



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

September 13, 2023

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 13, 2023

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report

Brief Overview of Heat Related Illness

- Denise Deshields, MD, Executive Medical Director
Texas Tech University Health Sciences Center (TTHUSC-CMC)
 - Correctional Managed Health Care Policy (D-27.2) "Heat Stress" Summary
- Eric Guerrero, Deputy Division Director, CID, Texas Department of Criminal Justice (TDCJ)
 - Administrative Directive (AD-10.64) "Excessive and Extreme Temperature Conditions in the TDCJ"

IV. Consent Items

1. Approval of Excused Absences
2. Approval of CMHCC Meeting Minutes, June 14, 2023
3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Restrictive Housing Mental Health Monitoring
4. University Medical Directors Reports
 - Texas Tech University Health Sciences Center
 - The University of Texas Medical Branch

5. Summary of CMHCC Joint Committee / Work Group Activities
- V. Update on Financial Reports
- VI. Medical Directors Updates
 1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2023 Third Quarter Report
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch
- VII. Biennial Review and Adoption of the Inmate Health Services Plan

Presented by:
Owen J. Murray, DO
Senior Vice President, UTMB Offender Care Services
CMHCC Joint Medical Directors Working Group
- VIII. Correctional Managed Health Care Contracts FY 2024-2025 Biennium: An Overview

Presented by:
Ron Steffa, MBA
Chief Financial Officer, Business and Finance Division
Texas Department of Criminal Justice
- IX. Public Comments
- X. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 14, 2023

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p> <p>III. Chair’s Report - Dr. Greenberg</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 – March 8, 2023 	<p>Dr. Bushong has a strong dental clinical background in a variety of settings including private practice ownership, teaching as faculty at</p> <p>University of Texas Health San Antonio, School of Dentistry and working at the Audie Murphy VA Dental Clinic in San Antonio. Dr. Bushong has also provided contract dentistry to the National Guard and Geriatric Dental Care. Dr. Bushong implemented various practice management software migrations as well as integrated all of the latest Computer Aided Design (CAD)/Computer Aided Manufacturing (CAM) and laser dentistry processes into her private practice settings.</p> <p>Dr. Linthicum presented each CMHCC member with a wood framed Texas map. The map includes all Texas Department of Criminal Justice unit locations and regions.</p> <p>Dr. Owen Murray recognized Dr. Linthicum for 35 years of valuable service to the (UTMB) and its vital mission.</p> <p>Dr. Greenberg next moved on to agenda item III, Chair’s Report.</p> <p>Dr. Greenberg did not have any items to report.</p> <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 March 8, 2023, meeting –Ms. Kris Coons and Dr. Brian Edwards.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 8, 2023, meeting.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>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) 2023 Second Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>Dr. Linthicum answered stating the compliance rate was lower due to the number of nursing staffing challenges for both the (UTMB) and the (TTUHSC). Dr. Linthicum stated they are hopeful that with the action made by the State Legislature to increase the nursing position salaries across state agencies, including the salaries of the Correctional Managed Healthcare nurses, the nursing staffing vacancies will improve.</p> <p>The fourth consent item was the approval of the FY2023 Second 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 FY2023 Second Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p>	<p>Dr. Greenberg commented that some of the nursing compliance rates for the facilities during the Second Quarter, FY2023 (December 2022-February 2023) were lower than other categories. Dr. Greenberg asked if the compliance rates were lower due to the number of nursing staffing vacancies.</p>	

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<p>IV. Approval of Consent Items (cont.)</p> <p>V. Update on Financial Reports - Rebecca Waltz</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Second Quarter of FY 2023, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p> <p>Dr. Linthicum answered stating TDCJ is seeing a number of elderly inmates entering into TDCJ, along with a significant number of on-hand population of inmates, who have aged up in the prison system. Dr. Linthicum stated there is a combination of both which has played a role in the growing number of inmates aged 55 and over.</p>	<p>Dr. Julia Hiner asked for clarification regarding the growing number of the (CMHC) service population for inmates aged 55 and over was due to inmates aging into the 55 and over age group or if TDCJ has received an increased number older inmates entering into the prison system.</p>	<p>Dr. John Burruss made a motion to approve all consent items and Dr. Phillip Keiser seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2023 Second Quarter Report (cont.) - Dr. Lannette Linthicum</p>	<p>Dr. Linthicum stated the agency has a tremendous number of vacancies in mental health clinician positions, due to losing staff to state mental health hospitals who offered a significant pay increase to their mental health clinician positions. Dr. Linthicum stated TDCJ did receive funding from Legislature to be given to the universities in an attempt to try to mitigate for some of those staffing shortages.</p> <p>Dr. Linthicum stated that TDCJ is treating a spectrum of mental health disorders in a congregate institutional setting that needs staff on the unit for management purposes.</p> <p>Dr. Linthicum stated staffing shortages in some areas has played a role in the unit's noncompliance stating some of the units are in federally designated health professional shortage areas and medically underserved areas by the state. Dr. Linthicum added that they are doing everything they can by including more telemedicine and in some instances, nurses are traveling to other units to help. Dr. Linthicum also added that non-compliant units who score under 80% are placed on a correction action plan to ensure future compliance.</p>	<p>Dr. Burruss commented that he was excited to hear that there is a strategy in place to address the mental health staff vacancies within the universities to assist with the mental health screenings.</p> <p>Dr. Penn added that the COVID-19 pandemic which allowed for some mental health clinician to work from home has also played a role in the mental health clinician vacancies. He reports a lot of mental health providers now prefer to work from home, earning more money instead of working inside of a prison.</p> <p>Dr. Phillip Keiser asked for clarification as to why the same units continue to appear as non-compliant on the Operational Review Audit (ORA).</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2023 Second Quarter Report (cont.) - Dr. Lannette Linthicum</p> <p>- Texas Tech University Health Sciences Center - Dr. Denise DeShields</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p> <p>VII. ACA, Commission on Accreditation Performance-Based Expected Practices for Adult Correctional Institutions, 5th Edition - Dr. Linthicum</p>	<p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the TTUHSC Medical Director's Report.</p> <p>Dr. Denise DeShields announced the resignation of Ms. Kamyryn Blayre Phares who was the newly hired registered dietician for TTUHSC. Dr. DeShields reported TTUHSC is currently seeking a new registered dietician.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray to present the UTMB Medical Director's Report.</p> <p>Dr. Owen Murray thanked TDCJ Executive Director, Bryan Collier, TDCJ Chief Financial Officer, Ron Steffa and Dr. Linthicum for their efforts in advocating to the State Legislature for the Correctional Managed Health Care funding received for FY2024-25.</p> <p>Dr. Greenberg thanked Dr. Murray and then called on Dr. Linthicum, to present an overview of the history of the American Correctional Association (ACA) and the Commission on Accreditation for Corrections.</p> <p>Dr. Linthicum began by providing the CMHCC with an opportunity to review the Performance-Based Expected Practices for Adult Correctional Institutions, 5th Edition manual.</p> <p>Dr. Linthicum provided an overview of the history of the (ACA) and the Commission on Accreditation for Corrections. Her presentation concluded with an overview of the accreditation process. The Performance-Based Expected Practices for Adult Correctional Institutions, 5th Edition was also discussed extensively.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. ACA, Commission on Accreditation Performance-Based Expected Practices for Adult Correctional Institutions, 5th Edition (cont.) - Dr. Lannette Linthicum</p> <p>VIII. CMC-Legislative Appropriation Request (LAR): An Update - Jennifer Gonzales</p>	<p>Dr. Linthicum answered stating, most of TDCJ's institutions are accredited using the Performance-Based Expected Practices for Adult Correctional Institutions, 5th Edition manual however, there are other components of our agency that are accredited using different accreditation manuals.</p> <p>Dr. Linthicum answered, there are usually four commissioner present per panel.</p> <p>Dr. Linthicum announced that during 144th Congress of Correction Conference, TDCJ was recognized by ACA with the Golden Eagle Award. The award was presented to TDCJ due to achieving accreditation of all aspects of operations, to include accreditation of every facility under its jurisdiction.</p> <p>In addition, Dr. Linthicum announced that in 2018, TDCJ received the Lucy Webb Hayes Award. The award is given to correctional agencies that have achieved full compliance with ACA standards and federal Prison Rape Elimination Act (PREA) standards and is named in honor of first lady and wife of President Rutherford B. Hayes.</p> <p>Dr. Greenberg thanked Dr. Linthicum and called on Ms. Jennifer Gonzales, Deputy Chief Financial Officer, Business and Finance Division, TDCJ to present an update on the FY2024-25 CMC-(LAR).</p> <p>Ms. Jennifer Gonzales, Deputy Chief Financial Officer, Business and Finance Division, Texas Department of Criminal Justice presented an update on the FY2024-25 CMC-(LAR).</p>	<p>Dr. Greenberg asked for clarification regarding the Performance-Based Manual that is used during the accreditation process for the institutional divisions.</p> <p>Dr. Greenberg asked how many voting commissioners are present during accreditation hearings.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. CMC-Legislative Appropriation Request (LAR): An Update (cont.) - Jennifer Gonzales</p> <p>IX. Public Comments - Dr. Greenberg</p>	<p>Ms. Gonzales began by thanking Dr. Linthicum for the opportunity to present an update on the FY2024-25 CMC-(LAR).</p> <p>Ms. Gonzales recognized Rebecca Waltz, Budget Director, Business and Finance Division, Texas Department of Criminal Justice and Ashley Adkins, Deputy Budget Director, Business and Finance Division, Texas Department of Criminal Justice for being instrumental in working closely with the universities in preparing the CMC-Legislative Appropriation Request (LAR).</p> <p>Ms. Gonzales overview of the CMC-(LAR) began with a summary of the Exceptional Item Request which included the following four components: maintain current operations; market adjustments; new positions (mental health/sheltered housing) and capital equipment. Next, Ms. Gonzales reported the FY2024-25 funding decisions by the Texas State Legislature which was \$208.3 million dollars.</p> <p>Ms. Gonzales explained employees with salaries under \$60,000 per year, will receive a \$3,000 pay increase while employees earning above \$60,000 will receive a 5% pay increase in FY2024 with an additional 5% or \$3,000 in FY2025.</p> <p>Lastly, Ms. Gonzales provided a comparison of the FY2022-23 appropriation as compared to the FY2024-25 appropriation. FY2024-25 received an 14% increase in funding.</p> <p>Dr. Greenberg 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 asked for clarification regarding 5% or \$3,000 pay increase for CMHC employees.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
X. Adjourn	<p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for September 13, 2023, in Conroe, Texas.</p> <p>The meeting was adjourned at 12:04 p.m.</p>		

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

 Date

Consent Item

TDCJ Health Services Monitoring Reports

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TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

**Third Quarter, Fiscal Year 2023
(March, April, and May 2023)**

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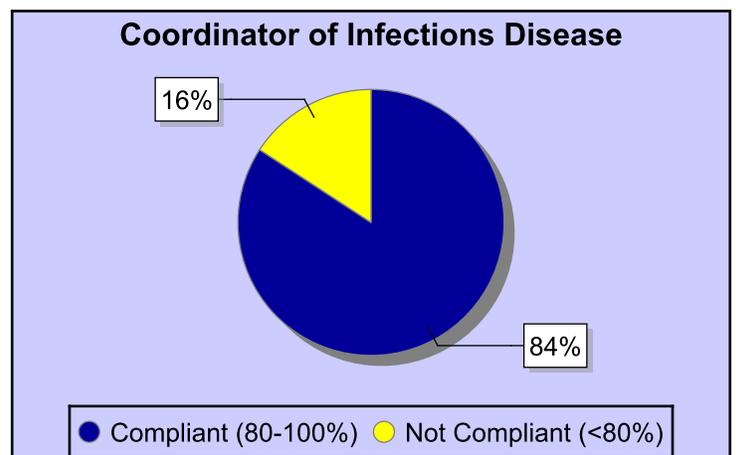
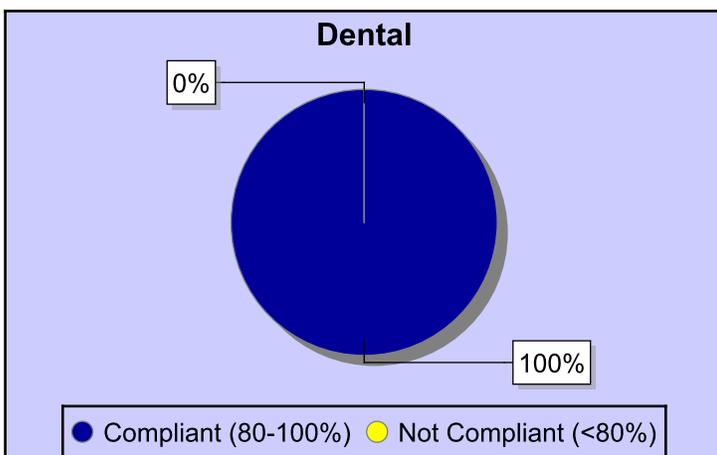
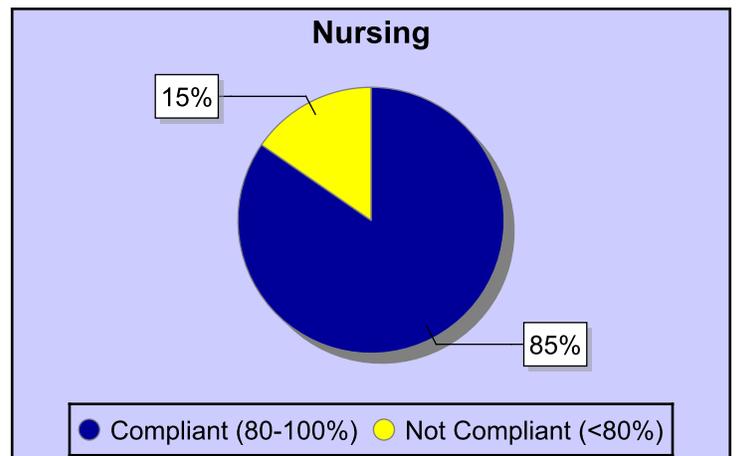
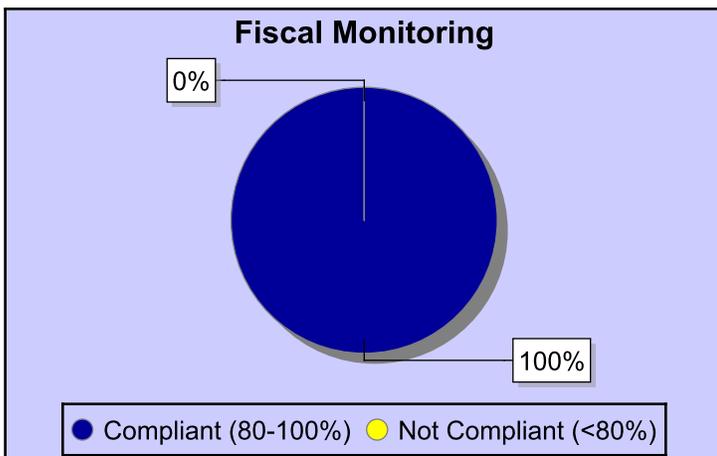
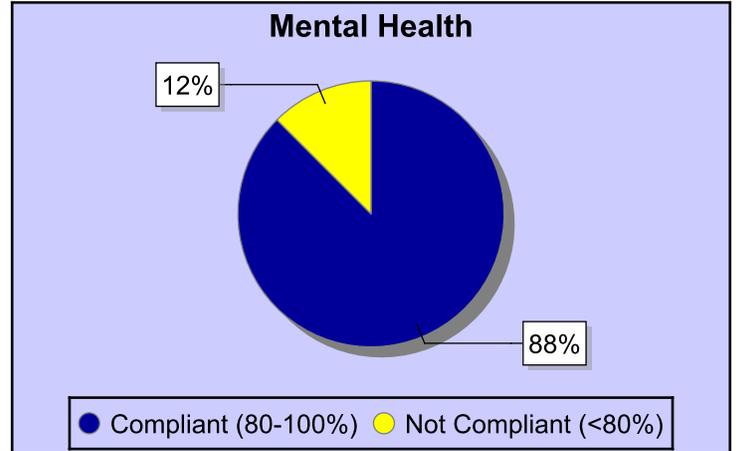
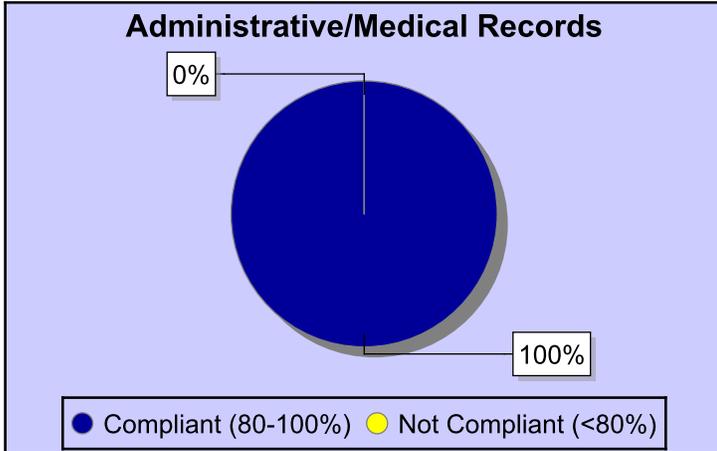
Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2023
March May 2023

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	
Bradshaw	32	32	100%	13	11	85%	19	16	84%	9	9	100%	16	14	88%	6	6	100%
Connally	33	32	97%	15	11	73%	21	14	67%	10	10	100%	24	22	92%	6	6	100%
Garza West	33	32	97%	15	13	87%	31	18	58%	12	12	100%	16	14	88%	5	5	100%
Glossbrenner	31	30	97%	15	10	67%	22	21	95%	12	11	92%	2	2	100%	4	4	100%
Lopez	33	33	100%	13	13	100%	22	15	68%	11	11	100%	14	14	100%	4	4	100%
McConnell	33	32	97%	13	9	69%	27	11	41%	11	11	100%	19	13	68%	4	4	100%
Sanchez	32	32	100%	15	14	93%	20	15	75%	12	12	100%	16	15	94%	7	7	100%
Stevenson	33	33	100%	13	13	100%	32	29	91%	10	9	90%	3	3	100%	4	4	100%
Telford	31	31	100%	13	8	62%	24	14	58%	10	10	100%	24	18	75%	6	6	100%
Willacy	32	32	100%	13	13	100%	28	23	82%	9	9	100%	15	13	87%	5	5	100%

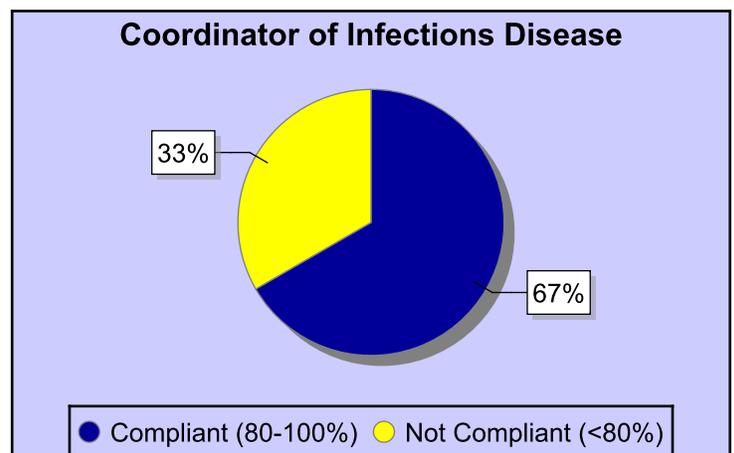
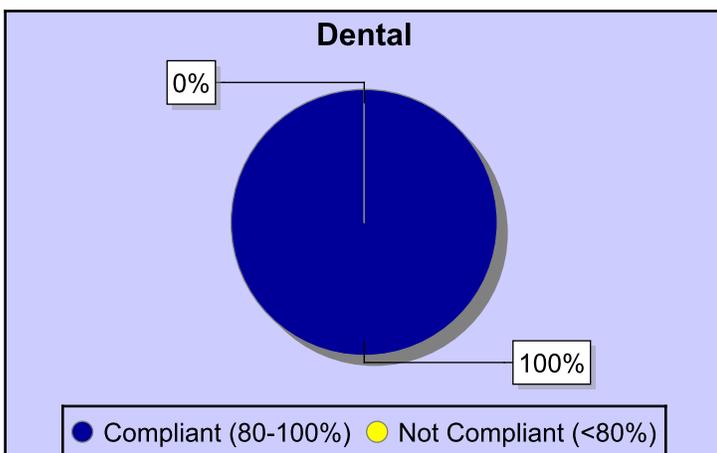
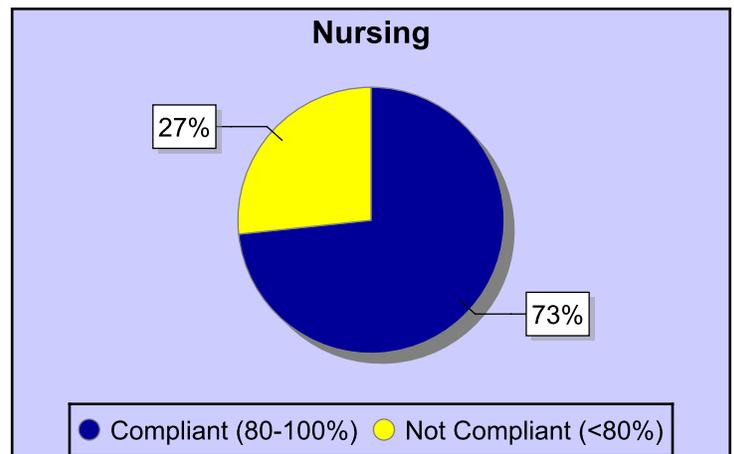
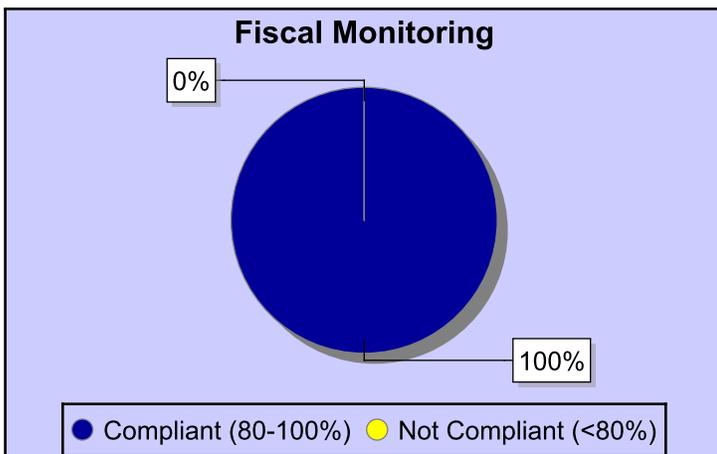
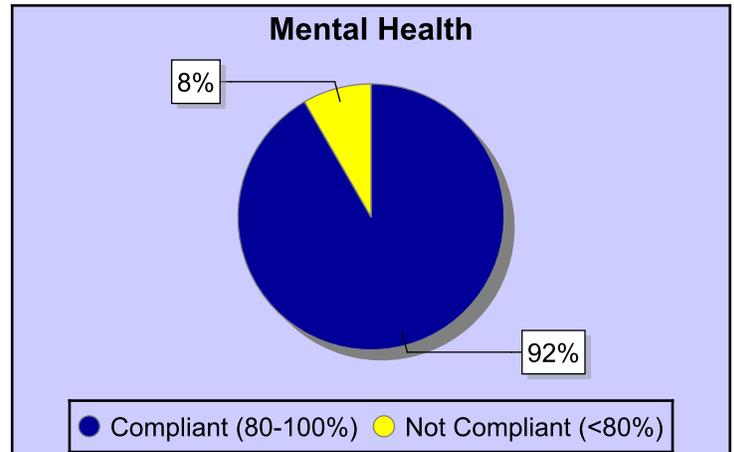
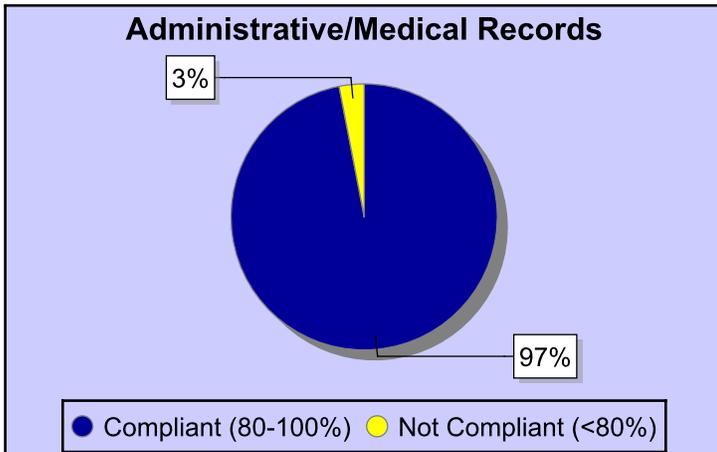
n = number of applicable items audited.

