



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 13, 2024

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 13, 2024

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
 1. Report on the tour of Byrd and Estelle Units
 2. Introduction of Dr. Ryan Van Ramshorst
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, March 6, 2024
 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 2024 Second Quarter Report
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

- VII. Texas Tech University Health Science Center (TTUHSC)
Managed Care Strategies to Reduce Patient Transportation

Presented by:
Will Rodriguez, MSOLE
Associate Vice President & Managed Care Administrative Officer
Texas Tech University Health Science Center

- VIII. TDCJ Heat Mitigation Measures:
 - Eric Guerrero, Deputy Division Director, Correctional Institutions Division (CID), Texas Department of Criminal Justice (TDCJ)
 - Administrative Directive (AD-10.64) “Excessive and Extreme Temperature Conditions in the TDCJ”
 - Owen Murray, DO, MBA, Senior Vice President, Offender Care Services University of Texas Medical Branch (UTMB-CMC)
 - Correctional Manage Health Care Policy (D-27.2) “Heat Stress”

- IX. Public Comments

- X. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
March 6, 2024

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – December 13, 2023 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Greenberg next moved on to agenda item 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 December 13, 2023, meeting –Ms. Michelle Erwin.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 13, 2023, meeting.</p> <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 FY2024 First Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY2024 First 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 FY2024 First Quarter summary of the CMHCC Joint Committee/Work Group Activities.</p> <p>Dr. Greenberg reported errors on the Health Services Utilization Review Hospital and Infirmery Discharge Audit report for the First Quarter of FY2024(page 31 of 128 in the March 6, 2024, CMHCC agenda book).</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p>	<p>Dr. Linthicum responded stating all incoming inmates arriving to TDCJ will undergo a Receiving screening. Dr. Linthicum stated screenings are completed by a member of the health services staff. She stated inmates will then go through an Intake Mental Health Screening/ Appraisal process within 2-3 days. Based on the Intake Mental Health Screening/Appraisal, any inmates identified as having a history of mental illness, currently receiving treatment for a mental illness, having a history of self-injurious behavior, or any other indications of potential mental health needs will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.</p>	<p>Dr. John Burruss asked for clarification regarding the initial mental health intake screening for inmates admitted into TDCJ. Dr. Burruss asked if all inmates receive an intake screening once admitted into TDCJ.</p> <p>Dr. Burruss inquired about the results of the Mental Health Evaluation (MHE) Audit results for the First Quarter FY2024 for the Lindsey Unit. There were no (0%) MHE's completed within 14 days according to the audit for the reporting months of September, October, and November 2023. Dr. Burruss asked if a corrective action plan will be completed due to the MHE's not being completed at the Lindsey Unit.</p>	<p>Catina Brice, TDCJ, Program Supervisor V, provided the CMHCC members and guests with the corrected copy of the Health Services Utilization Review Hospital and Infirmary Discharge Audit form for the First Quarter FY2024(page 31 of 128 in the March 6, 2024, CMHCC agenda book).</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p>	<p>Dr. Linthicum stated a corrective action plan (CAP) is required at all units scoring below 80%. She stated a detailed CAP is requested and reviewed by the TDCJ, Health Services Quality Monitoring and Compliance committee. The committee will then review all CAPs to ensure the requested details were received. Dr. Linthicum stated if the detailed documentation is not submitted, showing the inmates receiving an MHE, the committee will contact the facility to request additional detailed information. Dr. Linthicum added before the CAP can be closed out, the facility has to show documentation that a MHE was completed.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p>	<p>Dr. Joseph Penn, UTMB-CMC, Director, Mental Health Services commented that inmates arriving to TDCJ from counties jails are arriving on their "Psych" medications and are continued on their medications. He stated should they not have their MHE completed within 14 days, their "Psych" medications are continued, inmates can also submit a Sick Call Request (SCR), requesting to access mental health services. Dr. Penn stated Mental Health staff can conduct a visit with an inmate the same day of the request or the next day.</p> <p>Dr. Denise Deshields commented that an initial health screening will be completed upon the inmate's arrival within 7 days by a member of the health services staff. She stated if a patient has a mental health issue during the 7 days period, the patient will be evaluated by a mental health professional.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p>			<p>Dr. John Burruss made a motion to approve all consent items and accept the corrections to the Health Services Utilization Review Hospital and Infirmary Discharge Audit form for the First Quarter FY2024 (page 31 of 128 in the March 6, 2024, CMHCC agenda book). Dr. Brian Edwards seconded the motion which prevailed by unanimous vote.</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 First Quarter of FY 2024, 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. John Burruss stated through his observation, the inmate population is rising rapidly. He asked if the inmate population was larger Pre-Pandemic. Dr. Burruss asked if there was a “cap” on the inmate population.</p> <p>Mr. Bobby Lumpkin, TDCJ, Correctional Institutions Director (CID) answered stating, the highest inmate population Pre-Pandemic was at approximately 156,000.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p>		<p>Mr. Lumpkin stated during the COVID Pandemic (Spring 2020), the inmate population was at approximately 140,000 with Diversionary and Community programs. He then stated the agency saw another drop in the inmate population during the COVID Pandemic to 116,000. Mr. Lumpkin stated the inmate population is now up to 133,000.</p> <p>Dr. Burruss stated he noticed the Texas Tech University Health Science Center (TTUHSC) was ahead of the FY2024 budget however, the University of Texas Medical Branch (UTMB) was somewhat behind budget for FY2024. Dr. Burruss asked what would be the rational for the difference in budget spending between the two universities.</p> <p>Dr. Linthicum answered stating there is a major difference in spending between UTMB and TTUHSC sectors. Dr. Linthicum explained that the UTMB sector receives all female inmates, provides all of the HIV and Hepatitis C management. UTMB receives all inmates who have received Solid Organs Transplants along with providing management to the majority of inmates who are receiving Cancer treatment. Dr. Linthicum stated the patient acuity level is not comparable from one side to the next. Dr. Linthicum also explained inmates who need specialty and subspecialty care are sometimes transferred from the TTUHSC sector to the UTMB sector.</p> <p>Dr. Owen Murray added that Legislature did not fund what UTMB was spending currently. He stated the spending has increased due to the inmate population increasing.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p> <p>VI. Medical Director's Updates TDCJ Health Services Division FY 2024 First Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz then called on Dr. Lannette Linthicum to present the FY 2024 First Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Linthicum explained there will be some upcoming changes to Fixed Assets through the Texas Comptroller Office. Dr. Linthicum then called on Ms. Rebecca Waltz to explain those changes.</p>	<p>Dr. Murray stated if Legislature would fund what UTMB is spending, the deficits would be much smaller for both UTMB and TTUHSC. He stated the increase in the inmate population growth does play a role in the spending however, it was already known at the start of the FY2024 year that UTMB would be short funded.</p> <p>Ms. Waltz answered stating all state agencies as a whole are moving into a Centralized Accounting and Payroll/Personnel (CAAPS) System. CAAPS is hosted by the Comptroller and provides a single financials and human resources/payroll administration software solution for all state agencies. Ms. Waltz stated the TDCJ Business and Finance Division is currently showing the Texas Comptroller Office how TDCJ's accounting and purchasing system works. Ms. Waltz reported the accounting and purchasing system will be uploaded into (CAAPS) first.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2024 First 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. Updated Health Services Clinical Initiatives; TDCJ Estelle Regional Medical Facility - Marjorie Cisneros - Dr. Gregory Rump</p>	<p>Dr. Linthicum reported Item 23 of the Dental Quality Review Audit for the First Quarter FY2024 (September, October, and November 2023), will need to be followed-up on by the TTUHSC and UTMB Dental Directors due to 9 of the facilities were not in compliance. Dr. Linthicum asked Dr. Owen Murray and Dr. Denise DeShields to follow up with the Dental Directors. Item 23 assesses if the periodontal charting and radiographic survey of remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days.</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. Deshields thanked Ms. Chris Black-Edwards, TDCJ, Deputy Director, Health Services Division and Ms. Cecilia Horton, TDCJ, Health Services Liaison Manager, Health Services Division for their role in identifying deficiencies related to the assessment on return to the unit on the Infirmery and Hospital Discharge audit.</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. Murray confirmed all reporting information had been mentioned during Dr. Linthicum's report and he has no additional comments.</p> <p>Dr. Greenberg then called on Ms. Marjorie Cisneros, Associate Vice President, Inpatient Operations, Hospital Galveston and Dr. Gregory Rump, Regional Medical Director to provide an overview of the TDCJ Estelle Regional Medical Facility.</p>	<p>Dr. Murray and Dr. Deshields both agreed to follow up with UTMB and TTUHSC Dental Directors regarding the noncompliance.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Updated Health Services Clinical Initiatives; TDCJ Estelle Regional Medical Facility (cont.) - Marjorie Cisneros - Dr. Gregory Rump</p>	<p>Both Ms. Cisneros and Dr. Gregory Rump began by thanking the Correctional Managed Health Care Committee (CMHCC) members for the opportunity to present and overview of the Emergency Department (ED) at the Estelle Unit.</p> <p>The presentation included an overview the Emergency Department (ED) at the Estelle Unit which was opened on February 1, 2023. The ED services units in the Huntsville area to include Byrd, Ellis, Ferguson, Goree, Huntsville, Holliday, Wainwright, and Wynne. The concept was to reduce offsite inmate transportation. The ED Physicians are Board Certified in Emergency Medicine and see patients at the Estelle Unit. It operates 24 hours 7 days a week. The Emergency Department has been a great accomplishment by UTMB and TDCJ. In one year, 2,123 patients have been seen with an overall success rate of 80% that did not need offsite transfer. The program emphasizes the synergy and combined effort that resulted in the creation of new and innovative services to the units.</p> <p>Ms. Cisneros answered, yes, visits does include a mixture of in-person and telehealth visits.</p> <p>Ms. Cisneros answered, no, the eight units receiving services are not all 24-hour medical units.</p>	<p>Dr. Greenberg asked if visits include both in-person and telehealth.</p> <p>Dr. DeShields asked if all eight units (Byrd, Ellis, Ferguson, Goree, Huntsville, Holliday, Wainwright and Wynne Units) are receiving services from the Emergency Department, 24-hour medical units.</p> <p>Dr. Linthicum commented by identifying the Byrd Unit as the only 24-hour medical unit which is the Diagnostic Intake Facility.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Updated Health Services Clinical Initiatives; Paradigm Shift in CMC Healthcare Delivery; An Innovative Approach In Texas Prison's</p> <ul style="list-style-type: none"> - Marjorie Cisneros - Dr. Olugbenga Ojo 	<p>Dr. Greenberg thanked Ms. Cisneros and Dr. Rump. Dr. Greenberg then called on Dr. Olugbenga Ojo, Chief Medical Officer/Chief Physician Executive, TDCJ Hospital & Clinics to join Ms. Cisneros in providing an overview of the Paradigm Shift in CMC Healthcare Delivery; An Innovative Approach In Texas Prison's. The presentation will include an overview of transportation reduction initiatives and strategies within the Texas Department of Criminal Justice.</p> <p>Ms. Cisneros then reported the Mountain View Laser Tattoo Initiative is scheduled to go live on April 3, 2024. She stated currently there is a Laser Tattoo removal at Hospital Galveston, where patients are currently being seen.</p>	<p>Dr. Greenberg asked Mr. Lumpkin how has the reduction in transportation impacted the number of Correctional Officers CID utilized to transport inmates to their appointments.</p> <p>Mr. Lumpkin stated the reduction in transportation strategies has positively impacted the number of Correctional Officers CID has had to put on the road along with the number of vehicles being utilized to transport inmates to their appointments. Mr. Lumpkin stated CID is still working effectively to ensure inmates are arriving to their appointments.</p> <p>Dr. Linthicum commented that UTMB is wanting to have a Laser Tattoo removal program at the Estelle Unit for the Gang Renouncement and Disassociation (GRAD) program. Dr. Linthicum report there is also a Laser Tattoo removal program in the Gatesville area for female inmates who are participating in the Strength Through Restoration, Independence, Vision and Empowerment (STRIVE) program.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Updated Health Services Clinical Initiatives; Paradigm Shift in CMC Healthcare Delivery; An Innovative Approach In Texas Prison's (cont.)</p> <ul style="list-style-type: none"> - Marjorie Cisneros - Dr. Olugbenga Ojo 	<p>Dr. Ojo thanked TDCJ, Dr. Linthicum, Mr. Mendoza, Mr. Lumpkin and the CID Regional Directors for their assistance of the delivery of access to care for patients. Dr. Ojo stated the initiative to provide quality of care to patients has been a collaborative effort.</p> <p>Dr. Ojo responded stating yes, Geriatric services are included and are a part of the program strategies.</p> <p>Dr. Ojo agreed stating having a Geriatrician see patients by telemedicine would be a great addition and could be discussed with Dr. Linthicum.</p>	<p>Dr. Linthicum thanked Dr. Owen Murray and his team for overseeing the unit-based Laser Tattoo Removal program clinics. Dr. Linthicum also commented the TDCJ Correctional Institutions Division (CID), Health Services Division (HSD), Reentry and Integration Division (RID), Private Facility Contract Monitoring/Oversight Division (PFCMOD) and the Rehabilitation Programs Division are working jointly on the Tattoo Removal process.</p> <p>Dr. Julia Hiner asked in an effort to support quality of care at low cost, is Geriatric care included in the initiatives.</p> <p>Dr. Linthicum commented stating the TDCJ Duncan Unit is a Geriatric Facility. Dr. Linthicum stated inmates housed at the Duncan Unit are Geriatric inmates with the exceptions of those inmates who provide the support functions at the unit. She stated the Duncan Unit functions as a Geriatric Sheltered Housing Unit (SHU). Dr. Linthicum stated all SHUs have Geriatric inmates. Dr. Linthicum stated it would be good to have the expertise of a Geriatrician to support the Geriatric population.</p> <p>Dr. Hiner stated a Geriatrician could possibly bring down the cost of care for the Geriatric population.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Updated Health Services Clinical Initiatives; Paradigm Shift in CMC Healthcare Delivery; An Innovative Approach In Texas Prison's (cont.)</p> <ul style="list-style-type: none"> - Marjorie Cisneros - Dr. Olugbenga Ojo <p>VIII. Public Comments</p> <ul style="list-style-type: none"> - Dr. Greenberg <p>IX. Adjourn</p>	<p>Ms. Cisneros answered stating transports occur between units along with medical services traveling directly to the units.</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 thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for June 13, 2024, in Conroe, Texas.</p> <p>The meeting was adjourned at 11:42 a.m.</p>	<p>Dr. Greenberg asked how medical transports were being conducted between units.</p>	

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

 Date

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Consent Item

TDCJ Health Services Monitoring Reports

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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

Health Services Division

Quarterly Monitoring Report

**Second Quarter, Fiscal Year 2024
(December 2023, January and February 2024)**

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Rate of Compliance with Standards by Operational Categories
Second Quarter, Fiscal Year 2024
December February 2024

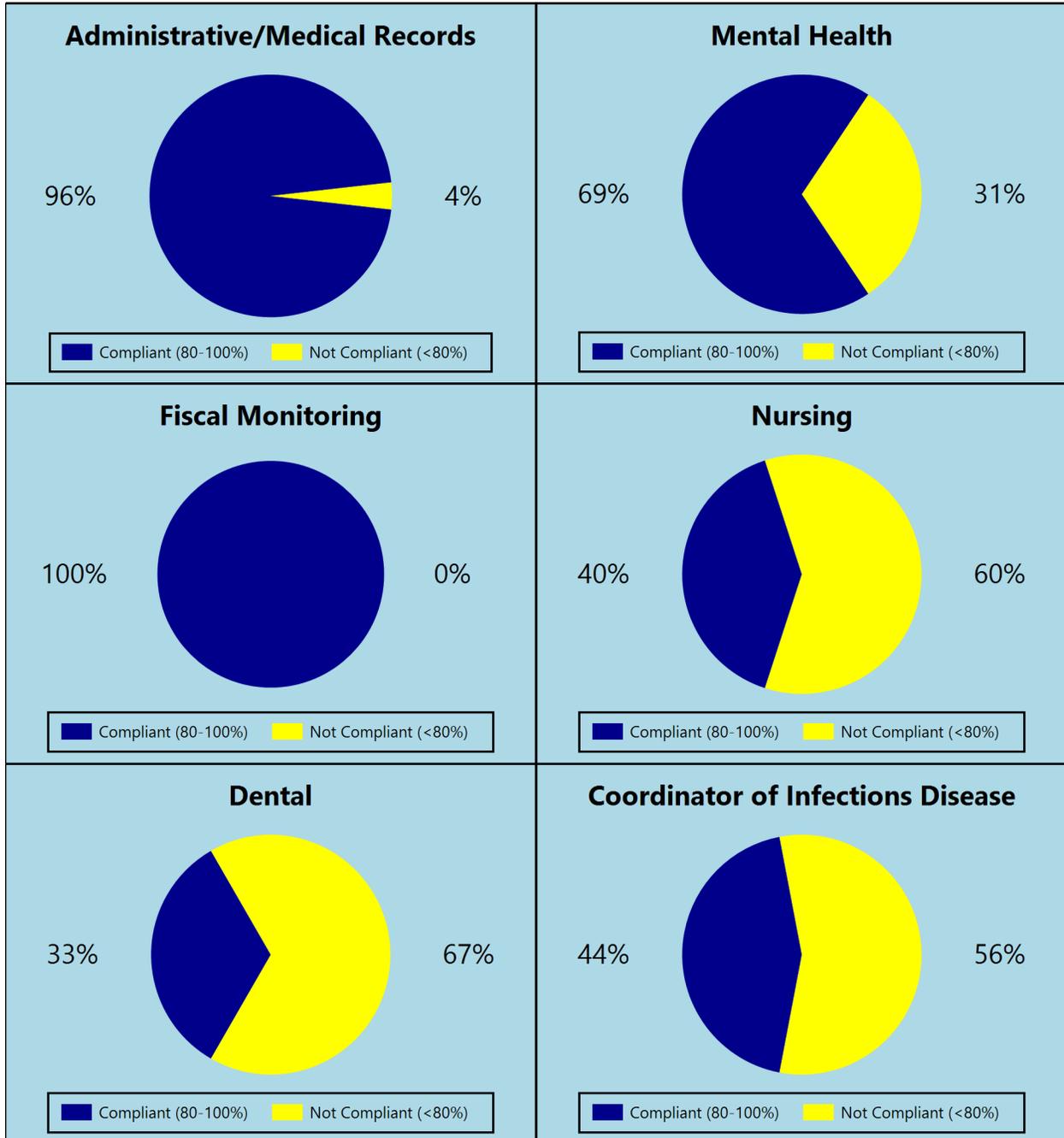
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Kegans	28	28	100%	15	13	87%	25	22	88%	3	3	100%	16	14	88%	4	4	100%
Ramsey I	33	33	100%	13	13	100%	26	22	85%	11	11	100%	14	14	100%	4	4	100%
San Saba	33	33	100%	13	13	100%	21	20	95%	10	10	100%	14	14	100%	5	5	100%
Stiles	33	32	97%	13	13	100%	32	24	75%	10	10	100%	16	16	100%	6	6	100%
Stringfellow	33	33	100%	13	13	100%	30	25	83%	10	10	100%	15	15	100%	4	4	100%
Vance	30	30	100%	9	9	100%	21	19	90%	10	10	100%	0	0	NA	4	4	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for

