

**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

June 25, 2019

10:00 a.m.

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

June 25, 2019

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, March 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 (TTUHSC)
    - The University of Texas Medical Branch (UTMB)
  5. Summary of CMHC 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

---

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VI. Medical Directors Updates

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

VII. Inpatient Services Overview

Benjamin J. Leeah, M.D.  
Northern Regional Medical Director  
TTUHSC Managed Care

Monte K. Smith, D.O.  
Chief Medical Officer  
UTMB Correctional Managed Care

VIII. Public Comments

IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
March 18, 2019



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items</b> - Dr. Burrow</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – December 5, 2018</li> <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 CMHC Joint Committee / Work Group Activities</li> </ul> <p><b>IV. Update on Financial Reports</b> - Ron Steffa</p>	<p>Dr. Burrow then moved on to agenda item III approval of consent items.</p> <p>Dr. Burrow stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the December 5, 2018 meeting –There were no absences.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 5, 2018 meeting. Dr. Burrow asked if there were any corrections, deletions or comments. Hearing none, Dr. Burrow moved on to the third consent item.</p> <p>The third consent item was the approval of TDCJ Health Services Monitoring Report and there were no comments or discussion of these reports.</p> <p>The fourth consent item was the approval of the University Medical Directors Report. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the summaries of CMHC Joint Committee/Work Group 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 Mr. Ron Steffa to present the financial report.</p>		<p>Dr. Raimer made a motion to approve all consent items and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (Cont.)</b> - Mr. Steffa</p>	<p>Mr. Steffa reported on statistics for the First 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>Mr. Steffa reported that the overall offender service population has decreased 0.6% from FY 2018. The offender population age 55 and over had a 4.2% increase with an average daily census of 19,294 through the First Quarter of FY 2019 compared to 18,512 through the First Quarter of FY 2018. This population represents about 13% of the total population, but accounts for 50.5% of the hospitalization costs.</p> <p>Mr. Steffa reported that unit and psychiatric care expenses represent the majority of health care cost at \$98.3 million or 52.8 percent of total expenses. Hospital and clinical care accounted for \$70.8 million or 38 percent. Pharmacy services were at \$17.3 million or 9.3 percent of the total expenses. The cost per day per offender had a 5.8 percent increase from FY 2018 to FY 2019. The cost per offender per day through the First Quarter FY 2019 was \$13.83 compared to \$13.08 through the First Quarter FY 2018.</p> <p>Mr. Steffa reported on unit and psychiatric care revenues of \$93.3 million and expenditures of \$98.3 million, which for the First Quarter of FY 2019 resulted in a \$5 million shortfall in this strategy. Mr. Steffa reported on hospital and clinical care revenues of \$48 million and expenditures of \$70.7 million leaving a shortfall of \$22.8 million in this strategy. Mr. Steffa reported on managed health care pharmacy revenues of \$15.8 million and expenditures of \$17.3 million leaving a shortfall of \$1.5 million in this strategy.</p> <p>Mr. Steffa reported that the combined total for FY 2019 with projections leaves a total shortfall of \$198.6 million. This total reflects the spend forward of funds from FY 2019 to FY 2018 of \$79.5 million that was requested to cover the FY 2018 shortfall, revenues of \$632.2 million and expenditures of \$751.3 million.</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</b>  - Dr. Owen Murray</p> <p><b>VI. Medical Director’s Updates</b>  - <b>TDCJ – Health Services Division FY 2019 First Quarter Report</b>  -Dr. Linthicum</p> <p>- Capital Assets Monitoring</p>	<p>Dr. Murray reported that UTMB has 8 Physician I-II, 11 Mid-Level Practitioners (PA and FNP), 7 Psychiatrist positions and a Regional Medical Director position vacancy. Dr. Murray shared that there has been an additional vacancy which is a key position. The vacancy is at the Jester IV Unit, the Clinical Director position, which was formerly held by Dr. Phillip Farley who left in January.</p> <p>Dr. Burrow thanked Dr. Murray and then called on Dr. Linthicum to present the TDCJ Medical Director’s Report for the First Quarter FY 2019.</p> <p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director’s Report is a summary of those activities.</p> <p>Dr. Linthicum stated that the TDCJ Medical Director’s Report focuses on the First Quarter of FY 2019 (September, October and November 2018). During this quarter, Operational Review Audits (ORAs) were conducted at the following 9 facilities: Baten Intermediate Sanction Facility (ISF), Briscoe, Cotulla, Dalhart, East Texas Treatment Facility, Halbert, Middleton, Robertson and Rudd ISF. ORAs look at compliance with policies and procedures promulgated by this committee, compliance with contractual terms, 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 12 items found to be most frequently below the 80 percent compliance, and noted that corrective actions have been requested on all of these items.</p> <p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring Officer audited the same 9 facilities listed above for ORAs during the First Quarter of FY 2019 and all 9 facilities were within the required compliance range.</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>Dr. Linthicum reported that during the same time period, there were 9,516 pre-release tests performed with 1 found to be HIV positive. For this quarter, 19 new AIDS cases were identified.</p> <p>Dr. Linthicum stated that there were 827 cases of Hepatitis C identified for the First Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.</p> <p>Dr. Linthicum reported that 172 cases of suspected Syphilis were reported. 120 cases required treatment or retreatment. Syphilis testing is done at intake. 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 stated that 348 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported and 125 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported for the First Quarter FY 2019.</p> <p>Dr. Linthicum reported that there was an average of 28 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2019.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a Sexual Assault Nurse Examiner (SANE) Coordinator who collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection, documentation and use of the sexual assault kits. This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the First Quarter FY 2019, there were 195 chart reviews of alleged sexual assaults. Dr. Linthicum reported that there were 43 deficiencies found this quarter and corrective actions have been requested. 49 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>		

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>   <li>- Mortality and Morbidity</li>   <li>- Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum shared that all TDCJ facilities are Prison Rape Elimination Act (PREA) certified.</p> <p>Dr. Linthicum reported that during the First Quarter FY 2019, 8 units received a 3 day training which included the Wall Talk Training in the Peer Education Program.</p> <p>Dr. Linthicum shared that as of the close of the First Quarter of FY 2019, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders and 2 Intermediate Sanction Facilities had active peer education programs. During this quarter, 119 offenders were trained to become peer educators and 18,182 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. 150 deaths were reviewed during the months of September, October and November 2018. Of those 150 deaths, one was referred to a peer review committee.</p> <p>Dr. Linthicum shared that the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) is staffed by the director, Dr. Castleberry, Psy.D, four masters level psychologists and one licensed professional counselor. Dr. Linthicum next provided a summary of the activities performed by the OMHM&amp;L during the First Quarter of FY 2019.</p> <p>Dr. Linthicum reported that Restrictive Housing (formerly Administrative Segregation) audits were conducted on 15 facilities. 2,381 offenders were observed, 2,085 were interviewed, and 5 offenders were referred to the university providers for further evaluation. Access to Care (ATC) for mental health indicators four, five and six were met at 100 percent at all 15 facilities.</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 the Health Services Liaison</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> </ul>	<p>Dr. Linthicum reported that in the First Quarter of FY 2019, the Office of Health Services Liaison conducted 218 hospital and 34 infirmary discharge audits. Of the 218 hospital discharge audits conducted, 198 were from the UTMB sector and 20 were from the TTHUSC sector. There were 128 deficiencies identified for UTMB and 12 identified for TTUHSC. Of the 34 infirmary discharge audits conducted, 24 were from the UTMB sector and 10 were from the TTUHSC sector. There were 7 deficiencies identified from UTMB and 2 from TTUHSC. Corrective action has been requested to address deficiencies.</p> <p>Dr. Linthicum reported that the American Correctional Association (ACA) 2019 Winter Conference was held in New Orleans, Louisiana on January 11-15, 2019. During this conference, the following facilities were represented: Havins, Boyd, Hamilton, Pack, Powledge, Tulia, Neal, Montford, Murray, Hughes, Stringfellow and Middleton.</p> <p>Dr. Linthicum reported on the summary of active and pending biomedical research projects as reported by the TDCJ Executive Services. The CID has 28 active and 5 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects. Dr. Linthicum explained that these numbers are a bit low due to the deputy director vacancy. When this position is filled the numbers will increase.</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 shared that hopefully by next month the UTMB sector will begin manufacturing dentures internally. In the past, an outside vendor was used and criteria for denture approval was based primarily on medical necessity. The new prosthodontic clinic will be housed at the Goree Unit.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b>  - Dr. Murray</p>	<p>Dr. Murray reported that the equipment cost is about \$65 thousand and a new prosthodontist and an additional dental assistant have been hired. This new clinic was the result of an unfunded mandate. Dr. Murray next explained the technology, which he stated is really interesting. A mold is made and then it is scanned into a 3-D imager and then from those images the dentures are printed out. The process used to take 90-120 days and will now be about 5 days. In addition to that, in the past, if an offender were to lose or break their denture we would have to go back through the process all over again. With this technology the image is stored and we can just reprint them a copy of their dentures.</p> <p>Dr. Murray reported that the initial goal is to print between 200-400 pairs of dentures annually. Dr. Murray shared that the FDA is looking to approve a step forward in the process. Currently we have to make a mold. Going forward, after approval, we will be able to take the wand that the mold is scanned in with and scan the jaw bone directly. From that we will be able to generate the dentures which would eliminate the need to make the mold.</p> <p>Dr. Murray answered that the criteria has been modified. To begin they will be looking at high risk clinical groups. Specifically, they will be looking at diabetic patients to track hemoglobin A1c and monitor to see if there is an improvement. It will give a legitimate clinical reason for making a change to the policy.</p>	<p>Dr. Burrow asked if the criteria for qualifying for dentures will change.</p> <p>Dr. Linthicum stated that this clinic is the result of a state policy maker decision. We have previously, successfully defended two lawsuits and have looked at the Medicaid program, which does not cover dentures.</p> <p>Dr. Burrow stated that this is not something that would be covered in the free world.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b>  - Dr. Murray</p>	<p>Dr. Murray replied yes, 200-400.</p> <p>Dr. Murray stated that they have modified the EHR to collect that information. All three dentists were very clear that there is certainly an aesthetic value to having dentures and when migrating from the prison system to the free world dentures certainly would add something of value.</p> <p>Dr. Murray shared that in the history of our denture program there is a term called 'pocket dentures'. People get used to chewing without teeth and find it more efficient not to use the dentures, so they don't. From a mental health perspective there is also the aesthetics argument. Dentures may also assist with interviewing and being out in public.</p>	<p>Dr. Linthicum stated that the state policy makers would not accept that explanation and it was clear in which direction we needed to move.</p> <p>Dr. Burrow asked if they were anticipating 200-400 per year.</p> <p>Dr. Burrow stated that hopefully there will be some funding for this.</p> <p>Dr. Linthicum stated that what we will need to do is document at intake how many people come in to the system without dentures and how long they have been without dentures.</p> <p>Dr. Linthicum stated that was one of the arguments heard from state leaders. Dentures will help them vocationally and as it relates to reintegration in general.</p> <p>Dr. Burrow included that the person receiving the dentures has to be motivated to take care of them and willing to participate in follow up care.</p> <p>Dr. Hudson asked what the projected cost will be.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b> - Dr. Murray</p> <p><b>VII. Mental Health Program Updates</b> - Dr. Joseph Penn</p>	<p>Dr. Murray shared that the equipment cost so far has been about \$65 thousand and they hired a part time prosthodontist. Probably on an ongoing basis we would be looking at approximately \$200-300 thousand. Material cost will vary depending on the volume.</p> <p>Dr. Burrow thanked Dr. Murray and then called on Dr. Joseph Penn to present Mental Health Program Updates for UTMB CMC.</p> <p>Dr. Joseph Penn began by introducing himself. He shared that he attended medical school at UTMB and corrections was kind of ingrained in him. He stated he was always fascinated by the TDCJ offenders who entered Hospital Galveston. He shared that he has been with UTMB for twelve years.</p> <p>Dr. Penn began his presentation by sharing that UTMB, Correctional Managed Care division, provides high quality care, access to care, continuity of care and comprehensive mental health and psychiatric services. Dr. Penn stated that UTMB provides service to approximately 80 percent of the offender population in TDCJ facilities and TTUHSC provides care to approximately 20 percent.</p> <p>Dr. Penn stated that none of what they do is possible without the TDCJ leadership and staff, because if you cannot make staff feel safe working in a correctional setting staff recruitment would not be possible. Correctional staff are trained very well. They are the eyes and ears for mental health staff. They relay their observations to mental health staff. The mechanics of getting the offenders to their appointments is a challenge, especially high security offenders. Dr. Penn stated that the partnership between TDCJ Health Services, UTMB and Texas Tech works very well and, without that partnership, he does not believe they would be able to accomplish what they do on a day to day basis. Dr. Penn shared that our population is the largest state prison system in the country behind the Federal Bureau of Prisons. We also receive approximately 65,000 intake offenders each year.</p>	<p>Dr. Linthicum stated that at this point we are unsure of the need which will augment the cost.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Penn</p>	<p>Dr. Penn next shared that UTMB offers a full range of outpatient, crisis management, inpatient and special programs providing mental health care to approximately 115,600 offenders in the UTMB sector. The majority of the population are male, with approximately 12,200 females. Crisis management and on-call psychiatric services are available every day, 24 hours per day. All new intake offenders receive mental health screening. There are some units that are considered non mental health caseload facilities which means that those facilities do not have dedicated mental health staff; however, those facilities utilize tele-medicine to access care and offenders are transferred to a facility with a mental health case load if needed.</p> <p>Dr. Penn reported that the mental health caseload census is close to 1,000 on the inpatient caseload, close to 22,000 on the outpatient caseload and over 18,000 of these offenders are on psychotropic medication(s) and are followed by a psychiatric provider.</p> <p>Dr. Penn next covered the “routine” or outpatient services that are offered in the UTMB sector. Services offered include intake assessment and referral as needed, outpatient psychiatric evaluations and treatment, psychotropic medication management, psychological testing, individual and group psychotherapy, restrictive housing mental health rounding, psychoeducation and skills building, case management services, mental health observation, suicide and violence risk assessments, which is clinical not forensic, and PREA generated mental health referrals for instances prior to incarceration or while incarcerated and is available for both victims and perpetrators.</p> <p>Dr. Penn next reported on specialty services offered in the UTMB sector. Services offered include crisis management and treatment tracks at Jester IV, Skyview and Mountain View, the developmental disabilities program (DDP), the neurocognitive disorders program at Jester IV, and the treatment and relapse prevention program (TARPP).</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Penn</p>	<p>Dr. Penn shared that there are some very successful initiatives under way. One being the weekend review of offenders on constant direct observation (CDO) “pilot” telehealth program. The “pilot” is in quotes because of the length of the pilot and its success. Health Services would like it to be fully implemented. He explained that when offenders become suicidal or act out after hours they are placed in what is called CDO which can become a burden on security staffing. In December 2016 on seven TDCJ units a telemedicine program began for these offenders. The offenders are given a suicide risk assessment via telemedicine to determine whether they can come off of or should remain on CDO. In 2018, 963 assessments were completed and 545 offenders or 56.6% were released from CDO with no bad outcomes.</p> <p>Dr. Penn explained another program that has been very successful is the suicide risk screening of pre-hearing detention (PHD) placements. This program began in December 2017 at three TDCJ units. Offenders placed in PHD are screened for suicide risk by a mental health clinician. In 2018, 2,448 screenings were performed which triggered 170 full risk assessments and 67 offenders referred to crisis management. Another program involves suicide risk screening after offender protection investigations (OPI), prior to the offender being returned to his or her regular housing. This program was initiated at three TDCJ units in December 2018.</p> <p>Dr. Penn stated that they have also initiated specialized group therapy programming on human trafficking for female offenders. This program was initiated in the spring of 2018 at several female TDCJ units and will be expanding.</p> <p>Dr. Penn answered that he could provide more information on that, but he believes that they are being provided general psychoeducation about what it means.</p>	<p>Dr. Burruss asked how those women are identified.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Penn</p>	<p>Dr. Penn thanked Dr. Burruss for his question and told him he would happily obtain and provide him with additional information.</p> <p>Dr. Penn stated that as you can imagine, this population has a high prevalence for post-traumatic stress, trauma and disassociation.</p> <p>Dr. Penn next went over the TARPP. This is a case management program developed to ensure that offender patients with serious mental illness (SMI) receive a continuum of care throughout the system. The program goals are to reduce relapse, decompensation and risk of recidivism. Dr. Penn further explained that the TARPP is available to both male and female offenders. The program targets the population of offenders with a SMI, offenders who require case management, ongoing monitoring and continuity of care including discharge planning. Case management and tracking are available no matter where an offender is housed and regardless of their custody level.</p>	<p>Dr. Linthicum shared that the Rehabilitation Programs Division (RPD) has a program for offenders who are ex-prostitutes and they utilize a screening tool to identify trauma. We collaborate with them to identify individuals that may benefit from these services.</p> <p>Ms. Kelly Garcia shared that Harris County Psychiatric Center has a unit specifically for human trafficking victims that the Health and Human Services Commission (HHSC) is partnering with.</p> <p>Dr. Burruss asked if that was for inpatient care.</p> <p>Ms. Garcia answered yes it is. This is a gap population and there has not been a lot of assistance available for inpatient stays. She shared that they are doing some very interesting work there.</p> <p>Dr. Linthicum stated that what we are trying to do is supplement on the therapeutic side, what is already happening on the program side with RPD.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Penn</p>	<p>Dr. Penn thanked Dr. Linthicum and stated that this program is also another linkage to identifying folks before they are due to release and assist with their continuity of care. It is the same model of case management that is used in an outpatient mental health center.</p> <p>Dr. Penn next reported on the increase in the mental health caseload over the years and noted that they have seen a rise in the numbers each year which is expected to continue.</p> <p>Dr. Penn reported that there are three behavioral health units in the UTMB sector. Skyview in Rusk which has 562 beds and is co-ed, Jester IV in Richmond which has 550 beds and is primarily a male facility with some females and Mountain View in Gatesville which is a 20 bed female facility. Dr. Penn shared that three differences between the UTMB sector and the Texas Tech sector is that UTMB houses all the female offenders, all of the youth offenders (YOP) and all of the death row offenders. Dr. Penn stated that more female bed space is needed. Dr. Penn next reported on the census of treatment tracks available at Skyview and Jester IV. He stated that some of the offenders who check into these units stay for years and some will have to be housed there permanently. This is one of our biggest challenges; these are permanently assigned offenders that cannot function in general population.</p>	<p>Dr. Linthicum shared that the ACA Mental Health Committee gave a correctional definition for SMI which is much more expansive in the correctional setting. She shared that the TARPP program was developed as the result of what might be termed the ‘frequent flyers’. Offenders who were recycling over and over through the inpatient facilities. This is the population that was targeted for this intensive case management to try to keep them in general population.</p> <p>Dr. Linthicum stated that is a challenge that we are facing from both a medical and behavioral health perspective. Some offenders will spend their entire incarceration at these facilities.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Penn</p>	<p>Dr. Penn reported yes and he will touch on that with the mental health therapeutic diversion program (MHTDP) overview. Dr. Penn next reported on the number of civil commitments from Skyview and Jester IV. He shared that when offenders are due to release and they are housed at Skyview or Jester IV all of the paperwork and necessary testimony is provided so that these offenders receive civil commitment.</p> <p>Dr. Penn shared that one of the programs that he is most proud of is the developmental disabilities program (DDP). The mission of the DDP is to provide opportunities to offenders with developmental disabilities to acquire those skills necessary to enable them to function more successfully within the least restrictive environment. This program is for both male and female offenders with intellectual and other developmental disabilities requiring further evaluation, testing and treatment services. Dr. Penn stated that the DDP is housed at the Hodge Unit in Rusk for the males which currently has 645 beds and at the Crain Unit in Gatesville for the females which currently has 106 beds.</p> <p>Dr. Penn reported that at the Crain facility there is a pilot program for occupational therapy which they would like to expand to the male population. The program funding is provided by Mrs. Patricia Crocker in memory of her husband Mr. Radford Crocker through the Crocker Foundation.</p>	<p>Dr. DeShields noted that another area of challenge is the dual diagnosed population of offenders that is steadily growing.</p> <p>Dr. Raimer asked if they are doing more to retrain the behavior of the particularly violent offenders to teach them new pathways as they reenter society.</p> <p>Dr. Linthicum noted that the DDP came out of the Ruiz settlement and they are very proud of the program.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Penn</p>	<p>Dr. Penn reported that the MHTDP is a program that is available to all restrictive housing offenders with mental health needs regardless of custody level. The program began at the Hughes Unit and has been expanded to the Michael and Murray units. The mission of the program is to effectively and efficiently provide for the mental health needs of TDCJ restricted housing offenders identified as requiring such services with the goal of assisting them to achieve the optimal level of functioning in a therapeutic diversion setting so they can successfully transition into a less restrictive housing assignment.</p> <p>Dr. Penn reported that the program began at the Hughes Unit in September 2015 and the capacity is 420 male offenders, which includes 100 chronically mentally ill beds. Treatment programs include individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment. There have been 615 successful completions as of February 11, 2019.</p> <p>Dr. Penn reported that the program at the Michael Unit began in August 2016 and the capacity is 420 male offenders, which includes 100 chronically mentally ill beds. Treatment programs include individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment. There have been 299 successful completions as of February 11, 2019.</p> <p>Dr. Penn reported that the program at the Lane Murray Unit began February 2019 and the capacity is currently 44 female offenders with a future capacity of 100 offenders. Treatment programs include individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Penn</p>	<p>Dr. Penn reported on telepsychiatry in the correctional environment. He stated that there is a national shortage of psychiatrist. There is also the challenge of recruiting staff to correctional units, especially in rural remote sites. Telepsychiatry allows for more timely psychiatric consultation. It increases psychiatry specialty consultation, which includes routine or newly discharged patients from inpatient facilities and crisis access. They have the ability to use telepsychiatry statewide, at any facility that has teleconferencing equipment. Dr. Penn shared that it allows for an improved use of psychiatric provider time, with less time on the road traveling between units, lowering the transportation cost to off-site services. Dr. Penn shared that they utilize a “hub” model which fosters collegial group practice interactions and clinical supervision of psychiatric nurse practitioners and physician assistants. Dr. Penn reported that they do about 20 thousand visits per month and somewhere around 200-250 thousand visits per year.</p> <p>Dr. Penn shared that when the offenders are being seen via telepsychiatry they are in the room with a presenter. If there are issues related to affect, grooming, hygiene, etc. there is more objective information available to the provider in that the presenter can provide additional information.</p>	<p>Dr. Raimer stated that he thinks that it is important as we look to the future. He shared that there is data from a study of adolescent populations in current schools that show female students are more likely to be the most aggressive and were more likely to carry a weapon to school than males.</p> <p>Dr. Burruss commented that noting the almost 50 percent vacancy rate of psychiatrist in the UTMB sector and the vacancy rate of psychiatrists in Texas; this is the way we are going to do business. 75 percent of the counties in Texas do not have a psychiatrist directly they use telepsychiatry.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Penn</p>	<p>Dr. Penn reported on some of the current challenges they are facing. He shared that they are seeing more offenders entering TDCJ with serious mental illness and expect those numbers to continue to grow. Recruitment and retention of qualified psychiatric and mental health staff continues to be an issue. The medical disease co-morbidity numbers are growing and are more complex. This growing population of offenders with more serious medical/psychiatric comorbidities suggest a need for additional med/psych capacity. Dr. Penn shared that due to the aging population they are seeing more neurocognitive disorders. Lastly, they are seeing a lot of self-mutilating and self-harming which poses unique challenges.</p>	<p>Dr. Linthicum stated that with the population over 55, the fastest growing population; we are seeing more offenders developing age related illnesses. They are developing traumatic brain syndrome, alzheimer's and dementia and they cannot function in general population. The question then is where we place them. Infirmity beds or inpatient psychiatric facilities? Dr. Linthicum shared that one model that was implemented in the Regional Medical Facility when she was a unit provider is that 20 beds were designated for mental health patients with medical comorbidities and the other 30 for medical patients. However, the alzheimer's and dementia patients were very disruptive to the unit. Dr. Linthicum stated that these are some of the issues they are facing. Some of these offenders are not going to be released they have life sentences.</p> <p>Dr. Hudson asked about the impressive growth shown on the slide in Dr. Penn's presentation. He asked what Dr. Penn sees as the need and are we using that to bolster our projections for growth.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Penn</p>	<p>Dr. Penn stated that the number will continue to grow. Based on factors including the fact that there are less state hospital beds available and insurance company restrictions. He stated that there is a revolving door of sorts between jails, prisons and homelessness. There are two different populations, one is the chronically mentally ill and the other is situational or adjustment issues. The chronically mentally ill are going to be seen regularly and regardless of whether they want to be seen or not. The second group may self-report that they are fine and want to come off the caseload and may have no issues for years. Dr. Penn stated that he is always in favor of having more staff available on the units. He stated that he would like to have more doctoral level staff. He shared that they have bachelors and masters level, but only a hand full of Ph.D. level psychologists.</p> <p>Dr. Penn stated that in the free world a primary care provider might manage anxiety or depression. In our system our providers try to stay “in their lanes”. Mental health staff are not prescribing for medical issues and medical providers are not prescribing for mental health issues. With our population it is what works best for continuity of care.</p>	<p>Dr. Borrow stated that the programs are impressive. He asked if the patients that get labeled with depression or anxiety get placed with mental health or do the primary care providers handle that.</p>	
<p><b>VII. Mental Health Program Updates</b> - Dr. Jesus Guillermo Garcia</p>	<p>Dr. Burrow thanked Dr. Penn and then called on Dr. Jesus Guillermo Garcia to present Mental Health Program Updates for TTUHSC CMC.</p> <p>Dr. Jesus Guillermo Garcia began by introducing himself. He shared that he is not originally from Texas; he is from El Salvador. He did his medical training in El Salvador and his residency at Mount Sinai in New York. He shared that he also has a fellowship in electroconvulsive therapy.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Garcia</p>	<p>Dr. Garcia shared that this career chose him rather than him choosing this career. When he was in his residency he said there were two things he was never going to do. One was that he was never going to be an administrator and the second was that he was never going to work in corrections. He stated that this is a career that found him and he is certainly glad it did.</p> <p>Dr. Garcia reported on the services provided in the Texas Tech sector which include inpatient, outpatient, crisis management, sheltered housing and special programs. He shared that Texas Tech has 23 prisons, approximately 30,000 offenders and the population is male only. The behavioral caseload is 5,931 as of February 2019 and are mostly outpatient. The Montford inpatient unit has 550 beds including a Regional Medical Facility which is the dual diagnosis facility and it is unique to the state. The Clements Unit houses special programs and crisis management and has 390 beds.</p> <p>Dr. Garcia next reported on the Montford Unit. It has 550 correctional psychiatric inpatient beds and includes the Regional Medical Facility. There are 50 crisis management beds and 50 diagnostic and evaluation (D&amp;E) beds. He stated that when patients are past crisis management and we assume that they are going to need to be admitted to the hospital they go through the D&amp;E process which can be considered an interim acute hospitalization.</p> <p>Dr. Garcia reported that they conduct approximately 1,000 telepsych encounters per month.</p> <p>Dr. Garcia next went over the scope of inpatient services offered. He stated crisis management is the emergency room for psychiatry. The three major issues or reasons they would be placed into crisis management are danger to self, danger to others or great disability or inability to care for themselves.</p> <p>Dr. Garcia stated that they have several distinct tracks. There is the acute/partial remission program (PRP), transition, impulse control, mood, chronic and neurocognitive tracks.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Garcia</p>	<p>Dr. Garcia stated that some of these services are cross overs from Dr. Penn's presentation and he would move on unless there were any questions. Dr. Garcia reported that they offer psychotropic medication management, psychological assessments, social work assessments, individual and group therapy, recreational therapy which includes mobile library services, pet therapy, gardening and art. They offer civil commitment assessments, which Dr. Penn explained, and they offer PREA related assessments.</p> <p>Dr. Garcia confirmed that through the school system and the colleges they have been able to retain multiple volunteer services.</p> <p>Dr. Garcia reported on the special programs offered. The special programs are at the Clements Unit. Dr. Garcia explained the program for the aggressively mentally ill offender (PAMIO). It is a multidisciplinary cognitive-behavioral program for the aggressively mentally ill offenders in restrictive housing. The focus is on effective management of aggressive behavior for successful general population reintegration. There are 246 beds and it is a level based system. There is individual and group therapy, art therapy, psychotropic medication management and in cell homework. The success rate is about 68%. They offer a GED with the Wyndham School and have created an intern grad program for the offenders who have completed the program to work as mentors.</p> <p>Dr. Garcia shared that PAMIO is an eighteen month program. They have worked with classifications and have made some modifications to extend this time if needed.</p>	<p>Dr. DeShields noted that the recreational therapy is almost entirely voluntarily.</p> <p>Dr. DeShields asked what the average length of time for program completion is.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Garcia</p>	<p>Dr. Garcia next explained the Chronically Mentally Ill Treatment Program (CMI-TP) at the Clements Unit. The CMI-TP is a multidisciplinary cognitive-behavioral program designed to treat and manage the identified chronic mentally ill offenders who require structured monitoring and supervision. The goal is to further stabilize their mental illness and assist them in achieving their highest level of functioning. This is a level based program and has 130 beds and patients fluctuate in levels based on psychiatric stability.</p> <p>Dr. Garcia reported on the Chronic Mentally Ill Sheltered Housing Program (CMI-SH) at the Clements Unit. This is TDCJ designated housing; all of the other programs are voluntary. This program provides a structured, secure environment and ambulatory behavioral services to high custody offenders who cannot or will not participate in a structured behavioral health program due to their chronic psychiatric instability. This is a rapidly growing demographic. There are currently 78 beds and 14 beds at Clements designated as crisis management.</p> <p>Dr. Garcia next reported on the outpatient services offered which include intake behavioral health assessments, psychotherapeutic interventions, psychotropic medication management, safety assessments, PREA related assessments and referrals to inpatient, crisis management and special programs. Dr. Garcia noted that they have challenges with recruitment of psychiatrists and advance practice providers. Statistically, 6% of the free world population have serious mental illness compared to 20% of the prison population.</p> <p>Dr. Garcia reported on Texas Tech behavioral health statistics noting that there has been a 7% increase in staffing from 2016 to 2018. The behavioral health case load has increased 26% from 2016 to 2018. Montford behavioral health encounters have increased 15% from September 2018 to December 2018.</p>	<p>Dr. DeShields noted, for the new members, that the Clements Unit is located in Amarillo.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b>  - Dr. Garcia</p>	<p>Dr. Garcia reported constant direct observation (CDO) has seen a decrease of 84% from September 2018 to December 2018. Dr. Garcia explained that CDO is used for crisis management offenders, when there are no crisis management beds available. CDO offenders are monitored by security 24/7 until they come off CDO. Seclusions have decreased 67.5% from September 2018 to December 2018 and at Montford self-harm decreased 50% and restraints decreased 81% for the same time period.</p> <p>Dr. Garcia stated that change can happen and it must happen. We will continue to work in that direction.</p>	<p>Dr. Raimer stated that those statistics are good. People do doubt that change can happen.</p> <p>Dr. DeShields stated that it takes a lot of dedicated effort on the part of staff. Despite the staffing issues these numbers are truly impressive in a relatively short period of time.</p> <p>Dr. Linthicum stated that she would like to congratulate Dr. Garcia and the staff that work with the unique population at PAMIO. These are restrictive housing offenders and they have an outstanding program in place. Dr. Linthicum stated that the next big challenge is the remaining caseload that are still in restrictive housing. There are still about 1,500 offenders in restrictive housing. Most of this population is gang affiliated offenders, security threat groups and some very dangerous individuals. She shared that they have tried to place some in the mental health therapeutic diversion program and they proved very disruptive and uncooperative. The Joint Mental Health Work Group has been working on answering the question of how to get those 1,500 offenders out of the restrictive housing setting and into a more therapeutic setting and what would that look like. Dr. Linthicum stated we would welcome any ideas or any input that any of you would like to share.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Garcia</p>	<p>Dr. Garcia stated that it becomes a very complex situation given that we have more than 20 different gangs.</p> <p>Dr. Garcia noted that the caveat to the GRAD program is that prior to going into the program they need to be observed and monitored by the security threat group captions or security to make sure that they are not exchanging letters or communication or still pledging allegiance to their gang.</p>	<p>Dr. Linthicum reported that under the ACA's 5<sup>th</sup> Edition Standards, no person with a serious mental illness can remain in extended restrictive housing. Dr. Linthicum explained that extended restrictive housing is defined as beyond 30 days unless there is extreme mitigation such as they are a definite danger to themselves or to others.</p> <p>Dr. Linthicum shared that TDCJ does have programs such as the Gang Renouncement and Disassociation (GRAD) and the Serious and Violent Offender Reentry Initiative (SAVORI) programs. There are programs on the programming side, but our unique 1,500 also have a serious mental illness.</p> <p>Dr. Burruss asked if there are other states that have set standards related to this issue.</p> <p>Dr. Linthicum stated that other states will be looking to us. Texas and California probably have the biggest security threat group problem out of all the state systems. Dr. Linthicum shared that we asked for, in our legislative appropriations request as an exceptional item, funding for 1,600 new mental health beds to care for this population. The model would be a cell block program at various maximum security units. She stated one item that we have spoken about with our prison director, Ms. Davis, is the possibility of having 200 beds at 8 units and if that would be manageable. Having 200 gang members on a unit might not be manageable and we would have to space them out further.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Mental Health Program Updates (Cont.)</b> - Dr. Garcia</p> <p><b>VIII. Public Comments</b> - Dr. Burrow</p>	<p>Dr. Burrow thanked Dr. Garcia and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. He stated that no one had signed up to speak.</p>	<p>Dr. Linthicum stated we are working multidisciplinary among the three partner agencies on the therapeutic side and on the prison management and operations side we are working collaboratively with CID. These are some of the things with which we are struggling. Dr. Linthicum stated that the bottom line is that we have to get these seriously mentally ill offenders out of restrictive housing.</p> <p>Dr. Raimer stated that he would like to draw everyone's attention to the deficit in the financial report on page 109. He shared that currently the legislature has underfunded the health care services and there have been no adjustments to the base for the last two sessions. That has created a need for a supplemental appropriations request, which has been made. The House approved \$160 million, but it is not \$160 million it is \$198 million. If we continue at the burn rate that we are on with the expenses of health care at this point right now it will be closer to \$208 million or more by the end of our calendar year. The Board of Regents is concerned to the point of stating that they cannot continue to participate in a contract that is underfunded to this amount because that money comes out of the overall operating funds and we are not able to adequately fund our main mission which is the education of students. Dr. Raimer shared that he and UTMB President Callendar met with the Governor two weeks ago and discussed this and it was also discussed today with various offices. He shared that he does not know what will happen. He appealed to the board to use their influence to get this message out.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Public Comments (Cont.)</b> - Dr. Burrow</p>		<p>Dr. Raimer shared that the partnership with UTMB brings a \$200 million savings to the state each biennium through 340B pricing.</p> <p>Dr. Jumper stated that it confuses the issues when the universities have to go and ask for these supplemental appropriations requests for correctional care and the universities are there asking for educational programs.</p> <p>Dr. Raimer stated that he and Dr. Jumper had recently gone over the price per prisoner.</p> <p>Dr. Jumper reported that she had shared that with a few of the board members. The PEW Foundation rated nationally, 50 states on the cost per prisoner/per day. Out of 50 we were ranked 36<sup>th</sup> or 37<sup>th</sup>. This shows that we are very cost efficient. Dr. Jumper stated that she has the report or you can just Google the PEW prison report which was published in October 2017.</p> <p>Dr. Raimer stated that this is not an issue between the TDCJ and the university partners. We have one of the best working relationships we have ever had in my almost twenty-five years of being involved. We have excellent leadership in all areas of TDCJ and they round with us and advocate for us and we are all on the same page. There is no dispute over these numbers.</p> <p>Dr. Jumper noted that another comparison that can be made is Medicaid, and we are cheaper than Medicaid.</p> <p>Dr. Burrow clarified that they were speaking about approximately \$13 per day and asked what the cost per day is for a Blue Cross patient.</p> <p>Mr. Johnson stated that it is higher than that.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Public Comments (Cont.)</b>  - Dr. Burrow</p>		<p>Dr. Jumper shared that the cost for an ill Medicaid patient is about \$44 per day. If you average all three Medicaid populations it is about \$20 per day.</p> <p>Dr. Linthicum stated that the private sector could not match our cost per day.</p> <p>Dr. Burrow agreed.</p> <p>Dr. Linthicum shared that the 340B pricing alone saves the state \$200 million per biennium.</p> <p>Dr. Hudson asked if on the financial report they could show what areas actually drive the deficits and how it compares to what was projected or proposed.</p> <p>Dr. Raimer stated that the costs go up in the areas of the growing population of offenders over 55 and the high cost chronic diseases.</p> <p>Dr. DeShields stated that if they treated every offender in the system with Hep C, it would cost \$98 million. There are 4,500 that are priority one which would cost \$98 million.</p> <p>Dr. Raimer stated that he believes that there is a misconception that TTUHSC and UTMB do this because they are making money.</p> <p>Dr. Jumper stated that there is a law in place that requires any allocated unspent funds be returned to the state. In the past there have been funds returned. The universities are not allowed to keep it or reallocate it.</p> <p>Dr. Raimer stated that he wanted to share this issue with the group so that they are aware and not surprised about the financials.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Public Comments (Cont.)</b>  - Dr. Burrow</p>		<p>Mr. Steffa stated that what he can do in addition to showing the per diem and growth rate of about 4% annually is that after this session he can show what was requested and projected as the need against what is actually funded.</p> <p>Dr. Murray stated that if you take all the funding issues off the table and just look year after year the growth rate is about 4% to 5% consistently. Given the nature of the patients that we care for, the care we are asked to provide and the comparison between ERS and TRS and Medicaid we are significantly less expensive than any other state funded health care program that the state has going right now. If our funding were matched with that growth rate we would be fine and we could manage with that and maybe have a small supplemental request or possibly even have a small amount to return to the state depending on the population fluctuation. But that is not the way we get funded and politics get involved with these supplemental requests. Dr. Murray stated that everyone around the table does a very good job of taking care of these patients and the people that are funding the program should take a great deal of pride for what they have created, because every other state wants to be us.</p> <p>Dr. Linthicum stated that the past is prolog and we have to learn from it. The Ruiz lawsuit went from 1972 through 2002. It was the longest class action correctional lawsuit in the history of corrections. We didn't vacate the final judgment until 2002. We were under a federal judge from 1972 to 2002. It has created the system that we are today; a premier correctional health care system and we need to maintain that.</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 June 25, 2019 in Conroe, Texas.</p> <p>The meeting was adjourned at 3:15 p.m.</p>		<p>Dr. Jumper made a motion to adjourn and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p>

