

**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

December 4, 2019

10:00 a.m.

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

December 4, 2019

10:00 a.m.

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

## Regular Session

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, September 18, 2019
  3. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Restrictive Housing Mental Health Monitoring
  4. University Medical Directors Reports
    - Texas Tech University Health Sciences Center
    - The University of Texas Medical Branch
  5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
  1. Texas Department of Criminal Justice
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

VI. Medical Directors Updates

1. Texas Department of Criminal Justice  
- Health Services Division Fiscal Year 2019 Fourth Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VII. Overview of Clinical Support Services

Will Rodriguez, Executive Director  
Texas Tech University Health Sciences Center Correctional Managed Care

Kelly Coates, Associate Vice President Outpatient Operations  
University of Texas Medical Branch Correctional Managed Care

VIII. Public Comments

IX. Adjourn

Executive Session

- I. The CMHCC May Convene into Executive Session
- II. Consultation with legal counsel regarding pending or contemplated litigation or settlement offers; or consultation on a matter where the CMHCC seeks the advice of its attorney as privileged communications under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas (Closed in accordance with Section 551.071, Texas Government Code)
- III. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
September 18, 2019

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**September 18, 2019**

**Chairperson:** Rodney D. Burrow, M.D

**CMHCC Members Present:** Cynthia Jumper, M.D., Lannette Linthicum, M.D., CCHP-A, FACP, Erin Wyrick, F. Parker Hudson III, M.D., John Burruss, M.D., Dee Budgewater

**CMHCC Members Absent:** Ben Raimer, M.D., Preston Johnson, Jr.

**Partner Agency Staff Present:** Lorie Davis, Rebecca Waltz, Natasha Mills, Renee Warren, Ron Steffa, Chris Black-Edwards, Texas Department of Criminal Justice (TDCJ); Denise DeShields, M.D., Will Rodriguez, Lindsey Tubbs, Texas Tech University Health Sciences Center (TTUHSC); Olugbenga Ojo, M.D., Anthony Williams, Marjorie Kovacevich, Owen Murray, D.O., Kelly Coates, Joseph Penn, M.D., University of Texas Medical Branch (UTMB)

**Others Present:** Derrellynn Perryman, Texas Board of Criminal Justice; Margarita de la Garza-Graham M.D., Previous CMHCC Chair; Thomas Graham, M.D., Guest; Harold Berenzweig, M.D., Previous CMHCC Member; Jeffrey Beeson, D.O., University of North Texas Health Sciences Center

**Location:** Frontiers of Flight Museum, 6911 Lemmon Ave, Dallas, TX 75209

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - Dr. Rodney Burrow	<p>Dr. Rodney Burrow called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Burrow acknowledged that all wishing to offer public comment must be registered and would be allowed a three minute time limit to express comments. There was no public member registered.</p> <p>Dr. Burrow welcomed and thanked everyone for being in attendance. He then moved on to recognitions and introductions.</p>		
<b>II. Recognitions and Introductions</b> - Dr. Burrow	<p>Dr. Burrow welcomed and introduced new CMHCC member Ms. Dee Budgewater, Deputy Associate Commissioner, Policy and Program, Ex Officio Non-voting member. Ms. Budgewater was appointed by the state Medicaid director to the seat formerly held by Kelly Garcia.</p>		

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<p><b>II. Recognitions and Introductions (Cont.)</b> - Dr. Burrow</p>	<p>Dr. Burrow next introduced Dr. Jeffrey Beeson, Chief Medical Officer, Medical Education, University of North Texas Health Sciences Center. Dr. Beeson was appointed by the Governor to the seat formerly held by Dr. John Mills. Dr. Beeson has not yet completed his new member orientation and is attending as a member of the public and not a voting member.</p> <p>Dr. Burrow welcomed Derrelynn Perryman, Texas Board of Criminal Justice and thanked her for her attendance.</p> <p>Dr. Burrow and Dr. Lannette Linthicum presented Dr. Margarita de la Garza-Graham with a plaque recognizing her many years of dedicated service to the CMHCC. Dr. Linthicum stated that we wanted to take this opportunity to recognize and honor the former Chair of the Correctional Managed Health Care Committee, Dr. Margarita de la Garza-Graham. Dr. de la Garza-Graham served as Chair of the committee from 2011 until 2018. Under Dr. de la Garza-Graham the committee made many positive strides in the correctional managed health care program, brought many services to the patient population and there have also been many trials that she helped navigate. Dr. Linthicum explained that the chair of the committee is also the chair of the Joint Medical Directors. The Chairman guides the three medical directors, who are responsible for the implementation of the program on a day to day basis, through any conflicts or clinical disputes. Dr. Linthicum stated that Dr. de la Garza-Graham has done an outstanding job with the committee and has been a wonderful public servant, not just to the State of Texas but to our patients; the offenders in the Texas Department of Criminal Justice. Dr. Linthicum stated that today it is our great honor to recognize her.</p> <p>Dr. de la Garza-Graham thanked Dr. Burrow, Dr. Linthicum and the committee. She stated that the reason that the program has national recognition is due to all of you.</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Approval of TDCJ Health Services Monitoring Report</li> <li>- University Medical Directors Reports <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> </li> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul> <p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Rebecca Waltz</li> </ul>	<p>The third consent item was the approval of the 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. Burrow then called for a motion to approve the consent items.</p> <p>Dr. Burrow next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz reported on statistics for the Third Quarter of Fiscal Year (FY) 2019, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 46.</p> <p>Ms. Waltz reported that the overall offender service population has decreased 0.6% from FY 2018. The offender population age 55 and over had a 4% increase with an average daily census of 18,706 through the Third Quarter of FY 2018 compared to 19,454 through the Third Quarter of FY 2019. This population represents about 13.2% of the total population, but accounts for 48.3% of the hospitalization costs.</p>		<p>Dr. Jumper made a motion to approve all consent items, and Dr. Hudson seconded the motion which prevailed by unanimous vote.</p>



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Denise DeShields</li>   <li>- Dr. Owen Murray</li> </ul>	<p>Dr. Linthicum reported that the Program Supervisor VI, Health Services Administrator position has been filled. Debra Jones was hired and started September 1, 2019.</p> <p>Dr. DeShields reported that they have a critical vacancy at the Robertson Unit in Abilene that is for the Unit Medical Director. Dr. DeShields also noted that while not critical vacancies, they continue to vigorously recruit for two psychiatrist positions at the Montford Unit. These are key positions.</p> <p>Dr. Murray reported that UTMB has 8 Physician I-II, 7 Mid-Level Practitioners (PA and FNP) and 9 Psychiatrist position vacancies. Dr. Murray shared that they recently lost the Beto Unit physician due to his passing. He stated that a challenge they are facing is that the current crop of physicians are retirement age and it is challenging to get younger physicians interested in working in corrections.</p> <p>Dr. Murray reported that Sam Houston State University is opening a Doctor of Osteopathic Medicine program just south of Conroe. He has spoken to the president and the program director and their intent is to try to get some of the students interested in not just prisons, but also some of the geographically challenged areas in Texas on the primary care side. He stated that hopefully we can insert ourselves in that training mission like we do at Hospital Galveston.</p>	<p>Dr. Hudson asked for clarification on what the definition of a critical position is.</p> <p>Dr. DeShields answered that for TTUHSC it would be positions at the medical directors level and management positions.</p> <p>Dr. Linthicum answered that these are leadership positions that are critical to day to day operations. These positions provide oversight and guidance to our field staff.</p> <p>Dr. Burrow shared that there is a rural psychiatry residency program in north Texas opening.</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li>   <li>- Capital Assets Monitoring</li>   <li>- Dental Quality Review Audit</li>   <li>- Office of Professional Standards</li>   <li>- Grievances and Patient Liaison Correspondence</li> </ul>	<p>Dr. Linthicum explained that ORAs look at compliance with policies and procedures promulgated by this committee, compliance with contractual terms and compliance with accreditation expected practices and performance based standards as they relate to healthcare and any local, state or federal laws that are applicable. The compliance threshold is 80%. Dr. Linthicum referenced the 8 items found to be most frequently below the 80% compliance threshold and noted that corrective actions have been requested on all these items.</p> <p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 10 facilities listed above for ORAs during the Third Quarter of FY 2019 and all 10 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 25 facilities. Dr. Linthicum referenced the 5 items found to be most frequently below the 80% compliance and noted that corrective action plans have been requested on these items. Dr. Linthicum noted that items that are found deficient are discussed in the Joint Dental Directors meetings and if needed, are elevated to the Joint Medical Directors.</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.</p> <p>Dr. Linthicum reported that during the Third Quarter of FY 2019, the Patient Liaison Program (PLP) and Step II Medical Grievance Program received 4,867 correspondences. The PLP received 3,700 correspondences and Step II Grievance received 1,167. There were 241 Action Requests generated. Dr. Linthicum explained that 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.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Grievances and Patient Liaison Correspondence</li>   <li>- Quality Improvement (QI) Access to Care Audit</li>   <li>- Office of Public Health</li> </ul>	<p>Dr. Linthicum explained that the grievance process in TDCJ is a two-step process. Step I grievances are answered at the unit level, Step II grievances are elevated to the division level. The Step II grievance staff review the original grievance and render a decision. After answered by the appropriate division the offender may move on to litigation if he or she is not satisfied. Dr. Linthicum reported that in the contract there are performance measures related to medical grievances. The overall combined percentage of sustained Step II Medical grievances was 7.29%. Performance measure expectation is six percent or less. Individually, UTMB was 8.89% and TTUHSC was 1.78%.</p> <p>Dr. Linthicum reported that there were 22 Sick Call Request Verification Audits conducted on 20 facilities. The difference in the number of audits versus the number of facilities is that some facilities have an extended cell block (ECB) on site and those ECB's are audited separately. A total of 156 indicators were reviewed and 5 of the indicators fell below 80% compliance threshold representing 3%. Corrective actions were requested.</p> <p>Dr. Linthicum reported that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). This office conducts surveillance on 11 infectious conditions that are reported into DSHS including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), Tuberculosis as well as the data for occupational exposures to bloodborne pathogens.</p> <p>HIV testing is classified into one of four categories: intake, provider requested, offender requested or pre-release. There is mandatory state law which requires intake and pre-release HIV testing. During the Third Quarter, there were 13,582 intake HIV tests performed. Of those tested, 74 offenders were newly identified as having HIV infection. During the same time period, there were 10,109 pre-release tests performed with 0 found to be HIV positive. For this quarter, 7 new AIDS cases were identified.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Office of Public Health</li> </ul>	<p>There were 475 cases of Hepatitis C identified for the Third Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in the TDCJ.</p> <p>Dr. Linthicum reported 457 cases of suspected Syphilis. 180 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>Dr. Linthicum reported that 445 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported and 124 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported for the Third Quarter FY 2019.</p> <p>Dr. Linthicum reported that there was an average of 20 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Third Quarter FY 2019.</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 position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the Third Quarter FY 2019, there were 204 chart reviews of alleged sexual assaults. Dr. Linthicum reported that there were 55 deficiencies found this quarter and corrective actions have been requested. 52 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 2019, 4 units received a 3-day training which included the Wall Talk Training and a 2-day training that included the Somebody Cares Training in the Peer Education Program.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Office of Public Health</li>   <li>- Mortality and Morbidity</li>   <li>- Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum reported as of the close of the Third Quarter of FY 2019, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 57 offenders were trained to become peer educators and 20,831 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. 61 deaths were reviewed during the months of March, April and May 2019. Of those 61 deaths, one was referred to peer review.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Third Quarter of FY 2019.</p> <p>Dr. Linthicum reported that Restrictive Housing audits were conducted on 14 facilities. 2,628 offenders were observed, 2,259 were interviewed and 3 offenders were referred to the university providers for further evaluation. In addition to monitoring the mental health status of restrictive housing offenders, the OMHM&amp;L auditors also assess access to care (ATC) for mental health and availability of the 911 tool. Access to Care (ATC) for mental health indicator four was met at 100% at 4 of 15 audits, 10 of 15 were N/A and 1 of 15 was 86%. For ATC indicator five, 5 of 15 audits were 100% compliant and 10 of the 15 audits were N/A. For indicator number six, 4 of 15 audits were 100% compliant, 10 of 15 were N/A and 1 of 15 was 86%.</p> <p>Dr. Linthicum reported that the OMHM&amp;L also monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. Compelled psychoactive medication is only done on inpatient facilities and there is a strict protocol in place. For the Third Quarter FY 2019, 79 instances of compelled psychoactive medication administration occurred.</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Accreditation</li>   <li>- Biomedical Research Projects</li>   <li>- <b>Texas Tech University Health Sciences Center</b></li> <li>- Dr. DeShields</li>   <li>- <b>University of Texas Medical Branch</b></li> <li>- Dr. Murray</li>   <p><b>VII. Biennial Review and Adoption of the Offender Health Services Plan</b></p> <ul style="list-style-type: none"> <li>- Joint Medical Directors</li> </ul> </ul>	<p>Dr. Linthicum reported that the ACA 149<sup>th</sup> Congress of Corrections was held in Boston, Massachusetts on August 1-6, 2019. During this conference, the following facilities were represented: Ellis, Stevenson, Hutchins, Lynaugh, Ft. Stockton, Clemens, Scott, Duncan, Wallace, Dalhart, Garza East, Garza West, Jester IV, Huntsville, Goree and Crain.</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 21 active and 8 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects.</p> <p>Dr. Burrow thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields stated that she had nothing further to report.</p> <p>Dr. Burrow thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that Dr. Raimer has been appointed Interim President for UTMB to replace Dr. Callendar who took a position as President at Herman Memorial Hospital. Dr. Murray stated that Dr. Raimer will maintain his seat on the CMHCC.</p> <p>Dr. Burrow thanked Dr. Murray and then called on the Joint Medical Directors to provide an update on the Biennial Review and Adoption of the Offender Health Services Plan.</p> <p>Dr. Murray explained that the Offender Health Services Plan directs and defines the service levels that are agreed on by the committee relating to the care that is provided to offender patients. The only significant change made was to reflect the change from the \$100 health care services fee to the \$13.55 co-payment with a maximum of \$94.85 in a one-year period that was passed by legislature for the FY 2020-21 Biennium. The only other changes were formatting and grammatical in nature. The Joint Medical Directors met to discuss and were all in agreement.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Biennial Review and Adoption of the Offender Health Services Plan (Cont.)</b>  - Joint Medical Directors</p>	<p>Dr. Murray answered that they receive input from Obstetrics and Gynecology.</p> <p>Dr. Linthicum stated that there are specific recommendations for prison populations. Our population tends to be more high risk and they lack preventative health care services. At times, when they come in, it is the first time that they have even had a physical examination.</p> <p>Dr. Linthicum answered that there has not been anything formal, but UTMB has epidemiologists that look at the data. Two Ph.D. level epidemiologists have begun doing quality studies for TDCJ and we will take this question under advisement.</p> <p>Dr. Linthicum answered that to the extent that it is available, it is offered to all offenders.</p>	<p>Dr. Hudson asked how the female Pap smear screening age is determined.</p> <p>Dr. Hudson asked if anyone has looked at the data to see what the best screening interval is for our population.</p> <p>Dr. Hudson asked what percentage of the population is female.</p> <p>Ms. Lorie Davis answered that currently about 8%. There are approximately 12,000 females in the system.</p> <p>Dr. Hudson asked about the flu shot and who is eligible.</p> <p>Ms. Black-Edwards stated that our rates of infection are generally lower than free world rates.</p>	<p>Dr. Hudson made a motion to approve the adoption of the Offender Health Services Plan, and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Biennial Review and Adoption of the Offender Health Services Plan (Cont.)</b>  - Joint Medical Directors</p> <p><b>VIII. Overview of Correctional Managed Health Care Contracts</b>  - Dr. Linthicum and Ron Steffa</p>	<p>Dr. Linthicum answered, yes references are cited in the Disease Management Guidelines and the CMHC Policy and Procedure manual.</p> <p>Dr. Burrow thanked Dr. Murray, Dr. Linthicum and Dr. DeShields and then called on Dr. Linthicum and Ron Steffa to present an Overview of the Correctional Managed Health Care (CMHC) Contracts.</p> <p>Dr. Linthicum began by describing the contract process. She stated that the budget is allocated on a biennial basis. Each legislative session the budget for the next two years is received. The correctional managed health care program is a line item in the TDCJ overall budget. Once the funding is known, the three partner agencies get together and begin to review the contracts that are in place to see if it is necessary to update it including updates due to riders or legislation that has passed.</p> <p>Dr. Linthicum reported that the key changes to the contract include the liaison with the Bureau of Radiation Control. In the past, UTMB has performed this function statewide. The decision was made that Texas Tech would now perform this function for the units in the Texas Tech sector.</p> <p>Dr. Linthicum reported that the language regarding policy approval was changed to more accurately reflect the process. A clarification was made that policies are developed in accordance with procedures implemented by the Joint Correctional Managed Health Care Policy and Procedures Committee and are approved by the University Medical Directors and the TDCJ Division Director for Health Services. The previous wording made it seem that the Health Services Division Director was the final approval, but all of the medical directors have equal approval authority.</p> <p>Mr. Steffa next went over the comparison of the biennial funding level for FY 18-19 and FY 20-21 for CMHC as a whole and for TTUHSC and UTMB individually.</p>	<p>Dr. Jumper asked if there are references made to the evidence-based guidelines.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>	<p>Mr. Steffa explained that the legislative session starts out at the previous biennial funding and any additional funding requests are considered exceptional items. For FY 20-21 funding for CMHC totals \$1.28 billion which is a decrease from the FY 18-19 biennial funding level; however, additional funding was provided for some exceptional items. Mr. Steffa reported \$160 million was approved to maintain operations, although; \$247 million was projected to continue to provide the current level of services. The supplemental request was approved for the FY 18-19 shortfall in the amount of \$190 million. Additional exceptional item requests are; capital equipment in the amount of \$2 million, sheltered housing beds at the Stiles Unit in the amount of \$4.7 million, Developmental Disabilities Program (occupational therapy program at the Hodge Unit) in the amount of \$452,500 and discharge prescriptions in the amount of \$743 thousand.</p> <p>Mr. Steffa explained that we had \$167 million added to the base budget; however, this is a decrease from the prior funding level when you include the supplemental. When you look at FY 18-19 funding of \$1.1 billion and include the supplemental of \$190 million it brings the total funding for FY 18-19 to \$1.3 billion. The projected shortfall for FY 18-19 is \$22 million which will carry forward to FY 20-21. A supplemental request is expected for FY 20-21. The legislature is aware of this and typically it has always been necessary, although it has grown over the past few biennia. It is known however, that the funding that has been given is not sufficient to cover the projected level of services. The projection for the FY 20-21 supplemental request is anticipated to be about \$140 million</p> <p>Mr. Steffa answered that the only information that they have at this point is that it will be an audit conducted by the State Auditor's Office. There has been no information about the scope or dates yet.</p> <p>Dr. Linthicum stated that the information will be forwarded out when it is received.</p>	<p>Dr. Jumper asked if there has been any information about the state audit.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b>  - Dr. Linthicum and Mr. Steffa</p>	<p>Mr. Steffa answered that the State Auditor’s Office will decide. In the past the State Auditor’s Office has held entrance conferences.</p> <p>Dr. Linthicum stated that all components of the audit would have an entrance conference.</p> <p>Mr. Steffa answered no, they are not.</p> <p>Mr. Steff explained that the way the contract is structured is that they prepay in advance of the quarter. He referenced page 103 the ending balance in FY18 of \$5.7 million, which then carries forward. The carry forwards are shown as an expense in the next biennium.</p> <p>Mr. Steffa answered that is not something they have experienced, thankfully. Reconciliation occurs in February after the closed fiscal year. The funding has been enough with prepaying three months in advance, that they haven’t run out of funding for the universities before the session. There is a provision for a spend forward which allows funds to be borrowed from the second year to cover any shortfall in the first year.</p>	<p>Dr. Jumper asked who decides what the audit will include.</p> <p>Dr. Burruss asked if the agency is allowed to keep a cash reserve.</p> <p>Dr. Burruss asked then what happens if the appropriation is not enough.</p> <p>Dr. Jumper stated that the contract states that any unused funds revert back to the state. This has happened in the past; however, for the past four years they have been what they consider to be underfunded. The contract also states that state allocated educational funds cannot be used for correctional health care. So, there is some loaning of funds within the system until they are made whole at the end.</p> <p>Dr. Burruss stated that his concern would be what if there is an error on the amount projected for the supplemental and there is a need before the legislative session.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>		<p>Dr. Murray shared that historically, the supplemental has always been funded. This session was a little different. UTMB did have to dip into their own funds which affects the main mission of the university which is its student population. It becomes difficult when that number gets that high to continue to justify taking those funds from training programs and other operational activities.</p> <p>Dr. Burruss stated that when you have very clear limits on what you can and can't do from a fundability of funds perspective, you could wind up with a serious liquidity problem. Especially as the deficits get bigger.</p> <p>Dr. Murray shared that there are bigger problems for the UT Health System as it effects their bond ratings. Having an entity like UTMB running these deficits creates bigger problems for UT Systems. So, it is not just uniquely a UTMB issue, it becomes a UT System issue. From an accounting perspective there is such a high likelihood that those funds will be coming in, that they are able to book those revenues as expected. It really becomes a cash flow issue in that eighth quarter of the biennium where the university is expected to use their own funds.</p> <p>Dr. Burruss shared that he read that Representative John Zerwas was named as Vice Chancellor for Health Affairs for UT Systems and asked if he is aware of how this all works.</p> <p>Dr. Jumper stated yes and so does the Chairman of the Board of Regents who was formerly on legislative finance committees.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>	<p>Dr. Linthicum stated that the contract does pay in advance and there is also funding for graduate medical education.</p> <p>Dr. Linthicum stated that the partner agencies have articulated that before legislators to educate them.</p> <p>Mr. Steffa stated that if the 2021 supplemental numbers are lower than projected, there would still be a good way to go to get it back to the previous levels. Mr. Steffa noted that the universities also consistently work on cost containment.</p> <p>Dr. Linthicum stated that they do an outstanding job with cost containment. If you look at our cost per offender per day compared nationally to other departments of corrections, you can see that.</p> <p>Dr. Linthicum shared that the program has been in place for 25 years. It began in September of 1994 after the legislation took effect, but in fact in 1993 the transition was already taking place.</p>	<p>Dr. Murray stated that the legislators are aware of the issues and Dr. Raimer spends a lot of time with the Board of Regents and UT Systems explaining the politics and the financials of the contract from a historical perspective.</p> <p>Dr. Murray stated that there is no doubt the benefit of the patient base at Hospital Galveston for training experience. The concern is the growing deficit.</p> <p>Dr. Burruss stated that his intent in bringing up this discussion point is not to disparage the contract, but he wanted to put the potential challenge on the record.</p> <p>Dr. Jumper mentioned the PEW report which shows our rankings in this area.</p> <p>Dr. Murray stated that our model is looked at by other states and it is our commitment to this model that allows us to be as cost effective as we are.</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<b>IX. Adjourn</b>	<p>Dr. Burrow next called for a motion to adjourn the meeting.</p> <p>Dr. Burrow thanked everyone for their attendance and adjourned the meeting. Dr. Burrow announced that the next CMHCC meeting is scheduled for December 4, 2019 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:25 a.m.</p>		<p>Dr. Jumper made a motion to adjourn the meeting, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>

\_\_\_\_\_  
Rodney D. Burrow, M.D., Chairperson  
Correctional Managed Health Care Committee

\_\_\_\_\_  
Date

Consent Item

TDCJ Health Services  
Monitoring Reports



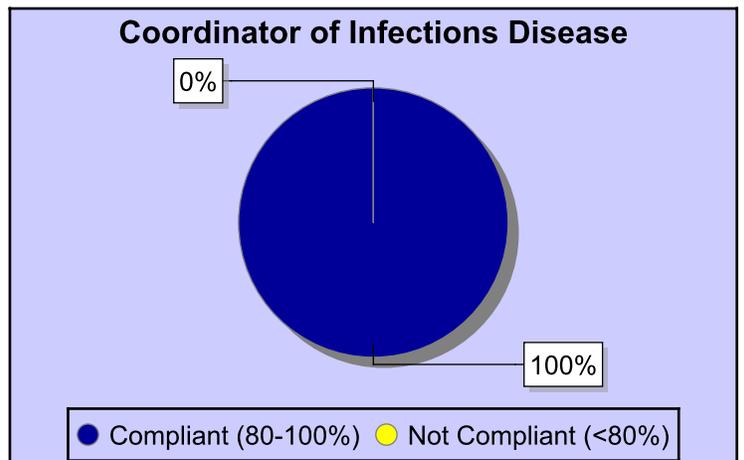
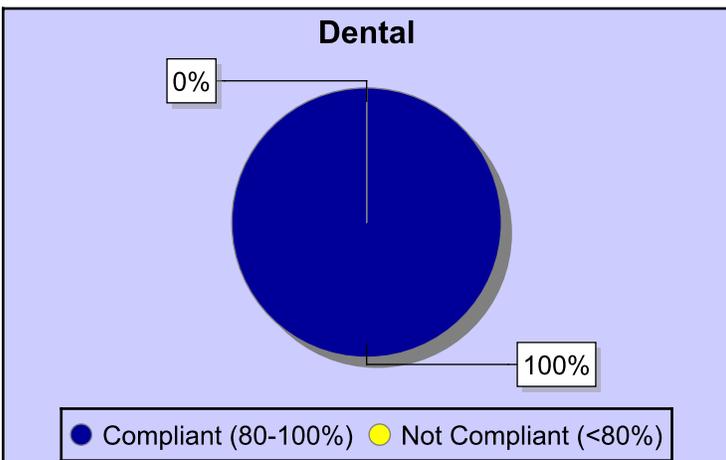
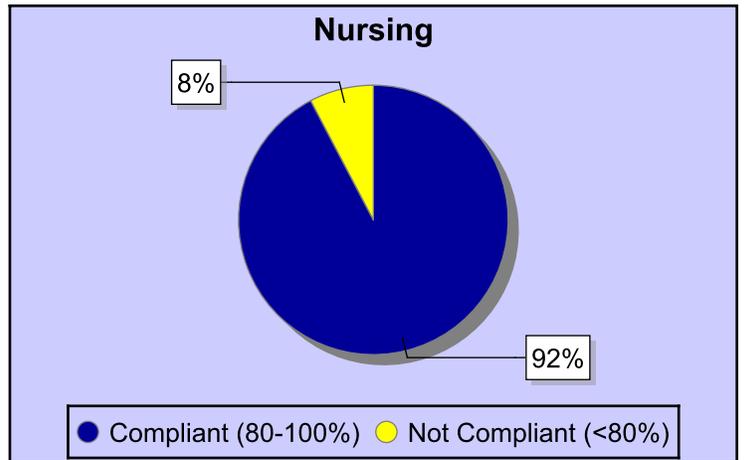
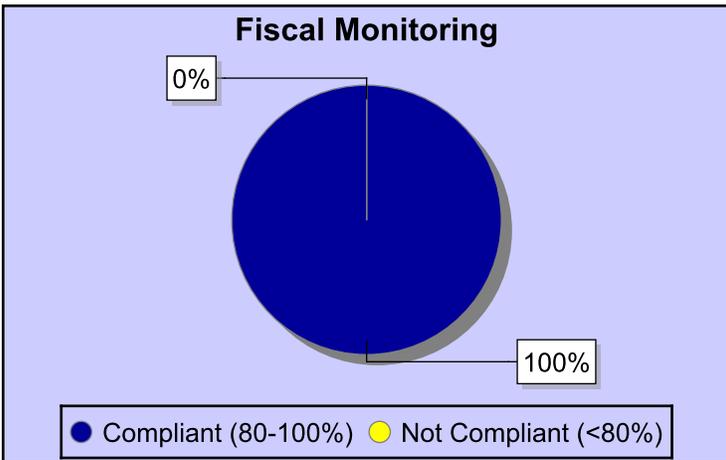
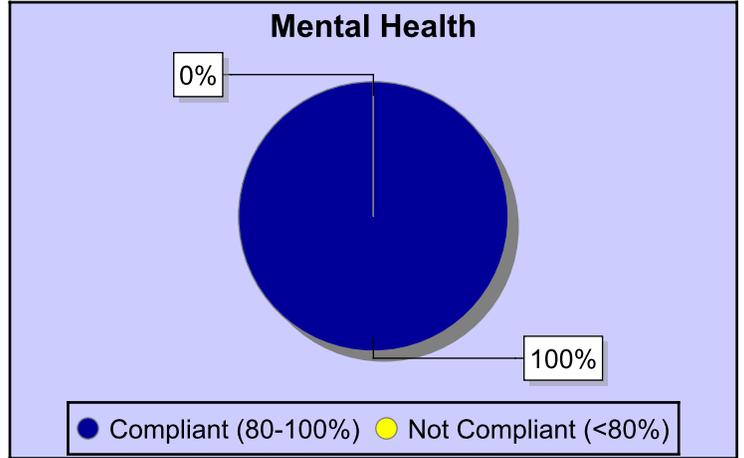
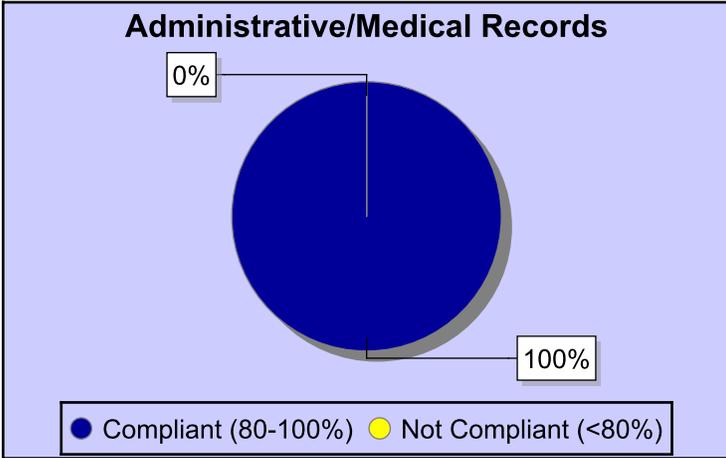
**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

