

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

September 18, 2019

10:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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10:00 a.m.

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I. Call to Order

II. Recognitions and Introductions

Dr. Margarita de la Garza-Grahm for service to the Correctional Managed Health Care Committee 2011 – 2018

Dr. Harold Berenzweig for service to the Correctional Managed Health Care Committee 2012 – 2018

III. Consent Items

1. Approval of Excused Absences

2. Approval of CMHCC Meeting Minutes, June 25, 2019

3. TDCJ Health Services Monitoring Reports

- Operational Review Summary Data
- Grievance and Patient Liaison Statistics
- Preventive Medicine Statistics
- Utilization Review Monitoring
- Capital Assets Monitoring
- Accreditation Activity Summary
- Active Biomedical Research Project Listing
- Restrictive Housing Mental Health Monitoring

4. University Medical Directors Reports

- Texas Tech University Health Sciences Center
- The University of Texas Medical Branch

5. Summary of CMHCC Joint Committee / Work Group Activities

IV. Update on Financial Reports

- V. Summary of Critical Correctional Health Care Personnel Vacancies
 - 1. Texas Department of Criminal Justice
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VI. Medical Directors Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2019 Third Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Biennial Review and Adoption of the Offender Health Services Plan
Joint Medical Directors Working Group
- VIII. Overview of Correctional Managed Health Care Contracts

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division

Ron Steffa
Deputy Chief Financial Officer
Business and Finance Division
- IX. Public Comments
- X. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 25, 2019

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (Cont.) - Dr. Burrow</p> <p>III. Approval of Consent Items - Dr. Burrow</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – March 18, 2019 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Linthicum introduced Chris Black-Edwards, RN, BSN who has been promoted to the Health Services Division, Deputy Director position. Ms. Black-Edwards formerly held the position of the Health Services Division, Director of Nursing Administration.</p> <p>Dr. Burrow thanked Dr. Jumper and Dr. Linthicum and asked if there was anyone present who would like to introduce themselves.</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 March 18, 2019 meeting –There were no absences.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 18, 2019 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 CMHCC Joint Committee/Work Groups Activities. There were no comments or discussion of these reports.</p> <p>Dr. Burrow then called for a motion to approve the consent items.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (Cont.) - Dr. Burrow</p> <p>IV. Update on Financial Reports - Ron Steffa</p>	<p>Dr. Burrow next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the Second Quarter of Fiscal Year (FY) 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 0.4% from FY 2018. The offender population age 55 and over had a 4.3% increase with an average daily census of 18,600 through the Second Quarter of FY 2018 compared to 19,394 through the Second Quarter of FY 2019. This population represents about 13.1% of the total population, but accounts for 49.6% of the hospitalization costs.</p> <p>Mr. Steffa reported that unit and psychiatric care expenses represent the majority of health care cost at \$194.5 million or 52.8% of total expenses. Hospital and clinical care accounted for \$138.9 million or 37.7%. Pharmacy services were at \$35.3 million or 9.6% of the total expenses.</p> <p>Mr. Steffa answered that they are seeing an increase in Hepatitis C drug utilization and expenditures.</p> <p>Mr. Steffa reported that the cost per day per offender had a 5.3% increase from FY 2018 to FY 2019. The cost per offender per day through the Second Quarter FY 2019 was \$13.78 compared to \$13.08 through the Second Quarter FY 2018.</p>	<p>Mr. Johnson asked if there were any anomalies that occurred in the first half of the year.</p>	<p>Dr. Raimer made a motion to approve all consent items, and Mr. Johnson seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports (Cont.) - Mr. Steffa</p>	<p>Mr. Steffa reported unit and psychiatric care revenues of \$186 million and expenditures of \$194.5 million, which for the Second Quarter of FY 2019 resulted in an \$8.5 million shortfall in this strategy. Mr. Steffa reported on hospital and clinical care revenues of \$95.5 million and expenditures of \$138.9 million leaving a shortfall of \$43.4 million in this strategy. Mr. Steffa reported on managed health care pharmacy revenues of \$31.5 million and expenditures of \$35.3 million leaving a shortfall of \$3.8 million in this strategy.</p> <p>Mr. Steffa reported that the combined total for FY 2019 with projections leaves a total shortfall of 213.3 million. This total reflects the spend forward of 79.5 million that was requested to cover the FY 2018 shortfall, revenues of \$633.4 million and expenditures of \$761.3. Mr. Steffa explained that through the legislative process a supplemental appropriation request was made to cover this biennial shortfall. The original request was for \$160 and later revised upward. Ultimately, \$190 million was approved to cover the shortfall. However, this will not cover the entire projected shortfall and will leave approximately \$20 million that will carry forward into the next biennium as a shortfall.</p> <p>Mr. Steffa answered that we have been carrying forward each biennium; however, this is the highest that he can recall.</p> <p>Mr. Steffa answered that yes, these expenses are broken out in the Unit & Psychiatric Care strategy and agency staff to cover vacancies are included in those numbers.</p>	<p>Dr. Burrow asked if, in the past, we have been carrying forward more than that or about the same.</p> <p>Mr. Johnson asked about the increase in contractor expenses and if some of this is due to staffing shortages.</p> <p>Dr. Linthicum stated that there were also some additional expenses, including unit mission changes related to litigation. They increased staff at some units to accommodate the cool bed moves.</p>	

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<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum - Dr. Cynthia Jumper - Dr. Monte Smith 	<p>Dr. Burrow thanked Mr. Steffa and then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Correctional Health Care Personnel Vacancies.</p> <p>Dr. Linthicum reported that the Physician IV - Deputy Division Director position is currently on hold.</p> <p>The Director II position in the Office of Public Health is on hold. The position duties are being covered by current staff.</p> <p>Dr. Linthicum reported interviews will be held next week for the Director III – Director, Nursing Administration position.</p> <p>Dr. Linthicum reported that there are two Investigator II vacancies in the Patient Liaison Program. The interviews have been completed, two applicants were selected and they are in the clearance process.</p> <p>Dr. Jumper reported that they do not have any vacancies that are considered critical. However, they have filled several key positions including a new Medical Director who started June 13, 2019 and another provider who will begin July 15, 2019. Also, there are two vacant psychiatrist positions at the Montford Unit, which are key positions.</p> <p>Dr. Smith reported that UTMB has 9 Physician I-II, 12 Mid-Level Practitioners (PA and FNP) and 8 Psychiatrist position vacancies. Dr. Smith shared that they do have some pending new hires including two physicians and several mid-level providers.</p>		
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> - TDCJ – Health Services Division FY 2019 Second Quarter Report -Dr. Linthicum 	<p>Dr. Burrow thanked Dr. Smith and then called on Dr. Linthicum to present the TDCJ Medical Director's Report for the Second 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>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Capital Assets Monitoring - Dental Quality Review Audit - Office of Professional Standards - Grievances and Patient Liaison Correspondence 	<p>Dr. Linthicum explained that the TDCJ Medical Director's Report focuses on the Second Quarter of Fiscal Year (FY) 2019 (December 2018, January and February 2019). During this quarter, 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.</p> <p>Dr. Linthicum explained that ORAs look at compliance with policies and procedures promulgated by this committee, compliance with contractual terms and compliance with accreditation expected practices and performance based standards as they relate to healthcare and any local, state or federal laws that are applicable. The compliance threshold is 80%. Dr. Linthicum referenced the 8 items found to be most frequently below the 80% compliance threshold and noted that corrective actions have been requested on all these items.</p> <p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 11 facilities listed above for ORAs during the Second Quarter of FY 2019 and all 11 facilities were within the required compliance range.</p> <p>Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 10 facilities. Dr. Linthicum referenced the 2 items found to be most frequently below the 80% compliance and noted that corrective action plans have been requested on these items.</p> <p>Dr. Linthicum explained that the Health Services Division houses an Office of Professional Standards. Within that office are four functions: the family hotline, Step II medical grievance, the sick call verification audit and the patient liaison program.</p> <p>Dr. Linthicum reported that during the Second Quarter of FY 2019, the Patient Liaison Program (PLP) and Step II Medical Grievance Program received 4,416 correspondences. The PLP received 3,184 correspondences and Step II Grievance received 1,232. There were 229 Action Requests generated.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Grievances and Patient Liaison Correspondence - Quality Improvement (QI) Access to Care Audit - Office of Public Health 	<p>Dr. Linthicum explained that action Requests are generated to address quality of care issues, i.e., clinical decisions, complaints about medical personnel and staff practice issues. Action requests are also generated to address access to care, policy and documentation issues.</p> <p>Dr. Linthicum explained that in the contract there are performance measures related to medical grievances. The overall combined percentage of sustained Step II Medical grievances was 8%. Performance measure expectation is 6% or less. Individually, UTMB was 7% and TTUHSC was 2%.</p> <p>Dr. Linthicum reported that there were 21 Sick Call Request Verification Audits conducted on 19 facilities. The difference in the number of request versus the number of facilities is that some facilities have an extended cell block (ECB) on site and those ECB's are audited separately. A total of 189 indicators were reviewed and 4 of the indicators fell below 80% compliance threshold representing 2%. Corrective actions were requested.</p> <p>Dr. Linthicum reported that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). This office conducts surveillance on 11 infectious conditions that are reported into DSHS. Testing is classified into one of four categories: intake, provider requested, offender requested or pre-release. There is mandatory state law which requires intake and pre-release HIV testing. During the Second Quarter, 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.</p> <p>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.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Office of Public Health 	<p>Dr. Linthicum reported 208 cases of suspected Syphilis. 125 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 reported that 313 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported and 103 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported for the Second Quarter FY 2019.</p> <p>Dr. Linthicum reported that there was an average of 22 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2019.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the Second Quarter FY 2019, there were 151 chart reviews of alleged sexual assaults. Dr. Linthicum reported that there were 40 deficiencies found this quarter and corrective actions have been requested. 43 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum reported that during the Second Quarter FY 2019, 3 units received a 3-day training which included the Wall Talk Training and a 2-day training that included the Somebody Cares Training in the Peer Education Program. As of the close of the Second Quarter of FY 2019, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 124 offenders were trained to become peer educators and 18,973 offenders attended the classes presented by peer educators.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Mortality and Morbidity - Office of Mental Health Monitoring & Liaison 	<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. 126 deaths were reviewed during the months of December 2018, January and February 2019. Of those 126 deaths, none were referred to peer review committees.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2019.</p> <p>Dr. Linthicum reported that Restrictive Housing audits were conducted on 16 facilities. 1,723 offenders were observed, 1,555 were interviewed, and 42 offenders were referred to the university providers for further evaluation. 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. Access to Care (ATC) for mental health indicators four, five and six were met at 100% at 16 of the 16 facilities audited.</p> <p>Dr. Linthicum reported that the OMHM&L also monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. Compelled psychoactive medication is only done on inpatient facilities and there is a strict protocol in place. For the Second Quarter FY 2019, 84 instances of compelled psychoactive medication administration occurred. There were 19 instances at Montford, 46 at Skyview, 18 at Jester IV, and 1 at the Bill Clements unit. All units were 100% compliant.</p> <p>The Intake Mental Health Evaluation audit conducted by OMHM&L is designed to provide reasonable assurance that offenders coming in at intake are identified as having a potential mental health need and receive a Mental Health Evaluation within 14 days of identification.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Office of the Mental Health Services Liaison - Accreditation - Biomedical Research Projects - Texas Tech University Health Sciences Center - Dr. Jumper - University of Texas Medical Branch - Dr. Smith 	<p>Dr. Linthicum reported that in the Second Quarter of FY 2019, the MHSL conducted 209 hospital and 32 infirmary discharge audits. Each audit determines if vital signs were recorded on the day the offender left the hospital or infirmary; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred, if applicable, to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.</p> <p>Dr. Linthicum reported that the ACA 149th Congress of Corrections 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.</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 18 active and 11 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects.</p> <p>Dr. Burrow thanked Dr. Linthicum and then called on Dr. Jumper to present the report for TTUHSC.</p> <p>Dr. Jumper stated that she had nothing further to report.</p> <p>Dr. Burrow thanked Dr. Jumper and then called on Dr. Smith to present the report for UTMB.</p> <p>Dr. Smith reported that Dr. Owen Murray and other members of the UTMB senior staff had recently completed a Town Hall Rounding following the conclusion of the legislative session. Dr. Smith also shared that the UTMB Prosthodontic Clinic is now seeing patients and producing dentures.</p>		

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<p>VI. Medical Director's Updates (Cont.) - Dr. Smith</p> <p>VII. Overview of Inpatient Services - Dr. Benjamin Leeah</p>	<p>Dr. Smith shared that Dr. John Mills, former CMHCC member is now working as a part time physician for UTMB.</p> <p>Dr. Burrow thanked Dr. Smith and then called on Dr. Benjamin Leeah to present an Overview of Inpatient Services for TTUHSC Correctional Managed Care (CMC).</p> <p>Dr. Leeah began by introducing himself and sharing that he is the Northern Regional Medical Director for TTUHSC CMC. He has been in his current position for ten and a half years and prior to this was in private practice.</p>	<p>Dr. Linthicum shared that she was given a pair of sample dentures, which she passed around. She stated that this is cutting edge technology. We are the only correctional system in the nation using this technology.</p> <p>Dr. Burrow asked what the cost per pair is.</p> <p>Dr. Linthicum stated that she believes that the cost per pair is about \$60-\$70, but she will verify that. She reported that the equipment was quite expensive.</p> <p>Dr. Burrow asked what it would cost for free world dentures.</p> <p>Dr. Linthicum shared that if we sent them out it would be \$300+.</p> <p>Dr. Linthicum reported that the population of TDCJ is about one third Caucasian, one third Hispanic and one third African American, so the clinic is utilizing two colors for the gums. Dr. Linthicum stated that a kudos should go out to Lorie Davis, Correctional Institution Division and the transportation department. She shared that there is only one prosthodontic clinic, so all the offender patients must be transported to that unit and housed there temporarily.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah stated that the correctional managed health care partnership with TTUHSC was established by the Texas Legislature in 1993. The primary mission was and is to 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 and utilizing managed health care tools.</p> <p>Dr. Leeah reported that the TTUHSC manages 21 facilities in 17 geographical sites providing services to approximately 30,000 offenders. The TTUHSC sector provides housing in state prisons, jails and intermediate sanction facilities (ISFs). One of those facilities is the Montford Unit which houses a 98-bed medical / surgical unit in Lubbock. There are 1,000+ inpatient psychiatric beds in the sector and three 17 bed infirmaries.</p> <p>Dr. Leeah thanked Dr. Linthicum and stated that the ISF offenders can present issues when someone comes in who is chronically ill or acutely ill, because they are not institutional division offenders. They are parole violators who had a technical violation of their parole and rather than being revoked they received a sanction to go serve time at one of these facilities. However, this does not change the standard of care that they receive.</p> <p>Dr. Leeah answered no, the ISF appears as an actual prison would. There are still fences and barbed wire and they wear the same uniforms and they are subject to count times, etc.</p>	<p>Dr. Linthicum explained that an intermediate sanction facility or ISF is not really a prison or jail. It is an in-custody treatment alternative for offenders who are facing parole or probation revocation.</p> <p>Mr. Johnson asked if an ISF functions as a half-way house in reverse.</p> <p>Mr. Steffa noted that they are secure facilities.</p> <p>Dr. Jumper stated that at times their acuity is higher since they don’t come to us from the counties as institutional division offenders do. They come in right off the street.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah reported that the three 17 bed infirmaries are located at the Robertson Unit in Abilene, the Clements Unit in Amarillo and the Allred Unit in Wichita Falls. They can be thought of, comparatively, as skilled nursing facilities. They can provide IV antibiotics, IV fluids, perhaps even IV diuresis and long term wound care. The bulk of what they do is pre-operative and post-operative care. Dr. Leeah reported that the fiscal year 2019 budget for TTUHSC CMC is \$107 million, there are 966 employees and 37% of the workforce has more than 10 years of service, including himself.</p> <p>Dr. Leeah reported on the TTUHSC CMC contract network which includes 8 onsite and 20 offsite correctional hospital contracts, 95 offsite provider contracts, 79 onsite / miscellaneous contracts and 21 temporary contracts for a total of 223 vendor contracts.</p> <p>Dr. Leeah stated that the subcontractors are guided by the same policies and procedures as Texas Tech employees.</p>	<p>Dr. Linthicum explained that the model in Texas Tech is quite different. Those 8 onsite hospital contracts are providing staff for the units. Some of the staff on those particular units are actually hospital staff not Texas Tech staff. Texas Tech provides the providers and physicians and physician assistants. The legislature put that model in place to stabilize these rural area hospitals by providing a revenue stream. It benefited TDCJ and was also beneficial to the community because their hospital didn't shut down.</p> <p>Mr. Johnson asked if these were privately run facilities.</p> <p>Dr. Linthicum answered no, the oversight is provided by Texas Tech, the medical care is provided by subcontractors.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah reported that the TTUHSC sector provided 256,034 medical, 43,687 dental, 138,763 mental health, 1,435,146 nursing limited services and 18,911 telehealth encounters in 2018.</p> <p>Dr. Leeah reported on the special medical programs offered in the sector. The Montford Regional Medical Facility (RMF) has 2 surgical suites, onsite dialysis, 50 ward beds, 44 long term beds, 4 step down skilled care unit (SCU) beds, 30 holding beds, CT, Ultrasound and MRI diagnostics and physical, occupational and respiratory therapy. Dr. Leeah reported that at the three 17 bed infirmaries, outside of short stay admissions, the average length of stay is 17 days.</p> <p>Dr. Leeah reported that among the challenges that they face in the TTUHSC sector are the mental health needs of offenders with comorbidities, 39.6% of offenders meet the criteria for a mental health diagnosis. Other challenges include the rising cost of pharmaceuticals, recruitment issues and healthcare professional shortages, the rural locations of units, an aging workforce and an aging offender population. Dr. Leeah explained that the physiological age of an offender is about 10 to 15 years older than their chronological age. There are limited infirmary and long-term beds available and offenders age 55 and over are 12% of the population and 80% are not eligible for release.</p> <p>Dr. Leeah next reported the cost saving initiatives in the TTUHSC sector. In the pharmacy they use a Managed Care Formulary, they have a drug reclamation program and they work with UTMB collaboratively for patient reassignment. Utilization of telehealth reduces offender transport and enhances provider availability. They also limit the use of agency staff and professional recruiters.</p>	<p>Dr. Jumper stated that recognition needs to go out to TDCJ and the warden at the Montford Unit. It is a very complex facility, basically a hospital in a prison, and they work very closely with the warden and collaborate daily.</p> <p>Dr. Linthicum shared that the Montford Facility provides the highest level of care in the system.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah stated that they provide efficient clinical care including preventative care, chronic care management and evidence-based medicine. They utilize the RMF and have expanded the hours of operation on some units which reduces offsite care utilization.</p> <p>Dr. Leeah answered; exactly. If they have a unit staffed for 12 hours, they will have staff that come in and leave early and another group that will come later and stay later.</p> <p>Dr. Leeah reported that all care after hours is available via telemedicine or a call to the on-call physician.</p>	<p>Mr. Johnson asked if that is a shift schedule arrangement as opposed to overtime.</p> <p>Dr. Linthicum noted that they were provided with additional funding last session to expand the hours of operation at some units.</p> <p>Dr. Linthicum stated that she would like to recognize Will Rodriguez, TTUHSC CMC Executive Administrator, who is largely responsible for the expansion of telemedicine in the TTUHSC sector. They are using new technologies and he has been a great addition to the team.</p> <p>Dr. Burrow stated that he is a pharmacist as well as a physician and works in a rural area at a small rural hospital. He stated that the ideas presented are wonderful. Using the whole team in terms of cost containment and access to care is a wonderful idea.</p>	
<p>VII. Overview of Inpatient Services - Dr. Monte Smith</p>	<p>Dr. Burrow thanked Dr. Leeah and then called on Dr. Smith to present an Overview of Inpatient Services for UTMB CMC.</p> <p>Dr. Smith began by introducing himself and sharing that he will be going over the inpatient services offered at UTMB CMC and that he will focus primarily on the care that occurs within the facilities and the care provided at the infirmary units.</p>		

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith recognized the leadership team and listed the units that are designated as inpatient facilities. The leadership team consists of himself, Chief Medical Officer; Marjorie Kovacevich, Associate Vice President of Inpatient Services; Dr. Joseph Penn, Director of Mental Health Services; Chief Nursing Officers, Kirk Abbott and Justin Robison; Gigi Jameson, Director of Utilization and Dr. Dave Khurana, Dialysis Medical Director. The inpatient facilities are Estelle, Carole Young, Skyview, Hodge, Jester IV, Duncan and Diboll.</p> <p>Dr. Smith reported that the inpatient psychiatric facilities are Skyview, Jester IV and Mt. View. Skyview is in Rusk and has 562 beds and can accommodate both male and female offenders. Jester IV is in Sugarland and has 550 beds and can accommodate male and female offenders. Mt. View is in Gatesville and has 20 crisis management beds for female offenders.</p> <p>Dr. Smith reported that the Department of Utilization Review (UR) manages 507 infirmary beds at 15 facilities, they handle precertification of emergency room visits, manage acute care admissions and hospital to hospital transfers, coordinate direct admissions, coordinate urgent referrals for specialty care consultations and provide case management.</p> <p>Dr. Smith next explained the process of placement of a patient into an infirmary bed. A provider in a free world hospital, Hospital Galveston, the unit or the county submits an Infirmary Placement Request form to UR. This form contains general identification for the patient, vital signs, any special needs that they may have including specialty care needs and the primary diagnosis. UR then uses a matrix that determines which infirmary the patient should be housed at. On occasion, they will receive patients into an infirmary from the county jail, but that is rare. On average 200 referrals for infirmary placement are processed by UR each month.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith reported that Carole Young and Estelle Regional Medical facilities offer the following patient services: dialysis, physical, respiratory, and occupational therapy, assistive disability services, physical medicine and rehabilitation, wound care, total parenteral nutrition, inpatient clinical pharmacist support, speech therapy and hyperbaric treatment at Carol Young and phototherapy at Estelle. Carol Young also has hospice services available, primarily for female patients. Dr. Smith explained that there are 13 other satellite infirmaries located throughout the state. Those facilities primarily care for assisted living patients.</p> <p>Dr. Smith reported that the infirmaries, if you wanted to compare to a free world facility, would be like a nursing home that offers a full range of services. Dr. Smith next explained that long term patients are those whose physical or mental condition or disease process make it unlikely that they will ever be able to function for a significant length of time in the general population. Short term patients are those 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 population.</p> <p>Dr. Smith explained the difference in infirmary levels of care, which are skilled nursing, convalescent, assisted living and hospice. Skilled nursing is provided by or directed by RN level staff and is generally up to 14 days in length. Convalescent requires a significant amount of care and is generally up to 14 days and occurs after surgery or to learn self-care. Assisted living requires that the offender is stable and can self-transfer but does provide some ADLs. Hospice care provides comfort care and support and is coordinated by a multi-disciplinary team.</p> <p>Dr. Smith reported in terms of capacity, the majority of the patients are long term patients. This leaves the remaining short term patient beds that they have to work with for new admissions. Dr. Smith stated that only about 15% of the infirmary patients are under 50.</p>	<p>Dr. Linthicum noted that activities of daily living or ADLs include toileting, bathing, grooming and eating.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith reported the overall offender average age has increased steadily, from 37.2 in fiscal year 2009 to 39.4 in fiscal year 2018. There are also patients with numerous and often multiple chronic diseases.</p> <p>Dr. Smith reported that the number of patients with end stage liver disease has increased dramatically, from 160 in 2009 to almost 1,200 in 2018. UTMB CMC dialysis services are provided at Carol Young and Estelle Regional Medical Facilities. Dialysis services are managed by Dr. Dave Khurana, UTMB CMC's full-time board-certified nephrologist. The end stage renal disease team includes highly trained nurses, dialysis technicians, social workers and dieticians. Chronic kidney disease and pre-dialysis services are also offered.</p> <p>Dr. Smith reported that there are ongoing efforts to reduce short term infirmary length of stay. These efforts include weekly multidisciplinary rounds at satellite facilities and bi-weekly multidisciplinary rounds at regional medical facilities. Dr. Smith reported that there is also a monthly infirmary provider committee meeting. Agenda items for this meeting include reviews of recent long-term patient approvals, all short-term patients with length of stay >7 days, infirmary re-admissions, previous long-term patients discharged to unit of assignment and available wheelchair dorm beds. The result has been a slight reduction in the length of stay, from 25.05 in fiscal year 2013 to 20.54 in fiscal year 2019.</p> <p>Dr. Smith reported on the sheltered housing and infirmary expansion projects for fiscal years 2018 and 2019. He reported that in October 2017, 95 sheltered beds opened at Telford, 54 opened at Jester III and 14 opened at Carol Young. The Jester III and the Stiles Units expanded their level of care to include convalescent care.</p>	<p>Dr. Linthicum stated that end-stage liver disease is the third leading cause of death in the system. There are 1,200 in queue with chronic kidney disease stage three and 117 are stage four and ready to start dialysis. Expansion of these services is needed.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith reported on future sheltered housing and infirmary expansion projects. He reported that legislature approved funding for up to 200 beds at the Stiles Unit. These beds will house male offenders. At the Crain Unit 13 female assisted living infirmary beds will be added. Dr. Smith reported that at the Duncan Unit they are pending modifications to allow for additional geriatric patients requiring wheelchair housing.</p>	<p>Dr. Linthicum reported that at Duncan that will bring the number up to 82. Dr. Linthicum shared that at the Crain Unit there was a problem with the roof and the project may have to go back out for bid.</p> <p>Mr. Cory Shank asked about the end stage data. The numbers certainly outpace the population growth rate. Has mortality or the extended life span of these patients been considered in the results. What impact do the patients that are living longer have on the data related to the availability of infirmary beds? Today we are extending the life span of these patients more so than 10 years ago.</p> <p>Dr. Linthicum explained that one of the ways they are trying to mitigate the growth and graying of the prison population is that they are looking at the physical plant to find areas where they can renovate. This was done at the shelter housing units at Jester III, Carol Young and Telford. This biennium they received funding from the legislature to modify an old garment building at the Stiles Unit to add 200 beds. They will be requesting additional funding next biennium for an addition 200 beds, bringing the total up to 400 beds which is the capacity. Dr. Linthicum stated policy makers don't seem to be interested in building new prisons or new facilities. This forces TDCJ to look within and identify space that can be modified for these populations.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>		<p>Dr. Linthicum reported that there are diversion efforts that are geared primarily toward the mentally ill to try to divert some of them out of the prison system. There are new drug courts that attempt the same. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCCOMMI) receives funding to enter into contracts with local mental health authorities around the state to ensure continuity of care for parolees and offer some pre-trial diversion to prevent them from coming into the institutional division.</p> <p>Dr. Linthicum stated that in terms of correctional health care on a national basis, TDCJ reports into the Bureau of Justice Statistics and end stage liver disease is the third leading cause of death in the TDCJ system and nationwide. The direct link, of course, is to Hepatitis C. Dr. Linthicum stated that one big concern right now is that population and those who are not eligible for special parole; the medically recommended intensive supervision (MRIS) program. There is a provision in statute for those who are terminally ill to be considered for a medical parole or medical release. There are certain custody issues and certain criminogenic factors that cannot be present. For example, sex offenders not in a vegetative state are not eligible. MRIS is utilized where possible and in certain cases a petition for executive clemency will be made which goes up to the full parole board and then to the Governor. The real challenges are the graying of the offender population, the large number of mentally ill offenders and the rise of the numbers of offenders with end stage liver disease directly related to Hepatitis C infection.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>		<p>Mr. McGinty stated that he has an update regarding the Stiles Unit. They are having to put in air conditioning and ventilation, so it is a much larger project than Telford was. It is currently in the design phase and they anticipate making an award for construction in early fall and likely making those bids available in the spring. That is their goal and it will be a priority.</p> <p>Dr. Jumper reported that they also have some room on the west side for some of these facilities.</p> <p>Dr. Linthicum shared that there is a free-standing prison hospital in Galveston on the UTMB campus that was built in 1983, Hospital Galveston (HG). It is Joint Commission accredited licensed hospital. At HG they complete approximately 66,000 specialty visits each year and the average daily census is 100 plus. The problem faced there is getting them out for step down care. Dr. Linthicum shared that everyday life in prison is unique and different than it is for us in the free world. For instance, if you have been in the hospital and you get discharged in the free world, you can go home and rest and convalesce in your own bed at your own pace. In prison there is a building schedule and the offenders must be able to keep up with that schedule. They only have a certain amount of time to shower and to turn out to eat. So, if you can't get down the run to the chow hall and finish your meal in the allotted time you are out of luck. As people age, they can't keep up with that building schedule.</p> <p>Dr. Olugbenga Ojo shared that in the UTMB sector all elective specialty and sub-specialty care is done at HG. He also noted that Hospital Galveston has a Vizient five-star rating and they are very proud of that.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Public Comments - Dr. Burrow</p> <p>IX. Adjourn</p>	<p>Dr. Burrow thanked Dr. Smith 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. 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 September 18, 2019 in Dallas, Texas.</p> <p>The meeting was adjourned at 11:46 a.m.</p>	<p>Dr. Linthicum announced that Beckie Berner, TDCJ Health Services Administrator will be retiring June 30, 2019. She has been with TDCJ for 27 years and has done a phenomenal job and will be missed.</p>	<p>Dr. Jumper made a motion to adjourn the meeting, 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

