



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

March 8, 2023

10:00 a.m. (CST)

TDCJ, Price Daniel Building
209 W. 14th St. Suite 500
Austin, Texas 78701

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 7, 2022

Chairman: Robert D. Greenberg, M.D.

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Cynthia Jumper, M.D., Brian Edwards, M.D., Julia Hiner, M.D., Kris Coons, John Burruss, M.D., Phillip Keiser, M.D.

CMHCC Members Absent: Michelle Erwin

Partner Agency Staff Present: Bobby Lumpkin, Ashley Adkins, Gloria Moore, Myra Walker, Pershelle Cleveland, Renee Warren, Catina Brice, Jennifer Gonzales, Jewel Archie, Alice Castleberry, PhsyD., Michael Rutledge, Chris Black-Edwards, Texas Department of Criminal Justice (TDCJ); Lindsey Tubbs, Carrie Culpepper, Will Rodriguez, Jason Delay, Denise DeShields, M.D., Tamarra Mason, 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., Marjorie Kovacevick, Olugbenga Ojo, M.D., 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
I. Call to Order - Dr. Robert Greenberg	<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>		
II. Recognitions and Introductions - Dr. Greenberg	<p>Dr. Greenberg asked if there were any recognitions or introductions.</p> <p>Dr. Robert Greenberg recognized Natasha Mills for the outstanding commitment and service she has provided to the CMHCC. Ms. Mills was promoted to the TDCJ Information Technology Division as a Business Analyst.</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. Cynthia Jumper recognized Dr. Denise DeShields as being recently promoted to Associate Vice President and Executive Medical Director for Texas Tech Correctional Manage Health Care. Dr. Jumper also recognized Mr. Will Rodriguez as being recently promoted to Associate Vice President and Chief Administrative Officer for Texas Tech Correctional Manage Health Care.</p> <p>Dr. Lannette Linthicum recognized Dr. Greenberg for his continued service and commitment as the Chairman of the CMHCC by presenting him with an inscribed gavel box and gavel strike plate.</p> <p>Dr. Linthicum introduced and welcomed Gloria Moore as the new Information Specialist IV for the Health Services Division.</p> <p>Dr. Greenberg next moved on to agenda item III, Chair's Report.</p> <p>Dr. Greenberg discussed the date and location of the 2023 CMHCC meetings. Dr. Greenberg inquired if the committee members were interested in changing the March 8, 2023 CMHCC meeting location from Conroe, TX to Austin, TX due to the 88th Legislative Session. Dr. Greenberg asked if future CMHCC meetings scheduled during the month of March should be held in Austin every odd year due to the legislative session schedule.</p>	<p>Dr. Linthicum provided a comment regarding options for the March 2023 CMHCC Meeting. Dr. Linthicum explained that in the past during legislative sessions, the meetings have been held in Austin at the TDCJ Headquarters, Price Daniel Building which is an option for the March 8, 2023 CMHCC meeting.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Chair’s Report (cont.) - Dr. Greenberg</p>		<p>Dr. Jumper explained that she has meetings scheduled in Austin during the day of the March 8, 2023 CMHCC meeting and would prefer the meeting be held in Austin, which would allow her to attend the CMHCC meeting.</p>	
<p>IV. Approval of Consent Items - Dr. Greenberg</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – September 14, 2022 - Approval of TDCJ Health Services Monitoring Report 	<p>Dr. Greenberg next moved on to agenda item IV, 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 September 14, 2022 meeting –Dr. John Burruss and Dr. Philip Kieser.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the September 14, 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 Fourth Quarter Texas Department of Criminal Justice (TDCJ) Health Services Monitoring Reports.</p>		<p>The committee members agreed to change the location of the March 8, 2023 meeting to the TDCJ Headquarters Price Daniel Building. The committee also agreed to meet in Austin every odd year during the month of March due to the legislative session schedule.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>The fourth consent item was the approval of the FY 2022 Fourth 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 Fourth 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. John Burruss made a motion to approve all consent items and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
<p>V. Update on Financial Reports - Ashley Adkins</p>	<p>Dr. Greenberg next called on Ms. Ashley Adkins to present the financial report.</p> <p>Dr. Greenberg acknowledged the Tab B replacement packet to the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth Quarter of FY 2022.</p>	<p>Catina Brice, Program Supervisor V for the TDCJ Health Services Division reported corrections were made to the CMHCC Handbook which reflects the corrected Financial Report on Correctional Managed Health Care (CMHC) for the Fourth Quarter of FY 2022. The corrected CMHCC Agenda book has been posted to the CMHCC website.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Ashley Adkins</p> <p>VI. Medical Director's Updates TDCJ Health Services Division FY 2022 Fourth Quarter Report - Dr. Lannette Linthicum</p>	<p>Ms. Adkins presented the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth 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. Adkins 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. Adkins and opened the floor for questions</p> <p>Ms. Adkins answered by stating the appropriation request includes 2 million dollars that the Legislature estimated TDCJ would collect in co-payments over the biennium. However, TDCJ collected approximately 1.5 million dollars. Ms. Adkins added that a spend forward request was approved by the Legislative Budget Board to utilize funding from the FY23 budget to cover the short fall.</p> <p>Dr. Greenberg thank Ms. Adkins then called on Dr. Lannette Linthicum to present the FY 2022 Fourth 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>Dr. John Burruss asked for clarification regarding the uncollected Health Care fees for the inmate population.</p> <p>Dr. Greenberg asked for clarification regarding the number of years a TDCJ facility maintains accredited through the American Correctional Association (ACA).</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2022 Fourth Quarter Report (cont.)</p> <ul style="list-style-type: none"> - University of Texas Medical Branch - Dr. Owen Murray 	<p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray to present the UTMB Medical Director’s Report.</p> <p>Dr. Murray begins his report by stating UTMB has hired Dr. Nubia Llubes, as the UTMB CMC Associated Mental Health Director. Dr. Murray called on Dr. Joseph Penn to provide an introduction of Dr. Llubes.</p>	<p>Dr. Penn shared that Dr. Llubes is board certified in both general psychiatry and forensic psychiatry. Dr. Llubes will serve as the UTMB CMC Associated Mental Health Director. She will take the lead in systemwide psychiatric/mental health initiatives. Dr. Penn shared that Dr. Llubes was the past director for mental health services at the Harris County Jail, Houston, Texas, the 3rd largest county jail in the US. She was also the past director of the competency to stand trial restoration program at the Harris County Psychiatric Center (HPCP, Houston, Texas). Dr. Llubes joined UTMB CMC as the Clinical Director at the TDCJ Wayne Scott unit and will continue to work alongside Dr. Penn to cover the clinical director needs at the unit until a new Clinical Director is identified.</p>	
<p>VII. Behavioral Integrated Management System (BIMS) Pilot</p> <ul style="list-style-type: none"> - Jason Delay, LPC-S 	<p>Dr. Greenberg then called on Jason Delay, LPC-S, Senior Mental Health Director for the (TTUHSC) to present an overview of the “Behavioral Integrated Management System (BIMS) Analysis” Pilot.</p>	<p>Dr. DeShields provided an introduction of Mr. Delay. Mr. Delay is the Outpatient Mental Health Services supervisor for TTUHSC, housed at the Robertson Unit in Abilene, TX.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Behavioral Integrated Management System (BIMS) Pilot (cont.)</p> <ul style="list-style-type: none"> - Jason Delay, LPC-S 	<p>Mr. Delay began by going over the purpose of the BIMS. He stated BIMS was to create a clinically defined risk stratification model which integrates the Electronic Health Record (EHR) program to allow clinicians and providers to risk stratify patient's acuity levels to improve communication of overall treatment functioning. He stated integrating in the EHR program and improving communication are the hallmarks of the BIMS program.</p> <p>Mr. Delay provided a summary of the six risk stratification models (BIMS Treatment Levels). The treatment levels are categorized as Level I-Level VI. The risk stratification model allows for an acuity level to rate each inmate as they transfer to different units. This model will allow clinicians and providers to improve communication of overall treatment functioning.</p> <p>Next, Mr. Delay explained that the inmates' BIMS Treatment Level documentation would be placed into the (EHR), which would allow staff to identify what treatment level the inmates are at upon arrival to their assigned units. The EHR integration system would incorporate inpatient note wizards and outpatient note wizards.</p> <p>Mr. Delay reported the BIMS Analysis: Pilot Project started on November 15, 2021 and ended on August 15, 2022. The project was piloted on the Connally, Memorial, Middleton and Robertson outpatient units and the Montford and Wayne Scott inpatient units. Of the six units used for the pilot, he provided a BIMS overview of the BIMS level breakdown (Level 1-Level 6) at each unit.</p> <p>Mr. Delay provided a summary by stating the BIMS risk stratification model was created to incorporate into the (TDCJ) EHR system to improve communication of patient acuity from clinician to clinician, unit to unit, and sector to sector.</p>	<p>Dr. Burruss questioned who was involved with creating the BIMS pilot.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Behavioral Integrated Management System (BIMS) Pilot (cont.) - Jason Delay, LPC-S</p> <p>VIII. Public Comments - Dr. Greenberg</p> <p>IX. Adjourn</p>	<p>Mr. Delay answered Mr. Paul Brooks, LPC Allred Unit Mental Health Director and Mr. Ingatius Rozario, LPC Clements Unit Mental Health Director (TTUHSC) along with himself were involved with creating the BIMS pilot. He also added that Ms. Tonya Campbell, Mental Health Manager with the (UTMB) helped with programming and training the UTMB clinicians.</p> <p>Mr. Delay thanked the committee for the opportunity to present.</p> <p>Dr. Greenberg thanked Mr. Delay and 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 March 8, 2023 in Austin, Texas at the Price Daniel Building.</p> <p>The meeting was adjourned at 11:30 a.m.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
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Robert D. Greenberg, M.D., Chairman
Correctional Managed Health Care Committee

Date

Consent Item

Approval of CMHCC Meeting Minutes
December 7, 2022

Consent Item

TDCJ Health Services
Monitoring Reports



TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

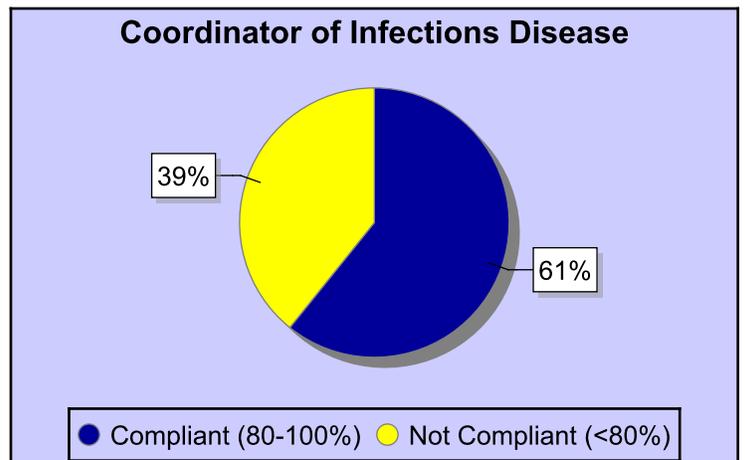
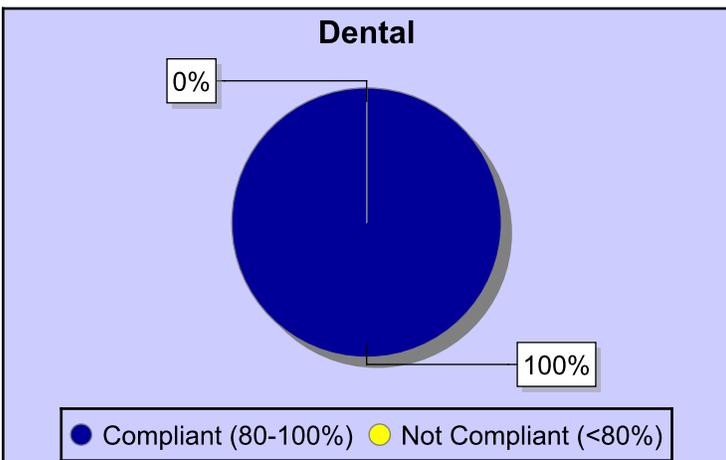
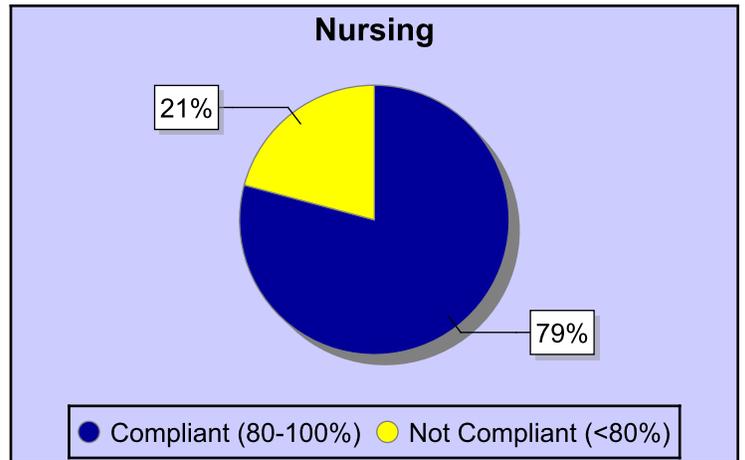
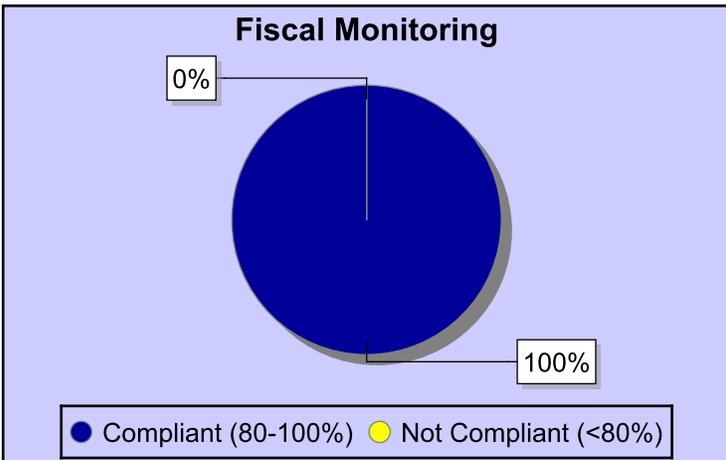
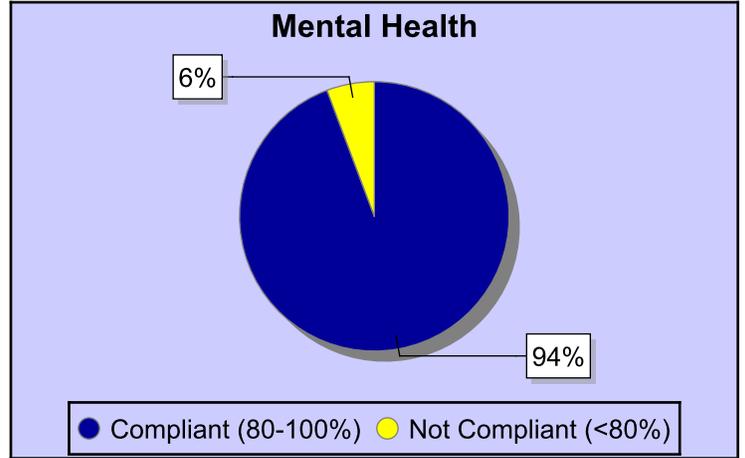
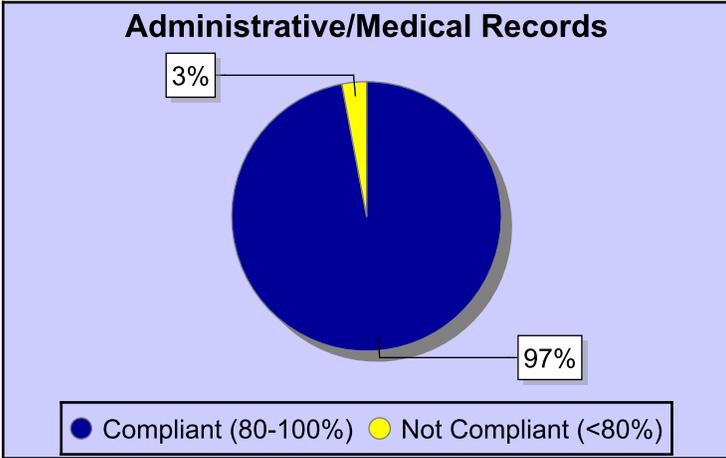
**First Quarter, Fiscal Year 2023
(September, October and November 2022)**

Rate of Compliance with Standards by Operational Categories
 First Quarter, Fiscal Year 2023
 September November 2022