KEGANS FACILITY

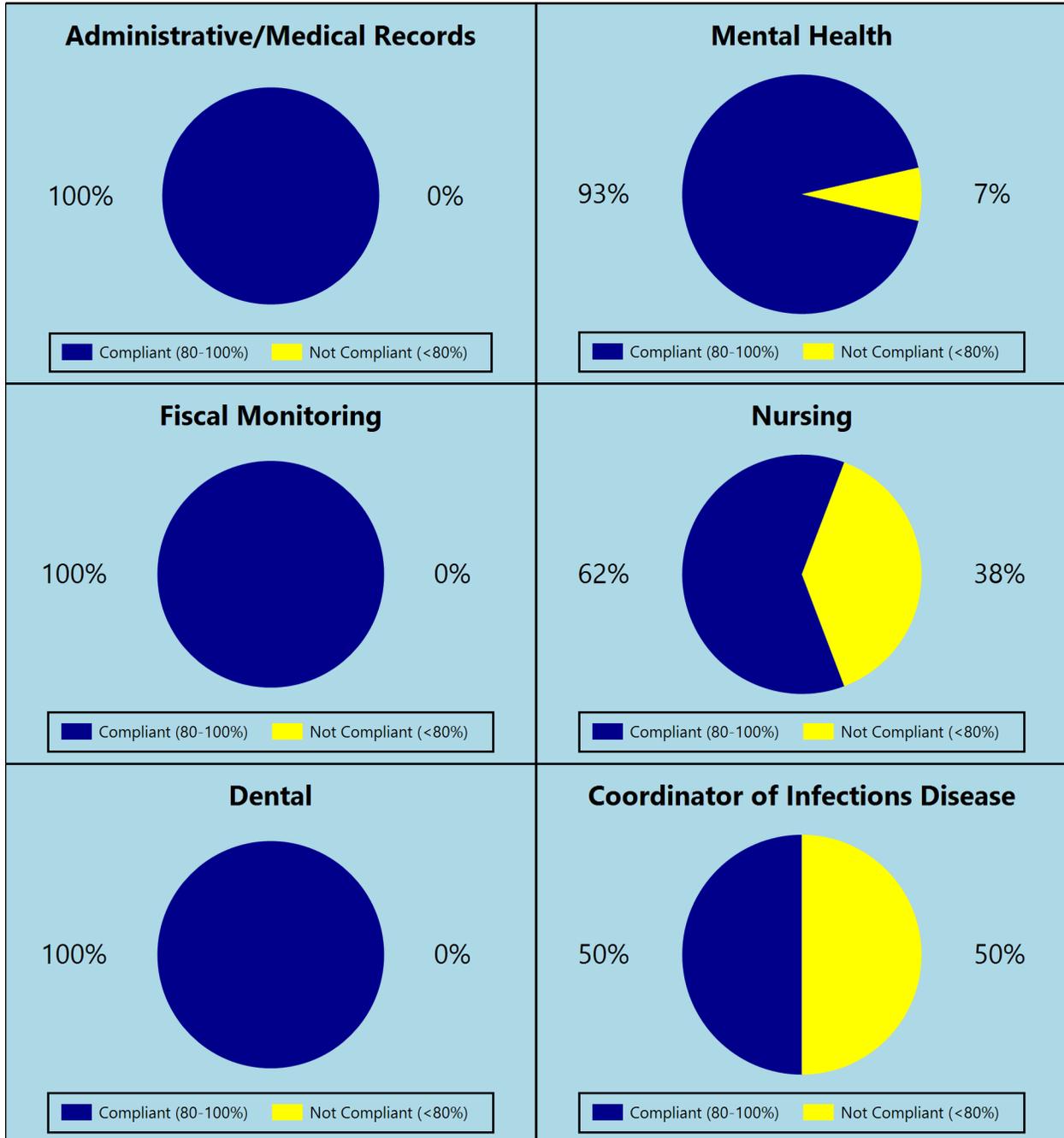
February 22, 2024



Compliance Rate By Operational Categories for

RAMSEY I FACILITY

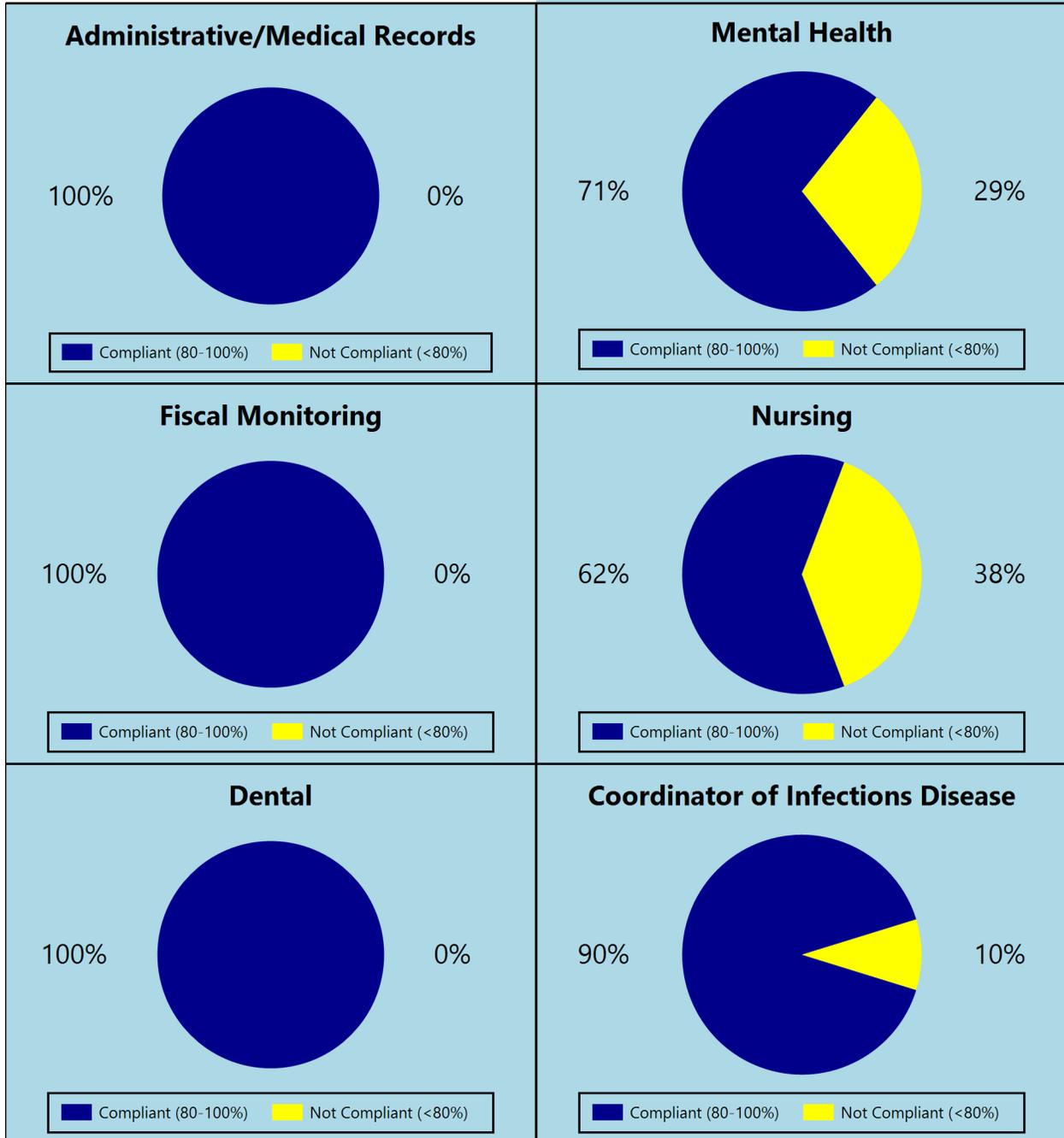
January 10, 2024



Compliance Rate By Operational Categories for

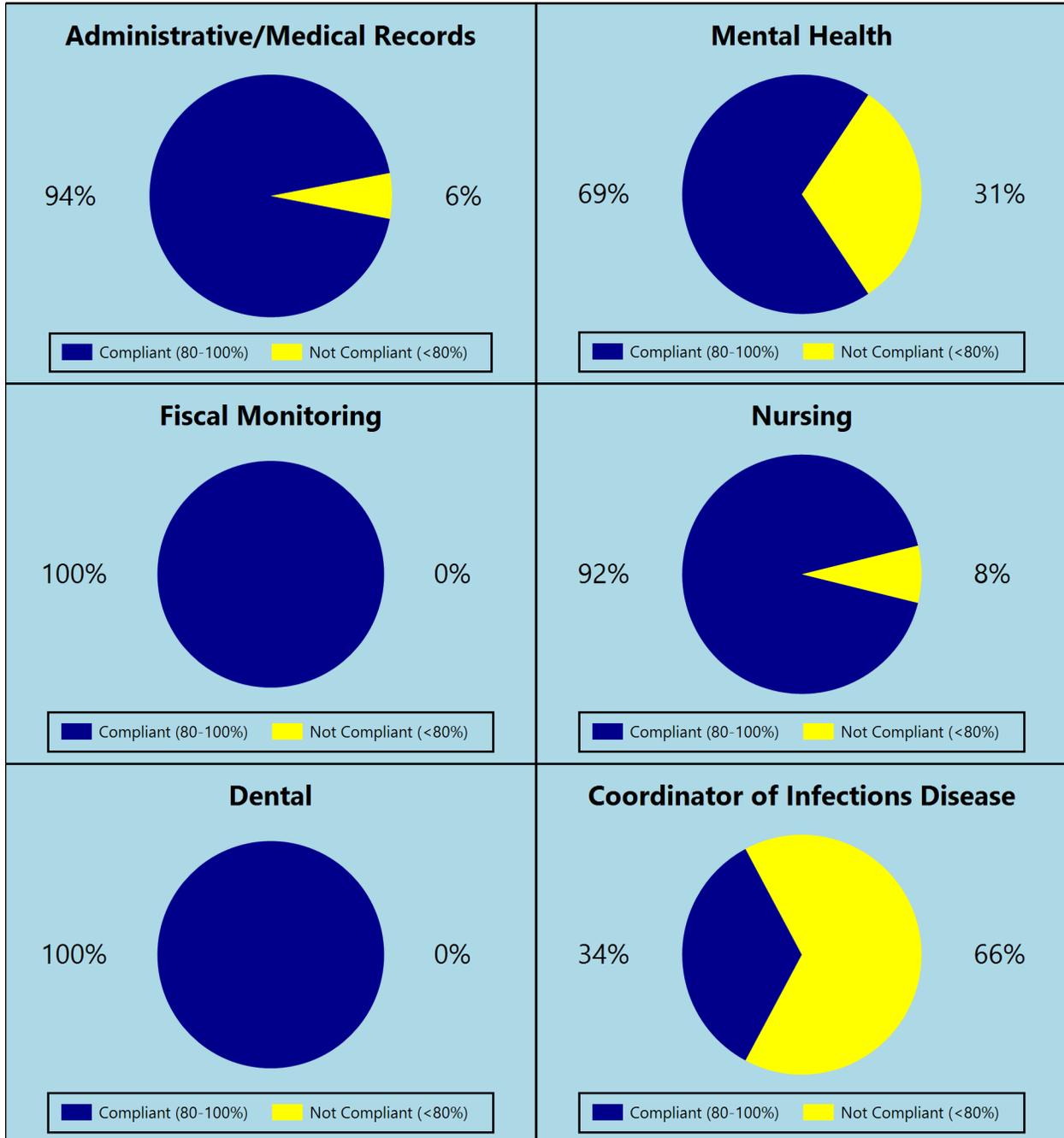
SAN SABA FACILITY

February 15, 2024



Compliance Rate By Operational Categories for STILES FACILITY

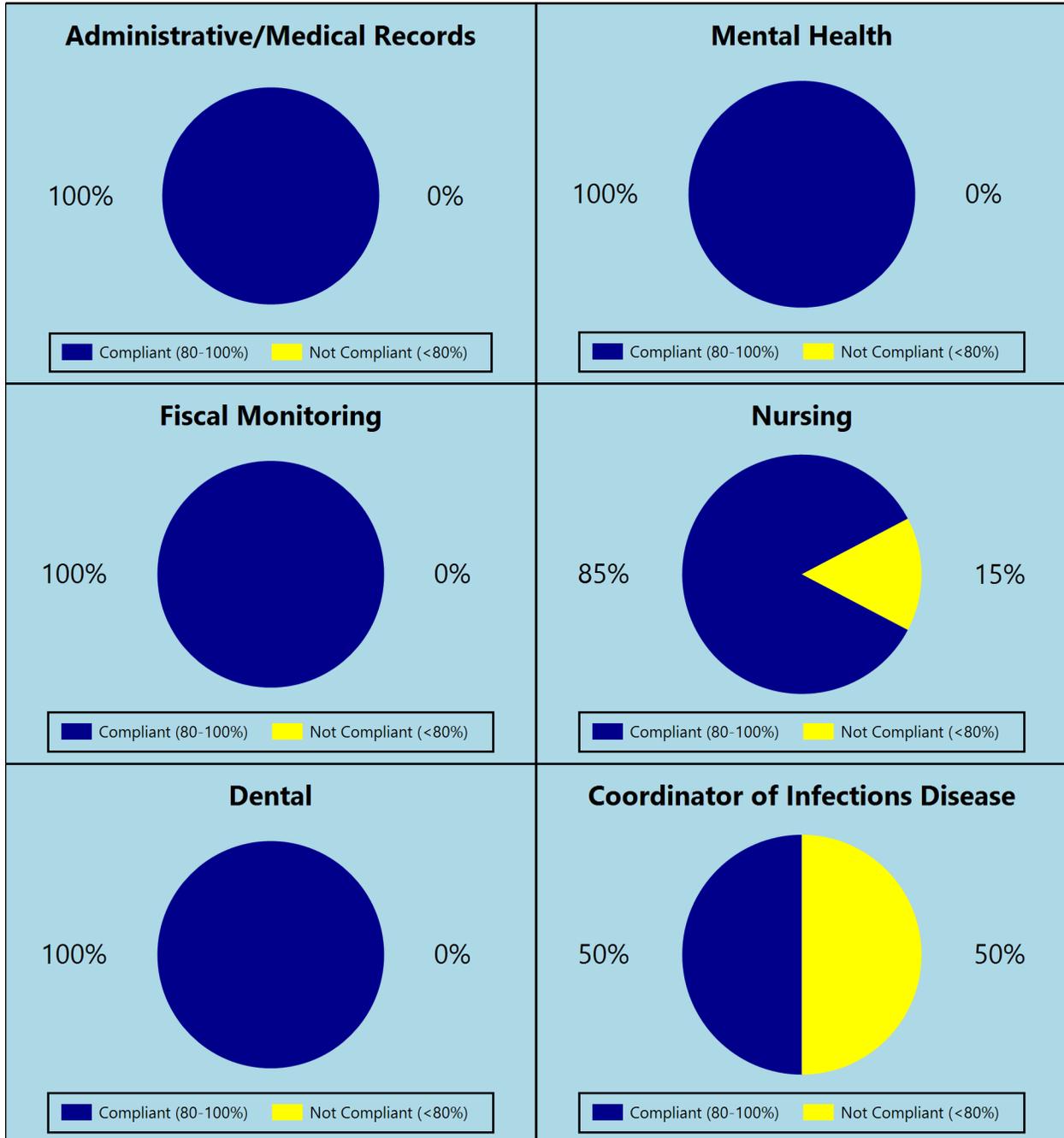
December 13, 2023



Compliance Rate By Operational Categories for

STRINGFELLOW FACILITY

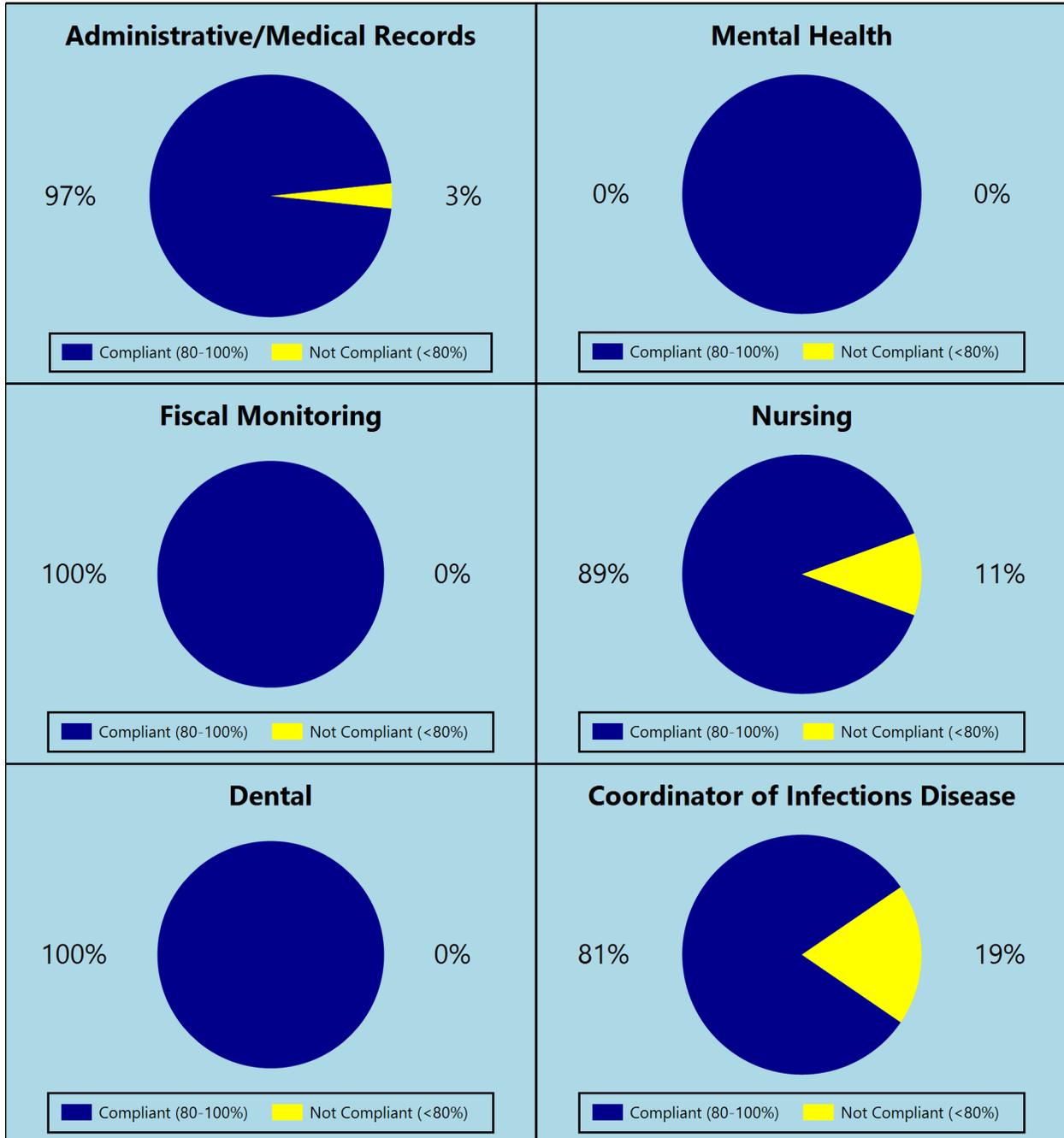
January 10, 2024



Compliance Rate By Operational Categories for

VANCE FACILITY

January 25, 2024



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended Feb 29, 2024**

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**
Fort Stockton	10	100	0	0
Jester III	10	100	0	0
Lynaugh	10	100	0	0
Stevenson	10	100	0	0
Sanchez	10	100	0	0
Vance	10	100	0	0
Ney	10	90	1	0
Connally	10	90	0	1
Cotulla	10	80	2	0
Young	10	80	2	0
Lewis GP	10	60	3	1
Lewis ECB	10	60	3	1
Torres	10	60	4	0
Scott	10	40	5	1

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

Total # of inmates in audit.

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2024	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
December	239	190	19	10.00%	18	11.05%	3	1	0.53%	0
January	211	253	26	10.28%	22	10.28%	4	4	1.58%	0
February	220	230	25	10.87%	24	11.74%	3	1	0.43%	0
Totals:	670	673	70	10.40%	64	11.00%	10	6	0.89%	0

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2024	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
December	1,039	951	8	0.84%	7	0.84%	1	1	0.11%	0
January	1,202	1,121	14	1.25%	13	1.34%	2	1	0.18%	1
February	1,148	1,057	28	2.65%	28	3.22%	6	0	0.00%	0
Totals:	3,389	3,129	50	1.60%	48	1.82%	9	2	0.10%	1
GRAND TOTAL=	4,059	3,802	120	3.16%						

*QOC= Quality of Care

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

December 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	6	5	13	49
Gonorrhea	0	0	53	17
Syphilis	271	218	4225	2619
Hepatitis A	0	0	1	0
Hepatitis B, acute	1	0	2	0
Hepatitis C, total and (acute [‡])	137	134	1829	1698
Human immunodeficiency virus (HIV)+, known at intake	243	126	2,442	1,502
HIV screens, intake	3,847	4,303	56,426	38,575
HIV +, intake	37	49	490	418
HIV screens, offender- and provider-requested	362	518	3,428	5,624
HIV +, offender- and provider-requested	0	0	1	1
HIV screens, pre-release	2,364	2,078	24,567	23,577
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	2	18	30
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	52	76	780	1054
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	26	29	338	343
Occupational exposures of TDCJ staff	6	10	98	102
Occupational exposures of medical staff	1	1	35	27
HIV chemoprophylaxis initiation	3	6	55	50
Tuberculosis skin test (ie, PPD) +, intake	88	80	804	815
Tuberculosis skin test +, annual	42	16	240	242
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	2	8
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	3	14	15
Tuberculosis cases under management	27	23		
Peer education programs [¶]	0	0	91	91
Peer education educators ^{¶¶}	9	17	8,496	8262
Peer education participants	3,122	3,829	49,564	46,721
Alleged assaults and chart reviews	80	84	1147	1110
Bloodborne exposure labs drawn on offenders	47	25	526	421
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

January 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	6	6	6	6
Gonorrhea	0	1	0	1
Syphilis	307	312	307	312
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	172	125	172	125
Human immunodeficiency virus (HIV) +, known at intake	229	147	229	147
HIV screens, intake	3,686	4,096	3,686	4,096
HIV +, intake	32	43	32	43
HIV screens, offender- and provider-requested	362	521	362	521
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,113	2,472	2,113	2,472
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	6	1	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	60	88	60	88
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	27	34	27	34
Occupational exposures of TDCJ staff	8	8	8	8
Occupational exposures of medical staff	4	0	4	0
HIV chemoprophylaxis initiation	4	7	4	7
Tuberculosis skin test (ie, PPD) +, intake	65	46	65	46
Tuberculosis skin test +, annual	19	9	19	9
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	1	1
Tuberculosis cases under management	22	23		
Peer education programs [¶]	0	0	91	91
Peer education educators [°]	1	59	8,497	8,321
Peer education participants	1,319	4,893	50,883	4,893
Alleged assaults and chart reviews	94	86	94	86
Bloodborne exposure labs drawn on offenders	43	42	43	42
New Zero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