**Third Quarter, Fiscal Year 2019
(March, April and May 2019)**

Rate of Compliance with Standards by Operational Categories
 Third Quarter, Fiscal Year 2019
 March 2019 - May 2019

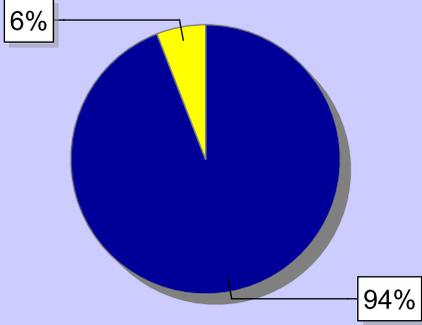
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Clements	34	32	94%	31	29	94%	44	31	70%	20	18	90%	58	55	95%	4	4	100%
Ferguson	32	32	100%	13	12	92%	33	28	85%	9	9	100%	16	16	100%	5	5	100%
Fort Stockton	30	29	97%	13	12	92%	22	21	95%	9	9	100%	2	0	0%	6	6	100%
Havins	32	32	100%	13	13	100%	14	14	100%	10	10	100%	2	2	100%	4	4	100%
Johnston	28	27	96%	15	15	100%	21	16	76%	12	12	100%	2	2	100%	4	4	100%
Kegans ISF	31	30	97%	12	12	100%	23	19	83%	3	3	100%	14	11	79%	6	6	100%
Lindsey State Jail	32	32	100%	15	15	100%	37	37	100%	12	12	100%	14	12	86%	4	4	100%
Lychner State Jail	33	32	97%	15	14	93%	41	33	80%	12	12	100%	16	15	94%	4	4	100%
Lynaugh	32	31	97%	13	12	92%	19	17	89%	10	10	100%	14	12	86%	4	4	100%
Neal	33	33	100%	13	11	85%	12	9	75%	10	10	100%	14	12	86%	4	4	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for CLEMETS FACILITY

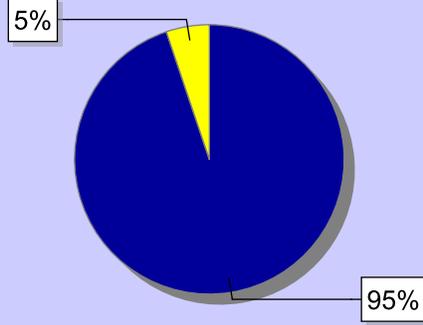
April 02, 2019

Administrative/Medical Records



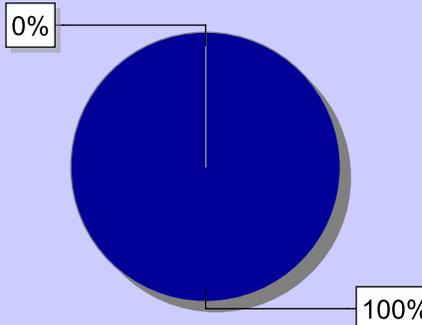
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



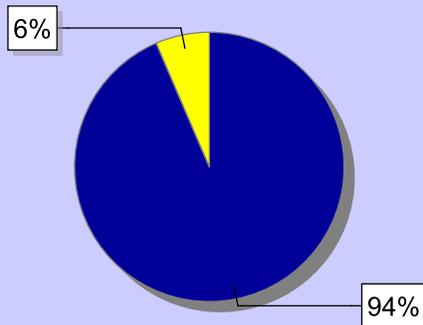
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



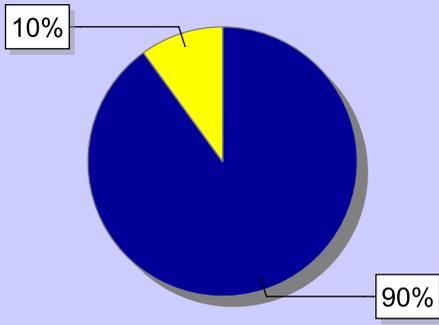
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Nursing



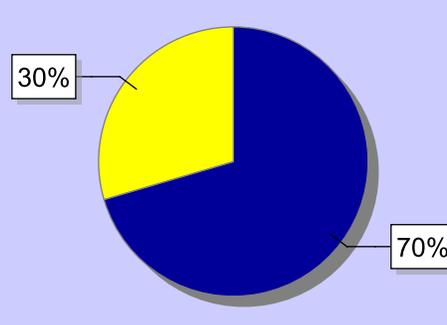
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



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

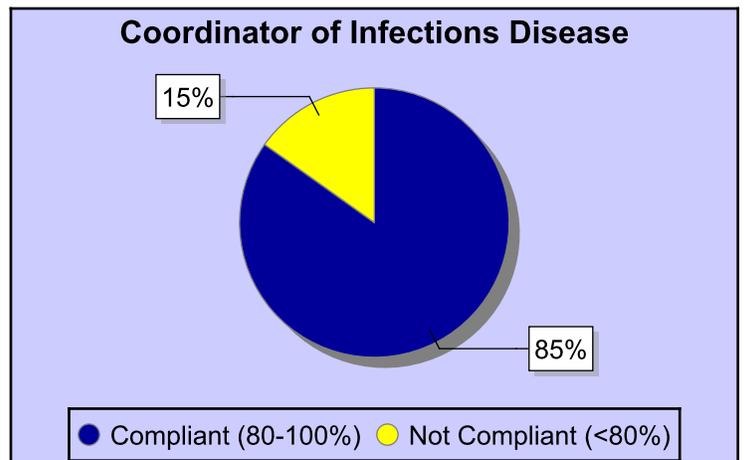
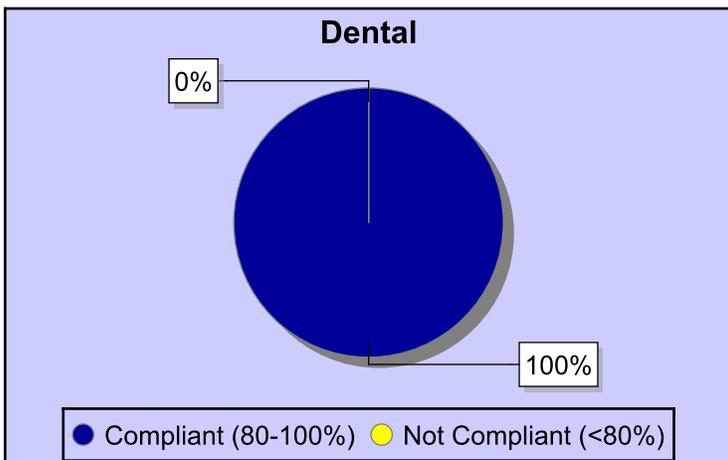
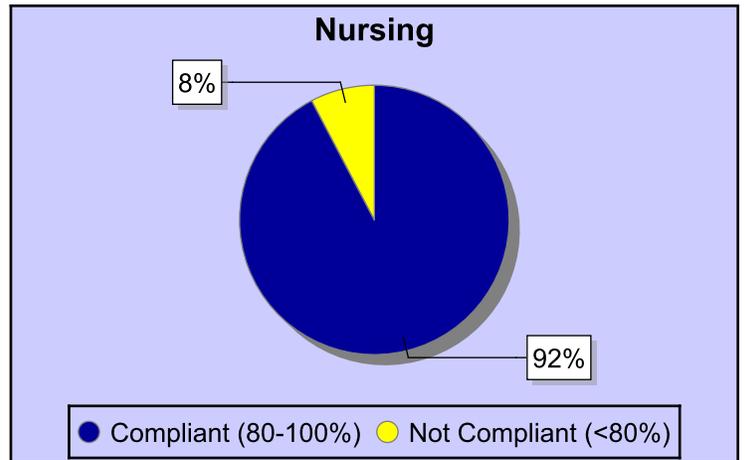
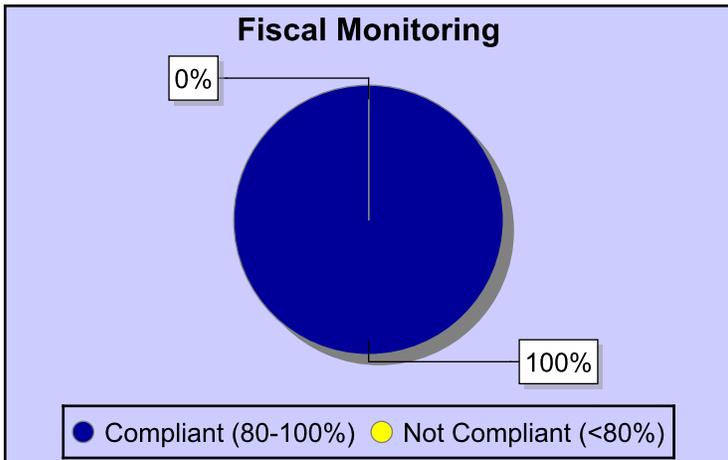
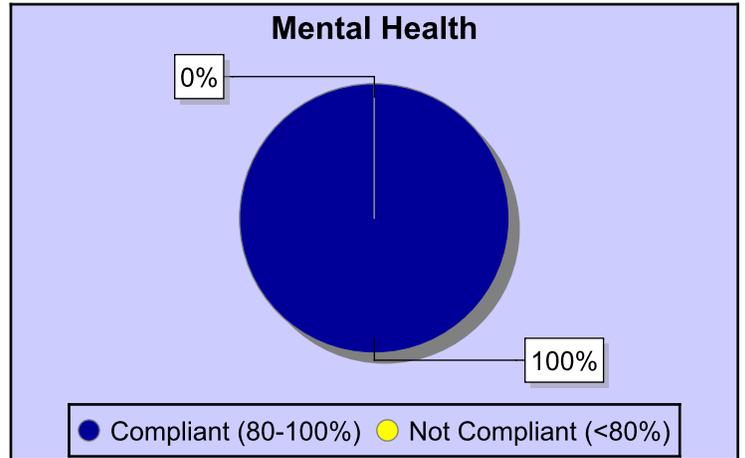
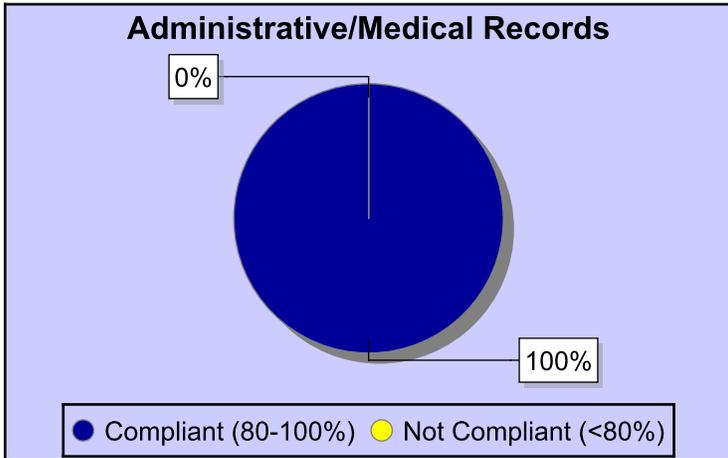
Coordinator of Infections Disease



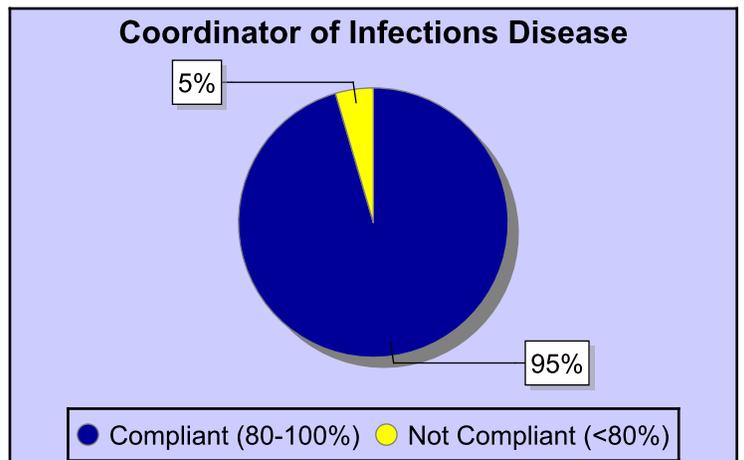
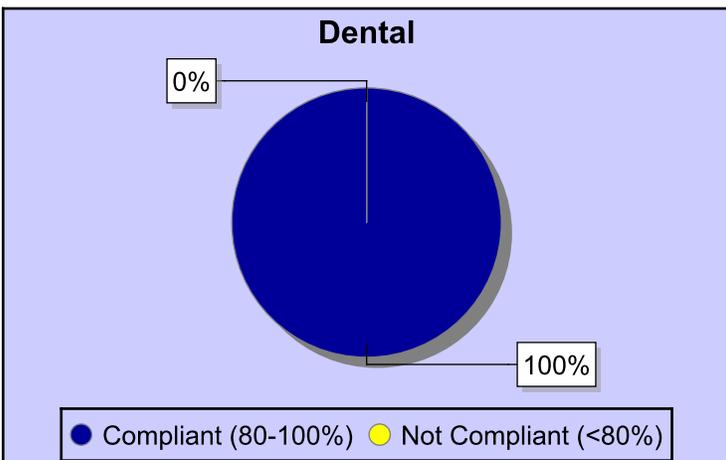
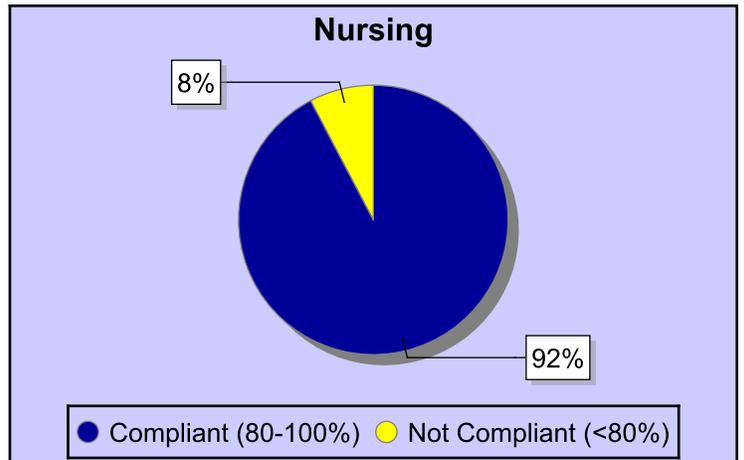
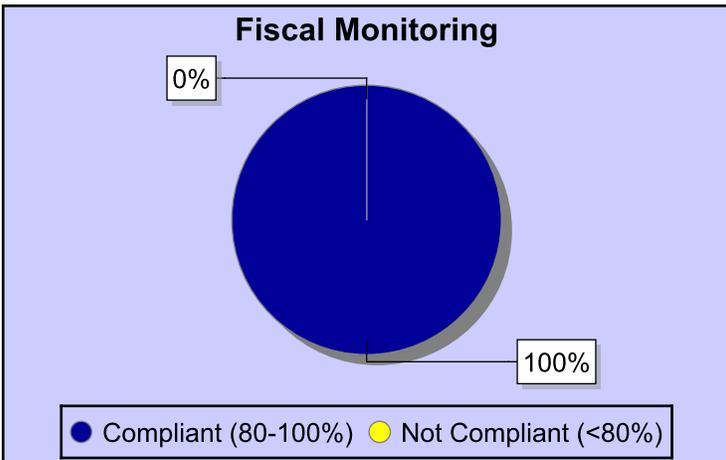
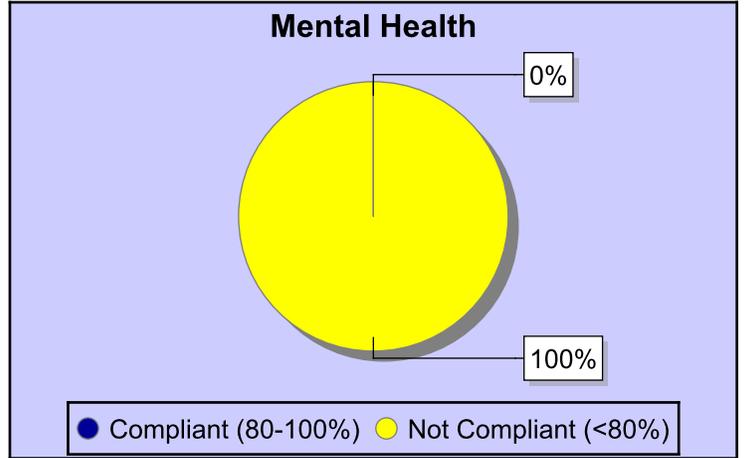
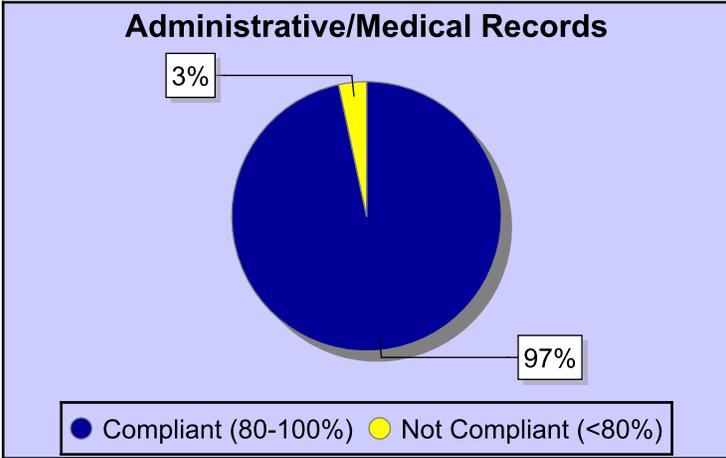
● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for FERGUSON FACILITY