**Health Services Division**

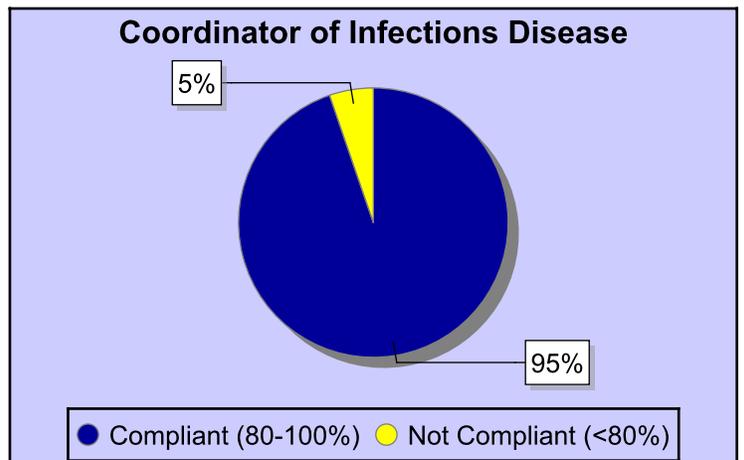
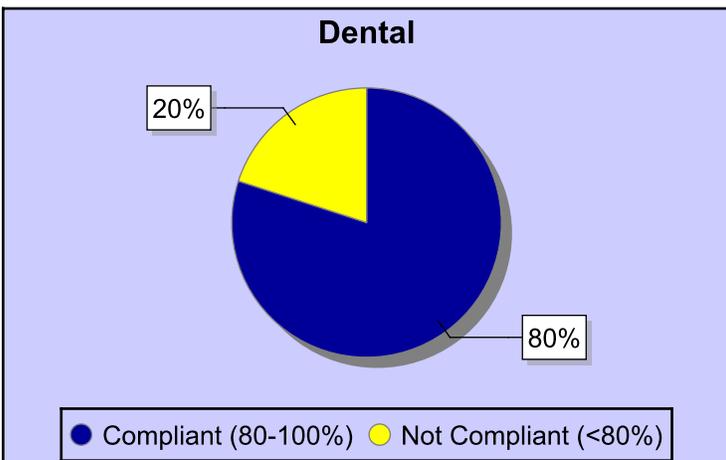
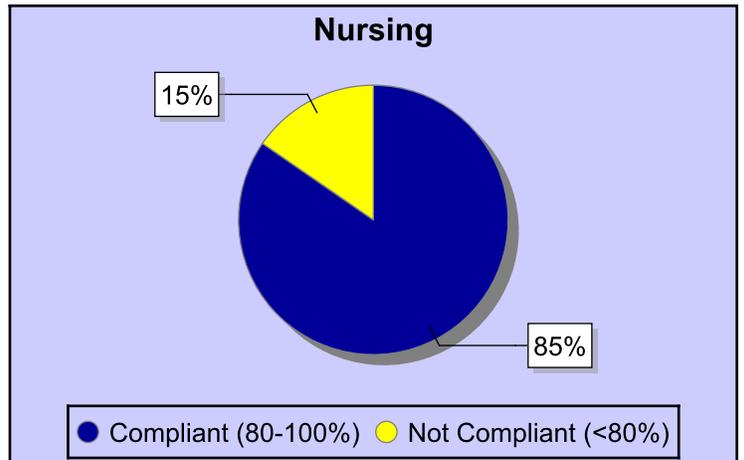
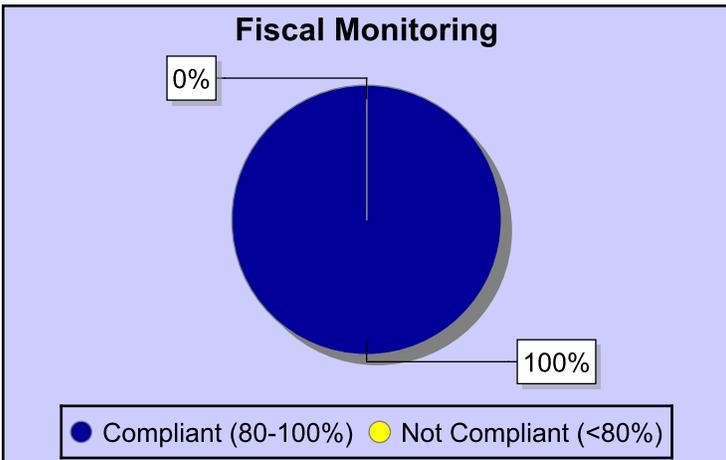
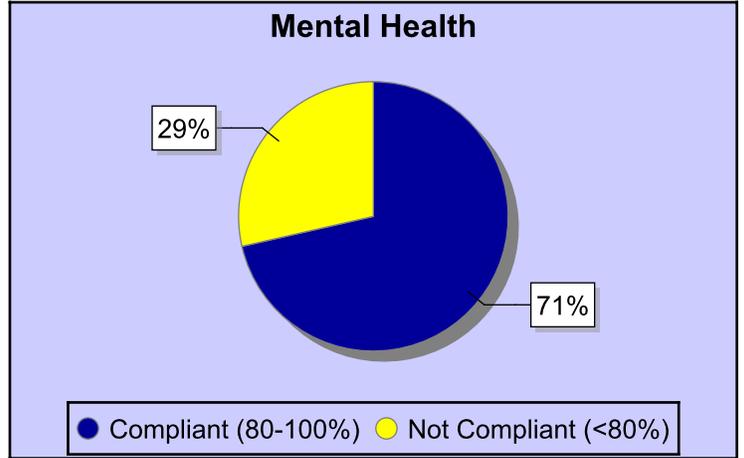
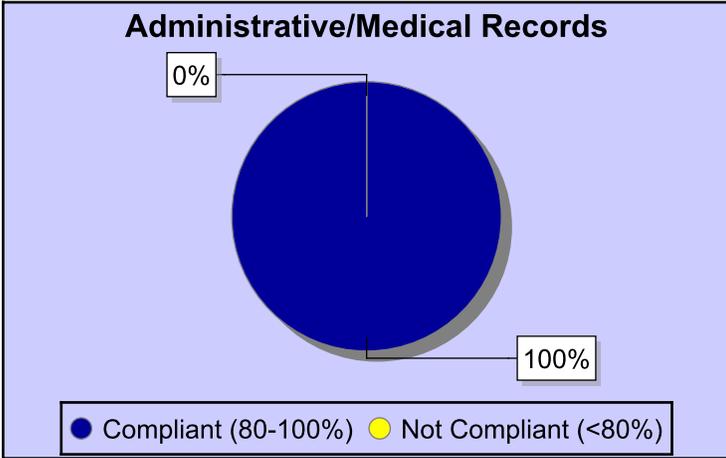
***Quarterly Monitoring Report***

**Third Quarter, Fiscal Year 2019  
(June, July and August 2019)**

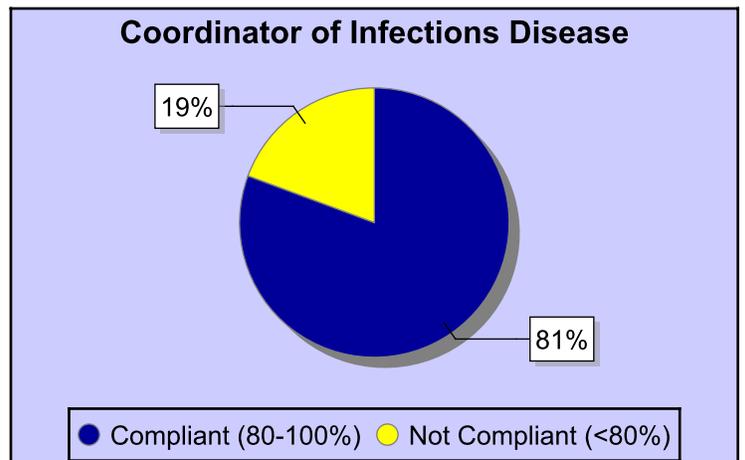
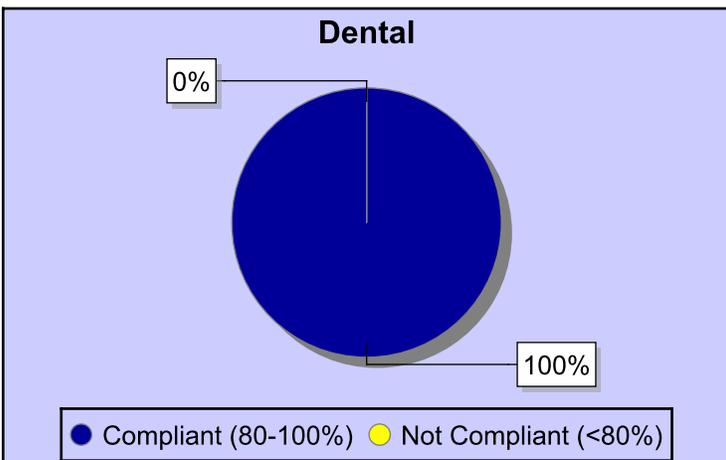
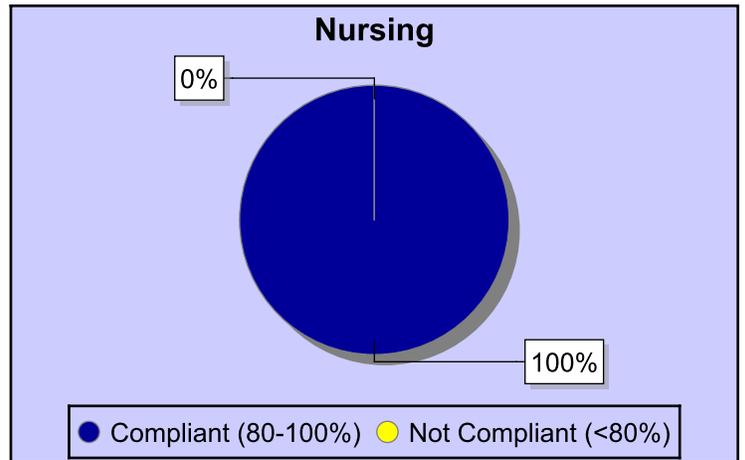
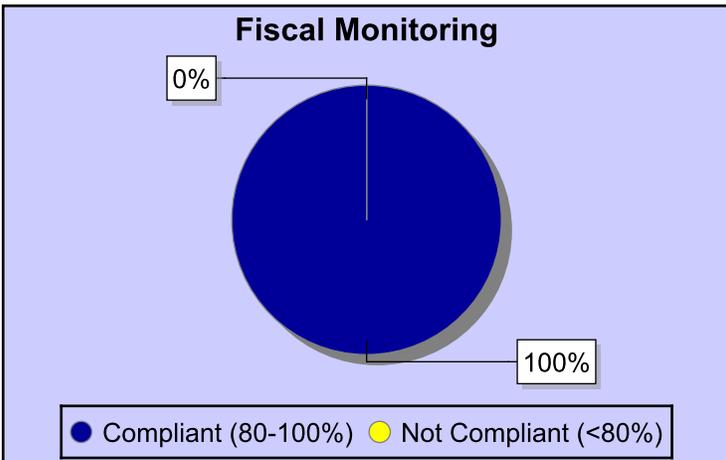
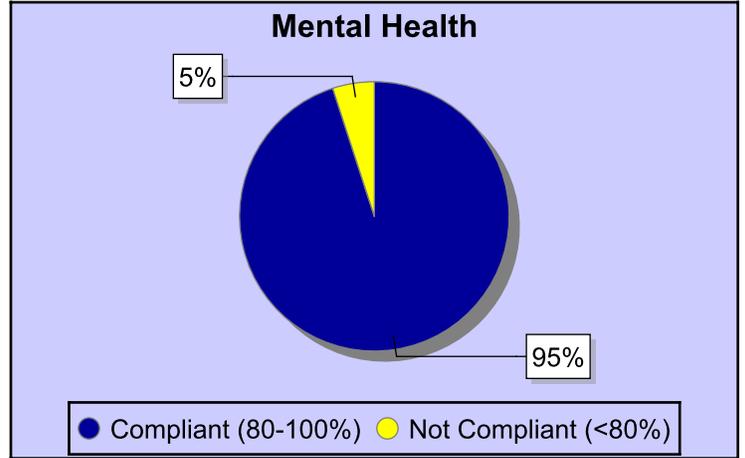
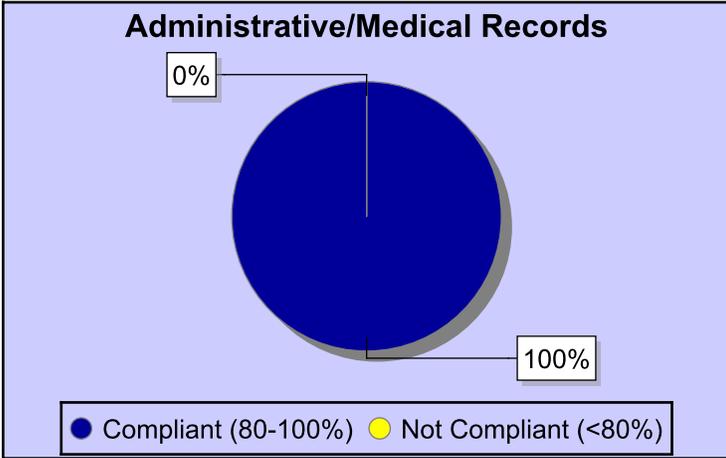
Compliance Rate By Operational Categories for  
COLE FACILITY  
June 03, 2019



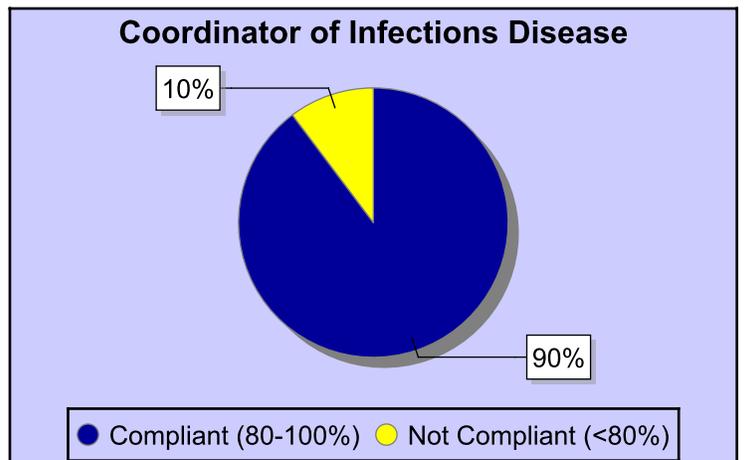
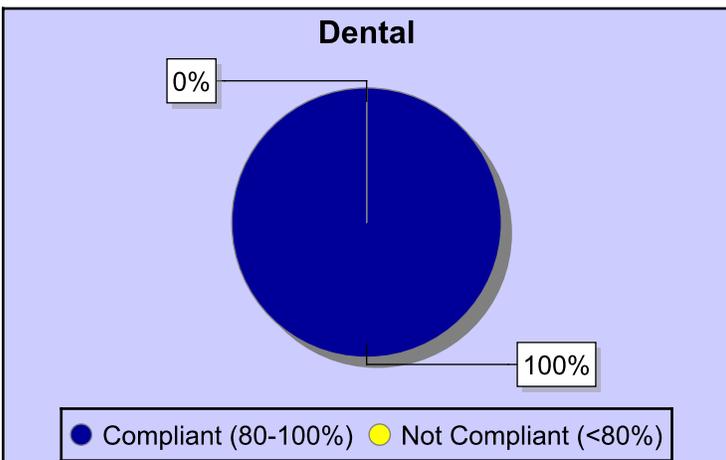
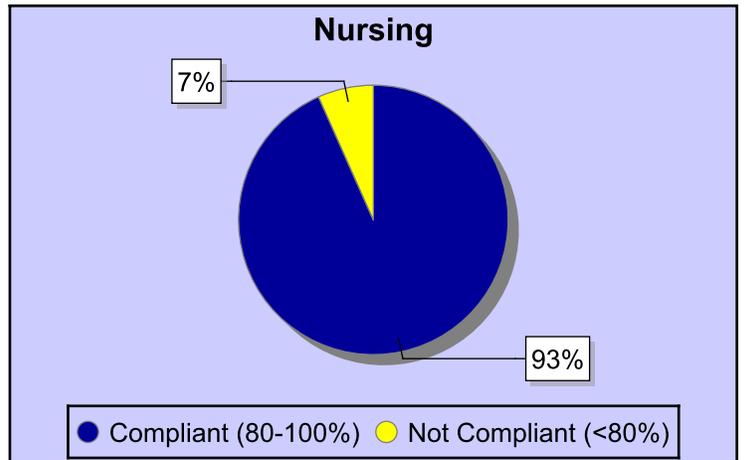
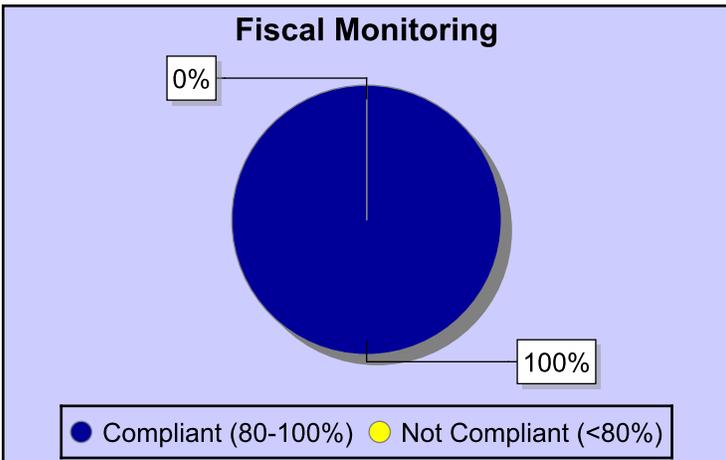
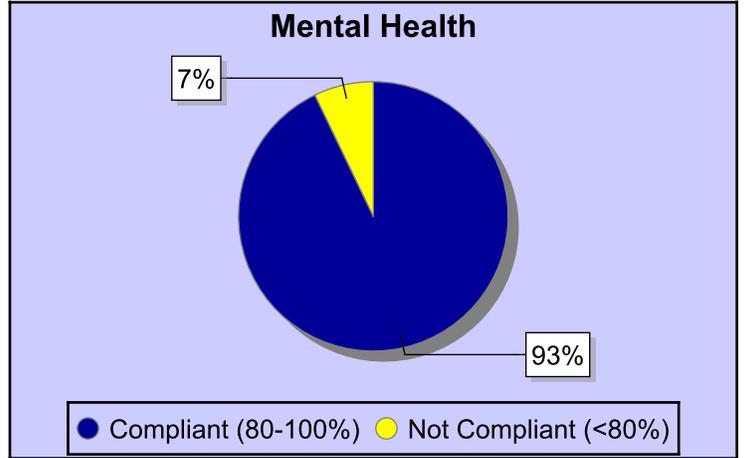
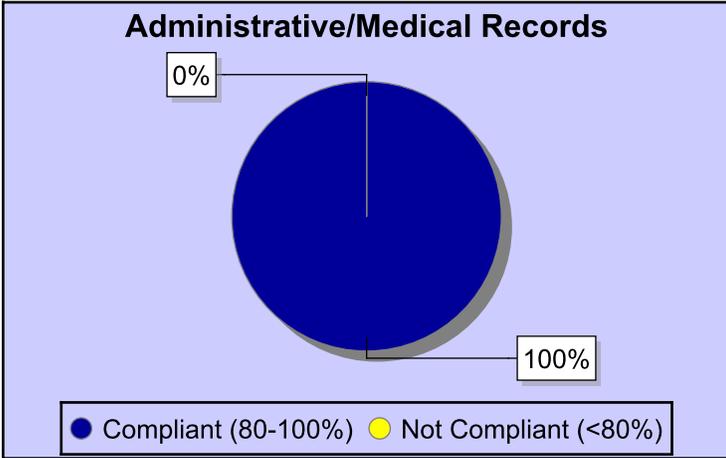
Compliance Rate By Operational Categories for  
GOREE FACILITY  
August 05, 2019



Compliance Rate By Operational Categories for  
HODGE FACILITY  
July 01, 2019

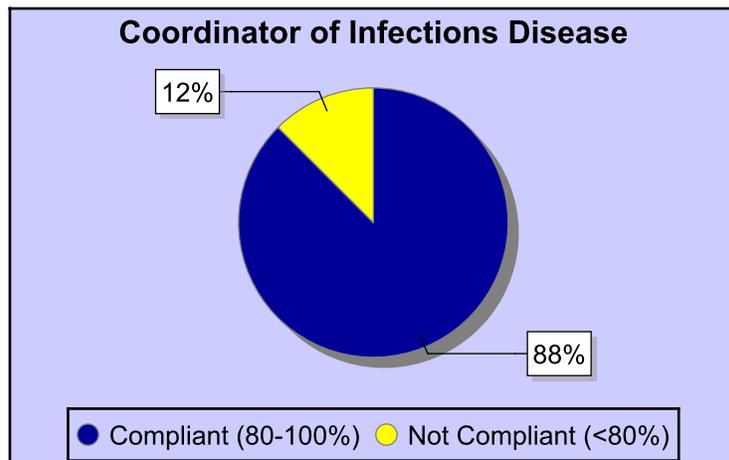
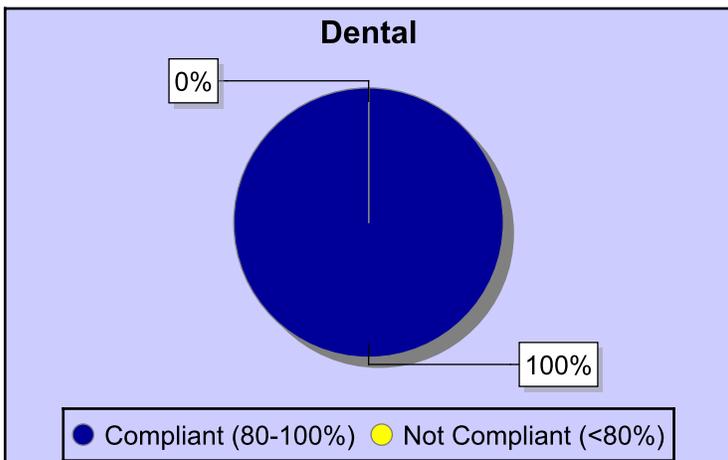
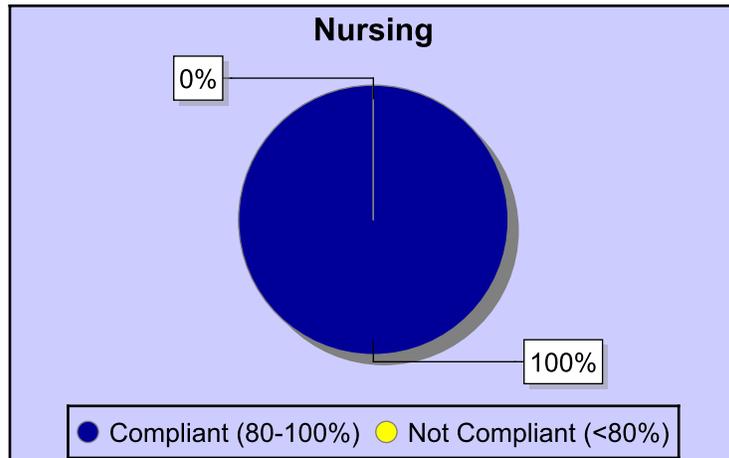
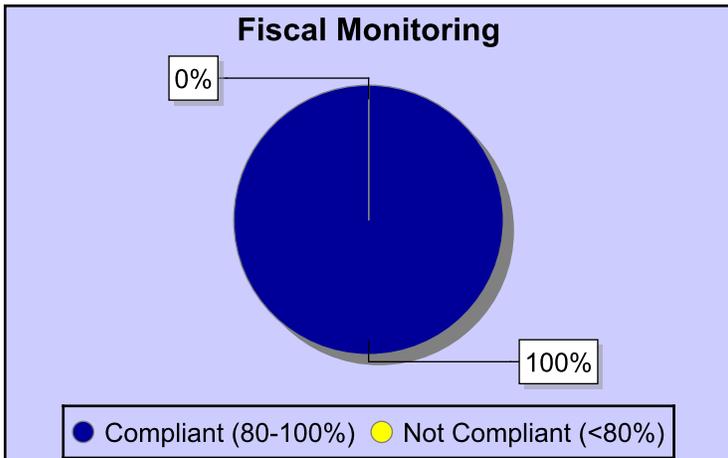
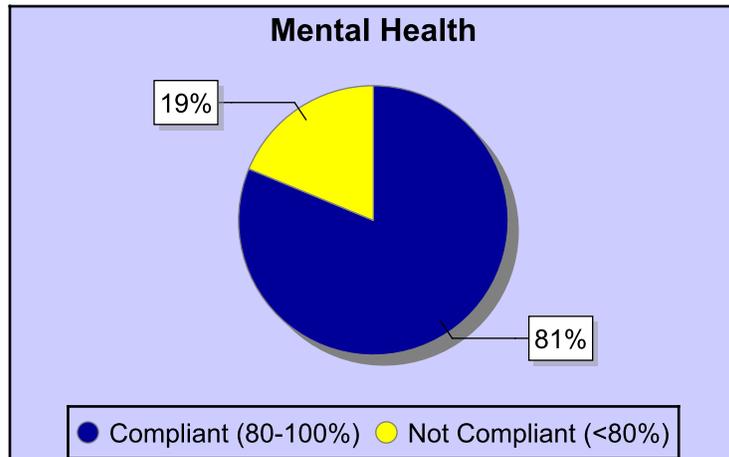
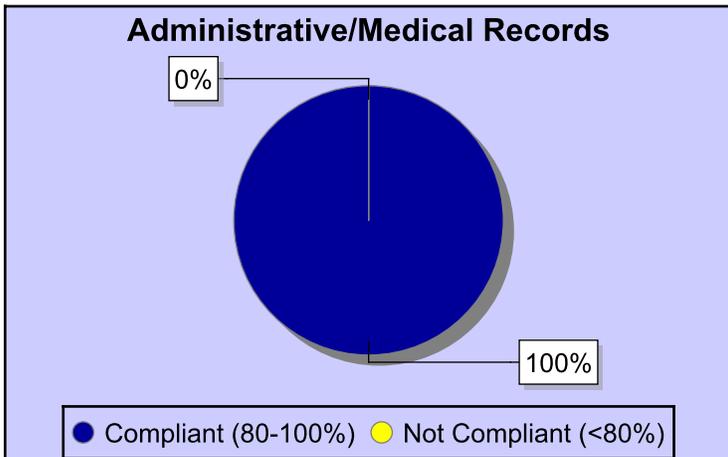


Compliance Rate By Operational Categories for  
HOLLIDAY FACILITY  
August 06, 2019

