

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

September 27, 2018

10:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 27, 2018

10:00 a.m.

Frontiers of Flight Museum

Conference Room

6911 Lemmon Ave.

Dallas, Texas 75209

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, June 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
 - Restrictive Housing 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 Third Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VII. Overview of Correctional Managed Health Care Outpatient Services

Will Rodriguez, Senior Managing Director, Texas Tech University Health Sciences Center-Correctional Managed Care

Anthony Williams, Associate Vice President Outpatient Services, University of Texas Medical Branch- Correctional Managed Care

VIII. Public Comments

IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 20, 2018

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (Cont.) - Margarita de la Garza-Grahm</p> <p>III. Approval of Consent Items</p> <p>Dr. de la Garza-Grahm</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – March 20, 2018 - Approval of TDCJ Health Services Monitoring Report 	<p>Dr. de la Garza-Grahm stated that there are two new members who are not present: Dr. John Burruss and Ms. Erin Wyrick. Dr. de la Garza-Grahm noted that both had completed their required training and would be present at the next CMHCC meeting.</p> <p>Dr. de la Garza-Grahm next recognized Dr. Cynthia Jumper, who was bestowed the honor of “Master” by the American College of Physicians (ACP).</p> <p>Dr. de la Garza-Grahm then moved onto agenda item III approval of consent items.</p> <p>Dr. de la Garza-Grahm 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 March 20, 2018 meeting, which include; Elizabeth Anne Linder, Mary Annette Gary, Cynthia Jumper, Tamela Griffin and Margarita de la Garza-Grahm.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 20, 2018 meeting. Dr. de la Garza-Grahm asked if there were any corrections, deletions or comments-hearing none; Dr. de la Garza-Grahm 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>	<p>Dr. Linthicum noted that Ms. Garcia participated in the 2013 Sunset review of the Correctional Managed Health Care Committee.</p> <p>Dr. Linthicum shared that the American College of Physicians is a national organization. There are very few female Masters and it is the highest honor bestowed by the ACP.</p> <p>Dr. Linthicum next recognized Dr. Olugbenga Ojo who was bestowed the honor of “Fellow” by the ACP at their national meeting in New Orleans in May.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> - University Medical Directors Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summaries of CMHCC Joint Committee/ Work Groups Activities <p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Ron Steffa 	<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. de la Garza-Graham then called for a motion to approve the consent items.</p> <p>Dr. de la Garza-Graham next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the Second 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 1.5% from FY 2017. The offender population age 55 and over had a 6.4% increase with an average daily census of 17,488 through the Second Quarter of FY 2017 compared to 18,600 through the Second Quarter of FY 2018.</p> <p>Unit and psychiatric care expenses represent the majority of health care cost at \$180.8 million or 52.6 percent of total expenses. Hospital and clinical care accounted for \$128.1 million or 37.2 percent. Pharmacy services were at \$34.9 million or 10.2 percent of the total expenses.</p> <p>Mr. Steffa reported on unit and psychiatric care revenues of \$180.4 million and expenditures of \$180.8 million, which for the Second Quarter of FY 2018 resulted in a \$462 thousand shortfall in this strategy.</p>		<p>Dr. Berenzweig made a motion to approve all consent items, and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.) - Ron Steffa</p>	<p>Mr. Steffa reported on hospital and clinical care revenues of \$95 million and expenditures of \$128.1 million leaving a shortfall of \$33.1 million in this strategy.</p> <p>Managed health care pharmacy revenues of \$313 million and expenditures of \$34.9 million leaving a shortfall of \$3.7 million in this strategy.</p> <p>Mr. Steffa next reported on the Second Quarter FY 2018 combined summary for both universities. The combined total reflects a shortfall of \$44.7 million for Second Quarter FY 2018. The Annual Projection reflects an estimated \$86.5 million shortfall. Mr. Steffa noted that at the end of May the agency submitted a request to the Legislative Budget Board for their approval to transfer funds between and within strategies. TDCJ each year looks within the agency budget for funds to reduce shortfalls. Approximately \$7 million has been identified in the Commissary and in the Texas Correctional Industries. To cover the remaining shortfall of 79.5 million, a spend-forward has been requested. This will allow the agency to transfer FY 2019 funds to FY 2018 to finish out the year and cover the shortfall.</p>	<p>Dr. Linthicum asked Mr. Steffa if he could speak about what the driving force is in the Pharmacy shortfall.</p> <p>Mr. Steffa said that he would need to defer to the universities for the specifics.</p> <p>Dr. Murray stated that HIV care has expanded and the patient population is an experienced population. Unfortunately, with some of the discharge and compliance issues, when offenders return to incarceration some of those regimens that are less expensive are not necessarily regimens that work for the offenders anymore. Hepatitis treatment and mental health are other areas where we are experiencing expansion.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.) - Ron Steffa</p>		<p>Dr. Linthicum asked if increasing to a 30 day supply from a 10 day supply of medication to discharging offenders has had an impact. Although, she noted, there was some additional funding to cover this.</p> <p>Dr. Murray stated that that is not necessarily a driving force.</p> <p>Dr. DeShields noted that the cost of specialty drugs and an aging population are contributors.</p> <p>Dr. Linthicum also noted that cancer alternates with cardiovascular disease as our top mortality and cancer related medications are very expensive.</p> <p>Dr. Roberts stated that Hep C and HIV are probably two of the largest contributors as well as specialty drugs and oncology drugs. Dialysis is also a large expense, probably the fourth largest cost center.</p> <p>Mr. Connaughton stated that in the strategy last year there was a deficit of \$5 million. Effectively we did not start out at baseline. And, funding for FY 2018 actually went down.</p> <p>Mr. Steffa concurred and explained that part of the contributing factor to deficits larger than we have seen in the past is that part of the exceptional item to maintain the base services was not funded which gave us a structural deficit coming into the biennium that is adding to these numbers we see this year and will see next year. In fact, next year we will also see the spend-forward which will start FY 2019 with sort of a double hit.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.) - Ron Steffa</p> <p>V. Summaries of Critical Correctional Health Care Personnel Vacancies</p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham thanked Mr. Steffa and 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 is currently posted. The job description was rewritten and then the position was reposted.</p> <p>The Director II position in the Office of Public Health is on hold.</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 posted on May 22, 2018 and was extended to expand the applicant pool.</p> <p>Dr. Linthicum reported that there is an Investigator II position vacancy in the Patient Liaison Program at the Hilltop Unit. The posting closed on May 31, 2018 and interviews are being scheduled.</p> <p>There is also an Investigator II position vacancy in the Patient Liaison Program at the Stiles Unit. This position posting closed on June 1, 2018 and interviews are being scheduled.</p> <p>Dr. Linthicum reported that there is an Investigator III position vacancy in Step Two Medical Grievance. This position closed and interviews are being scheduled.</p> <p>There is a Nurse II vacancy in the Office of Health Services Monitoring. This position posting was reposted on May 22, 2018 and will be extended to expand the applicant pool.</p>	<p>Dr. de la Garza-Graham noted that she sits on an ERS advisory committee and their overview shows the same thing: higher costs due to an aging population and biologics.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum - Dr. DeShields - Dr. Owen Murray 	<p>Dr. Linthicum reported on the Manager IV vacancy in the Mental Health Services Liaison office. This position posted on March 29, 2018 and has been extended several times to expand the applicant pool.</p> <p>There is also a Manager III vacancy in the Office of Mental Health Monitoring and Liaison. This position closed on June 18, 2018 and the applicants are in the screening process.</p> <p>Dr. Linthicum next reported that the Executive Assistant I position in the Division Director’s Office is vacant. This position posting closed June 15, 2018 and the applicants are in the screening process.</p> <p>Dr. DeShields reported that there is a Correctional Unit Dentist position vacancy at the Wallace Unit. The vacancy is currently being covered by rotation and locums.</p> <p>Dr. Murray reported that UTMB has 13 Physician I-II, 5 Mid-Level Practitioners (PA and FNP) and 6 Psychiatrist position vacancies. Dr. Murray explained that tele-health is used to assist with maintaining access to care. UTMB-CMC will be requesting additional information technology funding in their legislative appropriations request to support tele-health.</p>		
<p>VI. Medical Director’s Updates</p> <ul style="list-style-type: none"> - TDCJ – Health Services Division FY 2018 Second Quarter Report -Dr. Lannette Linthicum 	<p>Dr. de la Garza-Graham 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 Second Quarter of Fiscal Year (FY) 2018 (December, January and February). During this quarter, 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. Dr. Linthicum referenced the 12 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>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum - Office of Public Health 	<p>Dr. Linthicum reported that there was an average of 21 Tuberculosis (TB) cases under active management for the Second Quarter FY 2018.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a Sexual Assault Nurse Examiner (SANE) Coordinator who 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. This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the Second Quarter FY 2018, there were 182 chart reviews of alleged sexual assaults. There were 51 deficiencies found this quarter and corrective actions have been requested. 50 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 Second Quarter FY 2018, 1 unit received a 3 day training which included the Wall Talk Training in the Peer Education Program and 1 unit received a 3 day training which included the Somebody Cares Training. As of the close of the Second Quarter of FY 2018, 99 of the 104 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 121 offenders were trained to become peer educators, and 19,234 offenders attended the classes presented by peer educators.</p>	<p>Ms. Black-Edwards stated that she has good news to share regarding this very successful peer education program. The Wall Talk Training has not been revised for many years and there have been copy write issues. Ms. Black-Edwards explained that they have been working with Aids Foundation Houston to find a funding source to review and revise the curriculum and the University of Texas Houston has been identified as a possible funding source to update the curriculum.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum - Office of the Mental Health Services Liaison - Accreditation - Biomedical Research Projects 	<p>Dr. Linthicum noted that on average TDCJ has approximately 70,000 new intakes each year. Audits were conducted at 26 intake facilities and 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 the 80 percent compliance for completing Mental Health Evaluations within 14 days of identified need and corrective action plans have been requested for those who did not.</p> <p>Dr. Linthicum reported that the Office of Mental Health Services Liaison (MHSL) conducted 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 Second Quarter of FY 2018, the Office of Mental Health Services Liaison conducted 227 hospital and 40 infirmary discharge audits. UTMB had 61 deficiencies identified and TTUHSC had 8 deficiencies identified for the hospital discharge audits. UTMB had 11 deficiencies identified and TTUHSC had 5 deficiencies identified for the infirmary discharge audits. Corrective action has been requested to address deficiencies.</p> <p>Dr. Linthicum reported that the ACA 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. Dr. Linthicum stated that Texas is a Golden Eagle State which is an award presented to criminal justice agencies that have achieved accreditation on all aspects of agency operations, to include accreditation of every facility under its jurisdiction.</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 26 active and 7 pending biomedical research projects. The Health Services Division has 9 active and 3 pending biomedical research projects.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum - Texas Tech University Health Sciences Center - Dr. Dr. Denise DeShields - University of Texas Medical Branch - Dr. Owen Murray <p>VII. Hepatitis C Policy and Program</p> <ul style="list-style-type: none"> - Dr. Melanie Roberts 	<p>Dr. Linthicum noted that while the Deputy Director position remains vacant, some research projects are being curtailed until that position is filled.</p> <p>Dr. de la Garza-Graham 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. de la Garza-Graham 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. de la Garza-Graham thanked Dr. Murray and then called on Dr. Melanie Roberts, PharmD, Director of Pharmacy Services, UTMB Pharmacy to present Hepatitis C Policy and Program.</p> <p>Dr. Roberts began by stating that she would be giving the committee the rationale for treatment of Hepatitis C and providing the updated recommendation being made to revise the policy. Dr. Roberts reported that she would also provide some updates on related costs and outcomes for Hepatitis C since the December 2017 meeting. The membership of the Hepatitis C workgroup has not changed since the December 2017 meeting. The workgroup met in February 2018 and a few revisions were recommended. These revisions were presented to the Correctional Managed Health Care (CMHC) Pharmacy and Therapeutics Committee as well as the Joint Infection Control Committee and the Joint Medical Directors.</p> <p>Dr. Roberts explained that the standard of care for Hepatitis C has changed dramatically in the past few years and continues to evolve. Hepatitis C is a significant issue nationally. There is a disproportionately high number in the prison system. National prevalence is approximately 1.5% while it is as high as 12.9% and maybe even higher in the prison population.</p>	<p>Dr. Linthicum explained that the numbers reflect diagnosed prevalence. Hepatitis C is not a universal intake test.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Hepatitis C Policy and Program (Cont.) - Dr. Melanie Roberts</p>	<p>Dr. Roberts next discussed the cost of Hepatitis C Virus (HCV) drugs. Over the past two fiscal years the cost has almost doubled. This is due to the use of the newer agents. It is estimated that for fiscal year 2018 the cost for Hepatitis C treatment will exceed \$8 million which is over 15% of the TDCJ drug budget. Dr. Roberts went on to explain the rationale for treatment. This is primarily based on two reasons which are that treatment may protect the general community at large and achieving a cure has been shown to prevent disease progression, development of Hepatocellular Carcinoma (HCC), deaths and leads to long-term cost savings. The average cost to treat end stage liver disease is roughly \$25-\$30 thousand and the cost for a liver transplant exceeds \$200 thousand. The number of offenders with end stage liver disease in the TDCJ population was 1,191 (as of May 2018). Hepatitis is the 3rd leading cause of death in state prisons. Next to end stage liver disease, liver cancer is the second most costly complication of Hepatitis C and the treatment of liver cancer costs \$25-\$50 thousand per year per patient.</p> <p>Dr. Roberts next reported on recommended policy changes. The first is to modify the criteria for referral to the HCV clinic. This will allow patients with an APRI score > 0.5 to be considered for referral as opposed to a score of > 0.7 which was previously recommended. The rationale for the change includes a recent meta-analysis utilizing a lower APRI cut-off of 0.5 demonstrated moderate diagnostic accuracy for predicting significant fibrosis. Currently, referral requests are being received for patients with an APRI of < 0.7, but meets criteria. 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 and resources in the free world. The HCV clinic has the resources to accommodate the resultant increase in patient volume. The second change requested is to update the HCV Treatment Consent form to include the new preferred agents.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Hepatitis C Policy and Program (Cont.) - Dr. Melanie Roberts</p>	<p>Dr. Roberts next explained that there has been a cost drop due to market competition. As of April 2018 the cost of the drug used in about 99% of patients has dropped to \$17,308 per patient/per course of treatment, the cost was \$21,678 per patient/per course of treatment prior to April 2018. The cost in the Texas Tech sector is \$69,930 per patient/per course of treatment.</p> <p>Dr. Roberts went on to share that there are approximately 4,500 patients who meet priority criteria including F3-F4 fibrosis, co-infection and extra-hepatic manifestations and the cost to treat these patients is approximately \$77.9 million versus \$98.7 million in December 2017 and \$121 million in March 2017.</p>	<p>Dr. Linthicum shared that she, Dr. Murray and Dr. Khan were invited to the DSHS to meet with the Commissioner of Health, Dr. Hellerstedt. They were asked to provide a presentation regarding the CMHC policy and how our Hepatitis C population is managed. The DSHS was impressed with the presentation and Dr. Hellerstedt has endorsed what we are doing in TDCJ to manage this population.</p> <p>Dr. Linthicum explained that when patients are identified in the Texas Tech sector they are moved to the UTMB sector to take advantage of the cost savings of the 340B pricing.</p> <p>Dr. Berenzweig asked if there has been any additional thought given as to what will happen if the 340B pricing goes away.</p> <p>Dr. Murray stated that Ryan Micks and Dr. Ben Raimer have recently been out to Washington speaking with federal lobbyist about this issue and it is very much front and center. The cost savings to the agency is about \$100 million per year. Dr. Murray explained that he recently watched a hearing on the issue and the focus is on wanting to know what these covered entities are doing with the savings. Dr. Murray shared that UTMB does not receive any of the savings and that these savings are passed on to the state.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Hepatitis C Policy and Program (Cont.) - Dr. Melanie Roberts</p>		<p>Dr. Murray explained that some other covered entities are able to utilize the cost savings between what they purchase the drugs for and what they sell them for. Cost savings are meant to build out more clinic space and provide more care to the underserved. Dr. Murray also noted that if 340B pricing were to go away there would be no phase in or adjustment period.</p> <p>Dr. Linthicum stated that if we had to face that kind of shortfall there could be a constitutional crisis in terms of assuring access to care. As the population ages the acuity is greater. There has been an unprecedented amount of offenders that have required stem cell transplant, a number of patients have been sent out to MD Anderson and even at intake costs are rising.</p> <p>Dr. Berenzweig stated that he thinks that it is important that a plan be articulated to state legislators on what the consequences would be if this program were to go away.</p> <p>Dr. Murray shared that they have received a request from the lead council in the heat related litigation. It is an open records request for our Hepatitis C treatment policies, procedures and practices.</p> <p>Dr. Linthicum stated that we have a very clinically sound policy and we are addressing this illness. Our patients are being monitored and those at highest risk are being treated. If you look at a correctional standard of care across the country our policies line up with the bureau of prisons and all of the larger states. There are not many state departments of corrections that have hired a full time virologist to manage these patients as we have.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Hepatitis C Policy and Program (Cont.) - Dr. Melanie Roberts</p> <p>VIII. Data and the Dashboard - Dr. Jane Leonardson</p>	<p>Dr. Roberts next shared some outcomes. During the timeframe of FY2016-FY2017 282 patients began 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. This is a cure or response rate of 87%. So far for FY2018, through May 16, 2018, 235 patients have started on therapy. 60 patients have been on therapy long enough to assess a response. 52 achieved a SVR (cure achieved), 5 paroled out before SVR labs could be drawn and 3 completed therapy but did not achieve SVR (cure not achieved). This translates to an 87% SVR (cure achieved) rate counting the 5 paroled patients and 94% if they are excluded. There are 175 patients midcourse or awaiting 12 week post treatment outcome assessment. The expectation is that about 400 patients will be treated this fiscal year.</p> <p>Dr. de la Garza-Graham thanked Dr. Roberts and then opened the floor to entertain a motion for approval of the revised “CMHC Infection Control Policy B-14.13.3 Hepatitis C Policy”.</p> <p>Dr. de la Garza-Graham then called on Dr. Jane Leonardson, UTMB CMC Chief Medical Information Officer to present Data and the Dashboard.</p>	<p>Mr. Williams stated that they did receive legislative funding to increase the patient caseload in the last legislative session. The funding allowed for the hiring of an additional full time physician and a mid-level provider.</p> <p>Dr. Linthicum stated that restoration of unit staff was one of the items in our special appropriation request which we used to add additional resources into the office of clinical virology. In addition, we partnered with DSHS and got a grant to assist the Reentry and Integration Division with patient education.</p>	<p>Dr. Berenzweig made a motion to approve the policy revision, and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Data and the Dashboard (Cont.)</p> <ul style="list-style-type: none"> - Dr. Jane Leonardson 	<p>Dr. Leonardson began with the implementation and background of the Correctional Managed Care (CMC) Dashboard. She stated that in 1999 Correctional Managed Health Care implemented an electronic health record (EHR). The EHR is a comprehensive health record. Between 15-20 years ago CMC purchased the right to modify the code and now have the ability to change the EHR by using in house programmers. There is an automated pharmacy module tying patient information to script data. Data collection within the EHR is very robust and has migrated from scanned documentation, which is not minable, to “discrete” or minable data. The main reason the dashboard was created was to allow for enhanced population health metrics and monitoring.</p> <p>Dr. Leonardson next explained that the current version of the dashboard was developed in 2014. It started in the UTMB sector and Texas Tech came onboard in January 2018. The dashboard is a central repository or a data warehouse of many types of information and is designed to produce population health analytics, specifically for our offender patient population. It pulls information from the EHR, 3 pharmacy databases and the UTMB utilization review database. It organizes data so that trends can be easily identified and gathers data rapidly to allow for rapid, retrospective analysis.</p> <p>Dr. Leonardson stated that the data is used to identify patients who need help and to notify unit level providers of patients needing extra attention. The data is used to identify where we can improve and to measure improvement. We can develop predictive analytics to estimate cost of care for patient populations or to predict outcomes. It sends alerts to unit management teams when standards are not met and it allows the UTMB or TTUHSC Executive Quality Council to identify problem areas and devise solutions.</p> <p>Dr. Leonardson next gave an overview of some of the dashboard functionality. She explained that the dashboard uses Healthcare Effectiveness Data and Information Set (HEDIS) as a measurement for comparison since there is no correctional group for us to compare to.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Data and the Dashboard (Cont.)</p> <ul style="list-style-type: none"> - Dr. Jane Leonardson 	<p>Dr. Leonardson noted that HEDIS is an imperfect comparator as they have more women and children than our population. She next explained the Prevention/Disease Management screen, the Facility Scorecard screen and the Facilities Compliance Map. These screens can be filtered using drop downs for Year/Month and Facility Types and each page has a glossary. The Prevention/Disease Management screen shows a graphic presentation of asthma, diabetes, hypertension, mental health care and coronary artery disease (CAD) goals. The facility scorecard has an additional filter for Unit and a Download to PDF button. The Facilities Compliance Map has two additional filters; View and Future Compliance. The criteria for inclusion in chronic care scores is 1 year in prison and 1 year with diagnosis.</p> <p>Dr. Leonardson next explained the Email Alert function. In the past if a goal was not met a corrective action plan (CAP) was requested, but no instruction or guidance was given on what that corrective action should be. Within the Email Alert there is a section showing what corrective action(s) may be included in the CAP. Predictive analytics are also part of the Email Alert. This forecasts the outcomes without corrective action.</p> <p>Dr. Leonardson shared that the Patient Dashboards provide many useful tools. The patient dashboards allow staff to look at patients individually who are included in the score and take any corrective action as needed per individual patient. Included in the Patient Dashboard is a Multi-Problem Patients screen. This allows users to look at patients with multiple problems, such as diabetes and hypertension. Patients Needing Labs or Procedures is another useful screen that will show users the last lab results, the last lab date and the next lab due date. Lastly, Dr. Leonardson went over the Patients by Facility which is a useful tool for management teams. It allows the user to pull a patients list, export them to Excel and look at a list of all of the patients who are not meeting the target goal.</p> <p>Dr. Leonardson concluded by stating that the dashboard is a powerful tool and they are continuing to expand it.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Public Comments (Cont.)</p>	<p>Ms. Vaughn stated that she wanted to talk about communication, sick call and the grievance process. Invariably some don't get where they are supposed to go because of the sheer volume of offenders, but the number of offenders did not happen overnight so there has been ample time to work toward a better process.</p> <p>Ms. Vaughn stated that an electronic process would be great and if other entities can do this then certainly TDCJ should be able to find a way to implement it. Ms. Vaughn stated that she knows there are security level and cost issues. However, JPay and Securus make money off of giving methods of communication to offenders. Getting them in on the process might be a way to defray some of the cost. In the long run and in such a litigious society, having an electronic system is a better way to go.</p> <p>Regarding the grievance process; if you were to go online and Google Valencia Pollard you would find blogs about the grievance process of getting refunds of the \$100 copay. Ms. Vaughn continued stating that for some people that \$100 is a lot so they go through the grievance process and that can take a minimum of 6 months to be overturned and have funds placed back in their trust fund account, if it is found in their favor. There has to be a better way of tracking things. Ms. Vaughn stated lastly, we all have expectations and then there is what actually happens. Communication is a big issue. She stated that she has read the position description for unit practice managers and it includes the fostering and maintaining of an air of customer service. She stated that as a public servant herself, she understands that it is easy to get jaded. Ms. Vaughn stated that she would encourage reminders be made to practice managers to improve communication and empathy.</p>	<p>Dr. Linthicum thanked Ms. Vaughn for her comments and told her that she would be looking into why it is taking 6 months for the reimbursement of overturned fees. She explained that most health services fees are overturned at the division level if they are not overturned at the unit level and are then appealed to step 2.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Public Comments (Cont.)</p>	<p>Ms. Vaughn stated that she would guess that that specifically happens if it goes on to step 2 medical grievance. She stated that she is confused about that process and so she spoke with Ms. Jamison about it to get some background before she spoke on it. Ms. Vaughn noted that she is familiar with the disciplinary grievance process. She stated that Ms. Jamison was under the understanding that if the practice manager upheld their original decision to assess the fee then it would go up to the Regional Director of TDCJ.</p>	<p>Dr. Linthicum stated that if it is determined that a refund is warranted then it goes to the Commissary and Trust Fund staff. Dr. Linthicum noted that Mr. Steffa oversees the Commissary and Trust Fund staff and they will get together and figure out the timeline for those reimbursements.</p> <p>Dr. Linthicum also stated that Marjorie Kovacevich and Tony Williams from UTMB and Will Rodriguez from TTUHSC supervise all of the unit level health care administrators and practice managers and they can reinforce with them that they are the liaisons on the units when family members call with complaints or concerns. We will continue to work with you and other advocates to try to improve the system.</p> <p>Ms. Black-Edwards further explained that practice managers have the authority and ability to reverse charges in the system at the unit level if reimbursement is found to be warranted. She stated that even if it is appealed and overturned at step 2 the reimbursements are done by the practice manager at the unit level after notification by division level staff. Ms. Black-Edwards asked Ms. Vaughn if she could provide specific instances or examples of a refund taking six months to be returned to an offenders account so that she could look into it further.</p> <p>Mr. Williams stated that he would make sure that the process was explained to Ms. Jamison.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Public Comments (Cont.)</p>	<p>Ms. Vaughn stated that perhaps it could be a matter of it getting to the right people. She said that just in the past month she has spoken to a warden at a unit that she respects greatly and he was under the impression that at some point in that grievance process after the practice manager reviews it, it would then go to someone in TDCJ not UTMB.</p>	<p>Dr. Linthicum stated that Ms. Jamison only works on the patient liaison side and does not work on the grievance side. Dr. Linthicum explained that if a health care services fee grievance is denied at step 1, it is appealed up to step 2 in the Health Services Division (HSD). Ms. Black-Edwards oversees the step 2 medical grievance staff in the HSD. If it is overturned in step 2, it then goes back to the unit level for the keying of the refund. Dr. Linthicum requested that Ms. Vaughn forward some specific examples of refunds taking 6 months so that they could look into them and determine why they are taking that long.</p> <p>Dr. Linthicum explained that the Administrative Review and Risk Management (ARRM) Division oversees the offender grievance program. Each unit has a grievance coordinator position. They complete all the administrative work on the offender grievances. If there is a medical issue at step 2, then the ARRM division sends it to the Health Services Division (HSD). After review within the Office of Professional Standards it goes back to the unit grievance coordinator to complete the administrative work. There is an administrative component to it and there is a specific amount of time allowed for that component. Step 2 grievances only come to HSD if they deal with health care. If they deal with another area then the grievance coordinator would get with the warden to determine where to route them. All appealed health care services fee issues are routed to HSD.</p>	

Consent Item

TDCJ Health Services
Monitoring Reports



TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

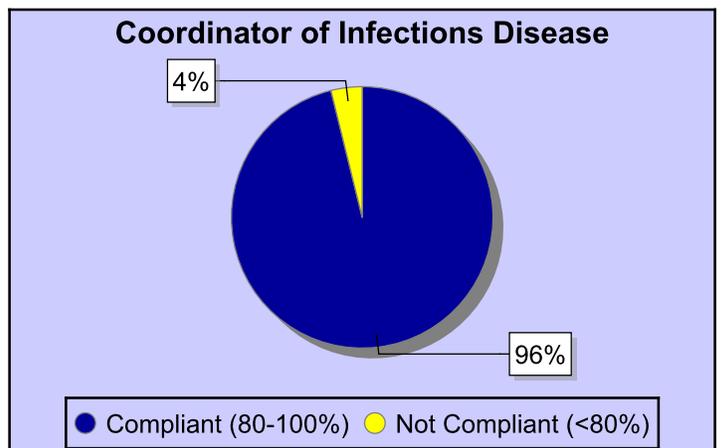
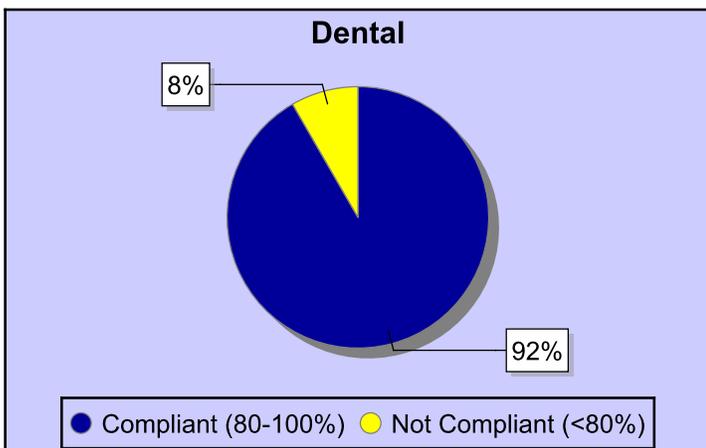
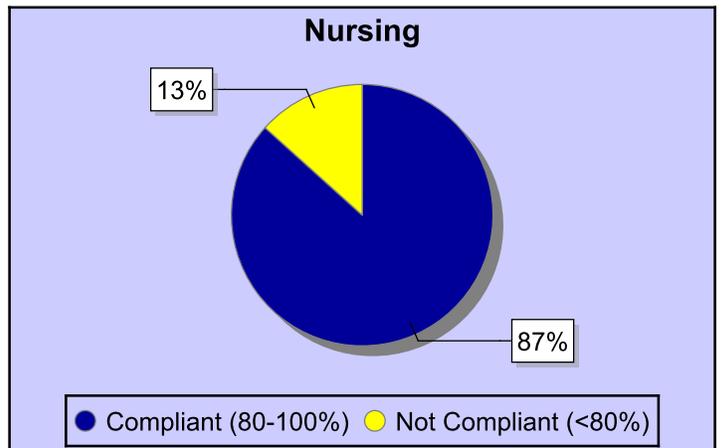
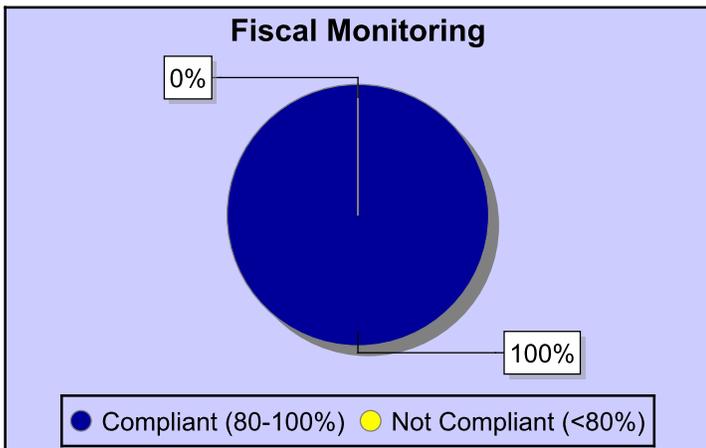
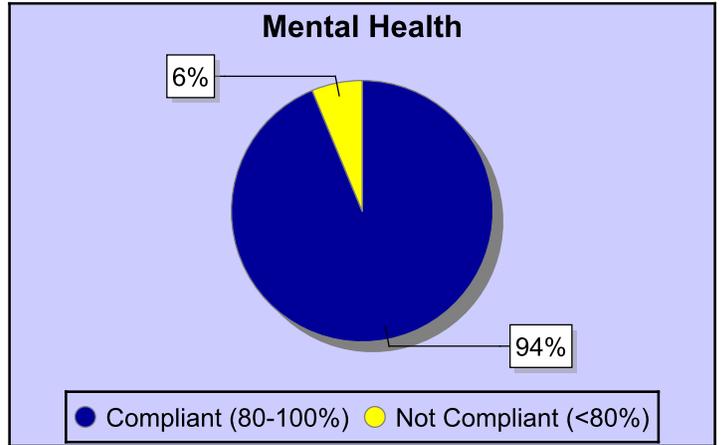
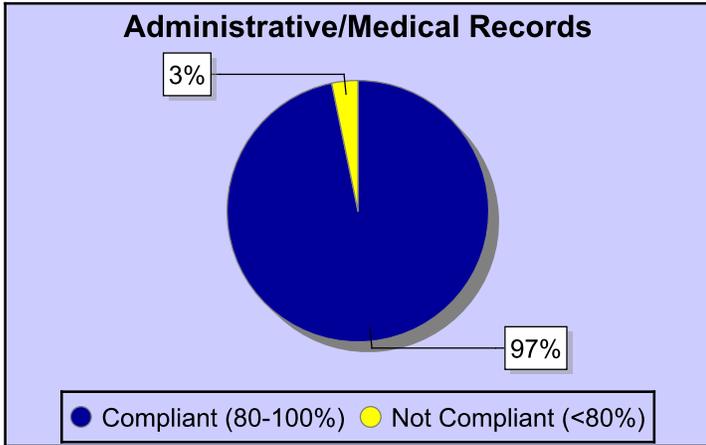
**Third Quarter, Fiscal Year 2018
(March, April and May 2018)**