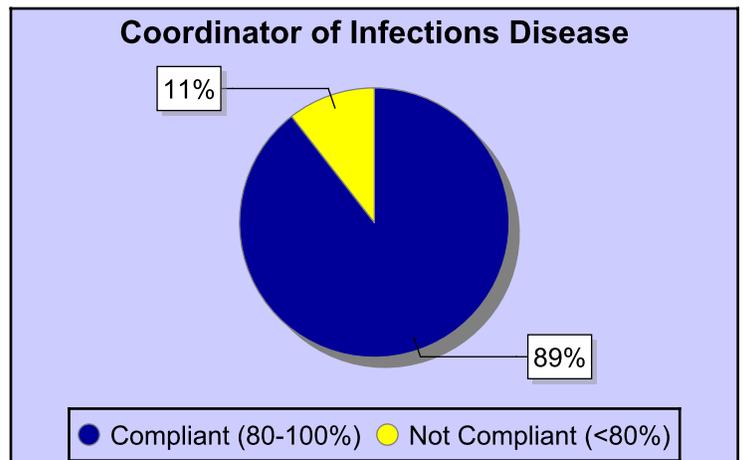
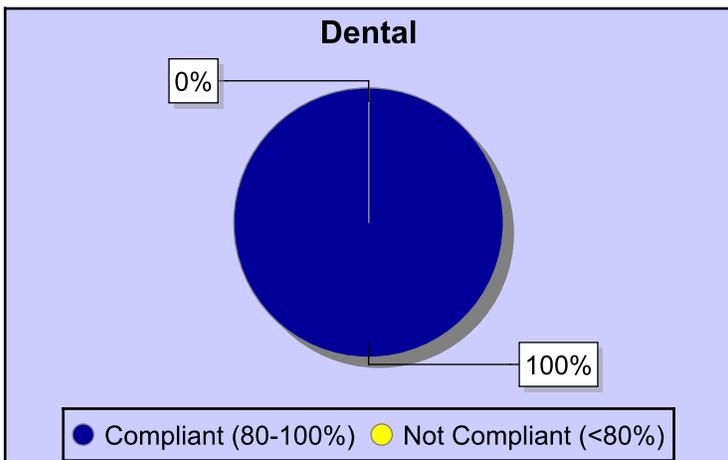
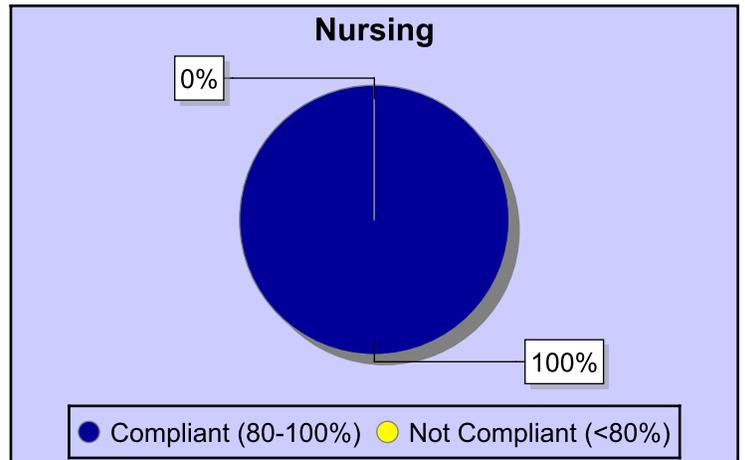
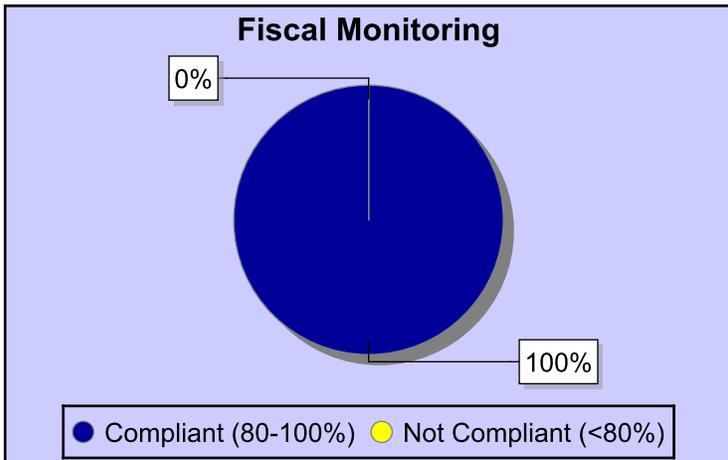
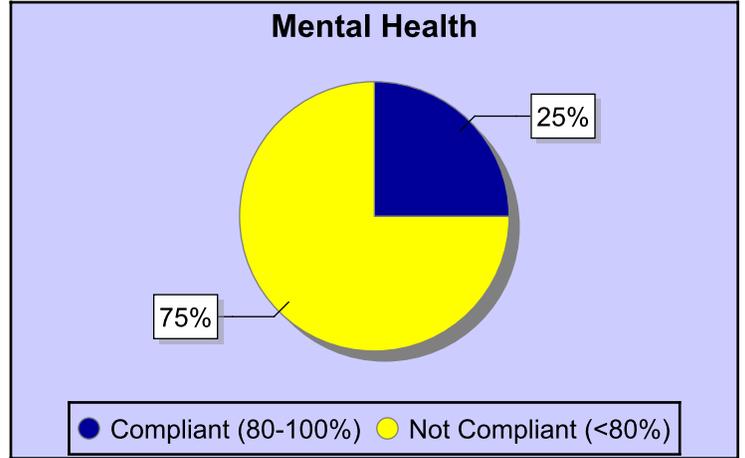
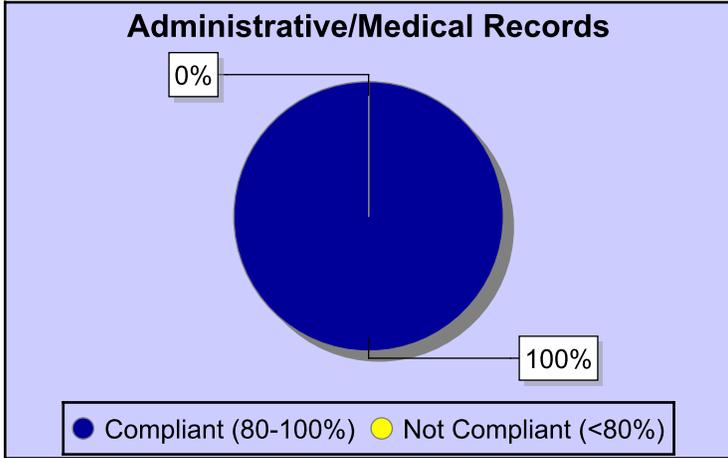
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Allred	34	33	97%	24	19	79%	51	31	61%	20	20	100%	35	33	94%	6	6	100%
Clemens	32	31	97%	13	13	100%	22	20	91%	10	10	100%	16	14	88%	6	6	100%
Crain	33	32	97%	21	13	62%	34	26	76%	9	9	100%	16	14	88%	6	6	100%
Hughes	33	32	97%	15	15	100%	37	27	73%	10	10	100%	24	19	79%	6	6	100%
Memorial	33	30	91%	13	7	54%	25	9	36%	10	10	100%	16	12	75%	6	5	83%
Murray	33	32	97%	15	10	67%	24	23	96%	10	10	100%	16	15	94%	6	6	100%
Roach	30	30	100%	13	13	100%	19	17	89%	11	11	100%	4	1	25%	6	6	100%
Terrell	32	30	94%	13	10	77%	28	24	86%	11	11	100%	16	15	94%	6	5	83%

n = number of applicable items audited.

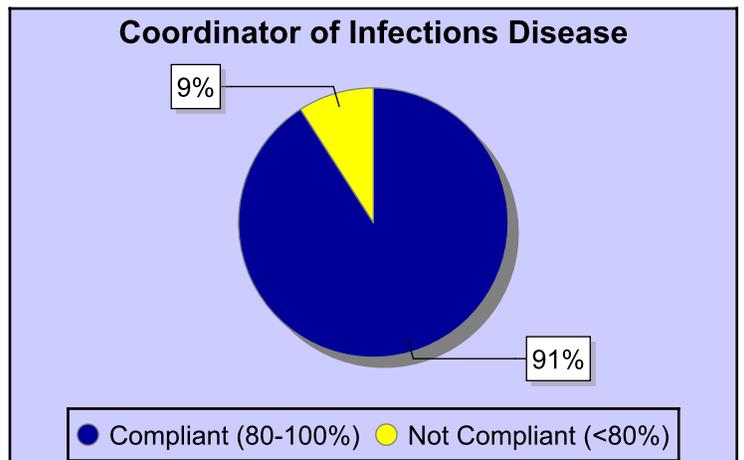
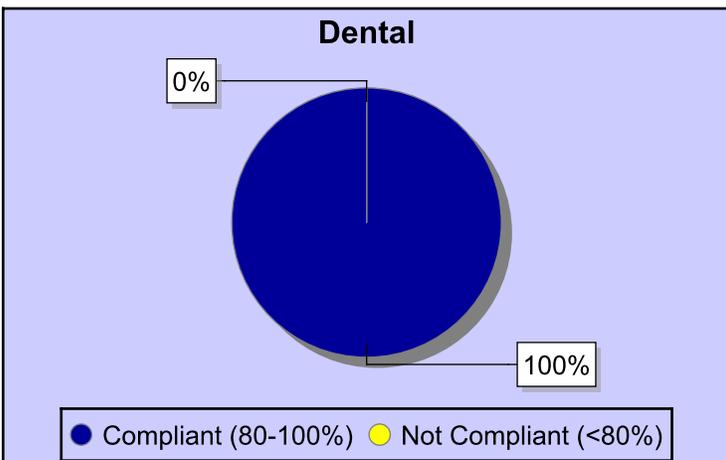
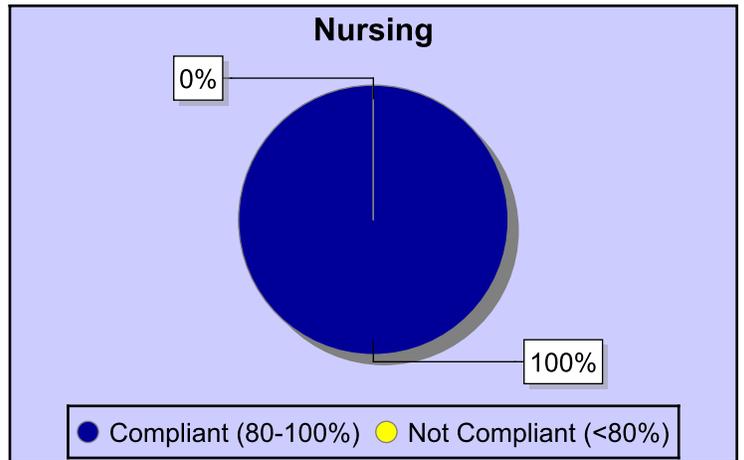
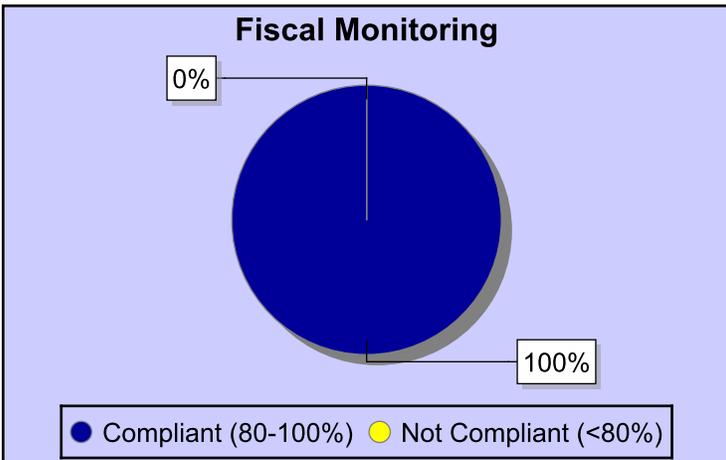
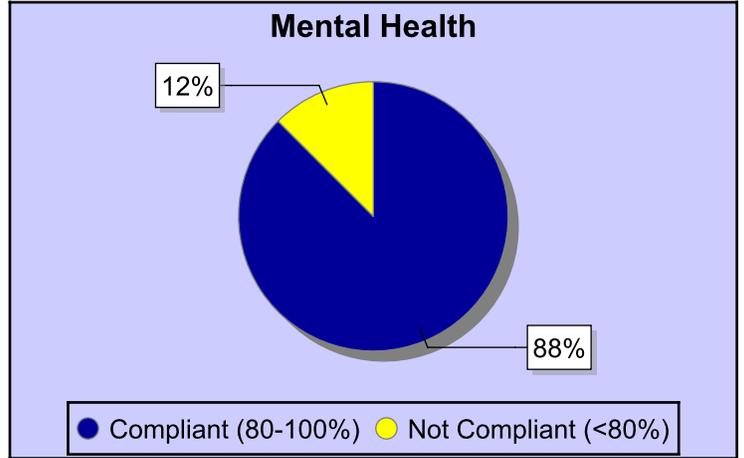
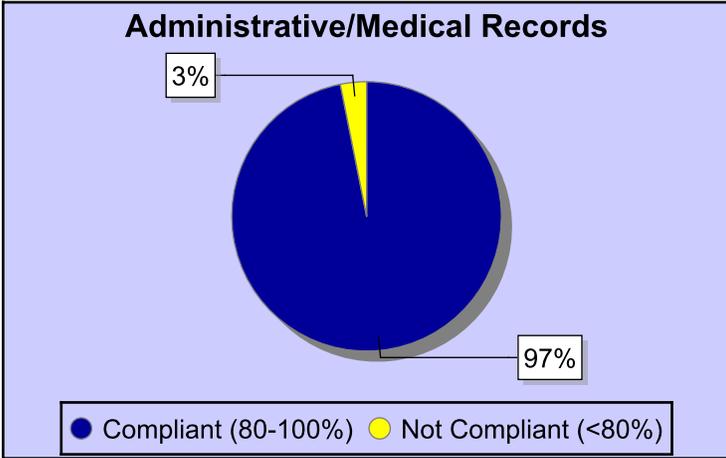
Compliance Rate By Operational Categories for
ALLRED FACILITY
September 07, 2022



Compliance Rate By Operational Categories for
ROACH FACILITY
September 08, 2022



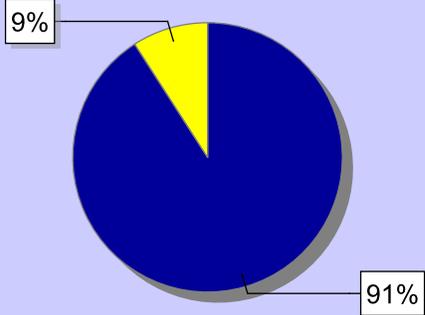
Compliance Rate By Operational Categories for
CLEMENS FACILITY
October 04, 2022



Compliance Rate By Operational Categories for MEMORIAL FACILITY

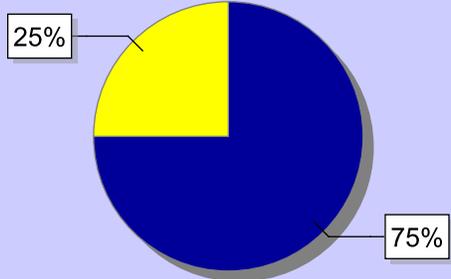
October 05, 2022

Administrative/Medical Records



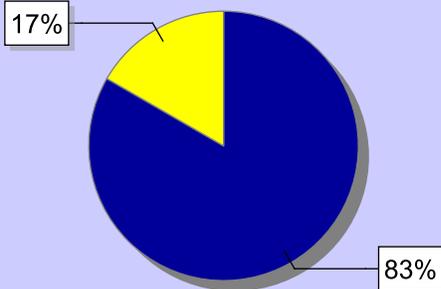
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Mental Health



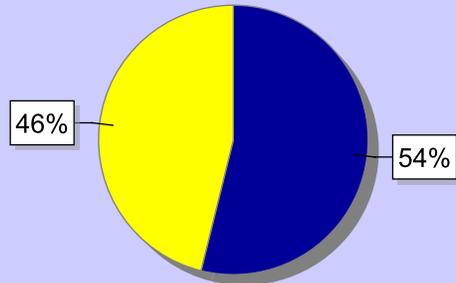
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Fiscal Monitoring



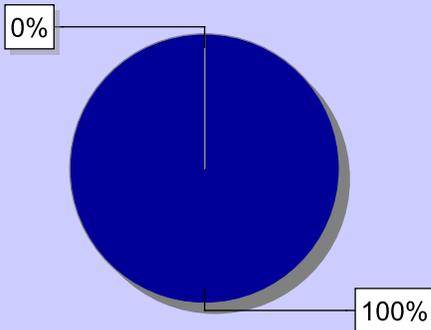
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Nursing



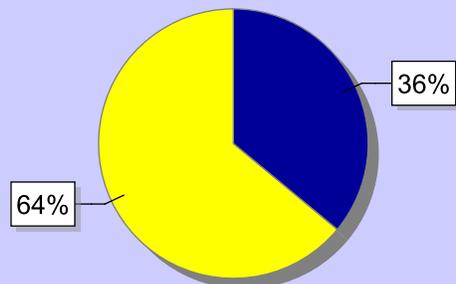
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Dental



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

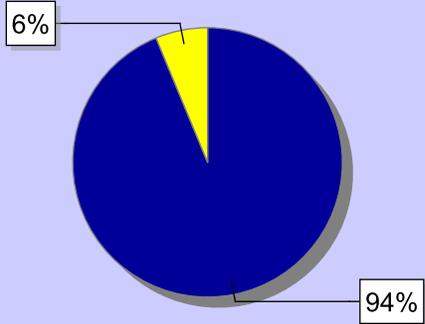
Coordinator of Infections Disease



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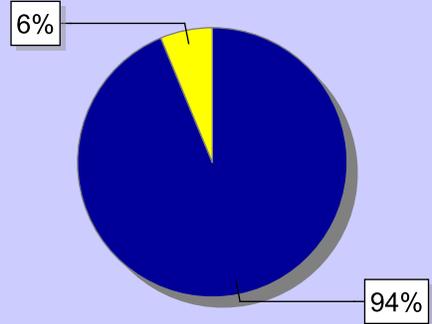
Compliance Rate By Operational Categories for
TERRELL FACILITY
October 05, 2022

Administrative/Medical Records



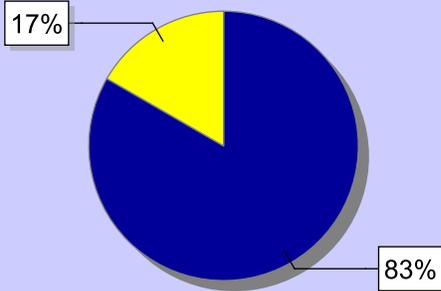
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Mental Health



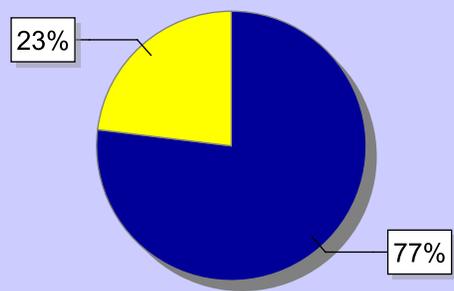
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Fiscal Monitoring