Compliance Rate By Operational Categories for BRADSHAW FACILITY

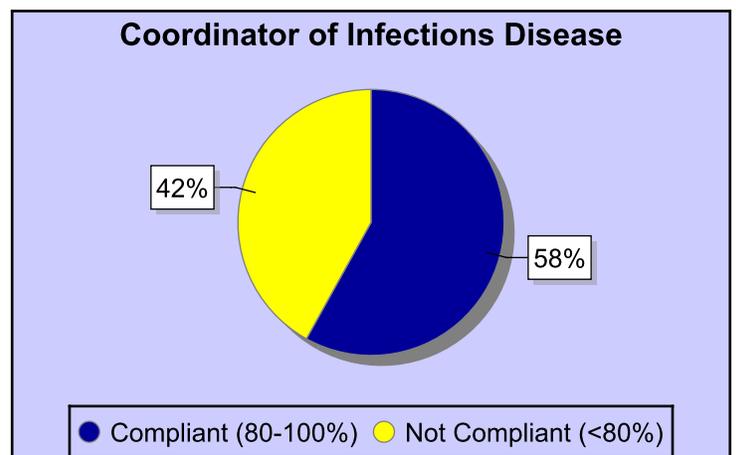
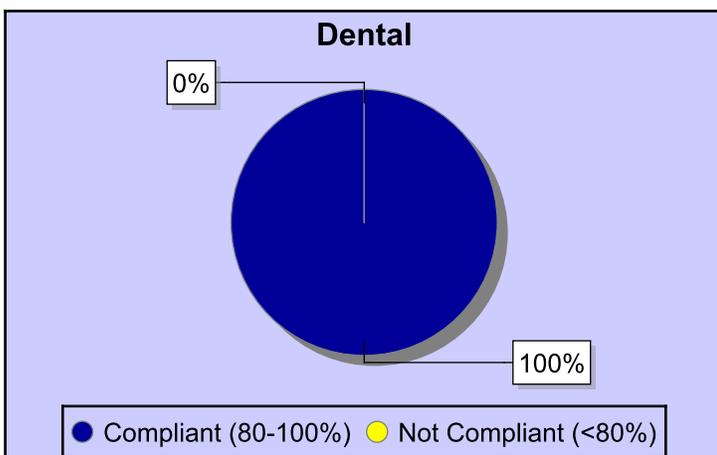
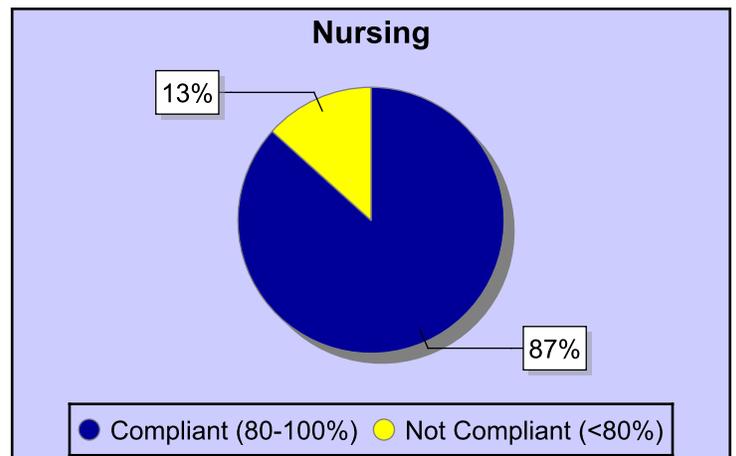
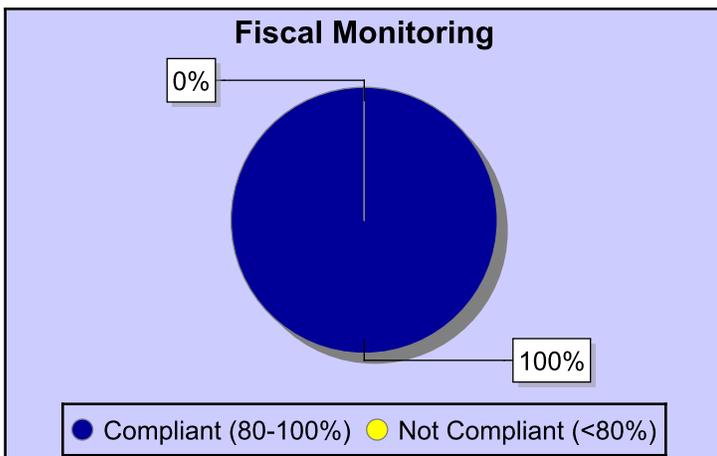
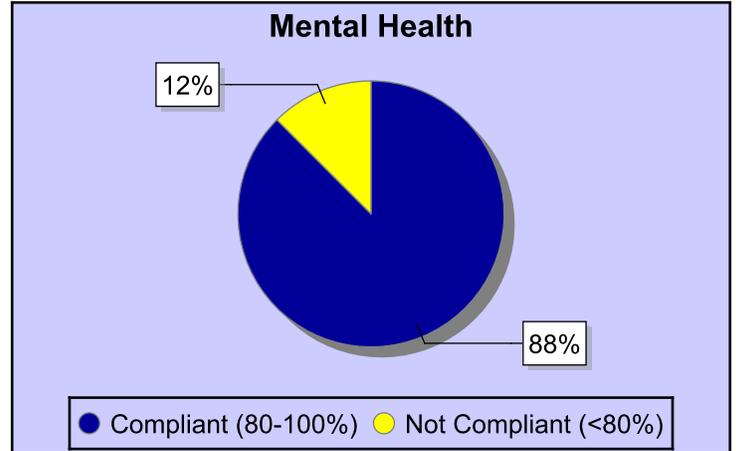
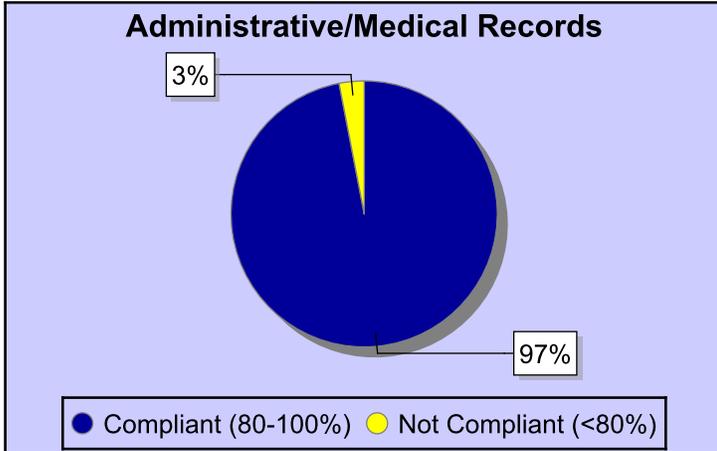
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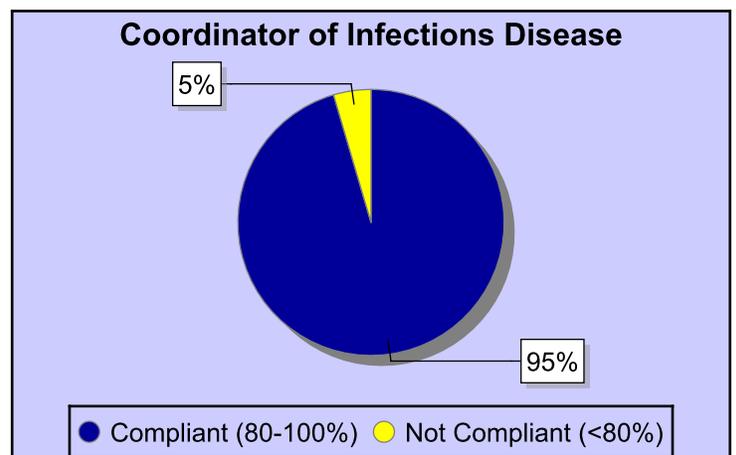
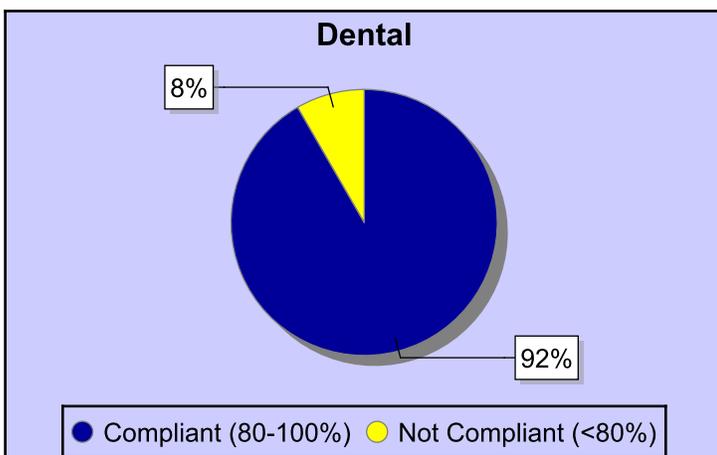
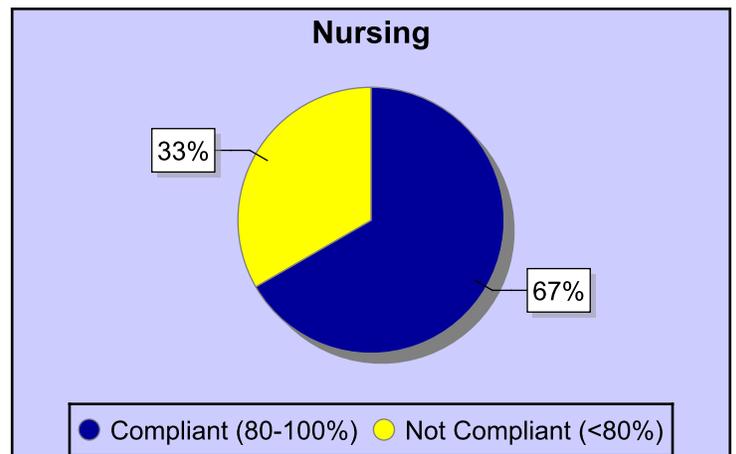
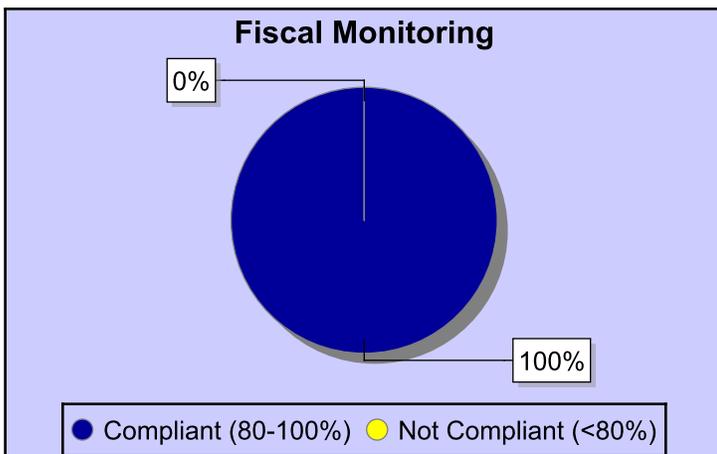
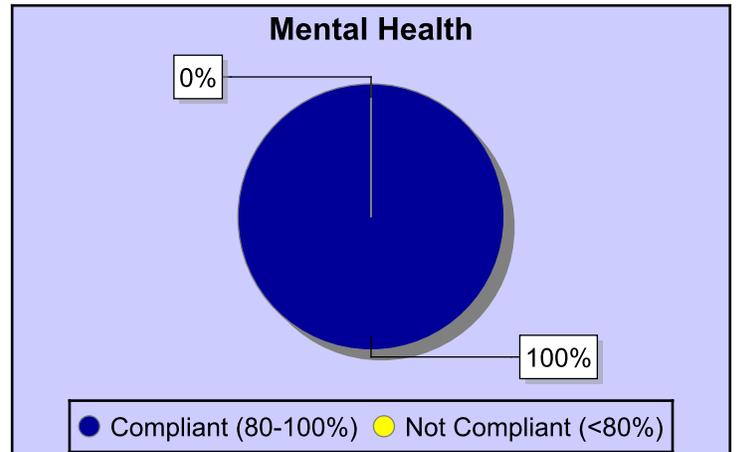
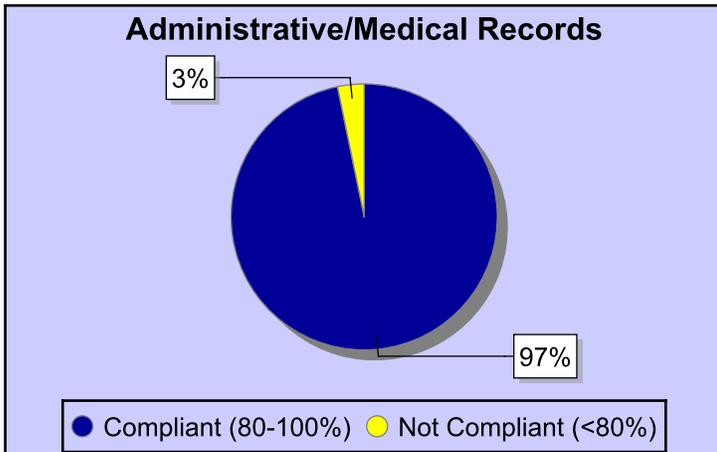
Compliance Rate By Operational Categories for CONNALLY FACILITY May 03, 2023



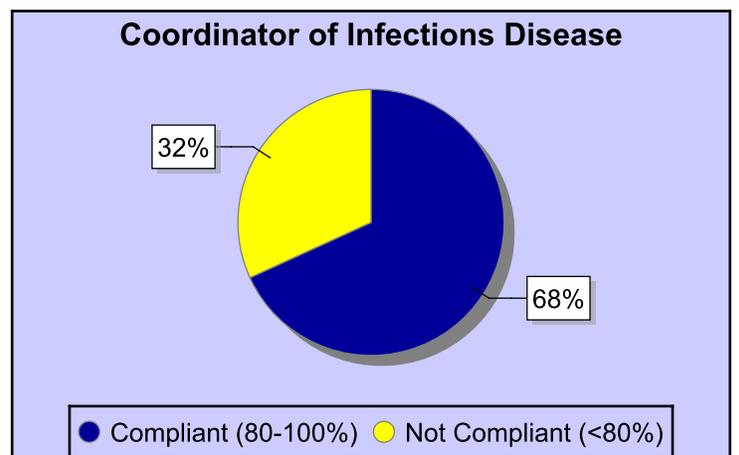
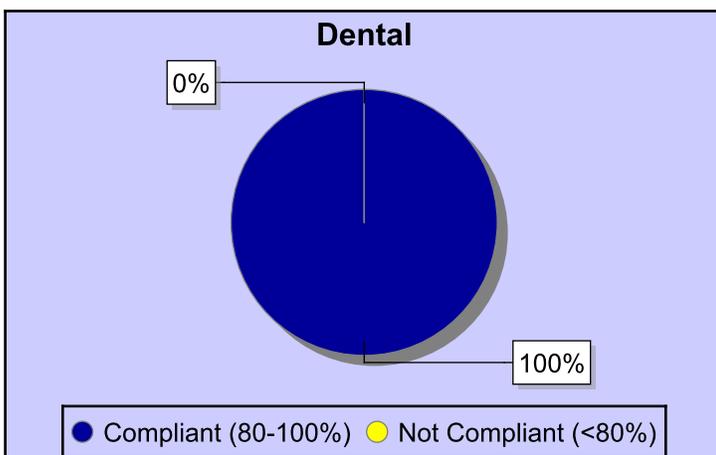
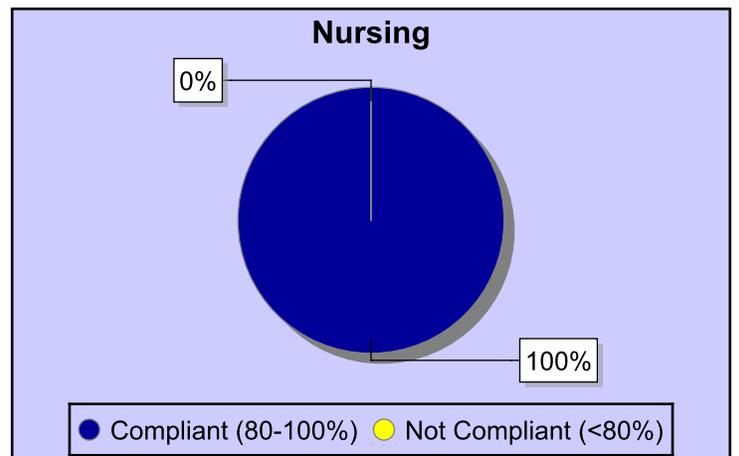
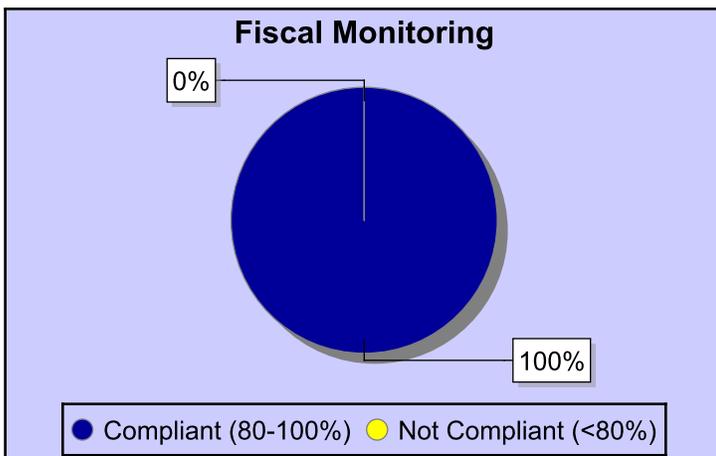
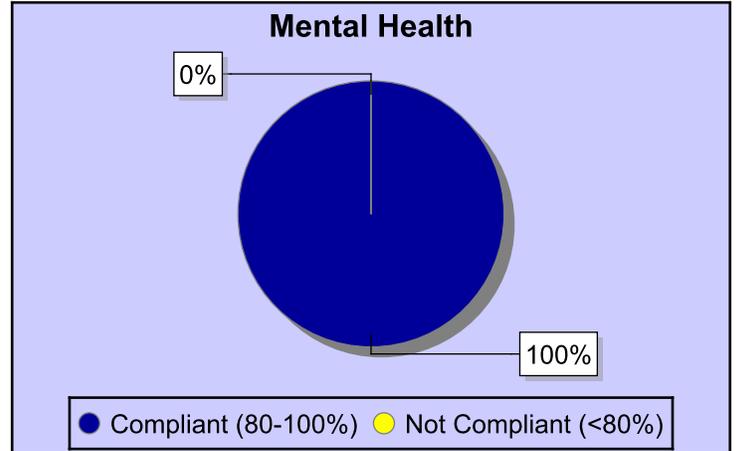
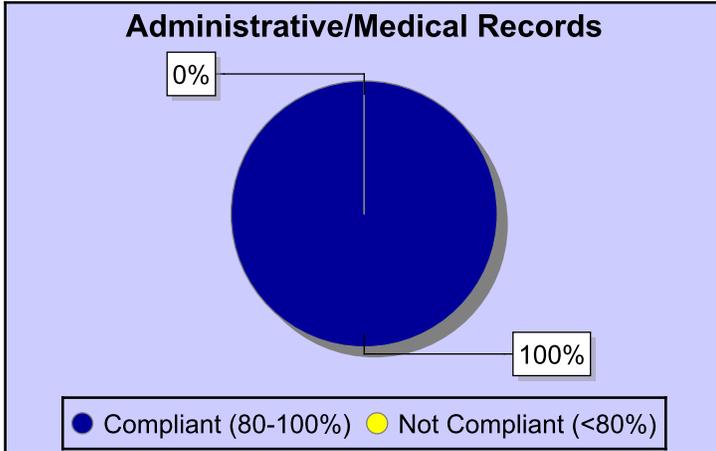
Compliance Rate By Operational Categories for GARZA WEST FACILITY May 09, 2023



