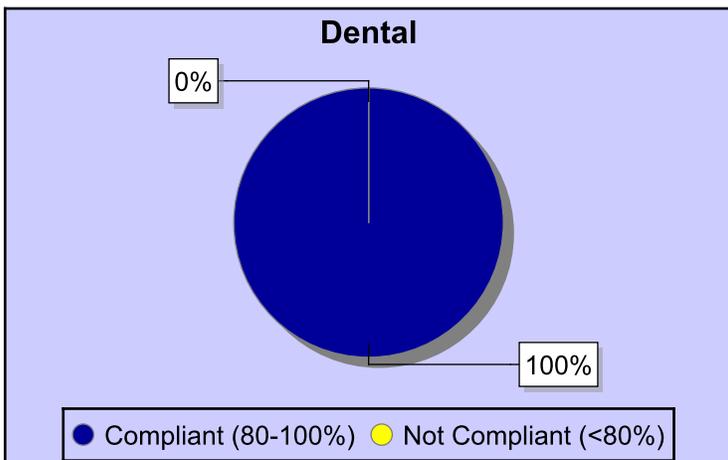
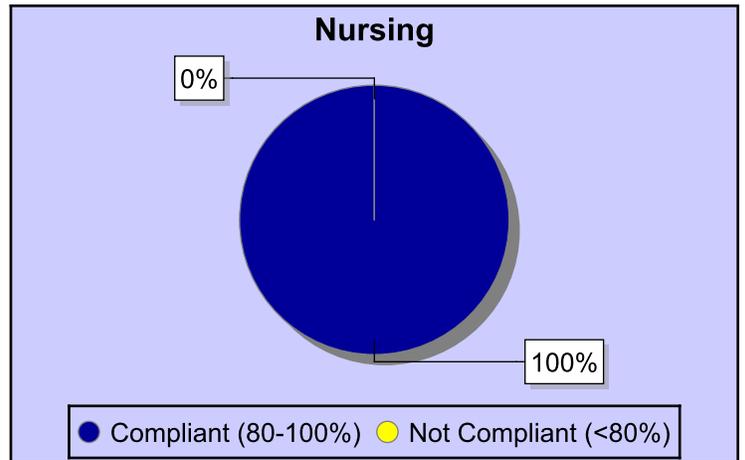
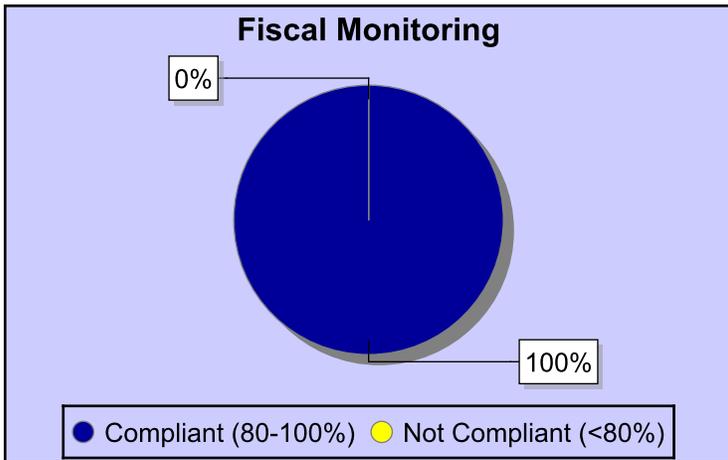
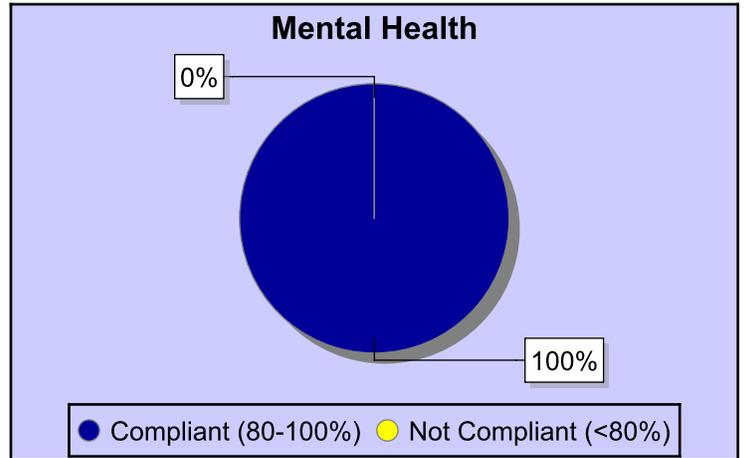
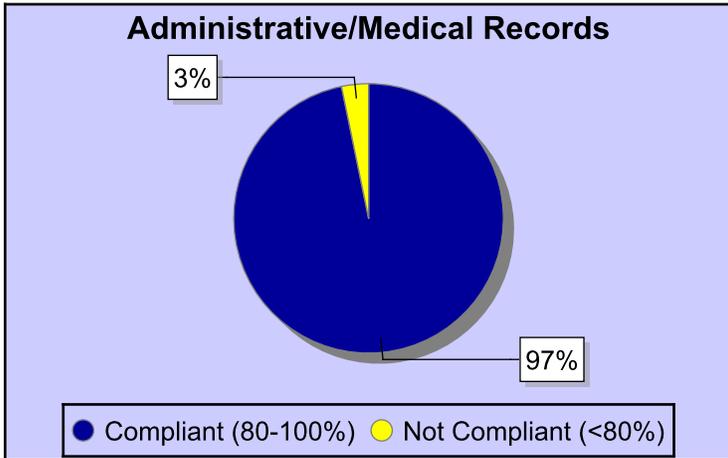
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**Coordinator of Infections Disease**



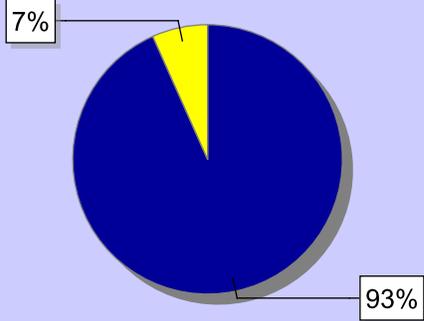
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Compliance Rate By Operational Categories for  
JORDAN FACILITY  
December 05, 2017



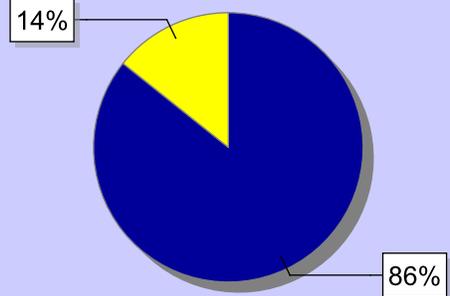
Compliance Rate By Operational Categories for  
KEGANS FACILITY  
February 05, 2018

**Administrative/Medical Records**



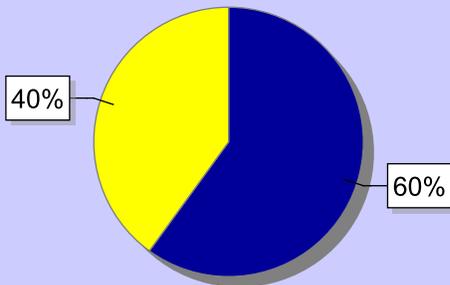
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**Mental Health**



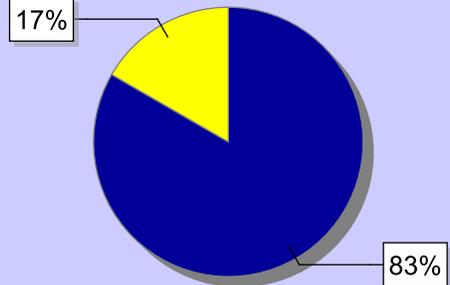
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**Fiscal Monitoring**



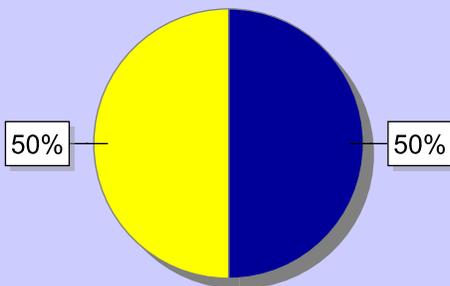
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**Nursing**



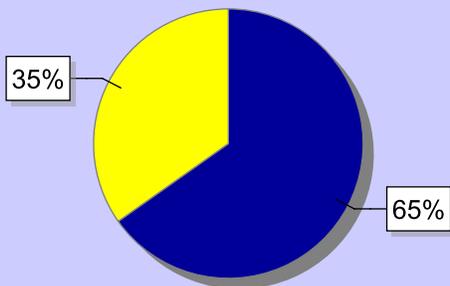
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**Dental**



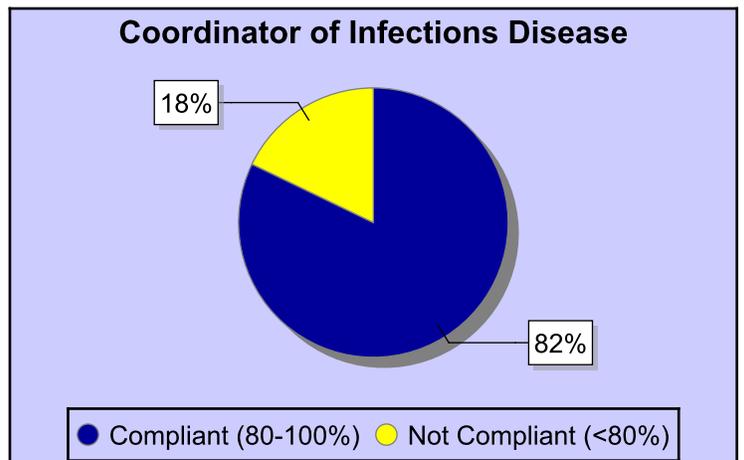
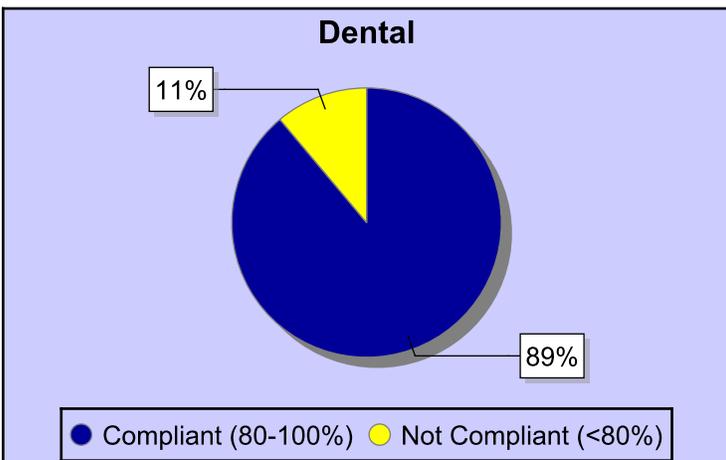
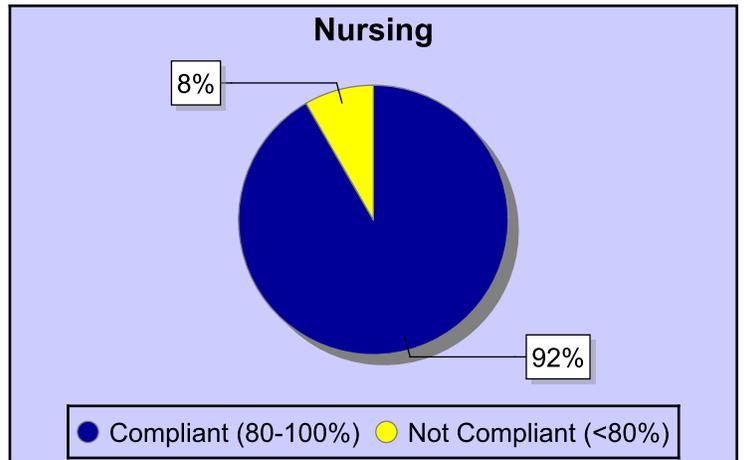
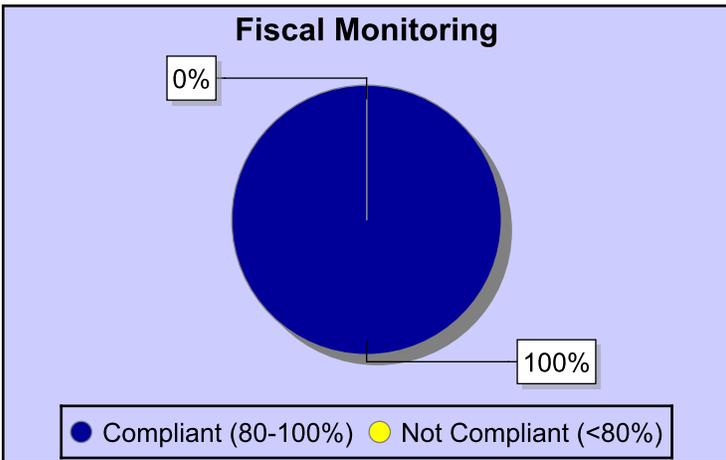
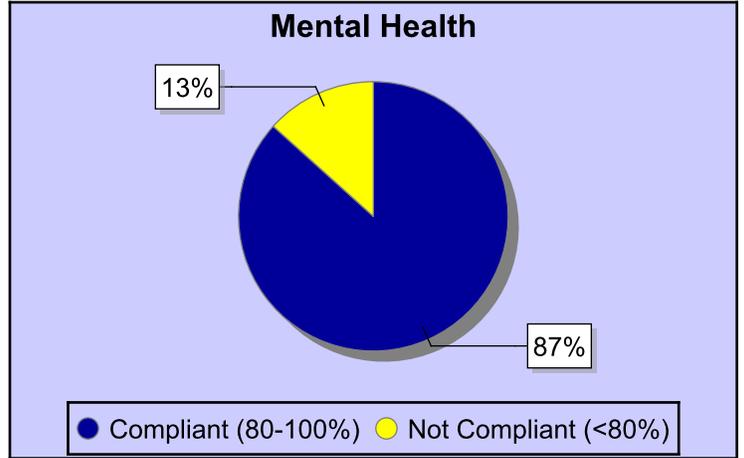
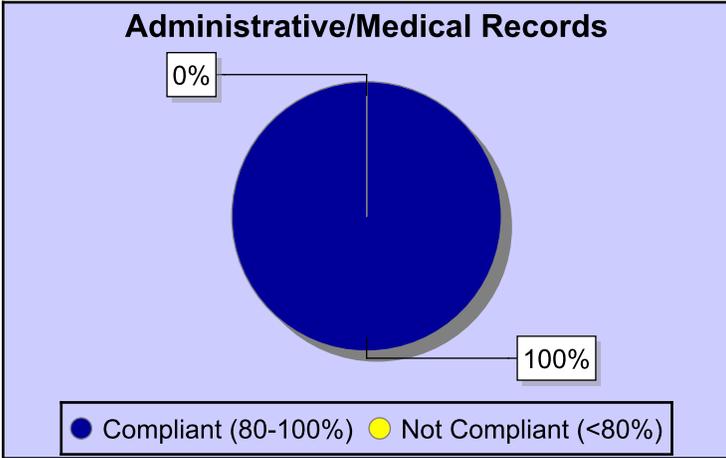
● Compliant (80-100%) ● Not Compliant (<80%)

**Coordinator of Infections Disease**

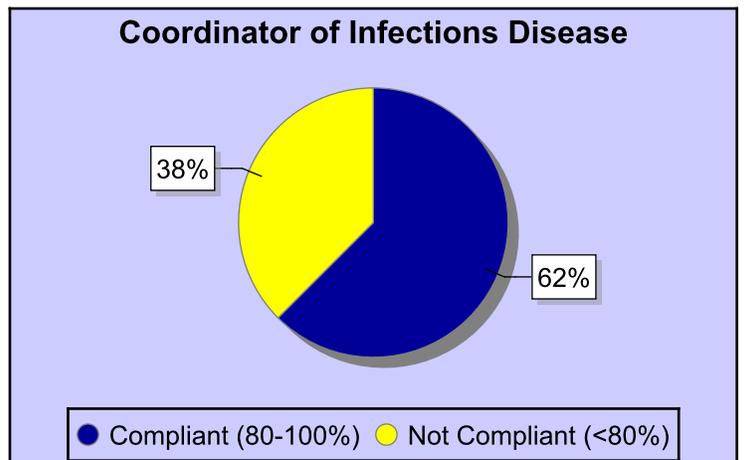
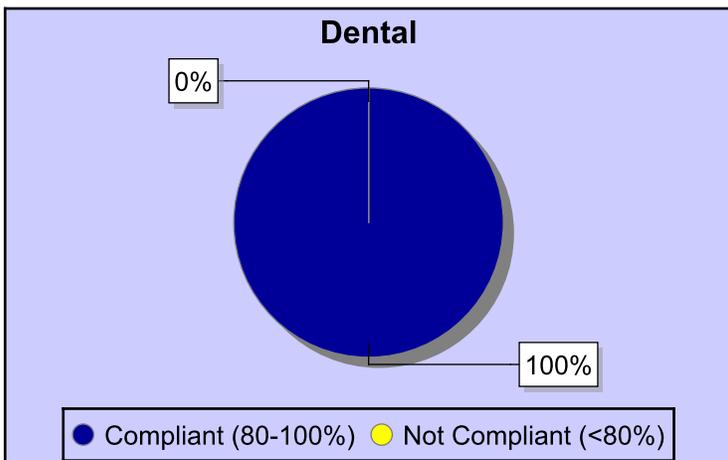
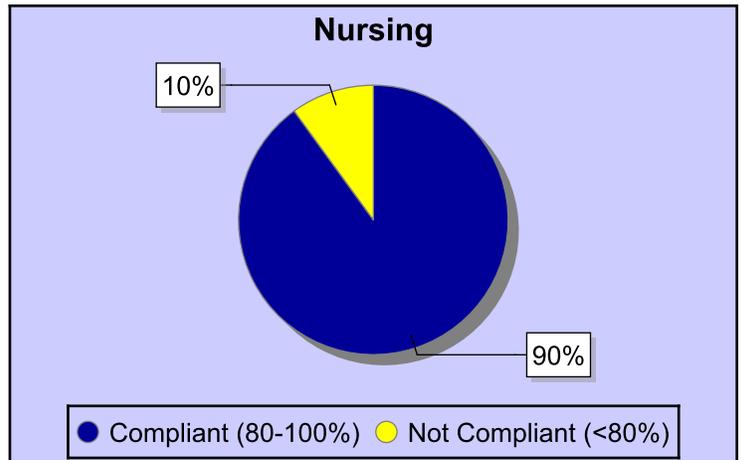
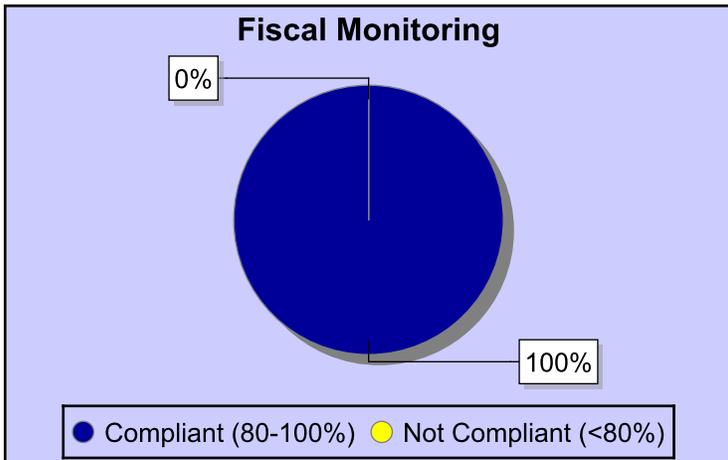
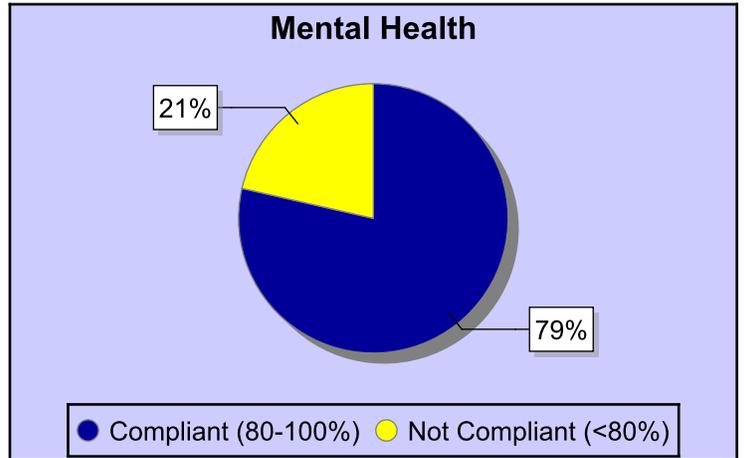
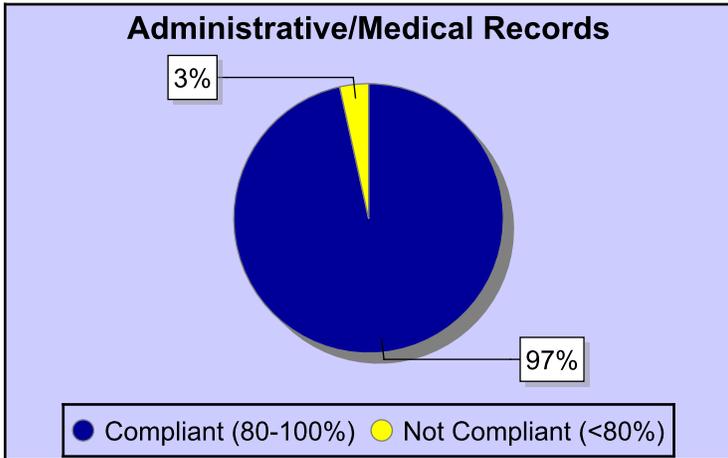


● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for  
RAMSEY I FACILITY  
January 03, 2018

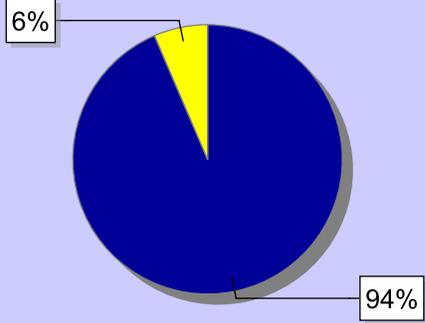


Compliance Rate By Operational Categories for  
RUDD FACILITY  
December 05, 2017



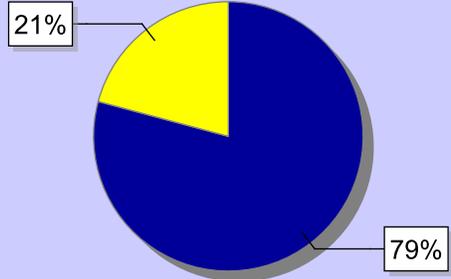
Compliance Rate By Operational Categories for  
STILES FACILITY  
January 03, 2018