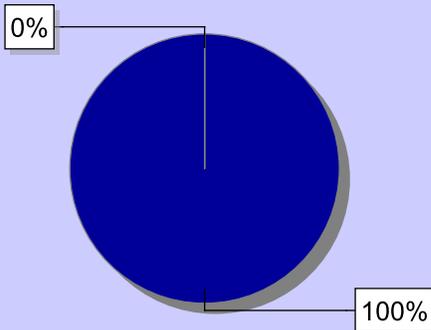
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Nursing



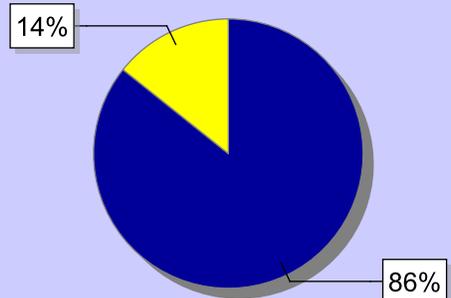
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Dental



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

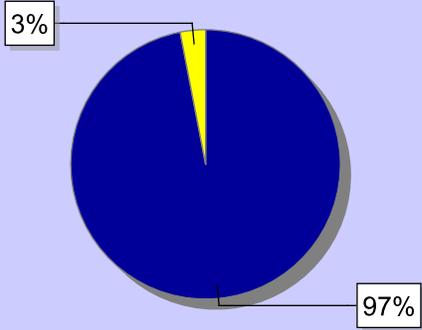
Coordinator of Infections Disease



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

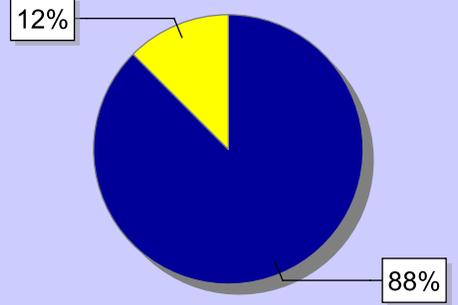
Compliance Rate By Operational Categories for
CRAIN FACILITY
November 08, 2022

Administrative/Medical Records



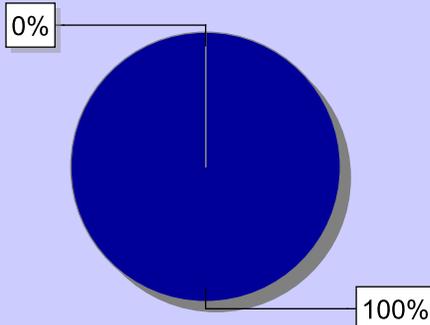
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Mental Health



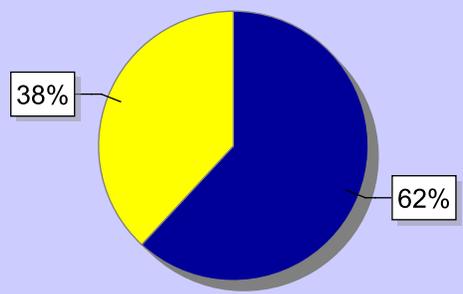
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Fiscal Monitoring



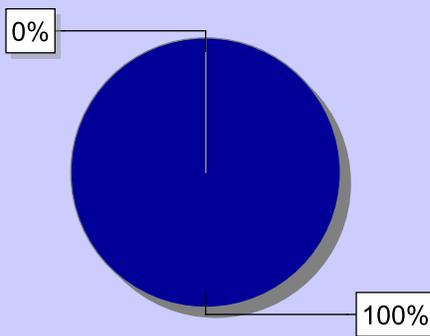
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Nursing



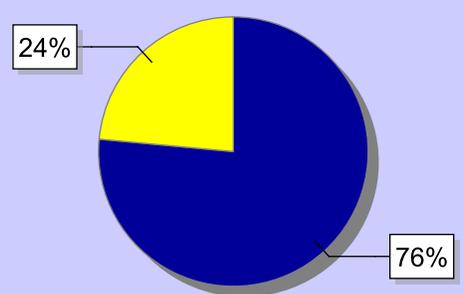
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



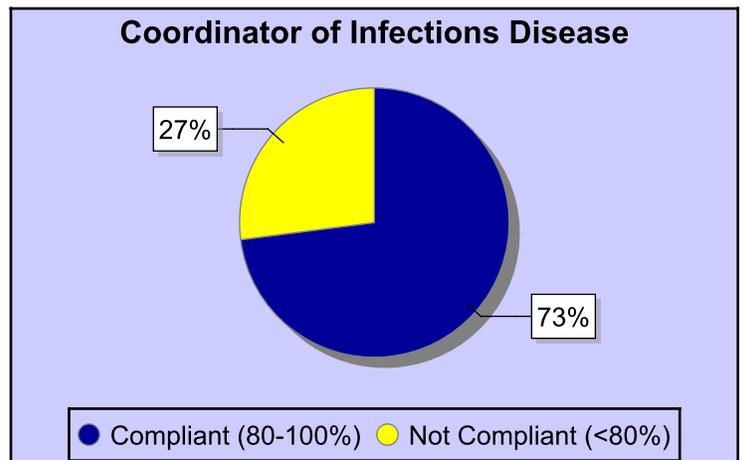
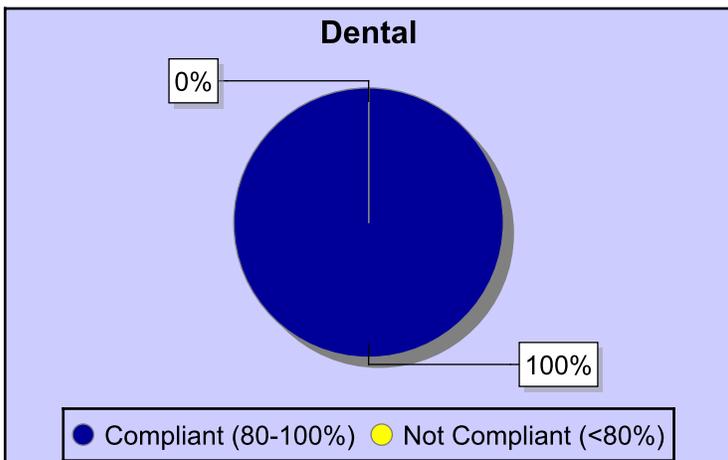
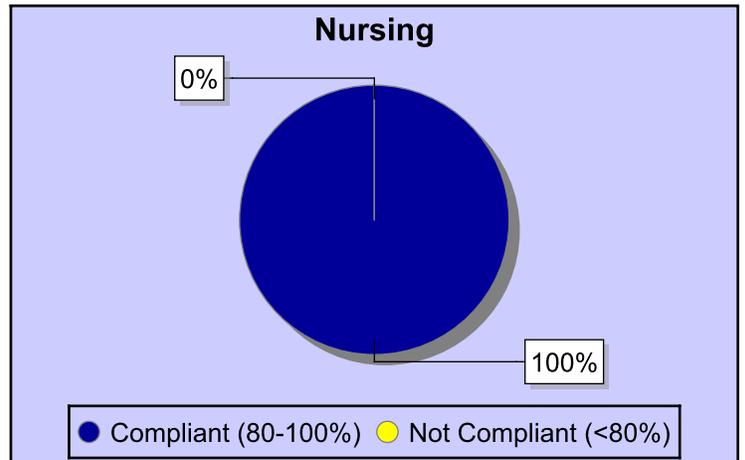
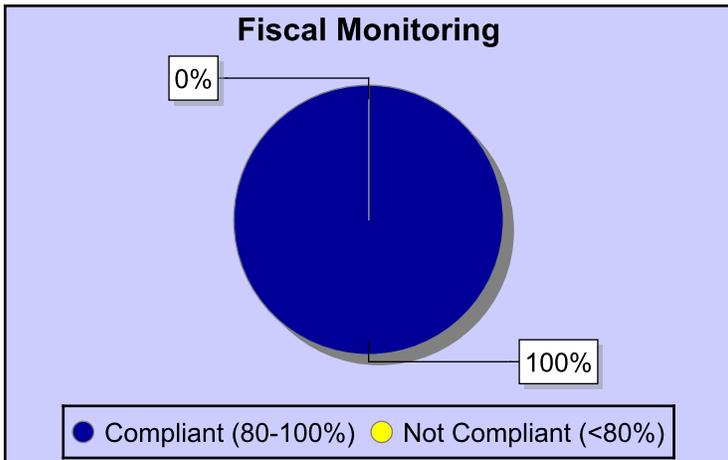
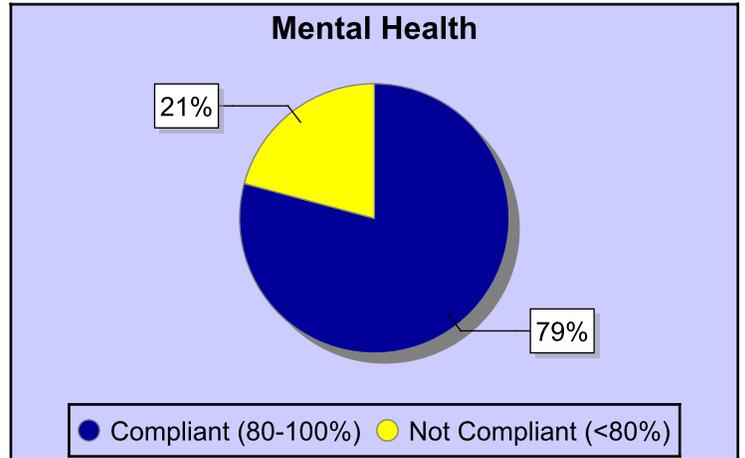
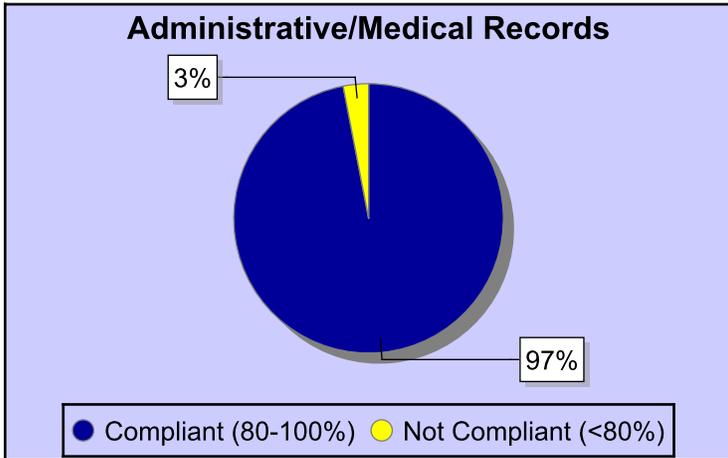
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease

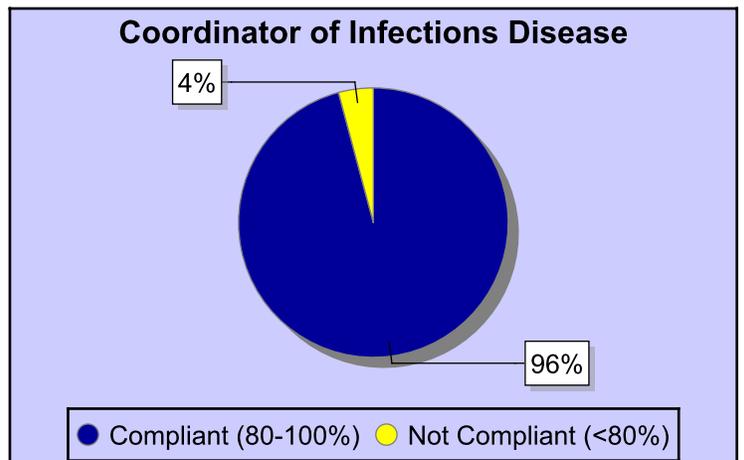
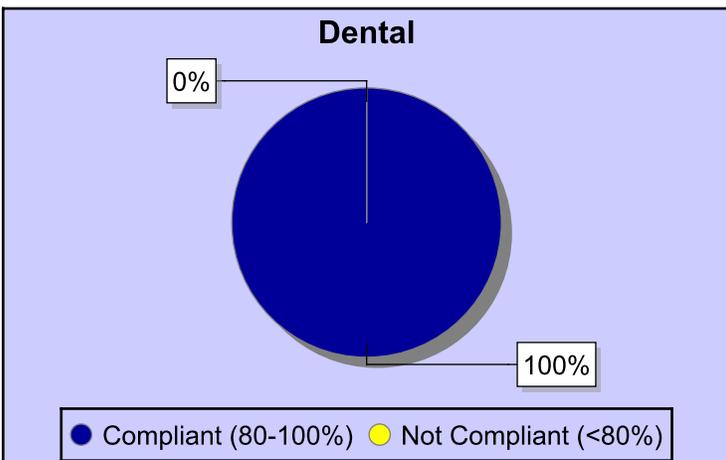
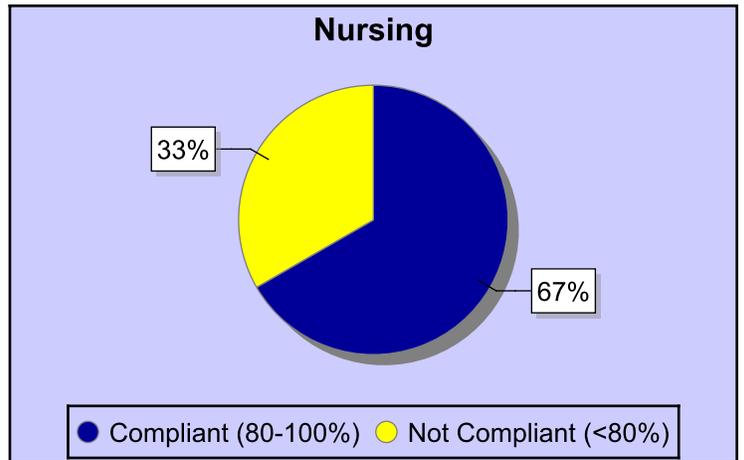
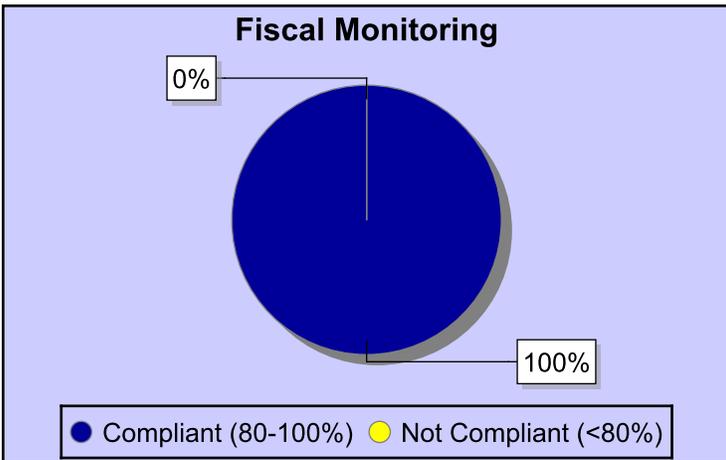
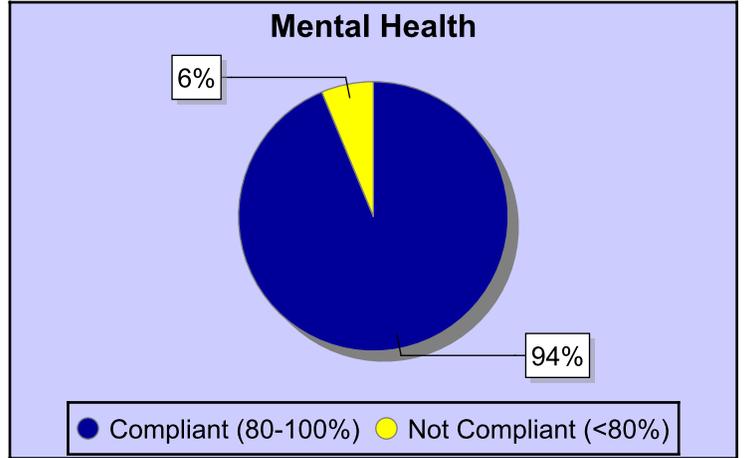
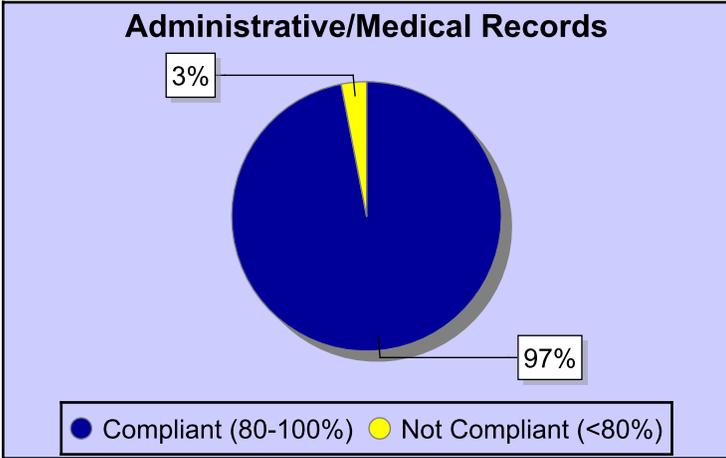


● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for
HUGHES FACILITY
November 09, 2022



Compliance Rate By Operational Categories for
MURRAY FACILITY
November 10, 2022



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended November 30, 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**
Baten	10	100	0	0
Beto	10	100	0	0
B. Moore	10	100	0	0
Bradshaw	10	100	0	0
Clements (GP)	10	100	0	0
Clements (ECB)	10	100	0	0
Coffield	10	100	0	0
Dalhart	10	100	0	0
Formby	10	100	0	0
Hobby	10	90	0	1
Hodge	10	100	0	0
Jordan	10	100	0	0
Kegans	10	100	0	0
Lychner	10	100	0	0
Marlin	10	70	3	0
Mechler	10	100	0	0
Michael	10	100	0	0
Powledge	10	100	0	0
Skyview	10	100	0	0
Wheeler	10	100	0	0

* 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 2023	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	296	294	27	9.18%	23	8.84%	3	4	2.04%	2
October	195	221	31	14.03%	27	13.57%	3	4	2.71%	2
November	254	234	22	9.40%	18	7.69%	0	4	2.00%	2
Totals:	745	749	80	10.68%	68	9.88%	6	12	2.40%	6