February 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	8	4	14	10
Gonorrhea	0	0	0	1
Syphilis	300	364	607	676
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	135	100	307	225
Human immunodeficiency virus (HIV) +, known at intake	204	156	433	303
HIV screens, intake	4,939	4,419	8,625	8,515
HIV +, intake	41	35	73	78
HIV screens, offender- and provider-requested	0	563	362	1,084
HIV +, offender- and provider-requested	0	1	0	1
HIV screens, pre-release	3,023	2,092	5,136	4,564
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	3	2	9
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	73	43	133	131
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	17	19	44	53
Occupational exposures of TDCJ staff	9	3	17	11
Occupational exposures of medical staff	1	1	5	1
HIV chemoprophylaxis initiation	6	4	10	11
Tuberculosis skin test (ie, PPD) +, intake	64	66	129	112
Tuberculosis skin test +, annual	23	18	42	27
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	1	3
Tuberculosis cases under management	16	23		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	10	17		8,338
Peer education participants		5,800		10,738
Alleged assaults and chart reviews	107	90	201	176
Bloodborne exposure labs drawn on offenders	60	34	103	76
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 2nd Quarter of Fiscal Year 2024, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 431 hospital discharge and 64 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 / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	21	1	4.76%	0	N/A	2	9.52%	0	N/A	0	N/A
January	23	5	21.74%	0	N/A	0	N/A	1	4.35%	2	8.70%
February	21	0	N/A	0	N/A	0	N/A	1	4.76%	1	4.76%
Total/Average	65	6	9.23%	0	N/A	2	3.08%	2	3.08%	3	4.62%
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 / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	90	14	15.56%	0	N/A	1	1.11%	1	1.11%	13	14.44%
January	96	5	5.21%	0	N/A	0	N/A	2	2.08%	8	8.33%
February	90	0	N/A	0	N/A	0	N/A	0	N/A	4	4.44%
Total/Average	276	19	6.88%	0	N/A	1	0.36%	3	1.09%	25	9.06%
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 / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	30	0	N/A	0	N/A	1	3.33%	0	N/A	0	N/A
January	30	1	3.33%	0	N/A	0	N/A	1	3.33%	0	N/A
February	30	3	10.00%	1	3.33%	1	3.33%	1	3.33%	0	N/A
Total/Average	90	4	4.44%	1	1.11%	2	2.22%	2	2.22%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	141	15	10.64%	0	N/A	4	2.84%	1	0.71%	13	9.22%
January	149	11	7.38%	0	N/A	0	N/A	4	2.68%	10	6.71%
February	141	3	2.13%	1	0.71%	1	0.71%	2	1.42%	5	3.55%
Total/Average	431	29	6.73%	1	0.23%	5	1.16%	7	1.62%	28	6.50%
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 / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	16	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	8	2	25.00%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	34	2	5.88%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	10	4	40.00%	0	N/A	0	N/A	0	N/A	0	N/A
January	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	10	0	N/A	0	N/A	1	10.00%	0	N/A	0	N/A
Total/Average	30	4	13.33%	0	N/A	1	3.33%	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	26	4	15.38%	0	N/A	0	N/A	0	N/A	0	N/A
January	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	18	2	11.11%	0	N/A	1	5.56%	0	N/A	0	N/A
Total/Average	64	6	9.38%	0	N/A	1	1.56%	0	N/A	0	N/A

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

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
SECOND QUARTER, FISCAL YEAR 2024**

	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Dec-23				
Stiles	84	0	2	4

	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Jan 24				
Ramsey	34	0	0	0
Stringfellow	35	0	0	0
Vance	16	0	0	0

	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Feb-24				
Kegans	10	0	0	0
San Saba	20	0	1	0

**CAPITAL ASSETS AUDIT
SECOND QUARTER, FISCAL YEAR 2024**

Audit Tools	December	January	February	Total
Total number of units audited	1	3	2	6
Total numbered property	84	85	30	199
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**

Second Quarter FY-2024

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Terrell	December 11-13, 2023	100%	98.9%
Young	December 13-15, 2023	100%	99.3%
Connally	January 22-24, 2024	100%	99.1%
Coffield	January 29-31, 2024	100%	98.8%
Ferguson	February 26-28, 2024	100%	99.0%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Telford	December 4-6, 2023	100%	98.2%
Sayle	February 5-7, 2024	100%	98.7%

Research and Development Department**Medical Director Report – Q2 FY2024**

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: COLLECTION

Project Completion Date: N/A

Progress Report Due Date: 01/24/2024

Units Visited: Clements Unit, Ferguson Unit, McConnell Unit, Michael Unit, Robertson Unit, Stiles Unit

Project Number: 002-CR23 – ACTIVE

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: 06/01/2023

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited:

Project Number: 003-CR23 – ACTIVE

Researcher: Rachel Crawley

Proponent: Prison Fellowship Ministries

Project Title: Warden Exchange Program Evaluation

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 06/01/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited:

Research and Development Department
Medical Director Report – Q2 FY2024

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: 01/10/2024

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 Collection

Project Completion Date: N/A

Progress Report Due Date: 01/10/2024

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 – Q2 FY2024**

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:** 03/01/2024**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:** 12/06/2023**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 – Q2 FY2024

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: 02/03/2024

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 – Q2 FY2024**

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: 11/10/2023

Units Visited: Wynne Unit

Research and Development Department
Medical Director Report – Q2 FY2024

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 – Q2 FY2024**

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: 12/26/2023
Units Visited: Hospital Galveston

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

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

Research and Development Department
Medical Director Report – Q2 FY2024

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: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/19/2023

Units Visited: N/A

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

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

2nd Quarter FY 2024

Audits Conducted in December 2023, January 2024, and February 2024

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record¹				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	December 2023	1	1	1	100%	N/A
Montford	December 2023	8	8	8	100%	N/A
Skyview	December 2023	12	12	12	100%	N/A
Wayne Scott	December 2023	9	9	9	100%	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January 2024	0	0	N/A	N/A	N/A
Montford	January 2024	7	7	7	100%	N/A
Skyview	January 2024	9	9	9	100%	N/A
Wayne Scott	January 2024	10	10	10	100%	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February 2024	0	0	N/A	N/A	N/A
Montford	February 2024	11	11	11	100%	N/A
Skyview	February 2024	11	11	11	100%	N/A
Wayne Scott	February 2024	9	9	9	100%	N/A

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT 2nd Quarter of 2024

Reporting months– December 2023, January 2024, February 2024

Facility	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	50	20	5	30	25%
Byrd	42	20	18	22	90%
Dominguez	29	20	17	9	85%
East Texas	24	20	9	4	45%
Formby	37	12	9	25	75%
Garza West	30	20	3	10	15%
Gist	26	20	19	6	95%
Glossbrenner	41	17	13	24	76%
Halbert	32	20	3	12	15%
Holliday	43	20	16	23	80%
Hutchins	30	20	19	10	95%
Johnston	0	0	N/A	0	N/A
Kyle	1	0	N/A	1	N/A
Lindsey	40	20	5	20	25%
Lychner	29	20	19	9	95%
Middleton	30	20	18	10	90%
Plane	27	21	2	5	10%
Sanchez	33	20	15	13	75%
Sayle	35	20	18	15	90%
Travis	37	20	20	17	100%
Woodman	27	20	20	7	100%
Grand Total	643	370	248	272	

- 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%.

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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

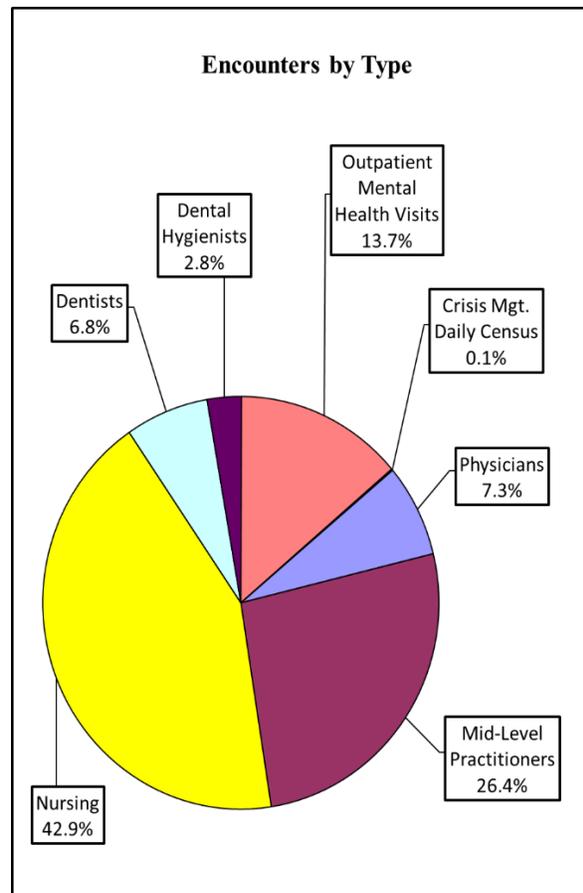
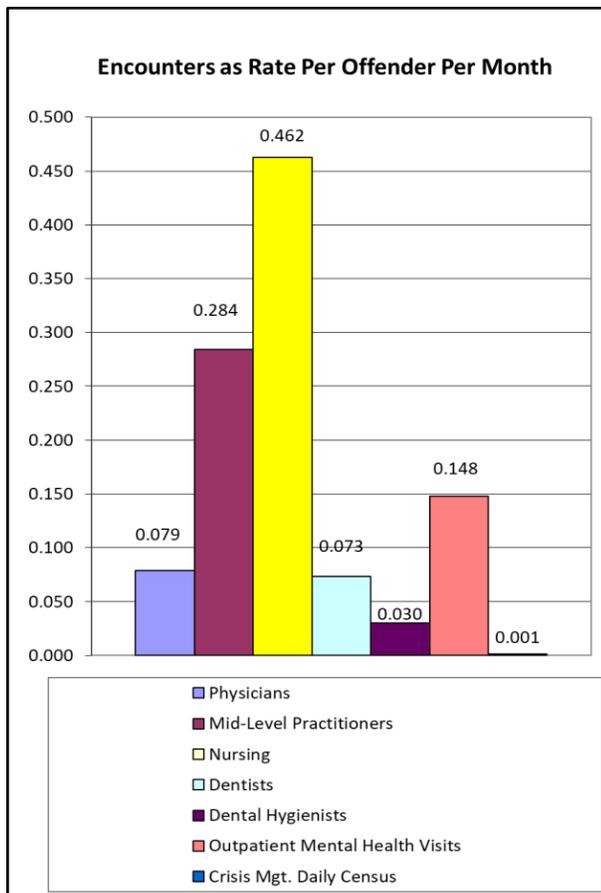
Correctional Health Care MEDICAL DIRECTOR'S REPORT

**2nd Quarter
FY2024**

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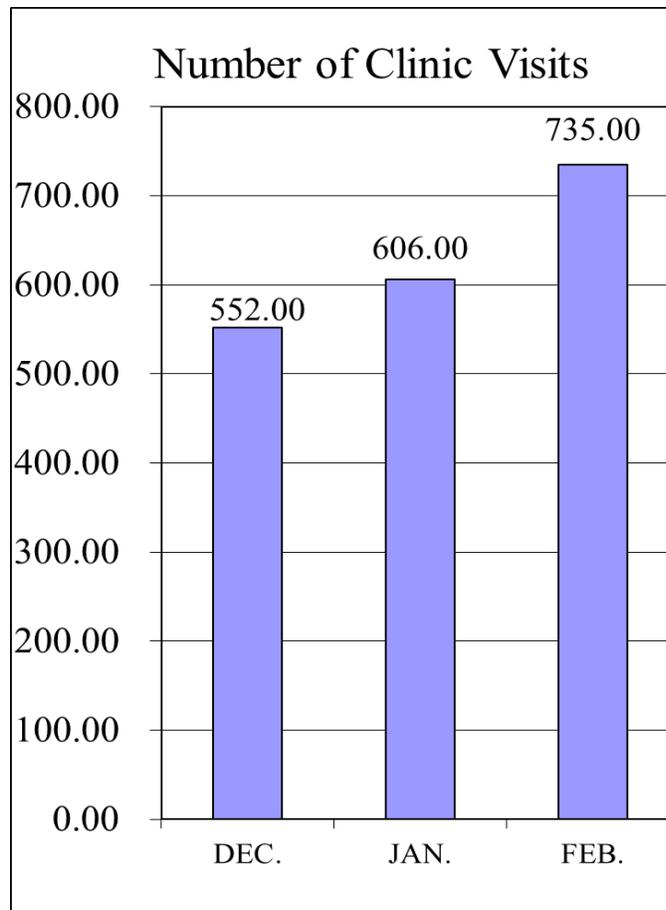
2nd Quarter Medical Director's Report

	DEC.	JAN.	FEB.	Qtly Average				
Average Population	26,595.00	26,292.00	26,605.00	26,327.33				
	Number	Rate Per Offender	Number	Rate Per Offender				
	Number	Rate Per Offender	Number	Rate Per Offender				
Medical encounters								
Physicians	1,748	0.066	2,250	0.086	2,205	0.083	2,068	0.079
Mid-Level Practitioners	6,673	0.251	7,771	0.296	7,998	0.301	7,481	0.284
Nursing	12,233	0.460	11,741	0.447	12,551	0.472	12,175	0.462
Sub-total	20,654	0.777	21,762	0.828	22,754	0.855	21,723	0.825
Dental encounters								
Dentists	1,628	0.061	1,974	0.075	2,185	0.082	1,929	0.073
Dental Hygienists	785	0.030	882	0.034	716	0.027	794	0.030
Sub-total	2,413	0.091	2,856	0.109	2,901	0.109	2,723	0.103
Mental health encounters								
Outpatient Mental Health Visits	3,583	0.135	4,186	0.159	3,907	0.147	3,892	0.148
Crisis Mgt. Daily Census	31	0.001	25	0.006	34	0.001	30	0.001
Sub-total	3,614	0.136	4,211	0.160	3,941	0.148	3,922	0.149
Total encounters	26,681	1.003	28,829	1.096	29,596	1.112	28,369	1.078



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

		DEC.	JAN.	FEB.	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	169.00	164.00	168.00	167.00
	Number of Admissions	318.00	287.00	354.00	319.67
	Number of Clinic Visits	552.00	606.00	735.00	631.00
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	333.00	380.00	356.00	356.33
	PAMIO/MROP Census	417.00	329.00	421.00	389.00
<i>Telemedicine Consults</i>					
		1823	2,267	2,442	2,177.33



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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Correctional Health Care MEDICAL DIRECTOR'S REPORT

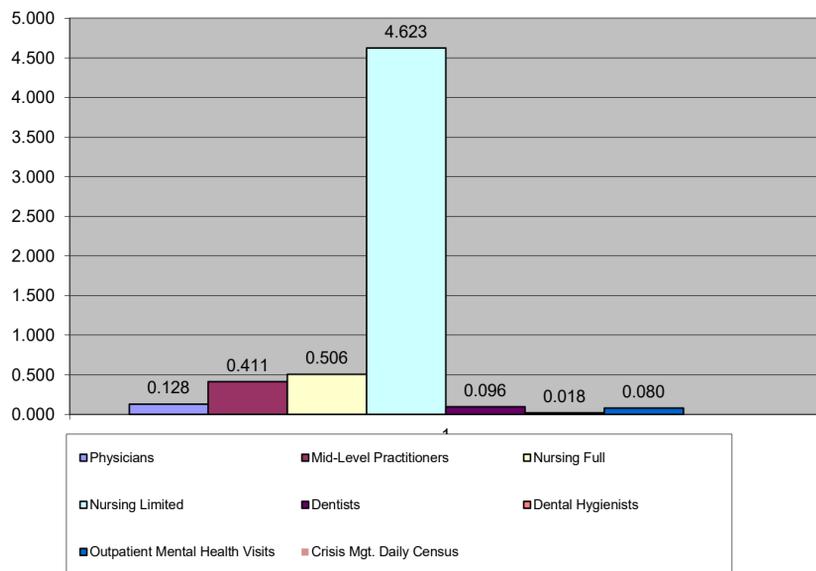
**Second Quarter
FY 2024**

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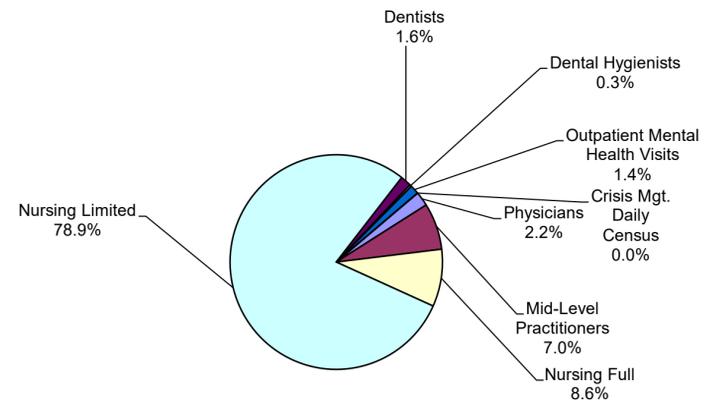
Medical Director's Report:

FY 24 Second Quarter <i>Average Population</i>	Dec	Jan	Feb	Qtly Average				
	109,072	109,508	109,815	109,465				
	Number	Rate Per Inmate						
Medical encounters								
Physicians	12,964	0.119	14,481	0.132	14,480	0.132	13,975	0.128
Mid-Level Practitioners	40,862	0.375	45,831	0.419	48,416	0.441	45,036	0.411
Nursing Full	56,129	0.515	53,997	0.493	56,150	0.511	55,425	0.506
Nursing Limited	477,457	4.377	514,201	4.696	526,415	4.794	506,024	4.623
Sub-total	587,412	5.386	628,510	5.739	645,461	5.878	620,461	5.668
Dental Encounters								
Dentists	9,051	0.083	10,803	0.099	11,709	0.107	10,521	0.096
Dental Hygienists	1,795	0.016	1,870	0.017	2,268	0.021	1,978	0.018
Sub-total	10,846	0.099	12,673	0.116	13,977	0.127	12,499	0.114
Mental Health Encounters								
Outpatient Mental Health Visits	7,554	0.069	8,999	0.082	9,618	0.088	8,724	0.080
Crisis Mgt. Daily Census	73	0.001	73	0.001	69	0.001	71	0.001
Sub-total	7,627	0.070	9,072	0.083	9,687	0.088	8,795	0.080
Total encounters	605,885	5.555	650,255	5.938	669,125	6.093	641,755	5.863

Encounters as Rate Per Offender Per Month

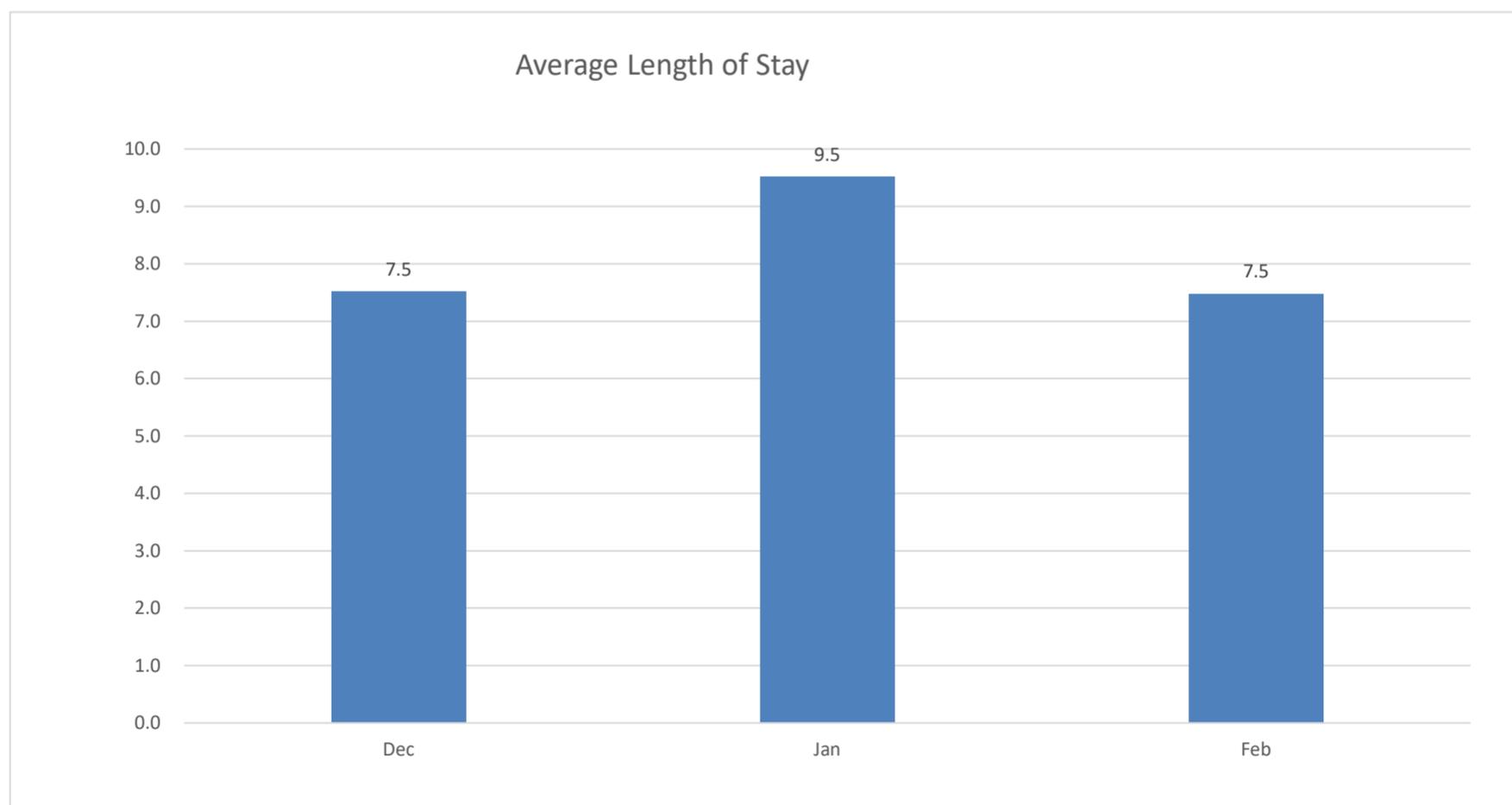


Encounters by Type



Medical Director's Report (Page 2):

