



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 7, 2022

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 7, 2022

10:00 a.m.

UTMB Conroe Administrative Office
200 River Pointe Dr. Ste. #200
Conroe, TX 77304

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
 1. Date and location of 2023 meetings
 2. Possible site visit in conjunction with or separate from meetings
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, September 14, 2022
 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
- V. Update on Financial Reports
- VI. Medical Directors Updates
 1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2022 Fourth Quarter Report
 2. Texas Tech University Health Sciences Center

3. The University of Texas Medical Branch

VII. Behavioral Integrated Management System (BIMS) Pilot

CMHCC Joint Medical Directors Working Group
DeShields, Denise, MD
Executive Medical Director, TTUHSC-CMC

Presented by:

Jason Delay LPC-S
Senior Medical Health Manager, Robertson Unit

VIII. Public Comments

IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
December 7, 2022

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 14, 2022

Chairman: Robert D. Greenberg, M.D.

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Michelle Erwin, Cynthia Jumper, M.D., Brian Edwards, M.D., Julia Hiner, M.D., Kris Coons

CMHCC Members Absent: John Burress, M.D., Phillip Keiser, M.D.

Partner Agency Staff Present: Eric Guerrero, Rebecca Waltz, Natasha Mills, Renee Warren, Lora Pace, Ashley Cameron, Jennifer Gonzales, Jewel Archie, Alice Castleberry, PhsyD, Eidi Millington, M.D., Michael Rutledge, Gloria Moore, Chris Black-Edwards, Texas Department of Criminal Justice (TDCJ); Lindsey Tubbs, Texas Tech University Health Sciences Center (TTUHSC); Owen Murray, D.O., Ryan Micks, Anthony Williams, Kelly Coates, Emily Mielsch, Monte Smith, D.O., Joseph Penn, M.D., Justin Robison, University of Texas Medical Branch (UTMB).

Others Present: None

Location: UTMB Correctional Managed Care (CMC) Offices, 200 River Pointe Drive, Suite 200 (Training Room), Conroe, TX 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Dr. Robert Greenberg</p> <p>II. Recognitions and Introductions - Dr. Greenberg</p>	<p>Dr. Robert Greenberg called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Greenberg acknowledged that all wishing to offer public comment were instructed to register prior to the meeting and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p> <p>Dr. Greenberg welcomed and thanked everyone for being in attendance.</p> <p>Dr. Greenberg asked if there were any recognitions or introductions.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p> <p>III. Chair's Report - Dr. Greenberg</p>	<p>Dr. Lannette Linthicum introduced and welcomed newly appointed member, Kris Coons to her first CMHCC meeting. Ms. Coons retired after a career in retail and marketing for various companies. She was previously appointed by Governor Abbott to serve on the Texas Juvenile Justice Advisory Board. She is a member of the National Society Daughters of the American Revolutions-Ol' Shavon Chapter, the National Society Colonial Dames XVII Century, the National Society of Dames of the Court of Hour, the National Society United States Daughters of 1812 and the National Society Daughters of the American Colonists. Additionally, Ms. Coons volunteers with the Assistance League of San Antonio. She received a Bachelor of Science in Marketing from Mississippi State University.</p> <p>Dr. Greenberg next moved on to agenda item III, Chair's Report.</p> <p>Dr. Greenberg reported that he toured the Montford Unit on July 18, 2022 and toured of Hospital Galveston with the Texas Board of Criminal Justice (TBCJ) on August 25, 2022. Dr. Greenberg stated he was very impressed with both facilities along with their dedicated personnel. Dr. Greenberg stated he presented to the TBCJ Healthcare Committee on August 26, 2022. Dr. Greenberg shared his presentation and noted the different CMHCC meetings held over the last year to give the Committee an idea of the activities of the CMHCC.</p>	<p>Dr. Linthicum provided a comment regarding the Montford Unit stating the unit is the most comprehensive medical unit in the system. Dr. Linthicum explained the unit is not only an Inpatient Psychiatric Unit and has the Western Regional Medical Facility. The Western Regional Medical Facility functions at a very high level by providing a multitude of services onsite. Dr. Linthicum also shared the unit has a long-term care unit for inmates who are unable to function in general population due to physical or mental disabilities.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items - Dr. Greenberg</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 15, 2022 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Greenberg next moved on to agenda item V, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the June 15, 2022 meeting –Dr. Burrus and Dr. Kieser.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 15, 2022 meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year (FY) 2022 Third Quarter Texas Department of Criminal Justice (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY 2022 Third Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2022 Third Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p>	<p>Dr. Greenberg asked for clarification regarding the nursing limited hours for rate per inmate.</p> <p>Justin Robison explained nursing limited encounters include the following examples: insulin administration, COVID-19 rounds, cell side treatments, ad seg rounds and other procedures that do not require a full encounter, (i.e., vital signs and documentation recording).</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.) - Dr. Greenberg</p> <p>V. Update on Financial Reports - Rebecca Waltz</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Third Quarter of FY 2022, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions. Dr. Greenberg asked Dr. Owen Murray if he would like to comment on expenditures within the UTMB sector.</p>	<p>Dr. Murray provided an explanation of UTMB's expenditures by stating that TTUHSC does not have access to the 340B Plan which provides a substantial savings to the state. Therefore, UTMB will take some of the more costly, higher acuity patients to take advantage of 340B cost savings.</p> <p>Dr. Linthicum explained that certain patients are placed in the UTMB sector preferentially. Dr. Linthicum stated all the female inmates are in the UTMB sector along with the majority of the dialysis patients, those with end stage renal disease, diabetics, solid organ transplant patients and hemophiliacs.</p>	<p>Dr. Cynthia Jumper made a motion to approve all consent items, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p>		<p>Dr. Jumper reported that TTUHSC saves the State money by transferring patients to the UTMB sector for treatment to utilize the 340B pricing.</p> <p>Dr. Julia Hiner asked if there was an age difference demographically regarding the cost per inmate over the age of 55 per day.</p> <p>Dr. Linthicum explained the split is roughly 80/20 with 80% of the population of inmates over the age of 55 in the UTMB sector. Dr. Linthicum added, UTMB has a unit called the Duncan Unit with has over 600 geriatric beds assigned to inmates except for those inmates who are assigned there to perform duties to support the unit; the Estelle Unit has a sheltered housing unit (SHU) that is attached to Regional Medical Facility (RMF) with an average age of 60. Dr. Linthicum explained there are several other SHUs on units such as: The Pack Unit in Navasota which houses a large population of elderly offenders also, Stiles, Jester III and Gib Lewis Unit. UTMB has the bulk of the elderly population with mobility impairments along with chronic illness.</p> <p>Dr. Linthicum explained the biggest challenge is an increase in numbers of geriatric inmates that includes those with co-occurring illnesses and therefore, are unable to be placed in the SHU because they are not independent in their activities of daily living (ADLs) and require placement in and infirmary on a permanent basis. Another issue is patients with mental health diagnoses plus chronic diseases. Currently the agency is looking at the Inpatient Behavioral Health Units to carve out some Sheltered Housing Beds within those units for those individuals because they need mental health and medical staff to round on them daily.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p>	<p>Dr. Greenberg asked if a comparison of cost for the 55+ inmates can be compared to the under 55 in a future report.</p> <p>Ms. Waltz answered that can be provided in the future.</p>	<p>Dr. Linthicum explained the 55+ population does utilize health services at a rate much higher than the younger population.</p> <p>Dr. Murray reported the 55+ population utilizes health services approximately 8% more than the under 55 population.</p> <p>Dr. Linthicum suggested the Universities could help with the breakdown.</p>	
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2022 Third Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thank Ms. Waltz then called on Dr. Lannette Linthicum to present the FY 2022 Third Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Correctional 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 and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p>		
<p>- Texas Tech University Health Sciences Center - Dr. Cynthia Jumper</p>	<p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Cynthia Jumper to present the report for TTUHSC Medical Director's Report.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2022 Third Quarter Report (cont.) - Dr. Lannette Linthicum</p> <p>- Texas Tech University Health Sciences Center - Dr. Cynthia Jumper</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p> <p>VII. CMHCC Mission, Vision, Core Values and Organizational Goals - Dr. Owen Murray</p>	<p>Dr. Jumper begins by stating they've hired their Senior Psychologist for Montford as well as the Lead Psychiatrist for Montford who starts October 1, 2022. Dr. Jumper reported the Health Science Center is looking to start a Fellowship in Forensic Psychiatry to be assigned as full-time faculty with TTUHSC. This will be a board certified forensically trained Psychiatrist. Dr. Jumper added that Texas Tech has opened a dental school that includes a denture making lab and digital scanning. Dr. Jumper stated they will be working TTUHSC-CMC on dentures that need to be made. Dr. Jumper thanked security staff for their help.</p> <p>Dr. Greenberg thanked Dr. Jumper and then called on Dr. Owen Murray to present the UTMB Medical Director's Report.</p> <p>Dr. Murray begins his report with mention of the recent tour of Hospital Galveston. Dr. Murray expressed a deep appreciation for the collaboration of the TBCJ, the CMHCC, the TDCJ and the universities. The level of advocacy is one of the more compelling tales of how prison healthcare is delivered across the State. Dr. Murray continued by explaining the importance and benefits of the residency program.</p> <p>Dr. Greenberg then called Dr. Murray to begin an overview of the CMHCC's Mission, Vision, Core Values and Organizational Goals.</p> <p>Dr. Murray stated after review, there were no recommendations for changes. The legal department reviewed the document as well and agreed that no changes were recommended at this time.</p> <p>Dr. Greenberg then called for a motion to reaffirm the current CMHCC Mission, Vision, Core Values and Organizational Goals. There were no comments or discussion the document.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. CMHCC Mission, Vision, Core Values and Organizational Goals (cont.) - Dr. Owen Murray</p> <p>VIII. Public Comments - Dr. Greenberg</p> <p>IX. Adjourn</p>	<p>Dr. Greenberg thanked Dr. Murray and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for December 7, 2022 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:22 a.m.</p>		<p>Dr. Linthicum made a motion to reaffirm the current CMHCC Mission, Vision, Core Values and Organizational Goals. Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

Robert D. Greenberg, M.D., Chairman
Correctional Managed Health Care Committee

Date

Consent Item

TDCJ Health Services
Monitoring Reports



TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

**Fourth Quarter, Fiscal Year 2022
(June, July, and August 2022)**

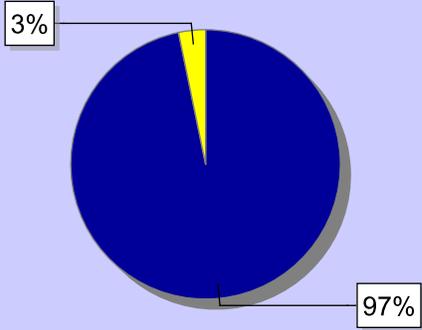
Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2022
June August 2022

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	
Cole	31	30	97%	15	14	93%	27	26	96%	11	10	91%	16	14	88%	6	6	100%
Fort Stockton	32	31	97%	13	13	100%	20	17	85%	10	10	100%	14	12	86%	2	2	100%
Goree	33	32	97%	12	10	83%	20	17	85%	9	8	89%	16	14	88%	7	7	100%
Havins	29	29	100%	13	12	92%	10	8	80%	10	10	100%	2	2	100%	6	6	100%
Holliday	33	32	97%	15	15	100%	35	31	89%	12	12	100%	14	12	86%	7	7	100%
Hutchins	31	31	100%	15	15	100%	37	22	59%	12	11	92%	16	14	88%	7	7	100%
Lynaugh	30	29	97%	13	9	69%	17	15	88%	10	10	100%	15	14	93%	4	4	100%
Moore (C)	31	31	100%	13	13	100%	32	26	81%	10	10	100%	2	1	50%	6	6	100%
Wayne Scott	31	31	100%	13	11	85%	28	20	71%	9	9	100%	41	39	95%	7	7	100%

n = number of applicable items audited.

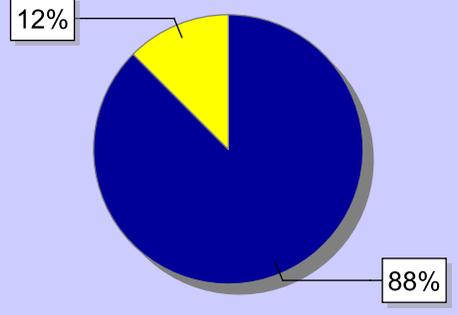
Compliance Rate By Operational Categories for
COLE FACILITY
June 07, 2022

Administrative/Medical Records



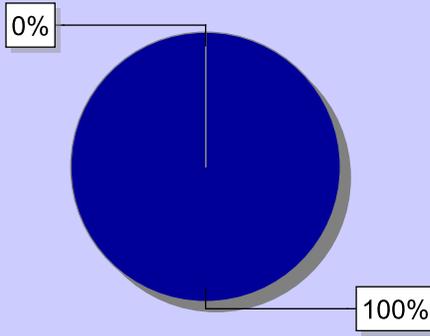
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Mental Health



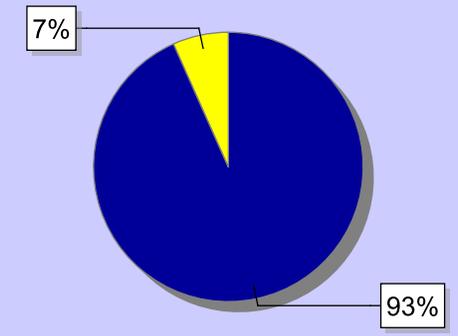
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



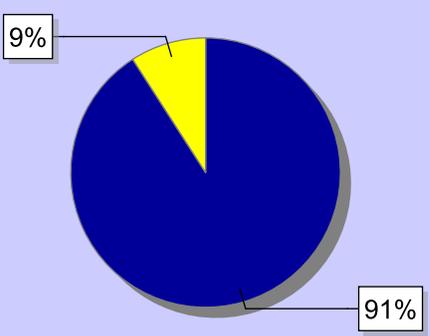
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Nursing



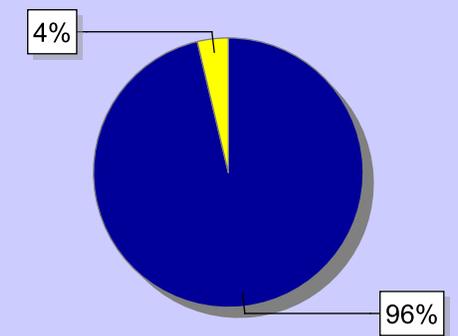
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



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

Coordinator of Infections Disease

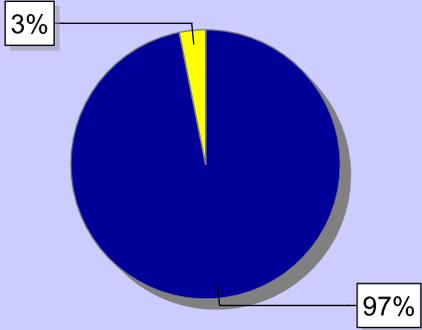


● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for FORT STOCKTON FACILITY

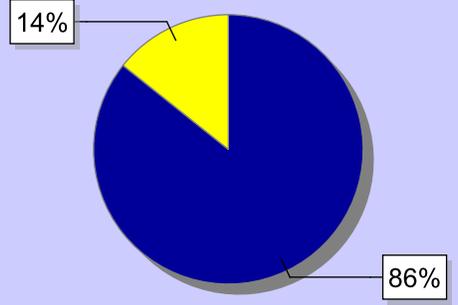
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Administrative/Medical Records



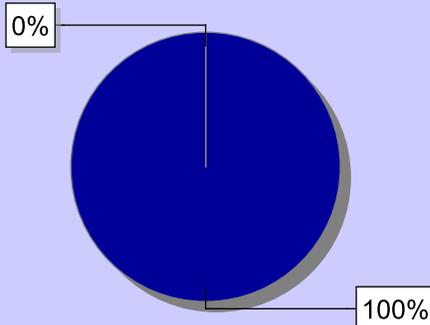
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Mental Health



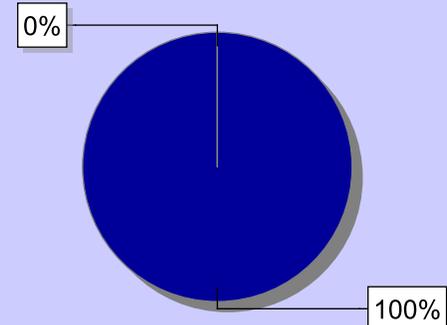
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Fiscal Monitoring



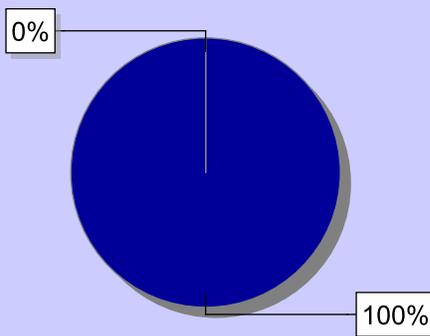
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Nursing



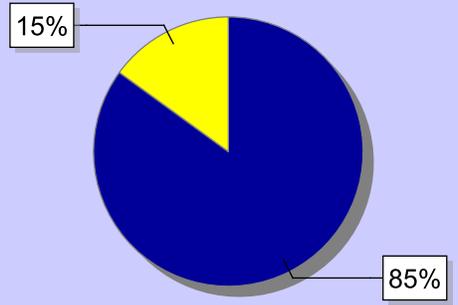
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



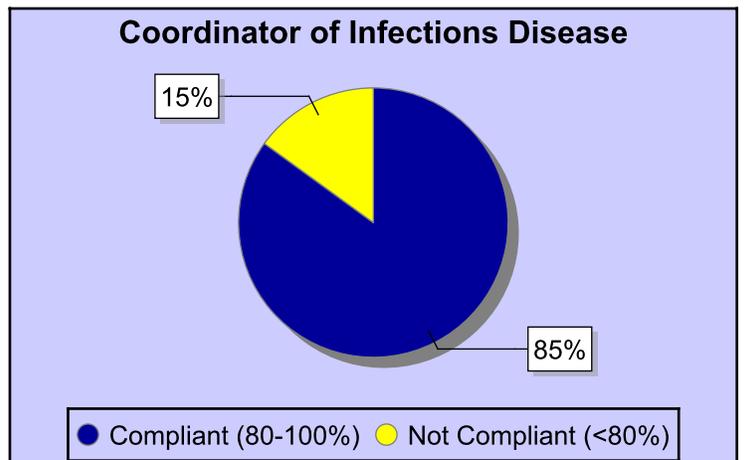
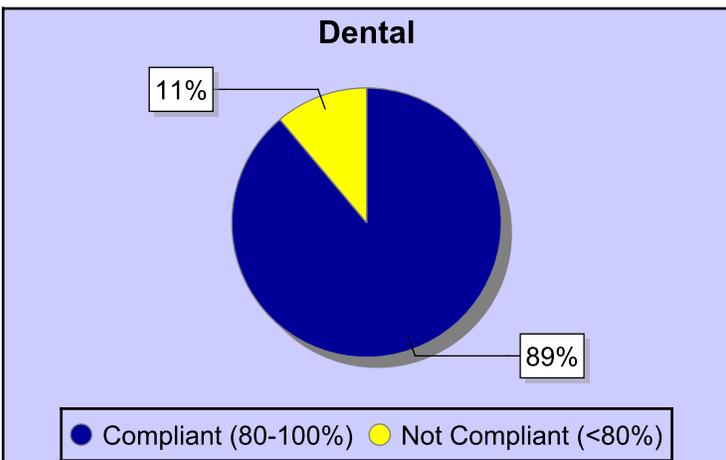
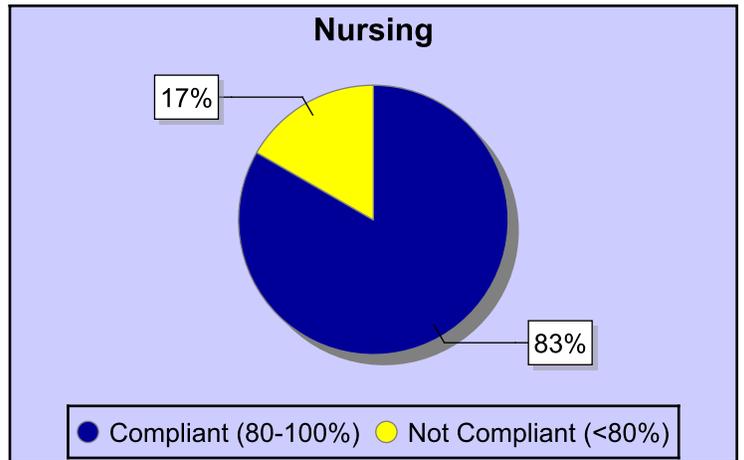
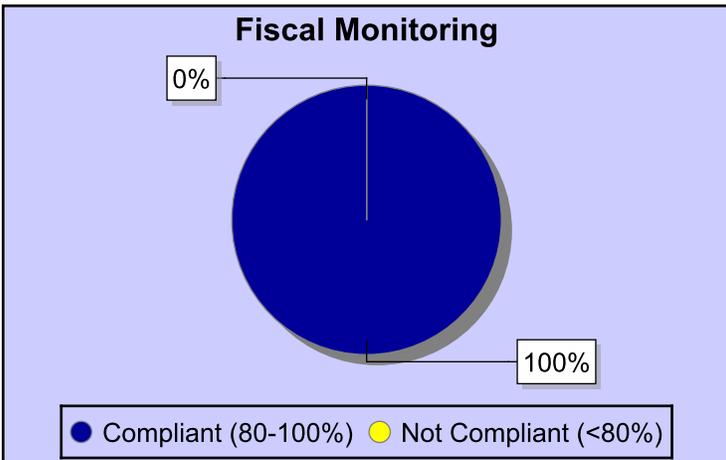
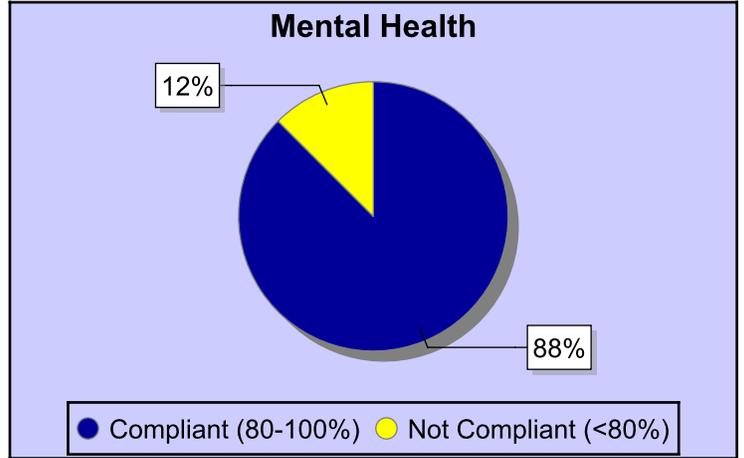
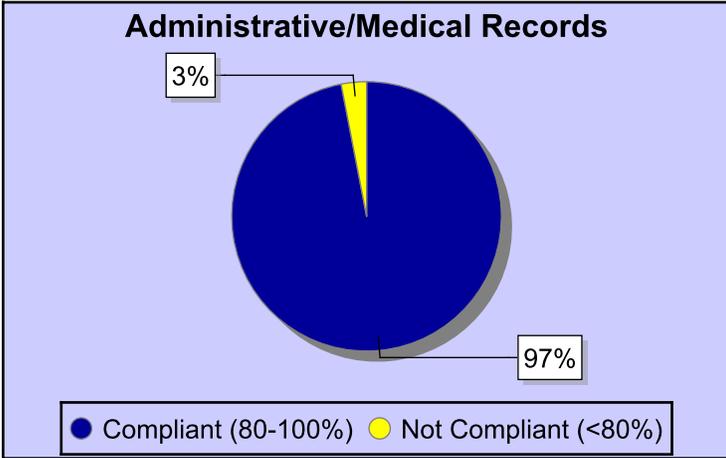
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease

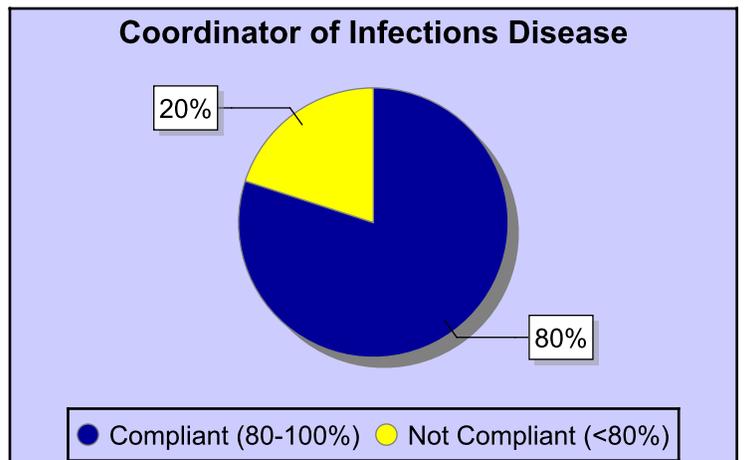
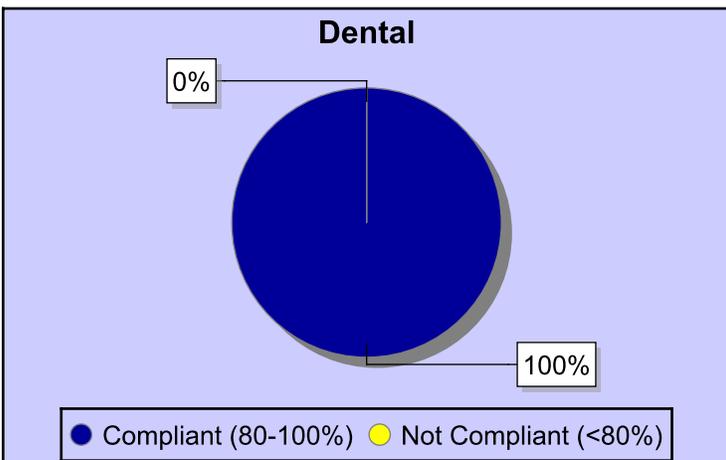
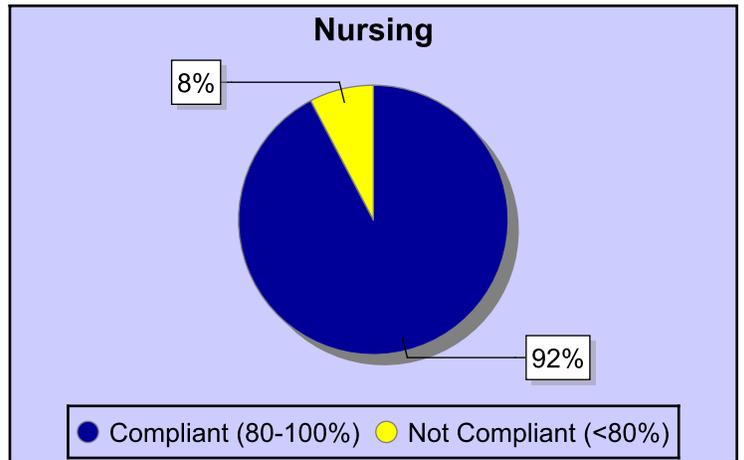
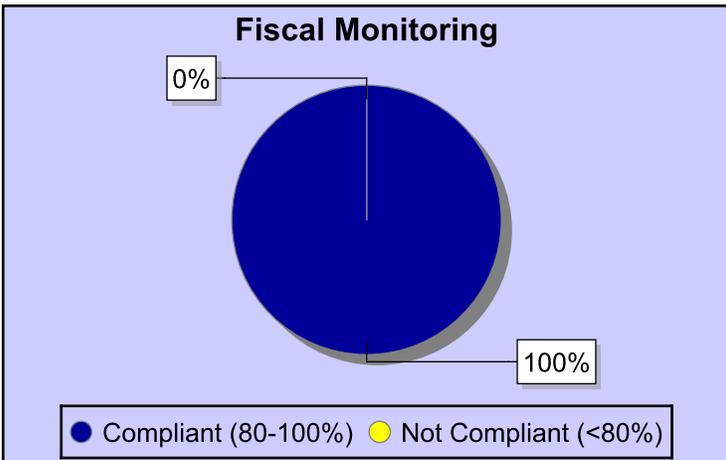
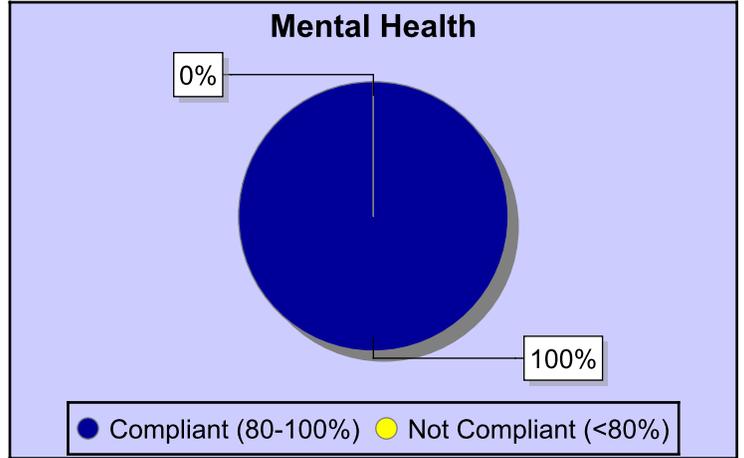
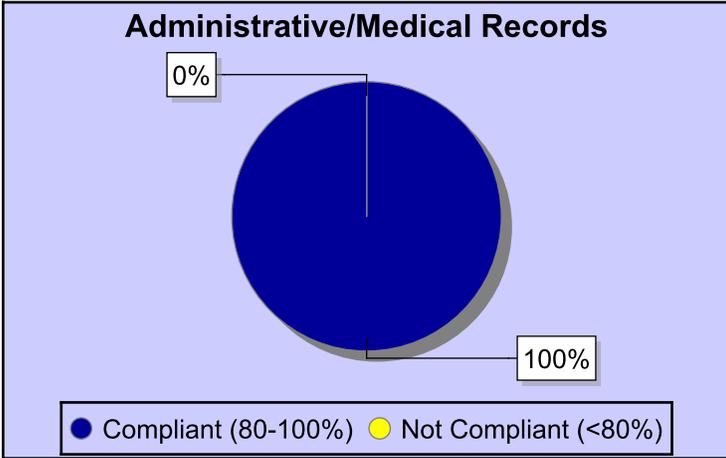


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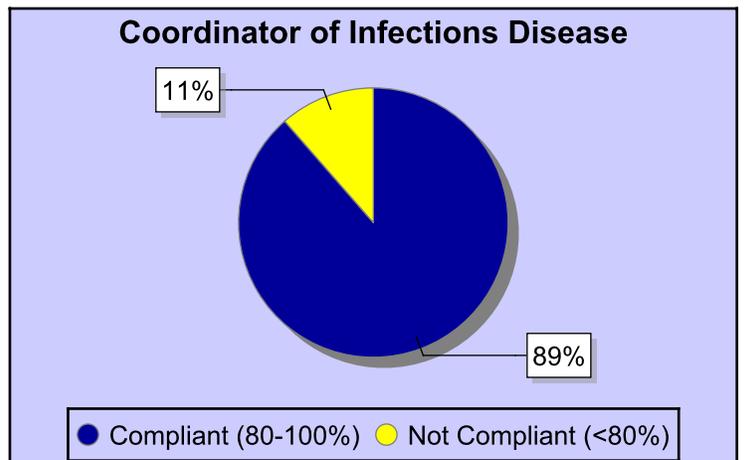
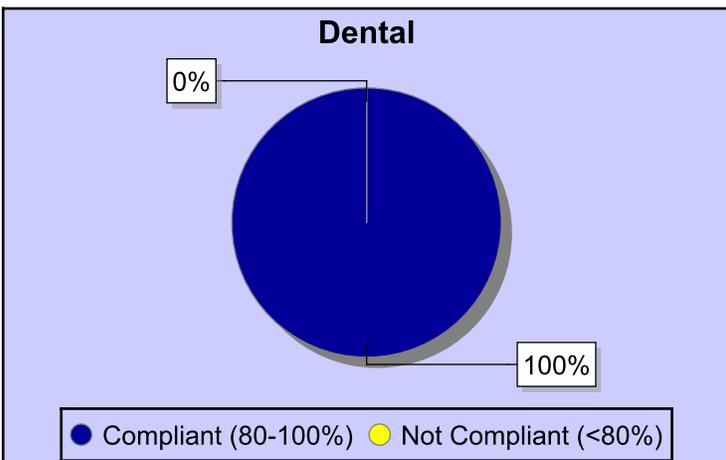
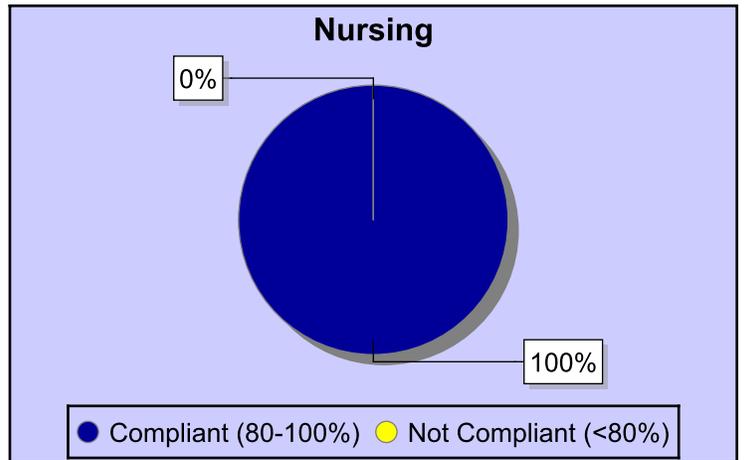
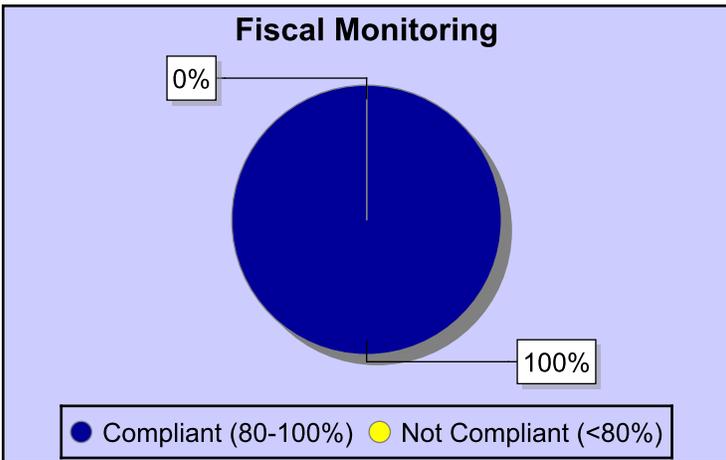
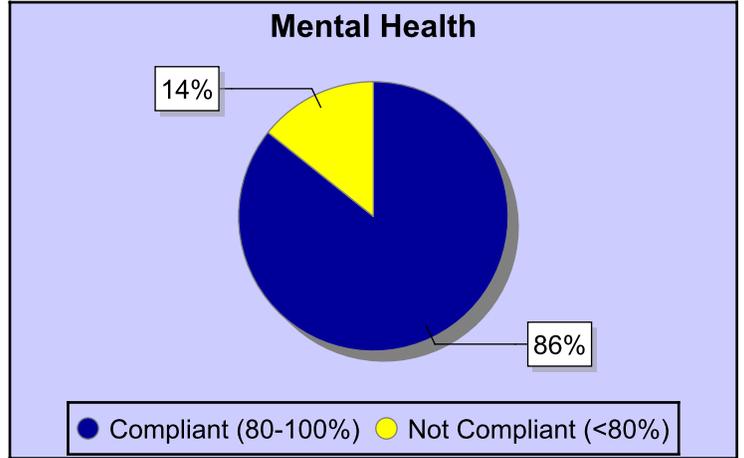
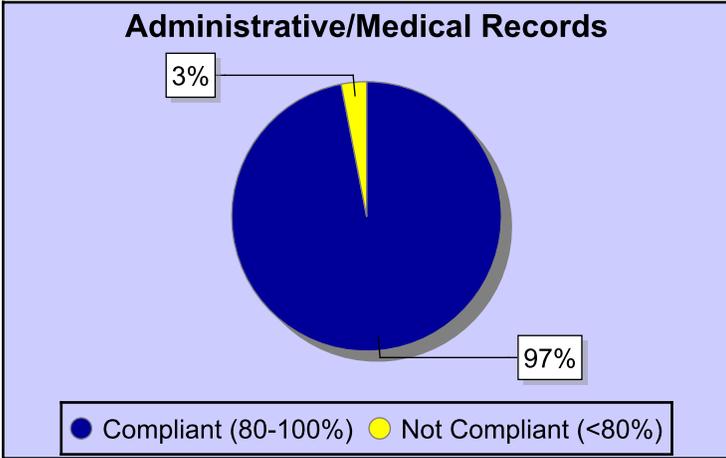
Compliance Rate By Operational Categories for
GOREE FACILITY
August 01, 2022



Compliance Rate By Operational Categories for
HAVINS FACILITY
August 09, 2022

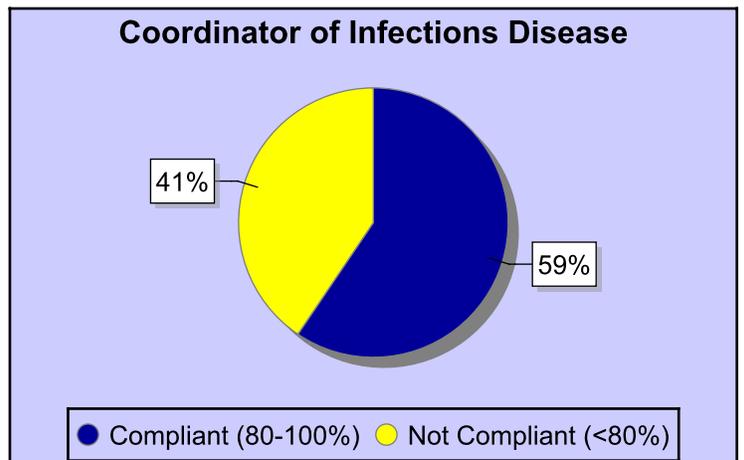
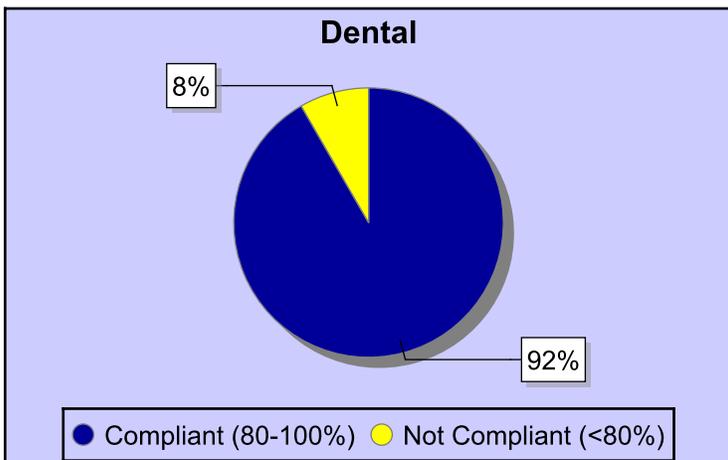
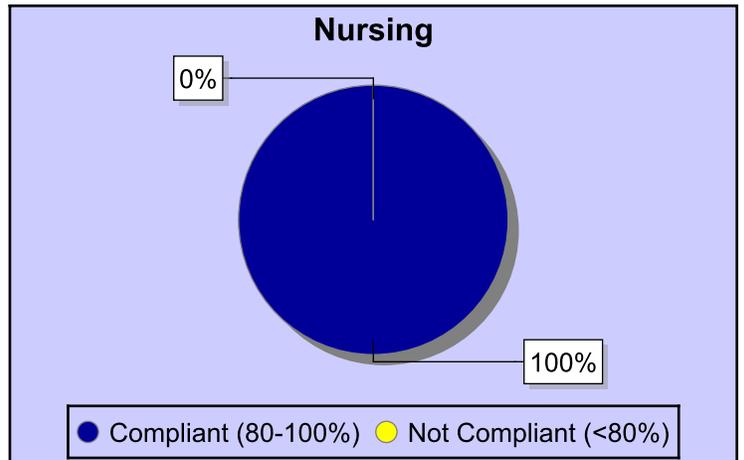
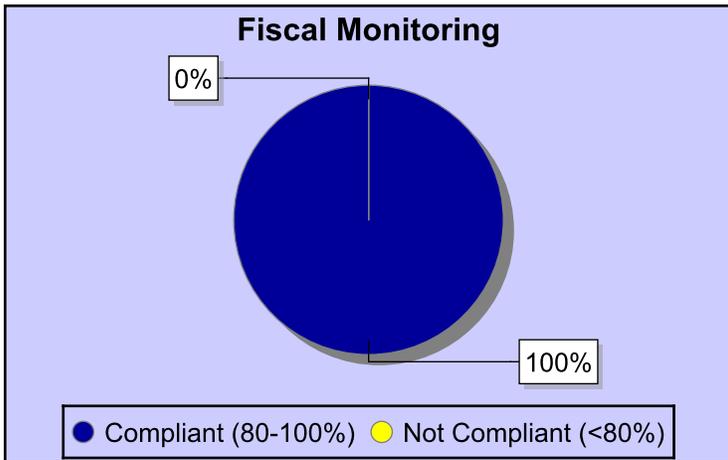
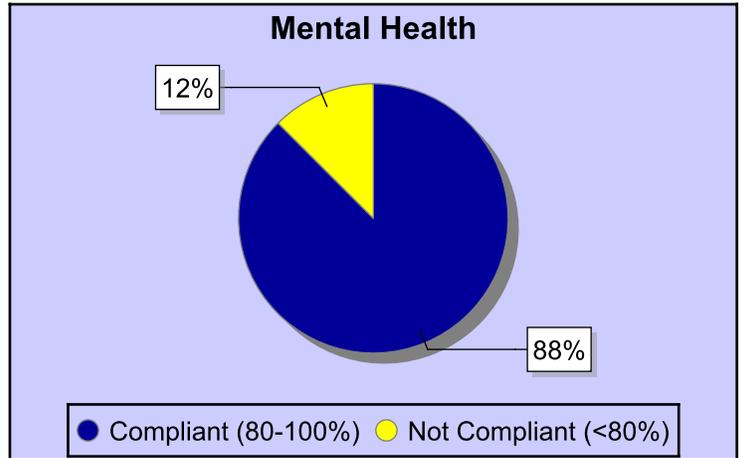
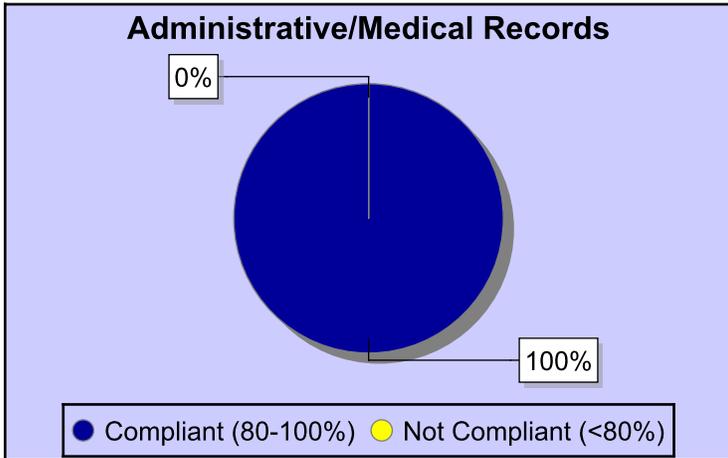