Rate of Compliance with Standards by Operational Categories
 Third Quarter, Fiscal Year 2018
 March 2018 - May 2018

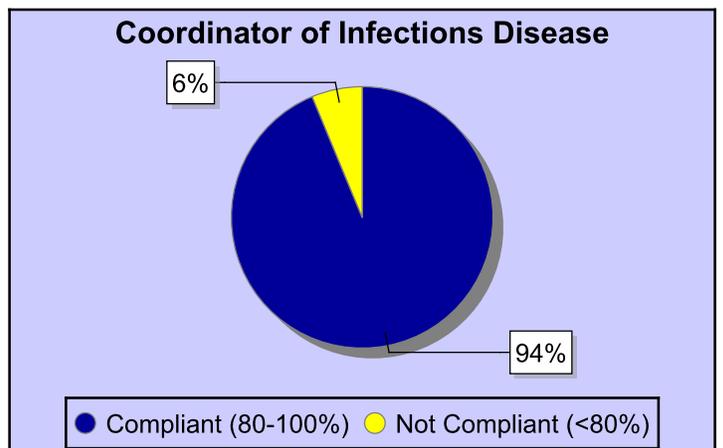
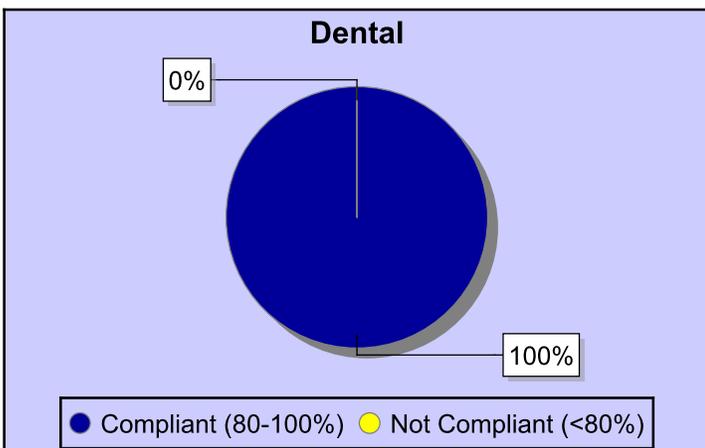
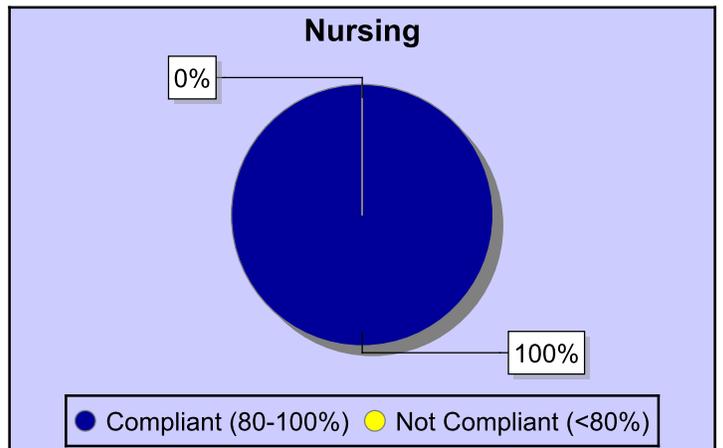
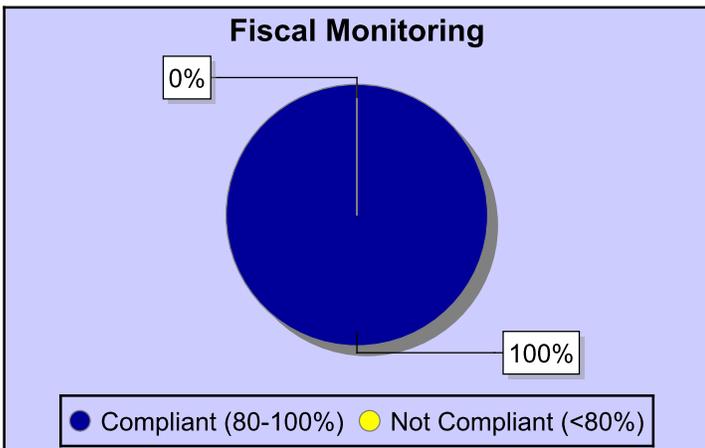
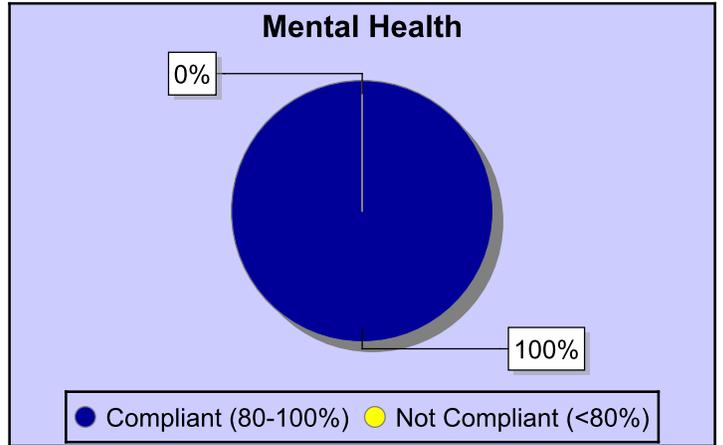
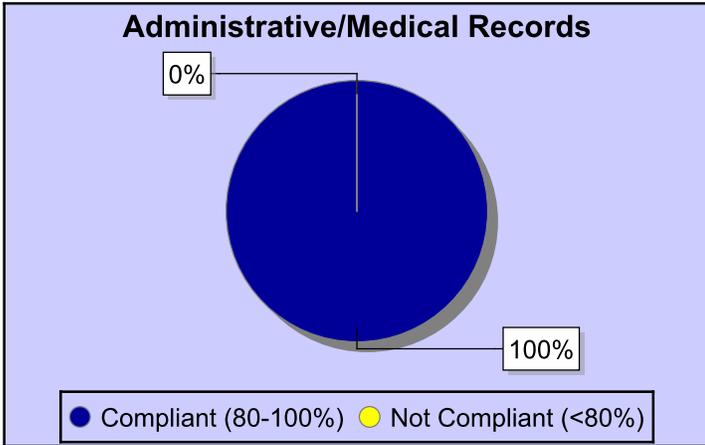
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Bradshaw State Jail	31	30	97%	15	13	87%	26	25	96%	12	11	92%	16	15	94%	4	4	100%
Diboll	31	31	100%	12	12	100%	16	15	94%	8	8	100%	2	2	100%	4	4	100%
Duncan	31	31	100%	13	13	100%	30	28	93%	10	10	100%	2	2	100%	4	4	100%
Hilltop	31	31	100%	15	14	93%	25	25	100%	11	11	100%	14	14	100%	4	4	100%
Kyle	29	29	100%	12	11	92%	25	23	92%	9	8	89%	2	2	100%	4	4	100%
Moore, B.	32	32	100%	13	13	100%	12	10	83%	11	11	100%	11	11	100%	4	4	100%
Mountain View	31	31	100%	15	12	80%	23	21	91%	10	10	100%	22	22	100%	4	4	100%
Travis State Jail	31	31	100%	15	15	100%	33	31	94%	12	10	83%	16	16	100%	4	4	100%
Woodman State Jail	33	33	100%	21	21	100%	25	29	94%	11	11	100%	15	15	100%	12	4	100%

n = number of applicable items audited.

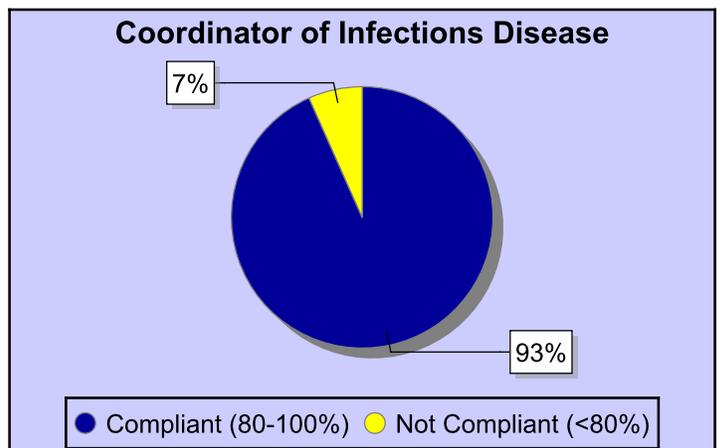
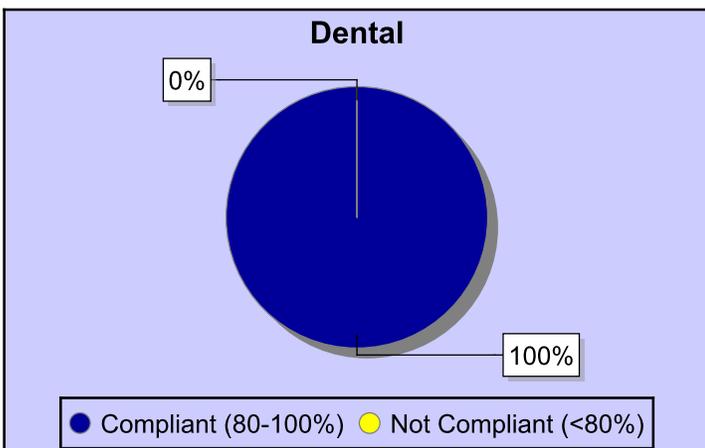
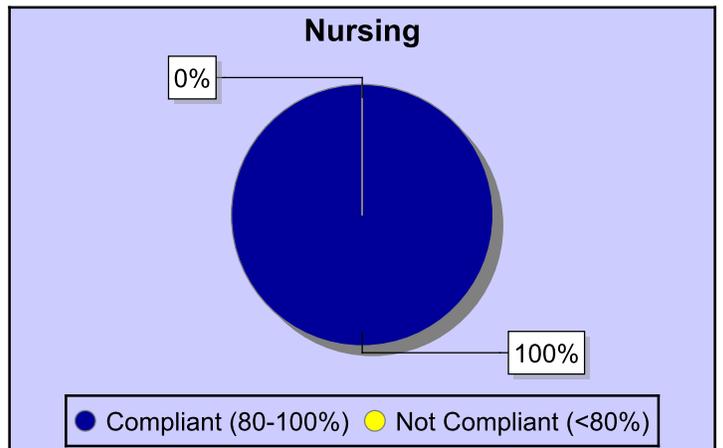
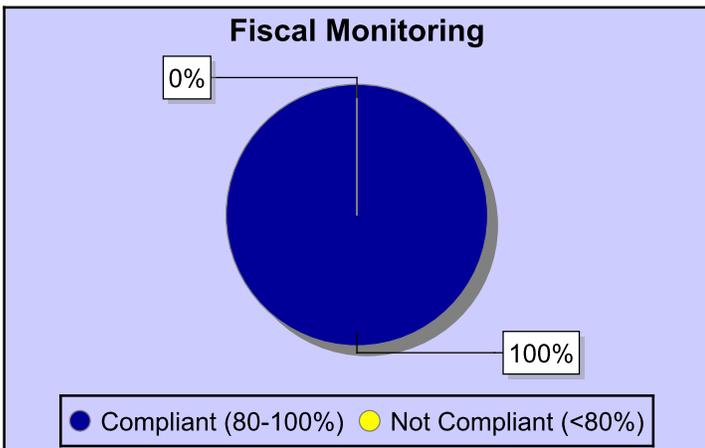
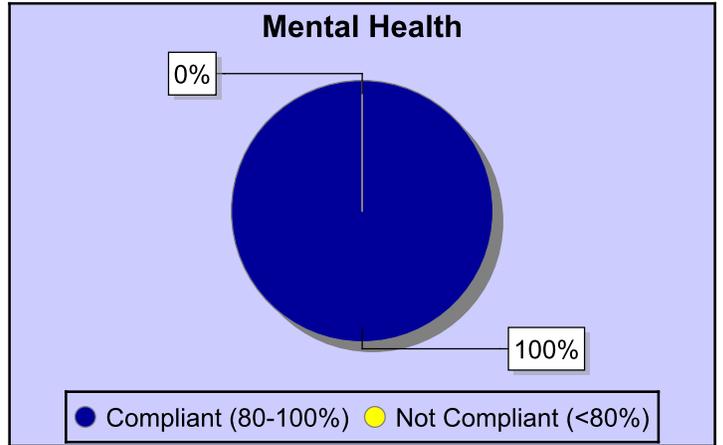
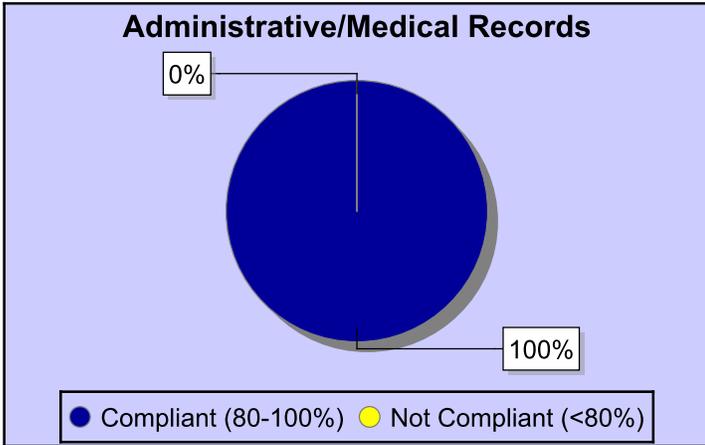
Compliance Rate By Operational Categories for
BRADSHAW FACILITY
May 01, 2018



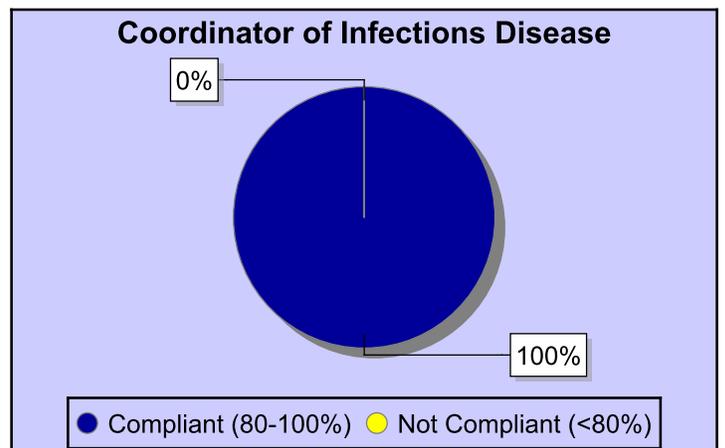
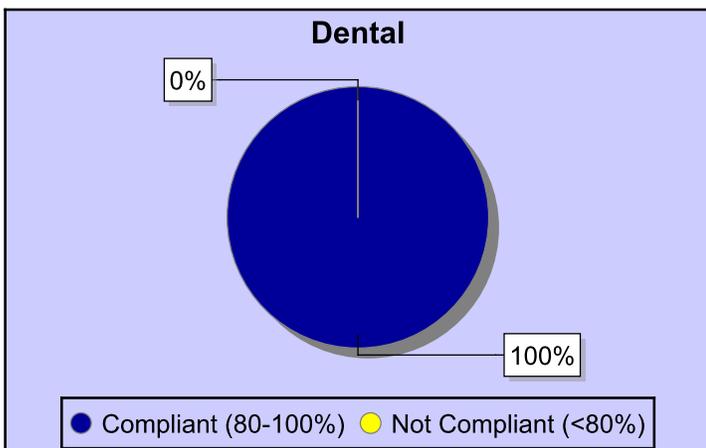
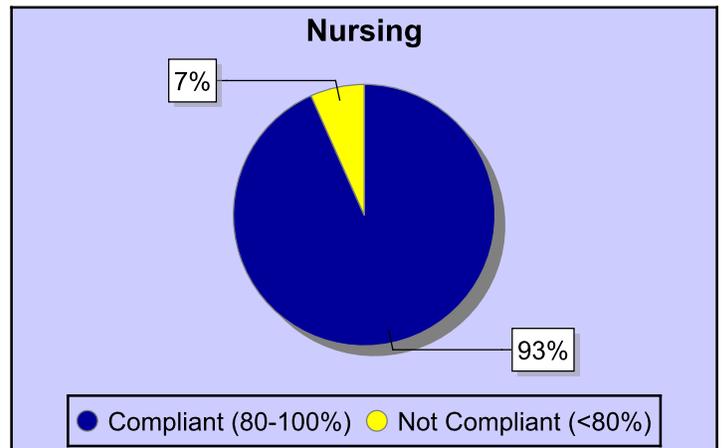
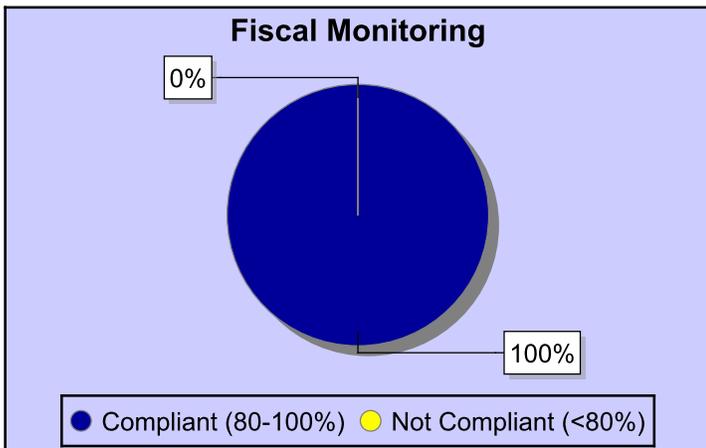
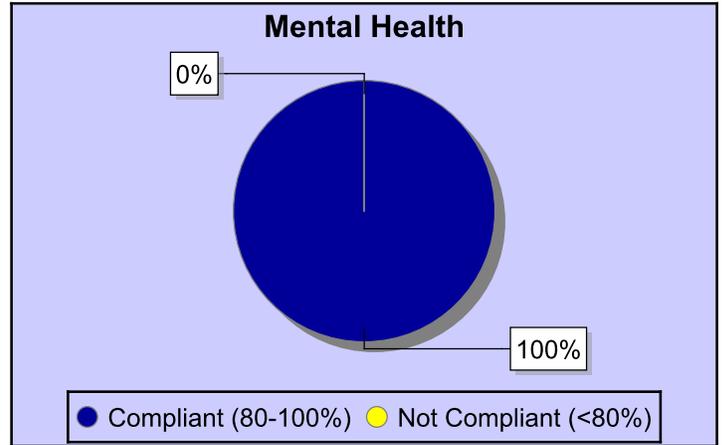
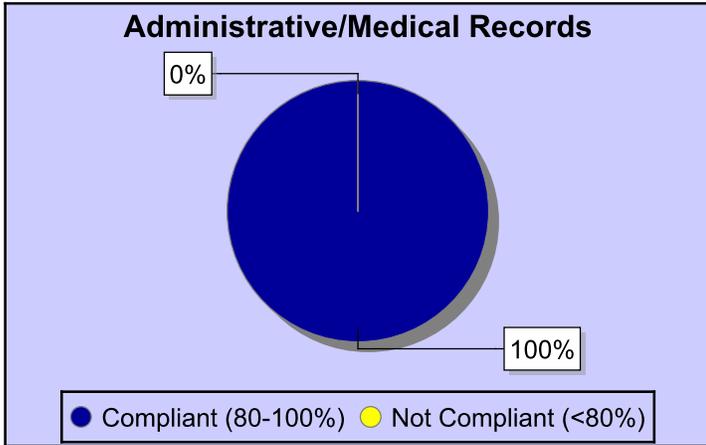
Compliance Rate By Operational Categories for
DIBOLL PRIVATE FACILITY
May 03, 2018



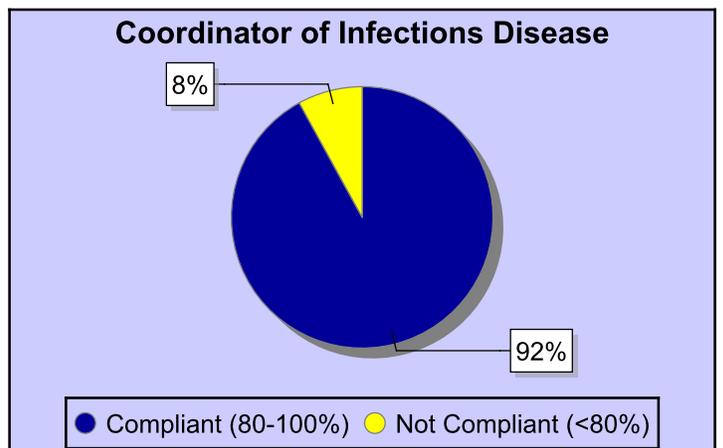
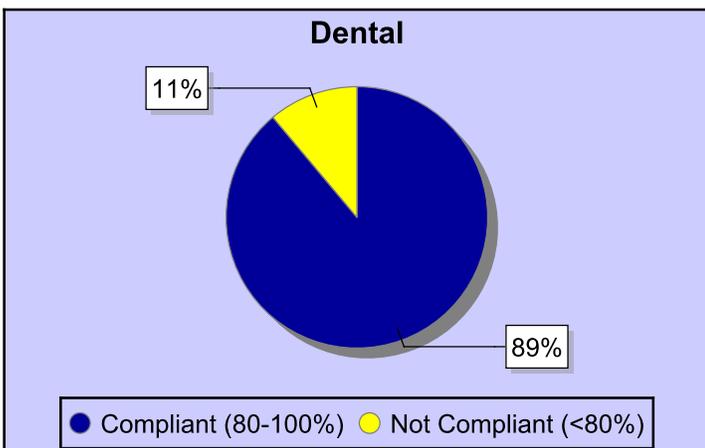
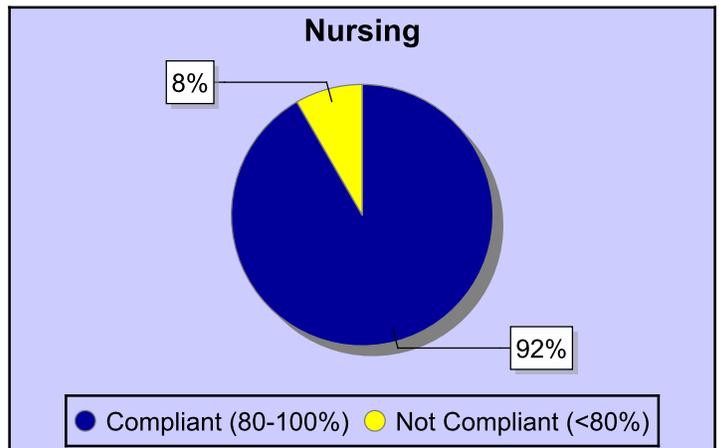
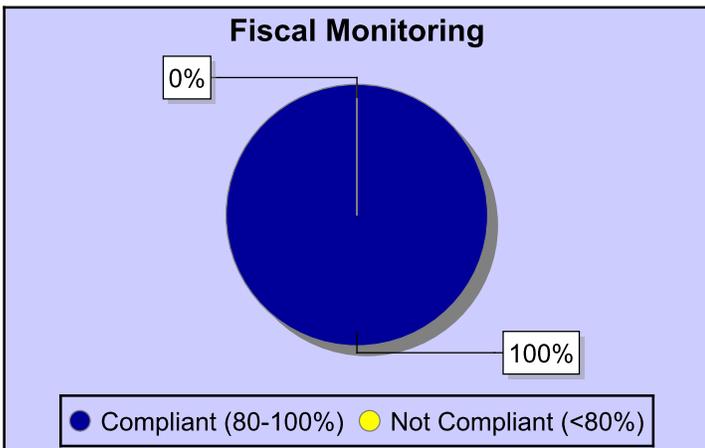
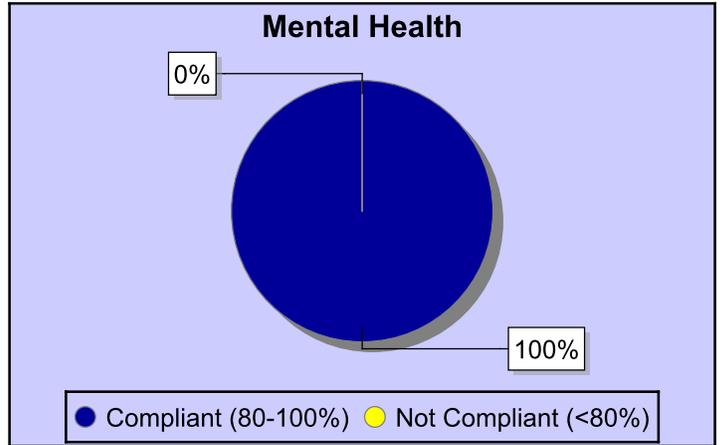
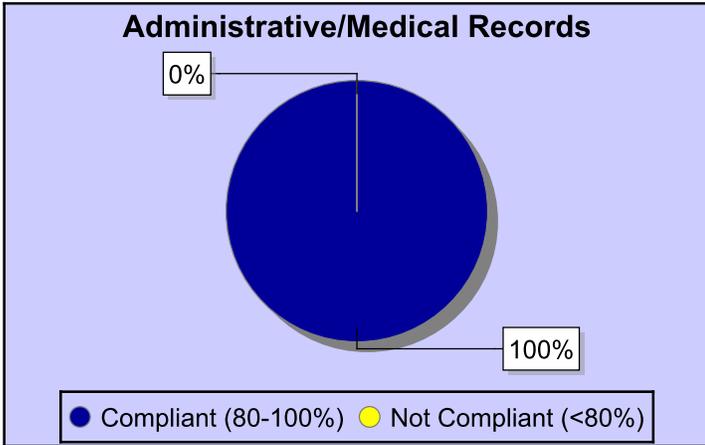
Compliance Rate By Operational Categories for
DUNCAN FACILITY
May 04, 2018