---

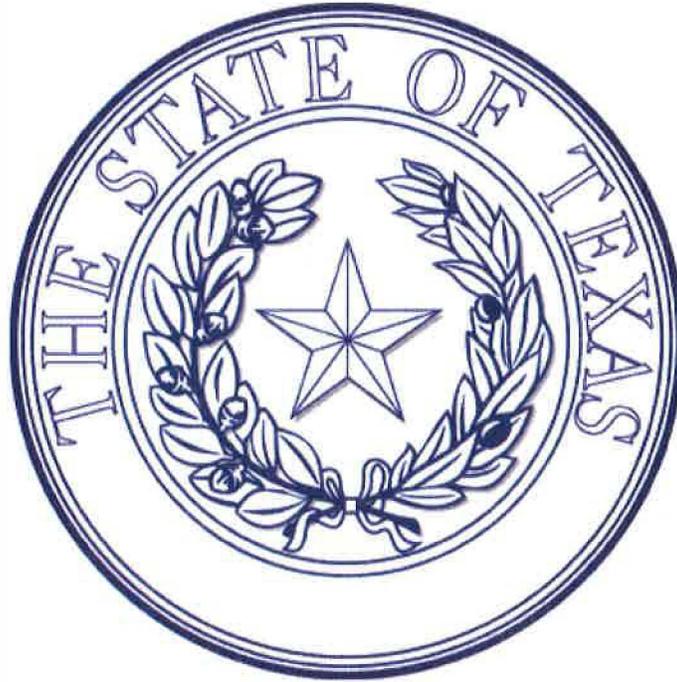
Rodney D. Burrow, M.D., Chairperson  
Correctional Managed Health Care Committee

---

Date

Consent Item

TDCJ Health Services  
Monitoring Reports



TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE

**Health Services Division**

***Quarterly Monitoring Report***

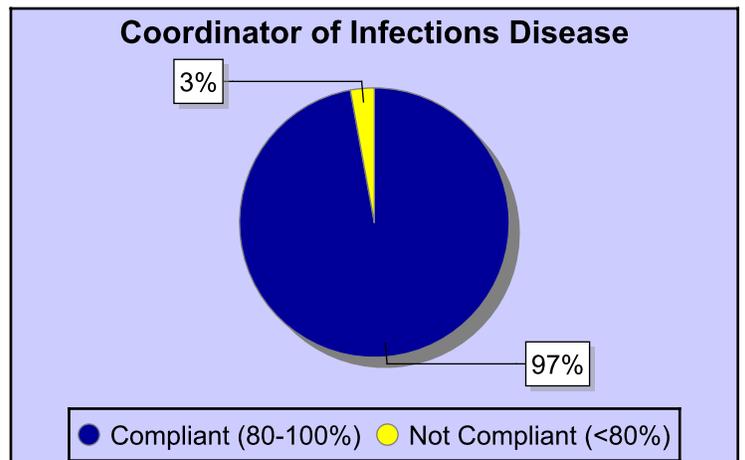
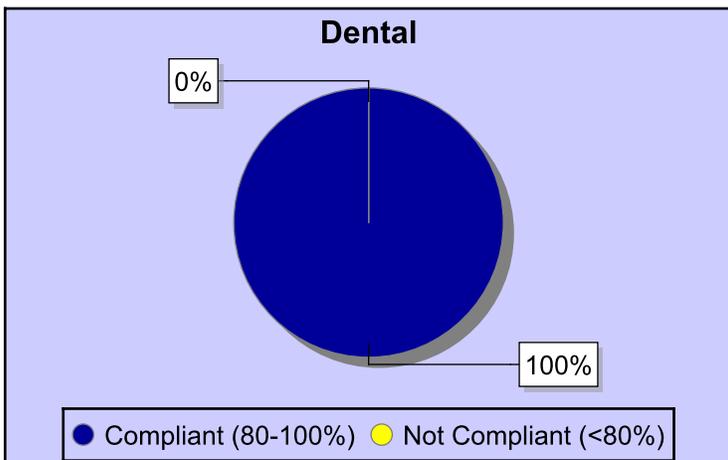
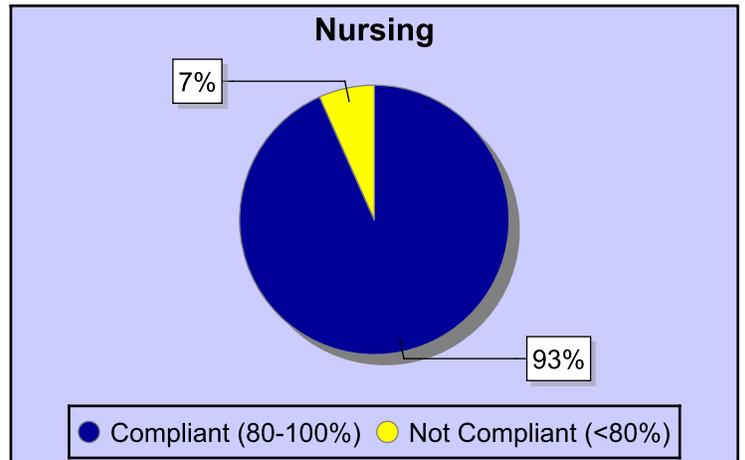
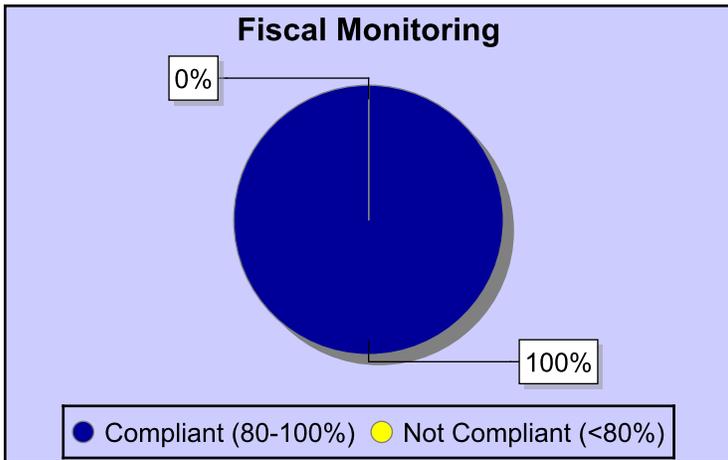
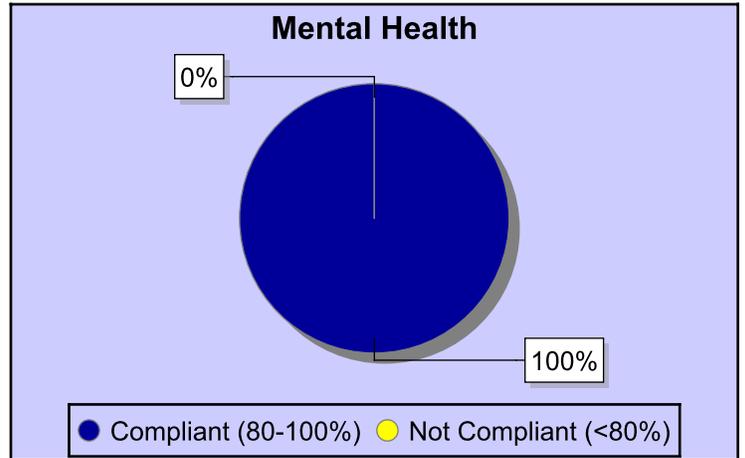
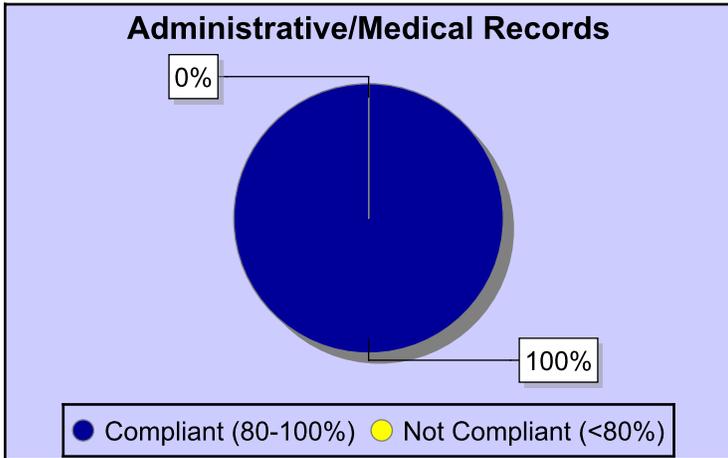
**Second Quarter, Fiscal Year 2019  
(December 2018, January and February  
2019)**

Rate of Compliance with Standards by Operational Categories  
 Second Quarter, Fiscal Year 2019  
 December 2018 - February 2019

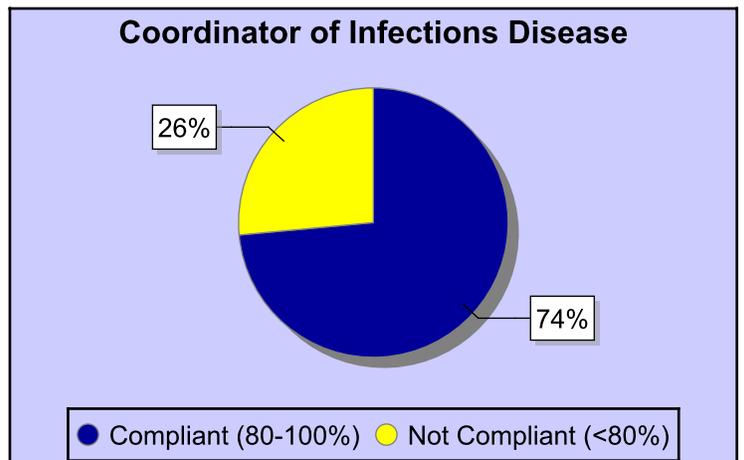
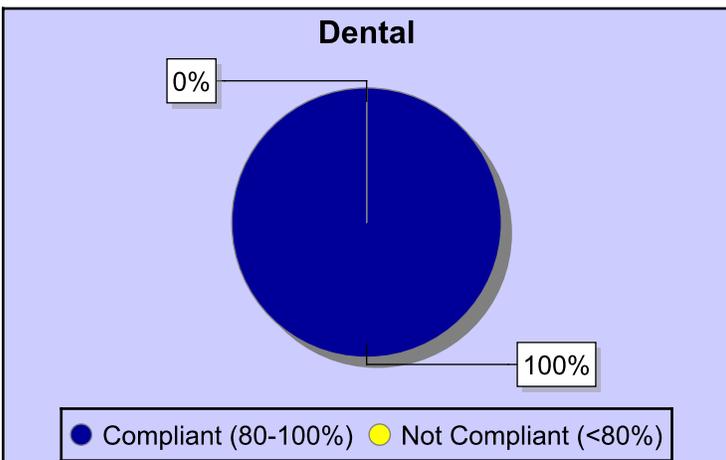
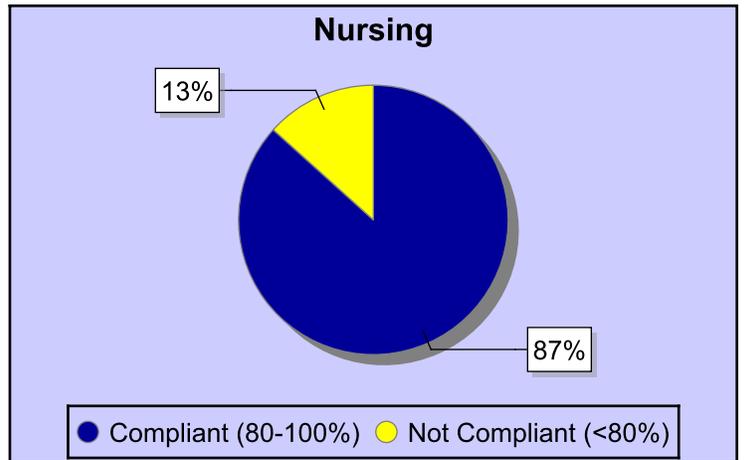
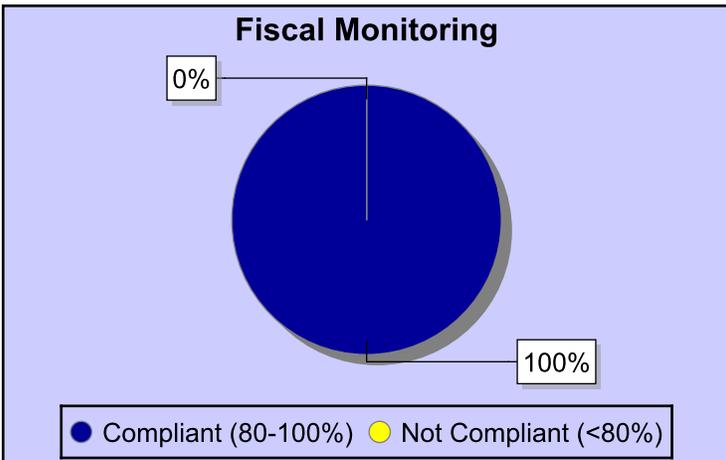
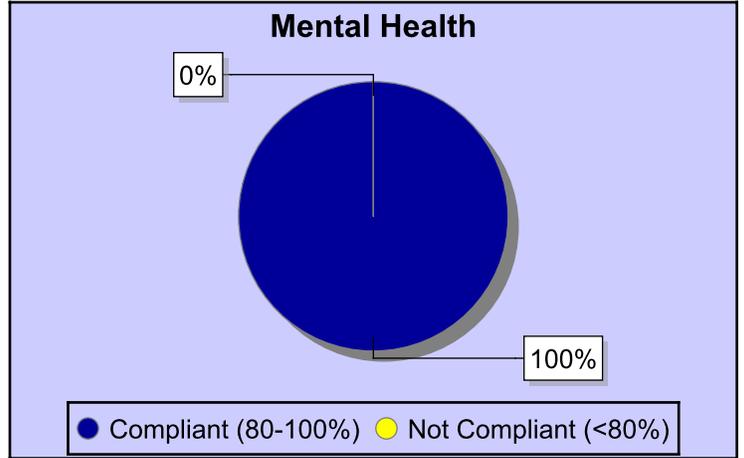
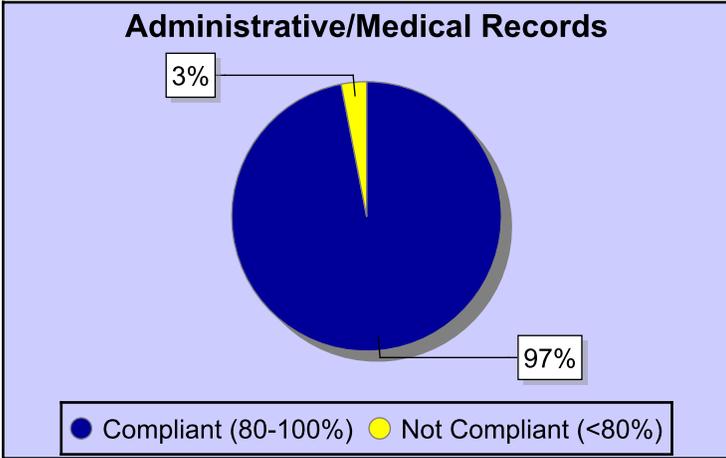
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Byrd	32	32	100%	15	14	93%	35	34	97%	12	12	100%	2	2	100%	5	5	100%
Gist State Jail	33	32	97%	15	13	87%	34	25	74%	12	12	100%	16	16	100%	5	5	100%
Gurney	31	31	100%	15	12	80%	34	27	79%	11	11	100%	15	15	100%	6	6	100%
Jester I	30	30	100%	9	7	78%	31	28	90%	11	9	82%	11	11	100%	5	5	100%
Jester III	32	32	100%	13	11	85%	34	31	91%	11	11	100%	14	13	93%	4	4	100%
LeBlanc	32	32	100%	13	12	92%	18	14	78%	9	9	100%	14	13	93%	4	4	100%
Lockhart	34	33	97%	15	15	100%	34	28	82%	10	10	100%	14	14	100%	4	4	100%
Luther	31	30	97%	13	13	100%	22	18	82%	11	11	100%	22	21	95%	4	4	100%
Michael	33	33	100%	13	12	92%	28	26	93%	10	10	100%	16	15	94%	7	7	100%
Plane State Jail	31	31	100%	21	20	95%	33	28	85%	12	12	100%	14	14	100%	4	4	100%
Wynne	33	33	100%	13	11	85%	26	19	73%	10	10	100%	15	14	93%	4	4	100%

*n* = number of applicable items audited.

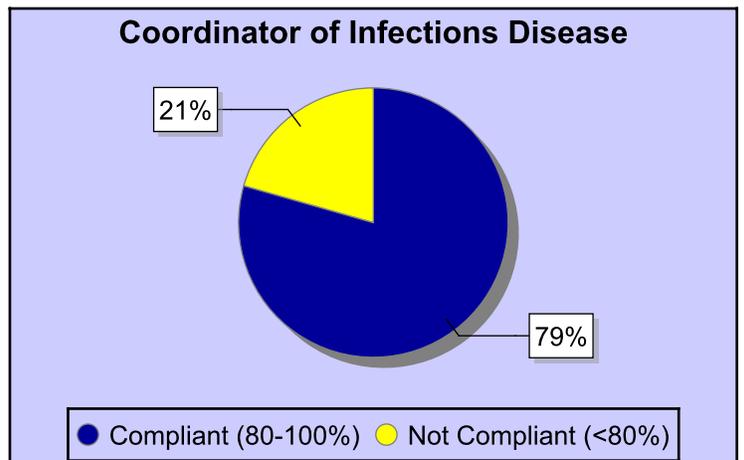
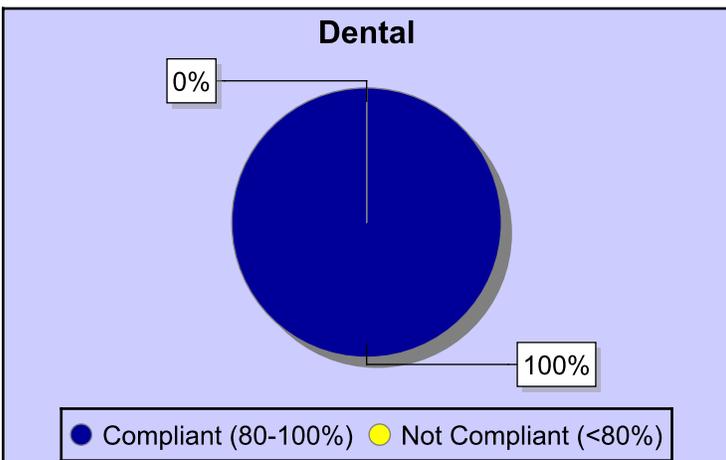
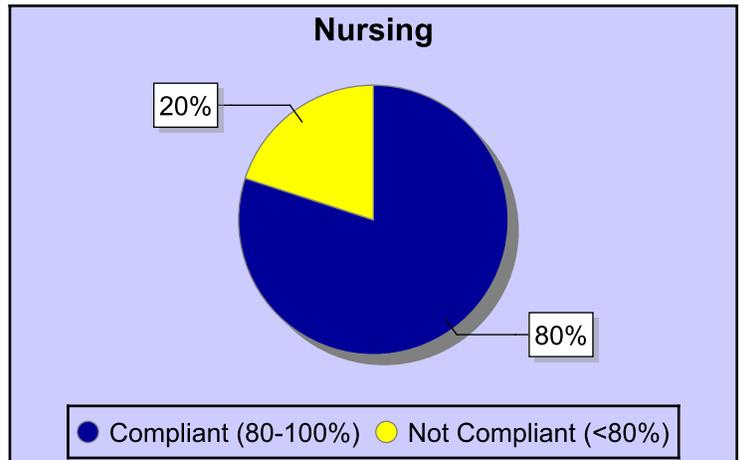
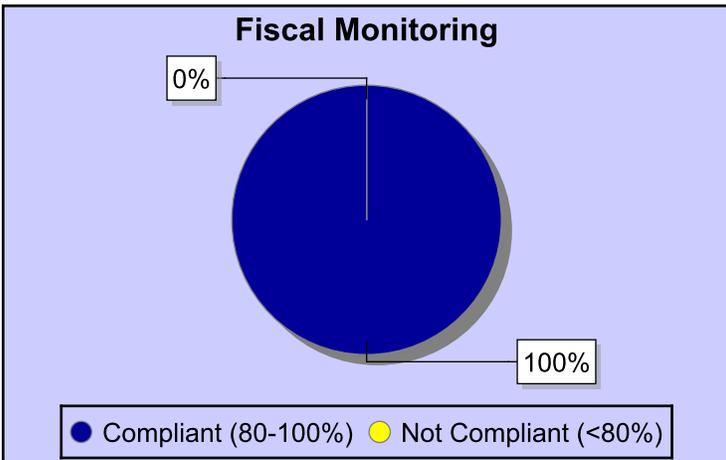
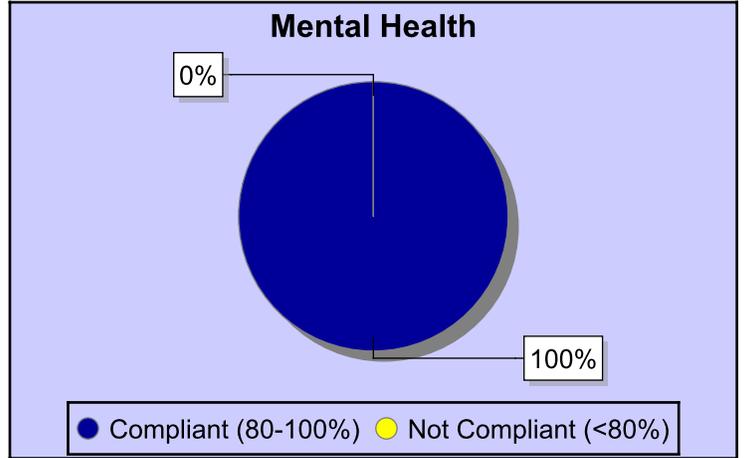
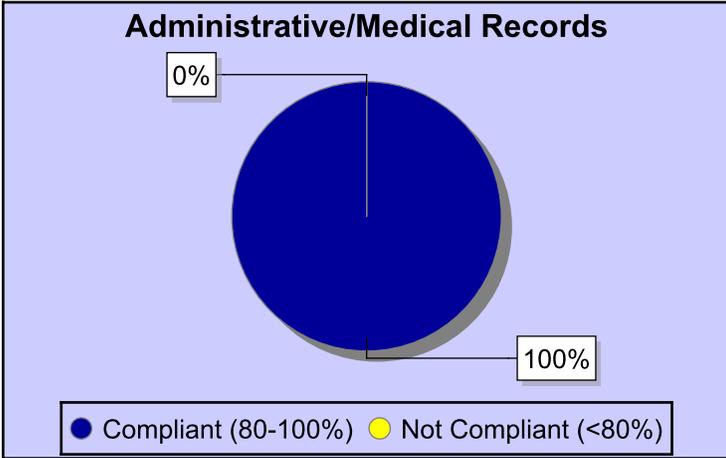
Compliance Rate By Operational Categories for  
BYRD FACILITY  
December 03, 2018