FY 24	Dec	Jan	Feb	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	78.8	82.6	85.3	82.2
Number of Discharges	325	269	331	308
Average Length of Stay	7.5	9.5	7.5	8.2
Number of Clinic Visits	5,906	4,942	6,759	5,869
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	958.35	966.52	946.97	957.28
DDP Census	652.97	665.32	679.21	665.83
<i>Telemedicine Consults</i>	6,665	6,945	6,288	6,632.67



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 June 13, 2024, 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: May 9, 2024

- 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. FY2024 SLC Indicators
 - A. Dental: Total Open Reminders with Delay >60 Days
 - B. Mental Health: Restrictions Audit
 - C. Nursing: Intake TB Screening (Indicator #2), Sputum Culture Conversion (Indicator #4)
 - D. Support Services: Inpatient/Outpatient Physical Therapy
 - E. Clinical Administration: Missed Appointments (No Shows)
 - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
 - A. CMHCC Updates
 - B. CMHC Pharmacy Report
 - C. 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: Rebecca Ramirez

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: April 11, 2024

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

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

A-05.1	A-06.1	A-06.2	A-07.1*	A-08.1*	C-19.2*	C-20.1	D-28.2
D-28.3	D-28.4	E-31.2*	E-34.4	E-34.5	E-35.1	E-35.2	E-36.3
E-36.4*	E-37.1*	E-37.2	E-37.3	E-37.4	E-37.5	F-47.1*	G-51.6
G-51.7	G-51.8*	G-51.10	G-52.3	H-60.2*	I-68.4*	I-69.1	

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

POLICY #	POLICY NAME	SUBMITTED BY
E-36.1	DENTAL TREATMENT LEVELS OF CARE	ARMITA BUSHONG
E-36.2	IN-PROCESSING INMATES-DENTAL EXAMINATION, CLASSIFICATION, EDUCATION AND TREATMENT	ARMITA BUSHONG
E-42.2	MISSED CLINIC APPOINTMENTS	BENJAMIN LEEAH
G-51.9*	WHEELCHAIR USE	KIM COTTON
H-60.1*	HEALTH RECORDS-ORGANIZATION, MAINTENANCE AND GOVERNANCE	LISA LOPZ

Adjourn – The Next Meeting is Scheduled for July 11, 2024, at 1:00 p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Cole Duncan

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

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

Meeting Date: March 21, 2024

- I. Approval of the Minutes from January 11, 2024, Meeting
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 - 1. Opioid Discontinuation DMG
 - B. Psychiatry-Dr. Patel
 - 1. PTSD DMG
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report (FY24 YTD)
 - C. Drug Recalls (January -March 2024)
 - D. Non-formulary Deferral Reports
 - 1. UTMB Sector (December 2023-February 2024)
 - 2. Texas Tech Sector (December 2023-February 2024)
 - E. Utilization Reports (FY23)
 - A. HIV Utilization
 - B. HCV Utilization
 - C. HBV Utilization
 - D. Psychotropic Utilization

IV. Policy Revisions:

A. Policy with revisions

05-05	Pharmacy and Therapeutics Committee
10-30	Ordering Stock Medication
10-50	Critical Medications Dispensed Upon Hospital Galveston Discharge
25-10	Discharge Medications

B. Policy without revisions

05-15	Additions to the Medication Formulary
10-05	Prescribing and Ordering Medications
10-10	Automatic Stock Order for Drugs
10-20	Investigational Drugs within Correctional Managed Care (CMC) Facilities
10-25	Medication Restricted to Specific Protocols for Use
10-45	Total Parental Nutrition
15-05	Medication Area Security
15-15	Transfer of Medication
15-25	Medication Security During Courier Transfer

C. Tabled policies

15-10	Storage of Pharmaceuticals
-------	----------------------------

V. Old Business (none)

VI. New Business

- A. FDA Medication Safety Advisories
- B. Oxybutynin Review
- C. SGLT2 inhibitor review
- D. Topical Agent Category Review
- E. Antiviral Category Review
- F. Osmolite Utilization
- G. Manufacturer Drug Shortages and Discontinuations

VII. Miscellaneous

VIII. Adjournment

Joint Infection Control Committee

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

Co-Chair: Dr. Amber Van Den Raadt, MD, DO

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

Meeting Date: April 11, 2024

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-Vacant (Chris Black-Edwards or Jill Campbell)
- G. SANE-Kate Williams

Old Business:

B-14.11 Human Immunodeficiency Virus (HIV)

New Business:

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

B-14.31.1	B-14.15	B-14.17	B-14.18					
*Indicates Attachment(s) Included in the Policy								

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.11	Human Immunodeficiency Virus (HIV) Infection	Candace Gore & Stephanie Zepeda
2	B-14.12	Syphilis	Candace Gore
3	B-14.13.2	Hepatitis B	Candace Gore
4	B-14.13.3	Hepatitis C	Candace Gore
5	B-14.14 & Att. B (Flow chart)	Varicella (Chicken Pox) and Herpes Zoster (Shingles)	Candace Gore
6	B-14.16	Soft Skin Tissue	Candace Gore

Adjourn – The next meeting is scheduled for August 8, 2024, at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Billy Horton

Purpose: This group's membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the 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: March 20, 2024

- I. Call to Order
 - A. Minutes Confirmation
 1. Review of previous meeting minutes January 10, 2024
- II. Dental Policy Review-General Discussion

Continuing Business:

 - A. Dental Manual
- III. Dr. Armita Bushong
 - A. CMHC E-36.1 Dental Treatment Levels of Care
 - B. CMHC E-36.3 Recording and Scheduling Dental Patient Visits
 - C. CMHC E-36.4 Dental Prosthodontic Services
 - D. Emergency Equipment
 - E. Dental Treatment Plans signed by Inmate

- IV. Dr. Billy Horton
 - A. Vacancy Report
 - B. Dental Services Manual Review
 - C. Obstacles to Care

- V. Dr. Chad Fendley
 - A. TTUHSC Vacancy Report
 - B. TTUHSC Dental Services Manual Update
 - C. Contract Unit transitions
 - D. Tele dentistry Consent Form
 - E. Sanchez DDS/Dental School Rotations
 - F. Lab RX's

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

- VII. Kevin Hayden, TTUHSC Dental Hygiene Coordinator
 - A. Radiographs exposed at Sick Call Triage

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

- IX. Round the table

- X. Adjourn – Next Meeting: June 2024

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Coley Duncan

Co-Chair: Dr. Benjamin Leeah

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 February 2024:

There were 137 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2023, January and February 2024. Of those 137 deaths, **one** was referred to a peer review committee.

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

Joint Nursing Work Group

Chair: Justin Robinson, RN, MSN

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: May 7, 2024

Old Business:

- Dietary policy-Diet for health (DHF) snack
- CMHC Policy G-53.3 Management of Inmates Hunger Strikes-Draft Revision*
- Pearl facilities-Units with GP and ECB*
- TDCJ AD-03.29 Att. A. Transport Authorization for Inmate Remains*
- Behavioral Intervention Report (section II., d.) *
- COVID-19 Medical Isolation-Symptomatic Flowsheet*
- C-Collar EBP
- Infection Control Policy B-14.10 Att D.*

New Business:

- CMHC Policy E-34.6 Taser Policy-DRAFT*
- TDCJ DNA list vs. DPS list
- Jehovah Witness-blood & blood product refusal
- TDCJ Body Cameras-HIPAA
- CMHC Policy I-68.2 DNA Specimen Collection-transition to buccal swab*
- Infirmiry Discharge Audit-methodology/audit worksheet/SOP
- ATC Audits-Sample Size
- ER Code Sheet/AED Results
- Current Nurse Protocols
- UTMB Nursing Policy G-52.17 Infirmiry Placement Based on patient and Nursing Needs-Draft Revisions*
- Inmate Transient Status-KOP medication access
- Pharmacy Policy 15-10 Storage of Pharmaceuticals-Draft Revision*

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

Financial Report on Correctional Managed Health Care



Quarterly Report FY2024 Second Quarter

September 2023 – February 2024

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Second Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2024-25 General Appropriations Act, Article V, Rider 42, 88th Legislature, Regular Session 2023
- FY2024 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$392.6M
 - Strategy C.1.9, Hospital and Clinical Care, \$290.3M
 - Strategy C.1.10, Pharmacy Care, \$78.9M

<u>Method of Finance Summary</u>	<u>FY2024</u>
HB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 392,603,222
C.1.9. Hospital and Clinic Care	\$ 290,343,542
C.1.10. Pharmacy Care	\$ 78,949,633
TOTAL	\$ 761,896,397
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 320,897,664
C.1.9. Hospital and Clinic Care	\$ 245,584,360
C.1.10. Pharmacy Care	\$ 64,664,442
Subtotal UTMB	\$ 631,146,466
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 71,705,558
C.1.9. Hospital and Clinic Care	\$ 44,759,182
C.1.10. Pharmacy Care	\$ 14,285,191
Subtotal TTUHSC	\$ 130,749,931
TOTAL TO UNIVERSITY PROVIDERS	\$ 761,896,397
TOTAL ALLOCATED	\$ 761,896,397

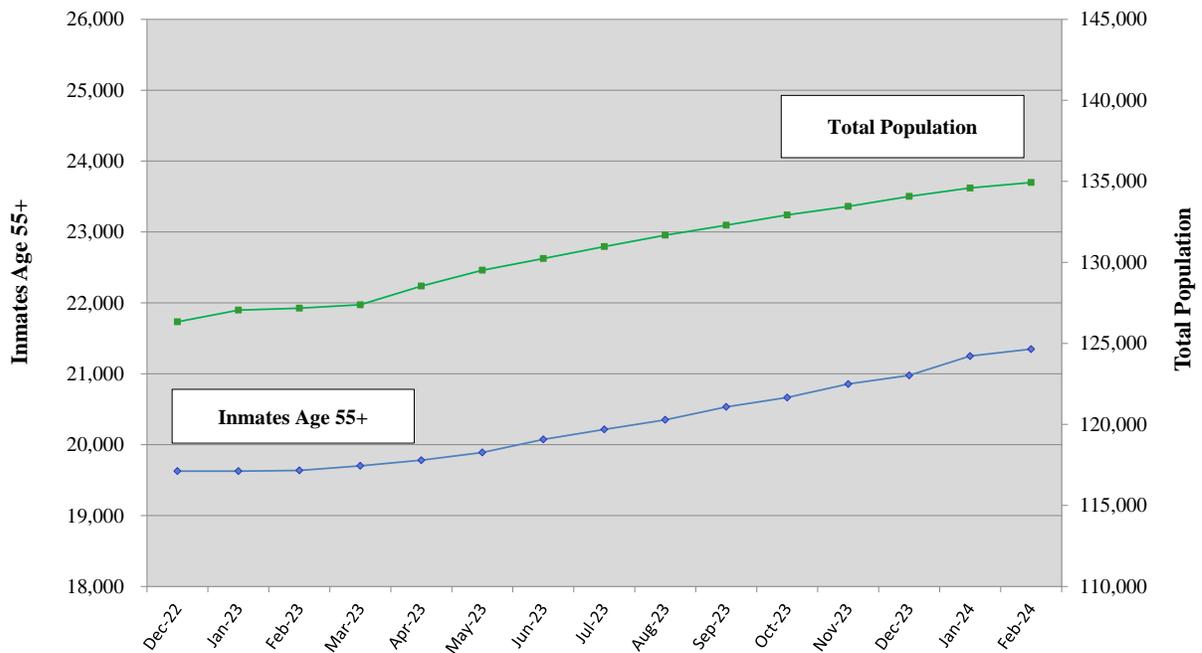
Population

- Overall inmate service population has increased 6.0% from FY2023
 - Average daily census through 2nd quarter
 - FY2023: 126,144
 - FY2024: 133,713

- Inmates aged 55 or older population has increased 7.3% from FY2023
 - Average daily census through 2nd quarter
 - FY2023: 19,516
 - FY2024: 20,938
 - While comprising about 15.7% of the overall service population, these inmates account for 53.5% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2024 average number of psychiatric inpatients through 2nd quarter is 1,720, which decreased 6.0% from FY2023.
 - FY2024 average number of psychiatric outpatients through 2nd quarter is 33,884, which increased 11.2% from FY2023.

CMHC Service Population



Health Care Costs

- Total expenditures through 2nd quarter, FY2024: \$483.2M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$263.2M or 54.5% of total expenses
 - Hospital and Clinical Care - \$178.2M or 36.9% of total expenses
 - Pharmacy Services - \$41.9M or 8.7% of total expenses
 - HIV-related drugs: 34.4% of total drug costs
 - Hepatitis C drug therapies: 21.1% of total drug costs
 - Psychiatric drugs: 4.9% of total drug costs
 - All other drug costs: 39.6% of total drug costs
- Cost per inmate per day increased 8.5% from FY2023 to FY2024
 - Cost per inmate per day through 2nd quarter FY2024:
 - FY2023: \$18.31
 - FY2024: \$19.86

Comparison of Total Health Care Costs

	FY20	FY21	FY22	FY23	FYTD 24 2nd Qtr
Population					
UTMB	110,924	96,514	96,521	103,295	108,767
TTUHSC	27,533	24,282	24,214	24,638	24,946
Total	138,457	120,796	120,735	127,933	133,713
Expenses					
UTMB	\$641,412,379	\$627,901,731	\$643,994,605	\$717,213,452	\$412,990,354
TTUHSC	\$132,834,504	\$122,657,653	\$129,276,857	\$137,866,090	\$70,247,032
Total	\$774,246,883	\$750,559,384	\$773,271,463	\$855,079,543	\$483,237,386
Cost/Day					
UTMB	\$15.80	\$17.82	\$18.28	\$19.02	\$20.86
TTUHSC	\$13.18	\$13.84	\$14.63	\$15.33	\$15.56
Total	\$15.28	\$17.02	\$17.55	\$18.31	\$19.86

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

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Second Quarter, FY2024

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 35,656,862	\$ 159,572,062	\$ 195,228,924
EMR Revenue Deferred to FY2024*	\$ -	\$ 14,905,123	\$ 14,905,123
State Reimbursement Benefits	\$ 5,652,883	\$ 31,040,050	\$ 36,692,933
Other Misc Revenue	\$ 11,860	\$ 15,223	\$ 27,083
C.1.8. Total Method of Finance	\$ 41,321,605	\$ 205,532,458	\$ 246,854,063
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 22,257,298	\$ 122,121,184	\$ 144,378,482
State Reimbursement Benefits	\$ 1,062,323	\$ -	\$ 1,062,323
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 23,319,621	\$ 122,121,184	\$ 145,440,805
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 7,103,565	\$ 32,155,542	\$ 39,259,107
State Reimbursement Benefits	\$ 57,218	\$ 1,191,723	\$ 1,248,941
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 7,160,783	\$ 33,347,265	\$ 40,508,048
TOTAL METHOD OF FINANCE	\$ 71,802,010	\$ 361,000,907	\$ 432,802,916

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 65,017,725	\$ 313,848,788	\$ 378,866,513
State Reimbursement Benefits	\$ 6,772,425	\$ 32,231,773	\$ 39,004,198
Other Misc Revenue	\$ 11,860	\$ 15,223	\$ 27,083
TOTAL METHOD OF FINANCE	\$ 71,802,010	\$ 361,000,907	\$ 432,802,916

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 43,439,370	\$ 219,716,437	\$ 263,155,808
C.1.9. Hospital & Clinical Care	\$ 20,595,352	\$ 157,583,840	\$ 178,179,193
C.1.10. Managed Health Care - Pharmacy	\$ 6,212,309	\$ 35,690,077	\$ 41,902,386
TOTAL EXPENDITURES	\$ 70,247,032	\$ 412,990,354	\$ 483,237,386

DIFFERENCE	\$ 1,554,978	\$ (51,989,448)	\$ (50,434,470)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 35,656,862	\$ 159,572,062	\$ 195,228,924
EMR Revenue Deferred to FY2024*	\$ -	\$ 14,905,123	\$ 14,905,123
State Reimbursement Benefits	\$ 5,652,883	\$ 31,040,050	\$ 36,692,933
Other Misc Revenue	\$ 11,860	\$ 15,223	\$ 27,083
TOTAL METHOD OF FINANCE	\$ 41,321,605	\$ 205,532,458	\$ 246,854,063
Expenditures:			
Unit Care			
Salaries	\$ 16,632,650	\$ 122,738,932	\$ 139,371,583
Benefits	\$ 5,319,843	\$ 34,280,003	\$ 39,599,846
Other Operating Expenses	\$ 2,153,153	\$ 13,678,250	\$ 15,831,403
Professional Services	\$ 2,142,124	\$ -	\$ 2,142,124
Contracted Units/Services	\$ 6,200,568	\$ -	\$ 6,200,568
Travel	\$ 199,741	\$ 1,018,002	\$ 1,217,743
Capitalized Equipment	\$ 60,589	\$ 15,753,660	\$ 15,814,249
Subtotal, Unit Care	\$ 32,708,669	\$ 187,468,847	\$ 220,177,517
Psychiatric Care			
Salaries	\$ 5,646,548	\$ 21,622,097	\$ 27,268,645
Benefits	\$ 1,485,053	\$ 5,313,470	\$ 6,798,523
Other Operating Expenses	\$ 152,325	\$ 195,108	\$ 347,434
Professional Services	\$ 2,414,822	\$ -	\$ 2,414,822
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 51,389	\$ 67,589	\$ 118,978
Subtotal, Psychiatric Care	\$ 9,750,137	\$ 27,198,264	\$ 36,948,401
Indirect Expenditures (Shared Services)	\$ 980,564	\$ 5,049,326	\$ 6,029,889
TOTAL EXPENDITURES	\$ 43,439,370	\$ 219,716,437	\$ 263,155,808
DIFFERENCE	\$ (2,117,765)	\$ (14,183,979)	\$ (16,301,744)

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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 22,257,298	\$ 122,121,184	\$ 144,378,482
State Reimbursement Benefits	\$ 1,062,323	\$ -	\$ 1,062,323
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 23,319,621	\$ 122,121,184	\$ 145,440,805
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 885,382	\$ 12,059,013	\$ 12,944,395
Community Provider Services	\$ 8,616,121	\$ 30,098,077	\$ 38,714,199
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 8,300,158	\$ 99,123,607	\$ 107,423,766
Estimated IBNR	\$ 2,181,615	\$ 12,085,570	\$ 14,267,185
Subtotal, Hospital & Clinical Care	\$ 19,983,276	\$ 153,366,268	\$ 173,349,545
Indirect Expenditures (Shared Services)	\$ 612,076	\$ 4,217,572	\$ 4,829,648
TOTAL EXPENDITURES	\$ 20,595,352	\$ 157,583,840	\$ 178,179,193
DIFFERENCE	\$ 2,724,269	\$ (35,462,656)	\$ (32,738,387)

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C.1.10. MANAGED HEALTH CARE - PHARMACY			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 7,103,565	\$ 32,155,542	\$ 39,259,107
State Reimbursement Benefits	\$ 57,218	\$ 1,191,723	\$ 1,248,941
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 7,160,783	\$ 33,347,265	\$ 40,508,048
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 927,414	\$ 4,677,296	\$ 5,604,710
Benefits	\$ 65,892	\$ 1,520,115	\$ 1,586,007
Other Operating Expenses	\$ 459,318	\$ 1,306,783	\$ 1,766,101
Pharmaceutical Purchases	\$ 4,556,998	\$ 27,245,158	\$ 31,802,156
Travel	\$ 7,338	\$ 17,411	\$ 24,750
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 6,016,961	\$ 34,766,763	\$ 40,783,724
Indirect Expenditures (Shared Services)	\$ 195,348	\$ 923,314	\$ 1,118,662
TOTAL EXPENDITURES	\$ 6,212,309	\$ 35,690,077	\$ 41,902,386
DIFFERENCE	\$ 948,474	\$ (2,342,812)	\$ (1,394,338)