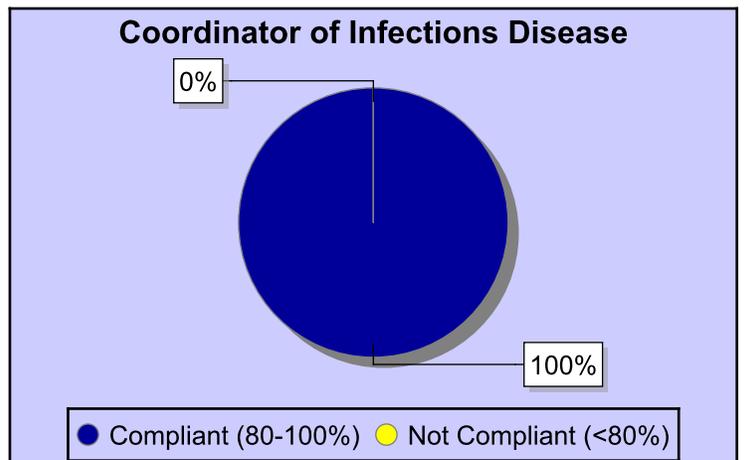
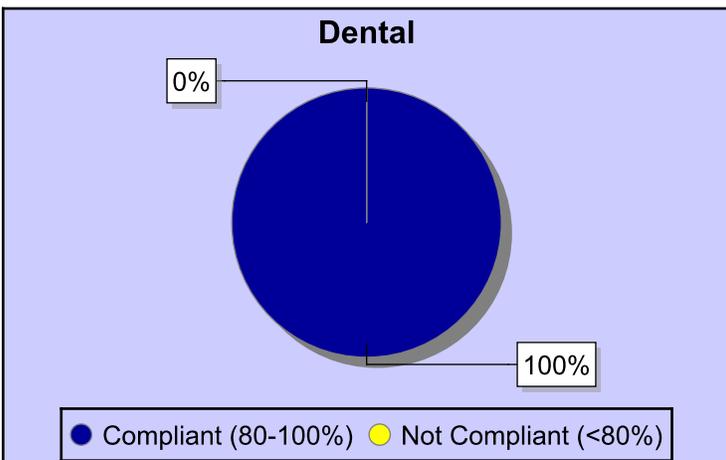
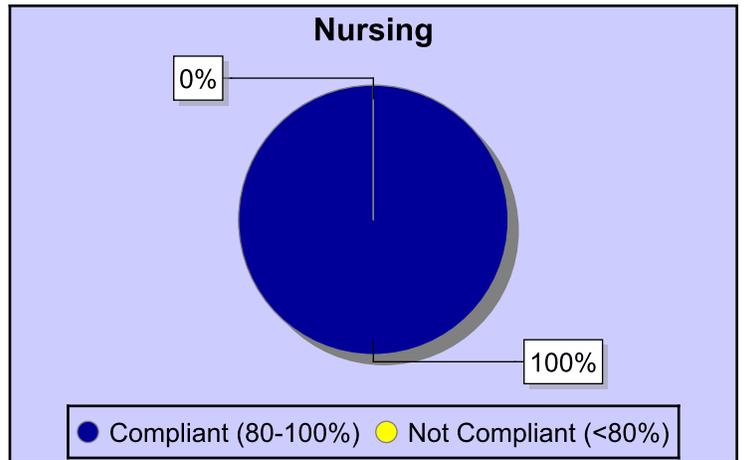
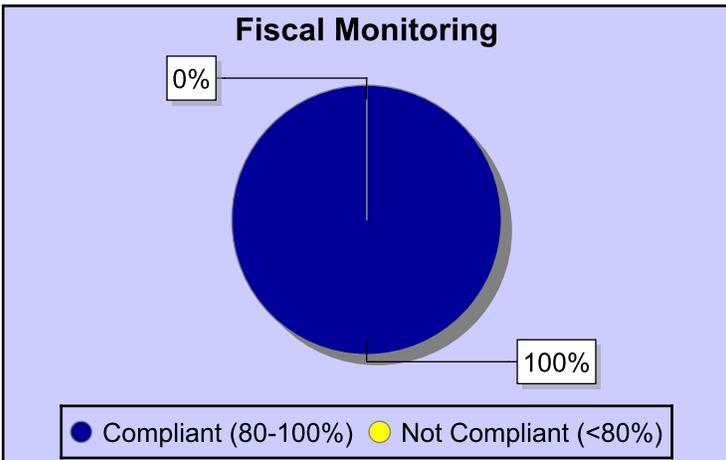
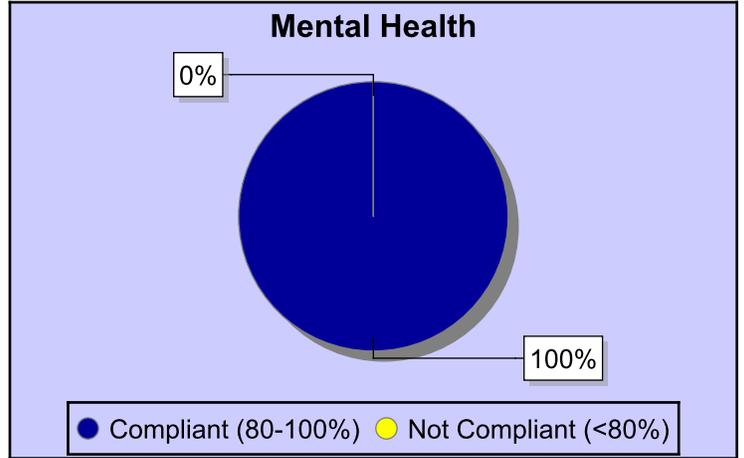
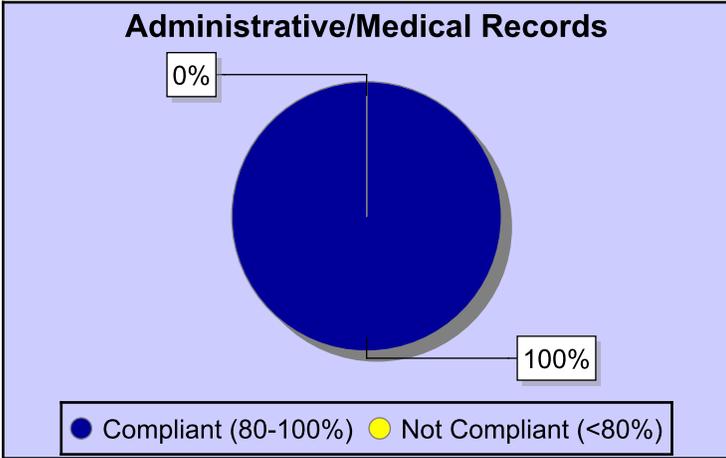
April 01, 2019



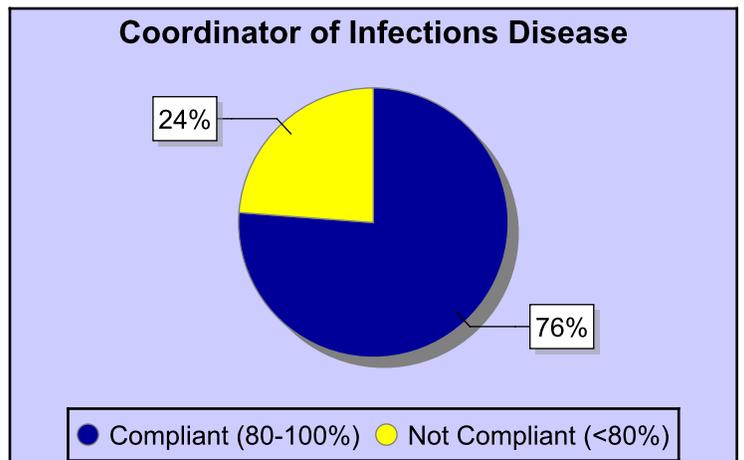
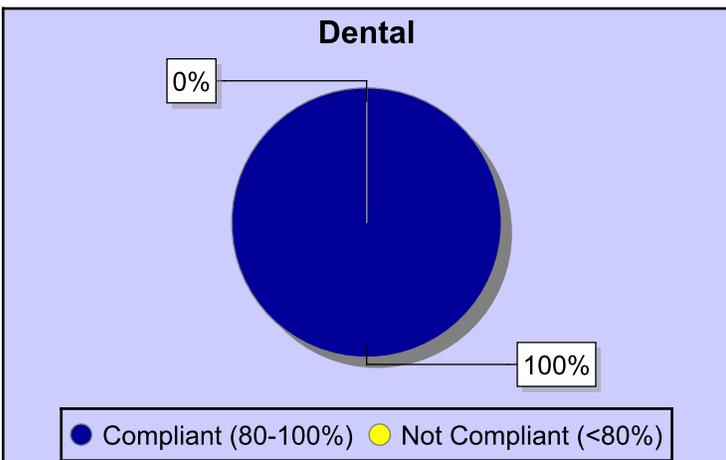
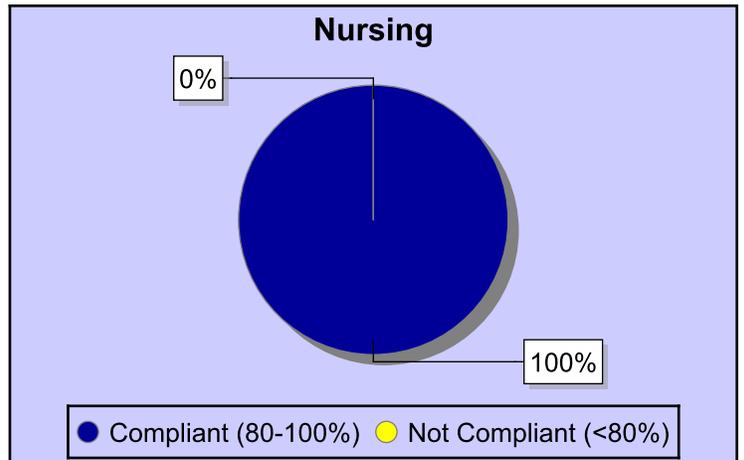
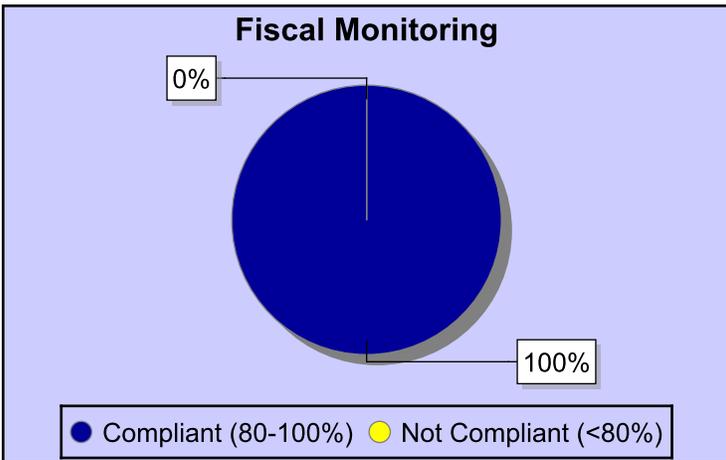
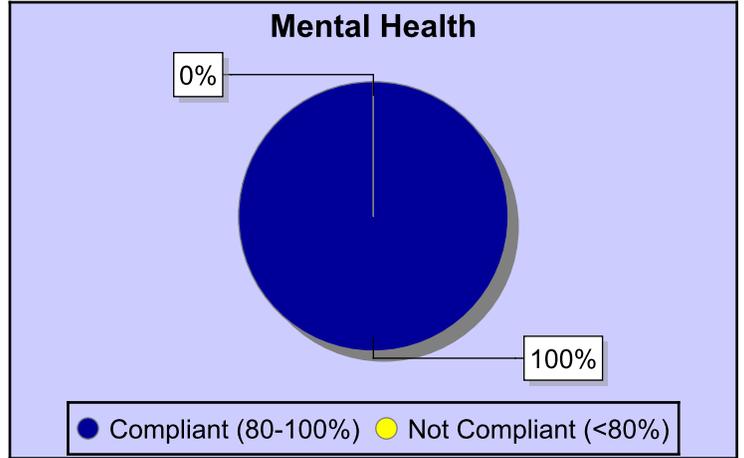
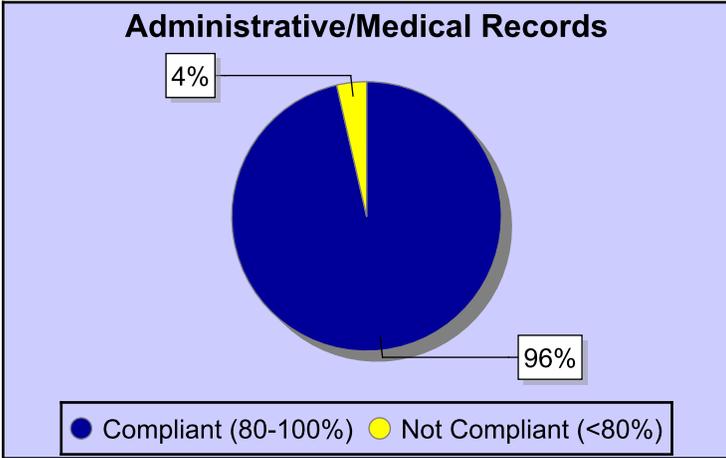
Compliance Rate By Operational Categories for
FORT STOCKTON FACILITY
March 05, 2019



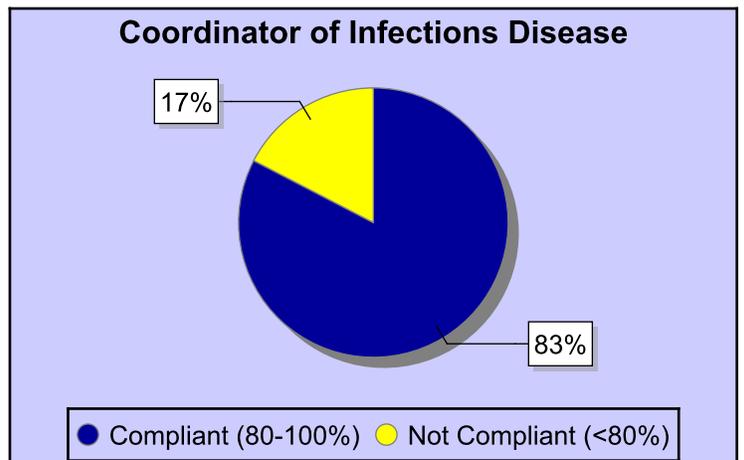
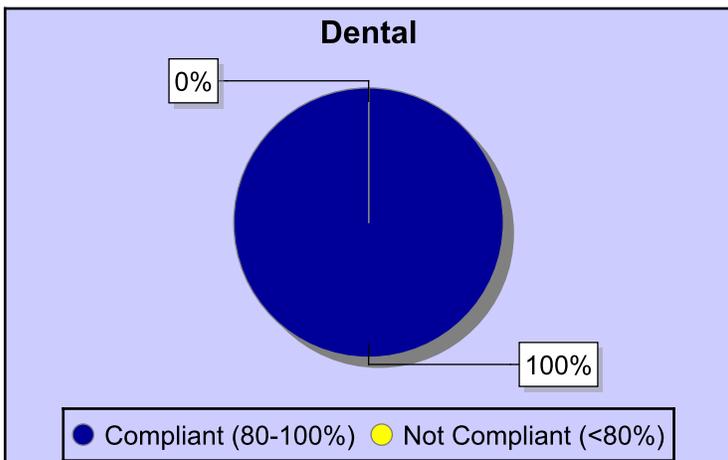
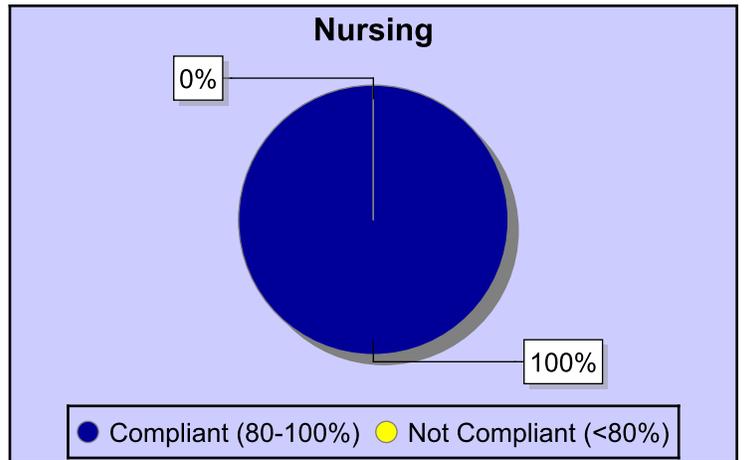
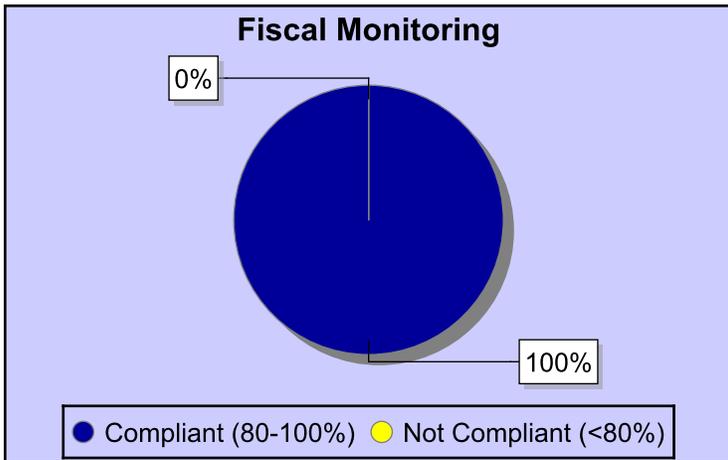
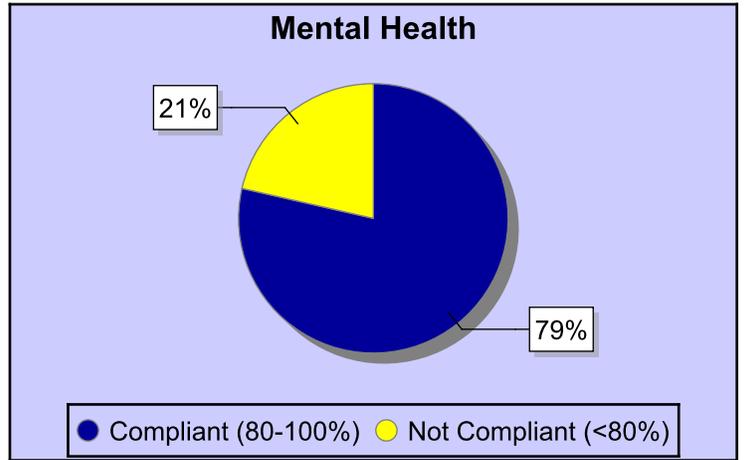
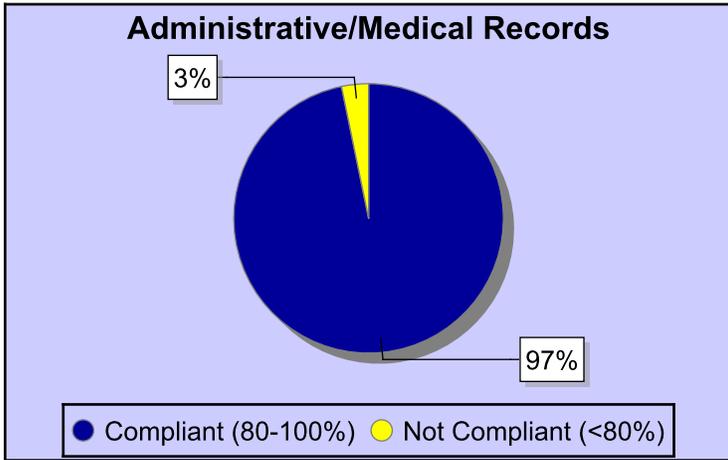
Compliance Rate By Operational Categories for
HAVINS FACILITY
May 01, 2019



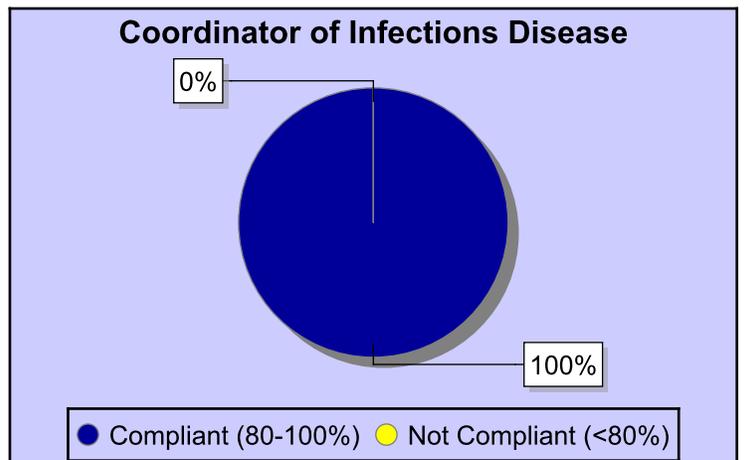
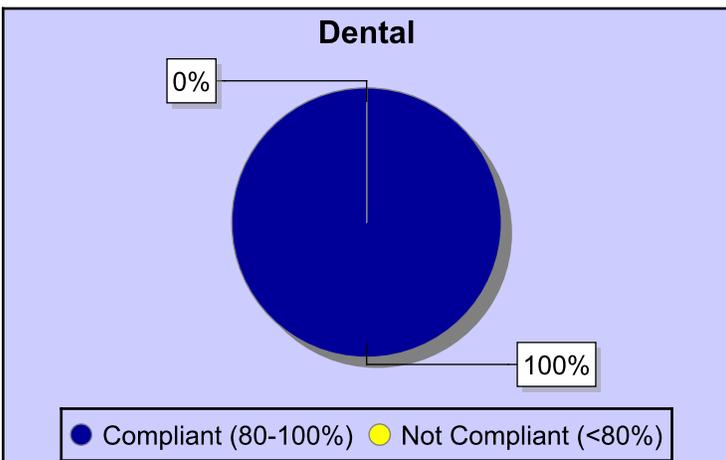
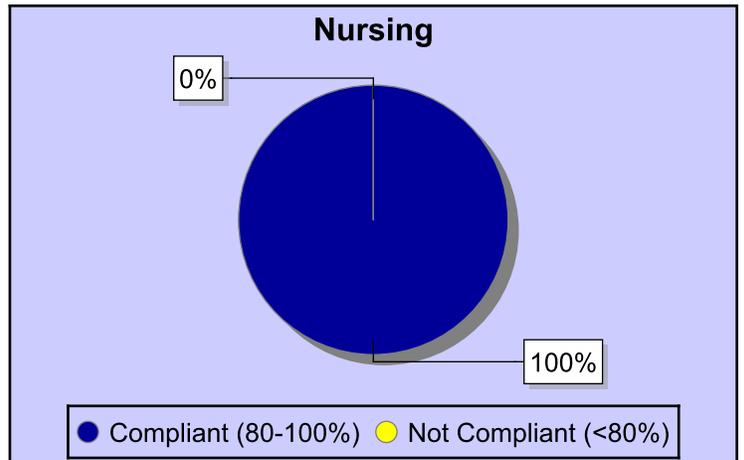
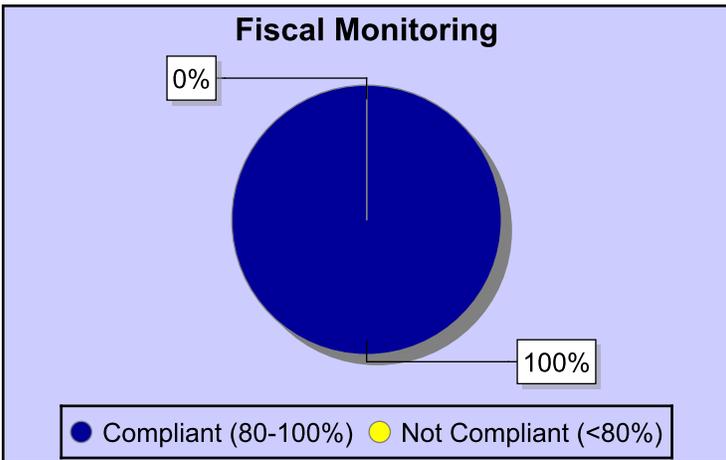
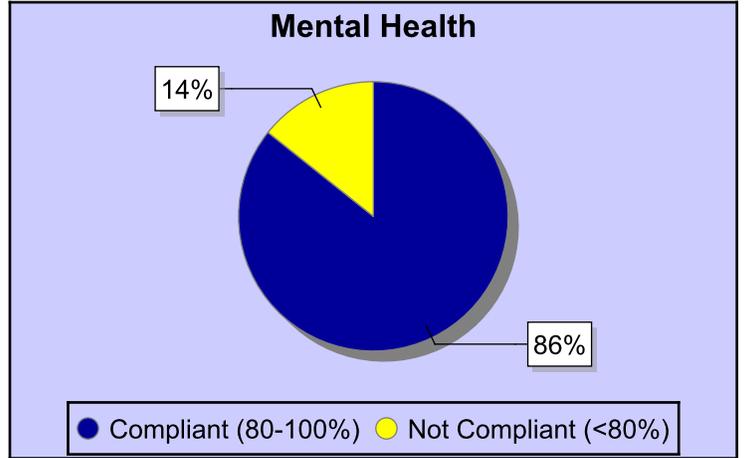
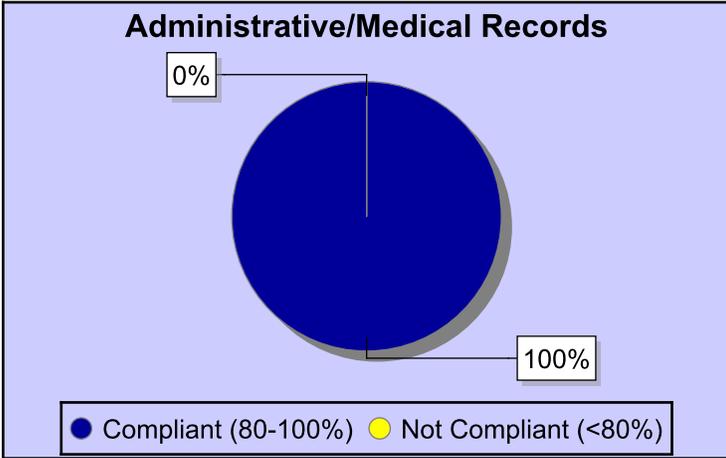
Compliance Rate By Operational Categories for
JOHNSTON FACILITY
March 04, 2019