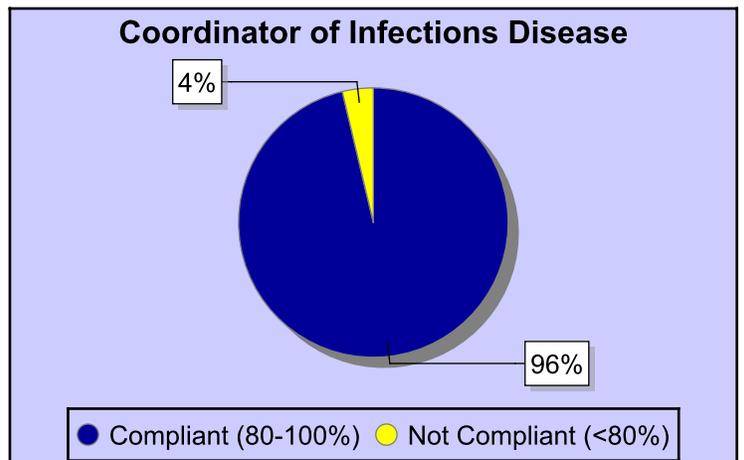
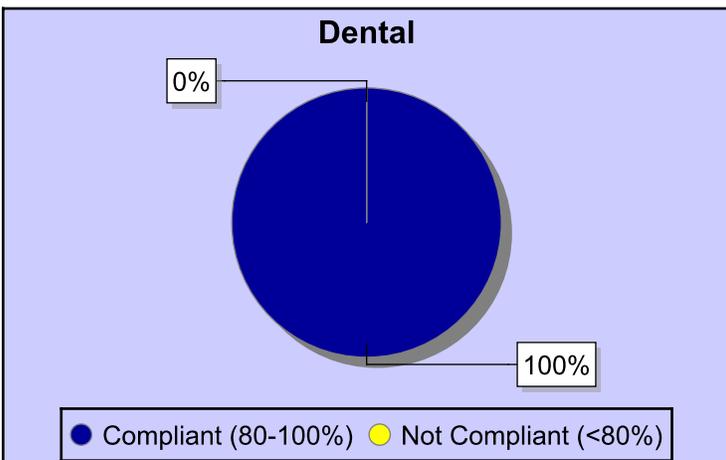
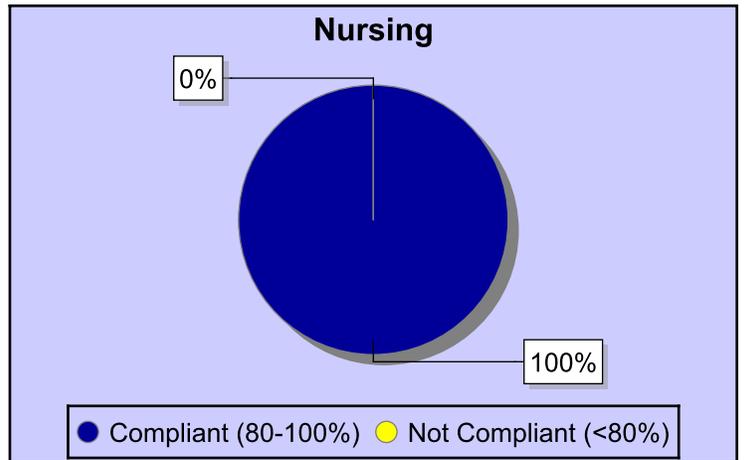
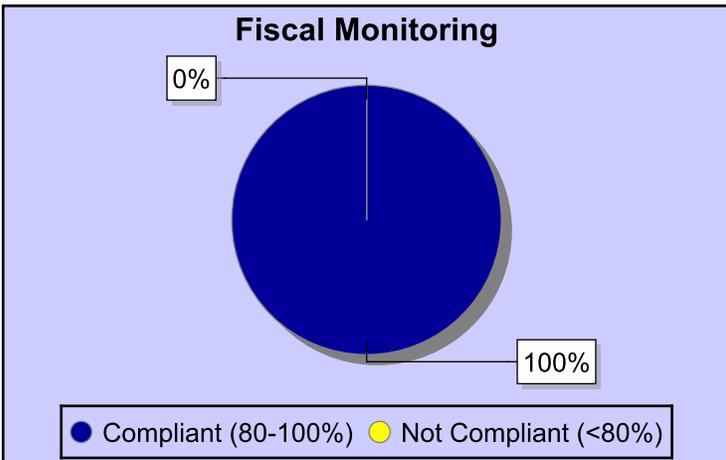
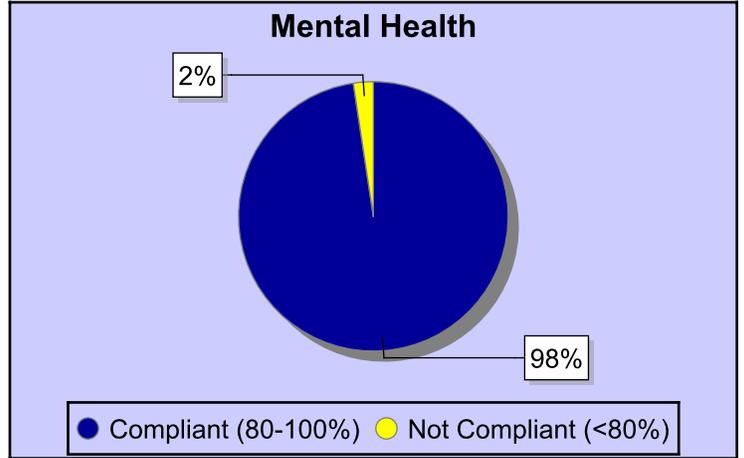
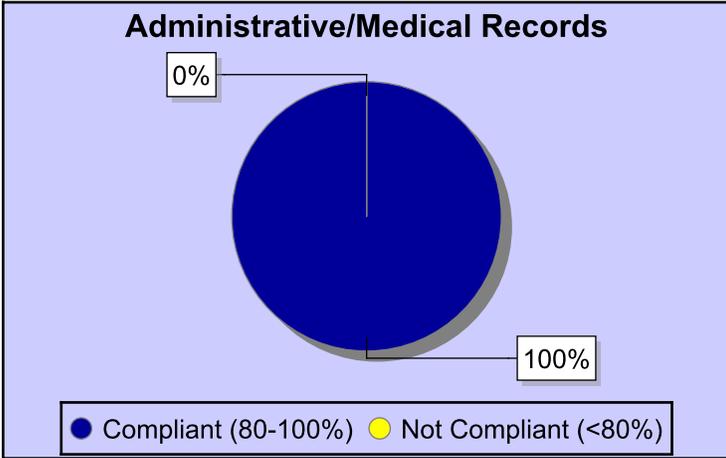


# Compliance Rate By Operational Categories for HUTCHINS FACILITY

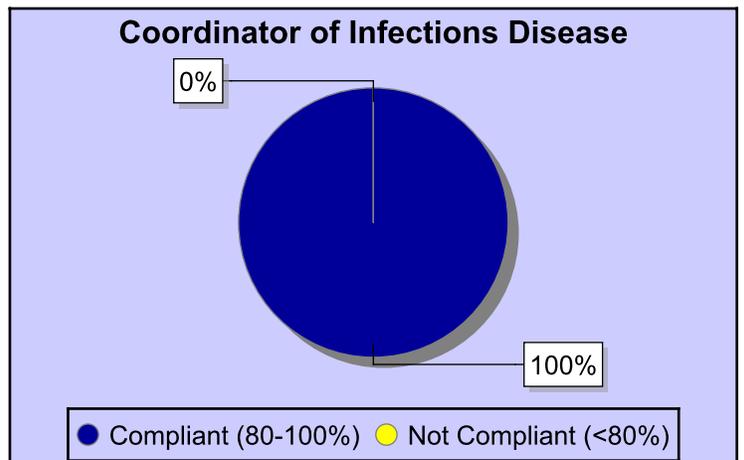
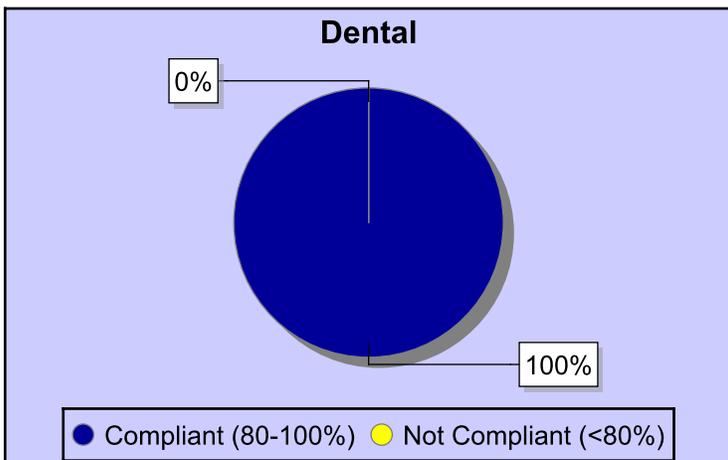
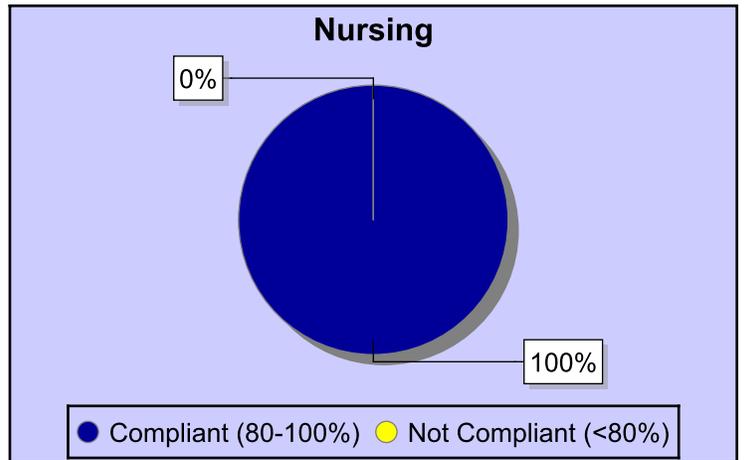
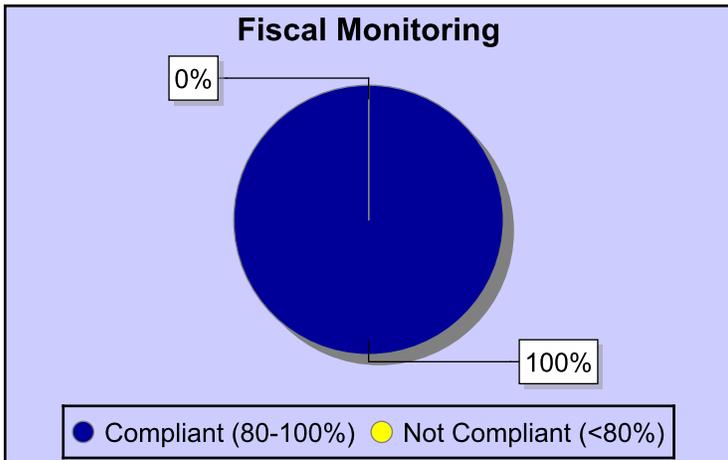
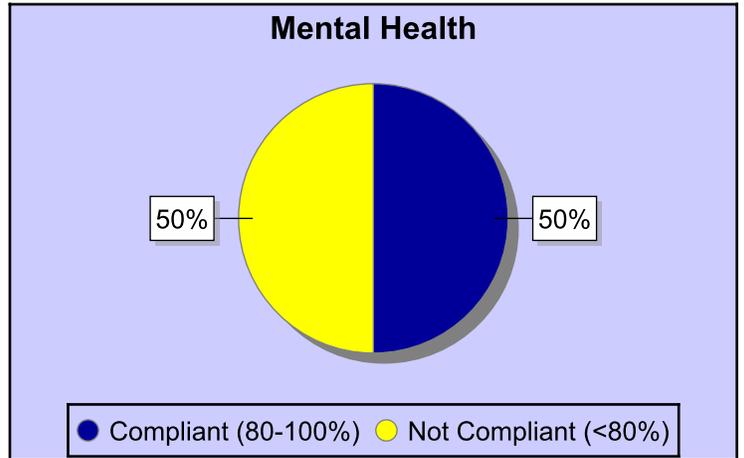
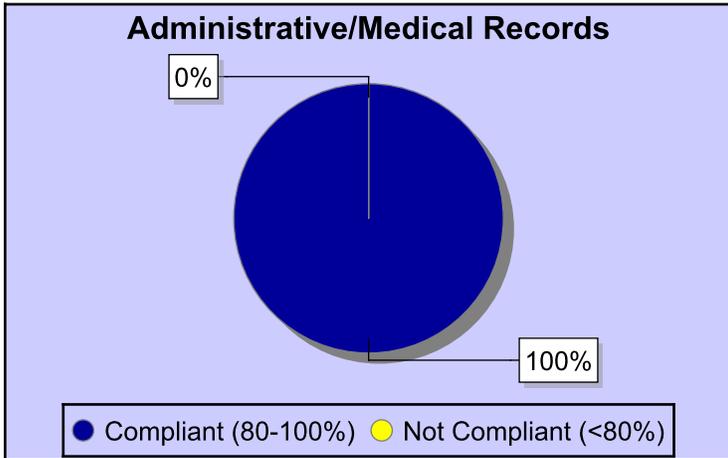
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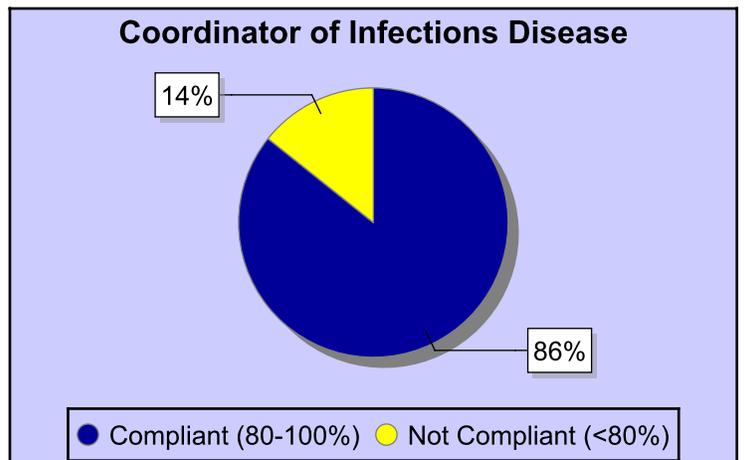
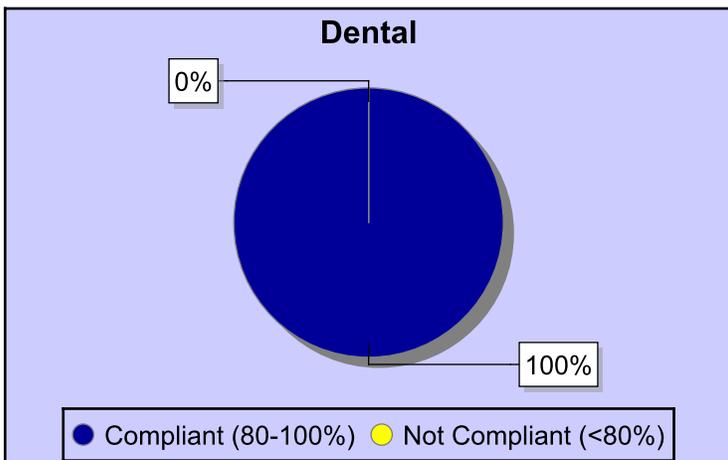
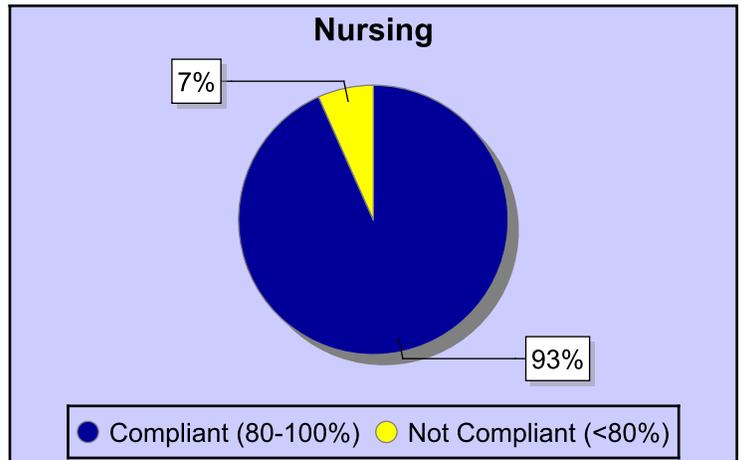
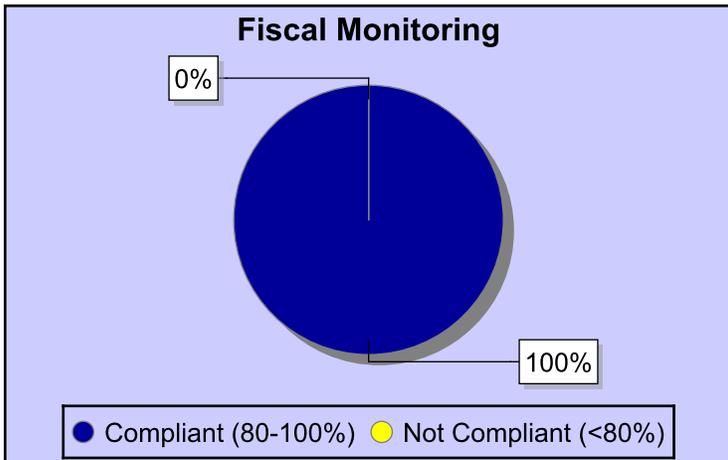
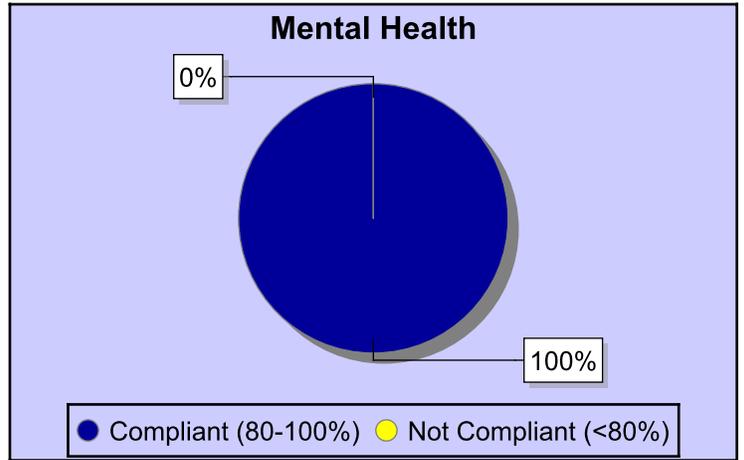
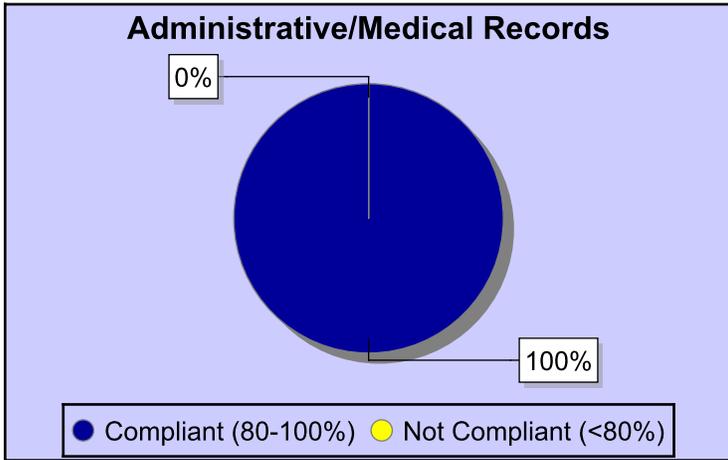
Compliance Rate By Operational Categories for  
JESTER IV FACILITY  
July 02, 2019



Compliance Rate By Operational Categories for  
MOORE (C) FACILITY  
June 04, 2019



Compliance Rate By Operational Categories for  
SKYVIEW FACILITY  
July 02, 2019





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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2019	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
June	365	374	57	15.24%	52	15.78%	7	5	1.34%	0
July	449	413	56	13.56%	47	13.08%	7	9	3.87%	7
August	387	405	76	18.77%	58	15.31%	4	16	4.20%	1
<b>Totals:</b>	<b>1,201</b>	<b>1,192</b>	<b>189</b>	<b>15.86%</b>	<b>157</b>	<b>14.68%</b>	<b>18</b>	<b>30</b>	<b>3.19%</b>	<b>8</b>

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2019	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
June	1,237	1,172	43	3.67%	39	4.27%	11	4	0.43%	1
July	1,328	1,121	19	1.69%	18	1.96%	4	1	0.09%	0
August	1,326	1,189	46	3.87%	39	3.36%	1	7	0.59%	0
<b>Totals:</b>	<b>3,891</b>	<b>3,482</b>	<b>108</b>	<b>3.10%</b>	<b>96</b>	<b>3.22%</b>	<b>16</b>	<b>12</b>	<b>0.37%</b>	<b>1</b>
<b>GRAND TOTAL=</b>	<b>5,092</b>	<b>4,674</b>	<b>297</b>	<b>6.35%</b>						

\*QOC= Quality of Care

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

June 2019

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	14	7	80	66
Gonorrhea	5	4	31	22
Syphilis	126	70	725	666
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	134	241	1,111	1,397
Human immunodeficiency virus (HIV) +, known at intake	152	237	1,004	1,244
HIV screens, intake	4,658	6,260	27,154	29,805
HIV +, intake	24	36	172	211
HIV screens, offender- and provider-requested	584	664	3,928	3,973
HIV +, offender- and provider-requested	0	1	0	2
HIV screens, pre-release	3,127	3,438	16,913	19,822
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	2	16	23
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	125	106	815	494
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	47	232	220
Occupational exposures of TDCJ staff	16	12	74	90
Occupational exposures of medical staff	5	3	27	32
HIV chemoprophylaxis initiation	11	2	32	23
Tuberculosis skin test (ie, PPD) +, intake	97	119	714	728
Tuberculosis skin test +, annual	27	59	166	272
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	2	5
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	1	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	5	10	18
Tuberculosis cases under management	13	34		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>⊖</sup>	32	31	7,160	6,447
Peer education participants	7,980	8,044	42,140	45,665
Alleged assaults and chart reviews	55	46	370	358
Bloodborne exposure labs drawn on offenders	20	5	106	78
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 2019

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	16	7	96	73
Gonorrhea	8	5	39	27
Syphilis	145	156	870	823
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	205	208	1,316	1,605
Human immunodeficiency virus (HIV) +, known at intake	165	168	1,169	1,412
HIV screens, intake	4,956	4,717	32,110	34,522
HIV +, intake	18	26	190	237
HIV screens, offender- and provider-requested	598	747	4,526	4,720
HIV +, offender- and provider-requested	0	3	0	5
HIV screens, pre-release	3,298	2,903	20,211	22,725
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	2	17	25
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	176	134	991	628
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	34	40	266	260
Occupational exposures of TDCJ staff	10	13	84	103
Occupational exposures of medical staff	5	3	32	35
HIV chemoprophylaxis initiation	8	5	40	28
Tuberculosis skin test (ie, PPD) +, intake	81	164	795	892
Tuberculosis skin test +, annual	2	40	168	312
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	3	6
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	1	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	2	14	20
Tuberculosis cases under management	19	27		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	49	7	7,290	6,454
Peer education participants	5,685	8,509	48,112	54,406
Alleged assaults and chart reviews	73	75	443	433
Bloodborne exposure labs drawn on offenders	15	16	121	94
New Sero-conversions d/t sexual assault ±	0	0	0	0

\*\*\* Due to the PPD shortage: 2606 TB screening interviews were done  
27 with possible signs/symptoms  
0 with abnormal chest x-rays

\* 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 2019

Reportable Condition	2019	2018	2019	2018
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	11	17	107	90
Gonorrhea	4	7	43	34
Syphilis	120	80	990	903
Hepatitis A	5	0	6	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	190	231	1,506	1,836
Human immunodeficiency virus (HIV) +, known at intake	164	186	1,333	1,598
HIV screens, intake	4,996	4,959	37,106	39,481
HIV +, intake	32	29	222	266
HIV screens, offender- and provider-requested	669	672	5,195	5,392
HIV +, offender- and provider-requested	0	0	0	5
HIV screens, pre-release	3,671	3,405	23,882	26,130
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	7	3	24	28
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	164	128	1155	756
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	54	55	320	315
Occupational exposures of TDCJ staff	9	13	93	116
Occupational exposures of medical staff	2	1	34	36
HIV chemoprophylaxis initiation	2	6	42	34
Tuberculosis skin test (ie, PPD) +, intake	88	157	883	1049
Tuberculosis skin test +, annual	0	25	168	381
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	3	8
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	1	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	15	22
Tuberculosis cases under management	17	31		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>⦿</sup>	32	23	7,322	6477
Peer education participants	7,204	7658	55,029	62064
Alleged assaults and chart reviews	69	71	512	504
Bloodborne exposure labs drawn on offenders	15	24	136	118
New Sero-conversions d/t sexual assault ±	0	0	0	0

\*\*\* Due to the PPD shortage: 5,934 TB screening interviews were from 08/01/2019 thru 08/31/2019  
Total Interviews from 07/01/2019 thru 08/31/2019 8,540 39 with possible signs/symptoms from 08/01/2019 to 08/31/2019  
Total sign and symptoms from 07/01/2019 thru 08/31/2019 66. 0 with abnormal chest x-rays

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

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

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

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

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

### Health Services Utilization Review Hospital and Infirmary Discharge Audit

During the fourth Quarter of Fiscal Year 2019, ten percent of the UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 241 hospital discharge and 35 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	7	0	N/A	0	N/A	0	N/A	0	N/A	3	42.86%
July	8	1	12.50%	0	N/A	2	25.00%	0	N/A	4	50.00%
August	10	1	10.00%	0	N/A	0	N/A	3	30.00%	4	40.00%
Total/Average	25	2	8.00%	0	N/A	2	8.00%	3	12.00%	11	44.00%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	34	4	11.76%	0	N/A	3	8.82%	2	5.88%	20	58.82%
July	44	7	15.91%	0	N/A	2	4.55%	8	18.18%	15	34.09%
August	45	4	8.89%	0	N/A	1	2.22%	8	N/A	17	37.78%
Total/Average	123	15	12.20%	0	N/A	6	4.88%	18	14.63%	52	42.28%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	30	3	10.00%	0	N/A	10	33.33%	0	N/A	0	N/A
July	31	1	3.23%	0	N/A	10	32.26%	1	3.23%	0	N/A
August	32	3	9.38%	0	N/A	10	31.25%	0	N/A	0	N/A
Total/Average	93	7	7.53%	0	N/A	30	32.26%	1	1.08%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	71	7	9.86%	0	N/A	13	18.31%	2	2.82%	23	32.39%
July	83	9	10.84%	0	N/A	14	16.87%	9	10.84%	19	22.89%
August	87	8	9.20%	0	N/A	11	12.64%	11	12.64%	21	24.14%
Total/Average	241	24	9.96%	0	N/A	38	15.77%	22	9.13%	63	26.14%
Texas Tech Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	3	0	N/A	0	N/A	0	N/A	0	N/A	1	33.33%
July	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	13	0	N/A	0	N/A	0	N/A	0	N/A	1	7.69%
UTMB Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	5	3	60.00%	0	N/A	0	N/A	0	N/A	0	N/A
July	8	0	N/A	0	N/A	1	12.50%	0	N/A	1	12.50%
August	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	22	3	13.64%	0	N/A	1	4.55%	0	N/A	1	4.55%
GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	8	3	37.50%	0	N/A	0	N/A	0	N/A	1	12.50%
July	13	0	N/A	0	N/A	1	7.69%	0	N/A	1	7.69%
August	14	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	35	3	8.57%	0	N/A	1	2.86%	0	N/A	2	5.71%

**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 2019**

June 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Cole State Jail</b>	23	0	0	0
<b>Hutchins</b>	35	0	0	0
<b>Moore, C.</b>	26	0	0	0
	84	0	0	0

July 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Hodge</b>	40	1	1	0
<b>Jester IV</b>	111	0	0	0
<b>Skyview</b>	91	1	1	0
<b>Total</b>	242	2	2	0

August 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Goree</b>	24	1	14	1
<b>Holliday</b>	51	1	14	1
<b>Total</b>	75	2	28	2

**CAPITAL ASSETS AUDIT  
FOURTH QUARTER, FISCAL YEAR 2019**

<b>Audit Tools</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Total</b>
<b>Total number of units audited</b>	3	3	2	8
<b>Total numbered property</b>	84	242	75	401
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Fourth Quarter FY-2019**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Michael	June 3-5, 2019	100.00%	98.8%
Dominguez	June 10-12, 2019	100.00%	99.7%
Eastham	July 8-10, 2019	100.00%	98.6%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Robertson	June 24-26, 2019	100.00%	99.0%
Sanchez	July 15-17, 2019	100.00%	99.5%

The ACA 2020 Winter Conference will be held in San Diego, California, on January 11-14, 2020. During this conference, the following CID facilities will be represented: Hightower, Plane-Henley, Michael, Dominguez, Robertson, Eastham, Sanchez, Hilltop-Mt. View, McConnell, Johnston, Kegans, Lychner, Travis, and Halbert Units.