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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>FY2024</u>
Average Service Population	132,297	132,929	133,455	132,894	134,071	134,593	134,931	134,532	133,713
Population Age 55 and Over	20,533	20,665	20,856	20,685	20,977	21,250	21,348	21,192	20,938
<i>Percent of Total Population</i>	<i>15.5%</i>	<i>15.5%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.8%</i>	<i>15.8%</i>	<i>15.8%</i>	<i>15.7%</i>
Key Treatment Populations, Month End									
Patients receiving HIV Treatment	1,812	1,857	1,856	1,842	1,857	1,850	1,870	1,859	1,850
Patients receiving Hep C Treatment	545	550	617	571	542	569	574	562	566
Patients Receiving Dialysis Treatment	223	227	225	225	218	221	218	219	111
Age 55 and Over	122	124	121	122	119	119	119	119	121
Under 55	101	103	104	103	99	102	99	100	101
Medical Inpatient Average Daily Census									
UTMB-Hospital Galveston	117	117	109	115	112	111	118	114	114
UTMB Community Hospitals	59	45	44	49	48	48	58	51	50
TTUHSC Community Hospitals	10	7	11	9	12	9	10	10	10
Medical Inpatient Average Daily Census	185	169	164	173	172	167	186	176	174
Medical Inpatient Discharges									
UTMB-Hospital Galveston	296	315	298	909	325	269	331	925	1,834
UTMB Community Hospitals	277	241	253	771	259	226	268	753	1,524
TTUHSC Community Hospitals	54	46	56	156	57	53	52	162	318
Medical Inpatient Discharges	627	602	607	1,836	641	548	651	1,840	3,676
Average Length of Stay (in days)									
UTMB - Hospital Galveston	8.04	9.09	8.35	8.49	7.52	9.52	7.48	8.17	8.33
UTMB Community Hospitals	6.32	5.76	5.20	5.76	5.76	6.51	6.31	6.19	5.98
TTUHSC Community Hospitals	4.75	4.85	4.20	4.60	6.60	4.89	5.00	5.50	5.05
Infirmary and Sheltered Housing Census, Month End									
UTMB Infirmary	562	570	575	569	590	582	603	592	580
UTMB Sheltered Housing	616	624	618	619	623	616	609	616	618
TTUHSC Infirmary	149	155	148	151	137	154	161	151	151
Infirmary and Sheltered Housing Census, Month End	1,327	1,349	1,341	1,339	1,350	1,352	1,373	1,358	1,349
<i>Percent of Capacity Filled</i>	<i>91.5%</i>	<i>93.0%</i>	<i>91.2%</i>	<i>91.9%</i>	<i>91.8%</i>	<i>91.8%</i>	<i>93.2%</i>	<i>92.3%</i>	<i>92.1%</i>
Medical Outpatient Visits									
UTMB Specialty Clinics and ER Visits	7,053	7,905	6,918	7,292	7,076	6,178	7,923	7,059	7,176
TTUHSC Community Outpatient and ER Visits	2,628	3,692	3,473	3,264	3,580	3,800	4,881	4,087	3,676
Medical Outpatient Visits	9,681	11,597	10,391	10,556	10,656	9,978	12,804	11,146	10,851
Mental Health Inpatient Average Census									
UTMB Psychiatric Inpatient	968	972	972	971	958	967	947	957	964
TTUHSC Psychiatric Inpatient	792	744	767	768	750	709	776	745	756
Mental Health Inpatient Average Census	1,760	1,716	1,739	1,738	1,708	1,676	1,723	1,702	1,720
Mental Health Outpatient Caseload, Month End									
UTMB Psychiatric Outpatient	26,424	27,158	27,224	26,935	27,430	27,623	27,868	27,640	27,288
TTUHSC Psychiatric Outpatient	6,563	6,593	6,634	6,597	6,701	6,545	6,538	6,595	6,596
Mental Health Outpatient Caseload, Month End	32,987	33,751	33,858	33,532	34,131	34,168	34,406	34,235	33,884

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Key Budget Drivers (Cost)

	<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>FY2024</u>	
Selected Drug Costs												
HIV Medications	\$ 1,589,525	\$ 1,696,295	\$ 1,878,550	\$ 5,164,369		\$ 1,734,138	\$ 1,959,965	\$ 1,251,861	\$ 4,945,964		\$ 10,110,333	
Hepatitis C Medications	\$ 1,224,172	\$ 1,315,505	\$ 1,362,041	\$ 3,901,718		\$ 1,430,105	\$ 1,173,511	\$ 1,253,833	\$ 3,857,450		\$ 7,759,167	
Psychiatric Medications	\$ 205,671	\$ 267,843	\$ 252,747	\$ 726,262		\$ 206,236	\$ 289,462	\$ 206,010	\$ 701,708		\$ 1,427,970	
All Other Drug Costs	\$ 2,046,651	\$ 2,231,956	\$ 2,016,775	\$ 6,295,382		\$ 1,904,164	\$ 1,843,596	\$ 2,461,543	\$ 6,209,303		\$ 12,504,685	
Total Drug Costs	\$ 5,066,019	\$ 5,511,599	\$ 5,510,113	\$ 16,087,730		\$ 5,274,644	\$ 5,266,534	\$ 5,173,248	\$ 15,714,425		\$ 31,802,156	
Dialysis												
Age 55 and Over	\$ 382,276	\$ 379,347	\$ 363,033	\$ 1,124,656		\$ 400,052	\$ 404,450	\$ 348,268	\$ 1,152,771		\$ 2,277,427	
UTMB	\$ 338,960	\$ 342,219	\$ 325,905	\$ 1,007,084		\$ 362,924	\$ 361,134	\$ 298,288	\$ 1,022,347		\$ 2,029,431	
TTUHSC	\$ 43,316	\$ 37,128	\$ 37,128	\$ 117,572		\$ 37,128	\$ 43,316	\$ 49,980	\$ 130,424		\$ 247,996	
Under 55	\$ 330,175	\$ 333,650	\$ 329,491	\$ 993,316		\$ 390,832	\$ 382,384	\$ 305,106	\$ 1,078,323		\$ 2,071,638	
UTMB	\$ 292,481	\$ 291,836	\$ 286,829	\$ 871,146		\$ 313,612	\$ 315,402	\$ 249,410	\$ 878,425		\$ 1,749,570	
TTUHSC	\$ 37,694	\$ 41,814	\$ 42,662	\$ 122,170		\$ 77,220	\$ 66,982	\$ 55,696	\$ 199,898		\$ 322,068	
Total Dialysis	\$ 712,450	\$ 712,997	\$ 692,524	\$ 2,117,972		\$ 790,884	\$ 786,834	\$ 653,375	\$ 2,231,093		\$ 4,349,065	
Offsite Hospital Services												
Age 55 and Over	\$ 11,932,710	\$ 12,914,362	\$ 14,514,361	\$ 39,361,434	51.5%	\$ 14,272,460	\$ 14,040,798	\$ 15,447,110	\$ 43,760,368	55.5%	\$ 83,121,802	53.5%
UTMB	\$ 11,003,197	\$ 12,758,372	\$ 13,998,138	\$ 37,759,708		\$ 12,975,685	\$ 13,852,926	\$ 14,776,109	\$ 41,604,720		\$ 79,364,428	
TTUHSC	\$ 929,513	\$ 155,990	\$ 516,223	\$ 1,601,726		\$ 1,296,775	\$ 187,872	\$ 671,001	\$ 2,155,648		\$ 3,757,374	
Under 55	\$ 11,755,794	\$ 12,833,718	\$ 12,465,960	\$ 37,055,472	48.5%	\$ 11,230,646	\$ 11,406,498	\$ 12,424,346	\$ 35,061,491	44.5%	\$ 72,116,963	46.5%
UTMB	\$ 10,897,692	\$ 12,568,458	\$ 11,032,010	\$ 34,498,160		\$ 9,364,877	\$ 11,128,891	\$ 11,380,905	\$ 31,874,673		\$ 66,372,833	
TTUHSC	\$ 858,102	\$ 265,260	\$ 1,433,950	\$ 2,557,312		\$ 1,865,770	\$ 277,607	\$ 1,043,441	\$ 3,186,818		\$ 5,744,130	
Total Offsite Hospital Services	\$ 23,688,505	\$ 25,748,080	\$ 26,980,321	\$ 76,416,906		\$ 25,503,107	\$ 25,447,296	\$ 27,871,456	\$ 78,821,859		\$ 155,238,765	
C.1.8. Salaries/Agency Nursing/Overtime												
UTMB												
Salaries	\$ 19,119,911	\$ 19,324,399	\$ 19,595,312	\$ 58,039,622		\$ 19,938,302	\$ 20,240,682	\$ 18,594,462	\$ 58,773,447		\$ 116,813,069	
Agency Nursing	\$ 2,683,371	\$ 3,855,907	\$ 3,177,153	\$ 9,716,431		\$ 2,941,533	\$ 2,506,521	\$ 2,715,919	\$ 8,163,973		\$ 17,880,404	
Overtime	\$ 1,628,581	\$ 1,704,408	\$ 1,592,257	\$ 4,925,246		\$ 1,641,199	\$ 1,485,372	\$ 1,615,739	\$ 4,742,310		\$ 9,667,556	
UTMB Total	\$ 23,431,863	\$ 24,884,714	\$ 24,364,722	\$ 72,681,299		\$ 24,521,035	\$ 24,232,575	\$ 22,926,120	\$ 71,679,730		\$ 144,361,029	
TTUHSC												
Salaries	\$ 3,477,029	\$ 3,641,892	\$ 3,692,073	\$ 10,810,993		\$ 3,665,592	\$ 3,830,413	\$ 3,595,317	\$ 11,091,322		\$ 21,902,316	
Agency Nursing	\$ 403,940	\$ 254,014	\$ 418,195	\$ 1,076,149		\$ 365,609	\$ 481,582	\$ 260,951	\$ 1,108,142		\$ 2,184,291	
Overtime	\$ 76,312	\$ 62,330	\$ 57,276	\$ 195,918		\$ 70,527	\$ 52,370	\$ 58,068	\$ 180,965		\$ 376,883	
TTUHSC Total	\$ 3,957,281	\$ 3,958,236	\$ 4,167,544	\$ 12,083,060		\$ 4,101,728	\$ 4,364,365	\$ 3,914,336	\$ 12,380,429		\$ 24,463,490	
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 27,389,144	\$ 28,842,950	\$ 28,532,266	\$ 84,764,360		\$ 28,622,763	\$ 28,596,940	\$ 26,840,456	\$ 84,060,159		\$ 168,824,519	
FTEs												
UTMB	2,807.6	2,840.1	2,857.1	2,835.0		2,883.6	2,911.1	2,982.8	2,925.9		2,880.4	
TTUHSC	729.4	723.6	724.3	726.5		725.2	722.5	727.0	724.9		725.3	
Total FTEs	3,537.0	3,563.7	3,581.4	2,835.0		3,608.8	3,633.7	3,709.8	3,650.8		3,605.7	
Key Occupational Categories, Percent Filled												
UTMB												
Nursing	79.3%	80.3%	80.7%	80.1%		81.5%	82.3%	84.3%	82.7%		81.4%	
Mental Health	72.2%	73.2%	73.9%	73.1%		75.1%	76.0%	78.7%	76.6%		74.9%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	77.7%	80.8%	81.9%	80.1%		83.1%	84.7%	86.8%	84.9%		82.5%	
Dental	88.2%	89.2%	89.2%	88.9%		90.3%	89.8%	89.8%	89.9%		89.4%	
Pharmacy	89.8%	91.0%	91.0%	90.6%		92.0%	91.3%	90.3%	91.2%		90.9%	
Other Positions	95.1%	94.4%	94.4%	94.6%		95.1%	95.8%	94.3%	95.1%		94.9%	
TTUHSC	72.1%	71.5%	71.6%	71.7%		71.0%	71.2%	71.0%	71.0%		71.4%	
Nursing	62.7%	62.7%	63.4%	62.9%		62.3%	61.5%	61.9%	61.9%		62.4%	
Mental Health	68.7%	67.1%	67.9%	67.9%		70.3%	72.7%	70.8%	71.3%		69.6%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	78.6%	78.6%	76.8%	78.0%		76.8%	75.0%	75.0%	75.6%		76.8%	
Dental	85.0%	86.4%	86.4%	85.9%		84.1%	85.7%	85.7%	85.1%		85.5%	
Pharmacy	100.8%	100.8%	100.8%	100.8%		100.8%	100.8%	100.8%	100.8%		100.8%	
Other Positions	90.6%	88.1%	86.6%	88.4%		86.4%	87.7%	87.0%	87.0%		87.7%	

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 03/20/24
REVENUE:						
TDCJ Appropriation	\$ 32,508,863	\$ 32,508,862			\$ 65,017,725	\$ 130,749,931
State Reimbursement Benefits	\$ 3,363,423	\$ 3,409,002			\$ 6,772,425	\$ 13,544,850
Other Misc Revenue	\$ 11,527	\$ 332			\$ 11,860	\$ 1,719
TOTAL REVENUES	\$ 35,883,814	\$ 35,918,196	\$ -	\$ -	\$ 71,802,010	\$ 144,296,500

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 8,295,153	\$ 8,337,497			\$ 16,632,650	\$ 34,494,797
Benefits	\$ 2,598,633	\$ 2,721,211			\$ 5,319,843	\$ 11,032,933
Other Operating Expenses	\$ 1,038,558	\$ 1,114,594			\$ 2,153,153	\$ 4,391,306
Professional Services	\$ 899,932	\$ 1,242,192			\$ 2,142,124	\$ 4,284,248
Contracted Units/Services	\$ 2,565,340	\$ 3,635,228			\$ 6,200,568	\$ 11,913,610
Travel	\$ 77,530	\$ 122,211			\$ 199,741	\$ 399,483
Capitalized Equipment	\$ 32,837	\$ 27,753			\$ 60,589	\$ 921,179
Subtotal, Unit Care Expenditures	\$ 15,507,984	\$ 17,200,686	\$ -	\$ -	\$ 32,708,669	\$ 67,437,556
Psychiatric Care Expenditures						
Salaries	\$ 2,711,758	\$ 2,934,790			\$ 5,646,548	\$ 11,693,096
Benefits	\$ 713,531	\$ 771,522			\$ 1,485,053	\$ 3,075,306
Other Operating Expenses	\$ 71,436	\$ 80,889			\$ 152,325	\$ 304,651
Professional Services	\$ 1,261,418	\$ 1,153,404			\$ 2,414,822	\$ 4,829,644
Travel	\$ 19,085	\$ 32,304			\$ 51,389	\$ 102,778
Subtotal, Psychiatric Care Expenditures	\$ 4,777,229	\$ 4,972,909	\$ -	\$ -	\$ 9,750,137	\$ 20,005,475
Total Expenditures, Unit & Psychiatric Care	\$ 20,285,212	\$ 22,173,594	\$ -	\$ -	\$ 42,458,807	\$ 87,443,031

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 401,003	\$ 484,378			\$ 885,382	\$ 1,789,000
Freeworld Provider Services	\$ 3,758,035	\$ 4,858,087			\$ 8,616,121	\$ 19,550,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,964,826	\$ 4,335,332			\$ 8,300,158	\$ 17,366,104
Estimated IBNR	\$ 1,682,521	\$ 499,094			\$ 2,181,615	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,806,385	\$ 10,176,892	\$ -	\$ -	\$ 19,983,276	\$ 38,705,902

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 132,637	\$ 794,777			\$ 927,414	\$ 1,854,828
Benefits	\$ 32,634	\$ 33,258			\$ 65,892	\$ 131,784
Other Operating Expenses	\$ 312,473	\$ 146,846			\$ 459,318	\$ 918,637
Pharmaceutical Purchases	\$ 2,456,701	\$ 2,100,297			\$ 4,556,998	\$ 9,763,996
Travel	\$ 2,348	\$ 4,990			\$ 7,338	\$ 14,677
Capitalized Equipment	\$ -	\$ -			\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,936,793	\$ 3,080,168	\$ -	\$ -	\$ 6,016,961	\$ 12,683,922

Indirect Expenditures (Shared Services)	\$ 893,994	\$ 893,994			\$ 1,787,988	\$ 3,595,623
TOTAL EXPENDITURES	\$ 33,922,384	\$ 36,324,648	\$ -	\$ -	\$ 70,247,032	\$ 142,428,478
DIFFERENCE	\$ 1,961,430	\$ (406,452)	\$ -	\$ -	\$ 1,554,978	\$ 1,868,022

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Second Quarter, FY2024

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/22/2024
REVENUE:						
TDCJ Appropriation	\$ 156,924,394	\$ 156,924,394			\$ 313,848,788	\$ 631,146,466
EMR Revenue Deferred to FY2024*	\$ 14,390,917	\$ 514,206			\$ 14,905,123	\$ 15,131,854
State Reimbursement Benefits	\$ 16,193,835	\$ 16,037,938			\$ 32,231,773	\$ 64,817,741
Other Misc Revenue	\$ 8,521	\$ 6,703			\$ 15,223	\$ 30,614
TOTAL REVENUES	\$ 187,517,666	\$ 173,483,241	\$ -	\$ -	\$ 361,000,907	\$ 711,126,674

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 62,055,886	\$ 60,683,047			\$ 122,738,932	\$ 246,826,644
Benefits	\$ 16,876,349	\$ 17,403,654			\$ 34,280,003	\$ 68,936,709
Other Operating Expenses	\$ 6,297,261	\$ 7,380,990			\$ 13,678,250	\$ 29,183,637
Professional Services	\$ -	\$ -			\$ -	\$ -
Contracted Units/Services	\$ -	\$ -			\$ -	\$ -
Travel	\$ 457,002	\$ 560,999			\$ 1,018,002	\$ 2,047,191
Capitalized Equipment	\$ 14,578,257	\$ 1,175,402			\$ 15,753,660	\$ 18,643,098
Subtotal, Unit Care Expenditures	\$ 100,264,755	\$ 87,204,092	\$ -	\$ -	\$ 187,468,847	\$ 365,637,279
Psychiatric Care Expenditures						
Salaries	\$ 10,625,413	\$ 10,996,683			\$ 21,622,097	\$ 43,481,798
Benefits	\$ 2,602,612	\$ 2,710,858			\$ 5,313,470	\$ 10,685,330
Other Operating Expenses	\$ 93,779	\$ 101,329			\$ 195,108	\$ 392,361
Professional Services	\$ -	\$ -			\$ -	\$ -
Travel	\$ 26,271	\$ 41,318			\$ 67,589	\$ 135,921
Subtotal, Psychiatric Care Expenditures	\$ 13,348,076	\$ 13,850,188	\$ -	\$ -	\$ 27,198,264	\$ 54,695,410
Total Expenditures, Unit & Psychiatric Care	\$ 113,612,831	\$ 101,054,281	\$ -	\$ -	\$ 214,667,112	\$ 420,332,689

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,095,611	\$ 5,963,403			\$ 12,059,013	\$ 26,717,475
Freeworld Provider Services	\$ 9,847,179	\$ 20,250,898			\$ 30,098,077	\$ 82,452,103
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 48,682,907	\$ 50,440,701			\$ 99,123,607	\$ 219,777,933
Estimated IBNR	\$ 9,741,663	\$ 2,343,907			\$ 12,085,570	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 74,367,359	\$ 78,998,909	\$ -	\$ -	\$ 153,366,268	\$ 328,947,512

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,313,927	\$ 2,363,368			\$ 4,677,296	\$ 9,405,990
Benefits	\$ 753,976	\$ 766,139			\$ 1,520,115	\$ 3,056,935
Other Operating Expenses	\$ 607,504	\$ 699,279			\$ 1,306,783	\$ 2,627,926
Pharmaceutical Purchases	\$ 13,631,030	\$ 13,614,128			\$ 27,245,158	\$ 55,607,883
Travel	\$ 10,038	\$ 7,373			\$ 17,411	\$ 35,014
Capitalized Equipment	\$ -	\$ -			\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,316,476	\$ 17,450,288	\$ -	\$ -	\$ 34,766,763	\$ 70,733,749

Indirect Expenditures (Shared Services)	\$ 5,200,094	\$ 4,990,118			\$ 10,190,212	\$ 20,767,054
TOTAL EXPENDITURES	\$ 210,496,760	\$ 202,493,595	\$ -	\$ -	\$ 412,990,354	\$ 840,781,004
DIFFERENCE	\$ (22,979,094)	\$ (29,010,354)	\$ -	\$ -	\$ (51,989,448)	\$ (129,654,330)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Second Quarter, FY2024

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 189,433,257	\$ 189,433,256	\$ -	\$ -	\$ 378,866,513	\$ 761,896,397
State Reimbursement Benefits	\$ 19,557,258	\$ 19,446,940	\$ -	\$ -	\$ 39,004,198	\$ 78,362,591
Other Misc Revenue	\$ 20,048	\$ 7,035	\$ -	\$ -	\$ 27,083	\$ 32,333
TOTAL REVENUES	\$ 223,401,479	\$ 209,401,437	\$ -	\$ -	\$ 432,802,916	\$ 855,423,175

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 70,351,039	\$ 69,020,544	\$ -	\$ -	\$ 139,371,583	\$ 281,321,442
Benefits	\$ 19,474,981	\$ 20,124,865	\$ -	\$ -	\$ 39,599,846	\$ 79,969,642
Other Operating Expenses	\$ 7,335,819	\$ 8,495,584	\$ -	\$ -	\$ 15,831,403	\$ 33,574,942
Professional Services	\$ 899,932	\$ 1,242,192	\$ -	\$ -	\$ 2,142,124	\$ 4,284,248
Contracted Units/Services	\$ 2,565,340	\$ 3,635,228	\$ -	\$ -	\$ 6,200,568	\$ 11,913,610
Travel	\$ 534,533	\$ 683,210	\$ -	\$ -	\$ 1,217,743	\$ 2,446,674
Capitalized Equipment	\$ 14,611,094	\$ 1,203,155	\$ -	\$ -	\$ 15,814,249	\$ 19,564,277
Subtotal, Unit Care Expenditures	\$ 115,772,739	\$ 104,404,778	\$ -	\$ -	\$ 220,177,517	\$ 433,074,834
Psychiatric Care Expenditures						
Salaries	\$ 13,337,171	\$ 13,931,473	\$ -	\$ -	\$ 27,268,645	\$ 55,174,895
Benefits	\$ 3,316,143	\$ 3,482,380	\$ -	\$ -	\$ 6,798,523	\$ 13,760,636
Other Operating Expenses	\$ 165,215	\$ 182,219	\$ -	\$ -	\$ 347,434	\$ 697,012
Professional Services	\$ 1,261,418	\$ 1,153,404	\$ -	\$ -	\$ 2,414,822	\$ 4,829,644
Travel	\$ 45,357	\$ 73,622	\$ -	\$ -	\$ 118,978	\$ 238,699
Subtotal, Psychiatric Care Expenditures	\$ 18,125,305	\$ 18,823,097	\$ -	\$ -	\$ 36,948,401	\$ 74,700,886
Total Expenditures, Unit & Psychiatric Care	\$ 133,898,043	\$ 123,227,875	\$ -	\$ -	\$ 257,125,918	\$ 507,775,720