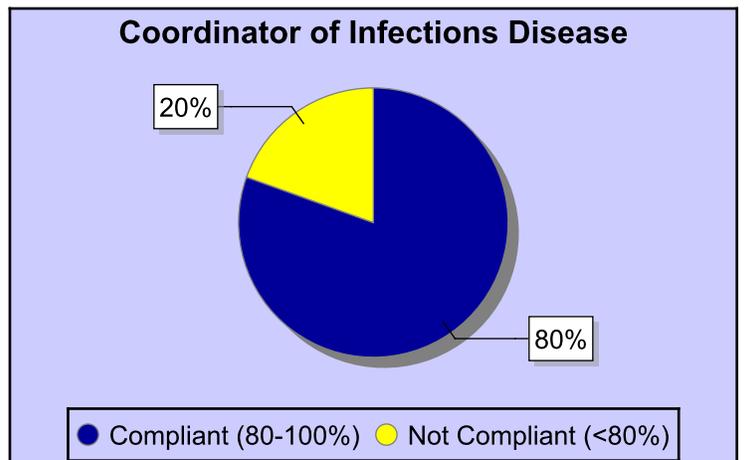
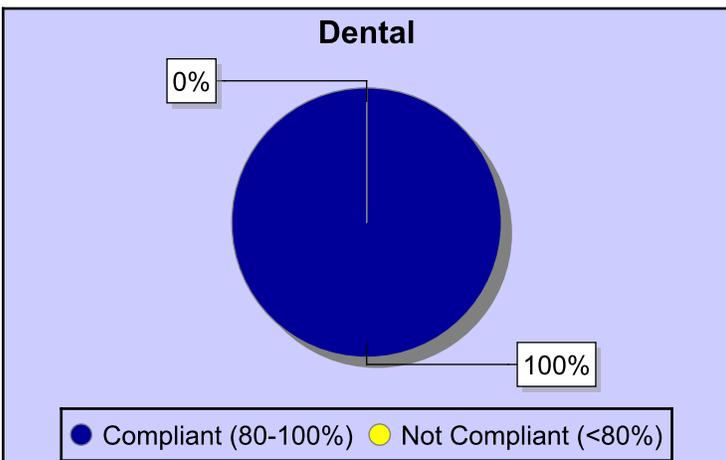
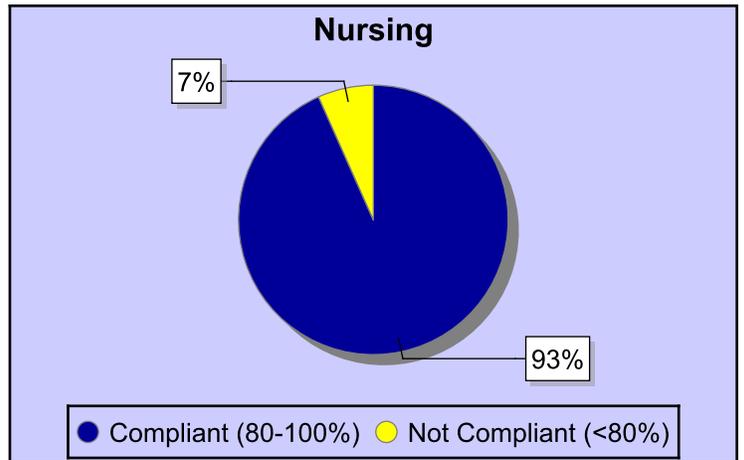
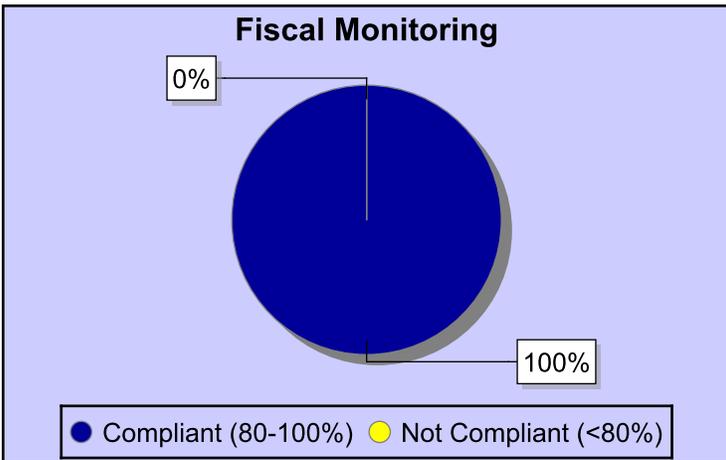
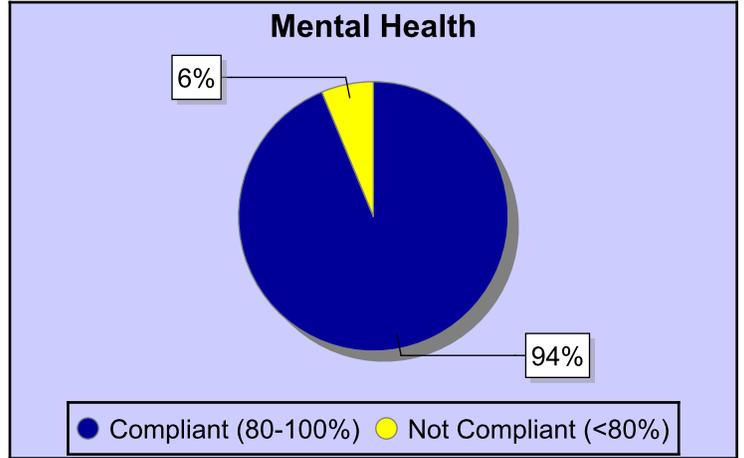
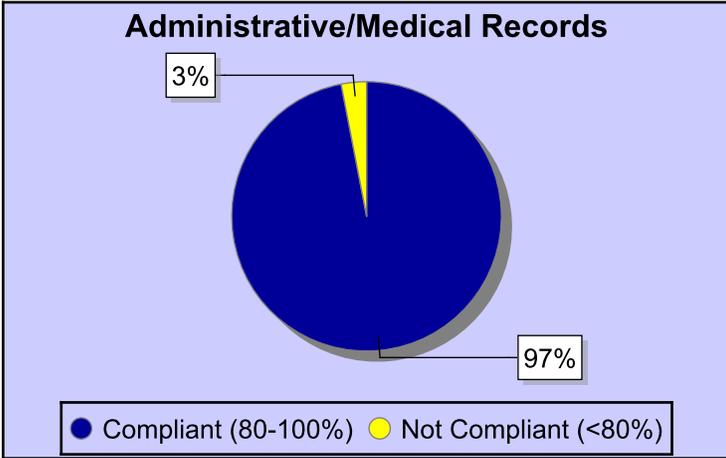
Compliance Rate By Operational Categories for
KEGANS FACILITY
May 01, 2019



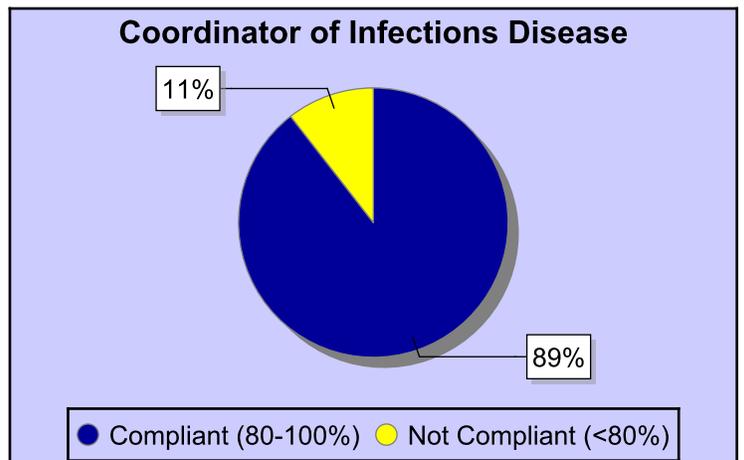
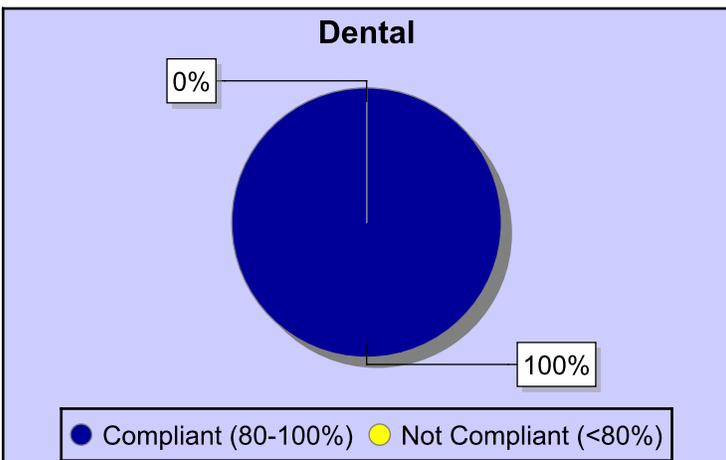
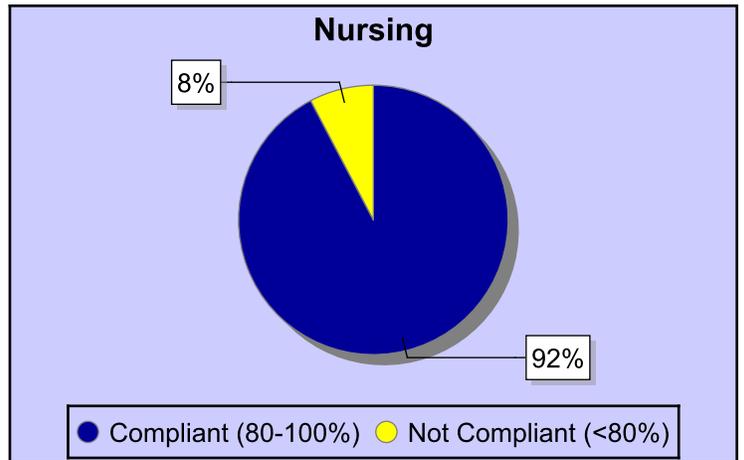
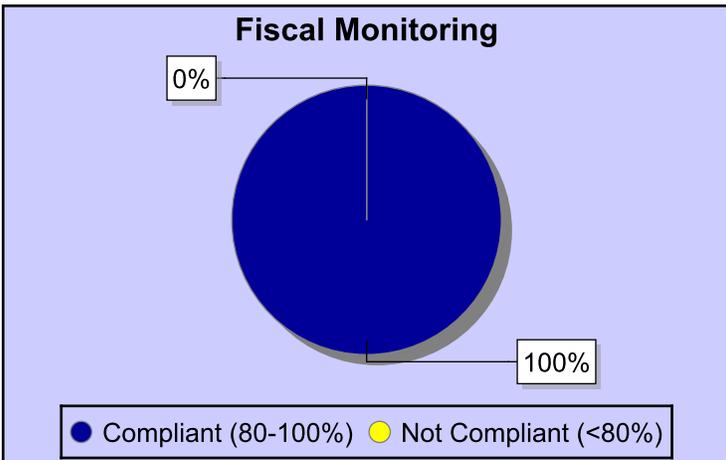
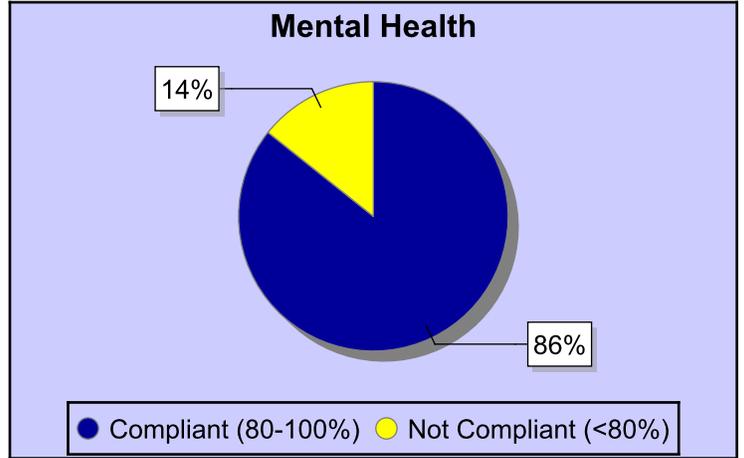
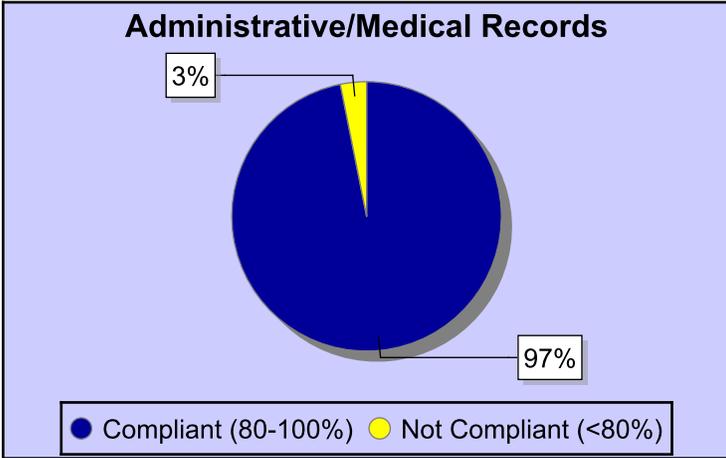
Compliance Rate By Operational Categories for
LINDSEY FACILITY
March 05, 2019



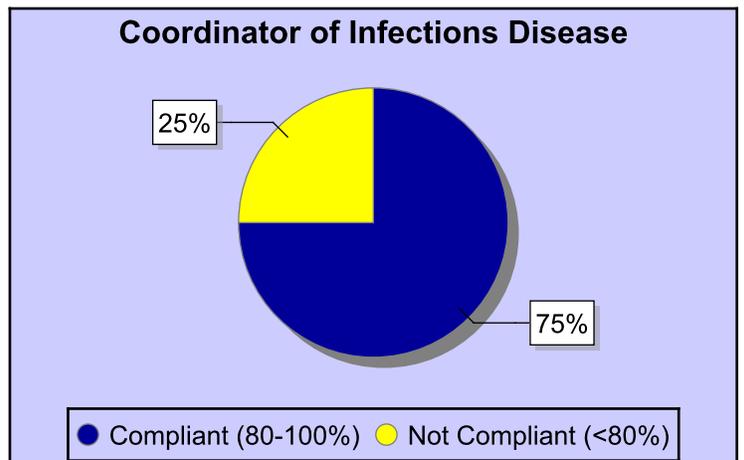
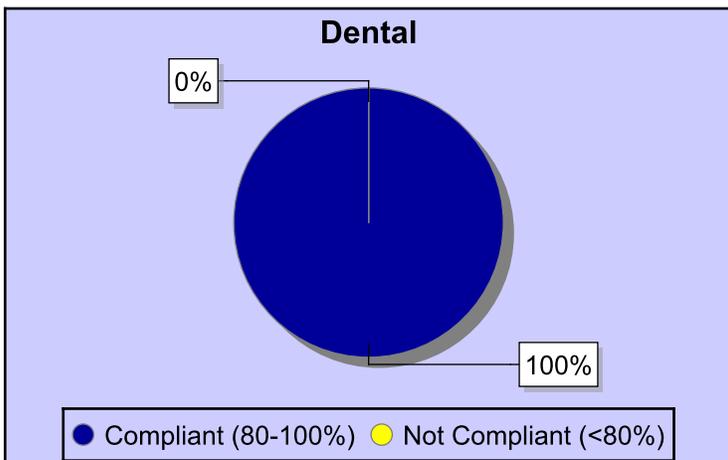
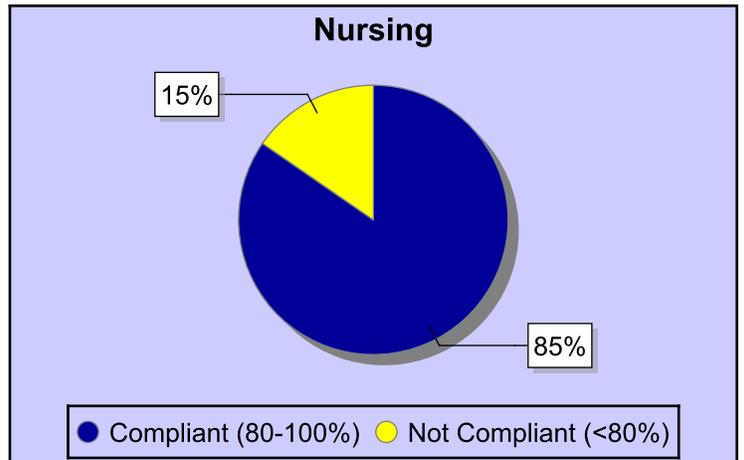
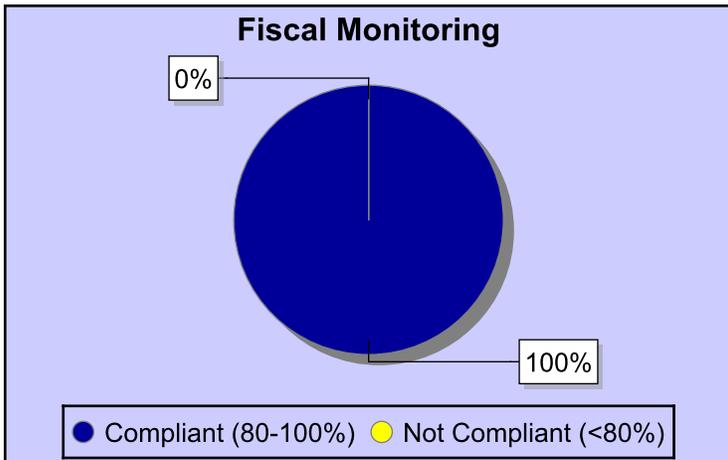
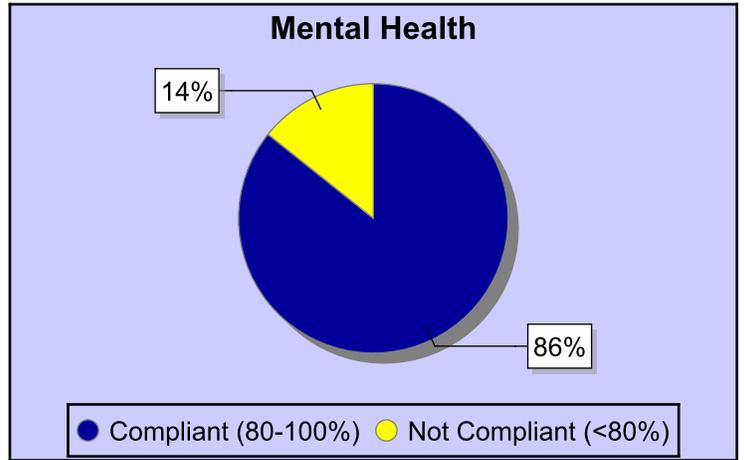
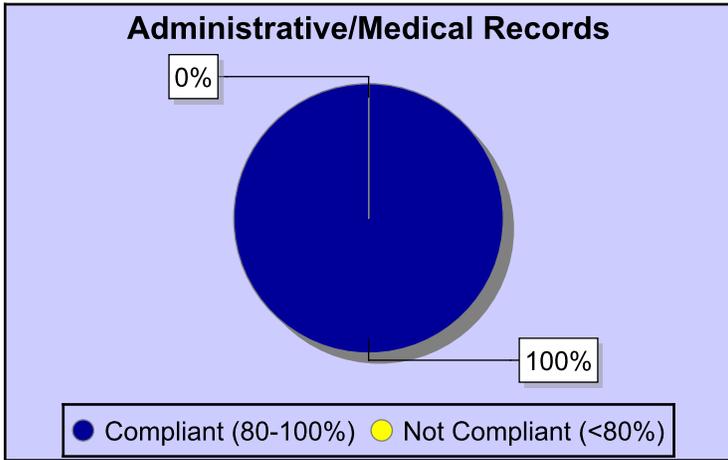
Compliance Rate By Operational Categories for
LYCHNER FACILITY
May 02, 2019



Compliance Rate By Operational Categories for
LYNAUGH FACILITY
March 05, 2019



Compliance Rate By Operational Categories for
NEAL FACILITY
April 03, 2019



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended May 31, 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***
ALLRED	10	100	0	0
ALLRED ECB	10	70	3	0
BETO	10	100	0	0
BRIDGEPORT	10	100	0	0
CLEMENTS	10	100	0	0
CLEMENTS ECB	10	100	0	0
COFFIELD	10	100	0	0
COLE	10	100	0	0
DOMINGUEZ	10	100	0	0
EAST TEXAS	10	100	0	0
ESTES	10	100	0	0
GIST	10	100	0	0
GURNEY	10	100	0	0
HENLEY	10	100	0	0
HIGHTOWER	10	90	1	0
HUTCHINS	10	100	0	0
KYLE	10	90	1	0
LEBLANC	10	100	0	0

LEWIS GP/HS	10	100	0	0
LINDSEY	10	100	0	0
LOCKHART	10	100	0	0
MICHAEL	10	100	0	0
C MOORE	10	100	0	0
NEAL	10	100	0	0
PLANE	10	100	0	0
POWLEDGE	10	100	0	0
STILES	10	100	0	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2019	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	337	341	46	13.49%	36	12.61%	7	10	4.40%	5
April	459	413	22	5.33%	22	8.23%	12	4	1.21%	1
May	371	371	14	3.77%	14	6.20%	9	0	0.00%	0
Totals:	1,167	1,125	82	7.29%	72	8.89%	28	14	1.78%	6

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2019	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	1,255	1,208	89	7.37%	72	6.46%	6	17	2.07%	8
April	1,243	1,053	30	2.85%	25	2.85%	5	5	0.47%	0
May	1,202	1,036	40	3.86%	34	4.63%	14	6	0.77%	2
Totals:	3,700	3,297	159	4.82%	131	4.73%	25	28	1.15%	10
GRAND TOTAL=	4,867	4,422	241	5.45%						

*QOC= Quality of Care

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

March 2019

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	10	15	39	32
Gonorrhea	5	3	19	10
Syphilis	153	136	317	373
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	213	241	421	418
Human immunodeficiency virus (HIV) +, known at intake	142	185	632	590
HIV screens, intake	4,024	4,586	16,962	13,130
HIV +, intake	7	41	88	122
HIV screens, offender- and provider-requested	614	670	2,440	2,023
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,056	3,205	12,916	9,533
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	3	9	15
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	141	47	391	211
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	29	109	90
Occupational exposures of TDCJ staff	14	17	37	47
Occupational exposures of medical staff	2	4	12	18
HIV chemoprophylaxis initiation	5	5	13	11
Tuberculosis skin test (ie, PPD) +, intake	119	147	372	335
Tuberculosis skin test +, annual	25	41	87	128
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	2	3
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)	5	2	9	6
Tuberculosis cases under management	24	23		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	12	37	7,083	6,374
Peer education participants	8,881	8,609	22,210	22,561
Alleged assaults and chart reviews	63	66	174	192
Bloodborne exposure labs drawn on offenders	19	20	54	55
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2019

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	19	13	58	45
Gonorrhea	2	5	21	15
Syphilis	163	126	480	499
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute [‡])	275	256	696	878
Human immunodeficiency virus (HIV) +, known at intake	184	186	816	590
HIV screens, intake	4,599	4,937	21,561	13,130
HIV +, intake	30	26	118	122
HIV screens, offender- and provider-requested	785	575	3,225	2,023
HIV +, offender- and provider-requested	0	1	0	0
HIV screens, pre-release	3,900	3,537	16,816	9,533
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	5	3	14	15
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	148	69	539	280
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	42	31	151	121
Occupational exposures of TDCJ staff	12	17	49	64
Occupational exposures of medical staff	5	7	17	25
HIV chemoprophylaxis initiation	4	5	18	16
Tuberculosis skin test (ie, PPD) +, intake	122	138	494	473
Tuberculosis skin test +, annual	25	39	112	167
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	2	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	0	9	6
Tuberculosis cases under management	19	23		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	29	13	7,112	6,387
Peer education participants	5,436	8,230	27,646	30,939
Alleged assaults and chart reviews	74	61	248	253
Bloodborne exposure labs drawn on offenders	10	7	64	62
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

May 2019

Reportable Condition	Reports			
	2019 This Month	2018 Same Month	2019 Year to Date*	2018 Year to Date*
Chlamydia	8	14	66	59
Gonorrhea	5	3	26	18
Syphilis	119	97	599	596
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	281	278	977	1,156
Human immunodeficiency virus (HIV) +, known at intake	178	231	852	1,007
HIV screens, intake	4,959	5,478	22,496	23,545
HIV +, intake	37	27	148	175
HIV screens, offender- and provider-requested	733	711	3,344	3,309
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	3,153	3,314	16,913	16,384
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	3	15	21
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	151	108	690	388
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	46	52	197	173
Occupational exposures of TDCJ staff	9	14	58	78
Occupational exposures of medical staff	5	4	22	29
HIV chemoprophylaxis initiation	3	5	21	21
Tuberculosis skin test (ie, PPD) +, intake	123	136	617	609
Tuberculosis skin test +, annual	27	53	139	220
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	2	5
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	1	1	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	4	9	10
Tuberculosis cases under management	17	27		
Peer education programs [¶]	0	1	100	100
Peer education educators [∞]	16	29	7,128	6,416
Peer education participants	6514	6732	34,160	37,680
Alleged assaults and chart reviews	67	59	315	312
Bloodborne exposure labs drawn on offenders	22	11	86	73
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the Third Quarter of Fiscal Year 2019, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 223 hospital discharge and 38 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	7	0	N/A	0	N/A	0	N/A	0	N/A	2	28.57%
April	7	0	N/A	0	N/A	1	14.29%	0	N/A	1	14.29%
May	8	0	N/A	0	N/A	0	N/A	0	N/A	1	12.50%
Total/Average	22	0	N/A	0	N/A	1	4.55%	0	N/A	4	18.18%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	32	4	12.50%	0	N/A	0	N/A	5	15.63%	8	25.00%
April	31	3	9.68%	0	N/A	0	N/A	3	9.68%	14	45.16%
May	32	3	9.38%	0	N/A	2	6.25%	4	12.50%	18	56.25%
Total/Average	95	10	10.53%	0	N/A	2	2.11%	12	12.63%	40	42.11%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	34	3	8.82%	0	N/A	4	11.76%	1	2.94%	0	N/A
April	36	0	N/A	0	N/A	5	13.89%	0	N/A	0	N/A
May	36	1	2.78%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	106	4	3.77%	0	N/A	9	8.49%	1	0.94%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	73	7	9.59%	0	N/A	4	5.48%	6	8.22%	10	13.70%
April	74	3	4.05%	0	N/A	6	8.11%	3	4.05%	15	20.27%
May	76	4	5.26%	0	N/A	2	2.63%	4	5.26%	19	25.00%
Total/Average	223	14	6.28%	0	N/A	12	5.38%	13	5.83%	44	19.73%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	4	2	50.00%	0	N/A	0	N/A	0	N/A	0	N/A
April	3	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	3	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	10	2	20.00%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	9	1	11.11%	0	N/A	0	N/A	0	N/A	0	N/A
April	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
May	9	2	22.22%	0	N/A	1	11.11%	1	11.11%	1	11.11%
Total/Average	28	4	14.29%	0	N/A	1	3.57%	1	3.57%	1	3.57%
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	13	3	23.08%	0	N/A	0	N/A	0	N/A	0	N/A
April	13	1	7.69%	0	N/A	0	N/A	0	N/A	0	N/A
May	12	2	16.67%	0	N/A	1	8.33%	1	8.33%	1	8.33%
Total/Average	38	6	15.79%	0	N/A	1	2.63%	1	2.63%	1	2.63%