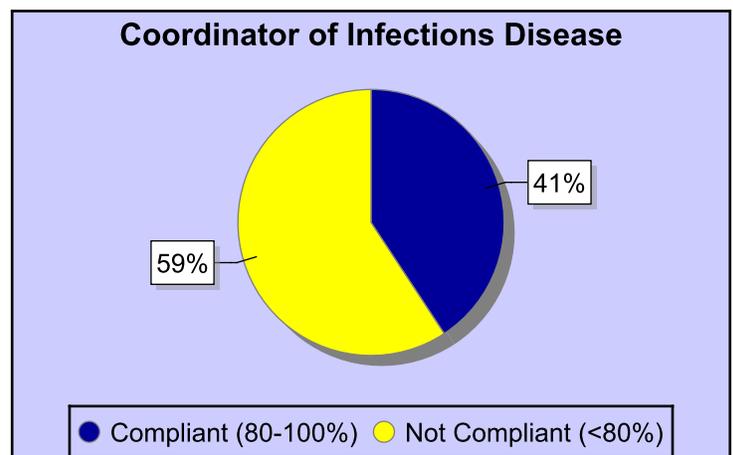
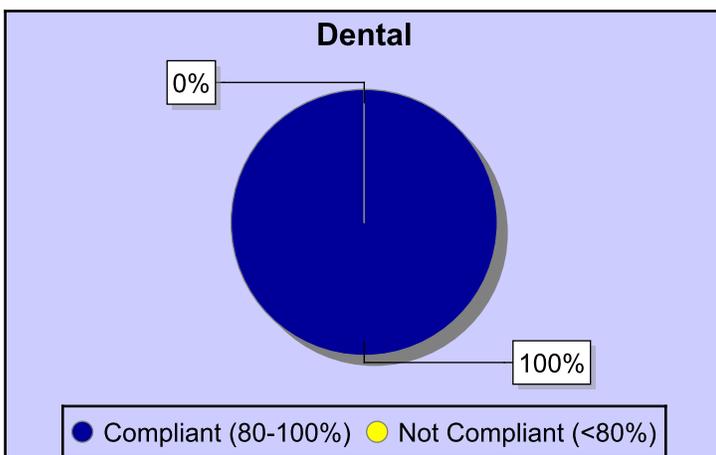
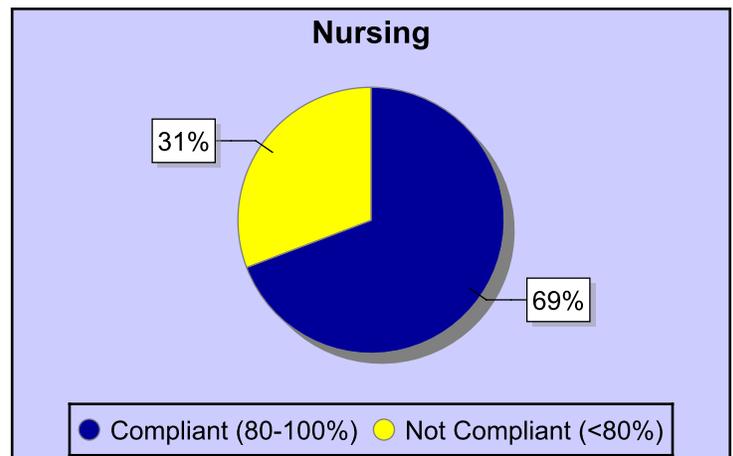
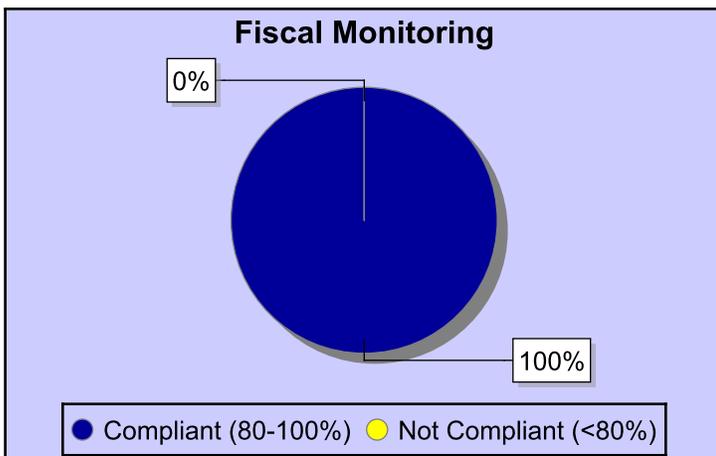
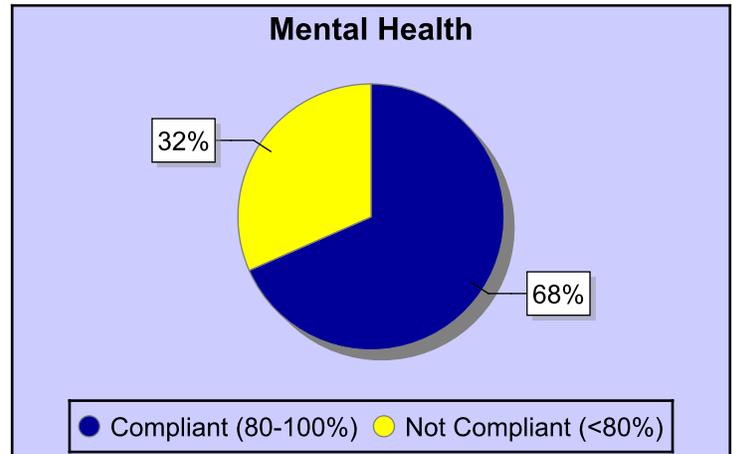
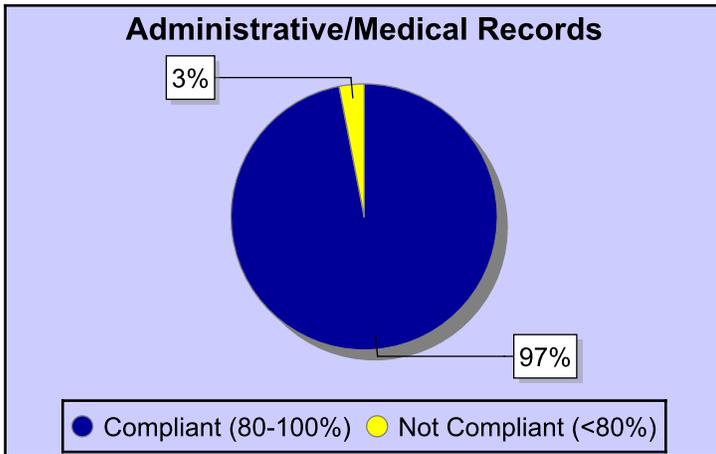
Compliance Rate By Operational Categories for GLOSSBRENNER FACILITY March 07, 2023



Compliance Rate By Operational Categories for LOPEZ FACILITY March 08, 2023

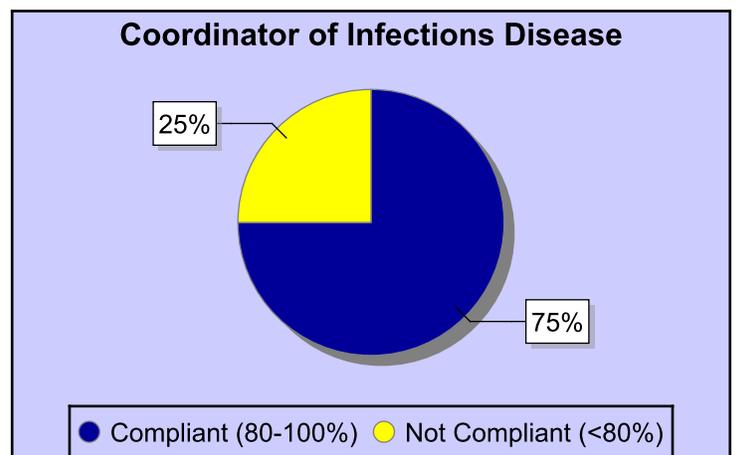
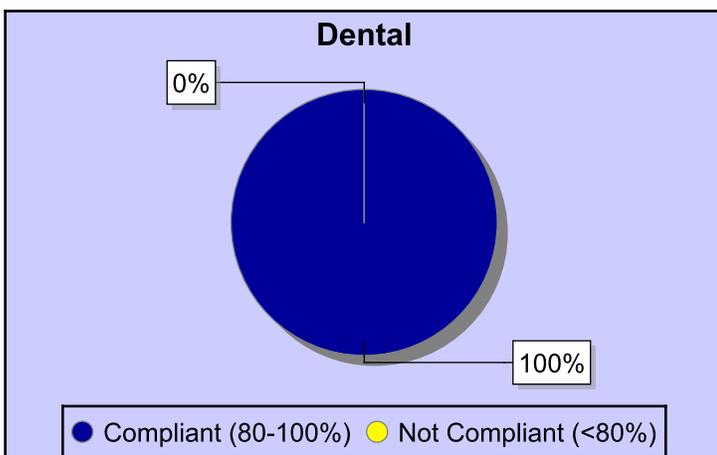
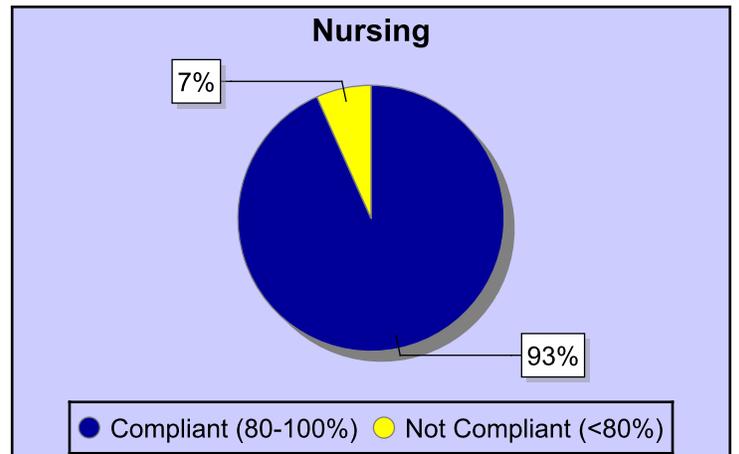
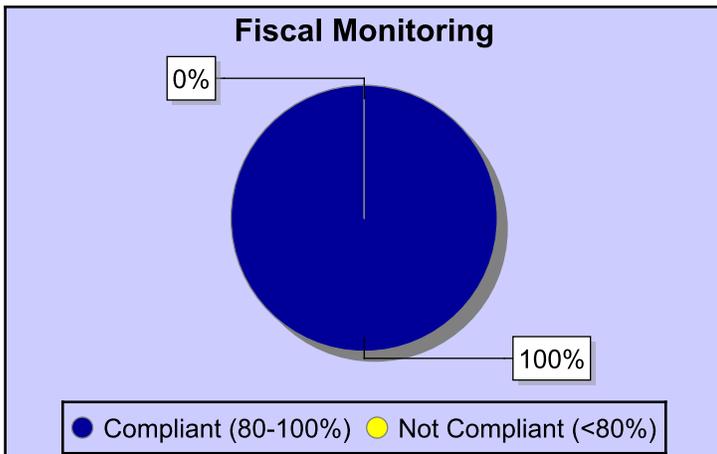
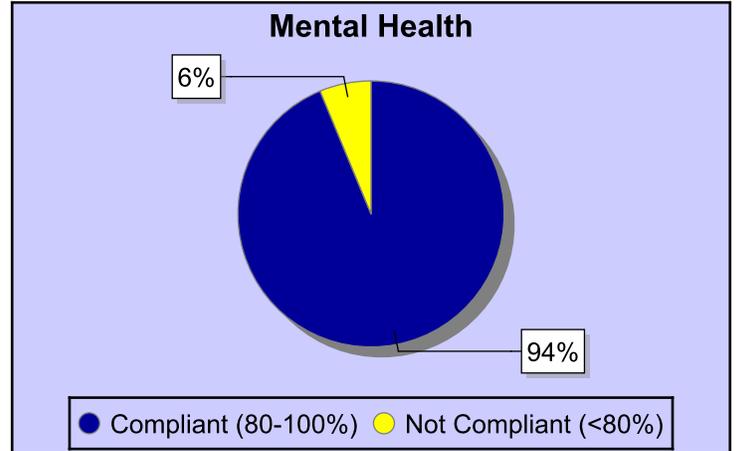
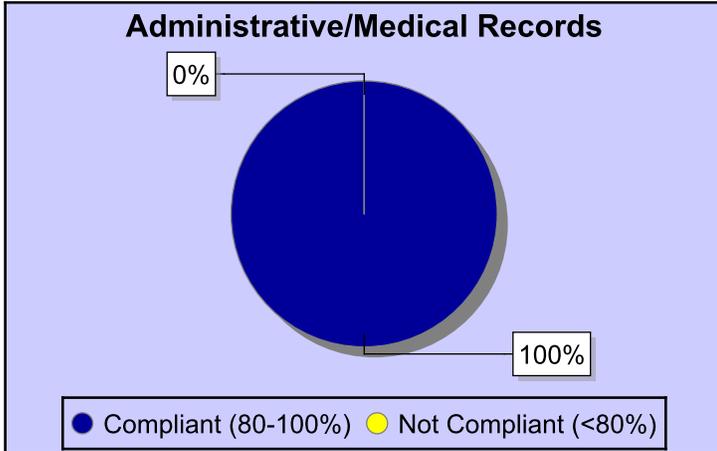


Compliance Rate By Operational Categories for MCCONNELL FACILITY May 10, 2023

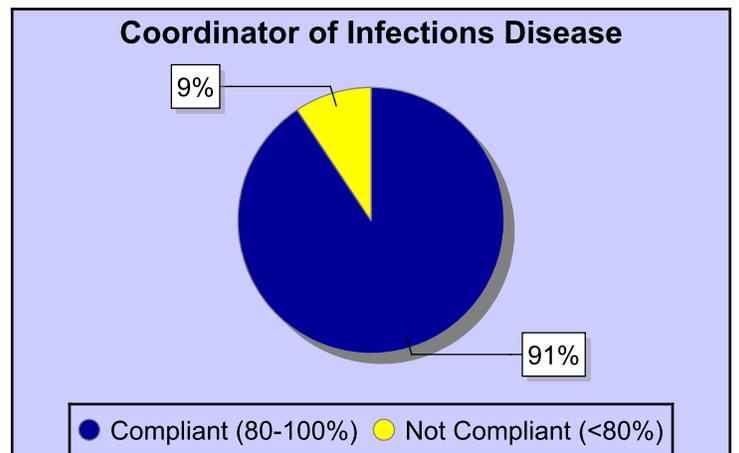
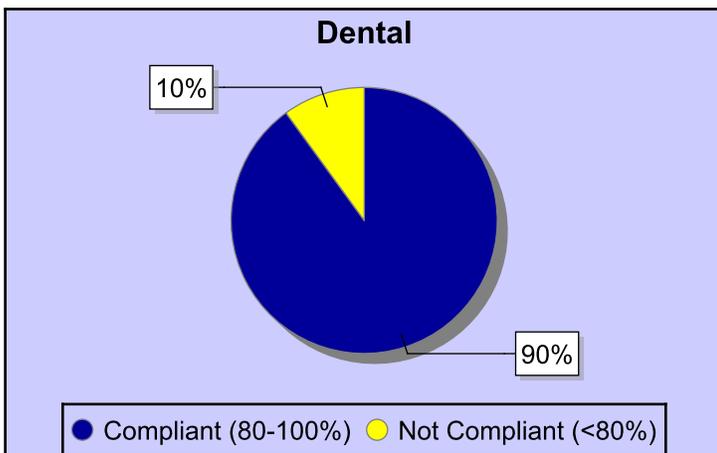
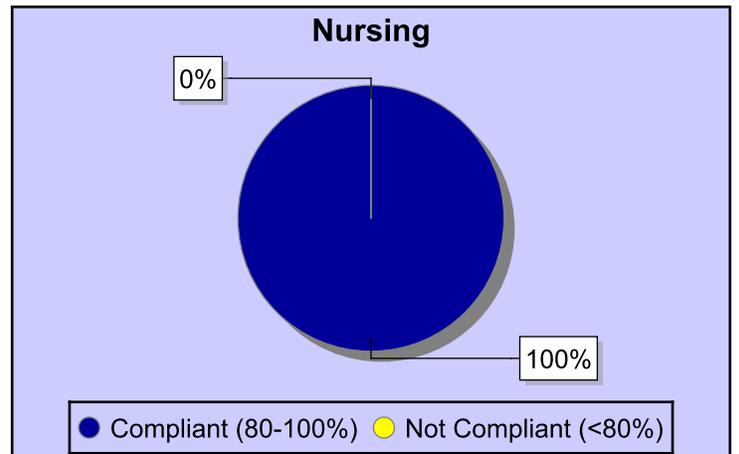
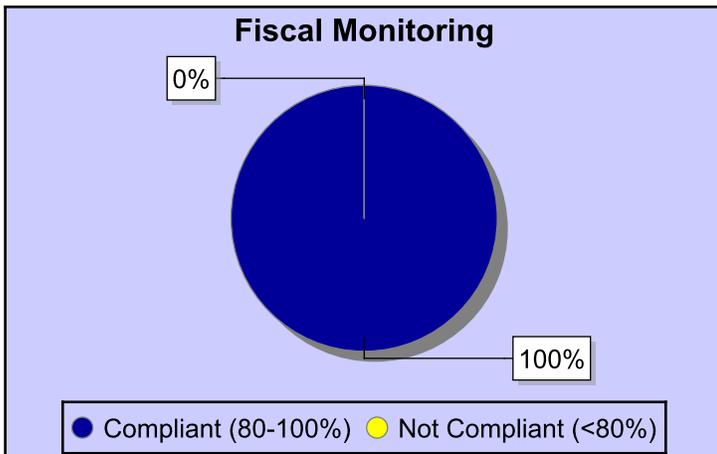
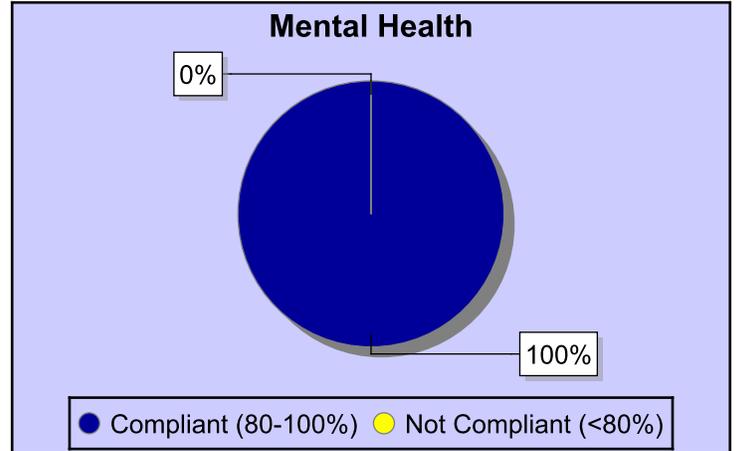
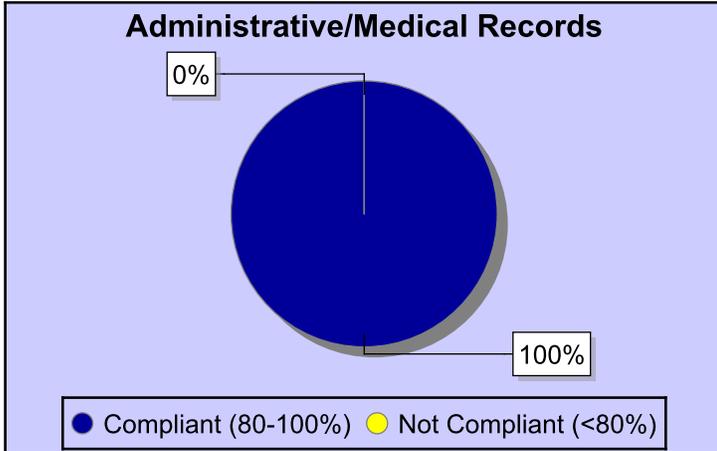