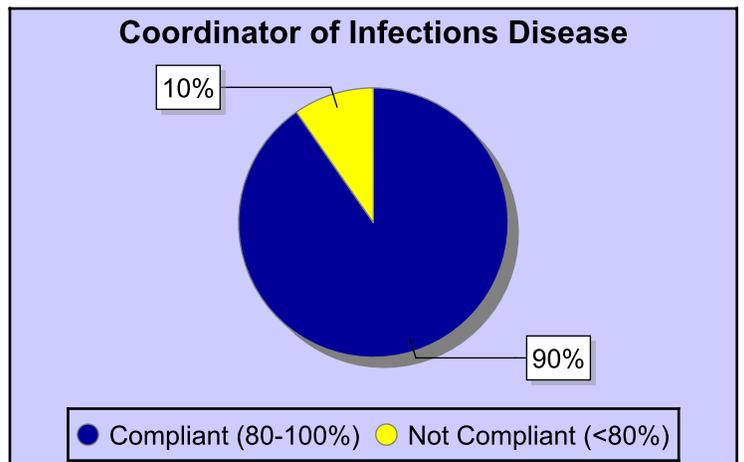
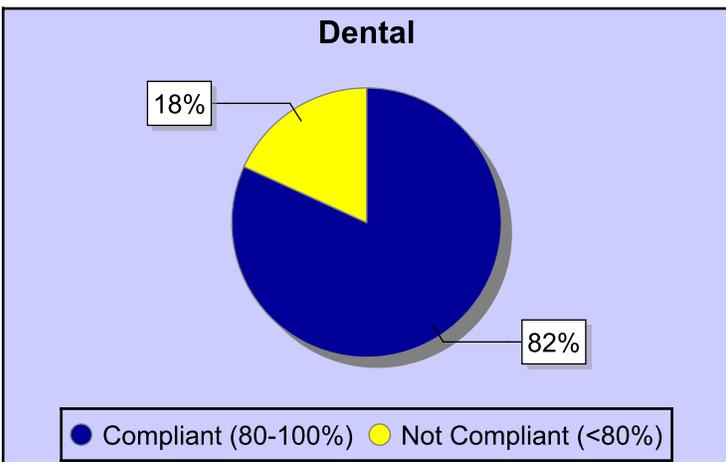
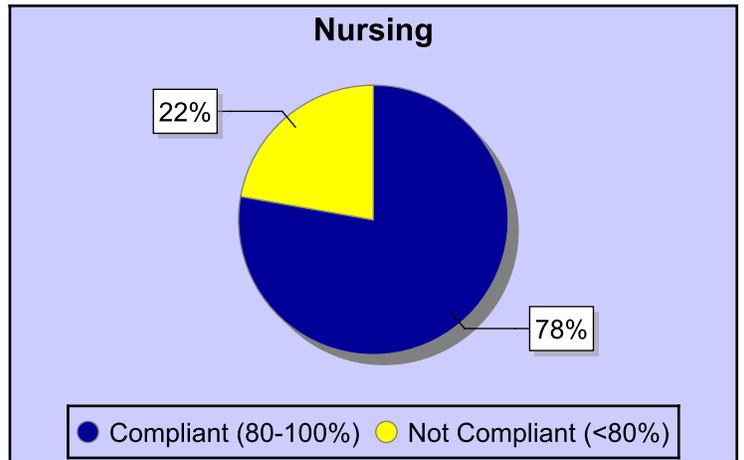
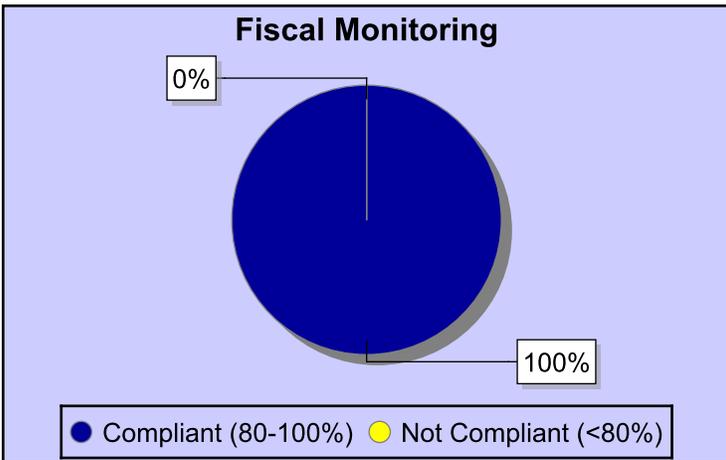
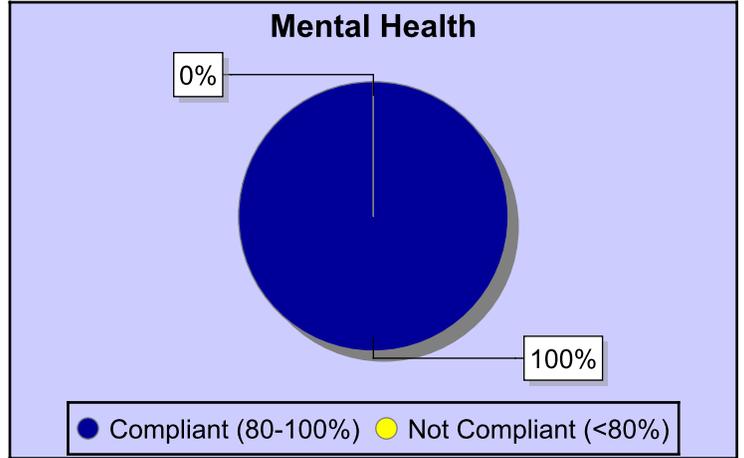
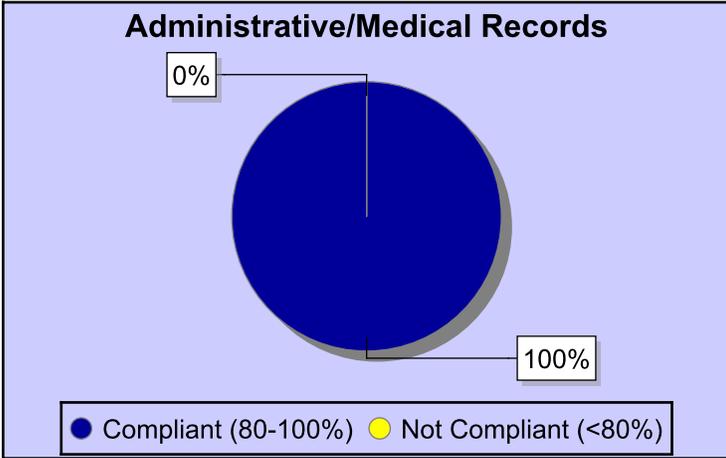
Compliance Rate By Operational Categories for  
GIST FACILITY  
January 02, 2019



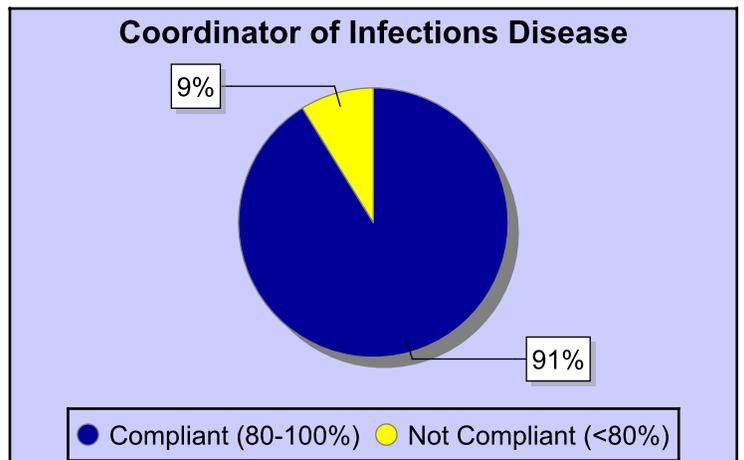
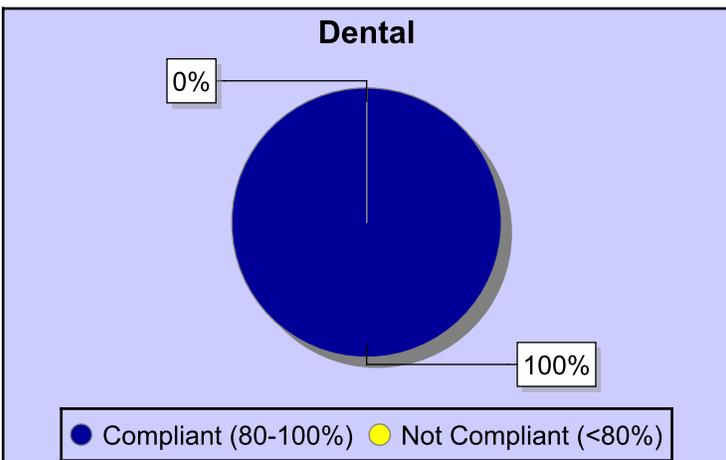
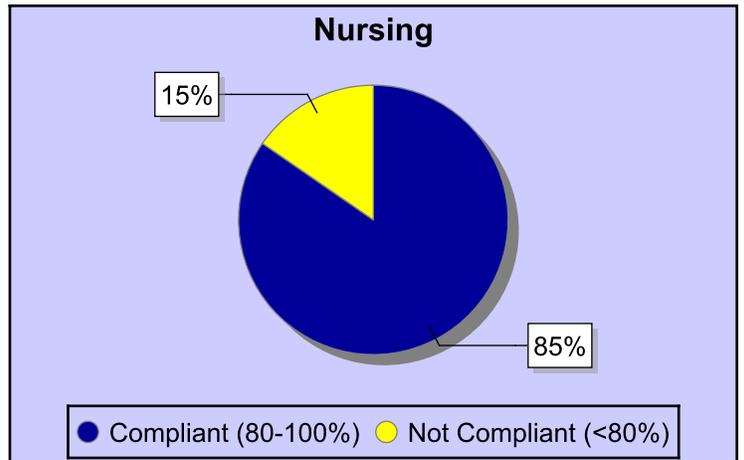
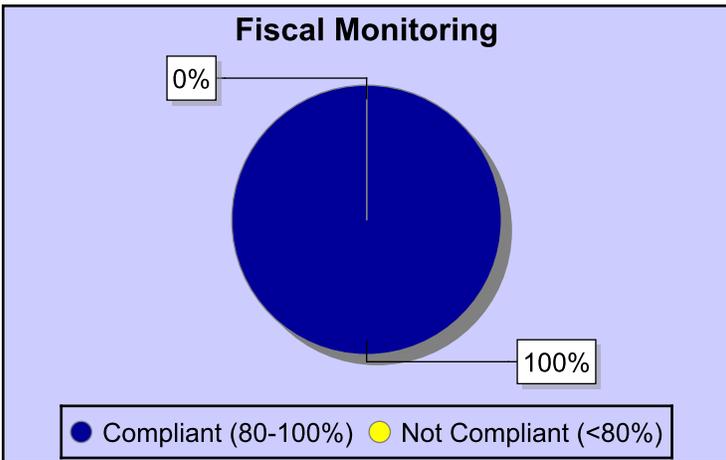
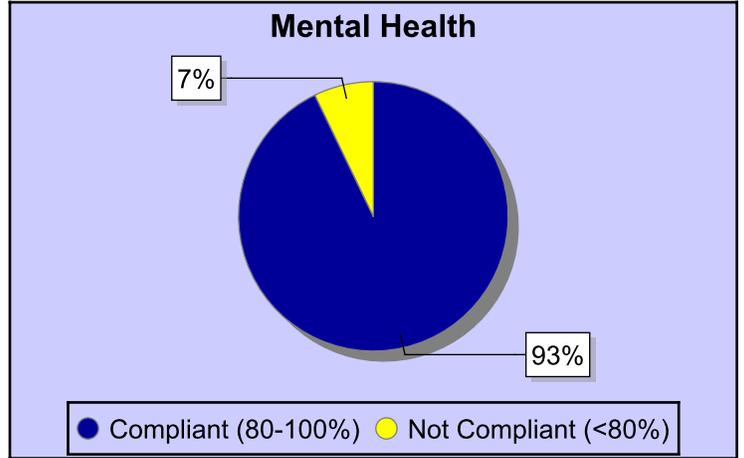
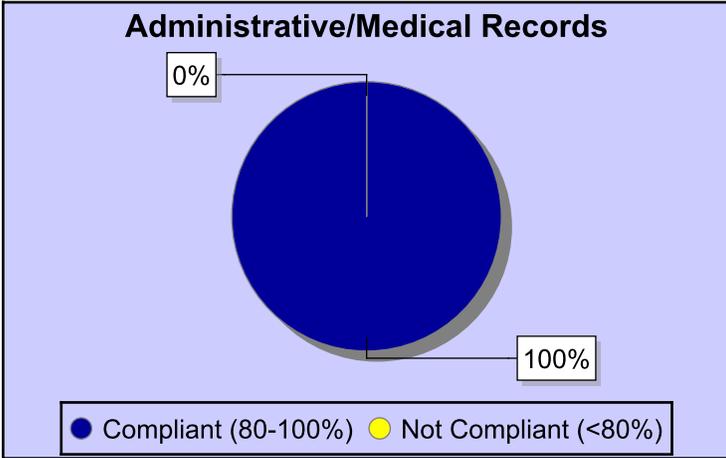
Compliance Rate By Operational Categories for  
GURNEY FACILITY  
January 02, 2019



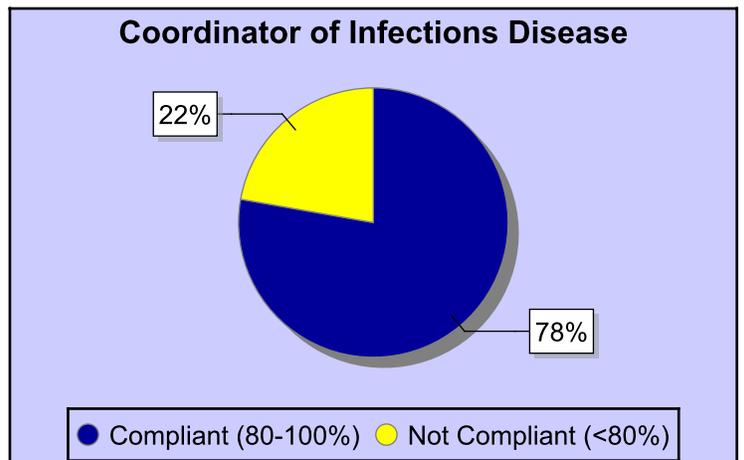
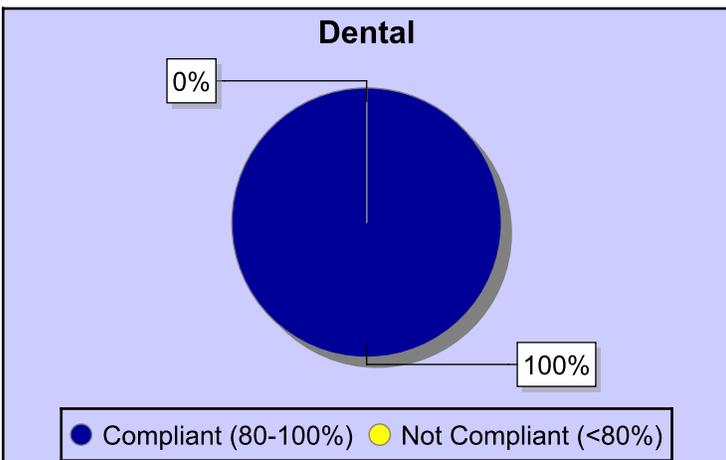
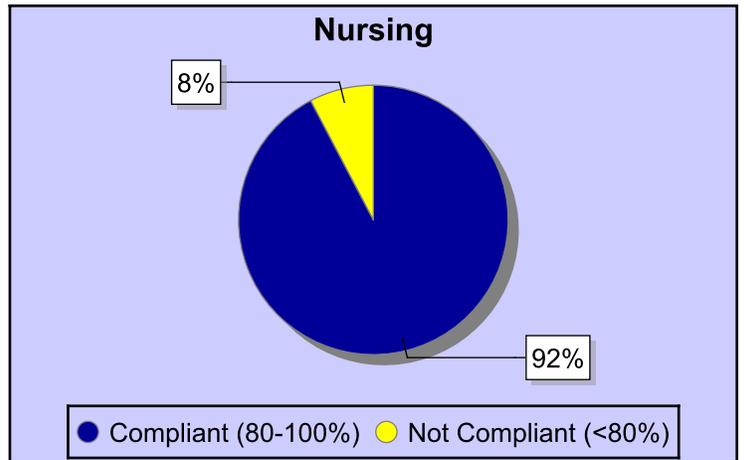
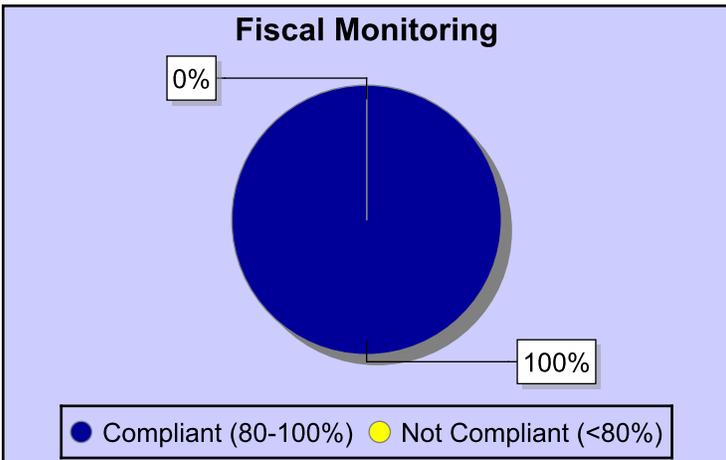
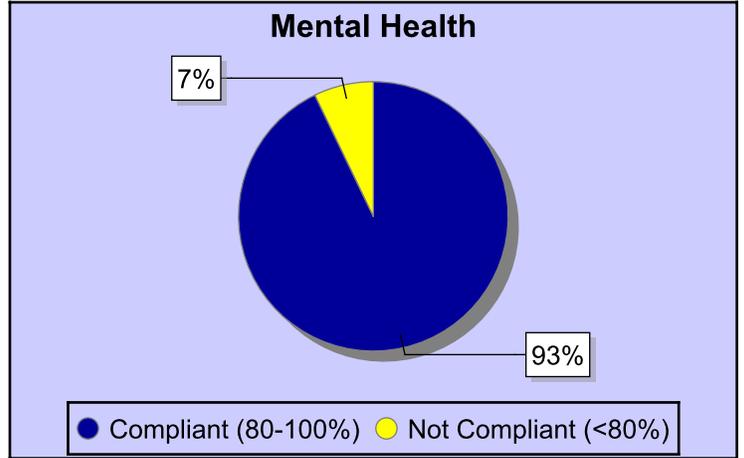
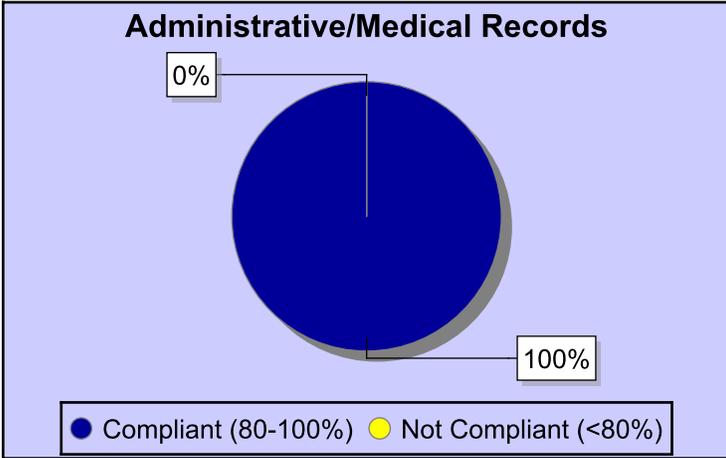
Compliance Rate By Operational Categories for  
JESTER I FACILITY  
February 04, 2019



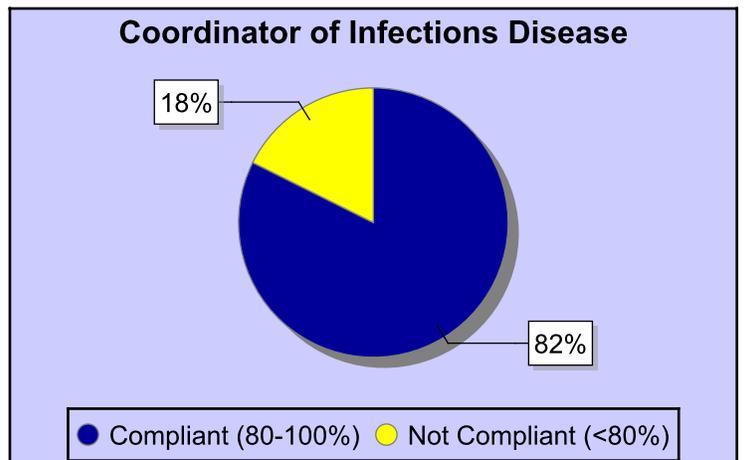
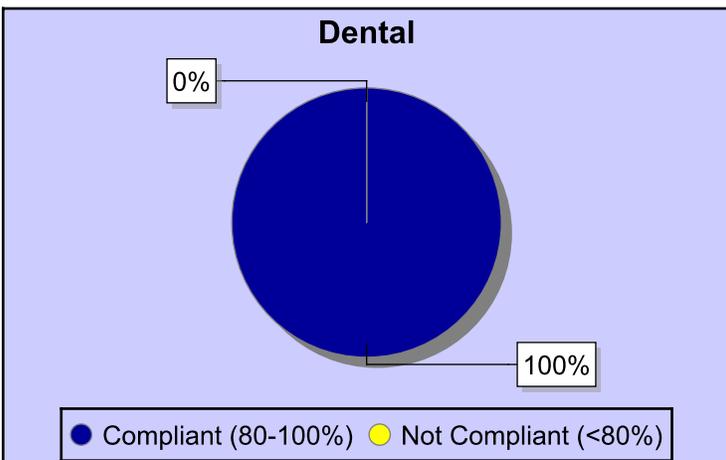
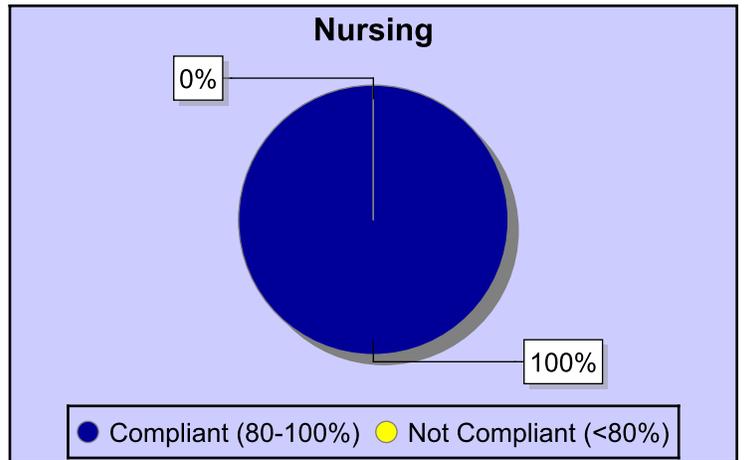
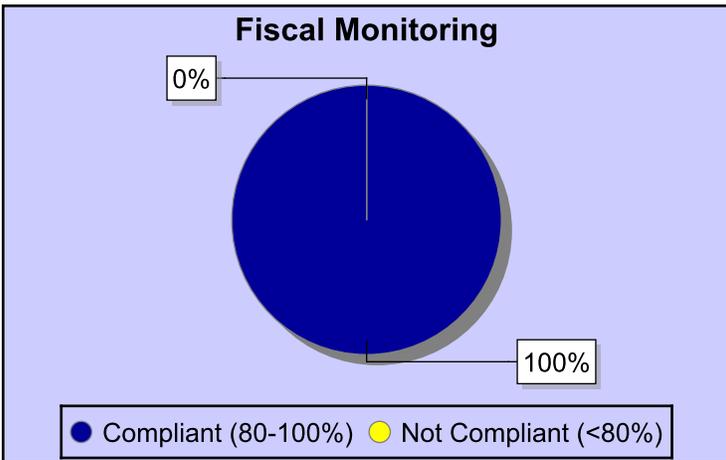
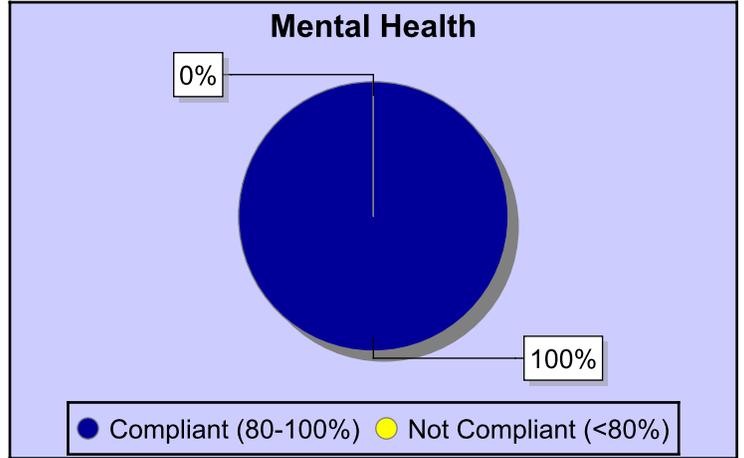
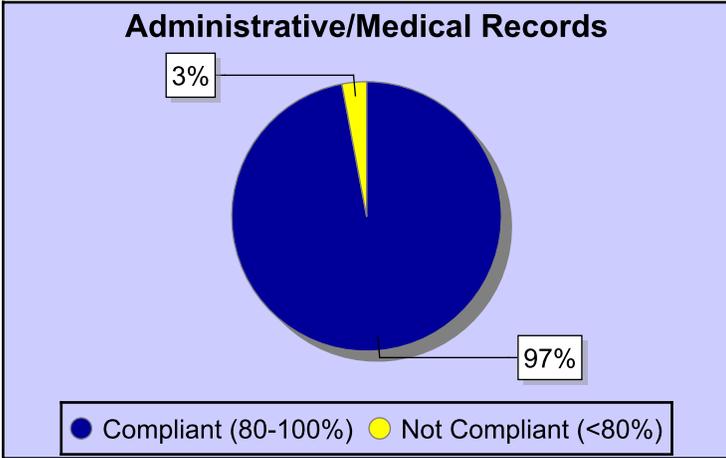
Compliance Rate By Operational Categories for  
JESTER III FACILITY  
February 05, 2019



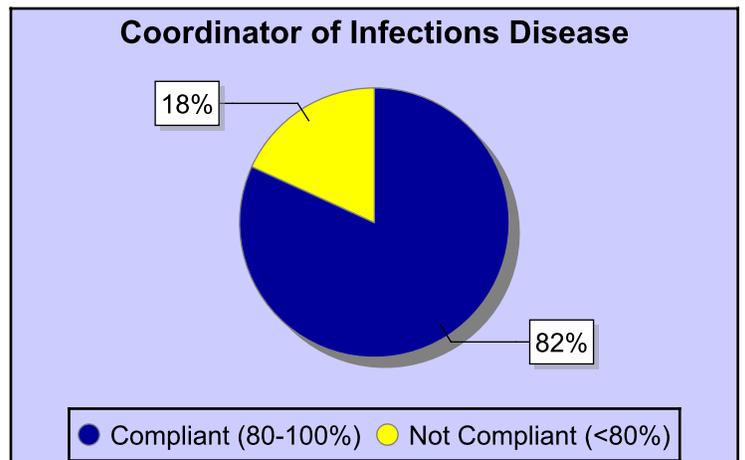
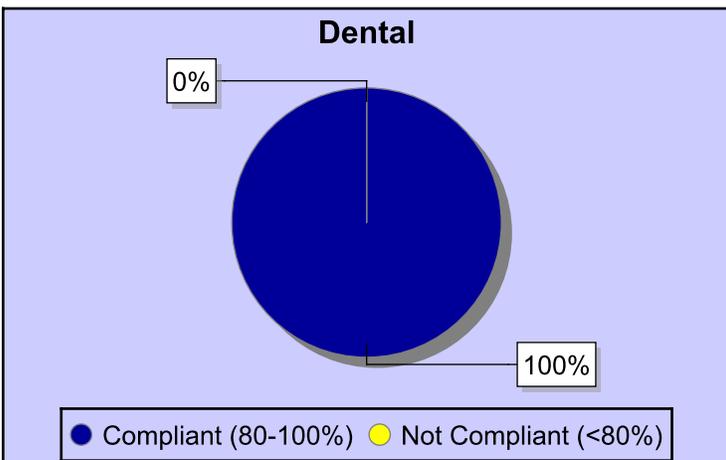
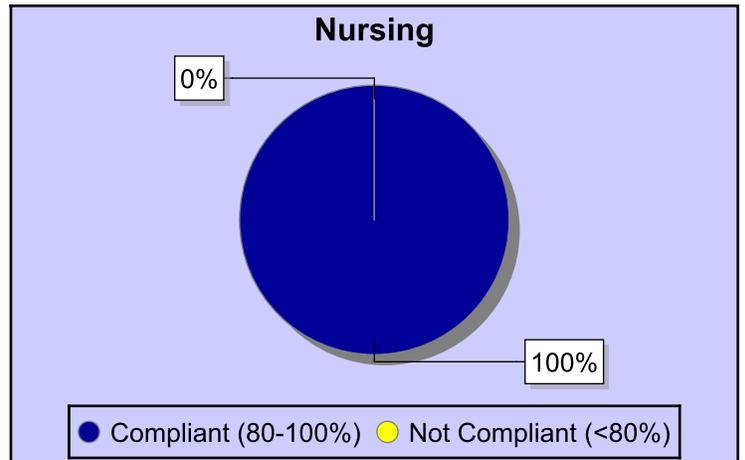
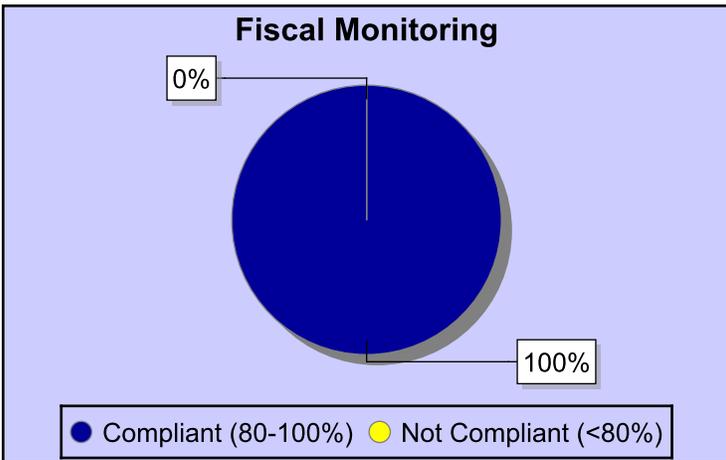
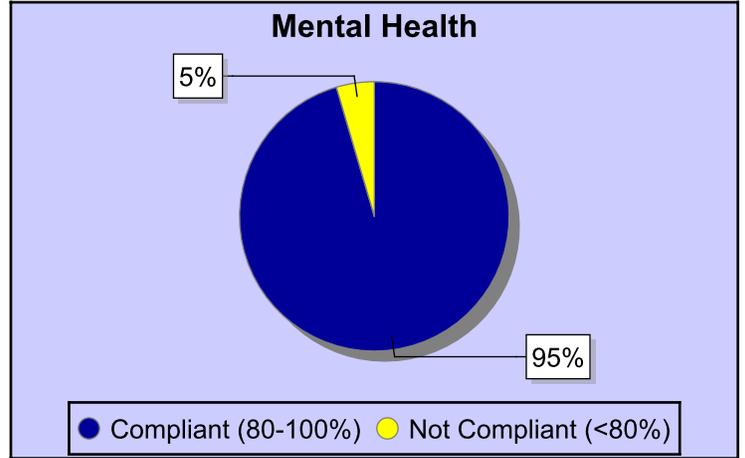
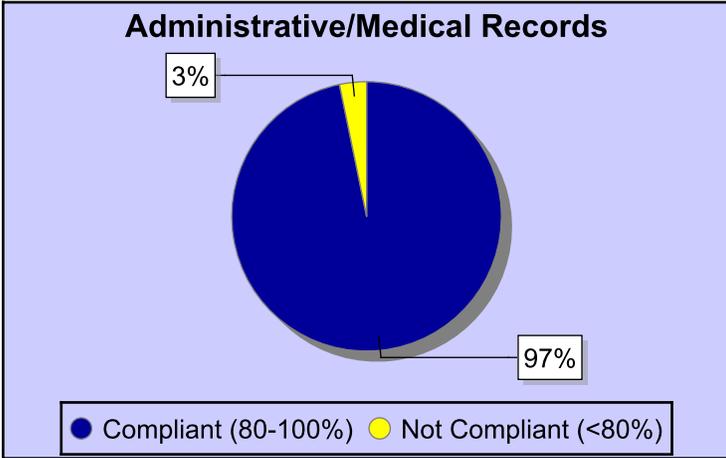
Compliance Rate By Operational Categories for  
LEBLANC FACILITY  
January 03, 2019