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

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

March 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Fort Stockton	4	0	1	0
Johnston	17	0	0	0
Lindsey Stae Jail	18	0	0	0
Lynaugh	14	0	0	0
Total	53	0	1	0

April 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Clements	19	0	0	0
Ferguson	40	2	0	0
Neal	14	0	0	0
Total	73	2	0	0

May 2019	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Havins	7	0	0	0
Kegans Intermediate Sanction Facility	8	0	0	0
Lychner State Jail	39	0	0	0
Total	54	0	0	0

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

Audit Tools	March	April	May	Total
Total number of units audited	4	3	3	10
Total numbered property	53	73	54	180
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Third Quarter FY-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, Fort. Stockton, Clemens, Scott, Duncan, Wallace, Dalhart, Garza East, Garza West, Jester IV, Huntsville, Goree, and Crain.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2019 Third Quarter Report: Mar, Apr, May

Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 12.06.05	<u>IRB Date:</u> 7/10/2018	<u>Research Began:</u> 5/1/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (Bureau of Labor Statistics)			<u>Data Collection Began:</u> 10/12/2015
<u>Data Collection End:</u>			
<u>Proponent:</u> NORC - National Organization for Research at the University of Chicago			
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 6/15/2019		<u>Projected Completion:</u> 12/31/2019

Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 12.05.11	<u>IRB Date:</u> 7/10/2018	<u>Research Began:</u> 6/6/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)			<u>Data Collection Began:</u> 10/1/2014
<u>Data Collection End:</u>			
<u>Proponent:</u> NORC at the University of Chicago			
<u>Project Status:</u> Data Collection-Round 28	<u>Progress Report Due:</u> 6/15/2019		<u>Projected Completion:</u> 10/26/2019

Project Number: 547-RL07

<u>Researcher:</u> Robert Morgan	<u>IRB Number:</u> 501024	<u>IRB Date:</u> 12/31/2012	<u>Research Began:</u> 6/11/2008
<u>Title of Research:</u> Re-Entry: Dynamic Risk Assessment			<u>Data Collection Began:</u> 6/11/2008
<u>Data Collection End:</u> 8/30/2012			
<u>Proponent:</u> Texas Tech University			
<u>Project Status:</u> Pending Manuscript			<u>Projected Completion:</u> 12/31/2019

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:
12/31/2019

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:
6/15/2019

Projected Completion:
12/1/2019

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:
6/15/19

Projected Completion:
12/31/2019

Project Number: 686-AR13

Researcher:
Jeffrey Bouffard

IRB Number:
10-12362

IRB Date:
10/12/2014

Research Began:
10/14/2013

Title of Research:
Criminal Decision Making Among Adult Felony Inmates

Data Collection Began:
4/11/2014

Data Collection End:
6/12/2014

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
11/15/2019

Projected Completion:
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:
6/15/2019

Projected Completion:
9/30/2019

Project Number: 716-AR14

Researcher: Janet Mullings
IRB Number: 2014-09-19302
IRB Date: 8/8/2016

Research Began:
7/20/2015

Title of Research:
Understanding Prison Adjustment and Programming
Needs of Female Offenders Survey

Data Collection Began:
8/11/2015

Proponent:
Sam Houston State University

Data Collection End:
05/30/2016

Project Status:
Pending Manuscript

Projected Completion:
12/31/2021

Project Number: 723-AR15

Researcher: David Pyrooz
IRB Number: 00001971
IRB Expiration Date: 01/2019

Research Began:
8/5/2015

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

Data Collection Began:
8/5/2015

Proponent:
Sam Houston State University

Data Collection End:

Project Status: Data Collection
Progress Report Due: 6/15/2019

Projected Completion:
12/31/2019

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: 6/15/2019

Projected Completion:
8/1/2019

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: 6/15/2019

Projected Completion:
12/30/2019

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

Kathryn Whiteley

IRB Number:

2015-061

IRB Date:

4/18/19

Research Began:

3/21/2017

Title of Research:

Self-Identities of Women Incarcerated for Acts of Violence

Data Collection Began:

01/07/2019

Proponent:

Messiah College

Data Collection End:

01/10/2019

Project Status:

Data Analysis

Progress Report:

09/15/19

Projected Completion:

12/1/2019

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

Lisa Muftic

IRB Number:

2017-04-34613

IRB Date:

N/A

Research Began:

9/6/2017

Title of Research:Predicting County Victim Impact Statement Form Completion Rates
Based on Victim Assistance Coordinator Practices**Data Collection Began:**

6/5/2018

Proponent:

Sam Houston State University

Data Collection End:

8/9/2018

Project Status:

Data Analysis

Progress Report Due:

6/15/2019

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:

1/1/2019

Proponent:

Florida State University

Project Status:

Data Collection

Progress Report Due:

6/15/2019

Projected Completion:

12/31/2019

Project Number: 785-AR18

Researcher:

Nicole Niebuhr

IRB Number:

2018-03-38251

IRB Date:

N/A

Research Began:

5/15/2018

Title of Research:

Correctional Officer Attrition

Data Collection Began:

11/6/2018

Proponent:

Sam Houston State University

Data Collection End:

N/A

Project Status:

Data Collection

Progress Report Due:

12/15/2019

Projected Completion:

12/31/2019

Project Number: 786-AR18

Researcher:

Flavio Cunha

IRB Number:

FY2019-28

IRB Date:

N/A

Research Began:

5/20/2019

Title of Research:

Evaluation of TDCJ Workforce Reentry Programs

Data Collection Began:

5/20/2019

Proponent:

Rice University

Data Collection End:

N/A

Project Status:

Data Collection

Progress Report Due:

8/15/2019

Projected Completion:

4/30/2019

Project Number: 793-AR18

Researcher:

Byron Johnson

IRB Number:

1361257

IRB Expiration Date:

12/17/2019

Research Began:

12/12/2018

Title of Research:

A Study of ROD Ministries Program in Texas Prisons

Data Collection Began:

6/4/2019

Proponent:

Baylor University

Data Collection End:

N/A

Project Status:

Data Collection

Progress Report Due:

9/15/2019

Projected Completion:

12/31/2020

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2019 Third Quarterly Report: Mar, Apr, May

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:

Reviewer:

06/01/19 Awaiting Response from Requestor for continuance or discontinuance

Project Number: 790-AR18

Researcher:

Ebony Ruhland

IRB Number:

N/A

Application Received:

11/15/18

Application Completed

11/15/18

Division Review Requested:

Proponent:

University of Cincinnati

Reviewer:

Project Status:

6/05/19 – 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:

Proponent:

Sam Houston State University

Reviewer:

Project Status:

6/01/19 – Under TDCJ Division Review

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:

6/01/19 – Under TDCJ Division Review

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:

6/01/19 – 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:

6/01/19 – Under Review – Awaiting IRB from Researcher

Project Number: 800-AR19

Researcher:
Alexis Humenik

IRB Number:
1369492

Application Received:

04/25/19

Application Completed

04/25/19

Title of Research:

The Role of Executive Dysfunction and Substance Use in IPV Offenders

Division Review Requested:

Proponent:

Baylor University

Reviewer:

Project Status:

5/30/19 – Under Mr. Mendoza Review

Project Number: 801-AR19

Researcher:

Sung Joon Jang

IRB Number:

1432377

Application Received:

05/06/19

Application Completed

05/06/19

Title of Research:

Human and Transcendent Accountability among Prisoners

Division Review Requested:

Proponent:

Baylor University

Reviewer:

Project Status:

5/30/19 – Under Mr. Mendoza's Review

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2019 Third Quarterly Report: Mar, Apr, May

Project Number: 615-RM10
Researcher: Heather Stevenson-Lerner
IRB Number: 11-069
IRB Expiration Date: 9/28/2018
Research Began: 9/12/2013
Title of Research: Serum Markers of Hepatocellular Cancer
Data Collection Began: 1/1/2014
Data Collection End:
Proponent: University of Texas Medical Branch at Galveston
Project Status: Data Collection
Progress Report Due: 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: 06/15/2019
Projected Completion: 12/31/2019

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:

06/15/2019

Projected Completion:

12/31/2019

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:

06/15/2019

Projected Completion:

12/31/2019

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:

06/15/2019

Projected Completion:

12/21/2019

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: 06/15/2019
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: 06/15/2019
Projected Completion: 12/01/2019

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: 06/15/2019
Projected Completion: 09/1/2019

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:

06/15/2019

Projected Completion:

09/27/2019

Executive Services
Pending Monthly Medical Research Projects
Health Services Division
FY-2019 3rd Quarter Report: Mar, Apr, May

Project **689-RM13**

Researcher:

Troy Quast

IRB Number:

2013-12371

Application Received:

11/7/2013

Application Completed:

12/12/2013

Title of Research:

Impact of the Annual Health Care Services Fee

Division Review Requested:

9/11/2014

Proponent:

Sam Houston State University

Reviewer:

Pending

Review Status:

06/01/19 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:

06/01/19 Awaiting response from requestor as to whether they wish to continue with project – medical projects on hold.

3rd Quarter FY 2019
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Restrictive Housing Audit Summary
Reporting months: March 2019, April 2019, May 2019

Date	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
Feb. 6-7, 2019	Eastham Unit	320	281	0	7	100%	100%	100%	100%
Feb. 11, 2019	Travis County	16	13	0	0	100%	100%	100%	100%
Feb. 13-14, 2019	Ferguson Unit	293	264	0	7	100%	100%	100%	100%
Feb. 19-21, 2019	Robertson Unit	287	232	1	11	100%	100%	100%	100%
Feb. 20, 2019	Formby Unit	3	3	0	0	100%	N/A	N/A	N/A
Mar. 7-8, 2019	Clements Unit	368	293	0	9	100%	N/A	N/A	N/A
Mar. 20, 2019	Cole Unit	8	8	0	0	100%	N/A	N/A	N/A
Mar. 20, 2019	Dominguez Unit	29	29	0	0	100%	N/A	N/A	N/A
Mar. 21, 2019	Connally Unit	162	140	0	3	100%	N/A	N/A	N/A
April 3-4, 2019	Polunsky Unit	437	364	0	10	100%	N/A	N/A	N/A
April 9-10, 2019	Allred Unit	194	177	1	3	100%	N/A	N/A	N/A
April 10-11, 2019	Allred ECB	260	239	0	3	100%	N/A	N/A	N/A
April 18, 2019	McConnell	220	196	1	3	100%	N/A	N/A	N/A
April 25, 2019	East Texas	1	1	0	1	100%	N/A	N/A	N/A
April 25, 2019	Bradshaw	30	19	0	0	100%	86%	100%	86%
Total	15	2,628	2,259	3	57				

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3Rd Quarter FY 2019
Audits Conducted in March, April, May

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	March 2019	0	0	N/A	N/A	None
Jester IV	March 2019	9	9	9	100%	None
Montford	March 2019	4	4	4	100%	None
Skyview	March 2019	13	13	13	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April 2019	3	3	3	100%	None
Jester IV	April 2019	5	5	5	100%	None
Montford	April 2019	4	4	4	100%	None
Skyview	April 2019	17	17	17	100%	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	May 2019	2	2	2	100%	None
Jester IV	May 2019	5	5	5	100%	None
Montford	May 2019	9	9	9	100%	None
Skyview	May 2019	8	8	8	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

3rd Quarter of 2019

Reporting months– March 2019, April 2019, May 2019

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	30	19	18	11	95%
Bradshaw	20	13	12	7	92%
Byrd	38	13	12	25	92%
Dominguez	29	18	17	12	100%
East Texas	26	20	18	6	90%
Formby	19	5	5	14	100%
Garza West	31	16	15	15	94%
Gist	25	20	19	5	95%
Glossbrenner	31	11	9	20	82%
Gurney	40	17	14	23	82%
Halbert	27	15	14	12	93%
Holliday	31	19	18	12	95%
Hutchins	20	18	18	2	100%
Jester I	19	18	18	1	100%
Johnston	20	10	10	10	100%
Kegans	20	16	15	4	94%
Kyle					
Lindsey	20	19	19	1	100%
Lychner	28	20	17	8	85%
Middleton	40	19	19	21	100%
Plane	20	20	20	0	100%
Rudd	12	5	5	7	100%
Sanchez	24	10	8	14	80%
Travis	24	20	20	4	100%
Woodman	20	18	18	2	100%
Sayle	20	11	11	9	100%
GRAND TOTAL	634	390	369	245	

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

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

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Managed Care

Correctional Health Care

MEDICAL DIRECTOR'S REPORT

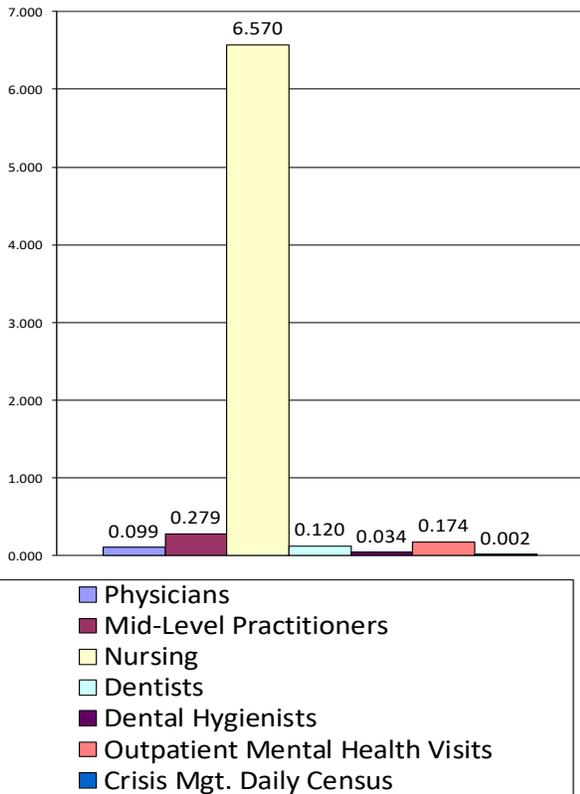
3rd QUARTER

FY 2019

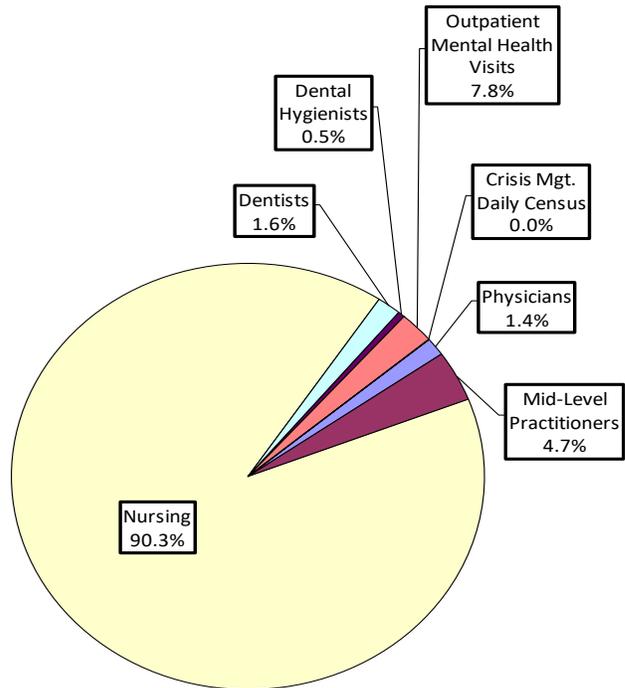
Medical Director's Report:

	MARCH		APRIL		MAY		Qtly Average	
Average Population	28,775.85		28,997.17		29,146.65		28,973.22	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,706	0.094	2,915	0.101	3,026	0.104	2,882	0.099
Mid-Level Practitioners	8,409	0.292	8,209	0.283	7,659	0.263	8,092	0.279
Nursing	197,315	6.857	191,152	6.592	182,610	6.265	190,359	6.570
Sub-total	208,430	7.243	202,276	6.976	193,295	6.632	201,334	6.949
Dental encounters								
Dentists	3,369	0.117	3,531	0.122	3,527	0.121	3,476	0.120
Dental Hygienists	871	0.030	1,119	0.039	957	0.033	982	0.034
Sub-total	4,240	0.147	4,650	0.160	4,484	0.154	4,458	0.154
Mental health encounters								
Outpatient Mental Health Visits	4,353	0.151	5,492	0.189	5,249	0.180	5,031	0.174
Crisis Mgt. Daily Census	59	0.002	53	0.002	57	0.002	56	0.002
Sub-total	4,412	0.153	5,545	0.191	5,306	0.182	5,088	0.176
Total encounters	217,082	7.544	212,471	7.327	203,085	6.968	210,879	7.278

Encounters as Rate Per Offender Per Month



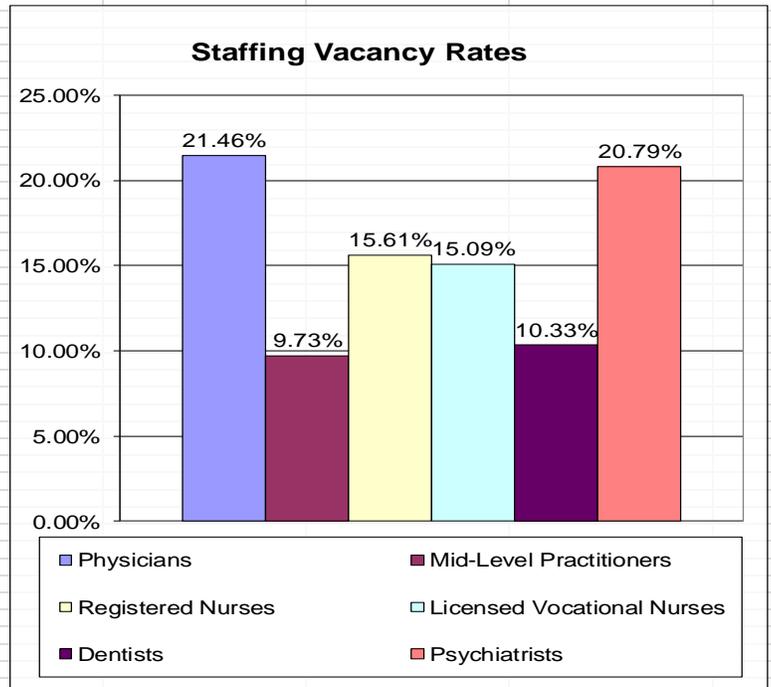
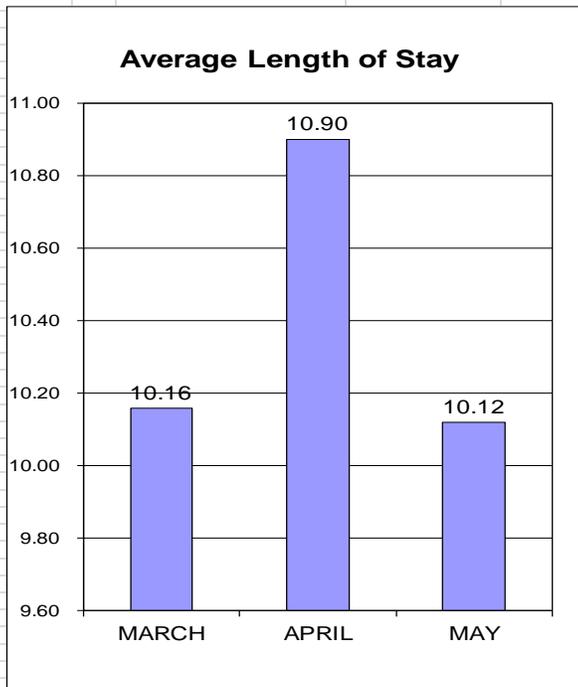
Encounters by Type



Medical Director's Report (Page 2):

	MARCH	APRIL	MAY	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	106.00	116.00	113.00	111.67
Number of Admissions	183.00	181.00	181.00	181.67
Average Length of Stay	10.16	10.90	10.12	10.39
Number of Clinic Visits	443.00	601.00	557.00	533.67
Mental Health Inpatient Facilities				
Average Daily Census	358.00	379.00	391.00	376.00
PAMIO/MROP Census	410.00	403.00	405.00	406.00
Specialty Referrals Completed	1,118.00	1,326.00	1,321.00	1,255.00
Telemedicine Consults	1,920	2,178	1,983	2,027.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	16.84	4.60	21.44	21.46%
Mid-Level Practitioners	38.37	4.13	42.50	9.73%
Registered Nurses	133.76	24.73	158.49	15.61%
Licensed Vocational Nurse	277.65	49.35	327.00	15.09%
Dentists	17.70	2.04	19.74	10.33%
Psychiatrists	6.95	1.82	8.77	20.79%



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



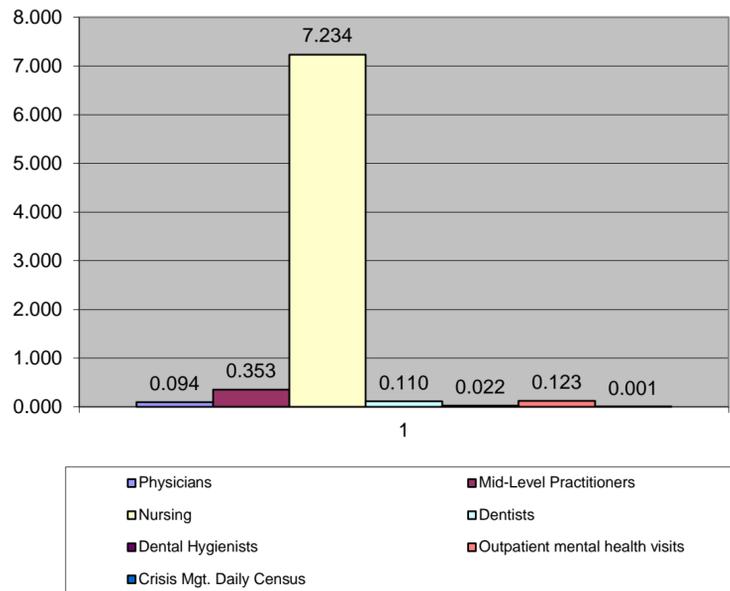
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**THIRD QUARTER
FY 2019**

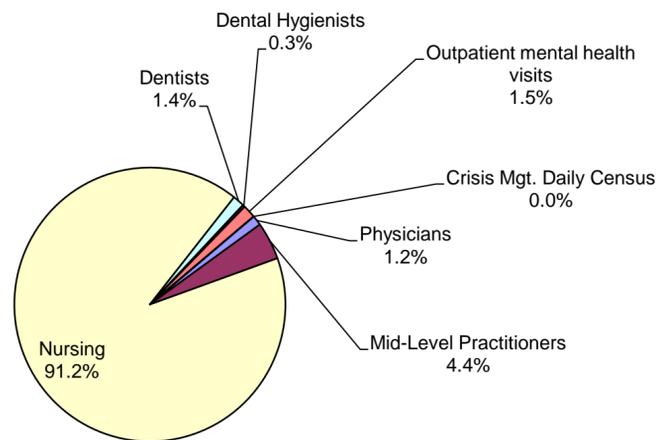
Medical Director's Report:

Average Population	March	April	May	Qtly Average				
	118,119	117,688	117,324	117,710				
	Number	Rate Per Offender						
Medical encounters								
Physicians	10,875	0.092	11,033	0.094	11,200	0.095	11,036	0.094
Mid-Level Practitioners	40,646	0.344	41,630	0.354	42,339	0.361	41,538	0.353
Nursing	885,085	7.493	832,181	7.071	837,406	7.138	851,557	7.234
Sub-total	936,606	7.929	884,844	7.519	890,945	7.594	904,132	7.681
Dental encounters								
Dentists	12,930	0.109	13,133	0.112	12,654	0.108	12,906	0.110
Dental Hygienists	2,450	0.021	2,616	0.022	2,796	0.024	2,621	0.022
Sub-total	15,380	0.130	15,749	0.134	15,450	0.132	15,526	0.132
Mental health encounters								
Outpatient mental health visits	14,656	0.124	14,399	0.122	14,279	0.122	14,445	0.123
Crisis Mgt. Daily Census	67	0.001	70	0.001	74	0.001	70	0.001
Sub-total	14,723	0.125	14,469	0.123	14,353	0.122	14,515	0.123
Total encounters	966,709	8.184	915,062	7.775	920,748	7.848	934,173	7.936

Encounters as Rate Per Offender Per Month



Encounters by Type

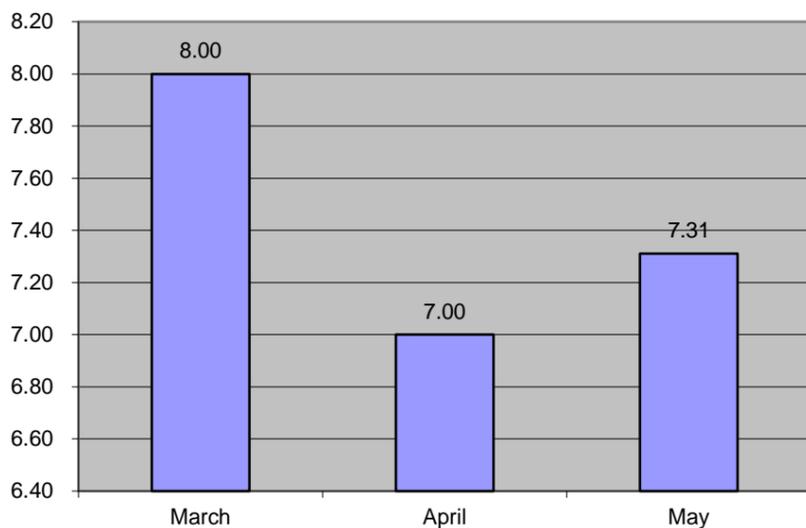


Medical Director's Report (Page 2):

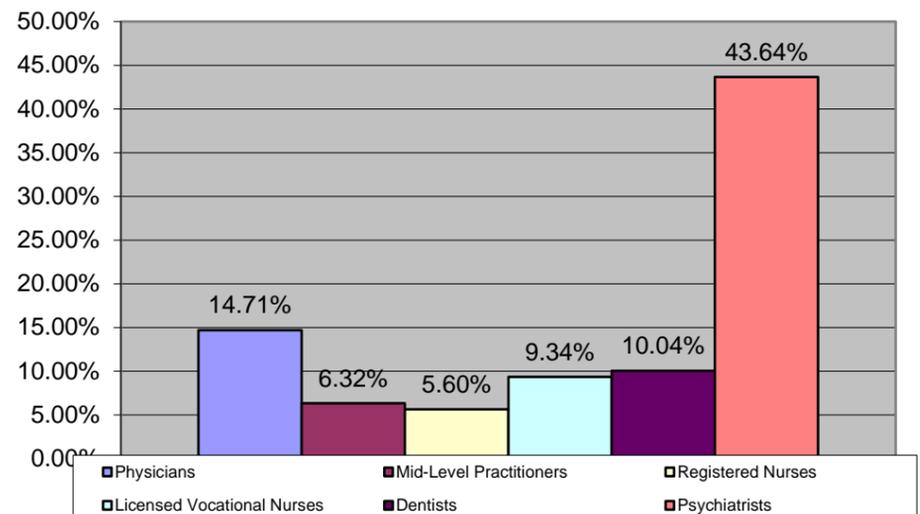
	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	91.10	86.60	87.30	88.33
Number of Admissions	326.00	339.00	334.00	333.00
Average Length of Stay	8.00	7.00	7.31	7.44
Number of Clinic Visits	7.00	7,479.00	7,150.00	4,878.67
Mental Health Inpatient Facilities				
Average Daily Census	979.61	970.37	984.84	978.27
PAMIO/MROP Census	732.81	728.50	730.16	730.49
Telemedicine Consults	17,489	15,917	15,664	16,356.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	58.00	10.00	68.00	14.71%
Mid-Level Practitioners	138.33	9.33	147.66	6.32%
Registered Nurses	326.00	19.33	345.33	5.60%
Licensed Vocational Nurses	660.33	68.00	728.33	9.34%
Dentists	68.66	7.66	76.32	10.04%
Psychiatrists	10.33	8.00	18.33	43.64%

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 September 18, 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: August 21, 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: July 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:

A-08.3	A-08.4*	A-08.5	A-08.6*	A-08.7*	A-08.8	C-22.1	C-23.1	D-28.1	D-28.5
D-29.1	E-36.5	E-36.6	E-36.8	E-37.6	E-39.1	E-40.1	E-41.1	E-41.2*	E-42.1
E-42.4	F-49.1	G-51.11*	G-51.12	G-52.1	G-53.1*	G-53.3	G-54.1	H-60.3	H-61.1*
I-70.1*	I-71.1	I-72.1	* Indicates Attachment(s) included in the policy.						

The Following Policies Were Submitted for Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
A-08.3	Referral of Offenders to the Development Disabilities Program (DDP)	Shana Khawaja
E-32.1	Receiving, Transfer and Continuity of Care Screening	Jane Leonardson
E-32.1 Attachment A	CMC Intake History and Health Screening Form	Justin Robison
E-34.2	Periodic Physical Examinations	Jane Leonardson
E-34.5	Chemical Agents and the Use of Force Contraindication List	Shana Khawaja
E-40.1	Direct Medical Orders	Eidi Millington
G-52.3 Attachment B	Mental Health Therapeutic Diversion Program (MHTDP) Eligibility Diagnosis	Jane Leonardson
G-55.1	Pregnant Offenders	Monte Smith
G-57.1	Sexual Assault/Sexual Abuse	Chris Black-Edwards
I-70.1	Informed Consent	Chris Black-Edwards
I-70.2	Consent for Admission to Inpatient Psychiatric Care	Shana Khawaja

Adjournment

- Next Meeting Date: October 10, 2019

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Joseph Penn

Purpose: This group’s membership consists of physicians, nurses, clinicians, dentists and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation,

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

Meeting Date: July 11, 2019

Key Activities:

- I. Approval of the Minutes from May 9, 2019 Meeting
- II. Reports from Subcommittees
 - A. Carbamazepine – Dr. Penn
 - B. DMG Triage – Dr. Pedigo
 - C. Hyperlipidemia – Dr. Nguyen
 - D. Pregnancy – Dr. Omeaku
 - E. Psychiatry – Dr. Koranek
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (May 1, 2019 – June 20, 2019)
 - D. Non-Formulary Deferral Reports
 1. Texas Tech Sector (April 2019)
 2. UTMB Sector (March - May 2019)
 - E. Utilization Reports FY19 through April
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - F. Quarterly Medication Error Reports – 3rd Quarter FY19
 1. UTMB Sector
 2. TT Sector
 3. Pharmacy Dispensing Errors
 - G. Special Reports
 1. Top 50 Medications by Cost and Volume – 3rd Quarter FY19
 2. Top 10 Non-Formulary Medications by Cost and Volume – 3rd Quarter FY19
 3. Pharmacy Diabetes Clinic Report – 3rd Quarter FY19
 - H. Policy Review Schedule

IV. Old Business – (none)

V. New Business

- A. Action Request
 - 1. Review of Seizure DMG and Health Services Audit Criteria
 - 2. Allow Floor Stock of Morphine
- B. MUE – Creon Monitor (supplemental material)
- C. FDA Medication Safety Advisories (none)
- D. Manufacturer Shortages and Discontinuations
- E. Policy and Procedure Revisions (40-10 to 75-30 to be reviewed in November)

VII. Adjournment

Joint Infection Control Committee

Co-Chair: Kirk Abbott, RN, BSN

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

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

Meeting Date: August 21, 2019

Key Activities:

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

II. Old Business: None

New Business:

- B-14.13.1 Hepatitis A

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

B-14.24	B-14.25	B-14.26	B-14.27	
				*Indicates Attachment(s) included in the Policy

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

POLICY #	POLICY NAME	SUBMITTED BY
B-14.19* Attachment A	Disease Reporting Texas Notifiable Conditions-2019	Carol Lynn Coglianesse
B-14.20	Standard Precautions	Carol Lynn Coglianesse
B-14.21*	Transmission Based Precautions Appendix A	Carol Lynn Coglianesse
B-14.22	Handwashing	Carol Lynn Coglianesse
B-14.23	Medical Supply Decontamination	Carol Lynn Coglianesse

III. Adjourn

Next Meeting: October 10, 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: July 11, 2019

- I. Call to Order
 - A. Minutes Confirmation- Review/Approval of Minutes from May 24, 2019 meeting
- II. Dental Policy Review
 1. E-36.4 Dental Prosthodontic Services
 2. E-36.5 D Dental Utilization and Quality Review Committee
 3. E-36.7 D Dental Clinic Operations Reporting
 4. B-15.1B D Chemical Control
- III. Vacancy Report (Dr. B. Horton)
Amalgam Separators (Dr. B. Horton)
Dental Prosthodontic Clinic Update (Dr. B. Horton)
- IV. Dental Chain-in (Dr. C. Wood)
- V. Sector Updates
 - A. TDCJ
 - B. UTMB
 - C. Texas Tech

VI. Round the Table

VII. Adjournment

Next Meeting Date: September 11, 2019

Policies Scheduled for Review:

F-46.1 Dental Health Education and Promotion, Section F, G and H

G-51.10 D Chronic Care Dental Program

H-60.1 D Dental Health Record – Organization, Maintenance and Governance

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Eidi Millington

Co-Chair: Dr. Olugbenga Ojo

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

For the Three Months Ended May 2019:

There were 61 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2019. Of those 61 deaths, one was 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: July 10, 2019

- I. Call to Order
- II. Approval of Minutes from the April 10, 2019 meeting
- III. Old Business
 1. Nursing Protocols/SDOs
 2. UOF Video

IV. New Business

1. CMHC Policy D-27.1 Pharmaceuticals -Medication Administration – Restrictive Housing
2. CMHC Policy E-37.5 Interpreter Services – Monolingual Spanish Speaking Offenders
3. Administrative Directive 04.25 Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking
4. New SLC Indicators
5. Limited Services -Encounter
6. FIT Testing and ICN
7. EHR Folder for DNR Orders

V. Next Meeting: October 9, 2019 in Conroe, TX.

VI. Adjournment

Financial Report on Correctional Managed Health Care



Quarterly Report FY2019 Third Quarter

September 2018 – May 2019

Third Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2018-19 General Appropriations Act, Article V, Rider 46, 85th Legislature, Regular Session 2017
- 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

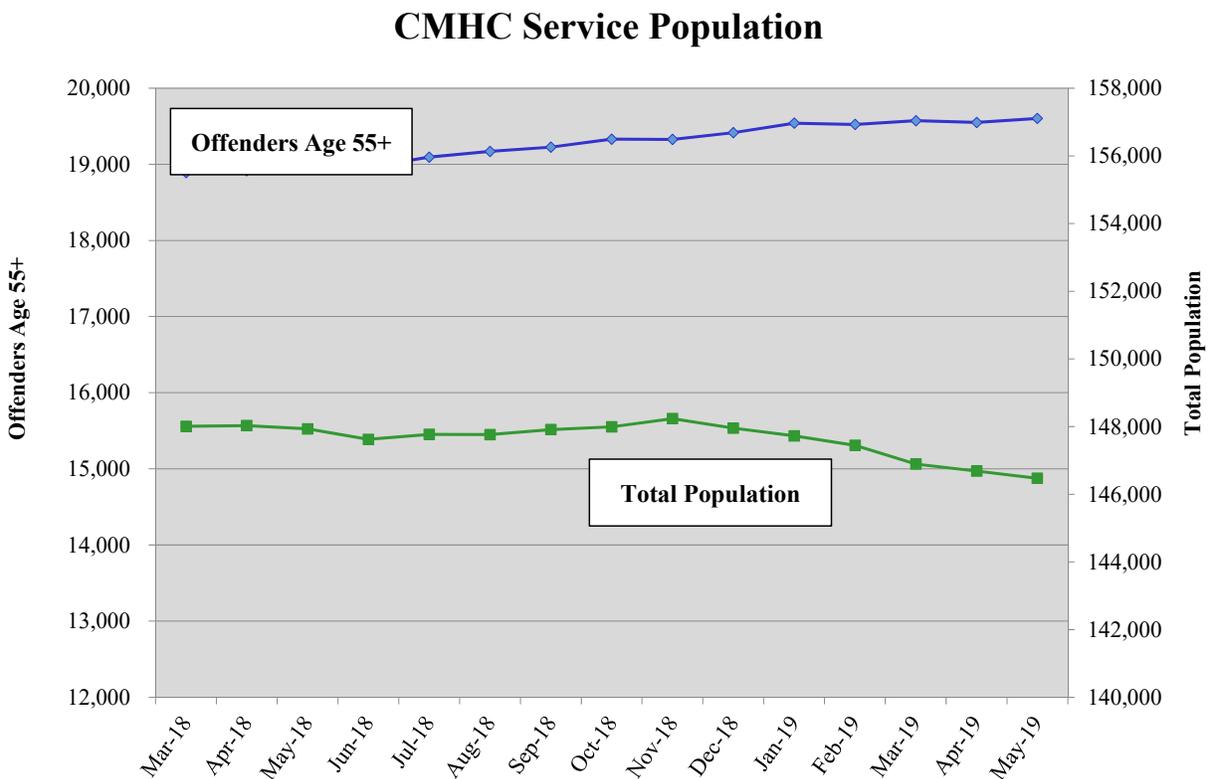
<u>Method of Finance Summary</u>	<u>FY2019</u>
SB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 312,921,688
C.1.9. Hospital and Clinic Care	\$ 190,550,364
C.1.10. Pharmacy Care	\$ 61,103,542
TOTAL	\$ 564,575,594
<u>Allocation to Universities</u>	
University of Texas Medical Branch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

Population

- Overall offender service population has decreased 0.6% from FY2018
 - Average daily census through 3rd quarter
 - FY2018: 148,340
 - FY2019: 147,480

- Offenders aged 55 or older population has increased 4.0% from FY2018
 - Average daily census through 3rd quarter
 - FY2018: 18,706
 - FY2019: 19,454
 - While comprising about 13.2% of the overall service population, these offenders account for 48.3% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2019 average number of psychiatric inpatients through 3rd quarter: 1,796
 - FY2019 average number of psychiatric outpatients through 3rd quarter: 26,579



Health Care Costs

- Total expenditures through 3rd quarter, FY2019: \$560.4M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$295.1M or 52.7% of total expenses
 - Hospital and Clinical Care - \$211.2M or 37.7% of total expenses
 - Pharmacy Services - \$54.1M or 9.6% of total expenses
 - HIV related drugs: 32.3% of total drug costs
 - Hepatitis C drug therapies: 22.2% of total drug costs
 - Psychiatric drugs: 5.4% of total drug costs
 - All other drug costs: 40.1% of total drug costs
- Cost per offender per day increased 6.4% from FY2018 to FY2019
 - Cost per offender per day through 3rd quarter FY19
 - FY2018: \$13.08
 - FY2019: \$13.92

Comparison of Total Health Care Costs

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

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

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 46,456,739	\$ 185,347,702	\$ 231,804,441
State Reimbursement Benefits	\$ 6,959,952	\$ 41,739,471	\$ 48,699,423
Other Misc Revenue	\$ 1,880	\$ 60,537	\$ 62,417
C.1.8. Total Method of Finance	\$ 53,418,571	\$ 227,147,710	\$ 280,566,281
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 24,479,005	\$ 118,042,225	\$ 142,521,230
State Reimbursement Benefits	\$ 1,516,999	\$ -	\$ 1,516,999
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 25,996,004	\$ 118,042,225	\$ 144,038,229
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 9,110,617	\$ 36,591,484	\$ 45,702,101
State Reimbursement Benefits	\$ 63,922	\$ 1,777,896	\$ 1,841,818
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 9,174,540	\$ 38,369,380	\$ 47,543,920
TOTAL METHOD OF FINANCE	\$ 88,589,115	\$ 383,559,315	\$ 472,148,429

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 80,046,362	\$ 339,981,411	\$ 420,027,773
State Reimbursement Benefits	\$ 8,540,873	\$ 43,517,367	\$ 52,058,240
Other Misc Revenue	\$ 1,880	\$ 60,537	\$ 62,417
TOTAL METHOD OF FINANCE	\$ 88,589,115	\$ 383,559,315	\$ 472,148,429

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 55,397,964	\$ 239,730,727	\$ 295,128,691
C.1.9. Hospital & Clinical Care	\$ 29,298,598	\$ 181,918,902	\$ 211,217,500
C.1.10. Managed Health Care - Pharmacy	\$ 8,143,494	\$ 45,948,015	\$ 54,091,510
TOTAL EXPENDITURES	\$ 92,840,057	\$ 467,597,644	\$ 560,437,701

DIFFERENCE	\$ (4,250,942)	\$ (84,038,330)	\$ (88,289,271)
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Note: The amount above does not reflect the approved transfer of \$79.5 million to cover the projected FY 2018 shortfall. [Shown on the last page of this report]

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

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 46,456,739	\$ 185,347,702	\$ 231,804,441
State Reimbursement Benefits	\$ 6,959,952	\$ 41,739,471	\$ 48,699,423
Other Misc Revenue	\$ 1,880	\$ 60,537	\$ 62,417
TOTAL METHOD OF FINANCE	\$ 53,418,571	\$ 227,147,710	\$ 280,566,281
Expenditures:			
Unit Care			
Salaries	\$ 19,671,362	\$ 145,743,089	\$ 165,414,451
Benefits	\$ 6,261,038	\$ 41,637,505	\$ 47,898,543
Other Operating Expenses	\$ 1,804,584	\$ 17,475,321	\$ 19,279,905
Professional Services	\$ 2,124,904	\$ -	\$ 2,124,904
Contracted Units/Services	\$ 10,599,516	\$ -	\$ 10,599,516
Travel	\$ 195,268	\$ 1,028,989	\$ 1,224,257
Capitalized Equipment	\$ 190,867	\$ 603,906	\$ 794,773
Subtotal, Unit Care	\$ 40,847,540	\$ 206,488,809	\$ 247,336,349
Psychiatric Care			
Salaries	\$ 9,300,150	\$ 22,102,130	\$ 31,402,280
Benefits	\$ 2,530,990	\$ 5,535,023	\$ 8,066,013
Other Operating Expenses	\$ 125,058	\$ 210,246	\$ 335,304
Professional Services	\$ 1,235,232	\$ -	\$ 1,235,232
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 81,434	\$ 97,104	\$ 178,538
Subtotal, Psychiatric Care	\$ 13,272,864	\$ 27,944,502	\$ 41,217,366
Indirect Expenditures (Shared Services)	\$ 1,277,560	\$ 5,297,416	\$ 6,574,976
TOTAL EXPENDITURES	\$ 55,397,964	\$ 239,730,727	\$ 295,128,691
DIFFERENCE	\$ (1,979,393)	\$ (12,583,017)	\$ (14,562,410)

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

C.1.9. HOSPITAL & CLINICAL CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 24,479,005	\$ 118,042,225	\$ 142,521,230
State Reimbursement Benefits	\$ 1,516,999	\$ -	\$ 1,516,999
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 25,996,004	\$ 118,042,225	\$ 144,038,229
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,213,164	\$ 18,307,451	\$ 19,520,615
Freeworld Provider Services	\$ 16,426,687	\$ 37,612,609	\$ 54,039,295
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 10,754,036	\$ 106,193,910	\$ 116,947,947
Estimated IBNR	\$ 231,539	\$ 14,936,056	\$ 15,167,595
Subtotal, Hospital & Clinical Care	\$ 28,625,426	\$ 177,050,026	\$ 205,675,452
Indirect Expenditures (Shared Services)	\$ 673,173	\$ 4,868,876	\$ 5,542,048
TOTAL EXPENDITURES	\$ 29,298,598	\$ 181,918,902	\$ 211,217,500
DIFFERENCE	\$ (3,302,594)	\$ (63,876,677)	\$ (67,179,271)

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 9,110,617	\$ 36,591,484	\$ 45,702,101
State Reimbursement Benefits	\$ 63,922	\$ 1,777,896	\$ 1,841,818
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 9,174,540	\$ 38,369,380	\$ 47,543,920
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,595,286	\$ 6,382,808	\$ 7,978,094
Benefits	\$ 75,820	\$ 1,987,093	\$ 2,062,913
Other Operating Expenses	\$ 212,271	\$ 1,195,088	\$ 1,407,359
Pharmaceutical Purchases	\$ 5,998,457	\$ 35,172,525	\$ 41,170,982
Travel	\$ 11,118	\$ 28,332	\$ 39,451
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 7,892,952	\$ 44,765,847	\$ 52,658,799
Indirect Expenditures (Shared Services)	\$ 250,542	\$ 1,182,169	\$ 1,432,711
TOTAL EXPENDITURES	\$ 8,143,494	\$ 45,948,015	\$ 54,091,510
DIFFERENCE	\$ 1,031,045	\$ (7,578,636)	\$ (6,547,590)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2019 YTD</u>
Average Service Population							
UTMB Service Population	118,895	118,598	118,119	117,688	117,324	117,710	118,401
TTUHSC Service Population	29,152	29,113	28,776	28,997	29,147	28,973	29,079
Average Service Population	148,047	147,711	146,896	146,685	146,471	146,683	147,480
Population Age 55 and Over							
UTMB Population	16,264	16,464	16,454	16,359	16,277	16,363	16,364
TTUHSC Population	3,030	3,029	3,117	3,189	3,326	3,211	3,090
Population Age 55 and Over	19,294	19,493	19,571	19,548	19,603	19,574	19,454
HIV Population	2,018	2,028	2,029	2,009	1,993	2,010	2,019
Medical Inpatient Average Daily Census							
UTMB-Hospital Galveston	90	99	92	101	103	99	96
UTMB Freeworld Hospitals	46	43	49	45	46	47	45
TTUHSC Freeworld Hospitals	9	9	11	7	8	9	9
Medical Inpatient Average Daily Census	145	150	152	154	157	155	150
Medical Outpatient Visits							
UTMB Specialty Clinics and ER Visits	7,995	7,631	8,319	8,705	8,503	8,509	8,045
TTUHSC Freeworld Outpatient and ER Visits	1,144	1,076	979	1,151	1,172	1,101	1,107
Medical Outpatient Visits	9,139	8,707	9,298	9,856	9,675	9,610	9,152
Mental Health Inpatient Average Census							
UTMB Psychiatric Inpatient	998	976	980	970	985	978	984
TTUHSC Psychiatric Inpatient	850	804	768	782	796	782	812
Mental Health Inpatient Average Census	1,848	1,780	1,748	1,752	1,781	1,760	1,796
Mental Health Outpatient Caseload, Month End							
UTMB Psychiatric Outpatient	20,977	21,122	20,775	21,094	21,075	20,981	21,027
TTUHSC Psychiatric Outpatient	5,339	5,489	5,757	5,784	5,947	5,829	5,552
Mental Health Outpatient Caseload, Month End	26,316	26,611	26,532	26,878	27,022	26,810	26,579

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

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 6/24/2019
REVENUE:						
TDCJ Appropriation	\$ 26,682,121	\$ 26,388,910	\$ 26,975,331	\$ -	\$ 80,046,362	\$ 107,021,693
State Reimbursement Benefits	\$ 2,800,742	\$ 2,864,077	\$ 2,876,054	\$ -	\$ 8,540,873	\$ 11,387,831
Other Misc Revenue	\$ 652	\$ 717	\$ 511	\$ -	\$ 1,880	\$ 2,507
TOTAL REVENUES	\$ 29,483,515	\$ 29,253,705	\$ 29,851,896	\$ -	\$ 88,589,115	\$ 118,412,031