Compliance Rate By Operational Categories for SANCHEZ FACILITY

April 11, 2023

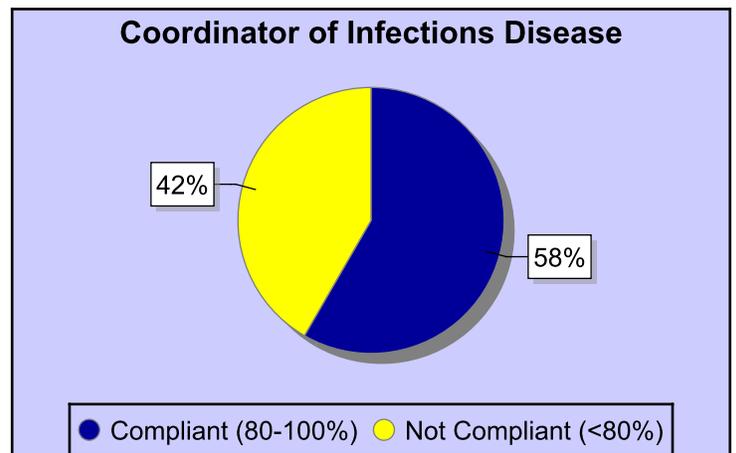
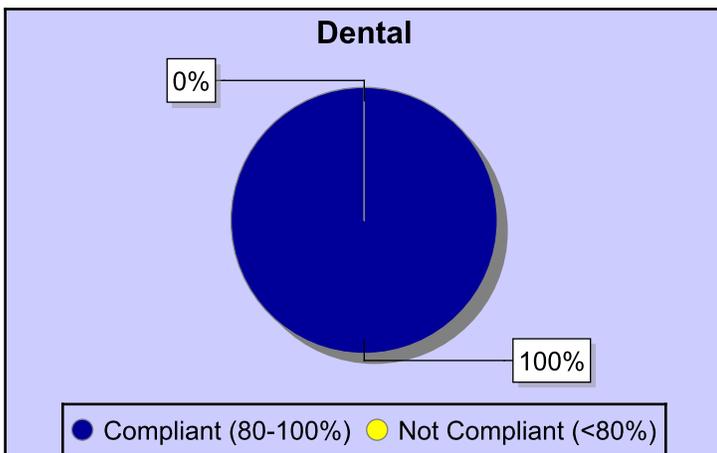
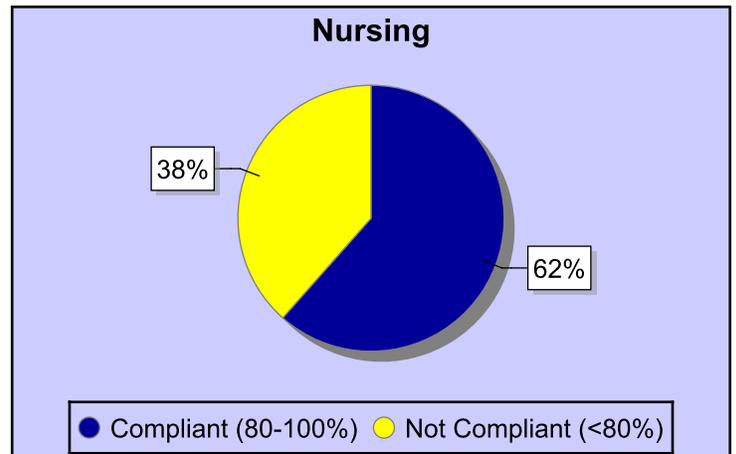
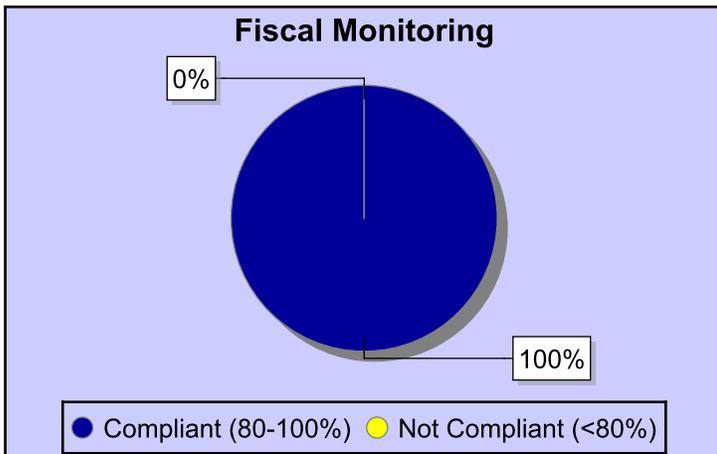
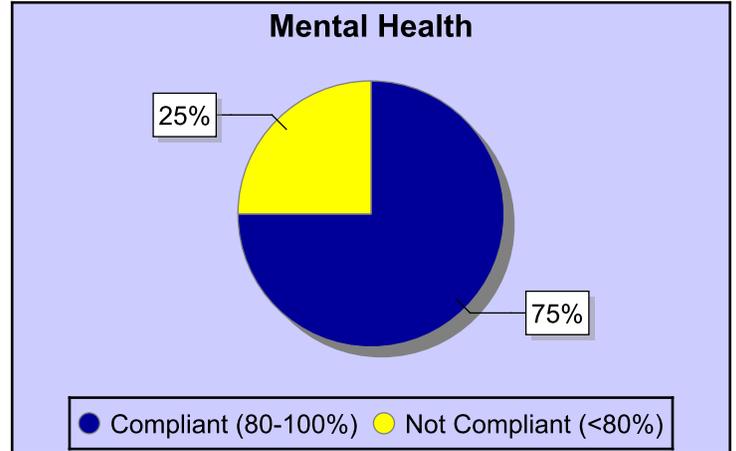
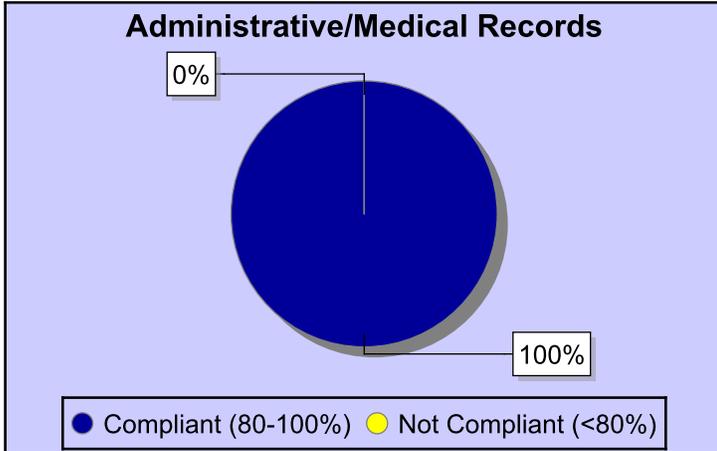


Compliance Rate By Operational Categories for STEVENSON FACILITY May 02, 2023

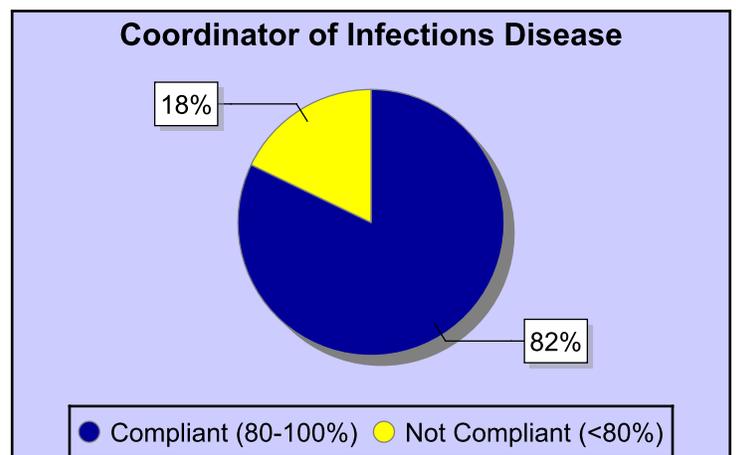
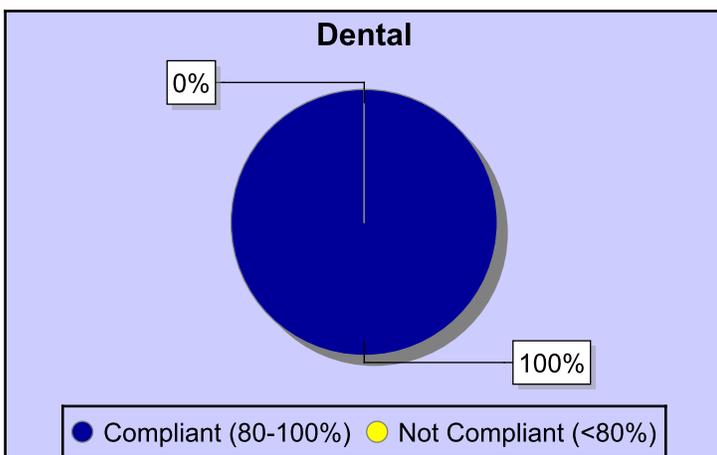
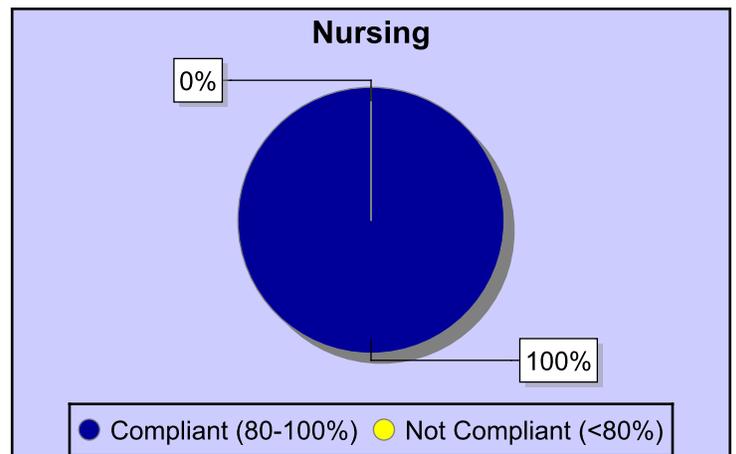
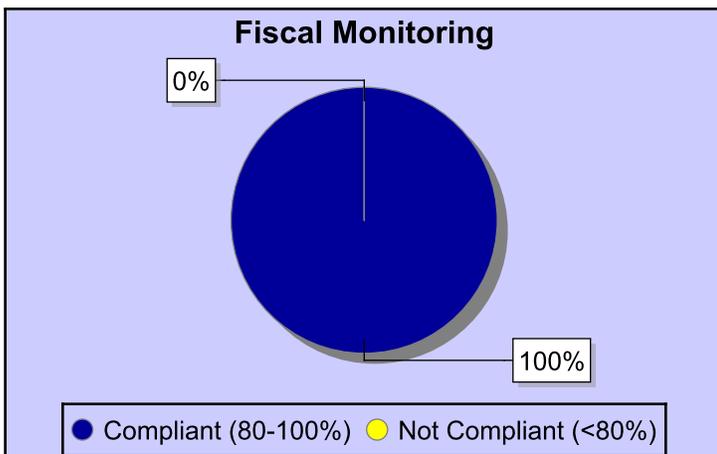
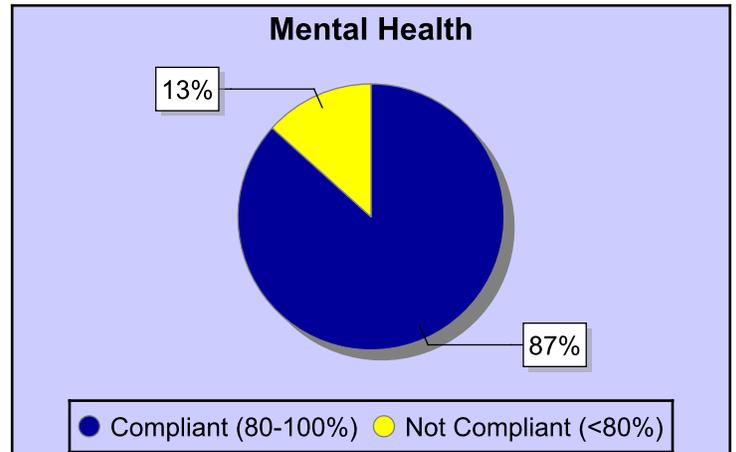
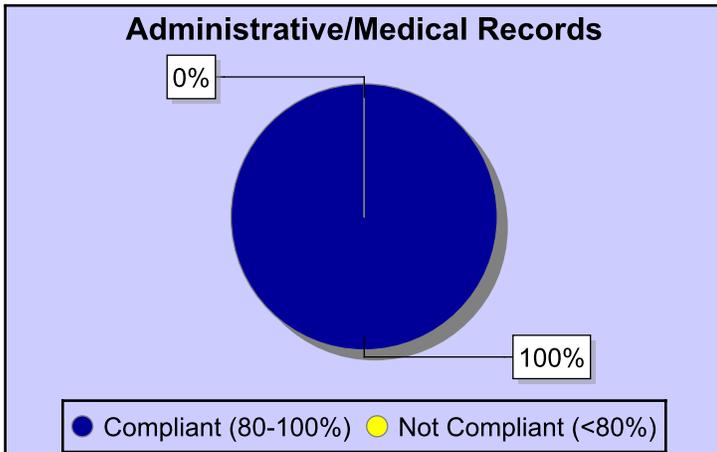


Compliance Rate By Operational Categories for TELFORD FACILITY

April 11, 2023



Compliance Rate By Operational Categories for WILLACY FACILITY March 09, 2023



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended May 31, 2023**

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**
*N/A				

*The Health Services Division Dentist, Quality and Contract Monitoring position was vacant 2/1/2023 – 5/24/2023 and during this time audits were suspended.

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

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	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		
2023						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	244	287	32	11.15%	30	11.15%	2	2	1.05%	1
April	203	191	21	10.99%	18	10.99%	3	3	2.09%	1
May	236	161	16	9.94%	14	9.94%	2	2	1.24%	0
Totals:	683	639	69	10.80%	62	10.80%	7	7	1.41%	2

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year	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		
2023						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	1,146	1,131	54	4.77%	50	6.45%	23	4	0.62%	3
April	1,034	532	29	5.45%	20	5.83%	11	9	2.26%	3
May	1,021	984	18	1.83%	12	1.52%	3	6	1.02%	4
Totals:	3,201	2,647	101	3.82%	82	4.50%	37	19	1.10%	10
GRAND TOTAL=	3,884	3,286	170	5.17%						

*QOC= Quality of Care

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

March 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	7	3	17	5
Gonorrhea	2	3	3	4
Syphilis	435	141	1111	196
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	188	86	415	272
Human immunodeficiency virus (HIV) +, known at intake	229	120	532	266
HIV screens, intake	5,541	2,884	14,056	7,709
HIV +, intake	65	14	143	67
HIV screens, offender- and provider-requested	641	415	1,725	961
HIV +, offender- and provider-requested	0	1	1	1
HIV screens, pre-release	2,465	2,291	7,029	5,273
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	10	5
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	80	92	211	260
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	31	32	84	82
Occupational exposures of TDCJ staff	11	10	22	26
Occupational exposures of medical staff	2	2	3	5
HIV chemoprophylaxis initiation	7	5	18	6
Tuberculosis skin test (ie, PPD) +, intake	94	60	206	144
Tuberculosis skin test +, annual	21	27	48	63
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	3	8
Tuberculosis cases under management	22	17		
Peer education programs [§]	0	0	91	91
Peer education educators [¶]	29	52	8,367	7,912
Peer education participants	6,067	2,809	16,805	7,353
Alleged assaults and chart reviews	104	109	280	260
Bloodborne exposure labs drawn on offenders	52	40	128	88
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	0	1	17	6
Gonorrhea	0	1	3	5
Syphilis	379	182	1490	704
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	2	0	2
Hepatitis C, total and (acute [‡])	171	226	588	498
Human immunodeficiency virus (HIV) +, known at intake	201	145	733	411
HIV screens, intake	5,604	3,215	11,145	10,924
HIV +, intake	29	47	172	114
HIV screens, offender- and provider-requested	436	512	1,077	1,473
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,540	2,072	5,005	7,345
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	8	2	13
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	58	72	269	327
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	24	119	106
Occupational exposures of TDCJ staff	6	6	28	32
Occupational exposures of medical staff	4	4	7	9
HIV chemoprophylaxis initiation	2	6	20	12
Tuberculosis skin test (ie, PPD) +, intake	60	56	266	200
Tuberculosis skin test +, annual	16	17	64	80
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	3	12
Tuberculosis cases under management	24	22		
Peer education programs [¶]	0	0	91	91
Peer education educators [°]	42	27	8,409	7,939
Peer education participants	5,819	5,752	22,624	13,105
Alleged assaults and chart reviews	89	118	369	378
Bloodborne exposure labs drawn on offenders	51	41	179	129
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

May 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	1	7	18	13
Gonorrhea	0	1	3	6
Syphilis	356	150	1,908	885
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute [‡])	140	134	728	632
Human immunodeficiency virus (HIV) +, known at intake	219	110	952	521
HIV screens, intake	5,346	2,592	16,491	13,496
HIV +, intake	53	36	225	150
HIV screens, offender- and provider-requested	51	381	1,128	1,854
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,337	1,775	7,342	9,120
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	3	14
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	80	91	349	418
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	37	20	156	126
Occupational exposures of TDCJ staff	9	10	37	42
Occupational exposures of medical staff	1	2	8	11
HIV chemoprophylaxis initiation	3	3	23	15
Tuberculosis skin test (ie, PPD) +, intake	84	46	350	246
Tuberculosis skin test +, annual	21	26	85	106
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	4	13
Tuberculosis cases under management	23	21		
Peer education programs [¶]	0	0	91	91
Peer education educators [°]	33	27	8,442	7,966
Peer education participants	3,811	4,567	26,435	17,672
Alleged assaults and chart reviews	107	108	476	486
Bloodborne exposure labs drawn on offenders	48	44	227	173
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 3rd Quarter of Fiscal Year 2023, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 446 hospital discharge and 106 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)	
March	23	1	4.35%	0	N/A	1	4.35%	0	N/A	2	8.70%
April	24	6	25.00%	0	N/A	4	16.67%	0	N/A	7	29.17%
May	31	3	9.68%	0	N/A	0	N/A	0	N/A	5	16.13%
Total/Average	78	10	12.82%	0	N/A	5	6.41%	0	N/A	14	17.95%
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)	
March	94	25	26.60%	0	N/A	9	9.57%	1	1.06%	16	17.02%
April	100	20	20.00%	0	N/A	12	12.00%	3	3.00%	16	16.00%
May	100	25	25.00%	0	N/A	4	4.00%	3	3.00%	18	18.00%
Total/Average	294	70	23.81%	0	N/A	25	8.50%	7	2.38%	50	17.01%
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)	
March	22	17	77.27%	0	N/A	15	68.18%	0	N/A	14	63.64%
April	32	7	21.88%	0	N/A	5	15.63%	1	3.13%	7	21.88%
May	20	0	N/A	0	N/A	1	5.00%	0	N/A	0	N/A
Total/Average	74	24	32.43%	0	N/A	21	28.38%	1	1.35%	21	28.38%
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)	
March	139	43	30.94%	0	N/A	25	17.99%	1	0.72%	32	23.02%
April	156	33	21.15%	0	N/A	21	13.46%	4	2.56%	30	19.23%
May	151	28	18.54%	0	N/A	5	3.31%	3	1.99%	23	15.23%
Total/Average	446	104	23.32%	0	N/A	51	11.43%	8	1.79%	85	19.06%
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)	
March	46	14	30.43%	0	N/A	8	17.39%	0	N/A	20	43.48%
April	10	3	30.00%	0	N/A	0	N/A	0	N/A	0	N/A
May	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	66	18	27.27%	0	N/A	8	12.12%	0	N/A	20	30.30%
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)	
March	20	0	N/A	0	N/A	0	N/A	1	5.00%	0	N/A
April	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	40	0	N/A	0	N/A	0	N/A	1	2.50%	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)	
March	66	14	21.21%	0	N/A	8	12.12%	1	1.52%	20	30.30%
April	20	3	15.00%	0	N/A	0	N/A	0	N/A	0	N/A
May	20	1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	106	18	16.98%	0	N/A	8	7.55%	1	0.94%	20	18.87%

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

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
THIRD QUARTER, FISCAL YEAR 2023**

Mar-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Glossbrenner	13	0	0	1
Lopez	16	0	0	4
Willacy	20	1	0	1

Apr-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bradshaw	26	0	3	1
Sanchez	31	2	1	2
Telford	54	0	5	0

May-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Connally	53	0	1	0
Garza West	91	0	0	17
McConnell	52	0	0	5
Stevenson	25	0	0	0

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

Audit Tools	March	April	May	Total
Total number of units audited	3	3	4	10
Total numbered property	49	111	221	381
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Third Quarter FY-2023**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Skyview/Hodge	March 20-22, 2023	100%	98.2%
Ramsey	April 10-12, 2023	100%	98.3%
Jester Complex	May 15-17, 2023	100%	99.3%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Roach	March 27-29, 2023	100%	99.1%
Smith	May 8-10, 2023	100%	99.1%

Research and Development Department**Medical Director Report – Q3 FY2023**

Project Number: 001-CR23 – ACTIVE

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: 04/12/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 07/12/2023

Units Visited: N/A

Project Number: 002-CR23 – PENDING

Researcher: Scott Cunningham

Proponent: Baylor University

Project Title: Analyzing the Peer-Evaluation Program and Updating the Suicide Risk Assessment Model of the Texas Department of Criminal Justice

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 003-CR23 – PENDING

Researcher: Rachel Crawley

Proponent: Prison Fellowship Ministries

Project Title: Warden Exchange Program Evaluation

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Research and Development Department
Medical Director Report – Q3 FY2023

Project Number: 202-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1997)

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: 07/10/2023

Units Visited: Bridgeport Unit, Young Unit

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: 07/11/2023

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

Research and Development Department**Medical Director Report – Q3 FY2023**

Project Number: 510-AR07 – ACTIVE**Researcher:** Rachel Casper**Proponent:** Research Triangle Institute**Project Title:** Year 4 2023 National Inmate Survey – Prisons (NIS-4P)**IRB #:** MOD00001636**IRB Expiration Date:** 09/05/2023**Project Begin Date:****Project Status:** Data Collection**Project Completion Date:** N/A**Progress Report Due Date:****Units Visited:** N/A

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:** 06/01/2023**Project Begin Date:** 10/14/2009**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** 07/07/2023**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:** 12/12/2023**Units Visited:** Holliday Unit

Research and Development Department**Medical Director Report – Q3 FY2023**

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: 11/17/2023

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: Jessica Le

Proponent: Justice System Partners

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

IRB #: IRB00000446

IRB Expiration Date: 12/07/2023

Project Begin Date: 06/06/2018

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 08/23/2023

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

Research and Development Department**Medical Director Report – Q3 FY2023**

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 Analysis**Project Completion Date:** N/A**Progress Report Due Date:** 04/05/2023**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:** 09/27/2023**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:** 03/02/2024**Project Begin Date:** 08/10/2022**Project Status:** Data Collection**Project Completion Date:** N/A**Progress Report Due Date:** 08/10/2023**Units Visited:** Wynne Unit

Research and Development Department
Medical Director Report – Q3 FY2023

Project Number: 867-AR23 – ACTIVE

Researcher: Beatriz Amalfi

Proponent: Sam Houston State University

Project Title: Assessing and Improving the Predictive Validity of the TRAS

IRB #: 2023-30

IRB Expiration Date: 03/02/2026

Project Begin Date: 03/21/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 12/21/2023

Units Visited: N/A

Research and Development Department**Medical Director Report – Q3 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: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 06/12/2023
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: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 07/11/2023
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: 06/16/2023
Project Begin Date: 03/05/2021
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 12/04/2023
Units Visited: N/A

Research and Development Department**Medical Director Report – Q3 FY2023**

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: 11/17/2023

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: 06/20/2023

Units Visited: N/A

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: 04/05/2023

Units Visited: N/A

Research and Development Department
Medical Director Report – Q3 FY2023

Project Number: 860-RM23 – ACTIVE

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: 02/28/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 11/28/2023

Units Visited: N/A

Project Number: 874-RM23 – PENDING

Researcher: Hamza Raja

Proponent: University of Texas Medical Branch

Project Title: Treatment and Outcomes of Bankart Repair with Tibial Allograft in Inmates with Recurrent Shoulder Dislocations