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

**FY-2019 Fourth Quarter Report: Jun, Jul, Aug**

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**Project Number:** 202-RL02

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

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

<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 9/15/2019	<b><u>Projected Completion:</u></b> 12/31/2019
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**Project Number:** 221-RL02

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

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

<b><u>Project Status:</u></b> Data Collection-Round 28	<b><u>Progress Report Due:</u></b> 9/15/2019	<b><u>Projected Completion:</u></b> 10/26/2019
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**Project Number:** 547-RL07

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

**Proponent:**  
Texas Tech University

<b><u>Project Status:</u></b> Pending Manuscript	<b><u>Projected Completion:</u></b> 12/31/2019
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**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

**Proponent:**  
Sam Houston State University

**Data Collection End:**  
02/28/2016

**Project Status:**  
Manuscript Review

**Projected Completion:**  
12/31/2021

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**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

**Proponent:**  
Texas Christian University

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

**Project Status:**  
Manuscript Review

**Projected Completion:**  
12/31/2019

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**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

**Proponent:**  
Sam Houston State University

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

**Project Status:**  
Pending Manuscript

**Projected Completion:**  
12/31/2019

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**Project Number: 629-AR11**

**Researcher:** Jurg Gerber      **IRB Number:** 2011-03-071      **IRB Date:** 5/6/2012

**Research Began:**  
10/25/2011

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

**Data Collection Began:**  
10/25/2011

**Proponent:**  
Sam Houston State University

**Data Collection End:**  
4/2/2012

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/15/2019

**Projected Completion:**  
12/1/2019

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**Project Number:** 661-AR12

**Researcher:**  
Byron Johnson

**IRB Number:**  
656915

**IRB Expiration Date:**  
8/4/2018

**Research Began:**  
1/7/2013

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

**Data Collection Began:**  
1/7/2013

**Data Collection End:**  
8/31/2017

**Proponent:**  
Baylor University

**Project Status:**  
Manuscript under TDCJ Review

**Projected Completion:**  
1/6/2020

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**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:**  
9/15/19

**Projected Completion:**  
12/31/2019

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**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:**  
11/15/2019

**Projected Completion:**  
12/31/2019

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**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:**  
Manuscript Review

**Progress Report Due:**  
9/15/2019

**Projected Completion:**  
9/30/2019

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**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:**  
Manuscript Under TDCJ Review

**Projected Completion:**  
12/31/2021

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**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:** 9/15/2019

**Projected Completion:**  
12/31/2019

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**Project Number:** 725-AR15

**Researcher:** Vikram Maheshri  
**IRB Number:** Exempt  
**IRB Expiration Date:** 2/1/2020

**Research Began:**  
6/9/2015

**Title of Research:**  
Local Impacts of Incarceration

**Data Collection Began:**  
7/6/2015

**Proponent:**  
University of Houston

**Data Collection End:**  
12/31/2015

**Project Status:** Data Analysis  
**Progress Report Due:** 9/15/2019

**Projected Completion:**  
9/30/2019

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**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

**Proponent:**  
Arizona State University

**Data Collection End:**

**Project Status:**  
Pending Manuscript

**Projected Completion:**  
12/31/2019

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**Project Number: 767-AR17****Researcher:**

Kathryn Whiteley

**IRB Number:**

2015-061

**IRB Date:**

4/18/19

**Research Began:**

3/21/2017

**Title of Research:**

Self-Identities of Women Incarcerated for Acts of Violence

**Data Collection Began:**

01/07/2019

**Proponent:**

Messiah College

**Data Collection End:**

01/10/2019

**Project Status:**

Data Analysis

**Progress Report:**

09/15/19

**Projected Completion:**

12/1/2019

**Project Number: 778-AR17****Researcher:**

Lisa Muftic

**IRB Number:**

2017-04-34613

**IRB Date:**

N/A

**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:**

9/15/2019

**Projected Completion:**

12/31/2019

**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:**

1/1/2019

**Proponent:**

Florida State University

**Project Status:**

Data Collection

**Progress Report Due:**

9/15/2019

**Projected Completion:**

12/31/2019

**Project Number: 785-AR18**

**Researcher:**

Nicole Niebuhr

**IRB Number:**

2018-03-38251

**IRB Date:**

N/A

**Research Began:**

5/15/2018

**Title of Research:**

Correctional Officer Attrition

**Data Collection Began:**

11/6/2018

**Proponent:**

Sam Houston State University

**Data Collection End:**

N/A

**Project Status:**

Data Collection

**Progress Report Due:**

12/15/2019

**Projected Completion:**

12/31/2019

**Project Number: 786-AR18**

**Researcher:**

Flavio Cunha

**IRB Number:**

FY2019-28

**IRB Date:**

N/A

**Research Began:**

5/20/2019

**Title of Research:**

Evaluation of TDCJ Workforce Reentry Programs

**Data Collection Began:**

5/20/2019

**Proponent:**

Rice University

**Data Collection End:**

N/A

**Project Status:**

Data Collection

**Progress Report Due:**

9/15/2019

**Projected Completion:**

12/31/2019

**Project Number: 793-AR18**

**Researcher:**

Byron Johnson

**IRB Number:**

1361257

**IRB Expiration Date:**

12/17/2019

**Research Began:**

12/12/2018

**Title of Research:**

A Study of ROD Ministries Program in Texas Prisons

**Data Collection Began:**

6/4/2019

**Proponent:**

Baylor University

**Data Collection End:**

N/A

**Project Status:**

Data Collection

**Progress Report Due:**

9/15/2019

**Projected Completion:**

12/31/2020

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

**FY-2019 Fourth Quarterly Report: Jun, Jul, Aug**

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**Project Number:** 771-AR17

**Researcher:**

Jazmine Wells

**IRB Number:**

2017-04-0014

**Application Received:**

8/15/2018

**Title of Research:**

Writing as a Means to Perform Motherhood Behind Bars

**Application Completed:**

N/A

**Division Review Requested:**

**Proponent:**

University of Texas-Austin

**Project Status:**

09/05/19 Awaiting Response from Requestor for continuance or discontinuance

**Reviewer:**

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**Project Number:** 806-AR19

**Researcher:**

Michael Proctor

**IRB Number:**

18-075-O

**Application Received:**

8/08/19

**Application Completed:**

8/08/19

**Division Review Requested:**

**Title of Research:**

The Deterrent Effect of the Death Penalty: A Rational Choice Case Study

**Proponent:**

Ashford University

**Reviewer:**

**Project Status:**

9/05/19 – Under TDCJ Review

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**Project Number:** 807-AR19

**Researcher:**

Virginia Tran

**IRB Number:**

2017-11-37550

**Application Received:**

7/29/19

**Application Completed:**

7/29/19

**Division Review Requested:**

**Title of Research:**

Outcomes After Acute Care Surgery and Trauma Care in Incarcerated Individuals: A Prospective Observational Trial

**Proponent:**

Texas Tech Health Service Center

**Reviewer:**

**Project Status:**

9/05/19 – Under TDCJ Division Review

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**Project Number: 808-AR19**

**Researcher:**

Meara McMains

**IRB Number:**

FWA00003861

**Application Received:**

08/12/19

**Application Completed**

08/12/19

**Division Review Requested:**

**Reviewer:**

**Title of Research:**

Incarceration: The Hidden Potential in Alternative Programming

**Proponent:**

The University of Texas at San Antonio

**Project Status:**

9/05/19 – Awaiting Documents from Requestor

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**Project Number: 809-AR19**

**Researcher:**

Apollo Bigembe

**IRB Number:**

Exempt

**Application Received:**

08/19/19

**Application Completed**

08/19/19

**Division Review Requested:**

**Reviewer:**

**Title of Research:**

How Texas Department of Criminal Justice can properly select and train Personnel to enhance professionalism and reduce employee turnover

**Proponent:**

Northcentral University

**Project Status:**

9/05/19 – Under TDCJ Division Review

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

**FY-2019 Fourth Quarterly Report: Jun, Jul, Aug**

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**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:** 09/15/2019  
**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:** 09/15/2019  
**Projected Completion:** 12/31/2019

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**Project Number:** 707-RM14

**Researcher:**  
Gokhan Kilic

**IRB Number:**  
10-229

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

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

**Title of Research:**

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

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

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection/Pending renewed IRB

**Progress Report Due:**

09/15/2019

**Projected Completion:**

12/31/2019

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**Project Number:** 709-RM14

**Researcher:**  
Celia Chao

**IRB Number:**  
14-0018

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

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

**Title of Research:**

A Pilot Study to Correlate Cancer  
Diagnosis with Urine Thiosulfate

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

**Data Collection End:**

**Proponent:**

UTMB

N/A

**Project Status:**

Pending Data Collection/Renewed IRB

**Progress Report Due:**

09/15/2019

**Projected Completion:**

12/31/2019

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**Project Number:** 724-RM15

**Researcher:**  
Zbigniew Gugala

**IRB Number:**  
14-0351

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

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

**Title of Research:**

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

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

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection/Pending renewed IRB

**Progress Report Due:**

09/15/2019

**Projected Completion:**

12/21/2019

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**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 Analysis  
**Progress Report Due:** 09/15/2019  
**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:** 09/15/2019  
**Projected Completion:** 12/31/2019

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**Project Number:** 752-RM16  
**Researcher:** Lara Reichert  
**IRB Number:** 16-0216  
**IRB Expiration Date:** 6/6/2018  
**Research Began:** 12/21/2016  
**Title of Research:** Practice Patterns, Patient Characteristics, and Complications of Tracheotomy at UTMB  
**Data Collection Began:** 12/21/2017  
**Data Collection End:**  
**Proponent:** UTMB-Galveston  
**Project Status:** Data Analysis  
**Progress Report Due:** 09/15/2019  
**Projected Completion:** 09/30/2019

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**Project Number:** 765-RM17

**Researcher:**  
Laurie Stelter

**IRB Number:**  
19297

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

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

**Title of Research:**

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

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

**Data Collection End:**

**Proponent:**

Texas Women University

**Project Status:**

Data Analysis

**Progress Report Due:**

09/15/2019

**Projected Completion:**

09/27/2019

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

**FY-2019 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:**

09/01/19 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:**

09/01/19 Awaiting response from requestor as to whether they wish to continue with project – medical projects on hold.

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**4th Quarter FY 2019**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Restrictive Housing Audit Summary**  
**Reporting months: June 2019, July 2019, August 2019**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Mental Health Referrals</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC 6</b>
5/23/2019	Clemens	0	0	0	0	100%	100%	100%	100%
5/20/2019	Darrington	190	183	0	7	100%	100%	100%	100%
5/15-16/2019	Gib Lewis	159	144	0	7	100%	100%	100%	100%
5/2/2019	Hutchins	18	18	0	1	100%	N/A	N/A	N/A
5/23/2019	Ramsey	52	52	0	0	100%	100%	100%	100%
5/8/2019	Sanchez	25	25	0	0	100%	N/A	N/A	N/A
6/19/2019	Estelle	112	94	0	5	100%	100%	100%	100%
6/12/2019	Hughes	87	87	0	5	100%	100%	100%	100%
6/6/2019	Michael	80	76	0	4	100%	100%	100%	100%
6/13/2019	Mt. View	26	23	0	0	100%	100%	100%	100%
6/12/2019	Murray	55	53	0	4	100%	100%	100%	100%
6/20/2019	Pack	23	23	0	1	100%	100%	100%	100%
6/6/2019	Powledge	21	21	0	1	100%	100%	100%	100%
7/16-18, 2019	Coffield	771	646	0	12	100%	100%	100%	100%
7/12/2019	Gist	22	22	0	0	100%	N/A	N/A	N/A
7/24/2019	Lopez	16	16	0	0	100%	100%	100%	100%
7/10/2019	Lychner	18	18	0	0	100%	100%	100%	100%
7/11/2019	Stiles	102	95	0	5	100%	100%	100%	100%
<b>Total</b>	18	1,777	1,596	0	52				

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

4th Quarter FY 2019  
Audits Conducted in June, July, August

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	June 2019	0	0	N/A	N/A	None
Jester IV	June 2019	5	5	5	100%	None
Montford	June 2019	0	0	N/A	N/A	None
Skyview	June 2019	8	8	8	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July 2019	0	0	N/A	N/A	None
Jester IV	July 2019	2	2	2	100%	None
Montford	July 2019	5	5	5	100%	None
Skyview	July 2019	8	8	8	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August 2019	0	0	N/A	N/A	N/A
Jester IV	August 2019	9	9	9	100%	None
Montford	August 2019	3	3	3	100%	None
Skyview	August 2019	16	16	16	100%	None

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

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

## 4th Quarter of 2019

Reporting months– June 2019, July 2019, August 2019

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	40	32	30	8	94%
Bradshaw	36	20	8	16	40%
Byrd	40	25	22	15	88%
Dominguez	39	22	22	17	100%
East Texas	26	20	7	6	35%
Formby	40	21	20	19	95%
Garza West	31	19	19	12	100%
Gist	30	17	17	13	100%
Glossbrenner	30	12	12	18	100%
Gurney	40	22	22	18	100%
Halbert	39	24	23	15	96%
Holliday	33	20	20	13	100%
Hutchins	21	20	20	1	100%
Jester I	29	20	20	9	100%
Johnston	35	17	16	18	94%
Kegans	37	28	22	9	79%
Kyle					
Lindsey	25	20	20	5	100%
Lychner	40	33	33	7	100%
Middleton	40	16	16	24	100%
Plane	24	18	17	6	94%
Rudd	17	5	3	12	60%
Sanchez	39	18	18	21	100%
Travis	31	17	17	14	100%
Woodman	24	19	19	5	100%
Sayle	31	11	9	20	82%
<b>GRAND TOTAL</b>	<b>817</b>	<b>496</b>	<b>452</b>	<b>321</b>	

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

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

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

Managed Care

Correctional Health Care

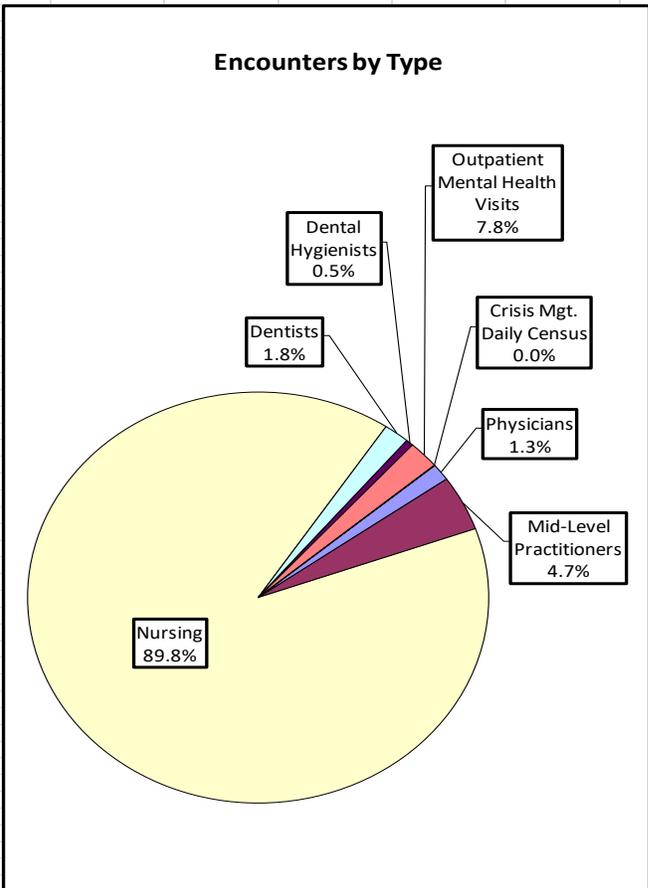
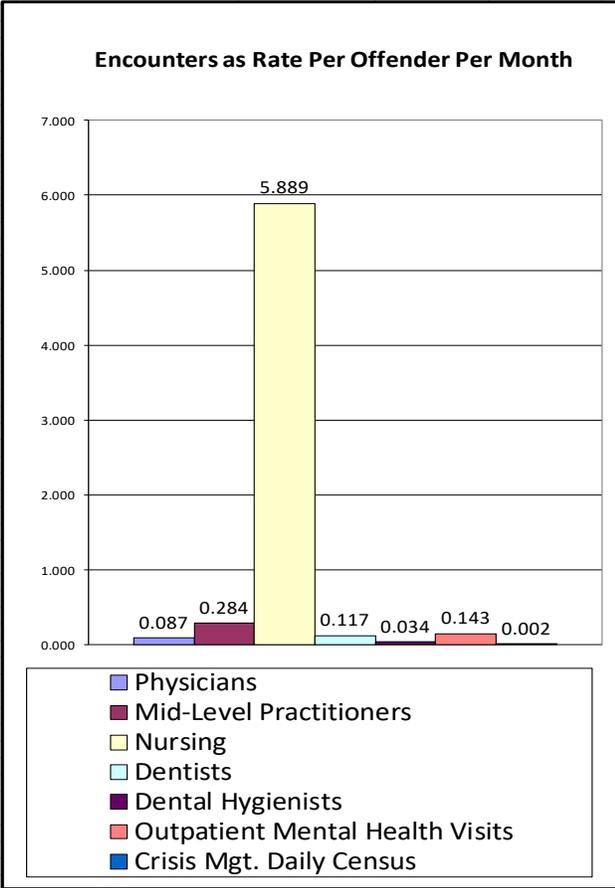
MEDICAL DIRECTOR'S REPORT

4<sup>th</sup> QUARTER

FY 2019

**Medical Director's Report:**

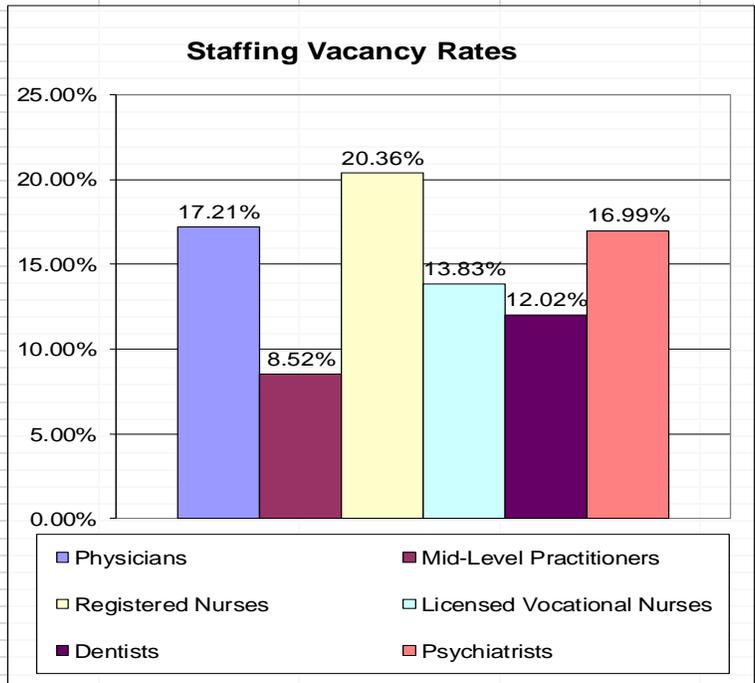
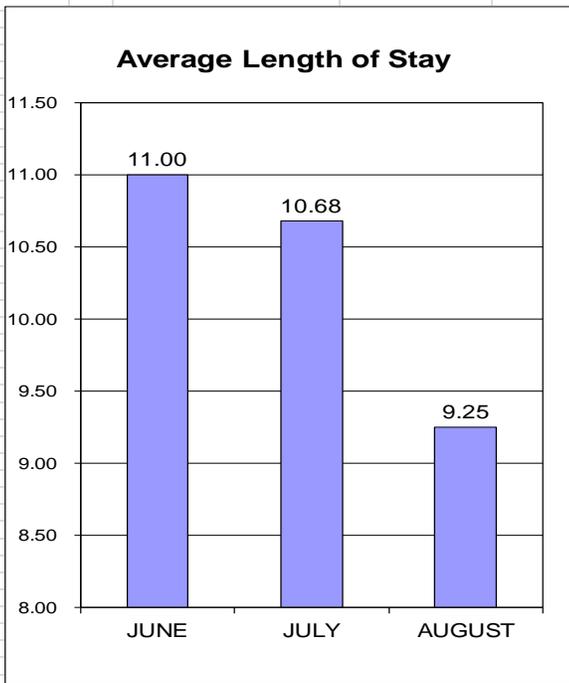
	JUNE		JULY		AUGUST		Qtly Average	
Average Population	29,045.22		28,805.34		28,337.30		28,729.29	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	2,304	0.079	2,353	0.082	2,878	0.102	2,512	0.087
Mid-Level Practitioners	7,893	0.272	8,123	0.282	8,499	0.300	8,172	0.284
Nursing	165,950	5.714	174,206	6.048	167,400	5.907	169,185	5.889
<b>Sub-total</b>	<b>176,147</b>	<b>6.065</b>	<b>184,682</b>	<b>6.411</b>	<b>178,777</b>	<b>6.309</b>	<b>179,869</b>	<b>6.261</b>
<b>Dental encounters</b>								
Dentists	3,216	0.111	3,557	0.123	3,352	0.118	3,375	0.117
Dental Hygienists	937	0.032	1,033	0.036	971	0.034	980	0.034
<b>Sub-total</b>	<b>4,153</b>	<b>0.143</b>	<b>4,590</b>	<b>0.159</b>	<b>4,323</b>	<b>0.153</b>	<b>4,355</b>	<b>0.152</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	4,360	0.150	3,788	0.132	4,194	0.148	4,114	0.143
Crisis Mgt. Daily Census	60	0.002	62	0.002	61	0.002	61	0.002
<b>Sub-total</b>	<b>4,420</b>	<b>0.152</b>	<b>3,850</b>	<b>0.134</b>	<b>4,255</b>	<b>0.150</b>	<b>4,175</b>	<b>0.145</b>
<b>Total encounters</b>	<b>184,720</b>	<b>6.360</b>	<b>193,122</b>	<b>6.704</b>	<b>187,355</b>	<b>6.612</b>	<b>188,399</b>	<b>6.558</b>



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

	JUNE	JULY	AUGUST	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	110.00	113.77	110.82	111.53
Number of Admissions	215.00	218.00	183.00	205.33
Average Length of Stay	11.00	10.68	9.25	10.31
Number of Clinic Visits	642.00	779.00	760.00	727.00
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	395.00	374.00	382.00	383.67
PAMIO/MROP Census	404.00	390.00	372.00	388.67
<b>Specialty Referrals Completed</b>				
	1,238.00	1,338.00	1,285.00	1,287.00
<b>Telemedicine Consults</b>				
	1,784	2,306	2,268	2,119.33

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	<b>Vacant</b>
Physicians	17.75	3.69	21.44	17.21%
Mid-Level Practitioners	39.37	3.67	43.03	8.52%
Registered Nurses	126.76	32.40	159.16	20.36%
Licensed Vocational Nurse	280.75	45.05	325.80	13.83%
Dentists	17.37	2.37	19.74	12.02%
Psychiatrists	7.28	1.49	8.77	16.99%



# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



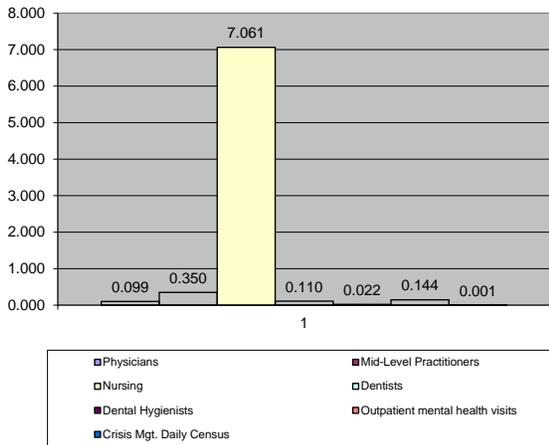
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER  
FY 2019**

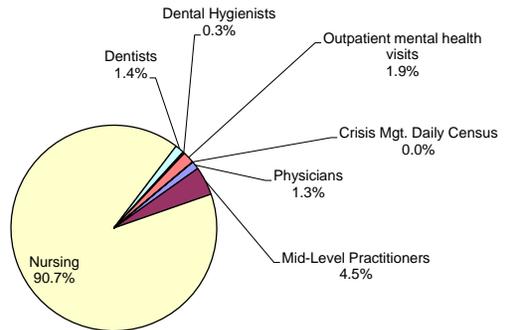
**Medical Director's Report:**

Average Population	June		July		August		Qtly Average	
	117,015		116,613		116,606		116,745	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	9,971	0.085	12,318	0.106	12,450	0.107	<b>11,580</b>	<b>0.099</b>
Mid-Level Practitioners	38,234	0.327	42,374	0.363	41,991	0.360	<b>40,866</b>	<b>0.350</b>
Nursing	813,306	6.950	853,301	7.317	806,328	6.915	<b>824,312</b>	<b>7.061</b>
<b>Sub-total</b>	<b>861,511</b>	<b>7.362</b>	<b>907,993</b>	<b>7.786</b>	<b>860,769</b>	<b>7.382</b>	<b>876,758</b>	<b>7.510</b>
<b>Dental encounters</b>								
Dentists	12,308	0.105	14,020	0.120	12,170	0.104	<b>12,833</b>	<b>0.110</b>
Dental Hygienists	2,418	0.021	2,587	0.022	2,543	0.022	<b>2,516</b>	<b>0.022</b>
<b>Sub-total</b>	<b>14,726</b>	<b>0.126</b>	<b>16,607</b>	<b>0.142</b>	<b>14,713</b>	<b>0.126</b>	<b>15,349</b>	<b>0.131</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	13,145	0.112	14,174	0.122	23,225	0.199	<b>16,848</b>	<b>0.144</b>
Crisis Mgt. Daily Census	75	0.001	79	0.001	78	0.001	<b>77</b>	<b>0.001</b>
<b>Sub-total</b>	<b>13,220</b>	<b>0.113</b>	<b>14,253</b>	<b>0.122</b>	<b>23,303</b>	<b>0.200</b>	<b>16,925</b>	<b>0.145</b>
<b>Total encounters</b>	<b>889,457</b>	<b>7.601</b>	<b>938,853</b>	<b>8.051</b>	<b>898,785</b>	<b>7.708</b>	<b>909,032</b>	<b>7.786</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

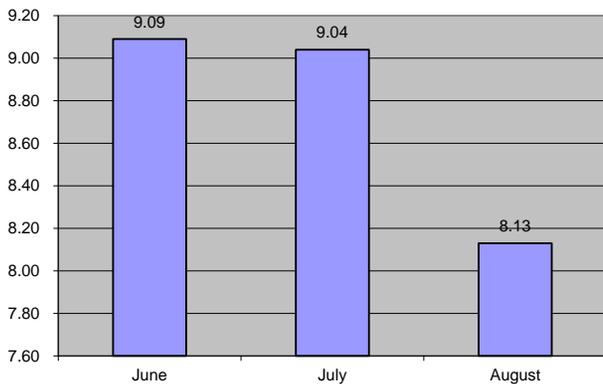


**Medical Director's Report (Page 2):**

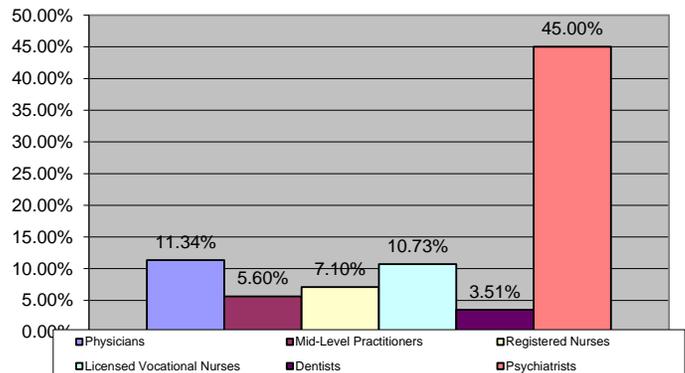
	June	July	August	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	90.90	91.80	86.80	<b>89.83</b>
Number of Admissions	256.00	266.00	269.00	<b>263.67</b>
Average Length of Stay	9.09	9.04	8.13	<b>8.75</b>
Number of Clinic Visits	6,829.00	7,397.00	7,184.00	<b>7,136.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	991.67	995.29	992.80	<b>993.25</b>
PAMIO/MROP Census	700.32	725.71	727.71	<b>717.91</b>
<b>Telemedicine Consults</b>	<b>13,644</b>	<b>14,991</b>	<b>15,039</b>	<b>14,558.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	57.33	7.33	64.66	11.34%
Mid-Level Practitioners	140.33	8.33	148.66	5.60%
Registered Nurses	340.00	26.00	366.00	7.10%
Licensed Vocational Nurses	673.67	81.00	754.67	10.73%
Dentists	73.33	2.67	76.00	3.51%
Psychiatrists	11.00	9.00	20.00	45.00%

**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 4, 2019, 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 14, 2019

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 2019 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: Mike Jones, MBA, BSN, RN

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 135 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 10, 2019

Sub Committee Updates:

- None

Committee Updates:

- Mike Jones, Texas Tech University Health Sciences Center (TTUHSC) will be replacing Robert Dalecki, University of Texas Medical Branch (UTMB) as the committee Co-Chair.
- A-12.1 Attachments A & B English and Spanish required expedite outside of the meeting due to health care fee updates made effective September 1, 2019.
- Dr. Guillermo Garcia, TTUHSC will be replacing Dr. Shana Khawaja, UTMB on rotational two-year term as Chair of the Joint Mental Health Working Group (JMHWG).

Committee Referrals:

- Joint Mental Health Working Group – Jesus Guillermo Garcia, M.D.

THESE POLICIES ARE UP FOR REVIEW AND OPEN FOR RECOMMENDED CHANGES DURING THIS QUARTER:

<b>A-09.1</b>	<b>A-10.1</b>	<b>A-11.1*</b>	<b>A-11.2</b>	<b>A-12.1*</b>	<b>A-12.2</b>	<b>A-13.1</b>	<b>C-24.1</b>	<b>C-25.1</b>	<b>D-30.1</b>
<b>D-30.2</b>	<b>E-36.7</b>	<b>E-39.2</b>	<b>E-42.2*</b>	<b>E-42.3*</b>	<b>E-43.1*</b>	<b>E-44.1</b>	<b>E-44.2*</b>	<b>F-50.1</b>	<b>G-51.13</b>
<b>G-55.1</b>	<b>G-56.1</b>	<b>G-57.1*</b>	<b>G-59.2*</b>	<b>G-59.3*</b>	<b>H-64.1*</b>	<b>H-65.1</b>	<b>I-66.2</b>	<b>I-66.3</b>	<b>I-67.1*</b>
<b>I-70.2*</b>	<b>I-71.2*</b>	<b>* Indicates Attachment(s) included in the policy.</b>							

THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION:

<b>POLICY #</b>	<b>POLICY NAME</b>	<b>SUBMITTED BY</b>
A-08.2	Transfers of Offenders with Acute Conditions	Chris Black-Edwards
A-08.2 Attachment A	Approved Medical Transportation Criteria	Chris Black-Edwards
A-08.4 Attachment A	Guidelines for Completing the Health Summary for Classification Form`	Dale Dorman
A-10.1	Notification Requirements Regarding Critically Ill Offenders	Cecilia Horton
E-35.1	Mental Health Appraisal for Incoming Offenders	Jesus Guillermo Garcia
E-36.7	Dental Clinic Operations Reporting	Manuel Hirsch
H-60.1 Attachment C	Abbreviated Job Titles	Dale Dorman
I-67.1	Compelled Psychoactive Medication for Mental Illness	Jesus Guillermo Garcia

**Adjournment**

- Next Meeting Date: January 23, 2020

**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 12, 2019

Key Activities:

- I. Approval of the Minutes from July 11, 2019 Meeting
- II. Reports from Subcommittees
  - A. Carbamazepine – Dr. Penn
  - B. DMG Triage – Dr. Pedigo
    1. SSTI
    2. Asthma, Adults and Adolescents
    3. Asthma Patient Education Handout
  - C. Hyperlipidemia – Dr. Nguyen
  - D. Pregnancy – Dr. Omeaku
  - E. Psychiatry – Dr. Koranek
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (June 21, 2019 – August 23, 2019)
  - D. Non-Formulary Deferral Reports
    1. Texas Tech Sector (May - June 2019)
    2. UTMB Sector (June - August 2019)
  - E. Utilization Reports FY19 through July
    1. HIV Utilization
    2. HCV Utilization
    3. HBV Utilization
    4. Psychotropic Utilization

- F. Special Reports
  - 1. Top 50 Medications by Cost and Volume – 4<sup>th</sup> Quarter FY19
  - 2. Top 10 Non-Formulary Medications by cost and Volume – 4<sup>th</sup> Quarter FY19
  - 3. Pharmacy Diabetes Clinic Report – 4<sup>th</sup> Quarter FY19
- G. Policy Review Schedule

IV. Old Business – (none)

V. New Business

- A. Action Request
  - 1. Review of Asthma and COPD DMGs and Health Services Audit Criteria
  - 2. Steroid Tapering (supplemental materials)
  - 3. Wound Care Agents as Prior Authorization Medications
- B. Drug Category Reviews
  - 1. Antihypertensive Agents
  - 2. EENT Agents
  - 3. Gastrointestinal Agents
  - 4. Topical Agents
- C. FDA Medication Safety Advisories
- D. Manufacturer Shortages and Discontinuations
- E. Policy and Procedure Revisions (40-10 to 75-30 to be reviewed in November)
  - 1. Reclamation of Drugs (15-35) (supplemental materials)

VI. Miscellaneous – January P&T meeting conflict with ACA

VII. Adjournment

**Joint Infection Control Committee**

Co-Chair: Carol Lynn Coglianese, MD  
Co-Chair: Chris Black-Edwards, RN, BSN

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

Meeting Date: October 10, 2019

Key Activities:

- I. Standing Reports:
  - A. HIV & Hepatitis – Peggy Davis
  - B. MRSA & MSSA – Latasha Hill
  - C. Syphilis – Regina Inmon
  - D. Tuberculosis – Mary Parker
  - E. SANE – Kate Williams
  - F. Peer Education

II. Old Business: None

New Business:

- 2020 Calendar
- B-14.10 Tuberculosis

These policies are up for review with no recommended changes during this quarter:

B-14.40	B-15.1	B-16.1	
*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 Coglianesse
B-14.41	Barber/Beauty Shop Personnel (Health and Hygiene)	Carol Lynn Coglianesse
B-14.42	Food Handlers	Carol Lynn Coglianesse
B-14.50	Housing and Job Restrictions	Carol Lynn Coglianesse
B-14.51*	Influenza-Like Illnesses	Carol Lynn Coglianesse
B-17.1	Ectoparasite Control	Carol Lynn Coglianesse

III. Adjourn

Next Meeting: February 13, 2020

**Joint Dental Work Group**

Chair: Dr. Cecil Wood

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 MC Dental Director. This group is charged with the development of dental treatment and management guidelines, as well as the development of dental initiatives. It reviews changes to the Dental Scope of Practice Act and makes recommendations for policy changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all dental policies and procedures.

