

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

March 22, 2021

1:00 p.m.

Conference Line
Dial In: (877) 226-9790
Access Code: 1101666

Zoom Registration

https://tdcj-texas-gov.zoom.us/webinar/register/WN_qnAKWkNBTA24SWXJGvnStw

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YouTube Channel Link for Livestream

<https://www.youtube.com/texasdepartmentofcriminaljustice>

- I. Call to Order
- II. Recognitions and Introductions

Resolution of Appreciation to the Texas Tech University Health Sciences Center and the University of Texas Medical Branch Correctional Managed Care nursing staff and bedside caregivers
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, December 9, 2020
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Restrictive Housing Mental Health Monitoring
 4. University Medical Directors Reports
 - Texas Tech University Health Sciences Center
 - The University of Texas Medical Branch
 5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports

V. Medical Directors Updates

1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2021 First Quarter Report
 - COVID-19 Vaccination Update
 - Inclement Weather Response Update

2. Texas Tech University Health Sciences Center

3. The University of Texas Medical Branch

VI. Update on the CMHCC Joint Dental Working Group and Correctional Dentistry

Cecil Wood, D.D.S.
Managing Dental Director
TTUHSC Managed Care

VII. Public Comments

VIII. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
December 9, 2020

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (cont.) - Dr. Greenberg - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities</p> <p>IV. Update on Financial Reports - Rebecca Waltz</p> <p>V. Medical Director's Updates -TDCJ – Health Services Division FY 2020 Fourth Quarter Report - Dr. Lannette Linthicum</p>	<p>The fourth consent item was the approval of the FY 2020 Fourth Quarter University Medical Director's Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2020 Fourth Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz reported on statistics for the Fourth Quarter of FY 2020, 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>Ms. Waltz answered that pre-COVID a spend forward request was made using projections based on expenditures at the time. The actual amount that was needed was less which reflects a decrease in expenses.</p> <p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2020 Fourth Quarter TDCJ Medical Director's Report.</p>	<p>Dr. Greenberg asked what impact COVID-19 has had on the budget overall.</p>	<p>Dr. John Burruss made a motion to approve all consent items, and Dr. Lannette Linthicum seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates (cont.) - Dr. Linthicum</p> <p>- Texas Tech University Health Sciences Center - Dr. Denise DeShields</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p>	<p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported COVID-19 statistics for the TTUHSC sector. Since the beginning of the pandemic, they have had 852 symptomatic positive inmates, 148 of those required hospitalization (17%), 31 of those patients required ventilator support and they have had 29 COVID-19 deaths. They have had 194 employees test positive, 18 of which are currently active and there has been one employee death. Dr. DeShields stated that she appreciates the recognition of the frontline staff.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that there will be no impact to staffing due to the closure and idling of these units. There are vacancies across comparable facilities that they will move employees to. Dr. Murray reported that although there has been a decline in the overall inmate population, the inmate population over 55 has not really changed. There has been a decrease in cost with COVID-19 restrictions in place since they are not doing the normal offsite elective work. However, the biggest cost drivers have not changed, which is the over 55 population.</p>	<p>Dr. Linthicum added that TDCJ is closing the Scott Unit and idling the Gurney and Neal Units. Staff from those units will be relocated to other units in the area. The expectation of the duration for the idle units is about six months.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates (cont.)</p>	<p>Dr. Murray stated that he appreciates the recognition being given to the frontline staff. Appreciation is something we can never give anybody enough of, and certainly those people who are out on these facilities caring for these patients will find this extremely meaningful.</p>	<p>Dr. DeShields reported that there will be no impact to staffing due to idling. The 21 employees from the Neal Unit have been moved to the Clements Unit and will be moved back after Neal reopens.</p> <p>Dr. Greenberg asked if they could think of a way to get the Resolution of Appreciation out to the frontline staff. Under normal circumstances, it would be presented formally at a CMHCC meeting.</p> <p>Dr. Linthicum answered yes, the Joint Medical Directors will come up with a way to present them. She stated that when they first discussed this recognition, staff had completed over 3 million encounters. They will get some updated encounter numbers.</p> <p>Justin Robison agreed to get current encounter numbers.</p> <p>Dr. Hudson asked if there were any updates regarding access to the COVID-19 vaccine for the staff.</p> <p>Dr. Linthicum answered the Joint Medical Directors put together a multidisciplinary COVID-19 Vaccine Committee. Each unit had to be registered twice, once with the Centers for Disease Control and Prevention (CDC) and once with Department of State Health Services (DSHS). All registrations were received and all but 12 have been accepted to date.</p>	

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<p>VI. Overview of the CMHCC Joint Mental Health Working Group and an Overview of TTUHSC CMC Behavioral Health Services (cont.) - Dr. Marks</p>	<p>Dr. Marks began with an overview of the Joint Mental Health Working Group (JMHWG). The JMHWG members are appointed biennially by the Joint Medical Directors. The JMHWG was established to ensure a strategic statewide approach to mental health services. Dr. Marks stated she is new to the role of committee chair and that the group is actively engaged in collaborative efforts.</p> <p>Dr. Marks reported the JMHWG meets bimonthly and is charged with development of mental health treatment and management guidelines, as well as the development of mental health initiatives; ensuring alignment with clinical practice guidelines of the American Psychiatric Association, American Psychological Association, American Counseling Association, and American Correctional Association, and making recommendations for policy changes as needed; reviewing and making recommendations to the CMHCC Joint Policy and Procedure Committee on all mental health policies and procedures; identifying and addressing opportunities for coordination and collaboration across state agencies; identifying strategies to improve and strengthen access to mental health programs and services and enhancing statewide service coordination.</p> <p>Dr. Marks next reported on the behavioral health services in the TTUHSC sector. The Texas Tech sector provides quality comprehensive mental health and psychiatric services to approximately 20% of the inmates incarcerated in TDCJ facilities. They serve 23 units and approximately 28,000 male inmates. Behavioral services provided include inpatient, outpatient, crisis management, sheltered housing and special programs. They have 537 inpatient beds and 468 special programs and crisis management beds. There are approximately 6,500 inmates on the behavioral health caseload.</p>		

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<p>VI. Overview of TTUHSC CMC Behavioral Health Services (cont.) - Dr. Marks</p>	<p>Dr. Marks next reported on the scope of inpatient, outpatient and special programs. They provide crisis management and 24 hour / 7 days a week on-call psychiatric services, diagnostic and psychiatric evaluations, multidisciplinary treatment teams, psychotropic medication management, individual and group psychotherapy and educational services. COVID-19 has impacted group therapy, but individual therapy is ongoing. Dr. Marks reported they are seeing more inmates with dual diagnosis, with both behavioral health and medical needs.</p> <p>Dr. Marks reported outpatient behavioral health services include intake behavioral health assessments, psychosocial evaluations, sick call request triaging and assessments, safety assessments, Prison Rape Elimination Act (PREA) referrals and assessments, referrals to inpatient, crisis management and special programs and psychotropic medication management by a psychiatrist or an advanced practice provider. The average outpatient encounters were down from 5,632 at the end of FY19 to 4,579 at the end of FY20. Outpatient psychotropic medication is up from 4,194 at the end of FY19 to 4,230 at the end of FY20. The outpatient census continues to increase from 6,526 at the end of FY19 to 6,823 at the end of FY20.</p> <p>Dr. Marks next reported on the special programs at the Clements Unit. The Clements Unit has 14 crisis management inpatient beds, Chronically Mentally Ill - Sheltered Housing (CMI-SH) which has 78 beds, the Program for the Aggressively Mentally Ill Offender (PAMIO) which has 246 beds, and the Chronically Mentally Ill Treatment Program (CMI-TP) which has 130 beds. These programs are consistently at or near bed capacity.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn thanked Dr. Marks and shared that she has done a great job in her new role as Chair of the JMHWG. Dr. Penn reported UTMB CMC provides quality mental health and psychiatric care, access to care, continuity of care and comprehensive mental health and psychiatric services to approximately 80% of the inmates incarcerated in TDCJ facilities.</p> <p>Dr. Penn reported the scope of services provided in the UTMB sector. They offer a full range of outpatient, crisis management, inpatient and special programs. The majority of the inmate population served is male. The total female population just over 12,200, which is a 9/1 ratio. Crisis management and on-call psychiatric services are available 24 hours a day, 7 days a week. Mental health screening and triage are available at 78 facilities upon request or referral. There are 20 intake facilities where all inmates are triaged upon arrival into TDJC custody, after which the inmates are moved to a facility where the services they require are available. The census from October 2020 was 19,833 on the outpatient caseload, 17,329 of those inmates are on psychotropic medication(s) and are followed by a psychiatric provider. That is approximately 90% of the outpatient caseload on psych meds. The inpatient census was 981.</p> <p>Dr. Penn reported on routine services offered in the UTMB sector. Intake assessments and referrals as needed, outpatient psychiatric evaluations and treatment, psychotropic medication management, psychological testing, individual and group psychotherapy, restrictive housing mental health rounding, education about psychiatric illness and its management and skills building, case management services, mental health observation status, suicide and violence risk assessments which are clinical, not forensic and PREA generated mental health referrals.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn next reported specialty services offered in the UTMB sector. Crisis management and treatment tracks, the Developmental Disabilities Program (DDP), neurocognitive disorder program and the Treatment and Relapse Prevention Program (TARPP) case management program. Specialty services unique to UTMB are death row inmates, services for female inmates, gender dysphoria evaluations and a Youthful Offender Program (YOP).</p> <p>Dr. Penn reported on the weekend review of inmates on Constant and Direct Observation (CDO). This is a telehealth program initiated in December 2016 on seven units. Inmates on CDO are assessed via telehealth and a determination is made as to whether or not the inmate needs to remain on CDO. The program has since been expanded to include 22 units. In 2019, 1,686 assessments were completed, and 879 inmates (52.1%) were released from CDO.</p> <p>Dr. Penn reported on suicide risk screening of Pre-Hearing Detention (PHD) Placements and after Offender Protection Investigations (OPI) reviews. The PHD program was initiated in December 2017 as a pilot at 3 units and was expanded to all TDCJ facilities in May 2019. Since then, staff have averaged 2,327 screenings per month. They have identified an average of 226 offenders monthly that require a full suicide risk assessment with an average of 22 then being referred for transfer to crisis management or CDO. The OPI program was initiated in December 2018 as a pilot at 3 units. Inmates are screened for suicide risk prior to being returned to regular housing after the unit concludes an OPI. The process has since been expanded to all units effective May 2019. A monthly average of 877 screenings have been completed with 294 identified as in need of a full suicide risk assessment.</p> <p>Dr. Penn reported on the specialized group therapy programming on trauma for female inmates. This program was initiated in spring 2018 at several female units. The plan is to expand this program to other female units. They see a lot of female inmates with major trauma issues.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn next explained TARPP. This is a case management program developed to ensure inmate patients with SMI receive a continuum of care throughout the system. The goal is to reduce relapse, decompensation and risk of recidivism. The program provides case management and tracking regardless of where inmates are housed or their custody level. It is available to both males and females. The target population is inmates with SMI who require case management, ongoing monitoring and continuity of care including discharge planning.</p> <p>Dr. Penn reported the mental health caseload numbers have increased year after year. 2020 saw a decrease, which is attributed to significantly reduced county jail intakes due to the pandemic.</p> <p>Dr. Penn reported the UTMB sector has several behavioral health units. The Skyview Unit is located in Rusk and has 562 beds and houses both males and females. Skyview offers crisis management, diagnostic & evaluation (D&E) and the following programs: acute care, partial remission psychotic, chronic psychotic, mood disorders and impulse control. The Jester IV Unit is in Richmond and is a mostly male unit offering 550 beds. The Jester IV Unit offers the same services and programs as the Skyview Unit in addition to a neurocognitive disorders program. The Mountain View Unit is in Gatesville and offers crisis management and has 20 female beds.</p> <p>Dr. Penn reported on civil commitments. The civil commitment process is lengthy. Up to 2016, civil commitments were made from Skyview. As of April 2016, civil commitments began at Jester IV in addition to Skyview for UTMB and Montford for Texas Tech.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn explained the DDP. The mission of the DDP is to provide opportunities to inmates with developmental disabilities to acquire those skills necessary to enable them to function more successfully within the least restrictive environment. DDP inmates are provided with access to a variety of services designated to improve their functioning and address situational and adjustment issues and co-morbid mental health conditions. They take as many patients as they can in this program. The target population is those who need to be in sheltered housing. It is available to male and female inmates with intellectual and other developmental disabilities that require further evaluation, testing and treatment services. It has structured programming including individual and group therapy, education and vocational training. The goal is to assist DDP clients in improving their adaptive behavioral skills in order to live a more productive and successful life upon their release from the DDP and TDCJ. The male DDP is at the Hodge Unit and the capacity is 645. The female DDP is at the Crain unit and the capacity is 106. The Crain Unit DDP also offers an Occupational Therapy Program.</p> <p>Dr. Penn explained the Mental Health Therapeutic Diversion Program (MHTDP). The mission statement of the MHTDP is to effectively and efficiently provide for the mental health needs of restrictive housing inmates identified as requiring such services with the goal of assisting them to achieve the optimal level of functioning in a therapeutic setting so they can successfully transition into a less restrictive housing assignment.</p> <p>Dr. Penn reported the MHTDP for the female population is at the Murray Unit in Gatesville. It began in February 2019 and currently has a capacity of 44, which in the future will increase to 100. The MHTDP offers treatment programs including: individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn reported the MHTDP for male inmates is at the Hughes Unit in Gatesville and the Michael Unit in Tennessee Colony. MHTDP at the Hughes Unit began September 2014 and the capacity is 420, which includes 100 chronic mentally ill (CMI) beds. The treatment plans offered include: individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment. The same treatment plans are offered at the Michael Unit which has 420 capacity and began in August 2016. As of October 2020, there have been 9 successful completions at the Murray Unit, 437 at the Michael Unit and 728 at the Hughes Unit.</p> <p>Dr. Penn explained the rationale for telepsychiatry in the correctional environment. There is a national and statewide shortage of psychiatrists and mental health professionals, with the additional challenge of recruiting staff to units typically in rural and/or remote locations. It allows for improved use of psychiatric provider time, increases psychiatry specialty consultation and the “hub” model fosters collegial group practice interactions and clinical supervision of psychiatric nurse practitioners and physician assistants. There is cost savings as it reduces travel expenses for staff and programs and lowers the cost of transport which requires 2:1 ratio of security staff to inmate for offsite psychiatric services.</p> <p>Dr. Penn reported current challenges for the UTMB sector. The number of inmates with mental disorders and SMI entering the system continues to increase. The severity of mental illness among inmates is significantly more complex than it was a decade ago. Additional behavioral health unit inpatient space and step-down sheltered housing is needed for SMI patients. Recruitment and retention of qualified psychiatric and mental health staff continues to be a concern. The majority of inmates diagnosed with a SMI also suffer from a chronic medical condition such as Asthma, Diabetes, Hepatitis C, Hypertension or Seizure Disorder. The growing and aging population of more serious medical and psychiatric comorbidities suggest a need for additional med/psych capacity. The self-mutilating and self-harming patient population is increasing and poses unique challenges.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn reported the final challenge he would like to share is, maintaining continuity of care and access to care during a pandemic with staff and family exposures and COVID-19 and non-COVID-19 illness, childcare needs, security shortages and unit lockdowns.</p> <p>Dr. Penn answered that inpatient is continually at capacity, he believes the outpatient caseload numbers will go back up and will continue to rise over the years. Dr. Penn shared that there is also a growing number of dually diagnosed patients with substance use issues which poses a further disease burden to mental health.</p> <p>Dr. Penn reported 70-80% have some mental health issue in addition to their substance use disorder.</p> <p>Dr. Penn shared that there is also a large population of sex offenders and many of these inmates also have co-occurring disorders, such as trauma from abuse. Dr. Penn stated that the facility staff do a tremendous job caring for the patient population. Not only in mental health, but in all aspects of patient care.</p>	<p>Dr. Greenberg asked what the anticipated capacity shortfall is when things return to “normal”.</p> <p>Dr. Linthicum shared that there are specialized units called Substance Abuse Felony Punishment Facility (SAFPF). There are several that are designated as special needs SAFPFs for both male and female inmates. UTMB provides behavioral health services to these SAFPF inmates. Many of these inmates are mental health patients with a co-occurring substance use disorder.</p> <p>Dr. Linthicum shared that TDCJ has expanded sheltered housing units for the female and male population. They are seeing a growing geriatric population due to old sentencing laws, i.e., the 3 strikes rule. It is also very difficult to get discharge plans for these inmates. They don’t have the support from the communities or their families.</p>	