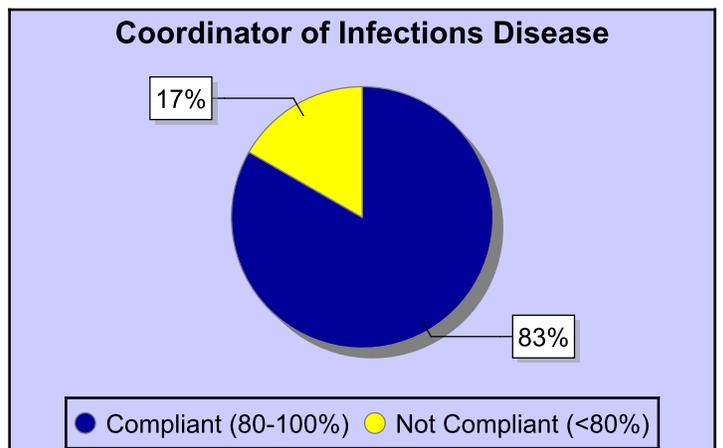
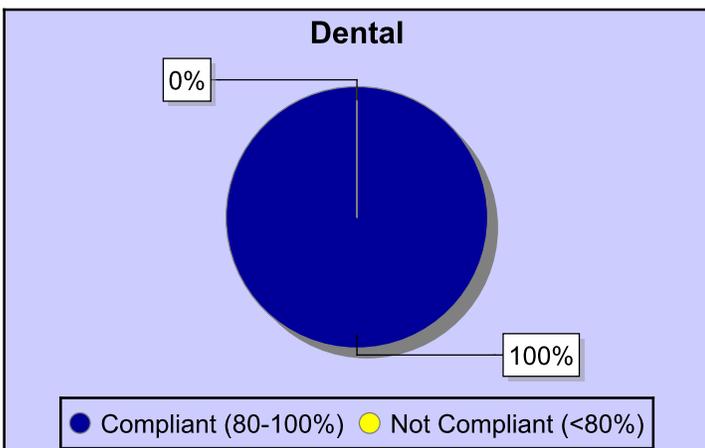
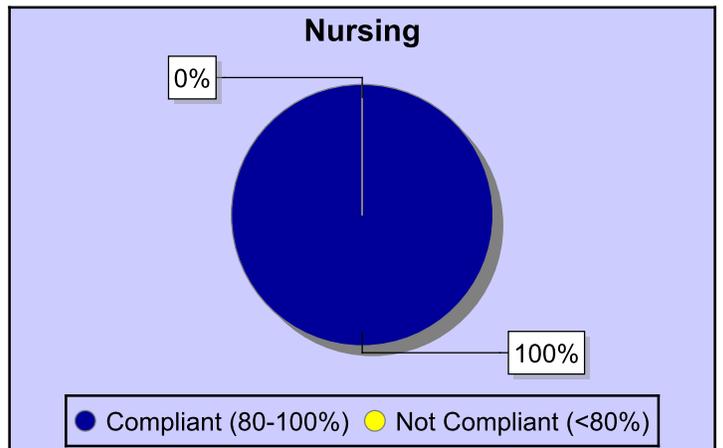
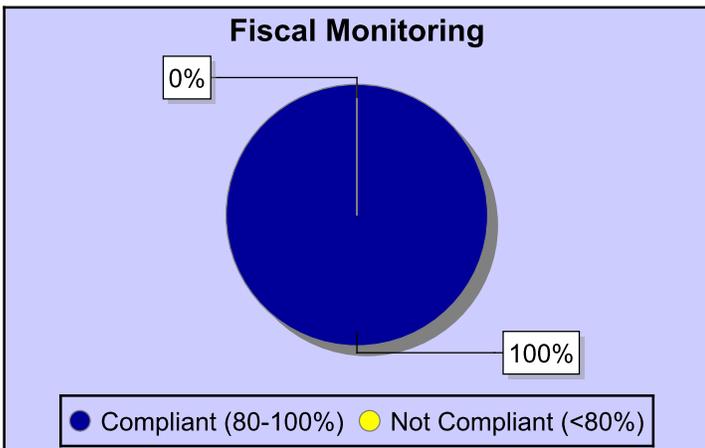
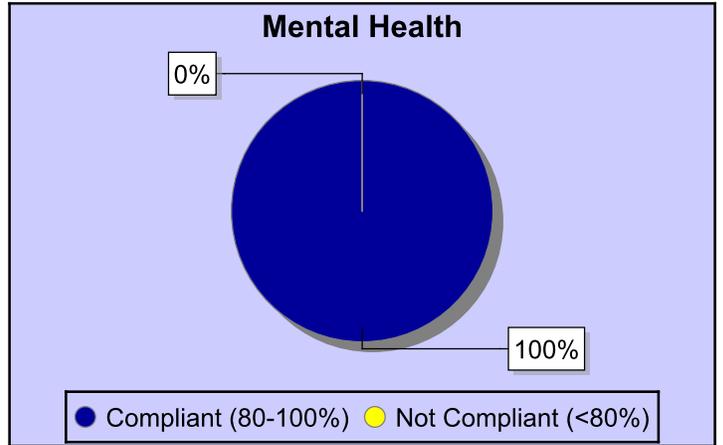
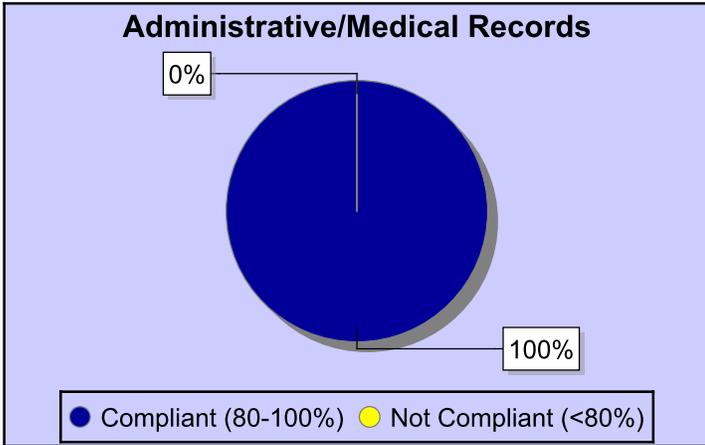
Compliance Rate By Operational Categories for
HILLTOP FACILITY
April 03, 2018



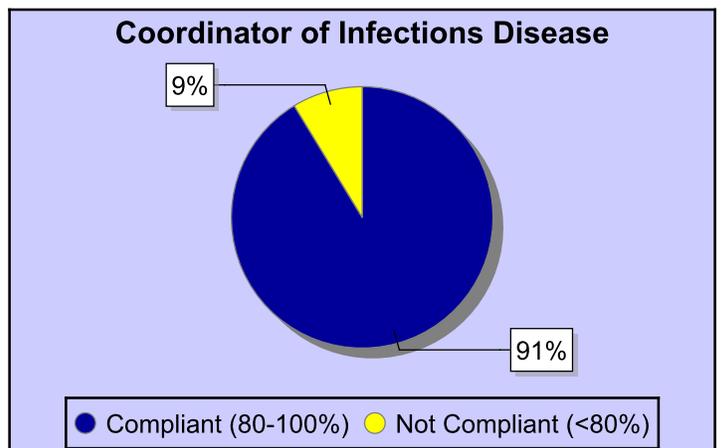
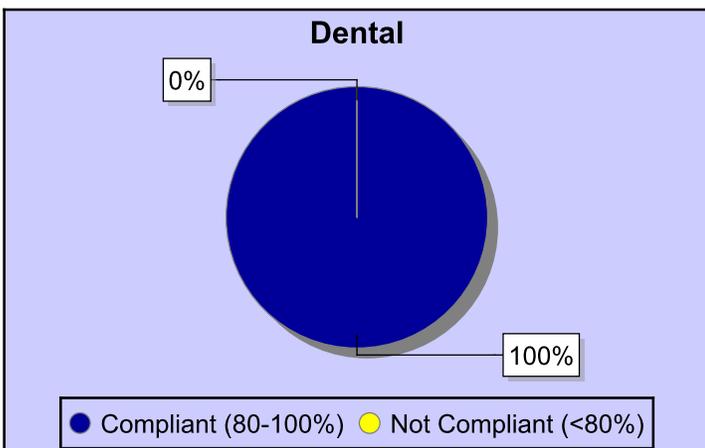
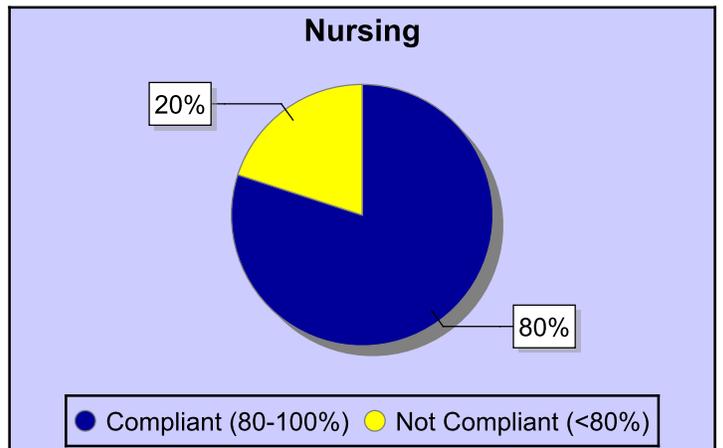
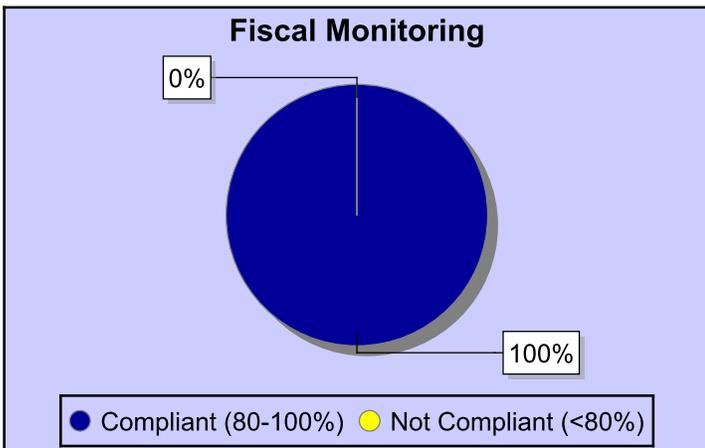
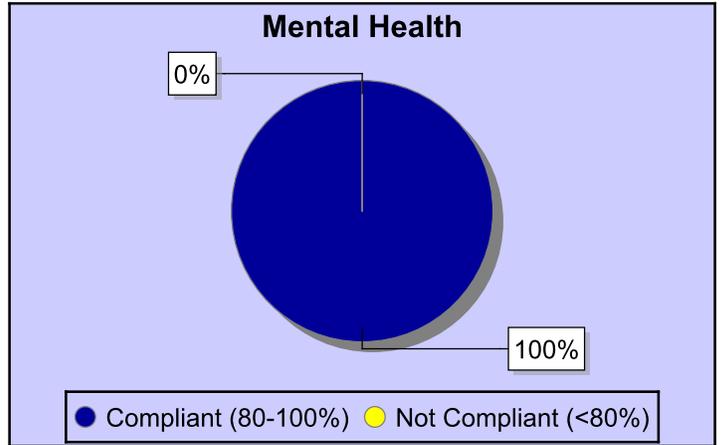
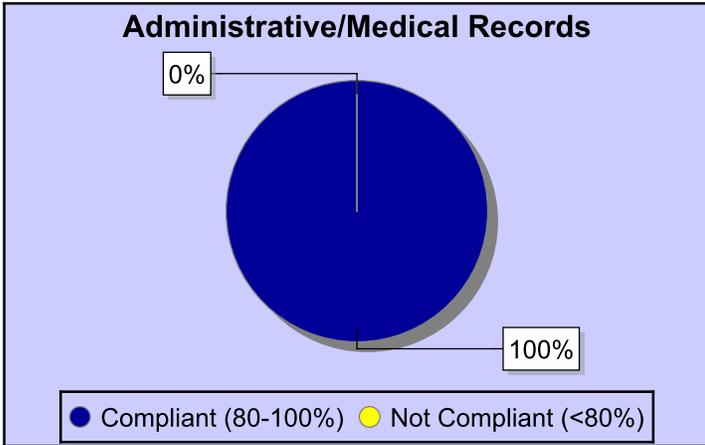
Compliance Rate By Operational Categories for
KYLE FACILITY
March 06, 2018



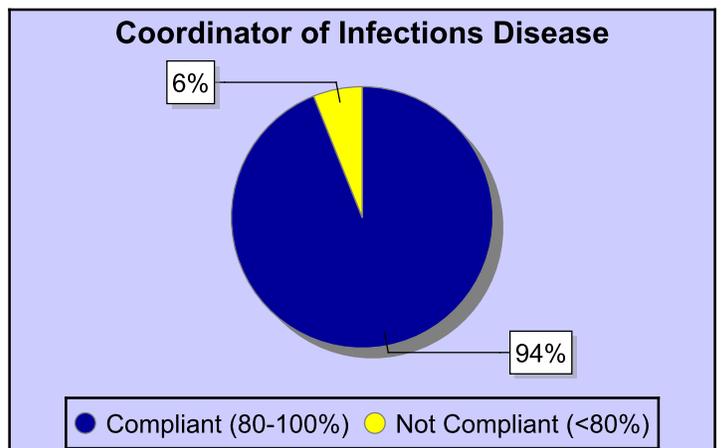
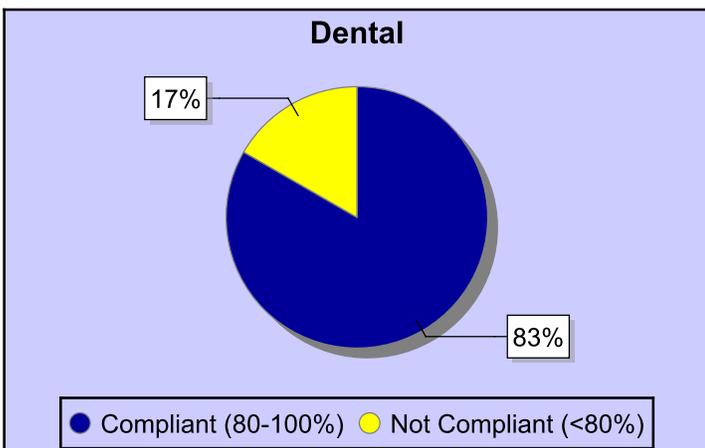
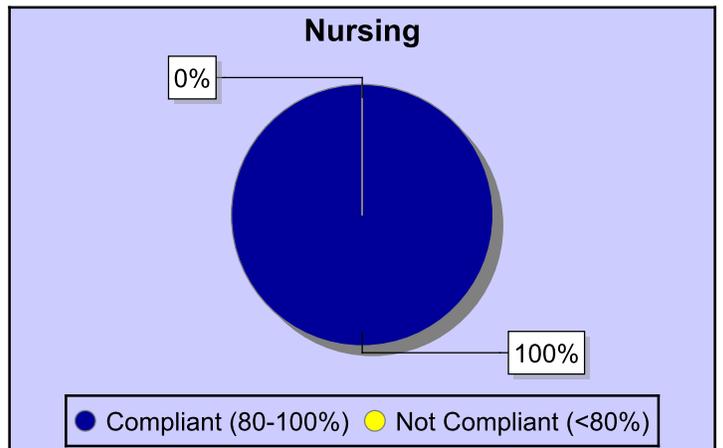
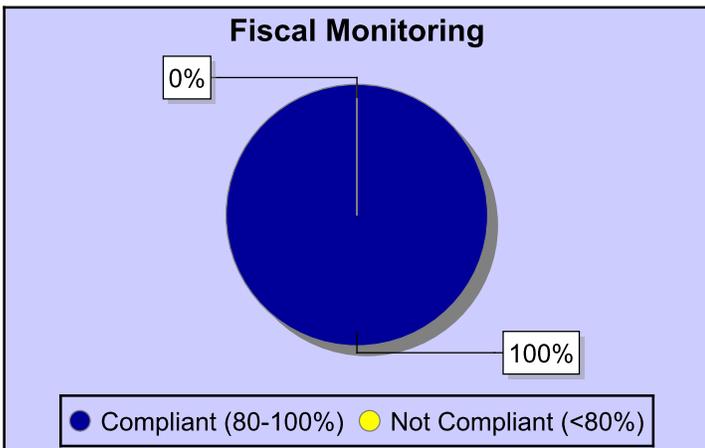
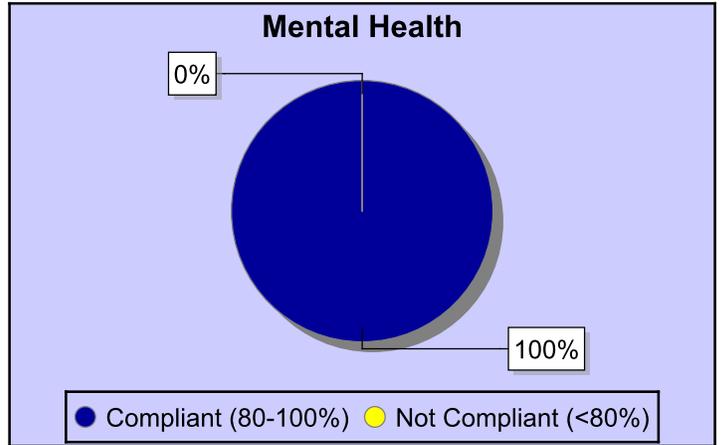
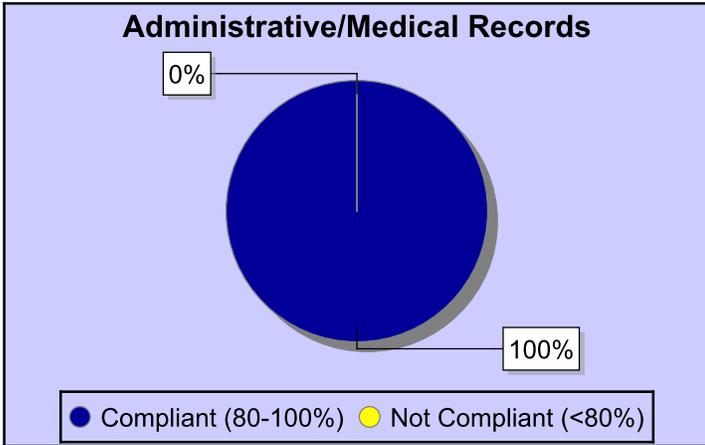
Compliance Rate By Operational Categories for
MOORE (B) FACILITY
May 02, 2018



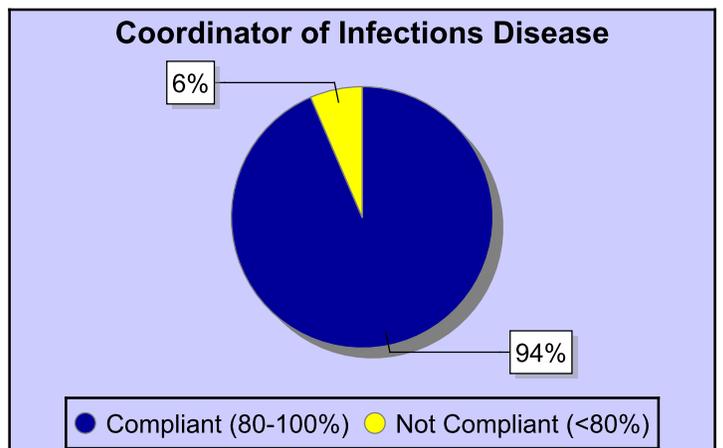
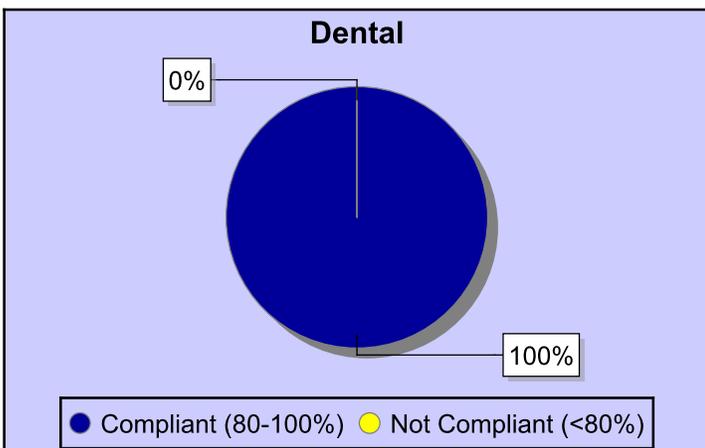
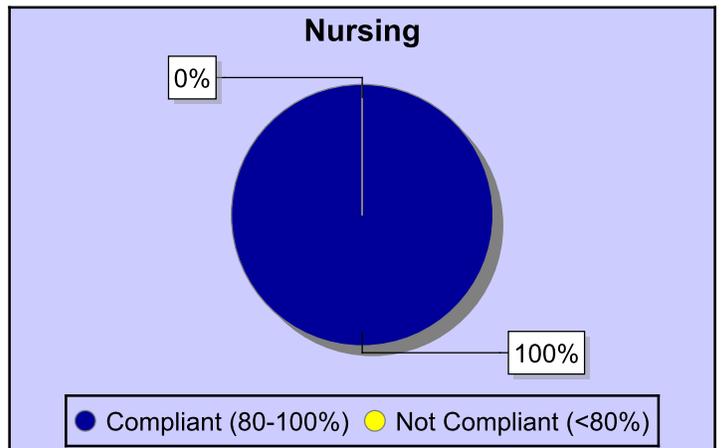
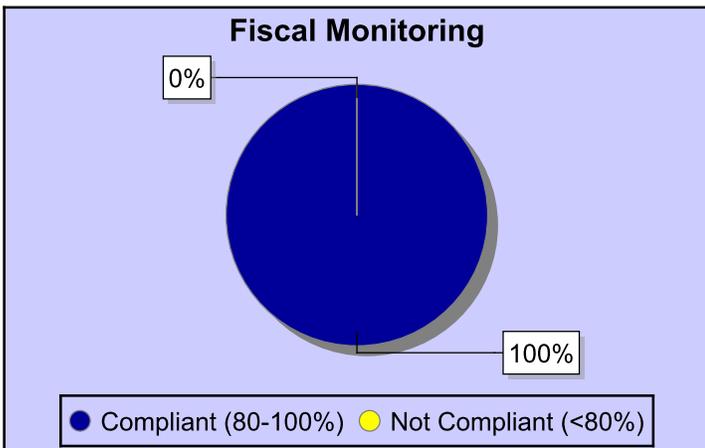
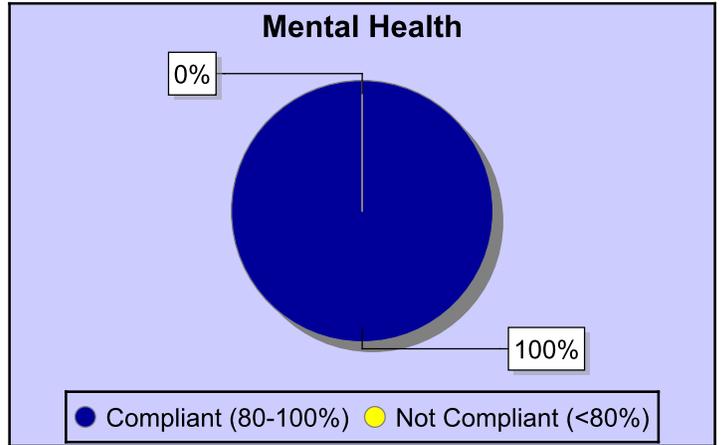
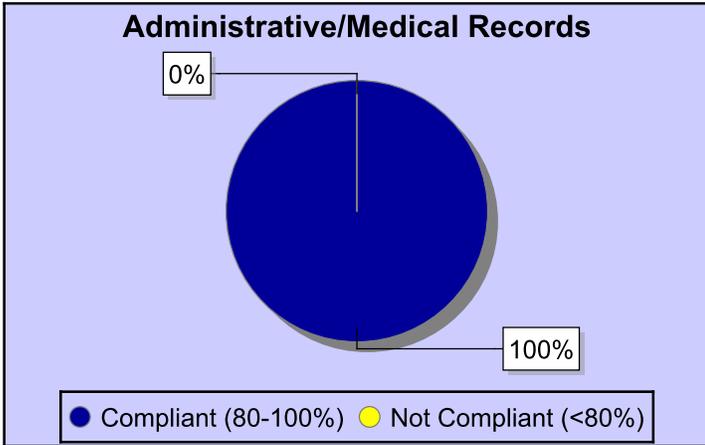
Compliance Rate By Operational Categories for
MT. VIEW FACILITY
April 02, 2018



Compliance Rate By Operational Categories for
TRAVIS CO. FACILITY
March 05, 2018



Compliance Rate By Operational Categories for
WOODMAN FACILITY
April 02, 2018



Dental Quality of Care Audit Urgent Care Report For the Three Months Ended May 31, 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***
Briscoe	10	90%	1	0
Clemens	10	90%	1	0
Cotulla	10	40%	6	0
Kegans	10	100%	0	0
Lychner	10	100%	0	0
Ney	10	100%	0	0
Ramsey	3	67%	1	0
Scott	10	100%	0	0
Stringfellow	10	100%	0	0
Terrell	10	100%	0	0
Torres	10	100%	0	0
Young	10	70%	2	1

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2018	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	465	511	22	4.31%	21	4.89%	4	1	0.39%	1
April	511	553	17	3.07%	13	2.53%	1	4	0.90%	1
May	427	469	31	6.61%	15	4.48%	6	8	2.13%	2
Totals:	1,403	1,533	70	4.57%	49	3.91%	11	13	1.11%	4

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2018	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	1,006	1,046	26	2.49%	26	2.87%	4	2	0.29%	1
April	931	945	34	3.60%	32	4.55%	11	2	0.32%	1
May	1,062	1,036	44	4.25%	32	3.67%	6	5	0.58%	1
Totals:	2,999	3,027	104	3.44%	90	3.67%	21	9	0.40%	3
GRAND TOTAL=	4,402	4,560	174	3.82%						

*QOC= Quality of Care

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

March 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	15	0	32	0
Gonorrhea	3	0	10	2
Syphilis	136	56	373	107
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	241	62	622	418
Human immunodeficiency virus (HIV) +, known at intake	185	224	590	573
HIV screens, intake	4,586	6,248	13,130	13,446
HIV +, intake	41	49	122	136
HIV screens, offender- and provider-requested	670	827	2,023	2,371
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,205	3,250	9,533	9,278
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	4	15	4
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	47	56	211	130
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	32	90	80
Occupational exposures of TDCJ staff	17	8	47	27
Occupational exposures of medical staff	4	3	18	12
HIV chemoprophylaxis initiation	5	4	11	7
Tuberculosis skin test (ie, PPD) +, intake	147	209	335	505
Tuberculosis skin test +, annual	41	76	128	231
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	3	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)	2	0	6	2
Tuberculosis cases under management	23	19		
Peer education programs [¶]	0	0	99	99
Peer education educators [∞]	37	7	6,374	6,020
Peer education participants	8,609	6,845	22,561	21,746
Alleged assaults and chart reviews	66	77	192	194
Bloodborne exposure labs drawn on offenders	20	25	55	49
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	11	0	43	0
Gonorrhea	2	0	12	2
Syphilis	113	31	486	138
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [£])	879	311	1501	729
Human immunodeficiency virus (HIV) +, known at intake	186	183	776	756
HIV screens, intake	4,937	5,469	18,067	18,915
HIV +, intake	26	88	148	224
HIV screens, offender- and provider-requested	575	754	2,598	3,125
HIV +, offender- and provider-requested	1	0	1	0
HIV screens, pre-release	3,537	3,016	13,070	12,294
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	7	18	11
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	69	52	280	182
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	31	29	121	109
Occupational exposures of TDCJ staff	17	13	64	40
Occupational exposures of medical staff	7	1	25	13
HIV chemoprophylaxis initiation	5	2	16	9
Tuberculosis skin test (ie, PPD) +, intake	138	147	473	652
Tuberculosis skin test +, annual	39	49	167	280
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	3	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)	0	2	6	4
Tuberculosis cases under management	23	20		
Peer education programs [¶]	0	1	99	100
Peer education educators [∞]	13	42	6,387	6,062
Peer education participants	8,230	7,849	30,939	29,593
Alleged assaults and chart reviews	61	70	253	194
Bloodborne exposure labs drawn on offenders	7	21	62	70
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

May 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	11	0	54	0
Gonorrhea	6	0	18	2
Syphilis	49	32	535	170
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	1,157	96	2,658	1,287
Human immunodeficiency virus (HIV) +, known at intake	231	241	1,007	997
HIV screens, intake	5,478	5,982	23,545	24,897
HIV +, intake	27	111	175	335
HIV screens, offender- and provider-requested	711	786	3,309	3,911
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	3,314	3,066	16,384	15,360
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	4	21	15
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	108	46	388	228
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	52	33	173	142
Occupational exposures of TDCJ staff	14	18	78	58
Occupational exposures of medical staff	4	4	29	17
HIV chemoprophylaxis initiation	5	5	21	13
Tuberculosis skin test (ie, PPD) +, intake	136	72	609	724
Tuberculosis skin test +, annual	53	51	220	331
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	0	5	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	1	10	5
Tuberculosis cases under management	27	21		
Peer education programs [†]	1	1	100	100
Peer education educators [∞]	29	7	6,416	6,062
Peer education participants	6,732	7,298	37,680	36,687
Alleged assaults and chart reviews	59	76	312	270
Bloodborne exposure labs drawn on offenders	11	20	73	90
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmary Discharge Audit

During the Third Quarter of Fiscal Year 2018, ten percent of the UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 214 hospital discharge and 44 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 ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	5	0	N/A	0	N/A	0	N/A	0	N/A	3	60.00%
April	8	1	12.50%	0	N/A	0	N/A	0	N/A	2	25.00%
May	8	0	N/A	0	N/A	0	N/A	1	12.50%	1	12.50%
Total/Average	21	1	4.76%	0	N/A	0	N/A	1	4.76%	6	28.57%

Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	18	0	N/A	0	N/A	0	N/A	1	5.56%	10	55.56%
April	21	2	9.52%	0	N/A	1	4.76%	2	9.52%	6	28.57%
May	25	2	8.00%	0	N/A	3	12.00%	2	8.00%	9	36.00%
Total/Average	64	4	6.25%	0	N/A	4	6.25%	5	7.81%	25	39.06%

UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	41	6	14.63%	0	N/A	23	56.10%	1	2.44%	0	N/A
April	44	10	22.73%	0	N/A	27	61.36%	2	4.55%	0	N/A
May	44	4	9.09%	0	N/A	27	61.36%	4	9.09%	0	N/A
Total/Average	129	20	15.50%	0	N/A	23	17.83%	7	5.43%	0	N/A

GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	64	6	9.38%	0	N/A	23	35.94%	2	3.13%	13	20.31%
April	73	13	17.81%	0	N/A	28	38.36%	4	5.48%	8	10.96%
May	77	6	7.79%	0	N/A	30	38.96%	7	9.09%	10	12.99%
Total/Average	214	25	11.68%	0	N/A	27	12.62%	13	6.07%	31	14.49%

Texas Tech Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	4	2	50.00%	0	N/A	1	25.00%	0	N/A	0	N/A
April	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	17	2	11.76%	0	N/A	1	5.88%	0	N/A	0	N/A

UTMB Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	9	5	55.56%	0	N/A	1	11.11%	0	N/A	0	N/A
April	9	2	22.22%	0	N/A	3	33.33%	0	N/A	0	N/A
May	9	4	44.44%	0	N/A	1	11.11%	0	N/A	0	N/A
Total/Average	27	11	40.74%	0	N/A	5	18.52%	0	N/A	0	N/A

GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	13	7	53.85%	0	N/A	2	15.38%	0	N/A	0	N/A
April	15	2	13.33%	0	N/A	3	20.00%	0	N/A	0	N/A
May	16	4	25.00%	0	N/A	1	6.25%	0	N/A	0	N/A
Total/Average	44	13	29.55%	0	N/A	6	13.64%	0	N/A	0	N/A

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

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

March 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Kyle	19	0	0	0
Travis	30	0	0	0
Total	49	0	0	0

April 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hilltop	34	0	0	0
Mt. View	30	0	0	0
Woodman	30	0	0	0
Total	94	0	0	0

May 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bradshaw	25	0	0	0
Diboll	12	0	0	0
Duncan	17	0	0	0
Moore, Billy	9	0	0	0
Total	63	0	0	0

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

Audit Tools	March	April	May	Total
Total number of units audited	2	3	4	9
Total numbered property	49	94	63	206
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Gurney	March 5-7, 2018	100.00%	99.29%
Darrington	March 19-21, 2018	100.00%	98.4%
Hobby-Marlin	March 26-28, 2018	100.00%	99.06%
Lewis	May 7-9, 2018	100.00%	98.8%
San Saba	May 21-23, 2018	100.00%	99.3%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Allred	April 16-18, 2018	100.00%	98.9%
Rudd	April 23-25, 2018	100.00%	99.52%

The ACA 2018 Summer Conference will be held in Minneapolis, Minnesota on August 2-7, 2018. During this conference, the following Facilities will be represented: Allred, Coffield, Connally, Darrington, Ferguson, Gurney, Hobby, Marlin, Rudd, Lewis, San Saba, Sayle, Telford, Terrell, and Young.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2018 Third Quarter Report: March, April, May

Project Number: 202-RL02

Researcher: Kymn Kochanek
IRB Number: 12.06.05
IRB 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

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

Data Collection End:

Project Status: Data Collection-Round 18
Progress Report Due: 12/15/2018

Projected Completion:
09/01/2018

Project Number: 221-RL02

Researcher: Kymn Kochanek
IRB Number: 12.05.11
IRB 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

Proponent:
NORC at the University of Chicago

Data Collection End:

Project Status: Data Collection-Round 28
Progress Report Due: 12/15/2018

Projected Completion:
10/26/2019

Project Number: 434-RL04

Researcher: Marilyn Armour
IRB Number: 2003-11-0076
IRB 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

Proponent:
University of Texas- Austin

Data Collection End:
5/31/2012

Project Status:
Pending Manuscript

Projected Completion:
1/4/2018

Project Number: 547-RL07

Researcher: Robert Morgan
IRB Number: 501024
IRB Date: 12/31/2012

Title of Research:
Re-Entry: Dynamic Risk Assessment

Proponent:
Texas Tech University

Project Status:
Pending Manuscript

Research Began:
6/11/2008

Data Collection Began:
6/11/2008

Data Collection End:
8/30/2012

Projected Completion:
10/1/2018

Project Number: 587-AR09

Researcher: Marcus Boccaccini
IRB Number: 2009-04-032
IRB Date: 7/20/2016

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

Proponent:
Sam Houston State University

Project Status: Data Analysis
Progress Report Due: 12/15/2018

Research Began:
9/6/2009

Data Collection Began:
7/15/2010

Data Collection End:
02/28/2016

Projected Completion:
12/31/2021

Project Number: 605-AR10

Researcher: Patrick Flynn
IRB Number: SUM 13-0401506CR
IRB Date: 6/24/2016

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

Proponent:
Texas Christian University

Project Status: Data Analysis
Progress Report Due: 12/15/2018

Research Began:
10/3/2011

Data Collection Began:
10/3/2011

Data Collection End:
06/30/2016

Projected Completion:
12/31/2018

Project Number: 612-AR10

Researcher: Jeffrey Bouffard
IRB Number: 210-08-008
IRB Date: 10/4/2011

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

Proponent:
Sam Houston State University

Project Status:
Pending Manuscript

Research Began:
12/27/2010

Data Collection Began:
1/24/2011

Data Collection End:
5/19/2011

Projected Completion:
12/31/2018

Project Number: 629-AR11

Researcher:
Jurg Gerber

IRB Number:
2011-03-071

IRB Date:
5/6/2012

Research Began:
10/25/2011

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

Data Collection Began:
10/25/2011

Proponent:
Sam Houston State University

Data Collection End:
4/2/2012

Project Status:
Data Analysis

Progress Report Due:
6/14/2018

Projected Completion:
12/1/2018

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

Data Collection Began:
1/7/2013

Proponent:
Baylor University

Data Collection End:
8/31/2017

Project Status:
Manuscript under TDCJ Review

Projected Completion:
1/6/2020

Project Number: 664-AR12

Researcher:
Scott Walters

IRB Number:
2011-125

IRB Date:
4/7/2016

Research Began:
1/1/2013

Title of Research:
In-Person vs. Computer Interventions for Increasing Probation
Compliance

Data Collection Began:
1/1/2013

Proponent:
University of North Texas

Data Collection End:
8/31/2015

Project Status:
Manuscript under TDCJ Review

Projected Completion:
03/30/2018

Project Number: 666-AR12

Researcher:
Jesus Amadeo

IRB Number:
N/A

IRB Date:
10/02/2013

Research Began:
12/28/2012

Title of Research:
Enhanced Transitional Jobs Demonstration

Data Collection Began:
12/28/2012

Proponent:
MDRC

Data Collection End:

Project Status:
Data Analysis

Progress Report Due:
6/15/18

Projected Completion:
12/31/2017

Project Number: 686-AR13

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

Title of Research:
Criminal Decision Making Among Adult Felony Inmates

Research Began:
10/14/2013

Data Collection Began:
4/11/2014

Data Collection End:
6/12/2014

Proponent:
Sam Houston State University

Project Status: Data Analysis
Progress Report Due: 12/15/2018

Projected Completion:
6/30/2019

Project Number: 692-AR14

Researcher: Jacqueline Hogan
IRB Number: N/A
IRB Date: 07/23/2014

Title of Research:
U.S. Department of Education

Research Began:
1/22/2014

Data Collection Began:
4/28/2014

Data Collection End:
6/13/2014

Proponent:
United States Department of Education

Project Status: Data Analysis
Progress Report Due: 09/27/2018

Projected Completion:
9/27/2017

Project Number: 695-AR14

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

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

Research Began:
6/23/2015

Data Collection Began:
6/23/2015

Data Collection End:
8/1/2016

Proponent:
MDRC

Project Status: Awaiting Manuscript
Projected Completion: 12/31/2018

Project Number: 697-AR14

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

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

Research Began:
12/15/2014

Data Collection Began:
12/15/2014

Data Collection End:
7/31/2016

Proponent:
MDRC

Project Status: Data Analysis
Progress Report Due: 06/15/2018
Projected Completion: 11/30/2017

Project Number: 715-AR14

Researcher: Shannon Carey
IRB Number: HSRRC 121177

IRB 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:
Manuscript under TDCJ review

Projected Completion:
9/29/2017

Project Number: 716-AR14

Researcher: Janet Mullings
IRB Number: 2014-09-19302

IRB 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

Projected Completion:
5/31/2019

Project Number: 723-AR15

Researcher: David Pyrooz
IRB Number: 00001971

IRB Expiration Date: 01/2019

Research Began: 8/5/2015

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

Data Collection Began:
8/5/2015

Proponent:
Sam Houston State University

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
6/15/2018

Projected Completion:
12/31/2017

Project Number: 725-AR15

Researcher: Vikram Maheshri
IRB Number: Exempt

IRB Expiration Date: 2/1/2020

Research Began: 6/9/2015

Title of Research:
Local Impacts of Incarceration

Data Collection Began:
7/6/2015

Proponent:
University of Houston

Data Collection End:
12/31/2015

Project Status:
Data Analysis

Progress Report Due:
11/15/2018

Projected Completion:
5/1/2019

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:

Data Analysis

Progress Report Due:

06/15/2018

Projected Completion:

05/31/2018

Project Number: 736-AR15

Researcher:

Timothy Smith

IRB Number:

13623

IRB 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:

12/15/2018

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:

9/1/2017

Proponent:

University of Notre Dame

Project Status:

Awaiting Manuscript

Projected Completion:

8/1/2018

Project Number: 747-AR16

Researcher:

Angela Thomas

IRB Number:

N/A

IRB Date:

Exempt

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:

Awaiting Manuscript

Projected Completion:

9/1/2017

Project Number: 751-AR16

Researcher: Francis Cassidy
IRB Number: 16-08-004
IRB Date: 8/28/2017

Title of Research:
Evidence-Based Learning

Proponent:
University of the Incarnate Word

Project Status: Data Analysis
Progress Report Due: 8/15/2018

Research Began:
11/10/2016

Data Collection Began:
11/10/2016

Data Collection End:
8/14/2017

Projected Completion:
02/28/2018

Project Number: 761-AR16

Researcher: William Kelly
IRB Number: IRB00008463
IRB Expiration Date: 12/1/2018

Title of Research:
Travis County State Jail Probation Study

Proponent:
Texas Criminal Justice Coalition

Project Status: Data Collection
Progress Report Due: 6/15/2018

Research Began:
7/14/2017

Data Collection Began:
7/14/2017

Data Collection End:

Projected Completion:
7/14/2018

Project Number: 764-AR17

Researcher: John Hepburn
IRB Number: 00002035
IRB Expiration Date: 6/15/2018

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

Proponent:
Arizona State University

Project Status: Data Collection
Progress Report Due: 10/15/2018

Research Began:
4/26/2017

Data Collection Began:
5/1/2017

Data Collection End:

Projected Completion:
6/30/2018

Project Number: 771-AR17

Researcher: Jazmine Wells
IRB Number: 2017-04-0014
IRB Expiration Date: 5/21/2018

Title of Research:
Writing as a Means to Perform Motherhood Behind Bars

Proponent:
University of Texas-Austin

Project Status: Awaiting Renewed IRB
Progress Report Due: 11/15/2018

Research Began:
8/15/2018

Data Collection Began:
8/15/2018

Data Collection End:

Projected Completion:

Project Number: 783-AR18

Researcher:

Stephen Tripodi

IRB Number:

00000446

IRB Expiration Date:

3/13/2019

Research Began:

5/1/2018

Title of Research:

Multi-Site Randomized Controlled Trial of the 5-Key Model for Reentry

Data Collection Began:

5/1/2018

Data Collection End:

Proponent:

Florida State University

Project Status:

Data Collection

Progress Report Due:

8/15/2018

Projected Completion:

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2018 Third Quarterly Report: March, April, May

Project **754-AR16**

Researcher:
Mark Trahan

IRB Number:
2017324

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: 6/05/18 Awaiting Response from Requestor for continuance or discontinuance.

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: 6/5/18 project approved. Pending signed research agreement from requestor

Project 775-AR17 **Application Received:** 6/19/2017
Researcher: Matthew May **IRB Number:** IRB2017-0239D **Application Completed:**

Title of Research:
Student Experience in Prison College Classes **Division Review Requested:**

Proponent: Texas A & M University **Reviewer:**

Project Status: 6/5/2018 – Currently awaiting additional paperwork requested

Project 777-AR17 **Application Received:** 8/15/17
Researcher: Eugene Wang **IRB Number:** No IRB Required **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: 6/5/2018 incomplete research paperwork – requested missing documents

Project 778-AR17 **Application Received:** 9/6/2017
Researcher: Lisa Muftic **IRB Number:** 2017-04-34613(EXEMPT) **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** Approved

Project Status: Approved, awaiting signed Research Agreement forms from requestor

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:

Detail:

6/5/18- Incomplete research paperwork – requested missing documents

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2018 Third Quarterly Report: March, April, May

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:
6/15/2018

Projected Completion:
1/1/2020

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/Awaiting Renewed IRB

Progress Report Due:
6/15/2018

Projected Completion:
12/31/2018

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:
6/15/2018

Projected Completion:
12/31/2018

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

Project Status:
Pending Data Collection/Renewed IRB

Progress Report Due:
06/15/2018

Projected Completion:
9/30/2018

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:
12/15/2018

Projected Completion:
12/21/2017

Project Number: 729-RM15

Researcher:
Jacques Baillargeon

IRB Number:
14-0283

IRB Expiration Date:
2/09/2019

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:
12/15/2018

Projected Completion:
12/31/2019

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/Pending Renewed IRB

Progress Report Due:
6/15/2018

Projected Completion:
07/01/2018

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:
6/15/2018

Projected Completion:
08/1/2018

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 Analysis

Progress Report Due:

12/15/2018

Projected Completion:

09/27/2018

Executive Services
Pending Monthly Medical Research Projects
Health Services Division
FY-2018 Third Quarter Report: March, April, May

Project **689-RM13**

Researcher:

Troy Quast

IRB Number:

2013-12371

Application Received:

11/7/2013

Application Completed:

12/12/2013

Title of Research:

Impact of the Annual Health Care Services Fee

Division Review Requested:

9/11/2014

Proponent:

Sam Houston State University

Reviewer:

Pending

Review Status:

Detail:

06/05/18 Awaiting response from requestor as to whether they wish to continue with project – medical projects on hold.

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:

06/05/18 Medical projects on hold.

**3rd Quarter FY 2018
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary**

Date	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
3/8-9/2018	Clements	336	314	1	7	100	100	100	100
3/21/2018	Lopez	14	14	0	0	100	100	100	100
3/21/2018	Dominguez	25	25	0	0	100	100	100	100
3/22/2018	Cole	7	7	0	0	100	NSP	NSP	NSP
3/22/2018	Connally	164	131	1	2	100	100	100	100
3/26/2018	Powledge	15	15	0	1	100	100	100	100
4/4-5/2018	McConnell	284	239	0	9	100	100	100	100
4/11-12/2018	Polkunsy	418	379	2	13	100	100	100	100
4/17/2018	Bradshaw	34	34	0	0	100	100	100	100
4/17-18/2018	Allred (ECB)	428	377	0	8	100	100	100	100
4/18/2018	East Texas	34	34	0	1	100	NSP	NSP	NSP
4/18-19/2018	Allred (12 Bldg)	155	134	0	7	100	100	100	100
5/2-3/2018	Lewis	287	240	0	8	100	100	100	100
5/9/2018	Sanchez	11	11	0	0	100	100	100	100
5/17/2018	Darrington	154	146	0	6	100	100	100	100
5/21/2018	Hutchins	13	13	0	0	100	100	100	100
5/24/2018	Ramsey	11	11	0	1	100	100	100	100
5/24/2018	Clemens	8	8	0	0	100	100	100	100
Total	18	2,398	2,132	4	63				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 3rd Quarter of 2018

Period Audited—March, April, May

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	7	5	2	2	71
Bradshaw	23	21	19	2	90
Byrd	13	7	7	6	100
Dominguez	24	22	22	2	100
East Texas	30	28	28	2	96
Formby	7	6	6	1	100
Garza West	20	15	15	5	100
Gist	10	10	10	0	100
Glossbrenner	7	7	7	0	100
Gurney	22	20	16	2	80
Halbert	8	8	7	0	88
Holliday	20	20	0	0	0
Hutchins	9	9	9	0	100
Jester I	9	9	9	0	100
Johnston	10	10	10	0	100
Kegans	15	14	12	1	85
Kyle	0	0	0	0	N/A
Lindsey	11	11	11	0	100
Lychner	29	28	27	1	96
Middleton	18	18	17	0	94
Plane	18	18	15	0	83
Rudd	20	20	19	0	95
Sanchez	2	2	2	0	100
Sayle	3	3	3	0	100
Travis	9	9	9	0	100
Woodman	16	16	16	0	100
GRAND TOTAL	360	339	298	24	

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

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

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3rd Quarter 2018

Audits Conducted in March, April and May

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

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	March	0	0	N/A	N/A	None
Jester IV	March	2	2	2	100%	None
Montford	March	4	4	4	100%	None
Skyview	March	13	13	13	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April	0	0	N/A	N/A	None
Jester IV	April	3	3	3	100%	None
Montford	April	7	7	7	100%	None
Skyview	April	19	19	19	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	May	1	1	1	100%	None
Jester IV	May	1	1	1	100%	None
Montford	May	3	3	3	100%	None
Skyview	May	14	14	14	100%	None

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

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



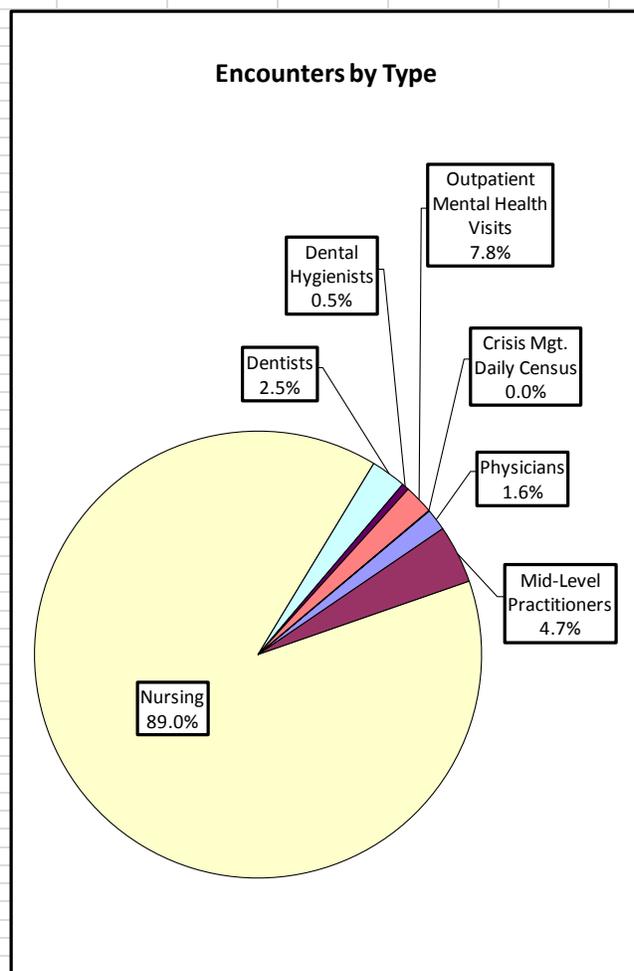
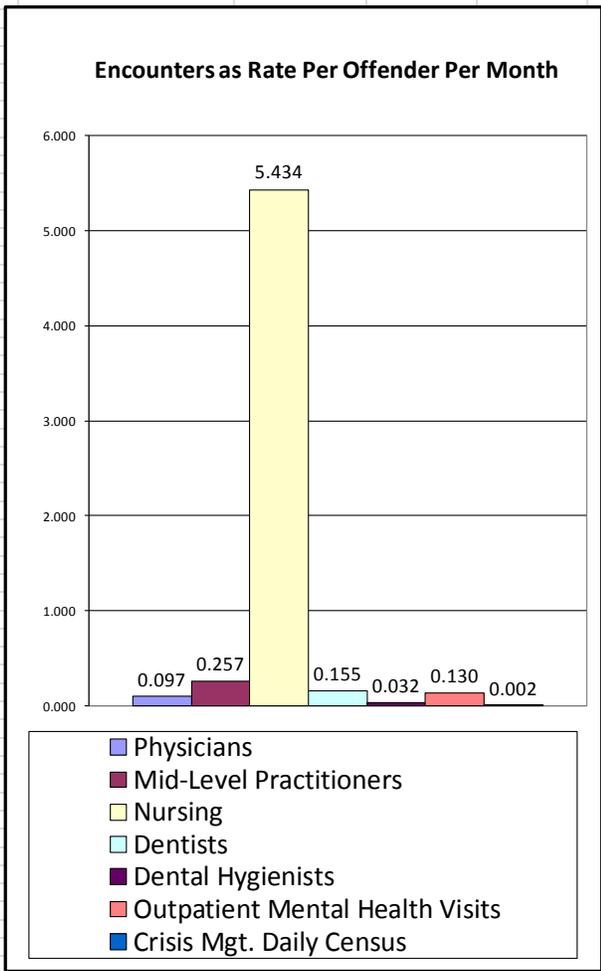
Correctional Health Care
MEDICAL DIRECTOR'S REPORT

3RD QUARTER

FY 2018

Medical Director's Report:

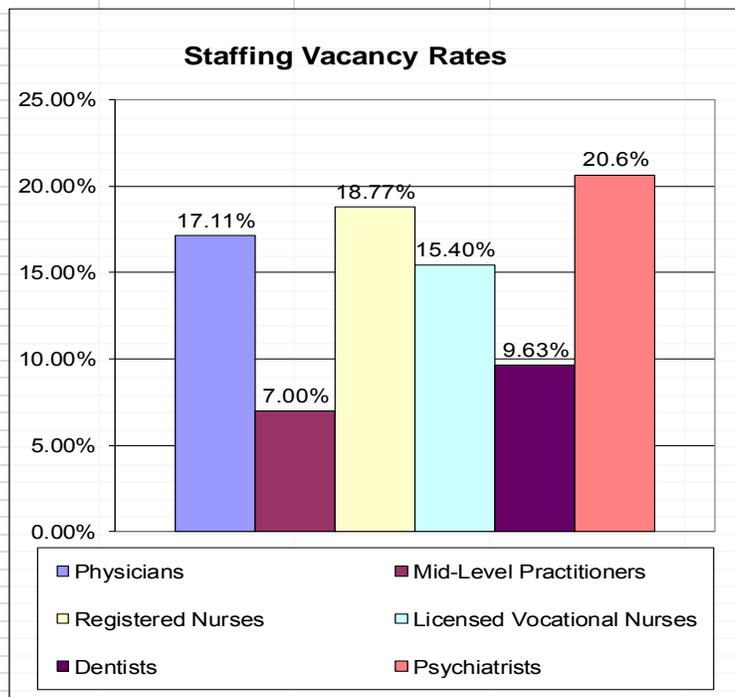
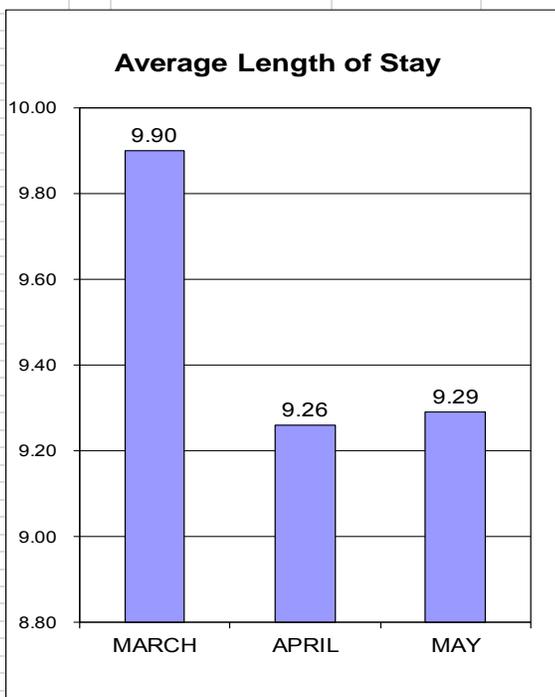
	MARCH		APRIL		MAY		Qtly Average	
Average Population	29,547.81		29,488.00		29,364.48		29,466.76	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,576	0.087	2,954	0.100	3,024	0.103	2,851	0.097
Mid-Level Practitioners	7,525	0.255	7,769	0.263	7,397	0.252	7,564	0.257
Nursing	185,982	6.294	165,596	5.616	128,831	4.387	160,136	5.434
Sub-total	196,083	6.636	176,319	5.979	139,252	4.742	170,551	5.788
Dental encounters								
Dentists	4,352	0.147	4,577	0.155	4,793	0.163	4,574	0.155
Dental Hygienists	931	0.032	881	0.030	983	0.033	932	0.032
Sub-total	5,283	0.179	5,458	0.185	5,776	0.197	5,506	0.187
Mental health encounters								
Outpatient Mental Health Visits	3,817	0.129	3,756	0.127	3,917	0.133	3,830	0.130
Crisis Mgt. Daily Census	73	0.002	63	0.002	64	0.002	67	0.002
Sub-total	3,890	0.132	3,819	0.130	3,981	0.136	3,897	0.132
Total encounters	205,256	6.947	185,596	6.294	149,009	5.074	179,954	6.107



Medical Director's Report (Page 2):

	MARCH	APRIL	MAY	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	116.84	116.75	120.52	118.04
Number of Admissions	184.00	165.00	169.00	172.67
Average Length of Stay	9.90	9.26	9.29	9.48
Number of Clinic Visits	612.00	591.00	626.00	609.67
Mental Health Inpatient Facilities				
Average Daily Census	438.00	422.00	407.00	422.33
PAMIO/MROP Census	381.00	385.00	391.00	385.67
Specialty Referrals Completed	1,329.00	1,375.00	1,464.00	1,389.33
Telemedicine Consults	1,468	1,850	1,986	1,768.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	17.44	3.60	21.04	17.11%
Mid-Level Practitioners	37.67	2.83	40.50	7.00%
Registered Nurses	125.49	29.00	154.49	18.77%
Licensed Vocational Nurse	270.72	49.28	320.00	15.40%
Dentists	17.84	1.90	19.74	9.63%
Psychiatrists	6.96	1.81	8.77	20.6%



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



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

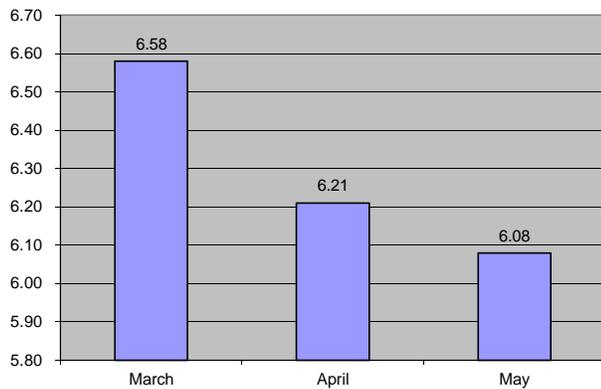
**THIRD QUARTER
FY 2018**

Medical Director's Report (Page 2):

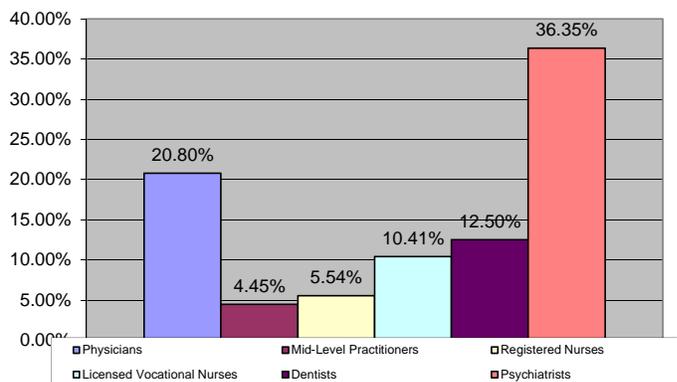
	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	88.70	89.10	90.90	89.57
Number of Admissions	378.00	384.00	405.00	389.00
Average Length of Stay	6.58	6.21	6.08	6.29
Number of Clinic Visits	7,074.00	7,229.00	7,668.00	7,323.67
Mental Health Inpatient Facilities				
Average Daily Census	970.19	957.31	961.26	962.92
PAMIO/MROP Census	712.13	711.23	713.52	712.29
Telemedicine Consults	12,970	13,639	13,873	13,494.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	52.00	13.66	65.66	20.80%
Mid-Level Practitioners	143.00	6.66	149.66	4.45%
Registered Nurses	335.00	19.66	354.66	5.54%
Licensed Vocational Nurses	697.00	81.00	778.00	10.41%
Dentists	65.33	9.33	74.66	12.50%
Psychiatrists	11.66	6.66	18.32	36.35%

Average Length of Stay



Staffing Vacancy Rates



Medical Director's Report (Page 3):

CMC Update

Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for September 27, 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: September 13, 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: July 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:

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

The Following Policies Were Submitted for Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
A-08.4	Offender Medical and Mental Health Classification	Chris Black-Edwards
A-08.4 Attachment A	Guidelines for Completing the Health Summary for Classification Form	Cecilia Horton
A-08.6	Medically Recommended Intensive Supervision (MRIS) Screening	Robyn Roberts Robert Dalecki
New Proposed Policy Dental	Dental Comprehensive Treatment Plan	Manuel Hirsch
E-34.5	Chemical Agents and the Use of Force Contraindication List	Robyne Roberts
G-53.1	Suicide Prevention	Robyne Roberts
New Proposed Form for G-53.1	Health Services Policy Facility Addendum	Alice Castleberry
H-60.1	Health Records – Organization, Maintenance and Governance	Jane Leonardson

Adjournment

- Next Meeting Date: October 11, 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: July 12, 2018

Key Activities:

- I. Approval of the Minutes from May 3, 2018 Meeting
- II. Reports from Subcommittees
 - A. COPD – Dr. Fisher
 - B. DMG Triage – Dr. Sandmann
 - C. Opioid Overdose – Dr. Agrawal
 - D. Psychiatry – Dr. Finocchio
 - E. Seizures – Pam Herring
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (June 2018)
 - D. Non-Formulary Deferral Reports
 1. Texas Tech Sector (April – May 2018)
 2. UTMB Sector (May - June 2018)
 - E. Utilization Reports (FY18 through May)
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - F. Quarterly Medication Error Reports
 1. Texas Tech Sector (2nd quarter report correction and 3rd quarter report)
 2. UTMB Sector
 3. Pharmacy Dispensing Errors
 - G. Special Reports
 1. Top 50 Medications by Cost and Volume – 3rd Quarter FY18
 2. Top 10 Non-Formulary Medications by Cost and Volume – 3rd Quarter FY18
 - H. Policy Review Schedule

IV. Old Business – (none)

V. New Business

A. Action Requests

1. Formulary Addition of Parsabiv® (etelcalcetide) for Dialysis – Dr. Khurana
2. Dental Update of Diabetes, CAD, Heart Failure and HIV DMGs – Dr. Horton
3. Update of Hepatitis C DMG – Dr. Khan

B. Drug Category Review

1. EENT Agents
2. Topical Agents

C. FDA Medication Safety Advisories

D. Manufacturer Shortages and Discontinuations

E. Policy and Procedure Revisions – Policies 40-10 through 75-30 will be reviewed in November

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: August 16, 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:

B-14.05 – ATTH. A-N

New Business:

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

B-14.19	B-14.20	B-14.21*	B-14.24	B-14.25	B-14.27	
			*Indicates Attachment(s) included in the Policy			

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

POLICY #	POLICY NAME	SUBMITTED BY
B-14.05 ATTH. A- N	Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Care Employees	Janet Gonzalez
B-14.19 ATTH. A	Texas Notifiable Conditions	Carol Lynn Coglianesse
B-14.21 Attachment	Type and Duration of Transmission Based Precautions	Carol Lynn Coglianesse
B-14.22	Handwashing	Carol Lynn Coglianesse
B-14.26	Gastrointestinal Illness	Chris Black-Edwards
B-14.26	Attach. – GI Log	Chris Black-Edwards

IV. Adjourn

Next Meeting: October 11, 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: July 11, 2018

I. Call to Order

A. Minutes Confirmation- Review/Approval of Minutes from May 24, 2018 meeting

II. Dental Policy Review

- A. E-36.4 Dental Prosthodontic Services
- B. E-36.5-D Dental Utilization and Quality Review Committee
- C. E-36.7-D Dental Clinic Operations Reporting
- D. E-36.3-D Recording and Scheduling Dental Patient Visits

III. Update on ETTF (Dr. B. Horton)

E-36.5 Dental Utilization Quality Review Committee (Dr. B. Horton)

- IV. Single Use Items (Dr. B. Hirsch)
 - Torches in the Clinic (Dr. B. Hirsch)
 - Endo Syringes (Dr. B. Hirsch)
 - TJJD Policy/TDCJ Youth Offenders (Dr. B. Hirsch)
 - Review of CMHC Policies from the Dental Manual (Dr. B. Hirsch)
 - E-37.1 Daily Processing of Health Complaints and Sick Call
 - Policies Relative to Dental and Medical to be Considered for Combination

V. Dr. Cecil Wood

VI. 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 May 2018:

There were 129 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2018. Of those 129 deaths, 3 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: August 9, 2018

- I. Call to Order
- II. Approval of Minutes from the April 11, 2018 meeting

III. Old Business

1. PHI
2. ORA

IV. New Business

1. CMHC – Policy G-53.1 Suicide Prevention Plan
2. Pharmacy DMG's
3. Opioid Overdose SDO
4. Restrictive Housing – Suicide Prevention Pilot
5. HCV Treatment
6. Estelle High Security
7. Hodge – Hydration Rounding
8. Proposals
 - Stiles – 200 Bed Assisted Living Unit
 - Murray – 145 Bed Sheltered Housing Unit
9. MHTDP – Hughes – Discussion of Male/Female Cohort
10. Behavioral Health Heat Prioritization
11. Mountain View Climate Controlled Prioritization
12. CDO Nursing Documentation
13. Addendum Note
14. PHD Mental Health Screen Document
15. OIG
16. SIR Security Interviews
17. Dual Documentation for TDCJ
18. HSN1 Part 3 & 4

V. Other

VI. Next Meeting: October 10, 2018 at 10:00am in Conroe, TX.

VII. Adjournment

Financial Report on Correctional Managed Health Care



Quarterly Report FY2018 Third Quarter

September 2017 – May 2018

Third Quarter Financial Report on Correctional Managed Health Care

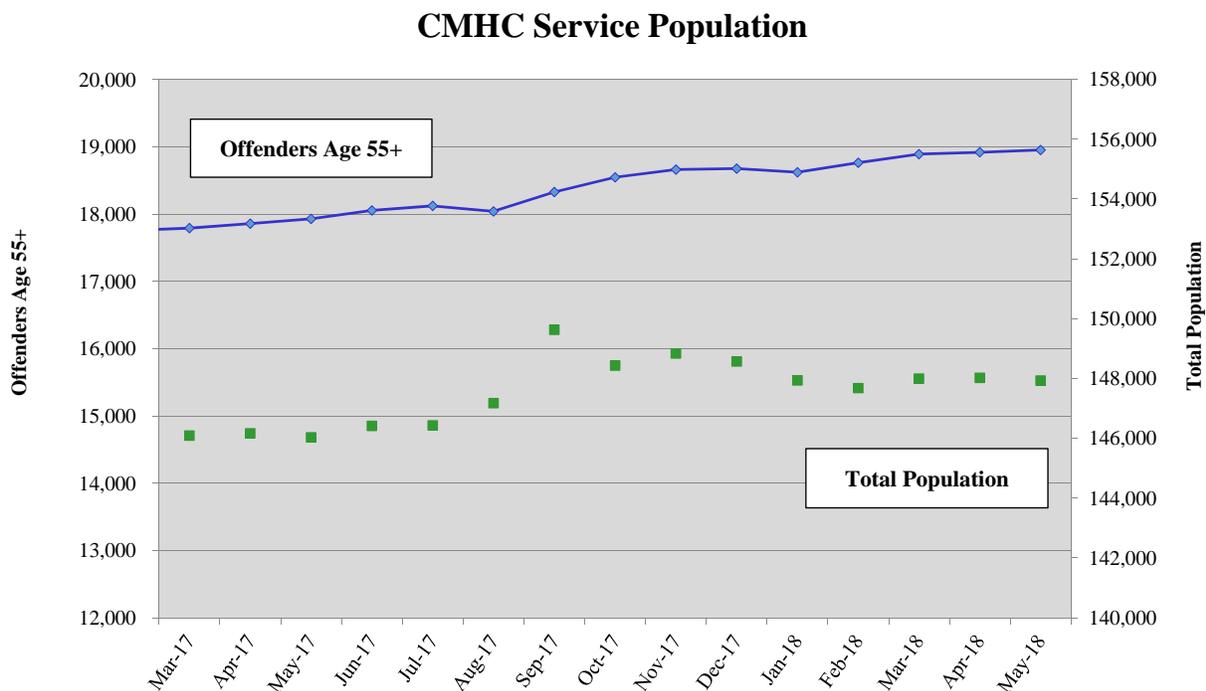
Overview

- Report submitted in accordance with the FY2018-19 General Appropriations Act, Article V, Rider 46, 85th 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

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

Population

- Overall offender service population has increased 1.4% from FY2017
 - Average daily census 146,281 through 3rd quarter of FY2017 compared to 148,340 through 3rd quarter of FY2018
- Offenders aged 55 or older population increased 6.2% from FY2017
 - Average daily census 17,612 through 3rd quarter of FY2017 compared to 18,706 through 3rd quarter of FY2018
 - While comprising about 12.6% of the overall service population, offenders age 55 and over account for 47.1% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2018 average number of psychiatric inpatients through 3rd quarter: 1,813
 - FY2018 average number of psychiatric outpatients through 3rd quarter: 25,336



Health Care Costs

- Total expenses through 3rd quarter, FY2018: \$523.5M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$274.9M, 52.5% of total expenses
- Hospital and Clinical Care - \$197.5M, 37.7% of total
- Pharmacy Services - \$51.1M, 9.8% of total
 - HIV related drugs: 37.6% of total drug costs
 - Psychiatric drugs: 5.8% of total drug costs
 - Hepatitis C drug therapies: 14.7% of total drug costs
- Cost per offender per day, FY2018 through 3rd quarter: \$12.93
 - 3% 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	FYTD 18 3rd Qtr
Population								
UTMB	118,705	117,779	116,828	116,574	117,472	119,343	118,965	118,817
TTUHSC	31,314	30,790	30,004	29,807	30,479	29,623	29,551	29,523
Total	150,019	148,569	146,832	146,381	147,950	148,966	148,516	148,340
Expenses								
UTMB	\$456,286,749	\$474,922,507	\$523,473,857	\$554,779,025	\$502,365,535	\$141,641,876	\$284,485,282	\$434,149,782
TTUHSC	\$102,834,980	\$107,975,637	\$118,262,289	\$115,982,376	\$111,263,821	\$29,840,434	\$59,408,330	\$89,416,564
Total	\$559,121,729	\$582,898,144	\$641,736,146	\$670,761,401	\$613,629,355	\$171,482,310	\$343,893,612	\$523,566,346
Cost/Day								
UTMB	\$10.53	\$11.05	\$12.24	\$13.04	\$11.71	\$13.04	\$13.21	\$13.38
TTUHSC	\$9.00	\$9.61	\$10.77	\$10.66	\$9.99	\$11.07	\$11.11	\$11.09
Total	\$10.21	\$10.75	\$11.94	\$12.55	\$11.36	\$12.65	\$12.79	\$12.93

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
Third Quarter, FY2018

Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 44,827,313	\$ 178,946,504	\$ 223,773,817
State Reimbursement Benefits	\$ 7,216,215	\$ 40,880,574	\$ 48,096,789
Other Misc Revenue	\$ 1,555	\$ 54,630	\$ 56,185
C.1.8. Total Method of Finance	\$ 52,045,083	\$ 219,881,708	\$ 271,926,791
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 23,349,129	\$ 118,414,416	\$ 141,763,545
State Reimbursement Benefits	\$ 1,545,227	\$ -	\$ 1,545,227
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 24,894,356	\$ 118,414,416	\$ 143,308,772
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 9,101,582	\$ 36,324,094	\$ 45,425,676
State Reimbursement Benefits	\$ 66,405	\$ 1,696,275	\$ 1,762,680
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 9,167,987	\$ 38,020,369	\$ 47,188,356
TOTAL METHOD OF FINANCE	\$ 86,107,426	\$ 376,316,493	\$ 462,423,919

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 77,278,024	\$ 333,685,014	\$ 410,963,038
State Reimbursement Benefits	\$ 8,827,847	\$ 42,576,849	\$ 51,404,696
Other Misc Revenue	\$ 1,555	\$ 54,630	\$ 56,185
TOTAL METHOD OF FINANCE	\$ 86,107,426	\$ 376,316,493	\$ 462,423,919

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 52,108,404	\$ 222,840,206	\$ 274,948,610
C.1.9. Hospital & Clinical Care	\$ 28,700,737	\$ 168,838,696	\$ 197,539,433
C.1.10. Managed Health Care - Pharmacy	\$ 8,607,423	\$ 42,470,880	\$ 51,078,303
TOTAL EXPENDITURES	\$ 89,416,564	\$ 434,149,782	\$ 523,566,346

DIFFERENCE	\$ (3,309,138)	\$ (57,833,289)	\$ (61,142,427)
FY17 Ending Balance / Cost Report Reconciliation	\$ -	\$ (7,498,273)	\$ (7,498,273)
NET DIFFERENCE	\$ (3,309,138)	\$ (65,331,562)	\$ (68,640,700)

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

C.1.8. UNIT & PSYCHIATRIC CARE			
Method of Finance:	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 44,827,313	\$ 178,946,504	\$ 223,773,817
State Reimbursement Benefits	\$ 7,216,215	\$ 40,880,574	\$ 48,096,789
Other Misc Revenue	\$ 1,555	\$ 54,630	\$ 56,185
TOTAL METHOD OF FINANCE	\$ 52,045,083	\$ 219,881,708	\$ 271,926,791
Expenditures:			
Unit Care			
Salaries	\$ 17,829,533	\$ 134,129,849	\$ 151,959,382
Benefits	\$ 5,750,325	\$ 38,640,971	\$ 44,391,296
Other Operating Expenses	\$ 1,597,946	\$ 16,596,635	\$ 18,194,581
Professional Services	\$ 1,799,187	\$ -	\$ 1,799,187
Contracted Units/Services	\$ 10,625,037	\$ -	\$ 10,625,037
Travel	\$ 141,811	\$ 889,900	\$ 1,031,711
Capitalized Equipment	\$ 73,427	\$ 376,834	\$ 450,261
Subtotal, Unit Care	\$ 37,817,266	\$ 190,634,189	\$ 228,451,455
Psychiatric Care			
Salaries	\$ 9,370,991	\$ 21,204,656	\$ 30,575,647
Benefits	\$ 2,579,873	\$ 5,336,333	\$ 7,916,206
Other Operating Expenses	\$ 128,142	\$ 192,375	\$ 320,517
Professional Services	\$ 941,293	\$ -	\$ 941,293
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 38,088	\$ 94,206	\$ 132,294
Subtotal, Psychiatric Care	\$ 13,058,387	\$ 26,827,570	\$ 39,885,957
Indirect Expenditures (Shared Services)	\$ 1,232,751	\$ 5,378,447	\$ 6,611,198
TOTAL EXPENDITURES	\$ 52,108,404	\$ 222,840,206	\$ 274,948,610
DIFFERENCE	\$ (63,321)	\$ (2,958,498)	\$ (3,021,819)

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

C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 23,349,129	\$ 118,414,416	\$ 141,763,545
State Reimbursement Benefits	\$ 1,545,227	\$ -	\$ 1,545,227
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 24,894,356	\$ 118,414,416	\$ 143,308,772
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,200,000	\$ 17,046,971	\$ 18,246,971
Freeworld Provider Services	\$ 11,620,270	\$ 28,709,231	\$ 40,329,501
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 10,294,886	\$ 108,592,933	\$ 118,887,819
Estimated IBNR	\$ 4,943,480	\$ 10,414,489	\$ 15,357,969
Subtotal, Hospital & Clinical Care	\$ 28,058,636	\$ 164,763,624	\$ 192,822,260
Indirect Expenditures (Shared Services)	\$ 642,101	\$ 4,075,072	\$ 4,717,173
TOTAL EXPENDITURES	\$ 28,700,737	\$ 168,838,696	\$ 197,539,433
DIFFERENCE	\$ (3,806,381)	\$ (50,424,280)	\$ (54,230,661)

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 9,101,582	\$ 36,324,094	\$ 45,425,676
State Reimbursement Benefits	\$ 66,405	\$ 1,696,275	\$ 1,762,680
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 9,167,987	\$ 38,020,369	\$ 47,188,356
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,452,463	\$ 5,647,275	\$ 7,099,738
Benefits	\$ 73,172	\$ 1,830,720	\$ 1,903,892
Other Operating Expenses	\$ 352,717	\$ 1,218,151	\$ 1,570,868
Pharmaceutical Purchases	\$ 6,468,547	\$ 32,719,002	\$ 39,187,549
Travel	\$ 10,231	\$ 30,659	\$ 40,890
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 8,357,130	\$ 41,445,807	\$ 49,802,937
Indirect Expenditures (Shared Services)	\$ 250,293	\$ 1,025,073	\$ 1,275,366
TOTAL EXPENDITURES	\$ 8,607,423	\$ 42,470,880	\$ 51,078,303
DIFFERENCE	\$ 560,564	\$ (4,450,511)	\$ (3,889,947)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2018 YTD</u>
Average Service Population							
UTMB Service Population	119,344	118,586	118,456	118,539	118,569	118,521	118,817
TTUHSC Service Population	29,623	29,479	29,548	29,488	29,364	29,467	29,523
Average Service Population	148,967	148,065	148,004	148,027	147,933	147,988	148,340
Population Age 55 and Over							
UTMB Population	15,437	15,621	15,833	15,870	15,937	15,880	15,646
TTUHSC Population	3,075	3,067	3,057	3,047	3,013	3,039	3,060
Population Age 55 and Over	18,512	18,688	18,890	18,917	18,950	18,919	18,706
HIV Population	2,021	2,015	2,024	2,016	2,004	2,015	2,017
Medical Inpatient Average Daily Census							
UTMB-Hospital Galveston	87	92	90	91	94	92	90
UTMB Freeworld Hospitals	36	29	25	28	33	28	31
TTUHSC Freeworld Hospitals	9	9	9	10	9	9	9
Medical Inpatient Average Daily Census	132	130	124	129	136	129	130
Medical Outpatient Visits							
UTMB Specialty Clinics and ER Visits	7,665	7,533	8,059	8,216	8,806	8,360	7,853
TTUHSC Freeworld Outpatient and ER Visits	1,269	1,218	1,296	1,275	1,355	1,309	1,265
Medical Outpatient Visits	8,934	8,751	9,355	9,491	10,161	9,669	9,118
Mental Health Inpatient Average Census							
UTMB Psychiatric Inpatient	998	962	970	957	961	963	974
TTUHSC Psychiatric Inpatient	868	842	819	807	798	808	839
Mental Health Inpatient Average Census	1,866	1,804	1,789	1,764	1,759	1,771	1,813
Mental Health Outpatient Caseload, Month End							
UTMB Psychiatric Outpatient	19,710	20,036	20,255	20,181	20,413	20,283	20,010
TTUHSC Psychiatric Outpatient	5,286	5,304	5,370	5,435	5,353	5,386	5,326
Mental Health Outpatient Caseload, Month End	24,996	25,340	25,625	25,616	25,766	25,669	25,336

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
Third Quarter, FY2018

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 6/27/2018
REVENUE:						
TDCJ Appropriation	\$ 25,759,341	\$ 25,476,271	\$ 26,042,412	\$ -	\$ 77,278,024	\$ 103,320,436
State Reimbursement Benefits	\$ 2,799,661	\$ 3,021,105	\$ 3,007,081	\$ -	\$ 8,827,847	\$ 11,450,463
Other Misc Revenue	\$ 326	\$ 280	\$ 949	\$ -	\$ 1,555	\$ 2,074
TOTAL REVENUES	\$ 28,559,328	\$ 28,497,656	\$ 29,050,442	\$ -	\$ 86,107,426	\$ 114,772,973

C.1.8. UNIT & PSYCHIATRIC CARE

EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 5,773,707	\$ 6,028,086	\$ 6,027,740	\$ -	\$ 17,829,533	\$ 23,937,711
Benefits	\$ 1,802,011	\$ 1,971,534	\$ 1,976,780	\$ -	\$ 5,750,325	\$ 7,712,100
Other Operating Expenses	\$ 593,602	\$ 489,991	\$ 514,353	\$ -	\$ 1,597,946	\$ 2,214,206
Professional Services	\$ 547,489	\$ 506,495	\$ 745,203	\$ -	\$ 1,799,187	\$ 2,473,916
Contracted Units/Services	\$ 3,792,126	\$ 3,383,039	\$ 3,449,872	\$ -	\$ 10,625,037	\$ 14,061,473
Travel	\$ 42,891	\$ 51,656	\$ 47,264	\$ -	\$ 141,811	\$ 194,081
Capitalized Equipment	\$ 23,917	\$ 19,995	\$ 29,515	\$ -	\$ 73,427	\$ 125,000
Subtotal, Unit Care Expenditures	\$ 12,575,743	\$ 12,450,796	\$ 12,790,727	\$ -	\$ 37,817,266	\$ 50,718,487
Psychiatric Care Expenditures						
Salaries	\$ 3,174,463	\$ 3,125,519	\$ 3,071,009	\$ -	\$ 9,370,991	\$ 12,519,655
Benefits	\$ 856,159	\$ 879,800	\$ 843,914	\$ -	\$ 2,579,873	\$ 3,444,831
Other Operating Expenses	\$ 41,660	\$ 41,720	\$ 44,762	\$ -	\$ 128,142	\$ 170,856
Professional Services	\$ 200,241	\$ 274,440	\$ 466,612	\$ -	\$ 941,293	\$ 1,255,058
Travel	\$ 8,494	\$ 12,206	\$ 17,388	\$ -	\$ 38,088	\$ 50,784
Subtotal, Psychiatric Care Expenditures	\$ 4,281,017	\$ 4,333,685	\$ 4,443,685	\$ -	\$ 13,058,387	\$ 17,441,184
Total Expenditures, Unit & Psychiatric Care	\$ 16,856,760	\$ 16,784,481	\$ 17,234,412	\$ -	\$ 50,875,653	\$ 68,159,671

C.1.9. HOSPITAL & CLINICAL CARE

EXPENDITURES:						
University Professional Services	\$ 400,000	\$ 400,000	\$ 400,000	\$ -	\$ 1,200,000	\$ 1,300,000
Freeworld Provider Services	\$ 3,630,077	\$ 3,938,685	\$ 4,051,508	\$ -	\$ 11,620,270	\$ 22,385,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,373,919	\$ 3,401,727	\$ 3,519,240	\$ -	\$ 10,294,886	\$ 13,726,514
Estimated IBNR	\$ 1,891,499	\$ 1,582,239	\$ 1,469,742	\$ -	\$ 4,943,480	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,295,495	\$ 9,322,651	\$ 9,440,490	\$ -	\$ 28,058,636	\$ 37,411,514

C.1.10. MANAGED HEALTH CARE PHARMACY

EXPENDITURES:						
Salaries	\$ 519,435	\$ 528,535	\$ 404,493	\$ -	\$ 1,452,463	\$ 1,936,617
Benefits	\$ 23,200	\$ 25,558	\$ 24,414	\$ -	\$ 73,172	\$ 97,562
Other Operating Expenses	\$ 84,911	\$ 73,704	\$ 194,102	\$ -	\$ 352,717	\$ 470,290
Pharmaceutical Purchases	\$ 2,349,322	\$ 2,129,368	\$ 1,989,857	\$ -	\$ 6,468,547	\$ 8,849,729
Travel	\$ 2,929	\$ 3,002	\$ 4,300	\$ -	\$ 10,231	\$ 13,642
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,979,797	\$ 2,760,167	\$ 2,617,166	\$ -	\$ 8,357,130	\$ 11,367,840

Indirect Expenditures (Shared Services)	\$ 708,382	\$ 700,597	\$ 716,166	\$ -	\$ 2,125,145	\$ 2,841,312
TOTAL EXPENDITURES	\$ 29,840,434	\$ 29,567,896	\$ 30,008,234	\$ -	\$ 89,416,564	\$ 119,780,338
DIFFERENCE	\$ (1,281,106)	\$ (1,070,240)	\$ (957,792)	\$ -	\$ (3,309,138)	\$ (5,007,365)

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/20/2018
REVENUE:						
TDCJ Appropriation	\$ 111,228,338	\$ 110,006,049	\$ 112,450,627	\$ -	\$ 333,685,014	\$ 448,135,641
State Reimbursement Benefits	\$ 13,612,866	\$ 14,712,899	\$ 14,251,084	\$ -	\$ 42,576,849	\$ 57,281,565
Other Misc Revenue	\$ 19,444	\$ 15,495	\$ 19,691	\$ -	\$ 54,630	\$ 73,040
TOTAL REVENUES	\$ 124,860,648	\$ 124,734,443	\$ 126,721,402	\$ -	\$ 376,316,493	\$ 505,490,246

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 43,746,083	\$ 44,590,334	\$ 45,793,432	\$ -	\$ 134,129,849	\$ 180,604,543
Benefits	\$ 12,389,280	\$ 13,048,482	\$ 13,203,209	\$ -	\$ 38,640,971	\$ 52,025,912
Other Operating Expenses	\$ 5,546,017	\$ 4,908,480	\$ 6,142,138	\$ -	\$ 16,596,635	\$ 22,225,697
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 302,080	\$ 263,255	\$ 324,565	\$ -	\$ 889,900	\$ 1,095,586
Capitalized Equipment	\$ 198,772	\$ 35,436	\$ 142,626	\$ -	\$ 376,834	\$ 1,200,000
Subtotal, Unit Care Expenditures	\$ 62,182,232	\$ 62,845,987	\$ 65,605,970	\$ -	\$ 190,634,189	\$ 257,151,738
Psychiatric Care Expenditures						
Salaries	\$ 6,931,789	\$ 7,148,377	\$ 7,124,490	\$ -	\$ 21,204,656	\$ 28,431,647
Benefits	\$ 1,718,184	\$ 1,815,668	\$ 1,802,481	\$ -	\$ 5,336,333	\$ 7,155,067
Other Operating Expenses	\$ 61,349	\$ 62,863	\$ 68,163	\$ -	\$ 192,375	\$ 877,083
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 32,779	\$ 32,819	\$ 28,608	\$ -	\$ 94,206	\$ 220,161
Subtotal, Psychiatric Care Expenditures	\$ 8,744,101	\$ 9,059,727	\$ 9,023,742	\$ -	\$ 26,827,570	\$ 36,683,958
Total Expenditures, Unit & Psychiatric Care	\$ 70,926,333	\$ 71,905,714	\$ 74,629,712	\$ -	\$ 217,461,759	\$ 293,835,696

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,292,860	\$ 5,621,520	\$ 6,132,591	\$ -	\$ 17,046,971	\$ 22,791,737
Freeworld Provider Services	\$ 4,142,553	\$ 10,658,241	\$ 13,908,437	\$ -	\$ 28,709,231	\$ 53,156,042
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,721,638	\$ 35,918,019	\$ 38,953,276	\$ -	\$ 108,592,933	\$ 145,188,354
Estimated IBNR	\$ 9,470,480	\$ 1,639,520	\$ (695,511)	\$ -	\$ 10,414,489	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 52,627,531	\$ 53,837,300	\$ 58,298,793	\$ -	\$ 164,763,624	\$ 221,136,133

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,831,852	\$ 1,860,547	\$ 1,954,876	\$ -	\$ 5,647,275	\$ 7,550,361
Benefits	\$ 592,634	\$ 610,660	\$ 627,426	\$ -	\$ 1,830,720	\$ 2,447,658
Other Operating Expenses	\$ 349,903	\$ 332,952	\$ 535,296	\$ -	\$ 1,218,151	\$ 1,626,067
Pharmaceutical Purchases	\$ 11,882,062	\$ 10,856,782	\$ 9,980,158	\$ -	\$ 32,719,002	\$ 44,705,062
Travel	\$ 5,514	\$ 10,583	\$ 14,562	\$ -	\$ 30,659	\$ 40,990
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 14,661,965	\$ 13,671,524	\$ 13,112,318	\$ -	\$ 41,445,807	\$ 56,370,138

Indirect Expenditures (Shared Services)	\$ 3,426,047	\$ 3,428,868	\$ 3,623,677	\$ -	\$ 10,478,592	\$ 14,134,652
TOTAL EXPENDITURES	\$ 141,641,876	\$ 142,843,406	\$ 149,664,500	\$ -	\$ 434,149,782	\$ 585,476,619
DIFFERENCE	\$ (16,781,228)	\$ (18,108,963)	\$ (22,943,098)	\$ -	\$ (57,833,289)	\$ (79,986,373)

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

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 136,987,679	\$ 135,482,320	\$ 138,493,039	\$ -	\$ 410,963,038	\$ 551,456,077
State Reimbursement Benefits	\$ 16,412,527	\$ 17,734,004	\$ 17,258,165	\$ -	\$ 51,404,696	\$ 68,732,028
Other Misc Revenue	\$ 19,770	\$ 15,775	\$ 20,640	\$ -	\$ 56,185	\$ 75,114
TOTAL REVENUES	\$ 153,419,976	\$ 153,232,099	\$ 155,771,844	\$ -	\$ 462,423,919	\$ 620,263,219

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 49,519,790	\$ 50,618,420	\$ 51,821,172	\$ -	\$ 151,959,382	\$ 204,542,254
Benefits	\$ 14,191,291	\$ 15,020,016	\$ 15,179,989	\$ -	\$ 44,391,296	\$ 59,738,012
Other Operating Expenses	\$ 6,139,619	\$ 5,398,471	\$ 6,656,491	\$ -	\$ 18,194,581	\$ 24,439,903
Professional Services	\$ 547,489	\$ 506,495	\$ 745,203	\$ -	\$ 1,799,187	\$ 2,473,916
Contracted Units/Services	\$ 3,792,126	\$ 3,383,039	\$ 3,449,872	\$ -	\$ 10,625,037	\$ 14,061,473
Travel	\$ 344,971	\$ 314,911	\$ 371,829	\$ -	\$ 1,031,711	\$ 1,289,667
Capitalized Equipment	\$ 222,689	\$ 55,431	\$ 172,141	\$ -	\$ 450,261	\$ 1,325,000
Subtotal, Unit Care Expenditures	\$ 74,757,975	\$ 75,296,783	\$ 78,396,697	\$ -	\$ 228,451,455	\$ 307,870,225
Psychiatric Care Expenditures						
Salaries	\$ 10,106,252	\$ 10,273,896	\$ 10,195,499	\$ -	\$ 30,575,647	\$ 40,951,302
Benefits	\$ 2,574,343	\$ 2,695,468	\$ 2,646,395	\$ -	\$ 7,916,206	\$ 10,599,898
Other Operating Expenses	\$ 103,009	\$ 104,583	\$ 112,925	\$ -	\$ 320,517	\$ 1,047,939
Professional Services	\$ 200,241	\$ 274,440	\$ 466,612	\$ -	\$ 941,293	\$ 1,255,058
Travel	\$ 41,273	\$ 45,025	\$ 45,996	\$ -	\$ 132,294	\$ 270,945
Subtotal, Psychiatric Care Expenditures	\$ 13,025,118	\$ 13,393,412	\$ 13,467,427	\$ -	\$ 39,885,957	\$ 54,125,142
Total Expenditures, Unit & Psychiatric Care	\$ 87,783,093	\$ 88,690,195	\$ 91,864,124	\$ -	\$ 268,337,412	\$ 361,995,367