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 6,470,353	\$ 6,511,807	\$ 6,689,202	\$ -	\$ 19,671,362	\$ 27,063,320
Benefits	\$ 1,994,993	\$ 2,128,058	\$ 2,137,987	\$ -	\$ 6,261,038	\$ 8,563,076
Other Operating Expenses	\$ 596,646	\$ 591,193	\$ 616,746	\$ -	\$ 1,804,584	\$ 3,016,547
Professional Services	\$ 800,064	\$ 583,387	\$ 741,452	\$ -	\$ 2,124,904	\$ 2,852,379
Contracted Units/Services	\$ 3,532,245	\$ 3,496,856	\$ 3,570,415	\$ -	\$ 10,599,516	\$ 14,178,923
Travel	\$ 60,836	\$ 65,513	\$ 68,919	\$ -	\$ 195,268	\$ 260,358
Capitalized Equipment	\$ 38,387	\$ 101,480	\$ 51,000	\$ -	\$ 190,867	\$ 754,489
Subtotal, Unit Care Expenditures	\$ 13,493,525	\$ 13,478,294	\$ 13,875,721	\$ -	\$ 40,847,540	\$ 56,689,091
Psychiatric Care Expenditures						
Salaries	\$ 3,105,074	\$ 3,027,102	\$ 3,167,973	\$ -	\$ 9,300,150	\$ 12,490,200
Benefits	\$ 831,757	\$ 846,142	\$ 853,091	\$ -	\$ 2,530,990	\$ 3,397,154
Other Operating Expenses	\$ 45,748	\$ 44,815	\$ 34,495	\$ -	\$ 125,058	\$ 216,744
Professional Services	\$ 453,040	\$ 301,678	\$ 480,514	\$ -	\$ 1,235,232	\$ 1,646,975
Travel	\$ 21,166	\$ 24,818	\$ 35,450	\$ -	\$ 81,434	\$ 108,579
Subtotal, Psychiatric Care Expenditures	\$ 4,456,786	\$ 4,244,555	\$ 4,571,523	\$ -	\$ 13,272,864	\$ 17,859,652
Total Expenditures, Unit & Psychiatric Care	\$ 17,950,310	\$ 17,722,849	\$ 18,447,244	\$ -	\$ 54,120,403	\$ 74,548,743

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 404,388	\$ 404,388	\$ 404,388	\$ -	\$ 1,213,164	\$ 1,820,795
Freeworld Provider Services	\$ 5,555,946	\$ 4,889,278	\$ 5,981,462	\$ -	\$ 16,426,687	\$ 21,267,100
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,464,311	\$ 3,490,406	\$ 3,799,319	\$ -	\$ 10,754,036	\$ 14,969,965
Estimated IBNR	\$ (3,204)	\$ 663,464	\$ (428,721)	\$ -	\$ 231,539	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,421,441	\$ 9,447,536	\$ 9,756,449	\$ -	\$ 28,625,426	\$ 38,057,860

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 529,089	\$ 525,206	\$ 540,991	\$ -	\$ 1,595,286	\$ 2,127,048
Benefits	\$ 24,647	\$ 25,567	\$ 25,605	\$ -	\$ 75,820	\$ 101,093
Other Operating Expenses	\$ 67,958	\$ 61,779	\$ 82,534	\$ -	\$ 212,271	\$ 283,028
Pharmaceutical Purchases	\$ 2,057,601	\$ 2,089,652	\$ 1,851,204	\$ -	\$ 5,998,457	\$ 8,049,193
Travel	\$ 3,141	\$ 5,071	\$ 2,906	\$ -	\$ 11,118	\$ 14,824
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,682,436	\$ 2,707,276	\$ 2,503,240	\$ -	\$ 7,892,952	\$ 10,575,186

Indirect Expenditures (Shared Services)	\$ 733,758	\$ 725,695	\$ 741,822	\$ -	\$ 2,201,275	\$ 2,940,631
TOTAL EXPENDITURES	\$ 30,787,946	\$ 30,603,356	\$ 31,448,755	\$ -	\$ 92,840,057	\$ 126,122,421
DIFFERENCE	\$ (1,304,432)	\$ (1,349,651)	\$ (1,596,859)	\$ -	\$ (4,250,942)	\$ (7,710,390)

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/17/2019
REVENUE:						
TDCJ Appropriation	\$ 113,327,136	\$ 112,081,785	\$ 114,572,490	\$ -	\$ 339,981,411	\$ 456,553,901
State Reimbursement Benefits	\$ 14,314,981	\$ 14,534,311	\$ 14,668,076	\$ -	\$ 43,517,367	\$ 58,306,900
Other Misc Revenue	\$ 20,238	\$ 17,339	\$ 22,960	\$ -	\$ 60,537	\$ 80,937
TOTAL REVENUES	\$ 127,662,354	\$ 126,633,435	\$ 129,263,526	\$ -	\$ 383,559,315	\$ 514,941,738

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 48,800,431	\$ 47,641,013	\$ 49,301,645	\$ -	\$ 145,743,089	\$ 195,357,976
Benefits	\$ 13,601,827	\$ 13,945,687	\$ 14,089,991	\$ -	\$ 41,637,505	\$ 55,809,715
Other Operating Expenses	\$ 5,840,120	\$ 5,470,161	\$ 6,165,039	\$ -	\$ 17,475,321	\$ 24,410,191
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 285,497	\$ 317,160	\$ 426,332	\$ -	\$ 1,028,989	\$ 1,375,755
Capitalized Equipment	\$ 64,576	\$ 89,656	\$ 449,674	\$ -	\$ 603,906	\$ 1,244,691
Subtotal, Unit Care Expenditures	\$ 68,592,450	\$ 67,463,677	\$ 70,432,682	\$ -	\$ 206,488,809	\$ 278,198,327
Psychiatric Care Expenditures						
Salaries	\$ 7,326,054	\$ 7,345,604	\$ 7,430,473	\$ -	\$ 22,102,130	\$ 29,550,467
Benefits	\$ 1,794,808	\$ 1,875,077	\$ 1,865,138	\$ -	\$ 5,535,023	\$ 7,400,305
Other Operating Expenses	\$ 268,678	\$ (143,409)	\$ 84,977	\$ -	\$ 210,246	\$ 281,098
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 25,395	\$ 27,183	\$ 44,526	\$ -	\$ 97,104	\$ 129,827
Subtotal, Psychiatric Care Expenditures	\$ 9,414,934	\$ 9,104,454	\$ 9,425,114	\$ -	\$ 27,944,502	\$ 37,361,697
Total Expenditures, Unit & Psychiatric Care	\$ 78,007,384	\$ 76,568,132	\$ 79,857,796	\$ -	\$ 234,433,311	\$ 315,560,024

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,358,989	\$ 5,632,817	\$ 6,315,645	\$ -	\$ 18,307,451	\$ 24,641,760
Freeworld Provider Services	\$ 6,439,439	\$ 13,210,369	\$ 17,962,801	\$ -	\$ 37,612,609	\$ 71,235,872
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,174,060	\$ 33,330,080	\$ 36,689,770	\$ -	\$ 106,193,910	\$ 142,936,604
Estimated IBNR	\$ 10,654,800	\$ 4,544,392	\$ (263,136)	\$ -	\$ 14,936,056	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 59,627,289	\$ 56,717,658	\$ 60,705,080	\$ -	\$ 177,050,026	\$ 238,814,237

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,131,176	\$ 2,099,066	\$ 2,152,566	\$ -	\$ 6,382,808	\$ 8,533,791
Benefits	\$ 659,064	\$ 660,181	\$ 667,849	\$ -	\$ 1,987,093	\$ 2,656,737
Other Operating Expenses	\$ 345,083	\$ 336,356	\$ 513,650	\$ -	\$ 1,195,088	\$ 1,935,708
Pharmaceutical Purchases	\$ 11,032,879	\$ 11,719,882	\$ 12,419,764	\$ -	\$ 35,172,525	\$ 49,025,537
Travel	\$ 6,378	\$ 10,539	\$ 11,415	\$ -	\$ 28,332	\$ 37,880
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 14,174,581	\$ 14,826,024	\$ 15,765,242	\$ -	\$ 44,765,847	\$ 62,189,653

Indirect Expenditures (Shared Services)	\$ 3,780,536	\$ 3,672,904	\$ 3,895,020	\$ -	\$ 11,348,460	\$ 15,349,842
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TOTAL EXPENDITURES	\$ 155,589,789	\$ 151,784,718	\$ 160,223,137	\$ -	\$ 467,597,644	\$ 631,913,756
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DIFFERENCE	\$ (27,927,435)	\$ (25,151,283)	\$ (30,959,612)	\$ -	\$ (84,038,330)	\$ (116,972,018)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 46
Third Quarter, FY2019

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 140,009,257	\$ 138,470,695	\$ 141,547,821	\$ -	\$ 420,027,773	\$ 563,575,594
State Reimbursement Benefits	\$ 17,115,722	\$ 17,398,388	\$ 17,544,129	\$ -	\$ 52,058,240	\$ 69,694,731
Other Misc Revenue	\$ 20,890	\$ 18,056	\$ 23,471	\$ -	\$ 62,417	\$ 83,444
TOTAL REVENUES	\$ 157,145,869	\$ 155,887,139	\$ 159,115,421	\$ -	\$ 472,148,429	\$ 633,353,769

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 55,270,784	\$ 54,152,820	\$ 55,990,847	\$ -	\$ 165,414,451	\$ 222,421,296
Benefits	\$ 15,596,820	\$ 16,073,745	\$ 16,227,978	\$ -	\$ 47,898,543	\$ 64,372,791
Other Operating Expenses	\$ 6,436,766	\$ 6,061,354	\$ 6,781,785	\$ -	\$ 19,279,905	\$ 27,426,737
Professional Services	\$ 800,064	\$ 583,387	\$ 741,452	\$ -	\$ 2,124,904	\$ 2,852,379
Contracted Units/Services	\$ 3,532,245	\$ 3,496,856	\$ 3,570,415	\$ -	\$ 10,599,516	\$ 14,178,923
Travel	\$ 346,332	\$ 382,673	\$ 495,252	\$ -	\$ 1,224,257	\$ 1,636,112
Capitalized Equipment	\$ 102,963	\$ 191,136	\$ 500,674	\$ -	\$ 794,773	\$ 1,999,180
Subtotal, Unit Care Expenditures	\$ 82,085,974	\$ 80,941,971	\$ 84,308,403	\$ -	\$ 247,336,349	\$ 334,887,418
Psychiatric Care Expenditures						
Salaries	\$ 10,431,128	\$ 10,372,706	\$ 10,598,446	\$ -	\$ 31,402,280	\$ 42,040,667
Benefits	\$ 2,626,565	\$ 2,721,219	\$ 2,718,229	\$ -	\$ 8,066,013	\$ 10,797,459
Other Operating Expenses	\$ 314,426	\$ (98,594)	\$ 119,472	\$ -	\$ 335,304	\$ 497,842
Professional Services	\$ 453,040	\$ 301,678	\$ 480,514	\$ -	\$ 1,235,232	\$ 1,646,975
Travel	\$ 46,561	\$ 52,000	\$ 79,976	\$ -	\$ 178,538	\$ 238,406
Subtotal, Psychiatric Care Expenditures	\$ 13,871,720	\$ 13,349,009	\$ 13,996,637	\$ -	\$ 41,217,366	\$ 55,221,349
Total Expenditures, Unit & Psychiatric Care	\$ 95,957,694	\$ 94,290,980	\$ 98,305,040	\$ -	\$ 288,553,715	\$ 390,108,767

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,763,377	\$ 6,037,205	\$ 6,720,033	\$ -	\$ 19,520,615	\$ 26,462,555
Freeworld Provider Services	\$ 11,995,385	\$ 18,099,647	\$ 23,944,264	\$ -	\$ 54,039,295	\$ 92,502,972
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,638,372	\$ 36,820,486	\$ 40,489,089	\$ -	\$ 116,947,947	\$ 157,906,570
Estimated IBNR	\$ 10,651,596	\$ 5,207,855	\$ (691,857)	\$ -	\$ 15,167,595	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 69,048,730	\$ 66,165,193	\$ 70,461,528	\$ -	\$ 205,675,452	\$ 276,872,097

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,660,265	\$ 2,624,272	\$ 2,693,557	\$ -	\$ 7,978,094	\$ 10,660,838
Benefits	\$ 683,712	\$ 685,748	\$ 693,453	\$ -	\$ 2,062,913	\$ 2,757,830
Other Operating Expenses	\$ 413,041	\$ 398,135	\$ 596,183	\$ -	\$ 1,407,359	\$ 2,218,737
Pharmaceutical Purchases	\$ 13,090,481	\$ 13,809,534	\$ 14,270,968	\$ -	\$ 41,170,982	\$ 57,074,730
Travel	\$ 9,519	\$ 15,611	\$ 14,321	\$ -	\$ 39,451	\$ 52,704
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 16,857,017	\$ 17,533,300	\$ 18,268,483	\$ -	\$ 52,658,799	\$ 72,764,840

Indirect Expenditures (Shared Services)	\$ 4,514,294	\$ 4,398,600	\$ 4,636,841	\$ -	\$ 13,549,735	\$ 18,290,473
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TOTAL EXPENDITURES	\$ 186,377,735	\$ 182,388,073	\$ 191,671,892	\$ -	\$ 560,437,701	\$ 758,036,177
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DIFFERENCE	\$ (29,231,867)	\$ (26,500,934)	\$ (32,556,471)	\$ -	\$ (88,289,271)	\$ (124,682,408)
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FY2019 Spend Forward to FY2018 - LBB Approved	\$ (79,500,000)
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FY18 Ending Balance / Cost Report Reconciliation	\$ (5,775,299)
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FY2019 Supplemental Appropriation, SB500	\$ 190,000,000
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NET DIFFERENCE	\$ (29,231,867)	\$ (26,500,934)	\$ (32,556,471)	\$ -	\$ (88,289,271)	\$ (19,957,707)
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**Summary of Critical Correctional Health Care Personnel Vacancies
Prepared for the Correctional Managed Health Care Committee**

As of August 2019

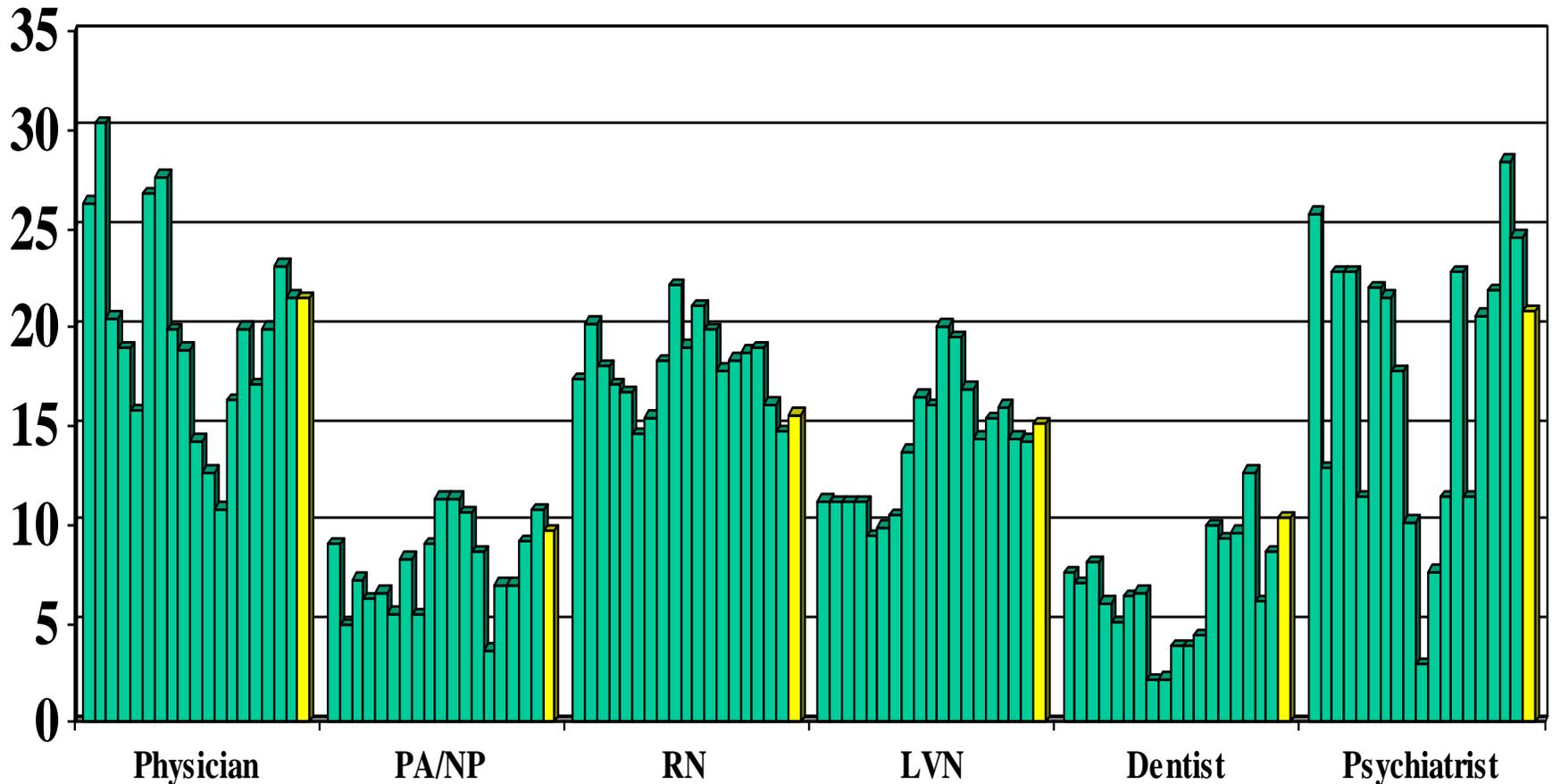
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Physician IV - Deputy Division Director, Health Services	Contract	04/2017	This position is currently on hold.
Director II-Office of Public Health	TDCJ	06/2015	This position is on hold.
Director III – Director, Nursing Administration	TDCJ	05/2019	This position posting was extended to August 30, 2019.
Program Supervisor VI – Health Services Administrator	TDCJ	07/2019	This position posting has closed and interviews are being scheduled.
Robertson Unit Medical Director	TTUHSC	07/2019	Local, Regional and National Publications, Internet and GME Advertising.
Physician I-II (8)	UTMB CMC	05/2017	Local and National Advertising, TAFP [‡] , NCCHC Conferences [†] , ACA Conference* and Agency Contacts.
Mid-Level Practitioners (PA and FNP) (7)	UTMB CMC	11/2018	Local and National Advertising, Career Fairs, TAPA [#] and TNP Conferences and Intern Programs.
Psychiatrists (9)	UTMB CMC	01/2018	Local and National Advertising, NCCHC [†] , TSPP ^Δ and Agency Contacts.

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

University Vacancy Rate Report
by Quarter FY 2015 – FY 2019

Texas Tech University
Health Sciences Center

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



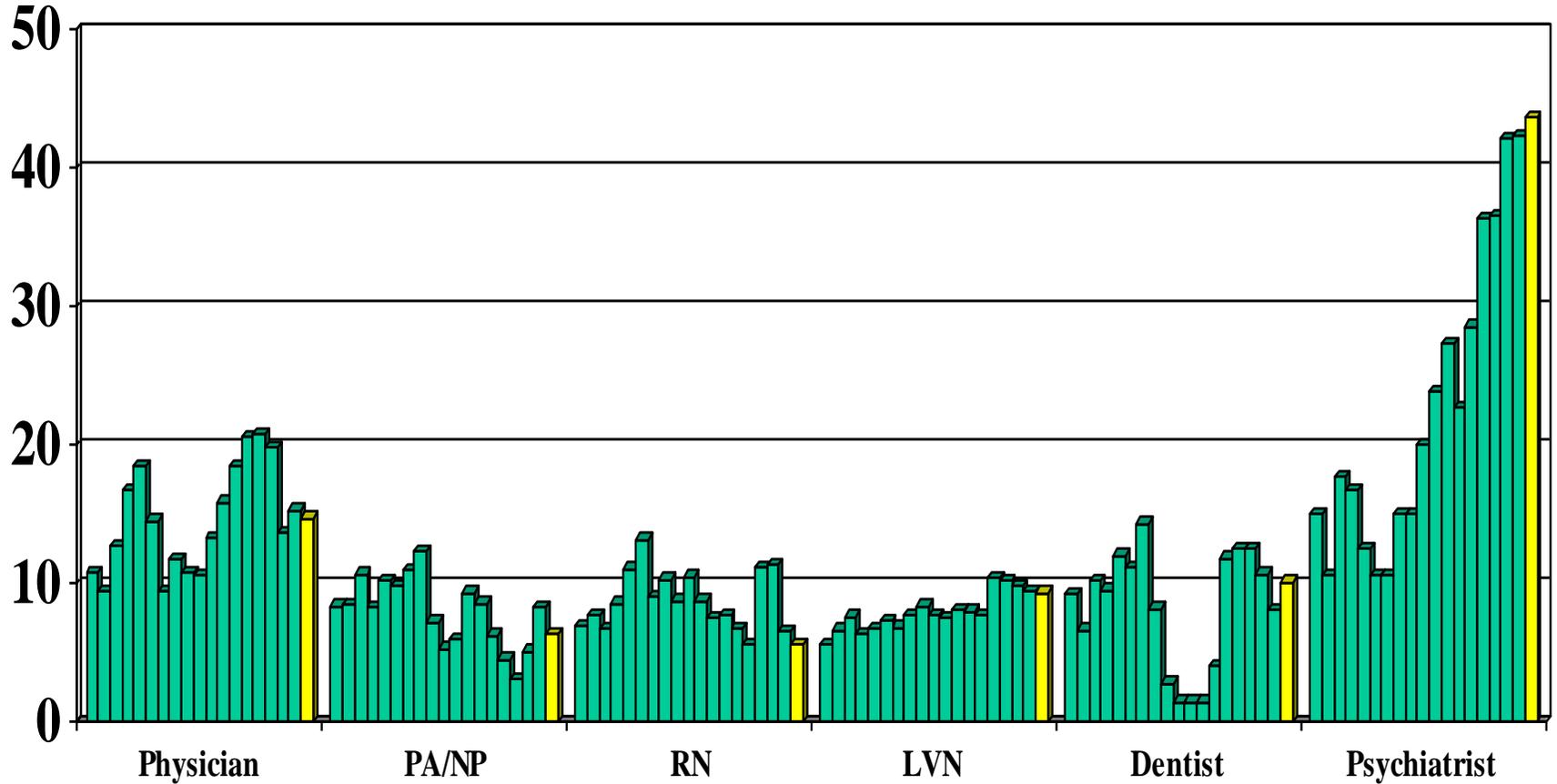
*Correctional Managed
Health Care*



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
Third 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 Third Quarter Fiscal Year (FY) 2019 (March, April, and May 2019), Operational Review Audits (ORAs) were conducted at the following **10** facilities: Clements (General Population [GP], Expansion Cell Block [ECB], Physically Aggressive Mentally Ill Offenders [PAMIO]), Ferguson, Fort Stockton, Havins, Johnston, Kegans Intermediate Sanction Facility (ISF), Lindsey State Jail, Lychner State Jail, Lynaugh and Neal.

- 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 Third Quarter of FY 2019:
 1. Item **1.630** requires the facility to have an overall health services staffing vacancy of no more than 12%. The following **4** facilities were not in compliance with this requirement:
 - Clements GP (19%) – Corrective action plan pending
 - Fort Stockton (23%) – Corrective action plan received and closed
 - Johnston (22%) – Corrective action plan received and closed
 - Lynaugh (13%) – Corrective action plan received and closed
 2. Item **6.450** requires follow-up serologies for Syphilis are obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus (HIV) negative at six and twelve months; Primary, and Secondary Syphilis, and HIV positive at three, six, nine, twelve, and twenty-four months; Latent Syphilis and HIV negative at every six, twelve, and twenty-four months, and Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **4** facilities were not in compliance with this requirement:
 - Clements ECB (0%) – Corrective action plan pending
 - Ferguson (60%) – Corrective action plan pending
 - Johnston (0%) – Corrective action plan received and closed
 - Lychner (67%) – Corrective action plan pending
 3. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. The following **3** facilities were not in compliance with this requirement:
 - Fort Stockton (71%) – Corrective action plan received and closed
 - Lynaugh (25%) – Corrective action plan received and closed
 - Neal (66%) – Corrective action plan pending
 4. Item **4.490** requires offenders who are prescribed anti-psychotic medications be reassessed a minimum of every six months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following **3** facilities were not in compliance with this requirement:
 - Clements ECB (71%) – Corrective action plan pending
 - Kegans (53%) – Corrective action plan pending
 - Neal (77%) – Corrective action plan pending
 5. Item **6.170** requires offenders who enter TDCJ (intake) on or after 7/1/2007, have documentation of an HIV test performed within 7 days of entering TDCJ or a signed Refusal of Treatment (HSM-82)

OPERATIONAL REVIEW AUDIT (CONTINUED)

form for testing unless there is documentation of a past positive test. The following 3 facilities were not in compliance with this requirements.