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p> <p>VII. Public Comments - Dr. Greenberg</p> <p>VIII. Adjourn</p>	<p>Dr. Penn shared that they are trying to do everything they can for staff. They are trying not to burn out the existing staff, and recruit and fill vacancies in anticipation of the coming uptick that will occur when intake returns to “normal”.</p> <p>Dr. Greenberg thanked Dr. Penn and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. He asked if there was anyone on the line wishing to express comments. Hearing none, he next moved on to meeting adjournment.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for March 22, 2021 in Austin, Texas.</p> <p>The meeting was adjourned at 11:50 a.m.</p>	<p>Dr. Burruss commented that these programs are best practices and are hard to do in the best of circumstances. This is a demanding population, and he gives kudos to the programmatic interventions that go beyond medication. Dr. Burruss asked if it is likely that the pent-up demand in the county jails will unleash at some point.</p> <p>Dr. Linthicum answered yes, that is why they have idled rather than closed some units.</p>	

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

Date

Consent Item

TDCJ Health Services
Monitoring Reports



TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

**First Quarter, Fiscal Year 2021
(September, October and November)**

Rate of Compliance with Standards by Operational Categories

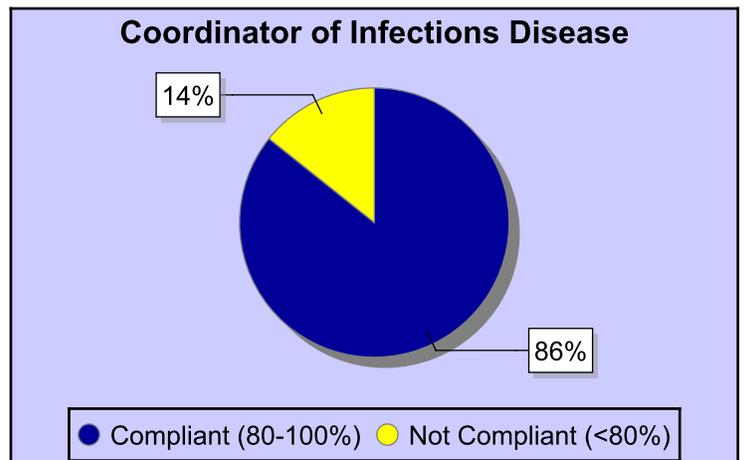
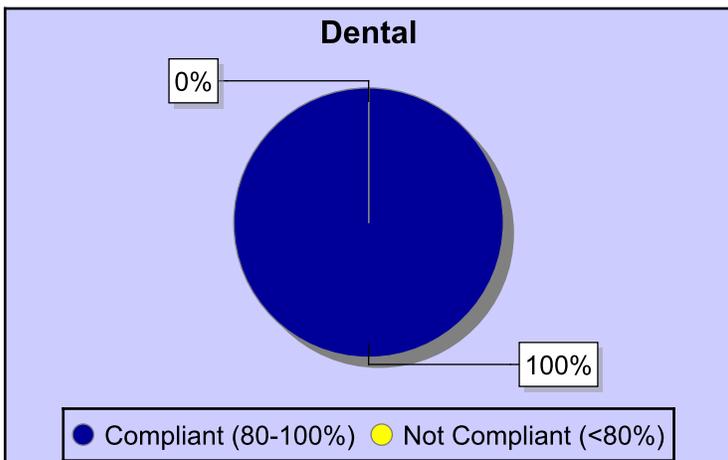
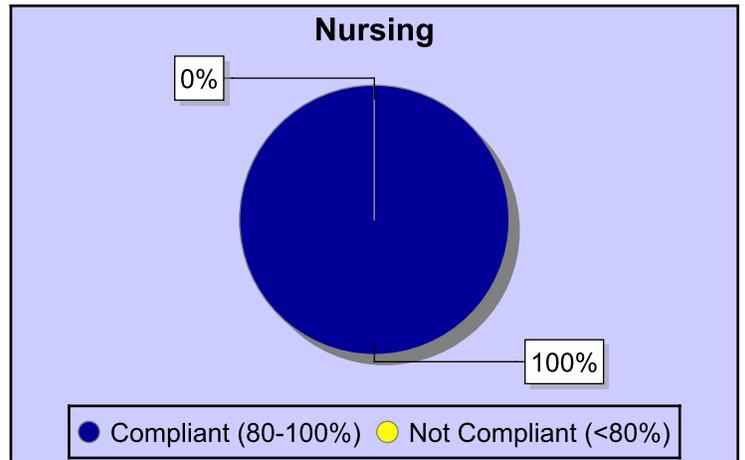
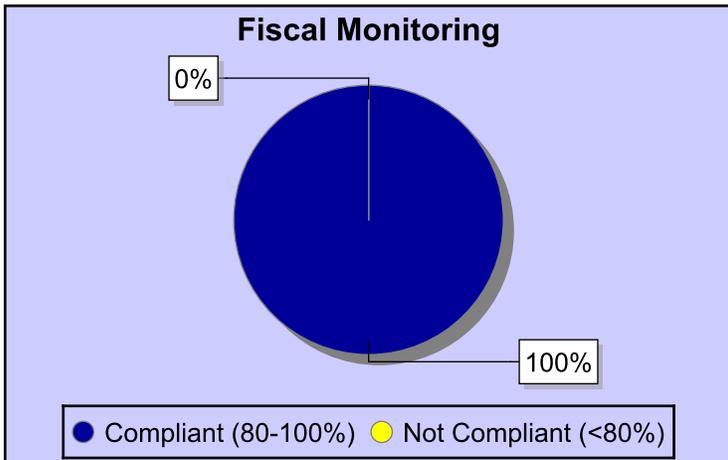
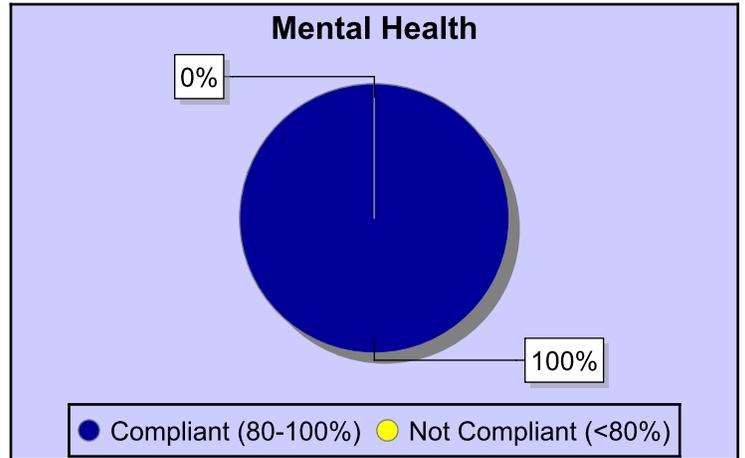
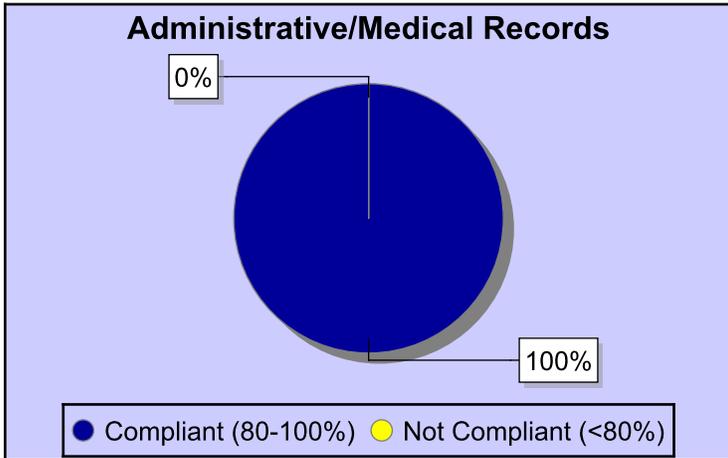
First Quarter, Fiscal Year 2021