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2023	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	1,042	1,112	49	4.41%	43	6.65%	31	6	0.90%	4
October	953	939	44	4.69%	38	6.50%	23	6	1.17%	5
November	841	871	18	2.07%	12	2.30%	8	6	1.15%	4
Totals:	2,836	2,922	111	3.80%	93	5.30%	62	18	1.06%	13
GRAND TOTAL=	3,581	3,671	191	5.20%						

*QOC= Quality of Care

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

September 2022

Reportable Condition	2022	2021	2022	2021
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	256	3	1,885	77
Gonorrhea	3	2	14	21
Syphilis	6	73	34	1,185
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	2	0
Hepatitis C, total and (acute [‡])	124	128	1172	1,025
Human immunodeficiency virus (HIV) +, known at intake	164	36	1,077	842
HIV screens, intake	2,567	1,050	27,093	19,486
HIV +, intake	28	33	290	211
HIV screens, offender- and provider-requested	540	308	4,112	3,328
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	1,883	1,375	17,693	16,565
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	1	21	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	97	130	798	991
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	25	24	258	290
Occupational exposures of TDCJ staff	6	4	77	76
Occupational exposures of medical staff	4	4	22	21
HIV chemoprophylaxis initiation	4	6	36	35
Tuberculosis skin test (ie, PPD) +, intake	73	33	554	341
Tuberculosis skin test +, annual	15	32	192	195
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	4	7	5
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	3	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	1	19	5
Tuberculosis cases under management	17	18		
Peer education programs [¶]	0	0	91	92
Peer education educators [∞]	55	37	8,144	7,757
Peer education participants	2,581	1,943	28,102	20,191
Alleged assaults and chart reviews	85	75	847	829
Bloodborne exposure labs drawn on offenders	27	28	326	266
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

October 2022

Reportable Condition	2022	2021	2022	2021
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	5	5	39	82
Gonorrhea	2	1	16	22
Syphilis	350	162	2235	1347
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	133	226	1436	1251
Human immunodeficiency virus (HIV) +, known at intake	174	28	1,251	870
HIV screens, intake	3,288	944	30,381	20,430
HIV +, intake	16	22	306	233
HIV screens, offender- and provider-requested	544	318	4,656	3,646
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	2,112	1,273	19,805	17,838
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	4	2	25	19
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	97	90	895	1081
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	33	35	291	325
Occupational exposures of TDCJ staff	8	8	85	84
Occupational exposures of medical staff	2	1	24	22
HIV chemoprophylaxis initiation	4	5	40	40
Tuberculosis skin test (ie, PPD) +, intake	94	46	648	387
Tuberculosis skin test +, annual	16	80	208	275
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	4	8	4
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	4	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	1	19	5
Tuberculosis cases under management	18	18		
Peer education programs [†]	0	0	91	92
Peer education educators [∞]	71	25	8215	7,782
Peer education participants	4,000	2,256	36,687	22,447
Alleged assaults and chart reviews	96	104	943	933
Bloodborne exposure labs drawn on offenders	37	21	363	287
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

November 2022

Reportable Condition	Reports			
	2022 This Month	2021 This Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	5	3	44	85
Gonorrhea	1	2	17	24
Syphilis	166	91	2401	1438
Hepatitis A	0	1	0	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	128	198	1564	1449
Human immunodeficiency virus (HIV) +, known at intake	125	56	1,376	926
HIV screens, intake	3,891	1,784	34,272	22,214
HIV +, intake	63	43	369	276
HIV screens, offender- and provider-requested	450	251	5,106	3,897
HIV +, offender- and provider-requested	0	0	1	7
HIV screens, pre-release	1,694	1,292	21,499	19,130
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	2	28	21
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	83	78	978	1159
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	23	25	314	350
Occupational exposures of TDCJ staff	7	14	92	98
Occupational exposures of medical staff	2	4	26	26
HIV chemoprophylaxis initiation	4	2	44	42
Tuberculosis skin test (ie, PPD) +, intake	87	41	735	431
Tuberculosis skin test +, annual	18	73	226	348
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	8	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	1	5	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	13	12	4
Tuberculosis cases under management	24	18		
Peer education programs [¶]	0	0	91	92
Peer education educators [∞]	30	44	8,245	7,826
Peer education participants	6,194	3,874	42,881	26,321
Alleged assaults and chart reviews	83	92	1026	1025
Bloodborne exposure labs drawn on offenders	33	35	396	322
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.

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 1st Quarter of Fiscal Year 2023, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 494 hospital discharge and 41 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		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	35	1	2.86%	0	N/A	0	N/A	0	N/A	0	N/A
October	25	5	20.00%	0	N/A	2	8.00%	0	N/A	5	20.00%
November	40	11	27.50%	0	N/A	2	5.00%	0	N/A	2	5.00%
Total/Average	100	17	17.00%	0	N/A	4	4.00%	0	N/A	7	7.00%
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		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	115	21	18.26%	1	0.87%	5	4.35%	4	3.48%	15	13.04%
October	87	17	19.54%	0	N/A	1	1.15%	0	N/A	8	9.20%
November	84	19	22.62%	0	N/A	2	2.38%	0	N/A	13	15.48%
Total/Average	286	57	19.93%	1	0.35%	8	2.80%	4	1.40%	36	12.59%
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		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	40	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	52	4	7.69%	0	N/A	3	5.77%	0	N/A	0	N/A
November	16	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	108	4	3.70%	0	N/A	3	2.78%	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		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	190	22	11.58%	1	0.53%	5	2.63%	4	2.11%	15	7.89%
October	164	26	15.85%	0	N/A	6	3.66%	0	N/A	13	7.93%
November	140	30	21.43%	0	N/A	4	2.86%	0	N/A	15	10.71%
Total/Average	494	78	15.79%	1	0.20%	15	3.04%	4	0.81%	43	8.70%
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		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	6	1	16.67%	0	N/A	2	33.33%	0	N/A	0	N/A
Total/Average	16	1	6.25%	0	N/A	2	12.50%	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	12	1	8.33%	0	N/A	0	N/A	0	N/A	0	N/A
October	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	25	1	4.00%	0	N/A	0	N/A	0	N/A	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		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	17	1	5.88%	0	N/A	0	N/A	0	N/A	0	N/A
October	13	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	11	1	9.09%	0	N/A	2	18.18%	0	N/A	0	N/A
Total/Average	41	2	4.88%	0	N/A	2	4.88%	0	N/A	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
FIRST QUARTER, FISCAL YEAR 2023**

Sep-22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Allred	94	7	0	20
Roach	18	2	3	6

Oct-22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Clemens	28	0	0	8
Memorial	31	0	0	12
Terrell	52	0	8	0

Nov-22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Crain	85	0	11	12
Hughes	72	0	23	4
Murray	53	0	3	5

**CAPITAL ASSETS AUDIT
FIRST QUARTER, FISCAL YEAR 2023**

Audit Tools	September	October	November	Total
Total number of units audited	2	3	3	8
Total numbered property	112	111	210	433
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
First Quarter FY-2023**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Hilltop-Mt. View	Sept. 12-14, 2022	100%	98.7%
McConnell	Sept. 19-21, 2022	100%	99.3%
Gib Lewis*	Sept. 19-21, 2022	100%	97.7%
Johnston	Sept. 26-28, 2022	100%	99.0%
Bell	October 3-5, 2022	100%	99.7%
Kegans	October 3-5, 2022	100%	99.0%
Lychner	October 5-7, 2022	100%	99.0%
Travis County	October 10-12, 2022	100%	99.3%
Coffield*	October 17-19, 2022	100%	98.4%
Coleman	October 17-19, 2022	100%	99.1%
Halbert	October 24-26, 2022	100%	99.0%
Stringfellow*	October 24-26, 2022	100%	97.9%
Willacy	November 7-10, 2022	100%	100%
Byrd	November 14-16, 2022	100%	97.9%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Mechler*	Sept. 26-28, 2022	100%	99.1%
Montford*	October 10-12, 2022	100%	99.7%
Clements	November 7-9, 2022	100%	99.1%

*Unit panel hearings conducted virtually.

Research and Development Department

Medical Director Report – Q1 FY2023

Project Number: 001-CR23 – PENDING

Researcher: Nancy Rodriguez

Proponent: University of California, Irvine

Project Title: The Sources and Consequences of Prison Violence

IRB #: HB-2020-6063

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 221-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1979)

IRB #: 12.06.05

IRB Expiration Date: 07/19/2023

Project Begin Date: 04/25/2006

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: B. Moore Unit, Boyd Unit, Clements Unit, Cotulla Unit, Estes Unit, Ferguson Unit, Havins Unit, Holliday Unit, Jordan Unit, Lewis Unit, Lopez State Jail, McConnell Unit, Memorial Unit, Murray Unit, Neal Unit, Plane State Jail, Ramsey Unit, Roach Unit, Sanchez Unit, Scott Unit, Smith Unit, Stevenson Unit, Stringfellow Unit, Telford Unit, Torres Unit, Travis County State Jail, Wallace Unit, Willacy County State Jail, Young Unit

Project Number: 587-AR09 – ACTIVE

Researcher: Marcus Boccaccini

Proponent: Sam Houston State University

Project Title: Item and Factor Level Examination of the Static-99, MNSOST-R, and PCL-R to Predict Recidivism

IRB #: FY2009-032

IRB Expiration Date: 07/13/2020

Project Begin Date: 10/14/2009

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: N/A

Project Number: 686-AR13 – ACTIVE

Researcher: Jeffrey Bouffard

Proponent: Iowa State University

Project Title: Criminal Decision Making Among Adult Felony Inmates

IRB #: 2013-10-12362

IRB Expiration Date: 10/12/2014

Project Begin Date: 04/11/2014

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 06/12/2023

Units Visited: Holliday Unit

Project Number: 723-AR15 – ACTIVE

Researcher: David Pyrooz

Proponent: University of Colorado

Project Title: Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Reentry

IRB #: STUDY00001971

IRB Expiration Date: 12/11/2020

Project Begin Date: 04/08/2016

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 06/12/2023

Units Visited: Estelle Unit, Goodman Unit, Huntsville Unit, Kegans Unit, Lopez State Jail, Luther Unit, Lychner Unit, McConnell Unit, Mechler Unit, Travis County State Jail

Project Number: 783-AR18 – ACTIVE

Researcher: Stephen Tripodi

Proponent: Florida State University

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

IRB #: IRB00000446

IRB Expiration Date: 03/14/2019

Project Begin Date: 06/06/2018

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: B. Moore Unit, Beto Unit, Bradshaw State Jail, C. Moore Unit, Coffield Unit, Cole State Jail, Crain Unit, Estelle Unit, Estes Unit, Goree Unit, Gurney Unit, Hamilton Unit, Hutchins State Jail, LeBlanc Unit, Lindsey State Jail, Middleton Unit, Telford Unit, Woodman Unit

Project Number: 785-AR18 – ACTIVE

Researcher: Erin Orrick

Proponent: Sam Houston State University

Project Title: Correctional Officer Attrition

IRB #: FY2018-38251

IRB Expiration Date: 08/20/2021

Project Begin Date: 10/01/2018

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: Byrd Unit, Ellis Unit, Estelle Unit, Ferguson Unit, Goree Unit, Holliday Unit, Huntsville Unit, Wynne Unit

Project Number: 841-AR21 – ACTIVE

Researcher: Kevin Knight

Proponent: Texas Christian University

Project Title: Justice Community Opioid Innovation Network (JCOIN)

IRB #: 1920147AM8

IRB Expiration Date: 05/12/2023

Project Begin Date: 07/15/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/27/2023

Units Visited: N/A

Project Number: 852-AR22 – ACTIVE

Researcher: Michael Cavanaugh
Proponent: University of Houston-Downtown
Project Title: The Change Agent Evaluation
IRB #: 2022
IRB Expiration Date: 03/02/2023
Project Begin Date: 08/10/2022
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 05/10/2023
Units Visited: Wynne Unit

Project Number: 861-AR23 – PENDING

Researcher: Jeanie Austin
Proponent: San Francisco Public Library
Project Title: Expanding Information Access for Incarcerated People
IRB #: 00000599
IRB Expiration Date:
Project Begin Date:
Project Status:
Project Completion Date:
Progress Report Due Date:
Units Visited:

Project Number: 862-AR23 – PENDING

Researcher: Wesley Smith
Proponent: Texas Department of Criminal Justice
Project Title: An Exploratory Examination of Justice Involved Veterans in Texas
IRB #:
IRB Expiration Date:
Project Begin Date:
Project Status:
Project Completion Date:
Progress Report Due Date:
Units Visited:

Project Number: 865-AR23 – PENDING

Researcher: Kevin Knight

Proponent: Texas Christian University

Project Title: 25-Year Outcomes and Trajectories for In-Prison Therapeutic Community Treatment in Texas

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 866-AR23 – PENDING

Researcher: Danielle Rudes

Proponent: Sam Houston State University

Project Title: Enhancing Correctional Spaces and Cultures

IRB #:

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Research and Development Department

Medical Director Report – Q1 FY2023

Project Number: 615-RM10 – ACTIVE

Researcher: Heather Stevenson-Lerner

Proponent: University of Texas Medical Branch

Project Title: Serum Markers of Hepatocellular Cancer

IRB #: 11-069

IRB Expiration Date: 06/30/2022

Project Begin Date: 06/03/2011

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: Hospital Galveston

Project Number: 729-RM15 – ACTIVE

Researcher: Jacques Baillargeon

Proponent: University of Texas Medical Branch

Project Title: The Health and Healthcare Needs of Older Prisoners – Epidemiology in the Texas Prison System

IRB #: 14-0283

IRB Expiration Date: 12/31/2021

Project Begin Date: 10/1/2015

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: N/A

Project Number: 825-RM21 – ACTIVE

Researcher: Douglas Tyler

Proponent: University of Texas Medical Branch

Project Title: Retrospective Data Analysis of the TDCJ's Surgical Patients

IRB #: 17-0160

IRB Expiration Date: 04/09/2021

Project Begin Date: 03/05/2021

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 01/15/2023

Units Visited: N/A

Project Number: 843-RM21 – ACTIVE

Researcher: Brian Wong

Proponent: University of Texas Medical Branch

Project Title: Retrospective Analysis on Efficacy of Trans-Arterial Chemoembolization Patients with Unresectable Hepatocellular Carcinoma at a Single Institution

IRB #: 21-0053

IRB Expiration Date:

Project Begin Date: 08/01/2022

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 04/11/2023

Units Visited: N/A

Project Number: 846-RM22 – ACTIVE

Researcher: Michelle Munch

Proponent: University of Texas Medical Branch

Project Title: COVID-19 Vaccination and Factors Associated with Acceptance

IRB #: 21-0312

IRB Expiration Date:

Project Begin Date: 09/26/2022

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 12/26/2022

Units Visited: N/A

Project Number: 847-RM22 – ACTIVE

Researcher: Judith Aronson

Proponent: University of Texas Medical Branch

Project Title: The Role of Autopsy in Quality Assurance: Pilot Study of a Method for Prospective Reporting of Diagnostic Errors Discovered in Autopsy

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 09/20/2022

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/20/2022

Units Visited: N/A

Project Number: 853-RM22 – ACTIVE

Researcher: Michael Zhao

Proponent: University of Texas Medical Branch

Project Title: Improving Hypertension in Inmates at Ney Prison

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 12/5/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/05/2023

Units Visited: Ney Unit

Project Number: 855-RM22 – ACTIVE

Researcher: Ayman Youssef

Proponent: University of Texas Medical Branch

Project Title: Cytokine Release Syndrome with Development of Features of Hemophagocytic Lymphohistiocytosis After First Dose Pembrolizumab: An Institutional Experience and Diagnostic Approach

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 12/5/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/05/2023

Units Visited: N/A

Project Number: 858-RM23 – PENDING

Researcher: Tara Hutson

Proponent: University of Texas at Austin

Project Title: Perceptions of Family Engagement by Nurses within the Criminal Justice System

IRB #: STUDY00003132

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 860-RM23 – PENDING

Researcher: April McDougal

Proponent: University of Texas Medical Branch

Project Title: Candida Auris Pseudo-Outbreak Among Hospitalized Incarcerated Individuals

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 863-RM23 – PENDING

Researcher: Patricia Blair

Proponent: University of Texas Medical Branch

Project Title: The Effect of Health Teaching and Lifestyle Modification on Improving Medication Adherence in Persons with Hypertension in Correctional Settings

IRB #:

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

1st Quarter FY 2023
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: September 2022, October 2022, November 2022

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
8/03-04/22	Wainwright	265	219	0	8	100%	100%	100%	100%
8/10-11/22	Ferguson	437	348	0	13	100%	100%	100%	100%
08/16/22	Robertson	110	86	0	4	100%	100%	100%	100%
08/17/22	Formby	18	6	0	0	100%	N/A*	N/A*	N/A*
08/23/22	Travis	17	17	0	0	100%	100%	100%	100%
08/24/22	Kegans	NA^	NA^	NA^	NA^	N/A*	N/A*	N/A*	N/A*
09/06/22	Cole	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
09/08/22	Dominguez	27	27	0	0	100%	100%	100%	100%
09/15/22	Telford	4	4	0	0	100%	100%	100%	100%
09/21/22	Clements	242	186	1	11	100%	100%	100%	100%
10/04/22	East Tx ISF	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
10/05/22	Connally	3	3	0	0	100%	100%	100%	100%
10/12-13/22	McConnell	299	260	0	8	100%	100%	100%	100%
10/12-13/22	Polunsky	310	277	1	10	100%	100%	100%	100%
10/19-20/22	Allred	373	308	1	9	100%	100%	100%	100%
Total	15	2,105	1,741	3	63				

*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

1st Quarter FY 2023

Audits Conducted in September 2022, October 2022, November 2022

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	September 2022	0	0	NA	NA	NA
Wayne Scott	September 2022	19	19	19	100%	NA
Montford	September 2022	13	13	13	100%	NA
Skyview	September 2022	4	4	4	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	October 2022	0	0	NA	NA	NA
Wayne Scott	October 2022	12	12	12	100%	NA
Montford	October 2022	9	9	8	89%	NA
Skyview	October 2022	7	7	7	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November 2022	0	0	NA	NA	NA
Wayne Scott	November 2022	18	18	16	89%	NA
Montford	November 2022	8	8	7	88%	NA
Skyview	November 2022	0	0	NA	NA	NA

