

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 5, 2018

10:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 5, 2018

10:00 a.m.

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

I. Call to Order

II. Recognitions and Introductions

Retirement of Gary J. Eubank, MSN, RN
Chief Nursing Officer
University of Texas Medical Branch Correctional Managed Care
Effective August 31, 2018

Retirement of Stephen R. Smock, MBA
Associate Vice President, Comprehensive Health Solutions
University of Texas Medical Branch Correctional Managed Care
Effective August 31, 2018

Retirement of Judy L. Norris, MSN, RN
Director CMC Utilization Management/Case Management
University of Texas Medical Branch Correctional Managed Care
Effective December 31, 2018

III. Consent Items

1. Approval of Excused Absences
2. Approval of CMHCC Meeting Minutes, September 27, 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
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
5. Summary of CMHCC Joint Committee / Work Group Activities

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- 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 FY 2018 Fourth Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Disease Management Guidelines
Stephanie Zepeda, PharmD, Associate Vice President
University of Texas Medical Branch Pharmacy Services
- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 27, 2018

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (Cont.) - Dr. Raimer</p> <p>III. Approval of Consent Items - Dr. Raimer</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 20, 2018 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Raimer next recognized and welcomed Ms. Derrelynn Perryman, Texas Board of Criminal Justice.</p> <p>Dr. Raimer then moved on to agenda item III approval of consent items.</p> <p>Dr. Raimer 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 June 20, 2018 meeting, which include; Ben Raimer, John Burruss, Erin Wyrick, F. Parker Hudson III.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 20, 2018 meeting. Dr. Raimer asked if there were any corrections, deletions or comments-hearing none, Dr. Raimer moved on to 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>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. Raimer then called for a motion to approve the consent items.</p>		<p>Dr. Jumper made a motion to approve all consent items, and Dr. Mills seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports - Jerry McGinty</p>	<p>Dr. Raimer next called on Mr. Jerry McGinty to present the financial report.</p> <p>Mr. McGinty reported on statistics for the Third 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. McGinty reported that the overall offender service population has increased 1.4% from FY 2017. The offender population age 55 and over had a 6.2% increase with an average daily census of 17,612 through the Third Quarter of FY 2017 compared to 18,706 through the Third Quarter of FY 2018. Mr. McGinty explained that this population is expected to grow about 8.5% each year. This population represents about 13% of the total population, but accounts for about half of the hospital costs.</p> <p>Unit and psychiatric care expenses represent the majority of health care cost at \$274.9 million or 52.5 percent of total expenses. Hospital and clinical care accounted for \$197.5 million or 37.7 percent. Pharmacy services were at \$51.1 million or 9.8 percent of the total expenses.</p> <p>Mr. McGinty reported on unit and psychiatric care revenues of \$271.9 million and expenditures of \$274.9 million, which for the Third Quarter of FY 2018 resulted in a \$3 million shortfall in this strategy. Mr. McGinty reported on hospital and clinical care revenues of \$143.3 million and expenditures of \$197.5 million leaving a shortfall of \$54.2 million in this strategy. Mr. McGinty noted that the number of offenders on the mental health caseload is also growing.</p> <p>Managed health care pharmacy revenues of \$47.1 million and expenditures of \$51 million leaving a shortfall of \$3.8 million in this strategy.</p> <p>Mr. McGinty explained that after the second quarter the universities provided their reports with projected expenditures through the end of the fiscal year. Based on their projection, they were anticipating being \$86 million short.</p>		

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<p>IV. Update on Financial Reports (Cont.) - Mr. McGinty</p>	<p>Mr. McGinty stated that in response to that projection Business and Finance sent a letter to the LBB requesting approval for a spend forward which allows us to move funds from FY 2019 to FY 2018 to cover the shortfall. Mr. McGinty explained that we were not funded 100% and were short about \$150 million for the current biennium. Therefore, the LBB was anticipating the request and it was approved.</p> <p>Mr. McGinty shared that on September 11th there was a meeting held with the Senate Finance Committee and four state agencies, TDCJ, Employees Retirement System (ERS), Teachers Retirement System (TRS) and Health and Human Services (HHS). The appropriations bill requires these four agencies to meet regularly and develop a tool that would allow for sharing and comparing data for cost containment opportunities. At this meeting HHS gave a presentation on what would be required to share that data and normalize it or adjust for risk. In addition to the discussion of the data sharing project each agency was required to share their cost containment efforts.</p> <p>Mr. McGinty shared that on September 21st the TDCJ budget hearing was held with the LBB, the Governor's office, staff from Senate Finance Appropriations, staff from the Speaker's office and a few other representatives' offices. At this hearing, in addition to the FY 2020-21 funding request, the exceptional items request was presented. Mr. McGinty noted that both the full FY 2020-21 Legislative Appropriations Request (LAR) and the summary are located on the TDCJ Business and Finance website. Next, Mr. McGinty went over the exceptional items as they relate to health care, which represents about 40% of the TDCJ exceptional item request. \$160 million was requested for the current fiscal year deficit and funding of \$87 million to allow for growth which is \$247 million just to maintain current operations.</p>	<p>Dr. Raimer explained for the new members that we were structurally short in our funding for the biennium.</p>	

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<p>IV. Update on Financial Reports (Cont.) - Mr. McGinty</p>	<p>Mr. McGinty concurred with Dr. Raimer adding that it is not an uncommon practice with state agencies. Mr. McGinty stated that in that meeting with the LBB and the other state agencies it is worth mentioning that our growth is about half of the other agencies. We are about 4 or 4.5% while the others are at 7%, 8%, or even 9%. So, our average rate of growth is impressive.</p> <p>Mr. McGinty concurred and went on to share additional items in the exceptional items request. A request was made on behalf of the universities to provide upgrades to the IT system for both the electronic medical records system and the telehealth system, additional pharmacy staff for UTMB, both universities have requested market adjustments to add to salaries in the hard to fill locations and a capital equipment request to replace aging equipment. One other item that is listed separately, but is related to health care, is specialized correctional housing. This is geared toward moving offenders on the outpatient mental health caseload who are in restrictive housing out of that environment and putting them in a more conducive environment for their condition. A therapeutic environment that would allow for more counseling time. In addition to that there is also a request for more sheltered housing beds. Last session we received funding for about 150 additional sheltered housing beds. This session we will be seeking additional funds for 200 male sheltered housing beds at the Stiles Unit and 143 female sheltered housing beds at the Murray Unit.</p>	<p>Dr. Linthicum noted that the 4% represents the average rate of increase in cost not actual growth. We are significantly lower than the other agencies which shows good management on our part.</p>	
<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies - Dr. Lannette Linthicum</p>	<p>Dr. Raimer thanked Mr. McGinty 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. Applications have been received and are being screened.</p>		

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<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.) - Dr. Linthicum</p>	<p>The Director II position in the Office of Public Health is on hold.</p> <p>Dr. Linthicum reported that there is an Investigator II position vacancy in the Patient Liaison Program at the Stiles Unit. The position is being reposted, as the selected applicant did not pass security clearance.</p> <p>There is a Nurse II vacancy in the Office of Health Services Monitoring. This position has reposted due to the selected applicant declining the position.</p> <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>Dr. Linthicum reported that there is a vacant Health Specialist V position in the Office of Mental Health Monitoring and Liaison. This position closed on August 30, 2018 and interviews are being scheduled.</p> <p>The Manager III vacancy in the Office of Mental Health Monitoring and Liaison has been filled.</p> <p>Dr. Linthicum next reported that the Executive Assistant I in the Division Director's Office has been filled and the selected applicant will begin October 1, 2018.</p> <p>Dr. Linthicum reported that there is an Investigator III position vacancy in the Patient Liaison Program at the Hilltop Unit. The selected applicant is in the clearance phase.</p> <p>Dr. Linthicum reported that there is an LVN III in Quality Assurance. This position closed on August 22, 2018 and the interviews are being scheduled.</p>		

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<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> - TDCJ – Health Services Division FY 2018 Third Quarter Report -Dr. Linthicum - Capital Assets Monitoring - Dental Quality Review Audit - Grievances and Patient Liaison Correspondence 	<p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director's Report is a summary of those activities.</p> <p>TDCJ Medical Director's Report focuses on the Third Quarter of Fiscal Year (FY) 2018 (March, April and May). During this quarter, 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. Dr. Linthicum referenced the 7 items found to be most frequently below the 80 percent compliance, and noted that corrective actions have been requested on all of these items.</p> <p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 9 facilities listed above for ORA's during the Third Quarter of FY 2018 and all 9 facilities were within the required compliance range.</p> <p>Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 12 facilities. Dr. Linthicum referenced the 2 items found to be most frequently below the 80% compliance and noted that corrective action plans have been requested on all of these items.</p> <p>Dr. Linthicum explained that the Health Services Division houses an Office of Professional Standards. Within that office are four functions: the family hotline, Step II medical grievance, the sick call verification audit and the patient liaison program. The family hotline is staffed Monday-Friday 8:00am-5:00pm. There are three staff members assigned to the family hotline. They answer calls from family members, advocacy agencies, lawyers, government officials, etc. They average between 700-800 calls per month. The information from the caller is taken down on a form and given to an investigator to investigate and draft a response.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Office of Public Health 	<p>The Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the DSHS. This office conducts surveillance on 11 infectious conditions that are reported into DSHS. This area was not contracted out to the universities. In fact, DSHS looks at TDCJ as a public health authority. During the Third Quarter, 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 none found to be HIV positive. For this quarter, 9 new AIDS cases were identified.</p> <p>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.</p> <p>300 cases of suspected Syphilis were reported. 141 cases 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.</p> <p>224 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2018.</p> <p>Dr. Linthicum reported that there was an average of 25 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Third Quarter FY 2018.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the Third Quarter FY 2018, there were 186 chart reviews of alleged sexual assaults.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Office of Public Health - Mortality and Morbidity - Office of Mental Health Monitoring & Liaison 	<p>Dr. Linthicum reported that there were 55 deficiencies found this quarter and corrective actions have been requested. 38 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 Third Quarter FY 2018, 2 units received a 3 day training which included the Wall Talk Training in the Peer Education Program and received a 3 day training which included the Somebody Cares Training. As of the close of the Third Quarter of FY 2018, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 79 offenders were trained to become peer educators, and 20,813 offenders attended the classes presented by peer educators.</p> <p>Dr. Linthicum reported that the Morbidity and Mortality committee is a joint committee consisting of the three partners: UTMB, Texas Tech and TDCJ. Dr. Ojo and Dr. Millington are the co-chairs. 129 deaths were reviewed during the months of March, April and May of 2018. Of those 129 deaths, 3 were referred to peer review committees. 1 case was referred to provider peer review and 2 cases were referred to mental health peer review.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third Quarter of FY 2018. Restrictive Housing (formerly Administrative Segregation) audits were conducted on 18 facilities. 2,398 offenders were observed, 2,132 were interviewed, and 4 offenders were referred to the university providers for further evaluation. Access to Care (ATC) for mental health indicators four, five and six were met at 100 percent at 16 of the 16 facilities.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Accreditation - Biomedical Research Projects 	<p>Dr. Linthicum reported that the ACA 2018 Summer Conference was held in Minneapolis, Minnesota on August 2-7, 2018. During this conference, the following facilities were represented: Allred, Coffield, Connally, Darrington, Ferguson, Gurney, Hobby, Marlin, Rudd, Lewis, San Saba, Sayle, Telford, Terrell and Young.</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 28 active and 6 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects. Dr. Linthicum noted that while the Deputy Director position remains vacant, some research projects will be curtailed until that position is filled.</p>	<p>Dr. Hudson asked what the refusal rate on vaccination is and also if the flu shot is available to offenders and what the actual vaccination rates are.</p> <p>Dr. Linthicum stated that yes, there is an influenza vaccine available state wide for offenders and correctional managed health care staff.</p> <p>Ms. Black-Edwards answered that vaccination rates are tracked per unit, but she could compile the requested information for Dr. Hudson.</p> <p>Dr. Hudson asked about the syphilis, chlamydia and gonorrhea rates going up and if that is an actual increase or if it is due to a change in screening policy.</p> <p>Dr. Linthicum stated that is a true increase. There has been an increase in the state of about 60%. Dr. Linthicum explained that the numbers listed are from intake. Routine syphilis testing is done at intake. Chlamydia and gonorrhea are not routine intake tests.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Texas Tech University Health Sciences Center - Dr. DeShields - University of Texas Medical Branch - Dr. Ojo 	<p>Dr. Raimer thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that while there were no further updates she did want to acknowledge Dr. Cynthia Jumper who has been voted President Elect for the Texas Chapter of the America College of Physicians (ACP). She will serve in that capacity through 2018-2019 and then as President for 2019-2020. The ACP is an international organization of a diverse community of internal medicine physicians and sub-specialist who are united for the commitment of excellence.</p> <p>Dr. Raimer thanked Dr. DeShields and then called on Dr. Ojo to present the report for UTMB.</p> <p>Dr. Ojo stated that he would report on Hospital Galveston (HG), retirements and vacancies. He began by recognizing the retirements of Gary Eubank, Chief Nursing Officer and Stephen Smock, Assoc. VP, Comprehensive Health Solutions on August 31, 2018. To better align with TDCJ, UTMB-CMC has gone through some reorganization and have now appointed two Regional Chief Nursing Officers, Justin Robison and Kirk Abbott.</p> <p>Dr. Ojo next explained that as previously mentioned by Mr. McGinty, an additional 167 sheltered housing beds were put in place and this has resulted in a reduction in the length of stay (LOS) by 18%. This is great news. The not so great news is that all of those sheltered housing beds are full.</p>	<p>Dr. Hudson asked about the discharge audit numbers being poor.</p> <p>Dr. Linthicum explained that these numbers can fluctuate between quarters. The important thing is ensuring that the receiving facility has sufficient resources to meet the offenders' needs. Any findings in these audits require corrective action.</p>	

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<p>VI. Medical Director's Updates (Cont.) - Dr. Linthicum</p>	<p>Dr. Ojo stated that as to vacancies, we need to get creative with ideas to fill these hard to fill positions. He shared that there is 1 physician position vacancy that has had no applicants since 2016. If not addressed it will impact care. Dr. Ojo then asked if anyone wanted to share some ideas.</p>	<p>Dr. Mills shared that the Tarrant County Jail has a physician's assistant (PA) training program. They in process about 53,000 people a year so there is a good patient load. If you have students working in these locations, it demystifies the correctional healthcare setting. Loan repayment is a great idea, but you need a starter partnership between medical education and corrections.</p> <p>Dr. Millington suggested attaching faculty appointments to positions.</p> <p>Dr. Linthicum stated that there are many unit providers with faculty appointments. And, there is statutory language regarding loan repayment, but a rider was attached to it prohibiting us from utilizing any funds for loan repayment. We need to do a better job convincing state legislators to allow for funding or allow other organizations to do that. Dr. Linthicum explained that both she and Dr. DeShields came to Texas on a loan repayment program called Texas Higher Education Loan Repayment Program. This program required that you work in an underserved area and in turn some of your loan would be paid. We need to bring that up again with our state leaders. Dr. Linthicum stated that there is a lot of student rotation going on; we are just not getting that much yield from it.</p>	

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<p>VI. Medical Director's Updates (Cont.) - Dr. Linthicum</p>		<p>Dr. Penn shared that he graduated from UTMB and did his rotation through HG. About 200 students per year rotate through HG. There are also students that rotate through Jester IV and PA students that are rotating doing psychiatry and behavioral health as well. These students are in debt, so loan repayment and signing bonuses are great. We do struggle to recruit. Dr. Penn stated that he agrees with Dr. Mills that academia needs to come to the table and partner more.</p> <p>Dr. Ojo thanked everyone for their input and asked about paying above market in certain areas.</p> <p>Dr. Linthicum stated that this item is in the exceptional item request. The request is for additional funds to strategically add funds, like the tiered system that was done for nursing.</p> <p>Mr. McGinty noted that while legislature did not fund the previous session request to maintain, they did put money towards market adjustments.</p> <p>Dr. Hudson shared that surveys suggest that recent graduates are interested in having meaning to their work and quality of life. The younger generation wants a work / life balance and time off. Could possibly look at surveying students within existing programs and poll what their interest or barriers are.</p> <p>Dr. Raimer stated that this is an issue that comes up every two to four years in legislature. One question that will arise is who is eligible. There are a lot of new medical schools opening in Texas which may lead to a situation where there are more primary care physicians who are looking for jobs and in particular the lifestyle issues presented by Dr. Hudson.</p>	

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<p>VI. Medical Director's Updates (Cont.) - Dr. Linthicum</p>		<p>Dr. Raimer stated that he agrees that work / life balance is a high priority for students. We have not sold the prison work environment as a safe and rewarding environment.</p> <p>Mr. Mendoza asked if our programs are allowed to offer credit toward residency.</p> <p>Dr. Raimer explained that residency credit has to be conferred by the institution with the residency program. There is nothing that says that a residency program couldn't require rotation. Some residency programs require rural site rotation or rotations in underserved areas. We certainly can make that an option. However, hospitals themselves, as far as he is aware, cannot apply for a residency certification.</p> <p>Dr. Jumper shared that they are starting a new residency program in Amarillo in psychiatry. Meetings are underway with the Clements Unit which houses the CMI and PAMIO programs. In TTUHSC the president of the Health Sciences Center has given the charge to get students involved at clinical sites since we do not have a teaching hospital like Hospital Galveston.</p> <p>Dr. Raimer stated that there is no degree for correctional health care nursing, which would be a management level degree. The question is who will be the school to take the lead on that.</p> <p>Dr. Jumper stated that they offer a doctorate in nurse practitioner within mental health and also two new graduate programs through the School of Health Professions with addiction medicine. They are getting more involved with all the schools at the Health Sciences Center which has been good for both UT and Texas Tech and will continue to increase that.</p>	

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<p>VI. Medical Director's Updates (Cont.) - Dr. Linthicum</p> <p>VII. Overview of Correctional Managed Health Care Outpatient Services - Mr. Will Rodriguez</p>	<p>Dr. Raimer thanked Dr. Ojo and then called on Mr. Will Rodriguez, TTHUSC to present An Overview of Correctional Managed Health Care Outpatient Services.</p> <p>Mr. Rodriguez began by giving an overview of the Texas Tech sector. The state is split roughly down the middle between Texas Tech and UTMB. Texas Tech has the west and approximately 20% of the population and UTMB has the east and approximately 80% of the population. To care for that population Texas Tech operates 21 facilities in 17 geographical sites covering over 100k+ square miles. Geography is one of Texas Techs biggest challenges. Facilities house approximately 30,000 offenders and include jails, state prison, transfer facilities, Intermediate Sanction Facilities (ISF) and Substance Abuse Felony Punishment (SAFP). There is a 128 bed medical/surgical unit in Lubbock, Western Regional Medical Facility/Montford (RMF), 51 infirmary beds split between Amarillo, Wichita Falls and Abilene and 1,018 inpatient behavioral health beds. Texas Tech also utilizes rural community hospital partnerships.</p> <p>Mr. Rodriguez next went over the services offered by Texas Tech. He stated that levels of care provided are medically mandatory and/or medically necessary. They have a full Utilization Management (UM) program. UM reviews referrals and approves or disapproves and if approved, schedules. For FY 2018 the annual encounters were 33,043 for medical which represents only M.D. encounters, mid-level provider encounters would be about 90,000-95,000, 53,307 dental, 81,140 mental health and 19,570 encounters via telehealth. Telehealth encounters have increased 80% from FY 2017.</p>	<p>Dr. Linthicum stated that as all of these groups get involved, we need to make sure that they are utilizing TDCJ as a liaison to ensure that all the necessary paperwork is completed and procedures are followed as it relates to unit entry.</p>	

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<p>VII. Overview of Correctional Managed Health Care Outpatient Services (Cont.) - Mr. Rodriguez</p>	<p>Mr. Rodriguez shared that outpatient services provided by Texas Tech include primary, specialty, long term and urgent / emergency care. Diagnostic imaging, lab services, behavioral health, dental, therapy services, infusion services, telehealth, pharmacy, dialysis and surgical services, infectious disease and utilization management.</p> <p>Mr. Rodriguez explained that Texas Tech gained access to the CMC Dashboard in April. This takes the Healthcare Effectiveness Data and Information Set (HEDIS) measures that are comparable to the freeworld and grades us against those measures. Quality Management gets together monthly to look at quality outcomes and make decisions as appropriate.</p> <p>Mr. Rodriguez stated that Texas Tech has just recently hired their first full time telehealth provider. Specialty clinics provided via telehealth include cardiology, dermatology, endocrinology, nephrology, urology, pharmacy, pulmonary internal medicine and rheumatology. For FY 2018 year to date there have been 311 consults and 173 follow up appointments for a total of 484 specialty visits. For FY 2017 there were 180 initial consults and 92 follow up appointments for a total of 272 specialty visits. The two pilot services are in dental and optometry. For the optometry pilot they partnered with an ophthalmologist to compare the results of eye exams via telehealth and in person.</p> <p>Mr. Rodriguez stated that the pilot will continue for the remainder of the year and after validation of the success of the pilot program everything will be shared with UTMB for implementation in the UTMB sector. With the dental pilot they are using telehealth to provide initial dental screenings.</p>	<p>Dr. Linthicum noted that 166,000 telehealth encounters were done state wide last fiscal year. We are probably the largest state provider of telehealth. There are currently two telehealth pilot programs in Texas Tech, one in dentistry and one in optometry.</p> <p>Dr. Linthicum noted that TDCJ has added more bandwidth to sites to accommodate increasing telehealth use.</p> <p>Dr. Mills shared that in Tarrant County Jail they have also added equipment for visual testing via telehealth to save on transporting off site.</p>	