September - November 2020

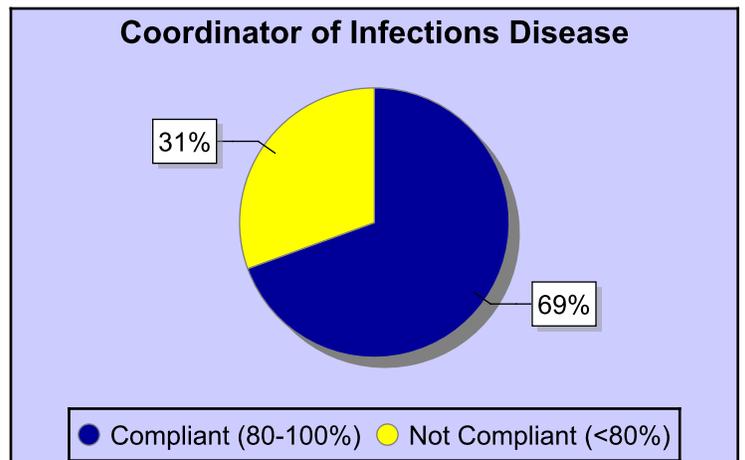
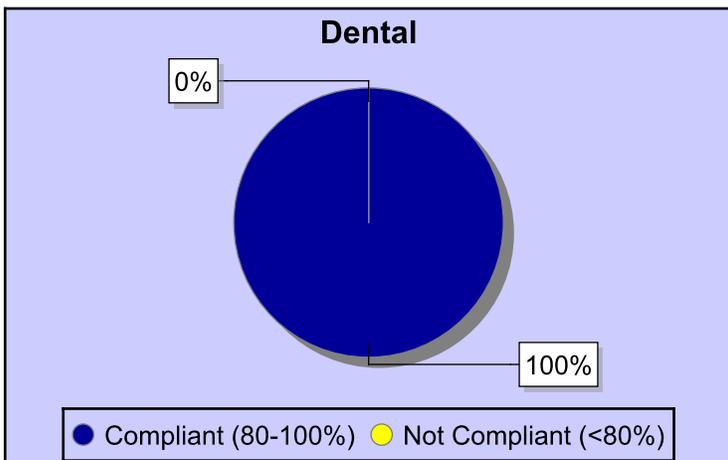
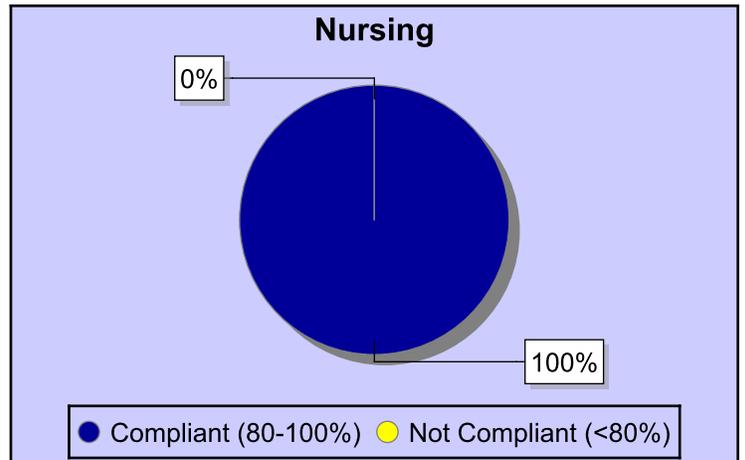
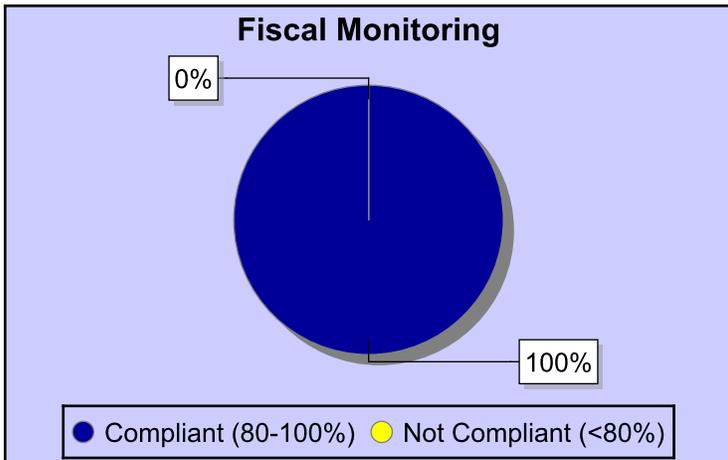
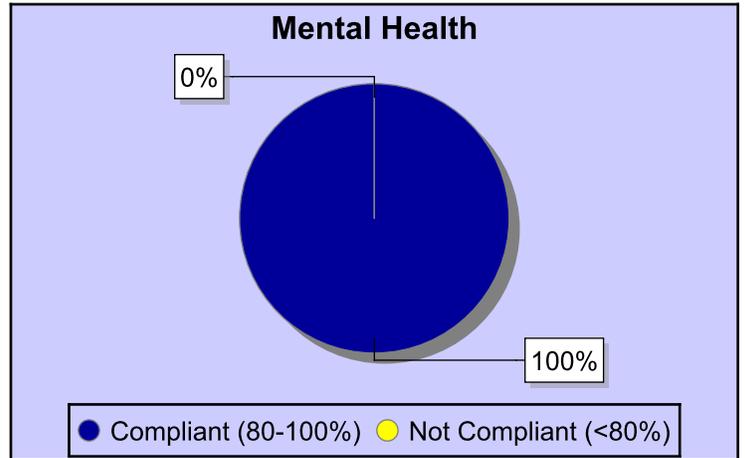
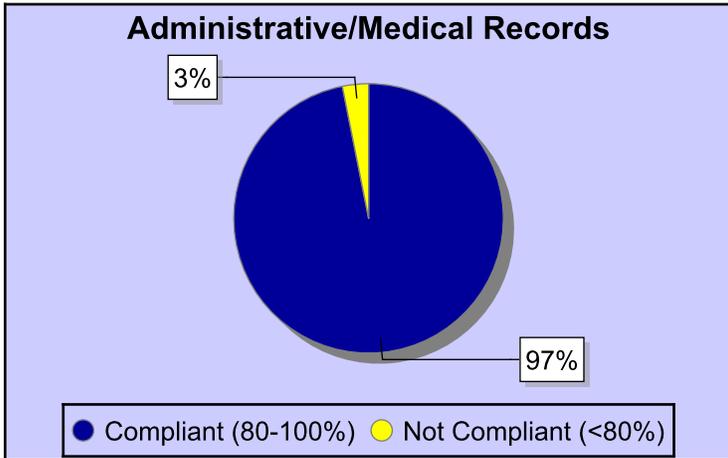
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Bell	30	30	100%	11	11	100%	28	24	86%	2	2	100%	2	2	100%	2	2	100%
Beto	32	31	97%	11	11	100%	36	25	69%	2	2	100%	15	15	100%	2	2	100%
Daniel	33	32	97%	11	10	91%	13	13	100%	2	2	100%	15	13	87%	2	2	100%
Dominguez	31	30	97%	13	13	100%	33	24	73%	3	3	100%	16	15	94%	2	2	100%
Rudd ISF	31	30	97%	13	12	92%	20	17	85%	2	2	100%	12	12	100%	2	2	100%
San Saba	31	31	100%	13	13	100%	20	18	90%	1	1	100%	14	14	100%	2	2	100%
Smith	33	31	94%	22	21	95%	28	17	61%	4	3	75%	25	23	92%	4	4	100%
Stiles	31	31	100%	11	8	73%	35	12	34%	2	2	100%	16	13	81%	2	2	100%

n = number of applicable items audited.

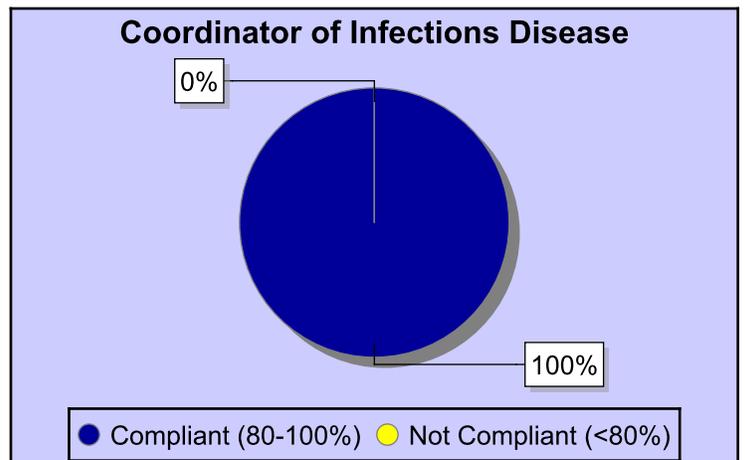
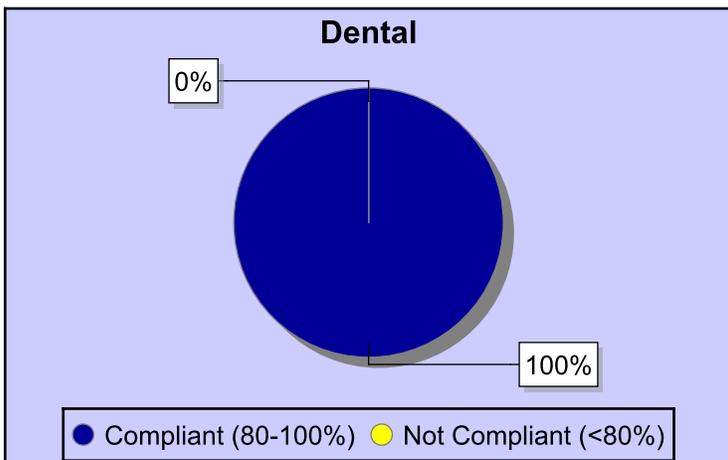
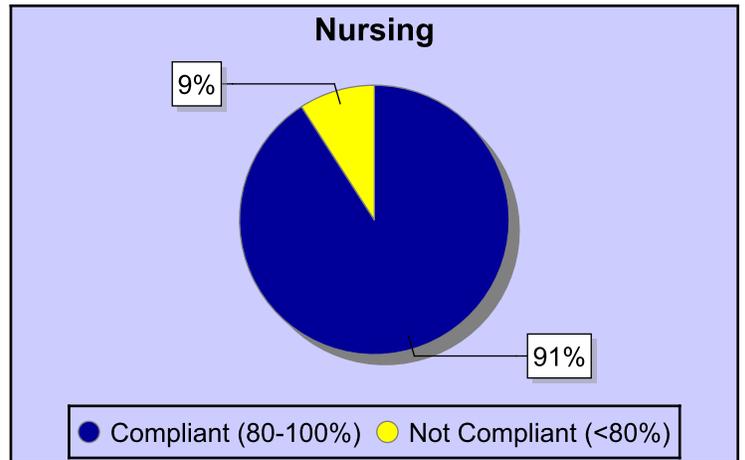
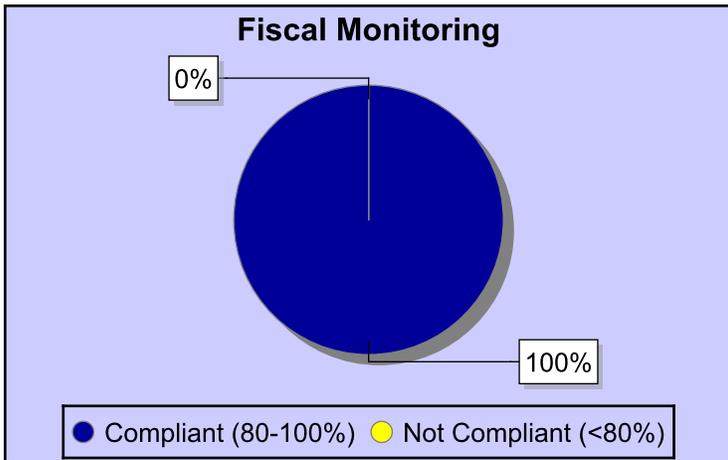
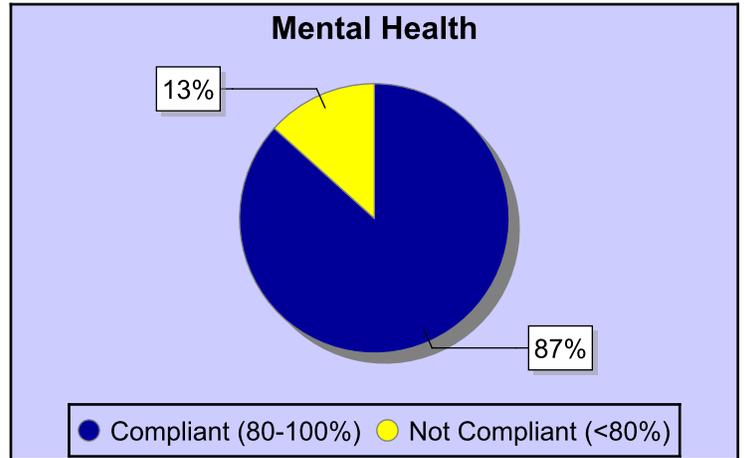
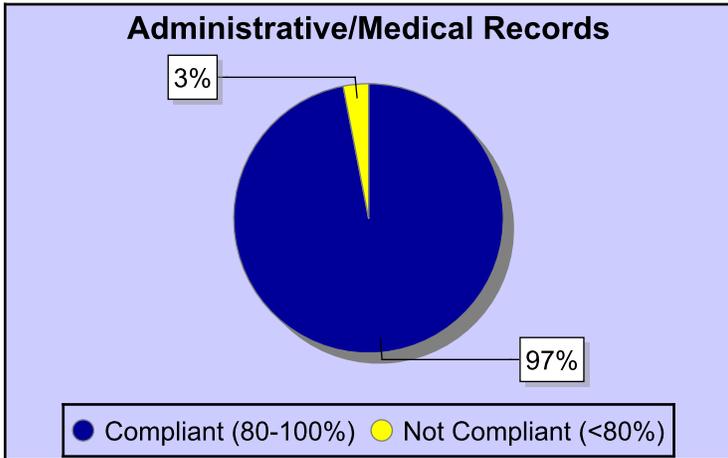
Compliance Rate By Operational Categories for
BELL FACILITY
November 02, 2020