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

1st Quarter of 2023

Reporting months– September 2022, October 2022, November 2022

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten	0	0	N/A	0	N/A
Beto	30	20	4	10	20%
Byrd	38	20	12	18	60%
Dominguez	25	20	4	5	20%
East Texas	25	20	20	5	100%
Formby	38	16	13	22	81%
Garza West	42	20	1	22	5%
Gist	35	20	11	15	55%
Glossbrenner	30	12	8	18	67%
Halbert	32	20	19	12	95%
Holliday	36	20	16	16	80%
Hutchins	50	20	2	30	10%
Johnston	2	0	N/A	2	N/A
Kegans	27	20	18	7	90%
Lindsey	28	20	9	8	45%
Lychner	31	20	19	11	95%
Middleton	70	21	9	49	43%
Plane	23	20	18	3	90%
Sanchez	20	19	17	1	89%
Sayle	35	19	17	16	89%
Travis	32	20	19	12	95%
Woodman	22	20	19	2	95%
GRAND TOTAL	671	387	255	284	

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

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

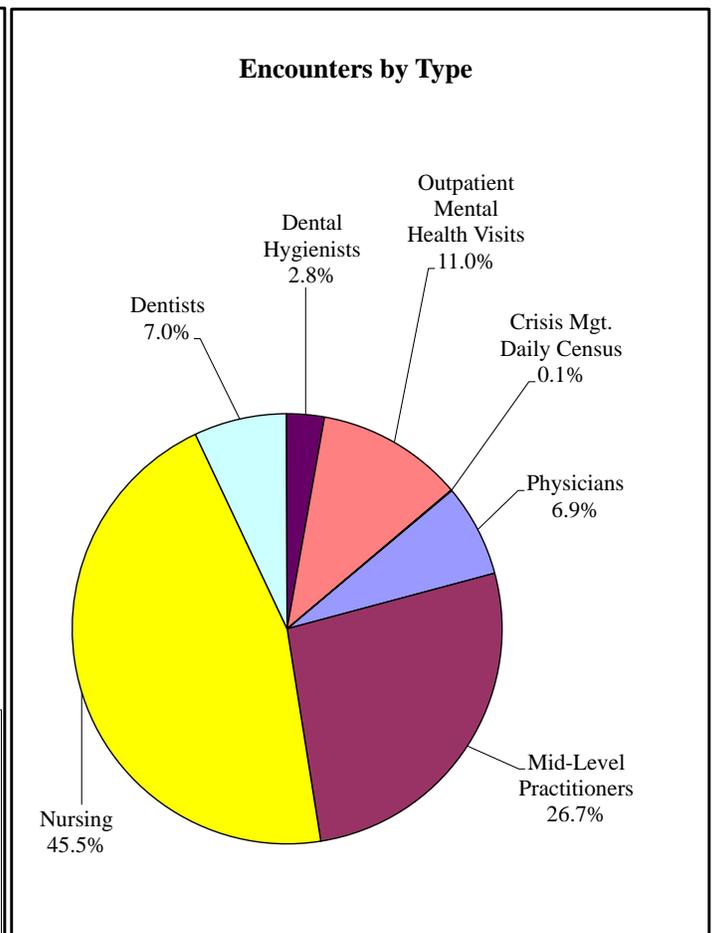
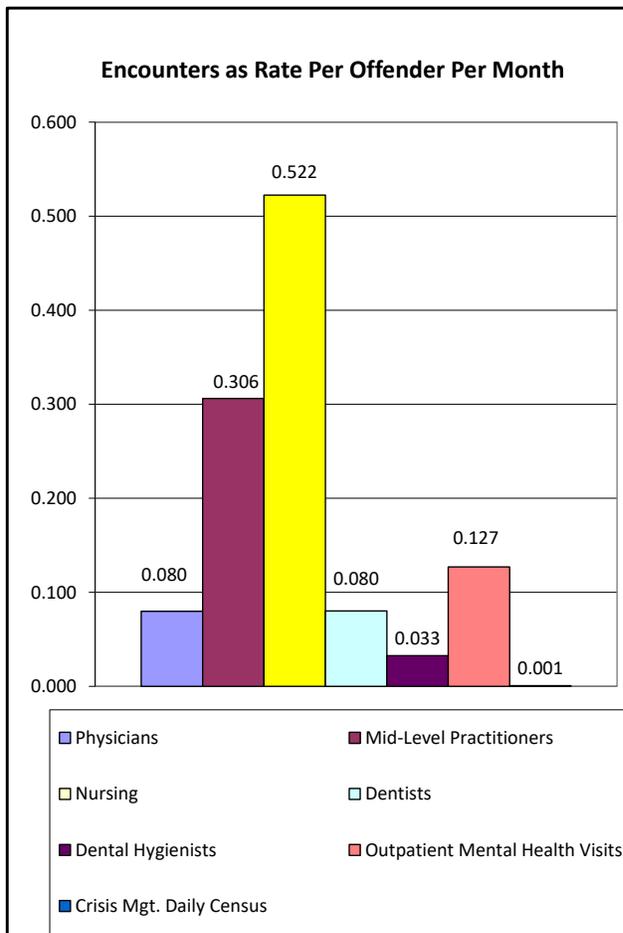
Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

Medical Director's Report:

<i>Average Population</i>	SEPTEMBER		OCTOBER		NOVEMBER		Qtly Average	
	24,388.00		24,427.00		24,426.00		24,413.00	
	Number	Rate Per Offender						
Medical encounters								
Physicians	1,972	0.081	1,900	0.078	1,972	0.081	1,948	0.080
Mid-Level Practitioners	7,530	0.309	7,443	0.305	7,450	0.305	7,474	0.306
Nursing	13,709	0.562	12,559	0.514	11,994	0.491	12,754	0.522
Sub-total	23,211	0.952	21,902	0.897	21,416	0.877	22,176	0.908
Dental encounters								
Dentists	1,979	0.081	1,976	0.081	1,913	0.078	1,956	0.080
Dental Hygienists	604	0.025	868	0.036	910	0.037	794	0.033
Sub-total	2,583	0.106	2,844	0.116	2,823	0.116	2,750	0.113
Mental health encounters								
Outpatient Mental Health Visits	3,239	0.133	3,116	0.128	2,939	0.120	3,098	0.127
Crisis Mgt. Daily Census	15	0.001	16	0.005	13	0.001	15	0.001
Sub-total	3,254	0.133	3,132	0.128	2,952	0.121	3,113	0.128
Total encounters	29,048	1.191	27,878	1.141	27,191	1.113	28,039	1.149



Medical Director's Report (Page 2):

	SEPTEMBER	OCTOBER	NOVEMBER	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	146.00	150.00	152.00	149.33
Number of Admissions	298.00	375.00	409.00	360.67
Number of Clinic Visits	332.00	429.00	442.00	401.00
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	424.00	424.00	421.00	423.00
PAMIO/MROP Census	337.00	393.00	404.00	378.00
<i>Telemedicine Consults</i>				
	2110	2,238	2,283	2,210.33



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

Managed Care

TTUHSC MANAGED CARE

Correctional Health Care MEDICAL DIRECTOR'S REPORT

1st Quarter
FY2023

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

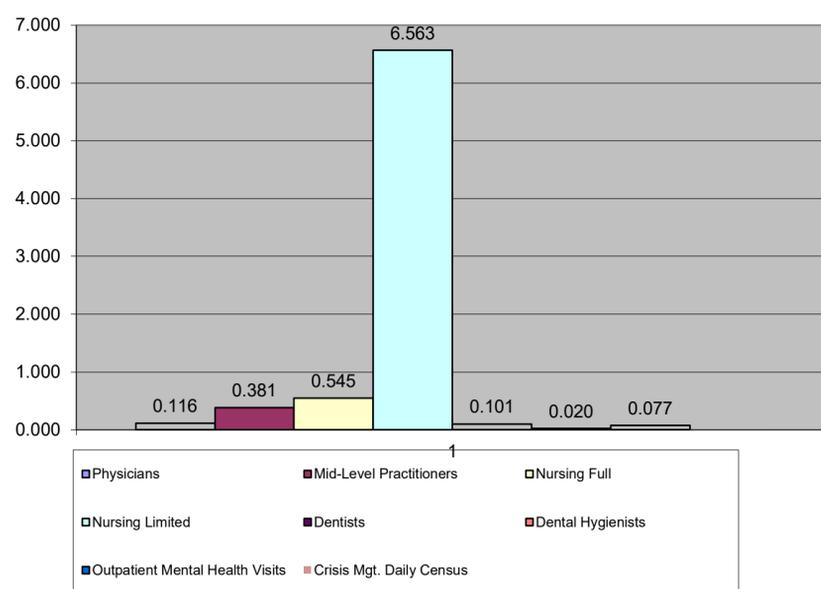
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**First Quarter
FY 2023**

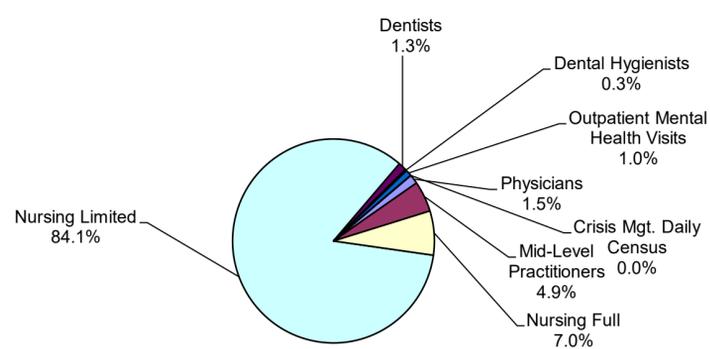
Medical Director's Report:

FY 23 First Quarter <i>Average Population</i>	September		October		November		Qtly Average	
	100,244		101,152		101,635		101,010	
	Number	Rate Per Inmate						
Medical encounters								
Physicians	11,501	0.115	11,015	0.109	12,518	0.123	11,678	0.116
Mid-Level Practitioners	38,898	0.388	40,215	0.398	36,206	0.356	38,440	0.381
Nursing Full	56,307	0.562	55,635	0.550	53,261	0.524	55,068	0.545
Nursing Limited	665,019	6.634	670,569	6.629	653,274	6.428	662,954	6.563
Sub-total	771,725	7.698	777,434	7.686	755,259	7.431	768,139	7.605
Dental Encounters								
Dentists	10,515	0.105	10,753	0.106	9,382	0.092	10,217	0.101
Dental Hygienists	1,897	0.019	2,206	0.022	2,058	0.020	2,054	0.020
Sub-total	12,412	0.124	12,959	0.128	11,440	0.113	12,270	0.121
Mental Health Encounters								
Outpatient Mental Health Visits	7,802	0.078	8,044	0.080	7,553	0.074	7,800	0.077
Crisis Mgt. Daily Census	68	0.001	70	0.001	60	0.001	66	0.001
Sub-total	7,870	0.079	8,114	0.080	7,613	0.075	7,866	0.078
Total encounters	792,007	7.901	798,507	7.894	774,312	7.619	788,275	7.804

Encounters as Rate Per Offender Per Month

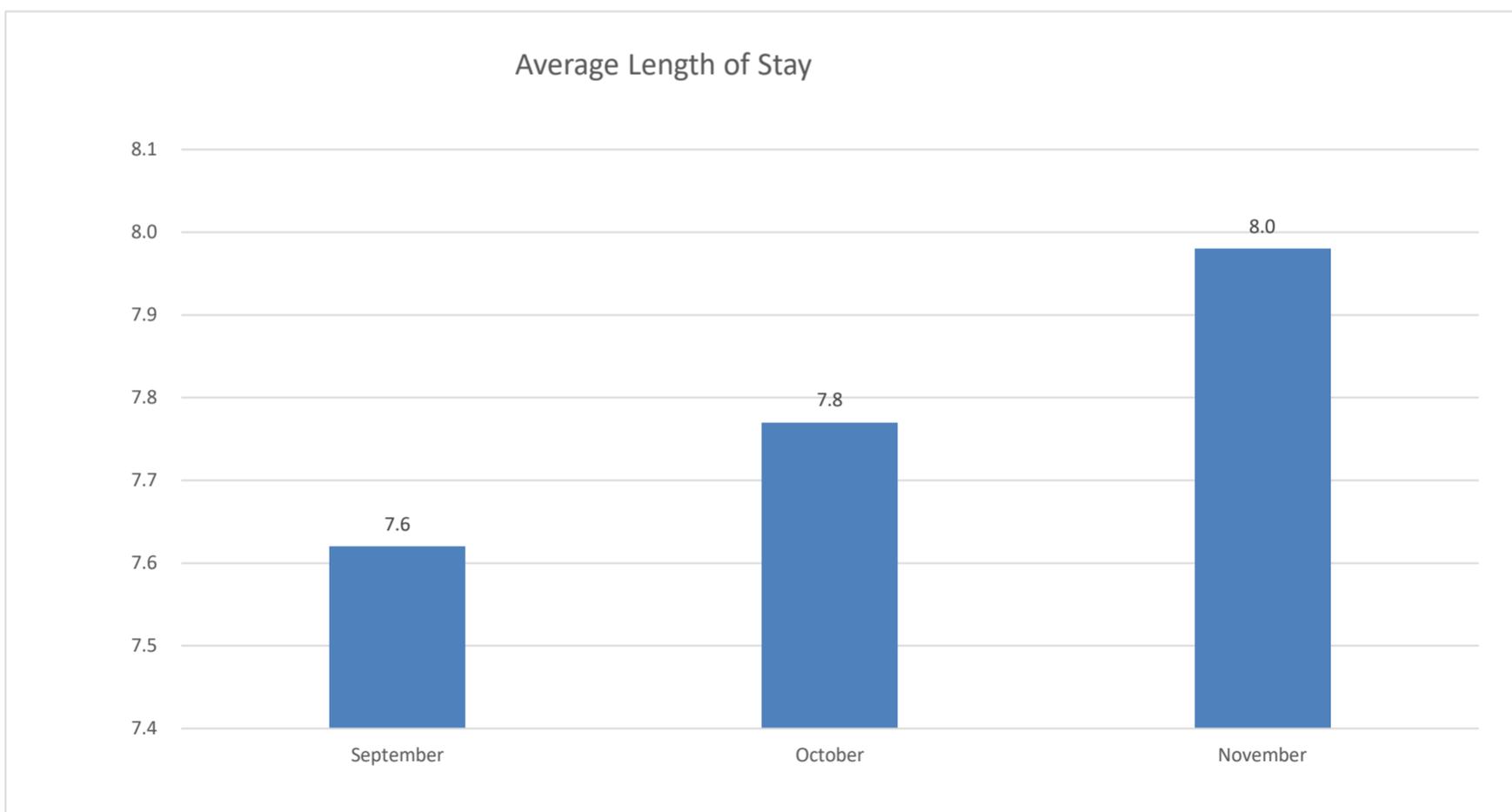


Encounters by Type



Medical Director's Report (Page 2):

FY 23	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	104.7	106.2	99.0	103.3
Number of Discharges	412	424	372	403
Average Length of Stay	7.6	7.8	8.0	7.8
Number of Clinic Visits	5,850	6,103	5,494	5,816
Mental Health Inpatient Facilities				
Average Daily Census	1,020.50	1,017.29	1,010.70	1,016.16
DDP Census	674.30	729.52	663.40	689.07
Telemedicine Consults	8,636	7,903	7,420	7,986.33



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care Joint
Committee/Work Group Activity
Summary for March 8, 2023 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: February 9, 2023

- 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. FY2023 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: January 12, 2023

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

None

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

A-01.1	A-02.1	A-02.2	A-03.1	A-04.1	A-04.2	A-08.9	A-08.10
C-18.1	C-19.1	D-27.1	E-31.1	E-31.3	E-32.1*	E-34.1	E-34.2
E-34.3	E-36.1	E-36.2	F-46.1	G-51.1	G-51.4	G-51.5	G-52.2
H-60.1*	H-60.4	I-66.1*	I-68.1	I-68.2	I-68.3		
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
D-27.2	HEAT STRESS-ATTACHMENT A.	STEPHANIE ZEPEDA
G-51.3	ADMISSION HEALTH APPRAISALS FOR OFFENDERS WITH PHYSICAL DISABILITIES	CECILIA HORTON SUSAN SCHUMACHER

Adjourn – The Next Meeting is Scheduled for April 13, 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: November 10, 2022

- I. Approval of the Minutes from September 8, 2022 Meeting
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 - B. Psychiatry - Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report FY22
 - C. Drug Recalls (September - October 2022)
 - D. Non-formulary Deferral Reports
 1. UTMB Sector (September - October)
 2. Texas Tech Sector (August - October)
 - E. Utilization Reports through September 2022
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - F. Special Reports
 1. P&T Initiatives FY22
 2. Quarterly Medication Error Reports-4th Quarter FY22
 3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume 4th Quarter FY22
 4. Pharmacy Diabetes Clinic Report-4th Quarter FY22
 5. Pharmacy Warfarin Clinic Report-4th Quarter FY22
 6. Pharmacy CKD Clinic Report-4th Quarter FY22 (UTMB Sector)
 - G. Policy Review Schedule (Policies 05-05 through 15-25 due to review in March)
- IV. Old Business (None)
- V. New Business
 - A. Action Request
 1. Patient Education
 - a. Hepatitis and HIV Staff Education
 - b. Hepatitis Inmate Education
 - c. HIV Inmate Education
 - B. Drug Category Reviews
 1. EENT Category Review
 2. Electrolytes, Caloric, Water Balance, and Vitamins
 3. Respiratory
 - C. MUE
 1. Medication Reconciliation Quality Improvement Project Results
 2. Tylenol 3 MUE Background and Methods
 - D. FDA Medication Safety Advisories (none)
 - E. Drug Shortages
 - F. Policy Revisions
 1. Disposition and Outdate Drugs
 2. Reclamation of Drugs
 3. Administration & Distribution of Patient Medications
 4. Distribution of Medication During Lockdown or Disaster Situations

5. Missing Medications
6. KOP Medication Distribution Program
7. Self-Administration of Medication
8. Drug Therapy Management by a Pharmacist
9. Therapeutic Interchange
10. Clozapine Protocol
11. Disease Management Guidelines
12. Emergency Drugs
13. Requisition of Drugs by EMS
14. Credential Requirements for Administration of Medication
15. Therapeutic Optometrists
16. Representative of Pharmaceutical Supplies and Related
17. Drug Samples
18. Adverse Medication Reaction Reports
19. Medication Errors
20. Pharmacy Medication Area Audits and Inspections
21. Record Retention
22. Medication Safety

- 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: February 9, 2023

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:

Introduce Joe Ann Anderson as the Infection Control Coordinator

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

B-14.01	B-14.02	B-14.03	B-14.05	B-14.06				
*Indicates Attachment(s) Included in the Policy								

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.04	Prevention of Hepatitis B Virus (HBV) Infection Facilities	Erin Freeman
2	B-14.07	Erin Freeman	Erin Freeman and Janet Gonzales
3	B-14.10	Tuberculosis	Jill Campbell and Erin Freeman
4	B-14.11	Human Immunodeficiency Virus (HIV) Infection	Erin Freeman

Adjourn – The next meeting is scheduled for April 13, 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: January 11, 2023

- I. Call to Order
 - A. Minutes Confirmation

- II. Dental Policy Review
 - A. Old Business

- III. Dr. Billy Horton
 - A. Prosthesis
 - B. Vacancies
 - C. Escorts
 - D. L2 and L3 Reminders

- IV. Dr. Billy Hirsch
 - A. Prosthesis
 - B. Historical Perspective of JDD
 - C. Dental Policy E-36.6 (Periodontal Disease Program)

- V. Dr. Cecil Wood
 - A. Salary Analysis

- B. Level 2 Reminders
- C. SLC Reporting

- VI. Dr. Pam Myers, Dental Hygiene Program Manager
 - A. Hygiene Program Manager

- VII. Sector Updates
 - A. TDCJ
 - B. UTMB
 - C. TX Tech

VIII. Adjourn – Next Meeting March 22, 2023 a
 Policies Scheduled for Review: Dental B-14.1; Review NEO Power Points related to Policies reviewed: Review ORA question pertaining to the policies reviewed.