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<p>VII. Overview of Correctional Managed Health Care Outpatient Services (Cont.) - Mr. Rodriguez</p>	<p>Mr. Rodriguez stated that overall the use of telehealth is increasing and that trend is expected to continue.</p> <p>Mr. Rodriguez shared that Texas Tech utilizes hospital partnerships with University Medical Center in Lubbock, Northwest Texas Hospital in Amarillo and Hendrick Medical Center in Abilene. Mr. Rodriguez next gave an overview of the RMF / Montford Facility. One side of the facility is the Western Regional Medical Facility (RMF), a 128 bed unit and the other is Montford, a 550 bed inpatient psychiatry wing. The RMF houses 2 surgical suites and onsite dialysis. It has 50 ward beds, 44 long term care beds, 4 step down SCU beds, 30 holding beds and a 400 bed trusty camp. Mr. Rodriguez stated that they are very diligent about maximizing utilization of the facility and that anything that can be done there is done there. One of the legislative appropriations requests is for funds to upgrade aging technology / equipment.</p> <p>Mr. Rodriguez next touched on the main cost drivers for Texas Tech: Pharmacy pricing which is always going up. Texas Tech partners with UTMB to help mitigate these costs; Nurse and psychiatry staffing which is tough to recruit; Aging equipment and technology and weighing that cost against the cost of going offsite; And finally, the aging population.</p>	<p>Dr. Linthicum shared that this facility is the most complex medical facility in the state and provides the highest level of care within our system.</p> <p>Dr. DeShields stated that there is also MRI and CT capability available at this facility as well as physical therapy, occupational therapy and speech therapy</p> <p>Dr. Linthicum stated that they are capable of all kinds of diagnostic procedures and they have four special care units. The relationship with the warden and CID is very important there. They are very treatment oriented. It really takes a multi-disciplinary team to make units like this work.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Correctional Managed Health Care Outpatient Services - Marjorie Kovacevich</p>	<p>Dr. Raimer thanked Mr. Rodriguez and then called on Ms. Marjorie Kovacevich, UTMB to present An Overview of Correctional Managed Health Care Outpatient Services.</p> <p>Ms. Kovacevich began by going over the structure and responsibilities. The Correctional Managed Health Care Committee was established by legislature in 1993. It is an independent body that oversees the contractual relationships between TDCJ and the two university health systems.</p> <p>Ms. Kovacevich shared that UTMB CMC provides care for approximately 114,000 patients within TDCJ. They operate 81 ambulatory clinics providing primary, urgent, specialty, hospital and infirmary level care, mental health inpatient and outpatient, dental, radiology, lab, telehealth and infectious disease services, pharmacy operations and dialysis.</p> <p>Ms. Kovacevich stated that Texas provides the third lowest cost when comparing state prison healthcare costs. She next went over patient demographics. 30% of patients have at least one chronic condition. There are approximately 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, 509 infirmary beds, 1,000 mental health inpatients, 18,500 patients on the mental health caseload and a rapidly growing 55+ population, currently approximately 17,000 patients.</p> <p>Ms. Kovacevich next shared the encounter summary data. For FY 2018, encounters are already over 9 million and are expected to exceed 10 million encounters. She next went over the sick call request volume by unit type and then shared the encounter data by discipline. For FY 2018 through July the medical encounters were 605,433, the dental encounters were 156,109, the nursing encounters were 8,086,652 and mental health encounters were 169,368.</p>	<p>Dr. Raimer shared that Hospital Galveston opened in 1983.</p> <p>Dr. Linthicum stated that it was built with offender labor and used to be called the TDCJ Hospital. Years ago ownership of the hospital was transferred to UTMB.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Correctional Managed Health Care Outpatient Services (Cont.) - Ms. Kovacevich</p>	<p>Ms. Kovacevich explained innovative clinical and support programs. UTMB CMC provides telehealth services to all UTMB CMC facilities. This provides solutions to provider and nursing shortages in hard to fill geographic locations. There is a centralized provider group for primary care, sick call, urgent care, tele-nephrology, mental health, infectious disease, wound care and clinical pharmacology. There were approximately 120,000 telehealth encounters for FY 2017 which made us the largest non-military program in the United States.</p> <p>Ms. Kovacevich explained Utilization Management. There are case managers 24 hours a day, seven days a week. They manage all urgent/emergent offsite movement, provide concurrent offsite patient management, maintain cost based contracts with local freeworld hospitals, manage 488 infirmity beds across the state with bed management software and track high risk patient populations (e.g. cancer) for continuity.</p> <p>Ms. Kovacevich shared that all providers utilize CMC specific disease management guidelines for common conditions and emergencies. UTMB CMC meets or exceeds national clinical endpoint benchmarks. All UTMB CMC facilities are linked using an intrasystem electronic medical record (EMR). The EMR is linked to the pharmacy system and high use offsite hospitals.</p> <p>Ms. Kovacevich next touched on quality / performance improvement and access to care. Quality / performance is improved by provider and nursing peer review, Lean Six Sigma trained central and facility staff. The CMC Dashboard which has on demand clinical outcomes (asthma, diabetes, CAD, HTN), facility linked reports for access to care, encounters, pharmacy utilization and telehealth utilization.</p>	<p>Dr. Raimer noted that a nurse encounter is generated by an action in the electronic medical record. There is time spent and time spent is money spent. As needs increase with the population, nursing time goes up as well. Over 8 and a half million nursing encounters is just amazing.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Correctional Managed Health Care Outpatient Services (Cont.) - Ms. Kovacevich</p>	<p>Ms. Kovacevich noted that the dashboard also provides central and facility leadership access to current goal status and corrective action planning and monitoring. Ms. Kovacevich noted that patient access to clinical services is critical and is measured monthly. UTMB CMC consistently maintains access to care at or above 98%.</p> <p>Ms. Kovacevich explained the Patient Scheduling Initiative. This dealt with a high percentage of open chronic care clinic reminders for the Coffield, Michael and Stiles units. The performance metrics include maximizing schedulers' time by reducing outside interference, reducing open chronic care reminders and preventing double scheduling of patients. The schedulers were moved offsite and a new chronic care reminders process flow was put into place. They were able to significantly reduce the open chronic care reminders.</p> <p>Ms. Kovacevich next gave an overview of UTMB sheltered housing. 95 beds were added to Telford, 54 beds were added to Jester III and 14 beds were added to Carol Young. A proposal is being made for 200 additional beds at Stiles and 135 beds at Lane Murray. Additional sheltered housing beds have reduced length of stay at Hospital Galveston by 22% (8.9 days to 6.9 days), have reduced length of stay at infirmaries by 20% (25.63 to 20.38) and have reduced the average of offsite patients by about 18%.</p>	<p>Dr. Linthicum stated that she would like to compliment UTMB. They have been the driver for the electronic health record and the CMC Dashboard and employ a full time Chief Medical Information Officer, Dr. Jane Leonardson. They also assisted with stratifying the patient population after the heat litigation. Dr. Linthicum stated that she would like to thank both of the partner universities. They have been partners for 24 years, since 1984. The benefits to the TDCJ have been immense. The TDCJ has not been in any major class action correctional healthcare lawsuits throughout this 24 year partnership and not many states can say that.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Correctional Managed Health Care Outpatient Services (Cont.) - Ms. Kovacevich</p> <p>IX. Public Comments - Dr. Raimer</p>	<p>Dr. Raimer thanked Ms. Kovacevich and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments – He stated that one person had signed up to speak. Dr. Raimer recognized Ms. Francis Vaughn and invited her to speak.</p> <p>Ms. Vaughn stated that she would like to discuss offenders with mental health issues in Ad. Seg. (restrictive housing). She noted that as the wife of someone who has lived out fourteen years in Ad. Seg. in seven year increments, through him she knows quite a bit about what they go through. There are increased stressors and much more to it. It is not just what they came in with it evolves.</p> <p>Ms. Vaughn stated that she does not have a good bearing on how much access they have when they are in restrictive housing. She is not aware of the exact processes or how available staff and help are to these offenders.</p> <p>Ms. Vaughn stated that the medical liaison that she has spoken with is not an actual Texas Tech employee, but rather a contractor with Hendricks Medical Center. She stated that she has not spoken with the liaison about this issue specifically since it is a rather recent issue.</p> <p>Ms. Vaughn stated that her husband was evaluated prior to being placed in restrictive housing. Prior to that he had been going through cognitive therapy.</p>	<p>Dr. Linthicum stated that this is a product of this committee and the state partnership between these academic health sciences centers.</p> <p>Dr. Raimer stated that he would like to add a thank you to Mr. McGinty and Mr. Collier who work with UTMB to keep them informed.</p> <p>Dr. Raimer asked Ms. Vaughn if she had any suggestions about how that might be addressed.</p> <p>Dr. Raimer asked Ms. Vaughn if she has discussed this issue with the medical director on his unit.</p> <p>Dr. Raimer shared that one of the possible solutions for this would be to visit with Dr. DeShields or one of her staff members in that region to look at a plan or if any referrals are needed for improvement of any mental health issues.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Public Comments (Cont.) - Dr. Raimer</p>	<p>Ms. Vaughn thanked the committee.</p> <p>Dr. Raimer thanked Ms. Vaughn, then called for a motion to adjourn the meeting.</p> <p>Dr. Raimer thanked everyone for their attendance and adjourned the meeting. Dr. Raimer announced that the next CMHCC meeting is scheduled for December 5, 2018 in Conroe, Texas.</p> <p>The meeting was adjourned at 12:03 p.m.</p>	<p>Ms. Davis stated that the offender in question has been seen by mental health professionals on the unit and has received care.</p> <p>Dr. Raimer stated that Ms. Vaughn is encouraged to work with them locally and try to resolve and if there are still issues to please correspond with the committee.</p> <p>Dr. Linthicum stated that Ms. Vaughn also knows how to contact her as well with any access to care issues. Ms. Vaughn could either email directly or go through the health services patient liaison.</p>	<p>Dr. Mills made a motion to adjourn the meeting, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>
<p>X. Adjourn</p>			

Ben Raimer, M.D., Acting Chairperson
Correctional Managed Health Care Committee

Date _____

Consent Item

TDCJ Health Services
Monitoring Reports



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

Health Services Division

Quarterly Monitoring Report

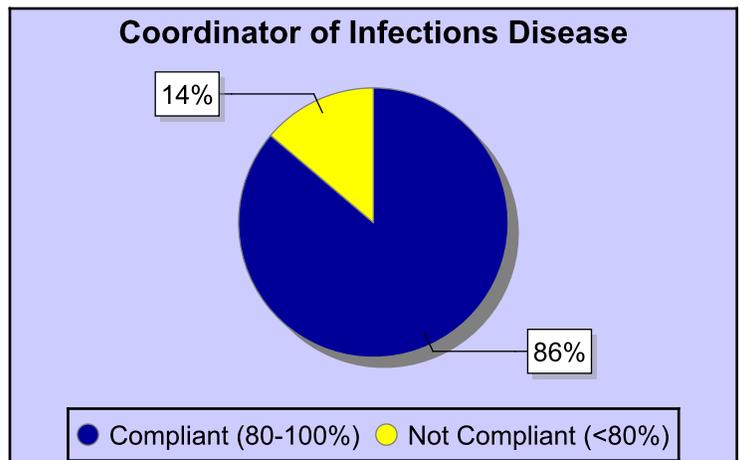
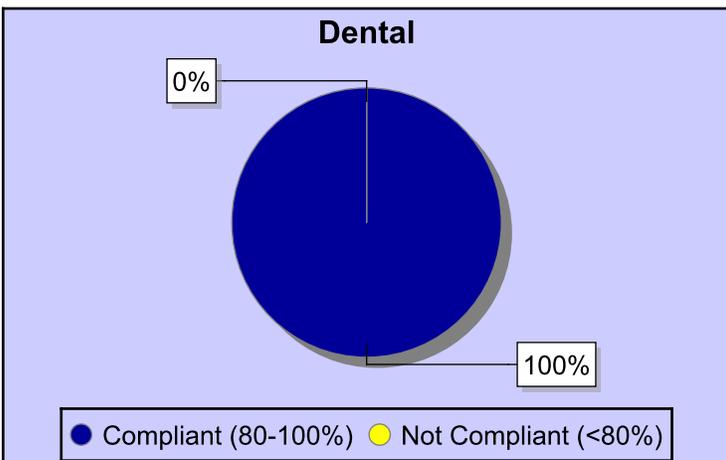
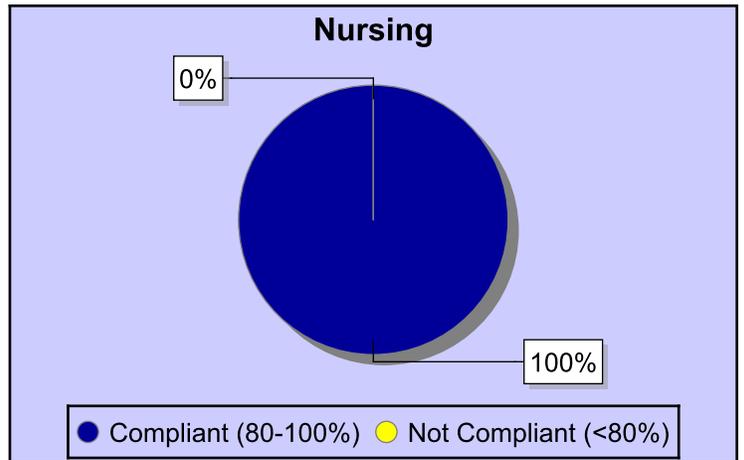
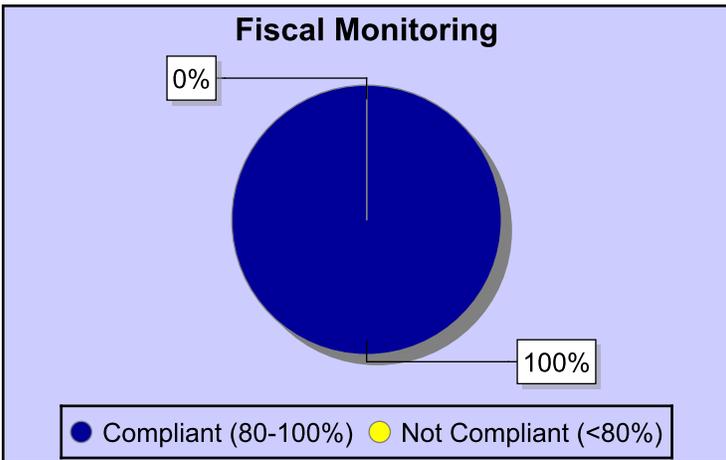
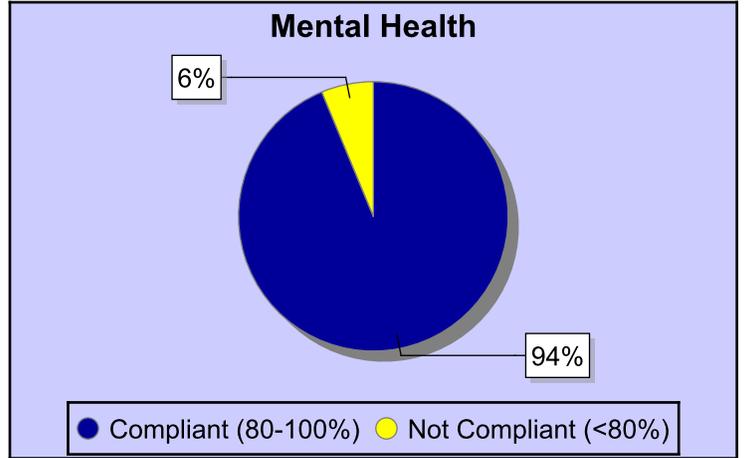
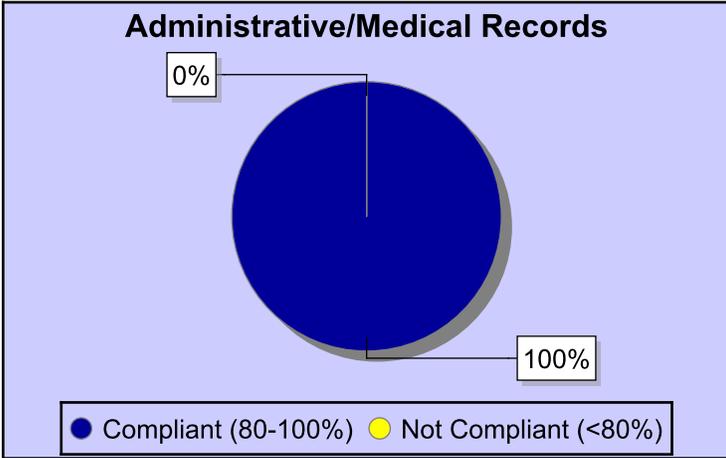
**Fourth Quarter, Fiscal Year 2018
(June, July and August 2018)**

Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2018
June 2018 - August 2018

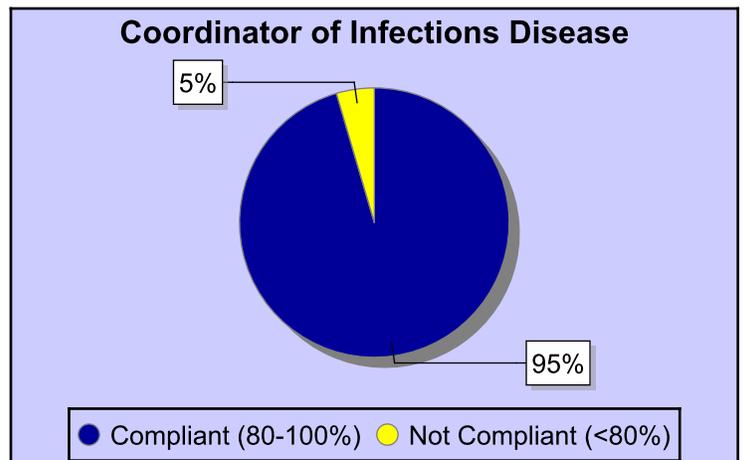
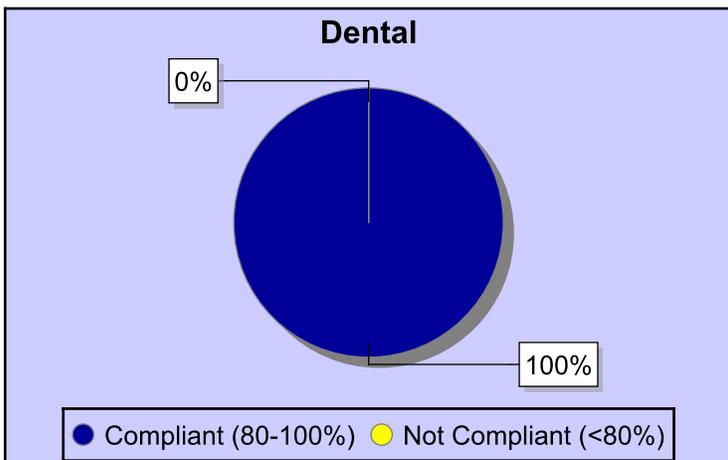
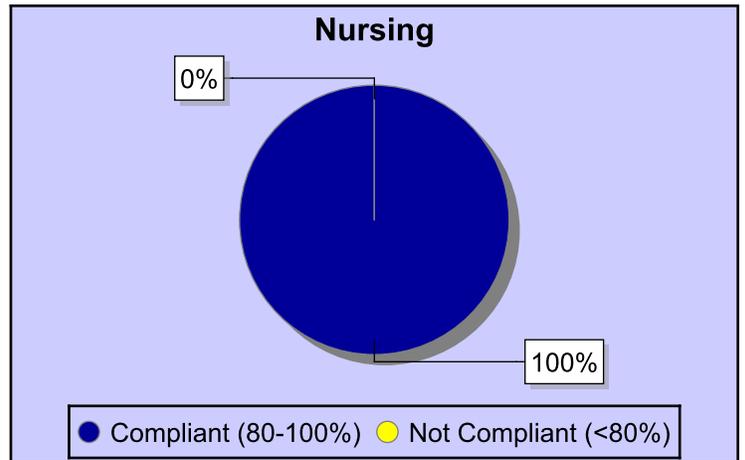
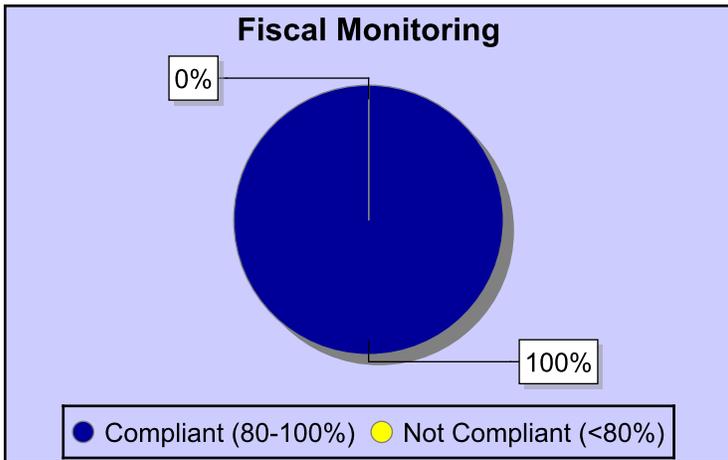
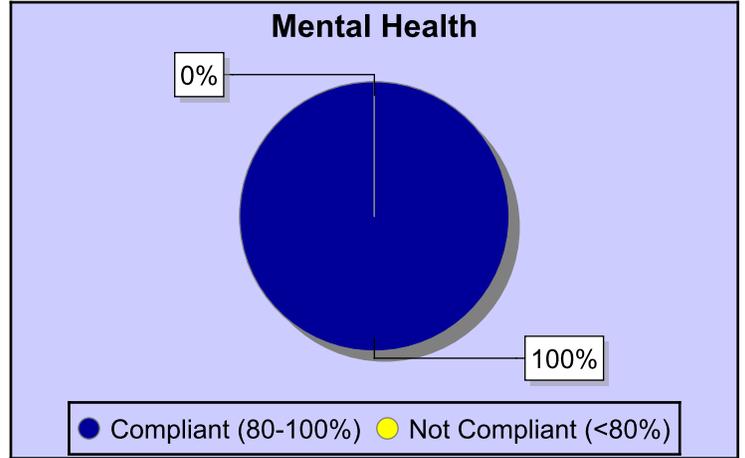
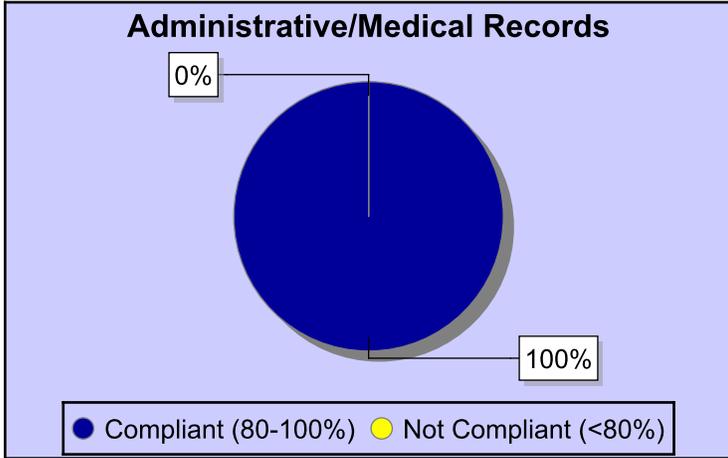
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Eastham	31	31	100%	13	13	100%	29	25	86%	11	11	100%	16	15	94%	4	4	100%
Estes	33	33	100%	13	13	100%	22	21	95%	11	11	100%	2	2	100%	4	4	100%
Goodman	32	32	100%	13	13	100%	25	25	100%	10	10	100%	2	2	100%	4	4	100%
Henley State Jail	30	30	100%	13	12	92%	24	22	92%	11	11	100%	12	12	100%	6	6	100%
Hightower	30	30	100%	13	12	92%	23	20	87%	11	11	100%	14	14	100%	6	6	100%
Huntsville	30	29	97%	13	13	100%	32	30	94%	11	11	100%	14	13	93%	4	4	100%
Sayle	28	28	100%	9	9	100%	23	22	96%	12	12	100%	2	2	100%	4	4	100%
Young	31	31	100%	18	9	50%	31	15	48%	12	11	92%	12	11	92%	4	3	75%

n = number of applicable items audited.