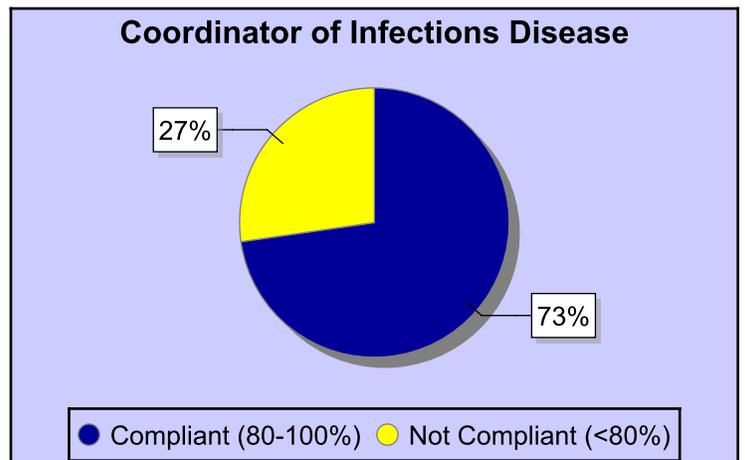
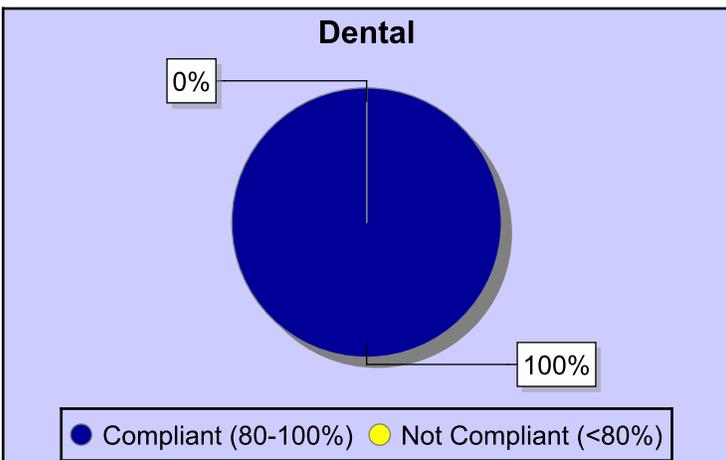
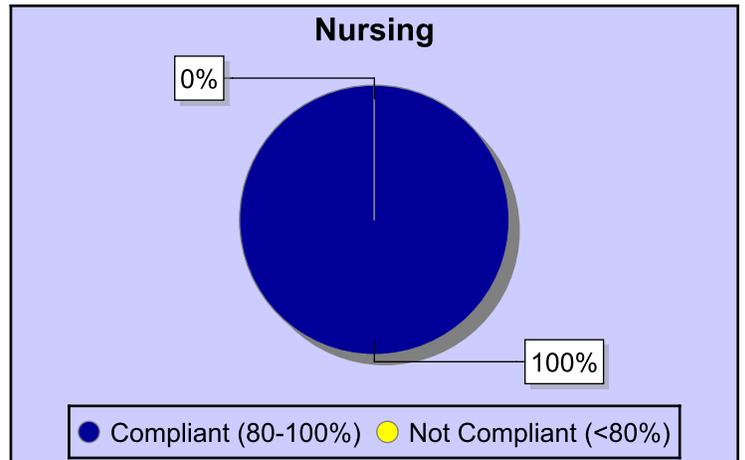
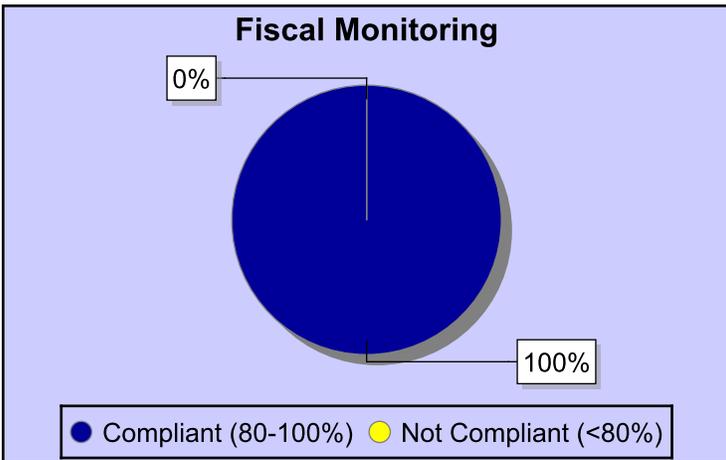
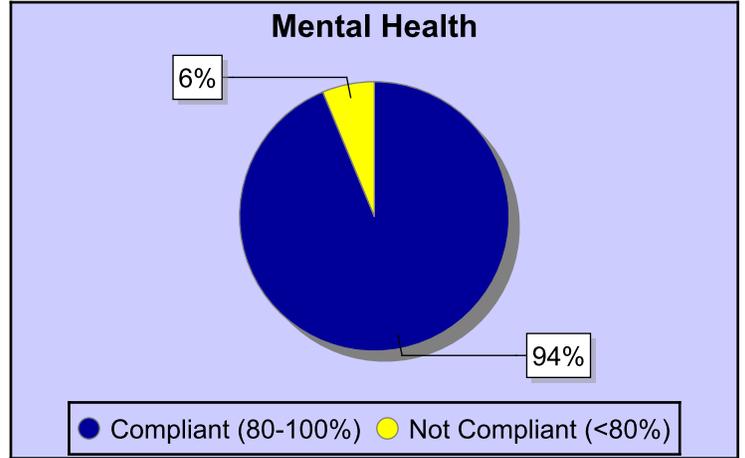
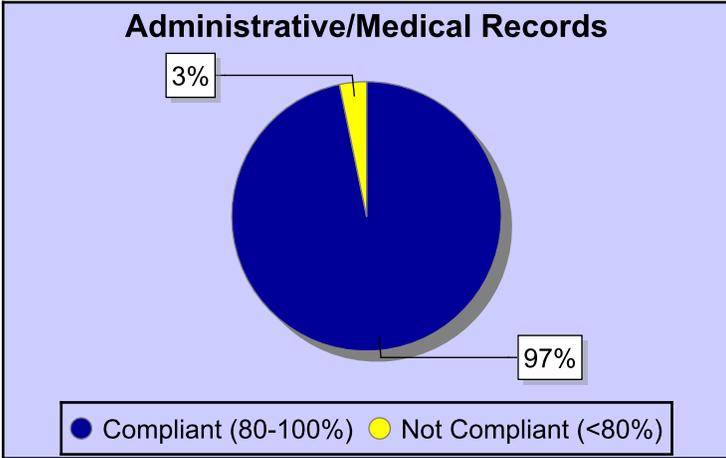
Compliance Rate By Operational Categories for
BETO FACILITY
October 05, 2020