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 November 2022:

There were 113 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2022. Of those deaths, there was 1 case that required a referral to peer review committees.

Peer Review Committee	Number of Cases Referred
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	1

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: January 23, 2023

Old Business:

- Hunger Strike Templates
- CMHC Draft Taser Policy

New Business:

- CMHC E-37.1 Daily Processing of Health Complaints & Sick Call
- COVID Reporting & updates to CDC guidance

Adjourn-The next meeting will be held-to be determined

Financial Report on Correctional Managed Health Care



Quarterly Report FY2023 First Quarter

September 2022 – November 2022



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
First Quarter FY 2023***

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

First 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

- FY2023 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$322.5M
 - Strategy C.1.9, Hospital and Clinic Care, \$271.3M
 - Strategy C.1.10, Pharmacy Care, \$73.4M

<u>Method of Finance Summary</u>	<u>FY2023</u>
SB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 322,501,293
C.1.9. Hospital and Clinic Care	\$ 271,343,852
C.1.10. Pharmacy Care	\$ 73,440,252
TOTAL	\$ 667,285,397
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 259,944,223
C.1.9. Hospital and Clinic Care	\$ 228,487,831
C.1.10. Pharmacy Care	\$ 59,472,430
Subtotal UTMB	\$ 547,904,484
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 62,557,070
C.1.9. Hospital and Clinic Care	\$ 42,856,021
C.1.10. Pharmacy Care	\$ 13,967,822
Subtotal TTUHSC	\$ 119,380,913
TOTAL TO UNIVERSITY PROVIDERS	\$ 667,285,397
TOTAL ALLOCATED	\$ 667,285,397

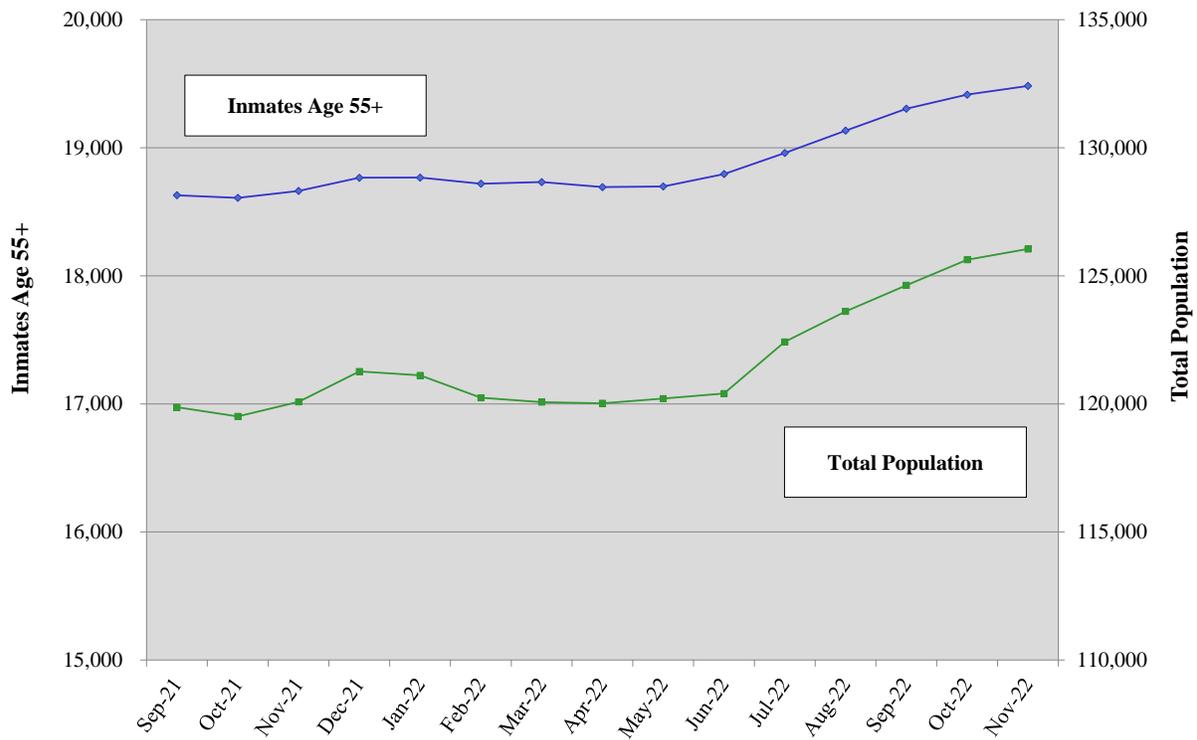
Population

- Overall inmate service population has increased 4.7% from FY2022
 - Average daily census through 1st quarter
 - FY2022: 119,821
 - FY2023: 125,435

- Inmates aged 55 or older population has increased 4.1% from FY2022
 - Average daily census through 1st quarter
 - FY2022: 18,634
 - FY2023: 19,401
 - While comprising about 15.5% of the overall service population, these inmates account for 52.6% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2023 average number of psychiatric inpatients through 1st quarter: 1,817
 - FY2023 average number of psychiatric outpatients through 1st quarter: 30,063

CMHC Service Population



Health Care Costs

- Total expenditures through 1st quarter, FY2023: \$208.1M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$110.1M or 52.9% of total expenses
 - Hospital and Clinical Care - \$79.6M or 38.2% of total expenses
 - Pharmacy Services - \$18.4M or 8.9% of total expenses
 - HIV-related drugs: 33.6% of total drug costs
 - Hepatitis C drug therapies: 23.2% of total drug costs
 - Psychiatric drugs: 5.7% of total drug costs
 - All other drug costs: 37.5% of total drug costs
- Cost per inmate per day increased 3.9% from FY2022 to FY2023
 - Cost per inmate per day through 1st quarter FY2023:
 - FY2022: \$17.55
 - FY2023: \$18.23

Comparison of Total Health Care Costs

	FY19	FY20	FY21	FY22	FYTD 23 1st Qtr
Population					
UTMB	117,987	110,924	96,514	96,521	101,010
TTUHSC	28,992	27,533	24,282	24,214	24,424
Total	146,979	138,457	120,796	120,735	125,435
Expenses					
UTMB	\$631,955,233	\$641,412,379	\$627,901,731	\$643,994,605	\$175,432,095
TTUHSC	\$124,707,572	\$132,834,504	\$122,657,653	\$129,276,857	\$32,708,937
Total	\$756,662,805	\$774,246,883	\$750,559,384	\$773,271,463	\$208,141,033
Cost/Day					
UTMB	\$14.67	\$15.80	\$17.82	\$18.28	\$19.09
TTUHSC	\$11.78	\$13.18	\$13.84	\$14.63	\$14.72
Total	\$14.10	\$15.28	\$17.02	\$17.55	\$18.23

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
First Quarter, FY2023

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 15,596,420	\$ 64,808,011	\$ 80,404,431
State Reimbursement Benefits	\$ 2,654,361	\$ 14,609,301	\$ 17,263,662
Other Misc Revenue	\$ 336	\$ 16,375	\$ 16,710
C.1.8. Total Method of Finance	\$ 18,251,117	\$ 79,433,687	\$ 97,684,804
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 10,684,652	\$ 56,965,460	\$ 67,650,112
State Reimbursement Benefits	\$ 524,478	\$ -	\$ 524,478
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 11,209,130	\$ 56,965,460	\$ 68,174,590
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 3,482,388	\$ 14,827,373	\$ 18,309,761
State Reimbursement Benefits	\$ 21,605	\$ 571,804	\$ 593,410
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 3,503,994	\$ 15,399,177	\$ 18,903,171
TOTAL METHOD OF FINANCE	\$ 32,964,240	\$ 151,798,324	\$ 184,762,565

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 29,763,460	\$ 136,600,844	\$ 166,364,304
State Reimbursement Benefits	\$ 3,200,445	\$ 15,181,106	\$ 18,381,550
Other Misc Revenue	\$ 336	\$ 16,375	\$ 16,710
TOTAL METHOD OF FINANCE	\$ 32,964,240	\$ 151,798,324	\$ 184,762,565

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 20,562,484	\$ 89,583,937	\$ 110,146,421
C.1.9. Hospital & Clinical Care	\$ 9,254,298	\$ 70,315,525	\$ 79,569,823
C.1.10. Managed Health Care - Pharmacy	\$ 2,892,155	\$ 15,532,633	\$ 18,424,788
TOTAL EXPENDITURES	\$ 32,708,937	\$ 175,432,095	\$ 208,141,033

DIFFERENCE	\$ 255,303	\$ (23,633,771)	\$ (23,378,468)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 15,596,420	\$ 64,808,011	\$ 80,404,431
State Reimbursement Benefits	\$ 2,654,361	\$ 14,609,301	\$ 17,263,662
Other Misc Revenue	\$ 336	\$ 16,375	\$ 16,710
TOTAL METHOD OF FINANCE	\$ 18,251,117	\$ 79,433,687	\$ 97,684,804
Expenditures:			
Unit Care			
Salaries	\$ 7,168,385	\$ 53,990,312	\$ 61,158,698
Benefits	\$ 2,254,765	\$ 15,169,587	\$ 17,424,352
Other Operating Expenses	\$ 1,336,644	\$ 6,845,002	\$ 8,181,646
Professional Services	\$ 1,352,973	\$ -	\$ 1,352,973
Contracted Units/Services	\$ 3,235,756	\$ -	\$ 3,235,756
Travel	\$ 72,770	\$ 432,818	\$ 505,588
Capitalized Equipment	\$ 80,558	\$ 462,692	\$ 543,250
Subtotal, Unit Care	\$ 15,501,852	\$ 76,900,412	\$ 92,402,264
Psychiatric Care			
Salaries	\$ 2,737,251	\$ 8,433,045	\$ 11,170,295
Benefits	\$ 737,307	\$ 2,120,842	\$ 2,858,149
Other Operating Expenses	\$ 95,021	\$ 88,616	\$ 183,637
Professional Services	\$ 1,037,082	\$ -	\$ 1,037,082
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 18,767	\$ 34,841	\$ 53,608
Subtotal, Psychiatric Care	\$ 4,625,427	\$ 10,677,343	\$ 15,302,770
Indirect Expenditures (Shared Services)	\$ 435,205	\$ 2,006,182	\$ 2,441,387
TOTAL EXPENDITURES	\$ 20,562,484	\$ 89,583,937	\$ 110,146,421
DIFFERENCE	\$ (2,311,367)	\$ (10,150,250)	\$ (12,461,617)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 10,684,652	\$ 56,965,460	\$ 67,650,112
State Reimbursement Benefits	\$ 524,478	\$ -	\$ 524,478
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 11,209,130	\$ 56,965,460	\$ 68,174,590
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 30,827	\$ 6,069,424	\$ 6,100,251
Community Provider Services	\$ (1,827,275)	\$ 8,273,785	\$ 6,446,511
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,629,940	\$ 45,781,327	\$ 50,411,267
Estimated IBNR	\$ 6,126,978	\$ 8,309,064	\$ 14,436,042
Subtotal, Hospital & Clinical Care	\$ 8,960,470	\$ 68,433,601	\$ 77,394,072
Indirect Expenditures (Shared Services)	\$ 293,828	\$ 1,881,924	\$ 2,175,752
TOTAL EXPENDITURES	\$ 9,254,298	\$ 70,315,525	\$ 79,569,823
DIFFERENCE	\$ 1,954,832	\$ (13,350,065)	\$ (11,395,233)

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C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 3,482,388	\$ 14,827,373	\$ 18,309,761
State Reimbursement Benefits	\$ 21,605	\$ 571,804	\$ 593,410
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 3,503,994	\$ 15,399,177	\$ 18,903,171
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 586,639	\$ 2,053,871	\$ 2,640,510
Benefits	\$ 25,251	\$ 676,886	\$ 702,138
Other Operating Expenses	\$ 106,373	\$ 620,558	\$ 726,931
Pharmaceutical Purchases	\$ 2,075,295	\$ 11,775,246	\$ 13,850,541
Travel	\$ 2,832	\$ 5,660	\$ 8,492
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 2,796,389	\$ 15,132,222	\$ 17,928,611
Indirect Expenditures (Shared Services)	\$ 95,766	\$ 400,411	\$ 496,177
TOTAL EXPENDITURES	\$ 2,892,155	\$ 15,532,633	\$ 18,424,788
DIFFERENCE	\$ 611,839	\$ (133,456)	\$ 478,383

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2023

Key Population Indicators

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2022</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>FY2023</u>
Average Service Population	120,404	122,420	123,612	122,145	120,735	124,631	125,627	126,047	125,435	125,435
Population Age 55 and Over	18,795	18,959	19,134	18,963	18,764	19,305	19,415	19,483	19,401	19,401
<i>Percent of Total Population</i>	15.6%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%
Key Treatment Populations, Month End										
Patients receiving HIV Treatment	1,575	1,592	1,599	1,589	1,569	1,614	1,598	1,644	1,619	1,619
Patients receiving Hep C Treatment	415	350	359	375	427	384	429	545	453	453
Patients Receiving Dialysis Treatment	230	228	230	229	227	228	229	229	229	57
Age 55 and Over	127	120	120	122	121	129	129	132	130	130
Under 55	103	108	110	107	107	99	100	97	99	99
Medical Inpatient Average Daily Census										
UTMB-Hospital Galveston	113	107	111	110	109	113	114	110	112	112
UTMB Community Hospitals	32	35	24	30	32	23	28	24	25	25
TTUHSC Community Hospitals	11	12	14	12	12	11	10	13	11	11
Medical Inpatient Average Daily Census	155	154	149	153	153	147	152	147	148	148
Medical Inpatient Discharges										
UTMB-Hospital Galveston	379	373	382	1,134	4,303	414	424	372	1,210	1,210
UTMB Community Hospitals	199	186	153	538	2,148	139	153	148	440	440
TTUHSC Community Hospitals	61	68	83	212	848	68	66	86	220	220
Medical Inpatient Discharges	639	627	618	1,884	7,299	621	643	606	1,870	1,870
Average Length of Stay (in days)										
UTMB - Hospital Galveston	7.81	7.75	7.87	7.81	8.13	7.62	7.77	7.98	7.79	7.79
UTMB Community Hospitals	4.84	5.83	4.85	5.17	5.39	4.98	5.64	4.84	5.15	5.15
TTUHSC Community Hospitals	4.49	4.51	5.90	4.97	4.71	5.00	4.54	4.21	4.58	4.58
Infirmiry and Sheltered Housing Census, Month End										
UTMB Infirmiry	587	593	586	589	536	558	541	564	554	554
UTMB Sheltered Housing	562	573	575	570	448	579	589	579	582	582
TTUHSC Infirmiry	137	128	137	134	121	119	127	128	125	125
Infirmiry and Sheltered Housing Census, Month End	1,286	1,294	1,298	1,293	1,105	1,256	1,257	1,271	1,261	1,261
<i>Percent of Capacity Filled</i>	89.4%	89.9%	90.2%	89.8%	87.3%	87.3%	88.3%	88.3%	88.0%	88.0%
Medical Outpatient Visits										
UTMB Specialty Clinics and ER Visits	6,999	6,488	7,286	6,924	7,077	7,007	7,196	6,579	6,927	6,927
TTUHSC Community Outpatient and ER Visits	2,891	3,008	3,277	3,059	2,805	2,973	3,190	3,242	3,135	3,135
Medical Outpatient Visits	9,890	9,496	10,563	9,983	9,882	9,980	10,386	9,821	10,062	10,062
Mental Health Inpatient Average Census										
UTMB Psychiatric Inpatient	1,005	1,012	1,012	1,009	998	1,021	1,017	1,011	1,016	1,016
TTUHSC Psychiatric Inpatient	792	798	797	796	842	761	817	825	801	801
Mental Health Inpatient Average Census	1,797	1,810	1,809	1,805	1,840	1,782	1,834	1,836	1,817	1,817
Mental Health Outpatient Caseload, Month End										
UTMB Psychiatric Outpatient	22,231	22,614	23,162	22,669	21,756	23,685	24,121	24,409	24,072	24,072
TTUHSC Psychiatric Outpatient	5,942	6,065	6,034	6,014	6,055	6,047	5,836	6,092	5,992	5,992
Mental Health Outpatient Caseload, Month End	28,173	28,679	29,196	28,683	27,812	29,732	29,957	30,501	30,063	30,063