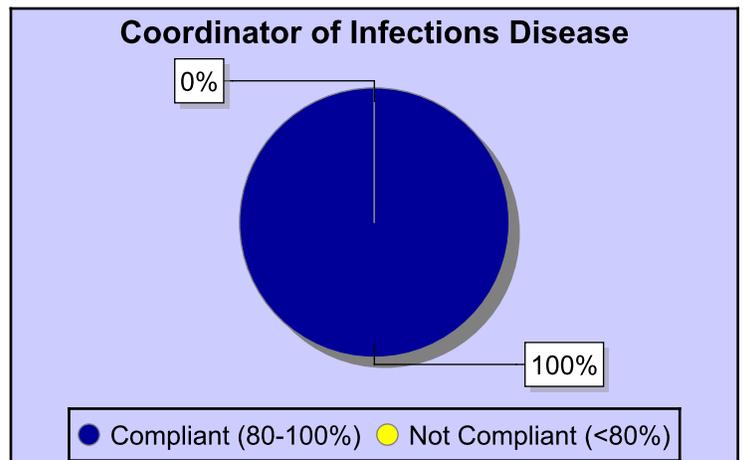
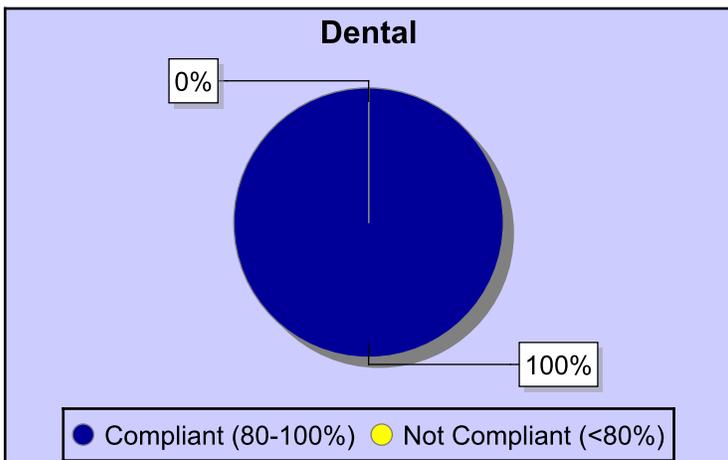
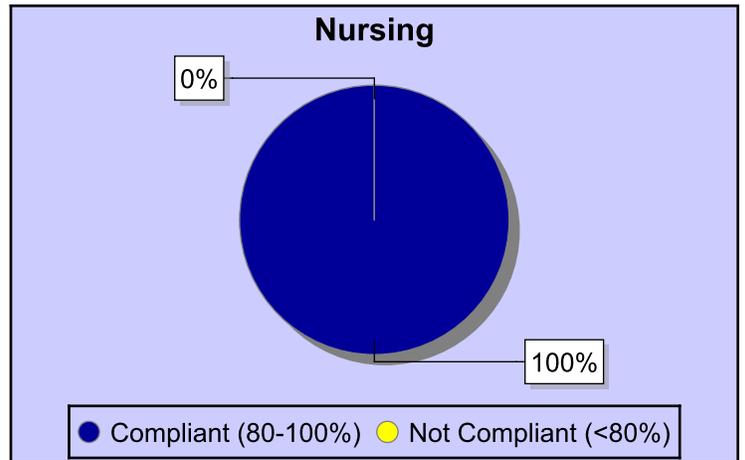
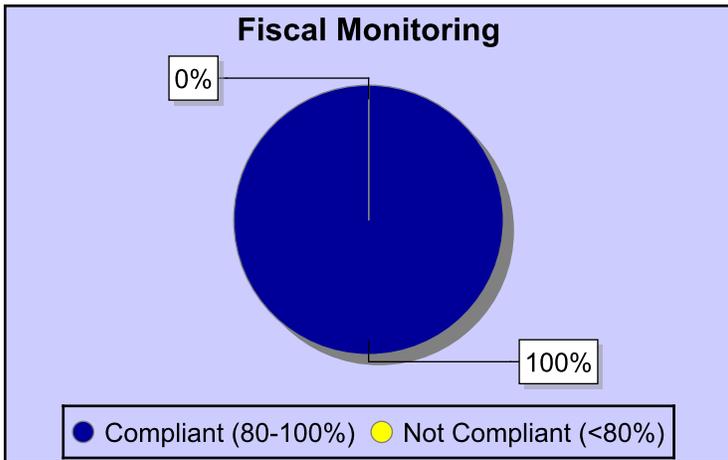
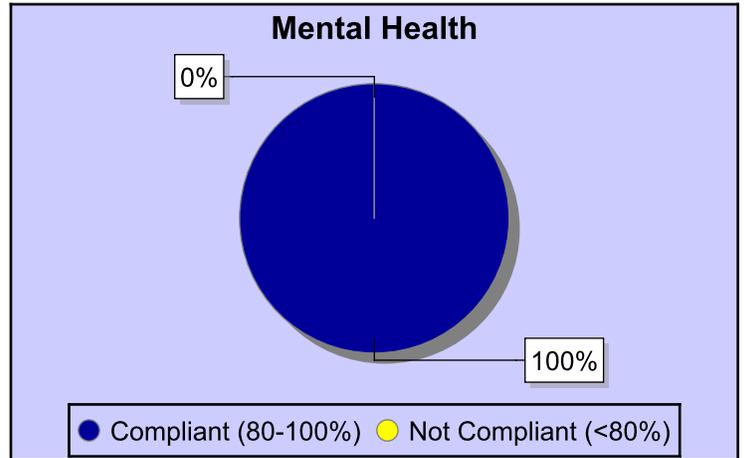
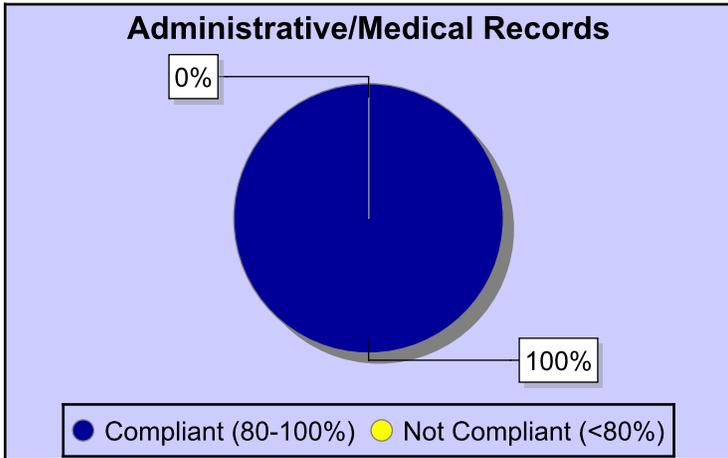
Compliance Rate By Operational Categories for
EASTHAM FACILITY
August 01, 2018



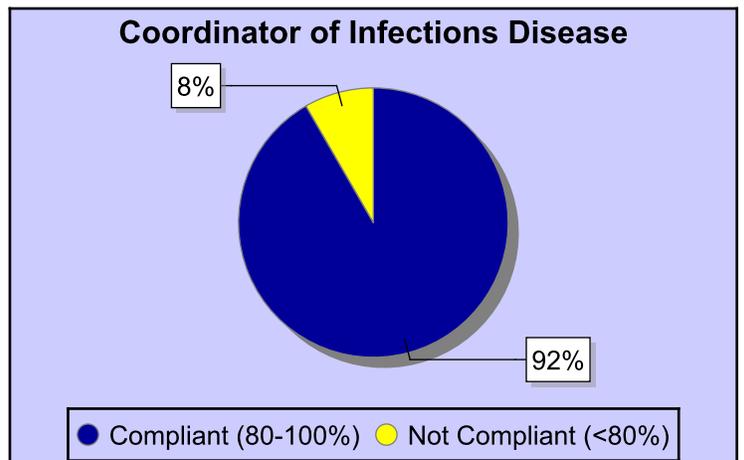
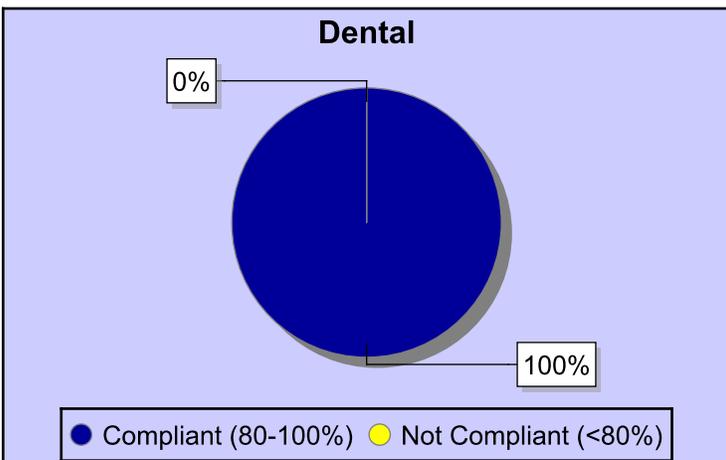
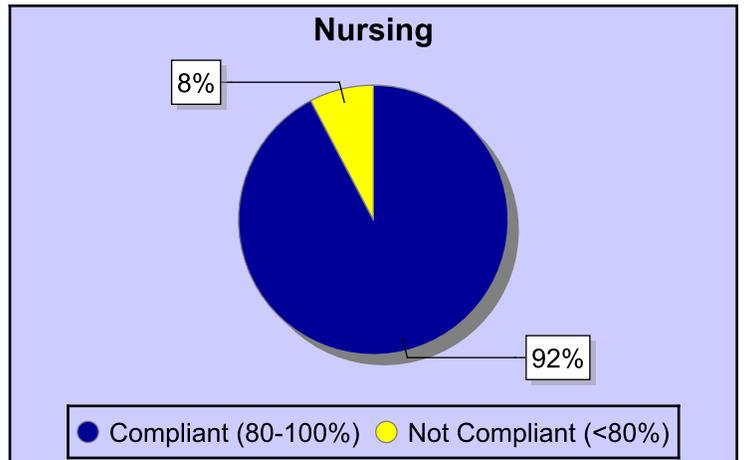
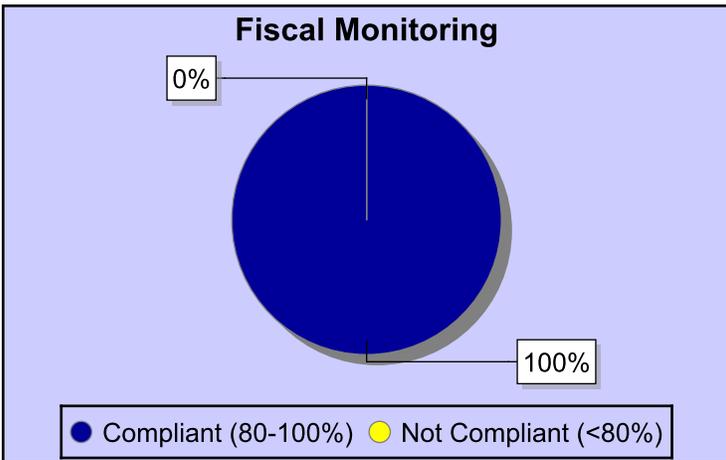
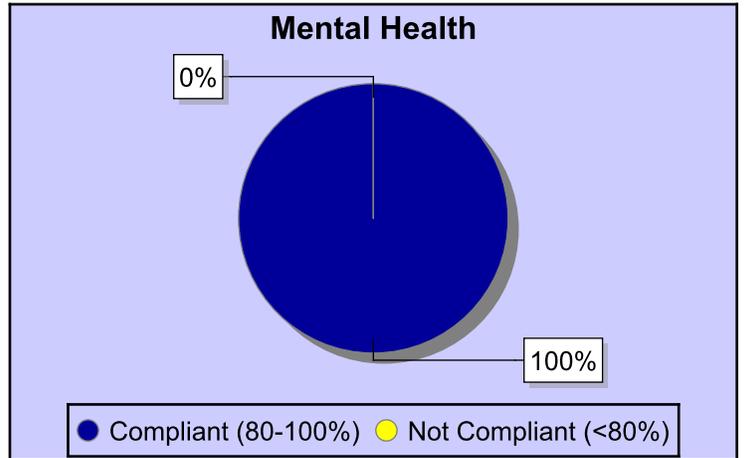
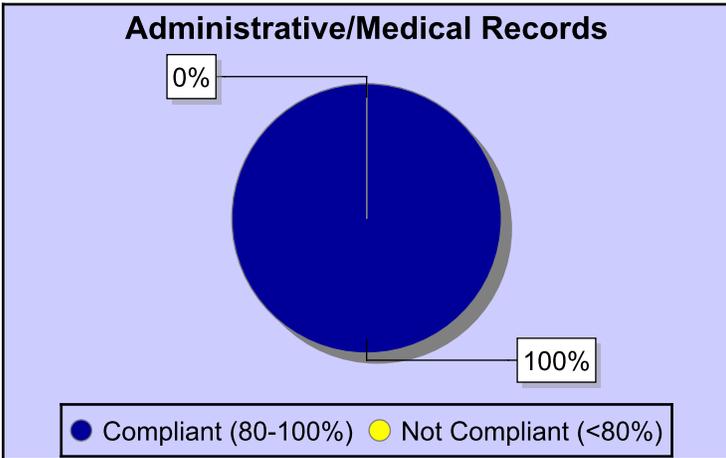
Compliance Rate By Operational Categories for
ESTES (VENUS) FACILITY
July 02, 2018



Compliance Rate By Operational Categories for
GOODMAN FACILITY
July 05, 2018

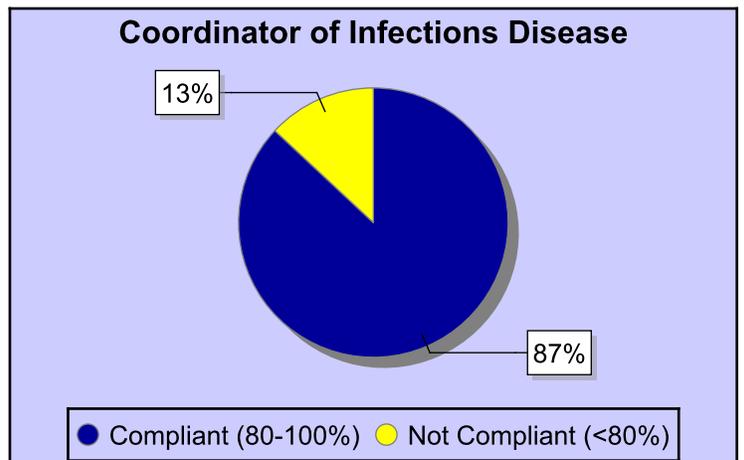
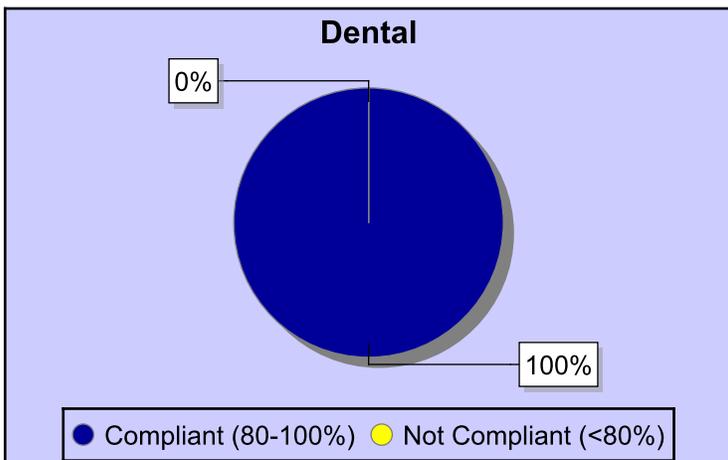
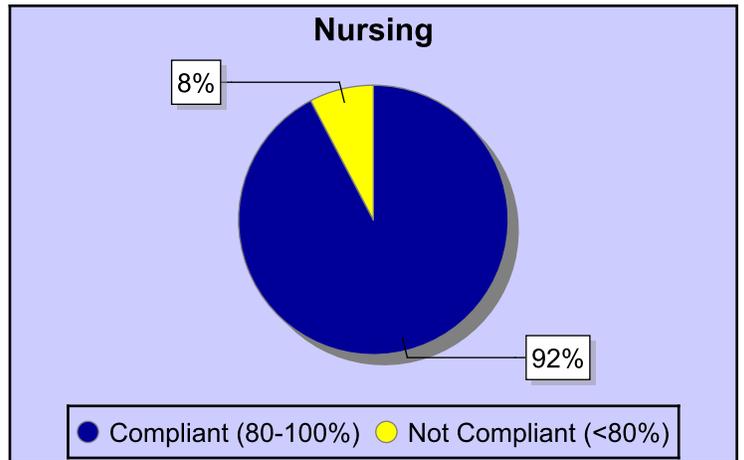
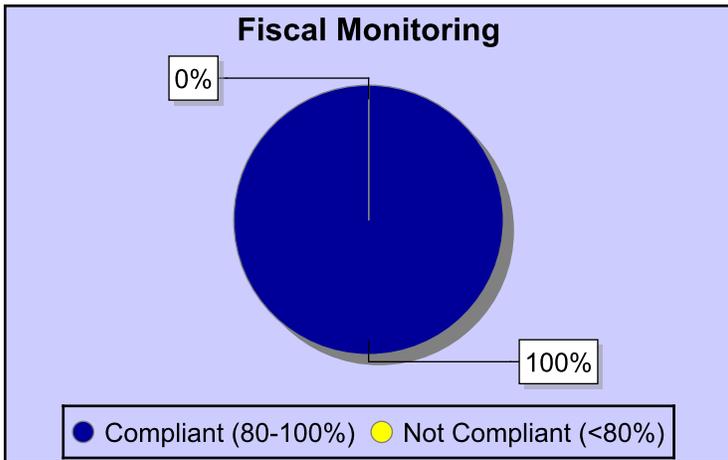
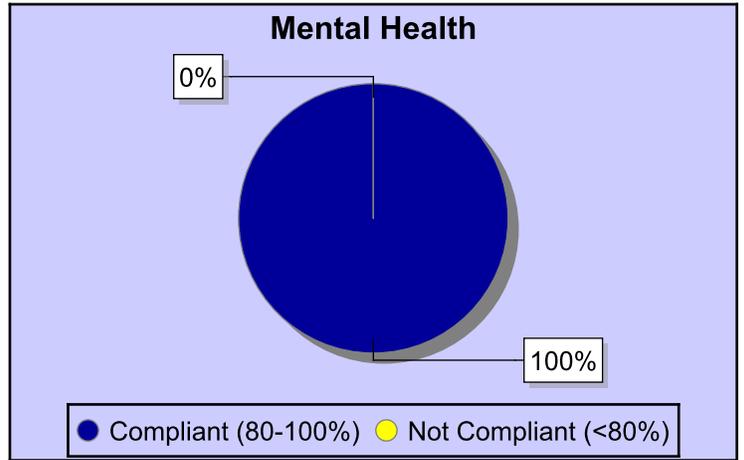
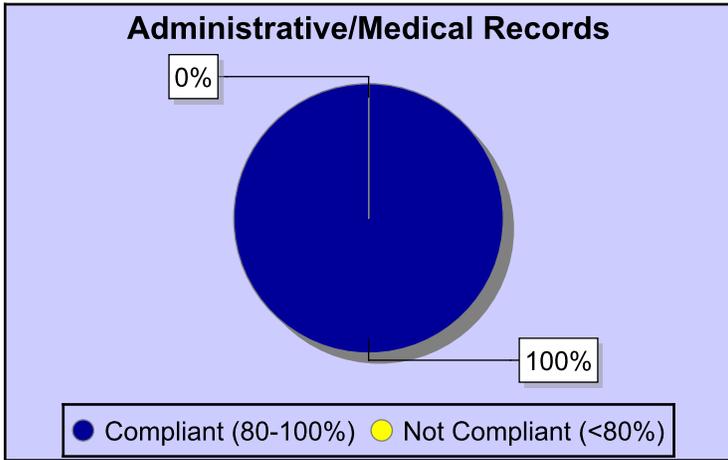


Compliance Rate By Operational Categories for
HENLEY FACILITY
June 04, 2018

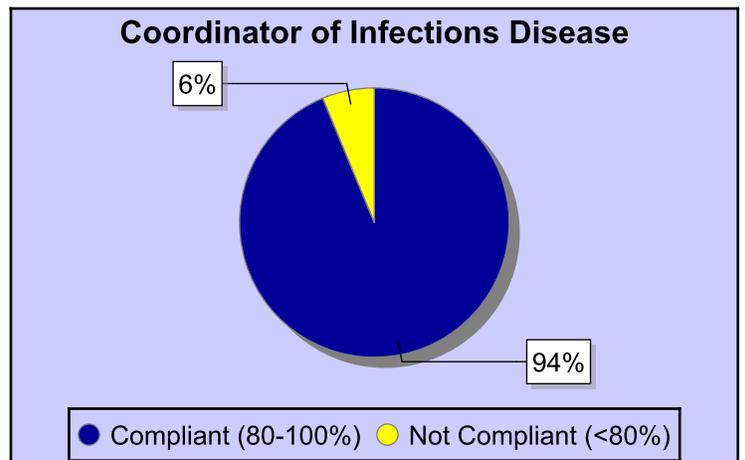
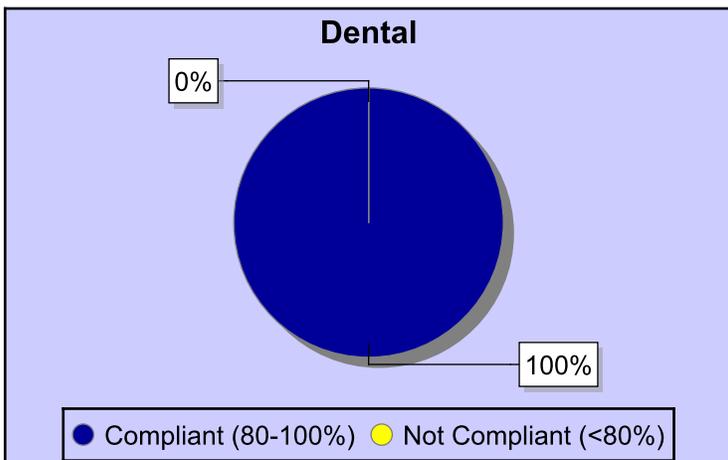
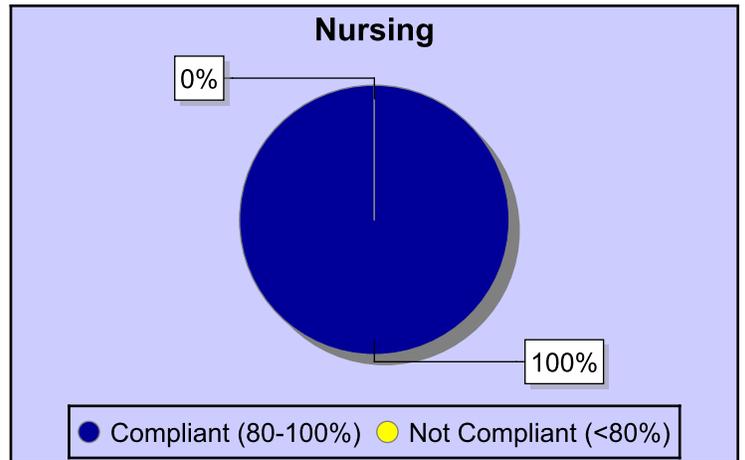
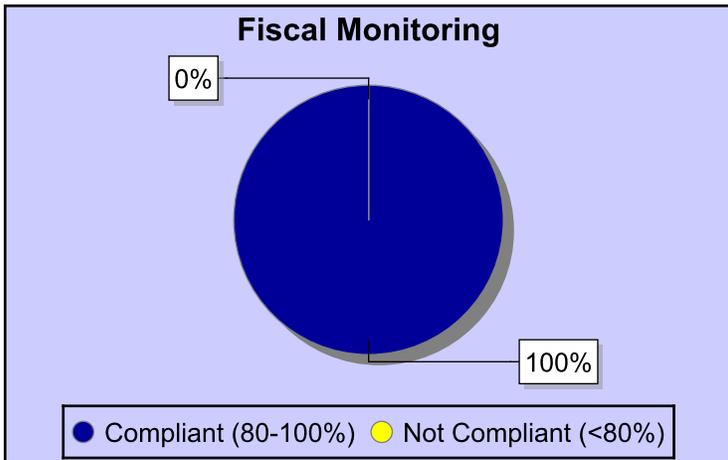
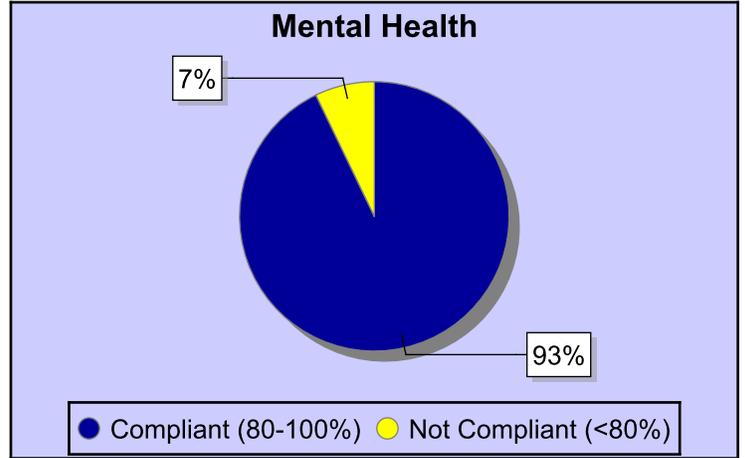
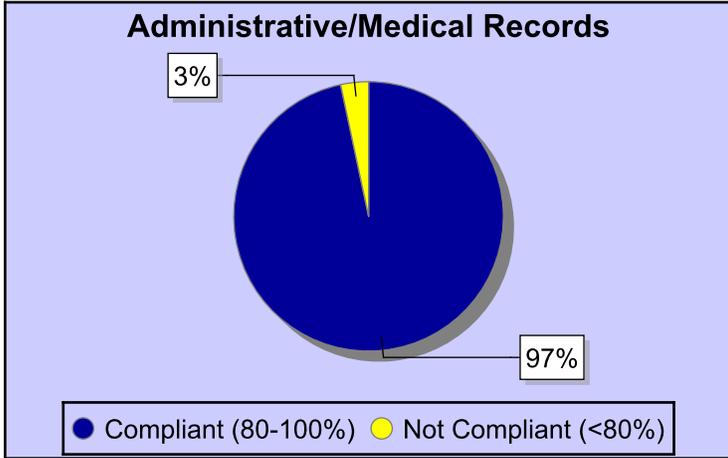