IRB #:

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3rd Quarter FY 2023

Audits Conducted in March 2023, April 2023, and May 2023

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record¹				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	March 2023	0	0	NA	NA	NA
Wayne Scott	March 2023	15	15	15	100%	NA
Montford	March 2023	9	9	9	100%	NA
Skyview	March 2023	5	5	5	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April 2023	0	0	NA	NA	NA
Wayne Scott	April 2023	14	14	14	100%	NA
Montford	April 2023	10	10	10	100%	NA
Skyview	April 2023	13	13	13	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	May 2023	0	0	NA	NA	NA
Wayne Scott	May 2023	14	14	14	100%	NA
Montford	May 2023	7	7	7	100%	NA
Skyview	May 2023	4	4	4	100%	NA

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

3rd Quarter of 2023

Reporting months– March 2023, April 2023, May 2023

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded -2	MHE Audit Score
Beto	32	20	1	12	5%
Byrd	74	19	14	55	74%
Dominguez	28	20	5	8	25%
East Texas	23	20	16	3	80%
Formby	29	14	11	15	79%
Garza West	25	20	5	5	25%
Gist	29	17	17	12	100%
Glossbrenner	41	20	15	21	75%
Halbert	19	11	8	8	73%
Holliday	35	20	5	15	25%
Hutchins	30	20	10	10	50%
Johnston	11	3	2	8	67%
Kegans	25	20	18	5	90%
Kyle	0	0	NA	NA	NA
Lindsey	28	20	19	8	95%
Lychner	29	20	20	9	100%
Middleton	36	20	7	16	35%
Plane	23	20	20	3	100%
Sanchez	29	20	19	9	95%
Sayle	40	19	16	21	84%
Travis	39	20	19	19	95%
Woodman	27	20	20	7	100%
GRAND TOTAL	652	383	267	269	

- 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.
- 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

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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

Managed Care

TTUHSC MANAGED CARE

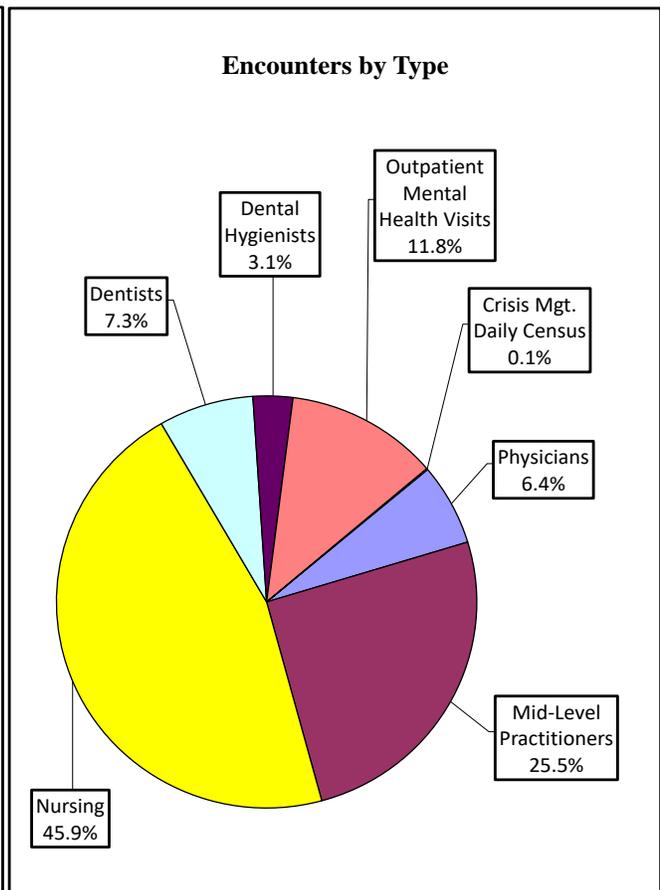
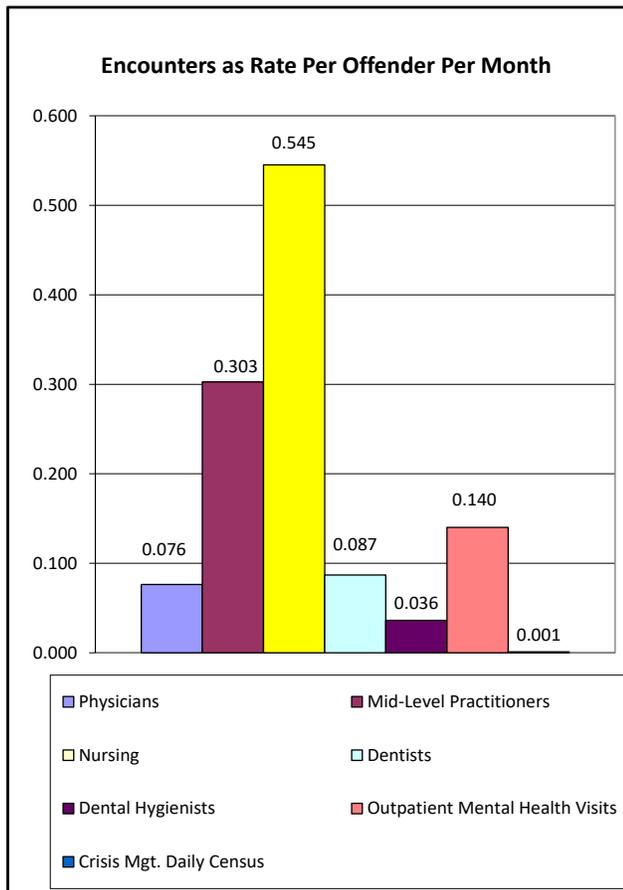
Correctional Health Care MEDICAL DIRECTOR'S REPORT

**3rd Quarter
FY2023**

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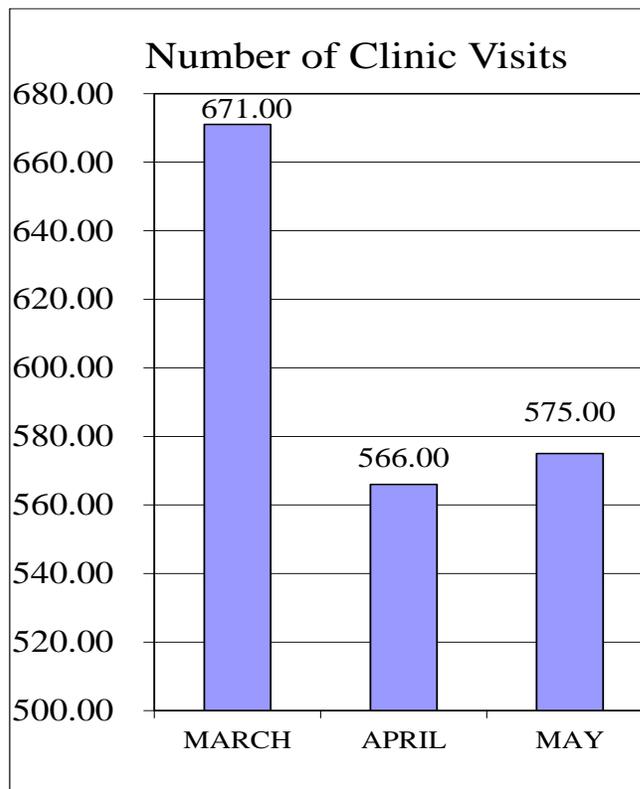
3rd Quarter Medical Director's Report:

Average Population	MARCH		APRIL		MAY		Qtly Average	
	24,568.00		24,831.00		24,960.00		24,786.33	
	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Medical encounters								
Physicians	2,130	0.087	1,670	0.067	1,872	0.075	1,891	0.076
Mid-Level Practitioners	7,600	0.309	7,081	0.285	7,820	0.313	7,500	0.303
Nursing	14,677	0.597	13,153	0.530	12,714	0.509	13,515	0.545
Sub-total	24,407	0.993	21,904	0.882	22,406	0.898	22,906	0.924
Dental encounters								
Dentists	2,232	0.091	2,022	0.081	2,206	0.088	2,153	0.087
Dental Hygienists	1,001	0.041	810	0.033	888	0.036	900	0.036
Sub-total	3,233	0.132	2,832	0.114	3,094	0.124	3,053	0.123
Mental health encounters								
Outpatient Mental Health Visits	3,303	0.134	3,233	0.130	3,882	0.156	3,473	0.140
Crisis Mgt. Daily Census	25	0.001	24	0.006	29	0.001	26	0.001
Sub-total	3,328	0.135	3,257	0.131	3,911	0.157	3,499	0.141
Total encounters	30,968	1.261	27,993	1.127	29,411	1.178	29,457	1.188



3rd Quarter*Medical Director's Report (Page 2):*

		MARCH	APRIL	MAY	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	175.00	168.00	171.00	171.33
	Number of Admissions	341.00	289.00	285.00	305.00
	Number of Clinic Visits	671.00	566.00	575.00	604.00
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	413.00	429.00	430.00	424.00
	PAMIO/MROP Census	462.00	433.00	396.00	430.33
<i>Telemedicine Consults</i>		2874	2,245	2,662	2,593.67



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

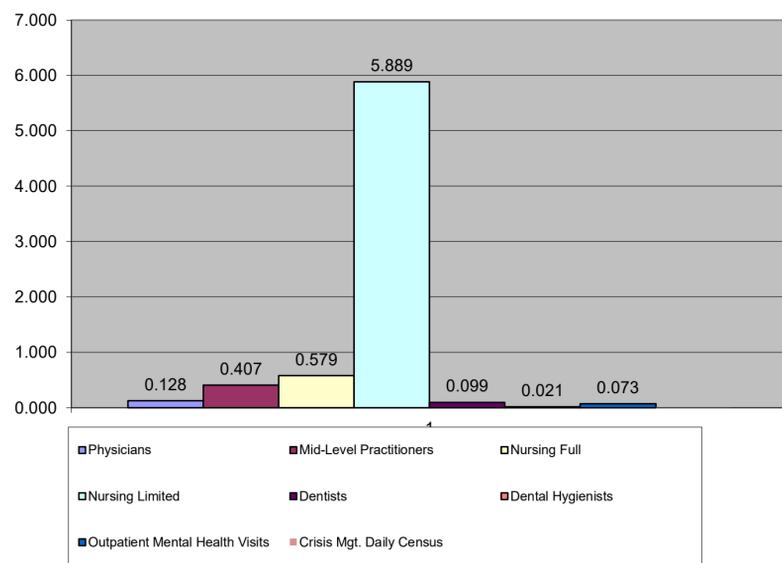
**Third Quarter
FY 2023**

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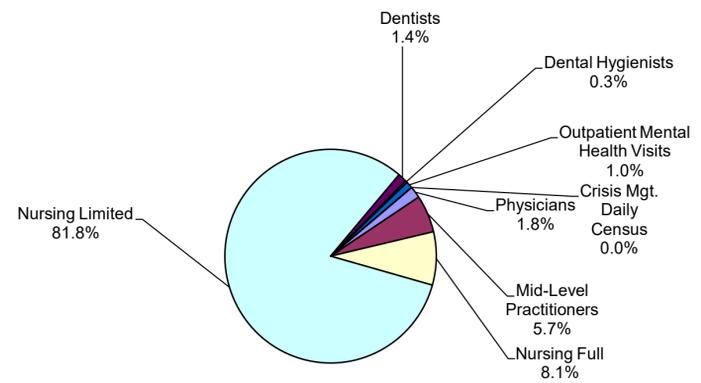
Medical Director's Report:

FY 23 Third Quarter <i>Average Population</i>	March		April		May		Qtly Average	
	102,815		103,701		104,539		103,685	
	Number	Rate Per Inmate						
Medical encounters								
Physicians	13,691	0.133	12,655	0.122	13,609	0.130	13,318	0.128
Mid-Level Practitioners	45,217	0.440	37,640	0.363	43,640	0.417	42,166	0.407
Nursing Full	61,727	0.600	58,264	0.562	60,226	0.576	60,072	0.579
Nursing Limited	629,183	6.120	604,878	5.833	597,859	5.719	610,640	5.889
Sub-total	749,818	7.293	713,437	6.880	715,334	6.843	726,196	7.004
Dental Encounters								
Dentists	10,388	0.101	10,165	0.098	10,118	0.097	10,224	0.099
Dental Hygienists	2,317	0.023	2,076	0.020	2,011	0.019	2,135	0.021
Sub-total	12,705	0.124	12,241	0.118	12,129	0.116	12,358	0.119
Mental Health Encounters								
Outpatient Mental Health Visits	7,876	0.077	7,076	0.068	7,838	0.075	7,597	0.073
Crisis Mgt. Daily Census	71	0.001	63	0.001	69	0.001	68	0.001
Sub-total	7,947	0.077	7,139	0.069	7,907	0.076	7,664	0.074
Total encounters	770,470	7.494	732,817	7.067	735,370	7.034	746,219	7.197

Encounters as Rate Per Offender Per Month

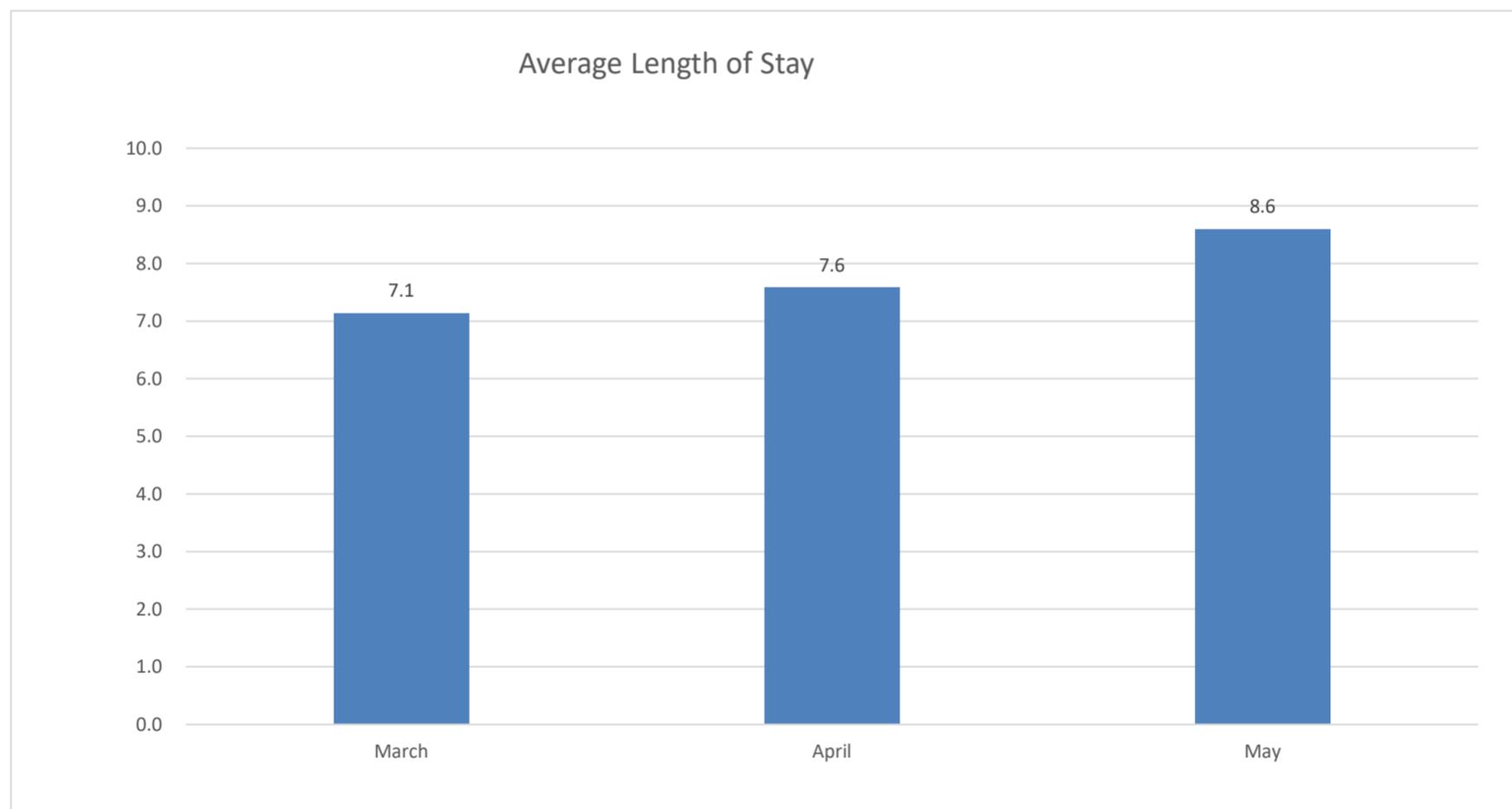


Encounters by Type



Medical Director's Report (Page 2):

FY 23	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	94.0	85.7	86.3	88.7
Number of Discharges	408	339	311	353
Average Length of Stay	7.1	7.6	8.6	7.8
Number of Clinic Visits	6,669	6,116	6,594	6,460
Mental Health Inpatient Facilities				
Average Daily Census	987.45	999.07	980.73	989.08
DDP Census	652.35	646.93	649.48	649.59
Telemedicine Consults	7,990	6,652	7,283	7,308.33



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

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**Correctional Managed Health Care Joint
Committee/Work Group Activity
Summary for September 13, 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: August 16, 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, Sputum Culture Conversion, Emergency Response
 - 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: COVID-19 Vaccination MUE
 - C. 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: July 13, 2023

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

Joint Mental Health Working Group-Joseph Penn, MD

New Business:

- G-51.11-Treatment inmates with intersex conditions, or Gender Dysphoria formerly known as Gender Identity Disorder

- G-57.1-Sexual Assault

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

A-08.4*	A-08.5	A-08.7*	A-08.8	C-22.1	C-23.1	D-28.1	D-28.5
D-29.1	E-36.5	E-36.6	E-36.8	E-37.6	E-39.1	E-40.1	E-41.1
E-41.2*	E-42.1	F-49.1	G-51.12	G-52.1	G-54.1	H-60.3	H-61.1*
I-71.1*	I-72.1						
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
A-08.3	REFERRAL OF INMATES TO THE DEVELOPMENTAL DISABILITIES PROGRAM (DDP)	BEVERLY ECHOLS
A-8.6	MEDICALLY RECOMMENDED INTENSIVE SUPERVISION SCREENING	BEVERLY ECHOLS
A-08.10	THE PROGRAM FOR AGGRESSIVE MENTALLY ILL OFFENDERS (PAMIO)	BEVERLY ECHOLS
E-32.1	RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING	JUSTIN ROBISON
E-34.1	HEALTH APPRAISAL FOR INCOMING INMATES	
E-36.1	DENTAL TREATMENT LEVELS OF CARE AND APPENDIX, I, II, AND DENTAL SEALANTS	BILLY HORTON
E-42.4	MEDICAL HOLDS	CECILIA HORTON
G-52.2	CHRONICALLY MENTALLY ILL – SHELTERED HOUSING(CMISHI)	BEVERLY ECHOLS
G-53.1	SUICIDE PREVENTION PLAN	BEVERLY ECHOLS
G-53.3	MANAGEMENT OF INMATES HUNGER STRIKES	DALE DORMAN
I-67.1	COMPELLED PSYCHOACTIVE MEDICATION FOR MENTAL HEALTH	BEVERLY ECHOLS
I-70.1	INFORMED CONSENT	BEVERLY ECHOLS

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

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Monte Smith

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

Meeting Date: July 13, 2023

- I. Approval of the Minutes from May 11, 2023, Meeting
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 1. Allergies Patient Education
 - B. Cardiovascular-Dr. Koranek
 1. Heart Failure DMG
 2. Health Failure Patient Education
 3. Digoxin Patient Education
 - C. Psychiatry-Dr. Patel
 1. Major Depressive Disorder
 2. Depression Fact Sheet
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report (through May 2023)
 - C. Drug Recalls (March-May 2023)
 - D. Non-formulary Deferral Reports
 1. UTMB Sector (May 2023)
 2. Texas Tech Sector (April-May 2023)
 - E. Utilization Reports (through May 2023)
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - F. Special Reports-3rd Quarter FY23
 1. Quarterly Medication Error Reports
 - a. UTMB Sector
 - b. TT Sector

- c. Pharmacy Dispensing Errors
 - 2. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume
 - a. TDCJ
 - b. UTMB Sector
 - c. TT Sector
 - 3. Pharmacy Diabetes Clinic Report
 - a. UTMB Sector
 - b. TT Sector
 - 4. Pharmacy Warfarin Clinic Report
 - a. UTMB Sector
 - b. TT Sector
 - 5. Pharmacy CKD Clinic Report-1st and 2nd Quarter FY23 (UTMB Sector)
 - a. UTMB Sector
 - b. TT Sector
- G. Policy Review Schedule (Policies 40-10 to 75-20 due to review in November)
- IV. Old Business-Change in APAP 325mg Packaging for Provider Orders
- V. New Business
- A. Action Request-Formulary Addiction of Rivaroxaban (Xarelto®)
 - B. Action Request-HPV Vaccine Review
 - C. Drug Category Reviews
 - 1. Anti-Infective Agents
 - 2. Cardiovascular Agents
 - 3. Miscellaneous Agents
 - D. FDA Medication Safety Advisories (none)
 - E. Manufacturer Drug Shortages and Discontinuations
- 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: August 16, 2023

Standing Reports:

- A. Syphilis – Regina Inmon
- B. Hepatitis- Mary McRee
- C. HIV – Lisa Horton
- D. MRSA & MSSA & Occupational Exposure– Latasha Hill
- E. Tuberculosis – Dewayne Springer
- F. Peer Education
- G. SANE-Kate Williams

Old Business:

Table from April 13 meeting-Hepatitis A and Hepatitis B

New Business:

B-14.5- Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees (CID HIV KITS – PAR level review and adjustment request to Infection Control Committee for discussion)

B-14.05*- Attachments F & G

B-14.07-Immunization

B-14.07*-Immunization Attachments A-E HPV and HBV 2023

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

B-14.19	B-14.20	B-14.21	B-14.22	B-14.23	B-14.24	B-14.25	B-14.26*	B-14.27*
*Indicates Attachment(s) Included in the Policy								

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.13.1	Hepatitis A	Janet Gonzales & Jill Campbell
2	B-14.13.2	Hepatitis B	Janet Gonzales
3	B-14.07	Immunization	Michelle E. Munch
4	B-14.07*	Immunization & Attachment A	Michelle E. Munch
5	B-14.21*	Transmission-Based Precautions	Erin Freeman
6	B-14.27*	Bloodborne Pathogen Exposure Control Panel	Erin Freeman

Adjourn – The next meeting is scheduled for October 12, 2023, at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Armita Bushong

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: July 12, 2023

- I. Call to Order
 - A. Minutes Confirmation

- II. Dental Policy Review

Old Business- A recommendation was made to create a separate Tx Tech Policy and a UTMB Dental policy manual.