Meeting Date: September 12, 2019

- I. Call to Order
  - A. Minutes Confirmation- Review/Approval of Minutes from July 10, 2019 meeting
- II. Dental Policy Review

1. F-46.1 Dental Health Education & Promotion
2. G-51.10-D Chronic Care Dental Program
3. H-60.1-D Dental Health Record – Organization & Maintenance
4. E-36.7-D Dental Clinic Operations Reporting  
Dental Orders Revision. Should we add order for level 0 and DDS or RDH visit order?
5. E-31.1 Information on Dental Services  
HSA-97 Dental Services Orientation revision.
6. E-36.2 Inprocessing Offenders – Dental Examination, Classification, Education and Treatment

III. Amalgam Separators (Dr. B. Horton)  
Dental Prosthodontic Clinic Update (Dr. B. Horton)

IV. Intake Processing Average Days Report (14 Day Standard) (Dr. M. Hirsch)  
TDCJ Flossers Effectiveness and Cost Comparison (Dr. M. Hirsch)

V. Chain in (issue tabled from July meeting) (Dr. C. Wood)  
Written Policy for Use of Sterile Medicaments Packaged Bulk (Dr. C. Wood)

VI. Note Wizards (P. Myers)

1. On the Debridement template the last line reads “ENDING LEVEL” The RDH is supposed to enter Level 3 if no other Level 2 care is needed following debridement. The line right above ending level reads: Level changed per DDS order to L-3, if L-2 full mouth debridement is complete, and no other L-2 care is treatment planned” Could we remove ENDING LEVEL from the note wizard?
2. If L-0 is entered by the RDH at the scale and root plane appt., then when an established perio. main. patient comes in for their perio. treatment plan and comp. treatment plan to be updated the following year, wouldn't the DDS take L-0 order code on the comp. treatment plan if perio. main. is the only treatment ordered or needed? If the DDS finishes all treatment from an updated plan and the patient only needs perio. main. shouldn't the DDS take the L-0 order code?

Implant Maintenance (P. Myers)

VII. Sector Updates

- A. TDCJ
- B. UTMB
- C. TX Tech

VIII. Round the Table

Next Meeting Date: TBD in November 2019

Policies Scheduled for Review:

Catch up meeting. Any policy not reviewed in the last year that needs to be reviewed or revised.

### **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 2019:

There were 104 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2019. Of those 104 deaths, one was referred to peer review committees.

### **Joint Nursing Work Group**

Chair: Kirk Abbott, MBA, BSN, RN

Purpose: This group's membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Northern GSA Regional Chief Nursing Officer, the UTMB CMC Southern GSA Regional Chief Nursing Officer and the TTUHSC MC Director of Nursing 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 9, 2019

- I. Call to Order
- II. Approval of Minutes from the July 10, 2019 meeting
- III. Old Business
  - SANE Checklist
  - DNR in GP
- IV. New Business
  - Offender Movement – CDO/Single Cell TB TX
  - TUHSU Recommendations
  - Auto Reminders for IP Medical Stays
  - Patient Safety Culture
  - Dialysis Proposal
- V. Adjournment

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

**As of November 2019**

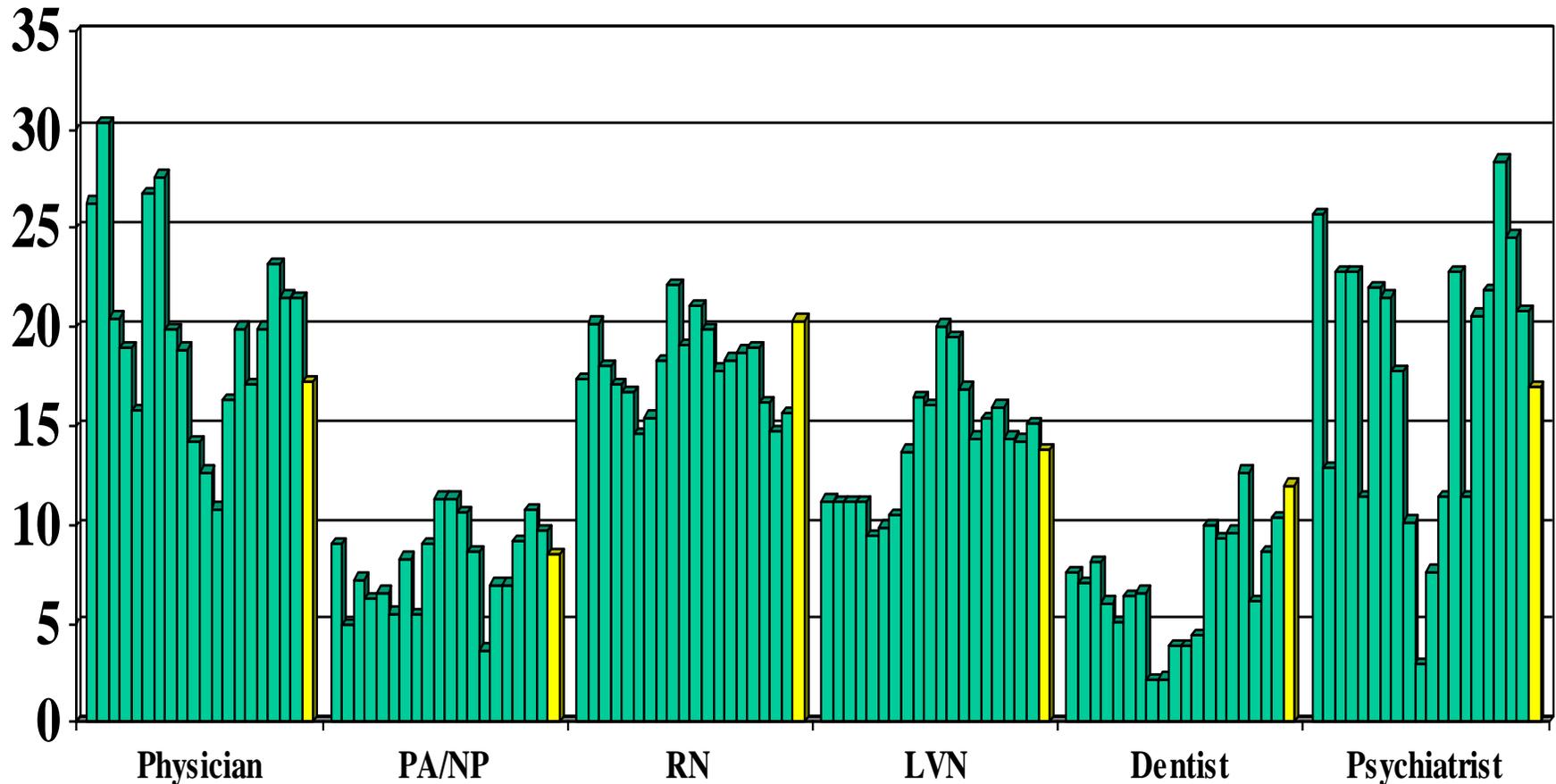
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Physician IV - Deputy Division Director, Health Services	Contract	04/2017	This position is currently posted on the UTMB employment website.
Director II-Office of Public Health	TDCJ	06/2015	This position is on hold.
Director III – Director, Nursing Administration	TDCJ	05/2019	This position will be reposted. Ads will be placed in Conroe and the Woodlands Newspapers and Indeed.com.
Robertson Unit Medical Director	TTUHSC	07/2019	Local, Regional and National Publications, Internet and GME Advertising.
Physician I-II (7)	UTMB CMC	05/2017	Local and National Advertising, TAFP <sup>‡</sup> , NCCHC Conferences <sup>†</sup> , ACA Conference <sup>*</sup> and Agency Contacts.
Mid-Level Practitioners (PA and FNP) (10)	UTMB CMC	11/2018	Local and National Advertising, Career Fairs, TAPA <sup>#</sup> and TNP Conferences <sup>  </sup> and Intern Programs.
Psychiatrists (8)	UTMB CMC	01/2018	Local and National Advertising, NCCHC <sup>†</sup> , TSPP <sup>Δ</sup> 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 2015 – FY 2019

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2015 – FY 2019



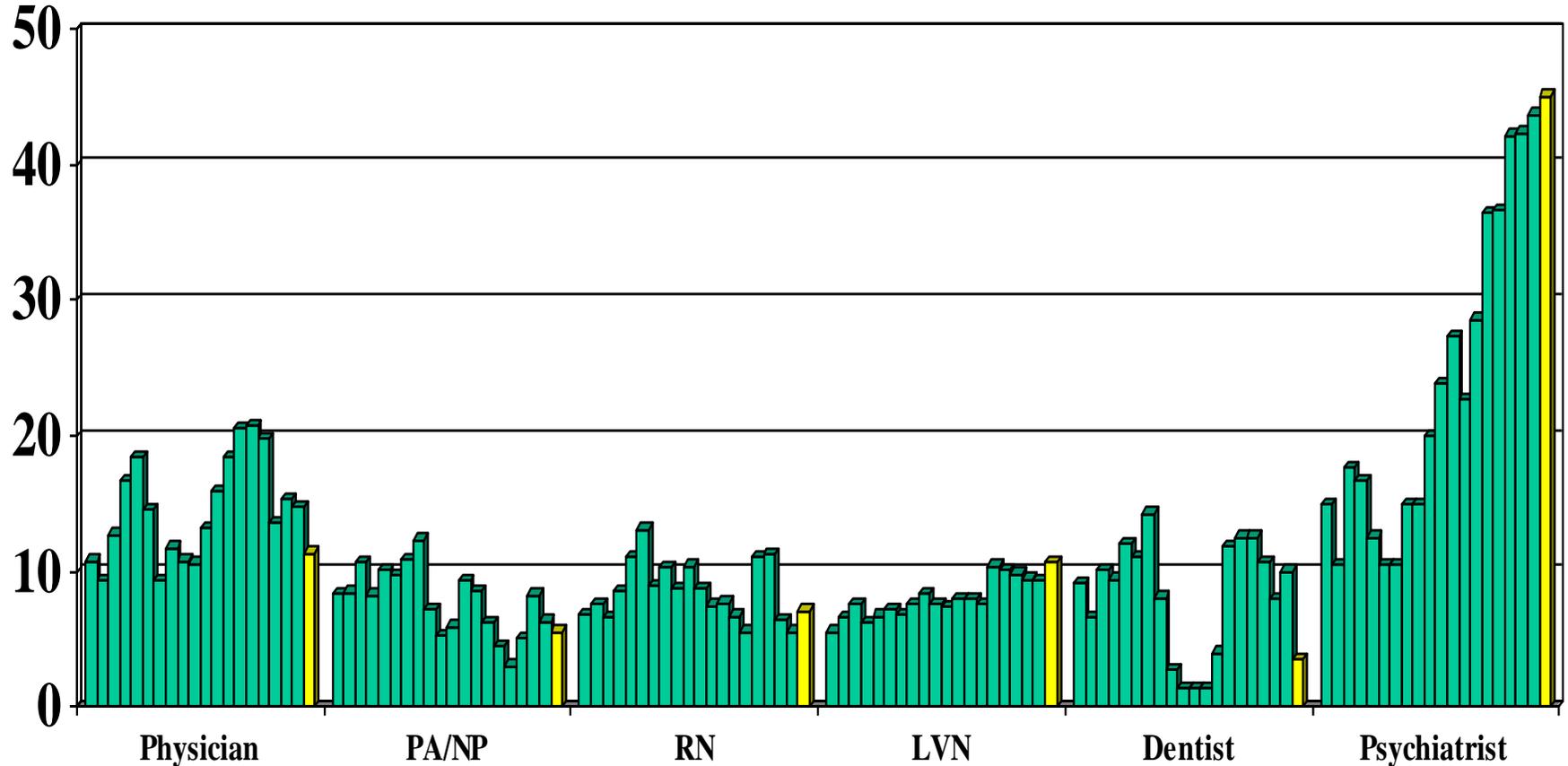
*Correctional Managed  
Health Care*



University Vacancy Rate Report  
by Quarter FY 2015 – FY 2019

University of Texas Medical Branch

# UTMB Vacancy Rates (%) by Quarter FY 2015 – FY 2019



*Correctional Managed  
Health Care*





**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Fourth Quarter FY 2019***

***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) 2019 (June, July, and August 2019), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Cole State Jail, Choice Moore, Goree, Hodge, Holliday, Hutchins State Jail, Jester IV and Skyview.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **6** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Fourth Quarter of FY 2019:
  1. Item **4.070** requires the facility's self-reported Access to Care Audit data that is reported to TDCJ Health Services on a monthly basis be accurate and consistent with current methodology. The following **3** facilities were not in compliance with this requirement:
    - Goree (58%) – Corrective action plan pending
    - Choice Moore (53%) – Corrective action plan received and closed
    - Hutchins State Jail (72%) – Corrective action plan received and closed
  2. Item **4.150** requires offenders who are on the Mental Health caseload or receiving psychopharmacological treatment be assessed by mental health staff within one business day of placement in segregation. The following **3** facilities were not in compliance with this requirement:
    - Goree (0%) – Corrective action plan pending
    - Holliday (70%) – Corrective action plan pending
    - Hutchins State Jail (47%) – Corrective action plan received and closed
  3. Item **6.170** requires offenders who entered TDCJ (intake) on or after 7/1/2007, who do not have documentation of a prior positive HIV test, have an HIV test performed within 7 days of entering TDCJ or a signed Refusal of Treatment (HSM-82) form for testing. The following **3** facilities were not in compliance with this requirement:
    - Hodge (0%) – Corrective action plan received
    - Hutchins State Jail (54%) – Corrective action plan received and closed
    - Jester IV (0%) – Corrective action plan pending
  4. Item **6.091** requires offenders with confirmed Tuberculosis (TB) infection be offered, within 30 days from diagnosis, an HIV antibody testing. If the testing was refused, was a signed Refusal of Treatment (HSM-82) included in the medical record. The following **2** facilities were not in compliance with this requirement:
    - Goree (0%) – Corrective action plan pending
    - Skyview (0%) – Corrective action plan pending
  5. Item **6.205** requires newly diagnosed HIV positive offenders be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **2** facilities were not in compliance with this requirement:
    - Hodge (0%) – Corrective action plan pending
    - Holliday (13%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (CONTINUED)

6. Item **6.440** requires HIV positive offenders on the unit diagnosed with primary, secondary, early latent, late latent, or Syphilis of unknown duration be treated with Bicillin 7.2 million units total (administered as 2.4 million units IM given one week apart for three consecutive weeks), or was the Office of Public Health consulted if the offender is allergic to penicillin. The following **2** facilities were not in compliance with this requirement:

- Holliday (67%) – Corrective action plan pending
- Hutchins State Jail (67%) – 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).*

- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Clements (GP, ECB, PAMIO), Ferguson, Havins, Kegans Intermediate Sanction Facility (ISF), Lychner and Neal. During the Fourth Quarter FY 2019, **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 2019. 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 2019 (June, July, and August 2019), there were no Dental Quality Review audits conducted. All auditing had been completed for the fiscal year by the end of May 2019.

Auditing to resume in September 2019 for the FY 2020 year.

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2019, (June, July, and August 2019) the Patient Liaison Program (PLP) and the Step II Grievance Program received **5,092** correspondences. The PLP received **3,891** and Step II Grievance received **1,201**. There were **297** 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 2019 for the Step II medical grievances was **4%**. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **5%** and **3.19%** for TTUHSC for the Fourth Quarter of FY 2019.

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

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Fourth Quarter of FY 2019, (June, July, and August 2019), the Patients Liaison Program nurses and investigators performed **21** Sick Call Request Verification Audits (SCRVAs) on **19** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits. The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **144** indicators were

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT (CONTINUED)

reviewed at the **19** facilities and **2** of the indicators fell below the 80 percent compliance threshold representing **1%**. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **19** facilities audited. There were **2** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

The frequency of the 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 2019, there were **13,582** intake HIV tests performed. Of those tested, **74** offenders were newly identified as having HIV infection. During the same time period, there were **10,109** pre-release tests performed with **0** found to be HIV positive for this quarter, **7** new AIDS cases were identified.
- There were **658** cases of Hepatitis C identified for the Fourth Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **397** cases of suspected Syphilis were reported in the Fourth Quarter FY 2019. **181** 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.
- **465** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2019. For the same time period, **123** 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 **16** TB cases (pulmonary and extra-pulmonary) under management for the Fourth Quarter FY 2019. 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 **197** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2019. There were **43** deficiencies found this quarter and corrective action requested.

## OFFICE OF PUBLIC HEALTH (CONTINUED)

Blood-borne exposure baseline labs were drawn on **56** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.

- During the Fourth Quarter FY 2019, **4** units received **3** day training which included the Wall Talk Training and received a **2** day training which included the Somebody Cares Training. As of the close of the quarter, **100** of the **104** facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During the Fourth Quarter FY 2019, **113** offenders trained to become peer educators. This is an increase from the Third Quarter FY 2019 Report. During the Fourth Quarter FY 2019, **18,368** offenders attended the classes presented by peer educators. This is a decrease from the Third Quarter FY 2019.

## MORBIDITY AND MORTALITY

There were **104** deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2019. Of those **104** deaths, **1** were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	1
Nursing Peer Review	0
Dental Peer Review	0
<b>Total</b>	<b>1</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter of FY 2019:

- The OMHM&L monitors all restrictive housing facilities within the TDCJ CID and State Jails once every six months. During the Fourth Quarter of FY 2019, **18** restrictive housing facilities were audited including: Clemens, Darrington, Gib Lewis, Hutchins, Ramsey, Sanchez, Estelle, Hughes, Michael, Mountain View, Murray, Pack, Powledge, Coffield, Gist, Lopez, Lychner, and Stiles. The OMHM&L auditors observed **1,777** offenders, interviewed **1,596** offenders, and referred **0** offenders for further evaluation by university providers.
- In addition to monitoring the mental health status of restrictive housing 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 ACT 4, **15** of **18** units were **100%** compliant. **3** of **18** units were N/A. For ATC 5, **15** of **18** units were **100%** compliant. **3** of the **18** units were N/A. For ACT 6, **15** of **18** units were **100%** compliant. **3** of **18** units were N/A. For the 911 tool availability, **18** of **18** units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Fourth Quarter FY 2019, a total of **56** instances of compelled psychoactive medication administration occurred. There were **8** instances at the Montford unit, **32** instances at the Skyview unit, **16** instances at the Jester IV unit and **0** instances at the Clements unit. During each month of the quarter, Skyview was **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements Unit was N/A in June,

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

July and August. Jester IV was **100%** compliant in June, July and August. Montford was N/A in June and **100%** compliant in July and August.

- 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. **21** of the **26** facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Baten, Byrd, Dominguez, Formby, Garza West, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane, Sanchez, Travis, Woodman, and Sayle. **4** of the **26** facilities earned compliance scores of **79%** or lower. **4** Corrective action plans were required.

## OFFICE OF THE HEALTH SERVICES LIAISON – UTILIZATION REVIEW

- The Office of the Health Services Liaison (HSL) 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 2019, HSL conducted **241** hospital and **35** 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 **241** hospital discharge audits conducted, **214** were from the UTMB Sector and **27** were from the TTUHSC sector. There were **127** deficiencies identified for UTMB and **17** identified for TTUHSC. Of the **33** infirmary discharge audits conducted, **22** were from the UTMB sector and **11** were from the TTUHSC sector. There were **7** deficiencies identified from UTMB and **2** for TTUHSC.

## ACCREDITATION

The ACA 2020 Winter Conference will be held in San Diego, California, on January 11-14, 2020. During this conference, the following CID facilities will be represented: Hightower, Plane, Henley, Michael, Dominguez, Robertson, Eastham, Sanchez, Hilltop, Mountain View, McConnell, Johnston, Kegans, Lychner, Travis, and Halbert Units.

## 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 - **21**
- Correctional Institutions Division Pending Monthly Research Projects - **8**
- Health Services Division Active Monthly Medical Research Projects - **9**
- Health Services Division Pending Medical Research Projects – **2**

YOUR LIFE

— *our purpose* —

# **CLINICAL SUPPORT SERVICES**

## TTUHSC MANAGED CARE

Will Rodriguez, MSOLE  
Executive Director

Correctional Managed Health Care Committee  
December 4, 2019

# ANCILLARY CARE



**Goal:** When appropriate, increase utilization of Montford Regional Medical Facility for procedures and ancillary care



## Montford Ancillary Care CY19 YTD

- ◆ Therapeutic
  - *PT /OT /ST*
  - *Chemotherapy*
  - *Dialysis*
- ◆ Diagnostic
  - *CT + MRI*
  - *Stress Tests*
  - *Sleep Studies*
- ◆ Custodial
  - *44 Long Term Care Beds*



# TELEMEDICINE



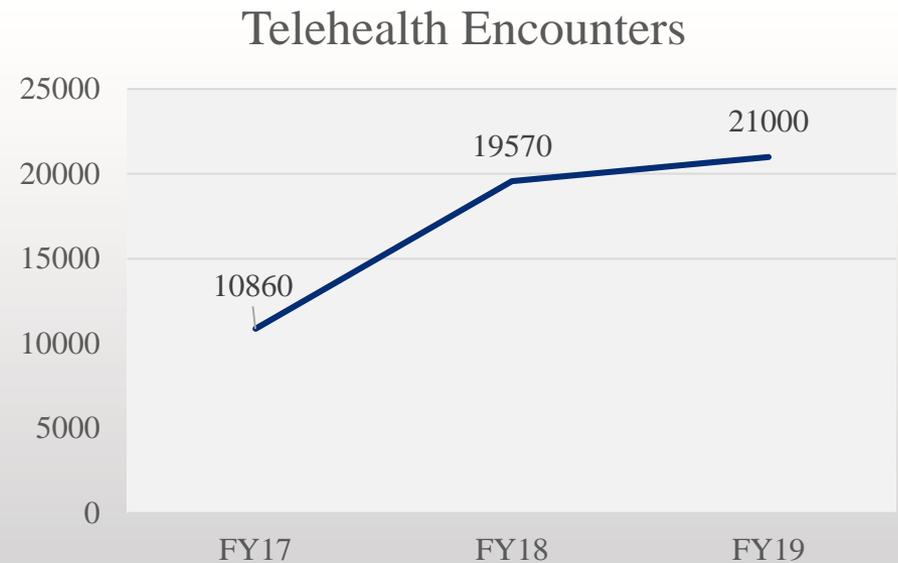
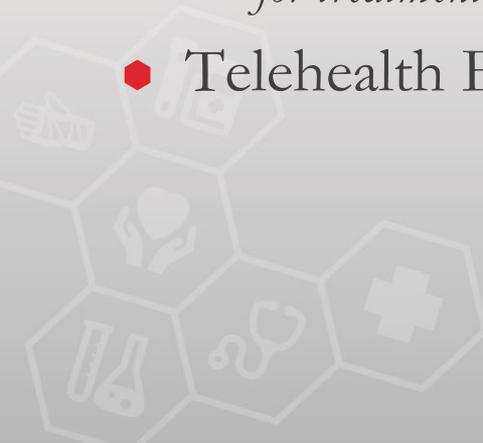
## ● Tele-Optometry

- *1,300 encounters/year*

## ● Tele-Dentistry

- *Ideal for smaller units*
- *1/2 require follow up clinical visit for treatment*

## ● Telehealth Expansion



# CLINICAL SUPPORT

## Patient Throughput Management (PTM) System

The screenshot displays the Managed Care Scheduling (MCS) system interface. The main view shows a 'Lay In' section with filters for Appt Location, Discipline, and Resource Type. Below this is a table of offenders and appointments. A modal window is open for a specific patient, showing details like Appt. Location, Referring Provider, Status, UM Decision, and Decision Comments.

Unit	MRN	Name	Service	Location	Appointment Start	Comments	Auth Number	Status
Clements	9998877715	DEMO [REDACTED]	Urology Appointment	Montford RMF		010 Ops Meeting	JCECFVGF617	Scheduled
Allred	9998877724	DEMO [REDACTED]	Urology Procedure	Texas Tech Physicians - Urology		001 Ops meeting	DXSMWAJ2C608	Scheduled

- Uniform, easy-to-use patient scheduling workflows for on-site and centralized staff
- Linked to Utilization Management determinations
- Can be integrated with PEARL via HL7

# CLINICAL SUPPORT

**Goal:** Guide decision making by comparing unit performance to peers and industry standards

## Unit Scorecard

TTUHSC Units Northern Region						
UNIT NAME	Metric	Allred	Baten	Clements	Dalhart	Formby
<b>1. Capacity</b>		3714	420	3798	1040	1100
" Census		3645	361	3684	1020	957
%		98.14%	85.95%	97.00%	98.08%	87.00%
<b>Access To Care</b>						
<b>2. Dental</b>	<b>80%</b>	100%	100%	100%	100%	100%
" Nursing/Medical	<b>80%</b>	99%	100%	89%	100%	100%
" Behavioral Health	<b>80%</b>	92%	95%	94%	100%	75%
<b>3. Total No Show Percentage</b>		14%	0%	10%	3%	1%
<b>Sick Call Request</b>						
Dental - ATC		164	49	265	51	59
Dental - RO		70	6	160	19	5
Nur/Med - ATC		1,335	164	1,046	200	194
Nur/Med - RO		993	25	865	248	50
BH - ATC		227	29	212	4	7
BH - RO		133	1	232	0	0
<b>Total</b>		<b>2922</b>	<b>274</b>	<b>2780</b>	<b>522</b>	<b>315</b>
<b>Electronic Health Records</b>						
<b>4. % Completed W/N 48 Hrs</b>	<b>95%</b>	96%	99%	98%	100%	99%
" Delinquent CCC Reminders		28/1820	0/132	14/1841	2/418	4/329
" % Delinquent	<b>10%</b>	2%	0%	1%	0%	1%
<b>5. Unsigned Patient Related Emails</b>	<b>15%</b>	284/8%	21/6%	591/16%	9/1%	144/15%
Clinic Flow Audit	<b>90%</b>	97%	98%	91%	96%	95%

## HEDIS Dashboard

TT

October CY 2019

### Prevention/Disease Management

#### Asthma

Asthma Care ● 95%

#### Coronary Artery Disease (CAD)

CAD: Statin Therapy ● 82%

#### Diabetes

Diabetes Care: BP <140/90 ● 73%

Diabetes Care: HbA1C Control <8% ● 63%

Diabetes Care: Nephropathy Screening ● 96%

Diabetes Care: Statin Therapy ● 84%

#### Hypertension

Hypertension Total: BP Under Control ● 71%

Over 60 Hypertension: BP <150/90 ● 80%

Under 60 Hypertension: BP <140/90 ● 69%

#### Mental Health Care

Mental Health: Diabetes Screening ● 87%



# LEVERAGING ACADEMIC EXPERTISE

- ◆ School of Pharmacy
  - *Clinical Pharmacy clinics for complex chronic care cases*
  - *Cost savings through MMCAP insulin procurement (Oct. 2017)*
- ◆ School of Health Professions
  - *Transition from LabCorp to TTUHSC Lab Sciences Division*
  - *Cost savings while providing student educational opportunities*
- ◆ School of Industrial Engineering
- ◆ Student Engagement
  - *Medical student clerkships*
  - *Nursing student rotations*

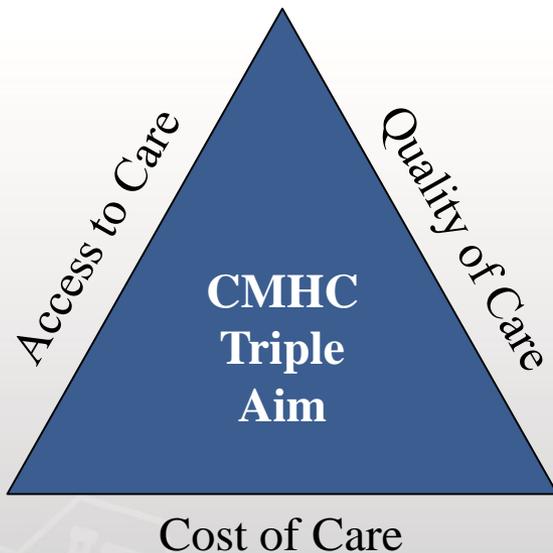


# OPERATIONAL SUPPORT

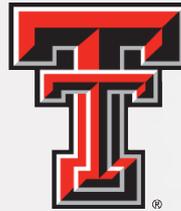


- ◆ Electronic Claims Adjudication
  - *Enhanced data capture & reporting*
  - *Shortened processing time while reducing errors*
- ◆ Compliance & Audit
  - ◆ *Internal and External*
  - ◆ *1,000+ hours of training last year*
- ◆ IT Investments
  - *2 wireless bridges tie smaller units to larger units with optimal bandwidth*
  - *Aging computer and x-ray upgrades*
- ◆ Quarterly Coaching Plans / Values Based Culture

# WHAT'S NEXT



- ◆ Centralized Scheduling
  - *Increased efficiency through standardized clinic flow*
- ◆ Centralized 24/7 Nurse Call Line
  - *Standard, evidence based triage protocols*
- ◆ Tele PT/OT/ST
- ◆ Audiology at Montford
- ◆ Operational Effectiveness



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

# Clinical Support Services

## UTMB Correctional Managed Care

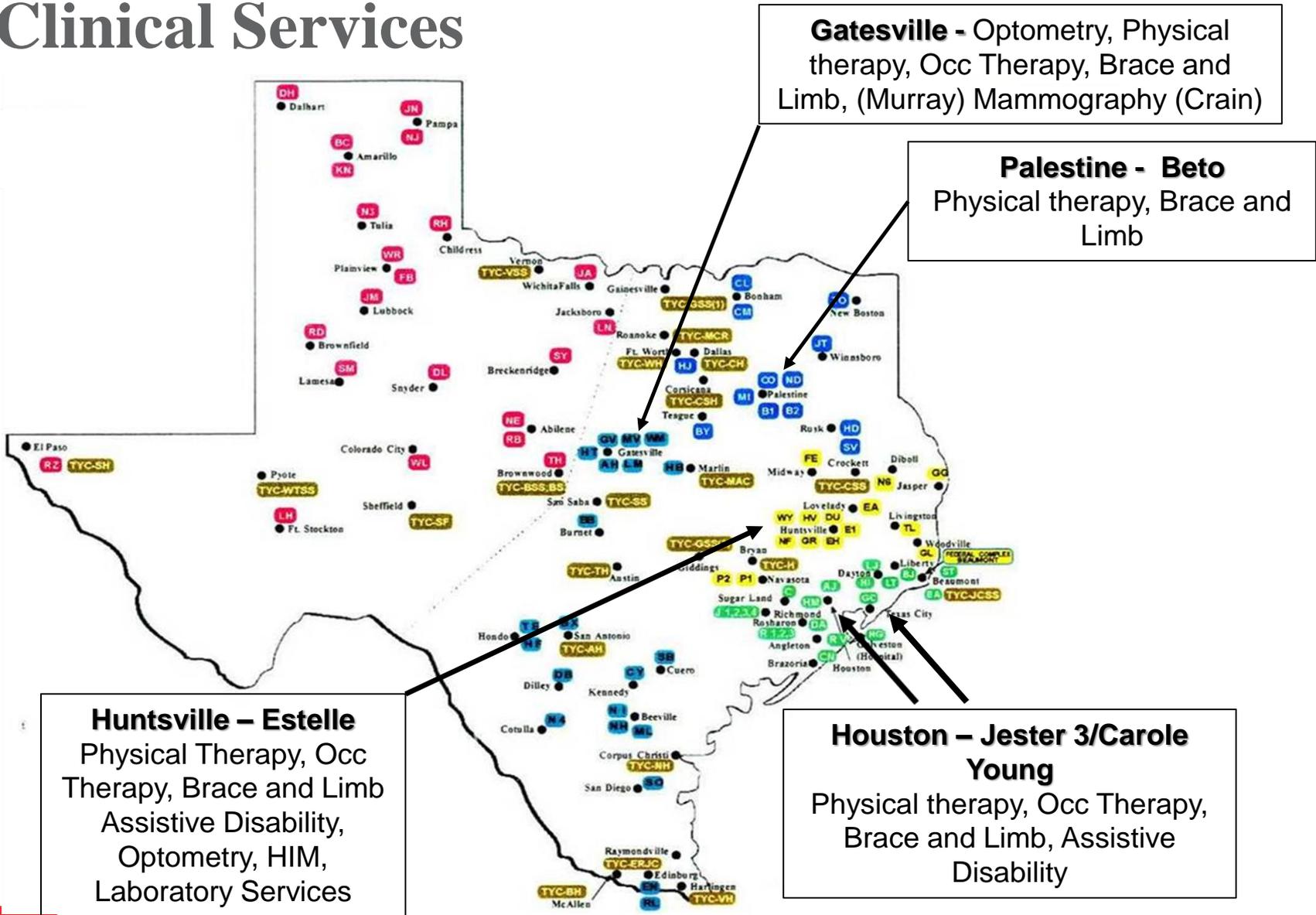
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# What does Support Services Include?