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,496,614	\$ 6,447,781	\$ -	\$ -	\$ 12,944,395	\$ 28,506,475
Freeworld Provider Services	\$ 13,605,214	\$ 25,108,985	\$ -	\$ -	\$ 38,714,199	\$ 102,002,901
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 52,647,733	\$ 54,776,033	\$ -	\$ -	\$ 107,423,766	\$ 237,144,038
Estimated IBNR	\$ 11,424,184	\$ 2,843,001	\$ -	\$ -	\$ 14,267,185	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 84,173,744	\$ 89,175,800	\$ -	\$ -	\$ 173,349,545	\$ 367,653,415

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,446,565	\$ 3,158,145	\$ -	\$ -	\$ 5,604,710	\$ 11,260,819
Benefits	\$ 786,611	\$ 799,397	\$ -	\$ -	\$ 1,586,007	\$ 3,188,719
Other Operating Expenses	\$ 919,977	\$ 846,124	\$ -	\$ -	\$ 1,766,101	\$ 3,546,563
Pharmaceutical Purchases	\$ 16,087,730	\$ 15,714,425	\$ -	\$ -	\$ 31,802,156	\$ 65,371,879
Travel	\$ 12,386	\$ 12,364	\$ -	\$ -	\$ 24,750	\$ 49,691
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 20,253,269	\$ 20,530,456	\$ -	\$ -	\$ 40,783,724	\$ 83,417,670

Indirect Expenditures (Shared Services)	\$ 6,094,087	\$ 5,884,112	\$ -	\$ -	\$ 11,978,199	\$ 24,362,677
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TOTAL EXPENDITURES	\$ 244,419,143	\$ 238,818,243	\$ -	\$ -	\$ 483,237,386	\$ 983,209,482
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DIFFERENCE	\$ (21,017,664)	\$ (29,416,806)	\$ -	\$ -	\$ (50,434,470)	\$ (127,786,308)
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Projected Uncollected Health Care Fees						\$ (827,000)
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FY2023 Remaining Balance						\$ (6,081,412)
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NET DIFFERENCE	\$ (21,017,664)	\$ (29,416,806)	\$ -	\$ -	\$ (50,434,470)	\$ (134,694,720)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Second Quarter FY 2024***

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 Second Quarter Fiscal Year (FY) 2024 (December 2023, January and February 2024), Operational Review Audits (ORAs) were conducted at the following **6** facilities: Kegans, Ramsey, San Saba, Stiles, Stringfellow, and Vance 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 **12** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2024:
 1. 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 **5** facilities were not in compliance with this requirement:
 - Kegans (36%) – Corrective action plan pending
 - Ramsey (33%) – Corrective action plan received
 - San Saba (78%) – Corrective action plan pending
 - Stringfellow (79%) – Corrective action plan received
 - Vance (35%) – Corrective action plan received
 2. Item **6.051** requires all inmates receiving biweekly anti-tuberculosis medication at the facility have medication documented by Direct Observed Therapy. The following **5** facilities were not in compliance with this requirement:
 - Kegans (50%) – Corrective action plan pending
 - Ramsey (0%) – Corrective action plan received
 - Stiles (0%) – Corrective action plan received
 - Stringfellow (50%) – Corrective action plan received
 - Vance (0%) – 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:
 - Kegans (0%) Corrective action plan pending
 - Ramsey (0%) – Corrective action plan received
 - Stiles (8%) – Corrective action plan received
 - Stringfellow (0%) – Corrective action plan received
 - Vance (0%) – Corrective action plan received
 4. Item **4.190** requires caseload inmates, or other inmates identified as having a mental health condition, who are housed in disciplinary segregation, be seen by mental health staff or nursing staff each day. The following **4** facilities were not in compliance with this requirement:
 - Kegans (0%) – Corrective action plan pending
 - Ramsey (50%) – Corrective action plan received
 - San Saba (42%) – Corrective action plan pending
 - Stiles (36%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

5. Item **5.090** requires daily cell side visits by nursing staff for inmates in disciplinary segregation be documented on Flow Sheet (HSN-46). The following **4** facilities were not in compliance with this requirement:
 - Kegans (22%) – Corrective action plan pending
 - Ramsey (78%) – Corrective action plan received
 - San Saba (77%) – Corrective action plan pending
 - Stiles (54%) – Corrective action plan received

6. Item **6.010** requires screening for tuberculosis be performed on inmates annually at the facility. The following **4** facilities were not in compliance with this requirement:
 - Ramsey (75%) – Corrective action plan received
 - San Saba (50%) – Corrective action plan pending
 - Stiles (13%) – Corrective action plan received
 - Vance (79%) – Corrective action plan received

7. Item **6.030** requires inmates receiving anti-tuberculosis medication at the facility be evaluated monthly by a provider or nurse. The following **4** facilities were not in compliance with this requirement:
 - Kegans (50%) – Corrective action plan pending
 - Ramsey (80%) - Corrective action plan received
 - Stiles (8%) – Corrective action plan received
 - Stringfellow (0%) – Corrective action plan received

8. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **4** facilities were not in compliance with this requirement:
 - Kegans (50%) – Corrective action plan pending
 - Ramsey (80%) – Corrective action plan received
 - Stiles (8%) – Corrective action plan received
 - Stringfellow (0%) – Corrective action plan received

9. Item **6.180** requires inmates who tested positive for the HIV antibody receive post-test counseling that is documented in the medical record. The following **4** facilities were not in compliance with this requirement:
 - Kegans (0%), - Corrective action plan pending
 - Ramsey (0%) – Corrective action plan received
 - Stiles (0%) – Corrective action plan received
 - Stringfellow (0%) – Corrective action plan received

10. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **4** facilities were not in compliance with this requirement:
 - Kegans (0%) – Corrective action plan pending
 - Ramsey (0) – Corrective action plan received
 - San Saba (0%) – Corrective action plan pending
 - Stiles (0%) – Corrective action plan received

11. 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. The following **4** facilities were not in compliance with this requirement:
 - Kegans (6%) – Corrective action plan pending
 - Ramsey (43%) – Corrective action plan received
 - Stiles (0%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Stringfellow (20%) – Corrective action plan received
12. Item **6.450** requires follow-up serologies for Syphilis be obtained after completion of treatment as follows: (1) Primary or Secondary Syphilis and HIV negative at six and twelve months; (2) Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve, and twenty-four months; (3) Latent Syphilis and HIV negative at six, twelve, and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **4** facilities were not in compliance with this requirement:
- Ramsey (50%) – Corrective action plan received
 - Stiles (17%) – Corrective action plan received
 - Stringfellow (50%) – Corrective action plan received
 - Vance (17%) – Corrective action plan received

During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Bell, Beto, Coffield, Daniel, Dominguez, Ney, Smith (General Population [GP] and Extended Cell Block [ECB]), and Torres units. During the Second Quarter FY 2024, **5** were closed: Bell, Daniel, Ney, Smith (GP, ECB), and Torres units.

CAPITAL ASSETS CONTRACT MONITORING

The 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 **6** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2024 (December 2023, January and February 2024), Dental Quality Review audits were conducted at the following **13** facilities: Connally, Cotulla, Fort Stockton, Jester III, Lewis (GP, ECB), Lynaugh, Ney, Sanchez, Scott, Stevenson, Torres, Vance, and Young units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 23** assesses if the periodontal charting and radiographic survey of remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **8** of the **13** facilities were not in compliance: Jester III (75%), Lewis GP (60%), Ney (33%), Fort Stockton (25%), Cotulla (0%), Scott (0%), Vance (0%), and Torres (0%).
- **Item 16** assesses if individual tooth caries are documented on the Comprehensive Treatment Plan (CTP). **5** of the **13** facilities were not in compliance: Ney (71%), Cotulla (55%), Connally (53%), Vance (39%), and Jester III (36%).
- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **3** of the **13** facilities were not in compliance: Lewis GP (60%) ECB (60%), Torres (40%), and Scott (40%).
- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan is consistent with objective findings and assessments. **3** of the **13** facilities were not in compliance: Stevenson (75%), Sanchez (71%), and Young (71%).
- **Item 21** assesses if radiographs utilized in the formulation of the Comprehensive Treatment Plan are of diagnostic quality necessary for assessment and treatment planning. **2** of the **13** facilities were not in compliance: Sanchez (72%) and Cotulla (68%).

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 28** assesses if infection control guidelines regarding the covering of objects within the field of operation are being maintained. **2** of the **13** facilities was not in compliance: Connally (79%) and Sanchez (64%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2024 (December 2023, January and February 2024), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,059** correspondences. The PLP received **3,389** and Step II Grievance received **670**. There were **120** 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 Second Quarter FY 2024 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 **3%** and **2%** for TTUHSC for the Second Quarter of FY 2024.

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Second Quarter of FY 2024, (December 2023, January and February 2024), the Patient Liaison Program nurses and investigators performed **22** Sick Call Request Verification Audits (SCRVA) on **21** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits. The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **198** indicators were reviewed at the **21** facilities and **4** of the indicators fell below the 80 percent compliance threshold, representing **2** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **21** facilities audited. There were **2** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

The Public Health Program monitors cases of infectious diseases in newly incarcerated 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 Second Quarter FY 2024, there were **12,472** intake HIV tests performed. Of those tested, **110** inmates were newly identified as having HIV infection. During

OFFICE OF PUBLIC HEALTH (CONTINUED)

the same time period, there were **7,500** pre-release tests performed with **0** found to be HIV positive. For this quarter, **3** new AIDS cases were identified.

- There were **444** cases of Hepatitis C identified for the Second Quarter FY 2024. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **949** cases of suspected Syphilis were reported in the Second Quarter FY 2024. **336** 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.
- **185** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2024. For the same time period, **70** 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 **22** TB cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2024. 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 **281** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2024. There were **59** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **150** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- As of the close of the quarter, **91** of the **100** facilities housing inmates had active peer education programs. During the Second Quarter FY 2024, **22** inmates trained to become peer educators. This is a decrease from the First Quarter FY 2024 report. During the Second Quarter FY 2024, **6,036** inmates attended the classes presented by peer educators. This is a decrease from the First Quarter FY 2024.

MORBIDITY AND MORTALITY

There were **137** deaths reviewed by the Mortality and Morbidity Committee during the months of December 2023, January and February 2024, of those **137** deaths, **one** was referred to a peer review committee.

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

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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter FY 2024:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the Second Quarter FY 2024, no units were scheduled to be reported due to a restrictive housing monitor position vacancy.
- 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 Second Quarter FY 2024, a total of **87** instances of compelled psychoactive medication occurred. There were **26** instances at the Montford Unit, **32** instances at the Skyview Unit, **28** instances at the Wayne Scott Unit, and **1** instance at the Clements Unit. Montford, Wayne Scott, and Skyview obtained a score of 100% for each month in the reporting period. Clements received a score of 100% for December 2023 and had no applicable data to report during the months of January 2024 and February 2024.
- 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 **21** intake facilities reviewed, **19** facilities identified incoming inmates in need of Mental Health Evaluations. **10** of the **21** units scored 80% or better: Byrd, Dominguez, Gist, Holliday, Hutchins, Lychner, Middleton, Sayle, Travis, and Woodman. **9** of the **21** scored below 80%: Beto, East Texas, Formby, Garza West, Glossbrenner, Halbert, Lindsey, Plane, and Sanchez. A corrective action plan is required of all units scoring below 80%. **2** of the **21**: Kyle and Johnston, did not have applicable scores due to no applicable data.

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 Second Quarter of FY 2024, HSL conducted **431** hospital and **64** 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 **431** hospital discharge audits conducted, **366** were from the UTMB Sector and **65** were from the TTUHSC sector. There were **57** deficiencies identified for UTMB and **13** identified for TTUHSC. Of the **64** infirmary discharge audits conducted **30** were from the UTMB sector and **34** were from the TTUHSC sector. There were **5** deficiencies identified from UTMB and **2** for TTUHSC.

ACCREDITATION

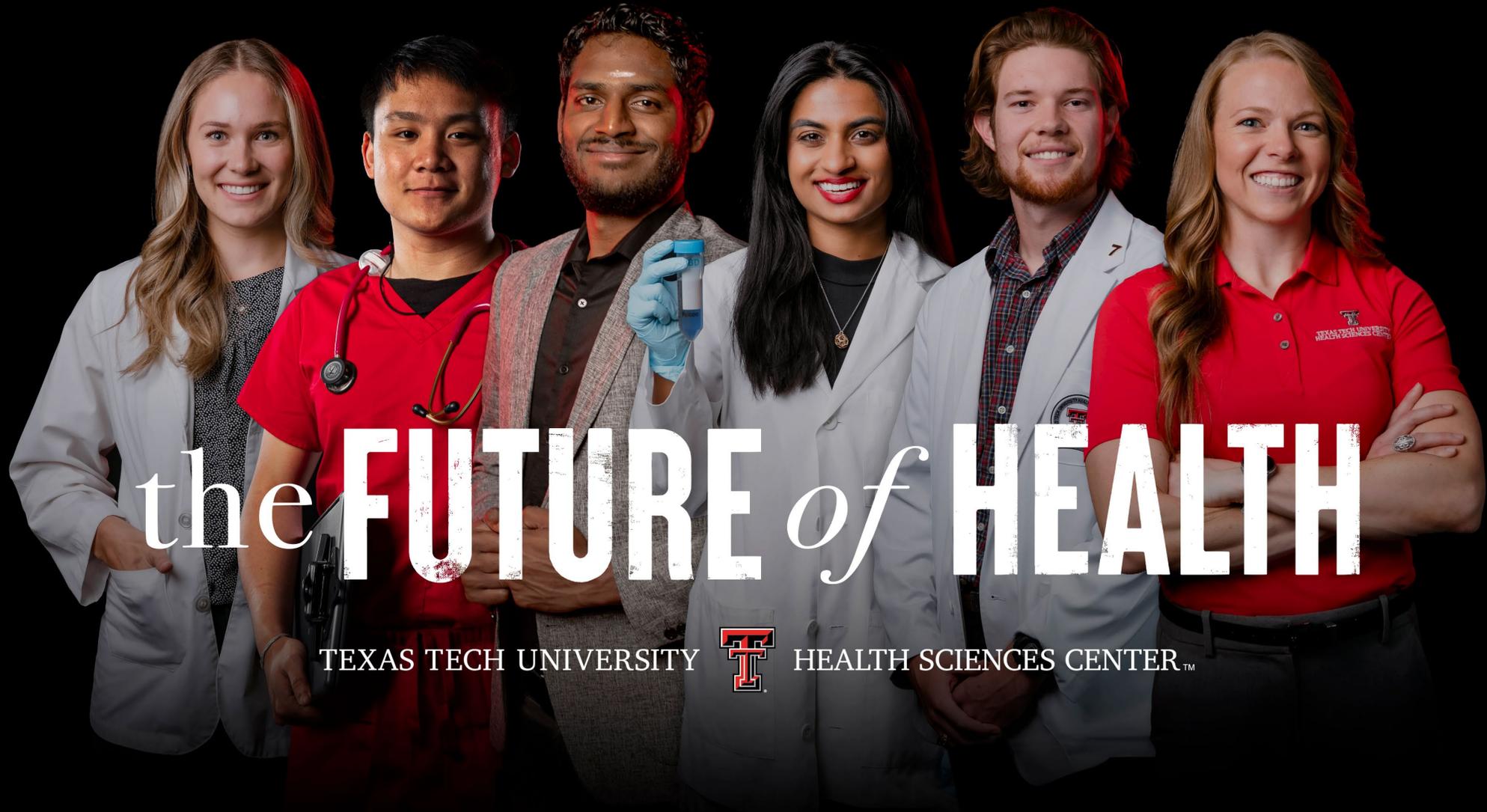
The ACA 2024 Summer Conference will be held in Nashville, Tennessee on August 15-18, 2024, and the following facilities will be represented: Allred, Coffield, Connally, Ferguson, Gib Lewis, Hobby, Marlin, Memorial, San Saba, Sayle, Telford, Terrell, and Young units.

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 - **14**
- Correctional Institutions Division Pending Monthly Research Projects – **0**
- Health Services Division Active Monthly Research Projects – **5**
- Health Services Division Pending Monthly Research Projects – **0**

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the **FUTURE** of **HEALTH**

TEXAS TECH UNIVERSITY  HEALTH SCIENCES CENTER™

Correctional Managed Health Care Committee Report

Will Rodriguez

M.S. Organizational Leadership

Associate Vice President, Managed Care and
Office of Strategic Initiatives

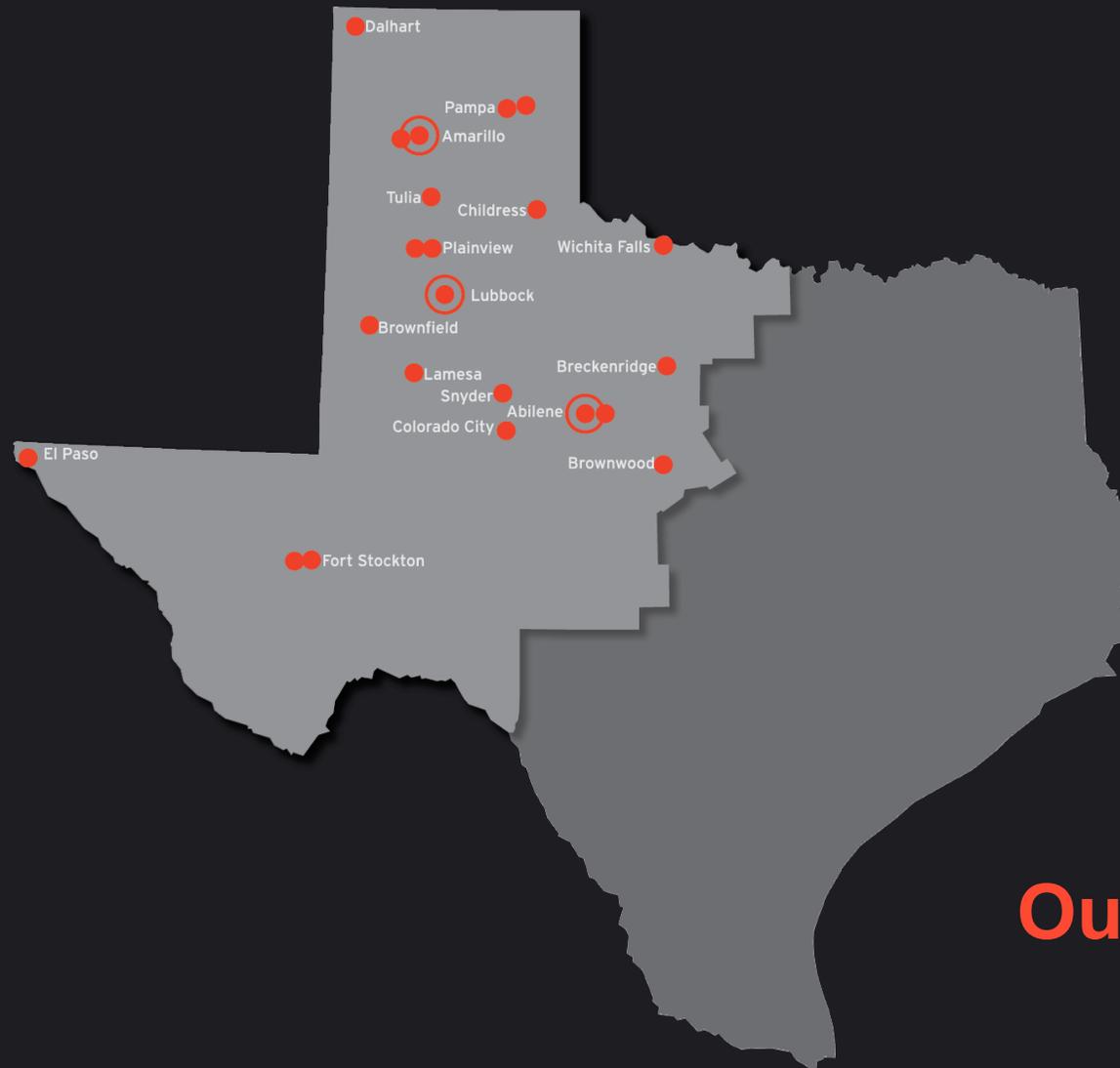
Will.Rodriguez@ttuhsc.edu

Our guiding principles

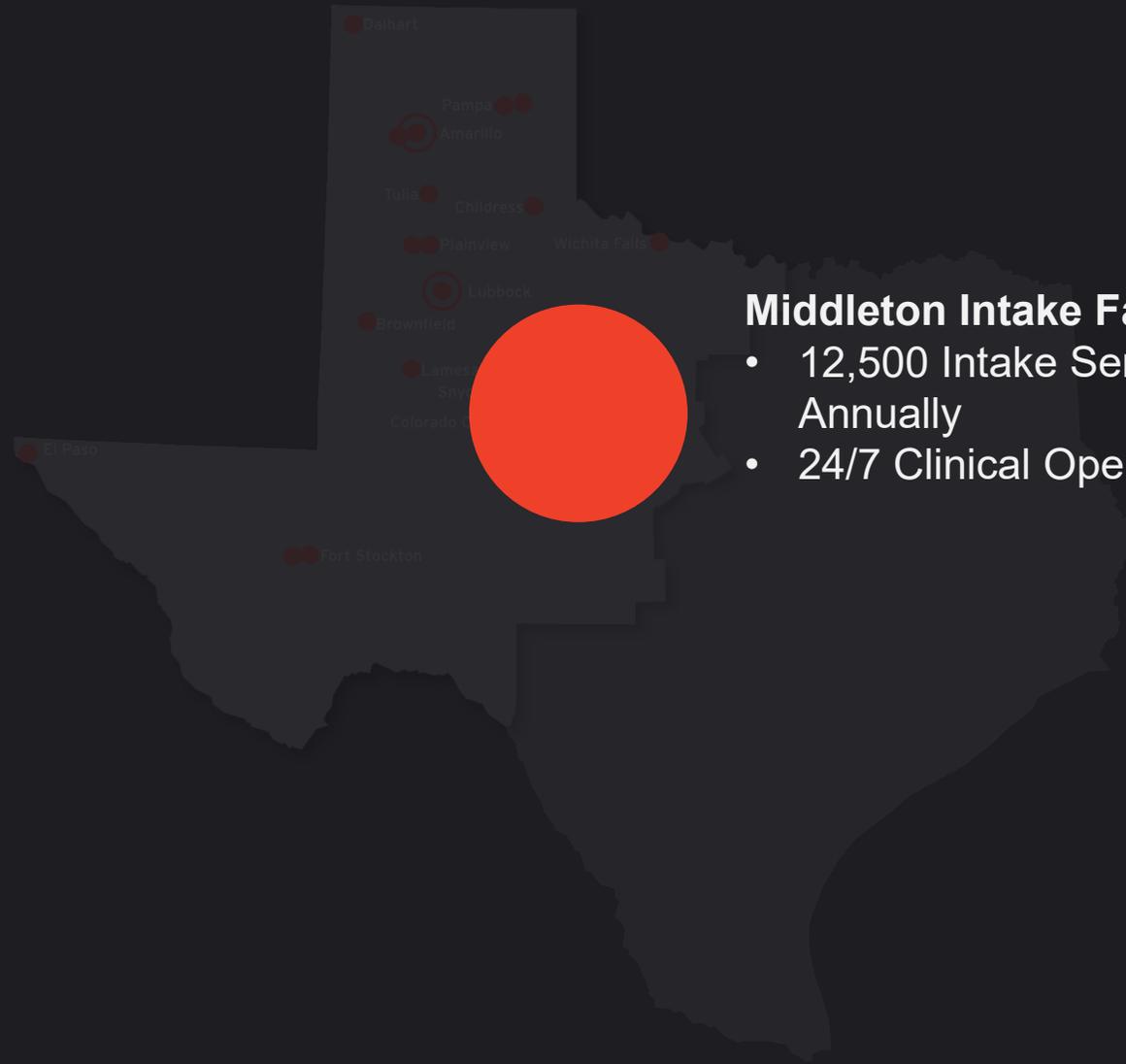
“*Providing access to
High Quality,
Low-Cost Healthcare*”