**Administrative/Medical Records**



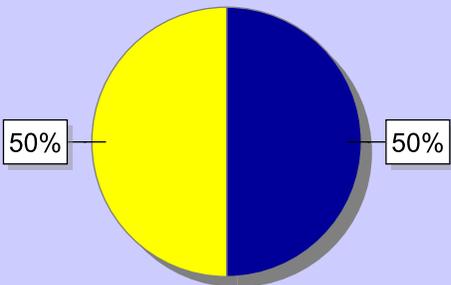
● Compliant (80-100%) ● Not Compliant (<80%)

**Mental Health**



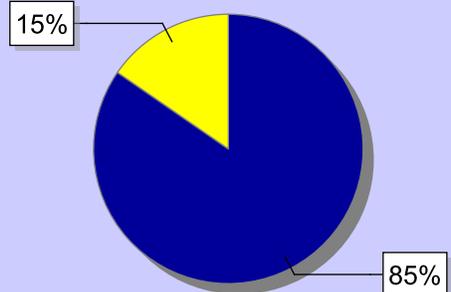
● Compliant (80-100%) ● Not Compliant (<80%)

**Fiscal Monitoring**



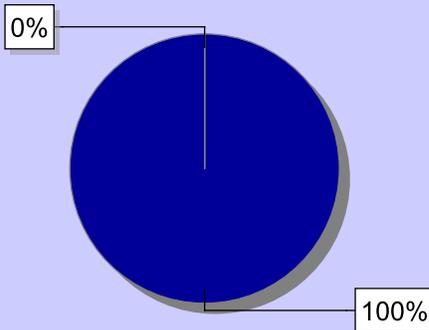
● Compliant (80-100%) ● Not Compliant (<80%)

**Nursing**



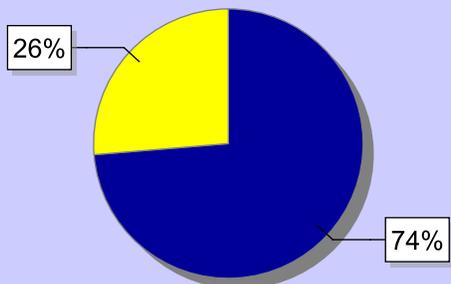
● Compliant (80-100%) ● Not Compliant (<80%)

**Dental**



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

**Coordinator of Infections Disease**

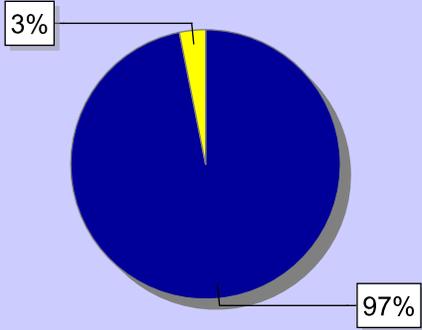


● Compliant (80-100%) ● Not Compliant (<80%)

# Compliance Rate By Operational Categories for STRINGFELLOW FACILITY

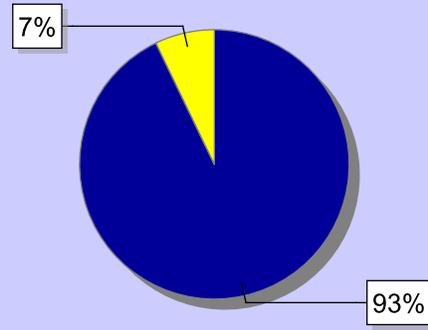
January 02, 2018

### Administrative/Medical Records



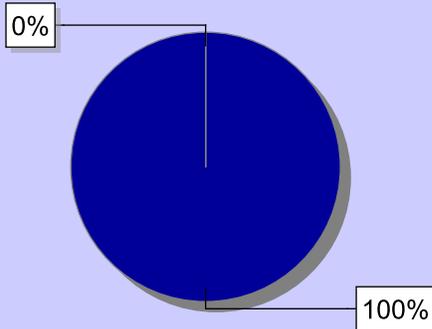
● Compliant (80-100%) ● Not Compliant (<80%)

### Mental Health



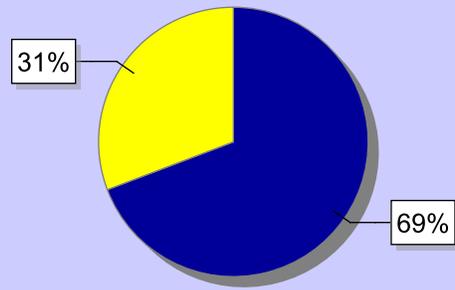
● Compliant (80-100%) ● Not Compliant (<80%)

### Fiscal Monitoring



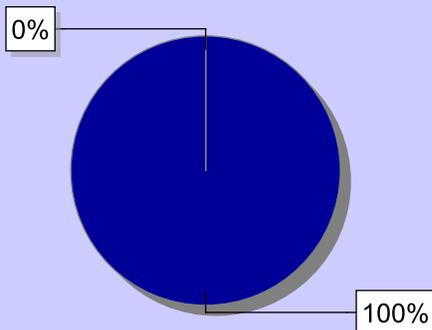
● Compliant (80-100%) ● Not Compliant (<80%)

### Nursing



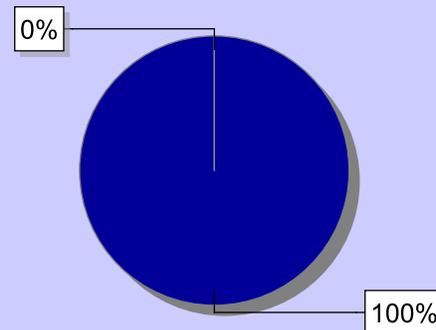
● Compliant (80-100%) ● Not Compliant (<80%)

### Dental



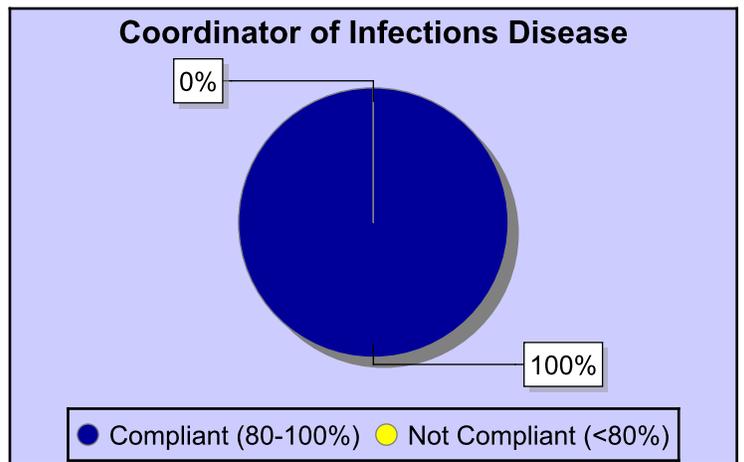
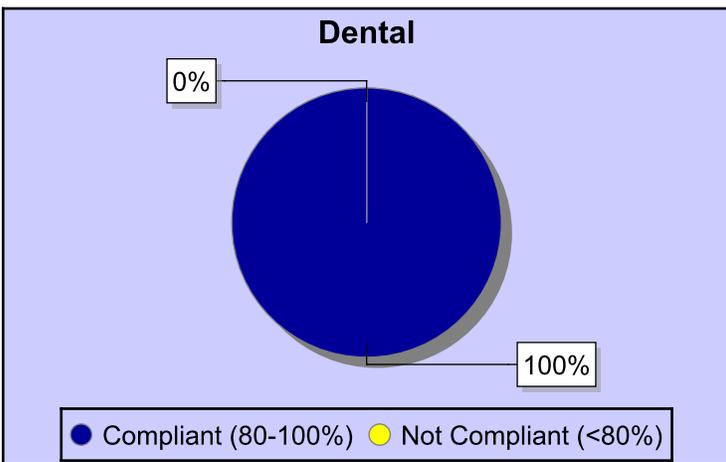
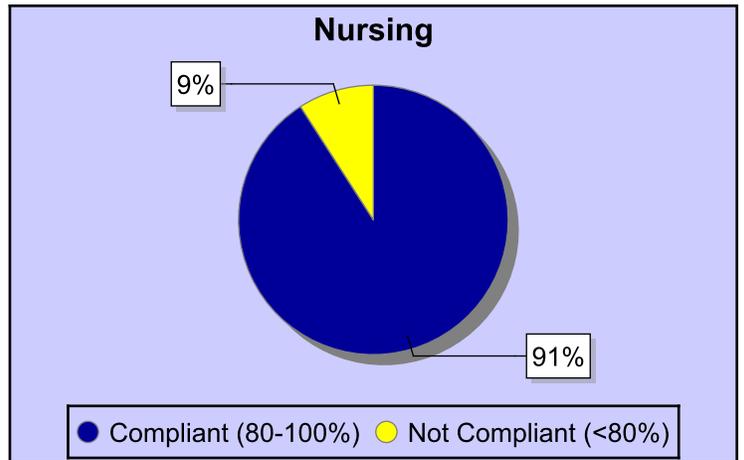
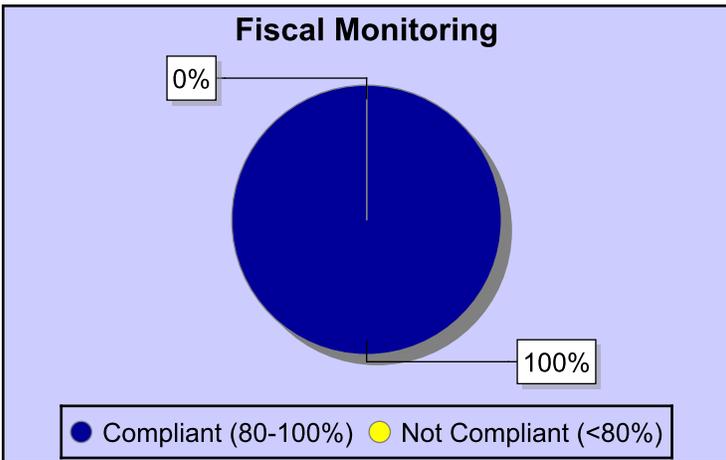
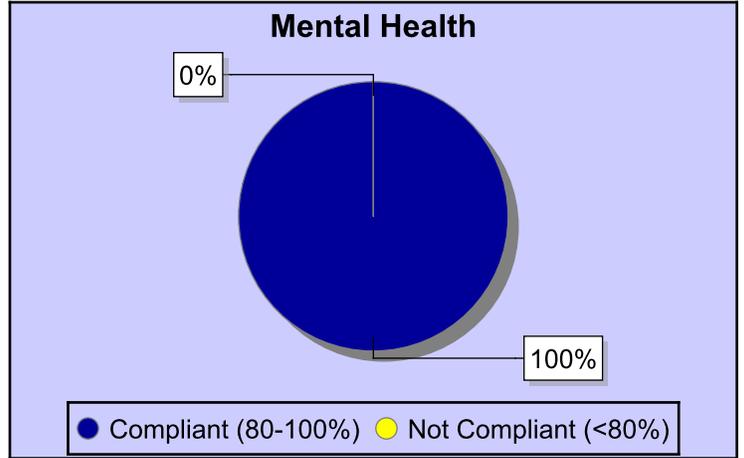
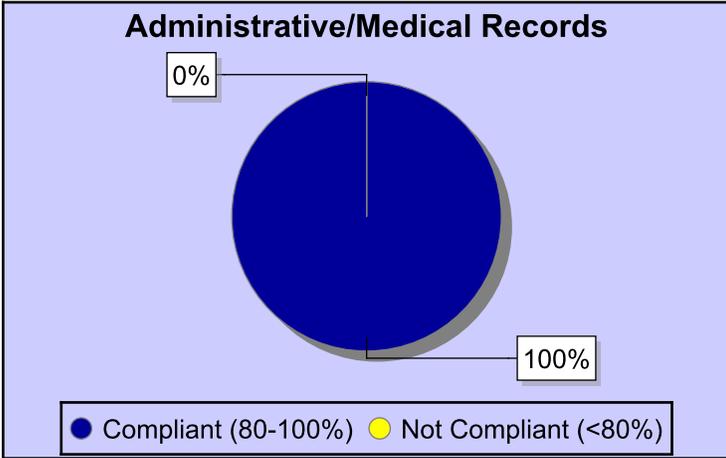
● Compliant (80-100%) ● Not Compliant (<80%)

### Coordinator of Infections Disease



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

Compliance Rate By Operational Categories for  
VANCE FACILITY  
January 04, 2018



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended February 28, 2018**

**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***
Boyd	10	80%	2	0
Byrd	10	100%	0	0
Cleveland	10	80%	2	0
Diboll	10	90%	1	0
Duncan	10	100%	0	0
Eastham	10	90%	0	1
Estelle	10	100%	0	0
Ferguson	10	80%	2	0
Glossbrenner	10	50%	5	0
Holliday	10	80%	2	0
Lopez	10	40%	2	4
Polunsky	10	60%	4	0
Segovia	10	50%	1	4
Willacy	10	100%	0	0
Wynne	10	90%	1	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2018	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
December	356	458	48	10.48%	30	9.39%	13	0	1.09%	5
January	389	348	27	7.76%	25	7.47%	1	1	0.29%	0
February	415	415	37	8.92%	22	6.99%	7	7	1.93%	1
<b>Totals:</b>	<b>1,160</b>	<b>1,221</b>	<b>112</b>	<b>9.17%</b>	<b>77</b>	<b>8.03%</b>	<b>21</b>	<b>8</b>	<b>1.15%</b>	<b>6</b>

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2018	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
December	765	853	36	4.22%	29	4.10%	6	1	0.12%	0
January	908	815	18	2.21%	9	1.60%	4	5	0.61%	0
February	975	872	40	4.59%	27	4.13%	9	3	0.46%	1
<b>Totals:</b>	<b>2,648</b>	<b>2,540</b>	<b>94</b>	<b>3.70%</b>	<b>65</b>	<b>3.31%</b>	<b>19</b>	<b>9</b>	<b>0.39%</b>	<b>1</b>
<b>GRAND TOTAL=</b>	<b>3,808</b>	<b>3,761</b>	<b>206</b>	<b>5.48%</b>						

\*QOC= Quality of Care

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

December 2017

Reportable Condition	Reports			
	2017 This Month	2016 Same Month	2017 Year to Date*	2016 Year to Date*
Chlamydia	10	6	27	54
Gonorrhea	3	2	11	18
Syphilis	108	76	552	898
Hepatitis A	0	0	0	0
Hepatitis B, acute	3	3	33	20
Hepatitis C, total and (acute <sup>£</sup> )	228	206	2428	2563
Human immunodeficiency virus (HIV) +, known at intake	216	208	2,532	2,266
HIV screens, intake	4,795	4,665	64,097	60,854
HIV +, intake	43	38	642	484
HIV screens, offender- and provider-requested	637	590	8,976	9,224
HIV +, offender- and provider-requested	0	0	10	4
HIV screens, pre-release	2,829	2,727	36,908	42,159
HIV +, pre-release	0	0	0	1
Acquired immune deficiency syndrome (AIDS)	6	2	51	25
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	81	35	774	631
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	34	28	437	338
Occupational exposures of TDCJ staff	16	16	183	173
Occupational exposures of medical staff	3	0	43	38
HIV chemoprophylaxis initiation	5	4	53	51
Tuberculosis skin test (ie, PPD) +, intake	119	124	1779	1813
Tuberculosis skin test +, annual	37	42	654	638
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	6	15
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	2	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	1	18	20
Tuberculosis cases under management	22	20		
Peer education programs <sup>¶</sup>	0	0	99	99
Peer education educators <sup>∞</sup>	27	30	6,240	5,432
Peer education participants	7,105	6,641	83,002	80,939
Alleged assaults and chart reviews	56	62	728	774
Bloodborne exposure labs drawn on offenders	15	15	227	254
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

January 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	3	0	3	0
Gonorrhea	3	0	3	0
Syphilis	134	37	134	37
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	2	1	2
Hepatitis C, total and (acute <sup>‡</sup> )	200	193	200	193
Human immunodeficiency virus (HIV) +, known at intake	226	161	226	161
HIV screens, intake	5,499	3,722	5,499	3,722
HIV +, intake	38	28	38	28
HIV screens, offender- and provider-requested	686	877	686	877
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,461	3,161	3,461	3,161
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	6	0	6	0
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	80	48	80	48
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	36	29	36	29
Occupational exposures of TDCJ staff	18	8	18	8
Occupational exposures of medical staff	3	4	3	4
HIV chemoprophylaxis initiation	2	2	2	2
Tuberculosis skin test (ie, PPD) +, intake	63	151	63	151
Tuberculosis skin test +, annual	26	50	26	55
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	1	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	1	1
Tuberculosis cases under management	21	20		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	78	81	6321	5513
Peer education participants	6244	7325	6244	7325
Alleged assaults and chart reviews	60	54	60	54
Bloodborne exposure labs drawn on offenders	18	11	18	11
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

February 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	14	0	17	0
Gonorrhea	4	2	7	2
Syphilis	103	14	237	51
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	4	2	6
Hepatitis C, total and (acute <sup>‡</sup> )	181	163	381	356
Human immunodeficiency virus (HIV) +, known at intake	179	188	405	349
HIV screens, intake	3,045	3,476	8,544	7,198
HIV +, intake	43	59	81	87
HIV screens, offender- and provider-requested	667	667	1,353	1,544
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,867	2,867	6,328	6,028
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	6	2	12	2
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	84	26	164	74
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	25	19	61	48
Occupational exposures of TDCJ staff	12	11	30	19
Occupational exposures of medical staff	11	5	14	9
HIV chemoprophylaxis initiation	4	1	6	3
Tuberculosis skin test (ie, PPD) +, intake	125	145	188	296
Tuberculosis skin test +, annual	61	30	87	155
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	1	4	2
Tuberculosis cases under management	23	20		
Peer education programs <sup>¶</sup>	0	0	99	98
Peer education educators <sup>∞</sup>	16	25	6337	5538
Peer education participants	7678	7401	13922	14726
Alleged assaults and chart reviews	66	63	126	117
Bloodborne exposure labs drawn on offenders	20	13	35	24
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 Infirmary Discharge Audit

During the Second Quarter of Fiscal Year 2018, ten percent of the UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 227 hospital discharge and 40 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	5	0	N/A	0	N/A	0	N/A	0	N/A	1	20.00%
January	6	0	N/A	0	N/A	0	N/A	1	16.67%	4	66.67%
February	6	0	N/A	0	N/A	0	N/A	0	N/A	2	33.33%
Total/Average	17	0	N/A	0	N/A	0	N/A	1	5.88%	7	41.18%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	61	3	4.92%	0	N/A	0	N/A	1	1.64%	19	31.15%
January	20	3	15.00%	0	N/A	0	N/A	0	N/A	12	60.00%
February	21	2	9.52%	0	N/A	0	N/A	1	N/A	7	33.33%
Total/Average	102	8	7.84%	0	N/A	0	N/A	2	1.96%	38	37.25%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	37	0	N/A	0	N/A	6	16.22%	2	5.41%	0	N/A
January	32	0	N/A	0	N/A	1	3.13%	0	N/A	0	N/A
February	39	0	N/A	0	N/A	3	7.69%	1	2.56%	0	N/A
Total/Average	108	0	N/A	0	N/A	10	9.26%	3	2.78%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	103	3	2.91%	0	N/A	6	5.83%	3	2.91%	20	19.42%
January	58	3	5.17%	0	N/A	1	1.72%	1	1.72%	16	27.59%
February	66	2	3.03%	0	N/A	3	4.55%	2	3.03%	9	13.64%
Total/Average	227	8	3.52%	0	N/A	10	4.41%	6	2.64%	45	19.82%
Texas Tech Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	7	3	42.86%	0	N/A	2	28.57%	0	N/A	0	N/A
February	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	17	3	17.65%	0	N/A	2	11.76%	0	N/A	0	N/A
UTMB Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	10	3	30.00%	0	N/A	2	20.00%	0	N/A	2	20.00%
January	8	1	12.50%	0	N/A	0	N/A	0	N/A	0	N/A
February	5	2	40.00%	0	N/A	1	20.00%	0	N/A	0	N/A
Total/Average	23	6	26.09%	0	N/A	3	13.04%	0	N/A	2	8.70%
GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	15	3	20.00%	0	N/A	2	13.33%	0	N/A	2	13.33%
January	15	4	26.67%	0	N/A	2	13.33%	0	N/A	0	N/A
February	10	2	20.00%	0	N/A	1	10.00%	0	N/A	0	N/A
Total/Average	40	9	22.50%	0	N/A	5	12.50%	0	N/A	2	5.00%

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

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
SECOND QUARTER, FISCAL YEAR 2018**

December 2017	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Baten ISF</b>	1	0	0	0
<b>Jordan</b>	3	0	0	0
<b>Rudd ISF</b>	3	0	0	0
<b>Total</b>	7	0	0	0

January 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Ramsey</b>	34	0	0	0
<b>Stiles</b>	73	0	1	1
<b>Stringfellow</b>	30	0	0	0
<b>Vance</b>	11	0	0	0
<b>Total</b>	148	0	1	1

February 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Estelle</b>	266	0	0	0
<b>Kegans ISF</b>	10	0	1	0
<b>Total</b>	276	0	1	0

**CAPITAL ASSETS AUDIT  
SECOND QUARTER, FISCAL YEAR 2018**

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	3	4	2	9
<b>Total numbered property</b>	7	148	276	431
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Second Quarter FY-2018**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Telford</b>	<b>December 4-6, 2017</b>	<b>100.00%</b>	<b>99.20%</b>
<b>Terrell</b>	<b>December 11-13, 2017</b>	<b>100.00%</b>	<b>98.60%</b>
<b>Young</b>	<b>December 13-15, 2017</b>	<b>100.00%</b>	<b>99.00%</b>
<b>Coffield</b>	<b>January 8-10, 2018</b>	<b>100.00%</b>	<b>97.90%</b>
<b>Connally</b>	<b>January 22-24, 2018</b>	<b>100.00%</b>	<b>98.30%</b>
<b>Ferguson</b>	<b>February 26-28, 2018</b>	<b>100.00%</b>	<b>98.3 %</b>
<b>Gurney</b>	<b>March 5-7, 2018</b>	<b>100.00%</b>	<b>99.29%</b>

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Sayle</b>	<b>February 5-7, 2018</b>	<b>100.00%</b>	<b>98.6%</b>

The ACA 2018 Winter Conference was held in Orlando Florida on January 4-9, 2018. During the conference, the following Facilities were represented: Polunsky, Briscoe/Cotulla, Cole/Moore, Gist, LeBlanc, Goodman, Woodman, Stiles, Beto, Torres/Ney, Jordan/Baten, Lopez/Segovia, Luther, and Holliday.