- ❖ Rehabilitation and Assistive Disability Services
- ❖ Optometry
- ❖ Radiology (including mammography and ultrasound)
- ❖ Laboratory Services
- ❖ Patient Evacuation Command Center (PECC)
- ❖ Courier Services
- ❖ Health Information Management (HIM)
- ❖ Baby and Mother Bonding (BAMBI)

# Clinical Services



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# Rehabilitation Services

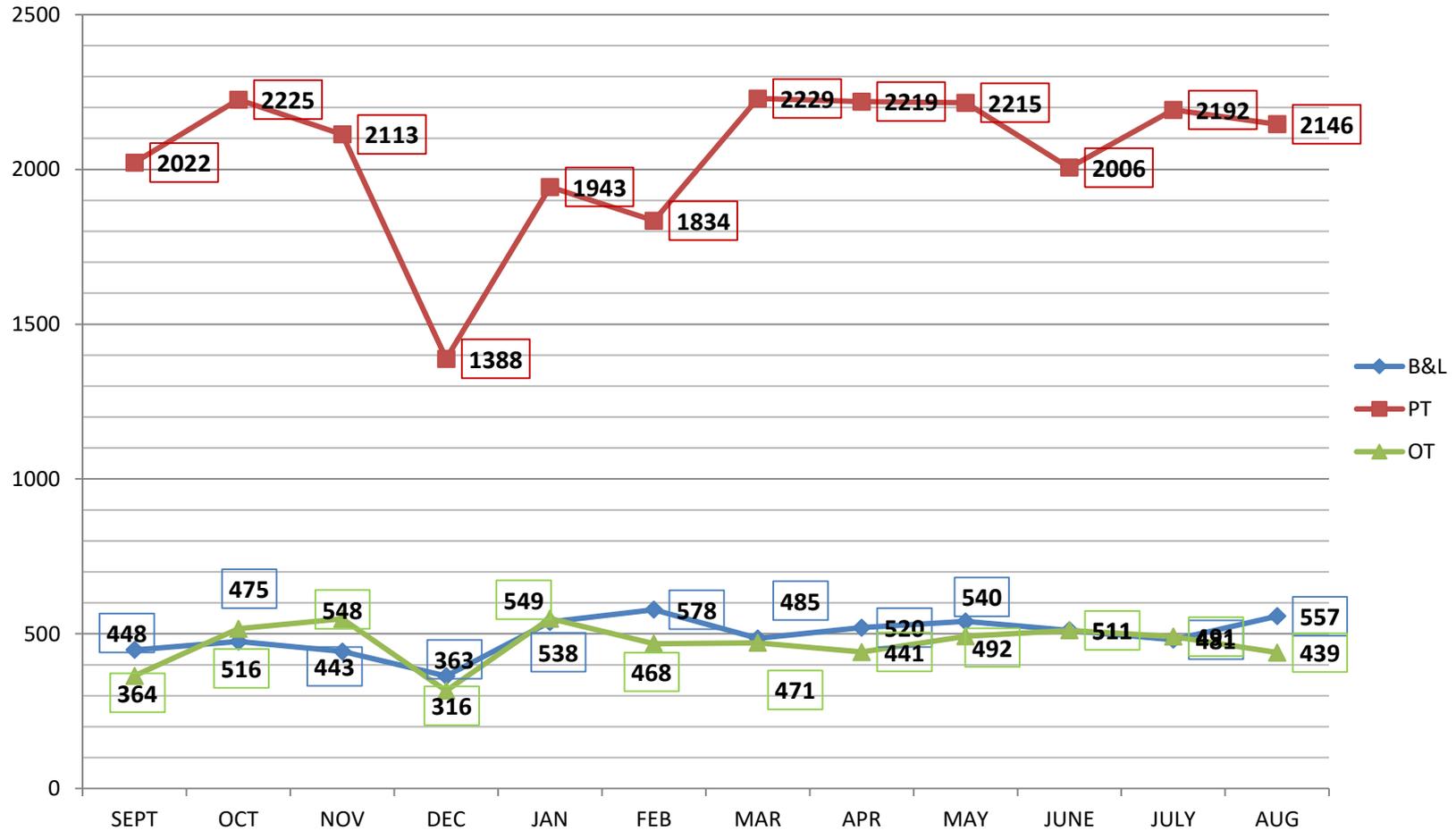
# Rehabilitation Services

- ❖ Provide physical rehabilitation services to offenders with physical disabilities as well as to assist them in accessing programs, services and facilities available to non-disabled offenders
- ❖ Various location and services as of FY19:

Facility	Location	Physical Therapy	PT's	Occupational Therapy	OT's	Brace and Limb	PMR Physician
Beto	Palestine	✓	3.5			✓	
Jester 3	Houston	✓	3	✓	1	✓	✓
Total		24,500	12	5,600	3	5,900	1

PT=Physical Therapist and Physical Therapy Assistants; OT=Occupational Therapist and Occupational Therapy Assistants; PMR=Physical Medicine and Rehab

# FY19 YTD Rehab Services Volume



# Brace and Limb Timelines

<b>Brace &amp; Limb Clinic Referral Time Line Report , October 2019</b>									
<i>(All Pending Referrals as of Month End)</i>									
		<30	30-60	60-90	90-120	120-150	150-180	>180	Total
JESTER III	Routine	0	96	46	4	1	1	0	148
JESTER III	Expedite	0	2	2	0	0	0	0	4
<b>ESTELLE</b>									
ESTELLE	Routine	0	98	44	8	9	0	1	160
ESTELLE	Expedite	0	9	1	1	0	0	0	11
<b>BETO</b>									
BETO	Routine	2	6	78	248	5	1	0	340
BETO	Expedite	0	0	0	0	0	0	0	0
<b>LMURRAY</b>									
LMURRAY	Routine	25	43	6	0	0	0	0	74
LMURRAY	Expedite	0	0	0	0	0	0	0	0
<b>TOTAL</b>									
TOTAL	Routine	27	243	174	260	15	2	1	722
TOTAL	Expedite	0	11	3	1	0	0	0	15
<b>Percent</b>									
Percent	Routine	4%	34%	24%	36%	2%	0%	0%	100%
Percent	Expedite	0%	73%	20%	7%	0%	0%	0%	100%
<b>Referral Timeline for Brace and Limb September 2019</b>									
TOTAL	Routine	73	209	209	246	22	2	1	762
Percent	Routine	10%	28%	28%	32%	2%	0%	0%	100%
Cumulative		10%	38%	66%	98%	100%	0%	0%	100%
<b>Referral Timeline for Brace and Limb August 2019</b>									
TOTAL	Routine	65	241	279	279	14	4	3	885
Percent	Routine	7%	27%	32%	32%	2%	0%	0%	100%
Cumulative		7%	34%	66%	98%	100%	100%	100%	100%
<b>Referral Timeline for Brace and Limb July 2019</b>									
TOTAL	Routine	36	175	334	315	18	6	4	888
Percent	Routine	4%	20%	38%	35%	1%	2%	0%	100%
Cumulative		4%	24%	62%	97%	98%	100%	100%	100%

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# Assistive Disability Services (ADS)

- Services provided
  - Casework services – 4 Caseworkers
    - 3 Caseworkers at Estelle, which includes an Orientation & Mobility Specialist
    - 1 caseworker at J3
  - American Sign Language Interpreters – 2 at Estelle
  - Vision Services – 279 patients
  - Hearing services – 449 patients
  - Speech services – 21 patients
  - Mobility Services – 608 patients
  - Total – ~1357 patients

# Assistive Disability Services (ADS) as of November 8, 2019

FACILITY	GENDER	HEARING*	MOBILITY	SPEECH	VISION**	TOTAL
Crain	Females	1	1			2
Hobby	Females	2				2
Mountain View	Females	1			1	2
San Saba	Females	1				1
Marlin	Females	10	11		10	31
Murray	Females	13	11		10	34
Woodman	Females	2				2
Young	Females	2	4		3	9
Allred	Males	3	2			5
Beto	Males	4	3		4	11
Boyd	Males	7	17		1	25
Bradshaw	Males		1			1
Bridgeport	Males	1				1
Briscoe	Males	1	1			2
Clemens	Males		1			1
Clements	Males	1	1			2
Coffield	Males	5	1	1	1	8
Connally	Males	6	3		3	12
Dalhart	Males				1	1
Darrington	Males	3			1	4
Diboll	Males	3				3
Dominguez	Males	1	1			2
Duncan	Males	9	36	1		46
East Texas ISF	Males	2				2
Eastham	Males	4			1	5
Ellis	Males	10	4	1		15
Estelle	Males	135	54	4	135	328
Ferguson	Males	1				1
Garza East	Males	1				1
Garza West	Males	1				1
Gist	Males		3	1		4
Goree	Males	3			1	4
H. Galveston	Males	1	4	1	3	9
Hamilton	Males	2				2
Hightower	Males	2	5	1	1	9
Hodge	Males	8	1		4	13

RED FONT Denotes Texas Tech Area facilities

FACILITY	GENDER	HEARING*	MOBILITY	SPEECH	VISION**	TOTAL
Holiday	Males	1	19			20
Hughes	Males	8	2		6	16
Huntsville	Males	2	1		1	4
Jester 3	Males	21	104	3	6	134
Jester 4	Males	2	5		4	11
Leblanc	Males	10	37	1	3	51
Lewis	Males	4	11		4	19
Lopez	Males		1			1
Luther	Males	1	6			7
Lynaugh	Males	1				1
Lynchner	Males	1	1			2
McConnel	Males	7	8	1	1	17
Michael	Males	9	6		4	19
Montford	Males		2		2	4
Neal	Males	1				1
Pack	Males	39	70		10	119
Polunsky	Males	10	7	1	17	35
Powledge	Males	4	58	2	10	74
Ramsey 1	Males	14			2	16
Roach	Males		1			1
Robertsor	Males	2	1			3
Scott	Males	4				4
Segovia	Males	1	1		1	3
Skyview	Males	4		1	3	8
Smith	Males	4	2			6
Stevensor	Males	1	2			3
Stiles	Males	13	28	1	7	49
Stringfello	Males	5	1			6
Telford	Males	6	32	1	6	45
Terrell	Males	16	12		6	34
Travis Cty	Males	1				1
Wynne	Males	9	4		1	14
Young	Males	3	22		5	30
<b>TOTAL MALE</b>		<b>418</b>	<b>582</b>	<b>21</b>	<b>255</b>	<b>1276</b>
<b>FEMALE</b>		<b>31</b>	<b>26</b>	<b>0</b>	<b>24</b>	<b>81</b>
<b>GRAND TOTAL</b>		<b>449</b>	<b>608</b>	<b>21</b>	<b>279</b>	<b>1357</b>

\*\* Vision includes: Visually impaired, Legally Blind, Totally Blind

# Optometry Services

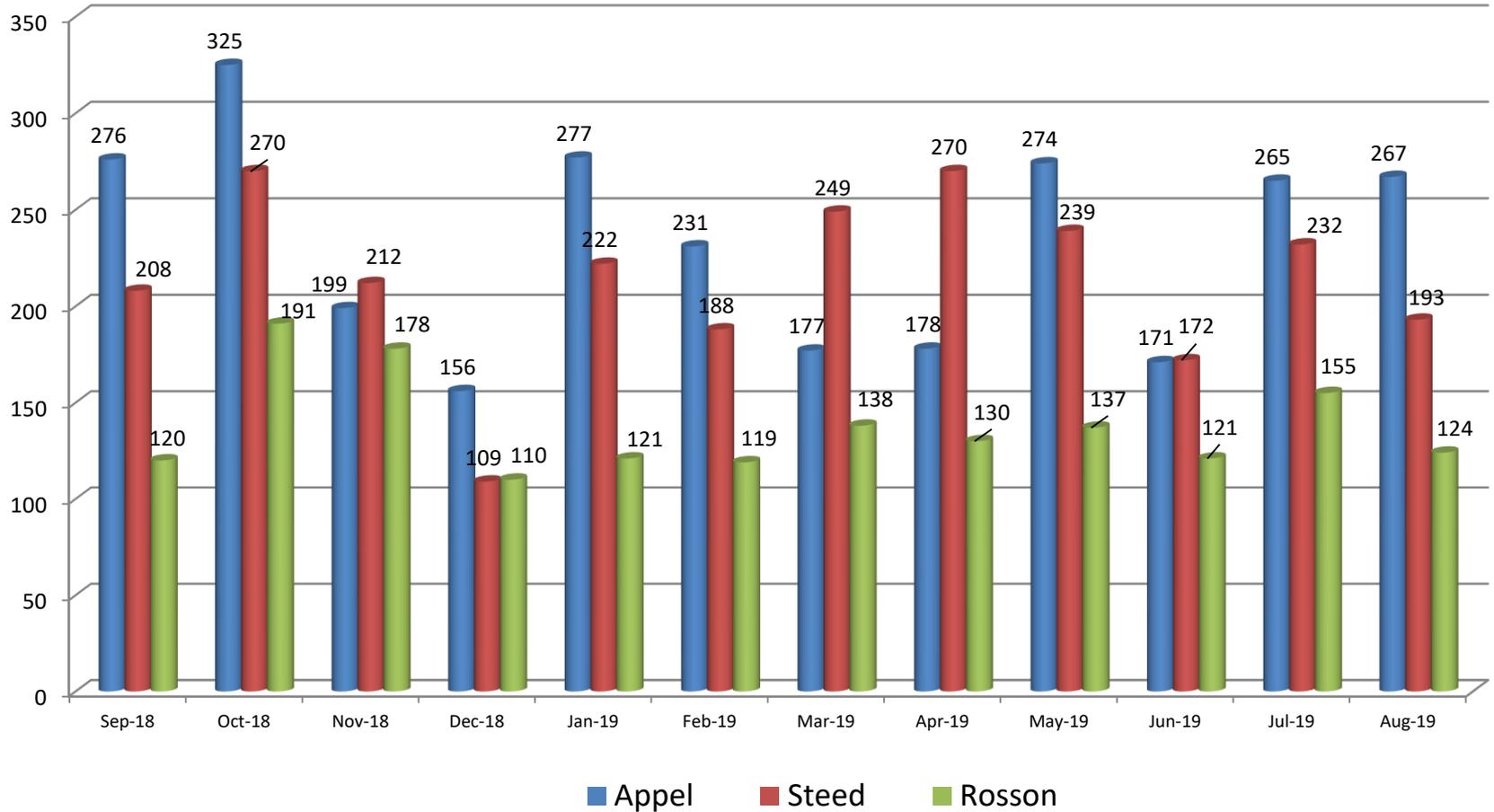


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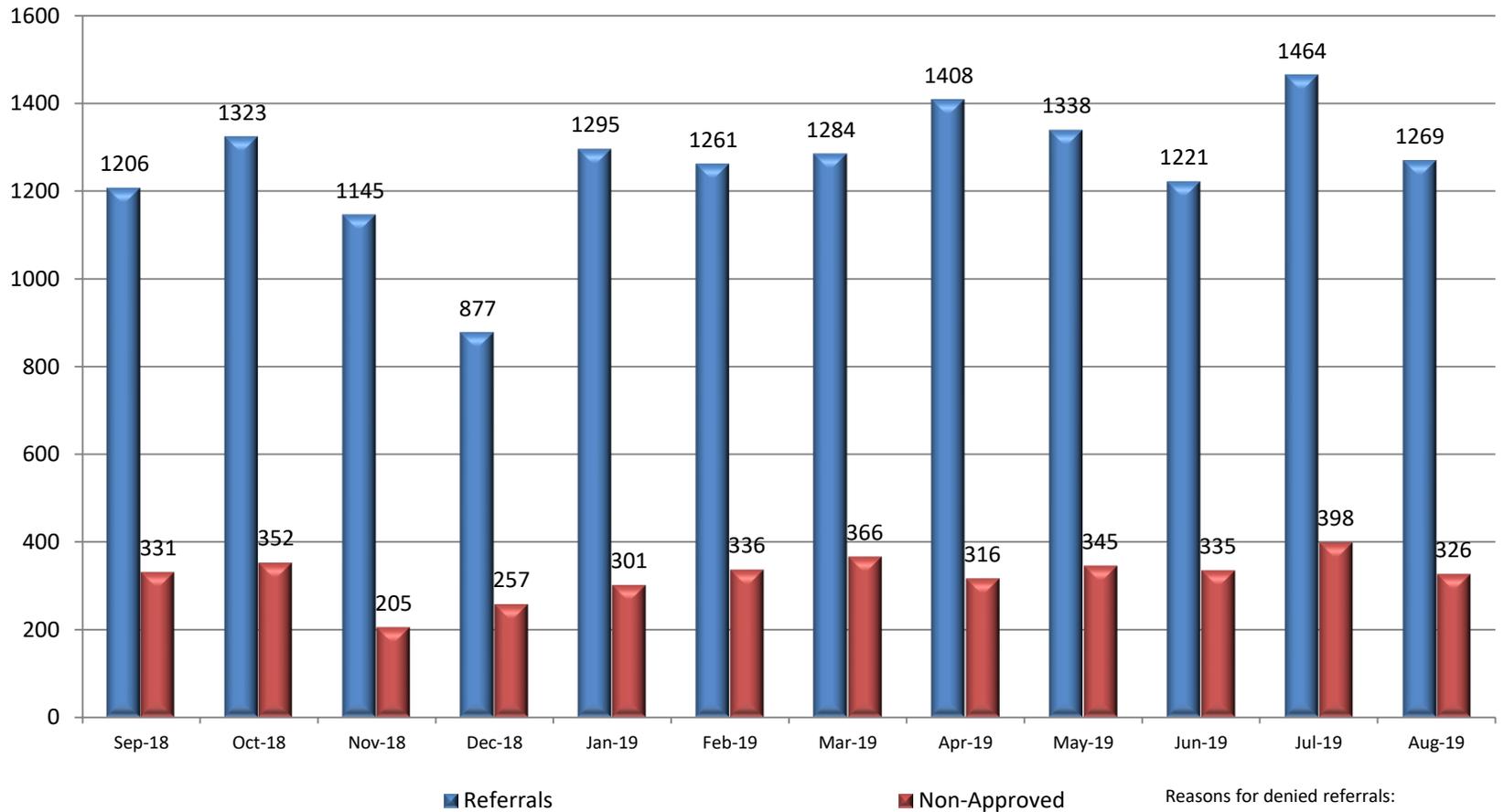
# Optometry Services

- Main location at the Estelle unit in the Regional Medical Facility (RMF) in Huntsville
- 2.5 Optometrists
- 3 support staff
- Locations at the Estelle unit (2 OD's) and the Hughes unit (.5 FTE OD)
- Treat offenders with ocular prosthetics through subcontracted services

# FY19 YTD Optometry Exams by Provider

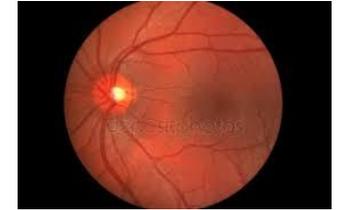


# FY19 YTD Optometry Referrals/Non-Approved



- Reasons for denied referrals:
- Does not meet criteria
  - Duplicate referral
  - Paroled, left system, or moved
  - Less than 2 years since glasses ordered
  - Inconsistent VA's provided in referral

# Retinal Scans



- Important to monitor ophthalmic functioning in the diabetic patient population
- Currently have approximately 8,000 diabetic patients (2,000 are Insulin dependent)
- 3 locations for retinal cameras (Beto, Darrington, and Estelle)
- Patients travel from unit of assignment to unit of exam in regional area (Huntsville, Houston, Palestine)
- Reduces traffic to and from Hospital Galveston
- Images are transmitted to UTMB Ophthalmologist who reads and determines if patient needs follow up at HG

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# Radiology



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# Radiology

- 25 techs across the enterprise serving 69 units.
- 14 units use a third party mobile vendor due to location and size.
- Third party mobile ultrasound (primarily liver) at Estelle and recently Ellis as well as Gatesville
- Average age of x-ray suite equipment is 16 years. Oldest is 38 years.
- Approximately 40,000 images produced each year
- Images transmitted via computed Radiography (CR) units resulting in just in time transmission to UTMB Radiology Department (Transitioned in 2012)
- Results in 4-24 hours, prior standard was 4-7 days
- Archived using a Picture Archiving Computer System (PACS) for long term storage and easy retrieval
- Approximately 100K exams per year
- No lost films or issues retrieving archived PACS images
- Back up systems allow for disaster recovery
- Currently updating software to comply with Windows 10 capabilities

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# Mammography

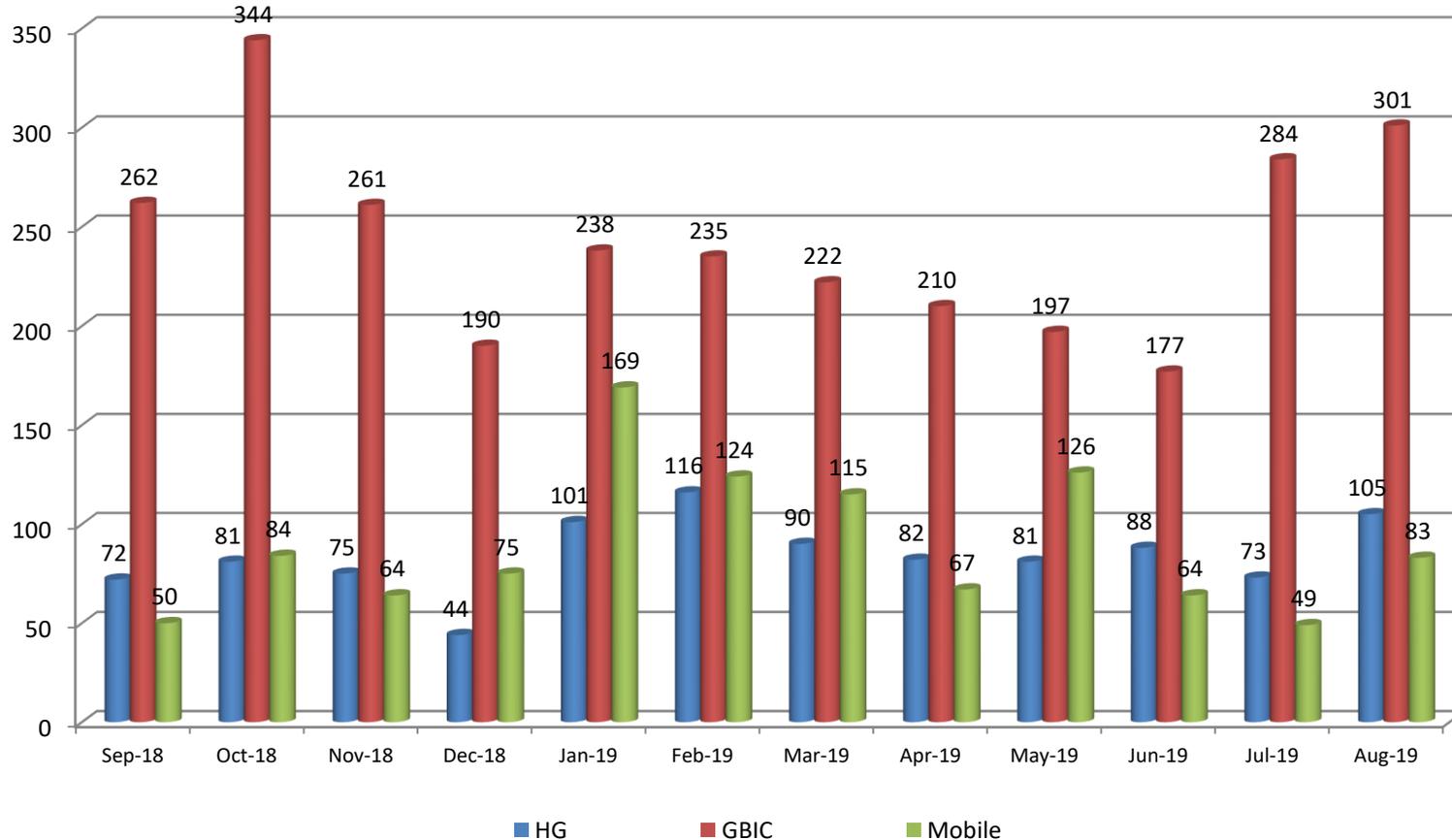
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# Mammography Services

- ❖ Digital mammography provided at the Gatesville Breast Imaging Center (GBIC) located at the Crain unit
- ❖ Lead Interpreting Physician is UTMB radiology staff
- ❖ All offenders at the Plane State Jail and Henley Units located in Dayton, as well as those at the Carole Young RMF are sent to Hospital Galveston
- ❖ New Hologic Mammography machine being placed at the Crain unit in FY20

# FY19 YTD Total Mammography Volume

Total Exams YTD = 4,999



GBIC=Gatesville Breast Imaging Center



# Laboratory Services



- Managed by Dr. Okorodudu through UTMB but large CAP accredited lab at the Estelle unit
- Serves 39 TDCJ units and private prisons counting Estelle as one – 5 main areas (Building, SAFP, High Security, Inpatient and Dialysis. 8 onsite employees divided into 2 shifts, M – F. 4 Departments – Chemistry, Hematology, Urinalysis and Serology
- Over 100,000 individual test results (includes test in the panels) based on panels are reported per month:
  - CMP ~5000 - 6000
  - Lipids ~3000 – 3500
  - CBC 5000
  - RPR 3000 (Holliday and Gurney send approximately half of all rec'd)
  - Urines 700 tests (UA Chem and UA micro combined)
  - Recently added: HGBA1C ~ 1800/month