Problem Statements

- Geography – 123,000 square miles
- Staffing and recruitment – Clinician shortages and rural environments
- Mobility – Financial and safety risks of transportation and travel



Our Sector



Middleton Intake Facility

- 12,500 Intake Services Annually
- 24/7 Clinical Operations

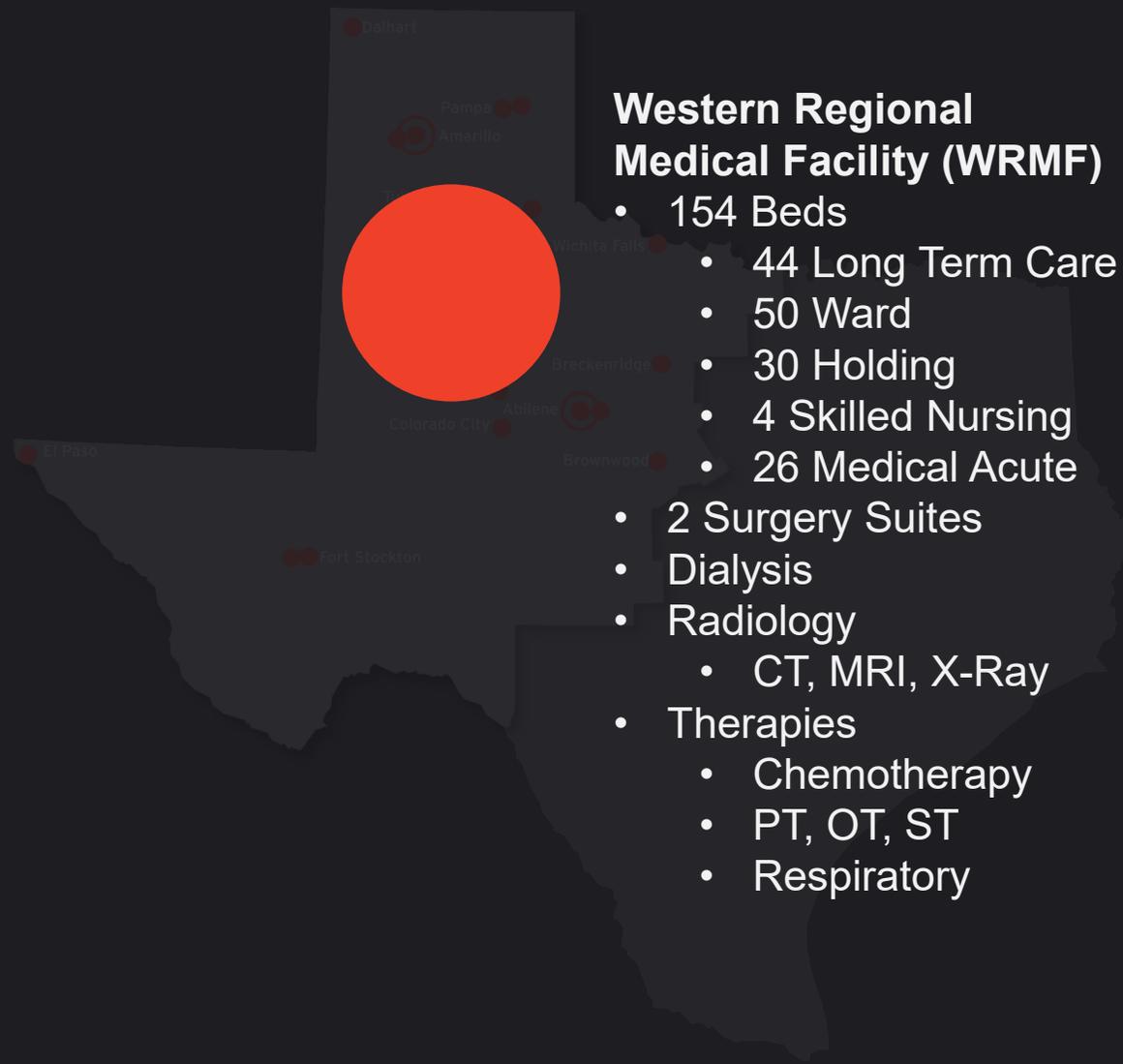


Clements Behavioral Health Facility

- 468 Inpatient Beds
 - PAMIO
 - Crisis Management
 - Serious Mental Illness

Montford Psychiatric Facility

- 524 Inpatient Beds
 - Multiple treatment tracks
 - Crisis Management
 - Chronically Mental Illness and Serious Mental Illness



Western Regional Medical Facility (WRMF)

- 154 Beds
 - 44 Long Term Care
 - 50 Ward
 - 30 Holding
 - 4 Skilled Nursing
 - 26 Medical Acute
- 2 Surgery Suites
- Dialysis
- Radiology
 - CT, MRI, X-Ray
- Therapies
 - Chemotherapy
 - PT, OT, ST
 - Respiratory

**How do we maintain
High Quality and Low Cost?**

Being data driven

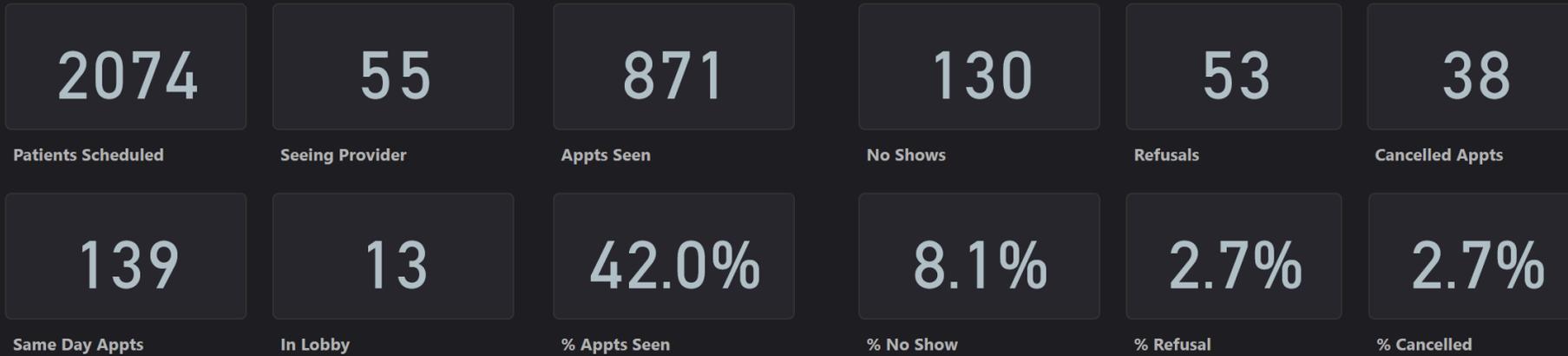
Being data driven

- Data warehouse and business intelligence
- Actionable insights and real-time dashboards
- Culture of proactive, exception-based management

Real Time Clinic Flow Dashboard



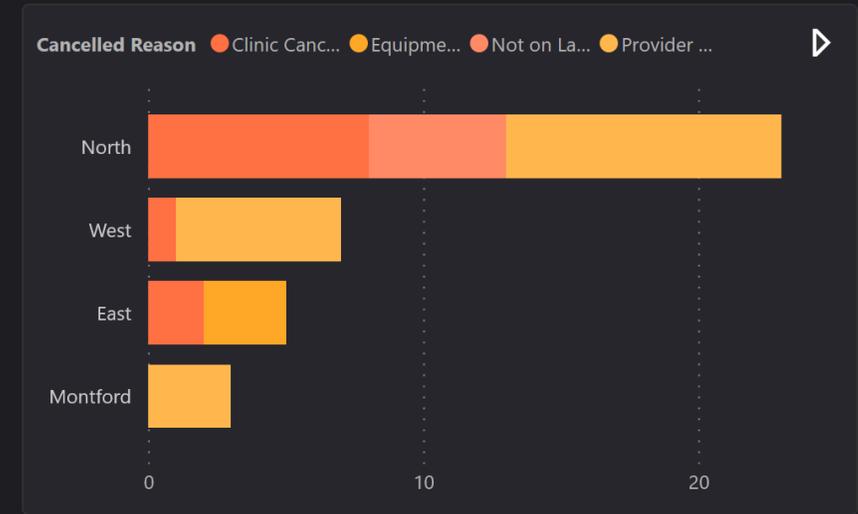
Patients Seen to Expected



% Scheduled Appts Seen Today

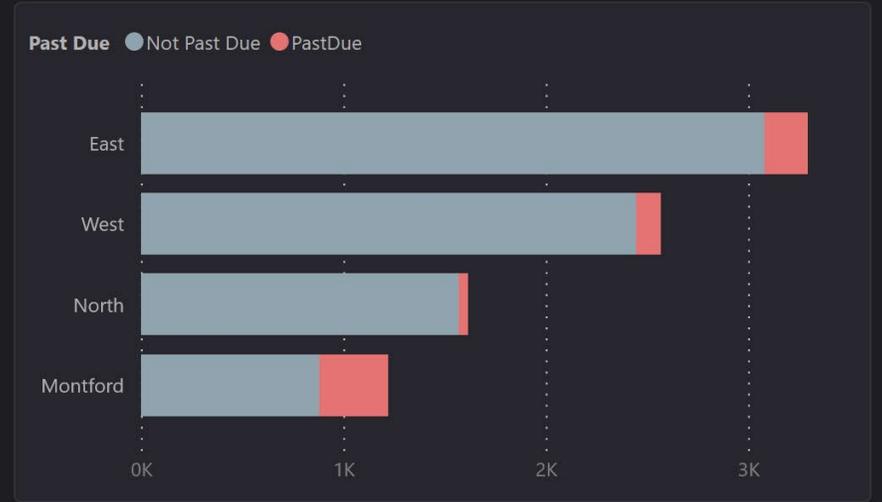
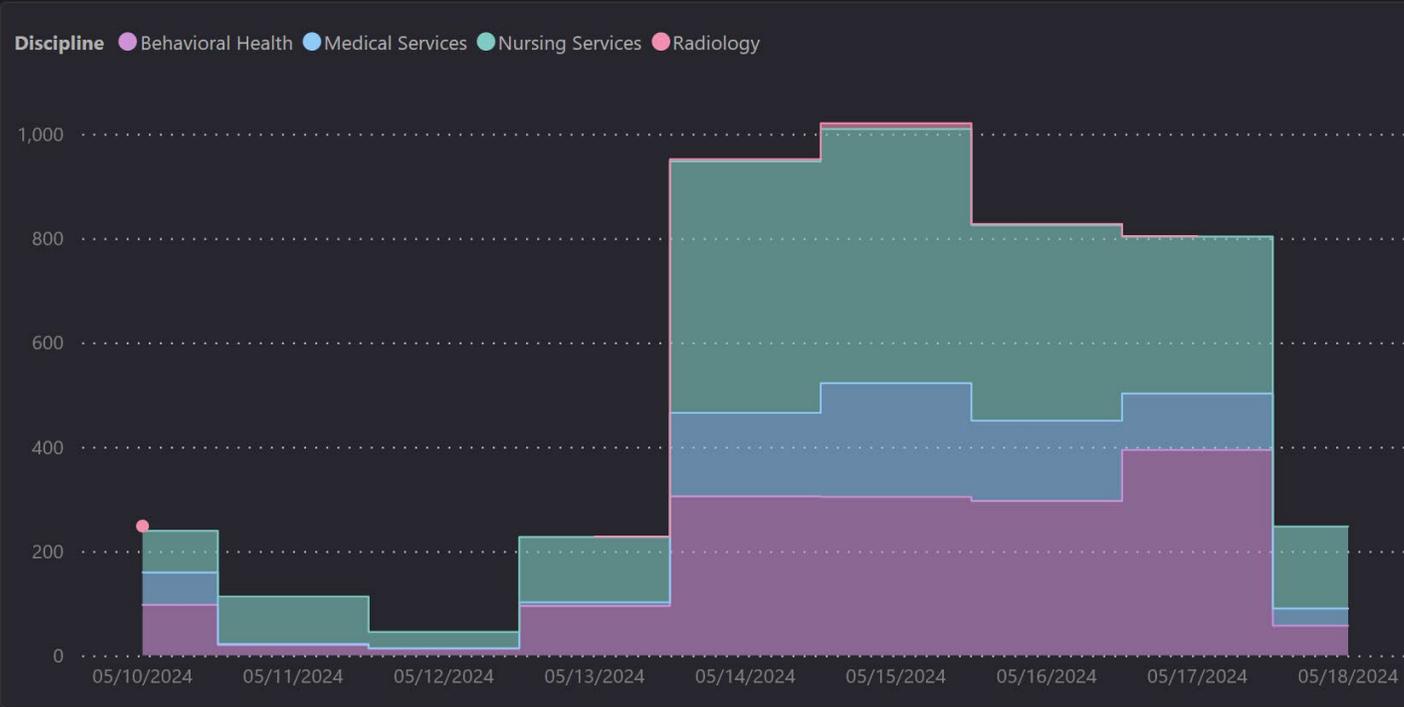


Appts Not Seen



Cancelled Reasons

Scheduling Demand



Demand by Region / Unit

Behavioral Health

481

Past Due Appts

2815

Future Appts

3259

Reminders

Medical Services

31

Past Due Appts

1250

Future Appts

1380

Reminders

Nursing Services

198

Past Due Appts

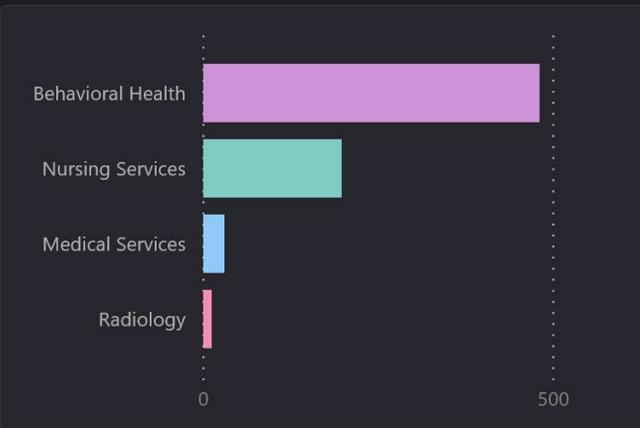
3868

Future Appts

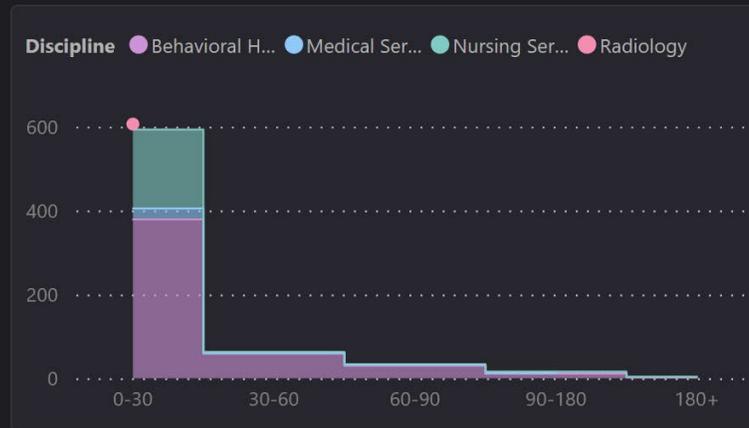
6814

Reminders

Demand Outlook by Discipline



Past Due Appts by Discipline



Past Due Appts by Age Category

Medical Primary Care Availability and Demand



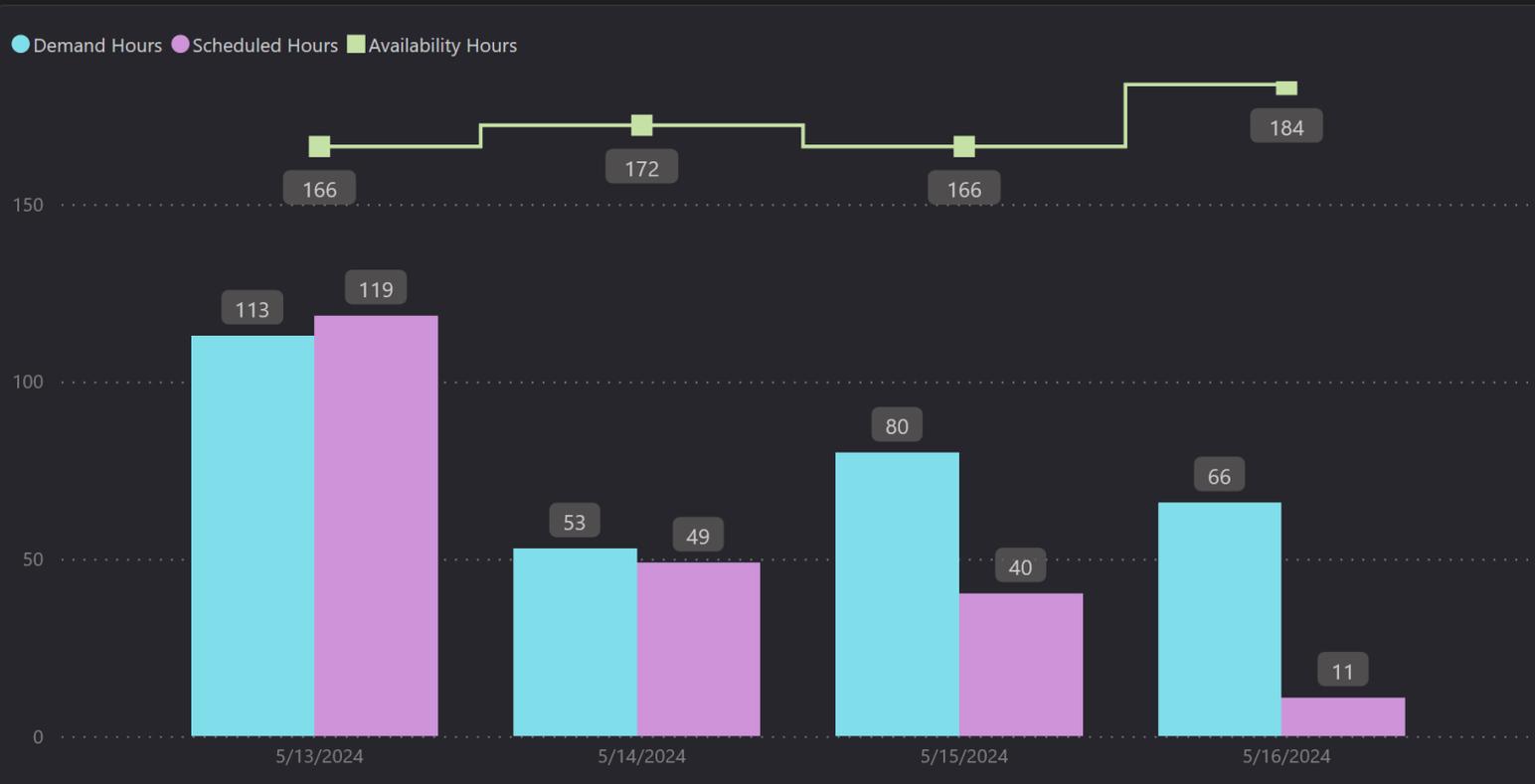
82.9

Mean Daily Demand Hrs

98

Standard Staffed Hours

Medical Provider Availability Compared to Demand



Demand and Availability Outlook

Unit	Day	Provider	Hours
Allred	5/13/2024	EASTRIDGE, JOSEPH M.	7
Allred	5/13/2024	NAVARRO, ROBERTA J.	5
Allred	5/13/2024	ODAL, MARCIA J.	7
Allred	5/14/2024	EASTRIDGE, JOSEPH M.	7
Allred	5/14/2024	NAVARRO, ROBERTA J.	5
Allred	5/14/2024	ODAL, MARCIA J.	7
Allred	5/15/2024	EASTRIDGE, JOSEPH M.	7
Allred	5/15/2024	NAVARRO, ROBERTA J.	5
Allred	5/15/2024	ODAL, MARCIA J.	7
Allred	5/16/2024	EASTRIDGE, JOSEPH M.	7
Allred	5/16/2024	NAVARRO, ROBERTA J.	7