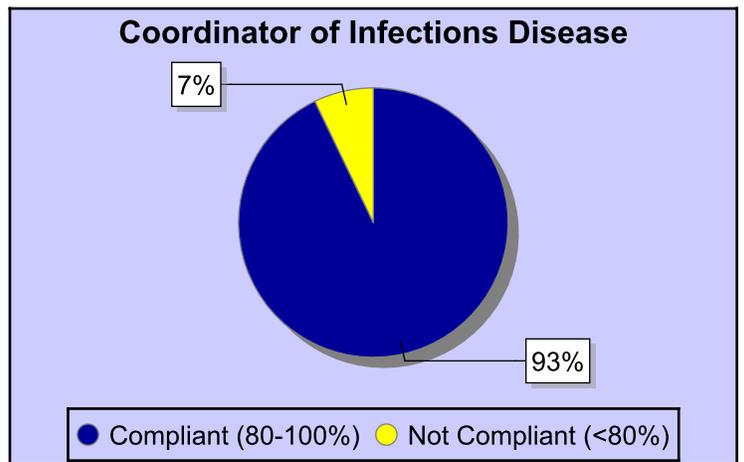
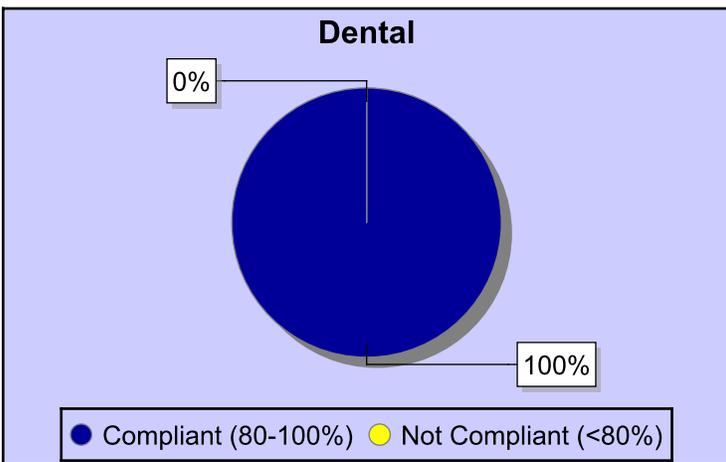
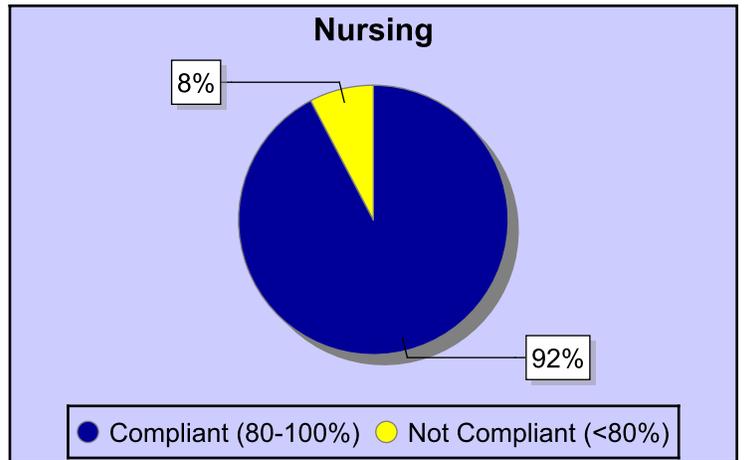
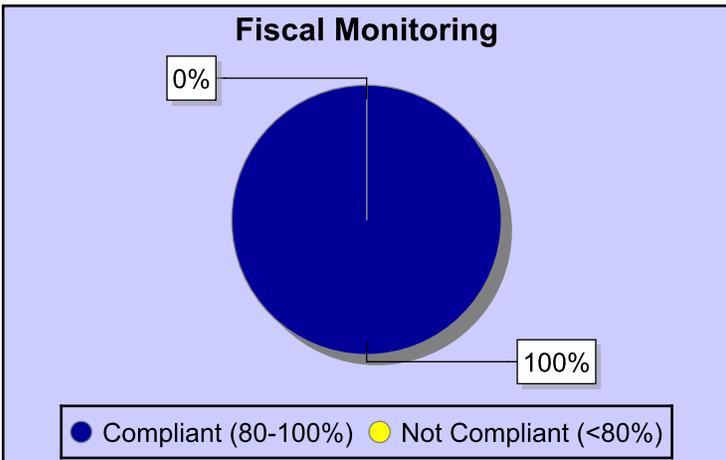
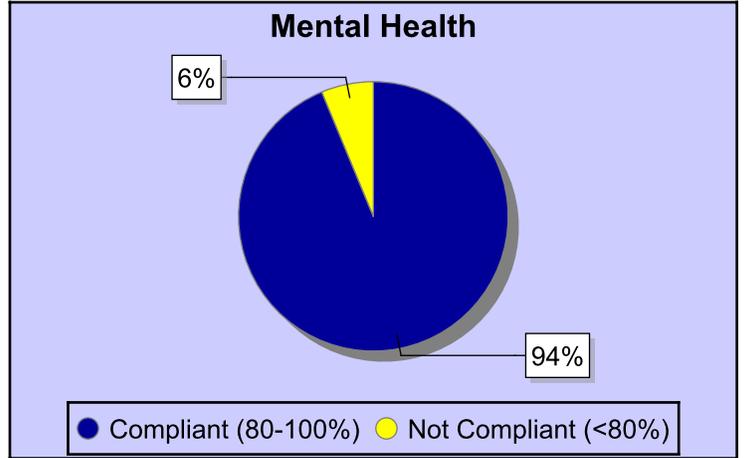
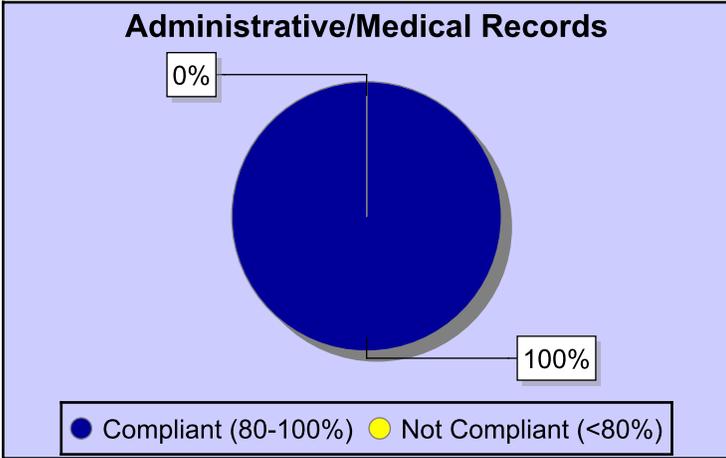
Compliance Rate By Operational Categories for  
LOCKHART FACILITY  
February 05, 2019



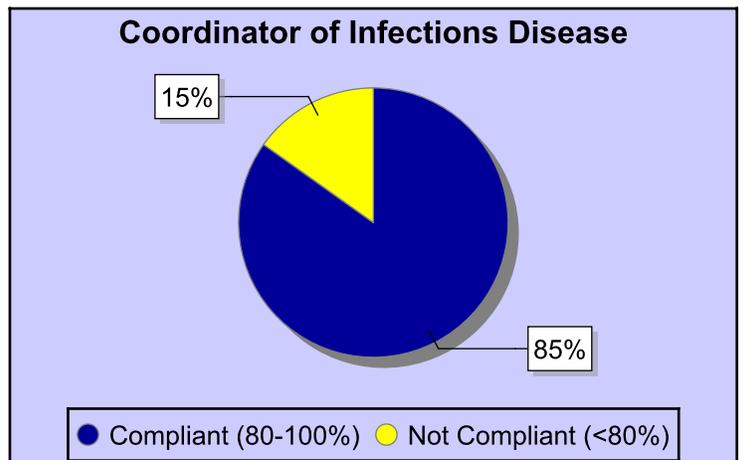
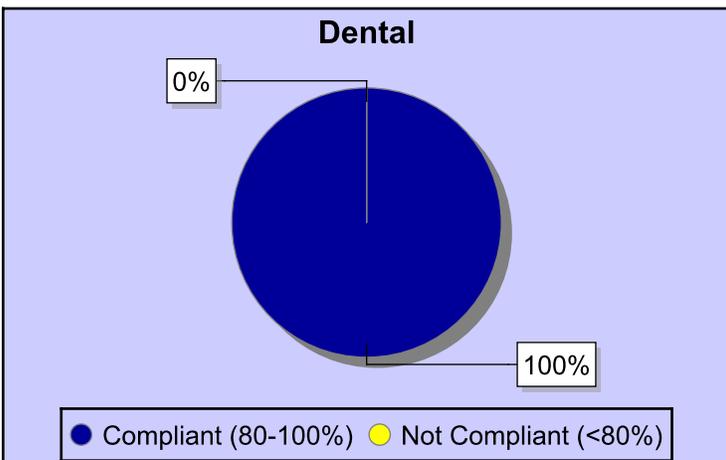
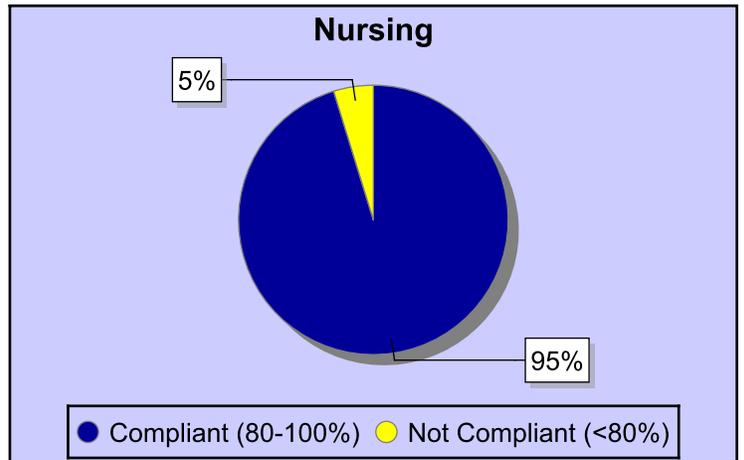
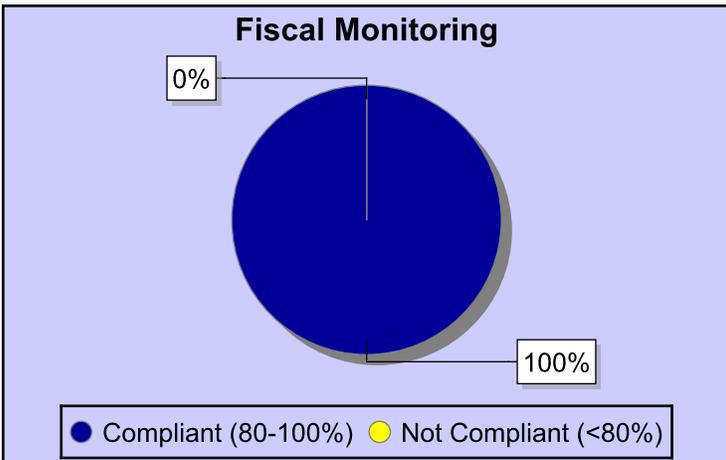
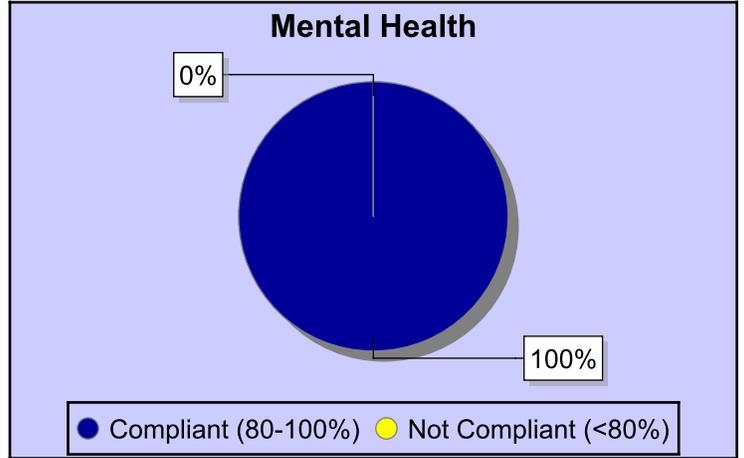
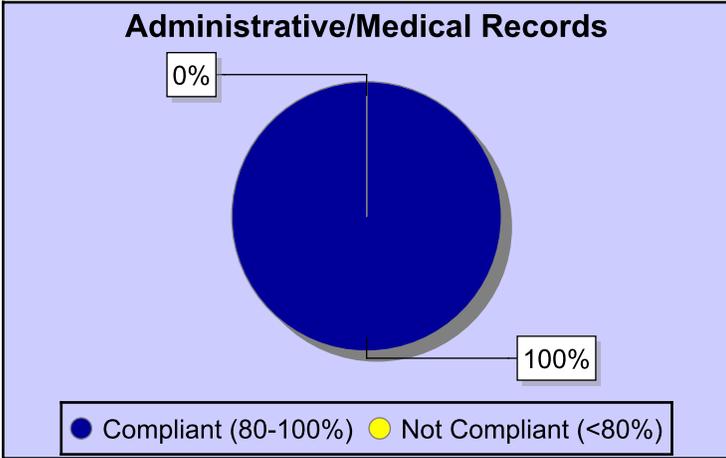
Compliance Rate By Operational Categories for  
LUTHER FACILITY  
February 04, 2019



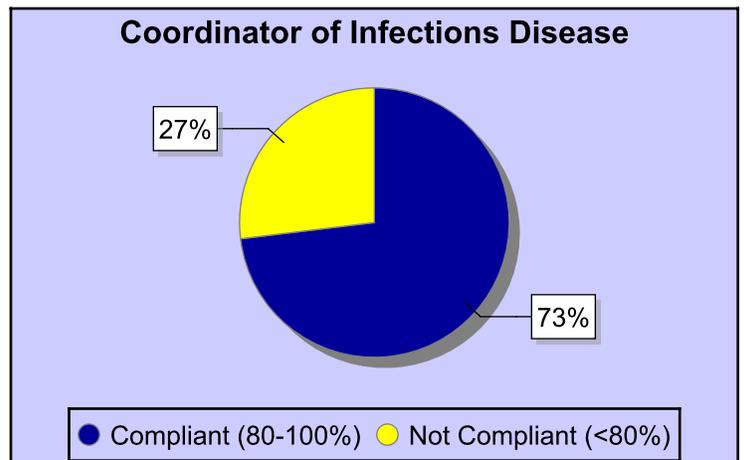
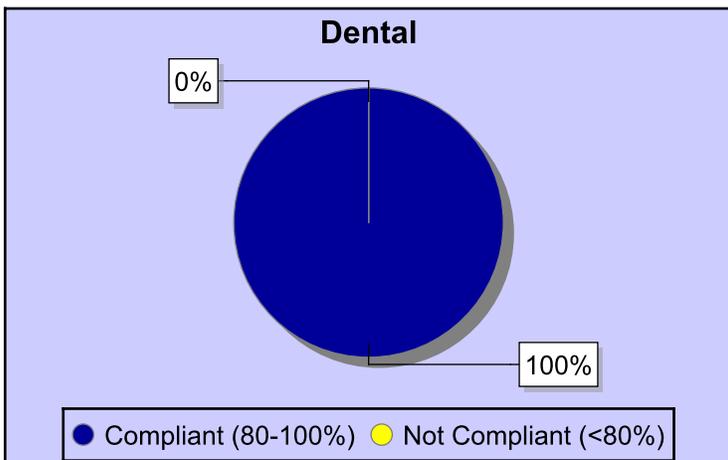
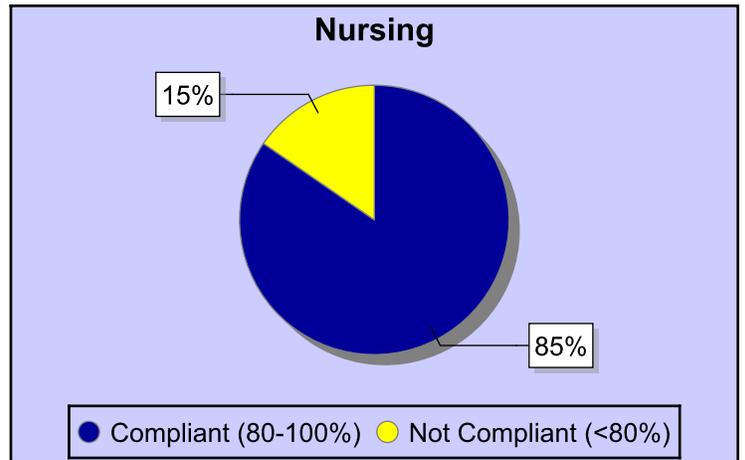
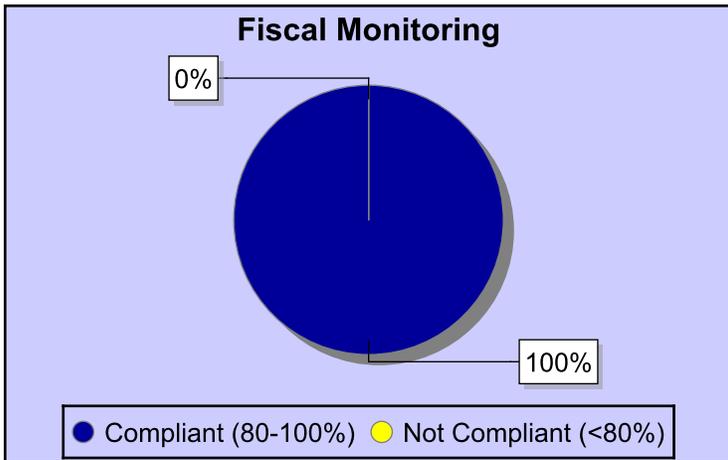
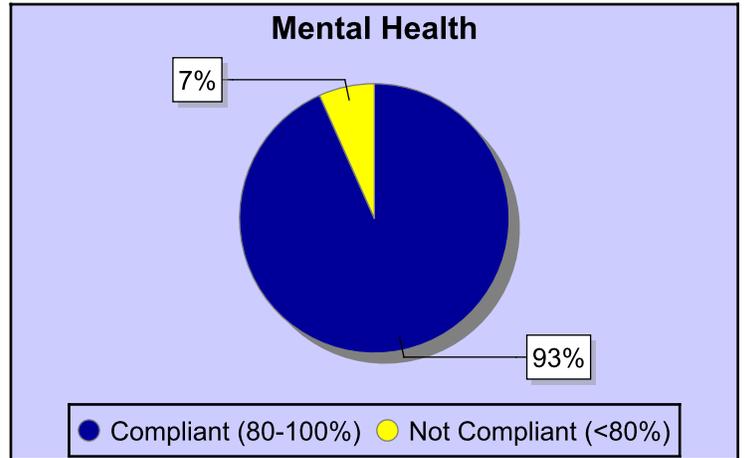
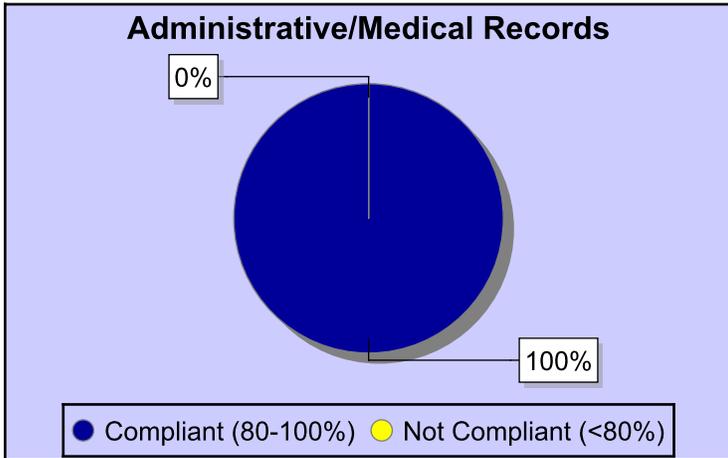
Compliance Rate By Operational Categories for  
MICHAEL FACILITY  
January 03, 2019



Compliance Rate By Operational Categories for  
PLANE FACILITY  
December 12, 2018



Compliance Rate By Operational Categories for  
WYNNE FACILITY  
December 04, 2018



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended February 28, 2019**

**Urgent Care Definition:** Individuals, who in the dentist’s professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist. Policy CMHC E 36.1

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Ft. Stockton	10	100%	0	0
Halbert	10	100%	0	0
Hobby	10	90%	0	1
Luther	10	100%	0	0
Lynaugh	10	100%	0	0
Marlin	10	90%	1	0
Pack	10	100%	0	0
San Saba	10	80%	2	0
Sanchez	10	100%	0	0
Travis	10	70%	3	0

\* Urgent Care score is determined: # of offenders that had symptoms and received definitive treatment with 14 days = 100%  
Total # of offenders in audit.  
\*\* A Corrective Action is required by TDCJ Health Services if the Urgent Care score is below 80%  
\*\*\* A Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.

# TDCJ Dental Director's Report

## Second Quarter 2019

Office of Health Services Monitoring (OHSM)

Dental Quality Review Audit (QA)

During the second quarter of FY 2019 (September, October & November), Dental Quality Review audits were conducted at the following **10** facilities: Ft. Stockton, Halbert, Hobby, Luther, Lynaugh, Marlin, Pack, San Saba, Sanchez, and Travis.

- **Item 21** assesses if the radiographs utilized in the formulation of the Comprehensive Treatment Plan (CTP) were of diagnostic quality necessary for assessment and treatment planning. **3** of the **10** facilities were not in compliance: Lynaugh (**78%**), Marlin (**71%**) and Sanchez (**47%**)
- **Item 23** assesses the result of periodontal charting and radiographic survey of the remaining dentition reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **2** of the **10** facilities were not in compliance: Lynaugh (**13%**) and Pack (**67%**).

## 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*	
December	387	360	23	6.39%	16	5.00%	2	7	1.94%	0
January	458	500	44	8.80%	35	8.20%	6	9	2.60%	4
February	387	379	34	8.97%	29	8.71%	4	5	1.32%	0
<b>Totals:</b>	<b>1,232</b>	<b>1,239</b>	<b>101</b>	<b>8.15%</b>	<b>80</b>	<b>7.43%</b>	<b>12</b>	<b>21</b>	<b>2.02%</b>	<b>4</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*	
December	848	694	62	8.93%	56	9.37%	9	6	1.15%	2
January	1,236	1,092	54	4.95%	43	4.67%	8	11	1.37%	4
February	1,100	893	12	1.34%	10	1.68%	5	2	0.34%	1
<b>Totals:</b>	<b>3,184</b>	<b>2,679</b>	<b>128</b>	<b>4.78%</b>	<b>109</b>	<b>4.89%</b>	<b>22</b>	<b>19</b>	<b>0.97%</b>	<b>7</b>
<b>GRAND TOTAL=</b>	<b>4,416</b>	<b>3,918</b>	<b>229</b>	<b>5.84%</b>						

\*QOC= Quality of Care

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

December 2018    \*\*\*CORRECTED 3-29-19\*\*\*

Reportable Condition	Reports			
	2018 This Month	2017 Same Month	2018 Year to Date*	2017 Year to Date*
Chlamydia	5	10	112	27
Gonorrhea	1	3	41	11
Syphilis	72	108	1147	552
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	3	2	12
Hepatitis C, total and (acute <sup>‡</sup> )	242	228	2,904	2,325
Human immunodeficiency virus (HIV) +, known at intake	163	216	2,366	2,532
HIV screens, intake	4,562	4,795	57,277	64,097
HIV +, intake	36	43	407	642
HIV screens, offender- and provider-requested	533	637	7,807	8,976
HIV +, offender- and provider-requested	0	0	5	10
HIV screens, pre-release	2,786	2,829	38,802	36,908
HIV +, pre-release	0	0	1	0
Acquired immune deficiency syndrome (AIDS)	4	6	51	51
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	63	81	1167	774
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	34	469	437
Occupational exposures of TDCJ staff	9	16	158	183
Occupational exposures of medical staff	2	3	52	43
HIV chemoprophylaxis initiation	3	5	51	53
Tuberculosis skin test (ie, PPD) +, intake	107	119	1547	1779
Tuberculosis skin test +, annual	32	37	549	654
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	9	6
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	3	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	3	27	18
Tuberculosis cases under management	25	22		
Peer education programs <sup>¶</sup>	0	0	100	99
Peer education educators <sup>∞</sup>	48	27	6,995	6,240
Peer education participants	5,644	7,105	87,835	83,002
Alleged assaults and chart reviews	40	56	739	728
Bloodborne exposure labs drawn on offenders	8	15	175	227
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

January 2019

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	16	3	16	3
Gonorrhea	10	3	10	3
Syphilis	84	134	84	134
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	0	1
Hepatitis C, total and (acute <sup>‡</sup> )	104	200	104	200
Human immunodeficiency virus (HIV) +, known at intake	176	226	176	226
HIV screens, intake	4,626	5,499	4,626	5,499
HIV +, intake	33	38	33	38
HIV screens, offender- and provider-requested	618	686	618	686
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,724	3,461	3,724	3,461
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	5	6	5	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	131	80	131	80
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	41	36	41	36
Occupational exposures of TDCJ staff	13	18	13	18
Occupational exposures of medical staff	7	3	7	3
HIV chemoprophylaxis initiation	4	2	4	2
Tuberculosis skin test (ie, PPD) +, intake	119	63	119	63
Tuberculosis skin test +, annual	28	26	28	26
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	1	1
Tuberculosis cases under management	22	21		
Peer education programs <sup>¶</sup>	0	0	100	99
Peer education educators <sup>∞</sup>	62	78	7,057	6,321
Peer education participants	6,612	6,244	6,612	6,244
Alleged assaults and chart reviews	57	60	57	60
Bloodborne exposure labs drawn on offenders	18	18	18	18
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

February 2019    \*\*\* Syphilis Revised 4-10-19\*\*\*

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	13	14	29	17
Gonorrhea	4	4	14	7
Syphilis    *** Revised ***	80	103	164	237
Hepatitis A	1	0	1	0
Hepatitis B, acute	0	1	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	104	181	208	381
Human immunodeficiency virus (HIV) +, known at intake	172	179	348	405
HIV screens, intake	4,288	3,045	8,914	8,544
HIV +, intake	41	43	74	81
HIV screens, offender- and provider-requested	594	667	1,212	1,353
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,080	2,867	6,804	6,328
HIV +, pre-release	0	0	21	0
Acquired immune deficiency syndrome (AIDS)	4	6	9	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	119	84	250	164
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	33	25	74	61
Occupational exposures of TDCJ staff	10	12	23	30
Occupational exposures of medical staff	3	11	10	14
HIV chemoprophylaxis initiation	4	4	8	6
Tuberculosis skin test (ie, PPD) +, intake	134	125	253	188
Tuberculosis skin test +, annual	34	61	62	87
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	1	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	3	4	4
Tuberculosis cases under management	20	23		
Peer education programs <sup>¶</sup>	0	0	100	99
Peer education educators <sup>∞</sup>	14	16	7,071	6337
Peer education participants	6,717	7678	13,309	13922
Alleged assaults and chart reviews	54	66	111	126
Bloodborne exposure labs drawn on offenders	17	20	35	35
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

During the 2nd Quarter of Fiscal Year 2019, ten percent of the UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 209 hospital discharge and 32 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	6	1	16.67%	0	N/A	0	N/A	0	N/A	4	66.67%
January	7	1	14.29%	0	N/A	0	N/A	0	N/A	3	42.86%
February	7	1	14.29%	0	N/A	0	N/A	0	N/A	4	57.14%
Total/Average	20	3	15.00%	0	N/A	0	N/A	0	N/A	11	55.00%
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)	
December	25	5	20.00%	0	N/A	1	4.00%	3	12.00%	10	40.00%
January	30	3	10.00%	0	N/A	2	6.67%	4	13.33%	19	63.33%
February	33	4	12.12%	0	N/A	4	12.12%	3	N/A	17	51.52%
Total/Average	88	12	13.64%	0	N/A	7	7.95%	10	11.36%	46	52.27%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	31	1	3.23%	0	N/A	9	29.03%	2	6.45%	0	N/A
January	34	2	5.88%	0	N/A	8	23.53%	1	2.94%	0	N/A
February	36	7	19.44%	0	N/A	13	36.11%	2	5.56%	0	N/A
Total/Average	101	10	9.90%	0	N/A	30	29.70%	5	4.95%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	62	7	11.29%	0	N/A	10	16.13%	5	8.06%	14	22.58%
January	71	6	8.45%	0	N/A	10	14.08%	5	7.04%	22	30.99%
February	76	12	15.79%	0	N/A	17	22.37%	5	6.58%	21	27.63%
Total/Average	209	25	11.96%	0	N/A	37	17.70%	15	7.18%	57	27.27%
Texas Tech Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	4	1	25.00%	0	N/A	0	N/A	0	N/A	0	N/A
January	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	14	1	7.14%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmary Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	5	1	20.00%	0	N/A	1	20.00%	0	N/A	0	N/A
January	7	2	28.57%	0	N/A	1	14.29%	0	N/A	1	14.29%
February	6	3	50.00%	0	N/A	1	16.67%	1	16.67%	1	16.67%
Total/Average	18	6	33.33%	0	N/A	3	16.67%	1	5.56%	2	11.11%
GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	9	2	22.22%	0	N/A	1	11.11%	0	N/A	0	N/A
January	12	2	16.67%	0	N/A	1	8.33%	0	N/A	1	8.33%
February	11	3	27.27%	0	N/A	1	9.09%	1	9.09%	1	9.09%
Total/Average	32	7	21.88%	0	N/A	3	9.38%	1	3.13%	2	6.25%

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

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
SECOND QUARTER, FISCAL YEAR 2019**

December 2018	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Byrd	30	0	3	0
Plane State Jail	50	0	0	0
Wynne	42	0	0	0
<b>Total</b>	122	0	3	0

January 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Gist State Jail	47	0	0	0
Gurney	48	0	1	0
Leblanc	29	0	0	0
Michael	68	9	1	1
<b>Total</b>	192	9	2	1

February 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Jester I	19	1	0	0
Jester III	37	0	0	0
Lockhart	27	0	0	0
Luther	26	0	0	0
<b>Total</b>	109	1	0	0

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

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	3	4	4	11
<b>Total numbered property</b>	122	192	109	423
<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  
First Quarter FY-2019**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Ellis	December 3-5, 2018	100.00%	98.1%
Stevenson	December 10-12, 2018	100.00%	98.6%
Hutchins	January 7-9, 2019	100.00%	99.5%
Clemens	February 4-6, 2019	100.00%	98.1%
Scott	February 6-8, 2019	100.00%	98.3%
Duncan	February 25-27, 2019	100.00%	99.3%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Lynaugh-Ft. Stockton	January 14-16, 2019	100.00%	98.6%

The ACA 2019 Summer Conference will be held in Boston, Massachusetts on August 1-6, 2019. During this conference, the following Facilities will be represented: Ellis, Stevenson, Hutchins, Lynaugh-Ft. Stockton, Clemens, Scott, Duncan, Wallace, Dalhart, Garza East-West, Jester IV, Huntsville, Goree, and Crain.