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2023

Key Budget Drivers (Cost)

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2022</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>FY2023</u>				
Selected Drug Costs														
HIV Medications	\$ 1,521,799	\$ 1,171,524	\$ 1,471,214	\$ 4,164,538	\$ 16,909,945	\$ 1,395,111	\$ 2,099,535	\$ 996,875	\$ 4,491,520	\$ 4,491,520				
Hepatitis C Medications	\$ 1,133,374	\$ 893,889	\$ 1,180,048	\$ 3,207,311	\$ 16,082,839	\$ 942,464	\$ 1,045,199	\$ 1,105,750	\$ 3,093,412	\$ 3,093,412				
Psychiatric Medications	\$ 229,571	\$ 188,590	\$ 243,934	\$ 662,095	\$ 2,766,131	\$ 248,073	\$ 274,839	\$ 238,389	\$ 761,301	\$ 761,301				
All Other Drug Costs	\$ 1,586,420	\$ 1,475,543	\$ 1,613,151	\$ 4,675,115	\$ 16,925,475	\$ 1,778,408	\$ 1,536,277	\$ 1,688,982	\$ 5,003,667	\$ 5,003,667				
Total Drug Costs	\$ 4,471,165	\$ 3,729,547	\$ 4,508,348	\$ 12,709,060	\$ 52,684,391	\$ 4,364,056	\$ 4,955,849	\$ 4,029,996	\$ 13,349,900	\$ 13,349,900				
Dialysis														
Age 55 and Over	\$ 341,654	\$ 337,786	\$ 344,128	\$ 1,023,569	\$ 3,835,983	\$ 352,069	\$ 362,408	\$ 375,784	\$ 1,090,261	\$ 1,090,261				
UTMB	\$ 327,136	\$ 324,458	\$ 330,800	\$ 982,395	\$ 3,655,817	\$ 314,941	\$ 330,992	\$ 338,656	\$ 984,589	\$ 984,589				
TTUHSC	\$ 14,518	\$ 13,328	\$ 13,328	\$ 41,174	\$ 180,166	\$ 37,128	\$ 31,416	\$ 37,128	\$ 105,672	\$ 105,672				
Under 55	\$ 301,437	\$ 317,741	\$ 343,002	\$ 962,180	\$ 3,709,591	\$ 309,375	\$ 321,239	\$ 324,601	\$ 955,216	\$ 955,216				
UTMB	\$ 276,998	\$ 286,897	\$ 308,944	\$ 872,839	\$ 3,377,266	\$ 289,930	\$ 286,694	\$ 295,225	\$ 871,850	\$ 871,850				
TTUHSC	\$ 24,439	\$ 30,844	\$ 34,058	\$ 89,341	\$ 332,325	\$ 19,445	\$ 34,545	\$ 29,376	\$ 83,366	\$ 83,366				
Total Dialysis	\$ 643,091	\$ 655,528	\$ 687,130	\$ 1,985,749	\$ 7,545,574	\$ 661,444	\$ 683,647	\$ 700,386	\$ 2,045,477	\$ 2,045,477				
Offsite Hospital Services														
Age 55 and Over	\$ 10,414,206	\$ 12,140,587	\$ 17,372,430	\$ 39,927,224	52.5%	\$ 135,543,635	51.6%	\$ 11,246,854	\$ 11,928,637	\$ 12,557,025	\$ 35,732,517	52.6%	\$ 35,732,517	52.6%
UTMB	\$ 9,570,039	\$ 10,360,161	\$ 15,918,995	\$ 35,849,195		\$ 124,746,055		\$ 10,651,417	\$ 11,264,373	\$ 12,387,299	\$ 34,303,089		\$ 34,303,089	
TTUHSC	\$ 844,168	\$ 1,780,427	\$ 1,453,435	\$ 4,078,029		\$ 10,797,580		\$ 595,438	\$ 664,265	\$ 169,725	\$ 1,429,428		\$ 1,429,428	
Under 55	\$ 10,064,110	\$ 10,324,950	\$ 15,757,104	\$ 36,146,164	47.5%	\$ 127,240,927	48.4%	\$ 10,349,561	\$ 11,036,923	\$ 10,749,588	\$ 32,136,072	47.4%	\$ 32,136,072	47.4%
UTMB	\$ 8,655,376	\$ 8,440,770	\$ 13,785,057	\$ 30,881,203		\$ 110,852,560		\$ 9,263,337	\$ 9,719,604	\$ 10,606,560	\$ 29,589,500		\$ 29,589,500	
TTUHSC	\$ 1,408,734	\$ 1,884,179	\$ 1,972,047	\$ 5,264,961		\$ 16,388,367		\$ 1,086,224	\$ 1,317,319	\$ 143,029	\$ 2,546,572		\$ 2,546,572	
Total Offsite Hospital Services	\$ 20,478,317	\$ 22,465,537	\$ 33,129,535	\$ 76,073,388		\$ 262,784,563		\$ 21,596,415	\$ 22,965,561	\$ 23,306,613	\$ 67,868,589		\$ 67,868,589	
C.1.8. Salaries/Agency Nursing/Overtime														
UTMB														
Salaries	\$ 15,793,079	\$ 16,391,683	\$ 16,166,569	\$ 48,351,331	\$ 186,843,380	\$ 16,438,152	\$ 16,700,361	\$ 16,723,795	\$ 49,862,308	\$ 49,862,308				
Agency Nursing	\$ 2,663,752	\$ 2,523,652	\$ 2,603,701	\$ 7,791,104	\$ 28,055,287	\$ 2,683,002	\$ 2,940,311	\$ 2,701,451	\$ 8,324,764	\$ 8,324,764				
Overtime	\$ 1,305,346	\$ 1,538,437	\$ 1,489,644	\$ 4,333,427	\$ 15,490,480	\$ 1,415,651	\$ 1,483,080	\$ 1,337,554	\$ 4,236,284	\$ 4,236,284				
UTMB Total	\$ 19,762,176	\$ 20,453,772	\$ 20,259,914	\$ 60,475,862	\$ 230,389,148	\$ 20,536,805	\$ 21,123,753	\$ 20,762,800	\$ 62,423,357	\$ 62,423,357				
TTUHSC														
Salaries	\$ 3,105,684	\$ 3,116,929	\$ 3,208,693	\$ 9,431,306	\$ 37,526,901	\$ 3,201,654	\$ 3,249,303	\$ 3,260,228	\$ 9,711,185	\$ 9,711,185				
Agency Nursing	\$ 138,476	\$ 740,322	\$ 677,182	\$ 1,555,980	\$ 3,257,827	\$ 393,240	\$ 569,980	\$ 231,045	\$ 1,194,265	\$ 1,194,265				
Overtime	\$ 63,356	\$ 76,804	\$ 63,554	\$ 203,713	\$ 708,936	\$ 61,425	\$ 76,758	\$ 56,267	\$ 194,451	\$ 194,451				
TTUHSC Total	\$ 3,307,515	\$ 3,934,055	\$ 3,949,428	\$ 11,190,999	\$ 41,493,664	\$ 3,656,319	\$ 3,896,041	\$ 3,547,541	\$ 11,099,902	\$ 11,099,902				
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 23,069,692	\$ 24,387,827	\$ 24,209,342	\$ 71,666,861	\$ 271,882,811	\$ 24,193,124	\$ 25,019,794	\$ 24,310,341	\$ 73,523,259	\$ 73,523,259				
FTEs														
UTMB	2,729.5	2,722.7	2,739.8	2,730.7	2,744.5	2,746.8	2,775.8	2,763.5	2,762.0	2,762.0				
TTUHSC	679.4	678.2	683.5	680.4	691.1	686.5	689.0	690.5	688.7	688.7				
Total FTEs	3,408.9	3,400.9	3,423.3	3,411.0	3,435.6	3,433.3	3,464.8	3,454.1	3,450.7	3,450.7				
Key Occupational Categories, Percent Filled														
UTMB	79.6%	79.4%	79.9%	79.7%	80.1%	79.0%	79.8%	79.5%	79.4%	79.4%				
Nursing	73.5%	73.7%	73.8%	73.7%	74.0%	73.5%	73.8%	73.3%	73.5%	73.5%				
Mental Health	81.0%	81.0%	80.4%	80.8%	82.3%	76.2%	77.0%	76.5%	76.6%	76.6%				
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	81.7%	81.1%	81.0%	81.3%	83.5%	85.4%	85.7%	85.7%	85.6%	85.6%				
Dental	88.6%	87.7%	88.7%	88.3%	89.1%	88.9%	89.9%	89.8%	89.5%	89.5%				
Pharmacy	94.5%	93.1%	93.1%	93.6%	92.8%	92.3%	93.0%	93.0%	92.7%	92.7%				
Other Positions	86.5%	85.8%	87.7%	86.7%	86.6%	85.6%	87.4%	87.3%	86.8%	86.8%				
TTUHSC	68.1%	68.0%	68.5%	68.2%	69.9%	68.9%	69.1%	69.3%	69.1%	69.1%				
Nursing	61.1%	61.1%	61.1%	61.1%	62.9%	60.6%	60.4%	60.2%	60.4%	60.4%				
Mental Health	59.5%	59.5%	62.4%	60.5%	63.8%	64.9%	66.8%	67.6%	66.4%	66.4%				
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	77.2%	75.4%	71.8%	74.8%	79.8%	79.0%	77.0%	73.4%	76.5%	76.5%				
Dental	84.8%	84.8%	83.4%	84.4%	83.7%	83.4%	82.7%	81.9%	82.7%	82.7%				
Pharmacy	101.0%	101.0%	101.0%	101.0%	100.9%	101.4%	101.4%	101.4%	101.4%	101.4%				
Other Positions	82.8%	82.8%	85.1%	83.5%	83.8%	84.2%	85.7%	87.6%	85.8%	85.8%				

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2023

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/23/22
REVENUE:						
TDCJ Appropriation	\$ 29,763,460	\$ -	\$ -	\$ -	\$ 29,763,460	\$ 119,380,913
State Reimbursement Benefits	\$ 3,200,445	\$ -	\$ -	\$ -	\$ 3,200,445	\$ 12,801,779
Other Misc Revenue	\$ 336	\$ -	\$ -	\$ -	\$ 336	\$ 1,342
TOTAL REVENUES	\$ 32,964,240	\$ -	\$ -	\$ -	\$ 32,964,240	\$ 132,184,034

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 7,168,385	\$ -	\$ -	\$ -	\$ 7,168,385	\$ 28,673,542
Benefits	\$ 2,254,765	\$ -	\$ -	\$ -	\$ 2,254,765	\$ 8,888,798
Other Operating Expenses	\$ 1,336,644	\$ -	\$ -	\$ -	\$ 1,336,644	\$ 6,846,577
Professional Services	\$ 1,352,973	\$ -	\$ -	\$ -	\$ 1,352,973	\$ 5,411,891
Contracted Units/Services	\$ 3,235,756	\$ -	\$ -	\$ -	\$ 3,235,756	\$ 12,943,023
Travel	\$ 72,770	\$ -	\$ -	\$ -	\$ 72,770	\$ 291,081
Capitalized Equipment	\$ 80,558	\$ -	\$ -	\$ -	\$ 80,558	\$ 1,522,233
Subtotal, Unit Care Expenditures	\$ 15,501,852	\$ -	\$ -	\$ -	\$ 15,501,852	\$ 64,577,145
Psychiatric Care Expenditures						
Salaries	\$ 2,737,251	\$ -	\$ -	\$ -	\$ 2,737,251	\$ 10,949,003
Benefits	\$ 737,307	\$ -	\$ -	\$ -	\$ 737,307	\$ 3,136,889
Other Operating Expenses	\$ 95,021	\$ -	\$ -	\$ -	\$ 95,021	\$ 380,085
Professional Services	\$ 1,037,082	\$ -	\$ -	\$ -	\$ 1,037,082	\$ 3,148,327
Travel	\$ 18,767	\$ -	\$ -	\$ -	\$ 18,767	\$ 75,068
Subtotal, Psychiatric Care Expenditures	\$ 4,625,427	\$ -	\$ -	\$ -	\$ 4,625,427	\$ 17,689,372
Total Expenditures, Unit & Psychiatric Care	\$ 20,127,279	\$ -	\$ -	\$ -	\$ 20,127,279	\$ 82,266,516

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 30,827	\$ -	\$ -	\$ -	\$ 30,827	\$ 1,835,000
Freeworld Provider Services	\$ (1,827,275)	\$ -	\$ -	\$ -	\$ (1,827,275)	\$ 21,339,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,629,940	\$ -	\$ -	\$ -	\$ 4,629,940	\$ 16,137,479
Estimated IBNR	\$ 6,126,978	\$ -	\$ -	\$ -	\$ 6,126,978	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 8,960,470	\$ -	\$ -	\$ -	\$ 8,960,470	\$ 39,312,277

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 586,639	\$ -	\$ -	\$ -	\$ 586,639	\$ 2,346,555
Benefits	\$ 25,251	\$ -	\$ -	\$ -	\$ 25,251	\$ 101,004
Other Operating Expenses	\$ 106,373	\$ -	\$ -	\$ -	\$ 106,373	\$ 425,491
Pharmaceutical Purchases	\$ 2,075,295	\$ -	\$ -	\$ -	\$ 2,075,295	\$ 8,301,178
Travel	\$ 2,832	\$ -	\$ -	\$ -	\$ 2,832	\$ 11,329
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,796,389	\$ -	\$ -	\$ -	\$ 2,796,389	\$ 11,185,557

Indirect Expenditures (Shared Services)	\$ 824,799	\$ -	\$ -	\$ -	\$ 824,799	\$ 3,282,975
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TOTAL EXPENDITURES	\$ 32,708,937	\$ -	\$ -	\$ -	\$ 32,708,937	\$ 136,047,326
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DIFFERENCE	\$ 255,303	\$ -	\$ -	\$ -	\$ 255,303	\$ (3,863,291)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2023

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/21/22
REVENUE:						
TDCJ Appropriation	\$ 136,600,844	\$ -	\$ -	\$ -	\$ 136,600,844	\$ 547,904,484
State Reimbursement Benefits	\$ 15,181,106	\$ -	\$ -	\$ -	\$ 15,181,106	\$ 58,079,994
Other Misc Revenue	\$ 16,375	\$ -	\$ -	\$ -	\$ 16,375	\$ 65,680
TOTAL REVENUES	\$ 151,798,324	\$ -	\$ -	\$ -	\$ 151,798,324	\$ 606,050,158

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 53,990,312	\$ -	\$ -	\$ -	\$ 53,990,312	\$ 220,178,358
Benefits	\$ 15,169,587	\$ -	\$ -	\$ -	\$ 15,169,587	\$ 61,848,794
Other Operating Expenses	\$ 6,845,002	\$ -	\$ -	\$ -	\$ 6,845,002	\$ 32,325,482
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 432,818	\$ -	\$ -	\$ -	\$ 432,818	\$ 1,784,985
Capitalized Equipment	\$ 462,692	\$ -	\$ -	\$ -	\$ 462,692	\$ 1,930,678
Subtotal, Unit Care Expenditures	\$ 76,900,412	\$ -	\$ -	\$ -	\$ 76,900,412	\$ 318,068,297
Psychiatric Care Expenditures						
Salaries	\$ 8,433,045	\$ -	\$ -	\$ -	\$ 8,433,045	\$ 33,824,849
Benefits	\$ 2,120,842	\$ -	\$ -	\$ -	\$ 2,120,842	\$ 8,506,674
Other Operating Expenses	\$ 88,616	\$ -	\$ -	\$ -	\$ 88,616	\$ 355,436
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 34,841	\$ -	\$ -	\$ -	\$ 34,841	\$ 139,747
Subtotal, Psychiatric Care Expenditures	\$ 10,677,343	\$ -	\$ -	\$ -	\$ 10,677,343	\$ 42,826,707
Total Expenditures, Unit & Psychiatric Care	\$ 87,577,755	\$ -	\$ -	\$ -	\$ 87,577,755	\$ 360,895,004

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,069,424	\$ -	\$ -	\$ -	\$ 6,069,424	\$ 24,889,574
Freeworld Provider Services	\$ 8,273,785	\$ -	\$ -	\$ -	\$ 8,273,785	\$ 67,123,107
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 45,781,327	\$ -	\$ -	\$ -	\$ 45,781,327	\$ 173,409,234
Estimated IBNR	\$ 8,309,064	\$ -	\$ -	\$ -	\$ 8,309,064	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 68,433,601	\$ -	\$ -	\$ -	\$ 68,433,601	\$ 265,421,916

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,053,871	\$ -	\$ -	\$ -	\$ 2,053,871	\$ 8,246,292
Benefits	\$ 676,886	\$ -	\$ -	\$ -	\$ 676,886	\$ 2,717,699
Other Operating Expenses	\$ 620,558	\$ -	\$ -	\$ -	\$ 620,558	\$ 2,554,016
Pharmaceutical Purchases	\$ 11,775,246	\$ -	\$ -	\$ -	\$ 11,775,246	\$ 51,302,603
Travel	\$ 5,660	\$ -	\$ -	\$ -	\$ 5,660	\$ 23,294
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 15,132,222	\$ -	\$ -	\$ -	\$ 15,132,222	\$ 64,843,904

Indirect Expenditures (Shared Services)	\$ 4,288,518	\$ -	\$ -	\$ -	\$ 4,288,518	\$ 17,407,917
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TOTAL EXPENDITURES	\$ 175,432,095	\$ -	\$ -	\$ -	\$ 175,432,095	\$ 708,568,740
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DIFFERENCE	\$ (23,633,771)	\$ -	\$ -	\$ -	\$ (23,633,771)	\$ (102,518,583)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2023