# Patient Evacuation Command Center (PECC)



**Multi Patient Vehicles (MPV's)  
Inside**



**Multi Patient Vehicles (MPV's)**



**Ambulance**

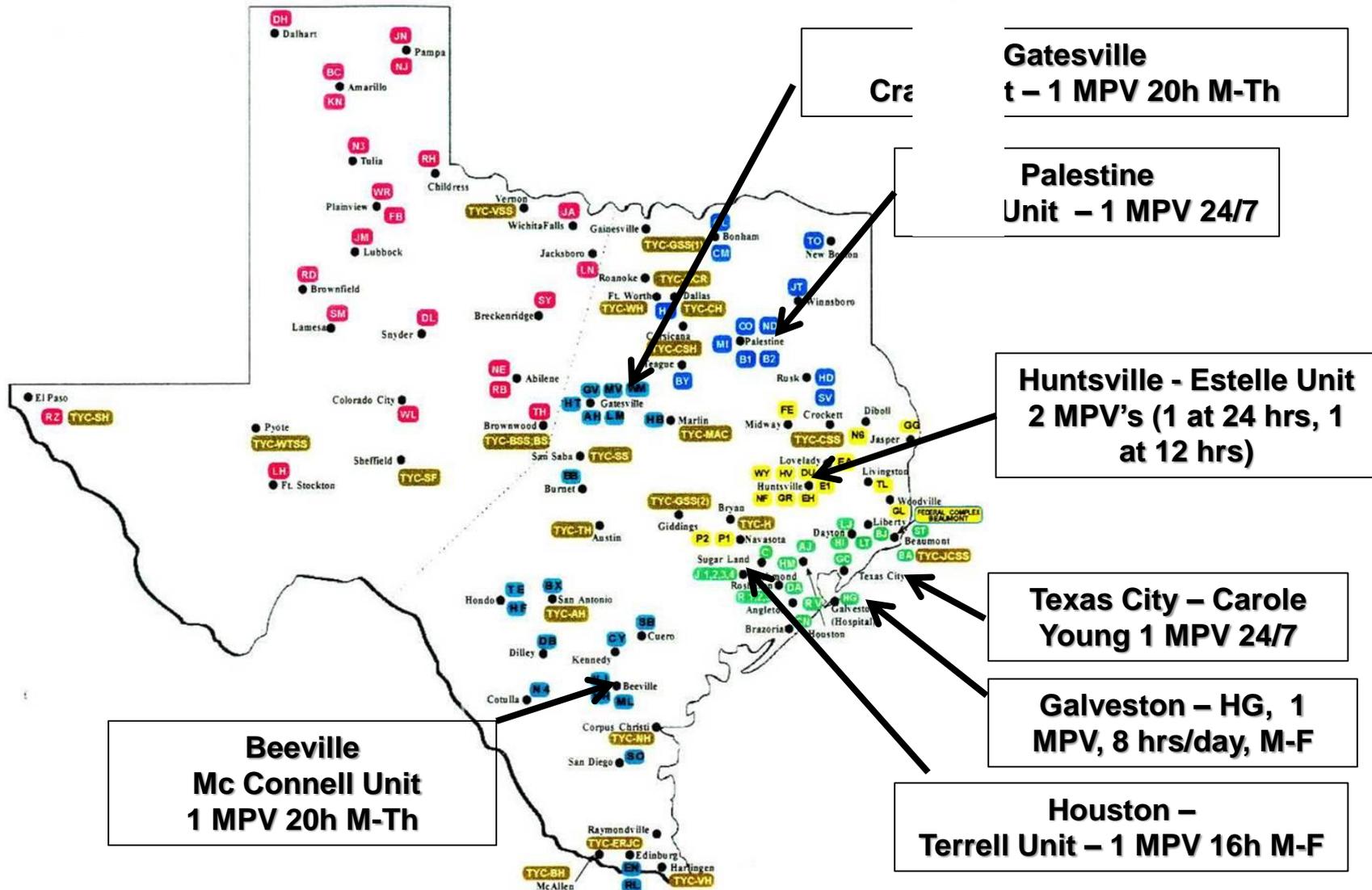
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# Patient Evacuation Command Center

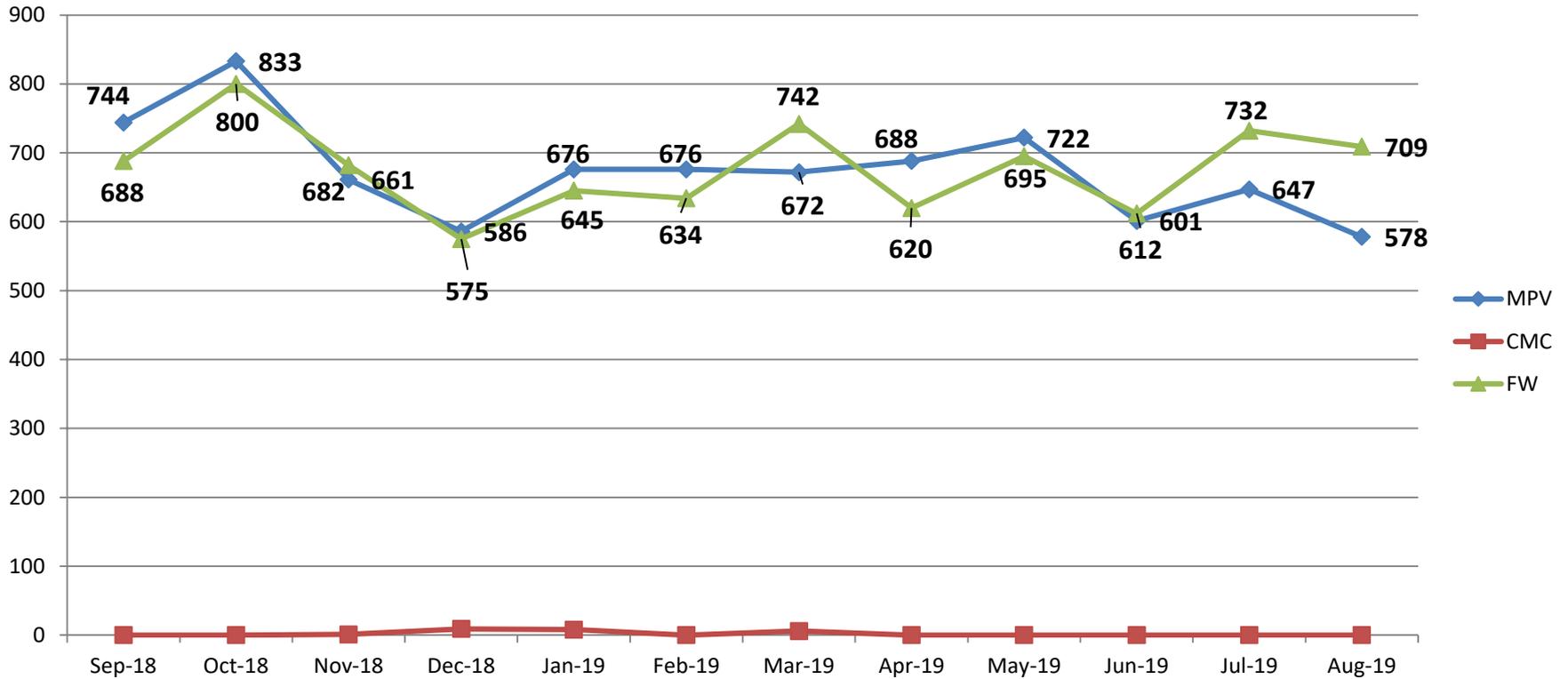
The PECC provides medical transportation services to TDCJ offenders in a safe, professional and efficient manner, enhancing the quality of life entrusted to their care.

- 24/7 operation
- Multi Patient Vehicles (MPV's) – 8
  - Each carries 6-10 patients that meet various criteria (O2 dep, ability to ambulate, wired jaws, chemo, etc.) , depending on vehicle size
- Ambulances – None currently in service, but working through funding for replacements
- Staff – 38 FTEs (2 administrative, 8 dispatchers, 2 HG Liaisons and 26 Patient Transport Drivers and EMT's)
- Assigned Medical Director

# Medical Transportation

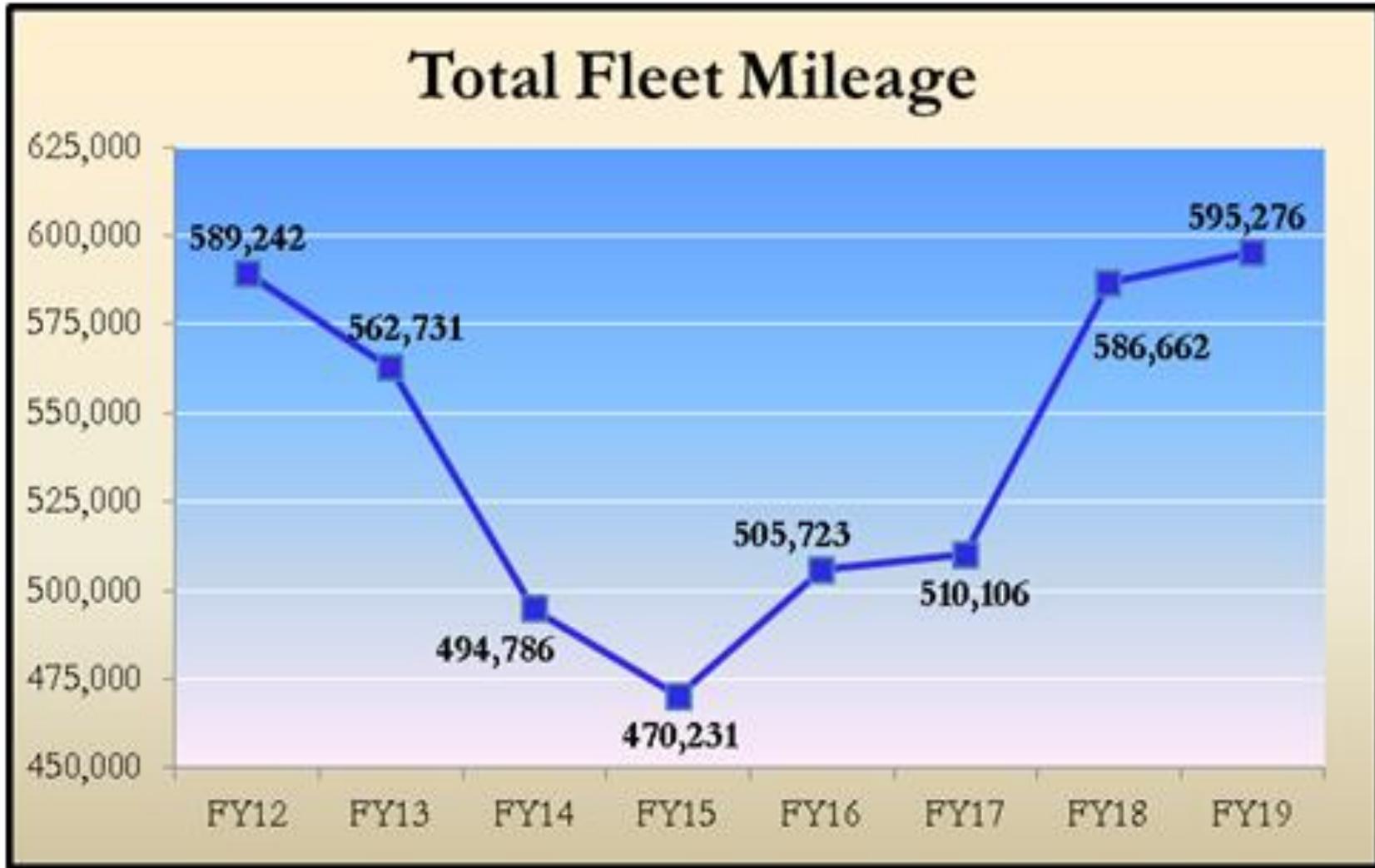


# Transport by Mode



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total	Mo AVG
MPV	744	833	661	586	676	676	672	688	722	601	647	578	8,084	674
CMC	0	0	1	9	8	0	6	0	0	0	0	0	24	2
FW	688	800	682	575	645	634	742	620	695	612	732	709	8,134	678
Total	1,432	1,633	1,344	1,170	1,329	1,310	1,420	1,308	1,417	1,213	1,379	1,287	16,242	1,358

# Mileage



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# Courier Services



# Courier Services

- Provides daily deliveries of essential medical items used in providing quality healthcare to the offender population.

Stats	
Vehicles	13 Cargo/8 Medical Waste Trailers
Staff	13
Routes	8
Facilities Served	80
Annual Mileage	622,085
Items distributed *	326,944

\* Pharmacy, Lab, Radiology, Waste, Dental, Optical, Medical Records, Equipment

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# Health Information Management

- Health Services Archives-Retains and maintains all medical and death records of discharged/expired offenders, in addition to retention of medical and dental x-rays.
- Assures integrity of the Electronic Medical Record
- Receives and processes all requests for protected healthcare information (PHI)
- Provides radiology transcription services for dictated radiology interpretations.

## Volumes

- Release of Information Requests FY 2019                      7759

## Electronic Medical Record

- Adapted from an outpatient kidney dialysis medical record
- Refined and enhanced since the mid-1990's.
- Overseen by the Director of Healthcare Information Services and governed by a Joint EMR Committee composed representatives from UTMB, Texas Tech, and TDCJ

# Baby and Mother Bonding Initiative (BAMBI)

- Santa Maria's Bonita House infant bonding started April 2010
- 312 offender graduates and their babies
- Recidivism reduction of 19%
- Structured social environment for low level offenders coming to prison for shorter sentences
- 20 hrs of programming each week including the following components

<b>Parenting Skills</b>	<b>Child Development</b>
<b>Life Skills</b>	<b>Substance Abuse</b>
<b>Infant Care and First Aid/CPR</b>	<b>Identifiers of triggers and relapse prevention</b>
<b>Bonding Activities</b>	<b>Nutrition and Healthy Living</b>
<b>Reproductive Health</b>	

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# Questions?

# SUPPLEMENTAL

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



## **Quarterly Report FY2019 Fourth Quarter**

**September 2018 – August 2019**

## Fourth Quarter Financial Report on Correctional Managed Health Care

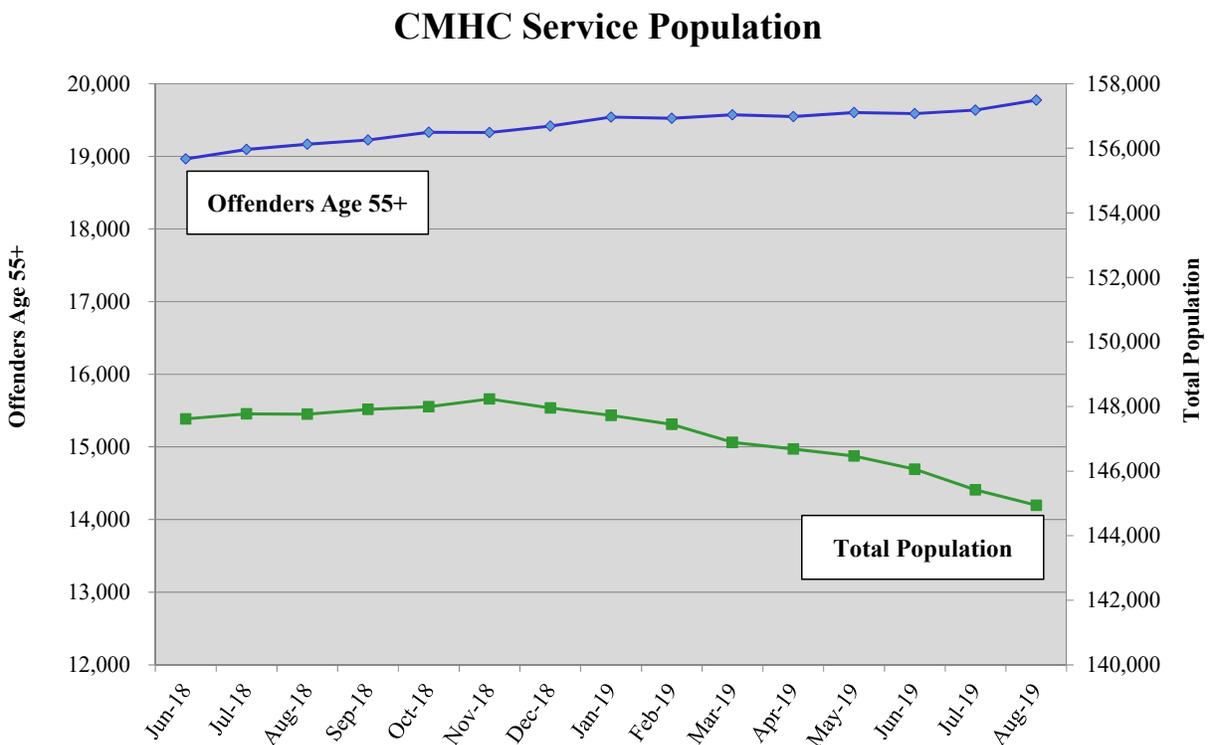
### Overview

- Pursuant to the FY2018-19 General Appropriations Act, Article V, Rider 46, 85<sup>th</sup> Legislature, Regular Session 2017
- FY2019 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$312.9M
  - Strategy C.1.9, Hospital and Clinical Care, \$190.6M
  - Strategy C.1.10, Pharmacy Care, \$61.1M

<b><u>Method of Finance Summary</u></b>	<b><u>FY2019</u></b>
<b>SB 1, Article V, TDCJ Appropriations</b>	
C.1.8. Unit and Psychiatric Care	\$ 312,921,688
C.1.9. Hospital and Clinic Care	\$ 190,550,364
C.1.10. Pharmacy Care	\$ 61,103,542
<b>TOTAL</b>	<b>\$ 564,575,594</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
C.1.8. Unit and Psychiatric Care	\$ 249,809,198
C.1.9. Hospital and Clinic Care	\$ 157,822,023
C.1.10. Pharmacy Care	\$ 48,922,680
<b>Subtotal UTMB</b>	<b>\$ 456,553,901</b>
<b>Texas Tech University Health Sciences Center</b>	
C.1.8. Unit and Psychiatric Care	\$ 62,112,490
C.1.9. Hospital and Clinic Care	\$ 32,728,341
C.1.10. Pharmacy Care	\$ 12,180,862
<b>Subtotal TTUHSC</b>	<b>\$ 107,021,693</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 563,575,594</b>
<b><u>Allocation to Capital Budget</u></b>	
Sheltered Housing Unit Capacity Expansion Jester III, Telford and Young	\$ 1,000,000
<b>TOTAL ALLOCATED</b>	<b>\$ 564,575,594</b>

## Population

- Overall offender service population has decreased 0.8% from FY2018
  - Average daily census through 4<sup>th</sup> quarter
    - FY2018: 148,185
    - FY2019: 146,979
  
- Offenders aged 55 or older population has increased 4.3% from FY2018
  - Average daily census through 4<sup>th</sup> quarter
    - FY2018: 18,706
    - FY2019: 19,507
  - While comprising about 13.3% of the overall service population, these offenders account for 47.4% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2019 average number of psychiatric inpatients through 4<sup>th</sup> quarter: 1,789
  - FY2019 average number of psychiatric outpatients through 4<sup>th</sup> quarter: 26,703



## Health Care Costs

- Total expenditures through 4<sup>th</sup> quarter, FY2019: \$756.7M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$397.0M or 52.5% of total expenses
  - Hospital and Clinical Care - \$286.5M or 37.9% of total expenses
  - Pharmacy Services - \$73.1M or 9.7% of total expenses
    - HIV related drugs: 32.0% of total drug costs
    - Hepatitis C drug therapies: 24.3% of total drug costs
    - Psychiatric drugs: 5.5% of total drug costs
    - All other drug costs: 38.2% of total drug costs
- Cost per offender per day increased 7.8% from FY2018 to FY2019
  - Cost per offender per day through 4<sup>th</sup> quarter FY19
    - FY2018: \$13.08
    - FY2019: \$14.10

### Comparison of Total Health Care Costs

	FY 15	FY 16	FY17	FY18	4-Year Average	FYTD 19 1st Qtr	FYTD 19 2nd Qtr	FYTD 19 3rd Qtr	FYTD 19 4th Qtr
<b>Population</b>									
UTMB	117,779	116,828	116,574	118,737	117,479	118,895	118,746	118,401	117,987
TTUHSC	30,790	30,004	29,807	29,448	30,012	29,152	29,132	29,079	28,992
<b>Total</b>	<b>148,569</b>	<b>146,832</b>	<b>146,381</b>	<b>148,185</b>	<b>147,492</b>	<b>148,047</b>	<b>147,878</b>	<b>147,480</b>	<b>146,979</b>
<b>Expenses</b>									
UTMB	\$474,922,507	\$523,473,857	\$554,779,025	\$589,220,522	\$535,598,978	\$155,589,789	\$307,374,507	\$467,597,644	\$631,955,233
TTUHSC	\$107,975,637	\$118,262,289	\$115,982,376	\$118,282,720	\$115,125,755	\$30,787,946	\$61,391,302	\$92,840,057	\$124,707,572
<b>Total</b>	<b>\$582,898,144</b>	<b>\$641,736,146</b>	<b>\$670,761,401</b>	<b>\$707,503,242</b>	<b>\$650,724,733</b>	<b>\$186,377,735</b>	<b>\$368,765,809</b>	<b>\$560,437,701</b>	<b>\$756,662,805</b>
<b>Cost/Day</b>									
UTMB	\$11.05	\$12.24	\$13.04	\$13.60	\$12.48	\$14.38	\$14.30	\$14.47	\$14.67
TTUHSC	\$9.61	\$10.77	\$10.66	\$11.00	\$10.50	\$11.61	\$11.64	\$11.69	\$11.78
<b>Total</b>	<b>\$10.75</b>	<b>\$11.94</b>	<b>\$12.55</b>	<b>\$13.08</b>	<b>\$12.08</b>	<b>\$13.83</b>	<b>\$13.78</b>	<b>\$13.92</b>	<b>\$14.10</b>

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

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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**Fourth Quarter, FY2019**

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 62,112,490	\$ 249,809,198	\$ 311,921,688
State Reimbursement Benefits	\$ 10,161,175	\$ 55,216,106	\$ 65,377,281
Other Misc Revenue	\$ 2,360	\$ 79,024	\$ 81,384
<b>C.1.8. Total Method of Finance</b>	<b>\$ 72,276,025</b>	<b>\$ 305,104,328</b>	<b>\$ 377,380,353</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 32,728,341	\$ 157,822,023	\$ 190,550,364
State Reimbursement Benefits	\$ 2,070,927	\$ -	\$ 2,070,927
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 34,799,268</b>	<b>\$ 157,822,023</b>	<b>\$ 192,621,291</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 12,180,863	\$ 48,922,680	\$ 61,103,543
State Reimbursement Benefits	\$ 88,604	\$ 2,344,826	\$ 2,433,430
Other Misc Revenue	\$ -	\$ 2,400	\$ 2,400
<b>C.1.10. Total Method of Finance</b>	<b>\$ 12,269,466</b>	<b>\$ 51,269,906</b>	<b>\$ 63,539,372</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 119,344,759</b>	<b>\$ 514,196,257</b>	<b>\$ 633,541,016</b>

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 107,021,693	\$ 456,553,901	\$ 563,575,594
State Reimbursement Benefits	\$ 12,320,706	\$ 57,560,932	\$ 69,881,638
Other Misc Revenue	\$ 2,360	\$ 81,424	\$ 83,784
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 119,344,759</b>	<b>\$ 514,196,257</b>	<b>\$ 633,541,016</b>

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 74,506,547	\$ 322,472,604	\$ 396,979,151
C.1.9. Hospital & Clinical Care	\$ 39,259,764	\$ 247,285,917	\$ 286,545,681
C.1.10. Managed Health Care - Pharmacy	\$ 10,941,261	\$ 62,196,712	\$ 73,137,973
<b>TOTAL EXPENDITURES</b>	<b>\$ 124,707,572</b>	<b>\$ 631,955,233</b>	<b>\$ 756,662,805</b>

<b>DIFFERENCE</b>	<b>\$ (5,362,813)</b>	<b>\$ (117,758,975)</b>	<b>\$ (123,121,789)</b>
<b>FY 2019 Spend Forward to FY2018 - LBB Approved</b>	<b>\$ (3,315,056)</b>	<b>\$ (76,184,944)</b>	<b>\$ (79,500,000)</b>
<b>FY 2018 Ending Balance / Cost Report Reconciliation</b>		<b>\$ (5,775,299)</b>	<b>\$ (5,775,299)</b>
<b>FY 2019 Supplemental Appropriation, SB500</b>	<b>\$ 8,658,561</b>	<b>\$ 181,341,439</b>	<b>\$ 190,000,000</b>
<b>Excess Offender Healthcare Fees</b>		<b>\$ 243,003</b>	<b>\$ 243,003</b>
<b>NET DIFFERENCE</b>	<b>\$ (19,308)</b>	<b>\$ (18,134,777)</b>	<b>\$ (18,154,085)</b>

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<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 62,112,490	\$ 249,809,198	\$ 311,921,688
State Reimbursement Benefits	\$ 10,161,175	\$ 55,216,106	\$ 65,377,281
Other Misc Revenue	\$ 2,360	\$ 79,024	\$ 81,384
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 72,276,025</b>	<b>\$ 305,104,328</b>	<b>\$ 377,380,353</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 26,377,550	\$ 195,201,275	\$ 221,578,825
Benefits	\$ 8,390,803	\$ 55,697,475	\$ 64,088,278
Other Operating Expenses	\$ 2,454,725	\$ 24,153,116	\$ 26,607,840
Professional Services	\$ 2,814,709	\$ -	\$ 2,814,709
Contracted Units/Services	\$ 14,441,112	\$ -	\$ 14,441,112
Travel	\$ 281,446	\$ 1,454,089	\$ 1,735,535
Capitalized Equipment	\$ 232,721	\$ 1,533,155	\$ 1,765,876
<b>Subtotal, Unit Care</b>	<b>\$ 54,993,065</b>	<b>\$ 278,039,109</b>	<b>\$ 333,032,174</b>
<b>Psychiatric Care</b>			
Salaries	\$ 12,498,492	\$ 29,484,639	\$ 41,983,131
Benefits	\$ 3,393,897	\$ 7,365,869	\$ 10,759,766
Other Operating Expenses	\$ 156,794	\$ 280,328	\$ 437,122
Professional Services	\$ 1,645,938	\$ -	\$ 1,645,938
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 110,267	\$ 151,924	\$ 262,191
<b>Subtotal, Psychiatric Care</b>	<b>\$ 17,805,388</b>	<b>\$ 37,282,759</b>	<b>\$ 55,088,147</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,708,094</b>	<b>\$ 7,150,735</b>	<b>\$ 8,858,829</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 74,506,547</b>	<b>\$ 322,472,604</b>	<b>\$ 396,979,151</b>
<b>DIFFERENCE</b>	<b>\$ (2,230,522)</b>	<b>\$ (17,368,275)</b>	<b>\$ (19,598,798)</b>

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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 32,728,341	\$ 157,822,023	\$ 190,550,364
State Reimbursement Benefits	\$ 2,070,927	\$ -	\$ 2,070,927
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 34,799,268</b>	<b>\$ 157,822,023</b>	<b>\$ 192,621,291</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 1,738,707	\$ 24,233,149	\$ 25,971,856
Freeworld Provider Services	\$ 22,077,515	\$ 59,192,851	\$ 81,270,366
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 14,307,863	\$ 140,241,559	\$ 154,549,422
Estimated IBNR	\$ 235,650	\$ 17,000,000	\$ 17,235,650
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 38,359,734</b>	<b>\$ 240,667,559</b>	<b>\$ 279,027,294</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 900,029</b>	<b>\$ 6,618,358</b>	<b>\$ 7,518,387</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 39,259,764</b>	<b>\$ 247,285,917</b>	<b>\$ 286,545,681</b>
<b>DIFFERENCE</b>	<b>\$ (4,460,496)</b>	<b>\$ (89,463,894)</b>	<b>\$ (93,924,390)</b>

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

- Based on FY2019 expenditure data received from UTMB, the average cost per patient day for FY2019, adjusted for each hospital's case mix index (CMI), was approximately \$1,134 for Huntsville Memorial Hospital (HMH), and \$1,549 for UTMB Hospital Galveston (HG).
- FY2019 expenditures at HMH totaled \$8.4 million for 5,173 patient days (equivalent to an average population of 14 offenders). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$11.5 million.
- Based on FY2019 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$3.1 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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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 12,180,863	\$ 48,922,680	\$ 61,103,543
State Reimbursement Benefits	\$ 88,604	\$ 2,344,826	\$ 2,433,430
Other Misc Revenue	\$ -	\$ 2,400	\$ 2,400
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 12,269,466</b>	<b>\$ 51,269,906</b>	<b>\$ 63,539,372</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 2,138,852	\$ 8,583,514	\$ 10,722,365
Benefits	\$ 101,507	\$ 2,662,357	\$ 2,763,864
Other Operating Expenses	\$ 276,909	\$ 1,750,026	\$ 2,026,935
Pharmaceutical Purchases	\$ 8,070,801	\$ 47,557,628	\$ 55,628,429
Travel	\$ 18,219	\$ 41,376	\$ 59,595
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 10,606,287</b>	<b>\$ 60,594,901</b>	<b>\$ 71,201,188</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 334,974</b>	<b>\$ 1,601,811</b>	<b>\$ 1,936,785</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 10,941,261</b>	<b>\$ 62,196,712</b>	<b>\$ 73,137,973</b>
<b>DIFFERENCE</b>	<b>\$ 1,328,205</b>	<b>\$ (10,926,806)</b>	<b>\$ (9,598,601)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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**Fourth Quarter, FY2019**