 - A. Dental Utilization & Quality Review Committee, E-36.5-D
 - B. Dental Periodontal Disease Program, E-36.6
 - C. Dental Clinic Operations Reporting, E-36.7-D
 - D. Levels of Care-E-36.1

- III. Dr. Armita Bushong
 - A. Perio Policy suggestions

- IV. Dr. Billy Horton
 - A. Storage of non-digital dental x-ray
 - B. Dental Prosthetic Program
 - C. DUQRC
 - D. UTMB Vacancy Report
 - E. Monthly Reports

- V. Dr. Cecil Wood

Old Business-Dr. Horton commented that in the past we looked at insurance and CDT Coding along with ICD Codes

 - A. SLC Indicator
 - B. University Reporting Requirements

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

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

- VIII. Adjourn – Next Meeting September 13, 2023

Policies Scheduled for Review: Dental Comprehensive Treatment Plan, E-36.8; Dental Health Education & Promotion, F-46.1; Dental Health Record-Organization & Maintenance, H-60.1 Review any NEO Power Points related to Policies reviewed; Review ORA questions 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 May 2023:

There were 126 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2023. Of those deaths, there were no cases that required a referral to peer review committees.

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

Joint Nursing Work Group

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

Purpose:

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

Meeting Date: August 16, 2023**Old Business:**

- None

New Business:

- Nursing SLC
 - Medical clearance for crisis management referrals
 - TB 400 forms
 - Urgent/Emergent note revisions
 - Management of inmate hunger strikes, CMHC Policy G53.3
 - Medical Holds, CMHC Policy E42.4
 - Infirmary capacity- convalescent beds
 - Infirmary patient call system survey
 - Refusal of treatment- proposed revision
 - Refusal of treatment- template of intake
 - Dietary policy – Diet for health (DHF) snack
- Covid-19 policy- proposed form revisions
- Symptomatic Isolation flow sheet
 - Intake screening-HSM 13
 - Medical restriction release process
 - QI/QM meeting minutes
 - ORA detailed written plans

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

Financial Report on Correctional Managed Health Care



Quarterly Report FY2023 Third Quarter

September 2022 – May 2023

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Third 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 Clinical 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

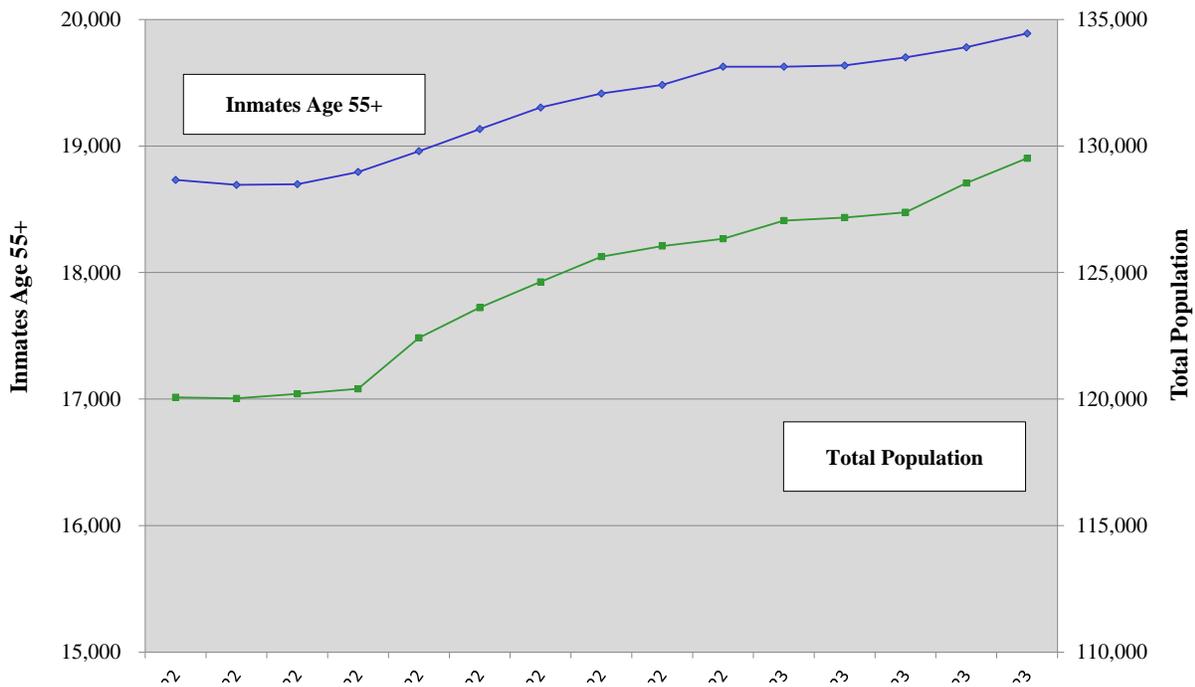
Population

- Overall inmate service population has increased 5.5% from FY2022
 - Average daily census through 3rd quarter
 - FY2022: 120,265
 - FY2023: 126,922

- Inmates aged 55 or older population has increased 4.9% from FY2022
 - Average daily census through 3rd quarter
 - FY2022: 18,697
 - FY2023: 19,607
 - While comprising about 15.4% 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 3rd quarter: 1,835
 - FY2023 average number of psychiatric outpatients through 3rd quarter: 30,819

CMHC Service Population



Health Care Costs

- Total expenditures through 3rd quarter, FY2023: \$630.9M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$328.7M or 52.1% of total expenses
 - Hospital and Clinical Care - \$247.5M or 39.2% of total expenses
 - Pharmacy Services - \$54.7M or 8.7% of total expenses
 - HIV-related drugs: 34% of total drug costs
 - Hepatitis C drug therapies: 20.8% of total drug costs
 - Psychiatric drugs: 5.1% of total drug costs
 - All other drug costs: 40.1% of total drug costs
- Cost per inmate per day increased 3.8% from FY2022 to FY2023
 - Cost per inmate per day through 3rd quarter FY2023:
 - FY2022: \$17.55
 - FY2023: \$18.21

Comparison of Total Health Care Costs

	FY19	FY20	FY21	FY22	FYTD 23 3rd Qtr
Population					
UTMB	117,987	110,924	96,514	96,521	102,353
TTUHSC	28,992	27,533	24,282	24,214	24,569
Total	146,979	138,457	120,796	120,735	126,922
Expenses					
UTMB	\$631,955,233	\$641,412,379	\$627,901,731	\$643,994,605	\$530,059,765
TTUHSC	\$124,707,572	\$132,834,504	\$122,657,653	\$129,276,857	\$100,793,192
Total	\$756,662,805	\$774,246,883	\$750,559,384	\$773,271,463	\$630,852,956
Cost/Day					
UTMB	\$14.67	\$15.80	\$17.82	\$18.28	\$18.97
TTUHSC	\$11.78	\$13.18	\$13.84	\$14.63	\$15.03
Total	\$14.10	\$15.28	\$17.02	\$17.55	\$18.21

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

Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 46,789,261	\$ 194,424,035	\$ 241,213,296
State Reimbursement Benefits	\$ 8,081,266	\$ 43,972,901	\$ 52,054,167
Other Misc Revenue	\$ 1,733	\$ 39,162	\$ 40,895
C.1.8. Total Method of Finance	\$ 54,872,260	\$ 238,436,098	\$ 293,308,358
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 32,053,955	\$ 170,896,378	\$ 202,950,333
State Reimbursement Benefits	\$ 1,552,060	\$ -	\$ 1,552,060
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 33,606,015	\$ 170,896,378	\$ 204,502,393
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 10,447,165	\$ 44,482,119	\$ 54,929,284
State Reimbursement Benefits	\$ 69,293	\$ 1,703,492	\$ 1,772,785
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 10,516,458	\$ 46,185,611	\$ 56,702,069
TOTAL METHOD OF FINANCE	\$ 98,994,733	\$ 455,518,086	\$ 554,512,819

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 89,290,381	\$ 409,802,532	\$ 499,092,913
State Reimbursement Benefits	\$ 9,702,619	\$ 45,676,393	\$ 55,379,011
Other Misc Revenue	\$ 1,733	\$ 39,162	\$ 40,895
TOTAL METHOD OF FINANCE	\$ 98,994,733	\$ 455,518,086	\$ 554,512,819

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 60,904,259	\$ 267,782,079	\$ 328,686,337
C.1.9. Hospital & Clinical Care	\$ 31,452,190	\$ 216,001,985	\$ 247,454,175
C.1.10. Managed Health Care - Pharmacy	\$ 8,436,743	\$ 46,275,701	\$ 54,712,444
TOTAL EXPENDITURES	\$ 100,793,192	\$ 530,059,765	\$ 630,852,956

DIFFERENCE	\$ (1,798,459)	\$ (74,541,678)	\$ (76,340,137)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Third Quarter, FY2023

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 46,789,261	\$ 194,424,035	\$ 241,213,296
Revenue Deferred to FY2023*	\$ -	\$ -	\$ -
State Reimbursement Benefits	\$ 8,081,266	\$ 43,972,901	\$ 52,054,167
Other Misc Revenue	\$ 1,733	\$ 39,162	\$ 40,895
TOTAL METHOD OF FINANCE	\$ 54,872,260	\$ 238,436,098	\$ 293,308,358
Expenditures:			
Unit Care			
Salaries	\$ 21,609,139	\$ 160,483,167	\$ 182,092,307
Benefits	\$ 7,057,921	\$ 46,088,087	\$ 53,146,008
Other Operating Expenses	\$ 3,757,370	\$ 20,230,857	\$ 23,988,226
Professional Services	\$ 3,741,220	\$ -	\$ 3,741,220
Contracted Units/Services	\$ 8,635,837	\$ -	\$ 8,635,837
Travel	\$ 293,686	\$ 1,305,305	\$ 1,598,991
Capitalized Equipment	\$ 955,098	\$ 1,712,591	\$ 2,667,689
Subtotal, Unit Care	\$ 46,050,271	\$ 229,820,008	\$ 275,870,279
Psychiatric Care			
Salaries	\$ 7,955,706	\$ 25,184,315	\$ 33,140,021
Benefits	\$ 2,139,292	\$ 6,455,793	\$ 8,595,085
Other Operating Expenses	\$ 175,268	\$ 226,888	\$ 402,156
Professional Services	\$ 2,782,081	\$ -	\$ 2,782,081
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 62,759	\$ 105,924	\$ 168,682
Subtotal, Psychiatric Care	\$ 13,115,106	\$ 31,972,920	\$ 45,088,025
Indirect Expenditures (Shared Services)	\$ 1,738,882	\$ 5,989,152	\$ 7,728,033
TOTAL EXPENDITURES	\$ 60,904,259	\$ 267,782,079	\$ 328,686,337
DIFFERENCE	\$ (6,031,998)	\$ (29,345,981)	\$ (35,377,979)

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

C.1.9. HOSPITAL & CLINICAL CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 32,053,955	\$ 170,896,378	\$ 202,950,333
State Reimbursement Benefits	\$ 1,552,060	\$ -	\$ 1,552,060
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 33,606,015	\$ 170,896,378	\$ 204,502,393
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,020,759	\$ 18,834,319	\$ 19,855,077
Community Provider Services	\$ 11,394,757	\$ 36,577,952	\$ 47,972,709
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 13,067,113	\$ 141,687,423	\$ 154,754,536
Estimated IBNR	\$ 5,088,078	\$ 13,121,216	\$ 18,209,294
Subtotal, Hospital & Clinical Care	\$ 30,570,706	\$ 210,220,910	\$ 240,791,616
Indirect Expenditures (Shared Services)	\$ 881,484	\$ 5,781,075	\$ 6,662,559
TOTAL EXPENDITURES	\$ 31,452,190	\$ 216,001,985	\$ 247,454,175
DIFFERENCE	\$ 2,153,825	\$ (45,105,607)	\$ (42,951,782)

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 10,447,165	\$ 44,482,119	\$ 54,929,284
State Reimbursement Benefits	\$ 69,293	\$ 1,703,492	\$ 1,772,785
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 10,516,458	\$ 46,185,611	\$ 56,702,069
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,742,577	\$ 6,178,713	\$ 7,921,291
Benefits	\$ 80,934	\$ 2,035,528	\$ 2,116,462
Other Operating Expenses	\$ 323,636	\$ 1,519,179	\$ 1,842,815
Pharmaceutical Purchases	\$ 5,992,188	\$ 35,333,406	\$ 41,325,594
Travel	\$ 10,111	\$ 16,118	\$ 26,228
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 8,149,446	\$ 45,082,944	\$ 53,232,390
Indirect Expenditures (Shared Services)	\$ 287,297	\$ 1,192,757	\$ 1,480,054
TOTAL EXPENDITURES	\$ 8,436,743	\$ 46,275,701	\$ 54,712,444
DIFFERENCE	\$ 2,079,715	\$ (90,090)	\$ 1,989,625

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

Key Population Indicators

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2023</u>
Average Service Population	124,631	125,627	126,047	125,435	126,334	127,054	127,173	126,854	127,382	128,538	129,517	128,479	126,922
Population Age 55 and Over	19,305	19,415	19,483	19,401	19,627	19,627	19,637	19,630	19,701	19,781	19,890	19,791	19,607
<i>Percent of Total Population</i>	15.5%	15.5%	15.5%	15.5%	15.5%	15.4%	15.4%	15.5%	15.5%	15.4%	15.4%	15.4%	15.4%
Key Treatment Populations, Month End													
Patients receiving HIV Treatment	1,614	1,598	1,644	1,619	1,663	1,669	1,677	1,670	1,727	1,754	1,782	1,754	1,681
Patients receiving Hep C Treatment	384	429	545	453	468	417	415	433	423	395	435	418	435
Patients Receiving Dialysis Treatment	228	229	229	229	221	220	221	221	220	219	222	220	167
Age 55 and Over	129	129	132	130	124	121	119	121	123	121	121	122	124
Under 55	99	100	97	99	97	99	102	99	97	98	101	99	99
Medical Inpatient Average Daily Census													
UTMB-Hospital Galveston	113	114	110	112	116	117	116	116	118	119	113	117	115
UTMB Community Hospitals	23	28	24	25	23	24	28	25	28	46	46	40	30
TTUHSC Community Hospitals	11	10	13	11	11	11	10	11	9	12	12	11	11
Medical Inpatient Average Daily Census	147	152	147	148	149	152	154	152	156	178	172	168	156
Medical Inpatient Discharges													
UTMB-Hospital Galveston	414	424	372	1,210	419	335	373	1,127	408	339	311	1,058	3,395
UTMB Community Hospitals	139	153	148	440	117	154	138	409	154	228	234	616	1,465
TTUHSC Community Hospitals	68	66	86	220	65	63	46	174	53	60	69	182	576
Medical Inpatient Discharges	621	643	606	1,870	601	552	557	1,710	615	627	614	1,856	5,436
Average Length of Stay (in days)													
UTMB - Hospital Galveston	7.59	7.75	8.01	7.78	7.37	8.71	7.56	7.88	7.14	7.58	8.60	7.77	7.81
UTMB Community Hospitals	4.98	5.64	4.84	5.15	6.01	4.84	5.64	5.50	5.58	6.06	6.08	5.90	5.52
TTUHSC Community Hospitals	5.00	4.54	4.21	4.58	5.13	5.09	5.27	5.16	5.05	5.04	4.63	4.91	4.88
Infirmary and Sheltered Housing Census, Month End													
UTMB Infirmary	558	541	564	554	567	557	573	566	578	566	554	566	562
UTMB Sheltered Housing	579	589	579	582	573	567	572	571	568	559	567	565	573
TTUHSC Infirmary	119	127	128	125	131	131	155	139	137	133	150	140	135
Infirmary and Sheltered Housing Census, Month End	1,256	1,257	1,271	1,261	1,271	1,255	1,300	1,275	1,283	1,258	1,271	1,271	1,269
<i>Percent of Capacity Filled</i>	87.3%	88.3%	88.3%	88.0%	88.3%	87.2%	89.8%	88.4%	89.2%	87.7%	88.3%	88.4%	88.3%
Medical Outpatient Visits													
UTMB Specialty Clinics and ER Visits	7,007	7,196	6,579	6,927	6,682	7,010	6,556	6,749	7,758	7,358	7,822	7,646	7,108
TTUHSC Community Outpatient and ER Visits	2,973	3,190	3,242	3,135	2,968	3,264	2,889	3,040	3,083	2,999	3,342	3,141	3,106
Medical Outpatient Visits	9,980	10,386	9,821	10,062	9,650	10,274	9,445	9,790	10,841	10,357	11,164	10,787	10,213
Mental Health Inpatient Average Census													
UTMB Psychiatric Inpatient	1,021	1,017	1,011	1,016	1,021	1,030	1,018	1,023	987	999	981	989	1,009
TTUHSC Psychiatric Inpatient	761	817	825	801	890	765	806	820	875	862	826	854	825
Mental Health Inpatient Average Census	1,782	1,834	1,836	1,817	1,911	1,795	1,824	1,843	1,862	1,861	1,807	1,843	1,835
Mental Health Outpatient Caseload, Month End													
UTMB Psychiatric Outpatient	23,685	24,121	24,409	24,072	24,358	25,007	25,078	24,814	25,106	25,140	25,389	25,212	24,699
TTUHSC Psychiatric Outpatient	6,047	5,836	6,092	5,992	6,043	6,110	6,087	6,080	6,220	6,315	6,324	6,286	6,119
Mental Health Outpatient Caseload, Month End	29,732	29,957	30,501	30,063	30,401	31,117	31,165	30,894	31,326	31,455	31,713	31,498	30,819

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

Key Budget Drivers (Cost)