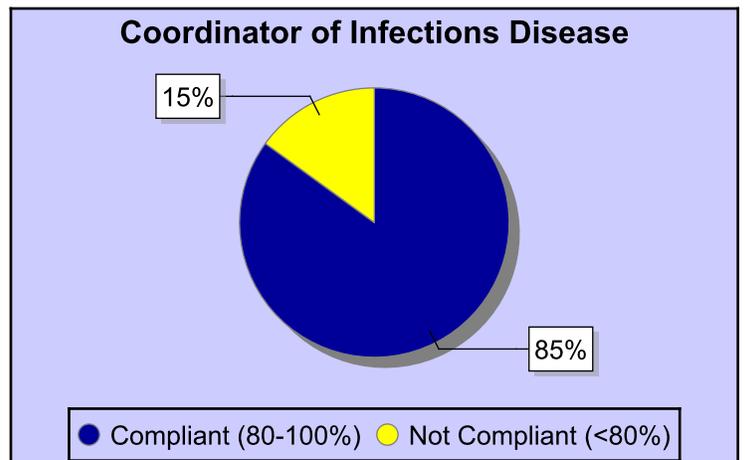
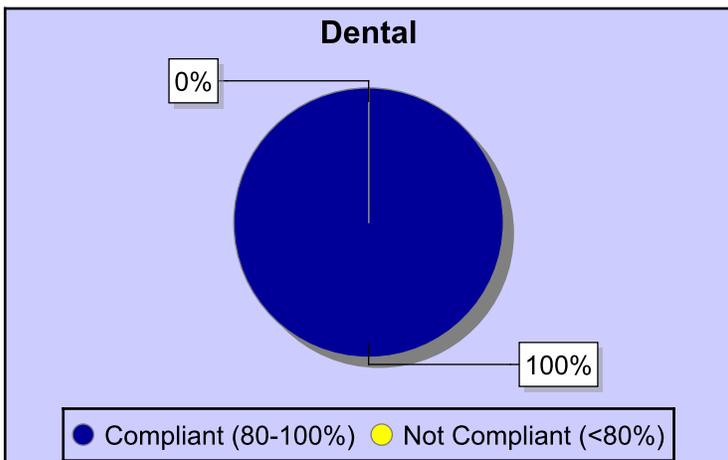
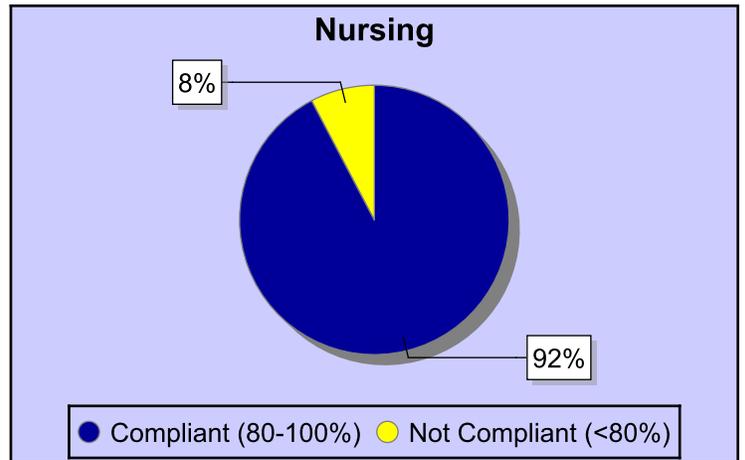
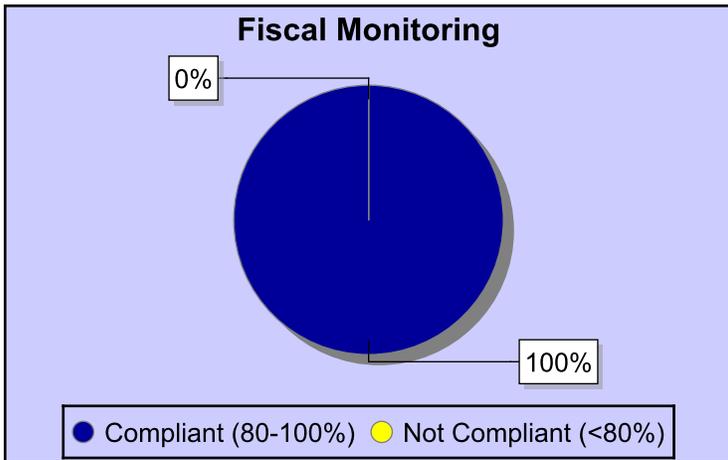
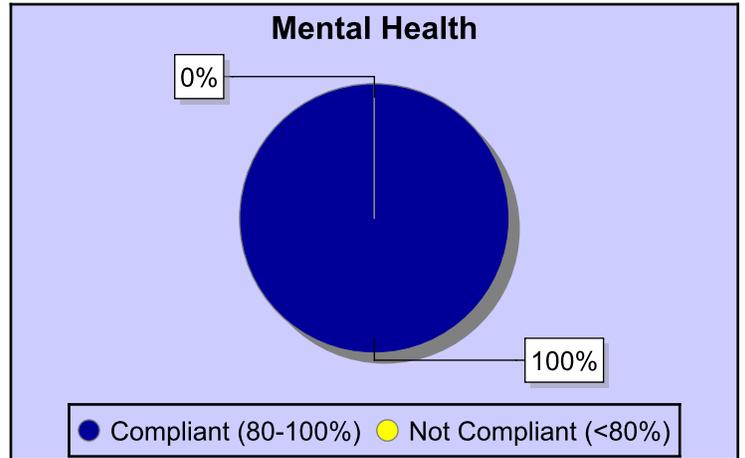
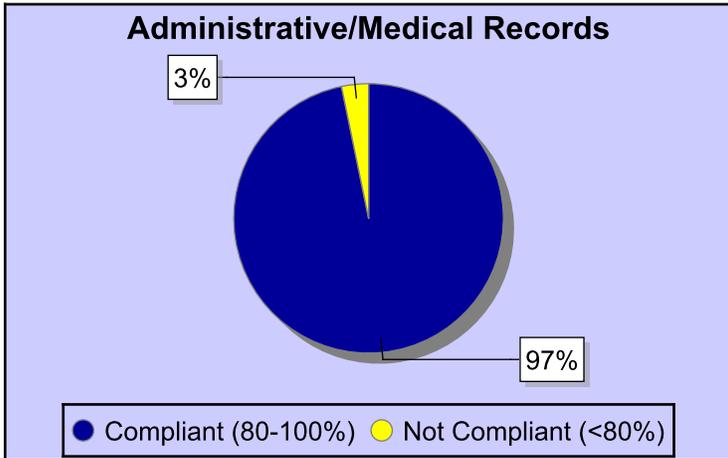
Compliance Rate By Operational Categories for
DANIEL FACILITY
September 03, 2020



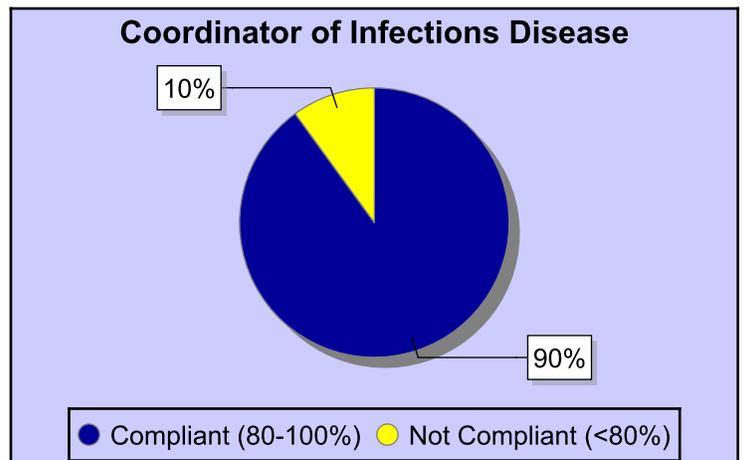
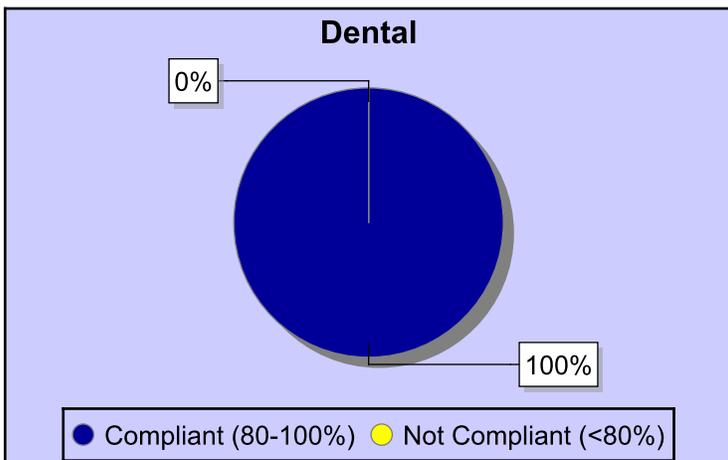
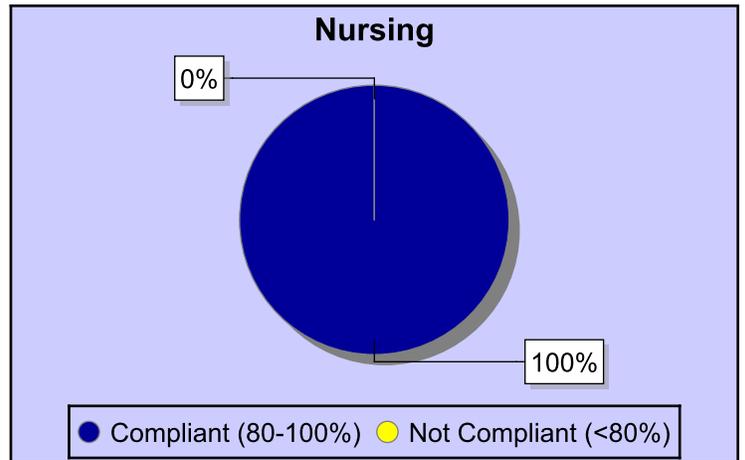
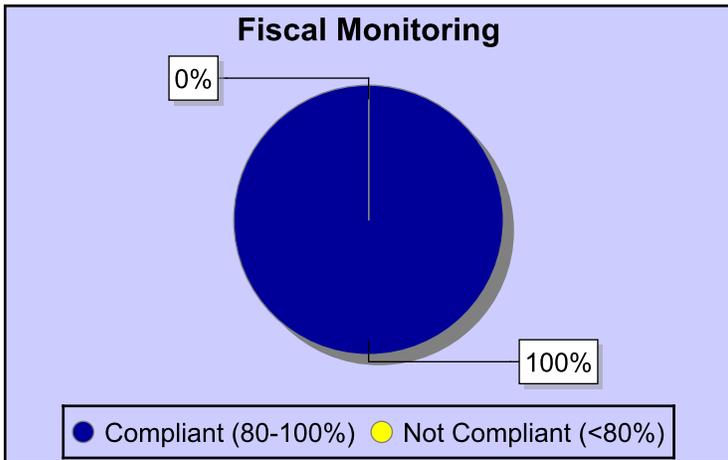
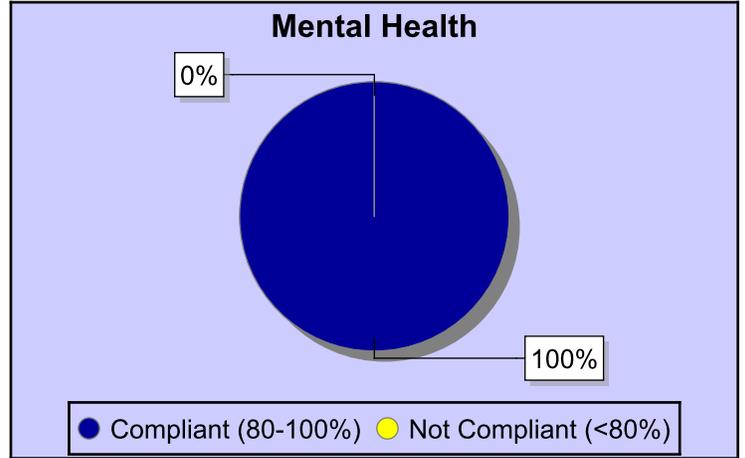
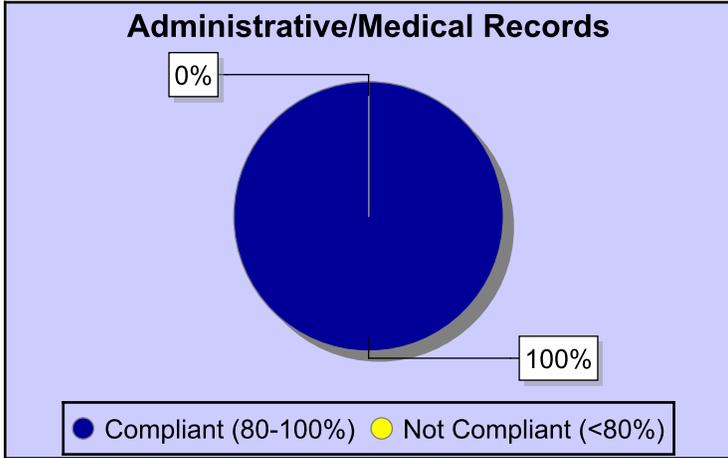
Compliance Rate By Operational Categories for
DOMINGUEZ FACILITY
November 10, 2020



Compliance Rate By Operational Categories for
RUDD FACILITY
October 13, 2020

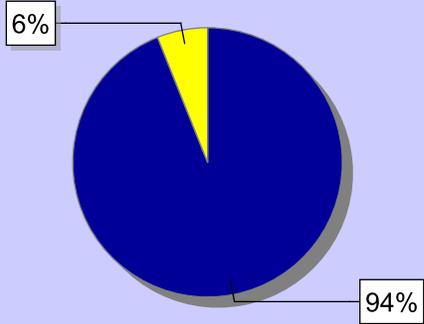


Compliance Rate By Operational Categories for
SAN SABA FACILITY
September 01, 2020



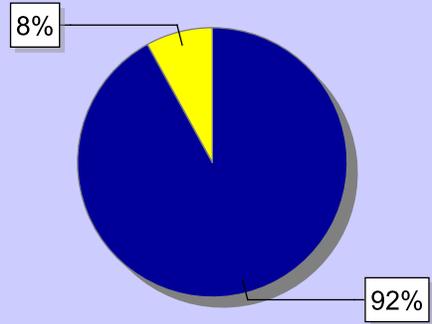
Compliance Rate By Operational Categories for
SMITH FACILITY
September 02, 2020

Administrative/Medical Records



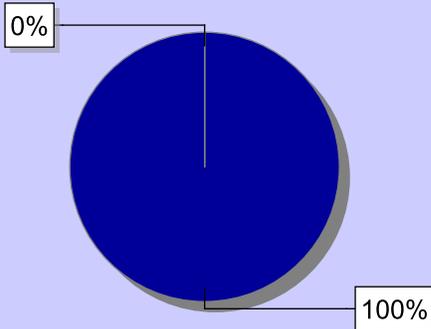
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



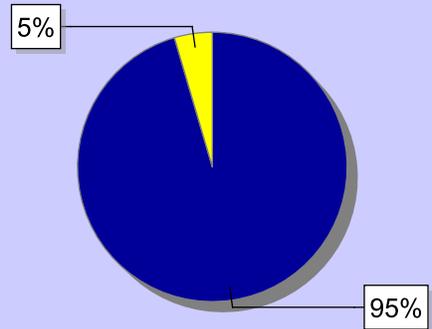
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