Compliance Rate By Operational Categories for
HOLLIDAY FACILITY
August 03, 2022

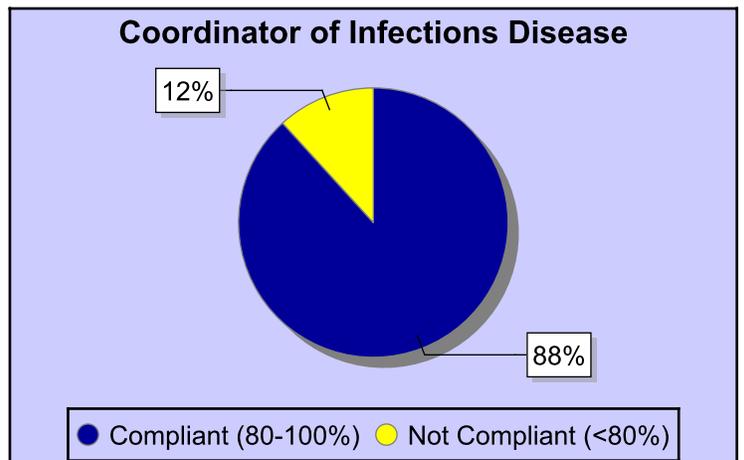
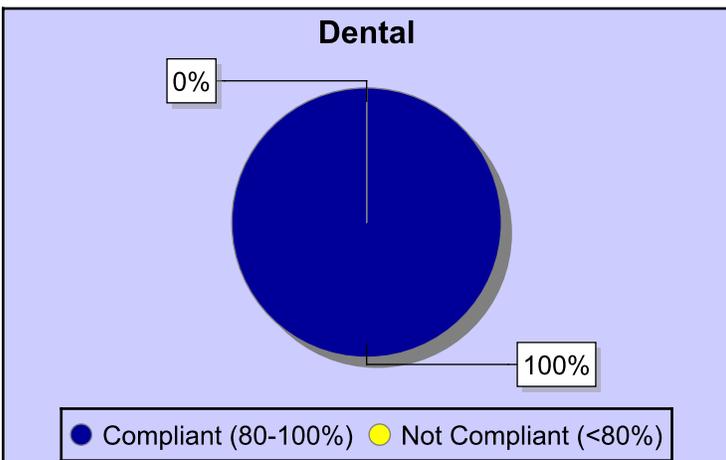
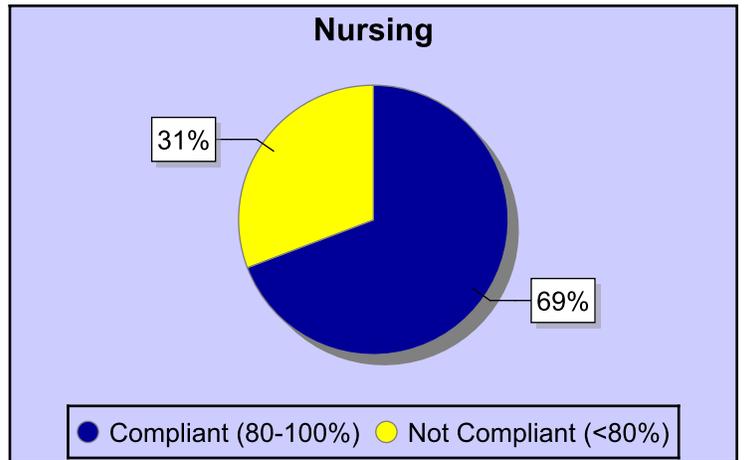
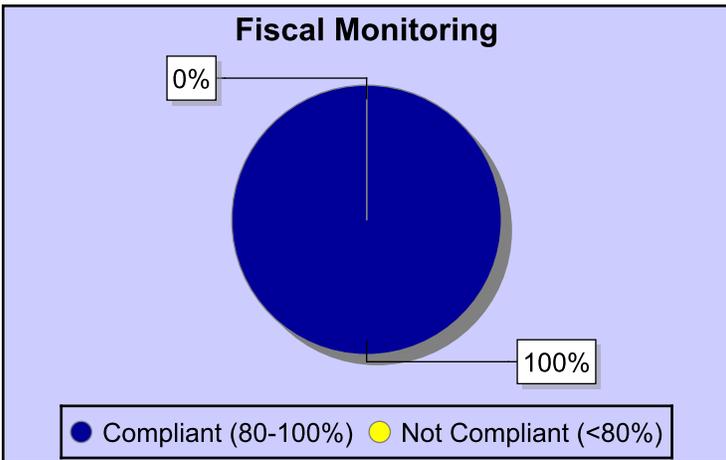
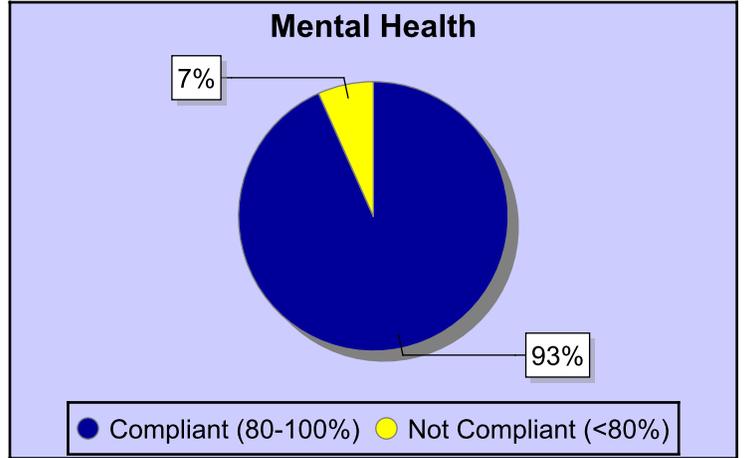
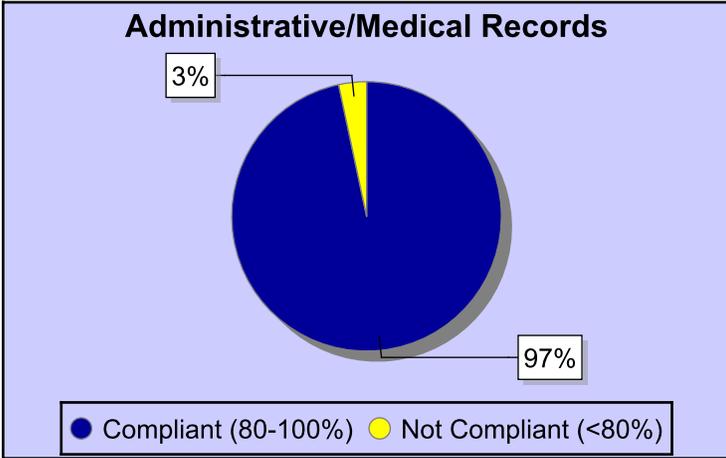


Compliance Rate By Operational Categories for HUTCHINS FACILITY

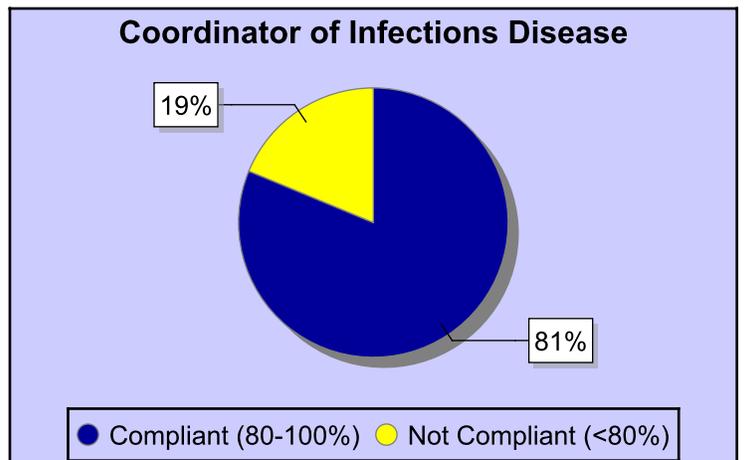
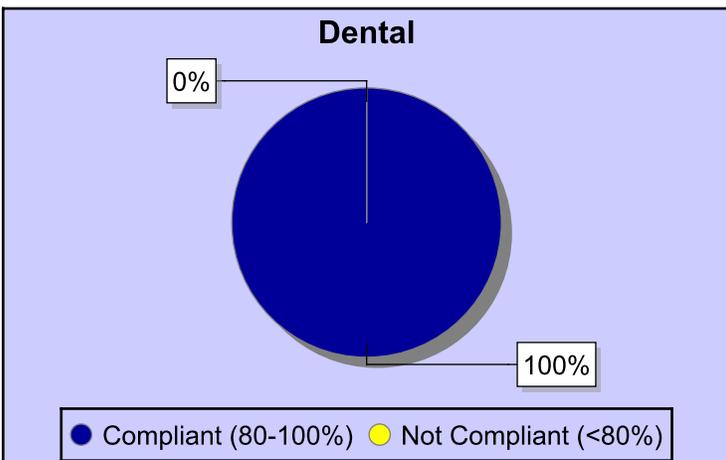
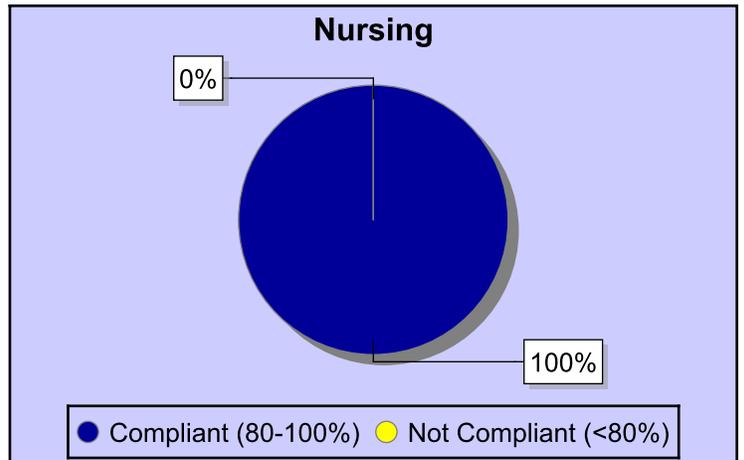
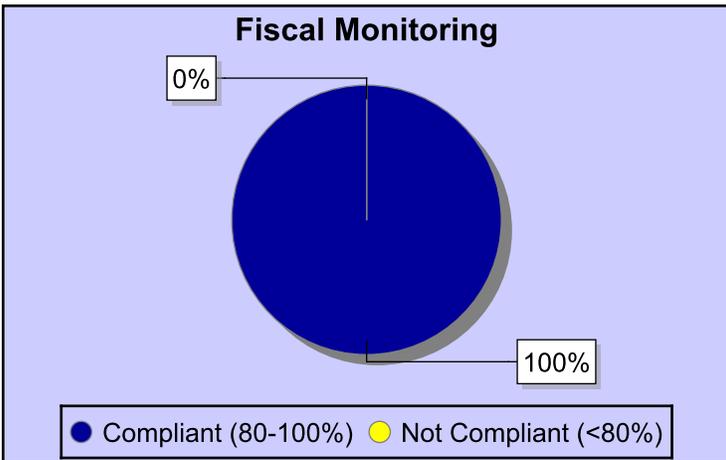
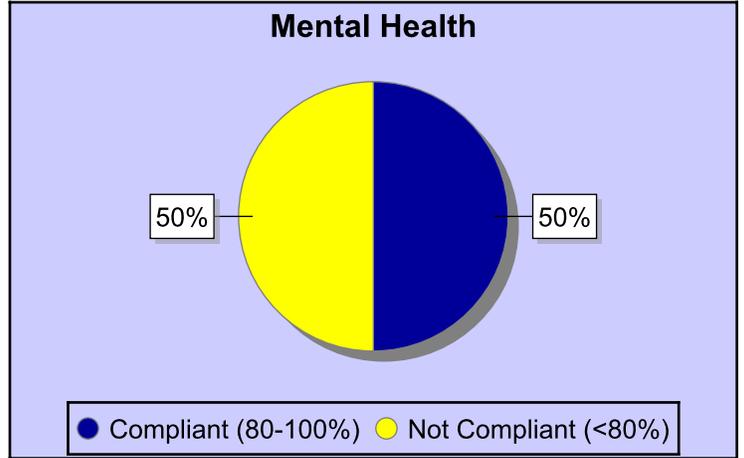
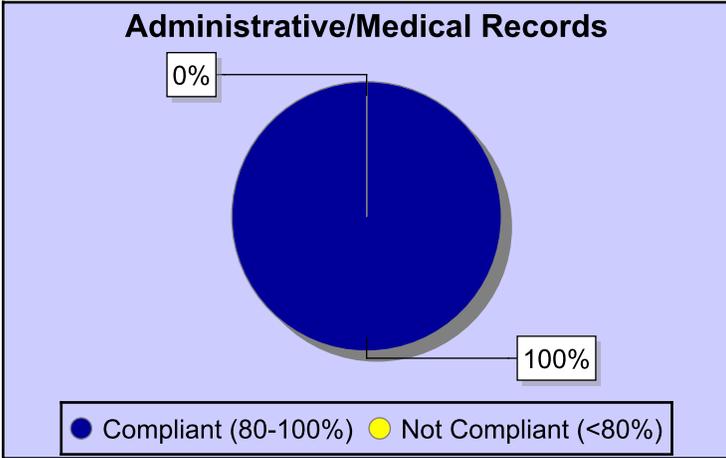
June 02, 2022



Compliance Rate By Operational Categories for
LYNAUGH FACILITY
July 12, 2022

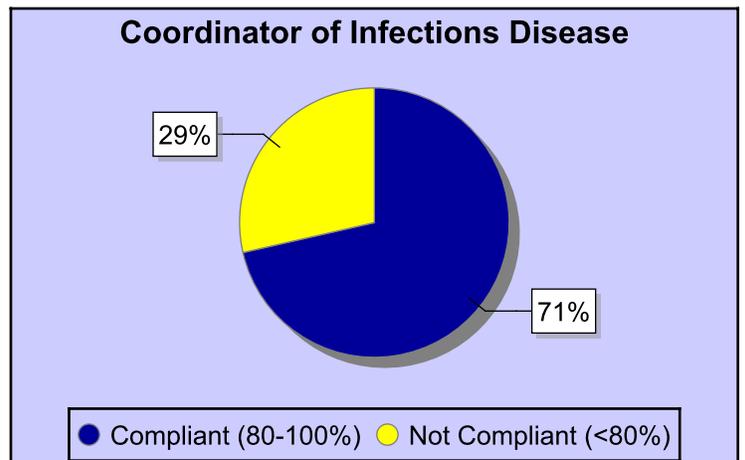
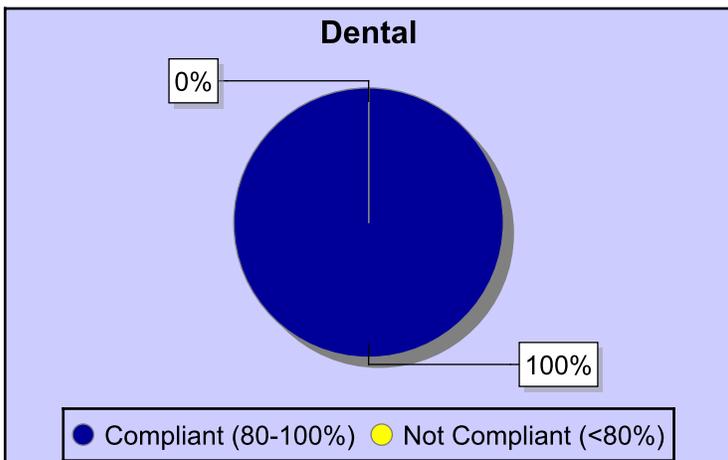
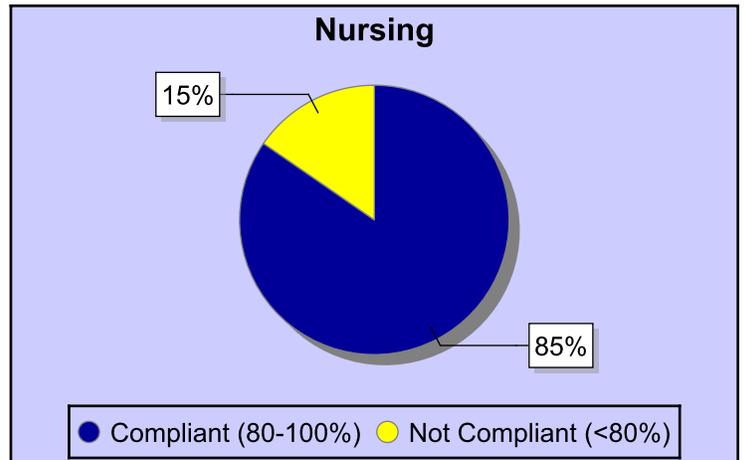
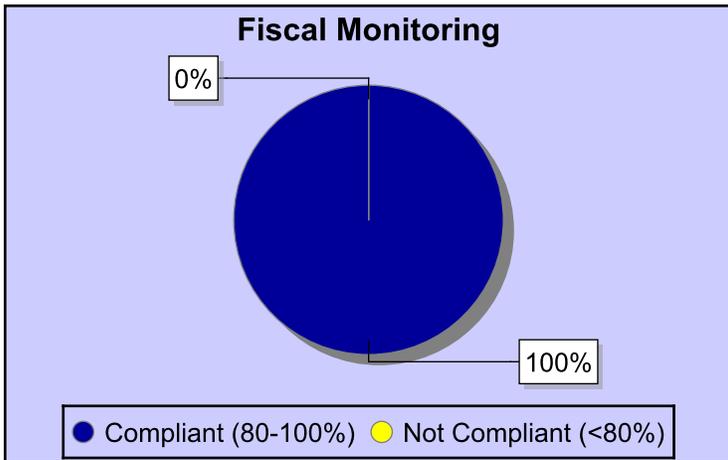
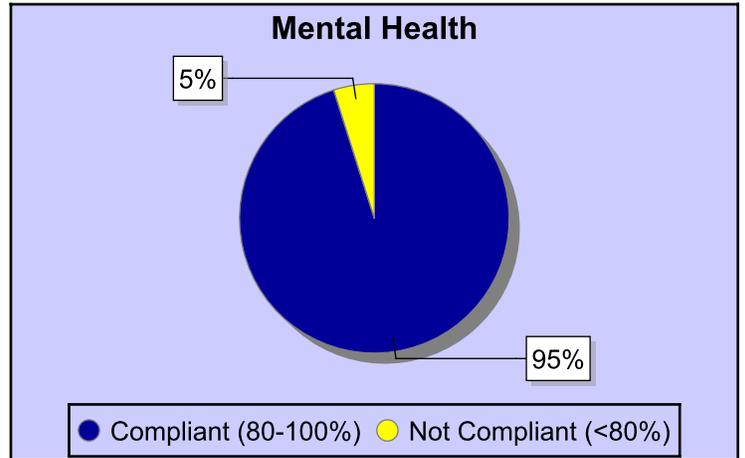
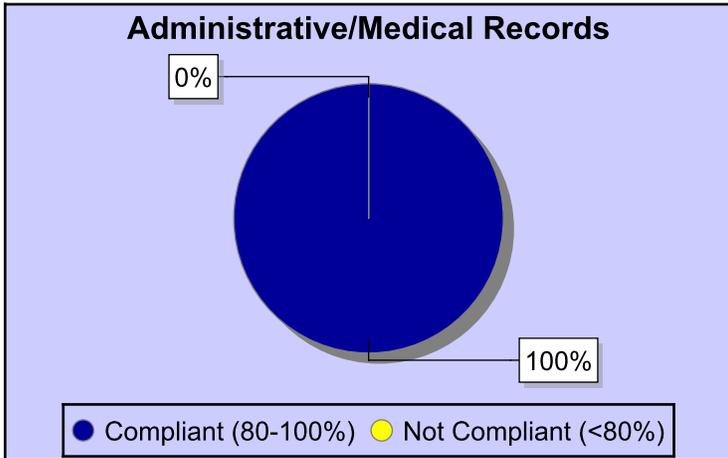


Compliance Rate By Operational Categories for
MOORE (C) FACILITY
June 08, 2022



Compliance Rate By Operational Categories for WAYNE SCOTT FACILITY

July 05, 2022



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended Aug 31, 2022**

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 *	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Crain	10	100	0	0
Diboll	10	100	0	0
Duncan	10	100	0	0
East Texas TF	10	100	0	0
Goodman	10	100	0	0
Holliday	10	100	0	0
Hughes	10	100	0	0
Luther	10	100	0	0
Mountain View	10	100	0	0
Murray	10	100	0	0
Polunsky	10	100	0	0
Woodman	10	100	0	0
Wynne	10	100	0	0
Hightower	10	90	0	1
Hilltop	10	90	1	0
Bell	10	80	2	0
Pack	10	50	2	0
Huntsville	10	40	2	4

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

Total # of inmates in audit.

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2022	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		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
June	267	341	72	21.11%	69	25.81%	19	3	1.17%	1
July	274	227	25	11.01%	21	10.13%	2	4	1.76%	0
August	342	380	28	7.37%	26	6.84%	0	2	0.53%	0
Totals:	883	948	125	13.19%	116	14.45%	21	9	1.05%	1

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2022	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		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
June	1,314	1,259	27	2.14%	26	3.10%	13	1	0.08%	0
July	1,248	1,151	33	2.87%	27	4.26%	22	6	1.04%	6
August	1,363	1,429	32	2.24%	26	3.08%	18	6	0.63%	3
Totals:	3,925	3,839	92	2.40%	79	3.44%	53	13	0.57%	9
GRAND TOTAL=	4,808	4,787	217	4.53%						

*QOC= Quality of Care

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

June 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	7	10	20	60
Gonorrhea	2	5	8	13
Syphilis	206	14	1091	594
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	939	131	2852	622
Human immunodeficiency virus (HIV) +, known at intake	149	108	670	551
HIV screens, intake	3,710	2,354	17,206	13,140
HIV +, intake	34	18	184	131
HIV screens, offender- and provider-requested	648	387	2,502	2,300
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	2,428	2,053	11,548	11,310
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	3	15	14
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	97	119	515	605
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	29	155	194
Occupational exposures of TDCJ staff	10	12	52	53
Occupational exposures of medical staff	2	1	13	11
HIV chemoprophylaxis initiation	5	4	20	17
Tuberculosis skin test (ie, PPD) +, intake	68	72	314	226
Tuberculosis skin test +, annual	24	15	130	125
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	1	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	15	11
Tuberculosis cases under management	22	21		
Peer education programs [¶]	0	0	91	92
Peer education educators [⊖]	36	10	8,002	7,671
Peer education participants	2,993	3,340	20,665	13,047
Alleged assaults and chart reviews	79	100	565	574
Bloodborne exposure labs drawn on offenders	34	43	207	172
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

July 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	5	4	25	64
Gonorrhea	1	3	10	16
Syphilis	236	149	1352	743
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	2	0
Hepatitis C, total and (acute [‡])	156	111	939	733
Human immunodeficiency virus (HIV) +, known at intake	130	111	800	662
HIV screens, intake	3,930	2,349	21,136	15,489
HIV +, intake	24	23	208	154
HIV screens, offender- and provider-requested	485	365	2,987	2,665
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	2,202	2,068	13,750	13,378
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	2	17	16
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	86	122	601	727
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	33	187	227
Occupational exposures of TDCJ staff	6	10	58	63
Occupational exposures of medical staff	3	1	16	12
HIV chemoprophylaxis initiation	5	7	25	24
Tuberculosis skin test (ie, PPD) +, intake	84	17	398	243
Tuberculosis skin test +, annual	36	22	166	147
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	2	17	13
Tuberculosis cases under management	21	23		
Peer education programs [¶]	0	0	91	92
Peer education educators [∞]	36	30	8,038	7,701
Peer education participants	5,066	2,734	25,724	15,781
Alleged assaults and chart reviews	86	93	651	667
Bloodborne exposure labs drawn on offenders	41	32	248	204
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