Compliance Rate By Operational Categories for HIGHTOWER FACILITY

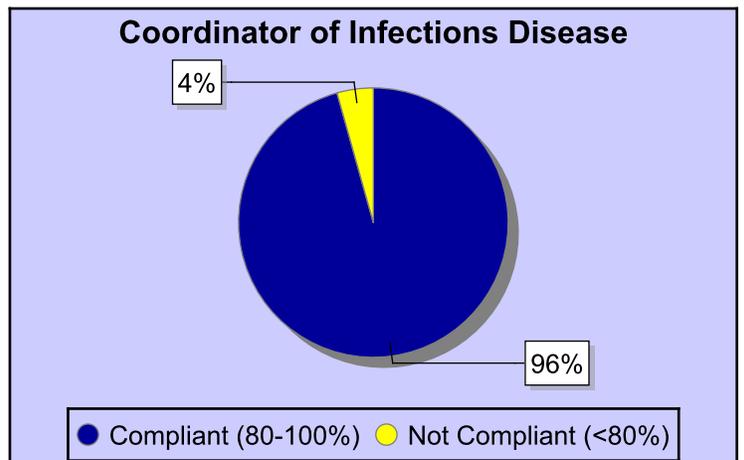
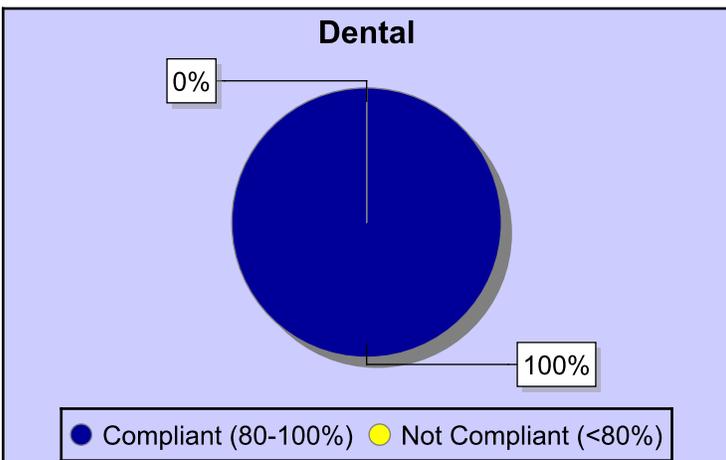
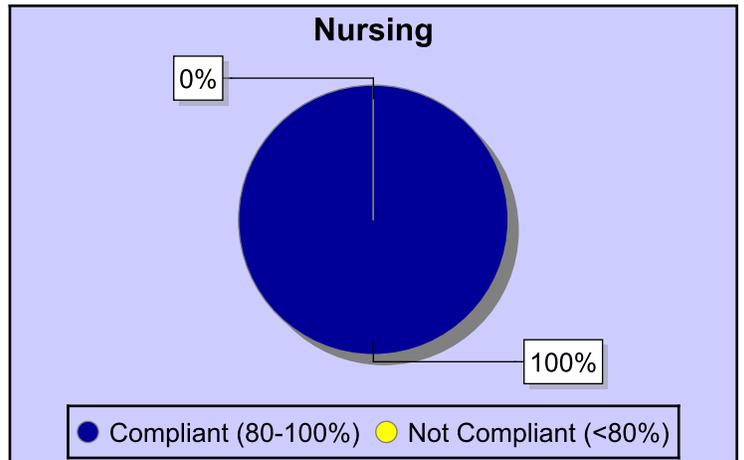
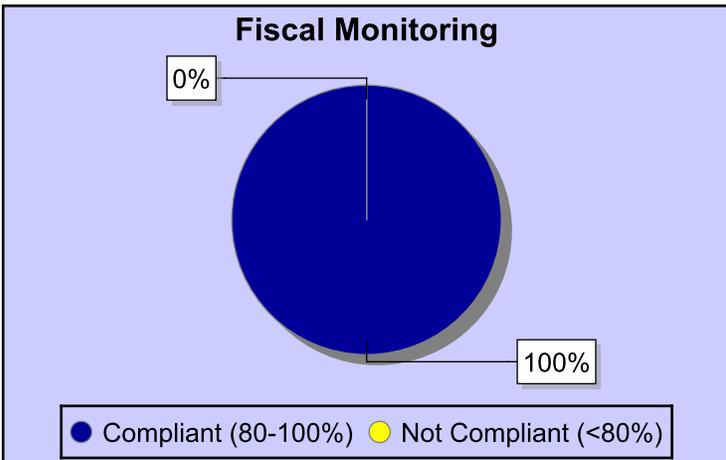
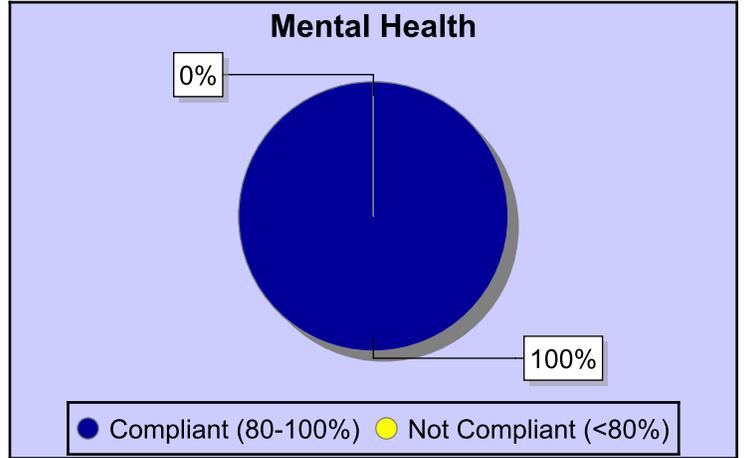
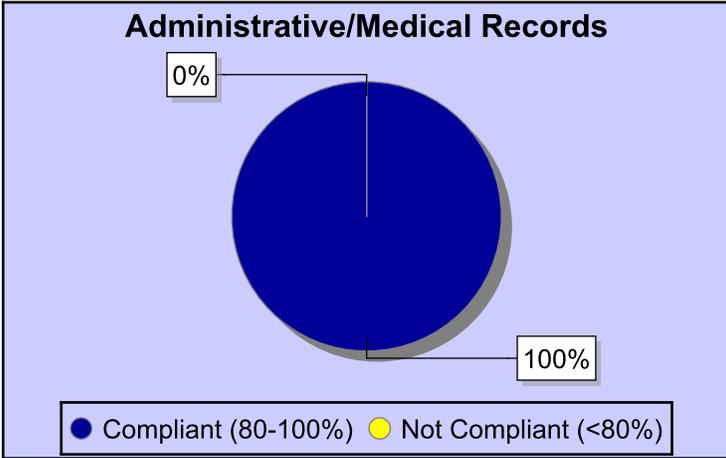
June 05, 2018



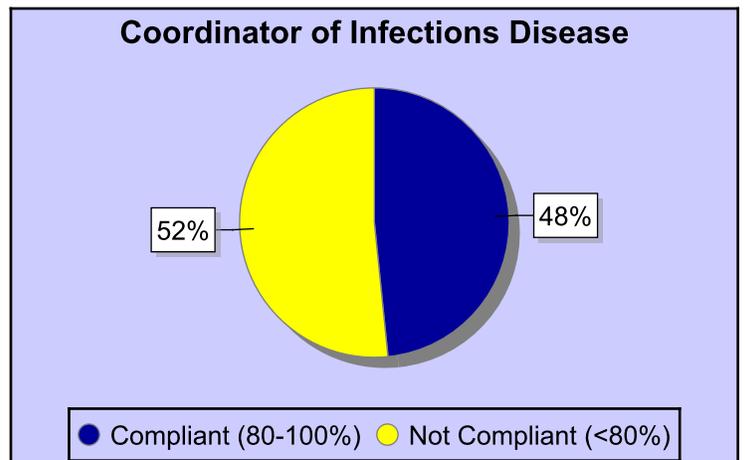
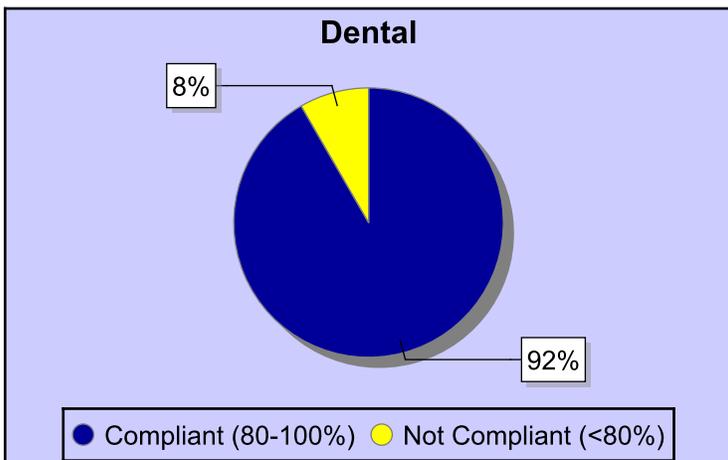
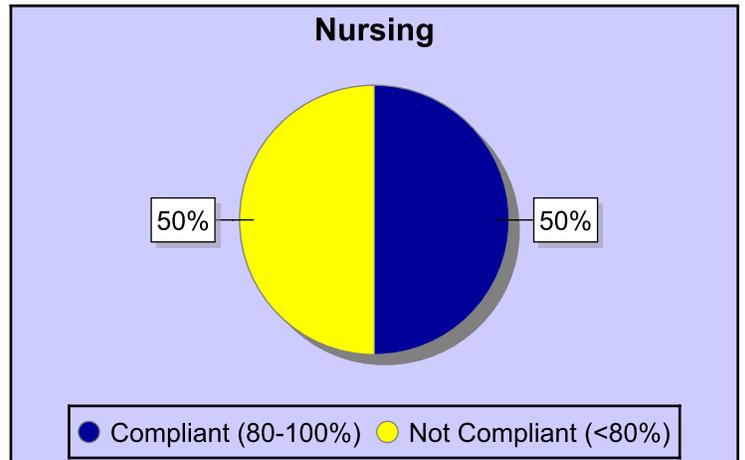
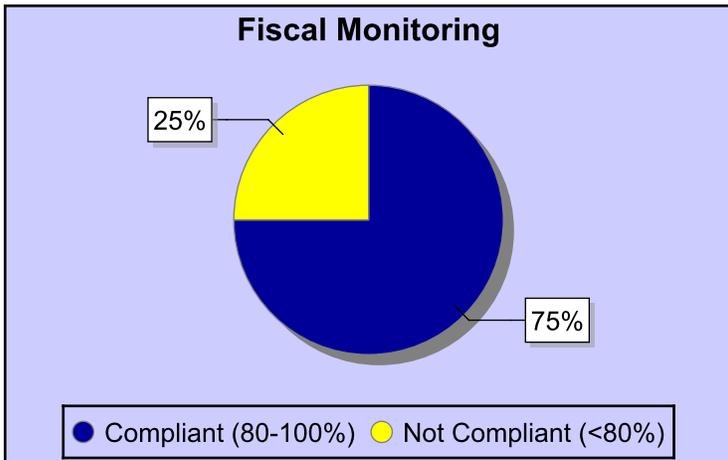
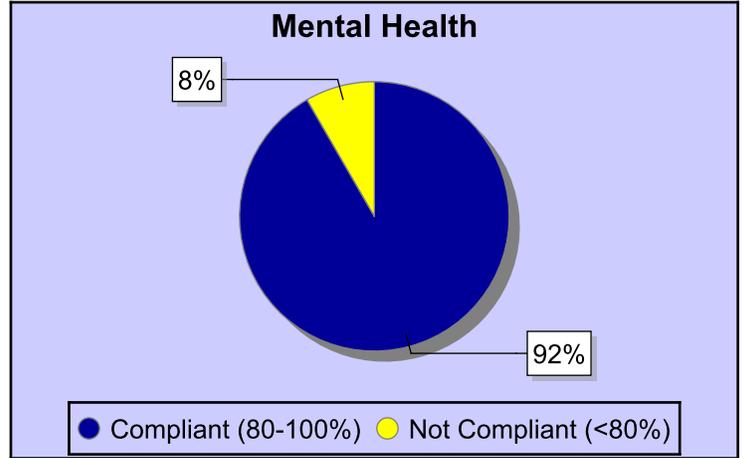
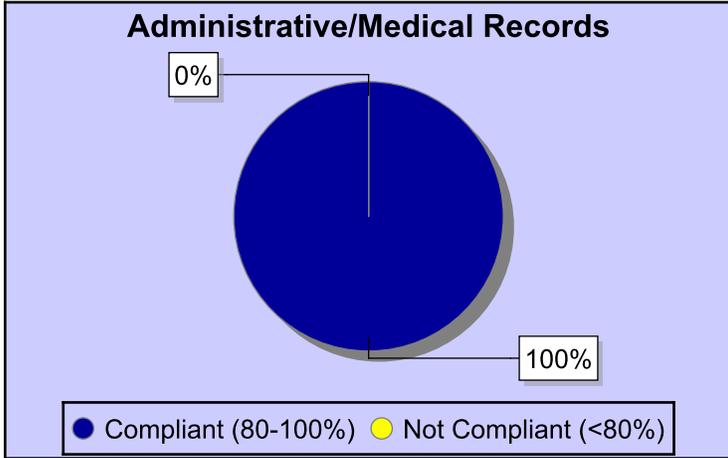
Compliance Rate By Operational Categories for
HUNTSVILLE FACILITY
August 03, 2018



Compliance Rate By Operational Categories for
SAYLE FACILITY
August 08, 2018



Compliance Rate By Operational Categories for
YOUNG FACILITY
June 04, 2018



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended August 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***
B. Moore	10	90%	1	0
Bradshaw	10	100%	0	0
Crain	10	100%	0	0
Goodman	10	100%	0	0
Goree	10	100%	0	0
Hamilton	10	100%	0	0
Hilltop	10	100%	0	0
Hodge	10	100%	0	0
Hughes	10	100%	0	0
Huntsville	10	100%	0	0
Johnston	10	30%	7	0
Mt. View	10	100%	0	0
Murray	10	100%	0	0
Skyview	10	100%	0	0
Telford	10	80%	2	0
Woodman	10	100%	0	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 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*
June	389	373	35	9.38%	26	8.31%	5	9	3.49%	4
July	481	446	26	5.83%	10	5.61%	15	1	0.22%	0
August	472	482	32	6.64%	25	6.22%	5	2	0.41%	0
Totals:	1,342	1,301	93	7.15%	61	6.61%	25	12	1.23%	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*
June	1,197	1,076	45	4.18%	43	4.55%	6	2	0.37%	2
July	1,182	1,122	33	2.94%	22	2.58%	7	3	0.36%	1
August	1,126	1,164	54	4.64%	42	4.04%	5	6	0.60%	1
Totals:	3,505	3,362	132	3.93%	107	3.72%	18	11	0.45%	4
GRAND TOTAL=	4,847	4,663	225	4.83%						

*QOC= Quality of Care

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

June 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	7	1	66	7
Gonorrhea	4	1	22	6
Syphilis	71	35	667	206
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	241	315	1,397	1,140
Human immunodeficiency virus (HIV) +, known at intake	237	172	1,244	1,169
HIV screens, intake	6,260	5,554	29,805	30,451
HIV +, intake	36	33	211	368
HIV screens, offender- and provider-requested	664	832	3,973	4,734
HIV +, offender- and provider-requested	1	0	2	0
HIV screens, pre-release	3,438	3,039	19,822	18,399
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	5	23	20
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	106	48	494	276
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	47	35	220	177
Occupational exposures of TDCJ staff	12	20	90	78
Occupational exposures of medical staff	3	6	32	23
HIV chemoprophylaxis initiation	2	8	23	21
Tuberculosis skin test (ie, PPD) +, intake	119	174	728	898
Tuberculosis skin test +, annual	59	54	272	385
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	5	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	2	18	8
Tuberculosis cases under management	34	23		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	31	36	6,447	6,098
Peer education participants	8,044	4,480	45,665	41,373
Alleged assaults and chart reviews	46	58	358	328
Bloodborne exposure labs drawn on offenders	5	16	78	106
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

July 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	7	2	73	9
Gonorrhea	5	0	27	6
Syphilis	156	50	823	256
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	208	296	1,605	1,438
Human immunodeficiency virus (HIV) +, known at intake	168	193	1,412	1,362
HIV screens, intake	4,717	5,860	34,522	36,311
HIV +, intake	26	76	237	444
HIV screens, offender- and provider-requested	747	719	4,720	5,453
HIV +, offender- and provider-requested	3	0	5	0
HIV screens, pre-release	2,903	3,001	22,725	21,400
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	4	25	26
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	134	96	628	372
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	40	55	260	232
Occupational exposures of TDCJ staff	13	13	103	91
Occupational exposures of medical staff	3	2	35	25
HIV chemoprophylaxis initiation	5	3	28	24
Tuberculosis skin test (ie, PPD) +, intake	164	158	892	1056
Tuberculosis skin test +, annual	40	44	312	429
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	6	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	0	20	8
Tuberculosis cases under management	27	24		
Peer education programs [¶]	0	1	100	99
Peer education educators [∞]	7	11	6,454	6,109
Peer education participants	8,509	8,763	54,406	50,136
Alleged assaults and chart reviews	75	62	433	390
Bloodborne exposure labs drawn on offenders	16	20	94	126
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

August 2018

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	17	1	90	10
Gonorrhea	7	1	34	7
Syphilis	80	39	903	295
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	231	230	1,836	1,670
Human immunodeficiency virus (HIV) +, known at intake	186	238	1,598	1,600
HIV screens, intake	4,959	5,186	39,481	41,497
HIV +, intake	29	51	266	495
HIV screens, offender- and provider-requested	672	713	5,392	6,166
HIV +, offender- and provider-requested	0	10	5	10
HIV screens, pre-release	3,405	3,153	26,130	24,553
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	7	28	33
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	128	72	756	444
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	55	57	315	289
Occupational exposures of TDCJ staff	13	19	116	110
Occupational exposures of medical staff	1	9	36	34
HIV chemoprophylaxis initiation	6	7	34	31
Tuberculosis skin test (ie, PPD) +, intake	157	180	1049	1236
Tuberculosis skin test +, annual	25	69	381	498
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	2	8	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	0	22	8
Tuberculosis cases under management	31	14		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	23	0	6477	6109
Peer education participants	7658	3773	62064	57682
Alleged assaults and chart reviews	71	62	504	452
Bloodborne exposure labs drawn on offenders	24	14	118	140
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the Fourth Quarter of Fiscal Year 2018, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 217 hospital discharge and 40 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	7	2	28.57%	0	N/A	1	14.29%	0	N/A	4	57.14%
July	8	2	25.00%	0	N/A	2	25.00%	0	N/A	1	12.50%
August	7	2	28.57%	0	N/A	1	14.29%	0	N/A	2	28.57%
Total/Average	22	6	27.27%	0	N/A	4	18.18%	0	N/A	7	31.82%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	21	2	9.52%	0	N/A	2	9.52%	0	N/A	9	42.86%
July	24	4	16.67%	0	N/A	4	16.67%	1	4.17%	12	50.00%
August	34	5	14.71%	0	N/A	2	5.88%	2	N/A	16	47.06%
Total/Average	79	11	13.92%	0	N/A	8	10.13%	3	3.80%	37	46.84%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	41	3	7.32%	0	N/A	18	43.90%	0	N/A	0	N/A
July	36	2	5.56%	0	N/A	21	58.33%	0	N/A	0	N/A
August	39	2	5.13%	0	N/A	12	30.77%	0	N/A	0	N/A
Total/Average	116	7	6.03%	0	N/A	51	43.97%	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	69	7	10.14%	0	N/A	21	30.43%	0	N/A	13	18.84%
July	68	8	11.76%	0	N/A	27	39.71%	1	1.47%	13	19.12%
August	80	9	11.25%	0	N/A	15	18.75%	2	2.50%	18	22.50%
Total/Average	217	24	11.06%	0	N/A	63	29.03%	3	1.38%	44	20.28%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	7	0	N/A	0	0.00%	0	N/A	0	N/A	0	N/A
July	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	3	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	14	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	9	0	N/A	0	N/A	2	22.22%	0	N/A	0	N/A
July	8	2	25.00%	0	N/A	3	37.50%	0	N/A	5	62.50%
August	9	3	33.33%	0	N/A	1	11.11%	0	N/A	1	11.11%
Total/Average	26	5	19.23%	0	N/A	6	23.08%	0	N/A	6	23.08%
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	16	0	N/A	0	N/A	2	12.50%	0	N/A	0	N/A
July	12	2	16.67%	0	N/A	3	25.00%	0	N/A	5	41.67%
August	12	3	25.00%	0	N/A	1	8.33%	0	N/A	1	8.33%
Total/Average	40	5	12.50%	0	N/A	6	15.00%	0	N/A	6	15.00%

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

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

June 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Henley State Jail	20	1	0	0
Hightower	23	1	0	0
Young	107	0	0	0
Total	150	2	0	0

July 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Estes	14	0	0	0
Goodman	10	0	0	0
Total	24	0	0	0

August 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Eastham	32	0	0	0
Huntsville	38	0	0	0
Sayle	19	0	0	0
Total	89	0	0	0

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

Audit Tools	June	July	August	Total
Total number of units audited	3	2	3	8
Total numbered property	150	24	89	263
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Boyd	July 16-18, 2018	100.00%	99.5%
Hamilton	August 13-15, 2018	100.00%	99.3%
Pack	August 15-17, 2018	100.00%	98.6%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Havins	July 9-11, 2018	100.00%	98.8%

The ACA 2019 Winter Conference will be held in New Orleans, Louisiana on January 11-15, 2019. During this conference, the following Facilities will be represented: Havins, Boyd, Hamilton, Pack, Powledge, Tulia, Neal, Montford, Murray, Hughes, Stringfellow, and Middleton.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2018 Fourth Quarter Report: June, July, Aug

Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 12.06.05	<u>IRB Date:</u> 7/10/2018	<u>Research Began:</u> 5/1/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (Bureau of Labor Statistics)	<u>Data Collection Began:</u> 10/12/2015
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Data Collection End:

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

<u>Project Status:</u> Data Collection-Round 19	<u>Progress Report Due:</u> 12/15/2018	<u>Projected Completion:</u> 09/01/2018
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Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 12.05.11	<u>IRB Date:</u> 7/10/2018	<u>Research Began:</u> 6/6/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)	<u>Data Collection Began:</u> 10/1/2014
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Data Collection End:

Proponent:
NORC at the University of Chicago

<u>Project Status:</u> Data Collection-Round 28	<u>Progress Report Due:</u> 12/15/2018	<u>Projected Completion:</u> 10/26/2019
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Project Number: 434-RL04

<u>Researcher:</u> Marilyn Armour	<u>IRB Number:</u> 2003-11-0076	<u>IRB Date:</u> 1/6/2014	<u>Research Began:</u> 3/10/2004
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<u>Title of Research:</u> Victim Offender Mediated Dialogue: Study of the Impact of a Victim- Oriented Intervention in Crimes of Severe Violence	<u>Data Collection Began:</u> 8/31/2004
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Data Collection End:
5/31/2012

Proponent:
University of Texas- Austin

<u>Project Status:</u> Pending Manuscript	<u>Projected Completion:</u> 1/4/2018
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Project Number: 547-RL07

Researcher:
Robert Morgan

IRB Number:
501024

IRB Date:
12/31/2012

Research Began:
6/11/2008

Title of Research:

Re-Entry: Dynamic Risk Assessment

Data Collection Began:
6/11/2008

Data Collection End:
8/30/2012

Proponent:

Texas Tech University

Project Status:

Pending Manuscript

Projected Completion:
10/1/2018

Project Number: 587-AR09

Researcher:
Marcus Boccaccini

IRB Number:
2009-04-032

IRB Date:
7/20/2016

Research Began:
9/6/2009

Title of Research:

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

Data Collection Began:
7/15/2010

Data Collection End:
02/28/2016

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:
12/15/2018

Projected Completion:
12/31/2021

Project Number: 605-AR10

Researcher:
Patrick Flynn

IRB Number:
SUM 13-0401506CR

IRB Date:
6/24/2016

Research Began:
10/3/2011

Title of Research:

Reducing the Spread of HIV by Released Prisoners

Data Collection Began:
10/3/2011

Data Collection End:
06/30/2016

Proponent:

Texas Christian University

Project Status:

Data Analysis

Progress Report Due:
12/15/2018

Projected Completion:
12/31/2018

Project Number: 612-AR10

Researcher:
Jeffrey Bouffard

IRB Number:
210-08-008

IRB Date:
10/4/2011

Research Began:
12/27/2010

Title of Research:

A Test of Rational Choice Theory among Actual Offenders

Data Collection Began:
1/24/2011

Data Collection End:
5/19/2011

Proponent:

Sam Houston State University

Project Status:

Pending Manuscript

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

Data Collection End:

4/2/2012

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:

9/14/2018

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

Data Collection Began:

1/7/2013

Data Collection End:

8/31/2017

Proponent:

Baylor University

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

Data Collection End:

8/31/2015

Proponent:

University of North Texas

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

Data Collection End:

Proponent:

MDRC

Project Status:

Data Analysis

Progress Report Due:

9/15/18

Projected Completion:

12/31/2017

Project Number: 686-AR13

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

Research Began:
10/14/2013

Title of Research:
Criminal Decision Making Among Adult Felony Inmates

Data Collection Began:
4/11/2014

Data Collection End:
6/12/2014

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
12/15/2018

Projected Completion:
6/30/2019

Project Number: 692-AR14

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

Research Began:
1/22/2014

Title of Research:
U.S. Department of Education

Data Collection Began:
4/28/2014

Data Collection End:
6/13/2014

Proponent:
United States Department of Education

Project Status:
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

Research Began:
6/23/2015

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

Data Collection Began:
6/23/2015

Data Collection End:
8/1/2016

Proponent:
MDRC

Project Status:
Awaiting Manuscript

Projected Completion:
12/31/2018

Project Number: 697-AR14

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

Research Began:
12/15/2014

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

Data Collection Began:
12/15/2014

Data Collection End:
7/31/2016

Proponent:
MDRC

Project Status:
Data Analysis

Progress Report Due:
09/15/2018

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:
9/15/2018

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:
Manuscript Review

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

Research Began:
11/10/2016

Title of Research:
Evidence-Based Learning

Data Collection Began:
11/10/2016

Data Collection End:
8/14/2017

Proponent:
University of the Incarnate Word

Project Status:
Manuscript under TDCJ Review

Projected Completion:
02/28/2018

Project Number: 761-AR16

Researcher:
William Kelly

IRB Number:
IRB00008463

IRB Expiration Date:
12/1/2018

Research Began:
7/14/2017

Title of Research:
Travis County State Jail Probation Study

Data Collection Began:
7/14/2017

Data Collection End:
06/30/2018

Proponent:
Texas Criminal Justice Coalition

Project Status:
Data Analysis

Progress Report Due:
12/15/2018

Projected Completion:
7/1/2018

Project Number: 764-AR17

Researcher:
John Hepburn

IRB Number:
00002035

IRB Expiration Date:
6/15/2018

Research Began:
4/26/2017

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

Data Collection Began:
5/1/2017

Data Collection End:

Proponent:
Arizona State University

Project Status:
Data Collection

Progress Report Due:
10/15/2018

Projected Completion:
6/30/2018

Project Number: 767-AR17

Researcher:
Kathryn Whiteley

IRB Number:
2015-061

Research Began:
3/21/2017

Title of Research:
Self-Identities of Women Incarcerated for Acts of Violence

Data Collection Began:
01/2019

Proponent:
Messiah College

Data Collection End:

Project Status:
Project Begins Jan.2019

Progress Report:
03/15/18

Projected Completion:

Project Number: 771-AR17

Researcher:
Jazmine Wells

IRB Number:
2017-04-0014

IRB Expiration Date:
5/21/2018

Research Began:
8/15/2018

Title of Research:

Writing as a Means to Perform Motherhood Behind Bars

Data Collection Began:
8/15/2018

Data Collection End:

Proponent:

University of Texas-Austin

Project Status:

Data Collection

Progress Report Due:

11/15/2018

Projected Completion:

Project Number: 778-AR17

Researcher:

Lisa Muftic

IRB Number:

2017-04-34613(EXEMPT)

Research Began:

9/6/2017

Title of Research:

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

Data Collection Began:

6/5/2018

Proponent:

Sam Houston State University

Data Collection End:

8/9/2018

Project Status:

Data Analysis

Progress Report Due:

12/15/2018

Projected Completion:

4/30/2019

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:

9/15/2018

Projected Completion:

Executive Services

Pending Monthly Academic Research Projects

Correctional Institutions Division

FY-2018 Fourth Quarterly Report: Jun, Jul, Aug

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 775-AR17

Researcher:

Matthew May

IRB Number:

IRB2017-0239D

Application Received:

6/19/2017

Application Completed:

Title of Research:

Student Experience in Prison College Classes

Division Review Requested:

Proponent:

Texas A & M University

Reviewer:

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

Project 777-AR17

Researcher:

Eugene Wang

IRB Number:

No IRB Required

Application Received:

8/15/17

Application Completed

Title of Research:

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

Division Review Requested:

Proponent:

TDCJ-CJAD; Texas Tech University; Lubbock CSCD

Reviewer:

Project Status: 6/5/2018 incomplete research paperwork – requested missing documents

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:

6/25/18- Incomplete research paperwork – requested missing documents

Detail:

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2018 Fourth Quarterly Report: Jun, Jul, Aug

Project Number: 615-RM10
Researcher: Heather Stevenson-Lerner
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: 12/15/2018
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: 9/15/2018
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:
9/15/2018

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:
09/15/2018

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/Pending renewed IRB

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: 9/15/2018
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: 9/15/2018
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

Proponent:

Texas Women University

Project Status:

Data Analysis

Progress Report Due:

12/15/2018

Data Collection Began:

10/01/2017

Data Collection End:

Projected Completion:

09/27/2018

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2018 Fourth Quarter Report: Jun, Jul, Aug

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.

**4th 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
6/6-7/2018	Estelle	182	146	0	8	100	100	100	100
6/13/2018	Pack	14	14	0	0	100	100	100	100
6/14/2018	Michael	95	81	0	2	100	100	100	100
6/14/2018	Powledge	11	11	0	0	100	100	100	100
6/20/2018	Mt. View	22	22	0	1	100	100	100	100
6/20/2018	Hughes	80	72	1	2	100	100	100	100
6/21/2018	Murray	107	100	0	5	100	100	100	100
7/11-12/2018	Coffield	659	580	0	10	100	100	100	100
7/18/2018	Gist	4	4	0	0	100	100	100	100
7/18/2018	Lychner	9	9	0	0	100	100	100	100
7/19/2018	Stiles	92	79	0	8	100	100	100	100
8/1-2/2018	Ferguson	284	225	0	3	100	100	100	100
8/8-9/2018	Eastham	322	284	1	9	100	100	100	100
8/14-15/2018	Robertson	314	281	0	6	100	100	100	100
8/15/2018	Formby	3	3	0	0	100	100	100	75
8/21/2018	Kegans	6	6	0	1	100	100	100	100
8/23/2018	Travis	12	12	0	1	100	100	100	100
Total	17	2,216	1,929	2	56				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT
Conducted in 4th Quarter of 2018
Period Audited – June, July, August

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	18	17	17	1	100
Bradshaw	30	15	15	15	100
Byrd	32	20	16	12	80
Dominguez	20	20	20	0	100
East Texas	25	20	19	5	95
Formby	15	11	10	4	90
Garza West	30	12	12	18	100
Gist	20	19	19	1	100
Glossbrenner	29	13	12	16	92
Gurney	34	20	14	14	70
Halbert	21	20	15	1	80
Holliday	20	17	2	3	12
Hutchins	20	18	18	2	100
Jester I	19	18	18	1	100
Johnston	30	15	15	15	100
Kegans	27	20	18	7	90
Kyle	N/A	N/A	N/A	N/A	N/A
Lindsey	20	20	20	0	100
Lychner	20	15	15	5	100
Middleton	20	16	16	4	100
Plane	20	20	18	0	90
Rudd	20	20	20	0	100
Sanchez	8	6	6	2	100
Sayle	30	8	8	22	100
Travis	21	20	17	1	85
Woodman	20	20	20	0	100
GRAND TOTAL	569	420	380	149	

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

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

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

4th Quarter 2018

Audits Conducted in June, July and August

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record ¹				
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	June (May Data)	2	2	2	100	None
Jester IV	June (May Data)	8	8	8	100	None
Montford	June (May Data)	5	5	5	100	None
Skyview	June (May Data)	16	16	16	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July (June Data)	1	1	1	100	None
Jester IV	July (June Data)	6	6	6	100	None
Montford	July (June Data)	6	6	6	100	None
Skyview	July (June Data)	12	12	12	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August (July Data)	1	1	1	100	None
Jester IV	August (July Data)	1	1	1	100	None
Montford	August (July Data)	2	2	2	100	None
Skyview	August (July Data)	12	12	12	100	None

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

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



Correctional Health Care
MEDICAL DIRECTOR'S REPORT

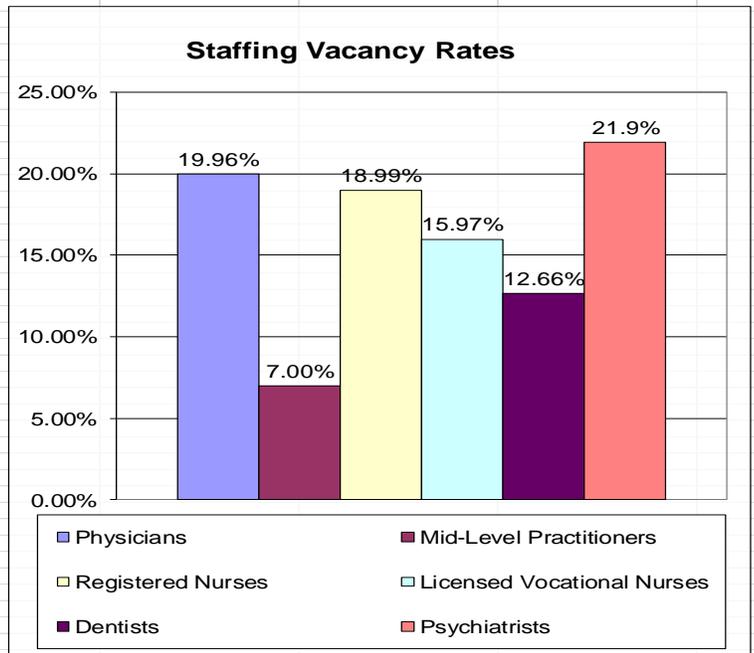
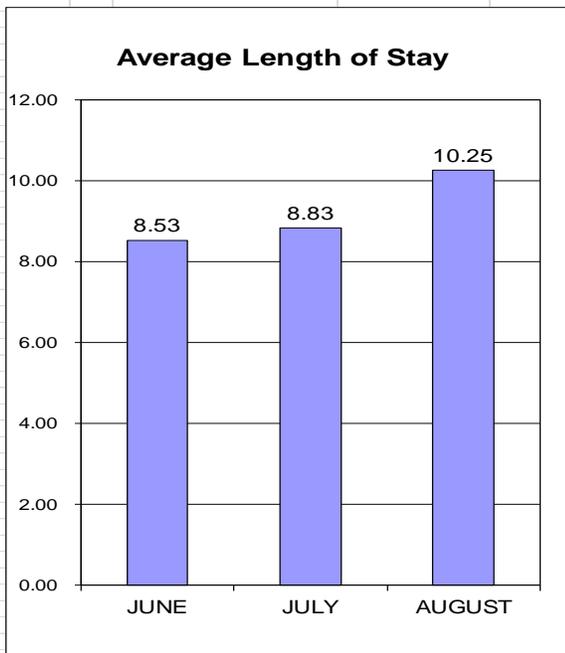
4TH QUARTER

FY 2018

Medical Director's Report (Page 2):

	JUNE	JULY	AUGUST	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	116.99	115.84	114.39	115.74
Number of Admissions	142.00	158.00	193.00	164.33
Average Length of Stay	8.53	8.83	10.25	9.20
Number of Clinic Visits	607.00	612.00	638.00	619.00
Mental Health Inpatient Facilities				
Average Daily Census	419.00	443.00	453.00	438.33
PAMIO/MROP Census	389.00	393.00	373.00	385.00
Specialty Referrals Completed				
	1,541.00	1,398.00	1,390.00	1,443.00
Telemedicine Consults				
	1,998	1,646	1,864	1,836.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	16.84	4.20	21.04	19.96%
Mid-Level Practitioners	37.60	2.90	40.50	7.00%
Registered Nurses	125.16	29.33	154.49	18.99%
Licensed Vocational Nurse	268.98	51.09	320.00	15.97%
Dentists	17.24	2.50	19.74	12.66%
Psychiatrists	6.85	1.92	8.77	21.9%



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



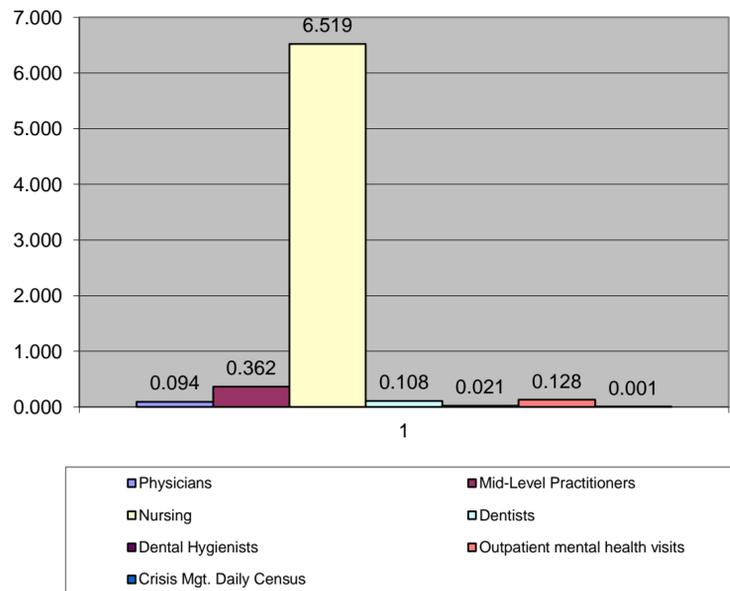
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2018**

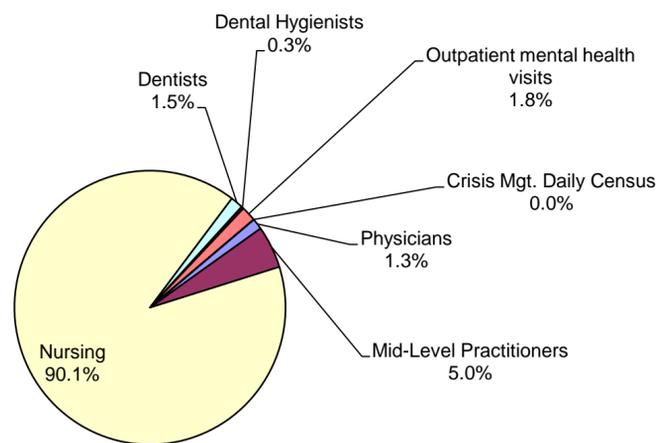
Medical Director's Report:

Average Population	June	July	August	Qtly Average				
	118,398	118,579	118,510	118,496				
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,148	0.094	10,881	0.092	11,536	0.097	11,188	0.094
Mid-Level Practitioners	41,541	0.351	42,732	0.360	44,342	0.374	42,872	0.362
Nursing	789,279	6.666	740,418	6.244	787,840	6.648	772,512	6.519
Sub-total	841,968	7.111	794,031	6.696	843,718	7.119	826,572	6.976
Dental encounters								
Dentists	11,693	0.099	13,417	0.113	13,364	0.113	12,825	0.108
Dental Hygienists	2,135	0.018	2,391	0.020	2,879	0.024	2,468	0.021
Sub-total	13,828	0.117	15,808	0.133	16,243	0.137	15,293	0.129
Mental health encounters								
Outpatient mental health visits	14,570	0.123	15,232	0.128	15,668	0.132	15,157	0.128
Crisis Mgt. Daily Census	83	0.001	86	0.001	84	0.001	84	0.001
Sub-total	14,653	0.124	15,318	0.129	15,752	0.133	15,241	0.129
Total encounters	870,449	7.352	825,157	6.959	875,713	7.389	857,106	7.233

Encounters as Rate Per Offender Per Month



Encounters by Type

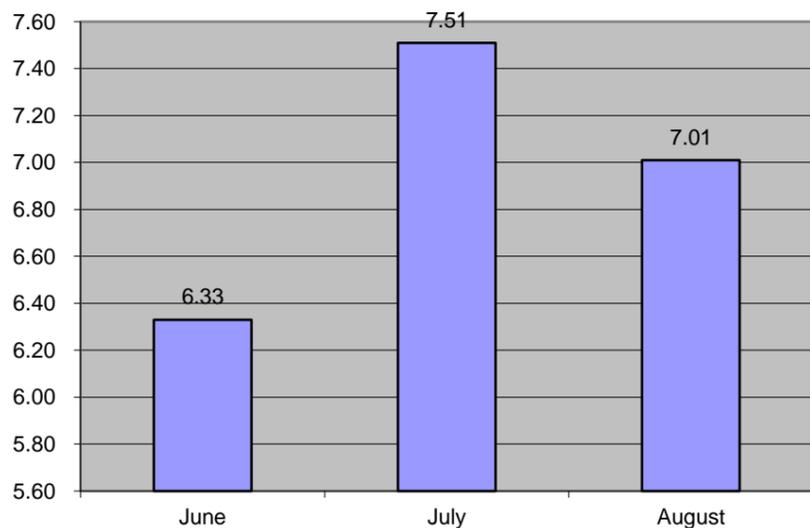


Medical Director's Report (Page 2):

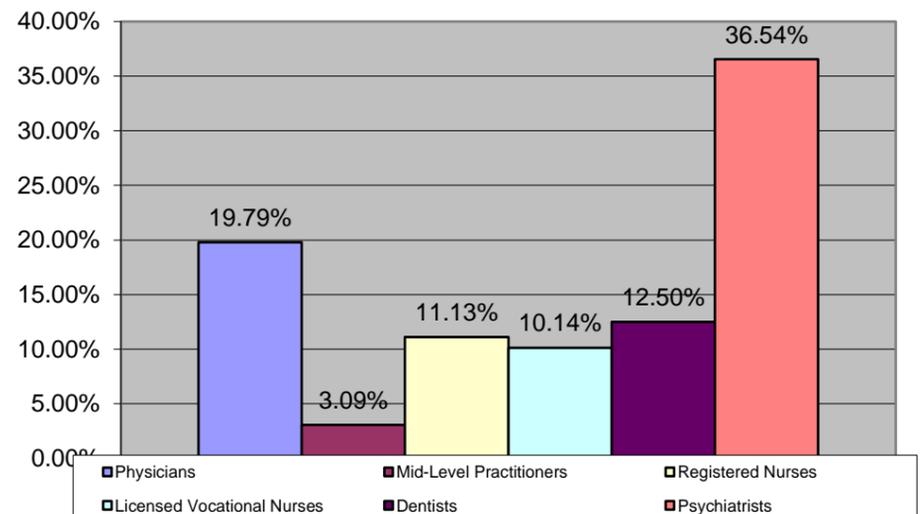
	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	88.80	92.80	91.40	91.00
Number of Admissions	372.00	331.00	330.00	344.33
Average Length of Stay	6.33	7.51	7.01	6.95
Number of Clinic Visits	7,042.00	6,809.00	7,141.00	6,997.33
Mental Health Inpatient Facilities				
Average Daily Census	964.70	974.25	1,011.45	983.47
PAMIO/MROP Census	705.40	696.16	673.04	691.53
Telemedicine Consults	13,111	13,178	13,805	13,364.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	150.00	37.00	187.00	19.79%
Mid-Level Practitioners	408.00	13.00	421.00	3.09%
Registered Nurses	966.00	121.00	1087.00	11.13%
Licensed Vocational Nurses	1994.00	225.00	2219.00	10.14%
Dentists	203.00	29.00	232.00	12.50%
Psychiatrists	33.00	19.00	52.00	36.54%

Average Length of Stay



Staffing Vacancy Rates



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for December 5, 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: November 8, 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: October 11, 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-09.1	A-10.1	A-11.1*	A-11.2	A-12.1*	A-12.2	A-13.1	C-24.1	C-25.1	D-30.1
D-30.2	E-36.7	E-42.2*	E-42.3*	E-43.1*	E-44.1	E-44.2*	F-50.1	G-51.13	G-55.1
G-56.1	G-57.1*	G-59.2*	G-59.3*	H-64.1*	H-65.1	I-66.2	I-66.3	I-67.1*	I-70.2*
I-71.2*	* Indicates Attachment(s) included in the policy.								