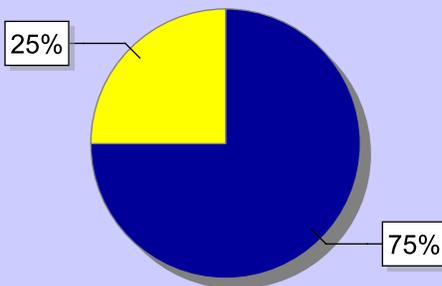
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



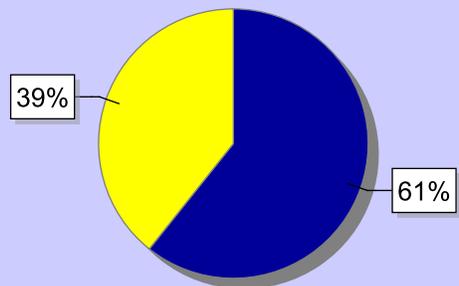
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



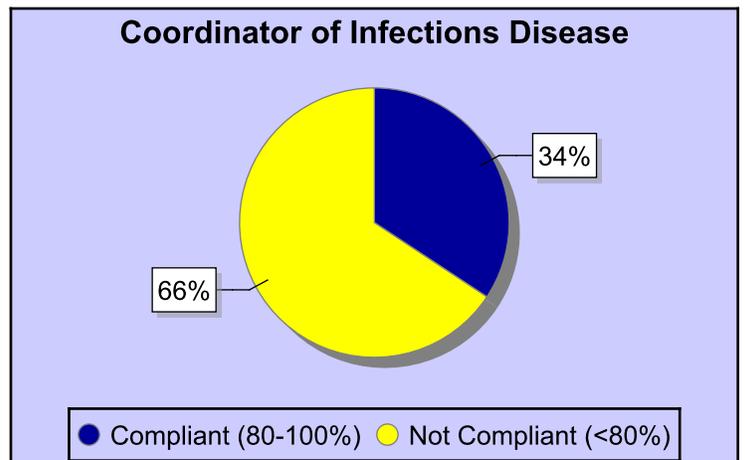
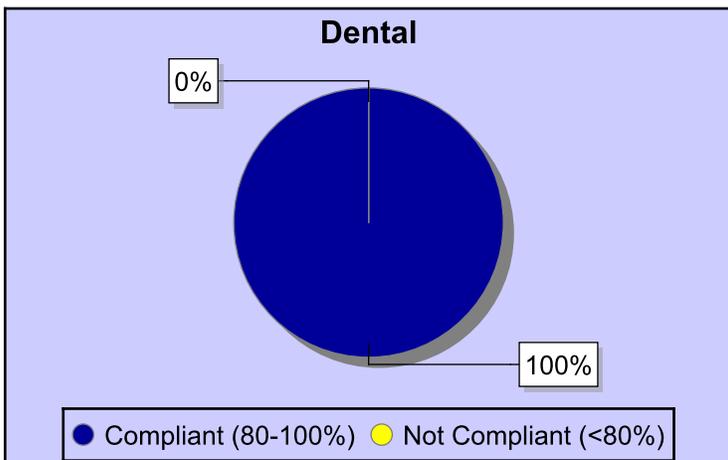
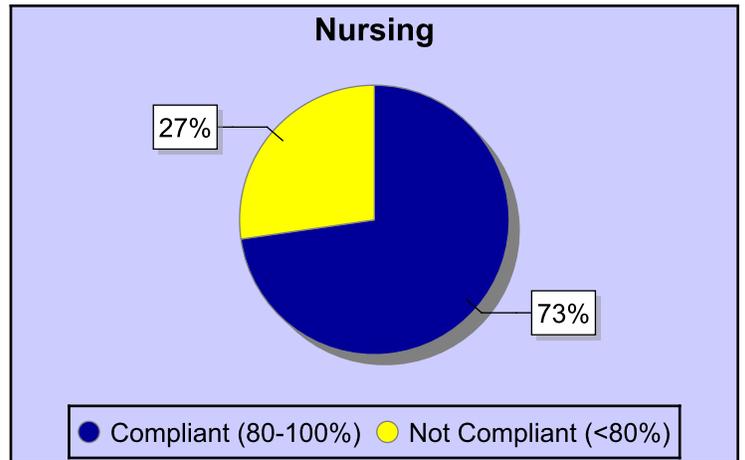
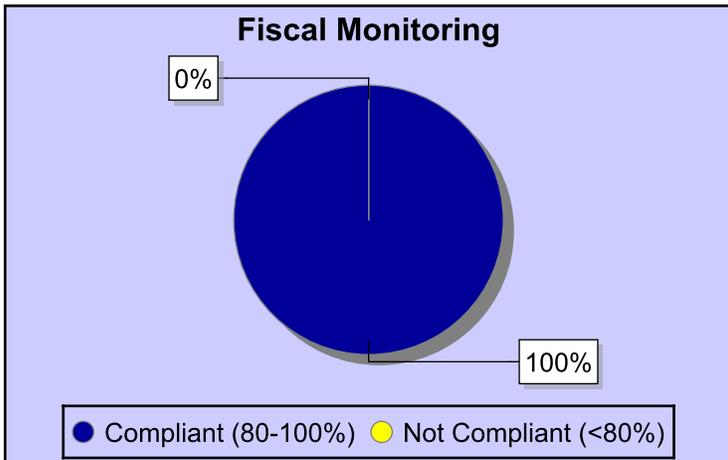
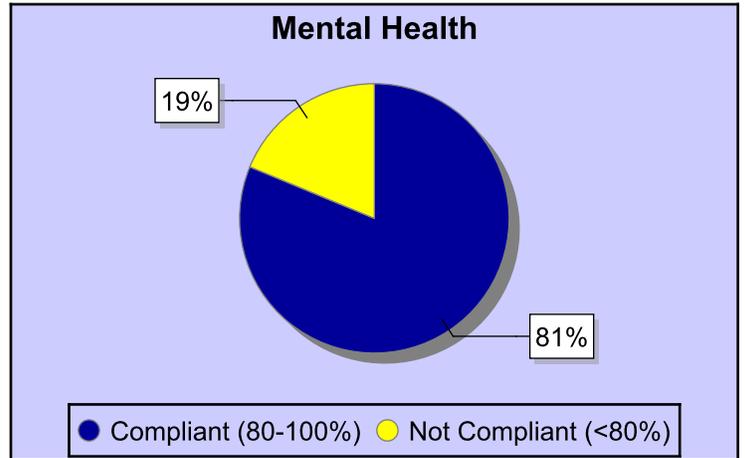
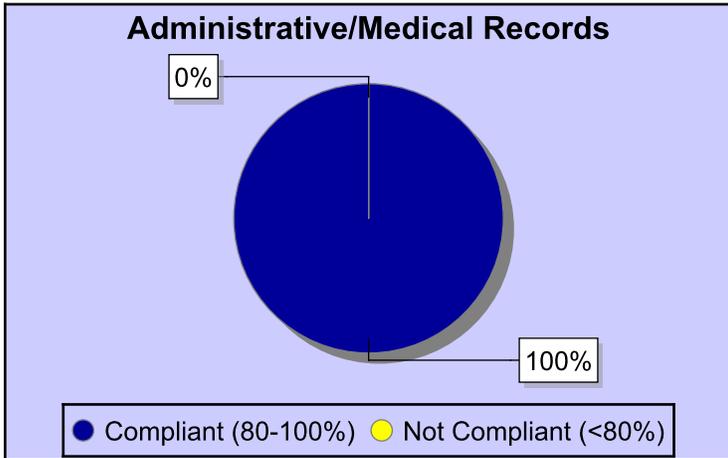
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease



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

Compliance Rate By Operational Categories for
STILES FACILITY
November 04, 2020



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended November 30, 2020**

Urgent Care Definition: Individuals, who in the dentist's professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist. Policy CMHC E 36.1

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
ALLRED GP	10	90	1	0
BELL	10	90	0	1
BETO	10	100	0	0
BOYD	10	100	0	0
BRADSHAW	10	100	0	0
BRIDGEPORT	10	70	0	3
BRISCOE	10	80	2	0
BYRD	10	90	0	1
CLEMENTS	10	100	0	0
COFFIELD	10	80	0	2
COLE	10	90	0	1
CONNALLY	10	100	0	0
COTULLA	10	100	0	0
CRAIN	10	90	1	0
DALHART	10	100	0	0
DANIEL	10	100	0	0
DARRINGTON	10	100	0	0
DIBOLL	10	80	1	1
DOMINGUEZ	10	100	0	0

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
EAST TEXAS	10	80	0	2
EASTHAM	10	90	1	0
ELLIS	10	90	0	1
ESTELLE	10	80	2	0
ESTES	10	90	0	1
FORMBY	10	80	0	2
GARZA	10	100	0	0
GIST	10	80	0	2
GLOSSBRENNER	10	100	0	0
GOREE	10	30	3	4
GURNEY	10	100	0	0
HAVINS	10	100	0	0
JORDAN	10	100	0	0
LYNAUGH	10	100	0	0
MIDDLETON	10	20	4	4

When a Corrective Action is required by TDCJ Health Services, it is sent in conjunction with the Urgent Care Report.

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

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

A CAR Between 60%- 80% 1 In-service staff on Emergent/Urgent Care. Review Correctional Managed Health Care (CMHC) Policy E 36.1. Provide a copy of the in-service agenda and the signed attendance roster. (A copy of the CMHC Policy is not sufficient for an agenda.)

B CAR Below 60% 1 In-service staff on Emergent/Urgent Care. Review Correctional Managed Health Care (CMHC) Policy E 36.1. Provide a copy of the in-service agenda and the signed attendance roster. (A copy of the CMHC Policy is not sufficient for an agenda.)

2 Develop a detailed, written, Corrective Action Plan delineating the measures taken to ensure all offenders with symptoms of urgent conditions receive Definitive Treatment within Policy timeframe. Indicate adjustments to be made so that the Unit will conform with CMHC Policy consistently in the future.

** Provide documentation of Definitive Treatment / Date for the offender(s) deemed as Urgent Care by Auditor and not treated by audit date. (If an offender is on another Unit, contact the Unit and inform them of the Level 1 needs, request Definitive Treatment / Date and report in the Corrective Action.)

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2021	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
September	365	374	36	9.63%	32	10.43%	7	4	1.34%	1
October	317	322	47	14.60%	35	12.11%	4	12	4.97%	4
November	265	265	47	17.74%	43	18.49%	6	4	1.89%	1
Totals:	947	961	130	13.53%	110	13.22%	17	20	2.71%	6

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2021	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
September	1,318	1,236	47	3.80%	43	5.26%	22	4	0.40%	1
October	1,182	1,167	117	10.03%	88	11.48%	46	29	4.20%	20
November	999	1,072	81	7.56%	71	9.42%	30	10	1.49%	6
Totals:	3,499	3,475	245	7.05%	202	8.63%	98	43	2.01%	27
GRAND TOTAL=	4,446	4,436	375	8.45%						

*QOC= Quality of Care

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

September 2020

Reportable Condition	2020	2019	2020	2019
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	10	14	52	122
Gonorrhea	0	2	30	45
Syphilis	110	119	681	1109
Hepatitis A	0	0	0	6
Hepatitis B, acute	0	0	2	0
Hepatitis C, total and (acute [‡])	154	164	1,288	1,670
Human immunodeficiency virus (HIV) +, known at intake	79	185	976	1,518
HIV screens, intake	2,794	4,927	21,545	42,033
HIV +, intake	8	19	201	241
HIV screens, offender- and provider-requested	427	527	5,025	5,722
HIV +, offender- and provider-requested	0	0	2	0
HIV screens, pre-release	3,266	2,857	30,810	26,739
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	2	19	26
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	104	183	967	1338
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	53	50	304	370
Occupational exposures of TDCJ staff	11	11	85	104
Occupational exposures of medical staff	1	4	12	38
HIV chemoprophylaxis initiation	7	5	39	47
Tuberculosis skin test (ie, PPD) +, intake	65	55	376	938
Tuberculosis skin test +, annual	25	0	225	168
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	1	18	16
Tuberculosis cases under management	18	15		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	7	18	7,596	7,340
Peer education participants	1736	5,922	25,065	60,951
Alleged assaults and chart reviews	69	69	552	581
Bloodborne exposure labs drawn on offenders	34	20	220	156
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