August 2022

Reportable Condition	Reports			
	2022 This Month	2021 This Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	3	4	28	68
Gonorrhea	1	0	11	16
Syphilis	244	135	1629	878
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	2	0
Hepatitis C, total and (acute [‡])	109	164	1048	897
Human immunodeficiency virus (HIV) +, known at intake	113	144	913	806
HIV screens, intake	3,390	2,947	24,526	18,436
HIV +, intake	54	24	262	178
HIV screens, offender- and provider-requested	585	355	3,575	3,020
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	2,060	1,812	15,810	15,190
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	0	18	16
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	100	134	701	861
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	46	39	233	266
Occupational exposures of TDCJ staff	13	9	71	72
Occupational exposures of medical staff	2	5	18	17
HIV chemoprophylaxis initiation	7	5	32	29
Tuberculosis skin test (ie, PPD) +, intake	72	17	470	260
Tuberculosis skin test +, annual	10	16	176	163
Tuberculosis, known (ie, on tuberculosis medications) at intake	3	1	5	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	18	3
Tuberculosis cases under management	21	17		
Peer education programs [¶]	0	0	91	92
Peer education educators [∞]	51	19	8,089	7,720
Peer education participants	4,382	2,467	30,106	18,248
Alleged assaults and chart reviews	111	87	762	754
Bloodborne exposure labs drawn on offenders	51	34	299	238
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 4th Quarter of Fiscal Year 2022, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 459 hospital discharge and 46 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)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	35	0	N/A	0	N/A	0	N/A	1	2.86%	2	5.71%
July	38	3	7.89%	0	N/A	0	N/A	0	N/A	5	13.16%
August	33	1	3.03%	0	N/A	1	3.03%	0	N/A	1	3.03%
Total/Average	106	4	3.77%	0	N/A	1	0.94%	1	2.86%	8	7.55%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	131	9	6.87%	1	0.76%	2	1.53%	1	0.76%	12	9.16%
July	21	0	N/A	0	N/A	0	N/A	0	N/A	4	19.05%
August	95	4	4.21%	0	N/A	1	1.05%	0	N/A	9	9.47%
Total/Average	247	13	5.26%	1	0.40%	3	1.21%	1	0.40%	25	10.12%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	36	0	N/A	0	N/A	4	11.11%	0	N/A	0	N/A
July	34	0	N/A	0	N/A	3	8.82%	0	N/A	0	N/A
August	36	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	106	0	N/A	0	N/A	7	6.60%	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	202	9	6.87%	1	0.50%	6	2.97%	2	0.99%	14	6.93%
July	93	3	7.89%	0	n/a	3	3.23%	0	N/A	9	9.68%
August	164	5	7.24%	0	n/a	2	1.22%	0	N/A	10	6.10%
Total/Average	459	17	3.70%	1	0.22%	11	2.40%	2	0.44%	33	7.19%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	16	1	6.25%	0	N/A	0	N/A	1	6.25%	0	N/A
July	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	5	0	N/A	1	20.00%	0	N/A	0	N/A	0	N/A
Total/Average	25	1	4.00%	1	4.00%	0	N/A	1	4.00%	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	7	0	N/A	0	N/A	0	N/A	1	14.29%	0	N/A
August	10	0	N/A	0	N/A	1	10.00%	0	N/A	0	N/A
Total/Average	21	0	N/A	0	N/A	1	4.76%	1	4.76%	0	N/A
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)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	20	1	5.00%	0	N/A	0	N/A	1	5.00%	0	N/A
July	11	0	N/A	0	N/A	0	N/A	1	9.09%	0	N/A
August	15	0	N/A	1	6.67%	1	6.67%	0	N/A	0	N/A
Total/Average	46	1	2.17%	1	2.17%	1	2.17%	2	4.35%	0	N/A

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

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FOURTH QUARTER, FISCAL YEAR 2022**

Jun 22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Cole	21	1	1	0
Hutchins	32	3	3	11
Moore, C.	26	1	1	0

Jul 22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Fort Stockton	16	0	0	0
Lynaugh	35	0	0	0
Wayne Scott	107	0	0	0

Aug 22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Goree	40	0	8	0
Havins	19	0	0	0
Holliday	37	0	0	6

**CAPITAL ASSETS AUDIT
FOURTH QUARTER, FISCAL YEAR 2022**

Audit Tools	June	July	August	Total
Total number of units audited	3	3	3	9
Total numbered property	79	158	96	333
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Fourth Quarter FY-2022**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Michael	June 6-8, 2022	100%	98.6 %
Dominguez	June 13-15, 2022	100%	99.7%
Eastham(Wainwright)	July 11-13, 2022	100%	98.6%
Ellis	July 11-13, 2022	100%	98.2%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Robertson	June 20-22, 2022	100%	99.1%
Sanchez	July 18-20, 2022	100%	99.5%
Allred	August 29-31, 2022	100%	98.6%

Executive Services
Monthly Active Academic Research Projects
Correctional Institutions Division

FY-2022 Fourth Quarter Report: June, July and August

Project Number: 587-AR09 – Academic

<u>Researcher:</u> Marcus Boccaccini	<u>IRB Number:</u> 2009-032	<u>IRB Expiration</u> 6/23/2021	<u>Research Began:</u> 1/1/2009
<u>Title of Research:</u> Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism			<u>Data Collection Began:</u> 1/1/2009
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 2/28/2016
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 05/09/2023		<u>Projected Completion:</u> 12/31/2024

Project Number: 686-AR13 – Academic

<u>Researcher:</u> Jeffrey Bouffard	<u>IRB Number:</u> 10-12362	<u>IRB Expiration</u>	<u>Research Began:</u> 12/6/2013
<u>Title of Research:</u> Criminal Decision Making Among Adult Felony Inmates			<u>Data Collection Began:</u> 4/11/2014
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 6/12/2014
<u>Project Status:</u> Manuscript completed	<u>Progress Report Due:</u> 12/1/2021		<u>Projected Completion:</u> Indefinitely analyzing

Project Number: 723-AR15 – Academic

<u>Researcher:</u> David Pyrooz	<u>IRB Number:</u> 00001971	<u>IRB Expiration</u>	<u>Research Began:</u> 8/5/2015
<u>Title of Research:</u> Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Re-entry			<u>Data Collection Began:</u> 4/8/2016
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 12/31/2017
<u>Project Status:</u> Manuscript completed	<u>Progress Report Due:</u> 05/09/2023		<u>Projected Completion:</u> Indefinitely analyzing

Project Number: 783-AR18 – Academic

<u>Researcher:</u> Stephen Tripodi	<u>IRB Number:</u> 00000446	<u>IRB Expiration</u> 8/3/2021	<u>Research Began:</u> 5/1/2018
<u>Title of Research:</u> Multi-site Randomized Controlled Trial of the 5 Key Model Reentry			<u>Data Collection Began:</u> 5/3/2018
<u>Proponent:</u> Florida State University			<u>Data Collection End:</u> 8/15/2020
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> Progress report pending	<u>Projected Completion:</u>

Project Number: 785-AR18 - Academic

<u>Researcher:</u> Erin Orrick	<u>IRB Number:</u> 2018-03-38251	<u>IRB Expiration</u> 8/31/2021	<u>Research Began:</u> 5/22/2018
<u>Title of Research:</u> Correctional Officer Attrition Project			<u>Data Collection Began:</u> 11/6/2018
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 7/1/2020
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> 05/09/2023	<u>Projected Completion:</u> 04/01/2025

Project Number: 793-AR18 - Academic

<u>Researcher:</u> Sung Joon Jang	<u>IRB Number:</u> 1261257	<u>IRB Expiration</u>	<u>Research Began:</u> 2/8/2018
<u>Title of Research:</u> A Study of Restoration Outreach of Dallas (ROD) Ministries in Texas Prisons			<u>Data Collection Began:</u> 12/2/2019
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u> 1/27/2020
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 05/09/2023	<u>Projected Completion:</u> 12/31/2023

Project Number: 801-AR19 - Academic

<u>Researcher:</u> Bryon Johnson	<u>IRB Number:</u> 1432377	<u>IRB Expiration</u>	<u>Research Began:</u> 11/20/2019
<u>Title of Research:</u> Human and Transcendent Accountability			<u>Data Collection Began:</u> 3/16/2020
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 05/09/2023	<u>Projected Completion:</u> 12/31/2023

Executive Services
Monthly Active Medical Research Projects
Health Services Division

FY-2022 Fourth Quarter Report: June, July and August

Project Number: 615-RM10 – Medical - ACTIVE

<u>Researcher:</u> Heather Stevenson-Lerner	<u>IRB Number:</u> Flexible IRB	<u>IRB Expiration</u> 6/20/2022	<u>Research Began:</u> 9/12/2013
<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer			<u>Data Collection Began:</u> 1/1/2014
<u>Proponent:</u> 6/20/2022 UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 07/14/2023	<u>Projected Completion:</u> 01/01/2023	

Units Visited: Hospital Galveston Facility

Project Number: 729-RM15 – Medical - ACTIVE

<u>Researcher:</u> Jacques Baillargeon	<u>IRB Number:</u> 14-0283	<u>IRB Expiration</u> 12/13/2021	<u>Research Began:</u> 10/1/2015
<u>Title of Research:</u> 6/1/2015 The Health and Healthcare Needs of Older Prisoners – Epidemiology in the Texas Prison System			<u>Data Collection Began:</u>
<u>Proponent:</u> UTMB			<u>Data Collection End:</u> 12/31/2022
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 07/15/2023	<u>Projected Completion:</u> None provided.	

Project Number: 825-RM21 – Medical - ACTIVE

<u>Researcher:</u> Taylor Williams	<u>IRB Number:</u> 170160	<u>IRB Expiration</u> 4/9/2021	<u>Research Began:</u> 4/1/2021
<u>Title of Research:</u> Understanding the Prevalence of Chronic Disease Among Incarcerated People Living with HIV: A Descriptive Retrospective Cohort Study			<u>Data Collection Began:</u>
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 03/25/2023	<u>Projected Completion:</u> Not Determined	

Executive Services
Monthly Active Longitudinal Research Projects
Correctional Institutions Division

FY-2022 Fourth Quarter Report: June, July and August

Project Number: 221-RL02 - Academic Longitude

Researcher:

Elizabeth Cooksey

IRB Number:

12.06.05

IRB Expiration

7/19/2023

Research Began:

6/6/2002

Title of Research:

9/1/2020

Data Collection Began:

National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)

Proponent:

11/1/2021

Data Collection End:

National Organization for Research at the University of Chicago

Project Status:

Data Collection & Analysis

Progress Report Due:

Progress Report Pending

Projected Completion:

07/19/2023

4th Quarter FY 2022
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: June 2022, July 2022, and August 2022

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
05/01/22	Clemens	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
05/05/22	Ramsey	12	12	0	2	100%	100%	100%	100%
05/18/22	Sanchez	7	7	0	0	100%	N/A*	N/A*	N/A*
05/23/22	Lewis	7	7	0	0	100%	100%	100%	100%
05/24/22	Hutchins	11	11	0	2	100%	N/A*	N/A*	N/A*
05/26/22	Memorial	122	108	1	8	100%	100%	100%	100%
06/02/22	Pack	21	21	0	0	100%	100%	100%	100%
06/08/22	Murray	22	22	0	0	100%	100%	100%	100%
06/08/22	Mountain View	20	20	0	0	100%	100%	100%	100%
06/09/22	Hughes	53	50	0	2	100%	100%	100%	100%
06/16/22	Estelle	72	62	0	5	100%	100%	100%	100%
06/23/22	Powledge	20	20	0	0	100%	100%	100%	100%
06/23/22	Michael	356	305	1	12	100%	100%	100%	100%
07/07/22	Lopez	7	7	0	0	100%	N/A*	N/A*	N/A*
07/13/22	Gist	24	23	0	1	100%	N/A*	N/A*	N/A*
07/13/22	Lynchner	26	26	0	0	100%	N/A*	N/A*	N/A*
07/14/22	Stiles	74	68	1	3	100%	100%	100%	100%
07/19/22	Coffield	410	342	0	20	100%	100%	100%	100%
Total	18	1,264	1,111	3	55				

*There were no applicable Sick Call Requests sent during the last 6-month period for this unit.

^There were no inmates in Restrictive Housing at the time of the audit.

#Due to COVID-10 Restrictions no on-site audits were conducted which includes the 911 tool.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

4th Quarter FY 2022

Audits Conducted in June 2022, July 2022, and August 2022

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	June 2022	0	0	N/A	N/A	N/A
Montford	June 2022	5	5	5	100%	N/A
Skyview	June 2022	10	10	10	100%	N/A
Wayne Scott	June 2022	14	14	14	100%	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July 2022	0	0	N/A	N/A	N/A
Montford	July 2022	1	1	1	100%	N/A
Skyview	July 2022	11	11	11	100%	N/A
Wayne Scott	July 2022	12	12	12	100%	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August 2022	0	0	N/A	N/A	N/A
Montford	August 2022	11	11	11	100%	N/A
Skyview	August 2022	11	11	11	100%	N/A
Wayne Scott	August 2022	7	7	6	86%	N/A

- 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.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

Managed Care

TTUHSC MANAGED CARE

Correctional Health Care MEDICAL DIRECTOR'S REPORT

4th Quarter
FY2022

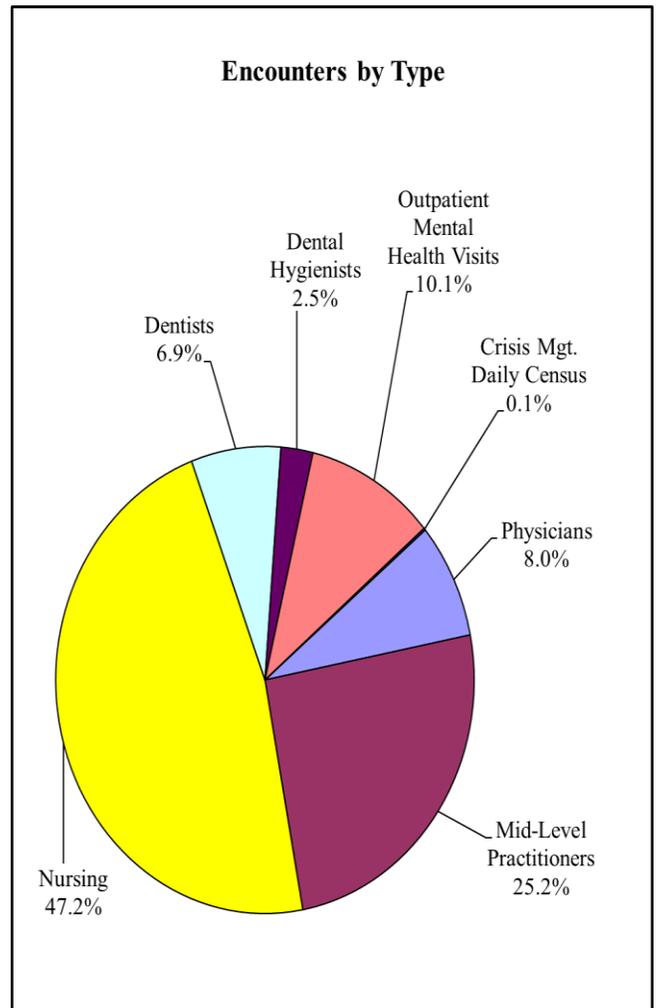
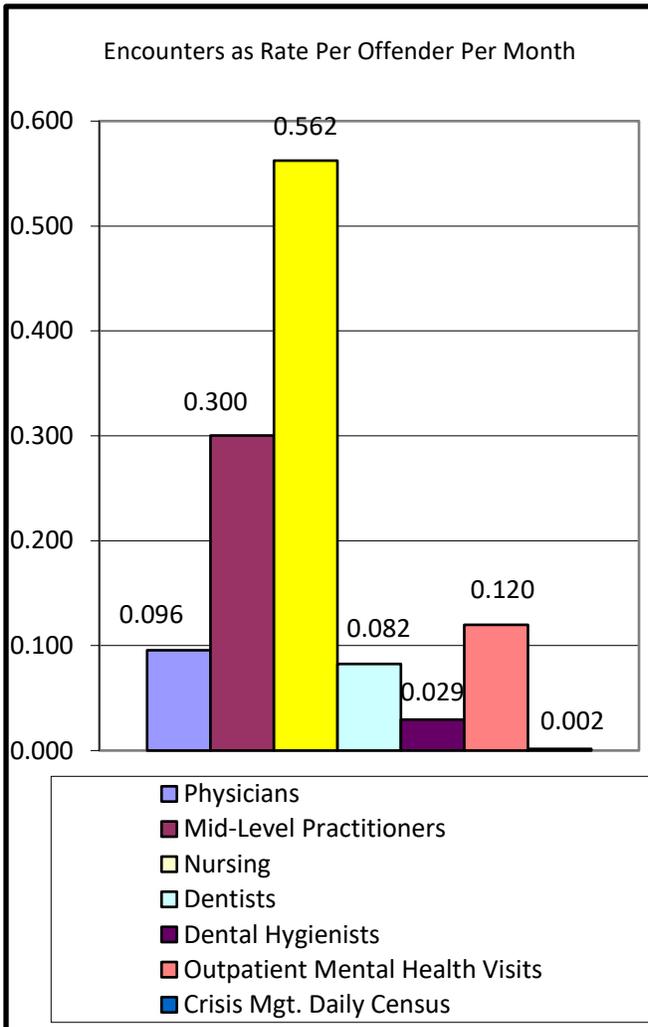
Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

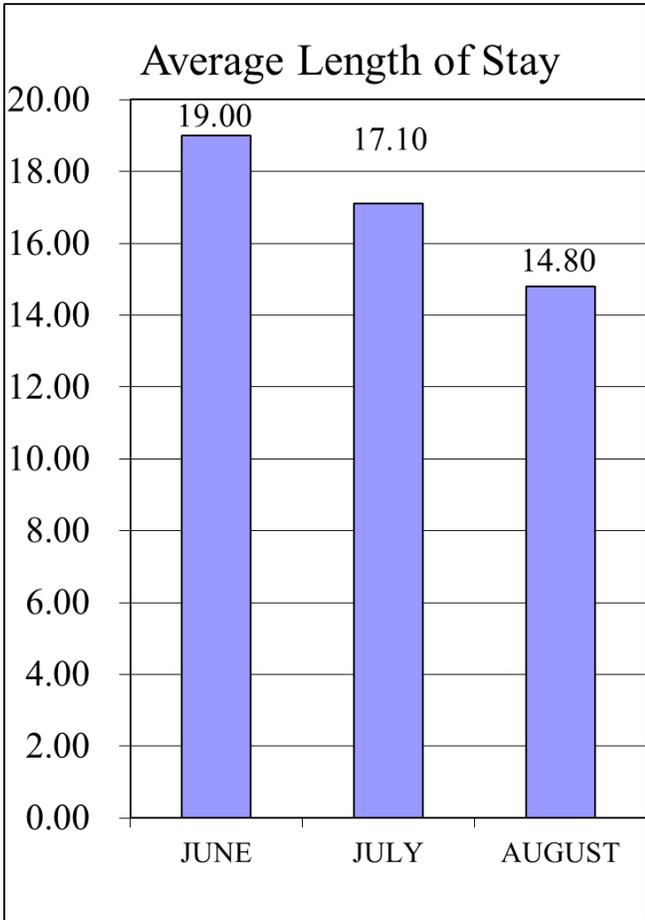
Medical Director's Report:

Average Population	JUNE		JULY		AUGUST		Qtly Average	
	23,750.94		24,350.39		24,344.57		24,148.63	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,324	0.098	2,100	0.086	2,499	0.103	2,308	0.096
Mid-Level Practitioners	6,978	0.294	6,941	0.285	7,828	0.322	7,249	0.300
Nursing	13,565	0.571	13,174	0.541	13,999	0.575	13,579	0.562
Sub-total	22,867	0.963	22,215	0.912	24,326	0.999	23,136	0.958
Dental encounters								
Dentists	2,171	0.091	1,825	0.075	1,980	0.081	1,992	0.082
Dental Hygienists	768	0.032	565	0.023	797	0.033	710	0.029
Sub-total	2,939	0.124	2,390	0.098	2,777	0.114	2,702	0.112
Mental health encounters								
Outpatient Mental Health Visits	2,972	0.125	2,633	0.108	3,081	0.127	2,895	0.120
Crisis Mgt. Daily Census	49	0.002	55	0.018	12	0.000	39	0.002
Sub-total	3,021	0.127	2,688	0.110	3,093	0.127	2,934	0.121
Total encounters	28,827	1.214	27,293	1.121	30,196	1.240	28,772	1.191



Medical Director's Report (Page 2):

	JUNE	JULY	AUGUST	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	155.00	159.00	159.00	157.67
Number of Admissions	238.00	239.00	323.00	266.67
Average Length of Stay	19.00	17.10	14.80	16.97
Number of Clinic Visits	290.00	272.00	390.00	317.33
Mental Health Inpatient Facilities				
Average Daily Census	440.00	443.00	440.00	441.00
PAMIO/MROP Census	352.00	365.00	357.00	358.00
Telemedicine Consults	1,997	1,931	2,331	2,086.33



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

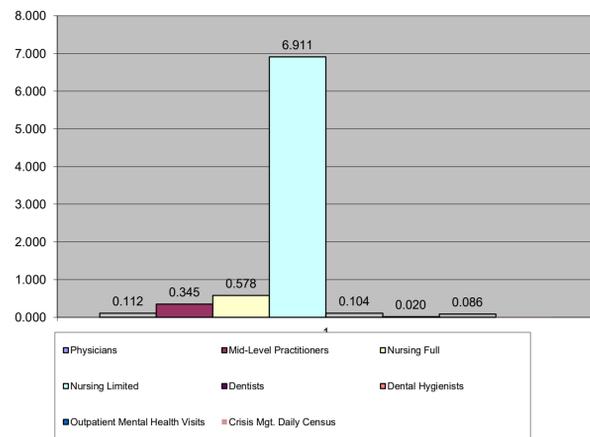
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**Fourth Quarter
FY 2022**

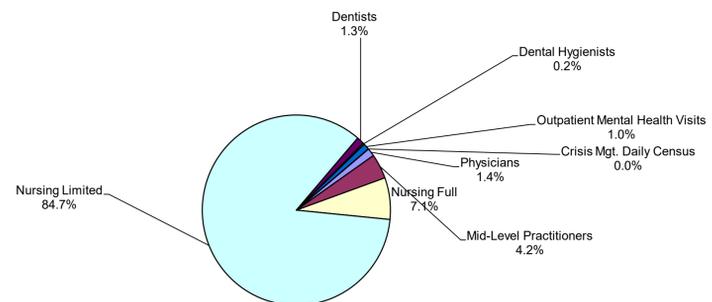
Medical Director's Report:

FY 22 Fourth Quarter Average Population	June	July	August	Qtly Average				
	96,653	98,069	99,267	97,997				
	Number	Rate Per Inmate						
Medical encounters								
Physicians	11,035	0.114	10,127	0.103	11,826	0.119	10,996	0.112
Mid-Level Practitioners	29,737	0.308	30,719	0.313	40,855	0.412	33,770	0.345
Nursing Full	56,471	0.584	56,196	0.573	57,158	0.576	56,608	0.578
Nursing Limited	678,399	7.019	695,385	7.091	658,118	6.630	677,301	6.911
Sub-total	775,642	8.025	792,427	8.080	767,957	7.736	778,675	7.946
Dental Encounters								
Dentists	10,008	0.104	9,716	0.099	10,973	0.111	10,232	0.104
Dental Hygienists	2,029	0.021	1,859	0.019	1,980	0.020	1,956	0.020
Sub-total	12,037	0.125	11,575	0.118	12,953	0.130	12,188	0.124
Mental Health Encounters								
Outpatient Mental Health Visits	8,535	0.088	8,024	0.082	8,609	0.087	8,389	0.086
Crisis Mgt. Daily Census	72	0.001	72	0.001	73	0.001	72	0.001
Sub-total	8,607	0.089	8,096	0.083	8,682	0.087	8,462	0.086
Total encounters	796,286	8.239	812,098	8.281	789,592	7.954	799,325	8.157