The Following Policies Were Submitted for Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
A-12.1 Attachment A	TDCJ-Health Services Division (HSA-34) Getting Medical Treatment	Dale Dorman
A-12.1.1 Attachment B	TDCJ-Division de Servicios de Salud (HSA-34) Obteniendo Tratamiento Medico	Dale Dorman
A-12.1 Attachment C	Informal Resolution	Dale Dorman
A-13.1	Provider Peer Review	Manual Hirsch
E-32.1	Receiving, Transfer and Continuity of Care Screening	Mike Jones
E-36.2	In-Processing Offenders-Dental Examination, Classification, Education and Treatment	Manual Hirsch
E-36.2 Attachment A (English) & (Spanish)	Dental Services Orientation Orientacion de Servicios Dentales	Manual Hirsch
E-36.2 Attachment B (English) & (Spanish)	Gum Disease Control	Manual Hirsch
E-36.3	Recording and Scheduling Dental Patient Visits	Manual Hirsch
E-36.3 Attachment A	Dental Clinic Register/Appointment Book	Manual Hirsch
E-36.3 Attachment B	Dental Clinic Register/Appointment Book	Manual Hirsch
E-36.4	Dental Prosthodontic Services	Manual Hirsch
E-36.4 Attachment B	Completed Dental Prosthesis Requisition form	Manual Hirsch
E-36.5	Dental Utilization Quality Review Committee	Manual Hirsch
E-36.5	Medically Necessary Dental Prosthetics Referral Form	Manual Hirsch

Attachment A		
E-36.5 Attachment B	Dental Utilization Review Referral Form	Manual Hirsch
E-36.6	Periodontal Disease Program	Manual Hirsch
E-36.6 Attachment A	Modified PSR Codes	Manual Hirsch
E-36.7	Dental Clinic Operations Reporting	Manual Hirsch
E-37.1	Daily Processing of Health Complaints and Sick Call	Robyne Roberts
	Food Loaf Restriction	Chris Black-Edwards
I-66.2	Therapeutic Restraint of Mental Health Patients	Robyne Roberts
I-66.3	Psychiatric Inpatient Seclusion	Robyne Roberts
I-67.1	Compelled Psychoactive Medication for Mental Illness	Robyne Roberts
I-70.2	Consent for Admission to Inpatient Psychiatric Care	Robyne Roberts
I-70.2 Attachment A	Voluntary Consent for Admission to an Inpatient Psychiatric Facility	Robyne Roberts
I-70.2 Attachment B	Mental Health Services Psychiatric Involuntary Admission Review Form	Robyne Roberts
I-70.2 Attachment C	Mental Health Services Involuntary Admission to Inpatient Facility	Robyne Roberts

Adjournment

- Next Meeting Date: January 10, 2019

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: September 13, 2018

Key Activities:

- I. Approval of the Minutes from July 12, 2018 Meeting
- II. Reports from Subcommittees
 - A. COPD – Dr. Gonzalez
 - B. DMG Triage – Dr. Sandmann
 - C. Opioid Overdose – Dr. Agrawal
 - D. Psychiatry – Dr. Finocchio
 - E. Seizures – Dr. Koranek
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (July - August 2018)
 - D. Non-Formulary Deferral Reports
 - 1. Texas Tech Sector (June - July 2018)
 - 2. UTMB Sector (July - August 2018)
 - E. Utilization Reports (FY18 through July)
 - 1. HIV Utilization
 - 2. HCV Utilization
 - 3. HBV Utilization
 - 4. Psychotropic Utilization
 - F. Special Reports
 - 1. P&T Initiatives FY18
 - 2. Top 50 Medications by Cost and Volume – 4th Quarter FY18
 - 3. Top 10 Non-Formulary Medications by Cost and Volume – 4th Quarter FY18
 - G. Policy Review Schedule
- IV. Old Business – (none)
- V. New Business
 - A. Drug Category Review
 - 1. Endocrine Agents
 - 2. Miscellaneous Agents
 - B. MUE – HIV Integrase Inhibitors Draft Data Collection Form
 - 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: October 11, 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. Old Business:

None

New Business:

2019 Proposed Calendar

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

B-14.40	B-14.41	B-14.42	B-14.50	B-14.51	B-15.1	B-16.1	B-17.1
			*Indicates Attachment(s) included in the Policy				

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

POLICY #	POLICY NAME	SUBMITTED BY
B-14.31	Personal Protective Equipment and Other Protective Supplies	Carol Lynn Coglianese
B-14.51*	Influenza Like – Illness	Carol Lynn Coglianese / Janet Gonzalez
B-14.51	Attachment – Submitter Identification Number Request Form	Carol Lynn Coglianese

IV. Adjourn

Next Meeting: February 14, 2019

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: November 7, 2018

I. Call to Order

A. Minutes Confirmation- Review/Approval of Minutes from September 12, 2018 meeting

II. Dental Policy Review

A. E-36.5 Dental Utilization Quality Review Committee

B. E-36.6 Periodontal Disease Program

C. E-36.7 Dental Clinic Operations and Reporting

III. ORA Nursing Audit Concerns (Dr. B. Horton)

Intake Exams – How to handle offenders that have not refused, but no show for the intake appointments. (Dr. B. Horton)

IV. Reminder for Plaque Index (Dr. B. Hirsch)

Butane Torch (Dr. B. Hirsch)

Multi-use Items (Dr. B. Hirsch)

Contracted Prosthetics (Dr. B. Hirsch)

Dentures- Policy (Dr. B. Hirsch)

Prioritization of Offenders, if Limited (Dr. B. Hirsch)

V. Dr. Cecil Wood

VI. Sector Updates

A. TDCJ

B. UTMB

C. Texas Tech

VII. Round the Table

VIII. Adjournment

Next Meeting: Policies Scheduled for Review are Section B. Next Meeting Date: 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 August 2018:

There were 110 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2018. Of those 110 deaths, 0 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: October 10, 2018

- I. Call to Order
- II. Approval of Minutes from the August 9, 2018 meeting
- III. Old Business
- IV. New Business
 1. PREA Audits
 2. Airborne Isolation Rooms
 3. HSM-13 Intake Attachment A
 4. Annual TB Testing- Methodology
 5. Audits
 6. Staffing
 7. UTMB Nursing Indicators FY19
 8. Opioid Overdose SDO/DMG
- V. Other
- VI. Next Meeting: January 9, 2019 at 10:00am in Conroe, TX.
- VII. Adjournment

Financial Report on Correctional Managed Health Care



Quarterly Report FY2018 Fourth Quarter

September 2017 – August 2018

Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2018-19 General Appropriations Act, Article V, Rider 46, 85th Legislature, Regular Session 2017
- FY2018 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$302.2M
 - Strategy C.1.9, Hospital and Clinical Care, \$189.5M
 - Strategy C.1.10, Pharmacy Care, \$60.7M

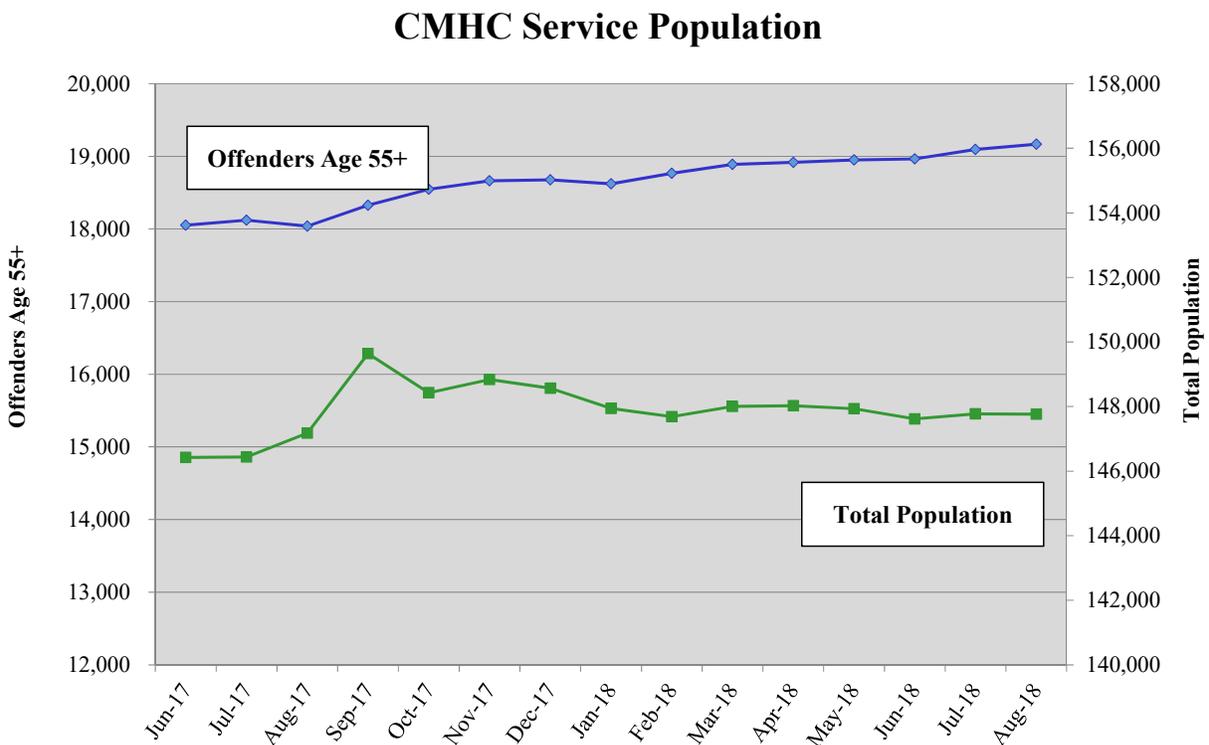
<u>Method of Finance Summary</u>	<u>FY2018</u>
SB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 302,184,774
C.1.9. Hospital and Clinic Care	\$ 189,537,341
C.1.10. Pharmacy Care	\$ 60,733,962
TOTAL	\$ 552,456,077
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 241,250,820
C.1.9. Hospital and Clinic Care	\$ 158,319,640
C.1.10. Pharmacy Care	\$ 48,565,181
Subtotal UTMB	\$ 448,135,641
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 59,933,954
C.1.9. Hospital and Clinic Care	\$ 31,217,701
C.1.10. 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 1.2% from FY2017
 - Average daily census through 4th quarter
 - FY2017: 146,381
 - FY2018: 148,185

- Offenders aged 55 or older population has increased 6.0% from FY2017
 - Average daily census through 4th quarter
 - FY2017: 17,734
 - FY2018: 18,799
 - While comprising about 12.7% of the overall service population, these offenders account for 46.7% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2018 average number of psychiatric inpatients through 4th quarter: 1,811
 - FY2018 average number of psychiatric outpatients through 4th quarter: 25,475



Health Care Costs

- Total expenditures through 4th quarter, FY2018: \$707.5M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$371.2M or 52.5% of total expenses
 - Hospital and Clinical Care - \$267.5M or 37.8% of total expenses
 - Pharmacy Services - \$68.8M or 9.7% of total expenses
 - HIV related drugs: 36.8% of total drug costs
 - Hepatitis C drug therapies: 15.2% of total drug costs
 - Psychiatric drugs: 5.8% of total drug costs
 - All other drug costs: 42.2% of total drug costs
- Cost per offender per day increased 4.2% from FY2017 to FY2018
 - Cost per offender per day through 4th quarter
 - FY2017: \$12.55
 - FY2018: \$13.08

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	FYTD 18 4th Qtr
Population									
UTMB	118,705	117,779	116,828	116,574	117,472	119,343	118,965	118,817	118,737
TTUHSC	31,314	30,790	30,004	29,807	30,479	29,623	29,551	29,523	29,448
Total	150,019	148,569	146,832	146,381	147,950	148,966	148,516	148,340	148,185
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	\$589,220,522
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	\$118,282,720
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	\$707,503,242
Cost/Day									
UTMB	\$10.53	\$11.05	\$12.24	\$13.04	\$11.71	\$13.04	\$13.21	\$13.38	\$13.60
TTUHSC	\$9.00	\$9.61	\$10.77	\$10.66	\$9.99	\$11.07	\$11.11	\$11.09	\$11.00
Total	\$10.21	\$10.75	\$11.94	\$12.55	\$11.36	\$12.65	\$12.79	\$12.93	\$13.08

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
Fourth Quarter, FY2018

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 59,933,954	\$ 241,250,820	\$ 301,184,774
State Reimbursement Benefits	\$ 9,494,673	\$ 54,319,602	\$ 63,814,275
Other Misc Revenue	\$ 2,009	\$ 81,545	\$ 83,554
C.1.8. Total Method of Finance	\$ 69,430,636	\$ 295,651,967	\$ 365,082,603
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 31,217,700	\$ 158,319,640	\$ 189,537,340
State Reimbursement Benefits	\$ 2,052,920	\$ -	\$ 2,052,920
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 33,270,620	\$ 158,319,640	\$ 191,590,260
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 12,168,782	\$ 48,565,181	\$ 60,733,963
State Reimbursement Benefits	\$ 84,002	\$ 2,274,447	\$ 2,358,448
Other Misc Revenue	\$ 13,624	\$ 37,875	\$ 51,499
C.1.10. Total Method of Finance	\$ 12,266,408	\$ 50,877,503	\$ 63,143,910
TOTAL METHOD OF FINANCE	\$ 114,967,664	\$ 504,849,110	\$ 619,816,773

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 103,320,436	\$ 448,135,641	\$ 551,456,077
State Reimbursement Benefits	\$ 11,631,595	\$ 56,594,049	\$ 68,225,643
Other Misc Revenue	\$ 15,633	\$ 119,420	\$ 135,053
TOTAL METHOD OF FINANCE	\$ 114,967,664	\$ 504,849,110	\$ 619,816,773

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 69,898,503	\$ 301,278,705	\$ 371,177,208
C.1.9. Hospital & Clinical Care	\$ 37,011,923	\$ 230,509,024	\$ 267,520,947
C.1.10. Managed Health Care - Pharmacy	\$ 11,372,294	\$ 57,432,793	\$ 68,805,087
TOTAL EXPENDITURES	\$ 118,282,720	\$ 589,220,522	\$ 707,503,242

DIFFERENCE	\$ (3,315,056)	\$ (84,371,413)	\$ (87,686,469)
FY17 Ending Balance / Cost Report Reconciliation		\$ (7,498,273)	\$ (7,498,273)
Excess Collected Health Care Fees		\$ 181,669	\$ 181,669
Other Approved Funding Sources		\$ 7,000,000	\$ 7,000,000
FY2019 Spend Forward to FY2018 - LBB Approved	\$ 3,315,056	\$ 76,184,944	\$ 79,500,000
NET DIFFERENCE	\$ -	\$ (8,503,073)	\$ (8,503,073)

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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 59,933,954	\$ 241,250,820	\$ 301,184,774
State Reimbursement Benefits	\$ 9,494,673	\$ 54,319,602	\$ 63,814,275
Other Misc Revenue	\$ 2,009	\$ 81,545	\$ 83,554
TOTAL METHOD OF FINANCE	\$ 69,430,636	\$ 295,651,967	\$ 365,082,603
Expenditures:			
Unit Care			
Salaries	\$ 23,930,719	\$ 181,165,765	\$ 205,096,485
Benefits	\$ 7,722,941	\$ 51,916,042	\$ 59,638,983
Other Operating Expenses	\$ 2,338,259	\$ 23,169,356	\$ 25,507,615
Professional Services	\$ 2,511,007	\$ -	\$ 2,511,007
Contracted Units/Services	\$ 14,082,390	\$ -	\$ 14,082,390
Travel	\$ 209,694	\$ 1,291,366	\$ 1,501,060
Capitalized Equipment	\$ 80,922	\$ 656,830	\$ 737,752
Subtotal, Unit Care	\$ 50,875,932	\$ 258,199,360	\$ 309,075,292
Psychiatric Care			
Salaries	\$ 12,381,157	\$ 28,264,736	\$ 40,645,893
Benefits	\$ 3,394,859	\$ 7,094,316	\$ 10,489,175
Other Operating Expenses	\$ 175,446	\$ 283,790	\$ 459,236
Professional Services	\$ 1,369,156	\$ -	\$ 1,369,156
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 53,769	\$ 148,756	\$ 202,525
Subtotal, Psychiatric Care	\$ 17,374,387	\$ 35,791,598	\$ 53,165,986
Indirect Expenditures (Shared Services)	\$ 1,648,184	\$ 7,287,747	\$ 8,935,931
TOTAL EXPENDITURES	\$ 69,898,503	\$ 301,278,705	\$ 371,177,208
DIFFERENCE	\$ (467,867)	\$ (5,626,738)	\$ (6,094,605)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 46
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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 31,217,700	\$ 158,319,640	\$ 189,537,340
State Reimbursement Benefits	\$ 2,052,920	\$ -	\$ 2,052,920
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 33,270,620	\$ 158,319,640	\$ 191,590,260
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,566,154	\$ 23,046,266	\$ 24,612,420
Freeworld Provider Services	\$ 20,348,754	\$ 45,287,062	\$ 65,635,815
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 13,882,383	\$ 145,799,825	\$ 159,682,208
Estimated IBNR	\$ 356,145	\$ 10,800,000	\$ 11,156,145
Subtotal, Hospital & Clinical Care	\$ 36,153,436	\$ 224,933,152	\$ 261,086,588
Indirect Expenditures (Shared Services)	\$ 858,487	\$ 5,575,872	\$ 6,434,359
TOTAL EXPENDITURES	\$ 37,011,923	\$ 230,509,024	\$ 267,520,947
DIFFERENCE	\$ (3,741,303)	\$ (72,189,384)	\$ (75,930,687)

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

- Based on FY2018 expenditure data received from UTMB, the average cost per patient day for FY2018, adjusted for each hospital's case mix index (CMI), was approximately \$1,235 for Huntsville Memorial Hospital (HMH), and \$1,730 for UTMB Hospital Galveston (HG).
- FY2018 expenditures at HMH totaled \$6.4 million for 4,003 patient days (equivalent to an average population of 11 offenders). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$9.0 million.
- Based on FY2018 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$2.6 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

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Financial Report on Offender Health Care, pursuant to Agency Rider 46
Fourth Quarter, FY2018

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 12,168,782	\$ 48,565,181	\$ 60,733,963
State Reimbursement Benefits	\$ 84,002	\$ 2,274,447	\$ 2,358,448
Other Misc Revenue	\$ 13,624	\$ 37,875	\$ 51,499
TOTAL METHOD OF FINANCE	\$ 12,266,408	\$ 50,877,503	\$ 63,143,910
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 2,096,003	\$ 7,762,637	\$ 9,858,640
Benefits	\$ 97,472	\$ 2,495,515	\$ 2,592,987
Other Operating Expenses	\$ 293,874	\$ 1,763,823	\$ 2,057,698
Pharmaceutical Purchases	\$ 8,530,639	\$ 43,982,349	\$ 52,512,987
Travel	\$ 19,665	\$ 39,204	\$ 58,869
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 11,037,653	\$ 56,043,529	\$ 67,081,181
Indirect Expenditures (Shared Services)	\$ 334,641	\$ 1,389,264	\$ 1,723,905
TOTAL EXPENDITURES	\$ 11,372,294	\$ 57,432,793	\$ 68,805,087
DIFFERENCE	\$ 894,114	\$ (6,555,290)	\$ (5,661,176)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2018 YTD</u>
Average Service Population								
UTMB Service Population	119,344	118,586	118,521	118,398	118,579	118,510	118,496	118,737
TTUHSC Service Population	29,623	29,479	29,467	29,223	29,193	29,256	29,224	29,448
Average Service Population	148,967	148,065	147,988	147,621	147,772	147,766	147,720	148,185
Population Age 55 and Over								
UTMB Population	15,437	15,621	15,880	15,939	16,052	16,133	16,041	15,745
TTUHSC Population	3,075	3,067	3,039	3,024	3,041	3,035	3,033	3,054
Population Age 55 and Over	18,512	18,688	18,919	18,963	19,093	19,168	19,074	18,799
HIV Population	2,021	2,015	2,015	2,003	1,996	1,995	1,998	2,012
Medical Inpatient Average Daily Census								
UTMB-Hospital Galveston	87	92	92	89	94	99	94	91
UTMB Freeworld Hospitals	36	29	28	27	32	43	34	32
TTUHSC Freeworld Hospitals	9	9	9	9	11	7	9	9
Medical Inpatient Average Daily Census	132	130	129	125	137	149	137	132
Medical Outpatient Visits								
UTMB Specialty Clinics and ER Visits	7,665	7,533	8,360	8,146	7,956	8,394	8,165	7,931
TTUHSC Freeworld Outpatient and ER Visits	1,269	1,218	1,309	1,442	1,280	1,277	1,333	1,282
Medical Outpatient Visits	8,934	8,751	9,669	9,588	9,236	9,671	9,498	9,213
Mental Health Inpatient Average Census								
UTMB Psychiatric Inpatient	998	962	963	965	974	1,011	983	976
TTUHSC Psychiatric Inpatient	868	842	808	808	836	826	823	835
Mental Health Inpatient Average Census	1,866	1,804	1,771	1,773	1,810	1,837	1,806	1,811
Mental Health Outpatient Caseload, Month End								
UTMB Psychiatric Outpatient	19,710	20,036	20,283	20,612	20,368	20,640	20,540	20,142
TTUHSC Psychiatric Outpatient	5,286	5,304	5,386	5,331	5,354	5,382	5,356	5,333
Mental Health Outpatient Caseload, Month End	24,996	25,340	25,669	25,943	25,722	26,022	25,896	25,475

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
Fourth Quarter, FY2018

Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 25,759,341	\$ 25,476,271	\$ 26,042,412	\$ 26,042,412	\$ 103,320,436
State Reimbursement Benefits	\$ 2,799,661	\$ 3,021,105	\$ 3,007,081	\$ 2,803,748	\$ 11,631,595
Other Misc Revenue	\$ 326	\$ 280	\$ 949	\$ 14,078	\$ 15,633
TOTAL REVENUES	\$ 28,559,328	\$ 28,497,656	\$ 29,050,442	\$ 28,860,238	\$ 114,967,664

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 5,773,707	\$ 6,028,086	\$ 6,027,740	\$ 6,101,186	\$ 23,930,719
Benefits	\$ 1,802,011	\$ 1,971,534	\$ 1,976,780	\$ 1,972,616	\$ 7,722,941
Other Operating Expenses	\$ 593,602	\$ 489,991	\$ 514,353	\$ 740,313	\$ 2,338,259
Professional Services	\$ 547,489	\$ 506,495	\$ 745,203	\$ 711,820	\$ 2,511,007
Contracted Units/Services	\$ 3,792,126	\$ 3,383,039	\$ 3,449,872	\$ 3,457,353	\$ 14,082,390
Travel	\$ 42,891	\$ 51,656	\$ 47,264	\$ 67,883	\$ 209,694
Capitalized Equipment	\$ 23,917	\$ 19,995	\$ 29,515	\$ 7,495	\$ 80,922
Subtotal, Unit Care Expenditures	\$ 12,575,743	\$ 12,450,796	\$ 12,790,727	\$ 13,058,666	\$ 50,875,932
Psychiatric Care Expenditures					
Salaries	\$ 3,174,463	\$ 3,125,519	\$ 3,071,009	\$ 3,010,166	\$ 12,381,157
Benefits	\$ 856,159	\$ 879,800	\$ 843,914	\$ 814,986	\$ 3,394,859
Other Operating Expenses	\$ 41,660	\$ 41,720	\$ 44,762	\$ 47,304	\$ 175,446
Professional Services	\$ 200,241	\$ 274,440	\$ 466,612	\$ 427,863	\$ 1,369,156
Travel	\$ 8,494	\$ 12,206	\$ 17,388	\$ 15,681	\$ 53,769
Subtotal, Psychiatric Care Expenditures	\$ 4,281,017	\$ 4,333,685	\$ 4,443,685	\$ 4,316,000	\$ 17,374,387
Total Expenditures, Unit & Psychiatric Care	\$ 16,856,760	\$ 16,784,481	\$ 17,234,412	\$ 17,374,666	\$ 68,250,319

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 400,000	\$ 400,000	\$ 400,000	\$ 366,154	\$ 1,566,154
Freeworld Provider Services	\$ 3,630,077	\$ 3,938,685	\$ 4,051,508	\$ 8,728,484	\$ 20,348,754
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,373,919	\$ 3,401,727	\$ 3,519,240	\$ 3,587,497	\$ 13,882,383
Estimated IBNR	\$ 1,891,499	\$ 1,582,239	\$ 1,469,742	\$ (4,587,335)	\$ 356,145
Total Expenditures, Hospital & Clinical Care	\$ 9,295,495	\$ 9,322,651	\$ 9,440,490	\$ 8,094,800	\$ 36,153,436

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 519,435	\$ 528,535	\$ 528,241	\$ 519,792	\$ 2,096,003
Benefits	\$ 23,200	\$ 25,558	\$ 24,414	\$ 24,300	\$ 97,472
Other Operating Expenses	\$ 84,911	\$ 73,704	\$ 70,354	\$ 64,905	\$ 293,874
Pharmaceutical Purchases	\$ 2,349,322	\$ 2,129,368	\$ 1,989,857	\$ 2,062,092	\$ 8,530,639
Travel	\$ 2,929	\$ 3,002	\$ 4,300	\$ 9,434	\$ 19,665
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,979,797	\$ 2,760,167	\$ 2,617,166	\$ 2,680,523	\$ 11,037,653

Indirect Expenditures (Shared Services)	\$ 708,382	\$ 700,597	\$ 716,166	\$ 716,167	\$ 2,841,312
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TOTAL EXPENDITURES	\$ 29,840,434	\$ 29,567,896	\$ 30,008,234	\$ 28,866,156	\$ 118,282,720
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DIFFERENCE	\$ (1,281,106)	\$ (1,070,240)	\$ (957,792)	\$ (5,918)	\$ (3,315,056)
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Third quarter amounts (C.1.10. Managed Health Care Pharmacy) differ from previous report between salaries and other operating expenses due to updates received from the university provider.