October 2020

Reportable Condition	2020	2019	2020	2019
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	14	7	66	129
Gonorrhea	5	2	35	47
Syphilis	117	132	798	1241
Hepatitis A	0	0	0	11
Hepatitis B, acute	0	0	2	0
Hepatitis C, total and (acute [‡])	214	229	1,502	1,899
Human immunodeficiency virus (HIV) +, known at intake	91	191	988	1,709
HIV screens, intake	3,458	5,060	22,209	47,093
HIV +, intake	35	63	228	304
HIV screens, offender- and provider-requested	462	729	5,060	6,451
HIV +, offender- and provider-requested	1	0	3	0
HIV screens, pre-release	2,928	3,650	31,372	30,389
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	7	20	33
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	107	223	1074	1561
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	47	39	351	409
Occupational exposures of TDCJ staff	7	17	92	131
Occupational exposures of medical staff	1	2	13	40
HIV chemoprophylaxis initiation	3	5	42	52
Tuberculosis skin test (ie, PPD) +, intake	97	99	437	1037
Tuberculosis skin test +, annual	18	0	225	168
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	2	20	18
Tuberculosis cases under management	15	16		
Peer education programs [¶]	0	0	93	100
Peer education educators [∞]	5	44	7,600	7,384
Peer education participants	2,848	7,354	27,913	68,305
Alleged assaults and chart reviews	74	78	626	659
Bloodborne exposure labs drawn on offenders	27	24	247	180
New Sero-conversions d/t sexual assault ±	0	0	0	0

*** Due to the PPD shortage: 6,616 TB screening interviews were from 10/01/2019 thru 10/31/2019
Total Interviews from 07/01/2019 thru 10/31/2019 21,234. 49 with possible signs/symptoms from 10/01/2019 to 10/31/2019
Total sign and symptoms from 07/01/2019 thru 10/31/2019 130. 2 with abnormal chest x-rays

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

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

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

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

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

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

November 2020

Reportable Condition	Reports			
	2020 This Month	2019 This Month	2020 Year to Date*	2019 Year to Date*
Chlamydia	8	17	74	146
Gonorrhea	6	6	41	53
Syphilis	106	89	904	1330
Hepatitis A	0	0	0	11
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	149	270	1,651	2,169
Human immunodeficiency virus (HIV) +, known at intake	86	180	1,074	1,889
HIV screens, intake	3,004	3,872	25,213	50,965
HIV +, intake	12	21	240	325
HIV screens, offender- and provider-requested	381	472	5,441	6,923
HIV +, offender- and provider-requested	0	0	3	0
HIV screens, pre-release	1,967	2,700	33,339	33,089
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	0	20	33
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	105	115	1179	1676
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	38	26	342	516
Occupational exposures of TDCJ staff	8	10	100	141
Occupational exposures of medical staff	2	2	15	42
HIV chemoprophylaxis initiation	4	3	46	55
Tuberculosis skin test (ie, PPD) +, intake	64	77	501	1114
Tuberculosis skin test +, annual	27	0	252	168
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	1	23	19
Tuberculosis cases under management	17	16		
Peer education programs [¶]	0	0	93	100
Peer education educators [∞]	6	11	7,606	7,395
Peer education participants	2,214	8,450	30,127	76,755
Alleged assaults and chart reviews	76	55	702	714
Bloodborne exposure labs drawn on offenders	19	22	266	202
New Sero-conversions d/t sexual assault ±	0	0	0	0

*** Due to the PPD shortage: 6,034 TB screening interviews were from 11/01/2019 thru 11/30/2019

Total Interviews from 07/01/2019 thru 11/30/2019 27,268. 28 with possible signs/symptoms from 11/01/2019 to 11/30/2019. Total sign and symptoms from 07/01/2019 thru 11/30/2019 158. 3 with abnormal chest x-rays

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

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 1st Quarter of Fiscal Year 2021, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 259 hospital discharge and 38 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector									
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	29	9	3	1	3	6	31.03%	10.34%	3.45%
October	30	1	0	0	1	0	3.33%	N/A	N/A
November	18	2	0	0	0	0	11.11%	N/A	N/A
Total/Average	77	12	3	1	4	6	15.58%	3.90%	1.30%
Freeworld Hospital Discharges in UTMB Sector									
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	27	2	0	0	1	1	7.41%	N/A	N/A
October	20	3	0	2	2	3	15.00%	N/A	10.00%
November	18	6	0	0	0	5	33.33%	N/A	N/A
Total/Average	65	11	0	2	3	9	16.92%	N/A	3.08%
UTMB Hospital Galveston Discharges									
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	31	5	0	1	0	0	16.13%	0.00%	3.23%
October	53	0	0	0	0	0	N/A	N/A	N/A
November	33	0	0	0	0	0	N/A	N/A	N/A
Total/Average	117	5	0	1	0	0	4.27%	N/A	0.85%
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)									
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	87	16	3	2	4	7	18.39%	3.45%	2.30%
October	103	4	0	2	3	3	3.88%	N/A	1.94%
November	69	8	0	0	0	5	11.59%	N/A	N/A
Total/Average	259	28	3	4	7	15	10.81%	1.16%	1.54%
Texas Tech Infirmiry Discharges									
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	4	0	0	0	0	0	N/A	N/A	N/A
October	7	0	0	1	0	0	N/A	N/A	14.29%
November	7	0	0	0	0	0	N/A	N/A	N/A
Total/Average	18	0	0	1	0	0	N/A	N/A	5.56%
UTMB Infirmiry Discharges									
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	6	1	0	0	0	1	16.67%	N/A	N/A
October	7	0	0	0	0	0	N/A	N/A	N/A
November	7	0	0	0	0	0	N/A	N/A	N/A
Total/Average	20	1	0	0	0	1	16.67%	N/A	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 Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)			
Sept	10	1	0	0	0	1	10.00%	N/A	N/A
October	14	0	0	1	0	0	N/A	N/A	7.14%
November	14	0	0	0	0	0	N/A	N/A	N/A
Total/Average	38	1	0	1	0	1	2.63%	N/A	2.63%

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

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FIRST QUARTER, FISCAL YEAR 2021**

September 2020	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Daniel	20	0	0	0
San Saba	13	0	0	0
Smith	42			
Total	75	0	0	0

October 2020	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Beto	69	0	0	0
Rudd ISF	18	0	0	0
Total	87	0	0	0

November 2020	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bell	11	0	0	0
Domingues	34			
Stiles	72	0	0	0
Total	117	0	0	0

**CAPITAL ASSETS AUDIT
FIRST QUARTER, FISCAL YEAR 2021**

Audit Tools	September	October	November	Total
Total number of units audited	3	2	3	8
Total numbered property	75	87	117	279
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

Executive Services
Monthly Active Academic Research Projects
Correctional Institutions Division

FY-2021 First Quarter Report: September, October, and November

Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 11.07.04	<u>IRB Expiration</u> 7/19/2023	<u>Research Began:</u> 1/16/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics-Main)			<u>Data Collection Began:</u> 9/30/2019
<u>Proponent:</u> National Organization for Research at the University of Chicago			<u>Data Collection End:</u> 12/31/2020
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 5/1/2021		<u>Projected Completion:</u>

Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 12.06.05	<u>IRB Expiration</u> 7/19/2023	<u>Research Began:</u> 6/6/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)			<u>Data Collection Began:</u> 9/01/2020
<u>Proponent:</u> National Organization for Research at the University of Chicago			<u>Data Collection End:</u> 11/1/2021
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 5/1/2021		<u>Projected Completion:</u>

Project Number: 434-RL04

<u>Researcher:</u> Marilyn Armour	<u>IRB Number:</u> 2003-11-0076	<u>IRB Expiration</u>	<u>Research Began:</u> 3/10/2004
<u>Title of Research:</u> Victim Offender Mediated Dialogue: Study of the Impact of a Victim, Oriented Intervention in Crimes of Severe Violence			<u>Data Collection Began:</u> 8/31/2004
<u>Proponent:</u> University of Texas - Austin			<u>Data Collection End:</u> 5/31/2017
<u>Project Status:</u> Pending Manuscript	<u>Progress Report Due:</u> 1/1/2021		<u>Projected Completion:</u> 12/31/2020

Project Number: 587-AR09

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

Project Number: 612-AR10

<u>Researcher:</u> Jeffrey Bouffard	<u>IRB Number:</u> 210-08-008	<u>IRB Expiration</u>	<u>Research Began:</u> 12/27/2010
<u>Title of Research:</u> A Test of Rational Choice Theory among Actual Offenders			<u>Data Collection Began:</u> 1/24/2011
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 5/19/2011
<u>Project Status:</u> Manuscript completed		<u>Progress Report Due:</u> 6/1/2021	<u>Projected Completion:</u>

Project Number: 686-AR13

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

Project Number: 716-AR14

<u>Researcher:</u> Janet Mullings	<u>IRB Number:</u> 2014-09-19302	<u>IRB Expiration</u> 9/8/2021	<u>Research Began:</u> 7/20/2015
<u>Title of Research:</u> Understanding Prison Adjustment and Programming Needs of Female Offenders Survey			<u>Data Collection Began:</u> 8/11/2015
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 5/30/2016
<u>Project Status:</u> Manuscript completed		<u>Progress Report Due:</u> 2/14/2021	<u>Projected Completion:</u>

Project Number: 723-AR15

<u>Researcher:</u> David Pyrooz	<u>IRB Number:</u> 00001971	<u>IRB Expiration</u>	<u>Research Began:</u> 8/5/2015
<u>Title of Research:</u> Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Re-entry			<u>Data Collection Began:</u> 4/8/2016
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 12/31/2017
<u>Project Status:</u> Manuscript completed		<u>Progress Report Due:</u> 3/1/2021	<u>Projected Completion:</u>

Project Number: 767-AR17

<u>Researcher:</u> Kathryn Whiteley	<u>IRB Number:</u> 2015-061	<u>IRB Expiration</u> 4/7/2021	<u>Research Began:</u> 10/5/2017
<u>Title of Research:</u> Self-Identifies of Women Incarcerated for Acts of Violence			<u>Data Collection Began:</u> 1/7/2019
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u> 1/31/2021
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> 3/1/2021	<u>Projected Completion:</u> 5/31/2021

Project Number: 778-AR17

<u>Researcher:</u> Lisa Muftic	<u>IRB Number:</u> EXEMPT	<u>IRB Expiration</u>	<u>Research Began:</u>
<u>Title of Research:</u> Predicting County Victim Impact Statement Form Completion Rates Based on Victim Assistance Coordinator Practices			<u>Data Collection Began:</u>
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 3/1/2021	<u>Projected Completion:</u>

Project Number: 783-AR18

<u>Researcher:</u> Stephen Tripodi	<u>IRB Number:</u> 00000446	<u>IRB Expiration</u> 8/3/2021	<u>Research Began:</u> 5/1/2018
<u>Title of Research:</u> Multi-site Randomized Controlled Trial of the 5 Key Model Reentry			<u>Data Collection Began:</u> 5/3/2018
<u>Proponent:</u> Florida State University			<u>Data Collection End:</u> 8/15/2020
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> 3/1/2021	<u>Projected Completion:</u> 4/1/2025

Project Number: 785-AR18

<u>Researcher:</u> Erin Orrick	<u>IRB Number:</u> 2018-03-38251	<u>IRB Expiration</u> 8/31/2021	<u>Research Began:</u> 5/22/2018
<u>Title of Research:</u> Correctional Officer Attrition			<u>Data Collection Began:</u> 11/6/2018
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 7/1/2020
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> 3/1/2021	<u>Projected Completion:</u> 7/30/2021

Project Number: 786-AR18

<u>Researcher:</u> Flavio Cunha	<u>IRB Number:</u> EXEMPT	<u>IRB Expiration</u>	<u>Research Began:</u> 10/24/2018
<u>Title of Research:</u> Evaluation of TDCJ Workforce Reentry Programs			<u>Data Collection Began:</u> 5/20/2019
<u>Proponent:</u> Rice University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 3/24/2021	<u>Projected Completion:</u> 3/31/2021

Project Number: 793-AR18

<u>Researcher:</u> Sung Joon Jang	<u>IRB Number:</u> 1361257	<u>IRB Expiration</u>	<u>Research Began:</u> 2/8/2018
<u>Title of Research:</u> A Study of Restoration Outreach of Dallas (ROD) Ministries in Texas Prisons			<u>Data Collection Began:</u> 12/2/2019
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u> 1/27/2020
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 3/1/2021	<u>Projected Completion:</u> 12/31/2023

Project Number: 801-AR19

<u>Researcher:</u> Bryon Johnson	<u>IRB Number:</u> 1432377	<u>IRB Expiration</u>	<u>Research Began:</u> 11/20/2019
<u>Title of Research:</u> Human and Transcendent Accountability			<u>Data Collection Began:</u> 3/16/2020
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 1/1/2021	<u>Projected Completion:</u> 12/31/2023

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
First Quarter FY-2021**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Beto	September 14-16	-----	-----
Torres/Ney	September 21-23	-----	-----
Lopez/Segovia	October 5-7	-----	-----
Luther	October 19-21	-----	-----
Holliday	October 21-23	-----	-----

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Jordan/Baten	September 28-30, 2020	-----	-----

Due to the Coronavirus Pandemic all ACA audits have been postponed until further notice.