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

**FY-2018 Second Quarter Report: December, January, February**

---

**Project Number:** 202-RL02

**Researcher:** Kymn Kochanek      **IRB Number:** 12.06.05      **IRB Expiration Date:** 7/10/2018      **Research Began:** 5/1/2002

**Title of Research:** National Longitudinal Survey of Youth 1997  
(Bureau of Labor Statistics)      **Data Collection Began:** 10/12/2015

**Data Collection End:**

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

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

---

**Project Number:** 221-RL02

**Researcher:** Kymn Kochanek      **IRB Number:** 12.05.11      **IRB Expiration Date:** 7/10/2018      **Research Began:** 6/6/2002

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

**Data Collection End:**

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

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

---

**Project Number:** 434-RL04

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

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

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

**Proponent:**  
University of Texas- Austin

**Project Status:** Pending Manuscript      **Progress Report Due:** 1/4/2018      **Projected Completion:** 1/4/2018

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**Project Number:** 547-RL07

**Researcher:** Robert Morgan  
**IRB Number:** 501024

**IRB Expiration Date:** 12/31/2012

**Research Began:** 6/11/2008

**Title of Research:**  
Re-Entry: Dynamic Risk Assessment

**Data Collection Began:** 6/11/2008

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

**Proponent:**  
Texas Tech University

**Project Status:**  
Pending Manuscript

**Progress Report Due:** 2/20/2018

**Projected Completion:** 7/1/2018

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**Project Number:** 587-AR09

**Researcher:** Marcus Boccaccini  
**IRB Number:** 2009-04-032

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

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

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

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

**Data Collection End:** 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:** Patrick Flynn  
**IRB Number:** SUM 13-0401506CR

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

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

**Title of Research:**  
Reducing the Spread of HIV by Released Prisoners

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

**Data Collection End:** 06/30/2016

**Proponent:**  
Texas Christian University

**Project Status:**  
Data Analysis

**Progress Report Due:** 2/20/2018

**Projected Completion:** 6/30/2018

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**Project Number:** 612-AR10

**Researcher:** Jeffrey Bouffard  
**IRB Number:** 210-08-008

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

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

**Title of Research:**  
A Test of Rational Choice Theory among Actual Offenders

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

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

**Proponent:**  
Sam Houston State University

**Project Status:**  
Pending Manuscript

**Progress Report Due:** 12/04/2017

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

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**Project Number:** 629-AR11

**Researcher:**

Jurg Gerber

**IRB Number:**

2011-03-071

**IRB Expiration Date:**

5/6/2012

**Research Began:**

10/25/2011

**Title of Research:**

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

**Data Collection Began:**

10/25/2011

**Data Collection End:**

4/2/2012

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

6/14/2018

**Projected Completion:**

12/1/2018

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**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

**Data Collection End:**

**Proponent:**

Baylor University

**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

**Data Collection End:**

8/31/2015

**Proponent:**

University of North Texas

**Project Status:**

Pending Manuscript

**Progress Report Due:**

03/30/2018

**Projected Completion:**

03/30/2018

---

**Project Number:** 666-AR12

**Researcher:**

Jesus Amadeo

**IRB Number:**

N/A

**IRB Expiration Date:**

10/02/2013

**Research Began:**

12/28/2012

**Title of Research:**

Enhanced Transitional Jobs Demonstration

**Data Collection Began:**

12/28/2012

**Data Collection End:**

**Proponent:**

MDRC

**Project Status:**

Data Collection/Pending renewed IRB

**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

**Research Began:**  
10/14/2013

**Title of Research:**

Criminal Decision Making Among Adult Felony Inmates

**Data Collection Began:**  
4/11/2014

**Data Collection End:**  
6/12/2014

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/8/2017

**Projected Completion:**

6/30/2018

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**Project Number:** 692-AR14

**Researcher:**  
Jacqueline Hogan

**IRB Number:**  
N/A

**IRB Expiration Date:**  
07/23/2014

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

**Title of Research:**

U.S. Department of Education

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

**Data Collection End:**  
6/13/2014

**Proponent:**

United States Department of Education

**Project Status:**

Review by Exec Srvcs/Pending renewed IRB

**Progress Report Due:**

09/27/2018

**Projected Completion:**

9/27/2017

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**Project Number:** 695-AR14

**Researcher:**  
Dan Bloom

**IRB Number:**  
FWA 0003522

**IRB Expiration Date:**  
06/06/2017

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

**Title of Research:**

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

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

**Data Collection End:**  
8/1/2016

**Proponent:**

MDRC

**Project Status:**

Data Analysis

**Progress Report Due:**

12/06/2017

**Projected Completion:**

12/31/2018

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**Project Number:** 697-AR14

**Researcher:**  
Jodi Walton

**IRB Number:**  
798475-1

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

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

**Title of Research:**

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

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

**Data Collection End:**  
7/31/2016

**Proponent:**

MDRC

**Project Status:**

Review by Exec Srvcs/Pending renewed IRB

**Progress Report Due:**

9/29/2017

**Projected Completion:**

11/30/2017

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**Project Number:** 715-AR14

**Researcher:** Shannon Carey  
**IRB Number:** HSRRC 121177

**IRB Expiration Date:** 6/4/2017

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

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

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

**Proponent:**  
NPC Research

**Data Collection End:**  
12/12/2016

**Project Status:**  
Review by Exec Srvcs/Pending renewed IRB

**Progress Report Due:**  
9/29/2017

**Projected Completion:**  
9/29/2017

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**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:**  
05/15/2018

**Projected Completion:**  
5/31/2019

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**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/Pending renewed IRB

**Progress Report Due:**  
3/1/2017

**Projected Completion:**  
12/31/2017

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**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

**Proponent:**  
University of Houston

**Data Collection End:**

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/6/2018

**Projected Completion:**  
2/1/2020

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**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:**

Review by Exec Srvcs/Pending renewed IRB

**Progress Report Due:**  
02/01/2018

**Projected Completion:**  
05/31/2018

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**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:**  
10/14/2016

**Proponent:**

Bureau of Justice Statistics, RTI International

**Project Status:**

Data Analysis

**Progress Report Due:**  
6/1/2018

**Projected Completion:**  
6/29/2018

---

**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/Pending renewed IRB

**Progress Report Due:**  
12/31/2017

**Projected Completion:**  
12/31/2017

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**Project Number:** 747-AR16

**Researcher:**  
Angela Thomas

**IRB Number:**  
N/A

**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

**Data Collection End:**  
4/5/2017

**Proponent:**

Grand Canyon University

**Project Status:**

Review by Exec Srvcs/Pending renewed IRB

**Progress Report Due:**  
9/1/2017

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

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**Project Number:** 751-AR16

**Researcher:**

Francis Cassidy

**IRB Number:**

16-08-004

**IRB Expiration Date:**

8/28/2017

**Research Began:**

11/10/2016

**Title of Research:**

Evidence-Based Learning

**Data Collection Began:**

11/10/2016

**Data Collection End:**

8/14/2017

**Proponent:**

University of the Incarnate Word

**Project Status:**

Data Analysis

**Progress Report Due:**

2/28/2018

**Projected Completion:**

02/28/2018

**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

**Data Collection End:**

**Proponent:**

Texas Criminal Justice Coalition

**Project Status:**

Data Collection/Pending renewed IRB

**Progress Report Due:**

3/22/2018

**Projected Completion:**

7/14/2018

01/02/2018 received revision to include Woodman State Jail, sent for division review.

**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:**

6/30/2018

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

**FY-2018 Second Quarterly Report: December, January, February**

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

**Researcher:**

Mark Trahan

**IRB Expiration:**

2/28/18

**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 Review

**Detail:** 7/27/17 Project denied by Mr. Mendoza, Pending division review

---

**Project**                      **767-AR17**

**Researcher:**

Kathryn Whiteley

**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 Letter of Approval/Research Agreement.

**Detail:** 10/5/17: project approved. Pending review of research agreement and approval letter

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**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 OGC Review

**Detail:** 11/3/17: to OGC for review/approval of revisions

---

**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 OGC review

**Detail:** 12/30/17 – Currently awaiting additional paperwork requested

---

**Project** 777-AR17

**Researcher:**  
Eugene Wang

**IRB Number:**  
No IRB Required

**Application Received:**

8/15/17

**Application Completed**

**Title of Research:**

Determining the degree of validity and predictiveness for the TRAS and suggest improvements using research based techniques

**Division Review Requested:**

**Proponent:**

TDCJ-CJAD; Texas Tech University; Lubbock CSCD

**Reviewer:**

**Project Status:**

Pending OGC review

**Detail:** 1/30/18 Under review – awaiting additional paperwork requested

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**Project**                    **778-AR17**

**Researcher:**  
Lisa            Muftic

**IRB Number:**  
2017-04-34613(EXEMPT)

**Application Received:**

9/6/2017

**Completed**

**Title of Research:**

Predicting County Victim Impact Statement Form Completion Rates  
Based on Victim Assistance Coordinator Practices

**Peer Panel Schedule:**

**Proponent:**

Sam Houston State University

**Panel**

Pending

**Project Status:**

Pending Victim Services Review

**Detail:**

3/7/18 Project Approved with Conditions

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**Project**                    **781-AR17**

**Researcher:**  
Jennifer Jenkins

**IRB Number:**  
N/A

**Application Received:**

11/28/17

**Application Completed**

**Title of Research:**

The Relationship between knowledge of sex offense details  
Demographic information and corrections officer's perception and attitude

N/A

**Division Review Requested:**

**Proponent:**

Capella University

**Reviewer:**

**Project Status:**

Awaiting documentation from researcher

**Detail:**

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

**FY-2018 Second Quarterly Report: December, January, February**

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**Project Number:** 615-RM10  
**Researcher:** John Petersen  
**IRB Number:** 11-069  
**IRB Expiration Date:** 9/28/2018  
**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:** 1/24/2018  
**Projected Completion:** 1/1/2020

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**Project Number:** 705-RM14  
**Researcher:** Gokhan Kilic  
**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:** 02/1/2018  
**Projected Completion:** 12/31/2018

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**Project Number:** 707-RM14

**Researcher:**  
Gokhan Kilic

**IRB Number:**  
10-229

**IRB Expiration Date:**  
11/09/2017

**Research Began:**  
3/9/2015

**Title of Research:**

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

**Data Collection Began:**  
4/1/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection/Pending renewed IRB

**Progress Report Due:**

1/31/2018

**Projected Completion:**

12/31/2018

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**Project Number:** 709-RM14

**Researcher:**  
Celia Chao

**IRB Number:**  
14-0018

**IRB Expiration Date:**  
2/8/2018

**Research Began:**  
5/28/2015

**Title of Research:**

A Pilot Study to Correlate Cancer  
Diagnosis with Urine Thiosulfate

**Data Collection Began:**  
5/28/2015

**Data Collection End:**

**Proponent:**

UTMB

N/A

**Project Status:**

OGC review/approval/Pending renewed IRB

**Progress Report Due:**

02/01/2018

**Projected Completion:**

9/30/2018

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**Project Number:** 724-RM15

**Researcher:**  
Zbigniew Gugala

**IRB Number:**  
14-0351

**IRB Expiration Date:**  
8/18/2018

**Research Began:**  
6/29/2015

**Title of Research:**

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

**Data Collection Began:**  
9/21/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

**Projected Completion:**

12/21/2017

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**Project Number:** 729-RM15  
**Researcher:** Jacques Baillargeon  
**IRB Number:** 14-0283  
**IRB Expiration Date:** 3/27/2018  
**Research Began:** 10/1/2015  
**Title of Research:** The Health and Healthcare Needs of Older Prisoners  
**Data Collection Began:** 10/1/2015  
**Data Collection End:**  
**Proponent:** UTMB  
**Project Status:** Data Collection  
**Progress Report Due:** 02/01/2018  
**Projected Completion:** 12/31/2019

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**Project Number:** 750-RM16  
**Researcher:** Ilyse Kornblau  
**IRB Number:** 16-0167  
**IRB Expiration Date:** 5/23/2018  
**Research Began:** 12/6/2016  
**Title of Research:** Incidence of Endophthalmitis following Intravitreal Injection Comparing 30 vs. 32 Gauge Needles  
**Data Collection Began:** 12/06/2017  
**Data Collection End:**  
**Proponent:** UTMB-Galveston  
**Project Status:** Data Collection  
**Progress Report Due:** 3/06/2018  
**Projected Completion:** 07/01/2018

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**Project Number:** 752-RM16  
**Researcher:** Lara Reichert  
**IRB Number:** 16-0216  
**IRB Expiration Date:** 6/6/2018  
**Research Began:** 12/21/2016  
**Title of Research:** Practice Patterns, Patient Characteristics, and Complications of Tracheotomy at UTMB  
**Data Collection Began:** 12/21/2017  
**Data Collection End:**  
**Proponent:** UTMB-Galveston  
**Project Status:** Data Collection  
**Progress Report Due:** 5/17/2018  
**Projected Completion:** 08/1/2018

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**Project Number:** 765-RM17

**Researcher:**  
Laurie Stelter

**IRB Number:**  
19297

**IRB Expiration Date:**  
12/1/2018

**Research Began:**  
9/27/2017

**Title of Research:**

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

**Data Collection Began:**  
10/01/2017

**Data Collection End:**

**Proponent:**

Texas Women University

**Project Status:**  
Data Collection

**Progress Report Due:**  
6/19/2017

**Projected Completion:**  
09/27/2018

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

**FY-2018 First Quarter Report: September, October, November**

**Project**                    **689-RM13**

**Researcher:**

Troy Quast

**IRB Number:**

2013-12371

**Application Received:**

11/7/2013

**Application Completed:**

12/12/2013

**Title of Research:**

Impact of the Annual Health Care Services Fee

**Division Review Requested:**

9/11/2014

**Proponent:**

Sam Houston State University

**Reviewer:**

Pending

**Review Status:**

**Detail:**

Awaiting response from requestor as to whether they wish to continue with project

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**Project**                    **763-RM17**

**Researcher:**

Jacinta Assava

**IRB Number:**

N/A

**Application Received:**

1/11/2017

**Application Completed:**

**Title of Research:**

Diabetes Foot Assessment Training Module for Correctional Nurses

**Division Review Requested:**

**Proponent:**

UTMB-Galveston

**Reviewer:**

**Project Status:**

**Detail:**

Awaiting response from requestor as to whether they wish to continue with project

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**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:**

**Detail:**

Sent to Mr. Mendoza for review

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**2nd Quarter FY 2018**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Segregation Audit Summary**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Mental Health Referrals</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC 6</b>
12/6/2017	Baten	4	4	0	0	100	NSP	NSP	NSP
12/6/2017	Murray	75	68	0	1	100	100	100	100
12/6/2017	Hughes	84	78	0	3	100	100	100	100
12/7/2017	Mt. View	27	27	0	3	100	100	100	100
12/14/17	Michael	91	82	0	3	100	100	100	100
12/18/2017	Estelle (ECB)	178	162	0	4	100	100	100	100
12/28/2017	Pack	13	13	0	0	100	NSP	NSP	NSP
1/10/2018	Gist	22	22	0	0	100	100	100	100
1/10/2018	Lychner	18	18	0	3	100	100	100	100
1/10/2018	Stiles	8	8	0	1	100	100	100	100
1/24-25/2018	Coffield	630	536	0	11	100	100	100	100
2/5/2018	Kegans ISF	0	0	0	0	100	NSP	NSP	NSP
2/7-8/2018	Eastham	320	269	0	8	100	100	100	100
2/14-2/15/2018	Ferguson	262	226	0	7	100	100	100	100
2/20-2/21/2018	Robertson	288	226	0	5	100	100	100	100
2/21/2018	Formby	18	18	0	1	100	100	100	100
2/28/2018	Travis	23	23	0	0	100	100	100	86
<b>Total</b>	17	2,061	1,780	0	50				

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

2<sup>nd</sup> Quarter 2018

Audits Conducted in December, January, and February

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	December	0	0	N/A	N/A	None
Jester IV	December	2	2	2	100	None
Montford	December	12	12	12	100	None
Skyview	December	12	12	12	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January	0	0	N/A	N/A	None
Jester IV	January	2	2	2	100	None
Montford	January	6	6	6	100	None
Skyview	January	9	9	9	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February	0	0	N/A	N/A	None
Jester IV	February	0	0	N/A	N/A	None
Montford	February	7	7	7	100	None
Skyview	February	16	16	16	100	None

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

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

## Conducted in 2nd Quarter of 2018

### Period Audited—December, January, February

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten ISF	6	6	6	0	100%
Bradshaw State Jail	11	11	9	0	82%
Byrd Unit	20	15	15	5	100%
Dominguez State Jail	20	20	20	0	100%
East Tx Treatment Facility	17	17	12	0	70%
Formby State Jail	1	1	1	0	100%
Garza Transfer Facility	27	19	11	8	58%
Gist State Jail	11	11	11	0	100%
Glossbrenner SAFPF	6	6	3	0	50%
Gurney Transfer Facility	20	15	2	5	13%
Halbert SAFPF	9	9	9	0	100%
Holliday Transfer Facility	20	14	12	6	86%
Hutchins State Jail	19	19	18	0	95%
Jester I SAFPF	5	5	5	0	100%
Johnston SAFPF	6	6	4	0	66%
Kegans ISF	10	10	7	0	70%
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	7	7	7	0	100%
Lychner State Jail	15	15	15	0	100%
Middleton Transfer Facility	20	10	8	10	80%
Plane State Jail	20	20	14	0	70%
Rudd ISF	20	18	8	2	44%
Sanchez State Jail	10	9	7	1	88%
Sayle SAFPF	4	4	4	0	100%
Travis State Jail	13	13	11	0	85%
Woodman State Jail	13	13	13	0	100%
<b>GRAND TOTAL</b>	<b>330</b>	<b>293</b>	<b>232</b>	<b>37</b>	

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

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

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center



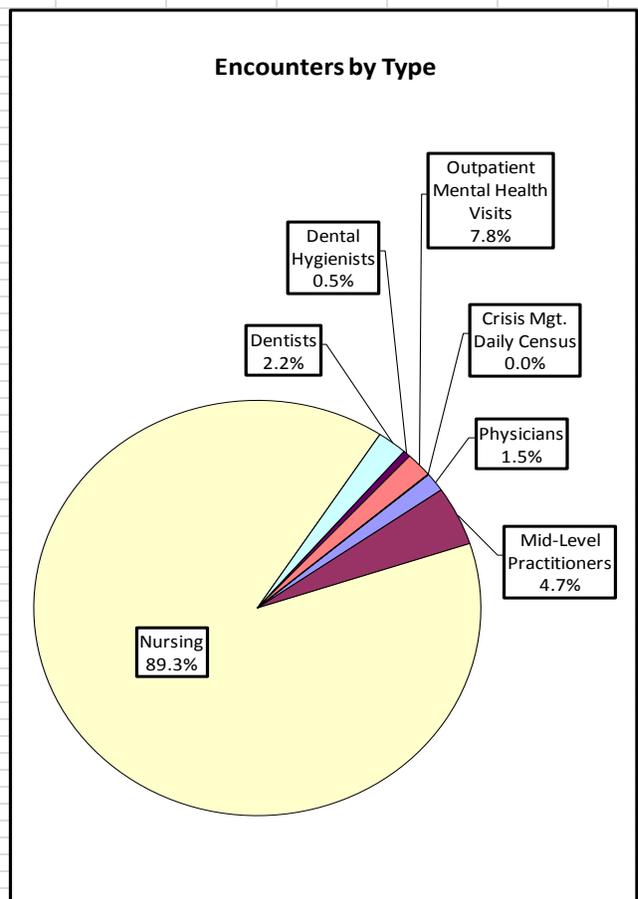
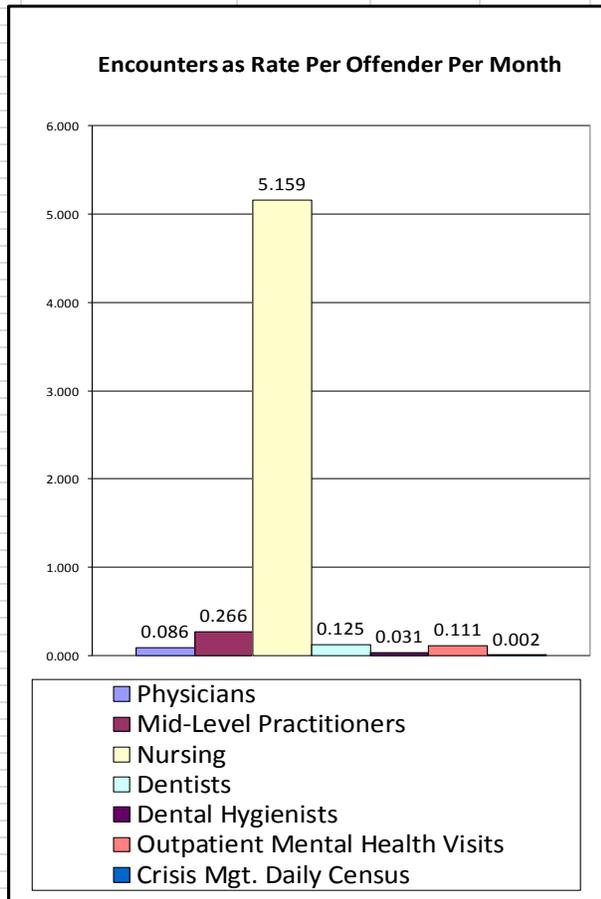
Correctional Health Care  
MEDICAL DIRECTOR'S REPORT