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

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 111,228,338	\$ 110,006,049	\$ 112,450,627	\$ 114,450,627	\$ 448,135,641
State Reimbursement Benefits	\$ 13,612,866	\$ 14,712,899	\$ 14,251,084	\$ 14,017,200	\$ 56,594,049
Other Misc Revenue	\$ 19,444	\$ 15,495	\$ 19,691	\$ 64,790	\$ 119,420
TOTAL REVENUES	\$ 124,860,648	\$ 124,734,443	\$ 126,721,402	\$ 128,532,617	\$ 504,849,110

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 43,746,083	\$ 44,590,334	\$ 45,793,432	\$ 47,035,916	\$ 181,165,765
Benefits	\$ 12,389,280	\$ 13,048,482	\$ 13,203,209	\$ 13,275,071	\$ 51,916,042
Other Operating Expenses	\$ 5,546,017	\$ 4,908,480	\$ 6,142,138	\$ 6,572,721	\$ 23,169,356
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 302,080	\$ 263,255	\$ 324,565	\$ 401,466	\$ 1,291,366
Capitalized Equipment	\$ 198,772	\$ 35,436	\$ 142,626	\$ 279,996	\$ 656,830
Subtotal, Unit Care Expenditures	\$ 62,182,232	\$ 62,845,987	\$ 65,605,970	\$ 67,565,171	\$ 258,199,360
Psychiatric Care Expenditures					
Salaries	\$ 6,931,789	\$ 7,148,377	\$ 7,124,490	\$ 7,060,080	\$ 28,264,736
Benefits	\$ 1,718,184	\$ 1,815,668	\$ 1,802,481	\$ 1,757,983	\$ 7,094,316
Other Operating Expenses	\$ 61,349	\$ 62,863	\$ 68,163	\$ 91,415	\$ 283,790
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 32,779	\$ 32,819	\$ 28,608	\$ 54,550	\$ 148,756
Subtotal, Psychiatric Care Expenditures	\$ 8,744,101	\$ 9,059,727	\$ 9,023,742	\$ 8,964,028	\$ 35,791,598
Total Expenditures, Unit & Psychiatric Care	\$ 70,926,333	\$ 71,905,714	\$ 74,629,712	\$ 76,529,199	\$ 293,990,958

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,292,860	\$ 5,621,520	\$ 6,132,591	\$ 5,999,295	\$ 23,046,266
Freeworld Provider Services	\$ 4,142,553	\$ 10,658,241	\$ 13,908,437	\$ 16,577,831	\$ 45,287,062
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,721,638	\$ 35,918,019	\$ 38,953,276	\$ 37,206,892	\$ 145,799,825
Estimated IBNR	\$ 9,470,480	\$ 1,639,520	\$ (695,511)	\$ 385,511	\$ 10,800,000
Total Expenditures, Hospital & Clinical Care	\$ 52,627,531	\$ 53,837,300	\$ 58,298,793	\$ 60,169,528	\$ 224,933,152

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 1,831,852	\$ 1,860,547	\$ 1,954,876	\$ 2,115,362	\$ 7,762,637
Benefits	\$ 592,634	\$ 610,660	\$ 627,426	\$ 664,795	\$ 2,495,515
Other Operating Expenses	\$ 349,903	\$ 332,952	\$ 535,296	\$ 545,672	\$ 1,763,823
Pharmaceutical Purchases	\$ 11,882,062	\$ 10,856,782	\$ 9,980,158	\$ 11,263,347	\$ 43,982,349
Travel	\$ 5,514	\$ 10,583	\$ 14,562	\$ 8,545	\$ 39,204
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 14,661,965	\$ 13,671,524	\$ 13,112,318	\$ 14,597,722	\$ 56,043,529

Indirect Expenditures (Shared Services)	\$ 3,426,047	\$ 3,428,868	\$ 3,623,677	\$ 3,774,291	\$ 14,252,883
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TOTAL EXPENDITURES	\$ 141,641,876	\$ 142,843,406	\$ 149,664,500	\$ 155,070,740	\$ 589,220,522
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DIFFERENCE	\$ (16,781,228)	\$ (18,108,963)	\$ (22,943,098)	\$ (26,538,124)	\$ (84,371,413)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 46
Fourth Quarter, FY2018

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 136,987,679	\$ 135,482,320	\$ 138,493,039	\$ 140,493,039	\$ 551,456,077
State Reimbursement Benefits	\$ 16,412,527	\$ 17,734,004	\$ 17,258,165	\$ 16,820,947	\$ 68,225,643
Other Misc Revenue	\$ 19,770	\$ 15,775	\$ 20,640	\$ 78,868	\$ 135,053
TOTAL REVENUES	\$ 153,419,976	\$ 153,232,099	\$ 155,771,844	\$ 157,392,854	\$ 619,816,773

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 49,519,790	\$ 50,618,420	\$ 51,821,172	\$ 53,137,103	\$ 205,096,485
Benefits	\$ 14,191,291	\$ 15,020,016	\$ 15,179,989	\$ 15,247,687	\$ 59,638,983
Other Operating Expenses	\$ 6,139,619	\$ 5,398,471	\$ 6,656,491	\$ 7,313,034	\$ 25,507,615
Professional Services	\$ 547,489	\$ 506,495	\$ 745,203	\$ 711,820	\$ 2,511,007
Contracted Units/Services	\$ 3,792,126	\$ 3,383,039	\$ 3,449,872	\$ 3,457,353	\$ 14,082,390
Travel	\$ 344,971	\$ 314,911	\$ 371,829	\$ 469,349	\$ 1,501,060
Capitalized Equipment	\$ 222,689	\$ 55,431	\$ 172,141	\$ 287,491	\$ 737,752
Subtotal, Unit Care Expenditures	\$ 74,757,975	\$ 75,296,783	\$ 78,396,697	\$ 80,623,837	\$ 309,075,292
Psychiatric Care Expenditures					
Salaries	\$ 10,106,252	\$ 10,273,896	\$ 10,195,499	\$ 10,070,246	\$ 40,645,893
Benefits	\$ 2,574,343	\$ 2,695,468	\$ 2,646,395	\$ 2,572,969	\$ 10,489,175
Other Operating Expenses	\$ 103,009	\$ 104,583	\$ 112,925	\$ 138,719	\$ 459,236
Professional Services	\$ 200,241	\$ 274,440	\$ 466,612	\$ 427,863	\$ 1,369,156
Travel	\$ 41,273	\$ 45,025	\$ 45,996	\$ 70,231	\$ 202,525
Subtotal, Psychiatric Care Expenditures	\$ 13,025,118	\$ 13,393,412	\$ 13,467,427	\$ 13,280,029	\$ 53,165,986
Total Expenditures, Unit & Psychiatric Care	\$ 87,783,093	\$ 88,690,195	\$ 91,864,124	\$ 93,903,865	\$ 362,241,277

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,692,860	\$ 6,021,520	\$ 6,532,591	\$ 6,365,449	\$ 24,612,420
Freeworld Provider Services	\$ 7,772,630	\$ 14,596,926	\$ 17,959,945	\$ 25,306,314	\$ 65,635,815
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 37,095,557	\$ 39,319,746	\$ 42,472,516	\$ 40,794,389	\$ 159,682,208
Estimated IBNR	\$ 11,361,979	\$ 3,221,759	\$ 774,231	\$ (4,201,824)	\$ 11,156,145
Total Expenditures, Hospital & Clinical Care	\$ 61,923,026	\$ 63,159,951	\$ 67,739,283	\$ 68,264,328	\$ 261,086,588

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,351,287	\$ 2,389,082	\$ 2,483,117	\$ 2,635,154	\$ 9,858,640
Benefits	\$ 615,834	\$ 636,218	\$ 651,840	\$ 689,095	\$ 2,592,987
Other Operating Expenses	\$ 434,814	\$ 406,656	\$ 605,650	\$ 610,578	\$ 2,057,698
Pharmaceutical Purchases	\$ 14,231,384	\$ 12,986,150	\$ 11,970,015	\$ 13,325,438	\$ 52,512,987
Travel	\$ 8,443	\$ 13,585	\$ 18,862	\$ 17,979	\$ 58,869
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,641,762	\$ 16,431,691	\$ 15,729,484	\$ 17,278,244	\$ 67,081,181

Indirect Expenditures (Shared Services)	\$ 4,134,429	\$ 4,129,465	\$ 4,339,843	\$ 4,490,458	\$ 17,094,195
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TOTAL EXPENDITURES	\$ 171,482,310	\$ 172,411,302	\$ 179,672,734	\$ 183,936,896	\$ 707,503,242
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DIFFERENCE	\$ (18,062,334)	\$ (19,179,203)	\$ (23,900,890)	\$ (26,544,042)	\$ (87,686,469)
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FY17 Ending Balance / Cost Report Reconciliation	\$ (7,498,273)
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Excess Collected Health Care Fees	\$ 181,669
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Other Approved Funding Sources	\$ 7,000,000
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FY2019 Spend Forward to FY2018 - LBB Approved	\$ 79,500,000
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NET DIFFERENCE	\$ (18,062,334)	\$ (19,179,203)	\$ (23,900,890)	\$ (26,544,042)	\$ (8,503,073)
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Third quarter amounts (C.1.10. Managed Health Care Pharmacy) differ from previous report between salaries and other operating expenses due to updates received from the university provider.

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

As of November 2018

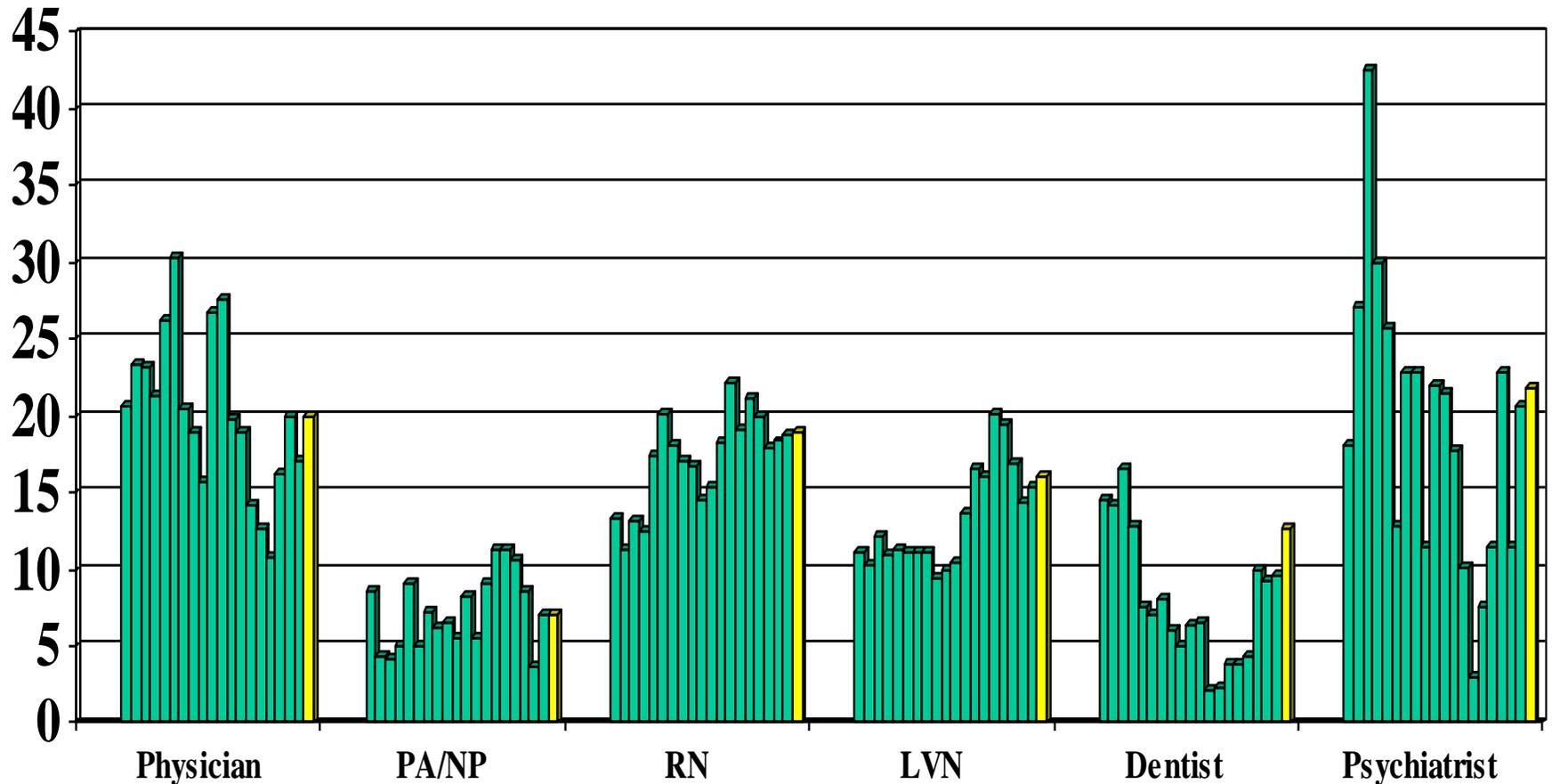
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Deputy Division Director-Health Services	Contract	04/2017	The job description is being modified due to the lack of qualified applicants.
Director II-Office of Public Health	TDCJ	06/2015	This position is on hold.
Investigator II-Patient Liaison Program (Stiles Unit)	TDCJ	10/2017	The position posted on 10/1/2018 and continues to be extended to expand the applicant pool.
Manager IV-Mental Health Services Liaison	TDCJ	03/2018	The position posted on 03/29/2018 and continues to be extended to expand the applicant pool.
LVN III-Quality Assurance	TDCJ	07/2018	Interviews were conducted on 11/05/2018 and the selected applicant is in clearance.
Nurse II-Office of Health Services Monitoring	TDCJ	07/2018	The position posted on 10/1/2018 and continues to be extended to expand the applicant pool.
Investigator II-Patient Liaison Program (Beto Unit)	TDCJ	09/2018	The position posting closed on 10/01/2018. Interviews are being scheduled.
Investigator II-Patient Liaison Program (Hilltop Unit)	TDCJ	10/2018	The position posting closed on 10/18/2018. Interviews are being scheduled.
LVN III-Patient Liaison Program (HS Admin) (2 vacant positions)	TDCJ	11/2018	The position posted on 11/15/2018 and closes on 11/27/2018.
Clements Unit Medical Director	TTUHSC	09/2018	Continued Advertisement in Local, Regional and National Publications.
Physician I-II (8)	UTMB CMC	12/2016	Local and National Advertising, TAFP [‡] , NCCHC Conferences [†] , ACA Conference [*] and Agency Contacts.
Mid-Level Practitioners (PA and FNP) (7)	UTMB CMC	08/2018	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



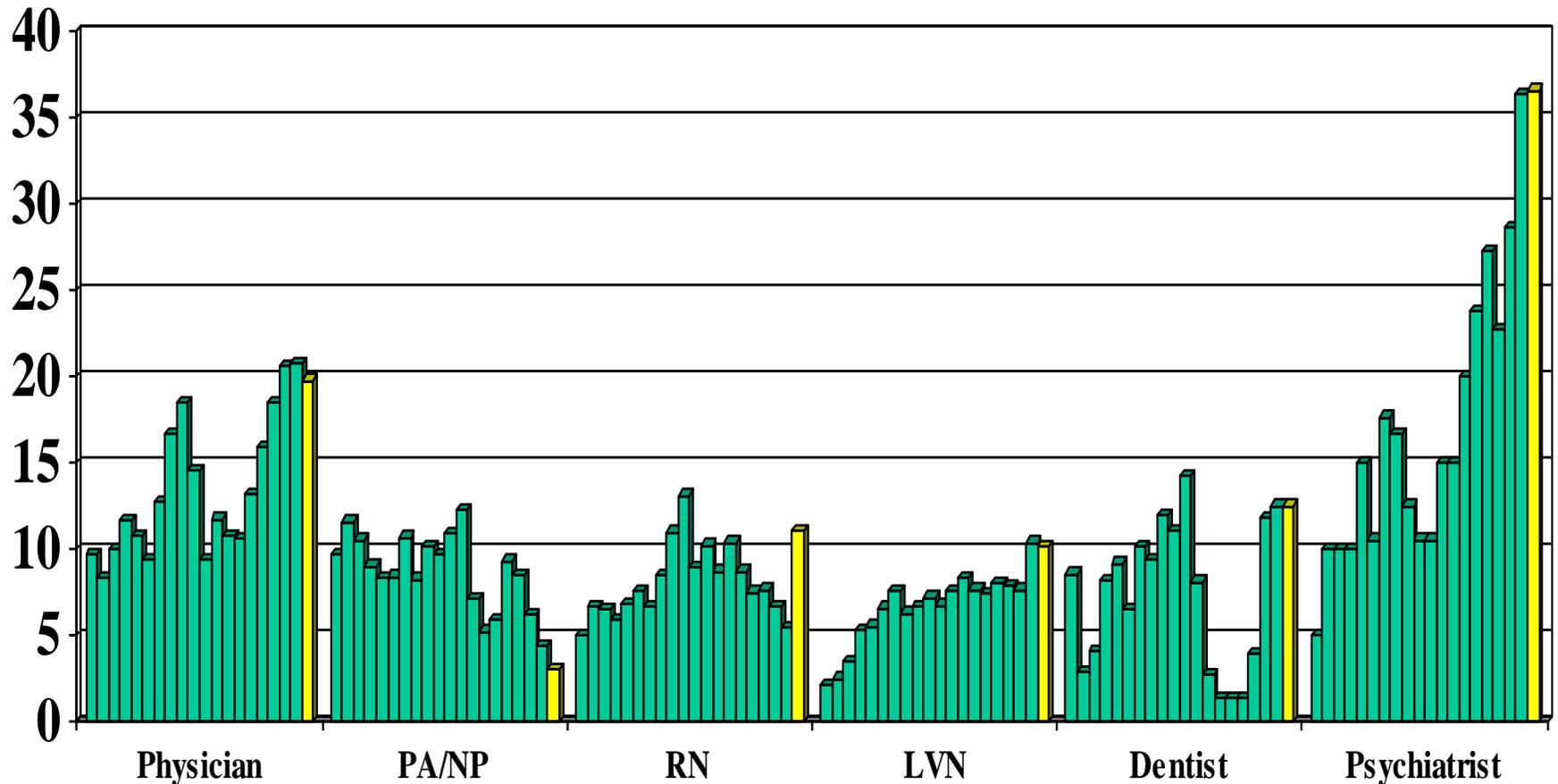
*Correctional Managed
Health Care*



University Vacancy Rate Report
by Quarter FY 2014 – FY 2018

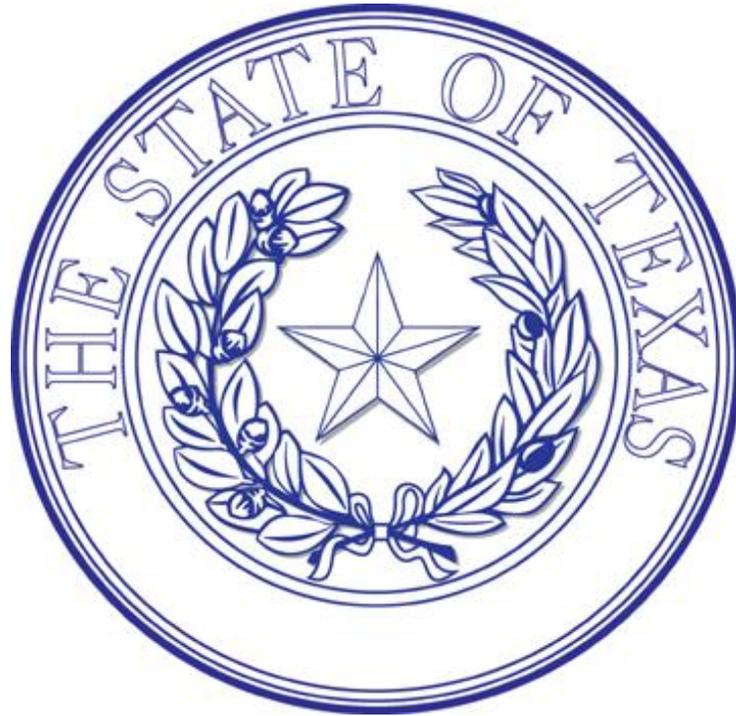
University of Texas Medical Branch

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
Fourth 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 Fourth Quarter Fiscal Year (FY) 2018 (June, July, and August 2018), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Eastham, Estes, Goodman, Henley State Jail, Hightower, Huntsville, Sayle and Young.