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

**FY-2019 Second Quarter Report: Dec, Jan, Feb**

---

**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
<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
<b><u>Proponent:</u></b> NORC - National Organization for Research at the University of Chicago			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 3/15/2019		<b><u>Projected Completion:</u></b> 09/01/2018

---

**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
<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
<b><u>Proponent:</u></b> NORC at the University of Chicago			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection-Round 28	<b><u>Progress Report Due:</u></b> 3/15/2019		<b><u>Projected Completion:</u></b> 10/26/2019

---

**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
<b><u>Title of Research:</u></b> Re-Entry: Dynamic Risk Assessment			<b><u>Data Collection Began:</u></b> 6/11/2008
<b><u>Proponent:</u></b> Texas Tech University			<b><u>Data Collection End:</u></b> 8/30/2012
<b><u>Project Status:</u></b> Pending Manuscript			<b><u>Projected Completion:</u></b> 10/1/2018

---

**Project Number: 587-AR09**

**Researcher:**  
Marcus Boccaccini

**IRB Number:**  
2009-04-032

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

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

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

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

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

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
06/15/2019

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

---

**Project Number: 605-AR10**

**Researcher:**  
Patrick Flynn

**IRB Number:**  
SUM 13-0401506CR

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

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

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

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

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

**Proponent:**  
Texas Christian University

**Project Status:**  
Manuscript Review

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

---

**Project Number: 612-AR10**

**Researcher:**  
Jeffrey Bouffard

**IRB Number:**  
210-08-008

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

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

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

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

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

**Proponent:**  
Sam Houston State University

**Project Status:**  
Pending Manuscript

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

---

**Project Number: 629-AR11**

**Researcher:**  
Jurg Gerber

**IRB Number:**  
2011-03-071

**IRB Date:**  
5/6/2012

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

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

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

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

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

**Projected Completion:**  
12/1/2018

---

**Project Number:** 661-AR12

**Researcher:**  
Byron Johnson

**IRB Number:**  
656915

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

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

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

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

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

**Proponent:**  
Baylor University

**Project Status:**  
Manuscript under TDCJ Review

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

---

**Project Number:** 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:**  
3/15/19

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

---

**Project Number:** 686-AR13

**Researcher:**  
Jeffrey Bouffard

**IRB Number:**  
10-12362

**IRB Date:**  
10/12/2014

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

**Title of Research:**  
Criminal Decision Making Among Adult Felony Inmates

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

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

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

**Projected Completion:**  
6/30/2019

---

**Project Number:** 692-AR14

**Researcher:**  
Jacqueline Hogan

**IRB Number:**  
N/A

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

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

**Title of Research:**  
U.S. Department of Education

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

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

**Proponent:**  
United States Department of Education

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

**Projected Completion:**  
9/27/2017

---

**Project Number:** 695-AR14

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

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

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

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

**Proponent:**  
MDRC

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

**Project Status:**  
Awaiting Manuscript

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

---

**Project Number:** 697-AR14

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

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

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

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

**Proponent:**  
MDRC

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

**Projected Completion:**  
11/30/2017

---

**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:**  
3/15/2019

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

---

**Project Number:** 725-AR15

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

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

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

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

**Proponent:**  
University of Houston

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

**Projected Completion:**  
5/1/2019

---

---

**Project Number: 736-AR15**

**Researcher:**  
Timothy Smith

**IRB Number:**  
13623

**IRB Date:**  
3/23/2018

**Research Began:**  
3/24/2016

**Title of Research:**  
Survey of Prison Inmates

**Data Collection Began:**  
5/17/2016

**Proponent:**  
Bureau of Justice Statistics, RTI International

**Data Collection End:**  
10/14/2016

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

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

---

**Project Number: 764-AR17**

**Researcher:**  
John Hepburn

**IRB Number:**  
00002035

**IRB Expiration Date:**  
6/15/2018

**Research Began:**  
4/26/2017

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

**Data Collection Began:**  
5/1/2017

**Proponent:**  
Arizona State University

**Data Collection End:**

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/15/2019

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

---

**Project Number: 767-AR17**

**Researcher:**  
Kathryn Whiteley

**IRB Number:**  
2015-061

**Research Began:**  
3/21/2017

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

**Data Collection Began:**  
01/07/2019

**Proponent:**  
Messiah College

**Data Collection End:**  
01/10/2019

**Project Status:**  
Data Analysis

**Progress Report:**  
03/15/19

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

---

**Project Number: 778-AR17**

**Researcher:**

Lisa Muftic

**IRB Number:**

2017-04-34613(EXEMPT)

**Research Began:**

9/6/2017

**Title of Research:**

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

**Data Collection Began:**

6/5/2018

**Proponent:**

Sam Houston State University

**Data Collection End:**

8/9/2018

**Project Status:**

Data Analysis

**Progress Report Due:**

3/15/2019

**Projected Completion:**

4/30/2019

**Project Number: 783-AR18**

**Researcher:**

Stephen Tripodi

**IRB Number:**

00000446

**IRB Expiration Date:**

3/13/2019

**Research Began:**

5/1/2018

**Title of Research:**

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

**Data Collection Began:**

5/1/2018

**Data Collection End:**

**Proponent:**

Florida State University

**Project Status:**

Data Collection

**Progress Report Due:**

5/15/2019

**Projected Completion:**

**Project Number: 785-AR18**

**Researcher:**

Nicole Niebuhr

**IRB Number:**

2018-03-38251

**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:**

6/15/2019

**Projected Completion:**

4/30/2019

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

**FY-2019 Second Quarterly Report: Dec, Jan, Feb**

---

**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:**  
Awaiting Response from Requestor for continuance or discontinuance

**Reviewer:**

---

**Project Number:** 781-AR17

**Researcher:**  
Jennifer Jenkins

**IRB Number:**  
N/A

**Application Received:**  
11/28/17

**Application Completed**

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

N/A

**Division Review Requested:**

**Proponent:**  
Capella University

**Reviewer:**

**Project Status:**  
12/01/18 – Incomplete research application – awaiting response from researcher

---

**Project Number:** 786-AR18

**Researcher:**  
Flavio Cunha

**IRB Number:**  
N/A

**Application Received:**  
10/11/18

**Application Completed**

**Title of Research:**  
Evaluation of TDCJ Workforce Reentry Programs

10/11/18

**Division Review Requested:**

**Proponent:**  
Rice University

**Reviewer:**

**Project Status:** 3/01/19 – Under TDCJ Division Review

---

**Project Number: 790-AR18**

**Researcher:**

Ebony Ruhland

**IRB Number:**

N/A

**Application Received:**

11/15/18

**Application Completed**

11/15/18

**Division Review Requested:**

**Title of Research:**

Community Corrections Fines and Fees

**Reviewer:**

**Proponent:**

University of Cincinnati

**Project Status:**

3/01/19 – Under Mr. Mendoza’s Review

---

**Project Number: 791-AR18**

**Researcher:**

Madeline Swortwood

**IRB Number:**

2017-11-37550

**Application Received:**

10/03/18

**Application Completed**

10/03/18

**Division Review Requested:**

**Title of Research:**

Prevalence of Novel Psychoactive Substances in Oral Fluid

**Reviewer:**

**Proponent:**

Sam Houston State University

**Project Status:**

3/01/19 – Under TDCJ Division Review

---

**Project Number: 792-AR18**

**Researcher:**

Briann Olafsson

**IRB Number:**

2018-337

**Application Received:**

10/03/18

**Application Completed**

10/03/18

**Division Review Requested:**

**Title of Research:**

Psychometric Properties of the The Services Matching Instrument

**Reviewer:**

**Proponent:**

Texas Tech University

**Project Status:**

3/01/19 – Under Mr. Mendoza’s Review

---

**Project Number: 793-AR18**

**Researcher:**

Byron Johnson

**IRB Number:**

1361257

**Application Received:**

10/03/18

**Application Completed**

10/03/18

**Title of Research:**

A Study of ROD Ministries in Texas Prisons

**Division Review Requested:**

**Proponent:**

Baylor University

**Reviewer:**

**Project Status:**

3/01/19 – Awaiting Clarification from Researcher

---

**Project Number: 794-AR19**

**Researcher:**

Trina Ellis

**IRB Number:**

01-07-19-0574125

**Application Received:**

01/14/19

**Application Completed**

01/14/19

**Title of Research:**

Sexual Predators: How the Internet Contributes to the Development of Sexual Fantasies and Related Criminal Paraphilia

**Division Review Requested:**

**Proponent:**

Walden University

**Reviewer:**

**Project Status:**

3/01/19 – Requested additional information from researcher

---

**Project Number: 795-AR19**

**Researcher:**

Janet Mullings

**IRB Number:**

N/A

**Application Received:**

02/04/19

**Application Completed**

02/04/19

**Title of Research:**

Babies and Mothers Bonding Initiative (BAMBI) Recidivism Evaluation

**Division Review Requested:**

**Proponent:**

Sam Houston State University

**Reviewer:**

**Project Status:**

3/01/19 – Under Review – awaiting IRB from Researcher

---

**Project Number: 796-AR19**

**Researcher:**

Michael Hausler

**IRB Number:**

H18-124-HAHM

**Application Received:**

02/12/19

**Application Completed**

02/12/19

**Title of Research:**

Minimizing Recidivism Rates for Non-Violent Offenders

**Division Review Requested:**

**Proponent:**

Southern Methodist University

**Reviewer:**

**Project Status:**

3/01/19 – Awaiting Clarification from Researcher

---

**Project Number:** 797-AR18

**Researcher:**

Ralph Morgan

**IRB Number:**

N/A

**Application Received:**

02/21/19

**Application Completed**

02/21/19

**Title of Research:**

The Effects of Resilience, Self-Efficacy, and Emotional Intelligence  
On Retention and Attrition

**Division Review Requested:**

**Proponent:**

Grand Canyon University

**Reviewer:**

**Project Status:**

3/01/19 – Under Review – Awaiting IRB from Researcher

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

**FY-2019 Second Quarterly Report: Dec, Jan, Feb**

---

**Project Number:** 615-RM10

**Researcher:**

Heather Stevenson-Lerner 11-069

**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:**

06/15/2019

**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:**

03/15/2019

**Projected Completion:**

12/31/2018

---

**Project Number:** 707-RM14

**Researcher:**  
Gokhan Kilic

**IRB Number:**  
10-229

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

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

**Title of Research:**

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

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

**Data Collection End:**

**Proponent:**  
UTMB

**Project Status:**  
Data Collection/Pending renewed IRB

**Progress Report Due:**  
03/15/2019

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

---

**Project Number:** 709-RM14

**Researcher:**  
Celia Chao

**IRB Number:**  
14-0018

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

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

**Title of Research:**

A Pilot Study to Correlate Cancer  
Diagnosis with Urine Thiosulfate

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

**Data Collection End:**

**Proponent:**  
UTMB

N/A

**Project Status:**  
Pending Data Collection/Renewed IRB

**Progress Report Due:**  
03/15/2019

**Projected Completion:**  
9/30/2018

---

**Project Number:** 724-RM15

**Researcher:**  
Zbigniew Gugala

**IRB Number:**  
14-0351

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

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

**Title of Research:**

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

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

**Data Collection End:**

**Proponent:**  
UTMB

**Project Status:**  
Data Collection/Pending renewed IRB

**Progress Report Due:**  
03/15/2019

**Projected Completion:**  
12/21/2018

---

**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:** 03/15/2019  
**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:** 03/15/2019  
**Projected Completion:** 07/01/2018

---

**Project Number:** 752-RM16  
**Researcher:** Lara Reichert  
**IRB Number:** 16-0216  
**IRB Expiration Date:** 6/6/2018  
**Research Began:** 12/21/2016  
**Title of Research:** Practice Patterns, Patient Characteristics, and Complications of  
Tracheotomy at UTMB  
**Data Collection Began:** 12/21/2017  
**Data Collection End:**  
**Proponent:** UTMB-Galveston  
**Project Status:** Data Analysis  
**Progress Report Due:** 03/15/2019  
**Projected Completion:** 08/1/2018

---

**Project Number:** 765-RM17

**Researcher:**  
Laurie Stelter

**IRB Number:**  
19297

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

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

**Title of Research:**

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

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

**Data Collection End:**

**Proponent:**

Texas Women University

**Project Status:**

Data Analysis

**Progress Report Due:**

03/15/2019

**Projected Completion:**

09/27/2018

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

**FY-2019 Second Quarter Report: Dec, Jan, Feb**

**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:**

03/01/19 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:**

03/01/19 Awaiting response from requestor as to whether they wish to continue with project – medical projects on hold.

---

**2nd Quarter FY 2019**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Segregation Audit Summary**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Mental Health Referrals</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC 6</b>
11/1/2018	Clemens	10	10	1	0	100%	100%	100%	100%
11/5/2018	Hutchins	14	14	0	0	100%	100%	100%	100%
11/14/2018	Sanchez	14	14	0	0	100%	100%	100%	100%
11/1/2018	Ramsey	11	11	0	1	100%	100%	100%	100%
11/7-8/2018	Lewis	289	254	1	5	100%	100%	100%	100%
11/19/2018	Darrington	169	155	0	5	100%	100%	100%	100%
12/5/2018	Hughes	80	67	0	2	100%	100%	100%	100%
12/5/2018	Mt. View	25	25	0	1	100%	100%	100%	100%
12/6/2018	Murray	94	92	0	3	100%	100%	100%	100%
12/13/2018	Michael	76	72	0	4	100%	100%	100%	100%
12/13/2018	Powledge	22	22	0	0	100%	100%	100%	100%
12/19-20/2018	Estelle	120	110	0	2	100%	100%	100%	100%
1/16/2019	Lychner	22	22	0	1	100%	100%	100%	100%
1/16/2019	Gist	26	26	0	0	100%	100%	100%	100%
1/17/2019	Stiles	90	81	1	3	100%	100%	100%	100%
1/23-24/2019	Coffield	661	580	0	15	100%	100%	100%	100%
<b>Total</b>	16	1,723	1,555	3	42				

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

2nd Quarter FY 2019

Audits Conducted in December, January, February

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
------	-----------------	--

		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	December 2018	0	0	N/A	N/A	None
Jester IV	December 2018	4	4	4	100%	None
Montford	December 2018	10	10	10	100%	None
Skyview	December 2018	8	8	8	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January 2019	0	0	N/A	N/A	None
Jester IV	January 2019	6	6	6	100%	None
Montford	January 2019	1	1	1	100%	None
Skyview	January 2019	19	19	19	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February 2019	1	1	1	100%	None
Jester IV	February 2019	8	8	8	100%	None
Montford	February 2019	8	8	8	100%	None
Skyview	February 2019	19	19	19	100%	None

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

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

## Conducted in March Quarter of 2019

Period Audited (reporting months)– December 2018, January 2019, February 2019

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	25	19	19	6	100%
Bradshaw	41	22	15	19	68%
Byrd	29	18	17	11	94%
Dominguez	26	20	19	6	95%
East Texas	23	20	13	3	65%
Formby	39	13	12	26	92%
Garza West	45	19	17	26	89%
Gist	30	18	17	1	94%
Glossbrenner	28	11	10	17	91%
Gurney	40	20	11	20	55%
Halbert	45	20	20	25	100%
Holliday	20	17	17	0	100%
Hutchins	20	20	20	0	100%
Jester I	23	20	20	0	100%
Johnston	50	17	17	33	100%
Kegans	26	21	14	5	67%
Kyle	N/A	N/A	N/A	N/A	
Lindsey	20	20	19	0	95%
Lychner	17	14	14	3	100%
Middleton	30	16	16	0	100%
Plane	30	21	10	9	48%
Rudd	6	1	1	5	100%
Sanchez	29	10	10	19	100%
Travis	30	19	19	0	100%
Woodman	20	18	18	0	100%
Sayle	34	15	12	3	80%
<b>GRAND TOTAL 26</b>					

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

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

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center



Correctional Health Care  
MEDICAL DIRECTOR'S REPORT

2<sup>st</sup> QUARTER

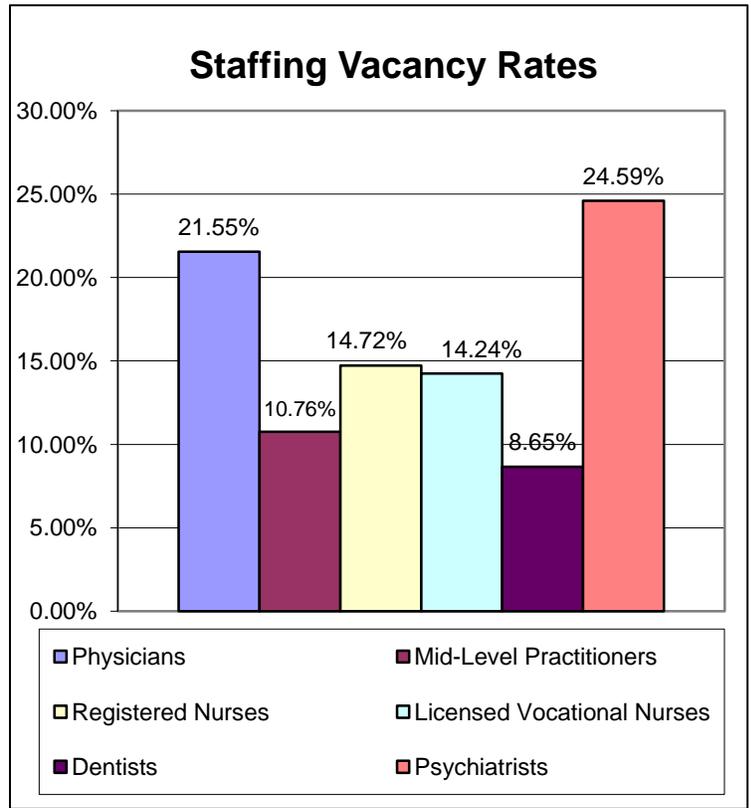
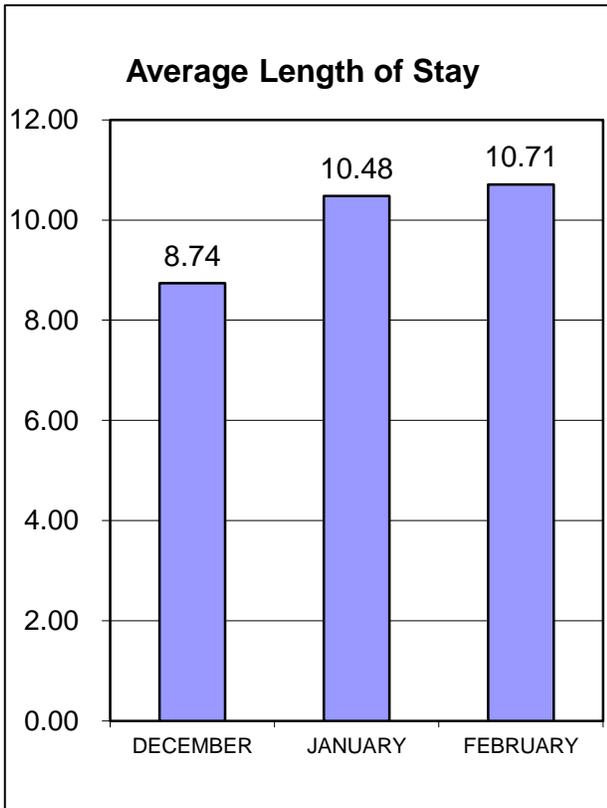
FY 2019



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

	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	109.00	113.00	109.00	110.33
Number of Admissions	163.00	223.00	192.00	192.67
Average Length of Stay	8.74	10.48	10.71	9.98
Number of Clinic Visits	430.00	553.00	558.00	513.67
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	402.00	396.00	386.00	394.67
PAMIO/MROP Census	412.00	413.00	402.00	409.00
<b>Specialty Referrals Completed</b>				
	1,202.00	1,753.00	1,429.00	1,461.33
<b>Telemedicine Consults</b>				
	1,467	1,684	1,793	1,648.00

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	16.51	4.53	21.04	21.55%
Mid-Level Practitioners	37.03	4.47	41.50	10.76%
Registered Nurses	131.76	22.73	154.49	14.72%
Licensed Vocational Nurse	274.15	45.52	319.67	14.24%
Dentists	18.03	1.71	19.74	8.65%
Psychiatrists	6.61	2.16	8.77	24.59%



# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



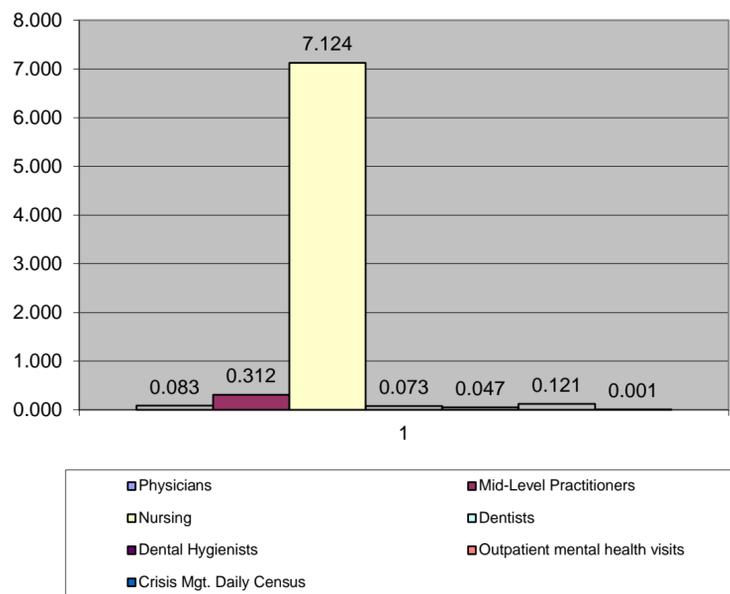
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER  
FY 2019**

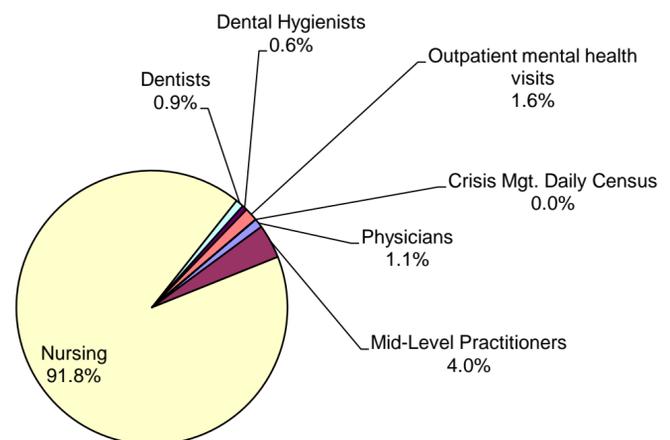
**Medical Director's Report:**

Average Population	December		January		February		Qtly Average	
	118,856		118,695		118,342		118,631	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	8,493	0.071	10,801	0.091	10,344	0.087	<b>9,879</b>	<b>0.083</b>
Mid-Level Practitioners	31,183	0.262	41,107	0.346	38,575	0.326	<b>36,955</b>	<b>0.312</b>
Nursing	781,150	6.572	923,383	7.779	830,864	7.021	<b>845,132</b>	<b>7.124</b>
<b>Sub-total</b>	<b>820,826</b>	<b>6.906</b>	<b>975,291</b>	<b>8.217</b>	<b>879,783</b>	<b>7.434</b>	<b>891,967</b>	<b>7.519</b>
<b>Dental encounters</b>								
Dentists	9,466	0.080	13,844	0.117	2,844	0.024	<b>8,718</b>	<b>0.073</b>
Dental Hygienists	2,059	0.017	12,267	0.103	2,563	0.022	<b>5,630</b>	<b>0.047</b>
<b>Sub-total</b>	<b>11,525</b>	<b>0.097</b>	<b>26,111</b>	<b>0.220</b>	<b>5,407</b>	<b>0.046</b>	<b>14,348</b>	<b>0.121</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	12,652	0.106	16,337	0.138	14,212	0.120	<b>14,400</b>	<b>0.121</b>
Crisis Mgt. Daily Census	79	0.001	71	0.001	75	0.001	<b>75</b>	<b>0.001</b>
<b>Sub-total</b>	<b>12,731</b>	<b>0.107</b>	<b>16,408</b>	<b>0.138</b>	<b>14,287</b>	<b>0.121</b>	<b>14,475</b>	<b>0.122</b>
<b>Total encounters</b>	<b>10,426</b>	<b>0.088</b>	<b>15,019</b>	<b>0.127</b>	<b>15,230</b>	<b>0.129</b>	<b>920,790</b>	<b>7.762</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

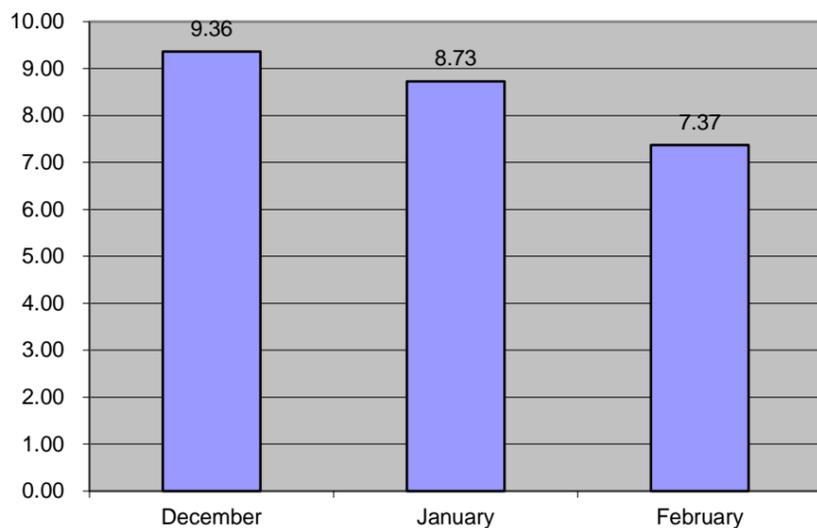


**Medical Director's Report (Page 2):**

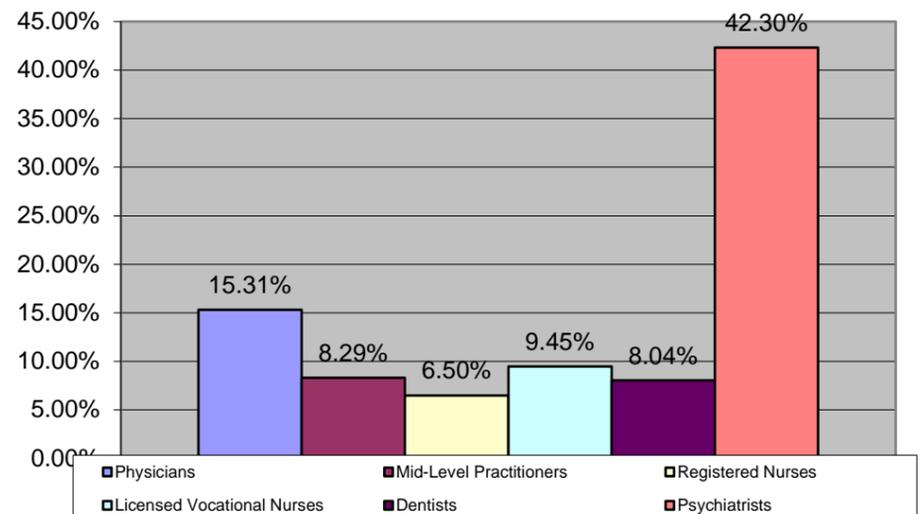
	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	95.10	98.60	97.10	<b>96.93</b>
Number of Admissions	285.00	314.00	314.00	<b>304.33</b>
Average Length of Stay	9.36	8.73	7.37	<b>8.49</b>
Number of Clinic Visits	5,787.00	6,960.00	6,984.00	<b>6,577.00</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	963.93	981.39	982.40	<b>975.91</b>
PAMIO/MROP Census	722.77	726.00	725.64	<b>724.80</b>
<b>Telemedicine Consults</b>	10,426	165,686	15,230	<b>63,780.67</b>

<b>Health Care Staffing</b>	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	55.33	10.00	65.33	15.31%
Mid-Level Practitioners	132.67	12.00	144.67	8.29%
Registered Nurses	321.00	22.33	343.33	6.50%
Licensed Vocational Nurses	670.67	70.00	740.67	9.45%
Dentists	68.67	6.00	74.67	8.04%
Psychiatrists	10.00	7.33	17.33	42.30%

**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 June 25, 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: May 9, 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: Robert Dalecki, MBA

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

Purpose: This group's membership consists of clinicians, nurses, health care administrators and dentists appointed by the Joint Medical Directors. This group is charged with the annual review of all 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: April 11, 2019

Sub Committee Updates:

- None

Committee Updates:

- None

Committee Referrals:

- Joint Mental Health Working Group – Shana Khawaja, PhD

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

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

The Following Policies Were Submitted for Changes or for Discussion:

<b>POLICY #</b>	<b>POLICY NAME</b>	<b>SUBMITTED BY</b>
A-08.1	Decision Making – Mental Health Patients	Shana Khawaja
A-08.1 Attachment A	Mental Health Disciplinary Review Form	Shana Khawaja
A-08.4	Offender Medical and Mental Health Classification	Chris Black-Edwards
A-08.4 Attachment A	Guidelines for Completing the Health Summary for Classification Form	Chris Black-Edwards
D-27.2	Heat Stress	Chris Black-Edwards
E-34.1	Health Appraisal of Incoming Offenders	Jane Leonardson
E-35.1	Mental Health Appraisal for Incoming Offenders	Shana Khawaja
E-35.2	Mental Health Evaluations	Shana Khawaja
E-37.4	Lockdown Procedures	Cecil Wood Myra Walker
G-51.6	Referral of an Offender for Admission into a Mental Health Inpatient Treatment Facility	Shana Khawaja
G-51.7	Psychiatric Inpatient Treatment for Substance Abuse Felony Punishment Facility Offenders	Shana Khawaja
G-51.10	Chronic Care Program	Chris Black-Edwards
G-51.12	Offenders with Special Needs who are Releasing from TDCJ	Jane Leonardson
G-52.3	Admission to the TDCJ Mental Health Therapeutic Diversion Program (MHTDP)	Shana Khawaja
G-52.3 Attachment A	Mental Health Therapeutic Diversion Program Referral Form	Shana Khawaja
H-60.2	Inpatient Health Records	Jane Leonardson
I-70.2	Consent for Admission to Inpatient Psychiatric Care	Shana Khawaja

**Adjournment**

- Next Meeting Date: July 11, 2019

## **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Joseph Penn

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

Meeting Date: March 28, 2019

Key Activities:

- I. Approval of the Minutes from January 24, 2019 Meeting
- II. Reports from Subcommittees
  - A. COPD – Dr. Koranek
    1. Chronic COPD
    2. Acute COPD
    3. COPD Patient Education Handout
  - B. DMG Triage – Dr. Pedigo
    1. Chronic Stable Angina Fact Sheet
  - C. Psychiatry – Dr. Finocchio
    1. Drug Overdose
    2. Management of Razor Blade Ingestion
    3. Post-Traumatic Stress Disorder and Acute Stress Disorder
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (January 1, 2019 – March 1, 2019)
  - D. Non-Formulary Deferral Reports
    1. Texas Tech Sector (December 2018 – February 2019)

- 2. UTMB Sector (January 2019)
- E. Utilization Reports FY19 through January
  - 1. HIV Utilization
  - 2. HCV Utilization
  - 3. HBV Utilization
  - 4. Psychotropic Utilization
- F. Special Reports
  - 1. Top 50 Medications by Cost and Volume – 2nd Quarter FY19
  - 2. Top 10 Non-Formulary Medications by Cost and Volume – 2<sup>nd</sup> Quarter FY19
- G. Policy Review Schedule

IV. Old Business – (none)

V. New Business

- A. Action Request
  - 1. Review of Allowable Loperamide Refills
- B. Disaster Formulary Review
- C. Diuretic MUE – Dr. Morris
- D. FDA Medication Safety Advisories
- E. Manufacturer Shortages and Discontinuations (supplemental materials)
- F. Policy and Procedure Revisions
  - 1. Pharmacy and Therapeutics Committee (05-05)
  - 2. Non-Formulary Medications (05-10)
  - 3. Additions to the Medication Formulary (05-15)
  - 4. Prescribing and Ordering Medications (10-05)
  - 5. Automatic Stop Orders for Drugs (10-10)
  - 6. Investigational Drugs within Correctional Managed Care (10-20)
  - 7. Medications Restricted to Specific Protocols for Use (10-25)
  - 8. Ordering Stock Medication (10-30)
  - 9. Medication Procurement Afterhours (10-40)
  - 10. Total Parenteral Nutrition (10-45)
  - 11. Critical Medications Dispensed upon Hospital Galveston Discharge (10-50)
  - 12. Medication Area Security (15-05)
  - 13. Storage of Pharmaceuticals (15-10)
  - 14. Transfer of Medication (15-15)
  - 15. Medication Security during Courier Transfer (15-25)

VII. Adjournment

**Joint Infection Control Committee**

Co-Chair: Kirk Abbott, RN, BSN

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

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

Meeting Date: April 11, 2019

Key Activities:

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

II. Old Business:

B-14.10- Tabled- Committee formed to discuss

New Business:

These policies are up for review & open for recommended changes during this quarter:

B-14.13.2	B-14.13.3	B-14.15*	B-14.17	B-14.18	
				*Indicates Attachment(s) included in the Policy	

The following policies have been submitted with changes or for discussion:

POLICY #	POLICY NAME	SUBMITTED BY
B-14.12	Syphilis	Chris Black-Edwards
B-14.13.1	Hepatitis A	Chris Black-Edwards
B-14.14*	Varicella and Shingles	Chris Black-Edwards
B-14.14 Attachment A	Varicella/Shingles Reporting Form - Attachment A	Chris Black-Edwards
B-14.16*	Skin and Soft Tissue Infection	Chris Black-Edwards

III. Adjourn

Next Meeting: August 21, 2019

**Joint Dental Work Group**

Chair: Dr. Billy Horton

Purpose: This group's membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the UTMB CMC Dental Director and the TTUHSC 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: March 21, 2019

- I. Call to Order
  - A. Minutes Confirmation- Review/Approval of Minutes from January 23, 2019 meeting
- II. Dental Policy Review
  - 1. C-19.1 D Dental Education and Professional Development
  - 2. C-23.1 Position Descriptions
  - 3. C-25.1 D Orientation and Training for Dental Services Staff
- III. Dental Chemicals List (Dr. B. Horton)
  - ORA Audit (Dr. B. Horton)
  - Amalgam Separators (Dr. B. Horton)
  - Dental Prosthodontic Clinic Update (Dr. B. Horton)
  - B-14.1 D Infection Control in Dental Clinics and Dental Laboratories (Dr. B. Horton)
- IV. Treatment Plan (Dr. M. Hirsch)
  - Level 0 (Dr. M. Hirsch)
- V. Automatic Reminders (Dr. C. Wood)
- VI. Sector Updates
  - A. TDCJ
  - B. UTMB
  - C. Texas Tech
- VII. Round the Table
- VIII. Adjournment

Next Meeting Date: TBD

Policies Scheduled for Review:

D-28.2 D Sharp, Needle and Syringe Control

E-31.1 D Information on Dental Services

E-36.1 Dental Services Levels of Care

E-36.2 D In-Processing Offenders – Dental Examination, Classification, Education and Treatment

E-36.3 D Recording and Scheduling Dental Patient Visits

### **Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Eidi Millington

Co-Chair: Dr. Olugbenga Ojo

Purpose: This group's membership consists of physicians and nurses appointed by the Joint Medical Directors. The group is charged with reviewing the clinical health records of each offender death. The committee makes a determination as to whether or not a referral to a peer review committee is indicated. This group meets on a monthly basis.