	September	October	November	1st Quarter	December	January	February	2nd Quarter	March	April	May	3rd Quarter	FY2023
Selected Drug Costs													
HIV Medications	\$ 1,395,111	\$ 2,099,535	\$ 996,875	\$ 4,491,520	\$ 1,624,656	\$ 1,533,549	\$ 1,733,541	\$ 4,891,747	\$ 1,537,906	\$ 1,446,739	\$ 1,664,100	\$ 4,648,745	\$ 14,032,012
Hepatitis C Medications	\$ 942,464	\$ 1,045,199	\$ 1,105,750	\$ 3,093,412	\$ 988,319	\$ 932,962	\$ 849,550	\$ 2,770,831	\$ 1,013,392	\$ 864,635	\$ 866,753	\$ 2,744,780	\$ 8,609,024
Psychiatric Medications	\$ 248,073	\$ 274,839	\$ 238,389	\$ 761,301	\$ 215,077	\$ 212,326	\$ 190,947	\$ 618,350	\$ 255,668	\$ 242,684	\$ 216,514	\$ 714,866	\$ 2,094,517
All Other Drug Costs	\$ 2,169,789	\$ 1,186,016	\$ 2,148,502	\$ 5,504,307	\$ 1,700,420	\$ 2,166,158	\$ 1,363,271	\$ 5,229,848	\$ 1,904,530	\$ 1,792,656	\$ 2,158,700	\$ 5,855,886	\$ 16,590,041
Total Drug Costs	\$ 4,755,436	\$ 4,605,588	\$ 4,489,516	\$ 13,850,541	\$ 4,528,472	\$ 4,844,996	\$ 4,137,309	\$ 13,510,776	\$ 4,711,495	\$ 4,346,715	\$ 4,906,067	\$ 13,964,278	\$ 41,325,594
Dialysis													
Age 55 and Over	\$ 352,069	\$ 362,408	\$ 375,784	\$ 1,090,261	\$ 349,398	\$ 340,526	\$ 317,444	\$ 1,007,368	\$ 362,790	\$ 324,336	\$ 331,218	\$ 1,018,344	\$ 3,115,973
UTMB	\$ 314,941	\$ 330,992	\$ 338,656	\$ 984,589	\$ 306,082	\$ 309,110	\$ 286,028	\$ 901,220	\$ 331,374	\$ 298,156	\$ 294,090	\$ 923,620	\$ 2,809,429
TTUHSC	\$ 37,128	\$ 31,416	\$ 37,128	\$ 105,672	\$ 43,316	\$ 31,416	\$ 31,416	\$ 106,148	\$ 31,416	\$ 26,180	\$ 37,128	\$ 94,724	\$ 306,544
Under 55	\$ 309,375	\$ 321,239	\$ 324,601	\$ 955,216	\$ 298,599	\$ 301,564	\$ 271,156	\$ 871,318	\$ 290,634	\$ 286,599	\$ 288,896	\$ 866,128	\$ 2,692,662
UTMB	\$ 289,930	\$ 286,694	\$ 295,225	\$ 871,850	\$ 284,360	\$ 279,018	\$ 249,220	\$ 812,597	\$ 267,173	\$ 262,172	\$ 262,436	\$ 791,780	\$ 2,476,227
TTUHSC	\$ 19,445	\$ 34,545	\$ 29,376	\$ 83,366	\$ 14,239	\$ 22,546	\$ 21,936	\$ 58,721	\$ 23,461	\$ 24,427	\$ 26,460	\$ 74,348	\$ 216,435
Total Dialysis	\$ 661,444	\$ 683,647	\$ 700,386	\$ 2,045,477	\$ 647,996	\$ 642,090	\$ 588,600	\$ 1,878,686	\$ 653,424	\$ 610,934	\$ 620,114	\$ 1,884,472	\$ 5,808,635
Offsite Hospital Services													
Age 55 and Over	\$ 11,245,154	\$ 11,878,329	\$ 12,539,216	\$ 35,662,700	\$ 13,688,312	\$ 12,018,892	\$ 12,226,217	\$ 37,933,421	\$ 14,257,045	\$ 12,754,124	\$ 12,210,427	\$ 39,221,597	\$ 112,817,718
UTMB	\$ 10,649,717	\$ 11,214,065	\$ 12,369,491	\$ 34,233,272	\$ 12,880,216	\$ 11,109,247	\$ 11,579,781	\$ 35,569,245	\$ 13,121,131	\$ 11,174,971	\$ 11,097,986	\$ 35,394,087	\$ 105,196,604
TTUHSC	\$ 595,438	\$ 664,265	\$ 169,725	\$ 1,429,428	\$ 808,096	\$ 909,644	\$ 646,436	\$ 2,364,176	\$ 1,135,915	\$ 1,579,154	\$ 1,112,441	\$ 3,827,510	\$ 7,621,114
Under 55	\$ 10,322,141	\$ 11,060,119	\$ 10,731,566	\$ 32,113,826	\$ 9,519,330	\$ 11,529,292	\$ 11,511,790	\$ 32,560,412	\$ 13,303,723	\$ 11,683,559	\$ 11,968,682	\$ 36,955,963	\$ 101,630,202
UTMB	\$ 9,235,917	\$ 9,742,800	\$ 10,588,537	\$ 29,567,254	\$ 8,870,732	\$ 10,029,436	\$ 9,974,738	\$ 28,874,905	\$ 12,531,793	\$ 9,642,337	\$ 10,448,202	\$ 32,622,332	\$ 91,064,491
TTUHSC	\$ 1,086,224	\$ 1,317,319	\$ 143,029	\$ 2,546,572	\$ 648,598	\$ 1,499,857	\$ 1,537,052	\$ 3,685,507	\$ 771,930	\$ 2,041,221	\$ 1,520,480	\$ 4,333,631	\$ 10,565,710
Total Offsite Hospital Services	\$ 21,567,295	\$ 22,938,449	\$ 23,270,782	\$ 67,776,526	\$ 23,207,642	\$ 23,548,184	\$ 23,738,007	\$ 70,493,833	\$ 27,560,768	\$ 24,437,683	\$ 24,179,109	\$ 76,177,560	\$ 214,447,919
C.1.8. Salaries/Agency Nursing/Overtime													
UTMB													
Salaries	\$ 16,438,152	\$ 16,700,361	\$ 16,723,795	\$ 49,862,308	\$ 17,392,382	\$ 17,403,944	\$ 14,721,699	\$ 49,518,025	\$ 16,919,749	\$ 16,350,323	\$ 16,726,228	\$ 49,996,300	\$ 149,376,634
Agency Nursing	\$ 2,683,002	\$ 2,940,311	\$ 2,701,451	\$ 8,324,764	\$ 2,740,904	\$ 2,473,712	\$ 2,539,023	\$ 7,753,639	\$ 2,827,503	\$ 2,715,181	\$ 2,559,042	\$ 8,101,726	\$ 24,180,129
Overtime	\$ 1,415,651	\$ 1,483,080	\$ 1,337,554	\$ 4,236,284	\$ 1,334,605	\$ 1,275,556	\$ 1,232,314	\$ 3,842,476	\$ 1,320,156	\$ 1,322,050	\$ 1,389,754	\$ 4,031,960	\$ 12,110,720
UTMB Total	\$ 20,536,805	\$ 21,123,753	\$ 20,762,800	\$ 62,423,357	\$ 21,467,891	\$ 21,153,213	\$ 18,493,036	\$ 61,114,140	\$ 21,067,408	\$ 20,387,554	\$ 20,675,024	\$ 62,129,986	\$ 185,667,483
TTUHSC													
Salaries	\$ 3,201,654	\$ 3,249,303	\$ 3,260,228	\$ 9,711,185	\$ 3,356,049	\$ 3,293,397	\$ 2,995,621	\$ 9,645,068	\$ 3,261,809	\$ 3,074,393	\$ 3,354,269	\$ 9,690,471	\$ 29,046,723
Agency Nursing	\$ 393,240	\$ 569,980	\$ 231,045	\$ 1,194,265	\$ 530,894	\$ 230,735	\$ 413,876	\$ 1,175,505	\$ 353,535	\$ 470,344	\$ 391,336	\$ 1,215,215	\$ 3,584,985
Overtime	\$ 61,425	\$ 76,758	\$ 56,267	\$ 194,451	\$ 65,809	\$ 55,553	\$ 56,107	\$ 177,468	\$ 56,530	\$ 73,156	\$ 55,706	\$ 185,393	\$ 557,313
TTUHSC Total	\$ 3,656,319	\$ 3,896,041	\$ 3,547,541	\$ 11,099,902	\$ 3,952,752	\$ 3,579,685	\$ 3,465,604	\$ 10,998,041	\$ 3,671,875	\$ 3,617,893	\$ 3,801,311	\$ 11,091,078	\$ 33,189,021
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 24,193,124	\$ 25,019,794	\$ 24,310,341	\$ 73,523,259	\$ 25,420,643	\$ 24,732,898	\$ 21,958,640	\$ 72,112,181	\$ 24,739,283	\$ 24,005,447	\$ 24,476,335	\$ 73,221,064	\$ 218,856,504
FTEs													
UTMB	2,746.8	2,775.8	2,763.5	2,762.0	2,788.3	2,796.3	2,785.9	2,790.1	2,776.5	2,753.5	2,743.2	2,757.7	2,769.9
TTUHSC	686.5	689.0	690.5	688.7	695.7	688.9	686.3	690.3	690.3	691.1	697.8	693.1	690.7
Total FTEs	3,433.3	3,464.8	3,454.1	3,450.7	3,484.0	3,485.1	3,472.2	3,480.4	3,466.7	3,444.5	3,441.0	3,450.7	3,460.6
Key Occupational Categories, Percent Filled													
UTMB	79.0%	79.8%	79.5%	79.4%	80.2%	80.4%	80.1%	80.2%	79.8%	79.2%	78.9%	79.3%	79.6%
Nursing	73.5%	73.8%	73.3%	73.5%	74.0%	73.7%	73.3%	73.3%	72.5%	71.7%	71.1%	71.8%	73.0%
Mental Health	76.2%	77.0%	76.5%	76.6%	77.0%	77.8%	77.0%	77.3%	77.3%	76.5%	78.1%	77.3%	77.0%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	85.4%	85.7%	85.7%	85.6%	87.8%	87.8%	88.4%	88.0%	86.9%	86.9%	85.3%	86.3%	86.6%
Dental	88.9%	89.9%	89.8%	89.5%	88.2%	88.6%	89.9%	88.9%	92.2%	91.3%	88.5%	90.7%	89.7%
Pharmacy	92.3%	93.0%	93.0%	92.7%	92.3%	93.7%	91.6%	92.5%	93.7%	91.6%	90.9%	92.0%	92.4%
Other Positions	85.6%	87.4%	87.3%	86.8%	88.5%	89.5%	89.4%	89.1%	89.2%	89.1%	89.5%	89.2%	88.4%
TTUHSC	68.9%	69.1%	69.3%	69.1%	69.8%	69.1%	68.0%	69.0%	76.6%	76.6%	76.9%	76.7%	71.6%
Nursing	60.6%	60.4%	60.2%	60.4%	60.2%	59.8%	61.0%	60.3%	76.7%	76.4%	74.8%	75.9%	65.6%
Mental Health	64.9%	66.8%	67.6%	66.4%	67.6%	65.5%	63.1%	65.4%	66.3%	67.4%	67.8%	67.2%	66.3%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	79.0%	77.0%	73.4%	76.5%	77.0%	73.4%	64.3%	71.6%	66.0%	66.0%	69.6%	67.2%	71.8%
Dental	83.4%	82.7%	81.9%	82.7%	84.8%	86.3%	84.3%	85.3%	83.9%	83.2%	85.0%	84.0%	84.0%
Pharmacy	101.4%	101.4%	101.4%	101.4%	101.4%	101.4%	95.4%	99.4%	99.9%	99.9%	99.9%	99.9%	100.2%
Other Positions	84.2%	85.7%	87.6%	85.8%	88.1%	87.5%	82.7%	86.1%	81.8%	82.1%	85.6%	83.2%	85.0%

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 03/20/23
REVENUE:						
TDCJ Appropriation	\$ 29,763,460	\$ 29,436,389	\$ 30,090,532	\$ -	\$ 89,290,381	\$ 119,380,913
State Reimbursement Benefits	\$ 3,200,445	\$ 3,258,292	\$ 3,243,882	\$ -	\$ 9,702,619	\$ 12,936,825
Other Misc Revenue	\$ 336	\$ 901	\$ 496	\$ -	\$ 1,733	\$ 2,311
TOTAL REVENUES	\$ 32,964,240	\$ 32,695,582	\$ 33,334,910	\$ -	\$ 98,994,733	\$ 132,320,049

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 7,168,385	\$ 7,178,125	\$ 7,262,629	\$ -	\$ 21,609,139	\$ 29,012,186
Benefits	\$ 2,254,765	\$ 2,388,021	\$ 2,415,135	\$ -	\$ 7,057,921	\$ 8,993,778
Other Operating Expenses	\$ 1,336,644	\$ 1,091,123	\$ 1,329,602	\$ -	\$ 3,757,370	\$ 5,659,826
Professional Services	\$ 1,352,973	\$ 1,384,197	\$ 1,004,051	\$ -	\$ 3,741,220	\$ 4,988,294
Contracted Units/Services	\$ 3,235,756	\$ 3,213,468	\$ 2,186,614	\$ -	\$ 8,635,837	\$ 11,539,450
Travel	\$ 72,770	\$ 88,544	\$ 132,372	\$ -	\$ 293,686	\$ 391,581
Capitalized Equipment	\$ 80,558	\$ 431,670	\$ 442,869	\$ -	\$ 955,098	\$ 1,485,464
Subtotal, Unit Care Expenditures	\$ 15,501,852	\$ 15,775,148	\$ 14,773,271	\$ -	\$ 46,050,271	\$ 62,070,578
Psychiatric Care Expenditures						
Salaries	\$ 2,737,251	\$ 2,605,220	\$ 2,613,235	\$ -	\$ 7,955,706	\$ 10,857,607
Benefits	\$ 737,307	\$ 708,018	\$ 693,967	\$ -	\$ 2,139,292	\$ 3,257,282
Other Operating Expenses	\$ 95,021	\$ 43,493	\$ 36,754	\$ -	\$ 175,268	\$ 233,691
Professional Services	\$ 1,037,082	\$ 745,766	\$ 999,233	\$ -	\$ 2,782,081	\$ 3,729,442
Travel	\$ 18,767	\$ 20,930	\$ 23,062	\$ -	\$ 62,759	\$ 83,678
Subtotal, Psychiatric Care Expenditures	\$ 4,625,427	\$ 4,123,428	\$ 4,366,250	\$ -	\$ 13,115,106	\$ 18,161,701
Total Expenditures, Unit & Psychiatric Care	\$ 20,127,279	\$ 19,898,576	\$ 19,139,522	\$ -	\$ 59,165,377	\$ 80,232,279

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 30,827	\$ 364,993	\$ 624,939	\$ -	\$ 1,020,759	\$ 1,835,000
Freeworld Provider Services	\$ (1,827,275)	\$ 5,704,938	\$ 7,517,093	\$ -	\$ 11,394,757	\$ 21,339,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,629,940	\$ 4,256,042	\$ 4,181,131	\$ -	\$ 13,067,113	\$ 18,052,562
Estimated IBNR	\$ 6,126,978	\$ 781,983	\$ (1,820,884)	\$ -	\$ 5,088,078	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 8,960,470	\$ 11,107,956	\$ 10,502,280	\$ -	\$ 30,570,706	\$ 41,227,360

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 586,639	\$ 559,978	\$ 595,961	\$ -	\$ 1,742,577	\$ 2,343,436
Benefits	\$ 25,251	\$ 27,195	\$ 28,488	\$ -	\$ 80,934	\$ 107,912
Other Operating Expenses	\$ 106,373	\$ 102,838	\$ 114,425	\$ -	\$ 323,636	\$ 431,515
Pharmaceutical Purchases	\$ 2,075,295	\$ 1,794,254	\$ 2,122,640	\$ -	\$ 5,992,188	\$ 8,139,585
Travel	\$ 2,832	\$ 3,569	\$ 3,709	\$ -	\$ 10,111	\$ 13,481
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,796,389	\$ 2,487,834	\$ 2,865,223	\$ -	\$ 8,149,446	\$ 11,035,928

Indirect Expenditures (Shared Services)	\$ 824,799	\$ 1,158,965	\$ 923,898	\$ -	\$ 2,907,662	\$ 3,282,975
TOTAL EXPENDITURES	\$ 32,708,937	\$ 34,653,331	\$ 33,430,923	\$ -	\$ 100,793,192	\$ 135,778,542
DIFFERENCE	\$ 255,303	\$ (1,957,749)	\$ (96,013)	\$ -	\$ (1,798,459)	\$ (3,458,493)

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 03/21/23
REVENUE:						
TDCJ Appropriation	\$ 136,600,844	\$ 135,099,736	\$ 138,101,952	\$ -	\$ 409,802,532	\$ 547,904,484
State Reimbursement Benefits	\$ 15,181,106	\$ 14,971,038	\$ 15,524,249	\$ -	\$ 45,676,393	\$ 58,080,073
Other Misc Revenue	\$ 16,375	\$ 12,511	\$ 10,276	\$ -	\$ 39,162	\$ 52,359
TOTAL REVENUES	\$ 151,798,324	\$ 150,083,285	\$ 153,636,477	\$ -	\$ 455,518,086	\$ 606,036,916

C.1.8. UNIT & PSYCHIATRIC CARE

EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 53,990,312	\$ 52,774,611	\$ 53,718,243	\$ -	\$ 160,483,167	\$ 215,480,643
Benefits	\$ 15,169,587	\$ 15,552,311	\$ 15,366,189	\$ -	\$ 46,088,087	\$ 61,878,616
Other Operating Expenses	\$ 6,845,002	\$ 6,277,695	\$ 7,108,160	\$ -	\$ 20,230,857	\$ 28,521,564
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 432,818	\$ 441,519	\$ 430,968	\$ -	\$ 1,305,305	\$ 1,775,755
Capitalized Equipment	\$ 462,692	\$ 624,115	\$ 625,784	\$ -	\$ 1,712,591	\$ 1,930,678
Subtotal, Unit Care Expenditures	\$ 76,900,412	\$ 75,670,251	\$ 77,249,345	\$ -	\$ 229,820,008	\$ 309,587,256
Psychiatric Care Expenditures						
Salaries	\$ 8,433,045	\$ 8,339,528	\$ 8,411,743	\$ -	\$ 25,184,315	\$ 33,671,338
Benefits	\$ 2,120,842	\$ 2,188,581	\$ 2,146,370	\$ -	\$ 6,455,793	\$ 8,631,371
Other Operating Expenses	\$ 88,616	\$ 73,410	\$ 64,863	\$ -	\$ 226,888	\$ 303,348
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 34,841	\$ 38,404	\$ 32,679	\$ -	\$ 105,924	\$ 141,619
Subtotal, Psychiatric Care Expenditures	\$ 10,677,343	\$ 10,639,922	\$ 10,655,654	\$ -	\$ 31,972,920	\$ 42,747,676
Total Expenditures, Unit & Psychiatric Care	\$ 87,577,755	\$ 86,310,174	\$ 87,904,998	\$ -	\$ 261,792,927	\$ 352,334,933

C.1.9. HOSPITAL & CLINICAL CARE

EXPENDITURES:						
University Professional Services	\$ 6,069,424	\$ 5,806,824	\$ 6,958,071	\$ -	\$ 18,834,319	\$ 24,253,959
Freeworld Provider Services	\$ 8,273,785	\$ 13,378,895	\$ 14,925,272	\$ -	\$ 36,577,952	\$ 64,344,630
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 45,781,327	\$ 47,236,492	\$ 48,669,604	\$ -	\$ 141,687,423	\$ 182,392,999
Estimated IBNR	\$ 8,309,064	\$ 1,352,992	\$ 3,459,160	\$ -	\$ 13,121,216	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 68,433,601	\$ 67,775,202	\$ 74,012,107	\$ -	\$ 210,220,910	\$ 270,991,587

C.1.10. MANAGED HEALTH CARE PHARMACY

EXPENDITURES:						
Salaries	\$ 2,053,871	\$ 2,068,784	\$ 2,056,058	\$ -	\$ 6,178,713	\$ 8,269,178
Benefits	\$ 676,886	\$ 680,719	\$ 677,923	\$ -	\$ 2,035,528	\$ 2,724,215
Other Operating Expenses	\$ 620,558	\$ 476,501	\$ 422,120	\$ -	\$ 1,519,179	\$ 2,085,940
Pharmaceutical Purchases	\$ 11,775,246	\$ 11,716,522	\$ 11,841,637	\$ -	\$ 35,333,406	\$ 47,581,002
Travel	\$ 5,660	\$ 4,558	\$ 5,900	\$ -	\$ 16,118	\$ 21,899
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 15,132,222	\$ 14,947,084	\$ 15,003,638	\$ -	\$ 45,082,944	\$ 60,682,234

Indirect Expenditures (Shared Services)	\$ 4,288,518	\$ 4,236,345	\$ 4,438,121	\$ -	\$ 12,962,984	\$ 17,211,599
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TOTAL EXPENDITURES	\$ 175,432,095	\$ 173,268,805	\$ 181,358,864	\$ -	\$ 530,059,765	\$ 701,220,352
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DIFFERENCE	\$ (23,633,771)	\$ (23,185,520)	\$ (27,722,387)	\$ -	\$ (74,541,678)	\$ (95,183,436)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Third Quarter, FY2023

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 166,364,304	\$ 164,536,125	\$ 168,192,484	\$ -	\$ 499,092,913	\$ 667,285,397
State Reimbursement Benefits	\$ 18,381,550	\$ 18,229,330	\$ 18,768,131	\$ -	\$ 55,379,011	\$ 71,016,898
Other Misc Revenue	\$ 16,710	\$ 13,412	\$ 10,772	\$ -	\$ 40,895	\$ 54,670
TOTAL REVENUES	\$ 184,762,565	\$ 182,778,867	\$ 186,971,387	\$ -	\$ 554,512,819	\$ 738,356,965

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 61,158,698	\$ 59,952,737	\$ 60,980,872	\$ -	\$ 182,092,307	\$ 244,492,829
Benefits	\$ 17,424,352	\$ 17,940,332	\$ 17,781,324	\$ -	\$ 53,146,008	\$ 70,872,393
Other Operating Expenses	\$ 8,181,646	\$ 7,368,818	\$ 8,437,762	\$ -	\$ 23,988,226	\$ 34,181,390
Professional Services	\$ 1,352,973	\$ 1,384,197	\$ 1,004,051	\$ -	\$ 3,741,220	\$ 4,988,294
Contracted Units/Services	\$ 3,235,756	\$ 3,213,468	\$ 2,186,614	\$ -	\$ 8,635,837	\$ 11,539,450
Travel	\$ 505,588	\$ 530,063	\$ 563,340	\$ -	\$ 1,598,991	\$ 2,167,336
Capitalized Equipment	\$ 543,250	\$ 1,055,786	\$ 1,068,653	\$ -	\$ 2,667,689	\$ 3,416,142
Subtotal, Unit Care Expenditures	\$ 92,402,264	\$ 91,445,399	\$ 92,022,616	\$ -	\$ 275,870,279	\$ 371,657,834
Psychiatric Care Expenditures						
Salaries	\$ 11,170,295	\$ 10,944,748	\$ 11,024,977	\$ -	\$ 33,140,021	\$ 44,528,945
Benefits	\$ 2,858,149	\$ 2,896,599	\$ 2,840,337	\$ -	\$ 8,595,085	\$ 11,888,654
Other Operating Expenses	\$ 183,637	\$ 116,903	\$ 101,616	\$ -	\$ 402,156	\$ 537,039
Professional Services	\$ 1,037,082	\$ 745,766	\$ 999,233	\$ -	\$ 2,782,081	\$ 3,729,442
Travel	\$ 53,608	\$ 59,334	\$ 55,740	\$ -	\$ 168,682	\$ 225,298
Subtotal, Psychiatric Care Expenditures	\$ 15,302,770	\$ 14,763,351	\$ 15,021,904	\$ -	\$ 45,088,025	\$ 60,909,377
Total Expenditures, Unit & Psychiatric Care	\$ 107,705,034	\$ 106,208,750	\$ 107,044,520	\$ -	\$ 320,958,304	\$ 432,567,211

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,100,251	\$ 6,171,816	\$ 7,583,010	\$ -	\$ 19,855,077	\$ 26,088,959
Freeworld Provider Services	\$ 6,446,511	\$ 19,083,833	\$ 22,442,365	\$ -	\$ 47,972,709	\$ 85,684,428
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 50,411,267	\$ 51,492,534	\$ 52,850,734	\$ -	\$ 154,754,536	\$ 200,445,561
Estimated IBNR	\$ 14,436,042	\$ 2,134,975	\$ 1,638,276	\$ -	\$ 18,209,294	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 77,394,072	\$ 78,883,158	\$ 84,514,386	\$ -	\$ 240,791,616	\$ 312,218,947

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,640,510	\$ 2,628,762	\$ 2,652,018	\$ -	\$ 7,921,291	\$ 10,612,614
Benefits	\$ 702,138	\$ 707,914	\$ 706,411	\$ -	\$ 2,116,462	\$ 2,832,127
Other Operating Expenses	\$ 726,931	\$ 579,339	\$ 536,545	\$ -	\$ 1,842,815	\$ 2,517,455
Pharmaceutical Purchases	\$ 13,850,541	\$ 13,510,776	\$ 13,964,278	\$ -	\$ 41,325,594	\$ 55,720,587
Travel	\$ 8,492	\$ 8,127	\$ 9,610	\$ -	\$ 26,228	\$ 35,379
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,928,611	\$ 17,434,918	\$ 17,868,862	\$ -	\$ 53,232,390	\$ 71,718,162

Indirect Expenditures (Shared Services)	\$ 5,113,316	\$ 5,395,311	\$ 5,362,019	\$ -	\$ 15,870,646	\$ 20,494,574
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TOTAL EXPENDITURES	\$ 208,141,033	\$ 207,922,137	\$ 214,789,787	\$ -	\$ 630,852,956	\$ 836,998,895
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DIFFERENCE	\$ (23,378,468)	\$ (25,143,269)	\$ (27,818,400)	\$ -	\$ (76,340,137)	\$ (98,641,930)
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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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FY2022 Cost Report Reconciliation						\$ 1,262,762
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NET DIFFERENCE	\$ (23,378,468)	\$ (25,143,269)	\$ (27,818,400)	\$ -	\$ (76,340,137)	\$ (132,768,149)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Lannette Linthicum, MD, CCHP-A, FACP