2<sup>ND</sup> QUARTER

FY 2018

**Medical Director's Report:**

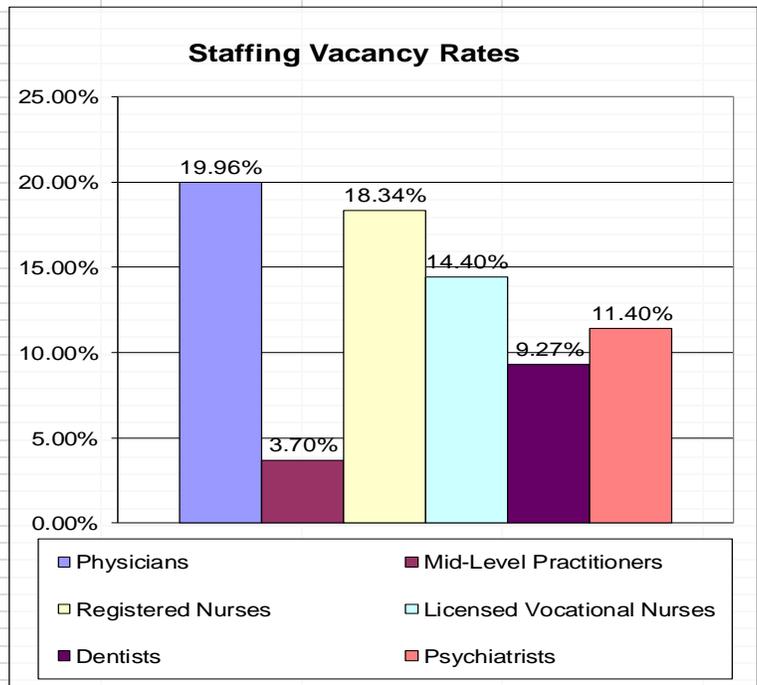
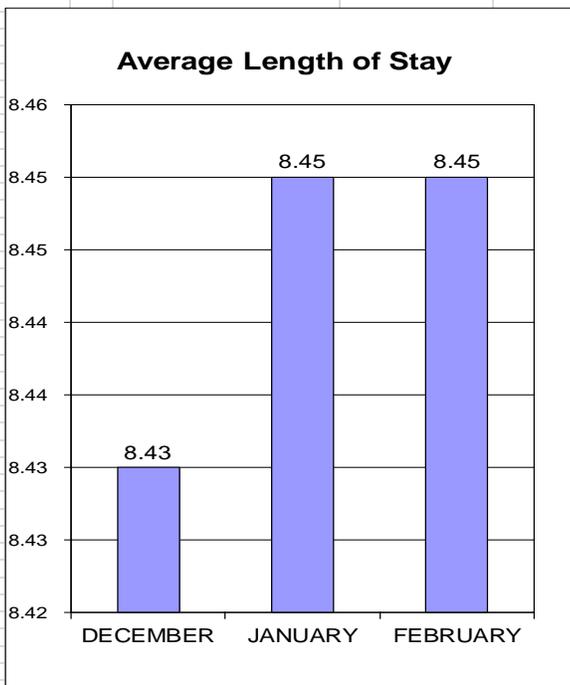
	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<b>Average Population</b>	<b>29,531.83</b>	<b>29,459.35</b>	<b>29,447.46</b>	<b>29,479.55</b>
	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>
	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>
<b>Medical encounters</b>				
Physicians	2,025	0.069	2,705	0.092
Mid-Level Practitioners	6,937	0.235	8,534	0.290
Nursing	131,000	4.436	162,058	5.501
<b>Sub-total</b>	<b>139,962</b>	<b>4.739</b>	<b>173,297</b>	<b>5.883</b>
<b>Dental encounters</b>				
Dentists	3,016	0.102	3,598	0.122
Dental Hygienists	745	0.025	1,037	0.035
<b>Sub-total</b>	<b>3,761</b>	<b>0.127</b>	<b>4,635</b>	<b>0.157</b>
<b>Mental health encounters</b>				
Outpatient Mental Health Visits	2,841	0.096	3,599	0.122
Crisis Mgt. Daily Census	62	0.002	67	0.002
<b>Sub-total</b>	<b>2,903</b>	<b>0.098</b>	<b>3,666</b>	<b>0.124</b>
<b>Total encounters</b>	<b>146,626</b>	<b>4.965</b>	<b>181,598</b>	<b>6.164</b>



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

	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	119.00	120.00	118.00	119.00
Number of Admissions	140.00	151.00	187.00	159.33
Average Length of Stay	8.43	8.45	8.45	8.44
Number of Clinic Visits	499.00	545.00	505.00	516.33
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	463.00	446.00	442.00	450.33
PAMIO/MROP Census	402.00	398.00	375.00	391.67
<b>Specialty Referrals Completed</b>	<b>1,232.00</b>	<b>1,315.00</b>	<b>1,297.00</b>	<b>1,281.33</b>
<b>Telemedicine Consults</b>	<b>1,202</b>	<b>1,602</b>	<b>1,560</b>	<b>1,454.67</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	<b>Vacant</b>
Physicians	16.66	4.20	21.04	19.96%
Mid-Level Practitioners	39.00	1.50	40.50	3.70%
Registered Nurses	126.16	28.33	154.49	18.34%
Licensed Vocational Nurses	173.92	46.07	320.00	14.40%
Dentists	17.91	1.83	19.74	9.27%
Psychiatrists	7.77	1.00	8.77	11.40%



# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



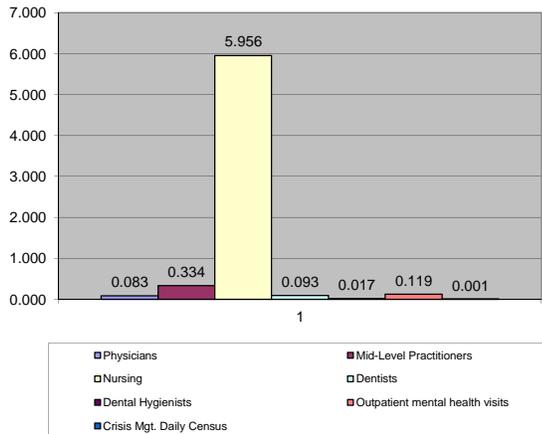
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER  
FY 2018**

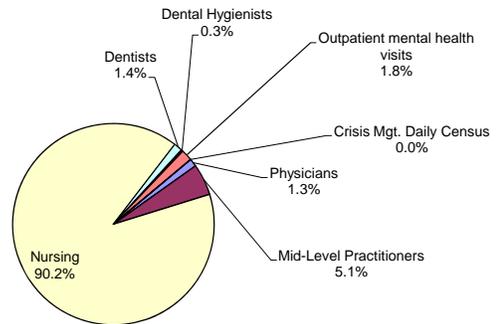
**Medical Director's Report:**

Average Population	December		January		February		Qtly Average	
	119,036		118,485		118,237		118,586	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	9,118	0.077	10,635	0.090	9,916	0.084	<b>9,890</b>	<b>0.083</b>
Mid-Level Practitioners	36,716	0.308	41,773	0.353	40,227	0.340	<b>39,572</b>	<b>0.334</b>
Nursing	727,888	6.115	722,426	6.097	668,682	5.655	<b>706,332</b>	<b>5.956</b>
<b>Sub-total</b>	<b>773,722</b>	<b>6.500</b>	<b>774,834</b>	<b>6.540</b>	<b>718,825</b>	<b>6.080</b>	<b>755,794</b>	<b>6.373</b>
<b>Dental encounters</b>								
Dentists	10,460	0.088	11,122	0.094	11,636	0.098	<b>11,073</b>	<b>0.093</b>
Dental Hygienists	1,818	0.015	2,063	0.017	2,153	0.018	<b>2,011</b>	<b>0.017</b>
<b>Sub-total</b>	<b>12,278</b>	<b>0.103</b>	<b>13,185</b>	<b>0.111</b>	<b>13,789</b>	<b>0.117</b>	<b>13,084</b>	<b>0.110</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	13,656	0.115	14,204	0.120	14,551	0.123	<b>14,137</b>	<b>0.119</b>
Crisis Mgt. Daily Census	69	0.001	76	0.001	70	0.001	<b>72</b>	<b>0.001</b>
<b>Sub-total</b>	<b>13,725</b>	<b>0.115</b>	<b>14,280</b>	<b>0.121</b>	<b>14,621</b>	<b>0.124</b>	<b>14,209</b>	<b>0.120</b>
<b>Total encounters</b>	<b>799,725</b>	<b>6.718</b>	<b>802,299</b>	<b>6.771</b>	<b>747,235</b>	<b>6.320</b>	<b>783,086</b>	<b>6.604</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

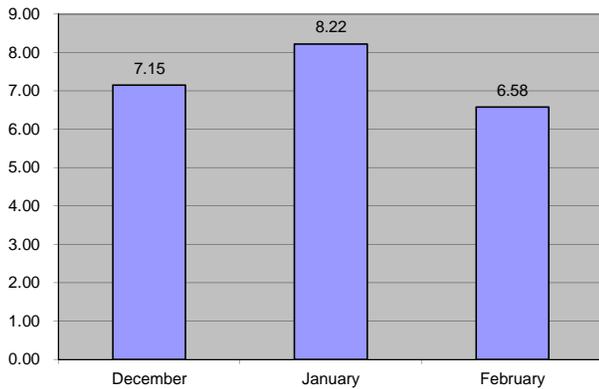


**Medical Director's Report (Page 2):**

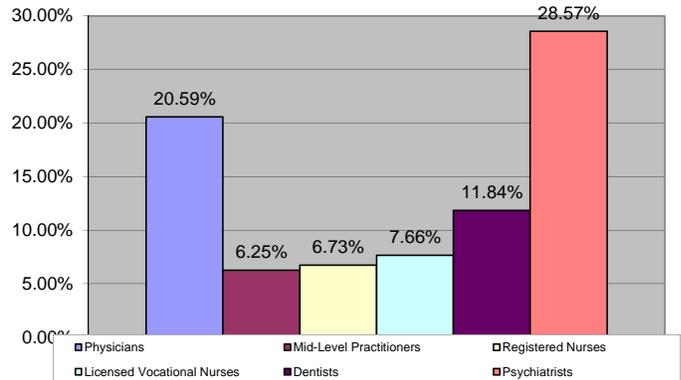
	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	90.20	97.00	95.40	<b>94.20</b>
Number of Admissions	391.00	353.00	351.00	<b>365.00</b>
Average Length of Stay	7.15	8.22	6.58	<b>7.32</b>
Number of Clinic Visits	6,417.00	6,612.00	6,533.00	<b>6,520.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	960.64	958.87	966.54	<b>962.02</b>
PAMIO/MROP Census	724.20	723.48	715.28	<b>720.99</b>
<b>Telemedicine Consults</b>	<b>11,060</b>	<b>12,438</b>	<b>12,476</b>	<b>11,991.33</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	54.00	14.00	68.00	20.59%
Mid-Level Practitioners	135.00	9.00	144.00	6.25%
Registered Nurses	305.00	22.00	327.00	6.73%
Licensed Vocational Nurses	603.00	50.00	653.00	7.66%
Dentists	67.00	9.00	76.00	11.84%
Psychiatrists	15.00	6.00	21.00	28.57%

**Average Length of Stay**



**Staffing Vacancy Rates**



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

***CMC Update***

## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

## **Correctional Managed Health Care Joint Committee/Work Group Activity Summary for June 20, 2018, CMHCC Meeting**

The CMHCC, through its overall management strategy, utilizes a number of standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data, and amend practices in order to increase the effectiveness and efficiency of the program.

*Many of these committees or work groups are considered to be medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are considered to be confidential and not subject to disclosure under the law.*

This summary is intended to provide the CMHCC with a high level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Nursing Work Group

### **System Leadership Council**

Chair: Dr. Owen Murray

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

Meeting Date: May 3, 2018

Key Activities:

I. Call to Order

II. Approval of Minutes

III. 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)

IV. FY 2018 SLC Indicators

- A. Dental: Total Open Reminders with Delay > 60 Days
- B. Mental Health: Heat Restrictions
- C. Nursing: Intra-System Transfer Screening
- D. Support Services: Inpatient/Outpatient Physical Therapy
- E. Clinical Administration: Missed Appointments (No Shows)
- F. Joint Medical/Pharmacy: Hepatitis C

V. Standing Issues

- A. CMHCC Updates
- B. CMHC Pharmacy Report
- C. Hospital Galveston Report

VI. Miscellaneous/Open for Discussion Participants

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

VII. 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: April 12, 2018

Sub Committee Updates:

- None

Committee Updates:

- None

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:

<b>A-05.1</b>	<b>A-06.1</b>	<b>A-06.2</b>	<b>A-07.1*</b>	<b>A-08.1*</b>	<b>A-08.2</b>	<b>C-19.2*</b>	<b>C-20.1</b>	<b>D-28.2</b>	<b>D-28.3</b>
<b>D-28.4</b>	<b>E-31.2*</b>	<b>E-31.4</b>	<b>E-34.4</b>	<b>E-34.5</b>	<b>E-35.1</b>	<b>E-35.2</b>	<b>E-36.3</b>	<b>E-36.4*</b>	<b>E-37.1*</b>
<b>E-37.2</b>	<b>E-37.3</b>	<b>E-37.4</b>	<b>E-37.5</b>	<b>F-47.1*</b>	<b>F-48.1</b>	<b>G-51.6</b>	<b>G-51.7</b>	<b>G-51.8*</b>	<b>G-51.9*</b>
<b>G-51.10</b>	<b>G-52.3*</b>	<b>H-60.2*</b>	<b>I-68.4</b>	<b>I-69.1</b>	<b>* Indicates Attachment(s) included in the policy.</b>				

The Following Policies Were Submitted for Changes or for Discussion:

<b>POLICY #</b>	<b>POLICY NAME</b>	<b>SUBMITTED BY</b>
A-08.2	Transfer of Offenders with Acute Conditions	Christina Moore
A-08.3	Referral of Offenders to the Developmental Disabilities Program (DDP)	Robyne Roberts
D-27.2 Attachment A	Drugs Associated with Heat Stress	Brittany Finocchio
D-27.2 Attachment B	Common Comorbidities that May Affect Heat Tolerance	Brittany Finocchio
E-31.2	Organ or Tissue Donation	Christina Moore
G-51.6	Referral of an Offender for Admission into a Mental Health Inpatient Treatment Facility	Robyne Roberts
G-51.10	Chronic Care Program	Manuel Hirsch
G-51.12	Offenders with Special Needs Who are Releasing From TDCJ	Jane Leonardson
G-51.12 Attachment A	Offenders with Special Needs Who are Releasing From TDCJ Continuity of Care Information Form	Jane Leonardson
G-53.1	Suicide Prevention Plan	Robyne Roberts

**Adjournment**

- Next Meeting Date: July 12, 2018

**Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Joseph Penn

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacists appointed by the Joint Medical Directors. This group is charged with

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

Meeting Date: May 3, 2018

Key Activities:

- I. Approval of the Minutes from March 22, 2018 Meeting
- II. Reports from Subcommittees
  - A. COPD – Dr. Fisher
  - B. DMG Triage – Dr. Sandmann
  - C. Opioid Overdose – Dr. Agrawal
  - D. Psychiatry – Dr. Finocchio
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (March – April 2018)
  - D. Non-Formulary Deferral Reports
    1. Texas Tech Sector (March 2018)
    2. UTMB Sector (March – April 2018)
  - E. Utilization Reports (HIV, HCV, HBV reports current through January and included in March materials)
    1. Psychotropic Utilization
  - F. Quarterly Medication Error Reports
    1. Texas Tech Sector
    2. UTMB Sector
    3. Pharmacy Dispensing Errors
  - G. Policy Review Schedule
- IV. Old Business – (none)
- V. New Business
  - A. Action Requests
    1. Formulary Deletion of Nortriptyline and Addition of Duloxetine

2. Anxiety and Panic Disorder DMG Update
3. Major Depressive Disorder DMG Update
4. PTSD DMG Update
5. Neuropathic Pain DMG Update
6. Cancer Pain DMG Update
- B. Drug Category Review
  1. Anti-hypertensive Agents
  2. Anti-infective Agents
  3. Gastrointestinal Agents
  4. Psychotropic Agents
- C. FDA Medication Safety Advisories (none)
- D. Manufacturer Shortages and Discontinuations
- E. Policy and Procedure Revisions
  1. Disposition of Outdated Drugs (15-30)
  2. Reclamation of Drugs (15-35)
  3. Return of Damaged or Miss Shipped Drugs (15-40)
  4. Drug Recalls and Defective Products (15-45)
  5. Use of Controlled Substances (20-05)
  6. Security of Controlled Substances (20-10)
  7. Controlled Substances Record Keeping (20-15)
  8. Incoming Patient's Free World Prescriptions and Medications (25-05)
  9. Discharge Prescriptions (25-10)
  10. IV Admixture (30-05)
  11. Multi-dose Vials and Containers (30-10)
  12. Crushing of Medications (35-05)
  13. Unit Receipt (40-03)
  14. Medication Administration during Computer Breakdown (40-05)

## VII. Adjournment

### **Joint Infection Control Committee**

Co-Chair: Kirk Abbott, RN, BSN

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

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

Meeting Date: April 12, 2018

Key Activities:

- I. Review of previous minutes
- II. Standing Reporting:

- A. HIV
- B. MRSA & MSSA
- C. Syphilis
- D. Tuberculosis
- E. SANE
- F. Peer Education

III. Od Business:

Tabled: B-14.1, B-14.5 and B-14.07

New Business:

These Policies are up for Review & Open for Recommended Changes during this Quarter:

B-14.12	B-14.13.1	B-14.13.2*	B-14.15	B-14.16	B-14.17	
			*Indicates Attachment(s) included in the Policy			

The Following Policies Have Been Submitted with Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
B-14.4*	Prevention of Hepatitis B Virus (HBV) Infection in TDCJ Facilities	Janet Gonzalez
B-14.5*	Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees	Janet Gonzalez
B-14.13.3*	Hepatitis C	Janet Gonzalez
B-14.14	Varacella (Chicken Pox) and Herpes Zoster (Shingles)	Carol Lynn Coglianesse
B-14.18	Clostridium Difficile	Carol Lynn Coglianesse

IV. Adjourn

Next Meeting: August 9, 2018

**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: March 21, 2018

I. Call to Order  
A. Minutes Confirmation- Review/Approval of Minutes from January 24, 2018 meeting

II. Dental Policy Review

- A. C-18.1-D Dental Licensure
- B. C-19.1-D Dental Education and Professional Development
- C. C-23.1 Position Descriptions
- D. C-25.1-D Orientation and Training for Dental Services Staff

III. G-51.10-D Chronic Care Program – Dental –Proposal to add language addressing oral cancer screening at the time of the Comprehensive Treatment Plan (Dr. B. Horton)

EHR Dental Paste Templates and Dental Notebuilder – Review of document corrections/changes (Dr. B. Horton)

IV. Correctional Managed Health Care Policy G-51.10 Chronic Care Program – Proposal to change “extended dental care” under the section entitled: DEFINITION to periodontal disease CMHC Policy G-51.10 policy change wording. Review the possibility of changing Dental Services Manual Policy G-51.10 to a CMHC Policy entitled Dental Comprehensive Treatment Plan (Dr. B. Hirsch)

Update on ETTF Dental Clinic (Dr. B. Hirsch)

V. Adjournment

Next Meeting: TBD

**Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Eidi Millington

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 February 2018:

There were 118 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2017, January and February 2018. Of those 118 deaths, 10 were referred to peer review committees.

**Joint Nursing Work Group**

Chair: Chris Black-Edwards, RN, BSN

Purpose: This group’s membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Chief Nursing Officer, the TTUHSC CMC Director of Nursing Services,

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

Meeting Date: April 11, 2018

- I. Call to Order
- II. Approval of Minutes from the January 11, 2018 meeting
- III. Old Business
  1. PHI
  2. ORAs
- IV. New Business
  1. OTC Medication from Commissary/Infirmary Patients – Justin/Gary
  2. Gastric Lavage SDO (New) – Justin/Gary
  3. Lacerations – Skin Staples SDO (Draft) – Justin/Gary
  4. Diagnostic Testing SDO (Revision) – Justin/Gary
  5. Vaccines SDO (Revisions) – Justin/Gary
  6. Skin Integrity Surveillance – YTD Report-Feb. 2018 – Justin/Gary
  7. HUB/24 Telehealth Facilities (Revisions) – Justin/Gary
  8. Infirmary Patients with Medical & Mental Health Needs – Justin/Gary
  9. Ad-Seg. Confinement Record (I-201) Special Medical Conditions – Justin/Gary
  10. Annual – Heat Training/Heat Related Illness Report – Justin/Gary
  11. UTMB ICN Conference – Tentative October or November – Justin/Gary
  12. Opioid Overdose – Justin/Gary
  13. Non ASA Log for Security – Mike
  14. UOF Paperwork in EHR – Mike
  15. Utilizing EMT-Paramedics in the Pill Window - Mike
- V. Other
- VI. Next Meeting: July 11, 2018 at 10:00am in Conroe, TX.
- VII. Adjournment

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



## **Quarterly Report FY2018 Second Quarter**

**September 2017 – February 2018**

## Second Quarter Financial Report on Correctional Managed Health Care

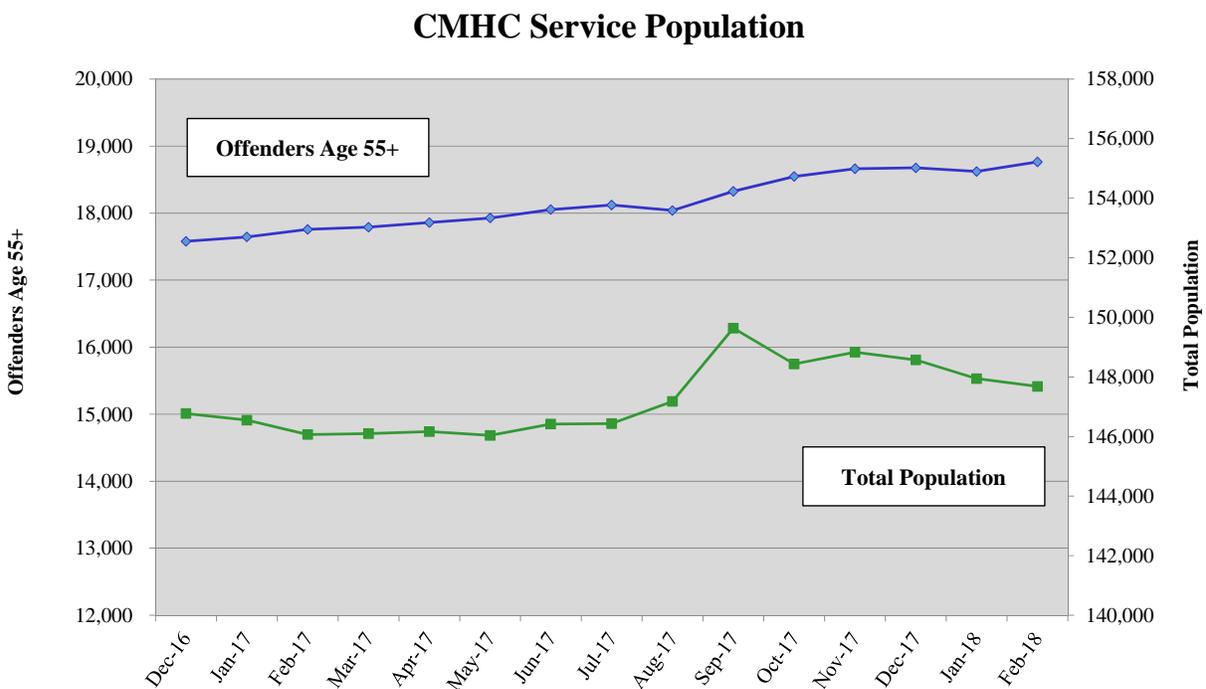
### Overview

- Report submitted in accordance with the FY2018-19 General Appropriations Act, Article V, Rider 46, 85<sup>th</sup> Legislature, Regular Session 2017
- FY2018 TDCJ Appropriations allocated to Correctional Managed Health Care:
  - \$302.2M Unit and Psychiatric Care, Strategy C.1.8
  - \$189.5M Hospital and Clinical Care, Strategy C.1.9
  - \$60.7M Pharmacy Care, Strategy C.1.10