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,692,860	\$ 6,021,520	\$ 6,532,591	\$ -	\$ 18,246,971	\$ 24,091,737
Freeworld Provider Services	\$ 7,772,630	\$ 14,596,926	\$ 17,959,945	\$ -	\$ 40,329,501	\$ 75,541,042
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 37,095,557	\$ 39,319,746	\$ 42,472,516	\$ -	\$ 118,887,819	\$ 158,914,868
Estimated IBNR	\$ 11,361,979	\$ 3,221,759	\$ 774,231	\$ -	\$ 15,357,969	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 61,923,026	\$ 63,159,951	\$ 67,739,283	\$ -	\$ 192,822,260	\$ 258,547,647

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,351,287	\$ 2,389,082	\$ 2,359,369	\$ -	\$ 7,099,738	\$ 9,486,978
Benefits	\$ 615,834	\$ 636,218	\$ 651,840	\$ -	\$ 1,903,892	\$ 2,545,220
Other Operating Expenses	\$ 434,814	\$ 406,656	\$ 729,398	\$ -	\$ 1,570,868	\$ 2,096,357
Pharmaceutical Purchases	\$ 14,231,384	\$ 12,986,150	\$ 11,970,015	\$ -	\$ 39,187,549	\$ 53,554,791
Travel	\$ 8,443	\$ 13,585	\$ 18,862	\$ -	\$ 40,890	\$ 54,632
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,641,762	\$ 16,431,691	\$ 15,729,484	\$ -	\$ 49,802,937	\$ 67,737,978

Indirect Expenditures (Shared Services)	\$ 4,134,429	\$ 4,129,465	\$ 4,339,843	\$ -	\$ 12,603,737	\$ 16,975,964
--	---------------------	---------------------	---------------------	-------------	----------------------	----------------------

TOTAL EXPENDITURES	\$ 171,482,310	\$ 172,411,302	\$ 179,672,734	\$ -	\$ 523,566,346	\$ 705,256,957
---------------------------	-----------------------	-----------------------	-----------------------	-------------	-----------------------	-----------------------

DIFFERENCE	\$ (18,062,334)	\$ (19,179,203)	\$ (23,900,890)	\$ -	\$ (61,142,427)	\$ (84,993,738)
-------------------	------------------------	------------------------	------------------------	-------------	------------------------	------------------------

FY17 Ending Balance / Cost Report Reconciliation	\$ -	\$ -	\$ -	\$ -	\$ (7,498,273)	\$ (7,498,273)
---	-------------	-------------	-------------	-------------	-----------------------	-----------------------

NET DIFFERENCE	\$ (18,062,334)	\$ (19,179,203)	\$ (23,900,890)	\$ -	\$ (68,640,700)	\$ (92,492,011)
-----------------------	------------------------	------------------------	------------------------	-------------	------------------------	------------------------

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

As of August 2018

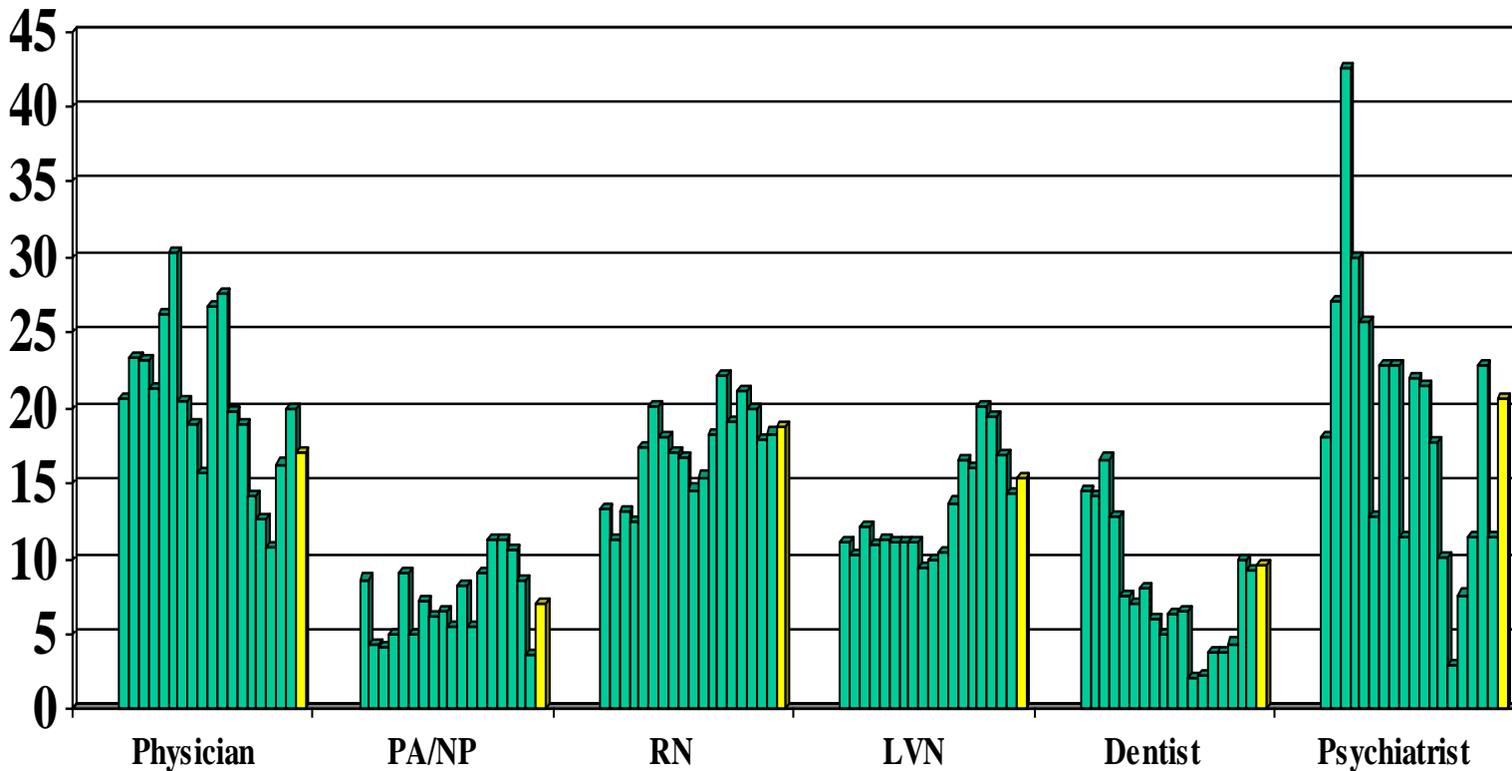
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Deputy Division Director-Health Services	Contract	04/01/2017	This position is currently posted. An interview is being scheduled for one applicant.
Director II-Office of Public Health	TDCJ	06/15/2015	This position is on hold.
Investigator II-Patient Liaison Program (Stiles Unit)	TDCJ	10/15/2017	The position closed on 6/1/2018. Interviews have been held and the selected applicant is in clearance.
Nurse II-Office of Health Services Monitoring	TDCJ	10/31/2017	The selected applicant will begin on 10/01/2018.
Manager IV-Mental Health Services Liaison	TDCJ	03/31/2018	The position posted on 3/29/18 and continues to be extended to expand the applicant pool.
Health Specialist V-Office of Mental Health Monitoring and Liaison	TDCJ	05/11/2018	The position closed on 08/30/2018. Interviews are being scheduled.
Manager III-Office of Mental Health Monitoring and Liaison	TDCJ	05/23/2018	The interview has been conducted. The selected applicant is in the clearance process.
Executive Assistant I-Division Director's Office	TDCJ	06/15/2018	The interview has been conducted. The selected applicant is in the clearance process.
Investigator III-Patient Liaison Program (Hilltop Unit)	TDCJ	07/01/2018	The position posted on 08/24/2018 and will close on 09/04/2018.
LVN III-Quality Assurance	TDCJ	07/01/2018	The position closed on 08/22/2018. Interviews are being scheduled.
LVN III-Office of Public Health	TDCJ	09/01/2018	This position was previously a Public Health and Prevention Specialist I. The request to post has been submitted.
None to Report	TTUHSC		
Physician I-II (12)	UTMB CMC	03/2015	Local and National Advertising, TAFP [‡] , NCCHC Conferences [†] , ACA Conference [*] and Agency Contacts.
Mid-Level Practitioners (PA and FNP) (4)	UTMB CMC	01/2018	Local and National Advertising, Career Fairs, TAPA [#] and TNP Conferences and Intern Programs.
Psychiatrists (7)	UTMB CMC	04/2014	Local and National Advertising, NCCHC [†] , TSPP ^Δ and Agency Contacts.

* ACA: American Correctional Association
† NCCHC: National Commission on Correctional Health Care
‡ TAFP: Texas Academy of Family Physicians
TAPA: Texas Academy of Physician Assistants
|| TNP: Texas Nurse Practitioners
ΔTSPP: 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

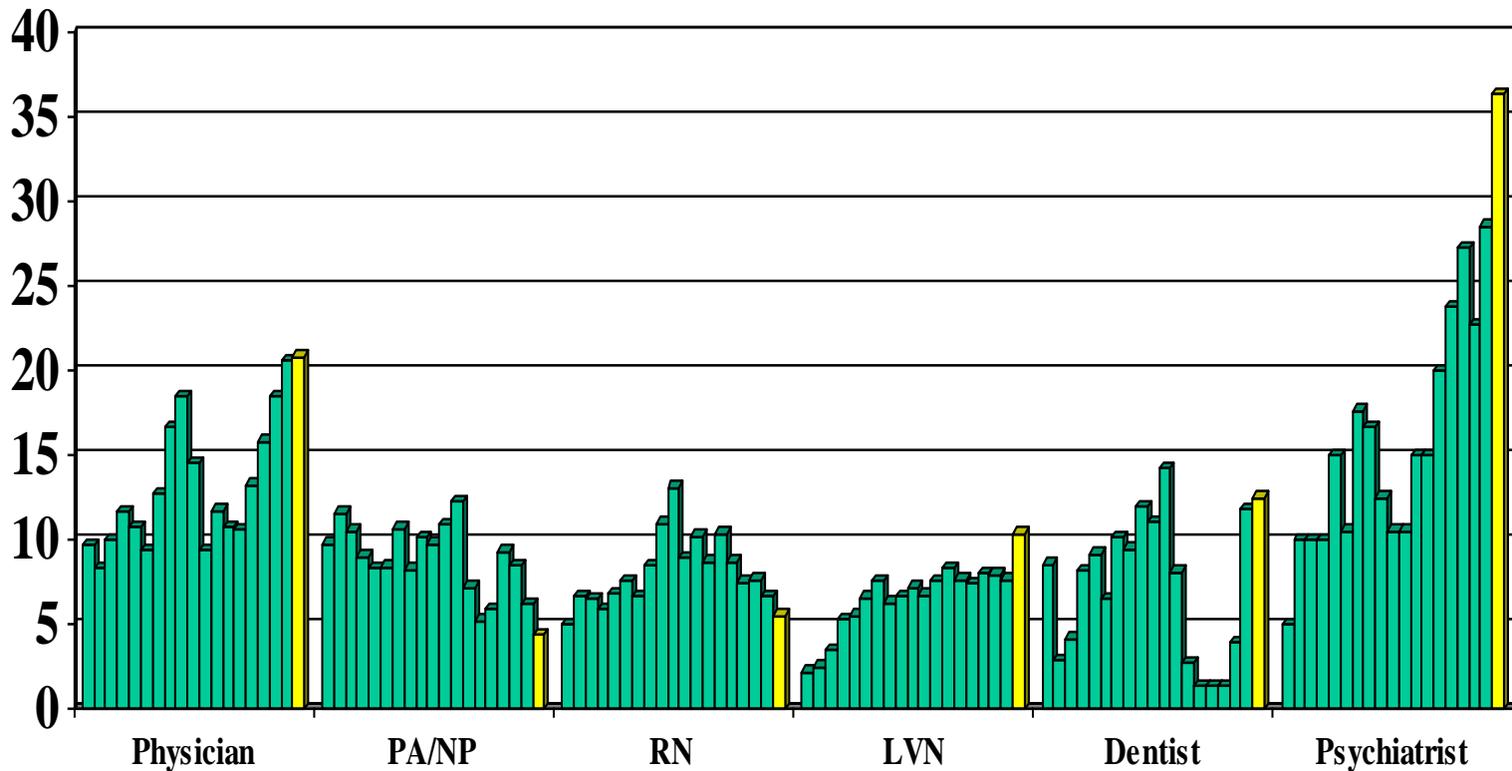


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

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 DEPARTMENT OF
CRIMINAL JUSTICE**

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

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Third Quarter Fiscal Year (FY) 2018 (March, April, and May 2018), Operational Review Audits (ORAs) were conducted at the following **9** facilities: Bradshaw State Jail, Diboll, Duncan, Hilltop, Kyle, Billy Moore, Mountain View, Travis County State Jail and Woodman State Jail.

- 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 **7** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Third Quarter of FY 2018:

1. 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 **3** facilities were not in compliance with this requirement:
 - Kyle (6%) – Corrective action plan received and closed
 - Moore, B. (79%) – Corrective action plan pending
 - Travis (32%) – Corrective action plan received and closed
2. Item **5.090** requires the daily cell side visits by nursing staff for offenders in disciplinary segregation be documented on Flow Sheet (HSN-46). The following **3** facilities were not in compliance with this requirement:
 - Duncan (79%) – Corrective action plan pending
 - Hilltop (67%) – Corrective action plan pending
 - Mountain View (78%) – Corrective action plan pending
3. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **3** facilities were not in compliance with this requirement:
 - Diboll (50%) – Corrective action plan pending
 - Kyle (67%) – Corrective action plan received and closed
 - Moore, B. (60%) – Corrective action plan pending

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

4. Item **3.090** requires incoming offenders receive an in processing dental within the required time frame. The following **2** facilities were not in compliance with this requirement:
 - Bradshaw (79%) – Corrective action plan pending
 - Travis (52%) – Corrective action plan received and closed

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

5. 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:
 - Bradshaw (75%) – Corrective action plan pending
 - Mountain View (70%) – Corrective action plan pending
 6. Item **6.205** requires newly diagnosed HIV positive offenders be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **2** facilities were not in compliance with this requirement:
 - Mountain View (0%) - Corrective action plan pending
 - Travis (25%) – Corrective action plan pending and closed
 7. 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) be referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway. The following **2** facilities were not in compliance with this requirement:
 - Moore, B. (67%) – Corrective action plan pending
 - Mountain View (50%) – Corrective action plan pending
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Estelle (GP, ECB, RMF, SAPF) Kegans Intermediate Sanction Facility, Ramsey, Stiles, Stringfellow and Vance. During the Third 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 Third 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 third quarter of FY 2018 (March, April, and May, 2018), Dental Quality Review audits were conducted at the following **12** facilities: Briscoe, Clemens, Cotulla, Kegans, Lychner, Ney, Ramsey, Scott, Stringfellow, Terrell, Torres, and Young. 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). **3** of the **12** facilities were not in compliance: Cotulla (**40%**), Ramsey (**67%**), Young (**70%**).
- **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. **4** of the **12** facilities were not in compliance: Clemens (**34%**), Ney (**60%**), Terrell (**15%**), Torres (**67%**).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Third Quarter of FY 2018, the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,402** correspondences. The PLP received **2,999** and Step II Grievance received **1,403**. There were **174** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Third Quarter FY 2018 for the Step II medical grievances was **4%**. 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 **4%** and **4%** for TTUHSC for the Third 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 Third Quarter of FY 2018, (March, April, and May 2018, the PLP nurses and investigators performed **30** Sick Call Request Verification Audits (SCRVAs) on **29** facilities. At some units, Expansion Cell Block (ECB) 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 **126** indicators were reviewed at the **29** facilities and **24** of the indicators fell below the 80 percent compliance threshold representing **19** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 29 facilities audited. There were 7 units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the 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 Third Quarter FY 2018, there were **15,001** intake HIV tests performed. Of those tested, **94** offenders were newly identified as having HIV infection. During the same time period, there were **10,056** pre-release tests performed with **0** found to be HIV positive. For this quarter, **9** new AIDS cases were identified.
- There were **469** cases of Hepatitis C identified for the Third Quarter FY 2018. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.

OFFICE OF PUBLIC HEALTH (CONTINUED)

- **300** cases of suspected Syphilis were reported in the Third Quarter FY 2018. **141** 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.
- **224** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2018. For the same time period, **112** 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 **25** TB cases (pulmonary and extra-pulmonary) under management for the Third 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 **186** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2018. There were **55** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **38** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Third Quarter FY-2018, **2** units received three day training which included the Wall Talk Training and received a two day training which included the Somebody Cares Training. As of the close of the quarter, 100 of the 104 facilities housing Correctional Institutional Division offenders had active peer education programs. During the Third Quarter FY-2018, **79** offenders trained to become peer educators. This is a decrease from the Second Quarter FY-2018 Report. During the Third Quarter FY-2018, **20,813** offenders attended the classes presented by peer educators. This is an increase from the Second Quarter FY-2018.

MORBIDITY AND MORTALITY

There were **129** deaths reviewed by the Morbidity and Mortality Review Committee during the months of March, April, and May 2018. Of those **129** deaths, **3** 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	1
Nursing Peer Review	0
Mental Health Peer Review	2
Total	3

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

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

- The OMHM&L monitors all restrictive housing facilities within the TDCJ CID and State Jails once every six months. During the Third Quarter of FY 2018, **18** restrictive housing facilities were audited including: Clements, Lopez, Dominguez, Cole, Connally, Powledge, McConnell, Polunsky, Bradshaw, Allred (ECB), East Texas, Allred (12 Bldg), Lewis, Sanchez, Darrington, Hutchins, Ramsey, and Clemens. The OMHM&L auditors observed **2,398** offenders, interviewed **2,132** offenders, and referred **4** offenders for further evaluation by university providers.
- In addition to monitoring the mental health status of offenders in restrictive housing, 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 Cole or East Texas units because there were no sick call requests (SCR) submitted for the Third Quarter of FY 2018. For ATC 4, **16** of **16** applicable units were **100%** compliant. For ATC 5, **16** of **16** units were **100%** compliant. For ATC 6, **16** of **16** units were **100%** compliant. For the 911 tool availability, **18** of **18** 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 Third Quarter FY 2018, a total of **67** instances of compelled psychoactive medication administration occurred. There was **1** instance at the Clements unit, **6** instances at the Jester IV unit, **14** at the Montford Unit, and **46** at the Skyview Unit. During each month of the quarter, Jester IV, Montford, and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements was **N/A** in March and April and **100%** compliant in May.
- 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. **23** of the **25** facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Bradshaw, Byrd, Dominguez, East Texas, Formby, Garza West, Gist, Glossbrenner, Gurney, Halbert, Hutchins, Jester I, Johnston, Kegans Intermediate Sanctioned Facility, Lindsey, Lychner, Middleton, Plane, Rudd, Sanchez, Sayle, Travis, and Woodman. **2** of the **25** facilities earned compliance scores of **79%** or lower: Baten (**71%**) and Holliday (**0%**). Corrective action plans were requested from these 2 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 Third 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/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.
- Of the **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 **40**

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

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 Summer Conference will be held in Minneapolis, Minnesota on August 2-7, 2018. During this conference, the following facilities will be represented: Allred, Coffield, Connally, Darrington, Ferguson, Gurney, Hobby, Marlin, Rudd, Lewis, San Saba, Sayle, Telford, Terrell, and Young.

BIOMEDICAL RESEARCH PROJECTS

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

- Correctional Institutions Division Active Monthly Research Projects - **28**
- Correctional Institutions Division Pending Monthly Research Projects - **6**
- Health Services Division Active Monthly Medical Research Projects - **9**
- Health Services Division Pending Medical Research Projects - **2**

YOUR LIFE

— *our purpose* —

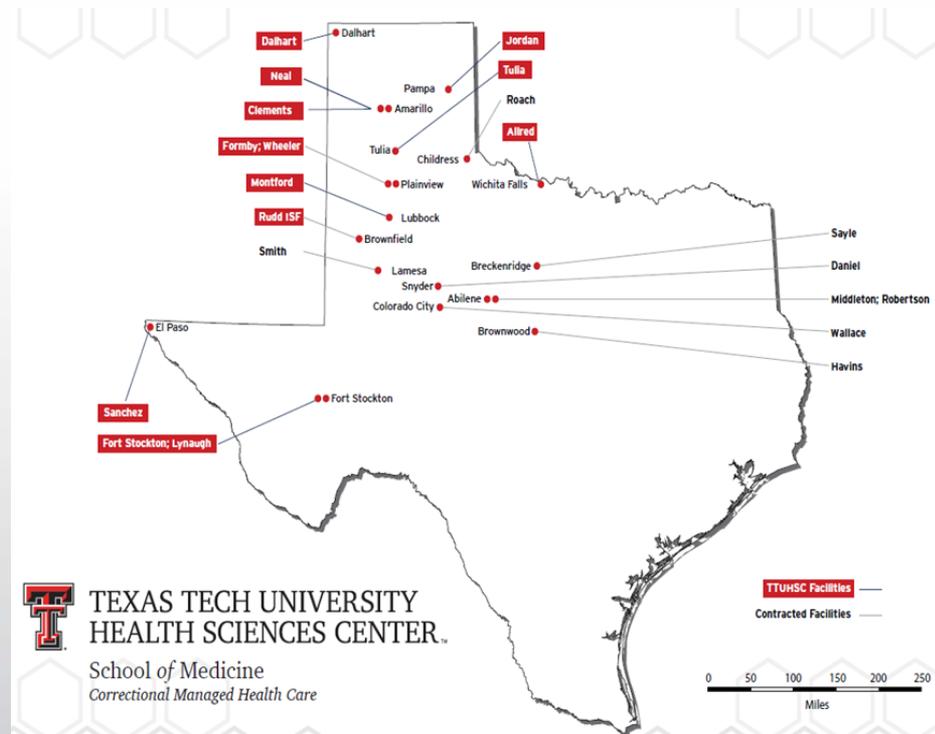
Texas Tech University Health Sciences Center

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

**Will Rodriguez, MSOLE
Executive Director
TTUHSC Managed Care**

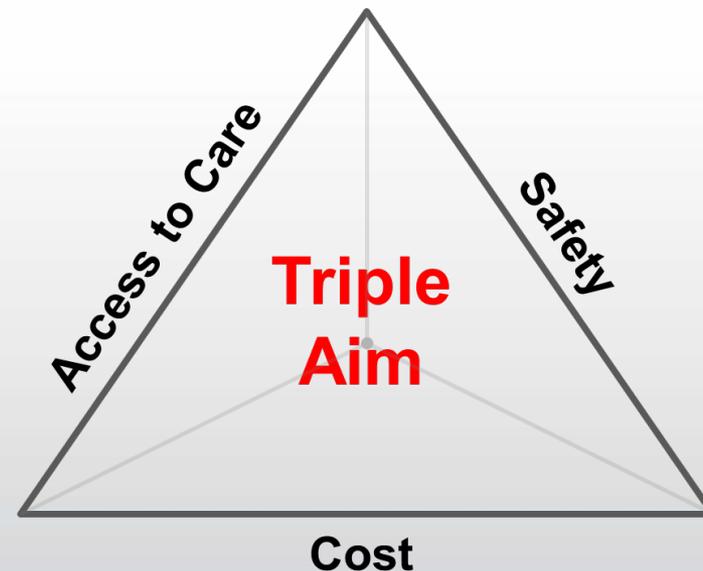
TTUHSC Sector

- 21 Facilities in 17 geographical sites
 - *Approx. 30,000 offenders*
 - *State prison, jails, transfer facilities, ISFs and SAFPs*
 - *128-bed medical/ surgical unit in Lubbock*
 - *51 infirmary beds*
 - *1018 inpatient behavioral health beds*
 - *100k+ Square miles*
- Rural Community Hospital Partnerships (5)



Our Services

- Levels of Care Provided
 - *Medically Mandatory*
 - *Medically Necessary*
- Annual Encounters FY18
 - *Medical – 33,043 encounters*
 - *Dental – 53,307 encounters*
 - *Mental Health - 81,140 encounters*
- Encounters via Telehealth Technology – 19,570 vs. 10,860 in FY17 (~80% increase)



Outpatient Services

- *Primary Care*
- *Specialty Care*
- *Long Term Care*
- *Urgent / Emergency Care*
- *Diagnostic Imaging*
- *Lab Services*
- *Behavioral Health*
- *Dental Services*
- *Therapy Services*
- *Infusion Services*
- *Telehealth*
- *Pharmacy Services*
- *Infectious Disease*
- *Utilization Management*
- *Dialysis Services*
- *Surgical Services*

Quality Outcomes

HEDIS - Healthcare Effectiveness Data and Information Set

Prevention/Disease Management	
Asthma	
Asthma Care	◆ 89%
Coronary Artery Disease (CAD)	
CAD: Statin Therapy	● 80%
Diabetes	
Diabetes Care: BP <140/90	● 67%
Diabetes Care: HbA1C Control <8%	● 66%
Diabetes Care: Nephropathy Screening	◆ 89%
Diabetes Care: Statin Therapy	● 69%
Hypertension	
Hypertension Total: BP Under Control	● 63%
Over 60 Hypertension: BP <150/90	● 73%
Under 60 Hypertension: BP <140/90	● 61%
Mental Health Care	
Mental Health: Diabetes Screening	● 88%

August 2018

◆ Asthma Care & Diabetes Care: Nephropathy Screening = Target Goal of 90%

Telemedicine

Primary Care – Includes Chronic Care and Sick Call Request (SCR)

FY 17	331
FY 18 YTD	1529

FY 18 YTD = Sept 2017-July 2018

*Total of 1,860 Patients Served
for Chronic Care and Sick Call
via Telemedicine*

Telehealth Specialty Clinics

Telemedicine Disciplines

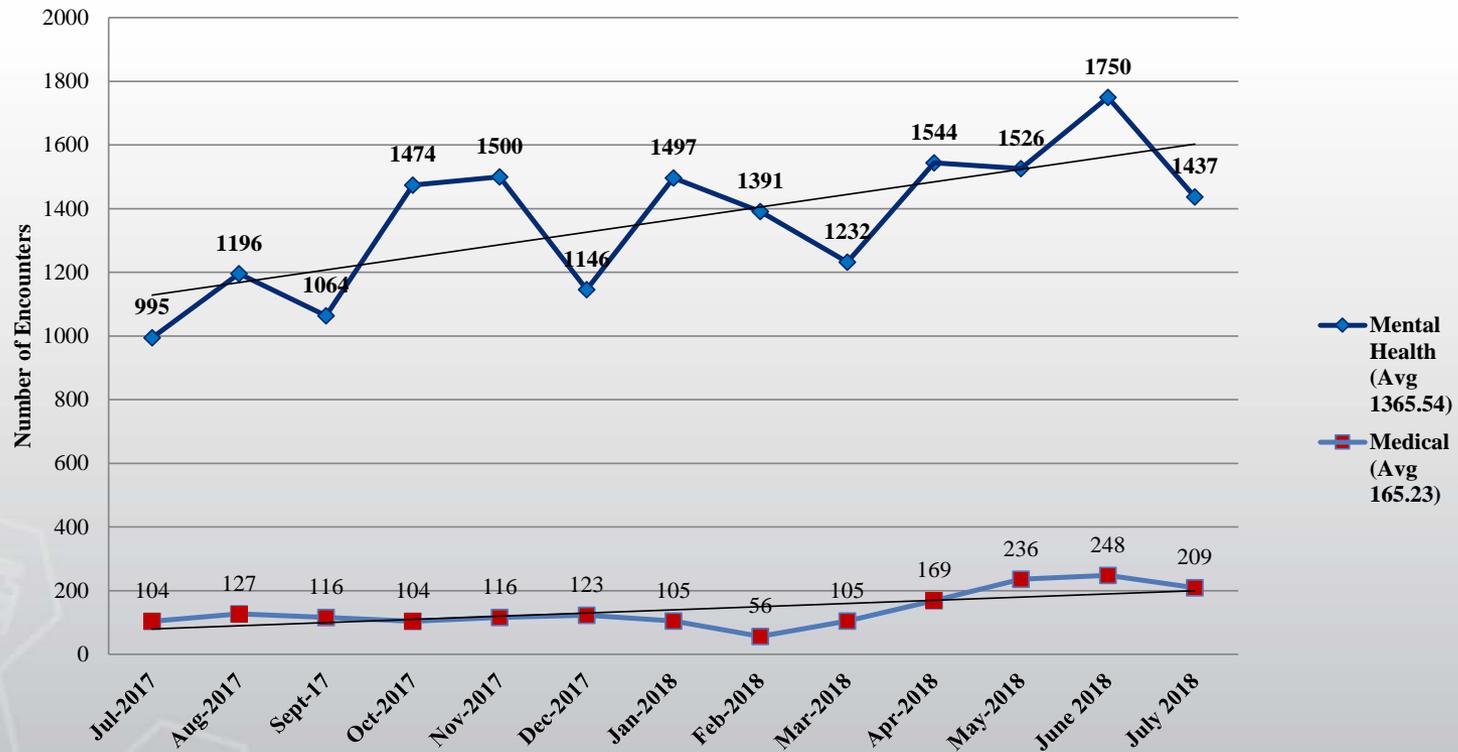
- Cardiology
- Dermatology
- Endocrinology
- Nephrology
- Urology
- Pharmacy
- Pulmonology
- Internal Medicine
- Rheumatology
- Optometry (**Pilot**)
- Dental (**Pilot**)

	Initial Consults	Follow-up Appointments	Total Telehealth Visits
FY 17	180	92	272
FY 18-YTD Sept 17 – Jul 18	311	173	484

Saving **756** Transfers to the Regional Medical Facility (RMF)