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 166,364,304	\$ -	\$ -	\$ -	\$ 166,364,304	\$ 667,285,397
State Reimbursement Benefits	\$ 18,381,550	\$ -	\$ -	\$ -	\$ 18,381,550	\$ 70,881,773
Other Misc Revenue	\$ 16,710	\$ -	\$ -	\$ -	\$ 16,710	\$ 67,022
TOTAL REVENUES	\$ 184,762,565	\$ -	\$ -	\$ -	\$ 184,762,565	\$ 738,234,192

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 61,158,698	\$ -	\$ -	\$ -	\$ 61,158,698	\$ 248,851,900
Benefits	\$ 17,424,352	\$ -	\$ -	\$ -	\$ 17,424,352	\$ 70,737,592
Other Operating Expenses	\$ 8,181,646	\$ -	\$ -	\$ -	\$ 8,181,646	\$ 39,172,059
Professional Services	\$ 1,352,973	\$ -	\$ -	\$ -	\$ 1,352,973	\$ 5,411,891
Contracted Units/Services	\$ 3,235,756	\$ -	\$ -	\$ -	\$ 3,235,756	\$ 12,943,023
Travel	\$ 505,588	\$ -	\$ -	\$ -	\$ 505,588	\$ 2,076,066
Capitalized Equipment	\$ 543,250	\$ -	\$ -	\$ -	\$ 543,250	\$ 3,452,911
Subtotal, Unit Care Expenditures	\$ 92,402,264	\$ -	\$ -	\$ -	\$ 92,402,264	\$ 382,645,442
Psychiatric Care Expenditures						
Salaries	\$ 11,170,295	\$ -	\$ -	\$ -	\$ 11,170,295	\$ 44,773,852
Benefits	\$ 2,858,149	\$ -	\$ -	\$ -	\$ 2,858,149	\$ 11,643,564
Other Operating Expenses	\$ 183,637	\$ -	\$ -	\$ -	\$ 183,637	\$ 735,521
Professional Services	\$ 1,037,082	\$ -	\$ -	\$ -	\$ 1,037,082	\$ 3,148,327
Travel	\$ 53,608	\$ -	\$ -	\$ -	\$ 53,608	\$ 214,814
Subtotal, Psychiatric Care Expenditures	\$ 15,302,770	\$ -	\$ -	\$ -	\$ 15,302,770	\$ 60,516,078
Total Expenditures, Unit & Psychiatric Care	\$ 107,705,034	\$ -	\$ -	\$ -	\$ 107,705,034	\$ 443,161,520

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,100,251	\$ -	\$ -	\$ -	\$ 6,100,251	\$ 26,724,574
Freeworld Provider Services	\$ 6,446,511	\$ -	\$ -	\$ -	\$ 6,446,511	\$ 88,462,905
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 50,411,267	\$ -	\$ -	\$ -	\$ 50,411,267	\$ 189,546,713
Estimated IBNR	\$ 14,436,042	\$ -	\$ -	\$ -	\$ 14,436,042	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 77,394,072	\$ -	\$ -	\$ -	\$ 77,394,072	\$ 304,734,193

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,640,510	\$ -	\$ -	\$ -	\$ 2,640,510	\$ 10,592,847
Benefits	\$ 702,138	\$ -	\$ -	\$ -	\$ 702,138	\$ 2,818,703
Other Operating Expenses	\$ 726,931	\$ -	\$ -	\$ -	\$ 726,931	\$ 2,979,507
Pharmaceutical Purchases	\$ 13,850,541	\$ -	\$ -	\$ -	\$ 13,850,541	\$ 59,603,781
Travel	\$ 8,492	\$ -	\$ -	\$ -	\$ 8,492	\$ 34,623
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,928,611	\$ -	\$ -	\$ -	\$ 17,928,611	\$ 76,029,462

Indirect Expenditures (Shared Services)	\$ 5,113,316	\$ -	\$ -	\$ -	\$ 5,113,316	\$ 20,690,892
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TOTAL EXPENDITURES	\$ 208,141,033	\$ -	\$ -	\$ -	\$ 208,141,033	\$ 844,616,066
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DIFFERENCE	\$ (23,378,468)	\$ -	\$ -	\$ -	\$ (23,378,468)	\$ (106,381,874)
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FY2023 Spend Forward to FY2022 - LBB Approved	\$ (20,484,298)
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Projected Uncollected Health Care Fees	\$ (677,000)
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FY2022 Remaining Balance	\$ (14,227,683)
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NET DIFFERENCE	\$ (23,378,468)	\$ -	\$ -	\$ -	\$ (23,378,468)	\$ (141,770,855)
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Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY) 2023 (September, October, and November 2022), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Allred (General Population [GP], Extended Cell Block [ECB]), Clemens, Crain, Hughes, Memorial, Murray, Roach and Terrell units.

- 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 First Quarter of FY 2022:

1. Item **1.630** requires the facility to have an overall health services staffing vacancy of no more than 12%. The following **6** facilities were not in compliance with this requirement:
 - Allred (GP) (0%) – Corrective action plan received
 - Clemens (0%) – Corrective action plan received
 - Crain (0%) – Corrective action plan received
 - Hughes (0%) – Corrective action plan received
 - Memorial (0%) – Corrective action plan received
 - Murray (0%) – Corrective action plan received
2. Item **4.490** requires inmates who are prescribed anti-psychotic medications be reassessed a minimum of every 6 months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following **6** facilities were not in compliance with this requirement:
 - Allred (GP) (74%) – Corrective action plan received
 - Clemens (59%) – Corrective action plan received
 - Hughes (60%) – Corrective action plan received
 - Memorial (75%) – Corrective action plan received
 - Murray (64%) – Corrective action plan received
 - Terrell (35%) – Corrective action plan received
3. Item **4.190** requires caseload inmates, or other inmates identified as having a mental health condition, who are housed in disciplinary segregation, be seen by a mental health staff or nursing staff each day. The following **5** facilities were not in compliance with this requirement:
 - Allred (GP) (0%) – Corrective action plan received
 - Clemens (25%) – Corrective action plan received
 - Crain (71%) – Corrective action plan received
 - Hughes (70%) – Corrective action plan received
 - Memorial (5%) – Corrective action plan received
4. Item **5.180** requires inmates with chronic illnesses have a documented Individual Treatment Plan within the minimum time frame required: (1) 6 months IDDM and NIDDM, (2) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia and Seizure Disorders. The following **5** facilities were not in compliance with this requirement:
 - Crain (43%) – Corrective action plan received
 - Hughes (79) – Corrective action plan received
 - Memorial (61%) – Corrective action plan received
 - Murray (75%) – Corrective action plan received
 - Terrell (79%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

5. Item **5.210** requires an annual physical exam for inmates 50 years of age or greater be documented in the medical record within 30 days of their annual date of incarceration. The following **5** facilities were not in compliance with this requirement:
 - Allred (GP) (17) – Corrective action plan received
 - Crain (32%) – Corrective action plan received
 - Memorial (36%) – Corrective action plan received
 - Murray (32%) – Corrective action plan received
 - Terrell (71%) – Corrective action plan received

6. Item **6.010** requires screening for tuberculosis to be performed on all inmates annually at the facility. The following **5** facilities were not in compliance with this requirement:
 - Allred (ECB) (14%) – Corrective action plan received
 - Allred (GP) (48%) – Corrective action plan received
 - Crain (71%) – Corrective action plan received
 - Hughes (75%) – Corrective action plan received
 - Memorial (57%) – Corrective action plan received

7. Item **6.450** requires follow-up serologies for Syphilis be obtained after completion of treatment as follows: (1) Primary or Secondary Syphilis and HIV negative at six and twelve months; (2) Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve, and twenty-four months; (3) Latent Syphilis and HIV negative at every six, twelve, and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **5** facilities were not in compliance with this requirement:
 - Allred (GP) (0%) – Corrective action plan received
 - Memorial (0%) – Corrective action plan received
 - Murray (71%) – Corrective action plan received
 - Roach (50%) – Corrective action plan received
 - Terrell (75%) – Corrective action plan received

During the previous quarter, ORAs for **9** facilities had pending corrective action plans: Choice Moore, Cole, Fort Stockton, Goree, Havins, Holliday, Hutchins, Lynaugh, and Wayne Scott units. During the First Quarter FY 2023, all were closed.

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 **8** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the First Quarter of FY 2023 (September, October, and November 2022), Dental Quality Review audits were conducted at the following **19** facilities: Baten, Beto, B. Moore, Bradshaw, Clements (General Population [GP], Extended Cell Block [ECB]), Coffield, Dalhart, Formby, Hobby, Hodge, Jordan, Kegans, Lychner, Marlin, Mechler, Michael, Powledge, Skyview and Wheeler units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 23** assesses if the periodontal charting and radiographic survey of remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **8** of the **19** facilities were not in compliance: Michael (50%), Coffield (25%), Jordan (15%), Beto (0%), Clements [ECB] (0%), Hobby (0%), Marlin (0%), and Powledge (0%).

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 13** assesses if current vital signs are documented in the Comprehensive Treatment Plan (CTP). **3** of the **19** facilities were not in compliance: Jordan (50%), Baten (0%) and Marlin (67%).
- **Item 19** assesses if levels are reflected in the Comprehensive Treatment Plan. **3** of the **19** facilities were not in compliance: Jordan (70%), Clements [ECB (63%), and GP (37%)] and Marlin (34%).
- **Item 21** assesses if the radiographs utilized in the formulation of the Comprehensive Treatment Plan (CTP) are of diagnostic quality necessary for assessment and treatment planning. **3** of the **19** facilities were not in compliance: Beto (77%), Mechler (79%) and Jordan (78%).
- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1 **2** of the **19** facilities were not in compliance: Marlin (73%) and Hobby (79%).
- **Item 22** assesses if all inter-proximal radiographic findings are documented in the Comprehensive Treatment Plan (CTP). **2** of the **19** facilities were not in compliance: Mechler (34%) and Marlin (63%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2023 (September, October, and November 2022), the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,581** correspondences. The PLP received **2,836** and Step II Grievance received **745**. There were **191** 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 First 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 **4%** and **6%** for TTUHSC for the First Quarter of FY 2023.

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 First Quarter of FY 2023, (September, October, and November 2022), the Patient Liaison Program nurses and investigators performed **21** 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 **6** of the indicators fell below the 80 percent compliance threshold, representing **4** 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 **4** 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 First 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.

- 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 First Quarter FY 2022, there were **9,746** intake HIV tests performed. Of those tested, **107** inmates were newly identified as having HIV infection. During the same time period, there were **5,689** pre-release tests performed with **0** found to be HIV positive. For this quarter, **10** new AIDS cases were identified.
- There were **385** cases of Hepatitis C identified for the First Quarter FY 2023. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **772** cases of suspected Syphilis were reported in the First Quarter FY 2023. **479** 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.
- **277** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2023. For the same time period, **81** 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 **20** TB cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2023. 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 **264** chart reviews of alleged sexual assaults performed for the First Quarter FY 2022. There were **70** deficiencies found this quarter and corrective action requested. Bloodborne exposure baseline labs were drawn on **97** 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 First Quarter FY 2023, **5** 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 **99** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the First Quarter FY 2023, **156** inmates trained to become peer educators. This is an increase from the Fourth Quarter FY 2022 report. During the First Quarter FY 2023, **12,775** inmates attended the classes presented by peer educators. This is an increase from the Fourth Quarter FY 2022.

MORBIDITY AND MORTALITY

There were **113** deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2022, of those **113** deaths, **1** was referred to a peer review committee.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	1

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 First Quarter FY 2023:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the First Quarter FY 2023, **15** restrictive housing units were audited including: Allred, Clements, Cole, Connally, Dominguez, East Texas Treatment Facility, Ferguson, Formby, Kegans, McConnell, Polunsky, Robertson, Telford, Travis, and Wainwright units. The OMHM&L auditors observed **2,105** inmates, interviewed **1,741** 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, **11** of the **15** units were **100%** compliant. For ATC 5, **11** of the **15** units were **100%** compliant. For ATC 6, **11** of the **15** units were **100%** compliant. For ATC 4, ATC 5, and ATC 6, **4** of the **15** facilities did not have applicable data at the time of the audit. For the 911 tool availability, **12** of the **15** facilities were **100%** compliant. **3** facilities of the **15** (Cole, East Texas Treatment Facility, Kegans), 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 First Quarter FY 2023, a total of **94** instances of compelled psychoactive medication occurred. There were **30** instances at the Montford Unit, **17** instances at the Skyview Unit, **47** instances at the Wayne Scott Unit, and **0** instance at the Clements Unit. During each month of the quarter, Skyview was **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Montford was **100%** compliant for the reporting month of September, **89%** compliant for the reporting month of October, and **88%** compliant for the reporting month of November. Wayne Scott was **100%** compliant for the reporting month of September and October, and **89%** compliant for the reporting month of November. The Clements Unit had no applicable instances during the reporting period.

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- 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 **22** intake facilities reviewed, **20** facilities identified incoming inmates in need of Mental Health Evaluations. At the Baten and Johnston units there were no inmates identified as applicable to the audit. **11** of the **22** facilities met or exceeded the 80% compliance for completing Mental Health Evaluations within 14 days of identified need: East Texas Treatment Facility, Formby, Halbert, Holliday, Kegans, Lychner, Plane, Sanchez, Sayle, Travis, and Woodman. **9** of the **22** facilities Beto, Byrd, Dominguez, Garza West, Gist, Glossbrenner, Hutchins, Lindsey, and Middleton earned compliance scores of 79% or lower. **9** 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 First Quarter of FY 2023, HSL conducted **494** hospital and **41** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery; 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 unit.
- Of the **494** hospital discharge audits conducted, **394** were from the UTMB Sector and **100** were from the TTUHSC sector. There were **113** deficiencies identified for UTMB and **28** identified for TTUHSC. Of the **41** infirmary discharge audits conducted **25** were from the UTMB sector and **16** were from the TTUHSC sector. There was **1** deficiency identified from UTMB and **3** for TTUHSC.

ACCREDITATION

The ACA 2023 Winter Conference was held in Orlando, Florida on January 27 – 31 2023, and the following facilities were represented: Bell, Byrd, Clements, Coleman, Halbert, Hilltop, Johnston, Kegans, Lychner, Mt. View, Stringfellow, Travis, and Willacy units. Coffield, Gib Lewis, Mechler, and Montford unit panel hearings were conducted virtually.

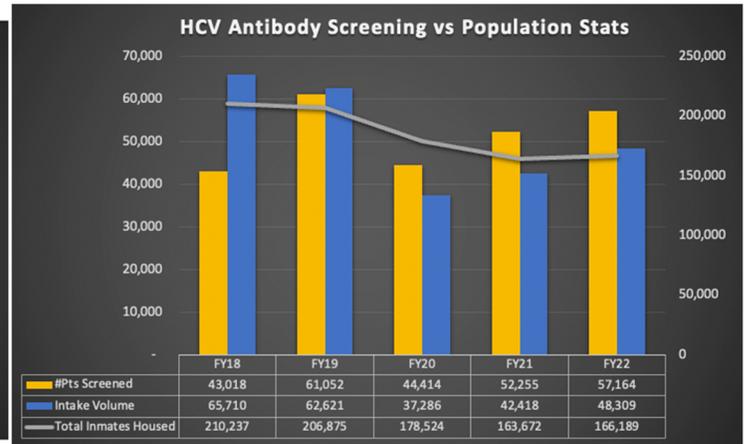
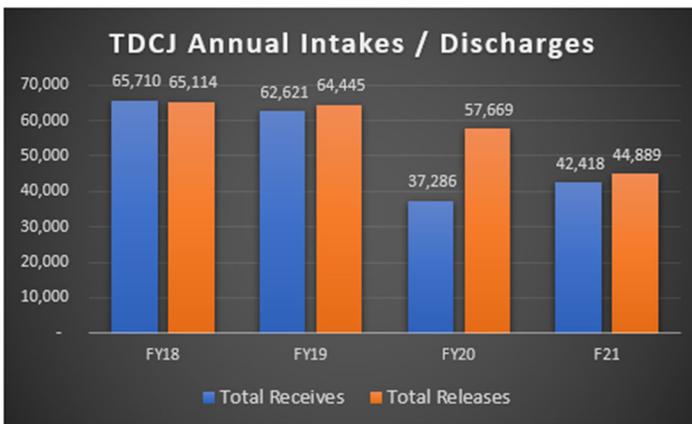
BIOMEDICAL RESEARCH PROJECTS

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 – **5**
- Health Services Division Active Monthly Research Projects – **8**
- Health Services Division Pending Monthly Research Projects – **3**

Universal Screening for Hepatitis C at Intake

Current Intake & Testing Volumes



Cost Analysis

Total Cost to Screen based on Seroprevalence*

Seroprevalence	13%	15%	17%
HCV Antibody	\$508,836.38	\$508,836.38	\$508,836.38
HCV RNA Quant	\$730,388.74	\$842,756.24	\$955,123.74
Total Screening Cost	\$1,239,225.12	\$1,351,592.62	\$1,463,960.12

Assumptions

- Ave Receives 64,166
- Ave HCV Antibody \$7.93
- Ave HCV RNA Quant \$87.56

*Seroprevalence—estimated number of HCV Antibody (+) cases

Estimated Increase in Cost

Estimated Increase in Screening	30%
Additional Patients Screened	19,250
HCV Antibody	\$ 152,651
HCV RNA Quant	\$ 286,537
Total Cost Increase	\$ 439,188

*A 30% increase in screening rate would increase cost **\$439,188** annually at a seroprevalence of 17%.*

Hepatitis C Case Ascertainment

FOCUS Grant Stats

Indicator	FY21	FY22
Number of Intake Units	12	11
Total Intakes	27,032	27,095
Total Screened for HCV	24,127	23,616
% Screened	89%	87%
Total HCV Antibody (+)	3,200	3,312
% HCV Antibody (+)	13.3%	14.0%
Total HCV RNA (+)	2,088	2,107
% HCV RNA (+)	8.7%	8.9%

Case Ascertainment

Universal vs Risk Based Screening

An initial comparison of the FOCUS pilot group (Universal Screening) and the Non-Pilot group (Risk Based Screening) was conducted in June 2020. Analysis revealed even at a 90% testing rate for both groups, the difference in case ascertainment was not statistically significant, even with 50,000 patients in each group.