<b><u>Method of Finance Summary</u></b>	<b><u>FY2018</u></b>
<b>SB 1, Article V, TDCJ Appropriations</b>	
Strategy C.1.8. Unit and Psychiatric Care	\$ 302,184,774
Strategy C.1.9. Hospital and Clinic Care	\$ 189,537,341
Strategy C.1.10. Pharmacy Care	\$ 60,733,962
<b>TOTAL</b>	<b>\$ 552,456,077</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 241,250,820
Hospital and Clinic Care	\$ 158,319,640
Pharmacy Care	\$ 48,565,181
<b>Subtotal UTMB</b>	<b>\$ 448,135,641</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 59,933,954
Hospital and Clinic Care	\$ 31,217,701
Pharmacy Care	\$ 12,168,781
<b>Subtotal TTUHSC</b>	<b>\$ 103,320,436</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 551,456,077</b>
<b><u>Allocation to Capital Budget</u></b>	
Sheltered Housing Unit Capacity Expansion Jester III, Telford and Young	\$ 1,000,000
<b>TOTAL ALLOCATED</b>	<b>\$ 552,456,077</b>

## Population

- Overall offender service population has increased 1.5% from FY2017
  - Average daily census 146,373 through 2<sup>nd</sup> quarter of FY2017 compared to 148,516 through 2<sup>nd</sup> quarter of FY2018
- Offenders aged 55 or older population increased 6.4% from FY2017
  - Average daily census 17,488 through 2<sup>nd</sup> quarter of FY2017 compared to 18,600 through 2<sup>nd</sup> quarter of FY2018
  - While comprising about 12.5% of the overall service population, offenders age 55 and over account for 46.9% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2018 average number of psychiatric inpatients through 2<sup>nd</sup> quarter: 1,835
  - FY2018 average number of psychiatric outpatients through 2<sup>nd</sup> quarter: 25,168



## Health Care Costs

- Total expenses through 2<sup>nd</sup> quarter, FY2018: \$343.8M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$180.8M, 52.6% of total expenses
- Hospital and Clinical Care - \$128.1M, 37.2% of total
- Pharmacy Services - \$34.9M, 10.2% of total
  - HIV related drugs: 38.2% of total drug costs
  - Psychiatric drugs: 5.9% of total drug costs
  - Hepatitis C drug therapies: 15.3% of total drug costs
- Cost per offender per day, FY2018 through 2<sup>nd</sup> quarter: \$12.79
  - 1.9% increase compared to FY2017 cost per day of \$12.55

### Comparison of Total Health Care Costs

	FY 14	FY 15	FY 16	FY17	4-Year Average	FYTD 18 1st Qtr	FYTD 18 2nd Qtr
<b>Population</b>							
UTMB	118,705	117,779	116,828	116,574	117,472	119,343	118,965
TTUHSC	31,314	30,790	30,004	29,807	30,479	29,623	29,551
<b>Total</b>	<b>150,019</b>	<b>148,569</b>	<b>146,832</b>	<b>146,381</b>	<b>147,950</b>	<b>148,966</b>	<b>148,516</b>
<b>Expenses</b>							
UTMB	\$456,286,749	\$474,922,507	\$523,473,857	\$554,779,025	\$502,365,535	\$141,641,876	\$284,485,282
TTUHSC	\$102,834,980	\$107,975,637	\$118,262,289	\$115,982,376	\$111,263,821	\$29,840,434	\$59,408,330
<b>Total</b>	<b>\$559,121,729</b>	<b>\$582,898,144</b>	<b>\$641,736,146</b>	<b>\$670,761,401</b>	<b>\$613,629,355</b>	<b>\$171,482,310</b>	<b>\$343,893,612</b>
<b>Cost/Day</b>							
UTMB	\$10.53	\$11.05	\$12.24	\$13.04	\$11.71	\$13.04	\$13.21
TTUHSC	\$9.00	\$9.61	\$10.77	\$10.66	\$9.99	\$11.07	\$11.11
<b>Total</b>	<b>\$10.21</b>	<b>\$10.75</b>	<b>\$11.94</b>	<b>\$12.55</b>	<b>\$11.36</b>	<b>\$12.65</b>	<b>\$12.79</b>

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

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Second Quarter, FY2018**

<b><u>Method of Finance</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 29,720,673	\$ 118,642,188	\$ 148,362,861
State Reimbursement Benefits	\$ 4,755,945	\$ 27,200,479	\$ 31,956,424
Other Misc Revenue	\$ 606	\$ 34,939	\$ 35,545
<b>C.1.8. Total Method of Finance</b>	<b>\$ 34,477,224</b>	<b>\$ 145,877,606</b>	<b>\$ 180,354,830</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 15,480,558	\$ 78,509,192	\$ 93,989,750
State Reimbursement Benefits	\$ 1,020,723	\$ -	\$ 1,020,723
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 16,501,281</b>	<b>\$ 78,509,192</b>	<b>\$ 95,010,473</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 6,034,381	\$ 24,083,007	\$ 30,117,388
State Reimbursement Benefits	\$ 44,098	\$ 1,125,286	\$ 1,169,384
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 6,078,479</b>	<b>\$ 25,208,293</b>	<b>\$ 31,286,772</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 57,056,984</b>	<b>\$ 249,595,091</b>	<b>\$ 306,652,075</b>

<b><u>Method of Finance Summary</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 51,235,612	\$ 221,234,387	\$ 272,469,999
State Reimbursement Benefits	\$ 5,820,766	\$ 28,325,765	\$ 34,146,531
Other Misc Revenue	\$ 606	\$ 34,939	\$ 35,545
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 57,056,984</b>	<b>\$ 249,595,091</b>	<b>\$ 306,652,075</b>

<b><u>Expenditures</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
C.1.8. Unit & Psychiatric Care	\$ 34,458,560	\$ 146,358,684	\$ 180,817,244
C.1.9. Hospital & Clinical Care	\$ 19,043,861	\$ 109,093,533	\$ 128,137,394
C.1.10. Managed Health Care - Pharmacy	\$ 5,905,909	\$ 29,033,065	\$ 34,938,974
<b>TOTAL EXPENDITURES</b>	<b>\$ 59,408,330</b>	<b>\$ 284,485,282</b>	<b>\$ 343,893,612</b>

<b>DIFFERENCE</b>	<b>\$ (2,351,346)</b>	<b>\$ (34,890,191)</b>	<b>\$ (37,241,537)</b>
<b>FY17 Ending Balance / Cost Report Reconciliation</b>	<b>\$ -</b>	<b>\$ (7,498,273)</b>	<b>\$ (7,498,273)</b>
<b>NET DIFFERENCE</b>	<b>\$ (2,351,346)</b>	<b>\$ (42,388,464)</b>	<b>\$ (44,739,810)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Second Quarter, FY2018**

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 29,720,673	\$ 118,642,188	\$ 148,362,861
State Reimbursement Benefits	\$ 4,755,945	\$ 27,200,479	\$ 31,956,424
Other Misc Revenue	\$ 606	\$ 34,939	\$ 35,545
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 34,477,224</b>	<b>\$ 145,877,606</b>	<b>\$ 180,354,830</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 11,801,793	\$ 88,336,417	\$ 100,138,210
Benefits	\$ 3,773,545	\$ 25,437,762	\$ 29,211,307
Other Operating Expenses	\$ 1,083,593	\$ 10,454,497	\$ 11,538,090
Professional Services	\$ 1,053,984	\$ -	\$ 1,053,984
Contracted Units/Services	\$ 7,175,165	\$ -	\$ 7,175,165
Travel	\$ 94,547	\$ 565,335	\$ 659,882
Capitalized Equipment	\$ 43,912	\$ 234,208	\$ 278,120
<b>Subtotal, Unit Care</b>	<b>\$ 25,026,539</b>	<b>\$ 125,028,219</b>	<b>\$ 150,054,758</b>
<b>Psychiatric Care</b>			
Salaries	\$ 6,299,982	\$ 14,080,166	\$ 20,380,148
Benefits	\$ 1,735,959	\$ 3,533,852	\$ 5,269,811
Other Operating Expenses	\$ 83,380	\$ 124,212	\$ 207,592
Professional Services	\$ 474,681	\$ -	\$ 474,681
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 20,700	\$ 65,598	\$ 86,298
<b>Subtotal, Psychiatric Care</b>	<b>\$ 8,614,702</b>	<b>\$ 17,803,828</b>	<b>\$ 26,418,530</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 817,319</b>	<b>\$ 3,526,637</b>	<b>\$ 4,343,956</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 34,458,560</b>	<b>\$ 146,358,684</b>	<b>\$ 180,817,244</b>
<b>DIFFERENCE</b>	<b>\$ 18,664</b>	<b>\$ (481,078)</b>	<b>\$ (462,414)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>				
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>	
TDCJ Appropriation	\$ 15,480,558	\$ 78,509,192	\$	93,989,750
State Reimbursement Benefits	\$ 1,020,723	\$ -	\$	1,020,723
Other Misc Revenue	\$ -	\$ -	\$	-
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 16,501,281</b>	<b>\$ 78,509,192</b>	<b>\$</b>	<b>95,010,473</b>
<b>Expenditures:</b>				
<b>Hospital and Clinical Care</b>				
University Professional Services	\$ 800,000	\$ 10,914,380	\$	11,714,380
Freeworld Provider Services	\$ 7,568,762	\$ 14,800,794	\$	22,369,556
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,775,646	\$ 69,639,657	\$	76,415,303
Estimated IBNR	\$ 3,473,738	\$ 11,110,000	\$	14,583,738
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 18,618,146</b>	<b>\$ 106,464,831</b>	<b>\$</b>	<b>125,082,977</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 425,715</b>	<b>\$ 2,628,702</b>	<b>\$</b>	<b>3,054,417</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 19,043,861</b>	<b>\$ 109,093,533</b>	<b>\$</b>	<b>128,137,394</b>
<b>DIFFERENCE</b>	<b>\$ (2,542,580)</b>	<b>\$ (30,584,341)</b>	<b>\$</b>	<b>(33,126,921)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>				
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>	
TDCJ Appropriation	\$ 6,034,381	\$ 24,083,007	\$	30,117,388
State Reimbursement Benefits	\$ 44,098	\$ 1,125,286	\$	1,169,384
Other Misc Revenue	\$ -	\$ -	\$	-
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 6,078,479</b>	<b>\$ 25,208,293</b>	<b>\$</b>	<b>31,286,772</b>
<b>Expenditures:</b>				
<b>Managed Health Care - Pharmacy</b>				
Salaries	\$ 1,047,970	\$ 3,692,399	\$	4,740,369
Benefits	\$ 48,758	\$ 1,203,294	\$	1,252,052
Other Operating Expenses	\$ 158,615	\$ 682,855	\$	841,470
Pharmaceutical Purchases	\$ 4,478,690	\$ 22,738,844	\$	27,217,534
Travel	\$ 5,931	\$ 16,097	\$	22,028
Capitalized Equipment	\$ -	\$ -	\$	-
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 5,739,964</b>	<b>\$ 28,333,489</b>	<b>\$</b>	<b>34,073,453</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 165,945</b>	<b>\$ 699,576</b>	<b>\$</b>	<b>865,521</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 5,905,909</b>	<b>\$ 29,033,065</b>	<b>\$</b>	<b>34,938,974</b>
<b>DIFFERENCE</b>	<b>\$ 172,570</b>	<b>\$ (3,824,772)</b>	<b>\$</b>	<b>(3,652,202)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Second Quarter, FY2018**

**Key Population Indicators**

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2018 YTD</u>
<b>Average Service Population</b>						
UTMB Service Population	119,344	119,036	118,485	118,237	118,586	118,965
TTUHSC Service Population	29,623	29,532	29,459	29,447	29,479	29,551
<b>Average Service Population</b>	<b>148,967</b>	<b>148,568</b>	<b>147,944</b>	<b>147,684</b>	<b>148,065</b>	<b>148,516</b>
<b>Population Age 55 and Over</b>						
UTMB Population	15,437	15,606	15,570	15,686	15,621	15,529
TTUHSC Population	3,075	3,070	3,052	3,078	3,067	3,071
<b>Population Age 55 and Over</b>	<b>18,512</b>	<b>18,676</b>	<b>18,622</b>	<b>18,764</b>	<b>18,688</b>	<b>18,600</b>
<b>HIV Population</b>	<b>2,021</b>	<b>2,033</b>	<b>2,004</b>	<b>2,007</b>	<b>2,015</b>	<b>2,018</b>
<b>Medical Inpatient Average Daily Census</b>						
UTMB-Hospital Galveston	87	91	89	97	92	90
UTMB Freeworld Hospitals	36	26	29	31	29	33
TTUHSC Freeworld Hospitals	9	8	8	11	9	9
<b>Medical Inpatient Average Daily Census</b>	<b>132</b>	<b>125</b>	<b>126</b>	<b>139</b>	<b>130</b>	<b>132</b>
<b>Medical Outpatient Visits</b>						
UTMB Specialty Clinics and ER Visits	7,665	7,455	7,699	7,446	7,533	7,599
TTUHSC Freeworld Outpatient and ER Visits	1,269	1,155	1,235	1,212	1,201	1,235
<b>Medical Outpatient Visits</b>	<b>8,934</b>	<b>8,610</b>	<b>8,934</b>	<b>8,658</b>	<b>8,734</b>	<b>8,834</b>
<b>Mental Health Inpatient Average Census</b>						
UTMB Psychiatric Inpatient	998	961	959	967	962	980
TTUHSC Psychiatric Inpatient	868	865	844	817	842	855
<b>Mental Health Inpatient Average Census</b>	<b>1,866</b>	<b>1,826</b>	<b>1,803</b>	<b>1,784</b>	<b>1,804</b>	<b>1,835</b>
<b>Mental Health Outpatient Caseload, Month End</b>						
UTMB Psychiatric Outpatient	19,710	19,896	19,972	20,239	20,036	19,873
TTUHSC Psychiatric Outpatient	5,286	5,251	5,322	5,340	5,304	5,295
<b>Mental Health Outpatient Caseload, Month End</b>	<b>24,996</b>	<b>25,147</b>	<b>25,294</b>	<b>25,579</b>	<b>25,340</b>	<b>25,168</b>

*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 46**  
**Second Quarter, FY2018**

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/28/2018
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 25,759,341	\$ 25,476,271	\$ -	\$ -	\$ 51,235,612	\$ 103,320,436
State Reimbursement Benefits	\$ 2,799,661	\$ 3,021,105	\$ -	\$ -	\$ 5,820,766	\$ 11,321,532
Other Misc Revenue	\$ 326	\$ 280	\$ -	\$ -	\$ 606	\$ 1,212
<b>TOTAL REVENUES</b>	<b>\$ 28,559,328</b>	<b>\$ 28,497,656</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 57,056,984</b>	<b>\$ 114,643,180</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 5,773,707	\$ 6,028,086	\$ -	\$ -	\$ 11,801,793	\$ 23,853,587
Benefits	\$ 1,802,011	\$ 1,971,534	\$ -	\$ -	\$ 3,773,545	\$ 7,622,090
Other Operating Expenses	\$ 593,602	\$ 489,991	\$ -	\$ -	\$ 1,083,593	\$ 2,267,186
Professional Services	\$ 547,489	\$ 506,495	\$ -	\$ -	\$ 1,053,984	\$ 2,182,969
Contracted Units/Services	\$ 3,792,126	\$ 3,383,039	\$ -	\$ -	\$ 7,175,165	\$ 14,090,987
Travel	\$ 42,891	\$ 51,656	\$ -	\$ -	\$ 94,547	\$ 204,095
Capitalized Equipment	\$ 23,917	\$ 19,995	\$ -	\$ -	\$ 43,912	\$ 125,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 12,575,743</b>	<b>\$ 12,450,796</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,026,539</b>	<b>\$ 50,345,914</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,174,463	\$ 3,125,519	\$ -	\$ -	\$ 6,299,982	\$ 12,649,963
Benefits	\$ 856,159	\$ 879,800	\$ -	\$ -	\$ 1,735,959	\$ 3,486,918
Other Operating Expenses	\$ 41,660	\$ 41,720	\$ -	\$ -	\$ 83,380	\$ 166,760
Professional Services	\$ 200,241	\$ 274,440	\$ -	\$ -	\$ 474,681	\$ 949,361
Travel	\$ 8,494	\$ 12,206	\$ -	\$ -	\$ 20,700	\$ 41,399
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,281,017</b>	<b>\$ 4,333,685</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,614,702</b>	<b>\$ 17,294,401</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 16,856,760</b>	<b>\$ 16,784,481</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 33,641,241</b>	<b>\$ 67,640,315</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 400,000	\$ 400,000	\$ -	\$ -	\$ 800,000	\$ 1,300,000
Freeworld Provider Services	\$ 3,630,077	\$ 3,938,685	\$ -	\$ -	\$ 7,568,762	\$ 22,385,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,373,919	\$ 3,401,727	\$ -	\$ -	\$ 6,775,646	\$ 13,551,292
Estimated IBNR	\$ 1,891,499	\$ 1,582,239	\$ -	\$ -	\$ 3,473,738	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 9,295,495</b>	<b>\$ 9,322,651</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,618,146</b>	<b>\$ 37,236,292</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 519,435	\$ 528,535	\$ -	\$ -	\$ 1,047,970	\$ 2,095,940
Benefits	\$ 23,200	\$ 25,558	\$ -	\$ -	\$ 48,758	\$ 97,516
Other Operating Expenses	\$ 84,911	\$ 73,704	\$ -	\$ -	\$ 158,615	\$ 317,230
Pharmaceutical Purchases	\$ 2,349,322	\$ 2,129,368	\$ -	\$ -	\$ 4,478,690	\$ 9,457,380
Travel	\$ 2,929	\$ 3,002	\$ -	\$ -	\$ 5,931	\$ 11,862
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,979,797</b>	<b>\$ 2,760,167</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,739,964</b>	<b>\$ 11,979,928</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 708,382</b>	<b>\$ 700,597</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,408,979</b>	<b>\$ 2,841,312</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 29,840,434</b>	<b>\$ 29,567,896</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 59,408,330</b>	<b>\$ 119,697,847</b>
<b>DIFFERENCE</b>	<b>\$ (1,281,106)</b>	<b>\$ (1,070,240)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (2,351,346)</b>	<b>\$ (5,054,667)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Second Quarter, FY2018**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/20/2018
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 111,228,338	\$ 110,006,049	\$ -	\$ -	\$ 221,234,387	\$ 448,135,641
State Reimbursement Benefits	\$ 13,612,866	\$ 14,712,899	\$ -	\$ -	\$ 28,325,765	\$ 57,092,418
Other Misc Revenue	\$ 19,444	\$ 15,495	\$ -	\$ -	\$ 34,939	\$ 70,455
<b>TOTAL REVENUES</b>	<b>\$ 124,860,648</b>	<b>\$ 124,734,443</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 249,595,091</b>	<b>\$ 505,298,514</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 43,746,083	\$ 44,590,334	\$ -	\$ -	\$ 88,336,417	\$ 177,877,107
Benefits	\$ 12,389,280	\$ 13,048,482	\$ -	\$ -	\$ 25,437,762	\$ 51,228,354
Other Operating Expenses	\$ 5,546,017	\$ 4,908,480	\$ -	\$ -	\$ 10,454,497	\$ 21,795,358
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 302,080	\$ 263,255	\$ -	\$ -	\$ 565,335	\$ 1,166,516
Capitalized Equipment	\$ 198,772	\$ 35,436	\$ -	\$ -	\$ 234,208	\$ 1,200,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 62,182,232</b>	<b>\$ 62,845,987</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 125,028,219</b>	<b>\$ 253,267,335</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 6,931,789	\$ 7,148,377	\$ -	\$ -	\$ 14,080,166	\$ 28,546,587
Benefits	\$ 1,718,184	\$ 1,815,668	\$ -	\$ -	\$ 3,533,852	\$ 7,164,647
Other Operating Expenses	\$ 61,349	\$ 62,863	\$ -	\$ -	\$ 124,212	\$ 248,424
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 32,779	\$ 32,819	\$ -	\$ -	\$ 65,598	\$ 131,196
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 8,744,101</b>	<b>\$ 9,059,727</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,803,828</b>	<b>\$ 36,090,854</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 70,926,333</b>	<b>\$ 71,905,714</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 142,832,047</b>	<b>\$ 289,358,189</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,292,860	\$ 5,621,520	\$ -	\$ -	\$ 10,914,380	\$ 22,009,662
Freeworld Provider Services	\$ 4,142,553	\$ 10,658,241	\$ -	\$ -	\$ 14,800,794	\$ 51,733,295
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,721,638	\$ 35,918,019	\$ -	\$ -	\$ 69,639,657	\$ 142,933,563
Estimated IBNR	\$ 9,470,480	\$ 1,639,520	\$ -	\$ -	\$ 11,110,000	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 52,627,531</b>	<b>\$ 53,837,300</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 106,464,831</b>	<b>\$ 216,676,520</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 1,831,852	\$ 1,860,547	\$ -	\$ -	\$ 3,692,399	\$ 7,445,841
Benefits	\$ 592,634	\$ 610,660	\$ -	\$ -	\$ 1,203,294	\$ 2,426,481
Other Operating Expenses	\$ 349,903	\$ 332,952	\$ -	\$ -	\$ 682,855	\$ 1,375,173
Pharmaceutical Purchases	\$ 11,882,062	\$ 10,856,782	\$ -	\$ -	\$ 22,738,844	\$ 47,532,205
Travel	\$ 5,514	\$ 10,583	\$ -	\$ -	\$ 16,097	\$ 32,417
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 14,661,965</b>	<b>\$ 13,671,524</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 28,333,489</b>	<b>\$ 58,812,117</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,426,047</b>	<b>\$ 3,428,868</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,854,915</b>	<b>\$ 14,356,350</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 141,641,876</b>	<b>\$ 142,843,406</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 284,485,282</b>	<b>\$ 579,203,176</b>
<b>DIFFERENCE</b>	<b>\$ (16,781,228)</b>	<b>\$ (18,108,963)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (34,890,191)</b>	<b>\$ (73,904,662)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Second Quarter, FY2018**

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 136,987,679	\$ 135,482,320	\$ -	\$ -	\$ 272,469,999	\$ 551,456,077
State Reimbursement Benefits	\$ 16,412,527	\$ 17,734,004	\$ -	\$ -	\$ 34,146,531	\$ 68,413,950
Other Misc Revenue	\$ 19,770	\$ 15,775	\$ -	\$ -	\$ 35,545	\$ 71,667
<b>TOTAL REVENUES</b>	<b>\$ 153,419,976</b>	<b>\$ 153,232,099</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 306,652,075</b>	<b>\$ 619,941,694</b>