Encounters as Rate Per Offender Per Month

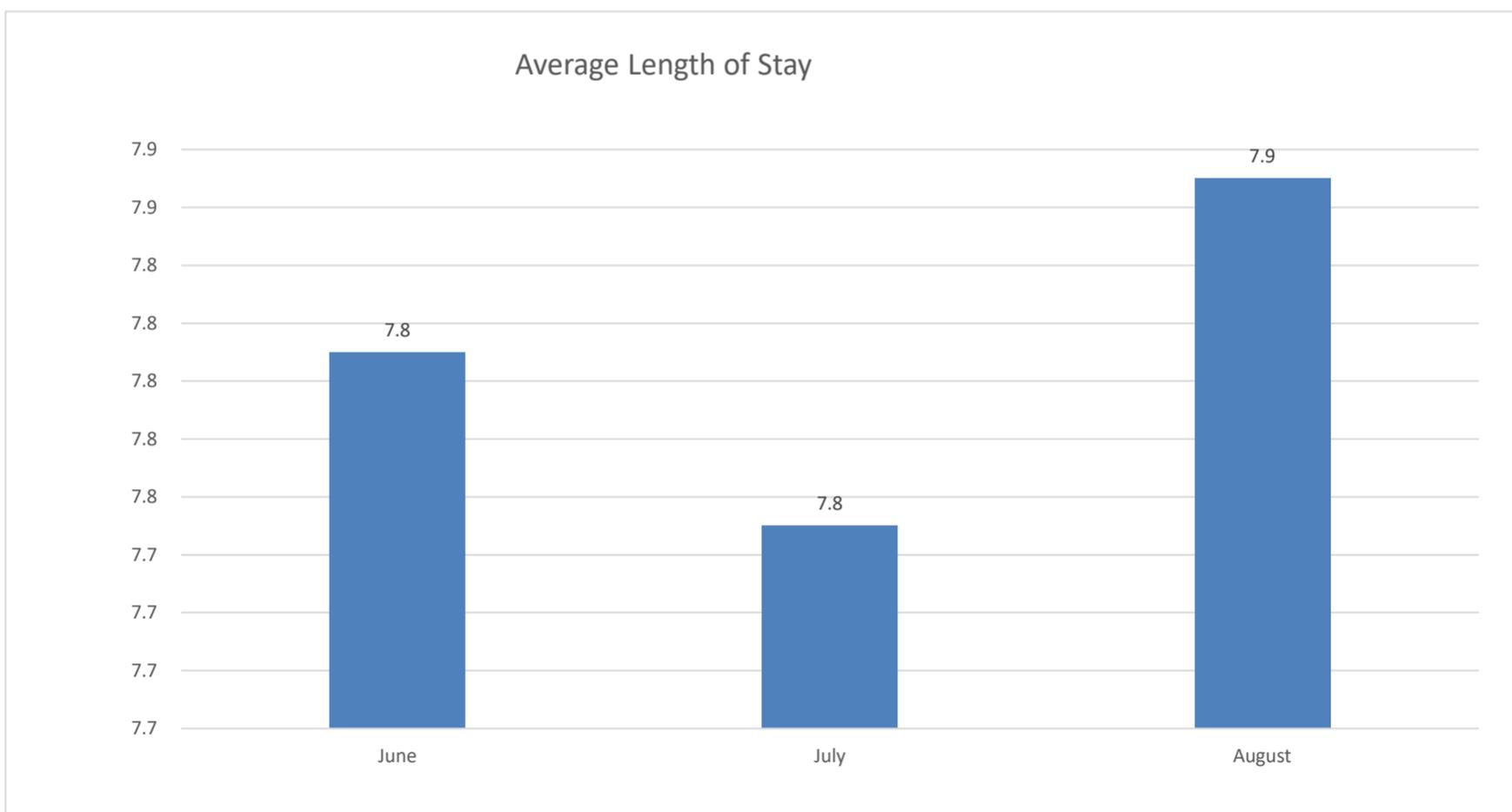


Encounters by Type



Medical Director's Report (Page 2):

FY 22	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	98.7	93.3	97.0	96.3
Number of Discharges	379	373	382	378
Average Length of Stay	7.8	7.8	7.9	7.8
Number of Clinic Visits	5,688	5,293	6,153	5,711
Mental Health Inpatient Facilities				
Average Daily Census	1,004.61	1,011.58	1,011.54	1,009.24
DDP Census	675.70	672.45	674.23	674.13
Telemedicine Consults	8,059	6,708	7,846	7,537.67



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care Joint
Committee/Work Group Activity
Summary for December 7, 2022 CMHCC Meeting**

The Correctional Managed Health Care Committee (CMHCC), through its overall management strategy, utilizes several 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 to increase the effectiveness and efficiency of the program.

Many of these committees or work groups are medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are 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 the Texas Department of Criminal Justice (TDCJ) offenders. The plan demonstrates that quality will be consistently/continuously applied and/or measured and will meet or exceed regulatory requirements. The CMHCC strongly endorses and has administrative oversight for implementation of the plan. The agents of the CMHCC and the TDCJ Health Services Division will demonstrate support and participation for the plan. The committee meets on a quarterly basis.

Meeting Date: November 10, 2022

- 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 Verification Audit – SCRVA
- IV. FY2022 SLC Indicators
 - A. Dental: Total Open Reminders with Delay >60 Days
 - B. Mental Health: Restrictions Audit
 - C. Nursing: Intake TB Screening
 - D. Support Services: Inpatient/Outpatient Physical Therapy
 - E. Clinical Administration: Missed Appointments (No Shows)
 - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
 - A. CMHCC Updates
 - B. CMHC Pharmacy Report
 - C. MC Pharmacy Report
 - D. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
 - A. ATC Accuracy Evaluation
 - B. Nurse Protocol Audits
 - C. Nursing QA Site Visit Audits
 - D. Mental Health ATC Accuracy Evaluation
- VII. Adjournment

Joint Policy and Procedure Committee

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

Co-Chair: Denee Robison

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 Correctional Managed Health Care (CMHC) policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings.

Meeting Date: October 13, 2022

Sub-Committee Updates:

Creation of Use of Force Policy Revision Work Group

Committee Updates:

None

Committee Referrals:

Joint Mental Health Working Group, Dr. Joseph Penn

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

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

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

POLICY #	POLICY NAME	SUBMITTED BY
A-02.2	TREATMENT OF INJURIES INCURRED IN LINE DUTY	JUSTIN ROBISON
A-08.2	TRANSFER OF INMATES WITH ACUTE CONDITIONS	CECILIA HORTON
E-32.1 ATTACHMENT A	CMC INTAKE HISTORY & HEALTH SCREENING FORM	JUSTIN ROBISON
G-57.1 ATTACHMENT A	PENAL CODE, CHAPTER 22. – ASSAULTIVE OFFENSES	REBECCA RAMIREZ
G-57.1 ATTACHMENT B	CODE OF CRIMINAL PROCEDURE, CHAPTER 56. – RIGHTS OF CRIME VICTIMS, SUBCHAPTER A. – CRIME VICTIMS’ RIGHTS	REBECCA RAMIREZ
H-65.1	RETENTION/DESTRUCTION OF HEALTH RECORDS	REBECCA RAMIREZ

Adjourn – The Next Meeting is Scheduled for January 12, 2023 at 1:00 p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Monte Smith

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

consideration of new updates to the formulary. Clinical pharmacists also periodically conduct medication usage evaluations. Finally, this group reviews and evaluates all pharmacy and therapeutic policies and procedures annually. This group meets on a bi-monthly basis.

Meeting Date: September 8, 2022

- I. Approval of the Minutes from July 14, 2022 Meeting
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 - B. Hepatology - Dr. Koranek
 - C. Psychiatry - Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (July - August 2022)
 - D. Non-formulary Deferral Reports
 1. UTMB Sector (July - August 2022)
 2. Texas Tech Sector (May – July 2022)
 - E. Utilization Reports through July 2022
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - F. Policy Review Schedule (Policies 40-10 through 75-30 due for review in November)
- IV. Old Business
 - A. Quarterly Medication Error Reports – 3rd Quarter FY22
 1. TT Sector (corrected report)
- V. New Business
 - A. Action Request
 1. COVID-19 Therapeutic Management of Non-Hospitalized Patients DMG
 - B. Drug Category Reviews
 1. Anti-infective Agents
 2. Cardiovascular Agents
 3. Miscellaneous Agents
 4. Topical Agents
 - C. MUE
 1. First Generation Antipsychotics
 2. Specialty Medications
 - D. FDA Medication Safety Advisories (none)
 - E. Manufacturer Shortages and Discontinuations
 - F. Policy Revisions
 1. Pharmacy and Therapeutics Committee
 2. Multi-Dose Vials Containers
- VI. Miscellaneous
- VII. Adjournment

Joint Infection Control Committee

Co-Chair: Erin Freeman, PA-C
Co-Chair: Chris Black-Edwards, RN, BSN

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

Meeting Date: October 13, 2022

Standing Reports:

Hepatitis – Mary McRee
HIV, MRSA, MSSA and Occupational Exposure – Latasha Hill
Syphilis – Regina Inmon
Tuberculosis – Dewayne Springer
SANE – Kate Williams
Peer Education – Dianna Langley

Old Business-
None

New Business:

THESE POLICIES ARE UP FOR REVIEW WITH NO RECOMMENDED CHANGES DURING THIS QUARTER:

B-14.31	B-14.40	B-14.41	B-14.52	B-14.60	B-15.1	B-16.1		
*Indicates Attachment(s) Included in the Policy								

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

#	POLICY #	POLICY NAME	SUBMITTED BY
	B-14.42	Food Handlers	Jill Campbell
	B-14.50	Housing and Job Restrictions	Jill Campbell
	B-14.51	Influenza – Like Illness (ILI)	Janet Gonzalez/Jill Campbell
	B-17.1	Ectoparasite Control	Janet Gonzalez

Adjourn – The next meeting is scheduled for February 9, 2023 at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Manuel Hirsch

Purpose: This group’s membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the University of Texas Medical Branch (UTMB) Correctional Managed Care (CMC) Dental Director and the Texas Tech University Health Sciences Center (TTUHSC) CMC Dental Director. This group is charged with the development of dental treatment and management guidelines, as well as the

development of dental initiatives. It reviews changes to the Dental Scope of Practice Act and makes recommendations for policy changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all dental policies and procedures.

Meeting Date: September 1, 2022

- I. Call to Order
 - A. Minutes Confirmation
Review of Previous Meeting Minutes from June 30, 2022
- II. Dental Policy Review
 - A. E-36.4 Dental Prosthodontic Services
 - B. E-36.5 Dental Utilization & Quality Review Committee
 - C. E-36.6 Periodontal Disease Program
 - D. E-36.7 Dental Clinic Operations Reporting
- III. Dr. Billy Horton
 - A. Prosthesis
 - B. Vacancies
 - C. Salaries for dental staff in correction lagging behind the private sector
 - D. No Shows
 - E. Texas Dental Board
- IV. Dr. Billy Hirsch
 - A. Strive Program
 - B. Prosthetics
 - C. Implant repairs
 - D. Escorts
- V. Dr. Cecil Wood
 - A. Salary Analysis
 - B. Level 2 Reminders
 - C. SLC Reporting
- VI. Dr. Pam Myers, Dental Hygiene Program Manager
 - A. E-36.6 Perio. Policy and updated Perio. flow chart
 - B. Update on Dental Note Wizard Project
- VII. Sector Updates
 - A. TDCJ
 - B. UTMB
 - C. TX Tech
- VIII. Adjourn – Next Meeting October 2022
Policies Scheduled for Review: Finish Section E; Review NEO Power Points related to Section E:
Review ORA question pertaining to these policies.

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Coley Duncan

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 decides as to whether a referral to a peer review committee is indicated. This group meets monthly.

For the Three Months Ended August 2022:

There were 151 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2022. Of those deaths, there were no cases that required a referral to peer review committees.

Peer Review Committee	Number of Cases Referred
Provider Peer Review	0
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	0

Joint Nursing Work Group

Chair: Carrie Culpepper, RN, FNP-C, MBA

Purpose:

This group's membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Northern Geographical Service Area (GSA) Regional Chief Nursing Officer, the UTMB CMC Southern GSA Regional Chief Nursing Officer and the TTUHSC CMC 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 Registered Nurses and Licensed Vocational Nurses and makes recommendations for policy/practice changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all nursing policies and procedures.

Meeting Date: October 26, 2022

Old Business:

None

New Business:

- Candida auris (Kirk)
- UOF/Taser Wizard (Kirk)
- Pearl Documents (Justin)
- Nursing SLCs (Carrie)
- Emergency Response Questions – Backup AED Batteries & Minimum O2 cylinder levels (Carrie)
- Urgent/Emergent Notes/Nursing Documentation (Carrie)
- CMA Program Update (Carrie)
- Recent Audit questions – Multi-dose vials (Carrie)

Adjourn

Financial Report on Correctional Managed Health Care



Quarterly Report FY2022 Fourth Quarter

September 2021 – August 2022

Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2022-23 General Appropriations Act, Article V, Rider 42, 87th Legislature, Regular Session 2021
- FY2022 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$322.5M
 - Strategy C.1.9, Hospital and Clinical Care, \$271.3M
 - Strategy C.1.10, Pharmacy Care, \$73.4M
 - HB 2, 87th Legislature, Information Technology Projects, \$21.5M

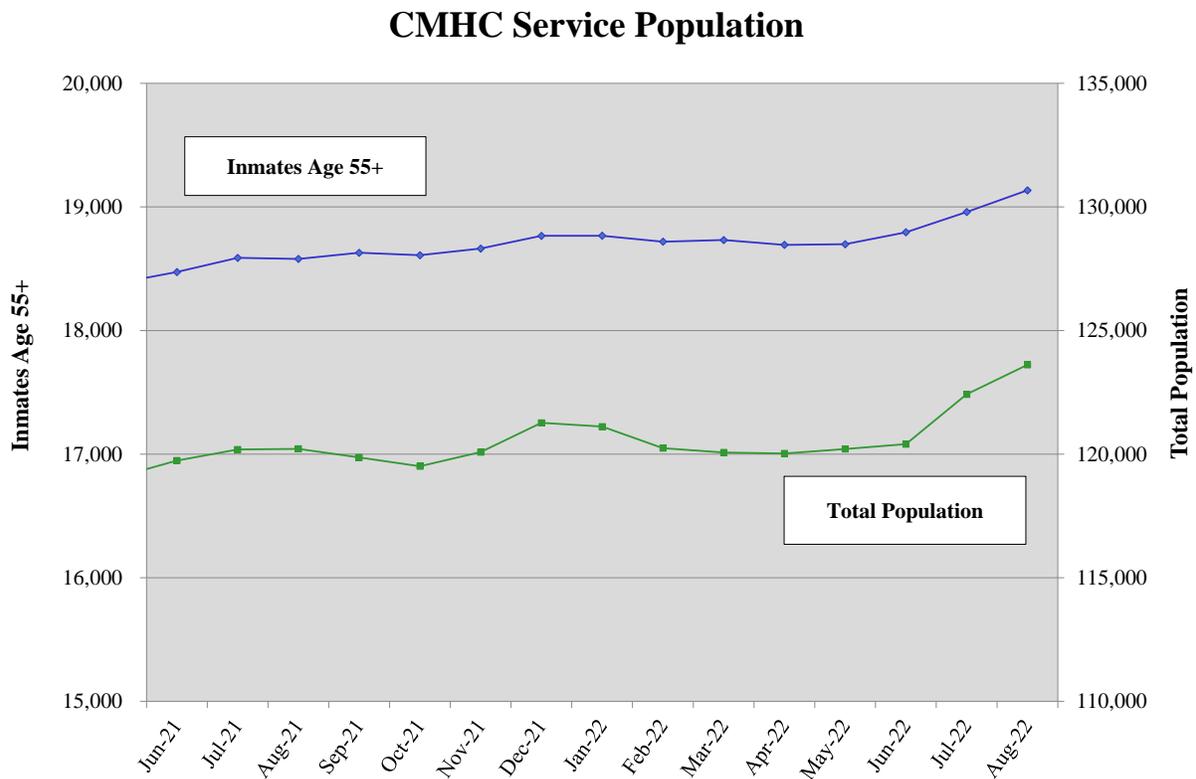
<u>Method of Finance Summary</u>	<u>FY2022</u>
SB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 322,501,293
C.1.9. Hospital and Clinic Care	\$ 271,343,853
C.1.10. Pharmacy Care	\$ 73,440,252
Subtotal, SB 1, Article V	\$ 667,285,398
HB 2, 87th Legislature, Information Technology Projects	
C.1.8. Unit and Psychiatric Care	\$ 21,475,950
Subtotal HB 2, 87th Legislature	\$ 21,475,950
TOTAL	\$ 688,761,348
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 281,144,224
C.1.9. Hospital and Clinic Care	\$ 228,487,832
C.1.10. Pharmacy Care	\$ 59,472,431
Subtotal UTMB	\$ 569,104,487
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 62,833,019
C.1.9. Hospital and Clinic Care	\$ 42,856,021
C.1.10. Pharmacy Care	\$ 13,967,821
Subtotal TTUHSC	\$ 119,656,861
TOTAL TO UNIVERSITY PROVIDERS	\$ 688,761,348
TOTAL ALLOCATED	\$ 688,761,348

Population

- Overall inmate service population has decreased 0.1% from FY2021
 - Average daily census through 4th quarter
 - FY2021: 120,796
 - FY2022: 120,735

- Inmates aged 55 or older population has increased 1.0% from FY2021
 - Average daily census through 4th quarter
 - FY2021: 18,577
 - FY2022: 18,764
 - While comprising about 15.5% of the overall service population, these inmates account for 51.6% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2022 average number of psychiatric inpatients through 4th quarter: 1,840
 - FY2022 average number of psychiatric outpatients through 4th quarter: 27,812



Health Care Costs

- Total expenditures through 4th quarter, FY2022: \$773.3
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$407.0M or 52.6% of total expenses
 - Hospital and Clinical Care - \$293.8M or 38.0% of total expenses
 - Pharmacy Services - \$72.4M or 9.4% of total expenses
 - HIV-related drugs: 32.1% of total drug costs
 - Hepatitis C drug therapies: 30.5% of total drug costs
 - Psychiatric drugs: 5.3% of total drug costs
 - All other drug costs: 32.1% of total drug costs
- Cost per inmate per day increased 3.1% from FY2021 to FY2022
 - Cost per inmate per day through 4th quarter FY2022:
 - FY2021: \$17.02
 - FY2022: \$17.55

Comparison of Total Health Care Costs

	FY18	FY19	FY20	FY21	FY22
Population					
UTMB	118,737	117,987	110,924	96,514	96,521
TTUHSC	29,448	28,992	27,533	24,282	24,214
Total	148,185	146,979	138,457	120,796	120,735
Expenses					
UTMB	\$589,220,522	\$631,955,233	\$641,412,379	\$627,901,731	\$643,994,605
TTUHSC	\$118,282,720	\$124,707,572	\$132,834,504	\$122,657,653	\$129,276,857
Total	\$707,503,242	\$756,662,805	\$774,246,883	\$750,559,384	\$773,271,463
Cost/Day					
UTMB	\$13.60	\$14.67	\$15.80	\$17.82	\$18.28
TTUHSC	\$11.00	\$11.78	\$13.18	\$13.84	\$14.63
Total	\$13.08	\$14.10	\$15.28	\$17.02	\$17.55

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

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 62,833,019	\$ 281,144,224	\$ 343,977,243
Revenue Deferred to FY2023*	\$ -	\$ (21,200,000)	\$ (21,200,000)
State Reimbursement Benefits	\$ 10,852,422	\$ 56,212,466	\$ 67,064,888
Other Misc Revenue	\$ 2,989	\$ 60,583	\$ 63,572
C.1.8. Total Method of Finance	\$ 73,688,431	\$ 316,217,273	\$ 389,905,704
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 42,856,021	\$ 228,487,832	\$ 271,343,853
State Reimbursement Benefits	\$ 2,012,447	\$ -	\$ 2,012,447
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 44,868,468	\$ 228,487,832	\$ 273,356,300
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 13,967,821	\$ 59,472,431	\$ 73,440,252
State Reimbursement Benefits	\$ 89,150	\$ 2,314,839	\$ 2,403,988
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 14,056,971	\$ 61,787,270	\$ 75,844,240
TOTAL METHOD OF FINANCE	\$ 132,613,869	\$ 606,492,375	\$ 739,106,244

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 119,656,861	\$ 569,104,487	\$ 688,761,348
Revenue Deferred to FY2023*	\$ -	\$ (21,200,000)	\$ (21,200,000)
State Reimbursement Benefits	\$ 12,954,019	\$ 58,527,305	\$ 71,481,323
Other Misc Revenue	\$ 2,989	\$ 60,583	\$ 63,572
TOTAL METHOD OF FINANCE	\$ 132,613,869	\$ 606,492,375	\$ 739,106,244

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 76,262,801	\$ 330,736,956	\$ 406,999,757
C.1.9. Hospital & Clinical Care	\$ 41,649,886	\$ 252,182,683	\$ 293,832,570
C.1.10. Managed Health Care - Pharmacy	\$ 11,364,170	\$ 61,074,966	\$ 72,439,136
TOTAL EXPENDITURES	\$ 129,276,857	\$ 643,994,605	\$ 773,271,463

DIFFERENCE	\$ 3,337,012	\$ (37,502,231)	\$ (34,165,219)
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*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 62,833,019	\$ 281,144,224	\$ 343,977,243
Revenue Deferred to FY2023*	\$ -	\$ (21,200,000)	\$ (21,200,000)
State Reimbursement Benefits	\$ 10,852,422	\$ 56,212,466	\$ 67,064,888
Other Misc Revenue	\$ 2,989	\$ 60,583	\$ 63,572
TOTAL METHOD OF FINANCE	\$ 73,688,431	\$ 316,217,273	\$ 389,905,704
Expenditures:			
Unit Care			
Salaries	\$ 28,160,571	\$ 196,459,257	\$ 224,619,828
Benefits	\$ 9,091,264	\$ 56,347,046	\$ 65,438,311
Other Operating Expenses	\$ 3,533,626	\$ 24,077,463	\$ 27,611,089
Professional Services	\$ 3,925,104	\$ -	\$ 3,925,104
Contracted Units/Services	\$ 12,420,801	\$ -	\$ 12,420,801
Travel	\$ 354,663	\$ 1,574,858	\$ 1,929,521
Capitalized Equipment	\$ 535,744	\$ 2,229,492	\$ 2,765,236
Subtotal, Unit Care	\$ 58,021,774	\$ 280,688,116	\$ 338,709,890
Psychiatric Care			
Salaries	\$ 10,075,266	\$ 33,929,890	\$ 44,005,156
Benefits	\$ 2,635,820	\$ 8,289,346	\$ 10,925,166
Other Operating Expenses	\$ 218,188	\$ 359,380	\$ 577,568
Professional Services	\$ 3,547,694	\$ -	\$ 3,547,694
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 36,152	\$ 123,644	\$ 159,796
Subtotal, Psychiatric Care	\$ 16,513,119	\$ 42,702,261	\$ 59,215,380
Indirect Expenditures (Shared Services)	\$ 1,727,908	\$ 7,346,579	\$ 9,074,487
TOTAL EXPENDITURES	\$ 76,262,801	\$ 330,736,956	\$ 406,999,757
DIFFERENCE	\$ (2,574,370)	\$ (14,519,683)	\$ (17,094,053)