For the Three Months Ended February 2019:

There were 126 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2018, January and February 2019. Of those 126 deaths, none were referred to peer review committees.

### **Joint Nursing Work Group**

Chair: Chris Black-Edwards, RN, BSN

Purpose: This group's membership includes the TDCJ Director of Nursing Administration, the UTMB CMC 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: April 10, 2019

- I. Call to Order
- II. Approval of Minutes from the January 23, 2019 meeting
- III. Old Business
- IV. New Business
  1. ACLS Requirement (M. Jones)
  2. Missed Clinic Process (M. Jones)
  3. Food Allergies (M. Jones)
  4. Central Lines and LVNs (M. Jones)
  5. Nursing Protocols (C. Black-Edwards)
  6. SDOs (C. Black-Edwards)
  7. Use of Force Videos (J. Robison)
  8. 5<sup>th</sup> Edition ACA (J. Robison)
    - a) 5-4B-0029
    - b) 5-6A-4362
    - c) G-6A-4370
  9. Proposed Form Revisions (J. Robison)
    - a) Pre-Restrictive Housing Note
    - b) HSM-13 Intake
    - c) HSN-1 Part 3 & 4
  10. Proposed Note Wizard Conversion (J. Robison)
    - a) MH-BHF Nursing Assessment
    - b) MH-BHF Seclusion
    - c) MH-BHF Restraints
  11. Unit Reassignments (C. Black-Edwards)
  12. Transient vs Mis-housed (J. Robison)

V. Other

VI. Next Meeting: July 10, 2019 in Conroe, TX.

VII. Adjournment

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



## **Quarterly Report FY2019 Second Quarter**

**September 2018 – February 2019**

## First Quarter Financial Report on Correctional Managed Health Care

### Overview

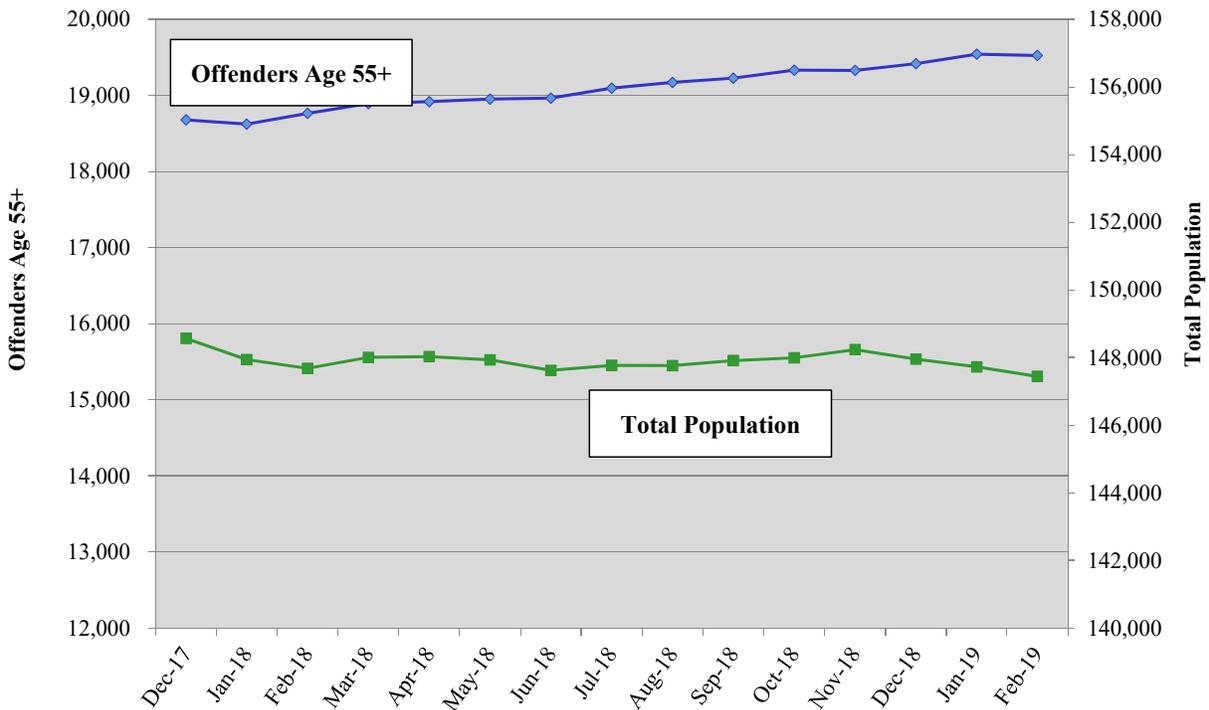
- Pursuant to the FY2018-19 General Appropriations Act, Article V, Rider 46, 85<sup>th</sup> Legislature, Regular Session 2017
- FY2019 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$312.9M
  - Strategy C.1.9, Hospital and Clinical Care, \$190.6M
  - 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 0.4% from FY2018
  - Average daily census through 2<sup>nd</sup> quarter
    - FY2018: 148,516
    - FY2019: 147,879
  
- Offenders aged 55 or older population has increased 4.3% from FY2018
  - Average daily census through 2<sup>nd</sup> quarter
    - FY2018: 18,600
    - FY2019: 19,394
  - While comprising about 13.1% of the overall service population, these offenders account for 49.6% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2019 average number of psychiatric inpatients through 2<sup>nd</sup> quarter: 1,814
  - FY2019 average number of psychiatric outpatients through 2<sup>nd</sup> quarter: 26,463

### CMHC Service Population



## Health Care Costs

- Total expenditures through 1<sup>st</sup> quarter, FY2019: \$368.8M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$194.6M or 52.8% of total expenses
  - Hospital and Clinical Care - \$138.9M or 37.7% of total expenses
  - Pharmacy Services - \$35.3M or 9.6% of total expenses
    - HIV related drugs: 32.2% of total drug costs
    - Hepatitis C drug therapies: 21.4% of total drug costs
    - Psychiatric drugs: 5.7% of total drug costs
    - All other drug costs: 40.7% of total drug costs
- Cost per offender per day increased 5.3% from FY2018 to FY2019
  - Cost per offender per day through 2<sup>nd</sup> quarter FY19
    - FY2018: \$13.08
    - FY2019: \$13.78

### Comparison of Total Health Care Costs

	FY 15	FY 16	FY17	FY18	4-Year Average	FYTD 19 1st Qtr	FYTD 19 2nd Qtr
<b>Population</b>							
UTMB	117,779	116,828	116,574	118,737	117,479	118,895	118,746
TTUHSC	30,790	30,004	29,807	29,448	30,012	29,152	29,132
<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>Expenses</b>							
UTMB	\$474,922,507	\$523,473,857	\$554,779,025	\$589,220,522	\$535,598,978	\$155,589,789	\$307,374,507
TTUHSC	\$107,975,637	\$118,262,289	\$115,982,376	\$118,282,720	\$115,125,755	\$30,787,946	\$61,391,302
<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>Cost/Day</b>							
UTMB	\$11.05	\$12.24	\$13.04	\$13.60	\$12.48	\$14.38	\$14.30
TTUHSC	\$9.61	\$10.77	\$10.66	\$11.00	\$10.50	\$11.61	\$11.64
<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>

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

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

<b><u>Method of Finance</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 30,800,988	\$ 122,886,206	\$ 153,687,194
State Reimbursement Benefits	\$ 4,622,268	\$ 27,667,034	\$ 32,289,302
Other Misc Revenue	\$ 1,369	\$ 38,177	\$ 39,546
<b>C.1.8. Total Method of Finance</b>	<b>\$ 35,424,625</b>	<b>\$ 150,591,417</b>	<b>\$ 186,016,042</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 16,229,670	\$ 78,262,427	\$ 94,492,097
State Reimbursement Benefits	\$ 1,000,142	\$ -	\$ 1,000,142
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 17,229,812</b>	<b>\$ 78,262,427</b>	<b>\$ 95,492,239</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 6,040,373	\$ 24,260,288	\$ 30,300,661
State Reimbursement Benefits	\$ 42,409	\$ 1,182,257	\$ 1,224,666
Other Misc Revenue	\$ -	\$ (600)	\$ (600)
<b>C.1.10. Total Method of Finance</b>	<b>\$ 6,082,782</b>	<b>\$ 25,441,945</b>	<b>\$ 31,524,727</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 58,737,219</b>	<b>\$ 254,295,789</b>	<b>\$ 313,033,008</b>

<b><u>Method of Finance Summary</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 53,071,031	\$ 225,408,921	\$ 278,479,952
State Reimbursement Benefits	\$ 5,664,819	\$ 28,849,292	\$ 34,514,111
Other Misc Revenue	\$ 1,369	\$ 37,577	\$ 38,946
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 58,737,219</b>	<b>\$ 254,295,789</b>	<b>\$ 313,033,008</b>

<b><u>Expenditures</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
C.1.8. Unit & Psychiatric Care	\$ 36,520,187	\$ 158,064,449	\$ 194,584,635
C.1.9. Hospital & Clinical Care	\$ 19,315,293	\$ 119,544,432	\$ 138,859,725
C.1.10. Managed Health Care - Pharmacy	\$ 5,555,822	\$ 29,765,626	\$ 35,321,448
<b>TOTAL EXPENDITURES</b>	<b>\$ 61,391,302</b>	<b>\$ 307,374,507</b>	<b>\$ 368,765,809</b>

<b>DIFFERENCE</b>	<b>\$ (2,654,083)</b>	<b>\$ (53,078,718)</b>	<b>\$ (55,732,800)</b>
-------------------	-----------------------	------------------------	------------------------

*Note: The amount above does not reflect the approved transfer of \$79.5 million to cover the projected FY 2018 shortfall. [Shown on page 8]*

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

<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	\$ 30,800,988	\$ 122,886,206	\$ 153,687,194
State Reimbursement Benefits	\$ 4,622,268	\$ 27,667,034	\$ 32,289,302
Other Misc Revenue	\$ 1,369	\$ 38,177	\$ 39,546
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 35,424,625</b>	<b>\$ 150,591,417</b>	<b>\$ 186,016,042</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 12,982,160	\$ 96,441,444	\$ 109,423,604
Benefits	\$ 4,123,051	\$ 27,547,514	\$ 31,670,565
Other Operating Expenses	\$ 1,187,839	\$ 11,310,282	\$ 12,498,120
Professional Services	\$ 1,383,451	\$ -	\$ 1,383,451
Contracted Units/Services	\$ 7,029,101	\$ -	\$ 7,029,101
Travel	\$ 126,349	\$ 602,657	\$ 729,006
Capitalized Equipment	\$ 139,867	\$ 154,231	\$ 294,098
<b>Subtotal, Unit Care</b>	<b>\$ 26,971,819</b>	<b>\$ 136,056,127</b>	<b>\$ 163,027,946</b>
<b>Psychiatric Care</b>			
Salaries	\$ 6,132,177	\$ 14,671,658	\$ 20,803,834
Benefits	\$ 1,677,899	\$ 3,669,885	\$ 5,347,784
Other Operating Expenses	\$ 90,563	\$ 125,269	\$ 215,832
Professional Services	\$ 754,718	\$ -	\$ 754,718
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 45,984	\$ 52,577	\$ 98,562
<b>Subtotal, Psychiatric Care</b>	<b>\$ 8,701,341</b>	<b>\$ 18,519,389</b>	<b>\$ 27,220,729</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 847,027</b>	<b>\$ 3,488,933</b>	<b>\$ 4,335,961</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 36,520,187</b>	<b>\$ 158,064,449</b>	<b>\$ 194,584,635</b>
<b>DIFFERENCE</b>	<b>\$ (1,095,562)</b>	<b>\$ (7,473,031)</b>	<b>\$ (8,568,593)</b>

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

<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	\$ 16,229,670	\$ 78,262,427	\$ 94,492,097
State Reimbursement Benefits	\$ 1,000,142	\$ -	\$ 1,000,142
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 17,229,812</b>	<b>\$ 78,262,427</b>	<b>\$ 95,492,239</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 808,776	\$ 11,991,807	\$ 12,800,583
Freeworld Provider Services	\$ 10,445,224	\$ 19,649,807	\$ 30,095,032
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,954,717	\$ 69,504,140	\$ 76,458,858
Estimated IBNR	\$ 660,259	\$ 15,199,192	\$ 15,859,452
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 18,868,977</b>	<b>\$ 116,344,946</b>	<b>\$ 135,213,923</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 446,316</b>	<b>\$ 3,199,486</b>	<b>\$ 3,645,802</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 19,315,293</b>	<b>\$ 119,544,432</b>	<b>\$ 138,859,725</b>
<b>DIFFERENCE</b>	<b>\$ (2,085,481)</b>	<b>\$ (41,282,005)</b>	<b>\$ (43,367,486)</b>

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

<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	\$ 6,040,373	\$ 24,260,288	\$ 30,300,661
State Reimbursement Benefits	\$ 42,409	\$ 1,182,257	\$ 1,224,666
Other Misc Revenue	\$ -	\$ (600)	\$ (600)
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 6,082,782</b>	<b>\$ 25,441,945</b>	<b>\$ 31,524,727</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 1,054,294	\$ 4,230,242	\$ 5,284,537
Benefits	\$ 50,215	\$ 1,319,245	\$ 1,369,460
Other Operating Expenses	\$ 129,737	\$ 681,438	\$ 811,176
Pharmaceutical Purchases	\$ 4,147,253	\$ 22,752,761	\$ 26,900,015
Travel	\$ 8,212	\$ 16,918	\$ 25,130
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 5,389,712</b>	<b>\$ 29,000,605</b>	<b>\$ 34,390,317</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 166,110</b>	<b>\$ 765,021</b>	<b>\$ 931,131</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 5,555,822</b>	<b>\$ 29,765,626</b>	<b>\$ 35,321,448</b>
<b>DIFFERENCE</b>	<b>\$ 526,960</b>	<b>\$ (4,323,680)</b>	<b>\$ (3,796,721)</b>

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

**Key Population Indicators**

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2019 YTD</u>
<b>Average Service Population</b>						
UTMB Service Population	118,895	118,856	118,596	118,342	118,598	118,747
TTUHSC Service Population	29,152	29,099	29,133	29,105	29,113	29,132
<b>Average Service Population</b>	<b>148,047</b>	<b>147,955</b>	<b>147,729</b>	<b>147,447</b>	<b>147,711</b>	<b>147,879</b>
<b>Population Age 55 and Over</b>						
UTMB Population	16,264	16,401	16,492	16,500	16,464	16,364
TTUHSC Population	3,030	3,015	3,048	3,024	3,029	3,030
<b>Population Age 55 and Over</b>	<b>19,294</b>	<b>19,416</b>	<b>19,540</b>	<b>19,524</b>	<b>19,493</b>	<b>19,394</b>
<b>HIV Population</b>						
	<b>2,018</b>	<b>2,014</b>	<b>2,027</b>	<b>2,044</b>	<b>2,028</b>	<b>2,023</b>
<b>Medical Inpatient Average Daily Census</b>						
UTMB-Hospital Galveston	90	97	101	99	99	94
UTMB Freeworld Hospitals	46	35	42	52	43	44
TTUHSC Freeworld Hospitals	9	9	9	8	9	9
<b>Medical Inpatient Average Daily Census</b>	<b>145</b>	<b>141</b>	<b>152</b>	<b>159</b>	<b>151</b>	<b>148</b>
<b>Medical Outpatient Visits</b>						
UTMB Specialty Clinics and ER Visits	7,995	6,831	8,053	8,010	7,631	7,813
TTUHSC Freeworld Outpatient and ER Visits	1,143	919	1,147	1,043	1,036	1,090
<b>Medical Outpatient Visits</b>	<b>9,139</b>	<b>7,750</b>	<b>9,200</b>	<b>9,053</b>	<b>8,667</b>	<b>8,903</b>
<b>Mental Health Inpatient Average Census</b>						
UTMB Psychiatric Inpatient	998	964	981	982	976	987
TTUHSC Psychiatric Inpatient	850	814	809	788	804	827
<b>Mental Health Inpatient Average Census</b>	<b>1,848</b>	<b>1,778</b>	<b>1,790</b>	<b>1,770</b>	<b>1,780</b>	<b>1,814</b>
<b>Mental Health Outpatient Caseload, Month End</b>						
UTMB Psychiatric Outpatient	20,977	21,096	21,210	21,060	21,122	21,050
TTUHSC Psychiatric Outpatient	5,339	5,471	5,461	5,534	5,489	5,414
<b>Mental Health Outpatient Caseload, Month End</b>	<b>26,316</b>	<b>26,567</b>	<b>26,671</b>	<b>26,594</b>	<b>26,611</b>	<b>26,463</b>

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

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/27/2019
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 26,682,121	\$ 26,388,910	\$ -	\$ -	\$ 53,071,031	\$ 107,021,693
State Reimbursement Benefits	\$ 2,800,742	\$ 2,864,077	\$ -	\$ -	\$ 5,664,819	\$ 11,329,638
Other Misc Revenue	\$ 652	\$ 717	\$ -	\$ -	\$ 1,369	\$ 2,739
<b>TOTAL REVENUES</b>	<b>\$ 29,483,515</b>	<b>\$ 29,253,705</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 58,737,219</b>	<b>\$ 118,354,070</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 6,470,353	\$ 6,511,807	\$ -	\$ -	\$ 12,982,160	\$ 27,757,221
Benefits	\$ 1,994,993	\$ 2,128,058	\$ -	\$ -	\$ 4,123,051	\$ 8,719,588
Other Operating Expenses	\$ 596,646	\$ 591,193	\$ -	\$ -	\$ 1,187,839	\$ 3,004,897
Professional Services	\$ 800,064	\$ 583,387	\$ -	\$ -	\$ 1,383,451	\$ 2,843,601
Contracted Units/Services	\$ 3,532,245	\$ 3,496,856	\$ -	\$ -	\$ 7,029,101	\$ 14,178,923
Travel	\$ 60,836	\$ 65,513	\$ -	\$ -	\$ 126,349	\$ 252,698
Capitalized Equipment	\$ 38,387	\$ 101,480	\$ -	\$ -	\$ 139,867	\$ 934,219
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 13,493,525</b>	<b>\$ 13,478,294</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,971,819</b>	<b>\$ 57,691,146</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,105,074	\$ 3,027,102	\$ -	\$ -	\$ 6,132,177	\$ 12,354,353
Benefits	\$ 831,757	\$ 846,142	\$ -	\$ -	\$ 1,677,899	\$ 3,378,299
Other Operating Expenses	\$ 45,748	\$ 44,815	\$ -	\$ -	\$ 90,563	\$ 231,126
Professional Services	\$ 453,040	\$ 301,678	\$ -	\$ -	\$ 754,718	\$ 1,509,436
Travel	\$ 21,166	\$ 24,818	\$ -	\$ -	\$ 45,984	\$ 91,968
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,456,786</b>	<b>\$ 4,244,555</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,701,341</b>	<b>\$ 17,565,181</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 17,950,310</b>	<b>\$ 17,722,849</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 35,673,159</b>	<b>\$ 75,256,328</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 404,388	\$ 404,388	\$ -	\$ -	\$ 808,776	\$ 1,883,178
Freeworld Provider Services	\$ 5,555,946	\$ 4,889,278	\$ -	\$ -	\$ 10,445,224	\$ 21,841,551
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,464,311	\$ 3,490,406	\$ -	\$ -	\$ 6,954,717	\$ 14,740,685
Estimated IBNR	\$ (3,204)	\$ 663,464	\$ -	\$ -	\$ 660,259	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 9,421,441</b>	<b>\$ 9,447,536</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,868,977</b>	<b>\$ 38,465,414</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 529,089	\$ 525,206	\$ -	\$ -	\$ 1,054,294	\$ 2,108,589
Benefits	\$ 24,647	\$ 25,567	\$ -	\$ -	\$ 50,215	\$ 100,430
Other Operating Expenses	\$ 67,958	\$ 61,779	\$ -	\$ -	\$ 129,737	\$ 259,475
Pharmaceutical Purchases	\$ 2,057,601	\$ 2,089,652	\$ -	\$ -	\$ 4,147,253	\$ 8,549,507
Travel	\$ 3,141	\$ 5,071	\$ -	\$ -	\$ 8,212	\$ 16,424
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,682,436</b>	<b>\$ 2,707,276</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,389,712</b>	<b>\$ 11,034,424</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 733,758</b>	<b>\$ 725,695</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,459,454</b>	<b>\$ 2,935,699</b>
--	-------------------	-------------------	-------------	-------------	---------------------	---------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 30,787,946</b>	<b>\$ 30,603,356</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 61,391,302</b>	<b>\$ 127,691,865</b>
---------------------------	----------------------	----------------------	-------------	-------------	----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ (1,304,432)</b>	<b>\$ (1,349,651)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (2,654,083)</b>	<b>\$ (9,337,795)</b>
-------------------	-----------------------	-----------------------	-------------	-------------	-----------------------	-----------------------

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

<b>University of Texas Medical Branch</b>						
<b>STRATEGY</b>	<b>1st Qtr</b>	<b>2nd Qtr</b>	<b>3rd Qtr</b>	<b>4th Qtr</b>	<b>Total UTMB</b>	<b>Annual Projection 3/25/2019</b>
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 113,327,136	\$ 112,081,785	\$ -	\$ -	\$ 225,408,921	\$ 456,553,901
State Reimbursement Benefits	\$ 14,314,981	\$ 14,534,311	\$ -	\$ -	\$ 28,849,292	\$ 58,425,747
Other Misc Revenue	\$ 20,238	\$ 17,339	\$ -	\$ -	\$ 37,577	\$ 76,986
<b>TOTAL REVENUES</b>	<b>\$ 127,662,354</b>	<b>\$ 126,633,435</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 254,295,789</b>	<b>\$ 515,056,634</b>

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 48,800,431	\$ 47,641,013	\$ -	\$ -	\$ 96,441,444	\$ 195,481,364
Benefits	\$ 13,601,827	\$ 13,945,687	\$ -	\$ -	\$ 27,547,514	\$ 55,832,567
Other Operating Expenses	\$ 5,840,120	\$ 5,470,161	\$ -	\$ -	\$ 11,310,282	\$ 23,808,026
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 285,497	\$ 317,160	\$ -	\$ -	\$ 602,657	\$ 1,215,303
Capitalized Equipment	\$ 64,576	\$ 89,656	\$ -	\$ -	\$ 154,231	\$ 1,877,945
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 68,592,450</b>	<b>\$ 67,463,677</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 136,056,127</b>	<b>\$ 278,215,205</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 7,326,054	\$ 7,345,604	\$ -	\$ -	\$ 14,671,658	\$ 29,586,492
Benefits	\$ 1,794,808	\$ 1,875,077	\$ -	\$ -	\$ 3,669,885	\$ 7,400,596
Other Operating Expenses	\$ 268,678	\$ (143,409)	\$ -	\$ -	\$ 125,269	\$ 252,614
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 25,395	\$ 27,183	\$ -	\$ -	\$ 52,577	\$ 106,026
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 9,414,934</b>	<b>\$ 9,104,454</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,519,389</b>	<b>\$ 37,345,728</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,007,384</b>	<b>\$ 76,568,132</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 154,575,515</b>	<b>\$ 315,560,933</b>

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 6,358,989	\$ 5,632,817	\$ -	\$ -	\$ 11,991,807	\$ 24,550,238
Freeworld Provider Services	\$ 6,439,439	\$ 13,210,369	\$ -	\$ -	\$ 19,649,807	\$ 70,717,912
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,174,060	\$ 33,330,080	\$ -	\$ -	\$ 69,504,140	\$ 146,089,783
Estimated IBNR	\$ 10,654,800	\$ 4,544,392	\$ -	\$ -	\$ 15,199,192	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 59,627,289</b>	<b>\$ 56,717,658</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 116,344,946</b>	<b>\$ 241,357,933</b>

<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,131,176	\$ 2,099,066	\$ -	\$ -	\$ 4,230,242	\$ 8,530,599
Benefits	\$ 659,064	\$ 660,181	\$ -	\$ -	\$ 1,319,245	\$ 2,660,356
Other Operating Expenses	\$ 345,083	\$ 336,356	\$ -	\$ -	\$ 681,438	\$ 2,276,016
Pharmaceutical Purchases	\$ 11,032,879	\$ 11,719,882	\$ -	\$ -	\$ 22,752,761	\$ 47,883,922
Travel	\$ 6,378	\$ 10,539	\$ -	\$ -	\$ 16,918	\$ 34,116
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 14,174,581</b>	<b>\$ 14,826,024</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 29,000,605</b>	<b>\$ 61,385,009</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,780,536</b>	<b>\$ 3,672,904</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,453,440</b>	<b>\$ 15,394,532</b>
--	---------------------	---------------------	-------------	-------------	---------------------	----------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 155,589,789</b>	<b>\$ 151,784,718</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 307,374,507</b>	<b>\$ 633,698,407</b>
---------------------------	-----------------------	-----------------------	-------------	-------------	-----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ (27,927,435)</b>	<b>\$ (25,151,283)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (53,078,718)</b>	<b>\$ (118,641,773)</b>
-------------------	------------------------	------------------------	-------------	-------------	------------------------	-------------------------

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

<b>Combined Total</b>						
<b>STRATEGY</b>	<b>1st Qtr</b>	<b>2nd Qtr</b>	<b>3rd Qtr</b>	<b>4th Qtr</b>	<b>Combined Total</b>	<b>Annual Projection</b>
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 140,009,257	\$ 138,470,695	\$ -	\$ -	\$ 278,479,952	\$ 563,575,594
State Reimbursement Benefits	\$ 17,115,722	\$ 17,398,388	\$ -	\$ -	\$ 34,514,111	\$ 69,755,385
Other Misc Revenue	\$ 20,890	\$ 18,056	\$ -	\$ -	\$ 38,946	\$ 79,725
<b>TOTAL REVENUES</b>	<b>\$ 157,145,869</b>	<b>\$ 155,887,139</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 313,033,008</b>	<b>\$ 633,410,704</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	\$ -	\$ -	\$ 109,423,604	\$ 223,238,585
Benefits	\$ 15,596,820	\$ 16,073,745	\$ -	\$ -	\$ 31,670,565	\$ 64,552,156
Other Operating Expenses	\$ 6,436,766	\$ 6,061,354	\$ -	\$ -	\$ 12,498,120	\$ 26,812,923
Professional Services	\$ 800,064	\$ 583,387	\$ -	\$ -	\$ 1,383,451	\$ 2,843,601
Contracted Units/Services	\$ 3,532,245	\$ 3,496,856	\$ -	\$ -	\$ 7,029,101	\$ 14,178,923
Travel	\$ 346,332	\$ 382,673	\$ -	\$ -	\$ 729,006	\$ 1,468,000
Capitalized Equipment	\$ 102,963	\$ 191,136	\$ -	\$ -	\$ 294,098	\$ 2,812,164
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 82,085,974</b>	<b>\$ 80,941,971</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 163,027,946</b>	<b>\$ 335,906,352</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 10,431,128	\$ 10,372,706	\$ -	\$ -	\$ 20,803,834	\$ 41,940,845
Benefits	\$ 2,626,565	\$ 2,721,219	\$ -	\$ -	\$ 5,347,784	\$ 10,778,895
Other Operating Expenses	\$ 314,426	\$ (98,594)	\$ -	\$ -	\$ 215,832	\$ 483,740
Professional Services	\$ 453,040	\$ 301,678	\$ -	\$ -	\$ 754,718	\$ 1,509,436
Travel	\$ 46,561	\$ 52,000	\$ -	\$ -	\$ 98,562	\$ 197,994
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 13,871,720</b>	<b>\$ 13,349,009</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 27,220,729</b>	<b>\$ 54,910,909</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 95,957,694</b>	<b>\$ 94,290,980</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 190,248,675</b>	<b>\$ 390,817,261</b>

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 6,763,377	\$ 6,037,205	\$ -	\$ -	\$ 12,800,583	\$ 26,433,416
Freeworld Provider Services	\$ 11,995,385	\$ 18,099,647	\$ -	\$ -	\$ 30,095,032	\$ 92,559,463
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,638,372	\$ 36,820,486	\$ -	\$ -	\$ 76,458,858	\$ 160,830,468
Estimated IBNR	\$ 10,651,596	\$ 5,207,855	\$ -	\$ -	\$ 15,859,452	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 69,048,730</b>	<b>\$ 66,165,193</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 135,213,923</b>	<b>\$ 279,823,346</b>