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

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 49,519,790	\$ 50,618,420	\$ -	\$ -	\$ 100,138,210	\$ 201,730,694
Benefits	\$ 14,191,291	\$ 15,020,016	\$ -	\$ -	\$ 29,211,307	\$ 58,850,444
Other Operating Expenses	\$ 6,139,619	\$ 5,398,471	\$ -	\$ -	\$ 11,538,090	\$ 24,062,544
Professional Services	\$ 547,489	\$ 506,495	\$ -	\$ -	\$ 1,053,984	\$ 2,182,969
Contracted Units/Services	\$ 3,792,126	\$ 3,383,039	\$ -	\$ -	\$ 7,175,165	\$ 14,090,987
Travel	\$ 344,971	\$ 314,911	\$ -	\$ -	\$ 659,882	\$ 1,370,611
Capitalized Equipment	\$ 222,689	\$ 55,431	\$ -	\$ -	\$ 278,120	\$ 1,325,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 74,757,975</b>	<b>\$ 75,296,783</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 150,054,758</b>	<b>\$ 303,613,249</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 10,106,252	\$ 10,273,896	\$ -	\$ -	\$ 20,380,148	\$ 41,196,550
Benefits	\$ 2,574,343	\$ 2,695,468	\$ -	\$ -	\$ 5,269,811	\$ 10,651,565
Other Operating Expenses	\$ 103,009	\$ 104,583	\$ -	\$ -	\$ 207,592	\$ 415,184
Professional Services	\$ 200,241	\$ 274,440	\$ -	\$ -	\$ 474,681	\$ 949,361
Travel	\$ 41,273	\$ 45,025	\$ -	\$ -	\$ 86,298	\$ 172,595
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 13,025,118</b>	<b>\$ 13,393,412</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,418,530</b>	<b>\$ 53,385,255</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 87,783,093</b>	<b>\$ 88,690,195</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 176,473,288</b>	<b>\$ 356,998,504</b>

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

<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,692,860	\$ 6,021,520	\$ -	\$ -	\$ 11,714,380	\$ 23,309,662
Freeworld Provider Services	\$ 7,772,630	\$ 14,596,926	\$ -	\$ -	\$ 22,369,556	\$ 74,118,295
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 37,095,557	\$ 39,319,746	\$ -	\$ -	\$ 76,415,303	\$ 156,484,855
Estimated IBNR	\$ 11,361,979	\$ 3,221,759	\$ -	\$ -	\$ 14,583,738	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 61,923,026</b>	<b>\$ 63,159,951</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 125,082,977</b>	<b>\$ 253,912,812</b>

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

<b>EXPENDITURES:</b>						
Salaries	\$ 2,351,287	\$ 2,389,082	\$ -	\$ -	\$ 4,740,369	\$ 9,541,781
Benefits	\$ 615,834	\$ 636,218	\$ -	\$ -	\$ 1,252,052	\$ 2,523,997
Other Operating Expenses	\$ 434,814	\$ 406,656	\$ -	\$ -	\$ 841,470	\$ 1,692,403
Pharmaceutical Purchases	\$ 14,231,384	\$ 12,986,150	\$ -	\$ -	\$ 27,217,534	\$ 56,989,585
Travel	\$ 8,443	\$ 13,585	\$ -	\$ -	\$ 22,028	\$ 44,279
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 17,641,762</b>	<b>\$ 16,431,691</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 34,073,453</b>	<b>\$ 70,792,045</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,134,429</b>	<b>\$ 4,129,465</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,263,894</b>	<b>\$ 17,197,662</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 171,482,310</b>	<b>\$ 172,411,302</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 343,893,612</b>	<b>\$ 698,901,023</b>
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<b>DIFFERENCE</b>	<b>\$ (18,062,334)</b>	<b>\$ (19,179,203)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (37,241,537)</b>	<b>\$ (78,959,329)</b>
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<b>FY17 Ending Balance / Cost Report Reconciliation</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (7,498,273)</b>	<b>\$ (7,498,273)</b>
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<b>NET DIFFERENCE</b>	<b>\$ (18,062,334)</b>	<b>\$ (19,179,203)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (44,739,810)</b>	<b>\$ (86,457,602)</b>
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**Summary of Critical Correctional Health Care Personnel Vacancies  
Prepared for the Correctional Managed Health Care Committee**

**As of May 2018**

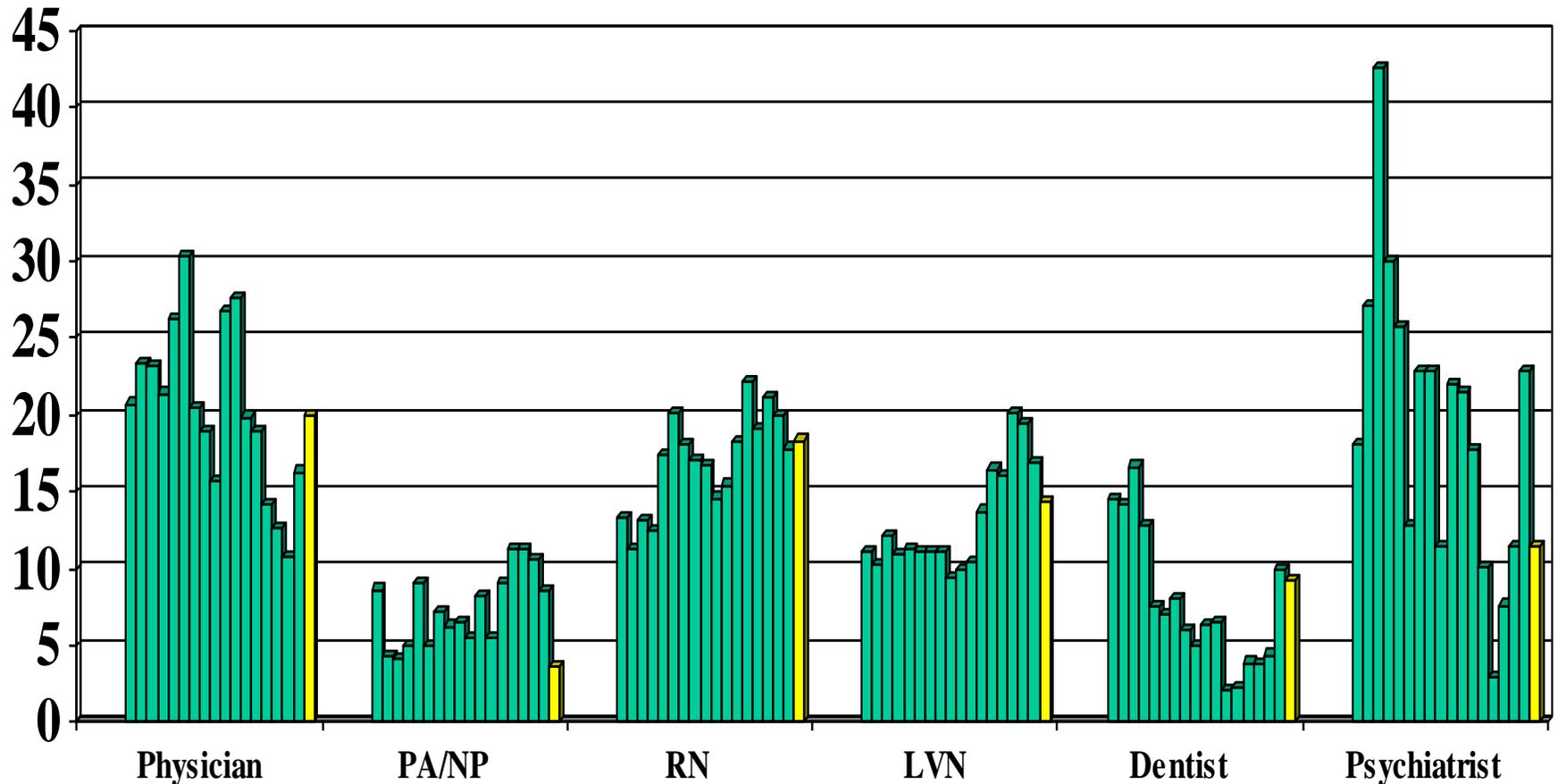
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Deputy Division Director-Health Services	Contract	04/2017	The job description has been rewritten. UTMB HR is in the process of posting the position.
Director II-Office of Public Health	TDCJ	06/2015	This position is on hold.
Health Specialist V-Office of Mental Health Monitoring and Liaison	TDCJ	05/2018	The position posted on 5/22/2018 and closes on 5/31/2018
Investigator II-Patient Liaison Program (Hilltop Unit)	TDCJ	05/2018	The position posted on 5/22/2018 and closes on 5/31/2018.
Investigator II-Patient Liaison Program (Stiles Unit)	TDCJ	10/2017	The position posted on 5/23/2018 and closes on 6/1/2018.
Investigator III-Patient Liaison Program (Huntsville)	TDCJ	04/2018	The position closed and interviews are being scheduled.
Nurse II-Office of Health Services Monitoring	TDCJ	10/2017	The position was reposted on 5/22/2018 and closes on 5/31/2018.
Manager IV-Mental Health Services Liaison	TDCJ	03/2018	The position posted on 3/29/18 and has been extended several times to expand the applicant pool.
Manager III-Office of Mental Health Monitoring and Liaison	TDCJ	05/2018	The position is in the process of being posted.
Correctional Unit Dentist Wallace Unit	TTUHSC	04/2018	Position to be posted for recruitment with local, Regional and national publications. GME Programs internet advertising.
Physician I-II (13)	UTMB CMC	03/2015	Local and National Advertising, TAFP <sup>‡</sup> , NCCHC <sup>†</sup> Conferences, ACA Conference* and Agency Contacts.
Mid-Level Practitioners (PA and FNP) (5)	UTMB CMC	01/2018	Local and National Advertising, Career Fairs, TAPA <sup>#</sup> and TNP <sup>  </sup> Conferences, Intern Programs.
Psychiatrists (6)	UTMB CMC	04/2014	Local and National Advertising, NCCHC <sup>†</sup> , TSPP <sup>Δ</sup> , 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 2014 – FY 2018

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2014 – FY 2018



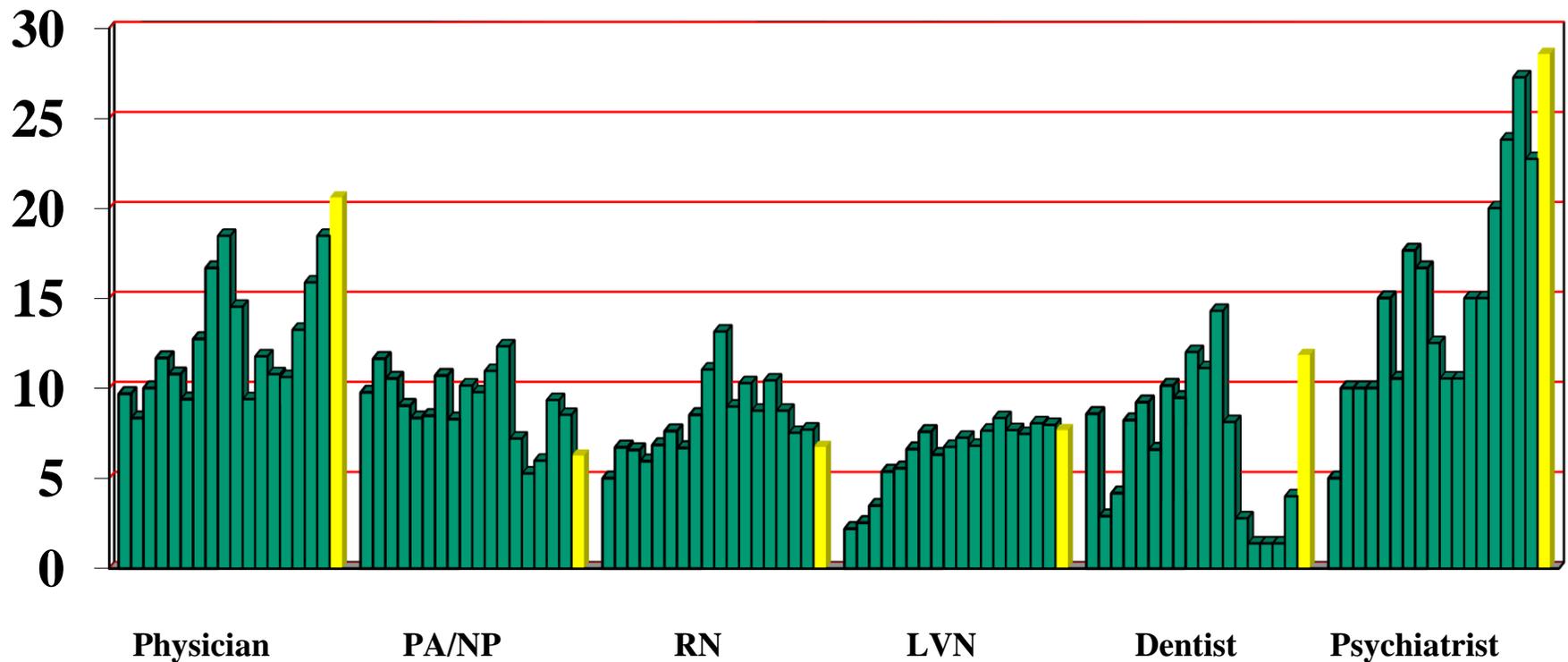
*Correctional Managed  
Health Care*



University Vacancy Rate Report  
by Quarter FY 2014 – FY 2018

University of Texas Medical Branch

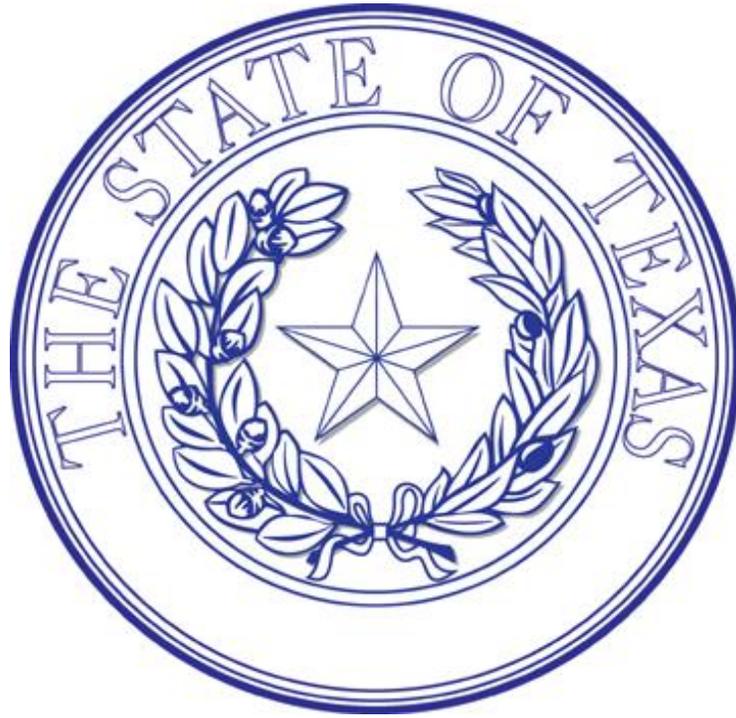
# UTMB Vacancy Rates (%) by Quarter FY 2014 – FY 2018



*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Second Quarter FY 2018***

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

# Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the Second Quarter Fiscal Year (FY) 2018 (December 2017, January and February 2018), Operational Review Audits (ORAs) were conducted at the following **9** facilities: Baten Intermediate Sanction Facility ISF, Estelle (General Population [GP], Extended Cell Block [ECB], Regional Medical Facility [RMF] and Substance Abuse Felony Punishment [SAFP]), Jordan, Kegans, Rudd, Ramsey, Stiles, Stringfellow and Vance.

- 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 **12** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2018:
  1. Item **1.100** requires interpreter services to be arranged, and documented in the medical record for monolingual Spanish-speaking offenders. The following **5** facilities were not in compliance with this requirement:
    - Baten ISF (0%) – Corrective action plan received and accepted
    - Estelle (GP) (36%) – Corrective action plan pending
    - Kegans ISF (6%) – Corrective action plan pending
    - Stiles (68%) – Corrective action plan pending
    - Stringfellow (79%) – Corrective action plan pending
  2. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. The following **4** facilities were not in compliance with this requirement:
    - Baten ISF (50%) – Corrective action plan received and accepted
    - Estelle (GP) (75%) – Corrective action plan pending  
(ECB) (67%) – Corrective action plan pending
    - Kegans ISF (0%) – Corrective action plan pending
    - Ramsey (50%) – Corrective action plan pending
  3. Item **6.390** requires new positive RPR results for offenders on the facility reported to the TDCJ Health Services Office of Public Health within time frames required by Correctional Managed Health Care Policy B -14.12: (1) One working day for titers 1:16 or greater and (2) Seven calendar days for titers less than 1:16. The following **4** facilities were not in compliance with this requirement:
    - Estelle (GP) (33%) Corrective action plan pending  
(SAFP) (20%) – Corrective action plan pending
    - Kegans ISF (0%) – Corrective action plan pending
    - Rudd ISF (0%) – Corrective action plan received and accepted
    - Stiles (33%) – Corrective action plan pending
  4. Item **3.060** requires dental records for offenders received by the facility via intra-system transfer reviewed by facility dental staff for priority one conditions within 7 days of arrival. The following **4** facilities were not in compliance with this requirement:
    - Estelle (GP) (79%) – Corrective action plan pending
    - Kegans ISF (50%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Ramsey (67%) – Corrective action plan pending
  - Stiles (79%) – Corrective action plan pending
5. Item **5.090** requires assessments be done by nursing staff daily on offenders in disciplinary segregation documented on Flow Sheets (HSN-46). The following **4** facilities were not in compliance with this requirement:
- Estelle (GP) (36%) – Corrective action plan pending
  - Kegans ISF (69%) – Corrective action plan pending
  - Stiles (61%) – Corrective action plan pending
  - Stringfellow (75%) – Corrective action plan pending
6. Item **6.010** requires screening for tuberculosis be performed on offenders annually at the facility. The following **3** facilities were not in compliance with this requirement:
- Estelle (GP) (22%) – Corrective action plan pending  
(ECB) (67%) – Corrective action plan pending  
(RMF) (13%) – Corrective action plan pending  
(SAFP) (0%) – Corrective action plan pending
  - Ramsey (75%) – Corrective action plan pending
  - Stiles (48%) – Corrective action plan pending
7. Item **6.170** requires offenders who entered TDCJ (intake) on or after 7/1/2007 have documentation of a prior positive HIV test or was an HIV test performed within 7 days of entering TDCJ or a signed Refusal of Treatment (HSM-82) form for testing. The following **3** facilities were not in compliance with this requirement:
- Baten ISF (25%) – Corrective action plan received and accepted
  - Estelle (GP) (15%) - Corrective action plan pending  
(RMF) (0%) – Corrective action plan pending
  - Kegans ISF (17%) – Corrective action plan pending
8. Item **5.251** requires documentation that three Hemocult cards were offered to offenders 50 years of age or greater within the required time frame of their annual date of incarceration. The following **2** facilities were not in compliance with this requirement:
- Estelle (GP) (8%) – Corrective action plan pending  
(ECB) (42%) – Corrective action plan pending  
(RMF) (38%) – Corrective action plan pending
  - Stiles (75%) – Corrective action plan pending
9. Item **6.030** requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. The following **2** facilities were not in compliance with this requirement:
- Estelle (GP) (15%), - Corrective action plan pending  
(ECB) (11%) – Corrective action plan pending  
(SAFP) (50%) – Corrective action plan pending
  - Stiles (60%) – Corrective action plan pending
10. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. The following **2** facilities were not in compliance with this requirement:
- Estelle (GP) (0%) – Corrective action plan pending  
(ECB) (11%) – Corrective action plan pending  
(RMF) (0%) – Corrective action plan pending  
(SAFP) (50%) – Corrective action plan pending
  - Stiles (50%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

11. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **2** facilities were not in compliance with this requirement:
    - Estelle (GP) (70%) – Corrective action plan pending  
(ECB) (71%) – Corrective action plan pending  
(RMF) (56%) – Corrective action plan pending
    - Ramsey (59%) – Corrective action plan pending
  12. Item **6.351** requires Hepatitis C Virus infected patients that do not have documented contraindication for antiviral therapy with Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) score greater than 0.70 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation, and Treatment Pathway. The following **2** facilities were not in compliance with this requirement:
    - Estelle (GP) (53%) – Corrective action plan pending  
(ECB) (43%) – Corrective action plan pending  
(RMF) (57%) – Corrective action plan pending
    - Ramsey (50%) – Corrective action plan pending
- During the previous quarter, ORAs for 6 facilities had pending corrective action plans: Beto, Coffield, Cleveland, Dominguez, Ney and Torres. During the Second Quarter FY 2018, **all** were closed.

## CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same **9** facilities listed above for operational review audits during the Second Quarter of FY 2018. 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 Second Quarter of FY 2018 (December 2017, January and February 2018), Dental Quality Review audits were conducted at the following **15** facilities: Boyd, Byrd, Cleveland, Diboll, Duncan, Eastham, Estelle, Ferguson, Glossbrenner, Holliday, Lopez, Polunsky, Segovia, Willacy, and Wynne. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **4** of the **15** facilities were not in compliance: Glossbrenner (**50%**), Lopez (**40%**), Polunsky (**60%**), Segovia (**50%**).
- **Item 2** assesses if charts of incoming (Chain-in) intra-system offenders transfers are reviewed by the facility dental department within seven (7) days of arrival. **2** of the **15** facilities were out of compliance: Polunsky (**72%**), Wynne (**78%**).
- **Item 20** assesses the panoramic radiographs taken during In-processing (intake), and if the radiographs currently were available at the facility. **2** of the **15** facilities were not in compliance: Ferguson (**0%**), Wynne (**62%**).
- **Item 23** assesses the result of periodontal charting and radiographic survey of the remaining dentition reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **3** of the **15** facilities were not in compliance: Boyd (**0%**), Byrd (**50%**), Estelle (**25%**).

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2018, the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,808** correspondences. The PLP received **2,648** and Step II Grievance received **1,160**. There were **206** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Second Quarter FY 2018 for the Step II medical grievances was **5%**. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **5%** and **4%** for TTUHSC for the Second Quarter of FY 2018.

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 Second Quarter of FY 2018, (December 2017, January and February 2018), the PLP nurses and investigators performed **29** Sick Call Request Verification Audits (SCRVAs) on **28** facilities. At some units, ExpansionCell 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 **255** indicators were reviewed at the **28** facilities and **8** of the indicators fell below the 80 percent compliance threshold representing **31** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 28 facilities audited. There were **5** 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 Second Quarter FY 2018, there were **13,339** intake HIV tests performed. Of those tested, **194** offenders were newly identified as having HIV infection. During the same time period, there were **9,157** pre-release tests performed with **0** found to be HIV positive. For this quarter, **18** new AIDS cases were identified.