Providers and Hours

Standardized workflows

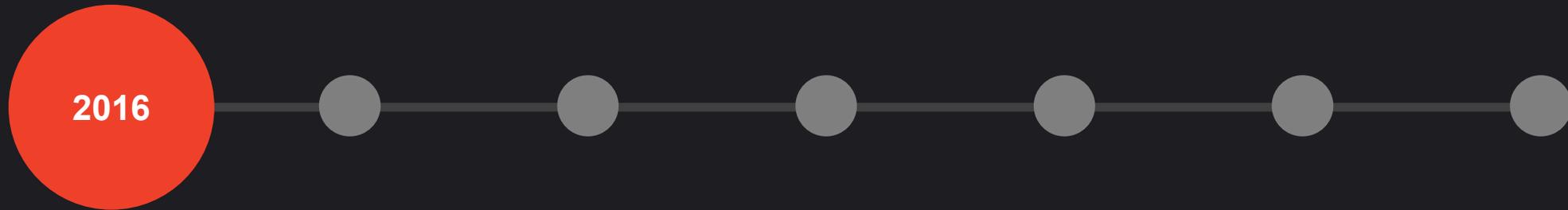
Standardized workflows

- Scheduling and patient registration
- Utilization management, specialty care, decision support
- Internal audits, third party review, accreditations (ACA, URAC)
- Family call and other patient services

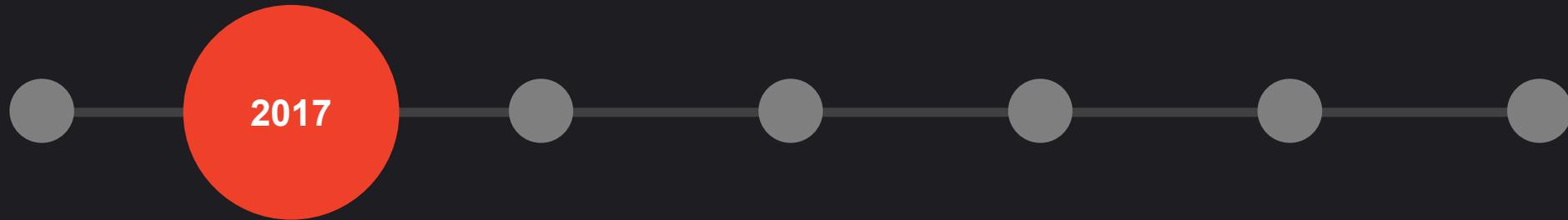
Virtual Care / Telehealth

- Telehealth began in 1998 with Mental Health
- From 1998 to 2016 saw 10,000 patients per year
- From 2016 to present we've expanded services and platforms, and are seeing 78,000 visits per year

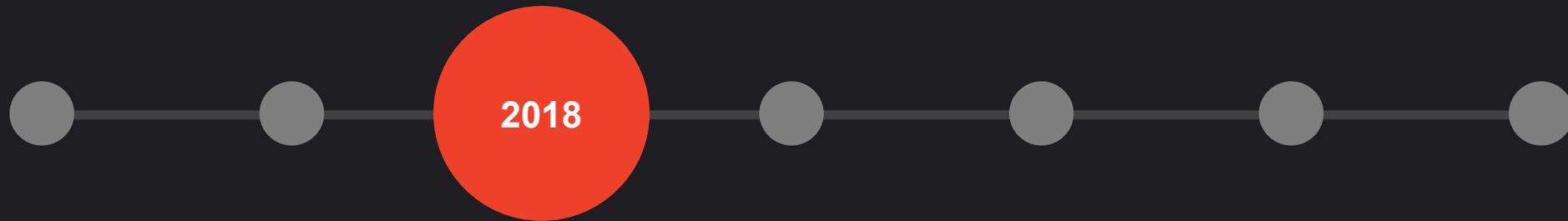
Telehealth with internal provider who had bandwidth in her unit, to augment other sector facilities which had provider resource constraints.



Expanded partnership with TTUHSC School of Medicine to provide specialty telehealth services to improve access-to-care and reduce movement in our sector.



Engaged with community ophthalmologist for tele-optometry for eye exams and diabetic retinopathy screenings.

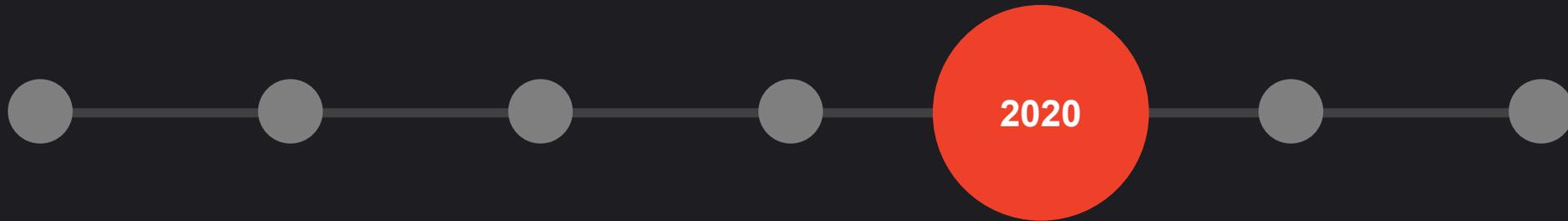


Telehealth 1.0 Initiative – Provider Engagement

Upgraded technology for scheduling and presentation to simplify the providers' administration of their telehealth clinics. Expanded telehealth machines from 10 to 50.



In March 2020, when the pandemic started, Managed Care was well-prepared to transition to remote work with our Telehealth 1.0 initiative. In less than 7-days providers and workers were converted to remote work, and patient care was minimally affected.

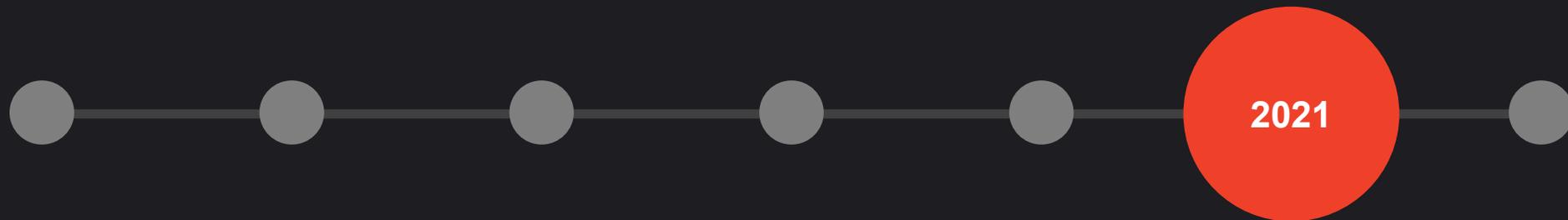


October 2020 – URAC Accredited

Telehealth 2.0 – Optimization for quality and training of providers

Re-engineered training and guidance for providers, presenters, and administrators.

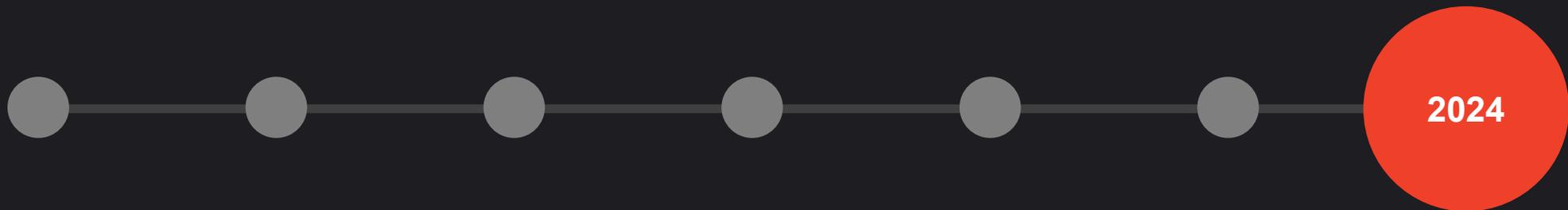
Expanded access to telehealth peripherals (stethoscopes, exam cameras, otoscopes) for every telehealth machine (70+)



Telehealth 3.0 – Expanded services and optimized resourcing

Initiated tele-dentistry program for oral exams to extend dentists' reach.

Improved technology to enable non-nursing team members to present patients to providers for medical services.

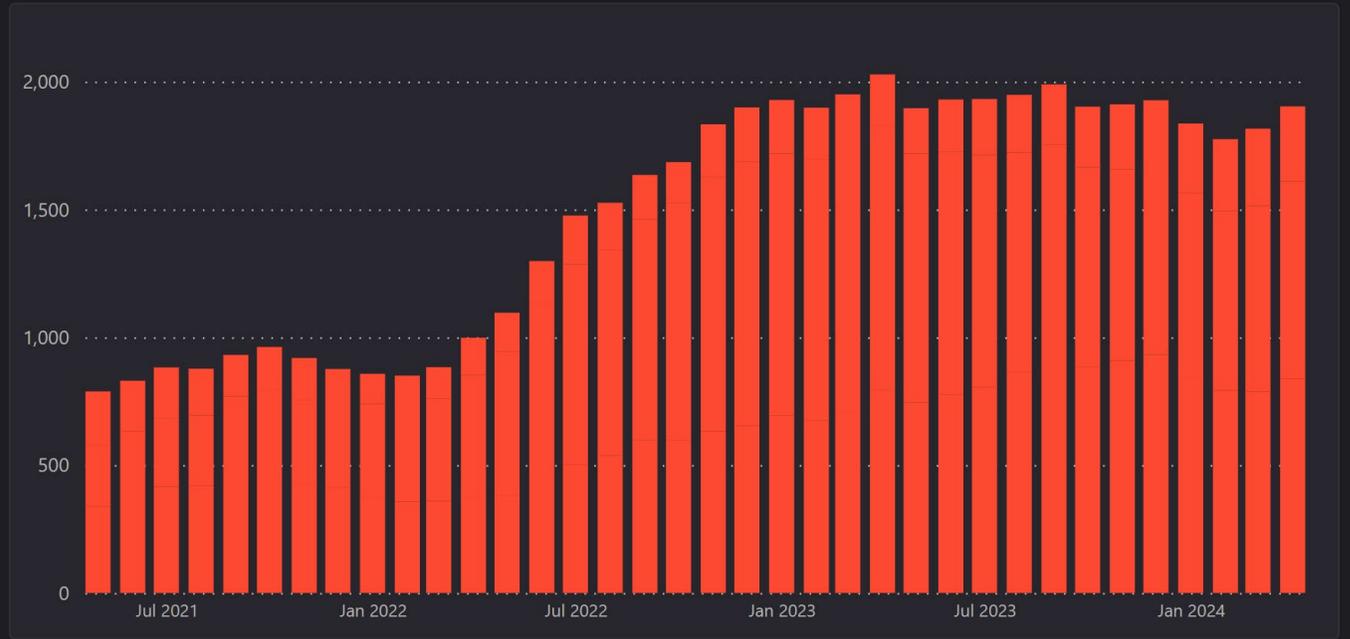


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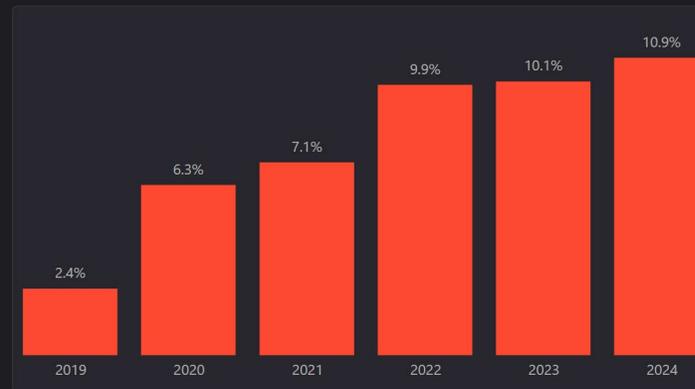
Annual Telehealth Encounters

10.9%

Patient Encounters Are Telehealth



Telehealth Patient Population Trend



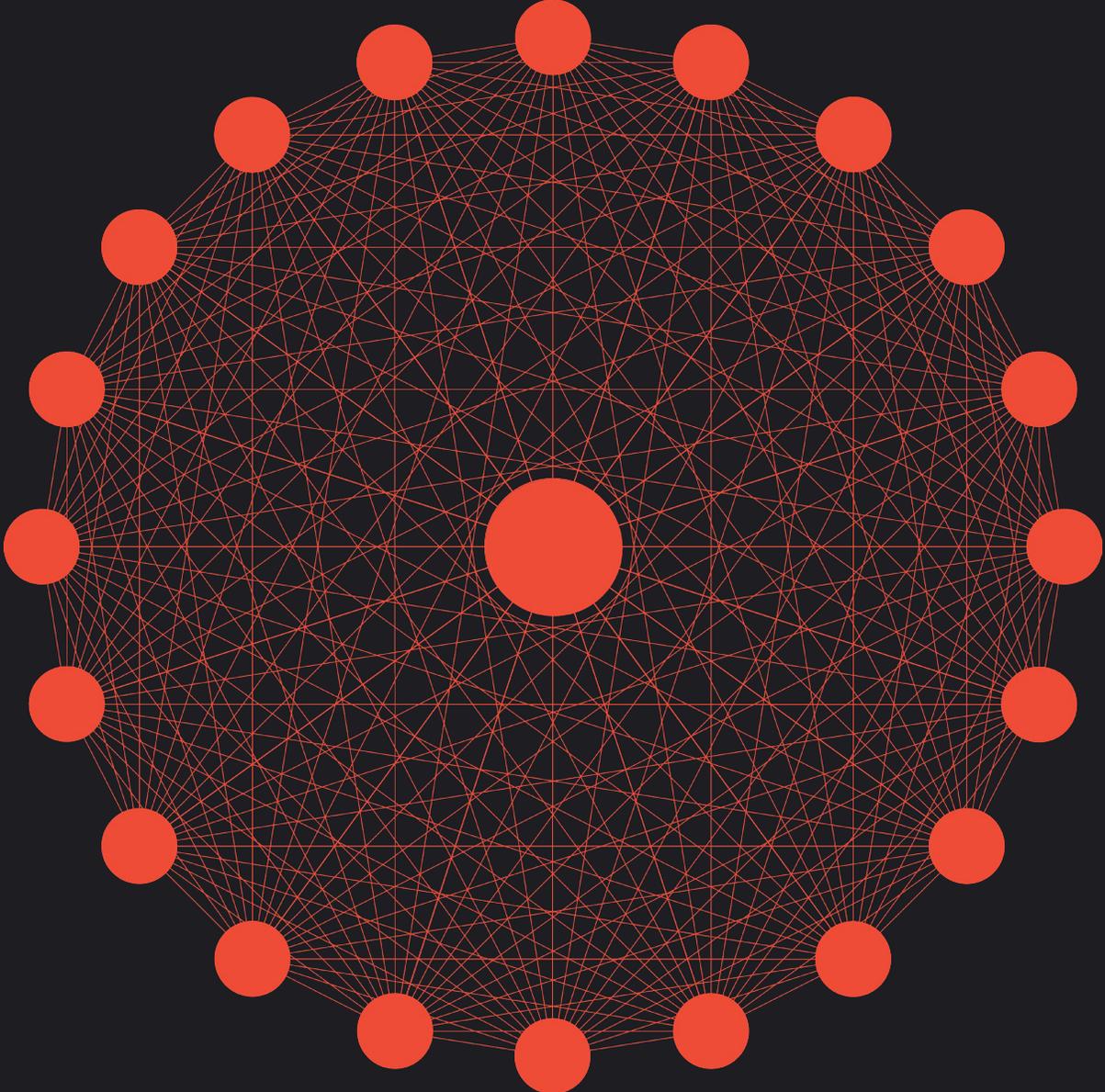
Telehealth Encounters Trend

	Overall Patient Control Rate	Traditional Patient Control Rate	Telehealth Patient Control Rate
Diabetes A1c	77.6%	78.4%	72.5%
Diabetes BP	73.4%	73.4%	73.5%
Diabetes Statin Therapy	96.3%	95.9%	99.1%
Diabetes Nephropathy	95.5%	95.1%	98.1%
Asthma Care	93.9%	93.8%	96.7%
Hypertension BP	69.2%	69.2%	69.6%
Coronary Artery Disease	83.6%	82.8%	92.7%

Health outcomes comparison between Traditional patients and Telehealth patients.

Based on HEDIS benchmarks and standards

“Telehealth All”



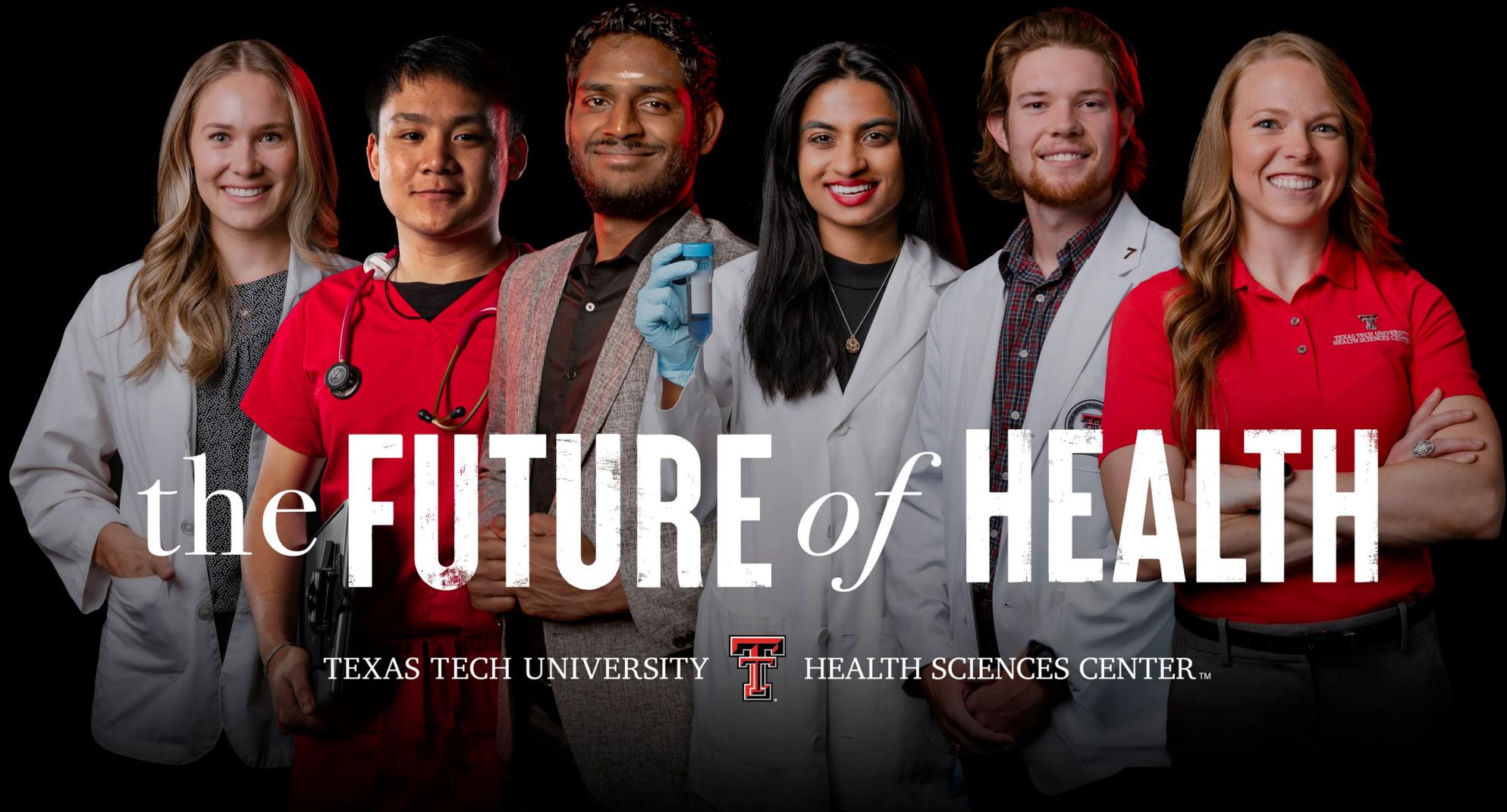
What is “Telehealth All”

- All Providers are *telehealth* providers
- Staffing model informs how to dedicate resources
- Remaining *time* allocated to the entire health system via telehealth

Managed Care's “Future of Health”

Managed Care's future

- Virtual nursing
- 340b for STI's
- Medication administration – Pill Pak
- Centralized lab services with TTUHSC
- Tablet based Sick Call and patient communications
- Virtual, specialty hubs with specialized technology



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