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

1. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility to have a Tuberculosis Patient Monitoring Record (HSM-19) completed. The following **3** facilities were not in compliance with this requirement:
 - Estes (63%) – Corrective action plan pending
 - Hightower (62%) – Corrective action plan received and closed
 - Young (0%) – Corrective action plan received and closed
2. Item **4.475** requires offenders who are returning from an inpatient psychiatric facility to be seen by a Qualified Mental Health Professional within 48 hours Sunday through Thursday and 72 hours Friday through Saturday. The following **2** facilities were not in compliance with this requirement:
 - Eastham (45%) – Corrective action plan pending
 - Huntsville (27%) – Corrective action plan pending
3. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. The following **2** facilities were not in compliance with this requirement:
 - Hightower (79%) – Corrective action plan received and closed
 - Young (50%) – Corrective action plan received and closed
4. Item **6.080** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for offenders receiving Tuberculosis chemoprophylaxis, all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. The following **2** facilities were not in compliance with this requirement:
 - Eastham (73%) – Corrective action plan pending
 - Young (0%) – Corrective action plan received and closed
5. Item **6.205** requires newly diagnosed HIV positive offenders 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:
 - Eastham (0%) – Corrective action plan pending
 - Hightower (50%) – Corrective action plan received and closed

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

6. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) to be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **2** facilities were not in compliance with this requirement:
 - Huntsville (63%) – Corrective action plan pending
 - Young (45%) – Corrective action plan received and closed
7. Item **6.380** requires the pneumococcal vaccine to 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 **2** facilities were not in compliance with this requirement:
 - Eastham (79%) – Corrective action plan pending
 - Young (73%) – Corrective action plan received and closed

**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).*

8. Item **6.390** requires new positive RPR results for offenders on the facility reported to the TDCJ Health Services Office of Public Health within time frames required by Correctional Managed Health Care Policy B-14.12: (1) One working day for titers 1:16 or greater and (2) Seven calendar days for titers less than 1:16. The following **2** facilities were not in compliance with this requirement:
 - Henley (50%) – Corrective action plan received and closed
 - Young (0%) – Corrective action plan received and closed
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Bradshaw, Diboll, Duncan, Hilltop, B. Moore, and Mountain View. During the Fourth Quarter FY 2018, **all** were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same **8** facilities listed above for operational review audits during the Fourth 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 **8** facilities were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2018 (June, July, and August, 2018), Dental Quality Review audits were conducted at the following **16** facilities: B. Moore, Bradshaw, Crain, Goodman, Goree, Hamilton, Hilltop, Hodge, Hughes, Huntsville, Johnston, Mountain View, Murray, Skyview, Telford, and Woodman. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 23** assesses the result of periodontal charting and radiographic survey of the remaining dentition reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **3** of the **16** facilities were not in compliance: B. Moore (**0%**), Hughes (**75%**), and Hamilton (**0%**).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2018, the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,847** correspondences. The PLP received **3,505** and Step II Grievance received **1,342**. There were **225** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Fourth Quarter FY 2018 for the Step II medical grievances was **4.83**. 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 **7** and **4** for TTUHSC for the Fourth 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 Fourth Quarter of FY2018, (June, July, and August 2018), the Patient Liaison Program investigators performed **33** Sick Call Request Verification audits on **32** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits.

The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **224** indicators were reviewed at the **32** facilities and **3** of the indicators fell below the 80 percent compliance threshold representing **9.4%**. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **32** facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from this facility. At each unit, OPS staff continued educating the medical staff.

The frequency of the SCRVA's was changed in the Fourth Quarter of FY 2011. Units with an average composite score of 80 or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

OFFICE OF PUBLIC HEALTH

The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur within the TDCJ offender population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens.

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, offender requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Fourth Quarter FY 2018, there were **15,936** intake HIV tests performed. Of those tested, **91** offenders were newly identified as having HIV infection. During the same time period, there were **9,746** pre-release tests performed with **0** found to be HIV positive. For this quarter, **7** new AIDS cases were identified.
- There were **680** cases of Hepatitis C identified for the Fourth 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)

- **276** cases of suspected Syphilis were reported in the Fourth Quarter FY 2018. **163** 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.
- **292** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2018. For the same time period, **120** 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 **31** TB cases or suspects (pulmonary and extra-pulmonary) under management for the Fourth 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 **192** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2018. There were **60** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **45** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Fourth Quarter FY2018, **4** 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 and 2 Intermediate Sanction Facilities had active peer education programs. During the Fourth Quarter FY2018, **61** offenders trained to become peer educators. This is a decrease from the Third Quarter FY2018 Report. During the Fourth Quarter FY2018, **22,097** offenders attended the classes presented by peer educators. This is an increase from the Third Quarter FY2018.

MORBIDITY AND MORTALITY

There were **110** deaths reviewed by the Morbidity and Mortality Review Committee during the months of June, July and August 2018. Of those **110** deaths, **0** 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	0
Nursing Peer Review	0
Mental Health Peer Review	0
Total	0

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

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

- The OMHM&L monitors all Segregation facilities within the TDCJ CID and State Jails once every six months. During the Fourth Quarter of FY 2018, **17** Segregation facilities were audited including: Coffield, Eastham, Estelle, Ferguson, Formby, Gist, Hughes, Kegans, Lychner, Michael, Mountain View, Murray, Pack, Powledge, Robertson, Stiles, and Travis. The OMHM&L auditors observed **2,216** offenders, interviewed **1,929** offenders, and referred **2** offenders for further evaluation by university providers.
- In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ATC 4, **17** of **17** applicable units were **100%** compliant. For ATC 5, **17** of **17** units were **100%** compliant. For ATC 6, **16** of **17** units were **100%** compliant. The Formby Unit was **75%** compliant on ATC 6. For the 911 tool availability, **17** of **17** units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Fourth Quarter FY 2018, a total of **72** instances of compelled psychoactive medication administration occurred. There were **4** instances at the Clements unit, **15** instances at the Jester IV unit, **13** instances at the Montford unit, and **40** instances at the Skyview unit. During each month of the quarter, Clements, Jester IV, Montford, and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication.
- 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: Baten, Bradshaw, Byrd, Dominguez, East Texas, Formby, Garza West, Gist, Glossbrenner, Halbert, Hutchins, Jester I, Johnston, Kegans, Lindsey, Lychner, Middleton, Plane, Rudd, Sanchez, Sayle, Travis, and Woodman. **2** of the **25** facilities earned compliance scores of **79%** or lower: Gurney (**70%**) and Holliday (**12%**). 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 Fourth Quarter of FY 2018, MHSL conducted **216** hospital and **39** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmary; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.
- Of the **216** hospital discharge audits conducted, **195** were from the UTMB Sector and **21** were from the TTUHSC sector. There were **117** deficiencies identified for UTMB and **16** identified for TTUHSC. Of the **39** infirmary discharge audits conducted, **25** were from the UTMB sector and **14** were from the TTUHSC sector. There were **17** deficiencies identified from UTMB and **0** for TTUHSC.

ACCREDITATION

The ACA 2019 Winter Conference will be held in New Orleans, Louisiana on January 11-15, 2019. During this conference, the following Facilities will be represented: Havins, Boyd, Hamilton, Pack, Powledge, Tulia, Neal, Montford, Murray, Hughes, Stringfellow, and Middleton.

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 - **30**
- Correctional Institutions Division Pending Monthly Research Projects - **4**
- Health Services Division Active Monthly Medical Research Projects - **9**
- Health Services Division Pending Medical Research Projects - **2**

Disease Management Guidelines

Presented to the Correctional Managed
Health Care Committee
December 5, 2018

Correctional Managed
Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Objectives

- Review history of the use of disease management guidelines (DMGs) by Correctional Managed Health Care
- Discuss the purpose and goals of the DMG program
- Describe the framework for guideline development
- Provide an example of how outcomes are measured

Background

- CMHCC ensures central coordination, partner representation and direction to a number of standing committees that provide coordination of services on a statewide basis including the Joint Pharmacy & Therapeutics (P&T) Committee.
- Joint P&T Committee is responsible for the development of the drug formulary, drug use policies and procedures, and disease management guidelines (DMGs).
- DMGs are systematically developed statements, based on current professional knowledge, that assist practitioners in making decisions about health care for specific clinical circumstances.
 - Synonyms: Clinical practice guidelines, clinical protocols, critical pathways, treatment algorithms, care guides

Background

- The first DMGs were published in August 1995.
- Currently 50 DMGs and tools (Appendix A) are available that address a variety of illnesses and chronic diseases.
- DMGs are reviewed and revised at least every five years or sooner if there is emergence of new information warranting early review.

Purpose

- DMGs focus on disease-based drug therapy and recommend an evidence-based approach to therapy.
 - They are tools to assist practitioners.
 - They are not intended to strictly apply to all patients or replace sound clinical judgment.
- The goal is to promote consistent, cost-effective care that has been tailored to meet the specific needs of the patient population that
 - Improves patient outcomes
 - Facilitates appropriate health care utilization and encourages use of formulary agents
 - Reduces avoidable hospitalizations, emergency room visits, specialty referrals, etc.

Framework for Guideline Development





Topic Selection

- DMGs are typically developed for illnesses or disease states that are:
 - High volume, frequently encountered
 - High risk, problem prone
 - High cost
- Topics may also be identified based on resource utilization or through performance improvement activities.
 - Resource utilization (e.g., specialty referrals, ER visits, hospitalizations, drug costs)
 - Outcomes (e.g., morbidity, mortality)
 - Findings of the Executive Quality Council
 - Dashboard metrics & trends



Appoint Workgroup

- Multi-disciplinary workgroup is appointed to provide draft recommendations to the Joint P&T Committee and may include:
 - Practitioners
 - Mental health services personnel
 - Pharmacists
 - Nurses
 - Dentists
- Relevant experts may also be asked to serve on the workgroup.



Review Evidence

- Workgroup will integrate relevant research findings, clinical consensus, & population characteristics when formulating DMGs.
- A variety of resources are reviewed.
 - Medical literature
 - National guidelines
 - Pivotal studies
 - Expert opinion
 - Especially important when data is not available or conflicting data exists
- Consideration is given to the applicability of the data to the practice population.

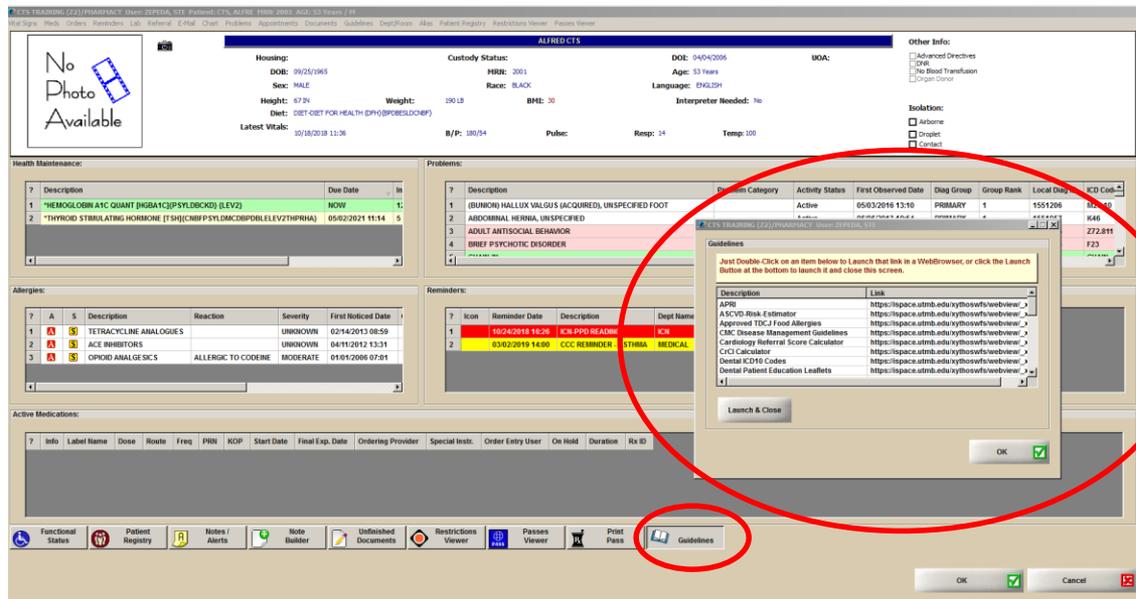


Develop DMG

- DMGs generally consist of:
 - Algorithm
 - Diagnostic criteria
 - Therapeutic interventions
 - Monitoring parameters
 - Patient education & counseling
- DMGs also outline goals and identify outcome measures.
 - Medical indicators (e.g., cure of disease, symptomatic relief)
 - Patient indicators (e.g., medication adherence)
- Once finalized, DMGs are approved by the Joint P&T Committee and the Joint Medical Directors.

Disseminate DMG

- Information on DMGs is disseminated to practitioners and health care staff.
 - Published in newsletter, formulary, and intranet
 - Shared during meetings and in-services
 - Promoted through information technology (e.g., link in EMR)





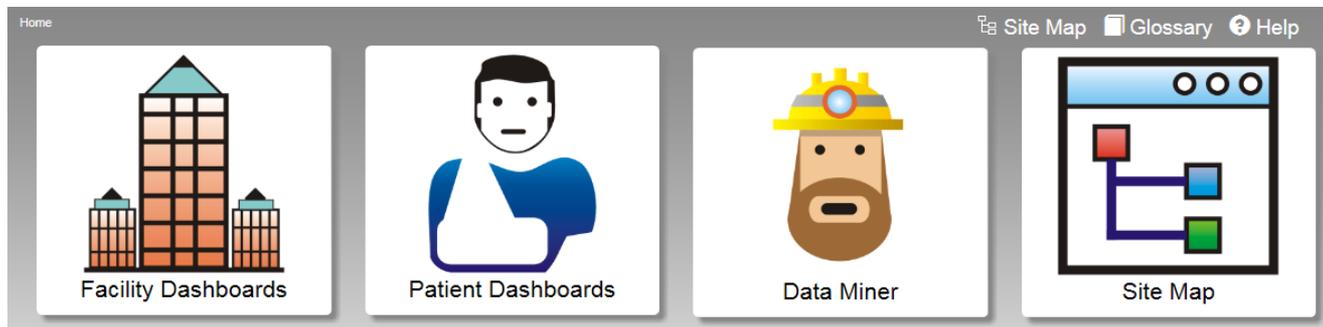
Evaluate

- Periodically evaluate if DMGs have an impact on processes of care and patient outcomes through the routine analysis of data and performance against quality indicators (e.g., HEDIS).
 - MUE Program
 - Dashboard
- Sources of variance are identified and barriers addressed if needed.
 - Patient-related
 - Medication adherence
 - Non-response to drug therapy
 - Contraindications to therapy
 - Provider-related
 - Lack of awareness or familiarity
 - Difference in interpretation or clinical decision
 - Environment-related
 - System breakdown (e.g., DMG confusing)
 - Lack of time or resources



Dashboard

- Goals of therapy may be incorporated into the dashboard to provide feedback on goals attainment.
- Use of the dashboard enables us to identify units where an intervention is needed to improve actual performance in relation to established targets.
- If a unit falls below the thresholds established in the dashboard, the management team is required to submit an action plan designed to improve performance.



Diabetes Dashboard

- Dashboard is used to measure uptake of specific recommendations taken from DMGs through the routine analysis of data.
- HEDIS measures are used as benchmark to assess performance.

Metric	Measure	HEDIS*	CMC Sept. 2018
HbA1c	Percentage of diabetes patients whose most recent HbA1c was less than 8%	47%	67%
Prescribed statin	Percentage of diabetes patients 40-75 years of age who do not have clinical cardiovascular disease who were dispensed a statin medication	60%	66%
Blood pressure	Percentage of diabetes patients whose most recent blood pressure was less than 140/90	60%	58%
Nephropathy screening	Nephropathy screening performed	90%	93%

*NCQA Healthcare Effectiveness Data and Information Set

Facility Scorecard

UTMB

September CY 2018

Dashboard Legend

- Meets or Exceeds Goals
- ◆ Does not Meet Goal

Prevention/Disease Management	
Asthma	
Asthma Care	◆ 89%
Coronary Artery Disease (CAD)	
CAD: Statin Therapy	● 78%
Diabetes	
Diabetes Care: BP <140/90	◆ 58%
Diabetes Care: HbA1C Control <8%	● 67%
Diabetes Care: Nephropathy Screening	● 93%
Diabetes Care: Statin Therapy	● 66%
Hypertension	
Hypertension Total: BP Under Control	● 60%
Over 60 Hypertension: BP <150/90	● 71%
Under 60 Hypertension: BP <140/90	● 57%
Mental Health Care	
Mental Health: Diabetes Screening	● 94%

Medication Management	
% Scripts Formulary	98.3%
% Scripts Nonformulary	1.7%
Prescriptions per Patient	2.7
Reclamation dollars	\$622,349.33

Access to Care	
1. Dental ATC #1	● 100%
2. Dental ATC #2	● 100%
3. Dental ATC #3	● 100%
4. Mental Health ATC #4	● 99%
5. Mental Health ATC #5	● 100%
6. Mental Health ATC #6	● 100%
7. Nursing ATC #7	● 96%
8. Nursing ATC #8	● 96%
9. Medical ATC #9	● 96%
Total	● 99%

Specialty and Hospital Services	
Appointments via Tele-Health	
HG Tele-Health encounters	380
ER Department Visits	
Community ER visits	1,172
Hospital Admissions	
Community hospital admissions	418
Specialty Care Referrals	2,340
Total	4,310

Telehealth Encounters	
Dialysis	0
Mental Health	3,958
Pharmacy	167
Primary Care	8,038
Specialty (HCV/HIV)	1,575
Wound Care	46
Total	13,784

Total Inmates	
Total Inmates	117,009



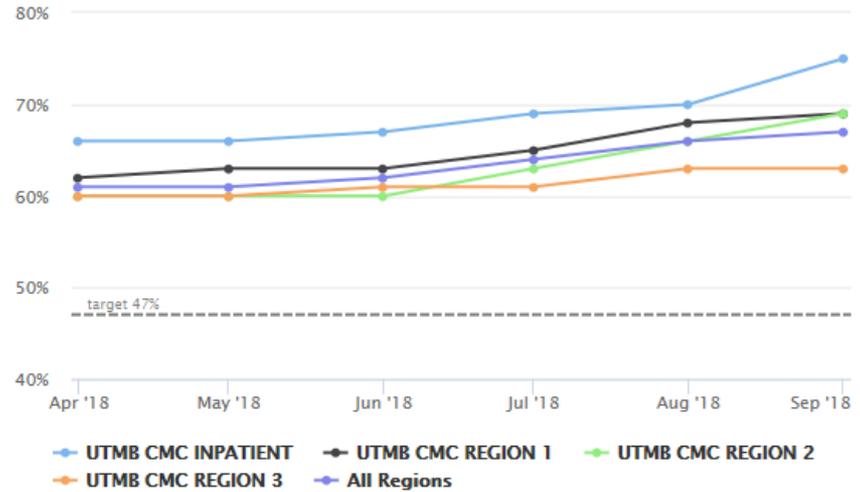
Area Breakdown

Diabetes Care: HbA1C Control <8% Year to Date (CY)

September CY 2018

Target Goal 47%
National Average 47%
Cor. Action Threshold 46%

	Total	Met	% Met
UTMB CMC INPATIENT	538	403	75%
UTMB CMC REGION 1	972	669	69%
UTMB CMC REGION 2	1,563	1,075	69%
UTMB CMC REGION 3	1,845	1,168	63%
TOTAL	4,918	3,315	67%



UTMB CMC INPATIENT	
JESTER IV (J4)	90%
DUNCAN (N6)	86%
DIBOLL (DO)	80%
HOSP.GALVESTON	76%
SKYVIEW (SV)	76%
YOUNG (GC)	75%
HODGE (HD)	74%
ESTELLE (E2)	69%

UTMB CMC REGION 1	
HILLTOP (HT)	90%
MURRAY (LM)	79%
CRAIN (GV)	79%
MARLIN (N1)	79%
LOCKHART (LC)	79%
WILLACY (WI)	77%
HOBBY (HB)	76%
KYLE (KY)	75%
MT. VIEW (MV)	74%
SEGOVIA (EN)	72%
MCCONNELL (ML)	71%
STEVENSON (SB)	68%
GARZA (NH)	67%
HUGHES (AH)	61%
BRISCOE (DB)	58%
CONNALLY (CY)	57%
DOMINGUEZ (BX)	52%

UTMB CMC REGION 2	
B MOORE (BM)	100%
HUTCHINS (HJ)	93%
LINDSEY (LN)	90%
GOREE (GR)	88%
ESTES (VS)	86%
BYRD (DU)	79%
EASTHAM (EA)	78%
HUNTSVILLE (HV)	73%
ELLIS (OE)	72%
BRADSHAW (BH)	70%
BOYD (BY)	69%
COFFIELD (CO)	67%
TELFORD (TO)	66%
WYNNE (WY)	66%
FERGUSON (FE)	65%
MICHAEL (MI)	64%
POWLEDGE (B2)	62%
BETO 1 (OB)	61%

UTMB CMC REGION 3	
CLEVELAND (CV)	92%
CLEMENS (CN)	86%
LYCHNER (AJ)	81%
VANCE (J2)	80%
RAMSEY I (R1)	72%
HAMILTON (JH)	71%
HIGHTOWER (HI)	70%
POLUNSKY (TL)	69%
LEWIS (GL)	68%
STILES (ST)	67%
PACK (P1)	64%
SCOTT (RV)	63%
STRINGFELLOW (R2)	62%
JESTER III (J3)	61%
LEBLANC (BA)	59%
DARRINGTON (DA)	59%
GIST (BJ)	52%
LUTHER (P2)	52%
TERRELL (R3)	51%

Target Patients

UTMB CMC REGION 1

Facility CONNALLY (CY)

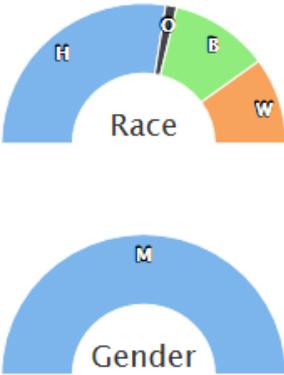
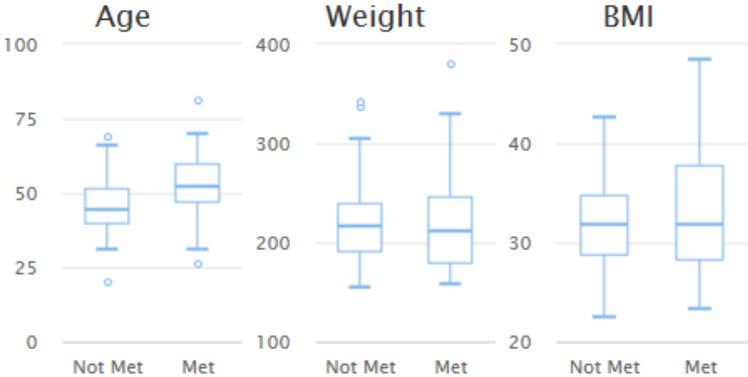
Year/Month 2018 October

Problem Diabetes Care: HbA1C Control <8%

Goal Criteria Not Met Goal for 3 Months

Criteria Status Were counted for score

Custody Both



11 patients

[Output to Excel](#)

Name	MRN	Comment	Value	Housing	Age	Wgt.	BMI	Race	Gender
[REDACTED]	[REDACTED]	HIGH HbA1C	13.6	19X	40	228	32	Black	M
[REDACTED]	[REDACTED]	HIGH HbA1C	8.2	19W	66	180	29	White	M
[REDACTED]	[REDACTED]	HIGH HbA1C	9.0	19Y	42	224	29	Black	M

Questions

Correctional Managed
Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Appendix A: Disease Management Guidelines

- Anemia in Pre-Dialysis CKD
- Angina, Acute
- Anxiety and Panic Disorder
- Asthma, Acute
- Asthma, Chronic
- Benzodiazepine Discontinuation
- Bipolar, Depression
- Bipolar, Mania
- CAD
- Catheter Restoration
- COPD, Acute
- COPD, Chronic
- Diabetes
- Drug Overdose
- End Stage Liver Disease
- GI (Dyspepsia, GERD, Peptic Ulcer Disease)
- Gender Dysphoria Hormone Monitoring
- Gout
- Heart Failure
- Hepatitis B
- Hepatitis C
- HIV
- Hyperlipidemia
- Hypertension, Urgency
- Hypertension
- Hypoglycemia
- Ischemic Heart Disease, Stable
- Major Depression
- Non-formulary Conversion
- Opioid Discontinuation
- Pain, Cancer
- Pain, Low Back
- Pain, Mild to Moderate
- Pain, Neuropathic
- Psychosis, Acute
- Psychosis, Chronic
- Psychotropic Agents Conversion
- PTSD
- Razor Blade Ingestion
- Rhinitis
- Seizures, Acute
- Seizures, Chronic
- Sinusitis
- Skin and Soft Tissue Infection
- Thyroid Disorder
- Tinea Pedis
- Warfarin Monitoring
- Wound Care