*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 42,856,021	\$ 228,487,832	\$ 271,343,853
State Reimbursement Benefits	\$ 2,012,447	\$ -	\$ 2,012,447
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 44,868,468	\$ 228,487,832	\$ 273,356,300
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,969,851	\$ 22,384,752	\$ 24,354,604
Community Provider Services	\$ 17,608,066	\$ 54,104,628	\$ 71,712,695
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 15,468,362	\$ 159,843,888	\$ 175,312,249
Estimated IBNR	\$ 5,425,067	\$ 9,100,000	\$ 14,525,067
Subtotal, Hospital & Clinical Care	\$ 40,471,346	\$ 245,433,269	\$ 285,904,614
Indirect Expenditures (Shared Services)	\$ 1,178,541	\$ 6,749,415	\$ 7,927,955
TOTAL EXPENDITURES	\$ 41,649,886	\$ 252,182,683	\$ 293,832,570
DIFFERENCE	\$ 3,218,581	\$ (23,694,851)	\$ (20,476,270)

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

- Based on FY2022 expenditure data received from UTMB, the average cost per patient day for FY2022, adjusted for each hospital's case mix index (CMI), was approximately \$1,307 for Huntsville Memorial Hospital (HMH), and \$1,539 for UTMB Hospital Galveston (HG).
- FY2022 expenditures at HMH totaled \$5.4 million for 2,663 patient days (equivalent to an average population of 7 inmates). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$6.3 million.
- Based on FY2022 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$1.0 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 13,967,821	\$ 59,472,431	\$ 73,440,252
State Reimbursement Benefits	\$ 89,150	\$ 2,314,839	\$ 2,403,988
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 14,056,971	\$ 61,787,270	\$ 75,844,240
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 2,554,418	\$ 8,403,531	\$ 10,957,949
Benefits	\$ 98,489	\$ 2,667,265	\$ 2,765,753
Other Operating Expenses	\$ 439,426	\$ 2,289,058	\$ 2,728,484
Pharmaceutical Purchases	\$ 7,872,349	\$ 46,129,363	\$ 54,001,713
Travel	\$ 15,373	\$ 13,923	\$ 29,296
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 10,980,055	\$ 59,503,140	\$ 70,483,195
Indirect Expenditures (Shared Services)	\$ 384,115	\$ 1,571,826	\$ 1,955,941
TOTAL EXPENDITURES	\$ 11,364,170	\$ 61,074,966	\$ 72,439,136
DIFFERENCE	\$ 2,692,801	\$ 712,304	\$ 3,405,104

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

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>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2022</u>
Average Service Population	119,821	120,874	120,070	120,026	120,208	120,101	120,404	122,420	123,612	122,145	120,735
Population Age 55 and Over	18,634	18,751	18,732	18,693	18,698	18,708	18,795	18,959	19,134	18,963	18,764
<i>Percent of Total Population</i>	<i>15.6%</i>	<i>15.5%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.5%</i>	<i>15.5%</i>	<i>15.5%</i>	<i>15.5%</i>
Key Treatment Populations, Month End											
Patients receiving HIV Treatment	1,577	1,564	1,539	1,538	1,560	1,546	1,575	1,592	1,599	1,589	1,569
Patients receiving Hep C Treatment	432	447	451	445	465	454	415	350	359	375	427
Patients Receiving Dialysis Treatment	227	224	231	228	228	229	230	228	230	229	227
Age 55 and Over	116	118	126	125	126	126	127	120	120	122	121
Under 55	111	106	105	103	102	103	103	108	110	107	107
Medical Inpatient Average Daily Census											
UTMB-Hospital Galveston	106	109	114	119	103	112	113	107	111	110	109
UTMB Community Hospitals	32	39	30	25	21	25	32	35	24	30	32
TTUHSC Community Hospitals	12	13	9	13	13	12	11	12	14	12	12
Medical Inpatient Average Daily Census	151	162	154	157	137	149	155	154	149	153	153
Medical Inpatient Discharges											
UTMB-Hospital Galveston	1,019	907	394	429	420	1,243	379	373	382	1,134	4,303
UTMB Community Hospitals	529	605	171	174	131	476	199	186	153	538	2,148
TTUHSC Community Hospitals	213	196	62	70	95	227	61	68	83	212	848
Medical Inpatient Discharges	1,761	1,708	627	673	646	1,946	639	627	618	1,884	7,299
Average Length of Stay (in days)											
UTMB - Hospital Galveston	8.48	8.90	7.68	7.37	6.99	7.35	7.81	7.75	7.87	7.81	8.13
UTMB Community Hospitals	5.61	5.89	5.49	4.34	4.85	4.89	4.84	5.83	4.85	5.17	5.39
TTUHSC Community Hospitals	4.52	5.24	4.24	3.60	4.50	4.11	4.49	4.51	5.90	4.97	4.71
Infirmiry and Sheltered Housing Census, Month End											
UTMB Infirmiry	512	499	510	558	561	543	587	593	586	589	536
UTMB Sheltered Housing	360	326	523	525	554	534	562	573	575	570	448
TTUHSC Infirmiry	109	104	140	134	139	138	137	128	137	134	121
Infirmiry and Sheltered Housing Census, Month End	982	929	1,173	1,217	1,254	1,215	1,286	1,294	1,298	1,293	1,105
<i>Percent of Capacity Filled</i>	<i>89.4%</i>	<i>84.5%</i>	<i>84.9%</i>	<i>84.5%</i>	<i>87.0%</i>	<i>85.5%</i>	<i>89.4%</i>	<i>89.9%</i>	<i>90.2%</i>	<i>89.8%</i>	<i>87.3%</i>
Medical Outpatient Visits											
UTMB Specialty Clinics and ER Visits	7,251	6,254	8,214	7,877	7,545	7,879	6,999	6,488	7,286	6,924	7,077
TTUHSC Community Outpatient and ER Visits	2,746	2,364	3,024	3,012	3,122	3,053	2,891	3,008	3,277	3,059	2,805
Medical Outpatient Visits	9,997	8,618	11,238	10,889	10,667	10,931	9,890	9,496	10,563	9,983	9,882
Mental Health Inpatient Average Census											
UTMB Psychiatric Inpatient	993	982	994	1,013	1,016	1,008	1,005	1,012	1,012	1,009	998
TTUHSC Psychiatric Inpatient	853	888	893	862	737	831	792	798	797	796	842
Mental Health Inpatient Average Census	1,846	1,871	1,887	1,875	1,753	1,838	1,797	1,810	1,809	1,805	1,840
Mental Health Outpatient Caseload, Month End											
UTMB Psychiatric Outpatient	20,752	21,531	21,966	22,077	22,178	22,074	22,231	22,614	23,162	22,669	21,756
TTUHSC Psychiatric Outpatient	6,101	6,196	5,934	5,935	5,862	5,910	5,942	6,065	6,034	6,014	6,055
Mental Health Outpatient Caseload, Month End	26,853	27,727	27,900	28,012	28,040	27,984	28,173	28,679	29,196	28,683	27,812

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

Key Budget Drivers (Cost)

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2022</u>
Selected Drug Costs											
HIV Medications	\$ 4,357,329	\$ 3,639,805	\$ 1,803,138	\$ 1,547,106	\$ 1,398,028	\$ 4,748,272	\$ 1,521,799	\$ 1,171,524	\$ 1,471,214	\$ 4,164,538	\$ 16,909,945
Hepatitis C Medications	\$ 4,334,371	\$ 3,992,778	\$ 1,497,453	\$ 1,549,311	\$ 1,501,615	\$ 4,548,379	\$ 1,133,374	\$ 893,889	\$ 1,180,048	\$ 3,207,311	\$ 16,082,839
Psychiatric Medications	\$ 700,202	\$ 672,166	\$ 266,996	\$ 233,211	\$ 231,461	\$ 731,668	\$ 229,571	\$ 188,590	\$ 243,934	\$ 662,095	\$ 2,766,131
All Other Drug Costs	\$ 4,028,068	\$ 3,672,181	\$ 1,697,618	\$ 1,490,018	\$ 1,362,475	\$ 4,550,112	\$ 1,586,420	\$ 1,475,543	\$ 1,613,151	\$ 4,675,115	\$ 16,925,475
Total Drug Costs	\$ 13,419,971	\$ 11,976,930	\$ 5,265,205	\$ 4,819,646	\$ 4,493,580	\$ 14,578,430	\$ 4,471,165	\$ 3,729,547	\$ 4,508,348	\$ 12,709,060	\$ 52,684,391
Dialysis											
Age 55 and Over	\$ 894,334	\$ 894,547	\$ 340,691	\$ 343,949	\$ 338,894	\$ 1,023,533	\$ 341,654	\$ 337,786	\$ 344,128	\$ 1,023,569	\$ 3,835,983
UTMB	\$ 846,734	\$ 850,755	\$ 323,555	\$ 326,813	\$ 325,566	\$ 975,933	\$ 327,136	\$ 324,458	\$ 330,800	\$ 982,395	\$ 3,655,817
TTUHSC	\$ 47,600	\$ 43,792	\$ 17,136	\$ 17,136	\$ 13,328	\$ 47,600	\$ 14,518	\$ 13,328	\$ 13,328	\$ 41,174	\$ 180,166
Under 55	\$ 971,323	\$ 870,593	\$ 309,470	\$ 305,711	\$ 290,314	\$ 905,495	\$ 301,437	\$ 317,741	\$ 343,002	\$ 962,180	\$ 3,709,591
UTMB	\$ 897,205	\$ 790,899	\$ 279,592	\$ 275,900	\$ 260,831	\$ 816,323	\$ 276,998	\$ 286,897	\$ 308,944	\$ 872,839	\$ 3,377,266
TTUHSC	\$ 74,118	\$ 79,694	\$ 29,878	\$ 29,811	\$ 29,483	\$ 89,172	\$ 24,439	\$ 30,844	\$ 34,058	\$ 89,341	\$ 332,325
Total Dialysis	\$ 1,865,657	\$ 1,765,140	\$ 650,161	\$ 649,660	\$ 629,207	\$ 1,929,028	\$ 643,091	\$ 655,528	\$ 687,130	\$ 1,985,749	\$ 7,545,574
Offsite Hospital Services											
Age 55 and Over	\$ 30,492,112 <i>49.6%</i>	\$ 27,761,361 <i>51.1%</i>	\$ 12,469,657	\$ 12,224,513	\$ 12,668,767	\$ 37,362,938 <i>52.7%</i>	\$ 10,414,206	\$ 12,140,587	\$ 17,372,430	\$ 39,927,224 <i>52.5%</i>	\$ 135,543,635 <i>51.6%</i>
UTMB	\$ 28,535,489	\$ 25,048,026	\$ 11,642,733	\$ 11,497,710	\$ 12,172,902	\$ 35,313,345	\$ 9,570,039	\$ 10,360,161	\$ 15,918,995	\$ 35,849,195	\$ 124,746,055
TTUHSC	\$ 1,956,623	\$ 2,713,335	\$ 826,924	\$ 726,803	\$ 495,865	\$ 2,049,593	\$ 844,168	\$ 1,780,427	\$ 1,453,435	\$ 4,078,029	\$ 10,797,580
Under 55	\$ 31,040,614 <i>50.4%</i>	\$ 26,553,950 <i>48.9%</i>	\$ 10,838,891	\$ 11,283,366	\$ 11,377,943	\$ 33,500,200 <i>47.3%</i>	\$ 10,064,110	\$ 10,324,950	\$ 15,757,104	\$ 36,146,164 <i>47.5%</i>	\$ 127,240,927 <i>48.4%</i>
UTMB	\$ 26,750,894	\$ 22,650,374	\$ 9,662,505	\$ 10,007,568	\$ 10,900,016	\$ 30,570,089	\$ 8,655,376	\$ 8,440,770	\$ 13,785,057	\$ 30,881,203	\$ 110,852,560
TTUHSC	\$ 4,289,719	\$ 3,903,576	\$ 1,176,386	\$ 1,275,799	\$ 477,927	\$ 2,930,111	\$ 1,408,734	\$ 1,884,179	\$ 1,972,047	\$ 5,264,961	\$ 16,388,367
Total Offsite Hospital Services	\$ 61,532,726	\$ 54,315,311	\$ 23,308,548	\$ 23,507,880	\$ 24,046,710	\$ 70,863,138	\$ 20,478,317	\$ 22,465,537	\$ 33,129,535	\$ 76,073,388	\$ 262,784,563
C.1.8. Salaries/Agency Nursing/Overtime											
UTMB											
Salaries	\$ 46,480,839	\$ 45,084,997	\$ 15,389,524	\$ 15,713,526	\$ 15,823,163	\$ 46,926,213	\$ 15,793,079	\$ 16,391,683	\$ 16,166,569	\$ 48,351,331	\$ 186,843,380
Agency Nursing	\$ 5,709,437	\$ 6,860,529	\$ 2,510,449	\$ 2,465,617	\$ 2,718,153	\$ 7,694,218	\$ 2,663,752	\$ 2,523,652	\$ 2,603,701	\$ 7,791,104	\$ 28,055,287
Overtime	\$ 3,626,963	\$ 3,535,850	\$ 1,245,888	\$ 1,328,629	\$ 1,419,723	\$ 3,994,240	\$ 1,305,346	\$ 1,538,437	\$ 1,489,644	\$ 4,333,427	\$ 15,490,480
UTMB Total	\$ 55,817,239	\$ 55,481,375	\$ 19,145,861	\$ 19,507,771	\$ 19,961,039	\$ 58,614,671	\$ 19,762,176	\$ 20,453,772	\$ 20,259,914	\$ 60,475,862	\$ 230,389,148
TTUHSC											
Salaries	\$ 9,599,717	\$ 9,270,889	\$ 3,052,557	\$ 3,013,141	\$ 3,159,291	\$ 9,224,989	\$ 3,105,684	\$ 3,116,929	\$ 3,208,693	\$ 9,431,306	\$ 37,526,901
Agency Nursing	\$ 344,282	\$ 445,325	\$ 219,491	\$ 384,782	\$ 307,968	\$ 912,241	\$ 138,476	\$ 740,322	\$ 677,182	\$ 1,555,980	\$ 3,257,827
Overtime	\$ 159,993	\$ 157,845	\$ 52,484	\$ 71,953	\$ 62,948	\$ 187,385	\$ 63,356	\$ 76,804	\$ 63,554	\$ 203,713	\$ 708,936
TTUHSC Total	\$ 10,103,992	\$ 9,874,059	\$ 3,324,532	\$ 3,469,875	\$ 3,530,208	\$ 10,324,615	\$ 3,307,515	\$ 3,934,055	\$ 3,949,428	\$ 11,190,999	\$ 41,493,664
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 65,921,231	\$ 65,355,434	\$ 22,470,392	\$ 22,977,647	\$ 23,491,247	\$ 68,939,286	\$ 23,069,692	\$ 24,387,827	\$ 24,209,342	\$ 71,666,861	\$ 271,882,811
FTEs											
UTMB	2,795.9	2,744.2	2,719.0	2,691.0	2,711.2	2,707.1	2,729.5	2,722.7	2,739.8	2,730.7	2,744.5
TTUHSC	717.9	691.6	672.9	678.9	671.4	674.4	679.4	678.2	683.5	680.4	691.1
Total FTEs	3,513.8	3,435.9	3,391.9	3,369.9	3,382.6	3,381.5	3,408.9	3,400.9	3,423.3	3,411.0	3,435.6
Key Occupational Categories, Percent Filled											
UTMB	81.6%	80.1%	79.3%	78.5%	79.1%	79.0%	79.6%	79.4%	79.9%	79.7%	80.1%
Nursing	76.0%	73.3%	72.9%	72.4%	72.9%	72.7%	73.5%	73.7%	73.8%	73.7%	74.0%
Mental Health	85.1%	82.9%	80.4%	79.6%	81.3%	80.4%	81.0%	81.0%	80.4%	80.8%	82.3%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.7%	83.9%	82.8%	79.5%	81.1%	81.1%	81.7%	81.1%	81.0%	81.3%	83.5%
Dental	89.7%	89.4%	88.8%	88.3%	89.3%	88.8%	88.6%	87.7%	88.7%	88.3%	89.1%
Pharmacy	94.3%	91.0%	92.6%	91.2%	93.3%	92.3%	94.5%	93.1%	93.1%	93.6%	92.8%
Other Positions	85.9%	87.7%	86.8%	85.8%	85.6%	86.1%	86.5%	85.8%	87.7%	86.7%	86.6%
TTUHSC	73.0%	70.2%	68.2%	68.8%	68.1%	68.4%	68.1%	68.0%	68.5%	68.2%	69.9%
Nursing	66.3%	63.7%	60.6%	61.1%	60.4%	60.7%	61.1%	61.1%	61.1%	61.1%	62.9%
Mental Health	66.7%	65.6%	64.6%	63.7%	59.4%	62.6%	59.5%	59.5%	62.4%	60.5%	63.8%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	86.2%	79.9%	77.9%	78.3%	78.3%	78.2%	77.2%	75.4%	71.8%	74.8%	79.8%
Dental	86.5%	79.4%	83.7%	84.9%	85.6%	84.7%	84.8%	84.8%	83.4%	84.4%	83.7%
Pharmacy	100.7%	100.9%	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	100.9%
Other Positions	85.1%	83.4%	82.0%	83.6%	84.0%	83.2%	82.8%	82.8%	85.1%	83.5%	83.8%

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 29,832,260	\$ 29,504,431	\$ 30,160,085	\$ 30,160,085	\$ 119,656,861
Revenue Deferred to FY2023*	\$ -	\$ -	\$ -	\$ -	\$ -
State Reimbursement Benefits	\$ 3,077,654	\$ 3,321,324	\$ 2,966,081	\$ 3,588,961	\$ 12,954,019
Other Misc Revenue	\$ 662	\$ 526	\$ 1,070	\$ 731	\$ 2,989
TOTAL REVENUES	\$ 32,910,575	\$ 32,826,281	\$ 33,127,236	\$ 33,749,777	\$ 132,613,869

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 7,276,740	\$ 6,973,547	\$ 6,901,607	\$ 7,008,677	\$ 28,160,571
Benefits	\$ 2,287,997	\$ 2,327,266	\$ 2,258,158	\$ 2,217,844	\$ 9,091,264
Other Operating Expenses	\$ 823,486	\$ 910,348	\$ 995,178	\$ 804,615	\$ 3,533,626
Professional Services	\$ 564,532	\$ 737,172	\$ 757,415	\$ 1,865,985	\$ 3,925,104
Contracted Units/Services	\$ 3,042,747	\$ 3,028,288	\$ 3,088,304	\$ 3,261,462	\$ 12,420,801
Travel	\$ 48,144	\$ 63,006	\$ 105,856	\$ 137,658	\$ 354,663
Capitalized Equipment	\$ 37,625	\$ 1,390,769	\$ (28,549)	\$ (864,101)	\$ 535,744
Subtotal, Unit Care Expenditures	\$ 14,081,271	\$ 15,430,396	\$ 14,077,968	\$ 14,432,139	\$ 58,021,774
Psychiatric Care Expenditures					
Salaries	\$ 2,482,970	\$ 2,455,187	\$ 2,510,767	\$ 2,626,342	\$ 10,075,266
Benefits	\$ 656,256	\$ 668,023	\$ 654,849	\$ 656,692	\$ 2,635,820
Other Operating Expenses	\$ 71,815	\$ 35,064	\$ 63,328	\$ 47,981	\$ 218,188
Professional Services	\$ 437,138	\$ 567,608	\$ 944,185	\$ 1,598,762	\$ 3,547,694
Travel	\$ 8,801	\$ 5,063	\$ 8,979	\$ 13,309	\$ 36,152
Subtotal, Psychiatric Care Expenditures	\$ 3,656,980	\$ 3,730,945	\$ 4,182,107	\$ 4,943,087	\$ 16,513,119
Total Expenditures, Unit & Psychiatric Care	\$ 17,738,251	\$ 19,161,341	\$ 18,260,075	\$ 19,375,226	\$ 74,534,893

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 202,484	\$ 351,122	\$ 585,976	\$ 830,269	\$ 1,969,851
Freeworld Provider Services	\$ 5,863,580	\$ 6,305,391	\$ 4,416,886	\$ 1,022,210	\$ 17,608,066
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,408,059	\$ 3,783,413	\$ 3,773,684	\$ 4,503,206	\$ 15,468,362
Estimated IBNR	\$ (311,549)	\$ (1,652,320)	\$ (380,471)	\$ 7,769,407	\$ 5,425,067
Total Expenditures, Hospital & Clinical Care	\$ 9,162,573	\$ 8,787,606	\$ 8,396,075	\$ 14,125,092	\$ 40,471,346

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 753,384	\$ 589,077	\$ 605,067	\$ 606,891	\$ 2,554,418
Benefits	\$ 23,048	\$ 24,807	\$ 25,294	\$ 25,340	\$ 98,489
Other Operating Expenses	\$ 131,844	\$ 93,300	\$ 110,444	\$ 103,839	\$ 439,426
Pharmaceutical Purchases	\$ 1,771,564	\$ 1,967,035	\$ 1,931,213	\$ 2,202,538	\$ 7,872,349
Travel	\$ 1,555	\$ 1,497	\$ 3,105	\$ 9,217	\$ 15,373
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,681,394	\$ 2,675,715	\$ 2,675,122	\$ 2,947,824	\$ 10,980,055

Indirect Expenditures (Shared Services)	\$ 820,387	\$ 811,372	\$ 829,402	\$ 829,402	\$ 3,290,564
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TOTAL EXPENDITURES	\$ 30,402,605	\$ 31,436,033	\$ 30,160,675	\$ 37,277,544	\$ 129,276,857
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DIFFERENCE	\$ 2,507,970	\$ 1,390,248	\$ 2,966,561	\$ (3,527,767)	\$ 3,337,012
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*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 141,886,323	\$ 140,327,132	\$ 143,445,516	\$ 143,445,516	\$ 569,104,487
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ (5,100,504)	\$ (5,581,080)	\$ (5,343,562)	\$ (21,200,000)
State Reimbursement Benefits	\$ 14,618,821	\$ 14,271,368	\$ 15,046,837	\$ 14,590,278	\$ 58,527,305
Other Misc Revenue	\$ 16,255	\$ 106,924	\$ (48,130)	\$ (14,466)	\$ 60,583
TOTAL REVENUES	\$ 151,346,545	\$ 149,604,920	\$ 152,863,143	\$ 152,677,766	\$ 606,492,375