12 Month Telehealth Data

Telehealth Utilization
July 17 - July 18



Outpatient Hospital Partnerships

Top Three

- *University Medical Center*
 - Lubbock, Texas
- *Northwest Texas Hospital*
 - Amarillo, Texas
- *Hendrick Medical Center*
 - Abilene, Texas



Regional Medical Facility (RMF)

RMF

- ◆ 2 Surgical Suites
- ◆ Onsite Dialysis
- ◆ 128 Beds
 - 50 Ward beds
 - 44 Long Term Care beds
 - 4 Step Down SCU beds
 - 30 Holding beds
- ◆ 400 Bed Trusty Camp

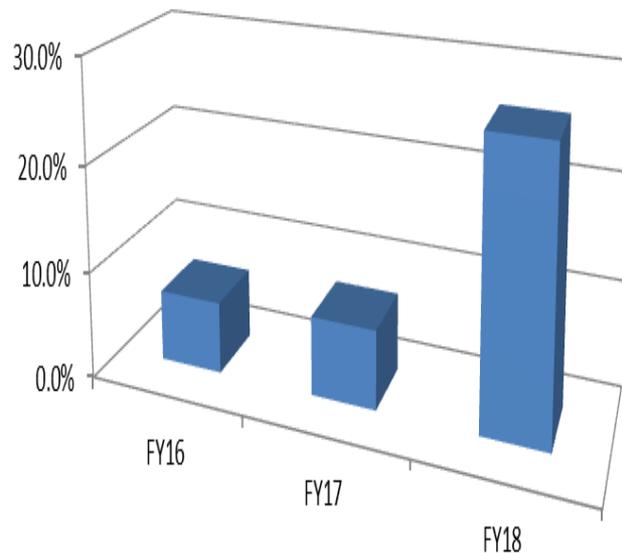
NOTE: Requested Funding to Upgrade Aging Technology / Equipment (LAR)



Cost Drivers

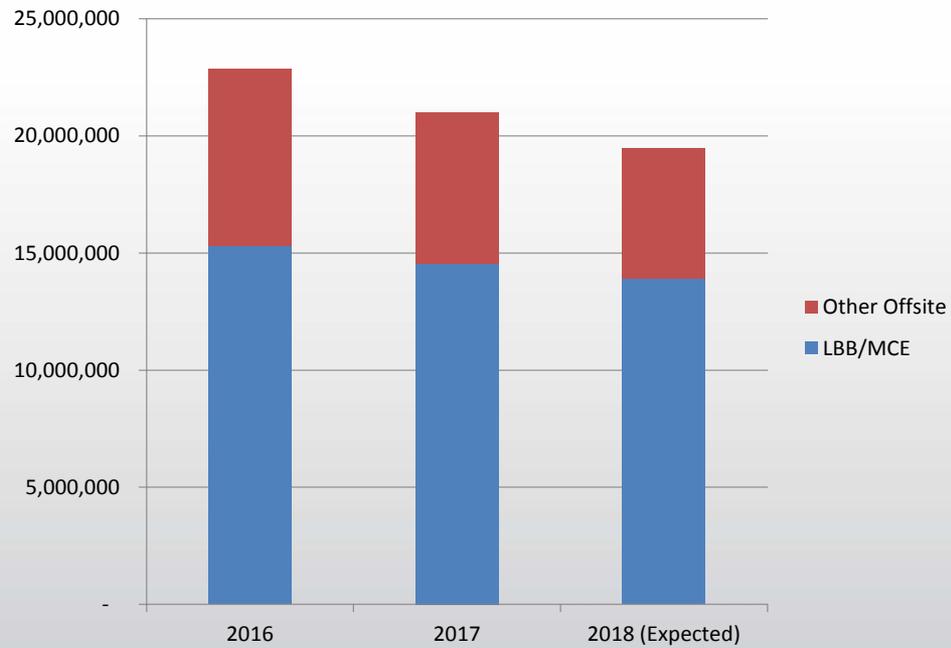
- Pharmacy Pricing
- Nurse Staffing
- Psychiatry Staffing
- Aging Technology and Equipment
- Aging Patient Population

**TTUHSC LBB Rates % Increase from FY15
FY16 - FY18**



Offsite Care Performance

TTUHSC Managed Care Offsite Expense



Questions





TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

September 27, 2018

Correctional Managed Healthcare Committee

Anthony Williams, MBA
Associate Vice President, Outpatient Services
University of Texas Medical Branch
Correctional Managed Care

Structure & Responsibilities

The Correctional Managed Health Care Committee (CMHCC), originally established by the 73rd Legislature in 1993, is an independent body that oversees contractual relationships between TDCJ and the two University health systems- UTMB and Texas Tech.

<http://www.tdcj.texas.gov/divisions/cmhc/index.html>

CMHCC

- Clinical Policy Oversight
- Resource Allocation
- Legislative/Legal Coordination
- Contract Coordination
- Financial Monitoring and Reporting
- Liaison Activities
- Dispute Resolution
- Quality of Care Monitoring Oversight

University Providers (UTMB & TTUHSC)

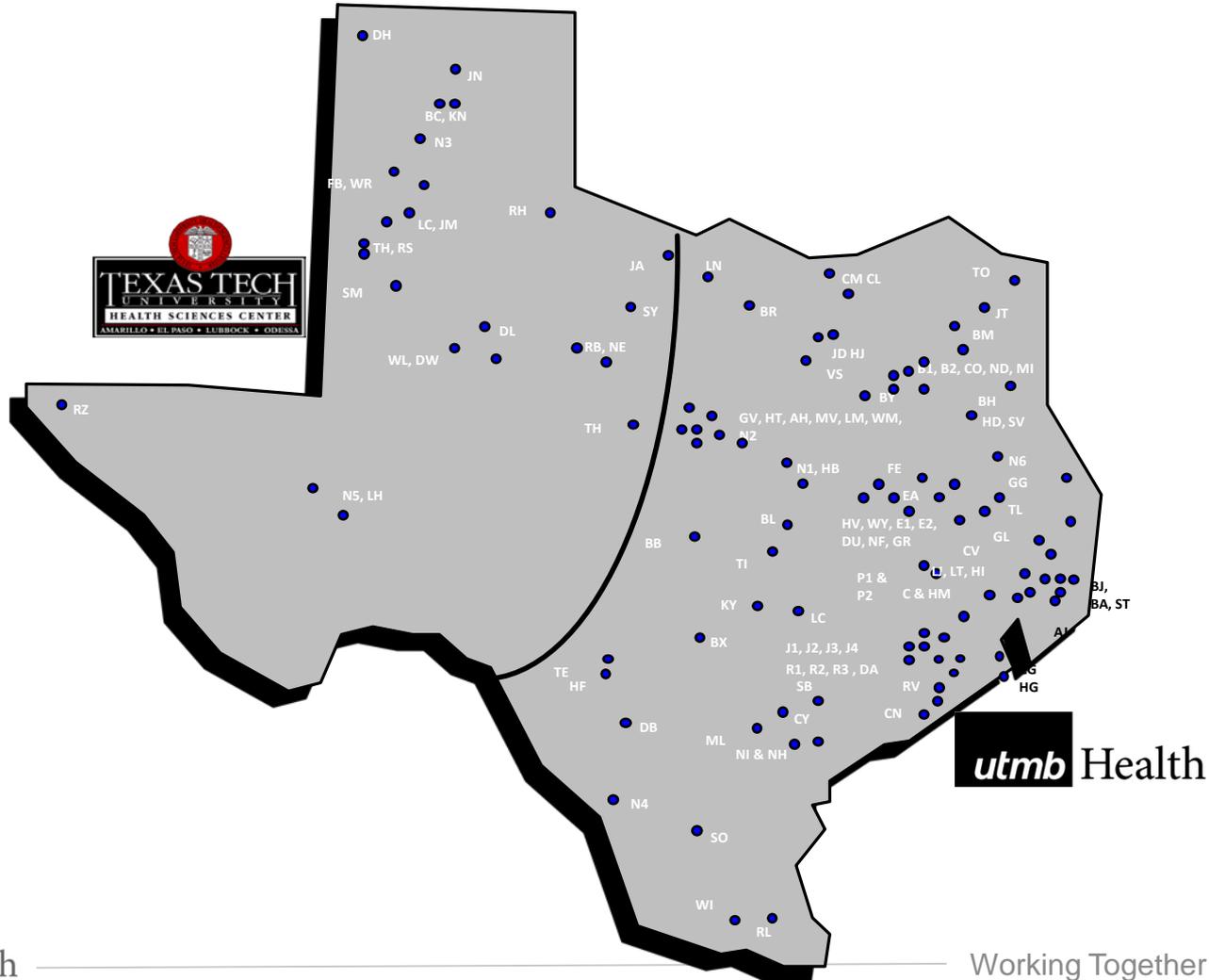
- Onsite Services
- Offsite Services
 - Specialty Clinics
 - Hospitalization
- Pharmacy Services
- Mental Health Services
- Utilization Management
- Provider Network Management
- Quality of Care Monitoring
- TDCJ Employee Health Services

TDCJ Health Services

- Monitoring
 - Access to Care
 - Operational Reviews
 - Grievances
- Preventive Medicine
- Health Services Liaison
- Professional Standards
- Administrative Functions

Geographic Responsibilities

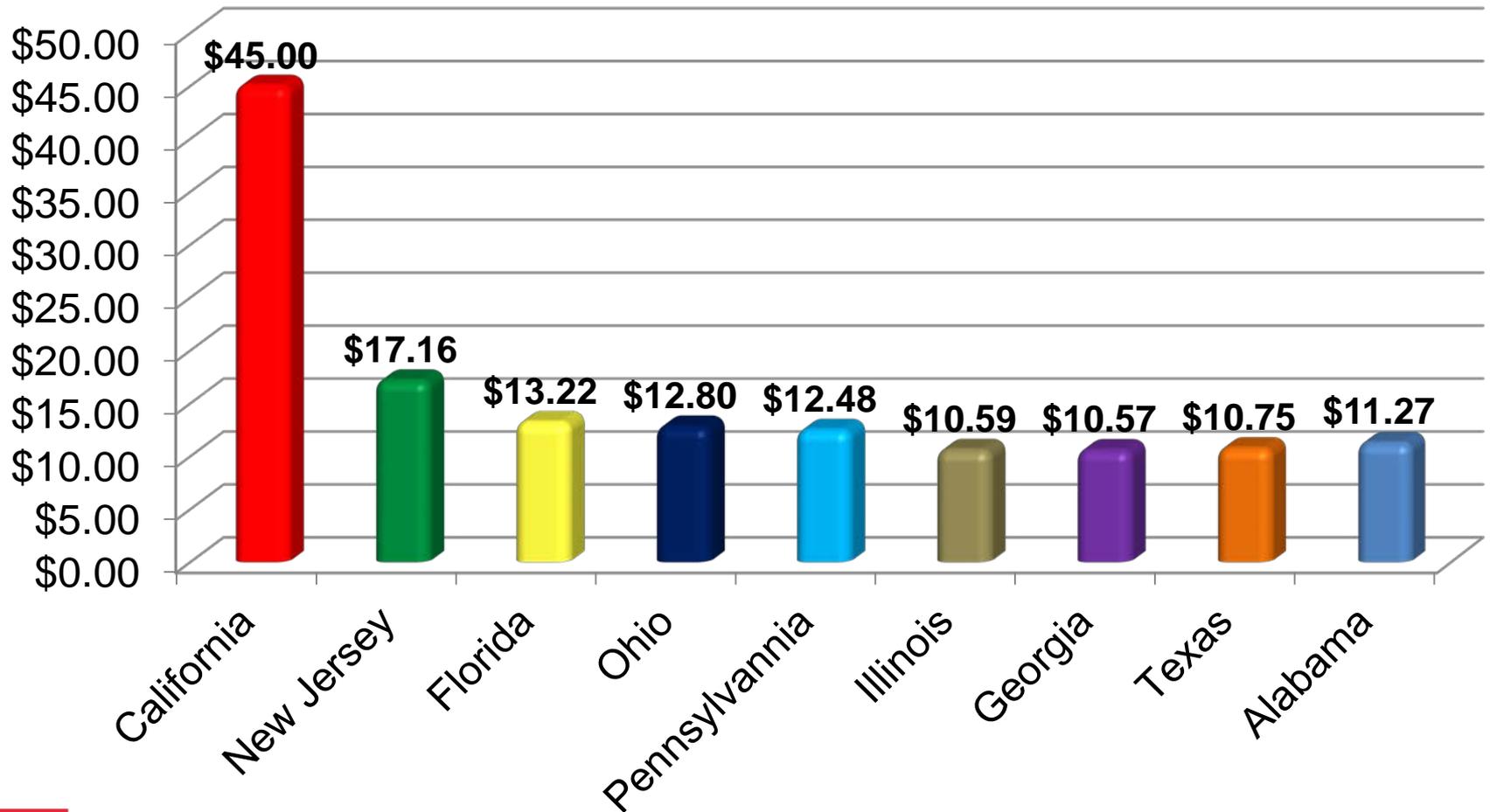
TTUHSC provides approximately 20% and UTMB provides 80% of services



UTMB CMC Patient Care

- CMC provides healthcare for 114,000 patients within the Texas Department of Criminal Justice. We operate 81 ambulatory clinics over the eastern half of the state of Texas and provide:
 - Primary care
 - Urgent care
 - Mental health services
 - Dental services
 - Pharmacy operations
 - Radiology and Lab services
 - Dialysis
 - Infirmity level care
 - Mental health inpatient services
 - Specialty care
 - Hospital care
 - Telehealth services
 - Infectious disease services

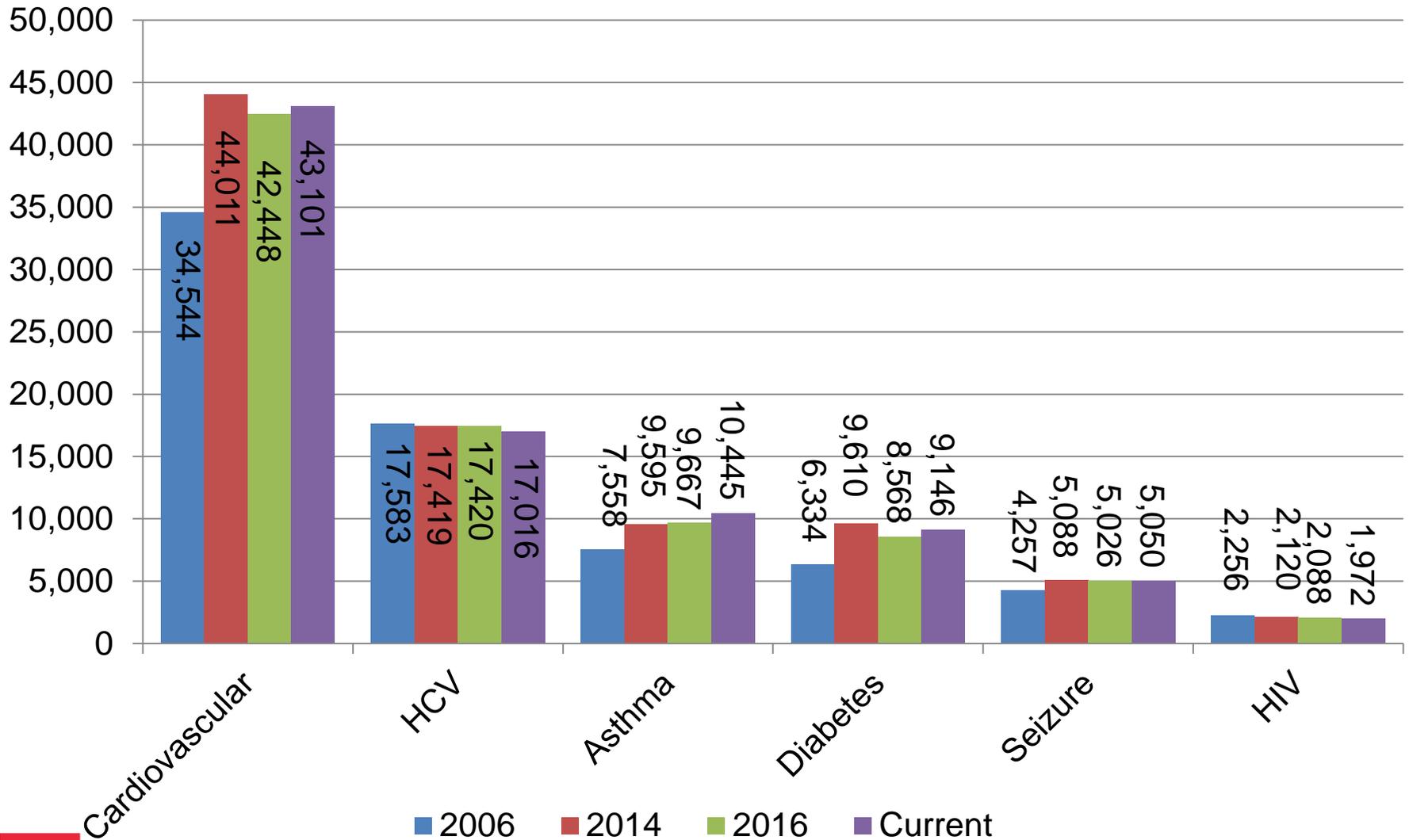
Comparison of State Prison Healthcare Costs (PMPD)



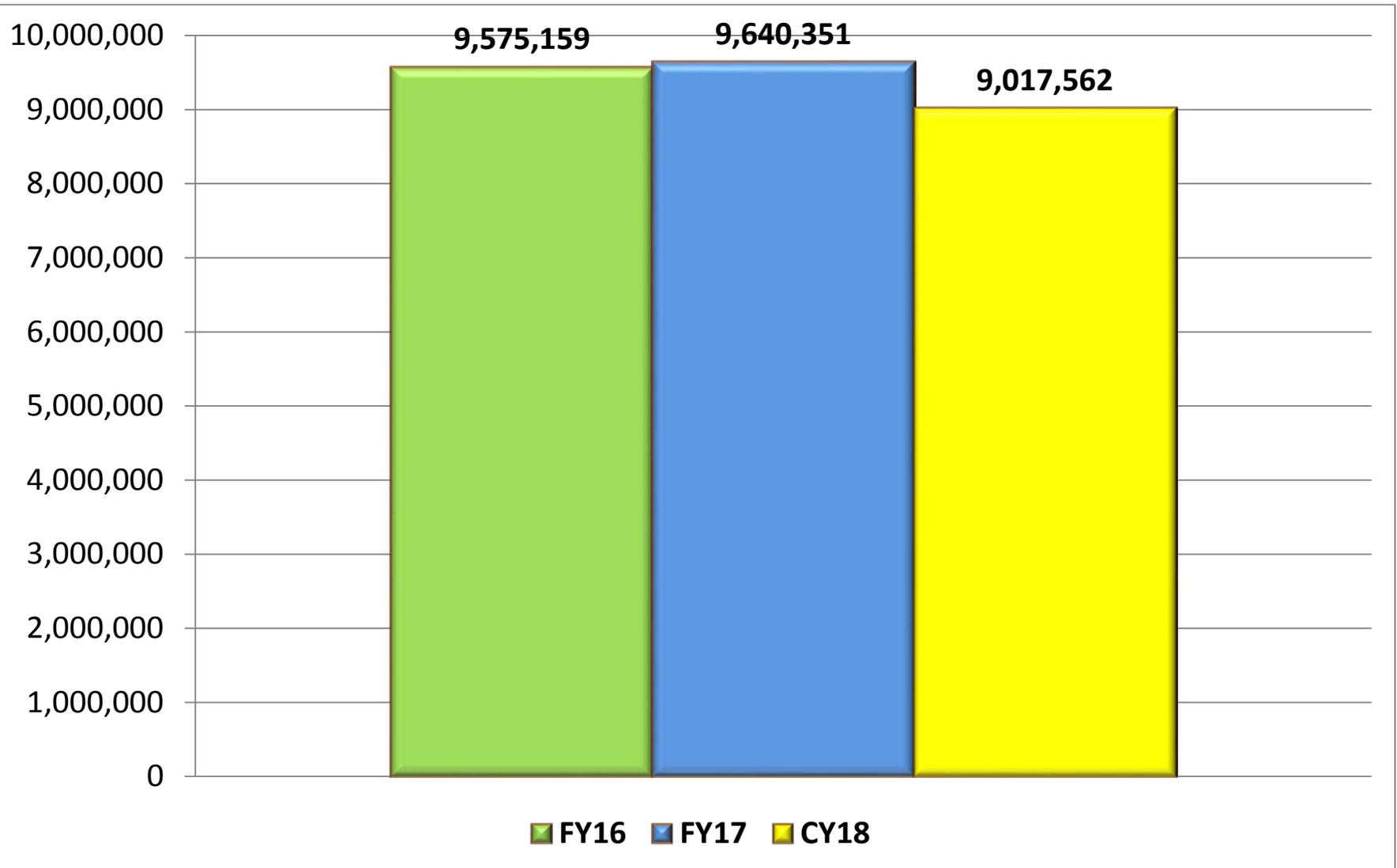
UTMB CMC Patient Demographics

- 30% of CMC patients have at least one chronic condition
- 8,000 patients with asthma
- 2,500 patients with heart disease
- 34,000 patients with hypertension
- 8,000 patients with diabetes
- 14,500 patients with hepatitis C
- 2,000 patients who are HIV+
- 290 dialysis patients (the largest dialysis program in the state of Texas)
- 488 infirmary beds
- 1,000 mental health inpatients
- 18,500 patients on the mental health caseload
- Rapidly growing 55+ population – 17,000 patients

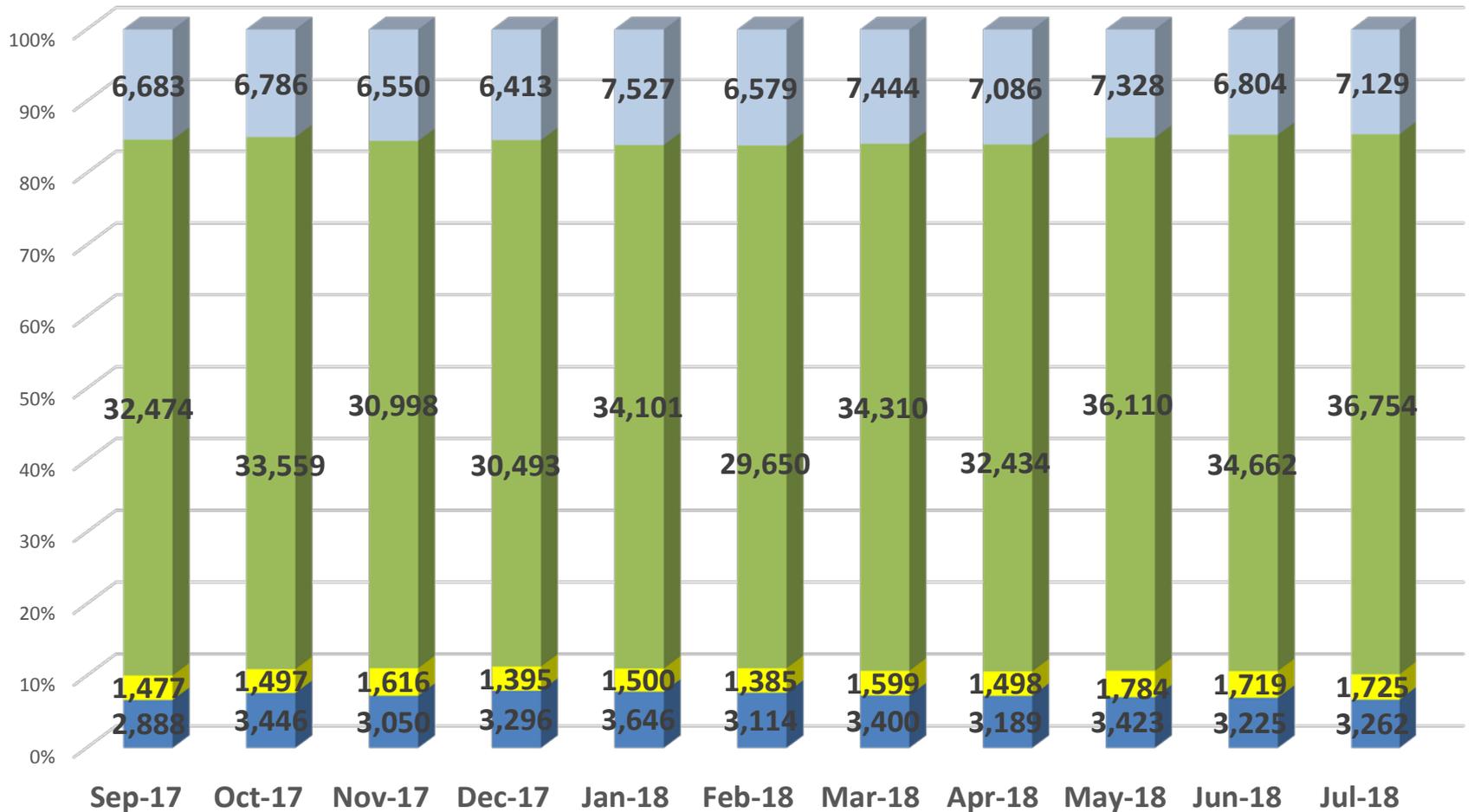
TDCJ Population with Chronic Disease



Encounter Summary

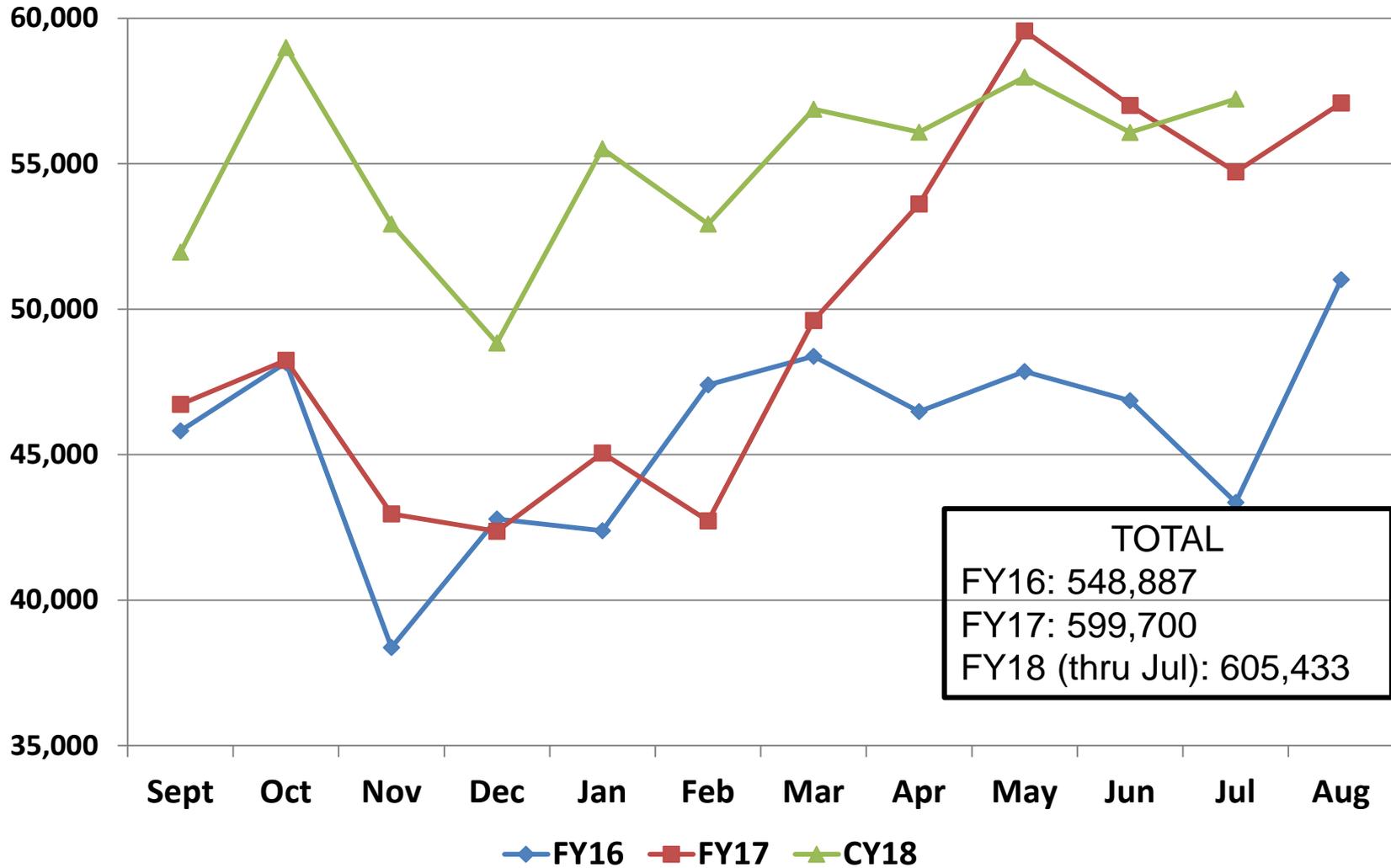


Sick Call Request (SCR) Volume by Unit Type (FY18)