- Johnston (71%) – Corrective action plan received and closed
- Kegans (50%) – Corrective action plan pending
- Lychner (63%) – Corrective action plan pending

6. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility to have a HSM-19 completed. The following 3 facilities were not in compliance with this requirement:

- Clements ECB (14%) – Corrective action plan pending
- Clements GP (67%) – Corrective action plan pending
- Lynaugh (73%) – Corrective action plan received and closed
- Neal (57%) – Corrective action plan pending

7. 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 3 facilities were not in compliance with this requirement:

- Clements ECB (62%) – Corrective action plan pending
- Clements GP (79%) – Corrective action plan pending
- Clements PAMIO (75%) – Corrective action plan pending
- Kegans ISF (38%) – Corrective action plan pending
- Lychner (67%) – Corrective action plan pending

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

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:

- Clements GP (0%) – Corrective action plan pending
- Ferguson (0%) – Corrective action plan pending
- Lychner (71%) – Corrective action plan pending

- During the previous quarter, ORAs for 8 facilities had pending corrective action plans: Gist, Gurney, Jester I, Jester III, LeBlanc, Lockhart, Luther and Michael. During the Third Quarter FY 2019, all were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same 10 facilities listed above for operational review audits during the Third 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 10 facilities were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Third Quarter of FY 2019 (March, April, and May 2019), Dental Quality Review audits were conducted at the following 25 facilities: Allred (ECB, GP), Beto, Bridgeport, Clements (GP, ECB), Coffield, Cole, Dominguez, East Texas Treatment Facility (TF), Estes, Gist, Gurney, Henley, Hightower, Hutchins, Kyle, LeBlanc, Lewis (GP,

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

High Security [HS]), Lindsey, Lockhart, Michael, Choice Moore, Neal, Plane, Powledge, and Stiles. The following is a summary of the items found to be most frequently below 80 % this quarter:

- **Item 2** assesses if the charts of incoming (chain-in) intra-system offender transfers are being reviewed by the facility dental department within seven days of arrival. **8** of the **27** facilities were not in compliance: Allred (**79%**), Bridgeport (**69%**), Clements (**60%**), East Texas TF (**53%**), Hightower (**87%**)*, Kyle (**64%**), Plane (**0%**), and Stiles (**79%**). *Although **87%**, there were offenders at Hightower whom had not been reviewed as of the audit date.
- **Item 3** assesses if the dental In-Processing Exam was complete at the Intake Facility within the thirty day timeframe. **4** of the **27** facilities were not in compliance: Dominguez (**53%**), East Texas TF (**46%**), Gist (**78%**), and Hutchins (**0%**).
- **Item 13** assesses if vital signs are documented in the Comprehensive Treatment Plan (CTP). **4** of the **27** facilities were not in compliance: Clements ECB (**45%**), East Texas TF (**75%**), Lindsey (**50%**), and Plane (**34%**).
- **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. **4** of the **27** facilities were not in compliance: Bridgeport (**75%**), Coffield (**78%**), Estes (**74%**), and Lindsey (**78%**).
- **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. **5** of the **27** facilities were not in compliance: Beto (**23%**), Clements (**50%**), Gist (**60%**), Lewis (**70%**), and Michael (**32%**).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Third Quarter of FY 2019 (March, April, and May 2019), the Patient Liaison Program and the Step II Grievance Program received **4867** correspondences: The PLP received **3,700** and Step II Grievance received **1,167**. There were **241** 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 Third Quarter FY 2019 for the Step II medical grievances was **7.29%**. 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 **8.89%** and **1.78%** for TTUHSC for the Third 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 Third Quarter of FY 2019, (March, April, and May 2019), the Patient Liaison Program nurses and investigators performed **22** Sick Call Request Verification Audits (SCRVA) on **20** 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 **156** indicators were reviewed at the **20** facilities and **5** of the indicators fell below the 80 percent compliance threshold representing **3%**. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **20** facilities audited. There were **2** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

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

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, offender requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Third Quarter FY 2019, there were **13,582** intake HIV tests performed. Of those tested, **74** offenders were newly identified as having HIV infection. During the same time period, there were **10,109** pre-release tests performed with **0** found to be HIV positive for this quarter, **7** new AIDS cases were identified.
- There were **475** cases of Hepatitis C identified for the Third Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **457** cases of suspected Syphilis were reported in the Third Quarter FY 2019. **180** 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.
- **445** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2019. For the same time period, **124** 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 **20** TB cases (pulmonary and extra-pulmonary) under management for the Third 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 **204** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2019. There were **55** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **52** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault
- During the Third Quarter FY 2019, **4** units received **3** day training which included the Wall Talk Training and received a **2** day training which included the Somebody Cares Training. As of the close of the quarter, **100** of the **104** facilities housing Correctional Institutions Division offenders had active peer education

OFFICE OF PUBLIC HEALTH (CONTINUED)

programs. During the Third Quarter FY 2019, **57** offenders trained to become peer educators. This is a decrease from the Second Quarter FY 2019 Report. During the Third Quarter FY 2019, **20,831** offenders attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2019.

MORTALITY AND MORBIDITY

There were **61** deaths reviewed by the Mortality and Morbidity Committee during the months of March 2019, April 2019 and May 2019. Of those **61** deaths, **1** was referred to a peer review committee. A referral to a peer review committee does not necessarily indicate that substandard care was provided. It is a request for the Correctional Managed Health Care providers to review the case through their respective quality assurance processes. Referrals may also be made to address systemic issues to improve the delivery of health care.

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	0
Provider Peer Review	0
Nursing Peer Review	0
Dental Peer Review	0
Mental Health Peer Review	1
Total	0

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third 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 Third Quarter of FY 2019, **15** restrictive housing audits were performed on and 14 facilities including: Eastham, Travis County, Ferguson, Robertson, Formby, Clements, Cole, Dominguez, Connally, Polunsky, Allred (12 building, ECB), McConnell, East Texas, and Bradshaw. The OMHM&L auditors observed **2,628** offenders, interviewed **2,259** offenders, and referred **3** 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, **4** of **15** audits were **100%** compliant. **10** were N/A, and **1** audit was **86%**. For ATC 5, **5** of **15** audits were **100%** compliant. **10** of the **15** audits were N/A. For ACT 6, **4** of **15** audits were **100%** compliant. **10** of **15** audits were N/A, and **1** of **15** audits was **86%**. For the 911 tool availability, **15** of **15** audits were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Third Quarter FY 2019, a total of **79** instances of compelled psychoactive medication administration occurred. There were **17** instances at the Montford unit, **38** instances at the Skyview unit, **19** instances at the Jester IV unit and **5** 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 March 2019, **100%** in April, and May. Jester IV and Montford were **100%** compliant in March, April, and May.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **26** intake facilities, **25**

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- facilities identified incoming offenders in need of Mental Health Evaluation. At the Kyle unit there were no offenders identified applicable to the audit. **24** of the **26** facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Baten, Bradshaw, Byrd, Dominguez, East Texas (TF), Formby, Garza West, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane, Rudd, Sanchez, Sayle, Travis, and Woodman. **0** of the **26** facilities earned compliance scores of **79%** or lower. No Corrective action plans were required.

OFFICE OF THE HEALTH SERVICES LIAISON – UTILIZATION REVIEW

- The Office of the Health Services Liaison (HSL) Utilization Review conducts a random audit of 10 percent of electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Third Quarter of FY 2019, HSL conducted **223** hospital and **38** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.
- Of the **223** hospital discharge audits conducted, **201** were from the UTMB Sector and **22** were from the TTUHSC sector. There were **78** deficiencies identified for UTMB and **4** identified for TTUHSC. Of the **38** infirmary discharge audits conducted, **33** were from the UTMB sector and **5** were from the TTUHSC sector. There were **7** deficiencies identified from UTMB and **2** for TTUHSC.

ACCREDITATION

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

BIOMEDICAL RESEARCH PROJECTS

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

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

Offender Health Services Plan

Adopted September 2003
(Reviewed August 2005)
(Reviewed and Updated June 2007)
(Reviewed and Updated August 2009)
(Reviewed and Updated September 2011)
(Reviewed August 2013)
(Reviewed September 2015)
(Reviewed and Updated September 2017)

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Offender Health Services Plan

Correctional Managed Health Care Committee

Introduction

The Offender Health Services Plan describes the level, type and variety of health care services made available to offenders incarcerated within the Texas Department of Criminal Justice (TDCJ). This Plan is adopted pursuant to Section 501.146 of the Texas Government Code. In this Plan health care services are delivered through a cooperative arrangement between TDCJ, the University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center under the direction of the Correctional Managed Health Care Committee.

Definition of Health Care Services

Health Care, for the purposes of this Plan, is defined as health-related actions taken, both preventive and medically necessary, to provide for the physical and mental well-being of the offender population. Health care, among other aspects, includes medical services, dental services, and mental health services.

Access to Care

All offenders shall have equal access to health care services. Each facility within TDCJ has written procedures which describe the process for offenders to gain access to the care needed to meet their medical, dental and mental health needs. Offenders are provided information at intake and upon receipt at their unit of assignment on the procedures for obtaining health care services.

Classification of Levels of Care

For purposes of this Plan, health care services can be prioritized into the following classifications:

Level I Medically Mandatory: Care that is essential to life and health and without which rapid deterioration is expected. The recommended treatment intervention is expected to make a significant difference or is very cost effective.

- ***Care at Level I is authorized and provided to all inmates.***

Level II Medically Necessary: Care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration or where there is a significant reduction in the possibility of repair later without treatment.

- ***Care and treatment of conditions at Level II is provided to all inmates but evolving standard and practice guidelines controls the extent of service.***

Utilization Management and Review

Utilization management and review is a physician-driven system for making individual evaluations as to medical necessity. The review process entails consulting national accepted standards of care and comparing the individual circumstances of each case. Referrals for certain types of care require prior authorization through the utilization review process. Determinations made through the utilization management and review process may be appealed by the referring provider for additional review and decision in accordance with established procedures.

Formulary and Disease Management Guidelines

A standard statewide formulary is maintained by the Pharmacy and Therapeutics Committee and updated as needed and at least annually. This committee meets regularly to review the use of drugs within the health care system, evaluate agents on the formulary and consider changes to the available medications. All medications prescribed for offenders must be listed in the formulary, unless specific medical necessity exists for authorizing a non-formulary medication. In such circumstances, a request for non-formulary approval will be processed and evaluated. Non-formulary determinations may be appealed by the referring provider for additional review and decision in accordance with established procedures.

In addition to the formulary, the Pharmacy and Therapeutics Committee develops and maintains disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases. These guidelines are reviewed regularly and updated as necessary. Disease management guidelines focus on disease-based drug therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current medical literature, and has been tailored to meet the specific needs of the patient population served.

Disease management guidelines are just that. They are guidelines. They represent pathways that will help practitioners provide care for the majority of patients in the middle portion of a bell shaped curve. Pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

Complaints and Grievances About Health Care

If an offender believes that he/she has not received medical care that is necessary and appropriate for his/her medical condition, the following mechanisms are available:

- First, asking questions of the treating professionals in the medical department in order to understand what is being done to address the issue;
- If the issue remains unresolved, the next step is to complete an I-60 Request to Official form and send it to the facility medical complaints coordinator at the medical department for informal resolution;
- An offender also has the right to file a grievance in accordance with the appropriate offender grievance procedures.

Offender Co-payment Requirements

In accordance with state law, if a visit to a health care provider meets offender health care co-payment criteria, the offender may be assessed a \$13.55 co-payment . Offenders will be afforded access to health care services regardless of their ability to pay.

Offender Health Services Plan

Medical Services and Supplies Provided By Physicians and Other Health Care Professionals

All services are subject to a determination of medical necessity

Service Description
<p>Diagnostic and Treatment Services</p> <p>Professional services of providers</p> <ul style="list-style-type: none">■ In provider's office or department■ Consultations by specialists when indicated■ Office medical consultations■ During a hospital stay■ During an infirmary stay
<p>Laboratory, X-ray and Other Diagnostic Tests</p> <p>Tests, including but not limited to:</p> <ul style="list-style-type: none">■ Blood tests■ Urinalysis■ Pathology■ X-rays■ Mammograms■ Cat Scans/MRI■ Ultra sound■ Electrocardiogram and EEG

Treatment Therapies

- Chemotherapy and radiation therapy
- Respiratory and inhalation therapy
- Dialysis--hemodialysis and peritoneal dialysis
- Intravenous (IV)/Infusion therapy

Physical and Occupational Therapies

Services for each of the following:

- Qualified physical therapists
- Occupational therapists
- Rehabilitation therapy and exercise

Notes: Physical and occupational therapy is limited to services that assist the member to achieve and maintain self-care and improved functioning in other activities of daily living.

Cardiac rehabilitation is provided subject to the limitations below.

Therapy to restore bodily function is provided only when there has been a total or partial loss of bodily function due to injury or illness.

Services are limited to those that continue to meet or exceed the treatment goals established by the provider. For the physically disabled--maintenance of functioning or prevention of or slowing of further deterioration.

Hearing Services

- Audiogram if medically indicated
- Placement of hearing aid when medically necessary

Vision Services

- Eye examination (vision screening) to determine the need for vision correction
- Ocular prosthesis if medically indicated
- Optometry services
- Corrective lenses as medically indicated

Foot Care

- Corrective orthopedic shoes, arch supports, braces, splints or other foot care items if medically indicated

Orthopedic and Prosthetic Devices

- Artificial limbs and eyes; stump hose
- Terminal devices
- Braces for arms, legs, back or neck
- External cardiac pacemaker
- Internal prosthetic devices, such as artificial joints, pacemakers
- Foot orthotics when medically necessary

Durable Medical Equipment

Provision of necessary durable medical equipment, including repair and adjustment, as prescribed by the provider, such as:

- Hospital beds
- Standard wheelchairs
- Crutches
- Walkers
- Blood glucose monitors
- Suction machines
- Oxygen

Educational Material, Classes or Programs

- Health education material, classes and programs are provided

Preventive Health Care Services

Service Description
<p>Routine Immunizations</p> <ul style="list-style-type: none">▪ Limited to Td, MMR, influenza (age 50 or older), pneumococcal vaccine (age 65 or older)
<p>Medically Indicated Immunizations</p>
<p>Hepatitis A Vaccination for Occupational Risk</p>
<p>Hepatitis B Vaccinations will be Administered According to Correctional Managed Health Care Infection Control Policy and Protocol</p>
<p>Post-exposure Testing and Prophylaxis for Offender Non-occupational Bloodborne Pathogen Exposure</p>
<p>TB Related Services</p> <ul style="list-style-type: none">▪ Annual TB screening tests▪ Treatment of Latent TB infection▪ Directly observed therapy for TB disease▪ Treatment for TB, including respiratory isolation when indicated▪ Contact investigation around active TB cases▪ Specialty Consultation for drug-resistant TB cases

<p>HIV Related Services</p> <ul style="list-style-type: none"> ■ HIV testing and counseling upon intake and prior to release as required by state law ■ HIV testing and counseling upon request (no more than every 6 months) ■ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol ■ Opportunistic infection prophylaxis ■ Infectious disease consultation for HIV infection
<p>Partner Elicitation and Referral for Sexually Transmitted Diseases, Including HIV</p>
<p>Syphilis Screening upon Intake</p>
<p>Testing for Communicable Diseases when Clinically Indicated</p>
<p>Treatment of Chronic Hepatitis B and C According to Correctional Managed Health Care Policies and Protocols</p>
<p>Hepatitis C Antibody Testing upon Offender Request</p> <ul style="list-style-type: none"> ■ Not greater than once per year
<p>Post-exposure Prophylaxis for Varicella when Medically Indicated</p>
<p>Post-exposure Prophylaxis for Meningitis when Clinically Indicated</p>
<p>Periodic Medical Assessments as Required for Certain Job Assignments Involving Excessive Noise Exposure or use of a Respirator</p>
<p>Access to Personal Hygiene Supplies as Described in Correctional Managed Health Care Policy and Protocol</p>
<p>Periodic Physical Examination, According to Frequency Designated in Policy</p>
<p>Annual Fecal Occult Blood Test Over Age 50</p>
<p>Health Education Services</p>

Mammogram Services for Females

- Baseline mammogram at age 40
- Mammogram every 1-2 years for ages 40-49; annually from age 50 and higher

Annual Pelvic Exam and Pap Smear for Females

- Frequency may be adjusted by the provider when clinically indicated

Obstetrical Services

- Prenatal and postnatal care, including medically indicated vitamins and nutritional care
- Delivery and complications of pregnancy

Note: Elective termination of pregnancy is not covered. Medical care of the newborn infant is not covered.

Surgical and Anesthesia Services Provided by Providers and Other Health Care Professionals

Facility Providers must obtain precertification for all offsite surgical procedures.

Service Description
<p>Surgical Procedures</p> <p>A comprehensive range of services, such as:</p> <ul style="list-style-type: none">■ Operative procedures■ Treatment of fractures, including casting■ Normal pre- and post-operative care by the surgeon■ Endoscopy procedures■ Biopsy procedures■ Removal of tumors and cysts■ Insertion of internal prosthetic devices

Services Provided by an Infirmary, Hospital or Other Facility and Ambulance Services

Facility physicians must obtain precertification for hospital stays. All services are subject to a finding of medical necessity.

Service Description
<p>Infirmary Care</p> <p>Health care services at TDCJ facilities with infirmaries for an illness or diagnosis that requires limited observation and/or management by a registered nurse, but does not require admission to a licensed hospital.</p>
<p>Inpatient Hospital</p> <p>Room and Board</p> <ul style="list-style-type: none">■ General Nursing Care■ Meals and Special Diets <p>Other Hospital Services, such as:</p> <ul style="list-style-type: none">■ Operating, recovery, obstetrical and other treatment rooms■ Prescribed drugs and medicines■ Diagnostic laboratory tests and X-rays■ Administration of blood and blood products■ Blood or blood plasma■ Dressings, splints, casts and sterile tray services■ Medical supplies and equipment, including oxygen <p>Anesthetic services as necessary</p>

Hospice Care

Supportive and palliative care for the terminally ill is provided in a designated hospice facility. Services include inpatient and outpatient care. These services are provided by a multidisciplinary team under the direction of the facility provider who certifies the terminal stages of illness, with a life expectancy of approximately six months or less. Services include appropriate support services at the correctional unit for the offender's family as outlined in policy.

Ambulance

Local professional ambulance service when medically necessary

Medical Emergency Services

A medical emergency is the sudden and unexpected onset of a condition or an injury that the facility provider believes endangers life or could result in serious injury or disability, and requires immediate medical or surgical care.

Mental Health Services

Service Description

Mental Health Care

Diagnostic and treatment services recommended by a qualified mental health provider, including:

- Professional services such as medication monitoring and management
- Outpatient services
- Psycho-social services as indicated
- Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care
- Crisis management / Suicide Prevention
- Continuity of care services
- Specialized mental health programs
 - Program for the Aggressive Mentally-Ill Offender
 - Developmental Disabilities Program
 - Restrictive Housing step-down program
 - Program for the chronic self-injurious
- Emergency mental health services are available 24 hours a day, seven days per week

Pharmacy Services

Service Description

Medically necessary medications are provided to offenders when clinically indicated.

- Over the counter medications as specified by the formulary and policy
- Formulary prescription medications
- Non-formulary medications must have prior authorization through the non-formulary approval process
- Maintenance medications are dispensed as a 30-day supply with up to 11 refills authorized
- Acute medications (e.g., antibiotics) are dispensed as a course of therapy and may not be refilled without obtaining a new prescription from the provider
- Certain medications may be provided KOP (Keep on Person) based on policy

Dental Services

Eligibility for Dental Services:

- All offenders are eligible for emergency or urgent needs (Level 1).
- All offenders are eligible for interceptive care (Level 2). Subject to co-payment.
- All offenders are eligible for routine care (Level 3) after 12 months of incarceration and demonstration of satisfactory oral hygiene. Subject to co-payment.
- Referrals for evaluation and treatment by specialists will be subject to utilization review process and require prior authorization.
- Dentists may request variation from the guidelines regarding eligibility and scope of services for the protection of patients judged to have special dental needs jeopardizing overall health.

Service Description
Diagnostic/Preventive Dentistry by Primary Dentist <ul style="list-style-type: none">■ Initial/Periodic oral examination■ Development of treatment plan■ Oral cancer examination■ Visual aids■ Consultations
Dental X-rays <ul style="list-style-type: none">■ Bitewing■ Single■ Other X-rays<ul style="list-style-type: none">■ Full Mouth■ Panoramic

Prophylaxis

- Oral hygiene instruction
- Fluoride treatment
- Sealant treatment (per tooth)
- Infection control

Restorative (fillings) by Primary Dentist

- Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces)
- Composite resin (white) restorations on anterior teeth (1, 2, 3 or more surfaces)
- Acid etch bonding for repair of incisal edge

Endodontics (Root Canal Therapy/Anterior Teeth) by Primary Dentist

Oral Surgery by Primary Dentist

- Single/multiple tooth extraction(s)
- Surgical extraction-erupted tooth
- Surgical extraction-soft tissue impaction
- Surgical extraction-partial bony impaction
- Surgical extraction-full bony impaction

Periodontics (Gum treatment) by Primary Dentist

- Occlusal Adjustment-Limited
- Occlusal Adjustment-Complete
- Periodontal scaling and root planing (per quadrant)

Major restorative dentistry by Primary Dentist

- Re-cement crown/bridge
- Post for crown
- Stainless steel crown

Prosthodontics by Primary Dentist

- Medically Necessary Prosthodontics (dentures)
- TMJ Appliance

University Providers will demonstrate best effort to comply with a 30-90 day time frame for delivery of those qualifying for oral prosthetics.

The Offender Health Services Plan is intended to serve as a guide for determining the health care services provided to offenders. It is not intended to represent an all-inclusive list of services to be provided nor to replace sound clinical judgment of the health care providers. In addition, the Plan is intended to work in conjunction with other tools provided to health care providers such as the approved formulary and disease management guidelines adopted by the program.

The Plan should also be considered a work in progress. As necessary, the Plan will be updated to reflect changes in policy, practice and standards of care. The Plan was developed in a cooperative effort of the three medical directors involved in the correctional managed health care program, along with the input of management in various health care disciplines. The Plan also draws heavily on a number of reference documents, most notably, the Oregon Department of Corrections Health Care Plan and the HMO Blue Texas Plan.

Correctional Managed Health Care Contract FY 2020-2021 Biennium: An Overview

Presentation prepared for
Correctional Managed Health Care Committee
September 18, 2019

Lannette Linthicum, MD, CCHP-A, FACP
Director, Health Services Division, TDCJ
and

Ron Steffa, MBA, Deputy Chief Financial Officer, TDCJ



This presentation will focus on providing the Correctional Managed Health Care Committee with an understanding of the key changes for the Correctional Managed Health Care (CMHC) FY2020-2021 biennium contracts between the Texas Department of Criminal Justice (TDCJ), the University of Texas Medical Branch (UTMB) and the Texas Tech University Health Sciences Center (TTUHSC).



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Correctional Managed Health Care Contract Process

- ❖ Each partner agency (TDCJ, UTMB and TTUHSC) established contract review teams to update the current contracts.
- ❖ The contract review teams worked independently reviewing and suggesting changes and/or deletions from the current contracts and updated language from House Bill 1, 86th Legislature, Regular Session, Article V, Rider 43.

Key Changes to the Contract

- ❖ The Correctional Managed Health Care contracts for FY 2020-2021 provide the same level of services as prior contracts with the following changes to:
 - Liaison with the Bureau of Radiation Control
 - Policies and Standards Development and Approval
 - Biennial Funding

Liaison with the Bureau of Radiation Control

- ❖ Each University will provide liaison with the Bureau of Radiation Control, provide radiation safety services, equipment registration, and coordinate related policy and procedure development or revision.

Development and Approval of Policies and Standards

- ❖ Policies and Standards: clarified that policies are developed in accordance with procedures implemented by the Joint Correctional Managed Health Care Policy and Procedure Committee and are approved by the University Medical Directors and the TDCJ Division Director for Health Services.

Comparison of Biennial Funding Level

- ❖ FY 2020-21 funding for Correctional Managed Health Care totals \$1.28 billion, while this represents a decrease from the 2018-19 biennial funding level, additional funding has been provided for:
 - Maintaining operations \$160 million
(Supplemental of \$190 million for FY18-19)
 - Capital equipment \$2 million
 - Sheltered Housing (Stiles Unit) \$4.7 million
 - Developmental Disabilities Program \$452,500
(Occupational Therapy Program at the Hodge Unit)
 - Discharge Prescriptions \$743,000

Comparison of Biennial Funding Level

CMHC

	Initial Appropriations	Supplemental	Biennial Total
FY 18-19	\$ 1,115,031,671	\$ 190,000,000	\$ 1,305,031,671
FY 20-21	\$ 1,282,970,795	TBD	\$ 1,282,970,795
Difference	\$ 167,939,124		\$ (22,060,876)

Comparison of Biennial Funding Level

TTUHSC

	FY18-19 Total	FY20-21 Total
C.1.8. Unit & Psychiatric Care	\$ 122,046,444	\$ 125,115,139
C.1.9. Hospital & Clinical Care*	\$ 72,604,603	\$ 84,432,042
C.1.10. Managed Health Care - Pharmacy	\$ 24,349,643	\$ 27,935,643
TTUHSC Total:	\$ 219,000,690	\$ 237,481,824

* C.1.9 includes \$8,658,561 supplemental appropriations.

UTMB

	FY18-19 Total	FY20-21 Total
C.1.8. Unit & Psychiatric Care	\$ 491,060,018	\$ 510,288,447
C.1.9. Hospital & Clinical Care*	\$ 497,483,102	\$ 418,225,663
C.1.10. Managed Health Care - Pharmacy	\$ 97,487,861	\$ 116,944,861
UTMB Total:	\$ 1,086,030,981	\$ 1,045,488,971

* C.1.9 includes \$ 181,341,439 supplemental appropriations.

Questions?



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