## OFFICE OF PUBLIC HEALTH (CONTINUED)

- There were **475** cases of Hepatitis C identified for the Second Quarter FY 2018. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **346** cases of suspected Syphilis were reported in the Second Quarter FY 2018. **178** 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.
- **245** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2018. For the same time period, **95** 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 **21** TB cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2018. 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 Second Quarter FY 2018. There were **51** 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 Second Quarter FY 2018, **1** unit received a **3** day training which included the Wall Talk Training. **1** unit received a **3** day training which included the Somebody Cares Training. As of the close of the quarter, **99 of the 104** facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, **121** offenders trained to become peer educators and **19,234** offenders attended the classes presented by peer educators.

## MORBIDITY AND MORTALITY

There were **118** deaths reviewed by the Morbidity and Mortality Review Committee during the months of December 2017, January and February 2018. Of those **118** deaths, **10** were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	0
Provider Peer Review	6
Nursing Peer Review	2
Mental Health Peer Review	2
<b>Total</b>	<b>10</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2018:

- The OMHM&L monitors all segregation facilities within the TDCJ CID and State Jails once every six months. During the Second Quarter of FY 2018, **17** Segregation facilities were audited including: Baten, Coffield, Eastham, Estelle, Ferguson, Formby, Gist, Hughes, Kegans, Lychner, Michael, Mountain View, Murray, Pack, Robertson, Stiles, and Travis. The OMHM&L auditors observed **2,061** offenders, interviewed **1,780** offenders, and referred **no** offenders for further evaluation by university providers.
- In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). The ATC audit was not applicable to the Baten, Pack, and Kegans units because there were no sick call requests (SCR) submitted for the Second Quarter of FY 2018. For ATC 4, **14** of 14 units were **100%** compliant. For ATC 5, **14** of 14 units were **100%** compliant. For ATC 6, **13** of 14 units were **100%** compliant. The Travis unit was **86%** compliant on ATC 6. For the 911 tool availability, **17** of 17 units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Second Quarter FY 2018, a total of **66** instances of compelled psychoactive medication administration occurred. There were **25** instances at the Montford unit, **37** instances at the Skyview unit, **4** instances at the Jester IV unit and **0** instances at the Clements unit. During each month of the quarter, Skyview and Montford were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements Unit was **N/A** in December, January, and February. Jester IV was **100%** compliant in December and January and **N/A** in February.
- 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 26 intake facilities, **25** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit there were no offenders identified as applicable to the audit. **17** of the 25 facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Baten, Bradshaw, Byrd, Dominguez, Formby, Gist, Halbert, Holliday, Hutchins, Jester I, Lindsey, Lychner, Middleton, Sanchez, Sayle, Travis, and Woodman. **8** of the 25 facilities earned compliance scores of **79%** or lower: East Texas (**70%**), Garza (**58%**), Glossbrenner (**50%**), Gurney (**13%**), Johnston (**66%**), Kegans (**70%**), Plane (**70%**), and Rudd (**44%**). Corrective action plans were requested from these 8 facilities.

## OFFICE OF THE MENTAL HEALTH SERVICES LIAISON – UTILIZATION REVIEW

- The Office of the Mental Health Services Liaison (MHSL) - Utilization Review conducts a random audit of 10 percent of electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Second Quarter of FY 2018, MHSL conducted **227** hospital and **40** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmary; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.

## **OFFICE OF THE MENTAL HEALTH SERVICES LIAISON – UTILIZATION REVIEW (CONTINUED)**

- Of the **227** hospital discharge audits conducted, **210** were from the UTMB Sector and **17** were from the TTUHSC sector. There were **61** deficiencies identified for UTMB and **8** identified for TTUHSC. Of the infirmity discharge audits conducted, **23** were from the UTMB sector and **17** were from the TTUHSC sector. There were **11** deficiencies identified from UTMB and **5** for TTUHSC.

## **ACCREDITATION**

The ACA 2018 Winter Conference was held in Orlando Florida on January 4-9, 2018. During this conference, the following Facilities were represented: Polunsky, Briscoe, Cotulla, Cole, Moore, Gist, LeBlanc, Goodman, Woodman, Stiles, Beto, Torres/Ney, Jordan/Baten, Lopez/Segovia, Luther, and Holliday.

## **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 - **26**
- Correctional Institutions Division Pending Monthly Research Projects - **7**
- Health Services Division Active Monthly Medical Research Projects - **9**
- Health Services Division Pending Medical Research Projects - **3**

# Hepatitis C Policy and Program

Presented to the Correctional Managed  
Health Care Committee  
June 20, 2018

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Correctional Managed  
Health Care



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

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# 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
- Slides with a ★ indicate updated information from the December 2017 CMHCC meeting

# Hepatitis C Workgroup

TDCJ Health Services	Texas Tech	UTMB CMC
<b>Carol Coglianese, MD</b> Quality & Contract Monitoring	<b>Ogechika Alozie, MD, MPH</b> Infectious Disease Specialist	<b>Jessica Khan, MD</b> Director, Clinical Virology Workgroup Co-Chair
<b>Chris Black-Edwards, RN, BSN</b> Director of Nursing Administration	<b>Sheri Talley, MD</b> Regional Medical Director	<b>Monte Smith, DO</b> Sr. Medical Director Inpatient Services
	<b>Ranee Lenz, PharmD</b> Associate Professor / Chief Correctional Managed Healthcare Pharmacy Services	<b>Stephanie Zepeda, PharmD</b> AVP, Pharmacy Services
	<b>Brenda Whitney</b> Sr. Director Utilization Management	<b>Gary Eubank, MSN, RN</b> Chief Nursing Officer
		<b>Melanie Roberts, PharmD</b> Assistant Director, Pharmacy Operations & PIC Workgroup Co-Chair

**Notes:** 

- Policy B-14.13.3 approved by the Joint Infection Control Committee on 4/12/18.
- Hepatitis C disease management guideline approved by the Joint Pharmacy & Therapeutics Committee 11/9/2017 & 3/22/2018.

# 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

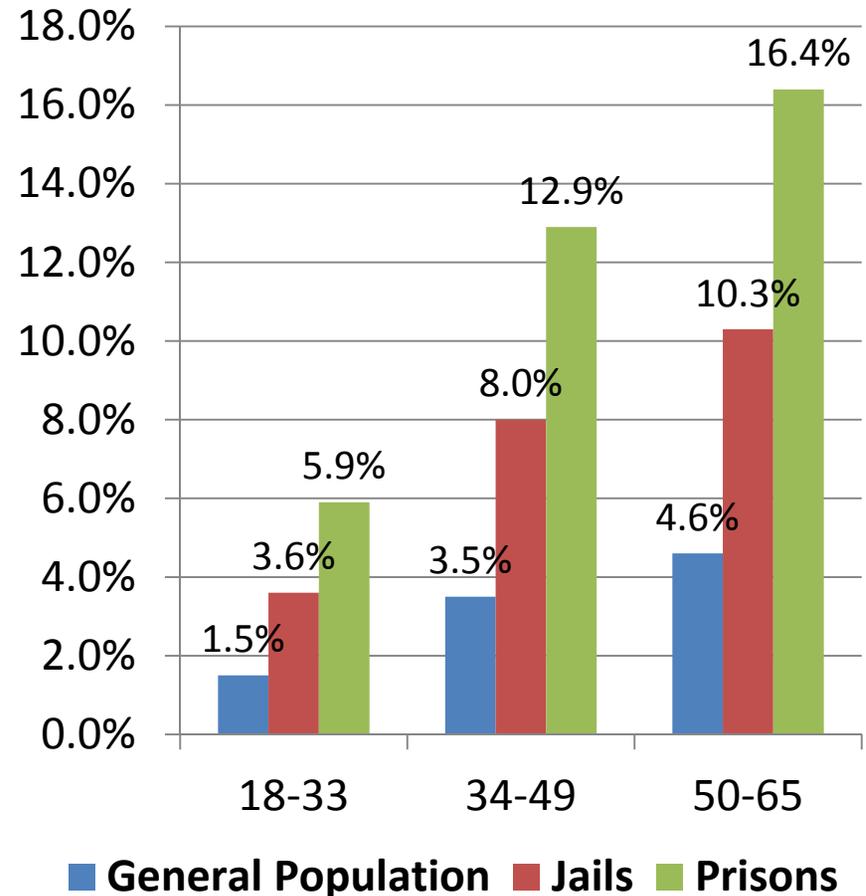
# Rationale for Treatment

Chronic hepatitis C is a significant healthcare problem

- 2.7 to 3.9 million people are living with chronic hepatitis C in the United States<sup>3</sup>

High burden of hepatitis in US prisons

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



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.

# Rationale for Treatment

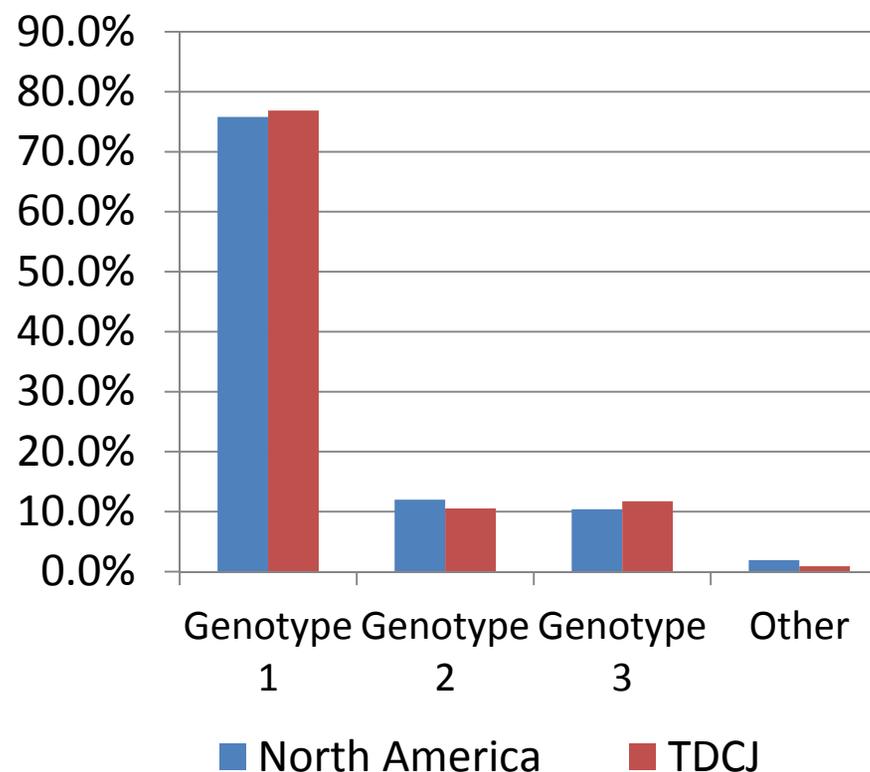
## High Burden of Hepatitis in Texas Prisons

### Prevalence rates

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

## Majority of patients have genotype 1

### Genotype Distribution<sup>6</sup>



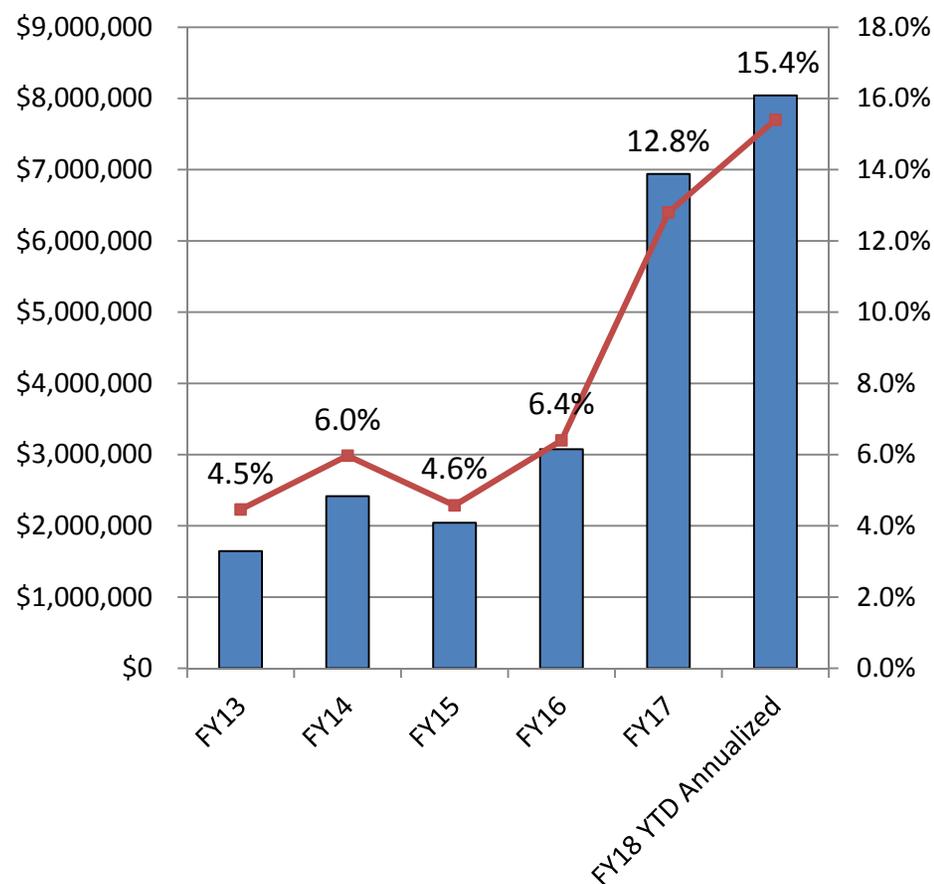
- CDC. Correctional Facilities and Viral Hepatitis. Available at <http://www.cdc.gov/hepatitis/Settings/corrections.htm>
- TDCJ prevalence data based on the number of active chronic HCV diagnosis in the EMR as of 10-31-14. This suggests prevalence rate 12.3% +/- 0.5%.
- Messina JP, et al. Global distribution 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

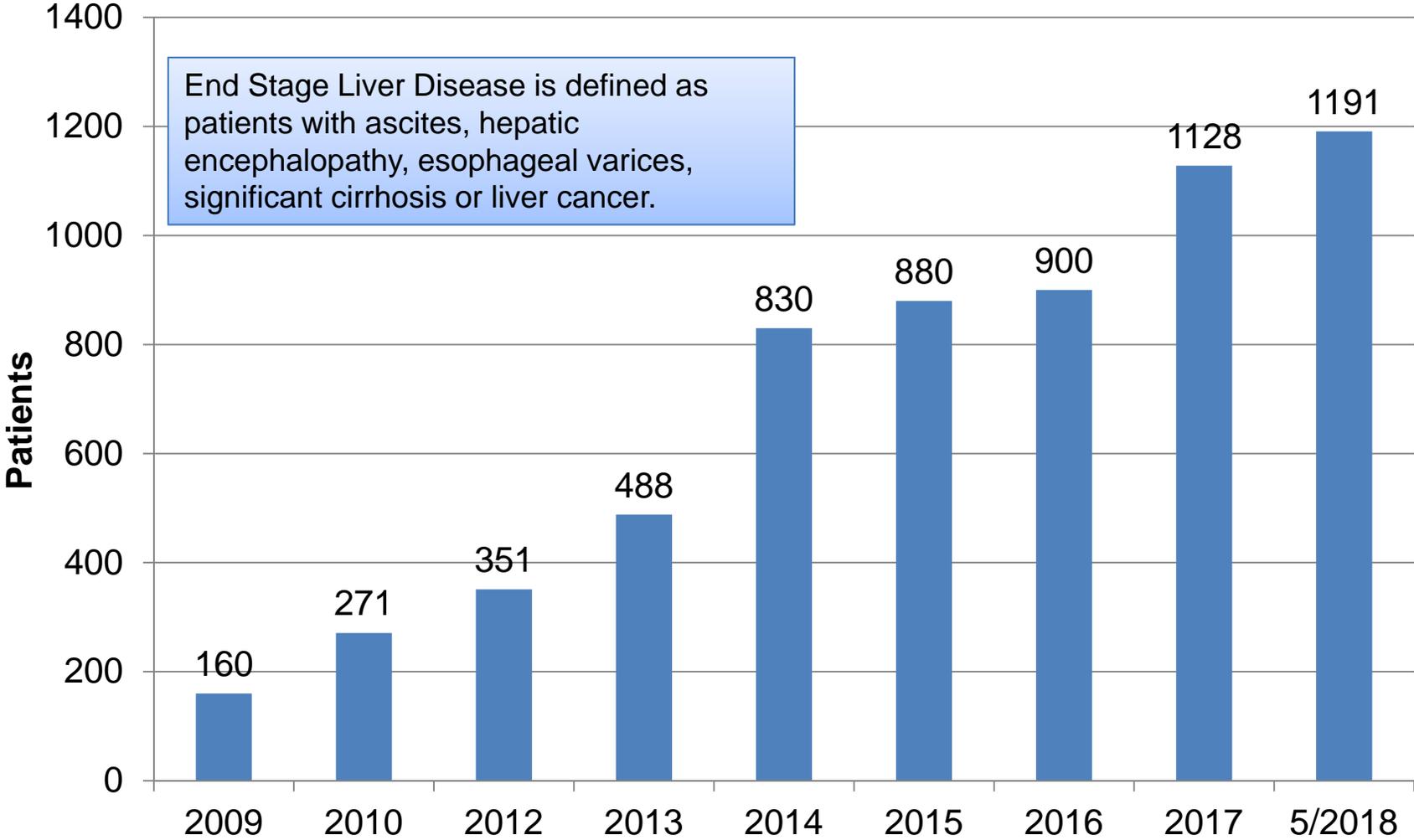
- American Association for the Study of Liver Diseases (AASLD) and the Trust for America's Health reported medical costs are expected to more than double over the next 20 years and death rate is expected to triple in the next 10-20 years<sup>7</sup>
- In FY17, cost was approximately \$6.9 million or 12.8% of the TDCJ drug budget
- FY18 projected cost is approximately \$8 million or 15.4% of the TDCJ drug budget



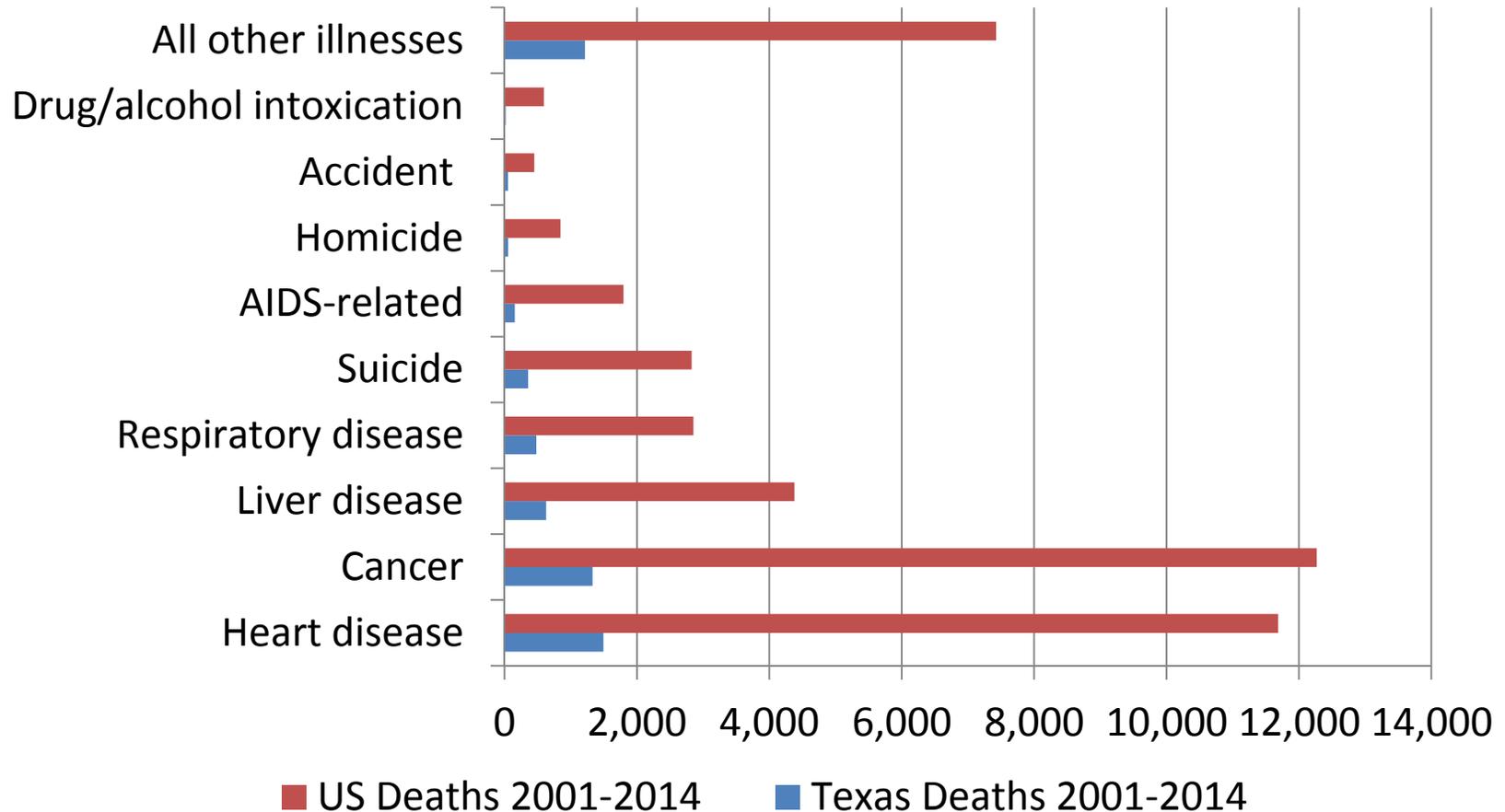
# Rationale for Treatment

- 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<sup>9-10</sup>

# TDCJ Population with End Stage Liver Disease



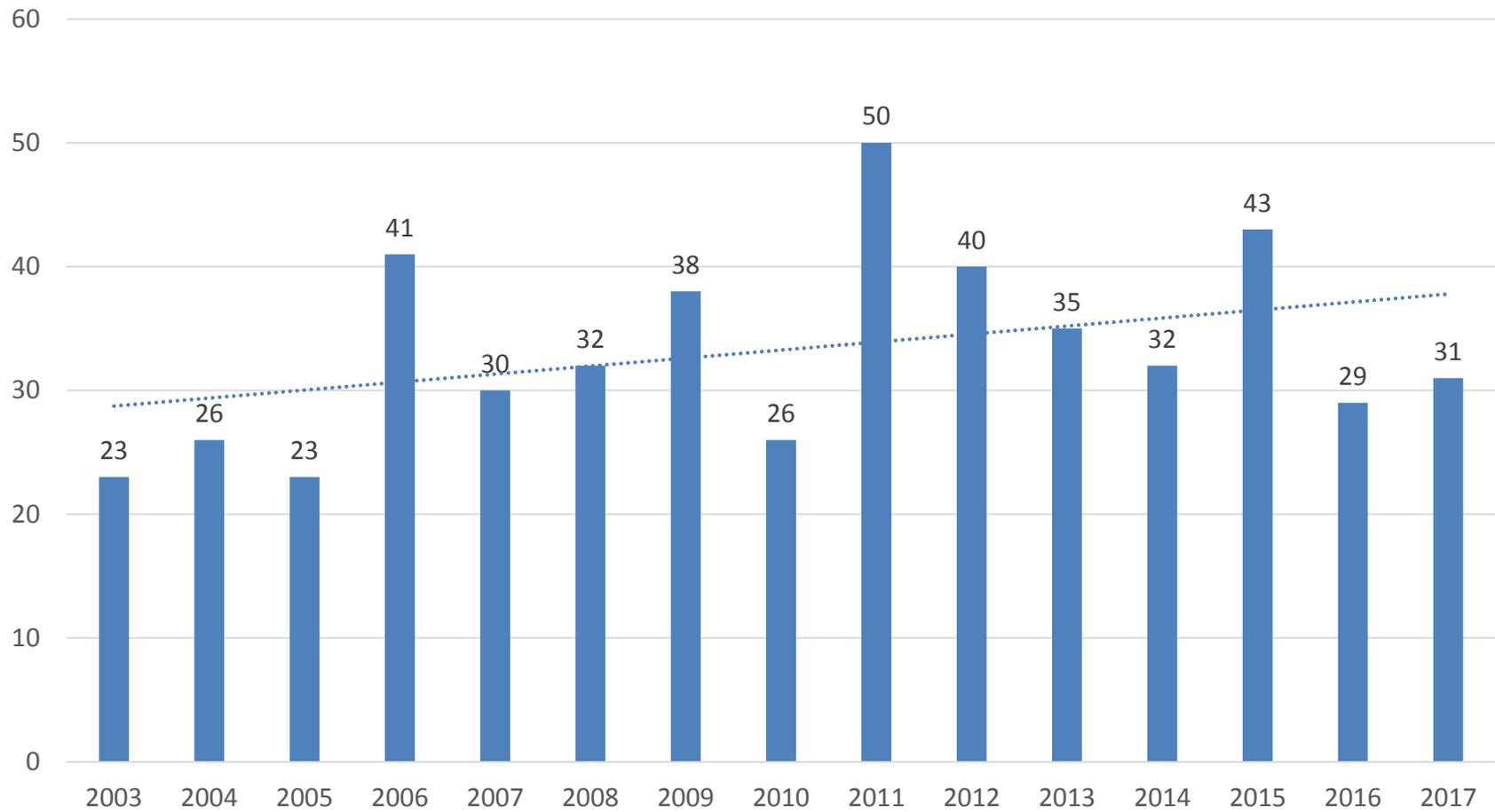
# Hepatitis is the 3<sup>rd</sup> Leading Cause of Death in State Prisons