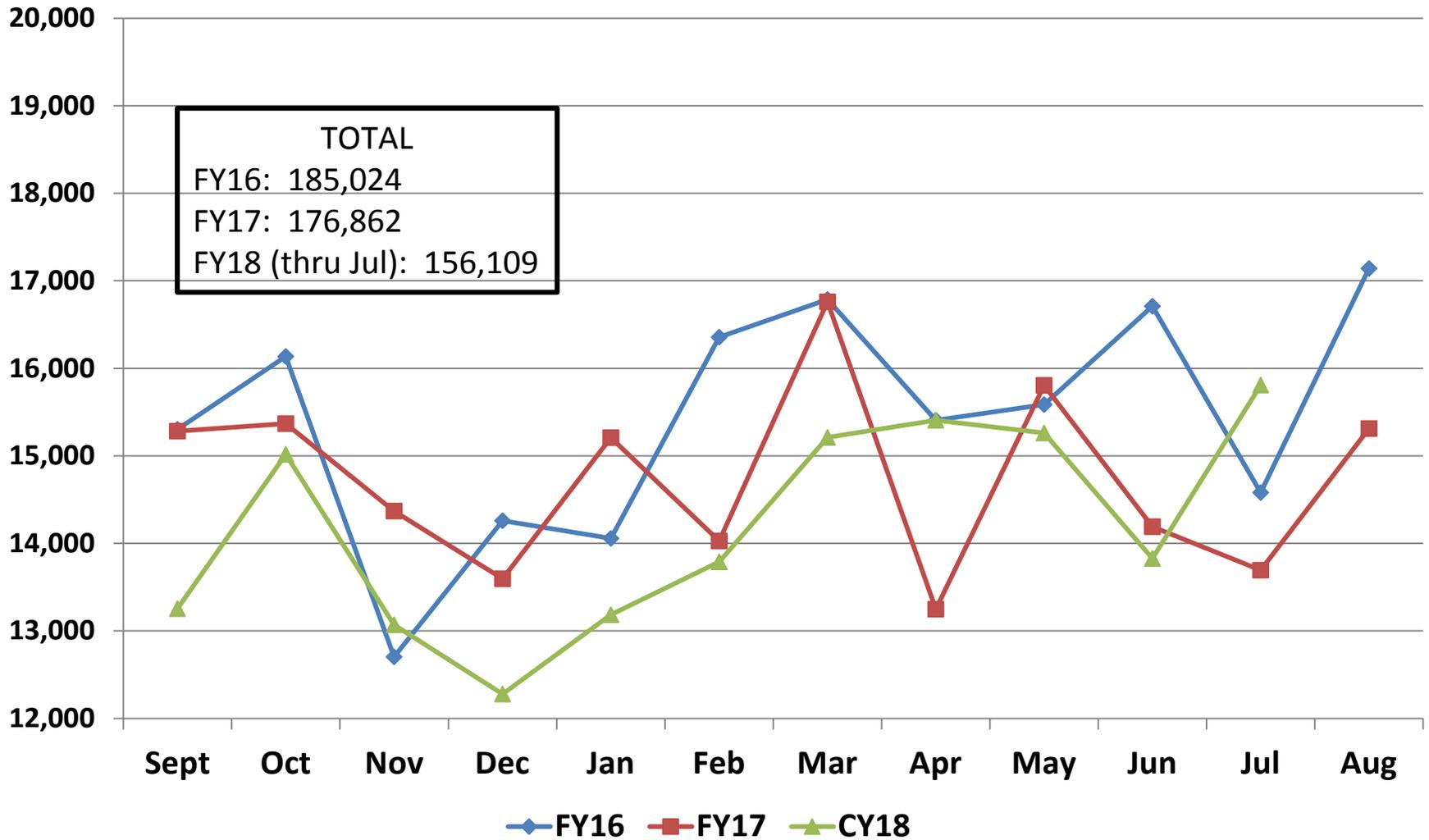


■ Intake Units Small/Medium
 ■ Intake Units Large (Garza and Holiday)
 ■ Other Prison Facilities
 ■ State Jail

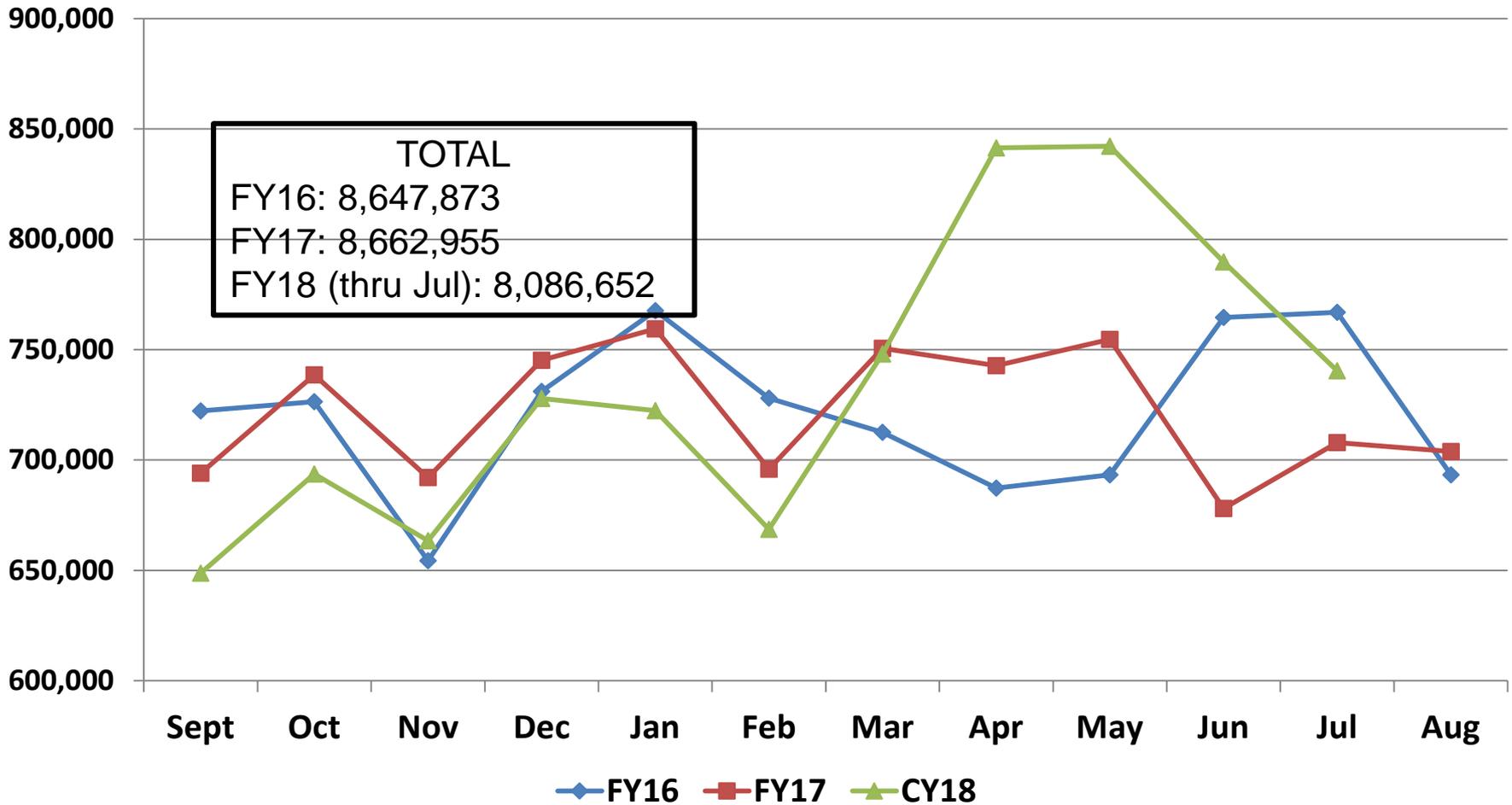
UTMB CMC Medical Encounters FY16-18



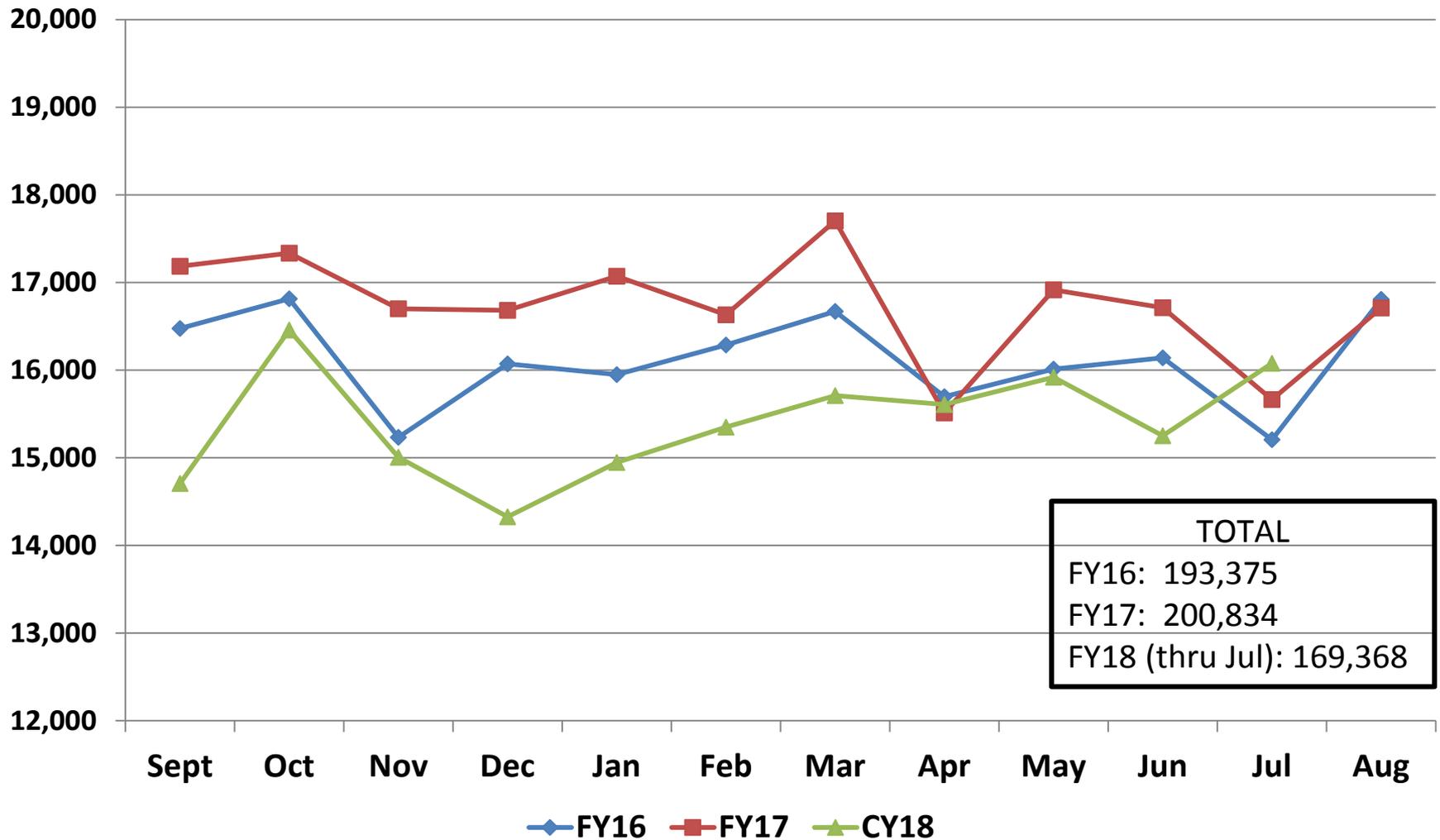
UTMB CMC Dental Encounters FY16-18



UTMB CMC Nursing Encounters FY16-18



UTMB CMC Mental Health Encounters FY16-18

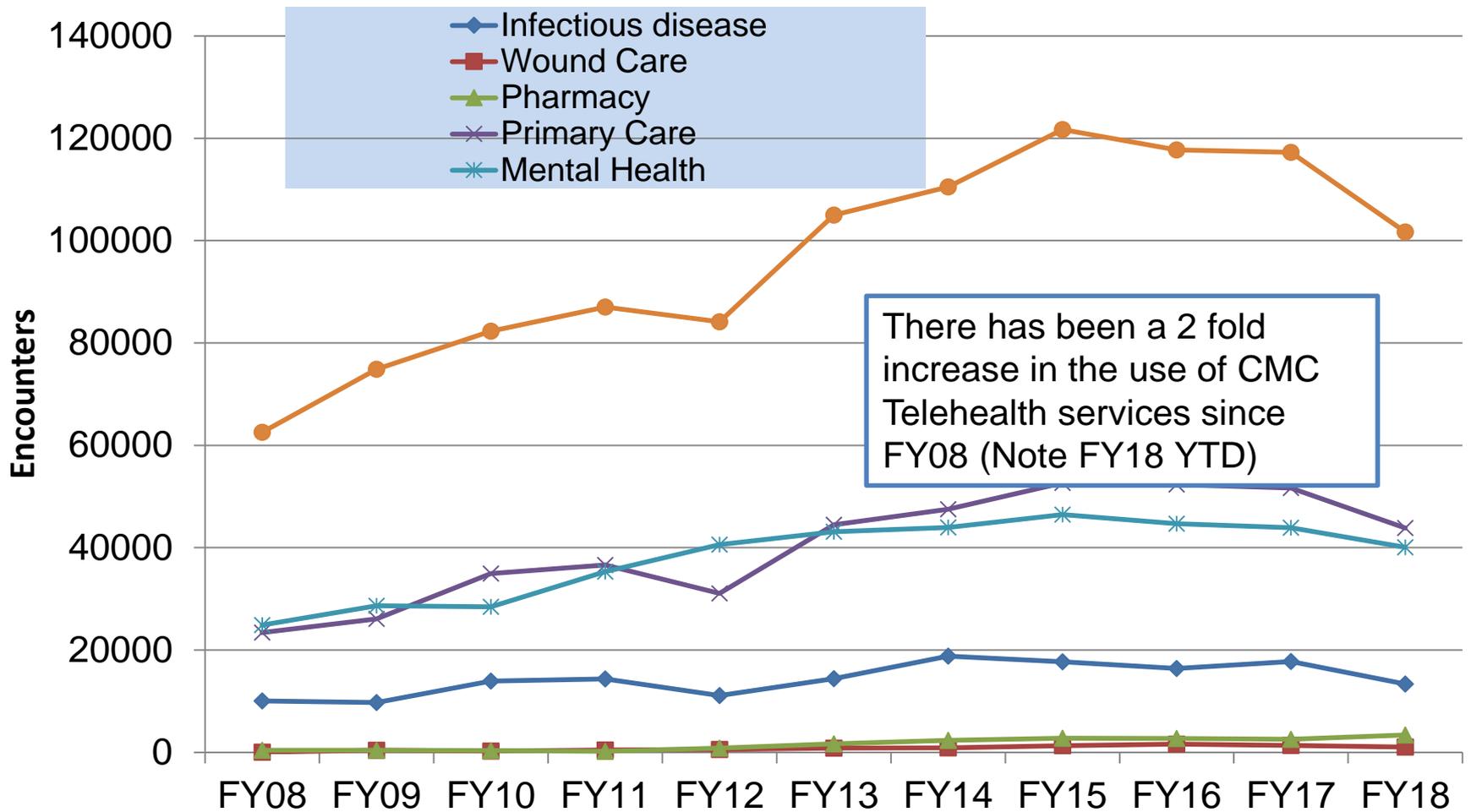


CMC Innovative Clinical and Support Programs

- **Telehealth**

- CMC provides Telehealth services to all UTMB CMC facilities.
- Provides solutions to provider and nursing shortages in hard to fill geographic regions.
- Centralized provider group for:
 - Primary care, sick call, urgent care, tele-nephrology, mental health, infectious disease, wound care, and clinical pharmacology
- Approximately 120,000 Telehealth encounters in FY17 (largest non-military program in the US)

CMC Facility Based Telehealth



CMC Innovative Clinical and Support Programs (cont.)

- Utilization Management

- 24-7 UR case managers
- Manage all urgent/emergent offsite movement
- Provide concurrent offsite patient management
- Maintain cost based contracts with local freeworld hospitals
- Manage 488 infirmary beds across the state with bed management software
- Track high risk patient population (e.g. cancer) for continuity

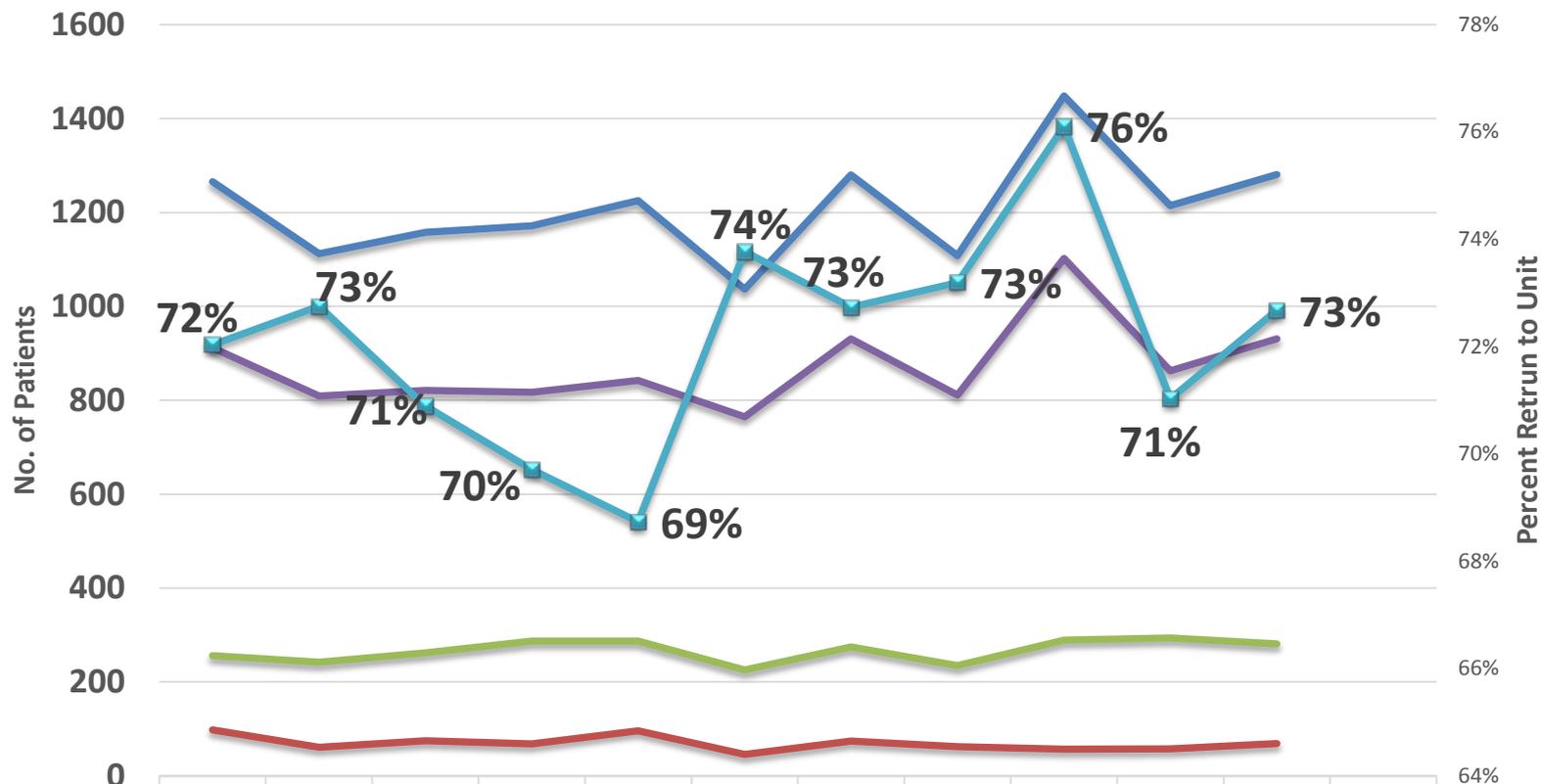
- Clinical Continuity

- All providers utilize CMC specific disease management guidelines for common conditions and emergencies.
- CMC meets or exceeds national clinical endpoint benchmarks

- Electronic medical record

- All CMC facilities are linked using an intrasystem EMR
- The EMR is linked to the pharmacy system and high use offsite hospitals

HUB Report FY18 (through July 2018)



	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
# OF PATIENTS SEEN	1266	1112	1158	1172	1225	1037	1280	1108	1448	1215	1281	
# SENT TO HG	98	61	75	68	96	46	74	62	57	58	69	
# SENT TO FREEWORLD	256	242	262	287	287	226	275	235	289	294	281	
# RETURNED TO UOA	912	809	821	817	842	765	931	811	1102	863	931	
PERCENTAGES	72%	73%	71%	70%	69%	74%	73%	73%	76%	71%	73%	

—■ # OF PATIENTS SEEN
 — # SENT TO HG
 — # SENT TO FREEWORLD
 — # RETURNED TO UOA
 —■ PERCENTAGES

CMC Innovative Clinical and Support Programs (cont.)

- **Quality/Performance improvement**
 - Provider and nursing peer review
 - Lean six sigma trained central and facility staff
 - CMC dashboard
 - On demand clinical outcomes (asthma, diabetes, CAD, HTN)
 - Facility linked reports for access to care, encounters, pharmacy utilization, Telehealth utilization
 - Provides central and facility leadership access to current goal status
 - Corrective action planning and monitoring for clinical dashboard
- **Access to care**
 - Patient access to clinical services is critical in correctional medicine and is measured monthly.
 - CMC consistently maintains access to care at or above 98%

Patient Scheduling Initiative: Problem, Mission, and Metrics

- High percentage of open Chronic Clinic reminders for the Coffield, Michael, and Stiles Units.
- Ensure that patient care be maintained by scheduling patients within our maximum ability.

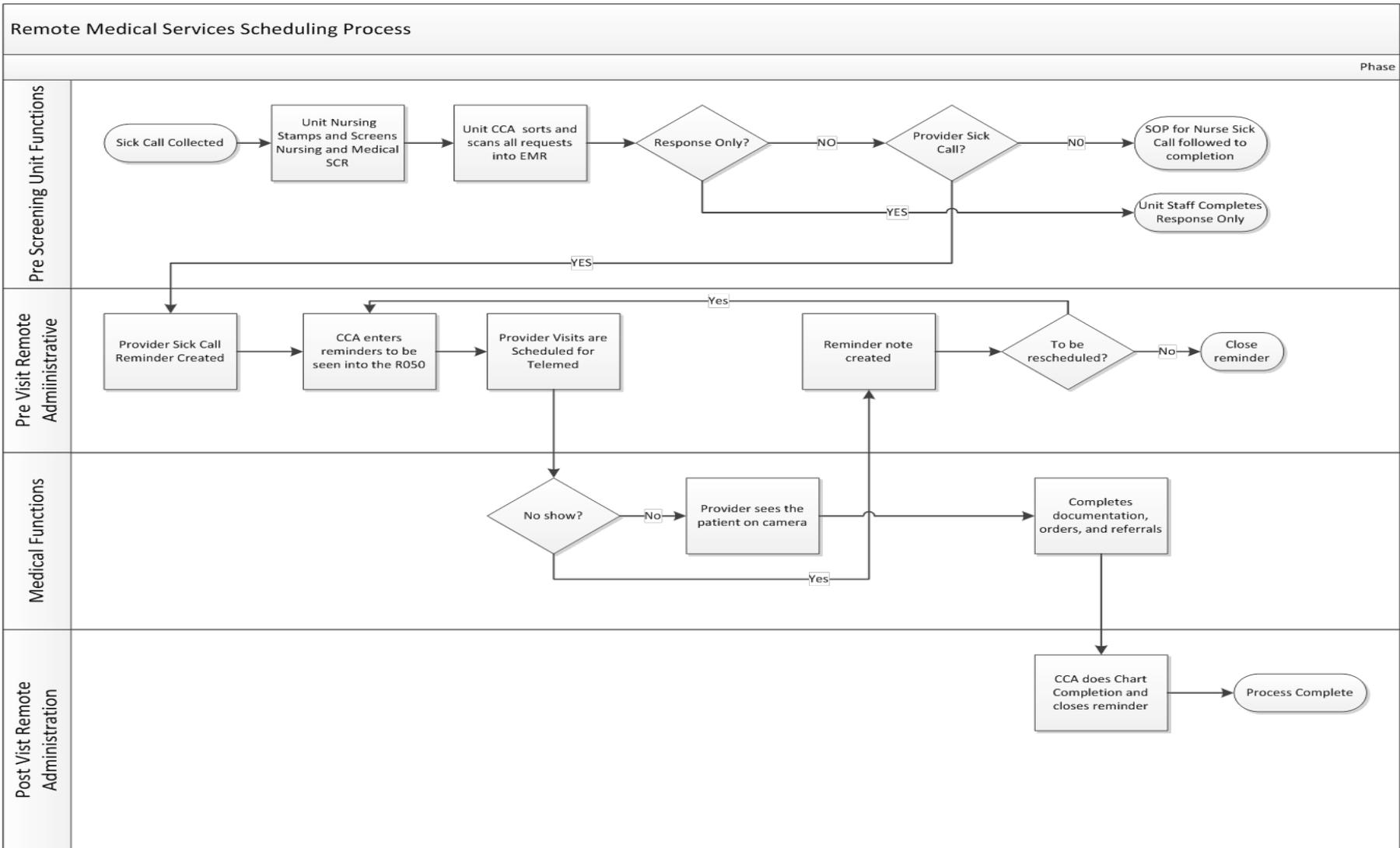
The performance metrics of interest include:

- Maximize schedulers time by reducing outside interference
- Reduce open Chronic Clinic reminders
- Prevent double scheduling of patient

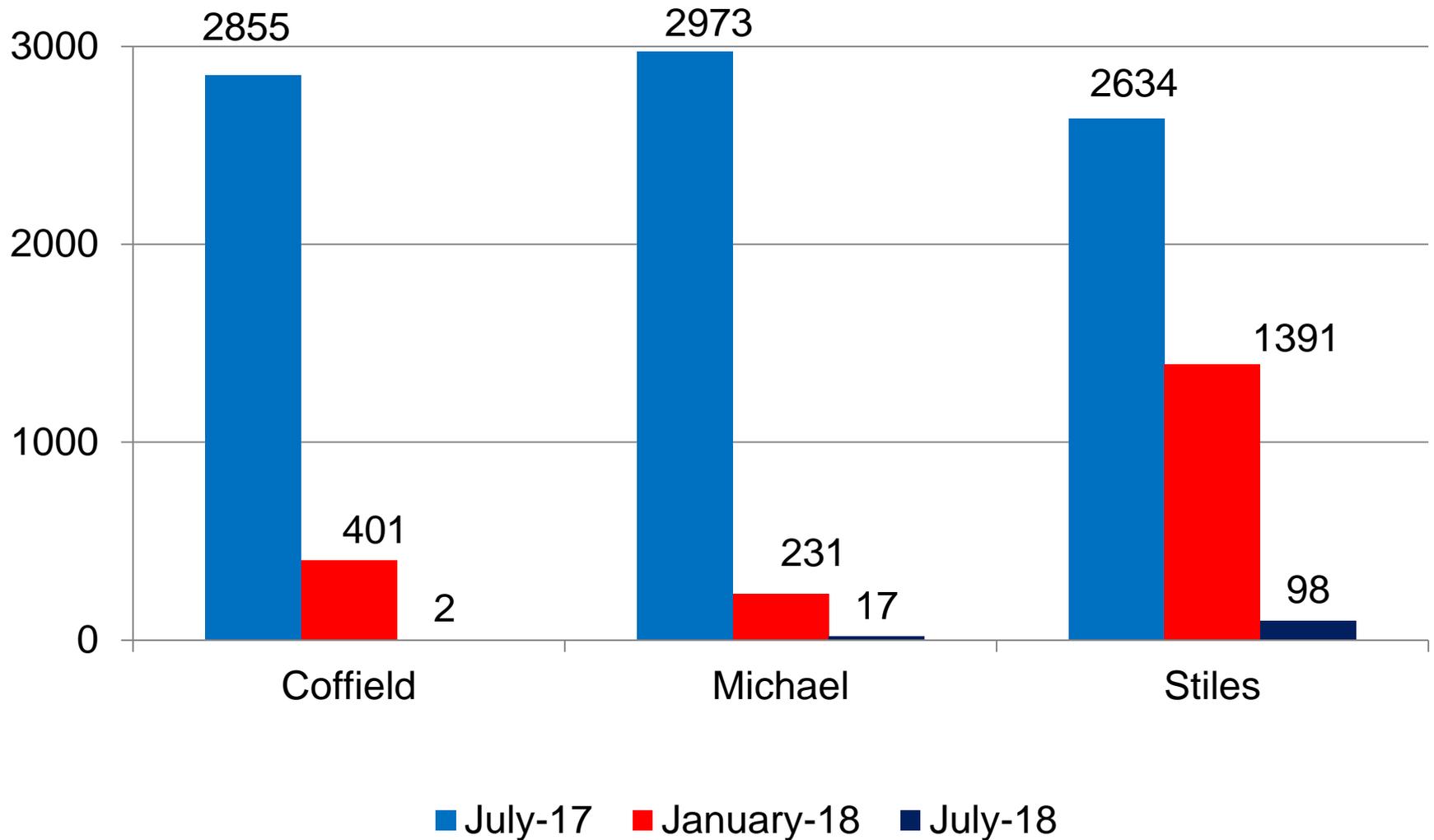
Population, Encounters, and Providers Served

Unit	Average Population	Average Non Chart Review Provider Encounters/Month	Physicians	Mid-Levels	Total Providers
Beto	3,471	659	3	1	4
Boyd	1,372	362	1	1	2
Coffield	4,139	689	1	3	4
Michael	3,305	849	2	3	5
Powledge	1,137	119	0.2	3	3.2
Total	13,424	2,679	7.2	11	18.2

Chronic Care Reminders Process Flow



Chronic Clinic Open Reminders



Sheltered Housing Units

- Added 95 beds at Telford
- Added 54 beds at Jester 3
- Added 14 beds at Carole Young
- Proposed services:
 - Add 200 beds at Stiles
 - Add 135 beds at Murray (female)
- Value added: Reduced ALOS at HG by 22% (8.9 days to 6.9 days)
- Reduced ALOS in Infirmaries by 20% (25.63 to 20.38)
- Reduced average offsite patients

Questions/Conclusion

Anthony Williams, MBA
Associate Vice President, Outpatient Services
University of Texas Medical Branch
Correctional Managed Care