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 47,272,064	\$ 47,045,595	\$ 50,194,412	\$ 51,947,186	\$ 196,459,257
Benefits	\$ 13,847,086	\$ 14,010,914	\$ 14,177,994	\$ 14,311,052	\$ 56,347,046
Other Operating Expenses	\$ 5,989,279	\$ 6,426,668	\$ 5,622,304	\$ 6,039,212	\$ 24,077,463
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 302,926	\$ 319,256	\$ 385,665	\$ 567,011	\$ 1,574,858
Capitalized Equipment	\$ 416,639	\$ 268,270	\$ 719,283	\$ 825,300	\$ 2,229,492
Subtotal, Unit Care Expenditures	\$ 67,827,994	\$ 68,070,703	\$ 71,099,658	\$ 73,689,762	\$ 280,688,116
Psychiatric Care Expenditures					
Salaries	\$ 8,545,175	\$ 8,435,780	\$ 8,420,259	\$ 8,528,676	\$ 33,929,890
Benefits	\$ 2,083,325	\$ 2,089,714	\$ 2,054,994	\$ 2,061,313	\$ 8,289,346
Other Operating Expenses	\$ 66,987	\$ 60,781	\$ 70,247	\$ 161,365	\$ 359,380
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 28,006	\$ 17,991	\$ 24,099	\$ 53,549	\$ 123,644
Subtotal, Psychiatric Care Expenditures	\$ 10,723,493	\$ 10,604,266	\$ 10,569,598	\$ 10,804,903	\$ 42,702,261
Total Expenditures, Unit & Psychiatric Care	\$ 78,551,487	\$ 78,674,969	\$ 81,669,256	\$ 84,494,665	\$ 323,390,377

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,776,083	\$ 4,808,991	\$ 5,975,061	\$ 5,824,617	\$ 22,384,752
Freeworld Provider Services	\$ 6,856,569	\$ 16,034,029	\$ 17,656,305	\$ 13,557,725	\$ 54,104,628
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 38,895,772	\$ 28,780,837	\$ 43,442,489	\$ 48,724,790	\$ 159,843,888
Estimated IBNR	\$ 10,222,371	\$ 2,745,214	\$ (4,813,368)	\$ 945,783	\$ 9,100,000
Total Expenditures, Hospital & Clinical Care	\$ 61,750,796	\$ 52,369,071	\$ 62,260,486	\$ 69,052,916	\$ 245,433,269

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,108,820	\$ 2,013,820	\$ 2,155,097	\$ 2,125,794	\$ 8,403,531
Benefits	\$ 679,052	\$ 647,969	\$ 676,012	\$ 664,232	\$ 2,667,265
Other Operating Expenses	\$ 391,140	\$ 418,321	\$ 810,723	\$ 668,875	\$ 2,289,058
Pharmaceutical Purchases	\$ 12,260,252	\$ 10,774,273	\$ 12,198,239	\$ 10,896,599	\$ 46,129,363
Travel	\$ 252	\$ 2,826	\$ 3,891	\$ 6,954	\$ 13,923
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 15,439,517	\$ 13,857,209	\$ 15,843,960	\$ 14,362,454	\$ 59,503,140

Indirect Expenditures (Shared Services)	\$ 3,880,435	\$ 3,589,381	\$ 3,981,312	\$ 4,216,691	\$ 15,667,820
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TOTAL EXPENDITURES	\$ 159,622,235	\$ 148,490,631	\$ 163,755,015	\$ 172,126,726	\$ 643,994,605
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DIFFERENCE	\$ (8,275,689)	\$ 1,114,289	\$ (10,891,872)	\$ (19,448,959)	\$ (37,502,231)
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*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2022

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 171,718,583	\$ 169,831,563	\$ 173,605,601	\$ 173,605,601	\$ 688,761,348
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ (5,100,504)	\$ (5,581,080)	\$ (5,343,562)	\$ (21,200,000)
State Reimbursement Benefits	\$ 17,696,475	\$ 17,592,692	\$ 18,012,917	\$ 18,179,239	\$ 71,481,323
Other Misc Revenue	\$ 16,918	\$ 107,449	\$ (47,060)	\$ (13,735)	\$ 63,572
TOTAL REVENUES	\$ 184,257,121	\$ 182,431,201	\$ 185,990,379	\$ 186,427,543	\$ 739,106,244

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 54,548,804	\$ 54,019,142	\$ 57,096,020	\$ 58,955,863	\$ 224,619,828
Benefits	\$ 16,135,083	\$ 16,338,180	\$ 16,436,152	\$ 16,528,897	\$ 65,438,311
Other Operating Expenses	\$ 6,812,765	\$ 7,337,016	\$ 6,617,482	\$ 6,843,827	\$ 27,611,089
Professional Services	\$ 564,532	\$ 737,172	\$ 757,415	\$ 1,865,985	\$ 3,925,104
Contracted Units/Services	\$ 3,042,747	\$ 3,028,288	\$ 3,088,304	\$ 3,261,462	\$ 12,420,801
Travel	\$ 351,070	\$ 382,262	\$ 491,521	\$ 704,669	\$ 1,929,521
Capitalized Equipment	\$ 454,265	\$ 1,659,039	\$ 690,733	\$ (38,801)	\$ 2,765,236
Subtotal, Unit Care Expenditures	\$ 81,909,265	\$ 83,501,099	\$ 85,177,626	\$ 88,121,900	\$ 338,709,890
Psychiatric Care Expenditures					
Salaries	\$ 11,028,146	\$ 10,890,967	\$ 10,931,025	\$ 11,155,018	\$ 44,005,156
Benefits	\$ 2,739,580	\$ 2,757,737	\$ 2,709,843	\$ 2,718,006	\$ 10,925,166
Other Operating Expenses	\$ 138,802	\$ 95,844	\$ 133,575	\$ 209,347	\$ 577,568
Professional Services	\$ 437,138	\$ 567,608	\$ 944,185	\$ 1,598,762	\$ 3,547,694
Travel	\$ 36,807	\$ 23,054	\$ 33,077	\$ 66,858	\$ 159,796
Subtotal, Psychiatric Care Expenditures	\$ 14,380,473	\$ 14,335,211	\$ 14,751,706	\$ 15,747,991	\$ 59,215,380
Total Expenditures, Unit & Psychiatric Care	\$ 96,289,737	\$ 97,836,310	\$ 99,929,332	\$ 103,869,891	\$ 397,925,270

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,978,567	\$ 5,160,114	\$ 6,561,036	\$ 6,654,887	\$ 24,354,604
Freeworld Provider Services	\$ 12,720,149	\$ 22,339,420	\$ 22,073,190	\$ 14,579,935	\$ 71,712,695
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 42,303,831	\$ 32,564,250	\$ 47,216,173	\$ 53,227,996	\$ 175,312,249
Estimated IBNR	\$ 9,910,822	\$ 1,092,894	\$ (5,193,839)	\$ 8,715,189	\$ 14,525,067
Total Expenditures, Hospital & Clinical Care	\$ 70,913,369	\$ 61,156,677	\$ 70,656,560	\$ 83,178,008	\$ 285,904,614

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,862,204	\$ 2,602,897	\$ 2,760,163	\$ 2,732,684	\$ 10,957,949
Benefits	\$ 702,101	\$ 672,776	\$ 701,305	\$ 689,572	\$ 2,765,753
Other Operating Expenses	\$ 522,984	\$ 511,620	\$ 921,166	\$ 772,713	\$ 2,728,484
Pharmaceutical Purchases	\$ 14,031,816	\$ 12,741,308	\$ 14,129,452	\$ 13,099,137	\$ 54,001,713
Travel	\$ 1,807	\$ 4,323	\$ 6,995	\$ 16,171	\$ 29,296
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 18,120,911	\$ 16,532,924	\$ 18,519,083	\$ 17,310,277	\$ 70,483,195

Indirect Expenditures (Shared Services)	\$ 4,700,822	\$ 4,400,753	\$ 4,810,715	\$ 5,046,093	\$ 18,958,383
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TOTAL EXPENDITURES	\$ 190,024,840	\$ 179,926,664	\$ 193,915,689	\$ 209,404,270	\$ 773,271,463
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DIFFERENCE	\$ (5,767,719)	\$ 2,504,537	\$ (7,925,311)	\$ (22,976,727)	\$ (34,165,219)
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Uncollected Health Care Fees	\$ (546,762)
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FY2023 Spend Forward to FY2022 - LBB Approved	\$ 20,484,298
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NET DIFFERENCE	\$ (5,767,719)	\$ 2,504,537	\$ (7,925,311)	\$ (22,976,727)	\$ (14,227,683)
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*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Fourth Quarter FY 2022***

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Fourth Quarter Fiscal Year FY 2022 (June, July, and August 2022), Operational Review Audits (ORAs) were conducted at the following **9** facilities: Cole, Fort Stockton, Goree, Havins, Holliday, Hutchins, Lynaugh, C. Moore and Wayne Scott.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **7** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Fourth Quarter of FY 2022:
 1. Item **4.150** requires inmates who are on the Mental Health caseload or receiving psychopharmacological treatment be assessed by mental health staff within one business day of placement in restrictive housing. The following **6** facilities were not in compliance with this requirement:
 - Cole (17%) - Corrective action plan received
 - Fort Stockton (50%) - Corrective action plan received
 - Goree (0%) - Corrective action plan received
 - Holliday (80%) – Corrective action plan received
 - Hutchins (61%) – Corrective action plan received
 - Lynaugh (31%) – Corrective action plan received
 2. Item **1.630** requires the facility have an overall health services staffing vacancy of no more than 12%. The following **5** facilities were not in compliance with this requirement:
 - Cole (0%) - Corrective action plan received
 - Fort Stockton (0%) - Corrective action plan received
 - Goree (0%) - Corrective action plan received
 - Holliday (0%) – Corrective action plan received
 - Lynaugh (0) – Corrective action plan received
 3. Item **6.340** requires Aspartateaminotransferase (AST) to Platelet Ratio Index (APRI) be calculated at least annually for all inmates diagnosed with Hepatitis C Virus. The following **5** facilities were not in compliance with this requirement:
 - Fort Stockton (60%) - Corrective action plan received
 - Goree (79%) - Corrective action plan received
 - Hutchins (71%) – Corrective action plan received
 - Lynaugh (33%) – Corrective action plan received
 - Wayne Scott (75%) – Corrective action plan received
 4. Item **4.190** requires caseload inmates, or other inmates identified as having a mental health condition, who are housed in disciplinary restrictive housing, be seen by mental health staff or nursing staff each day. The following **3** facilities were not in compliance with this requirement:
 - Fort Stockton (50%) - Corrective action plan received
 - Holliday (50%) - Corrective action plan received
 - Hutchins (17%) - Corrective action plan received

OPERATIONAL REVIEW AUDIT (CONTINUED)

5. Item **6.030** requires inmates receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. The following **3** facilities were not in compliance with this requirement:
 - Goree (80%) – Corrective action plan received
 - Hutchins (13%) - Corrective action plan received
 - Wayne Scott (0%) - Corrective action plan received

6. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility to have an HSM-19 completed monthly. The following **3** facilities were not in compliance with this requirement:
 - Goree (80%) – Corrective action plan received
 - Hutchins (0%) - Corrective action plan received
 - Wayne Scott (0%) – Corrective action plan received

7. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **3** facilities were not in compliance with this requirement:
 - Cole (33%) – Corrective action plan received
 - Holliday (78%) - Corrective action plan received
 - Hutchins (0%) – Corrective action plan received

During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Baten, Bradshaw, Byrd, Clements, Ferguson, Lychner, Middleton, Robertson. During the Fourth Quarter FY 2022, **7** remained open: Baten, Bradshaw, Clements, Ferguson, Lychner, Middleton and Robertson.

CAPITAL ASSETS CONTRACT MONITORING

Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **9** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2022 (June, July, and August 2022), Dental Quality Review audits were conducted at the following **18** facilities: Bell, Crain, Diboll, Duncan, East Texas Treatment Facility (TF), Goodman, Hightower, Hilltop, Holliday, Huntsville, Hughes, Luther, Mountain View, Murray, Pack, Polunsky, Woodman and Wynne. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **2** of the **18** facilities were not in compliance: **Pack (50%)** and **Huntsville (40%)**.

- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another were reviewed within seven days of the inmate's arrival. **4** of the **18** facilities were not in compliance: **Pack (77%)**, **Huntsville (70%)**, **East Texas TF (64%)**, and **Holliday (47%)**.

- **Item 3** assesses if a Dental Intake Assessment was completed by a dentist within **30 days** of the inmate's initial admission into TDCJ. **1** of **18** facilities was not in compliance: **Holliday (62%)**.

- **Item 14** assesses if the dental/medical history was completed per policy on the HSD-4 form for the Comprehensive Treatment Plan (CTP). **1** of the **18** facilities was not in compliance: **Wynne (75%)**.

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 18** assesses if tooth defects were noted with number and surfaces on the Odontogram of the HSD-4 form. **1** of the **18** facilities was not in compliance: **Polunsky (77%)**.
- **Item 19** assesses if treatment levels were reflected in the Comprehensive Treatment Plan (CPT). **1** of the **18** facilities were not in compliance: **Murray (73%)**.
- **Item 23** assesses if the periodontal charting and radiographic survey of the remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **5** of the **18** facilities were not in compliance: **Hightower (86%), Bell (50%), Wynne (43%), Diboll (0%)** and **Mt View (0%)**.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2022 (June, July, and August 2022), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,808** correspondences. The PLP received **3,925** and Step II Grievance received **883**. There were **217** 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 inmate medical grievances closed in the Fourth Quarter FY 2022 for the Step II medical grievances was **4%**. Performance measure expectation is **6%** or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **5%** and **2%** for TTUHSC for the Fourth Quarter of FY 2022.

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Fourth Quarter of FY 2022, (June, July, and August 2022), the Patient Liaison Program nurses and investigators performed **22** Sick Call Request Verification Audits (SCRVA) on **21** 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 **153** indicators were reviewed at the **21** facilities and **12** of the indicators fell below the 80 percent compliance threshold, representing **7.8** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **21** facilities audited. There were **6** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

The frequency of the Sick Call Request Verification Audits (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 inmates as well as new cases that occur within the TDCJ inmate 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.

OFFICE OF PUBLIC HEALTH (CONTINUED)

- 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, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates 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 inmates 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 inmate's release date. During the Fourth Quarter FY 2022, there were **11,030** intake HIV tests performed. Of those tested, **112** inmates were newly identified as having HIV infection. During the same time period, there were **6,690** pre-release tests performed with **0** found to be HIV positive. For this quarter, **5** new AIDS cases were identified.
- There were **416** cases of Hepatitis C identified for the Fourth Quarter FY 2022. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **744** cases of suspected Syphilis were reported in the Fourth Quarter FY 2022. **389** 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.
- **283** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2022. For the same time period, **107** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates 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 **21** TB cases (pulmonary and extra-pulmonary) under management for the Fourth Quarter FY 2022. 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 inmates 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 **276** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2022. There were **72** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **126** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Fourth Quarter FY 2022, **7** units received a five day peer educator training which included a three day Wall Talk training and a two day Somebody Cares peer education training. As of the close of the quarter, **91** of the **100** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Fourth Quarter FY 2022, **123** inmates trained to become peer educators. This is an increase from the Third Quarter FY 2022 report. During the Fourth Quarter FY 2022, **11,819** inmates attended the classes presented by peer educators. This is an increase from the Third Quarter FY 2022.

MORBIDITY AND MORTALITY

There were **151** deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2022, of those **151** deaths, **0** were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	0
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	0

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter FY 2022:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the Fourth Quarter FY 2022, **18** restrictive housing units were audited including: Clemens, Coffield, Estelle, Gist, Hughes, Hutchins, Lewis, Lopez, Lychner, Memorial, Michael, Mountain View, Murray, Pack, Powledge, Ramsey, Sanchez and Stiles. The OMHM&L auditors observed **1,264** inmates, interviewed **1,111** inmates, and referred **3** inmates for further evaluation by university providers.
- In addition to monitoring the mental health status of restrictive housing inmates, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage ATC 4, appropriate description of chief complaint ATC 5, and timely provider visits after referral ATC 6. For ATC 4, **12** of the **18** units were **100%** compliant. For ATC 5, **12** of **18** units were **100%** compliant. For ATC 6, **12** of **18** units were **100%** compliant. For ATC 4, ATC 5, and ATC 6, **6** of **18** facilities did not have applicable data at the time of the audit. For the 911 tool availability, **17** of **18** facilities were **100%** compliant. **1** facility of the **18** (Clemens), did not have inmates in restrictive housing at the time of the audit.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances of compelled medications are appropriately documented. During the Fourth Quarter FY 2022, a total of **82** instances of compelled psychoactive medication occurred. There were **17** instances at the Montford Unit, **32** instances at the Skyview Unit, **33** instances at the Wayne Scott Unit and **0** instance at the Clements Unit. During each month of the quarter, Skyview and Montford were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Wayne Scott was **100%** compliant for the reporting month of June and July, and **86%** compliant for the reporting month of August. The Clements Unit had no applicable instances during the reporting period.
- The Intake Mental Health Evaluation Audit (MHE) conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **10** intake facilities, **9** facilities identified incoming inmates in need of Mental Health Evaluations. At the Glossbrenner unit there were no inmates identified as applicable to the audit. **2** of the **10** facilities met or exceeded the 80% compliance for completing Mental Health Evaluations within 14 days of identified need: East Tx. and Lychner. **7** of the **10** facilities: Beto, Dominguez, Formby, Garza, Halbert, Sanchez and Sayle earned compliance scores of 79% or lower. **7** Corrective action plans were required.

OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of the Health Services Liaison (HSL) conducts a random audit of 10 percent of Electronic Health Records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Fourth Quarter of FY 2022, HSL conducted **459** hospital and **46** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmarary; if the receiving facility had medical services sufficient to meet the inmate'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 inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the units.
- Of the **459** hospital discharge audits conducted, **353** were from the UTMB Sector and **106** were from the TTUHSC sector. There were **50** deficiencies identified for UTMB and **14** identified for TTUHSC. Of the **46** infirmary discharge audits conducted **21** were from the UTMB sector and **25** were from the TTUHSC sector. There were **2** deficiencies identified from UTMB and **3** for TTUHSC.

ACCREDITATION

The ACA 2023 Winter Conference will be held in Orlando, Florida on January 27 – 31 2023, and the following facilities will be represented: Allred, Dominguez, Ellis, Michael, Robertson, Sanchez and Wainwright.

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 - **8**
- Correctional Institutions Division Pending Monthly Research Projects – **0**
- Health Services Division Active Monthly Research Projects – **3**
- Health Services Division Pending Monthly Research Projects – **0**

BIMS Analysis

Jason Delay, LPC-S

Senior Mental Health Director

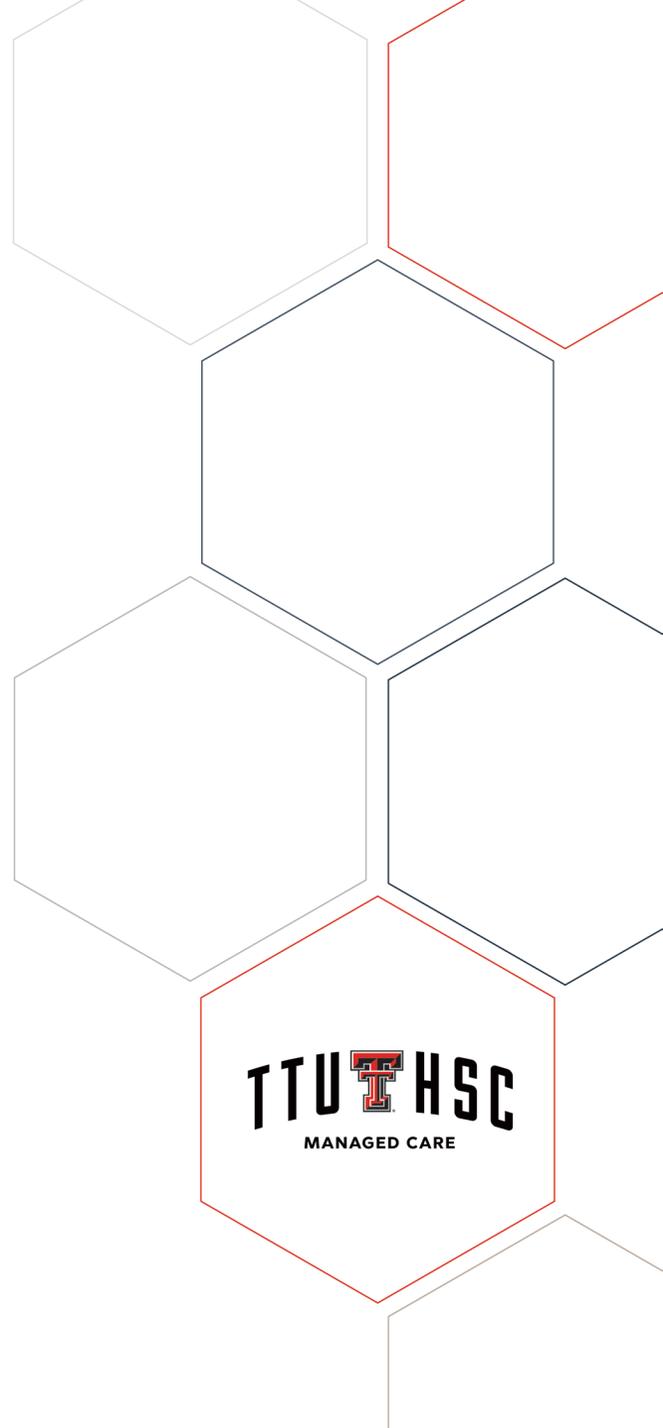


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Managed Care

BIMS Purpose

- To create a clinically defined risk stratification model which integrates the EHR program to allow clinicians and providers to risk stratify patient's acuity levels to improve communication of overall treatment functioning.



TTU HSC
MANAGED CARE

BIMS Treatment Levels

Level I

Case Management: Patients are demonstrating high psychological, social, and correctional functional levels. They are at low risk for suicide or self-injurious behaviors, and are currently diagnosed with a non-serious (2BT/2BR) mental disorder. High functioning S2BR/2BT which requires case management and or medication management only.

Level II

Therapeutic Intervention: Patients who are identified as requiring ongoing therapeutic interventions such as individual or group treatment and who have a non-serious mental health diagnosis. Some noted impairment in patients psychological, social, and or correctional functional levels which requires on going treatment including individual and or group treatment. Patient requires more frequent case management monitoring. Patients are a lower functioning S2BT/2BR.

Level III

SMI Case Management: Patients are diagnosed with a serious mental illness (S3NR/3NT) who have consistently been performing at high psychological, social, and correctional functional levels for at least the past 6 months. Requires case management and or medication management services only.

Level IV

SMI Therapeutic Intervention: Patients are currently diagnosed with a serious mental illness(S3NR/3NT) who may be presenting at a lower psychological, social or correctional functioning level which requires ongoing therapeutic intervention such as individual or group treatment.

Level V

Stabilize: Patients diagnosed with a mental illness either serious (3NT/3NR) non-serious (2BT/2BR) and has recently shown impairment in psychological, social or correctional functioning levels which has led patient to require on going, frequent treatment interventions to prevent further deterioration of functioning. Or, requires frequent monitoring / treatment interventions due to recent return from inpatient services.

Level VI

Intensive Monitoring: Patients are demonstrating a deterioration of their overall psychological, social and correctional health functioning which requires frequent and intensive treatment planning by provider and or mental health clinician to improve condition or refer to inpatient services.