<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,660,265	\$ 2,624,272	\$ -	\$ -	\$ 5,284,537	\$ 10,639,188
Benefits	\$ 683,712	\$ 685,748	\$ -	\$ -	\$ 1,369,460	\$ 2,760,785
Other Operating Expenses	\$ 413,041	\$ 398,135	\$ -	\$ -	\$ 811,176	\$ 2,535,491
Pharmaceutical Purchases	\$ 13,090,481	\$ 13,809,534	\$ -	\$ -	\$ 26,900,015	\$ 56,433,429
Travel	\$ 9,519	\$ 15,611	\$ -	\$ -	\$ 25,130	\$ 50,539
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 16,857,017</b>	<b>\$ 17,533,300</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 34,390,317</b>	<b>\$ 72,419,433</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,514,294</b>	<b>\$ 4,398,600</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,912,894</b>	<b>\$ 18,330,231</b>
--	---------------------	---------------------	-------------	-------------	---------------------	----------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 186,377,735</b>	<b>\$ 182,388,073</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 368,765,809</b>	<b>\$ 761,390,271</b>
---------------------------	-----------------------	-----------------------	-------------	-------------	-----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ (29,231,867)</b>	<b>\$ (26,500,934)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (55,732,800)</b>	<b>\$ (127,979,568)</b>
-------------------	------------------------	------------------------	-------------	-------------	------------------------	-------------------------

<b>FY2019 Spend Forward to FY2018 - LBB Approved</b>	<b>\$ (79,500,000)</b>
--	------------------------

<b>FY18 Ending Balance / Cost Report Reconciliation</b>	<b>\$ (5,775,299)</b>
---	-----------------------

<b>NET DIFFERENCE</b>	<b>\$ (29,231,867)</b>	<b>\$ (26,500,934)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (55,732,800)</b>	<b>\$ (213,254,867)</b>
-----------------------	------------------------	------------------------	-------------	-------------	------------------------	-------------------------

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

**As of May 2019**

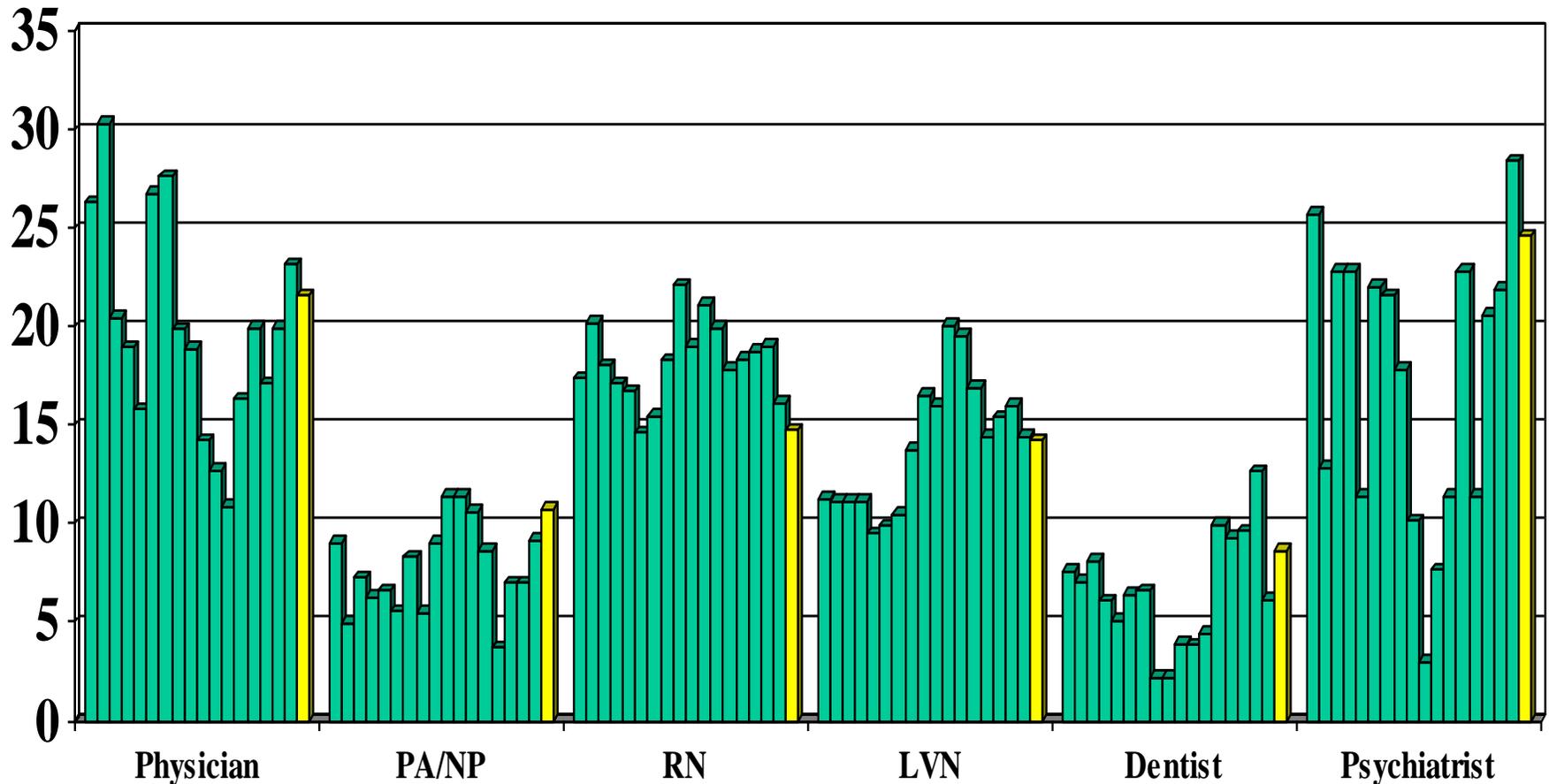
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Physician IV - Deputy Division Director, Health Services	Contract	04/2017	This position is currently on hold.
Director II-Office of Public Health	TDCJ	06/2015	This position is on hold.
Director III – Director, Nursing Administration	TDCJ	05/2019	This position is posted and will close on June 10, 2019
Investigator II – Patient Liaison Program (Estelle Unit)	TDCJ	05/2019	This position posting has closed and interviews are being scheduled.
No Critical Vacancies to Report	TTUHSC	05/2019	
Physician I-II (9)	UTMB CMC	04/2017	Local and National Advertising, TAFP <sup>‡</sup> , NCCHC Conferences <sup>†</sup> , ACA Conference* and Agency Contacts.
Mid-Level Practitioners (PA and FNP) (12)	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



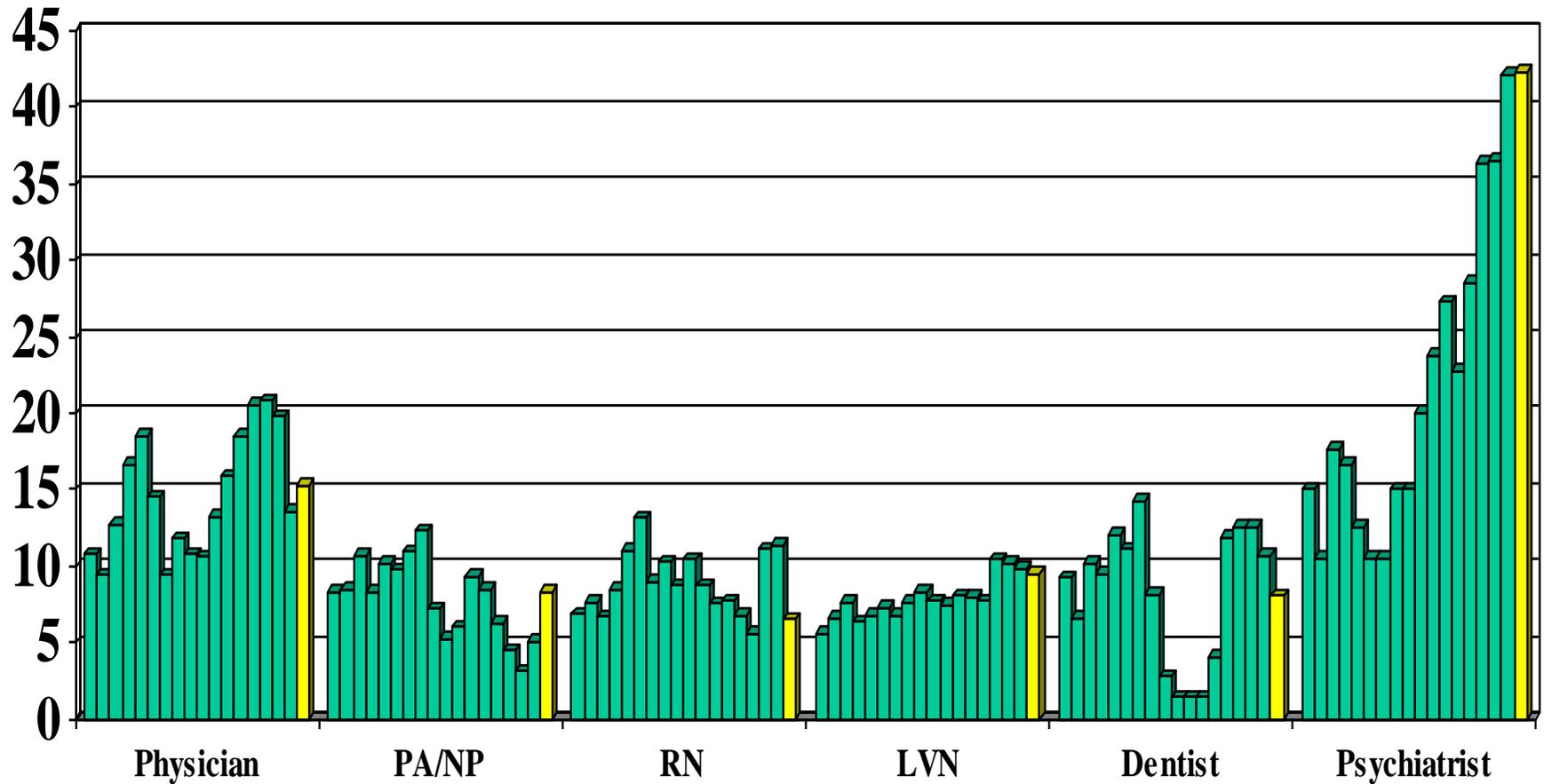
*Correctional Managed  
Health Care*



University Vacancy Rate Report  
by Quarter FY 2015 – FY 2019

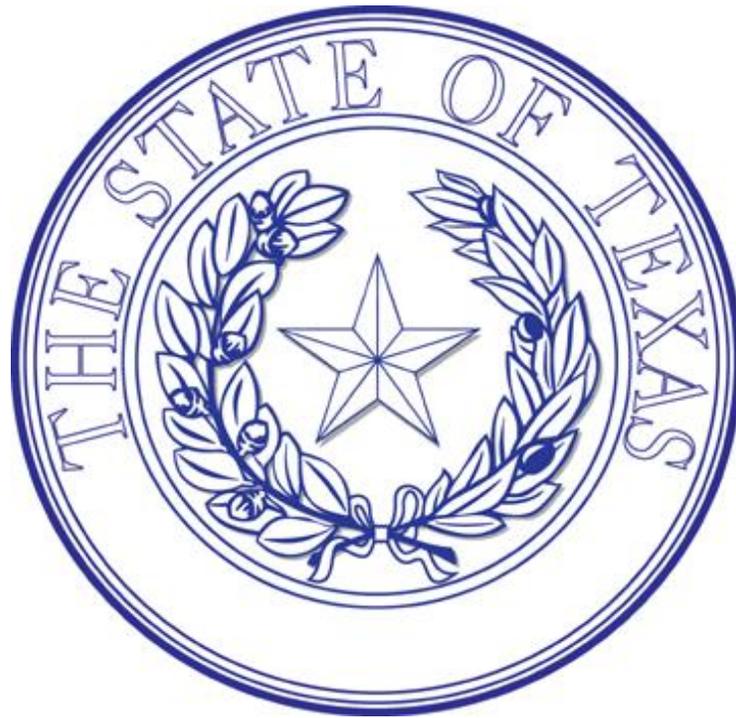
University of Texas Medical Branch

# 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  
Second 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 Second Quarter Fiscal Year (FY) 2019 (December 2018, January, and February 2019), Operational Review Audits (ORAs) were conducted at the following **11** facilities: Byrd, Gist State Jail, Gurney, Jester I, Jester III, LeBlanc, Lockhart, Luther, Michael, Plane State Jail and Wynne.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **8** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2019:
  1. Item **5.090** requires assessment done by nursing staff daily on offenders in disciplinary segregation be documented on Flow Sheets (HSN-46). The following **7** facilities were not in compliance with this requirement:
    - Byrd (0%) – Corrective action plan received and closed
    - Gist (67%) – Corrective action plan pending
    - Gurney (75%) – Corrective action plan pending
    - Jester III (75%) – Corrective action plan pending
    - LeBlanc (63%) – Corrective action plan pending
    - Plane (50%) – Corrective action plan received and closed
    - Wynne (75%) – Corrective action plan received and closed
  2. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. The following **5** facilities were not in compliance with this requirement:
    - Byrd (63%) – Corrective action plan received and closed
    - Gist (62%) – Corrective action plan pending
    - Gurney (79%) – Corrective action plan pending
    - Luther (67%) – Corrective action plan pending
    - Wynne (60%) – Corrective action plan received and closed
  3. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **5** facilities were not in compliance with this requirement:
    - Gist (25%) – Corrective action plan pending
    - LeBlanc (61%) – Corrective action plan pending
    - Luther (71%) – Corrective action plan pending
    - Plane (61%) – Corrective action plan received and closed
    - Wynne (54%) – 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).*

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

4. 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 **4** facilities were not in compliance with this requirement:
    - Gist (67%) – Corrective action plan pending
    - Jester I (63%) – Corrective action plan pending
    - Lockhart (50%) – Corrective action plan pending
    - Luther (75%) – Corrective action plan pending
  
  5. Item **6.340** requires Aspartate Aminotransferase (AST) to Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **4** facilities were not in compliance with this requirement:
    - Gist (77%) – Corrective action plan pending
    - Gurney (69%) – Corrective action plan pending
    - Michael (58%) – Corrective action plan pending
    - Wynne (65%) – Corrective action plan received and closed
  
  6. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a HSM-19 completed monthly. The following **3** facilities were not in compliance with this requirement:
    - Gist (43%) – Corrective action plan pending
    - LeBlanc (0%) – Corrective action plan pending
    - Wynne (69%) – Corrective action plan received and closed
  
  7. Item **6.325** requires offenders with Hepatitis B on the facility be seen in chronic care clinic annually. The following **3** facilities were not in compliance with this requirement:
    - Gist (0%) – Corrective action plan pending
    - LeBlanc (50%) – Corrective action plan pending
    - Wynne (67%) – Corrective action plan received and closed
  
  8. Item **6.390** requires new positive RPR results for offenders on the facility be reported to the TDCJ Health Services Office of Public Health within time frames required by Correctional Managed Health Care Policy B-14.12: (1) One working day for titers 1:16 or greater and (2) Seven calendar days for titers less than 1:16. The following **3** facilities were not in compliance with this requirement:
    - Gurney (0%) – Corrective action plan received
    - Jester I (50%) – Corrective action plan pending
    - Plane (31%) – Corrective action plan received and closed
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Briscoe, Cotulla, Halbert, Middleton, Robertson and Rudd Intermediate Sanction Facility. During the Second Quarter FY 2019, **all** were closed.

## CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same **11** facilities listed above for operational review audits during the Second 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 **11** facilities were within the required compliance range.

## DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2019 (December 2018, January, and February 2019), Dental Quality Review audits

## DENTAL QUALITY REVIEW AUDIT (CONTINUED)

were conducted at the following **10** facilities: Ft. Stockton, Halbert, Hobby, Luther, Lynaugh, Marlin, Pack, San Saba, Sanchez, and Travis.

- **Item 21** assesses if the radiographs utilized in the formulation of the Comprehensive Treatment Plan (CTP) were of diagnostic quality necessary for assessment and treatment planning. **3** of the **10** facilities were not in compliance: Lynaugh (**78%**), Marlin (**71%**) and Sanchez (**47%**)
- **Item 23** assesses the result of periodontal charting and radiographic survey of the remaining dentition reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **2** of the **10** facilities were not in compliance: Lynaugh (**13%**) and Pack (**67%**).

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2019 (December 2018, January, and February 2019), the Patient Liaison Program and the Step II Grievance Program received **4,416** correspondences: The PLP received **3,184** and Step II Grievance received **1,232**. There were **229** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Second Quarter FY 2019 for the Step II medical grievances was **8%**. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **7%** and **2%** for TTUHSC for the Second 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 Second Quarter of FY 2019, (December 2018, January and February 2019), the Patient Liaison Program nurses and investigators performed **21** Sick Call Request Verification Audits (SCRVA) 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 **189** indicators were reviewed at the **19** facilities and **4** of the indicators fell below the 80 percent compliance threshold representing **2%**. 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 **3** 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

## OFFICE OF PUBLIC HEALTH (CONTINUED)

as the data for occupational exposures to bloodborne pathogens.

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, offender requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Second Quarter FY 2019, there were **13,476** intake HIV tests performed. Of those tested, **110** offenders were newly identified as having HIV infection. During the same time period, there were **9,590** pre-release tests performed with **0** found to be HIV positive. For this quarter, **13** new AIDS cases were identified.
- There were **802** cases of Hepatitis C identified for the Second Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **208** cases of suspected Syphilis were reported in the Second Quarter FY 2019. **125** 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.
- **313** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2019. For the same time period, **103** 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 **22** TB cases or suspects (pulmonary and extra-pulmonary) under management for the Second 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 **151** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2019. There were **40** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **43** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault
- During the Second Quarter FY 2019, **3** 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 offenders had active peer education programs. During the Second Quarter FY 2019, **124** offenders trained to become peer educators. This is an increase from the First Quarter FY 2019 Report. During the Second Quarter FY 2019, **18,973** offenders attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2019.

## MORBIDITY AND MORTALITY

There were **126** deaths reviewed by the Mortality and Morbidity Committee during the months of December 2018, January 2019 and February 2019. Of those **126** deaths, **0** were referred to peer review committees. A referral to a peer

## MORBIDITY AND MORTALITY(CONTINUED)

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	0
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>0</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

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

- The OMHM&L monitors all restrictive housing facilities within the TDCJ CID and State Jails once every six months. During the Second Quarter of FY 2019, **16** restrictive housing facilities were audited including: Clemens, Hutchins, Sanchez, Ramsey, Lewis, Darrington, Mountain View, Powledge, Hughes, Murray, Michael, Estelle, Lyncher, Gist, Stiles, and Coffield. The OMHM&L auditors observed **1,723** offenders, interviewed **1,555** offenders, and referred **42** 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, **16** of **16** units were **100%** compliant. For ATC 5, **16** of **16** units were **100%** compliant. For ACT 6, **16** of **16** units were **100%** compliant. For the 911 tool availability, **16** of **16** units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Second Quarter FY 2019, a total of **84** instances of compelled psychoactive medication administration occurred. There were **19** instances at the Montford unit, **46** instances at the Skyview unit, **18** instances at the Jester IV unit and **1** instance at the Clements unit. During each month of the quarter, Skyview was **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements Unit was **N/A** in December 2018 and January 2019 and **100%** in February of 2019. Jester IV was **100%** compliant in December, January, and February. Montford was **100%** compliant in December, January, and February.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **26** intake facilities, **25** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit there were no offenders identified as applicable to the audit. **20** 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, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Rudd, Sanchez, Sayle, Travis, and Woodman. **5** of the **26** facilities earned compliance scores of **79%** or lower: Bradshaw (**68%**), East Texas (**65%**), Gurney (**55%**), Kegans (**67%**), and Plane (**48%**). Corrective action plans were requested from these **5** facilities.

## 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

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

electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Second Quarter of FY 2019, HSL conducted **209** hospital and **32** infirmary discharge audits.

- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.

## **ACCREDITATION**

The ACA 2019 Summer Conference will be held in Boston, Massachusetts on August 1-6, 2019. During this conference, the following facilities will be represented: Ellis, Stevenson, Hutchins, Lynaugh, Ft. Stockton, Clemens, Scott, Duncan, Wallace, Dalhart, Garza East, Garza West, Jester IV, Huntsville, Goree, and Crain.

## **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 - **18**
- Correctional Institutions Division Pending Monthly Research Projects - **11**
- Health Services Division Active Monthly Medical Research Projects - **9**
- Health Services Division Pending Medical Research Projects - **2**

YOUR LIFE

— *our purpose* —

# **TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**

MANAGED CARE

Benjamin J. Leeah, M.D.

Northern Regional Medical Director

# HISTORY



- ◆ Established by the Texas Legislature in 1993
  - *Ruiz v. Estelle, Estelle v. Gamble*
  - Primary Mission: improve access to quality health care for TDCJ offenders while containing cost by
    - Maximizing the use of the state’s medical schools
    - Securing efficiencies through improved intergovernmental collaboration
    - Utilizing managed healthcare tools



# TODAY: OUR SECTOR

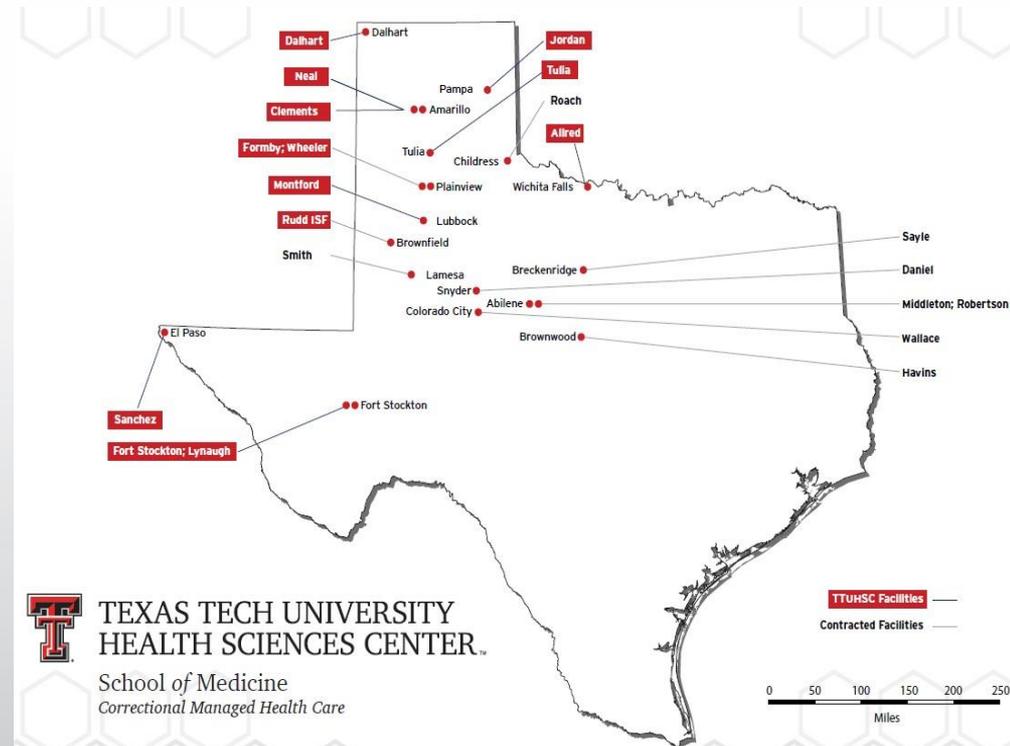
## ◆ 21 Facilities in 17 geographical sites

- *30,000 offenders*
- *State prison, jail and ISF*
- *98-bed medical/ surgical unit in Lubbock*
- *1000+ inpatient psychiatric beds*
- *Three 17-bed infirmaries (Abilene, Amarillo, Wichita Falls)*

## ◆ FY19 budget \$107M

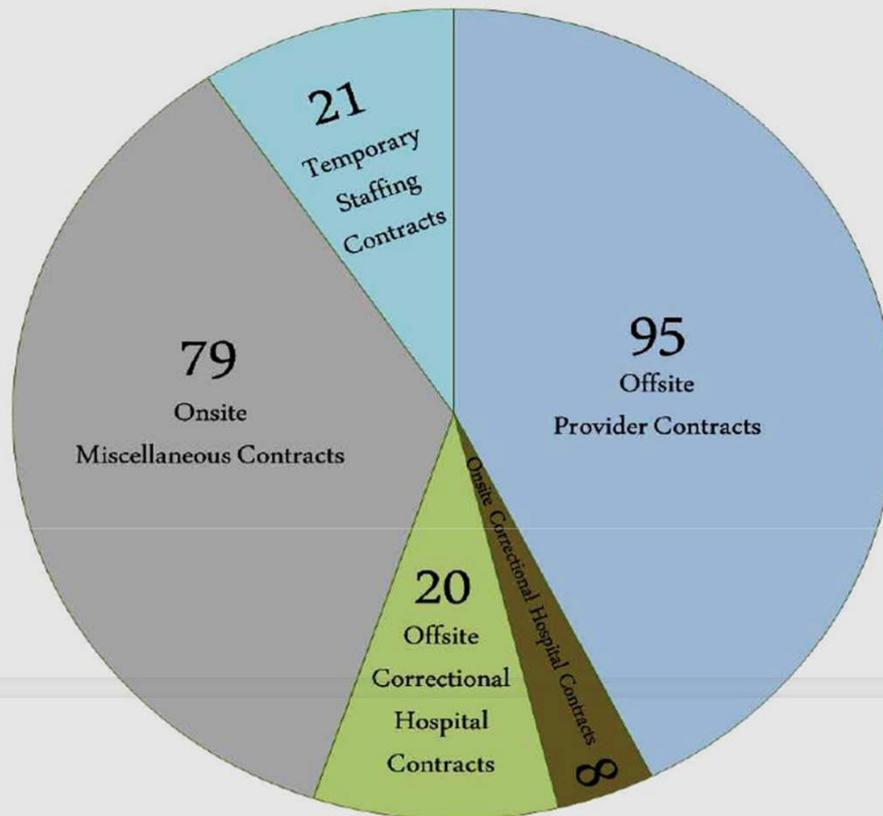
## ◆ 966 Employees

- *37% of workforce has 10+ years of service*



# CONTRACT NETWORK

## Contract Network

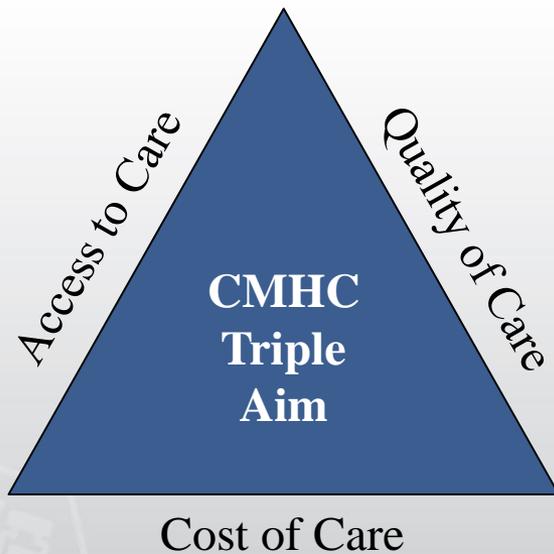


- 8 Onsite Correctional Hospital Contracts
- 20 Offsite Correctional Hospital Contracts
- 95 Offsite Provider Contracts
- 79 Onsite/Miscellaneous Contracts
- 21 Temporary Staffing Contracts

Total: 223 Vendor Contracts



# OUR SERVICES



- ◆ Levels of Care Provided
  - *Medically Mandatory*
  - *Medically Necessary*
- ◆ Annual Encounters 2018<sup>1</sup>
  - *Medical 256,034*
  - *Dental 43,687*
  - *Mental Health 138,763*
  - *Nursing Limited Services 1,435,146*
- ◆ Encounters via Telehealth Technology – 18,911

<sup>1</sup>Based on 2018 encounter notes signed in Pearl EHR, includes nursing encounters

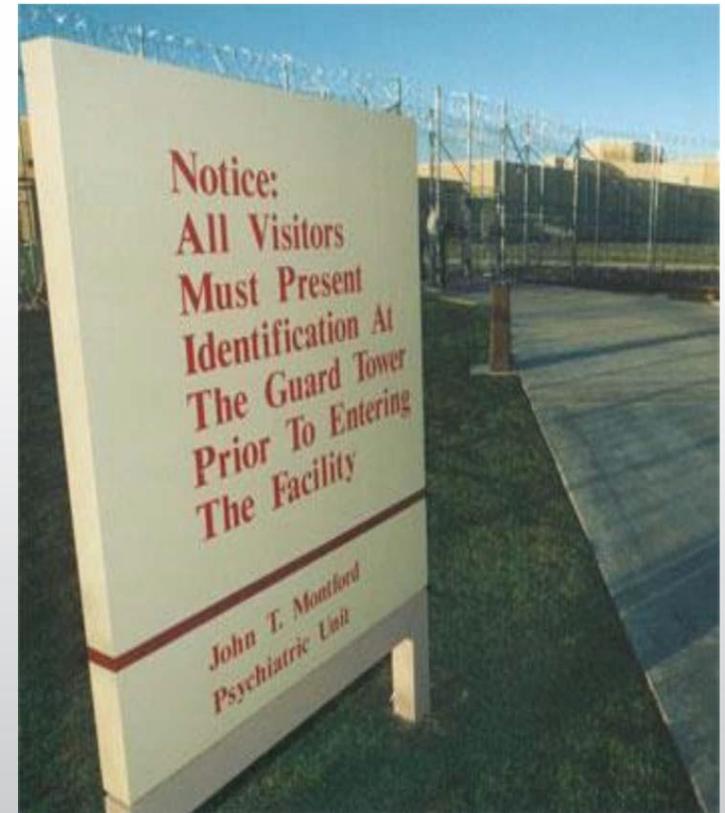
# SPECIAL MEDICAL PROGRAMS

## MONTFORD REGIONAL MEDICAL FACILITY

- ◆ 2 Surgical Suites
- ◆ Onsite Dialysis
- ◆ 128 Beds
  - *50 Ward beds*
  - *44 Long Term Care Beds*
  - *4 Step Down SCU Beds*
  - *30 Holding Beds*
- ◆ CT, Ultrasound, and MRI Diagnostics
- ◆ Physical, Occupational and Respiratory Therapy

## INFIRMARIES

- ◆ Three 17-bed infirmaries
- ◆ Average Length of Stay: 17 days



# CHALLENGES



## ◆ Mental Health Needs

- *39.6% of offenders meet criteria for a MH diagnosis*

## ◆ Rising Cost of Pharmaceuticals

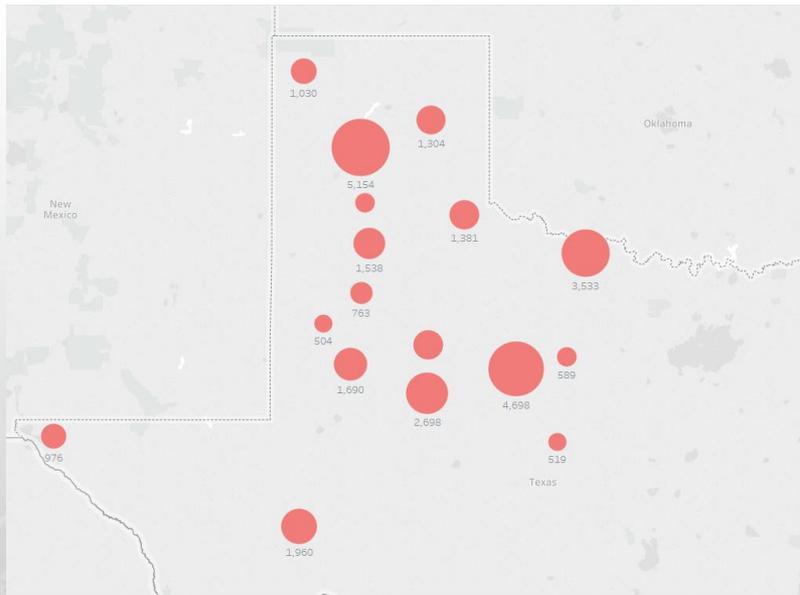
## ◆ Healthcare Professional Shortage

## ◆ Rural Locations

## ◆ Aging Workforce

## ◆ Aging Offender Population

- *Limited infirmary and LTC beds*
- *Offenders are physiologically 10-15 years older*
- *Offenders aged 55+*
  - 12% of our population
  - 80% are not eligible for release