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

- Modified criteria for referral to HCV clinic
  - If the APRI score is  $> 0.5$ , patients should be considered for referral.
    - APRI score of  $> 0.7$  was previously recommended.
  - Rationale
    - A recent meta-analysis utilizing a lower APRI cut-off of 0.5 demonstrated moderate diagnostic accuracy for predicting significant fibrosis<sup>11</sup>.
    - Referral requests are currently being received for patients with an APRI of  $< 0.7$ , but meets criteria for cirrhosis.
    - There are also increasing requests for patient education, particularly for those patients who are due to release, in order to provide information on the disease state and resources in the free world.
    - HCV clinic has the resources to accommodate the resultant increase in patient volume.
- HCV treatment consent form was updated to include new preferred agents.



# Cost of Drug Course

Drug	Indication	UTMB (12 Week Course)	Texas Tech (12 Week Course)
Sofosbuvir/Velpatasvir ( <b>Epclusa</b> ®)	GT1, GT2, GT3, GT4, GT5, GT6	Prior to 4/2018: \$21,678 After 4/2018*: \$17,308	\$69,930
Glecaprevir/Pibrentasvir ( <b>Mavyret</b> ®)	GT1, GT2, GT3, GT4, GT5, GT6	\$28,485	\$37,042
Sofosbuvir/Velpatasvir/ Voxilaprevir ( <b>Vosevi</b> ®)	GT1, GT2, GT3, GT4, GT5, GT6	Prior to 4/2018: \$51,894 After 4/2018*: \$51,049	\$69,930

\*340B price reset for Epclusa & Vosevi Q2CY18.

## 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 FY16 \$50,400.

# Hepatitis C Treatment Cost



Number of Patients	UTMB Cost (million)	Texas Tech Cost (million)
100	\$1.7	\$7.0
200	\$3.5	\$14.0
300	\$5.2	\$21.0
400	\$6.9	\$28.0
500	\$8.7	\$35.0
600	\$10.4	\$42.0
700	\$12.1	\$49.0
800	\$13.8	\$55.9

## Notes:

1. Incremental cost projections assume patients will receive 12 weeks of therapy with Epclusa®.
2. Cost to treat 4,500 priority patients is approximately \$77.9 million currently vs \$98.7 million in December 2017 vs \$121 million in March 2017.

# 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<sup>®</sup> (ledipasvir/sofosbuvir) - GT1, GT4, GT6
  - Sovaldi<sup>®</sup> (sofosbuvir) - GT2, GT3, GT5
- Preferred DAA therapy changed in March 2017
  - Harvoni<sup>®</sup> (ledipasvir/sofosbuvir) - GT1, GT4, GT5, GT6
  - Epclusa<sup>®</sup> (sofosbuvir/velpatasvir) – GT2, GT3
- Preferred DAA therapy changed in December 2017
  - Epclusa<sup>®</sup> (sofosbuvir/velpatasvir) – GT1, GT2, GT3, GT4, GT5, GT6



# Outcomes Current Program

- Data FY16 - FY17
  - 282 patients started on therapy
    - 221 achieved a sustained viral load (SVR) at week 12 (cure achieved)
    - 61 patients did not achieve a cure or treatment results are unknown
      - 6 deaths
      - 16 paroled before SVR lab drawn
      - 8 did not complete therapy (discontinued due to adverse effect, etc.)
      - 31 completed therapy but did not achieve SVR (cure not achieved)
- Data FY18 YTD (through 5/16/18)
  - 235 patients started on therapy
    - 60 patients on therapy long enough to assess response
      - 52 achieved a SVR (cured achieved)
      - 5 paroled before SVR lab drawn
      - 3 completed therapy but did not achieve SVR (cure not achieved)
    - 175 patients midcourse or awaiting 12 week post treatment outcome assessment

# 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.
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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.
11. Xiao G, Yang J, Yan L. Comparison of diagnostic accuracy of aspartate aminotransferase to platelet ratio index and fibrosis-4 index for detecting liver fibrosis in adult patients with chronic hepatitis B infection. A systemic review and meta-analysis. *Hepatology*. 2015;61:292-302.

# Data and the Dashboard

# Implementation of EHR at UTMB CMC

- 1999—EHR implementation
- Purchased code and CMC has a designated set of programmers in house to modify workflows
- Automated pharmacy module tying patient information to script data (PRS)
- Data collection within EHR is robust and has migrated from scanned documentation to “discrete” data
- Foundation for dashboard creation allowing enhanced population health metrics and monitoring
- In 2017, there were 12,786,527 outpatient encounters documented in the EHR

# CMC Dashboard Development

- Developed in 2014
- The dashboard is a central repository of many types of information and is designed to produce POPULATION HEALTH analytics, specifically for our population.
- “Pulls” data from EHR, 3 Pharmacy databases and the UR database
- Organizes data so that trends can be identified
- Gathers data automatically to allow rapid, retrospective analysis

# How the data is used

- Identify patients that need help
- Notify providers of patients needing extra attention
- Use the data to identify where we can improve and to measure improvement
- Develop Predictive analytics to estimate cost of care for patient populations or to predict clinical outcomes
- Alerts to unit management teams regarding standards not being met
- Intensive study by the Executive Quality Council to identify problem areas and devise possible solutions

# Dashboard



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Home > Facility Dashboards > Prevention/Disease Management - All TDCJ

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Year/Month

Facility Types

2018 April

All Facilities

## Prevention/Disease Management

April CY 2018

### All TDCJ

Asthma

Diabetes

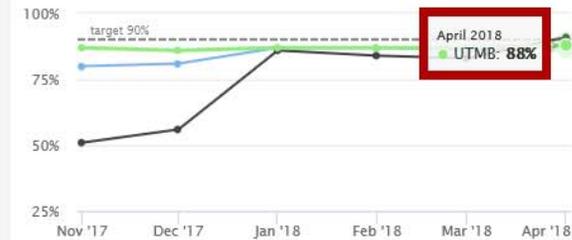
Hypertension

Mental Health Care

Coronary Artery Disease (CAD)

#### Asthma Care - target 90%

TT	91%
UTMB	88%
All TDCJ	88%



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

# Facility Scorecard

**utmb Health** Corrections Health Management  
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Home > Facility Dashboards > Facility Scorecard

Year/Month: 2018 April | Facility Types: All Facilities | Unit: All Units | Download PDF

**UTMB**  
April CY 2018

**Prevention/Disease Management**

<b>Asthma</b>	
Asthma Care	91%
<b>Coronary Artery Disease (CAD)</b>	
CAD: Statin Therapy	68%
<b>Diabetes</b>	
Diabetes Care: BP <140/90	58%
Diabetes Care: HbA1C Control <8%	62%
Diabetes Care: Nephropathy Screening	92%
Diabetes Care: Statin Therapy	61%
<b>Hypertension</b>	
Hypertension Total: BP Under Control	59%
Over 60 Hypertension: BP <150/90	73%
Under 60 Hypertension: BP <140/90	57%
<b>Mental Health Care</b>	
Mental Health: Diabetes Screening	95%

**Medication Management**  
Data not yet reported.

**Access to Care**

- Dental ATC #1
- Dental ATC #2
- Dental ATC #3
- Mental Health ATC #4
- Mental Health ATC #5
- Mental Health ATC #6
- Nursing ATC #7
- Nursing ATC #8
- Medical ATC #9

Total

**Specialty and Hospital Services**

Appointments via Tele-Health	
HG Tele-Health encounters	80
ER Department Visits	
Community ER visits	223
<b>Hospital Admissions</b>	
Community hospital admissions	56
Specialty Care Referrals	821
Total	1,180

**Telehealth Encounters**

Analysis	0
Mental Health	1,410
Pharmacy	34
Primary Care	1,836
Specialty (HCV/HIV)	378
Wound Care	12
Total	3,670

**Total Inmates**

Total Inmates	34,209
---------------	--------

**Dashboard Legend**

- Meets or Exceeds Goals
- Does not Meet Goal

**utmb Health**

# Facilities Compliance Map



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[Facilities Compliance Map - UTMB CMC REGION 1](#)

Year/Month
Facility Types
View
Future Compliance

2018 April ▼

All Facilities ▼

By Facility ▼

Already not meeting goals ▼

### UTMB CMC REGION 1

[Output to Excel](#)

\* denotes prediction

	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018*
Diabetes Care: BP <140/90	67%	72%	71%	56%	58%	67%	71%*
Diabetes Care: HbA1C Control <8%	56%	50%	47%	39%	32%	39%	37%*
Hypertension Total: BP Under Control	52%	51%	53%	47%	50%	48%	49%*
Under 60 Hypertension: BP <140/90	52%	51%	53%	47%	50%	48%	49%*
Asthma Care	88%	91%	97%	88%	89%	89%	90%*
CAD: Statin Therapy	75%	71%	81%	82%	82%	77%	75%*
Diabetes Care: BP <140/90	62%	64%	61%	57%	53%	46%	41%*
Diabetes Care: Statin Therapy	51%	52%	54%	58%	60%	64%	67%*
Hypertension Total: BP Under Control	48%	51%	49%	47%	46%	47%	47%*
Under 60 Hypertension: BP <140/90	47%	50%	47%	46%	44%	45%	44%*
Diabetes Care: BP <140/90	N/A	N/A	N/A	45%	64%	N/A	100%*
Asthma Care	93%	92%	91%	90%	88%	84%	81%*
Diabetes Care: Nephropathy Screening	88%	87%	86%	88%	91%	96%	100%*
Diabetes Care: Nephropathy Screening	91%	88%	92%	89%	88%	89%	89%*
Diabetes Care: Statin Therapy	50%	47%	44%	57%	71%	67%	75%*
Hypertension Total: BP Under Control	67%	69%	59%	61%	51%	61%	58%*
Under 60 Hypertension: BP <140/90	64%	69%	55%	57%	49%	60%	58%*

# Email Alerts

Facility Management  
Team Alert Email



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Corrections Health  
Management Analytics

Unit Dashboard Alert!

Unit: BLUE

Date of Alert: 2/4/2017

The following January/2017 Dashboard measure for the **Blue** facility is below goal and requires corrective action. Patient lists for those not meeting goal are available in the Dashboard “Patient List Spreadsheet” section. Also please remember **any measure falling below goal must be addressed in the monthly facility QIQM meeting including a detailed corrective action plan.**

## Asthma Care

CMC Target Goal: 90% National Average: 73%

Last 6 Months		Forecast	
August/2016:	100% ●	February/2017	74% ◆
September/2016:	80% ◆	March/2017	72% ◆
October/2016:	80% ◆	April/2017	71% ◆
November/2016:	80% ◆		
December/2016:	75% ◆		
January/2017:	67% ◆		

### Corrective Actions May Include:

Reevaluate the current active asthma diagnosis for each patient not meeting goal. **The number one reason for failing this goal is an incorrect active diagnosis of persistent asthma rather than intermittent asthma.** If the patient is diagnosed correctly with persistent asthma, a steroid inhaler consistent with the current asthma DMG will be required to meet goal. As always providers should use their clinical judgment when making diagnosis and treatment decisions.

See how your unit compares to other units for this measure: [Facility Scorecard](#)

See how all CMC is performing on this measure: [CMC All Regions](#)

HEDIS National Report Cards for this measure: [HEDIS](#)

# Patient Dashboards



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## Patient Dashboards

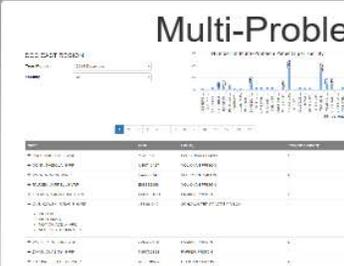
### Patients by Demographic



Pick a region:

- All Regions
- TTUHSC CMHC NORTH
- TTUHSC CMHC SOUTH
- UTMB CMC INPATIENT
- UTMB CMC REGION 1
- UTMB CMC REGION 2
- UTMB CMC REGION 3

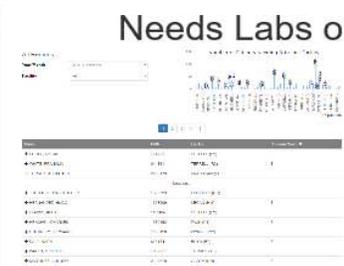
### Multi-Problem Patients



Pick a region:

- TTUHSC CMHC NORTH
- TTUHSC CMHC SOUTH
- UTMB CMC INPATIENT
- UTMB CMC REGION 1
- UTMB CMC REGION 2
- UTMB CMC REGION 3

### Needs Labs or Procedures



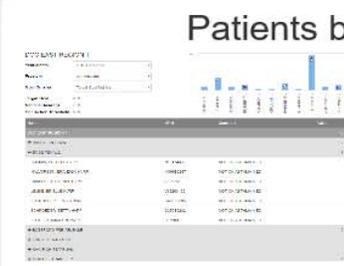
Pick a sector:

- TT
- UTMB

Pick a region:

- TTUHSC CMHC NORTH
- TTUHSC CMHC SOUTH
- UTMB CMC INPATIENT
- UTMB CMC REGION 1
- UTMB CMC REGION 2
- UTMB CMC REGION 3

### Patients by Facility



Pick a region:

- All Regions
- TTUHSC CMHC NORTH
- TTUHSC CMHC SOUTH
- UTMB CMC INPATIENT
- UTMB CMC REGION 1
- UTMB CMC REGION 2
- UTMB CMC REGION 3

# Patient Demographics

## UTMB CMC REGION 3

**Facility** HIGHTOWER (HI)

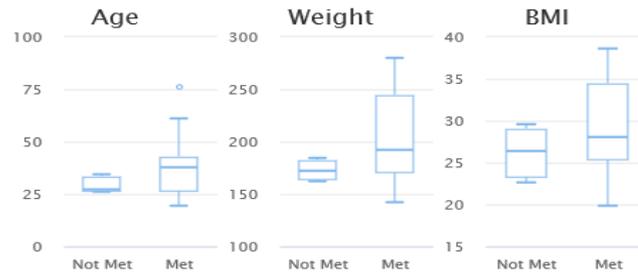
**Year/Month** 2018 April

**Problem** Asthma Care

**Goal Criteria** Target Goal Not Met

**Criteria Status** Were counted for score

**Custody** Both



3 patients

Output to Excel

Name	MRN	Comment	Value	Housing	Age	Wgt.	BMI	Race	Gender
+ [REDACTED]	[REDACTED]	NOT ON ASTHMA MED		H2	34	172	30	White	M
+ [REDACTED]	[REDACTED]	NOT ON ASTHMA MED		J1	26	162	23	Hispanic	M
+ [REDACTED]	[REDACTED]	NOT ON ASTHMA MED		J2	27	184	26	Black	M

# Multi-Problem Patients



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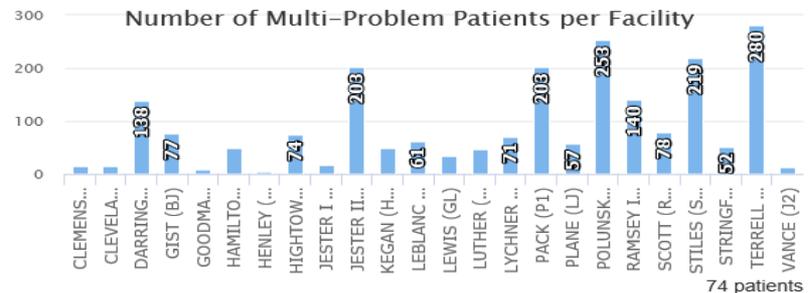
### UTMB CMC REGION 3

**Year/Month** 2018 April

**Facility** HIGHTOWER (HI)

**Problems** Diabetes, Hypertension

**Showing patients with:** Diabetes, Hypertension



Facility	Number of Patients
CLEMENS...	10
CLEVELA...	10
DARRING...	138
GIST (BJ)	77
GOODMA...	10
HAMILTO...	50
HENLEY (...)	10
HIGHTOW...	74
JESTER I ...	10
JESTER II...	208
KEGAN (H...	50
LEBLANC ...	61
LEWIS (GL)	40
LUTHER (...)	50
LYCHNER ...	71
PACK (P1)	208
PLANE (L)	57
POLUNSK...	253
RAMSEY I...	140
SCOTT (R...	78
STILES (S...	219
STRINGF...	52
TERRELL ...	280
VANCE (J2)	10

74 patients

1 2

Output to Excel

Name	MRN	Facility	Problem Count
+ [REDACTED]	[REDACTED]	HIGHTOWER (HI)	3
+ [REDACTED]	[REDACTED]	HIGHTOWER (HI)	3
+ [REDACTED]	[REDACTED]	HIGHTOWER (HI)	3
+ [REDACTED]	[REDACTED]	HIGHTOWER (HI)	3
+ [REDACTED]	[REDACTED]	HIGHTOWER (HI)	3
+ [REDACTED]	[REDACTED]	HIGHTOWER (HI)	3

# Patients Needing Labs or Procedures

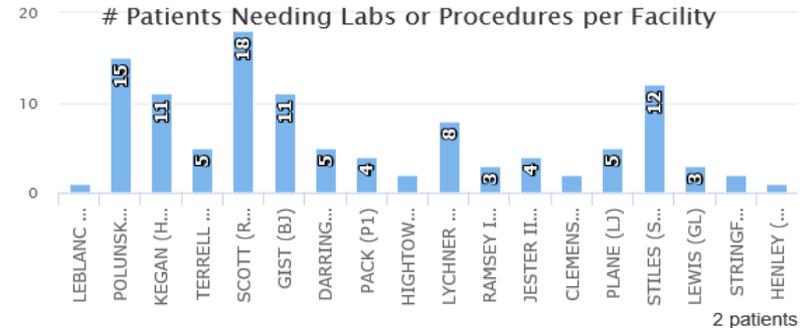
## UTMB CMC REGION 3

**Facility** HIGHTOWER (HI)

**Lab Type** HbA1C

**Needs Labs** Now

[Output to Excel](#)



Name	MRN	Facility	Diag. Type	Lab Description	Last Lab Result	Last Lab Date	Lab Due
[REDACTED]	[REDACTED]	HIGHTOWER (HI)	Diabetes	HEMOGLOBIN A1C QUANT [HGBA1C]	5.2 % NGSP	06/20/2016	06/20/2017
[REDACTED]	[REDACTED]	HIGHTOWER (HI)	Diabetes	HEMOGLOBIN A1C	6.3 % of total Hgb	09/15/2016	09/15/2017

# Patients by Facility



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### UTMB CMC REGION 3 - April 2018

**Year/Month** 2018 April

**Problem** Asthma Care

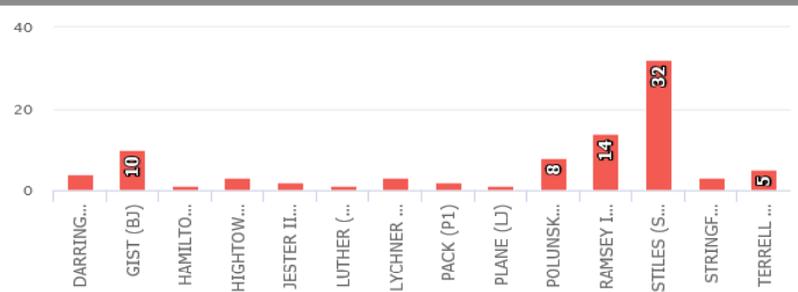
**Goal Status** Target Goal Not Met

**Criteria Status** Were counted for score

**Target Goal** 90%

**National Average** 73%

**Cor. Action Threshold** 89%



Name	MRN	Comment	First Obs.	Received.	Value
UTMB CMC REGION 3					89
+ CLEMENS (CN)					0
+ CLEVELAND (CV)					0
+ DARRINGTON (DA)		Excel			4
+ GIST (BJ)		Excel			10
+ GOODMAN (GG)					0
+ HAMILTON (JH)		Excel			1
+ HENLEY (LT)					0
+ HIGHTOWER (HI)		Excel			3