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TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Third Quarter Fiscal Year (FY) 2023 (March, April, and May 2023), Operational Review Audits (ORAs) were conducted at the following **10** facilities: Bradshaw, Connally, Garza West, Glossbrenner, Lopez, McConnell, Sanchez, Stevenson, Telford, and Willacy 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 **10** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Third Quarter of FY 2023:
 1. Item **6.390** requires new positive RPR results for inmates on the facility reported to the Texas Department of Criminal Justice (TDCJ) Health Services Office of Public Health within time frames required by Correctional Managed Health Care (CMHC) policy B14.12: (1) One working day for titers 1:16 or greater; (2) Seven calendar days for titers less than 1:16. The following **7** facilities were not in compliance with this requirement:
 - Garza West (5%) – Corrective action plan received
 - Glossbrenner (67%) – Corrective action plan received
 - Lopez (20%) – Corrective action plan received
 - Sanchez (60%) – Corrective action plan received
 - Stevenson (50%) – Corrective action plan received
 - Telford (0%) – Corrective action plan received
 - Willacy (50%) – Corrective action plan received
 2. 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:
 - Connally (70%) – Corrective action plan received
 - Garza West (39%) – Corrective action plan received
 - Glossbrenner (70%) – Corrective action plan received
 - McConnell (33%) – Corrective action plan received
 - Telford (38%) – Corrective action plan received
 3. Item **6.080** requires TB-400 forms (Texas Department of State Health Services – Tuberculosis Elimination Division) be completed at the facility for all inmates receiving: (1) Tuberculosis chemoprophylaxis, (2) identification of a TB suspect case, (3) diagnosis of a case of active TB and (4) at termination/completion of TB therapy. The following **5** facilities were not in compliance with this requirement:
 - Bradshaw (0%) – Corrective action plan received
 - Garza West (0%) – Corrective action plan received
 - McConnell (0%) – Corrective action plan received
 - Sanchez (0%) – Corrective action plan received
 - Telford (0%) – Corrective action plan received
 4. 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;

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- (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:
- Bradshaw (71%) – Corrective action plan received
 - Connally (17%) – Corrective action plan received
 - Garza West (0%) – Corrective action plan received
 - McConnell (0%) – Corrective action plan received
 - Sanchez (78%) – Corrective action plan received
5. 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 mental health staff or nursing staff each day. The following **4** facilities were not in compliance with this requirement:
- Garza West (67%) – Corrective action plan received
 - McConnell (55%) – Corrective action plan received
 - Telford (50%) – Corrective action plan received
 - Willacy (77%) – Corrective action plan received
6. Item **5.065** requires an order in the Electronic Health Record (EHR) for a therapeutic diet for each inmate that has a qualifying diagnosis. The following **4** facilities were not in compliance with this requirement:
- Bradshaw (36%) – Corrective action plan received
 - Connally (67%) – Corrective action plan received
 - McConnell (42%) – Corrective action plan received
 - Telford (79%) – Corrective action plan received
7. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have an HSM-19 completed. The following **4** facilities were not in compliance with this requirement:
- Bradshaw (0%) – Corrective action plan received
 - Garza West (0%) - Corrective action plan received
 - McConnell (0%) – Corrective action plan received
 - Willacy (67%) – Corrective action plan received
8. Item **6.340** requires APRI scores calculated on the unit at least annually for all inmates diagnosed with HCV. The following **4** facilities were not in compliance with this requirement:
- Connally (27%) – Corrective action plan received
 - Garza West (33%) – Corrective action plan received
 - McConnell (76%) – Corrective action plan received
 - Telford (55%) – Corrective action plan received
9. Item **6.380** requires pneumococcal vaccine be offered to the inmates on the facility who qualify as outlined in CMHC Policy B-14.07 and documented on the HSM-2. If the vaccination is refused is there a signed Refusal of Treatment form (HSM-82). The following **4** facilities were not in compliance with this requirement:
- Garza West (75%), - Corrective action plan received
 - McConnell (29%) – Corrective action plan received
 - Stevenson (50%) – Corrective action plan received
 - Telford (36%) – Corrective action plan received
10. Item **6.410** requires each Syphilis Monitoring Record (HSM-85) reported to TDCJ Health Services Office of Public Health by the facility have the stage of disease identified. The following **4** facilities were not in compliance with this requirement:

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Connally (57%) – Corrective action plan received
- Lopez (60%) – Corrective action plan received
- McConnell (50%) – Corrective action plan received
- Sanchez (0%) – Corrective action plan received

During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Boyd, Bridgeport, Ellis, Hamilton, Lewis, Pack, Polunsky, and Powledge units. During the Third Quarter FY 2023, all but the Lewis and Polunsky units 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 **10** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Third Quarter of FY 2023 (March, April, and May 2023), no Dental Quality Review audits were conducted. The Dentist, Quality and Contract Monitoring position was vacant February 1, 2023 through May 24, 2023 and during this time period audits were suspended.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Third Quarter of FY 2023 (March, April, and May 2023), the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,884** correspondences. The PLP received **3,201** and Step II Grievance received **683**. There were **170** 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 Third Quarter FY 2023 for the Step II medical grievances was **3%**. 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 **2%** and **4%** for TTUHSC for the Third 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 Third Quarter of FY 2023, (March, April, and May 2023), the Patient Liaison Program nurses and investigators performed **20** Sick Call Request Verification Audits (SCRVA) on **19** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits. The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **126** indicators were reviewed at the **19** facilities and **14** of the indicators fell below the 80 percent compliance threshold, representing **11** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **19** facilities audited. There were **7** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

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

- 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 Third Quarter FY 2023, there were **16,491** intake HIV tests performed. Of those tested, **147** inmates were newly identified as having HIV infection. During the same time period, there were **7,342** pre-release tests performed with **0** found to be HIV positive. For this quarter, **3** new AIDS cases were identified.
- There were **499** cases of Hepatitis C identified for the Third Quarter FY 2023. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **1,170** cases of suspected Syphilis were reported in the Third Quarter FY 2023. **553** 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.
- **218** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2023. For the same time period, **103** 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 **23** TB cases (pulmonary and extra-pulmonary) under management for the Third 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 **300** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2023. There were **76** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **151** 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 Third Quarter FY 2023, **7** units received a five day peer educator training which included a three day Wall Talk training and a two day Somebody Cares peer education training. As of the close of the quarter, **91** of the **100** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Third Quarter FY 2023, **104** inmates trained to become peer educators. This is an increase from the Second Quarter FY 2023 report. During the Third Quarter FY 2023, **16,697** inmates attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2023.

MORBIDITY AND MORTALITY

There were **126** deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2023, of those **126** deaths, **0** were 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	0
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	0

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third 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 Third 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 **1,996** inmates, interviewed **1,606** inmates, and **1** was referred 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. **9** of the **15** facilities were **100%** compliant on ATC 4, ATC 5 and ATC 6, and **6** of the **15** facilities did not have applicable data at the time of the audit. For the 911 tool availability, **9** of the **15** facilities were **100%** compliant. **6** of the **15** facilities 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 Third Quarter FY 2023, a total of **91** instances of compelled psychoactive medication occurred. There were **26** instances at the Montford Unit, **22** instances at the Skyview Unit, **43** instances at the Wayne Scott Unit, and **0** instance at the Clements Unit. During the reporting months of March, April, and May each month of the quarter, Montford, Skyview, and Scott were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. The Clements Unit had no applicable instances during the reporting period.
- The Intake Mental Health Evaluation Audit (MHE) conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **22** intake facilities reviewed, **21** facilities identified incoming inmates in need of Mental Health Evaluations. At the Kyle unit there were no inmates identified as applicable to the audit. **10** of the **21** facilities met or exceeded the 80% compliance for completing Mental Health Evaluations within 14 days of identified need: East Texas Treatment Facility, Gist, Kegans, Lindsey, Lychner, Plane, Sanchez, Sayle, Travis, and Woodman units. **11** of the **21** facilities Beto, Byrd, Dominguez, Formby, Garza, Glossbrenner, Halbert, Holliday, Hutchins, Johnston, and Middleton units earned compliance scores of 79% or lower. **11** 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 Third Quarter of FY 2023, HSL conducted **446** hospital and **106** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmary, 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 **446** hospital discharge audits conducted, **368** were from the UTMB Sector and **78** were from the TTUHSC sector. There were **219** deficiencies identified for UTMB and **29** identified for TTUHSC. Of the **106** infirmary discharge audits conducted **40** were from the UTMB sector and **66** were from the TTUHSC sector. There was **1** deficiency identified from UTMB and **46** for TTUHSC.

ACCREDITATION

The ACA 153rd Congress of Corrections Conference was held in Philadelphia, Pennsylvania on August 10-13, 2023, and the following facilities were represented: Daniel, Estelle, Formby, Glossbrenner, Hodge, Jester III, Scott, Skyview, Smith, Ramsey, Roach, Vance, Wheeler, and Wynne units.

BIOMEDICAL RESEARCH PROJECTS

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

- Correctional Institutions Division Active Monthly Research Projects - **12**
- Correctional Institutions Division Pending Monthly Research Projects – **2**
- Health Services Division Active Monthly Research Projects – **7**
- Health Services Division Pending Monthly Research Projects – **1**

**Correctional Managed
Health Care Committee**

Inmate Health Services Plan

Adopted September 2003

(Reviewed August 2005)

(Reviewed and Updated June 2007)

(Reviewed and Updated August 2009)

(Reviewed and Updated September 2011)

(Reviewed August 2013)

(Reviewed September 2015)

(Reviewed and Updated September 2017)

(Reviewed and Updated September 2019)

(Reviewed and Updated September 2021)

(Reviewed and Updated September 2023)

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Inmate Health Services Plan

Correctional Managed Health Care Committee

Introduction

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

Definition of Health Care Services

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

Access to Care

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

Classification of Levels of Care

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

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

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

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

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

Utilization Management and Review

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

Formulary and Disease Management Guidelines

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

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

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

Complaints and Grievances About Health Care

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

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

Inmate Health Care Services Fee Requirements

In accordance with state law, if a visit to a health care provider meets fee assessment criteria, the inmate may be assessed a \$13.55 per visit fee, not to exceed \$100 per state fiscal year. . Inmates will be afforded access to health care services regardless of their ability to pay.

Inmate Health Services Plan

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

All services are subject to a determination of medical necessity

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

Treatment Therapies

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

Physical and Occupational Therapies

Services for each of the following:

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

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

Cardiac rehabilitation is provided subject to the limitations below:

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

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

Hearing Services

- Audiogram if medically indicated
- Placement of hearing aid(s) when medically necessary

Vision Services

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

Foot Care

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

Orthopedic and Prosthetic Devices

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

Durable Medical Equipment

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

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

Educational Material, Classes or Programs

- Health education material, classes and programs are provided

Preventive Health Care Services

Service Description
<p>Routine Immunizations</p> <ul style="list-style-type: none"> ▪ Limited to Td, MMR, influenza (age 50 or older), pneumococcal vaccine (age 65 or older)
<p>Medically Indicated Immunizations</p>
<p>Hepatitis A Vaccination for Occupational Risk</p>
<p>Hepatitis B Vaccinations will be Administered According to Correctional Managed Health Care Infection Control Policy</p>
<p>Human Papillomavirus (HPV) Vaccination should be offered to age-appropriate females, according to the Center for Disease Control guidelines if not previously vaccinated on intake</p>
<p>Coronavirus Disease 2019 (COVID-19) Vaccinations should be offered per the recommendations from the Center for Disease Control and Prevention Advisory Committee on Immunization Practices</p>
<p>Post-exposure Testing and Prophylaxis for Inmate Non-occupational Bloodborne Pathogen Exposure</p>
<p>TB Related Services</p> <ul style="list-style-type: none"> ▪ Annual TB screening tests ▪ Treatment of Latent TB infection ▪ Directly observed therapy for TB disease ▪ Treatment for TB, including respiratory isolation when indicated ▪ Contact investigation around active TB cases ▪ Specialty Consultation for drug-resistant TB cases

<p>HIV Related Services</p> <ul style="list-style-type: none"> ▪ HIV testing and counseling upon intake and prior to release as required by state law ▪ HIV testing and counseling upon request (no more than every 6 months) ▪ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol ▪ Opportunistic infection prophylaxis ▪ Infectious disease consultation for HIV infection
<p>Partner Elicitation and Referral for Sexually Transmitted Diseases, Including HIV</p>
<p>Syphilis Screening upon Intake</p>
<p>Testing for Communicable Diseases when Clinically Indicated</p>
<p>Treatment of Chronic Hepatitis B and C According to Correctional Managed Health Care Policies</p>
<p>Hepatitis C Antibody Testing offered during the initial intake physical examination, upon Inmate Request or as clinically indicated by a provider's examination</p> <ul style="list-style-type: none"> ▪ Inmates may be tested for anti-HCV antibody once every 12 months at their request
<p>Post-exposure Prophylaxis for Varicella when Medically Indicated</p>
<p>Post-exposure Prophylaxis for Meningitis when Clinically Indicated</p>
<p>Periodic Medical Assessments as Required for Certain Job Assignments Involving Excessive Noise Exposure or use of a Respirator</p>
<p>Access to Personal Hygiene Supplies as Described in Correctional Managed Health Care Policy and Protocol</p>
<p>Periodic Physical Examination According to Frequency Designated in Policy</p>
<p>Fecal Immunochemical Test According to Frequency Designated in</p>

Policy
Health Education Services

Mammogram Services for Females

- Mammogram annually from age 40 and higher or as clinically indicated for males

Pelvic Exam and Pap Smear for Females

- Frequency may be adjusted by the provider when clinically indicated

Obstetrical Services

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

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

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

Facility Providers must obtain precertification for all offsite surgical procedures.

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

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

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

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

Hospice Care

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

Ambulance

Local professional ambulance service when medically necessary.

Medical Emergency Services

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

Mental Health Services

Service Description
<p data-bbox="256 428 521 457">Mental Health Care</p> <p data-bbox="394 495 1268 554">Diagnostic and treatment services recommended by a qualified mental health provider, including:</p> <ul style="list-style-type: none"> <li data-bbox="440 596 1247 625">■ Professional services such as medication monitoring and management <li data-bbox="440 667 695 697">■ Outpatient services <li data-bbox="440 739 867 768">■ Psycho-social services as indicated <li data-bbox="440 810 1268 907">■ Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care <li data-bbox="440 949 915 978">■ Crisis management / Suicide prevention <li data-bbox="440 1020 769 1050">■ Continuity of care services <li data-bbox="440 1092 873 1121">■ Specialized mental health programs <ul style="list-style-type: none"> <li data-bbox="488 1163 1036 1192">■ Program for the Aggressive Mentally Ill Inmate <li data-bbox="488 1234 919 1264">■ Developmental Disabilities Program <li data-bbox="488 1285 961 1314">■ Restrictive Housing step-down program <li data-bbox="488 1356 928 1386">■ Program for the chronic self-injurious <li data-bbox="440 1419 1268 1478">■ Emergency mental health services are available 24 hours a day, seven days per week

Pharmacy Services

Service Description

Pharmacy Services

Medically necessary medications are provided to inmates when clinically indicated.

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

Dental Services

Eligibility for Dental Services:

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

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

<p>Prophylaxis</p> <ul style="list-style-type: none"> ▪ Oral hygiene instruction ▪ Fluoride treatment ▪ Sealant treatment (per tooth) ▪ Infection control
<p>Restorative (fillings) by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces) ▪ Composite resin (white) restorations on anterior teeth (1, 2, 3 or more surfaces) ▪ Acid etch bonding for repair of incisal edge
<p>Endodontics (root canal therapy/anterior teeth) by Primary Dentist</p>
<p>Oral Surgery by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Single/multiple tooth extraction(s) ▪ Surgical extraction-erupted tooth ▪ Surgical extraction-soft tissue impaction ▪ Surgical extraction-partial bony impaction ▪ Surgical extraction-full bony impaction
<p>Periodontics (gum treatment) by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Occlusal Adjustment-Limited ▪ Occlusal Adjustment-Complete ▪ Periodontal scaling and root planing (per quadrant)
<p>Major Restorative Dentistry by Primary Dentist</p> <ul style="list-style-type: none"> ▪ Re-cement crown/bridge ▪ Post for crown ▪ Stainless steel crown

Prosthodontics by Primary Dentist

- Medically Necessary Prosthodontics (dentures) as directed by policy
- TMJ Appliance

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

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

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

Correctional Managed Health Care Contract FY 2024-2025 Biennium: An Overview

**Presentation prepared for
Correctional Managed Health
Care Committee**

September 13, 2023



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

School of Medicine
Correctional Managed Health Care

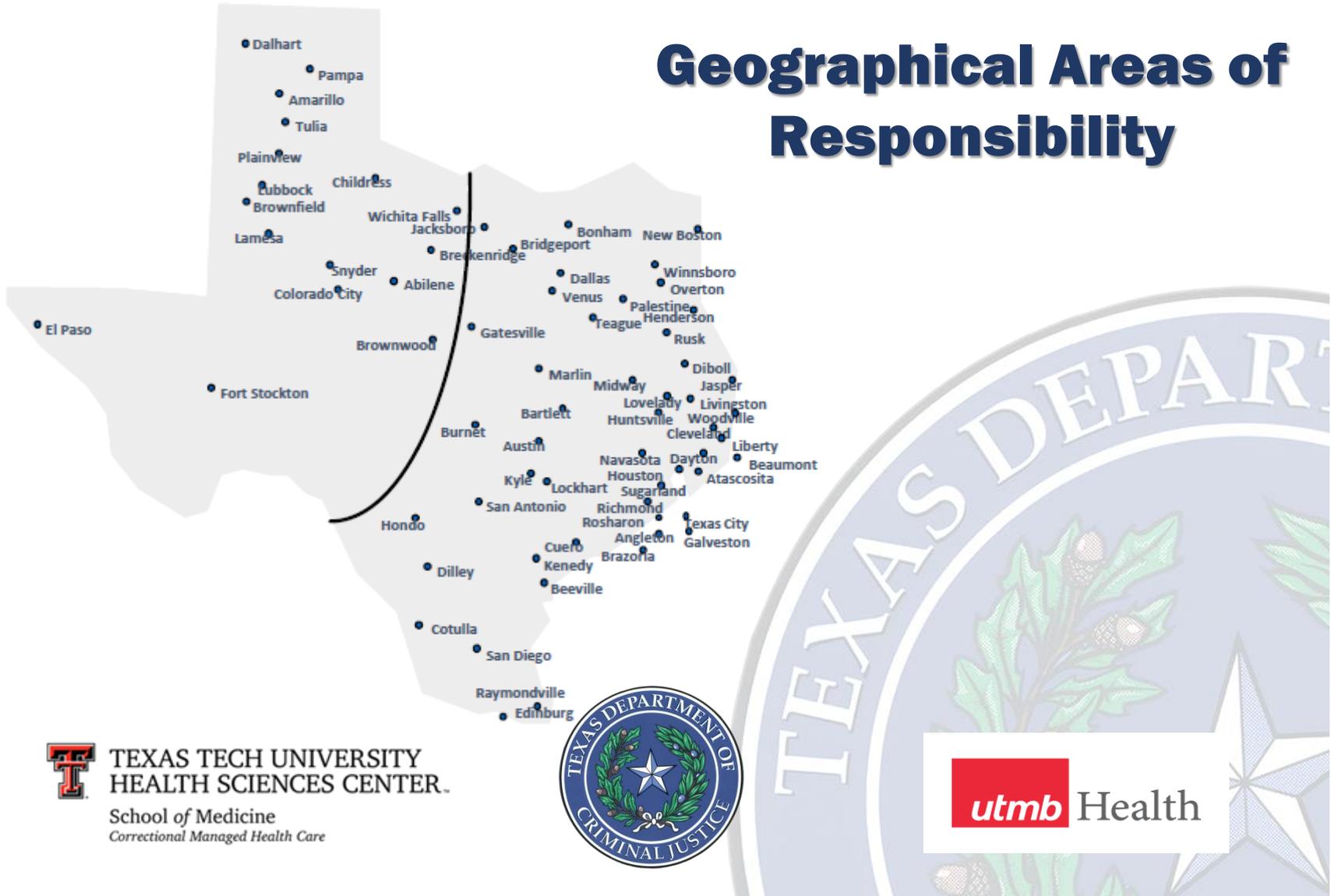


Correctional Managed Health Care Contract FY 2024-2025 Biennium

This presentation will focus on providing the Correctional Managed Health Care Committee with an understanding of the key changes for the Correctional Managed Health Care (CMHC) FY2024-2025 biennium contracts between the Texas Department of Criminal Justice (TDCJ), the University of Texas Medical Branch (UTMB) and the Texas Tech University Health Sciences Center (TTUHSC).



Geographical Areas of Responsibility



T TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
School of Medicine
Correctional Managed Health Care



Correctional Managed Health Care Strategies

► Funding for correctional managed health care is appropriated to the Texas Department of Criminal Justice through the General Appropriations Act in the following strategies:

- C.1.8. Unit and Psychiatric Care
- C.1.9. Hospital and Clinic Care
- C.1.10. Managed Health Care - Pharmacy

Correctional Managed Health Care Contract Process

- ▶ Each partner agency (TDCJ, UTMB and TTUHSC) established contract review teams to propose revisions to the contracts.
- ▶ Once approved by all parties, the recommendations are incorporated into the contracts and routed for signature.

Key Changes to the Contract

- ▶ The Correctional Managed Health Care contracts for FY 2024-2025 provide the same level of services as prior contracts with the following changes to:
 - ▶ Biennial funding
 - ▶ Review of Salary and Staffing Actions
 - ▶ Reappropriated funding for statewide electronic health record system (PEARL).

Comparison of Biennial Funding Level

- ▶ FY 2024-25 funding for Correctional Managed Health Care totals \$1.54 billion, representing an increase from the FY 2022-23 biennial funding level.

	TTUHSC	UTMB	Appropriations
		\$ 1,117,008,971	\$ 1,356,046,745
		\$ 1,277,200,120	\$ 1,542,834,540
Difference	\$ 26,596,646	\$ 160,191,149	\$ 186,787,795

Comparison of Biennial Funding Level

- ▶ Additional Funding was provided for the following areas:
 - ▶ Maintain Current Operations \$119.5 million
 - ▶ Market Adjustments \$79.4 million
 - ▶ New Positions (Mental Health and Sheltered Housing) \$5.1 million
 - ▶ Capital Equipment \$4.3 million
 - ▶ Reduction of Information Technology Projects Funding (\$21.5 million)

Questions?



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