# COST SAVINGS INITIATIVES

## ◆ Pharmacy

- *Managed Care Formulary*
- *Drug Reclamation Program*
- *Collaborative Patient Reassignment*

## ◆ Limited Use of Agency Staff and Professional Recruiters

## ◆ Utilization of Telemedicine

- *Reduces offender transport*
- *Enhances provider availability*

## ◆ Efficient Clinical Care

- *Preventative Care*
- *Chronic Care Management*
- *Evidence Based Medicine*

## ◆ RMF Utilization

- *New contracts, investments in the facility*

## ◆ Expanded Hours of Operation

- *Reduces ER and offsite care utilization*

# Open Forum



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

# Overview of UTMB CMC Inpatient Services

Monte K. Smith, D.O.  
Chief Medical Officer, CMC

# UTMB CMC Inpatient Leadership Team

- Chief Medical Officer
- Associate VP of Inpatient Services
- Director of Mental Health Services
- Chief Nursing Officers
- Director of Utilization
- Dialysis Medical Director

# UTMB CMC Inpatient Facilities

- Estelle
- Carole Young
- Skyview
- Hodge
- Jester IV
- Duncan/Diboll

# Inpatient Psychiatric Facilities

Facility Name	Location	Number of Beds	Gender	Levels of Care
Skyview	Rusk (East Texas)	562	Male & Female	Crisis Management; Diagnostic & Evaluation (D&E); Treatment Programs: Pyschotic Disorders (Acute; Partial Remission; Chronic); Mood Disorders; Impulse Control Disorders; Neuro-Cognitive Disorders
Jester 4	Sugarland (Houston Area)	550	Male & Female (Crisis Management and D&E)	Crisis Management; Diagnostic & Evaluation (D&E); Treatment Programs: Pyschotic Disorders (Acute; Partial Remission; Chronic); Mood Disorders; Impulse Control Disorders; Neuro-Cognitive Disorders
Mt. View	Gatesville (Central Texas)	20	Female	Crisis Management

# Overview of Infirmatory Care

- Department of Utilization Review manages 507 Infirmatory Beds at 15 Facilities
- Rehabilitation Services
- Long Term versus Short Term stays
- Levels of Infirmatory Care
- UTMB CMC Infirmatory Bed Capacity
- Demographic Breakdown and Infirmatory Challenges
- Completed and Future Sheltered Housing and Infirmatory Expansion Projects

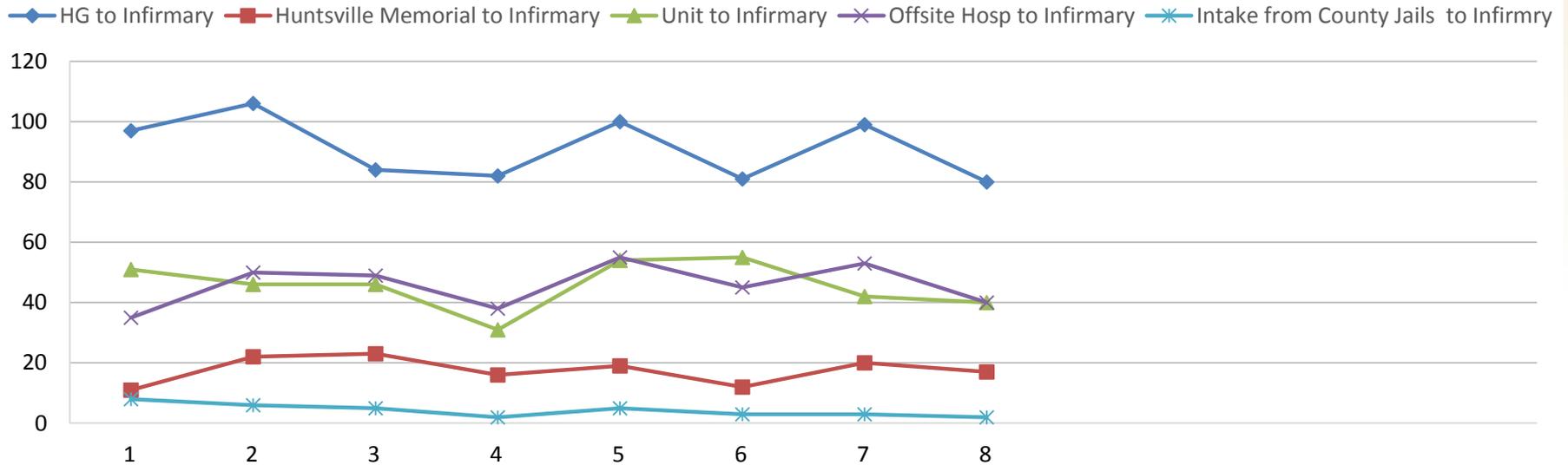
# Department of Utilization Review

---

- Infirmery Bed Management
- Pre-Certification of Emergency Room Visits
- Management of Acute Care Admissions and Hospital to Hospital Transfers
- Coordinate Direct Admissions
- Coordinate Urgent Referrals for Specialty Care Consultations
- Case Management

# Infirmary Authorizations & Sources FY19

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
TDCJ/HG to Infirmary	97	106	84	82	100	81	99	80	729
Huntsville Memorial to Infirmary	11	22	23	16	19	12	20	17	140
Unit to Infirmary	51	46	46	31	54	55	42	40	365
Offsite Hosp to Infirmary	35	50	49	38	55	45	53	40	365
Intake from County Jails to Infirmary	8	6	5	2	5	3	3	2	34
Total Infirmary Authorizations	202	230	207	169	233	196	217	179	1633



# UTMB CMC Infirmiry Facilities

Regional Medical Facilities	Bed Totals
*Carole Young	149
Estelle	120

- Regional Medical Facility Patient Services
  - Dialysis
  - PT/OT
  - ADS/PMR Services
  - Respiratory Therapy
  - Speech Therapy (Carole Young)
  - Wound Care
  - Hyperbaric Treatment (Carole Young)
  - Phototherapy (Estelle)
  - Total Parenteral Nutrition
  - Inpatient Clinical Pharmacist Support

\* denotes available hospice services



# Classification of Infirmity Patients

---

- Long Term

Patients whose physical or mental condition or disease process makes it unlikely that they will ever be able to function for a significant length of time in the general prison population.

- Short Term

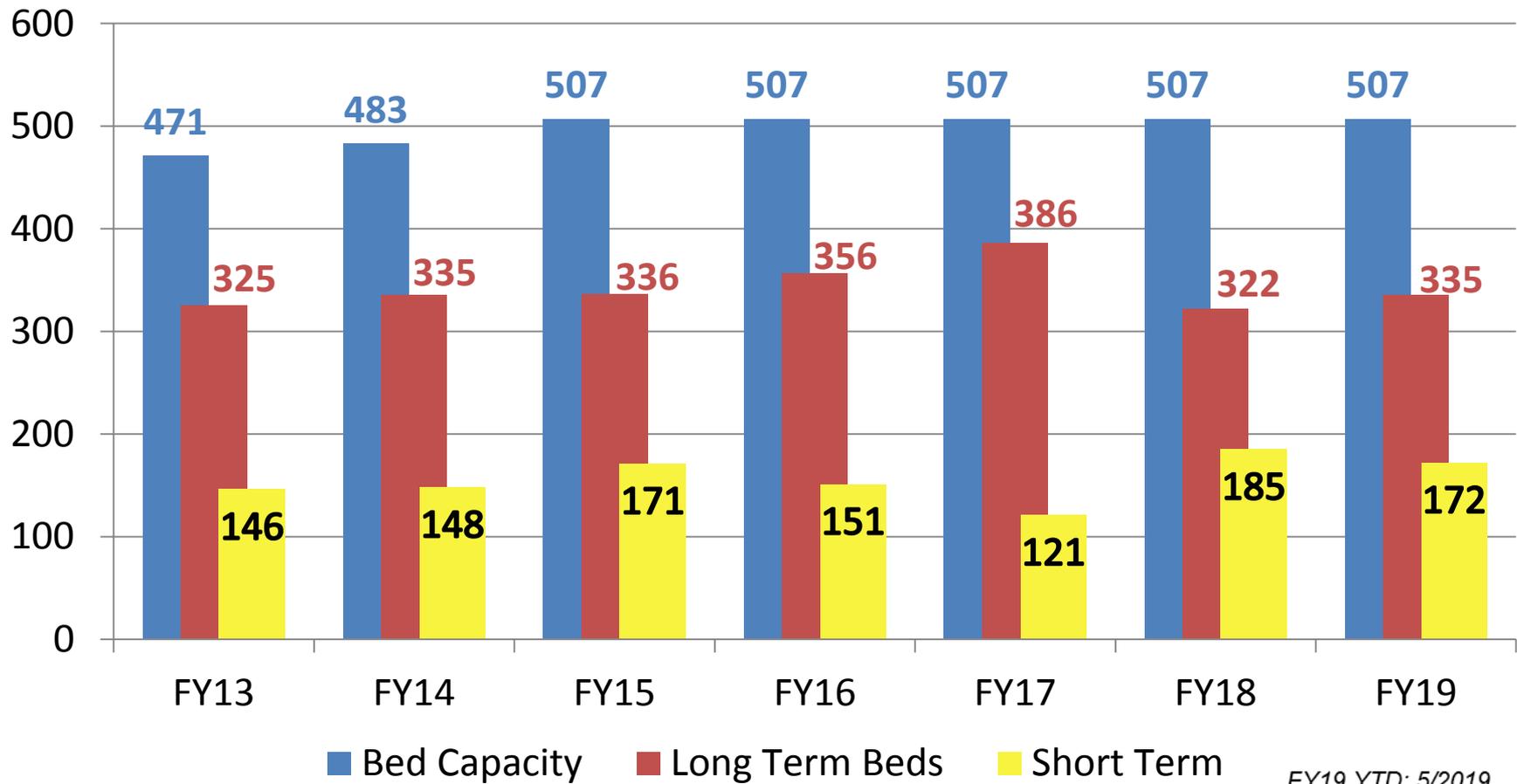
Patients whose physical or mental condition or disease process is expected to improve to the point that they will likely at some future time be able to function independently in the general prison population.

# Infirmiry Levels of Patient Care

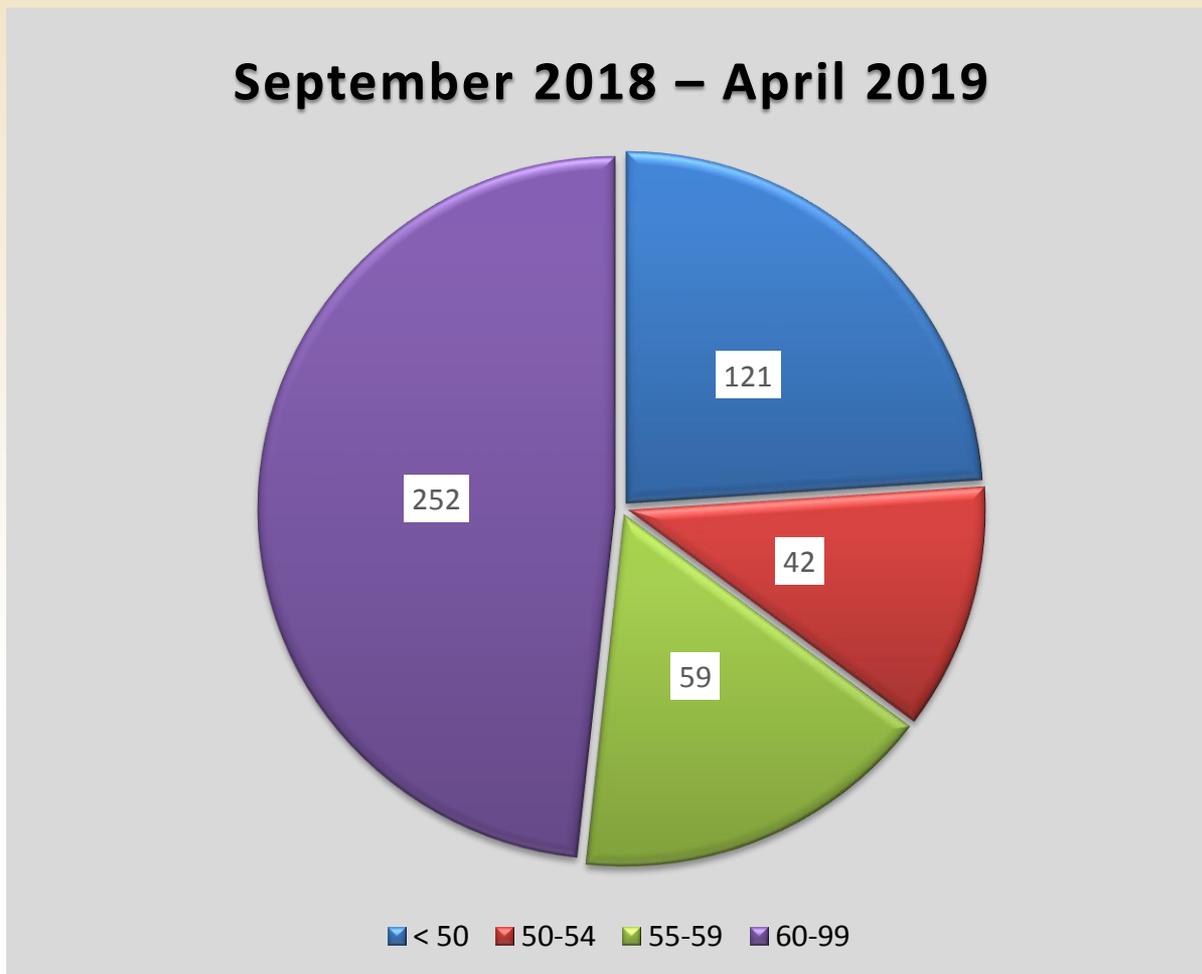
---

- Skilled Nursing
- Convalescent
- Assisted Living
- Hospice

# UTMB CMC Infirmery Bed Capacity



# Snapshot of Patient Age Ranges for UTMB CMC Infirmaries FY19

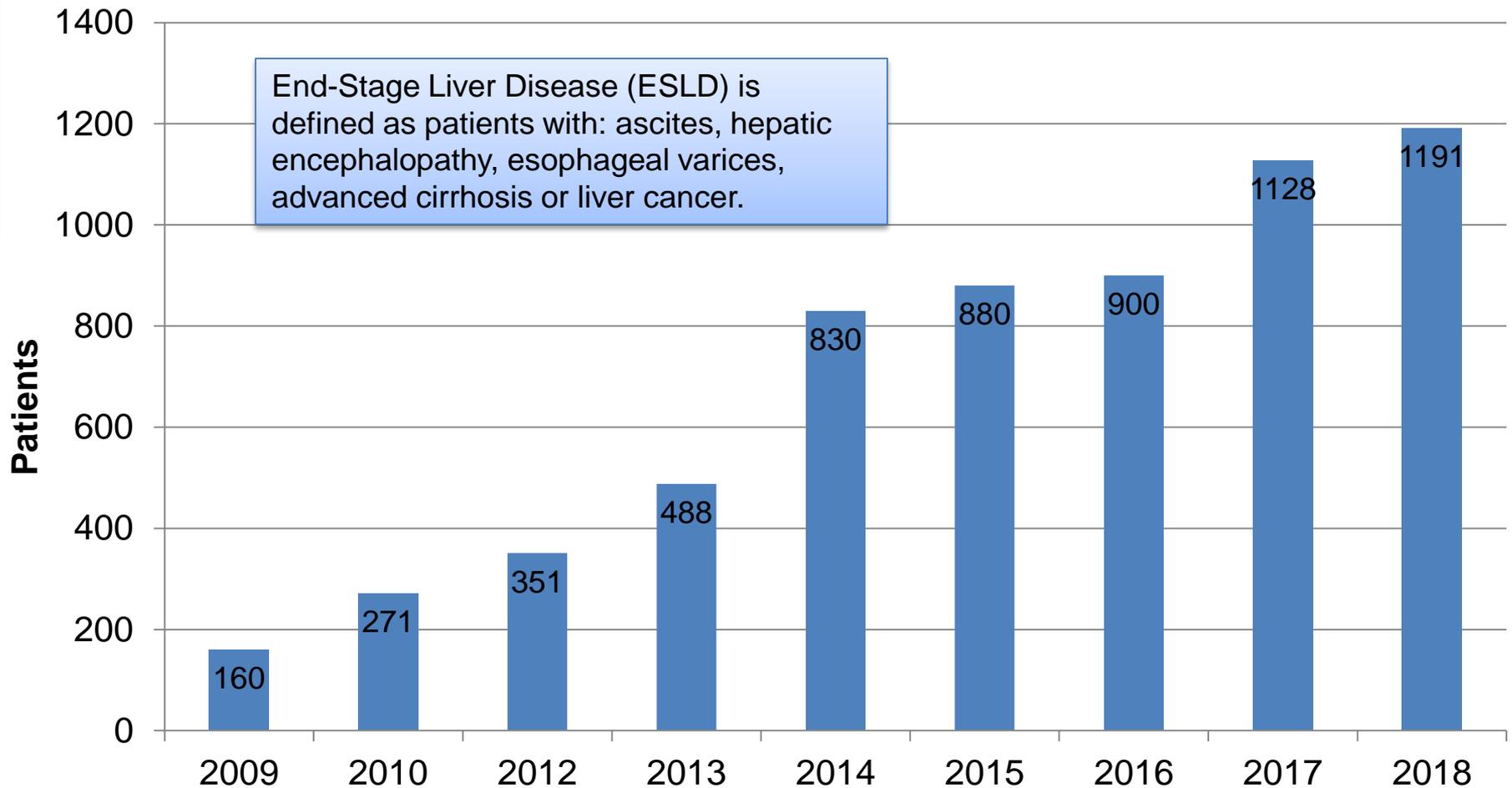


# TDCJ Chronic Disease and Average Age

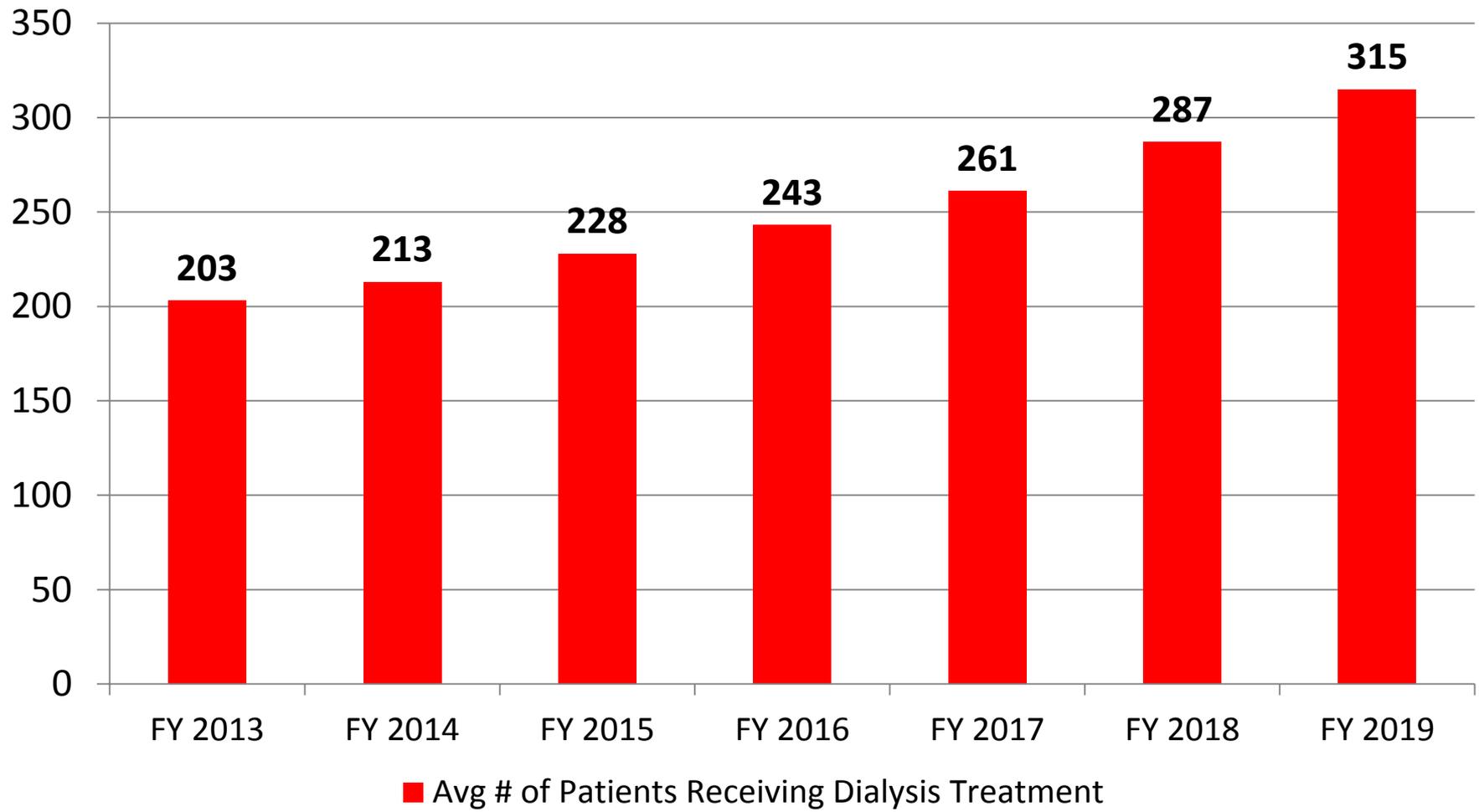
HTN	Hepatitis C	Asthma	Diabetes	Seizure	CAD	HIV
40,611	15,923	10,183	9,328	5,033	2,757	2,060

TDCJ Average Offender Age				
FY09	FY12	FY14	FY16	FY18
37.2	37.8	38.3	38.8	39.4

# TDCJ Patients diagnosed with ESLD



# TDCJ Patients diagnosed with ESRD



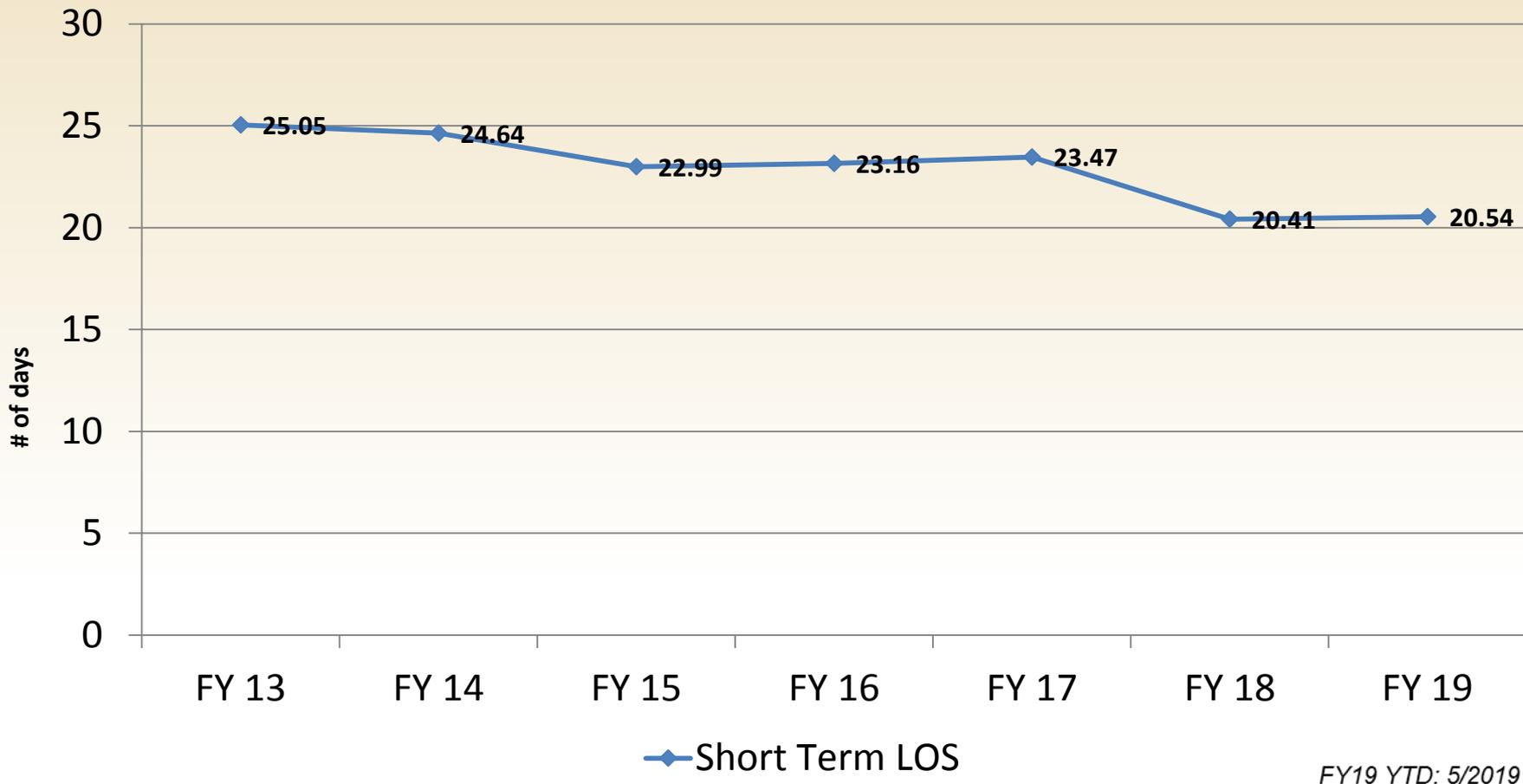
# UTMB CMC Dialysis Services

- Services are provided at Carole Young and Estelle Regional Medical Facilities
- Managed by Dave Khurana, M.D., UTMB-CMC's Full-Time Board Certified Nephrologist
- End Stage Renal Disease Team includes highly trained nurses, dialysis technicians, social workers, and dieticians
- Chronic Kidney Disease and Pre-Dialysis services offered

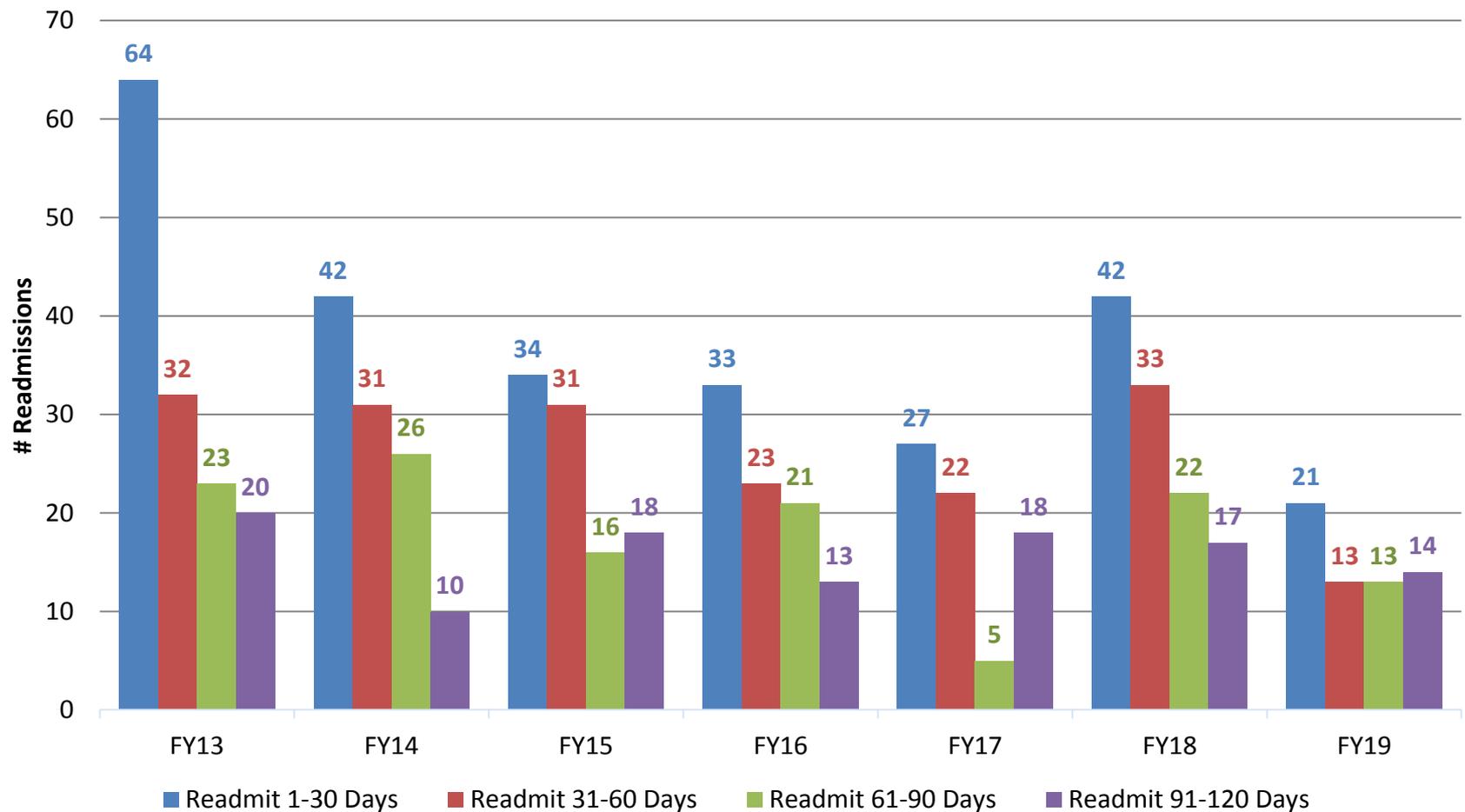
# Ongoing Efforts to Reduce Short Term Infirmatory Length of Stay

- Weekly Multidisciplinary Rounds (MDRs) – Satellite Infirmaries
- Bi-Weekly Multidisciplinary Rounds (MDRs) – Regional Medical Facilities
- Monthly Infirmatory Provider Committee Meeting
  - Review of recent Long Term patient approvals
  - Review of all Short Term patients with length of stay >7 days
  - Review of Infirmatory Re-admissions
  - Review of previous Long Term patients discharged to unit of assignment
  - Review available Wheelchair Dorm Beds

# Overall Average Short Term Infirmatory Length of Stay FY 13 – 19



# UTMB CMC Short Term Infirmary Readmission Baseline Data: FY13-19



FY19 YTD: 5/2019

# Completed Sheltered Housing and Infirmatory Expansion Projects FY 18 – 19

- Telford – 95 Sheltered Beds opened 10/16/2017
- Jester III – 54 Sheltered Beds opened 10/30/2017
- Carole Young RMF – 14 Sheltered Beds opened 10/09/2017
- Jester III – expansion of level of care to include Convalescent Care
- Stiles – expansion of level of care to include Convalescent Care

# Future Sheltered Housing and Infirmary Expansion Projects

- Stiles – pending construction of male sheltered housing beds
- Crain – addition of 13 female assisted living infirmary beds
- Duncan – pending modifications to allow for additional geriatric patients requiring wheelchair housing

# QUESTIONS ?