TTU HSC
MANAGED CARE

EHR Integration

Inpatient Note Wizards

- MH IP-CRISIS MGT DISCH NOTE
- MH IP-DIAG/EVAL PSYCH EVAL

Outpatient Note Wizards

- MH OP-CLINICAL INTERVIEW NOTE
- MH OP COUNSELING NOTE
- MH OP-MENTAL HEALTH EVAL
- MH OP STATUS CHK/CASE MGMT
- MH OP-TRIAGE INTERVIEW
- MH OP-PSYCHIATRIC ITP INITIAL
- MH OP PSYCHIATRIC FOLLOW UP

<input type="checkbox"/>	Remove from General Population caseload
<input type="checkbox"/>	Remove from Restrictive Housing caseload
<input type="checkbox"/>	Remove from TDP caseload
<input type="checkbox"/>	Remove from OP CMI-SH (Sheltered Housing) caseload
<input checked="" type="checkbox"/>	Behavioral Integration Management System (BIMS):
<input type="checkbox"/>	Not on caseload - BIMS not indicated
<input type="checkbox"/>	BIMS Treatment Level 1
<input type="checkbox"/>	BIMS Treatment Level 2
<input type="checkbox"/>	BIMS Treatment Level 3
<input type="checkbox"/>	BIMS Treatment Level 4
<input type="checkbox"/>	BIMS Treatment Level 5
<input type="checkbox"/>	BIMS Treatment Level 6
<input checked="" type="checkbox"/>	PULHES / Restrictions:

BIMS Analysis: Pilot Project

Pilot Project started
November 15th, 2021



Pilot Project ended
August 15th, 2022



Units:
Connally, Memorial, Middleton,
Montford, Robertson,
Wayne Scott (J4)

The logo for TTU HSC Managed Care, featuring the text "TTU HSC" in a large, bold, black font with a red outline, and "MANAGED CARE" in a smaller, black font below it. The logo is positioned within a red-outlined hexagonal shape that is part of a larger hexagonal grid pattern on the right side of the slide.

TTU HSC
MANAGED CARE

MHS 1210 BIMS Report

MRN	PATIENT STATUS	UOA FACILITY	HOUSING	CUSTODY STATUS	MHDIAGS	REMINDER DATE	REMINDER DESCRIPTION	LOS DAYS
2331635	ACTIVE	ROBERTSON (RB)	10MD CELL 05	1A	MHNCMHN	01/06/2022	MH TREATMENT LEVEL 3 (BIMS 3)	42
2185832	ACTIVE	ROBERTSON (RB)	12BB2 CELL 28	G2	F31.5	12/30/2021	MH TREATMENT LEVEL 3 (BIMS 3)	49
1986168	ACTIVE	ROBERTSON (RB)	4D11 CELL 03	G3	F33.8,F43.0	12/23/2021	MH TREATMENT LEVEL 3 (BIMS 3)	56
2201562	ACTIVE	ROBERTSON (RB)	3A12 CELL 16	G2	MHNCMHN	12/30/2021	MH TREATMENT LEVEL 3 (BIMS 3)	49
2063660	INACTIVE	ROBERTSON (RB)		MH	F19.251,F43.23	01/27/2022	MH TREATMENT LEVEL 3 (BIMS 3)	21
1221559	ACTIVE	ROBERTSON (RB)	12AE1 CELL 58	G5	F33.3,F39,F91.91,F60.2	01/27/2022	MH TREATMENT LEVEL 3 (BIMS 3)	21
1892906	ACTIVE	ROBERTSON (RB)	3B31 CELL 49	G2	F33.1,F41.1,MHSIT	01/25/2022	MH TREATMENT LEVEL 3 (BIMS 3)	23
2076033	ACTIVE	ROBERTSON (RB)	3C31 CELL 56	G2	F33.3	01/26/2022	MH TREATMENT LEVEL 3 (BIMS 3)	22
2273853	ACTIVE	ROBERTSON (RB)	4E32 CELL 58	G3	F33.3	01/31/2022	MH TREATMENT LEVEL 3 (BIMS 3)	24
2157288	ACTIVE	ROBERTSON (RB)	4E22 CELL 33	G3	F33.3	01/24/2022	MH TREATMENT LEVEL 3 (BIMS 3)	24
894566	ACTIVE	ROBERTSON (RB)	3B22 CELL 38	G2	F43.10	01/31/2022	MH TREATMENT LEVEL 3 (BIMS 3)	17
2061859	ACTIVE	ROBERTSON (RB)	7H31 CELL 49	G4	F33.3,MHSIT	01/28/2022	MH TREATMENT LEVEL 3 (BIMS 3)	20
1767713	ACTIVE	ROBERTSON (RB)	8K22 CELL 40	G5	F32.91,F43.10,F33.3,F43.21	01/28/2022	MH TREATMENT LEVEL 3 (BIMS 3)	20
1162216	ACTIVE	ROBERTSON (RB)	8L21 CELL 28	G5	F33.9	01/21/2022	MH TREATMENT LEVEL 3 (BIMS 3)	27
2049050	ACTIVE	ROBERTSON (RB)	12FF2 CELL 84	3A	F91.91	01/27/2022	MH TREATMENT LEVEL 3 (BIMS 3)	21
2030547	ACTIVE	ROBERTSON (RB)	12AC2 CELL 40	G4	F39,F29,F12.20,F91.91	01/28/2022	MH TREATMENT LEVEL 3 (BIMS 3)	20
785176	ACTIVE	ROBERTSON (RB)	12BD1 CELL 48	G2	F32.91	01/27/2022	MH TREATMENT LEVEL 3 (BIMS 3)	21
2230171	ACTIVE	ROBERTSON (RB)	12BE2 CELL 66	G2	F25.0,V71.09	01/27/2022	MH TREATMENT LEVEL 3 (BIMS 3)	21
								3
2155740	ACTIVE	ROBERTSON (RB)	4E21 CELL 31	G3	F41.9,MHNCMHN,F43.23	12/06/2021	MH TREATMENT LEVEL 4 (BIMS 4)	73
755083	ACTIVE	ROBERTSON (RB)	7I21 CELL 30	G4	F33.3,Z63.4,MHSIT	12/07/2021	MH TREATMENT LEVEL 4 (BIMS 4)	72
2191158	ACTIVE	ROBERTSON (RB)	3A23 CELL 43	G2	F39,F43.22	12/03/2021	MH TREATMENT LEVEL 4 (BIMS 4)	76
								36
1203972	ACTIVE	HOLLIDAY (NF)	GTR CELL 40	MH	F11.21,F91.91,F19.2,F25.9,Z91.19	11/22/2021	MH TREATMENT LEVEL 5 (BIMS 5)	87
1886705	ACTIVE	ROBERTSON (RB)	3A32 CELL 62	G2	MHNCMHN	11/19/2021	MH TREATMENT LEVEL 5 (BIMS 5)	90
1082402	ACTIVE	ROBERTSON (RB)	7H21 CELL 25	G4	F32.91,MHNCMHN	12/01/2021	MH TREATMENT LEVEL 5 (BIMS 5)	78
2323512	ACTIVE	ROBERTSON (RB)	7G31 CELL 54	G4	MHSIT,F32.91,F39	12/01/2021	MH TREATMENT LEVEL 5 (BIMS 5)	78
2211054	ACTIVE	ROBERTSON (RB)	12FA2 CELL 14	MH	F33.3	12/17/2021	MH TREATMENT LEVEL 5 (BIMS 5)	62
2292396	ACTIVE	ROBERTSON (RB)	12DF2 CELL 79	1A	F63.81,F43.21	12/15/2021	MH TREATMENT LEVEL 5 (BIMS 5)	64
1866392	ACTIVE	ROBERTSON (RB)	8J12 CELL 12	G5	F39	12/22/2021	MH TREATMENT LEVEL 5 (BIMS 5)	57
2077052	ACTIVE	ROBERTSON (RB)	8J21 CELL 27	G5	F33.2	12/16/2021	MH TREATMENT LEVEL 5 (BIMS 5)	63
1364436	ACTIVE	ROBERTSON (RB)	7I11 CELL 02	G4	F33.3	12/14/2021	MH TREATMENT LEVEL 5 (BIMS 5)	65
2234221	ACTIVE	ROBERTSON (RB)	12BE1 CELL 60	G4	F14.20,F39,F60.2	01/14/2022	MH TREATMENT LEVEL 5 (BIMS 5)	34

BIMS Overview

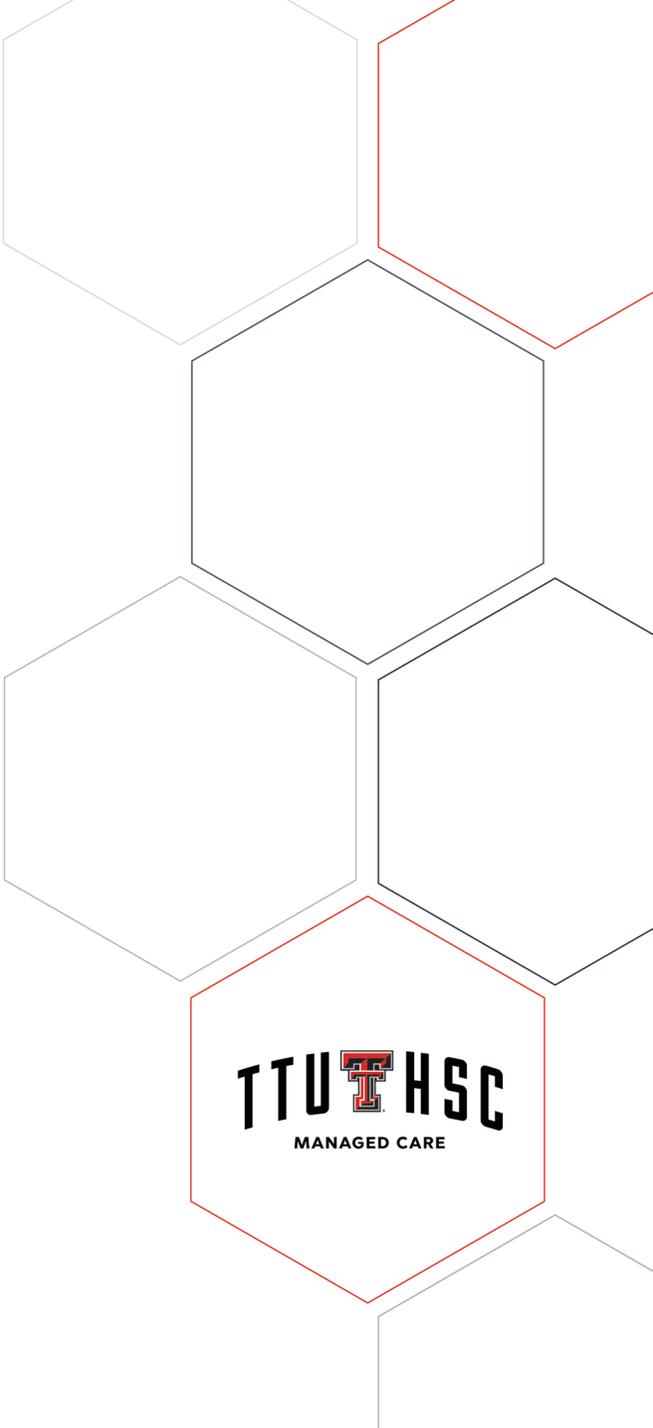
- 6 Units used for the Pilot:
Connally, Memorial, Middleton, Montford, Robertson, Wayne Scott
- Total BIMS Score – 2,501
- BIMS Level Breakdown:
 - Level 1 – 1,107
 - Level 2 – 480
 - Level 3 – 299
 - Level 4 – 37
 - Level 5 – 565
 - Level 6 – 13

The logo for TTU HSC Managed Care is located in the bottom right corner of the slide. It features the text "TTU HSC" in a bold, black, sans-serif font, with a red outline around the letters. Below this, the words "MANAGED CARE" are written in a smaller, black, sans-serif font. The logo is set against a background of a hexagonal grid pattern, with the logo itself contained within a red-outlined hexagon.

TTU HSC
MANAGED CARE

Outpatient Units

- Connally
- Middleton
- Robertson
- Memorial



TTU HSC
MANAGED CARE

Connally

BIMS Score

473

BIMS Breakdown

Referred to CM

Suicide Attempts

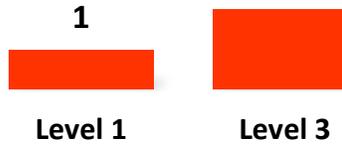
Level 1

189



Level 2

94



Level 3

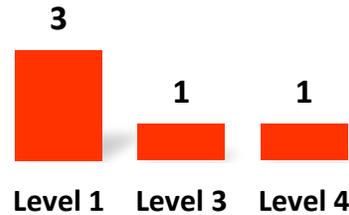
158

Multiple Admissions

Self Injury

Level 4

22



Level 5

9



Level 6

1

TTU HSC
MANAGED CARE

Middleton

BIMS Score

413

BIMS Breakdown

Referred to CM

Suicide Attempts

Level 1 312

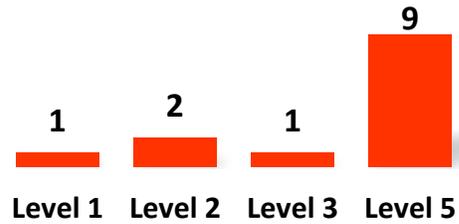
Level 2 56

Level 3 39

Level 4 2

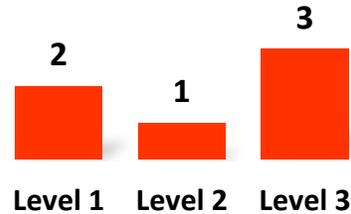
Level 5 4

Level 6 0



Multiple Admissions

Self Injury



None

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MANAGED CARE

Robertson

BIMS Score

859

BIMS Breakdown

Referred to CM

Suicide Attempts

Level 1 472

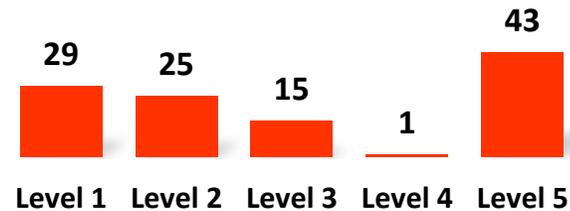
Level 2 249

Level 3 87

Level 4 3

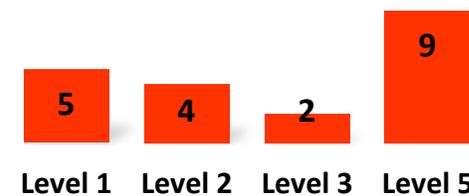
Level 5 48

Level 6 0



Multiple Admissions

Self Injury



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Memorial

BIMS Score

254

BIMS Breakdown

Referred to CM

Suicide Attempts

Level 1 133

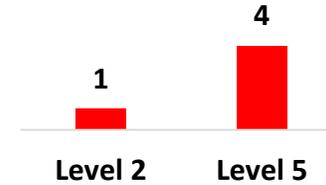
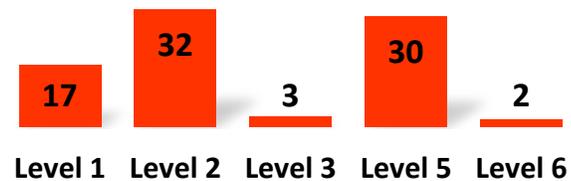
Level 2 79

Level 3 9

Level 4 4

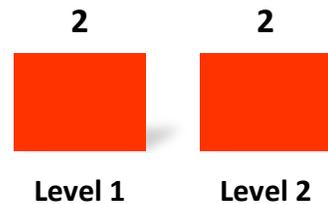
Level 5 23

Level 6 6



Multiple Admissions

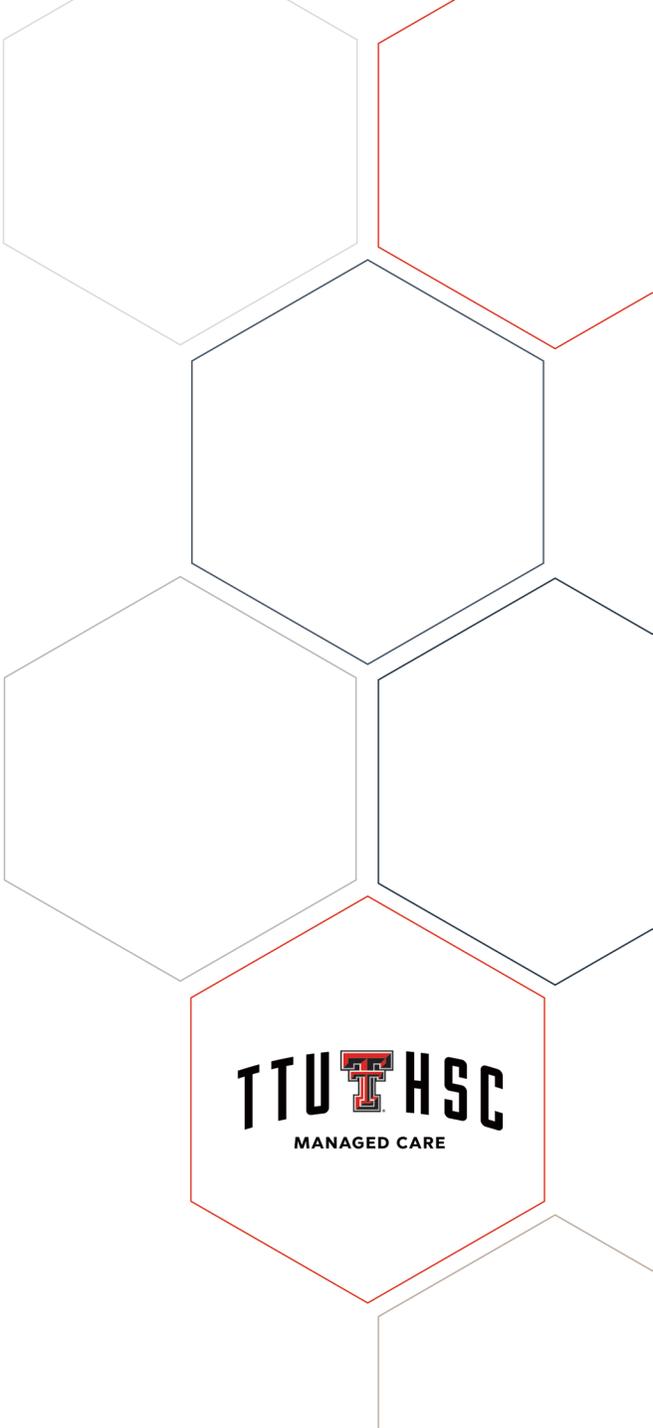
Self Injury



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Inpatient Units

- Wayne Scott (J4)
- Montford



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Wayne Scott (J4)

BIMS Score

278

BIMS Breakdown

Referred to CM

Suicide Attempts

Level 1

0

N/A

16

Level 2

0

Level 5

Level 3

0

Multiple Admissions

Self Injury

Level 4

0

Level 5

277

N/A

1

9

1

Level 6

1

Level 1

Level 5

Level 6

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Montford

BIMS Score

224

BIMS Breakdown

Referred to CM

Suicide Attempts

Level 1

1

N/A

27

2

Level 2

2

Level 5

Level 6

Level 3

6

Multiple Admissions

Self Injury

Level 4

6

Level 5

204

N/A

4

4

2

19

Level 6

5

Level 1

Level 2

Level 3

Level 5

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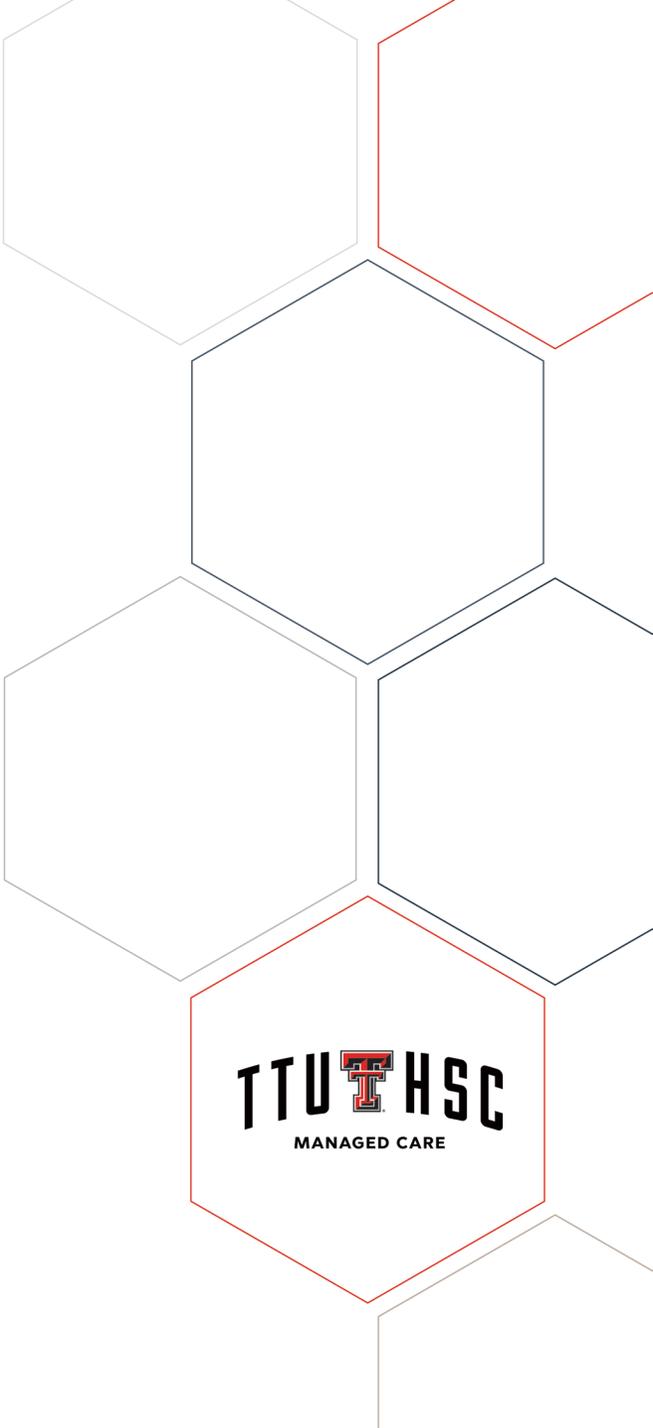
BIMS Outcome / Summary

BIMS Achievements:

- Created a behavioral health risk stratification model which can be utilized by behavioral health staff state wide to improve communication of patient acuity from clinician to clinician, unit to unit, and sector to sector.
- Risk stratification model can be fully integrated with TDCJ's current EHR program.
- BIMS will clearly define each units caseload populations to allow leadership to move resources both on site and telehealth to create treatment strategies based on units current inmate acuity levels.
- Identifies and labels most at risk patients to ensure continuity of care is provided to inmate as they transfer from unit to unit.

Areas for Improvement:

- Incorporate BIMS with nursing transfer screening process.
- Incorporate with TDCJ FORVUS classification PULHES designation.
- Expand BIMS to include non caseload inmates.



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Questions



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