**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>FY2019 YTD</u>
<b>Average Service Population</b>								
UTMB Service Population	118,895	118,598	117,710	117,015	116,613	116,606	116,745	117,987
TTUHSC Service Population	29,152	29,113	28,973	29,045	28,805	28,337	28,729	28,992
<b>Average Service Population</b>	<b>148,047</b>	<b>147,711</b>	<b>146,683</b>	<b>146,060</b>	<b>145,418</b>	<b>144,944</b>	<b>145,474</b>	<b>146,979</b>
<b>Population Age 55 and Over</b>								
UTMB Population	16,264	16,464	16,363	16,292	16,344	16,445	16,360	16,363
TTUHSC Population	3,030	3,029	3,211	3,297	3,294	3,330	3,307	3,144
<b>Population Age 55 and Over</b>	<b>19,294</b>	<b>19,493</b>	<b>19,574</b>	<b>19,589</b>	<b>19,638</b>	<b>19,775</b>	<b>19,667</b>	<b>19,507</b>
<b>HIV Population</b>	<b>2,018</b>	<b>2,028</b>	<b>2,010</b>	<b>1,972</b>	<b>1,953</b>	<b>1,935</b>	<b>1,953</b>	<b>2,002</b>
<b>Medical Inpatient Average Daily Census</b>								
UTMB-Hospital Galveston	90	99	99	106	107	102	105	98
UTMB Freeworld Hospitals	46	43	47	42	64	78	61	49
TTUHSC Freeworld Hospitals	9	9	9	11	12	14	12	10
<b>Medical Inpatient Average Daily Census</b>	<b>145</b>	<b>150</b>	<b>155</b>	<b>159</b>	<b>183</b>	<b>193</b>	<b>178</b>	<b>157</b>
<b>Medical Outpatient Visits</b>								
UTMB Specialty Clinics and ER Visits	7,995	7,631	8,509	8,161	8,971	8,675	8,602	8,184
TTUHSC Freeworld Outpatient and ER Visits	1,144	1,045	1,124	1,105	1,179	1,113	1,132	1,111
<b>Medical Outpatient Visits</b>	<b>9,140</b>	<b>8,676</b>	<b>9,633</b>	<b>9,266</b>	<b>10,150</b>	<b>9,788</b>	<b>9,735</b>	<b>9,296</b>
<b>Mental Health Inpatient Average Census</b>								
UTMB Psychiatric Inpatient	998	976	978	992	995	993	993	986
TTUHSC Psychiatric Inpatient	850	804	782	809	764	754	776	803
<b>Mental Health Inpatient Average Census</b>	<b>1,848</b>	<b>1,780</b>	<b>1,760</b>	<b>1,801</b>	<b>1,759</b>	<b>1,747</b>	<b>1,769</b>	<b>1,789</b>
<b>Mental Health Outpatient Caseload, Month End</b>								
UTMB Psychiatric Outpatient	20,977	21,122	20,981	20,968	21,028	21,441	21,146	21,057
TTUHSC Psychiatric Outpatient	5,339	5,489	5,829	6,021	5,876	5,892	5,930	5,647
<b>Mental Health Outpatient Caseload, Month End</b>	<b>26,316</b>	<b>26,611</b>	<b>26,810</b>	<b>26,989</b>	<b>26,904</b>	<b>27,333</b>	<b>27,075</b>	<b>26,703</b>

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

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<b>Texas Tech University Health Sciences Center</b>					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
<b>REVENUE:</b>					
TDCJ Appropriation	\$ 26,682,121	\$ 26,388,910	\$ 26,975,331	\$ 26,975,331	\$ 107,021,693
State Reimbursement Benefits	\$ 2,800,742	\$ 2,864,077	\$ 2,876,054	\$ 3,779,833	\$ 12,320,706
Other Misc Revenue	\$ 652	\$ 717	\$ 511	\$ 480	\$ 2,360
<b>TOTAL REVENUES</b>	<b>\$ 29,483,515</b>	<b>\$ 29,253,705</b>	<b>\$ 29,851,896</b>	<b>\$ 30,755,644</b>	<b>\$ 119,344,759</b>

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>					
<b>EXPENDITURES:</b>					
<b>Unit Care Expenditures</b>					
Salaries	\$ 6,470,353	\$ 6,511,807	\$ 6,689,202	\$ 6,706,188	\$ 26,377,550
Benefits	\$ 1,994,993	\$ 2,128,058	\$ 2,137,987	\$ 2,129,765	\$ 8,390,803
Other Operating Expenses	\$ 596,646	\$ 591,193	\$ 616,746	\$ 650,140	\$ 2,454,725
Professional Services	\$ 800,064	\$ 583,387	\$ 741,452	\$ 689,805	\$ 2,814,709
Contracted Units/Services	\$ 3,532,245	\$ 3,496,856	\$ 3,570,415	\$ 3,841,595	\$ 14,441,112
Travel	\$ 60,836	\$ 65,513	\$ 68,919	\$ 86,178	\$ 281,446
Capitalized Equipment	\$ 38,387	\$ 101,480	\$ 51,000	\$ 41,854	\$ 232,721
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 13,493,525</b>	<b>\$ 13,478,294</b>	<b>\$ 13,875,721</b>	<b>\$ 14,145,525</b>	<b>\$ 54,993,065</b>
<b>Psychiatric Care Expenditures</b>					
Salaries	\$ 3,105,074	\$ 3,027,102	\$ 3,167,973	\$ 3,198,342	\$ 12,498,492
Benefits	\$ 831,757	\$ 846,142	\$ 853,091	\$ 862,907	\$ 3,393,897
Other Operating Expenses	\$ 45,748	\$ 44,815	\$ 34,495	\$ 31,736	\$ 156,794
Professional Services	\$ 453,040	\$ 301,678	\$ 480,514	\$ 410,707	\$ 1,645,938
Travel	\$ 21,166	\$ 24,818	\$ 35,450	\$ 28,833	\$ 110,267
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,456,786</b>	<b>\$ 4,244,555</b>	<b>\$ 4,571,523</b>	<b>\$ 4,532,525</b>	<b>\$ 17,805,388</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 17,950,310</b>	<b>\$ 17,722,849</b>	<b>\$ 18,447,244</b>	<b>\$ 18,678,050</b>	<b>\$ 72,798,453</b>

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>					
<b>EXPENDITURES:</b>					
University Professional Services	\$ 404,388	\$ 404,388	\$ 404,388	\$ 525,543	\$ 1,738,707
Freeworld Provider Services	\$ 5,555,946	\$ 4,889,278	\$ 5,981,462	\$ 5,650,828	\$ 22,077,515
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,464,311	\$ 3,490,406	\$ 3,799,319	\$ 3,553,826	\$ 14,307,863
Estimated IBNR	\$ (3,204)	\$ 663,464	\$ (428,721)	\$ 4,111	\$ 235,650
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 9,421,441</b>	<b>\$ 9,447,536</b>	<b>\$ 9,756,449</b>	<b>\$ 9,734,309</b>	<b>\$ 38,359,734</b>

<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>					
<b>EXPENDITURES:</b>					
Salaries	\$ 529,089	\$ 525,206	\$ 540,991	\$ 543,566	\$ 2,138,852
Benefits	\$ 24,647	\$ 25,567	\$ 25,605	\$ 25,687	\$ 101,507
Other Operating Expenses	\$ 67,958	\$ 61,779	\$ 82,534	\$ 64,638	\$ 276,909
Pharmaceutical Purchases	\$ 2,057,601	\$ 2,089,652	\$ 1,851,204	\$ 2,072,343	\$ 8,070,801
Travel	\$ 3,141	\$ 5,071	\$ 2,906	\$ 7,101	\$ 18,219
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,682,436</b>	<b>\$ 2,707,276</b>	<b>\$ 2,503,240</b>	<b>\$ 2,713,335</b>	<b>\$ 10,606,287</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 733,758</b>	<b>\$ 725,695</b>	<b>\$ 741,822</b>	<b>\$ 741,822</b>	<b>\$ 2,943,097</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 30,787,946</b>	<b>\$ 30,603,356</b>	<b>\$ 31,448,755</b>	<b>\$ 31,867,515</b>	<b>\$ 124,707,572</b>
<b>DIFFERENCE</b>	<b>\$ (1,304,432)</b>	<b>\$ (1,349,651)</b>	<b>\$ (1,596,859)</b>	<b>\$ (1,111,871)</b>	<b>\$ (5,362,813)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Fourth Quarter, FY2019**

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
<b>REVENUE:</b>					
TDCJ Appropriation	\$ 113,327,136	\$ 112,081,785	\$ 114,572,490	\$ 116,572,490	\$ 456,553,901
State Reimbursement Benefits	\$ 14,314,981	\$ 14,534,311	\$ 14,668,076	\$ 14,043,565	\$ 57,560,932
Other Misc Revenue	\$ 20,238	\$ 17,339	\$ 22,960	\$ 20,887	\$ 81,424
<b>TOTAL REVENUES</b>	<b>\$ 127,662,354</b>	<b>\$ 126,633,435</b>	<b>\$ 129,263,526</b>	<b>\$ 130,636,942</b>	<b>\$ 514,196,257</b>

C.1.8. UNIT & PSYCHIATRIC CARE					
<b>EXPENDITURES:</b>					
<b>Unit Care Expenditures</b>					
Salaries	\$ 48,800,431	\$ 47,641,013	\$ 49,301,645	\$ 49,458,186	\$ 195,201,275
Benefits	\$ 13,601,827	\$ 13,945,687	\$ 14,089,991	\$ 14,059,970	\$ 55,697,475
Other Operating Expenses	\$ 5,840,120	\$ 5,470,161	\$ 6,165,039	\$ 6,677,795	\$ 24,153,116
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 285,497	\$ 317,160	\$ 426,332	\$ 425,100	\$ 1,454,089
Capitalized Equipment	\$ 64,576	\$ 89,656	\$ 449,674	\$ 929,249	\$ 1,533,155
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 68,592,450</b>	<b>\$ 67,463,677</b>	<b>\$ 70,432,682</b>	<b>\$ 71,550,300</b>	<b>\$ 278,039,109</b>
<b>Psychiatric Care Expenditures</b>					
Salaries	\$ 7,326,054	\$ 7,345,604	\$ 7,430,473	\$ 7,382,508	\$ 29,484,639
Benefits	\$ 1,794,808	\$ 1,875,077	\$ 1,865,138	\$ 1,830,846	\$ 7,365,869
Other Operating Expenses	\$ 268,678	\$ (143,409)	\$ 84,977	\$ 70,082	\$ 280,328
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 25,395	\$ 27,183	\$ 44,526	\$ 54,821	\$ 151,924
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 9,414,934</b>	<b>\$ 9,104,454</b>	<b>\$ 9,425,114</b>	<b>\$ 9,338,257</b>	<b>\$ 37,282,759</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,007,384</b>	<b>\$ 76,568,132</b>	<b>\$ 79,857,796</b>	<b>\$ 80,888,557</b>	<b>\$ 315,321,868</b>

C.1.9. HOSPITAL & CLINICAL CARE					
<b>EXPENDITURES:</b>					
University Professional Services	\$ 6,358,989	\$ 5,632,817	\$ 6,315,645	\$ 5,925,698	\$ 24,233,149
Freeworld Provider Services	\$ 6,439,439	\$ 13,210,369	\$ 17,962,801	\$ 21,580,243	\$ 59,192,851
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,174,060	\$ 33,330,080	\$ 36,689,770	\$ 34,047,649	\$ 140,241,559
Estimated IBNR	\$ 10,654,800	\$ 4,544,392	\$ (263,136)	\$ 2,063,944	\$ 17,000,000
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 59,627,289</b>	<b>\$ 56,717,658</b>	<b>\$ 60,705,080</b>	<b>\$ 63,617,533</b>	<b>\$ 240,667,559</b>

C.1.10. MANAGED HEALTH CARE PHARMACY					
<b>EXPENDITURES:</b>					
Salaries	\$ 2,131,176	\$ 2,099,066	\$ 2,152,566	\$ 2,200,706	\$ 8,583,514
Benefits	\$ 659,064	\$ 660,181	\$ 667,849	\$ 675,264	\$ 2,662,357
Other Operating Expenses	\$ 345,083	\$ 336,356	\$ 513,650	\$ 554,938	\$ 1,750,026
Pharmaceutical Purchases	\$ 11,032,879	\$ 11,719,882	\$ 12,419,764	\$ 12,385,103	\$ 47,557,628
Travel	\$ 6,378	\$ 10,539	\$ 11,415	\$ 13,044	\$ 41,376
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 14,174,581</b>	<b>\$ 14,826,024</b>	<b>\$ 15,765,242</b>	<b>\$ 15,829,054</b>	<b>\$ 60,594,901</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,780,536</b>	<b>\$ 3,672,904</b>	<b>\$ 3,895,020</b>	<b>\$ 4,022,444</b>	<b>\$ 15,370,904</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 155,589,789</b>	<b>\$ 151,784,718</b>	<b>\$ 160,223,137</b>	<b>\$ 164,357,588</b>	<b>\$ 631,955,233</b>
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<b>DIFFERENCE</b>	<b>\$ (27,927,435)</b>	<b>\$ (25,151,283)</b>	<b>\$ (30,959,612)</b>	<b>\$ (33,720,646)</b>	<b>\$ (117,758,975)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 46**  
**Fourth Quarter, FY2019**

<b>Combined Total</b>					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
<b>REVENUE:</b>					
TDCJ Appropriation	\$ 140,009,257	\$ 138,470,695	\$ 141,547,821	\$ 143,547,821	\$ 563,575,594
State Reimbursement Benefits	\$ 17,115,722	\$ 17,398,388	\$ 17,544,129	\$ 17,823,398	\$ 69,881,638
Other Misc Revenue	\$ 20,890	\$ 18,056	\$ 23,471	\$ 21,367	\$ 83,784
<b>TOTAL REVENUES</b>	<b>\$ 157,145,869</b>	<b>\$ 155,887,139</b>	<b>\$ 159,115,421</b>	<b>\$ 161,392,587</b>	<b>\$ 633,541,016</b>

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>					
<b>EXPENDITURES:</b>					
<b>Unit Care Expenditures</b>					
Salaries	\$ 55,270,784	\$ 54,152,820	\$ 55,990,847	\$ 56,164,374	\$ 221,578,825
Benefits	\$ 15,596,820	\$ 16,073,745	\$ 16,227,978	\$ 16,189,735	\$ 64,088,278
Other Operating Expenses	\$ 6,436,766	\$ 6,061,354	\$ 6,781,785	\$ 7,327,935	\$ 26,607,840
Professional Services	\$ 800,064	\$ 583,387	\$ 741,452	\$ 689,805	\$ 2,814,709
Contracted Units/Services	\$ 3,532,245	\$ 3,496,856	\$ 3,570,415	\$ 3,841,595	\$ 14,441,112
Travel	\$ 346,332	\$ 382,673	\$ 495,252	\$ 511,278	\$ 1,735,535
Capitalized Equipment	\$ 102,963	\$ 191,136	\$ 500,674	\$ 971,103	\$ 1,765,876
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 82,085,974</b>	<b>\$ 80,941,971</b>	<b>\$ 84,308,403</b>	<b>\$ 85,695,826</b>	<b>\$ 333,032,174</b>
<b>Psychiatric Care Expenditures</b>					
Salaries	\$ 10,431,128	\$ 10,372,706	\$ 10,598,446	\$ 10,580,851	\$ 41,983,131
Benefits	\$ 2,626,565	\$ 2,721,219	\$ 2,718,229	\$ 2,693,753	\$ 10,759,766
Other Operating Expenses	\$ 314,426	\$ (98,594)	\$ 119,472	\$ 101,818	\$ 437,122
Professional Services	\$ 453,040	\$ 301,678	\$ 480,514	\$ 410,707	\$ 1,645,938
Travel	\$ 46,561	\$ 52,000	\$ 79,976	\$ 83,653	\$ 262,191
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 13,871,720</b>	<b>\$ 13,349,009</b>	<b>\$ 13,996,637</b>	<b>\$ 13,870,781</b>	<b>\$ 55,088,147</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 95,957,694</b>	<b>\$ 94,290,980</b>	<b>\$ 98,305,040</b>	<b>\$ 99,566,607</b>	<b>\$ 388,120,322</b>

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>					
<b>EXPENDITURES:</b>					
University Professional Services	\$ 6,763,377	\$ 6,037,205	\$ 6,720,033	\$ 6,451,241	\$ 25,971,856
Freeworld Provider Services	\$ 11,995,385	\$ 18,099,647	\$ 23,944,264	\$ 27,231,070	\$ 81,270,366
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,638,372	\$ 36,820,486	\$ 40,489,089	\$ 37,601,475	\$ 154,549,422
Estimated IBNR	\$ 10,651,596	\$ 5,207,855	\$ (691,857)	\$ 2,068,055	\$ 17,235,650
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 69,048,730</b>	<b>\$ 66,165,193</b>	<b>\$ 70,461,528</b>	<b>\$ 73,351,842</b>	<b>\$ 279,027,294</b>

<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>					
<b>EXPENDITURES:</b>					
Salaries	\$ 2,660,265	\$ 2,624,272	\$ 2,693,557	\$ 2,744,272	\$ 10,722,365
Benefits	\$ 683,712	\$ 685,748	\$ 693,453	\$ 700,951	\$ 2,763,864
Other Operating Expenses	\$ 413,041	\$ 398,135	\$ 596,183	\$ 619,576	\$ 2,026,935
Pharmaceutical Purchases	\$ 13,090,481	\$ 13,809,534	\$ 14,270,968	\$ 14,457,446	\$ 55,628,429
Travel	\$ 9,519	\$ 15,611	\$ 14,321	\$ 20,145	\$ 59,595
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 16,857,017</b>	<b>\$ 17,533,300</b>	<b>\$ 18,268,483</b>	<b>\$ 18,542,389</b>	<b>\$ 71,201,188</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,514,294</b>	<b>\$ 4,398,600</b>	<b>\$ 4,636,841</b>	<b>\$ 4,764,266</b>	<b>\$ 18,314,001</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 186,377,735</b>	<b>\$ 182,388,073</b>	<b>\$ 191,671,892</b>	<b>\$ 196,225,104</b>	<b>\$ 756,662,805</b>
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<b>DIFFERENCE</b>	<b>\$ (29,231,867)</b>	<b>\$ (26,500,934)</b>	<b>\$ (32,556,471)</b>	<b>\$ (34,832,517)</b>	<b>\$ (123,121,789)</b>
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<b>FY 2019 Spend Forward to FY2018 - LBB Approved</b>	<b>\$ (79,500,000)</b>
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<b>FY 2018 Ending Balance / Cost Report Reconciliation</b>	<b>\$ (5,775,299)</b>
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<b>FY 2019 Supplemental Appropriation, SB500</b>	<b>\$ 190,000,000</b>
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<b>Excess Offender Healthcare Fees</b>	<b>\$ 243,003</b>
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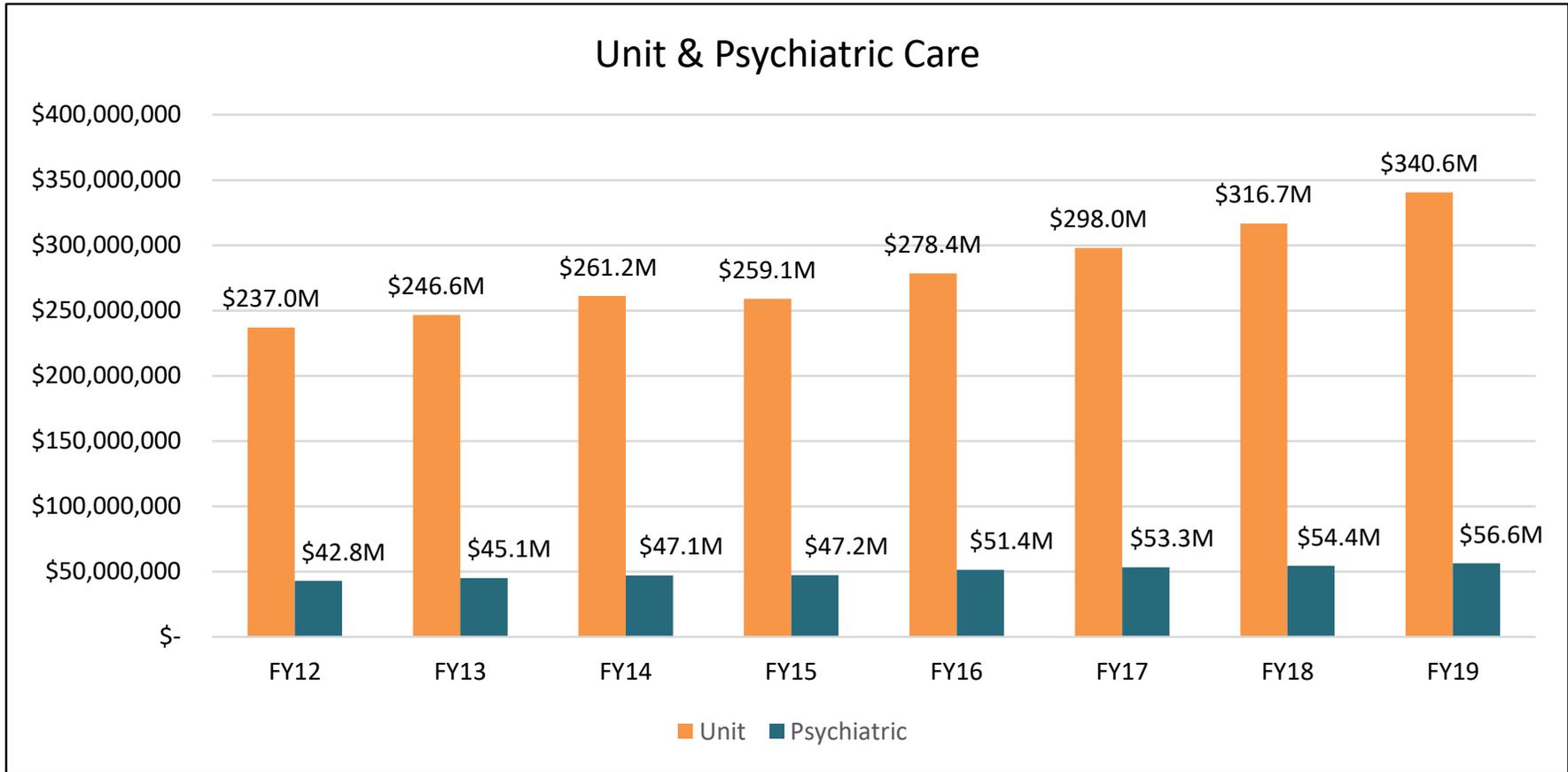
<b>NET DIFFERENCE</b>	<b>\$ (29,231,867)</b>	<b>\$ (26,500,934)</b>	<b>\$ (32,556,471)</b>	<b>\$ (34,832,517)</b>	<b>\$ (18,154,085)</b>
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**Texas Department of Criminal Justice  
Correctional Managed Health Care**

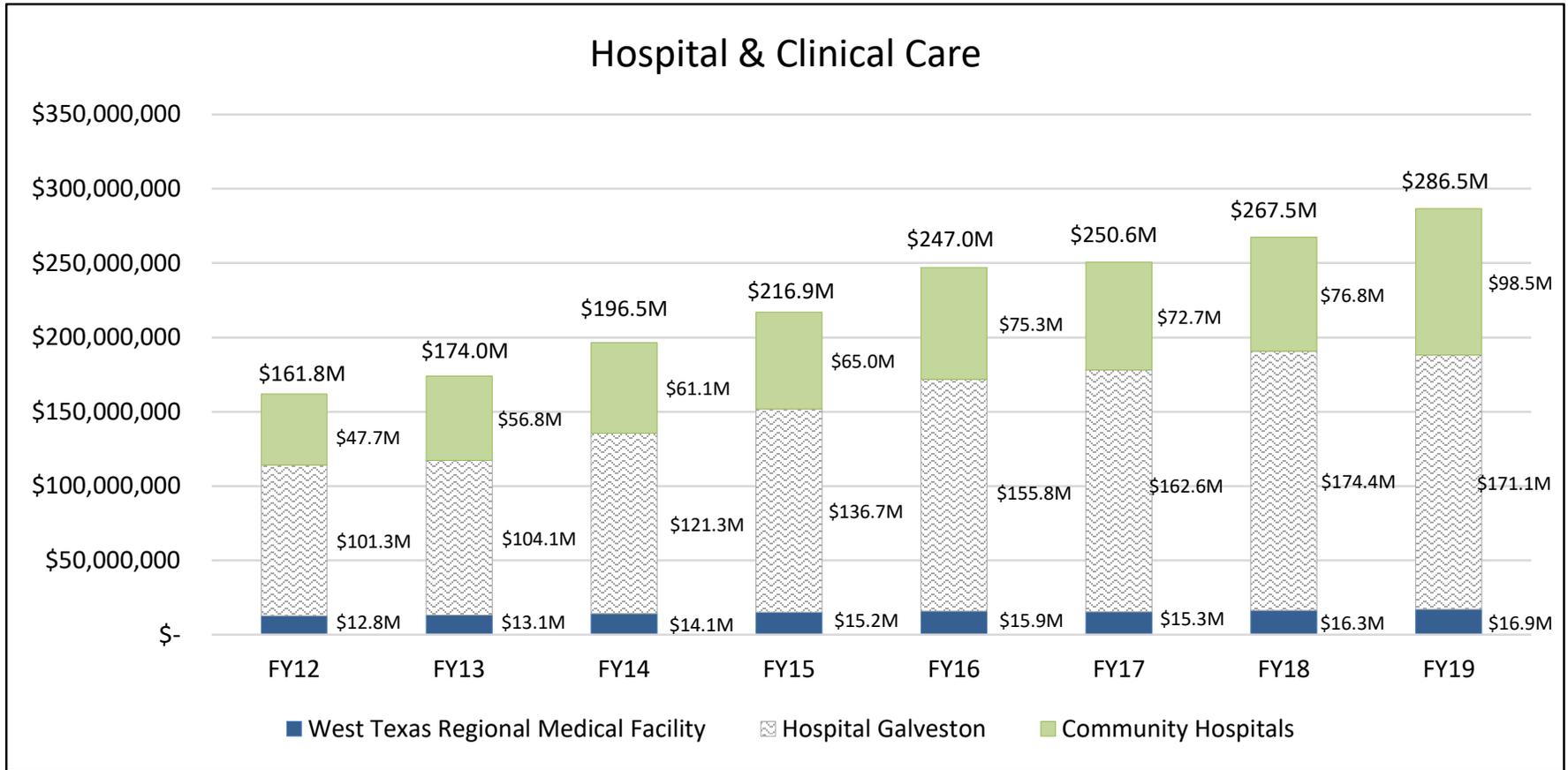


**Annual Trending Data  
FY2013 – FY2019**

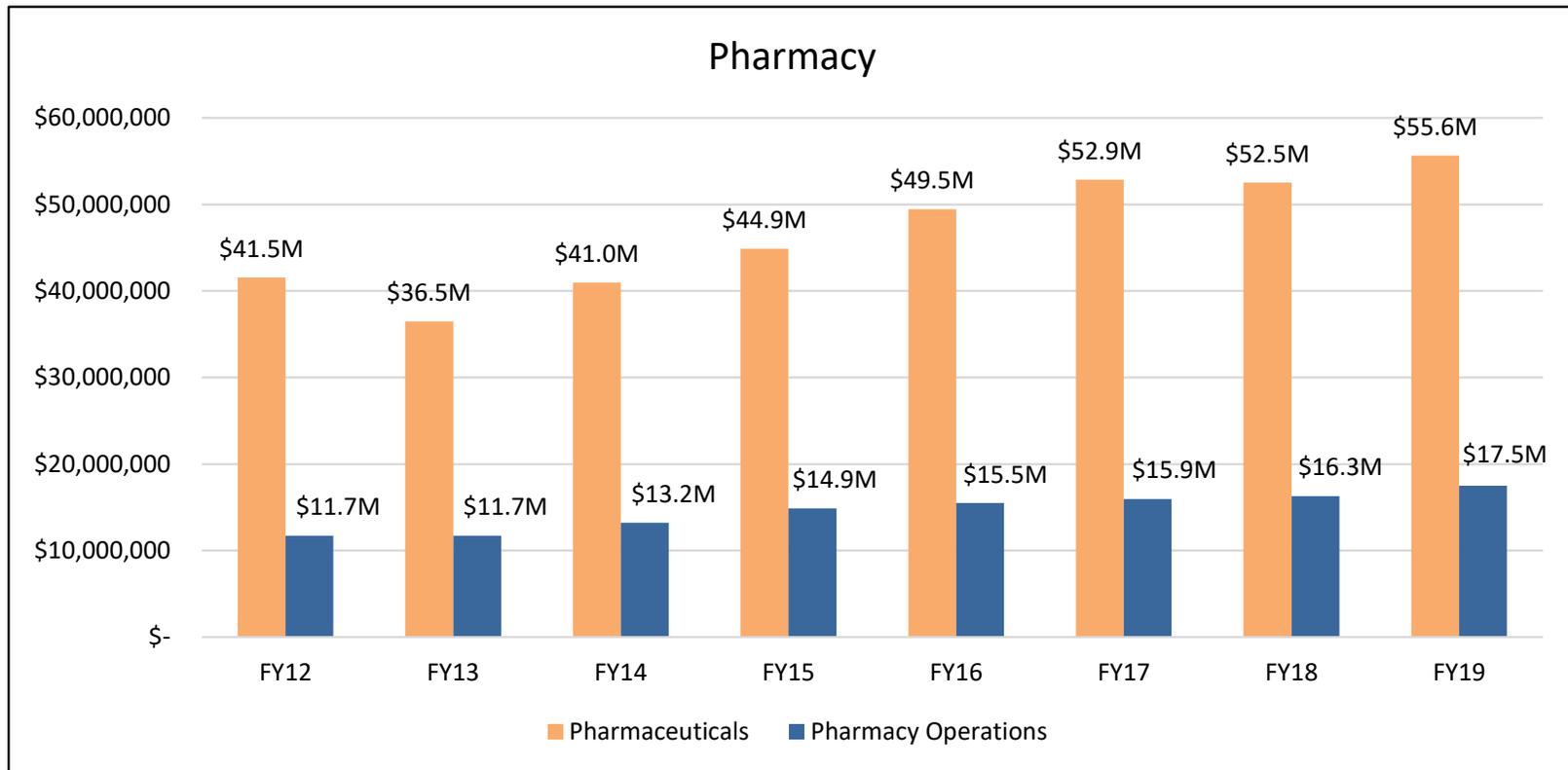
# Texas Department of Criminal Justice Correctional Managed Health Care Fourth Quarter, FY2019



# Texas Department of Criminal Justice Correctional Managed Health Care Fourth Quarter, FY2019



Texas Department of Criminal Justice  
Correctional Managed Health Care  
Fourth Quarter, FY2019



# Texas Department of Criminal Justice Correctional Managed Health Care Fourth Quarter, FY2019