Executive Services
Monthly Pending Academic Research Projects
Correctional Institutions Division

FY-2021 First Quarterly Report: September, October and November

Project Number: 813-AR20

Researcher: Brandon Warren
IRB Number:
Application Received: 12/22/2019

Title of Research:
The Intellectual Character of Incarcerated College Students

Proponent:
University of St. Thomas

Project Status:
Pending Executive Services Initial Review – COVID-19 Restriction

Project Number: 814-AR20

Researcher: Erin Castro
IRB Number: 00124607
Application Received: 1/3/2020

Title of Research:
Qualitative Inquiry Exploring the Experience of Higher Education in Prison Program Leaders and Stakeholders

Proponent:
University of Utah

Project Status:
Pending Executive Services Initial Review – COVID-19 Restriction

Project Number: 818-AR20

Researcher: Elyse Villanueva
IRB Number:
Application Received: 6/26/2020

Title of Research:
Comparative Analysis of Administrative Segregation Policies and Regulations in Texas and Scotland

Proponent:
University of Stirling

Project Status:
Pending packet submission

Project Number: 824-AR21

Researcher:

Nancy Rodriguez

IRB Number:

EXEMPT

Application Received:

9/22/2020

Title of Research:

The Sources and Consequences of Prison Violence

Proponent:

University of California, Irvine

Project Status:

Pending Division Review

Project Number: 826-AR21

Researcher:

Eugene Wang

IRB Number:

EXEMPT

Application Received:

9/28/2020

Title of Research:

Development of a Risk Assessment Tool for Institutional Violent Behavior and Non-Institutional Sexually Aggressive behavior

Proponent:

Wang Evaluation Consultants

Project Status:

Pending OIG Clearance

Project Number: 827-AR21

Researcher:

Samuel Norris

IRB Number:

20-1360

Application Received:

11/25/2020

Title of Research:

The Intellectual Character of Incarcerated College Students

Proponent:

University of Chicago

Project Status:

Pending Executive Services Initial Review

Project Number: 829-AR21

Researcher:

Rebecca Pastrana

IRB Number:

10-13-20-0526115

Application Received:

11/16/2020

Title of Research:

Texas Risk Assessment – An Analysis and Effectiveness on Post-Incarcerated Females

Proponent:

Walden University

Project Status:

Pending Executive Services Initial Review

Executive Services
Monthly Active Medical Research Projects
Health Services Division

FY-2021 First Quarter Report: September, October, and November

Project Number: 615-RM10

<u>Researcher:</u> John Peterson	<u>IRB Number:</u> Flexible IRB	<u>IRB Expiration</u> 6/20/2022	<u>Research Began:</u> 9/12/2013
<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer			<u>Data Collection Began:</u> 1/1/2014
<u>Proponent:</u> UTMB			<u>Data Collection End:</u> 6/20/2022
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 6/1/2021		<u>Projected Completion:</u> 3/1/2023
<u>Units Visited:</u> Hospital Galveston Facility			

Project Number: 729-RM15

<u>Researcher:</u> Jacques Baillargeon	<u>IRB Number:</u> 14-0283	<u>IRB Expiration</u> 12/13/2021	<u>Research Began:</u> 10/1/2015
<u>Title of Research:</u> The Health and Healthcare Needs of Older Prisoners – Epidemiology in the Texas Prison System			<u>Data Collection Began:</u> 6/1/2015
<u>Proponent:</u> UTMB			<u>Data Collection End:</u> 12/31/2022
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 6/1/2021		<u>Projected Completion:</u> 12/31/2022

Project Number: 815-RM20

<u>Researcher:</u> Sean Yates	<u>IRB Number:</u> 20-0096	<u>IRB Expiration</u> 3/31/2021	<u>Research Began:</u> 5/12/2020
<u>Title of Research:</u> U.S. Expanded Access Program for Convalescent Plasma For the Treatment of Patients with COVID-19			<u>Data Collection Began:</u> 7/31/2020
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 5/1/2021		<u>Projected Completion:</u>

Project Number: 816-RM20

<u>Researcher:</u> Sean Yates	<u>IRB Number:</u> 20201007	<u>IRB Expiration</u> 4/21/2021	<u>Research Began:</u> 7/1/2020
<u>Title of Research:</u> Plasma Adsorption in Patients with Confirmed COVID-19 Infection			<u>Data Collection Began:</u> 8/10/2020
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 5/21/2021		<u>Projected Completion:</u>

Project Number: 819-RM20

<u>Researcher:</u> Beilin Wang	<u>IRB Number:</u> 20-0126	<u>IRB Expiration</u> EXEMPT	<u>Research Began:</u> 7/30/2020
<u>Title of Research:</u> A Prognostic Model in Patients with Severe COVID-19 Disease			<u>Data Collection Began:</u> 7/30/2020
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 4/15/2021		<u>Projected Completion:</u>

Project Number: 820-RM20

<u>Researcher:</u> Peter McCaffrey	<u>IRB Number:</u> 20-0125	<u>IRB Expiration</u> EXEMPT	<u>Research Began:</u> 11/20/2020
<u>Title of Research:</u> Evaluation of Serum Laboratory Results in Patients with Positive COVID-19 Using Machine Learning			<u>Data Collection Began:</u>
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 5/20/2021		<u>Projected Completion:</u>

Project Number: 825-RM21

<u>Researcher:</u> Douglas Tyler	<u>IRB Number:</u> 17-0160	<u>IRB Expiration</u> EXEMPT	<u>Research Began:</u> 12/3/2020
<u>Title of Research:</u> Retrospective Data Analysis of the TDCJ's Surgical Patients			<u>Data Collection Began:</u>
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 6/3/2021		<u>Projected Completion:</u>

Executive Services
Monthly Pending Medical Research Projects
Health Services Division

FY-2021 First Quarterly Report: September, October, and November

Project Number: 828-AR21

Researcher:

Amber Armstead

IRB Number:

20-0051

Application Received:

10/30/2020

Title of Research:

Prevalence of Chronic Diseases Among Incarcerated People Living with HIV: A Descriptive Study

Proponent:

UTMB

Project Status:

Pending OIG Review

1st Quarter FY 2021
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: September 2020, October 2020, November 2020

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
8/31/2020	Kegans	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8/31/2020	Formby	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
8/31/2020	Travis	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
8/31/2020	Eastham	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
8/31/2020	Ferguson	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
8/31/2020	Robertson	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
9/30/2020	Dominguez	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
9/30/2020	Cole	N/A	N/A	N/A	N/A	N/A	NONE	NONE	NONE
9/30/2020	Baten	N/A	N/A	N/A	N/A	N/A	NONE	NONE	NONE
9/30/2020	Ellis	N/A	N/A	N/A	N/A	N/A	NONE	NONE	NONE
9/30/2020	Clements	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
9/30/2020	Telford	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
10/31/2020	Bradshaw	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
10/31/2020	East Texas	N/A	N/A	N/A	N/A	N/A	NONE	NONE	NONE
10/31/2020	Allred	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
10/31/2020	Connally	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
10/31/2020	McConnell	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
10/31/2020	Polunsky	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Total	18	0	0	0	0				

*No Inmates in the targeted restrictive housing status were currently housed at the Kegans, Ellis, Connally, Lindsey, Beto, Cole, Willacy, Bradshaw, and East Texas Units.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

1st Quarter FY 2021

Audits Conducted in September 2020, October 2020, November 2020

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	September 2020	0	0	NA	NA	NA
Jester IV	September 2020	4	4	4	100%	NO
Montford	September 2020	12	12	12	100%	NO
Skyview	September 2020	6	6	6	100%	NO

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	October 2020	0	0	NA	NA	NA
Jester IV	October 2020	3	3	3	100%	NO
Montford	October 2020	9	9	9	100%	NO
Skyview	October 2020	9	9	9	100%	NO

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November 2020	0	0	NA	NA	NA
Jester IV	November 2020	15	15	15	100%	NO
Montford	November 2020	9	9	9	100%	NO
Skyview	November 2020	16	16	16	100%	NO

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

1st Quarter of 2021

Reporting months– September 2020, October 2020, November 2020

MENTAL HEALTH EVALUATION (MHE) AUDITS WERE SUSPENDED AFTER MAY WHEN INTAKES FROM COUNTY JAIL WERE HALTED DUE TO COVID-19 PRECAUTIONS.

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Baten					
Bradshaw					
Byrd					
Dominguez					
East Texas					
Formby					
Garza West					
Gist					
Glossbrenner					
Gurney					
Halbert					
Holliday					
Hutchins					
Jester I					
Johnston					
Kegans					
Kyle					
Lindsey					
Lychner					
Middleton					
Plane					
Rudd					
Sanchez					
Travis					
Woodman					
Sayle					
GRAND TOTAL					

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

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

MENTAL HEALTH EVALUATION (MHE) AUDITS WERE SUSPENDED AFTER MAY WHEN INTAKES FROM COUNTY JAIL WERE HALTED DUE TO COVID-19 PRECAUTIONS.

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



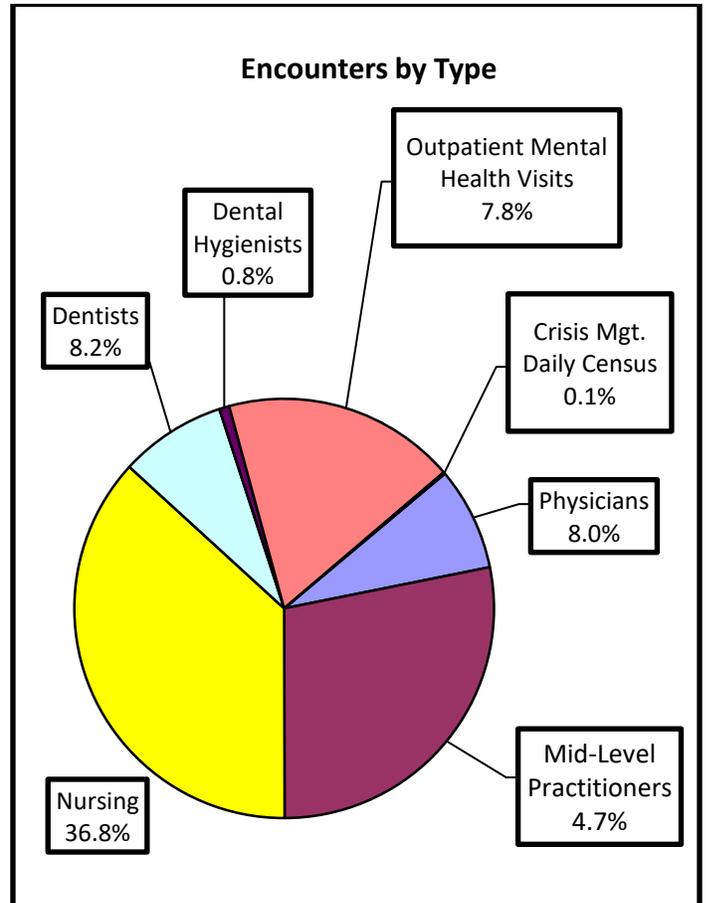
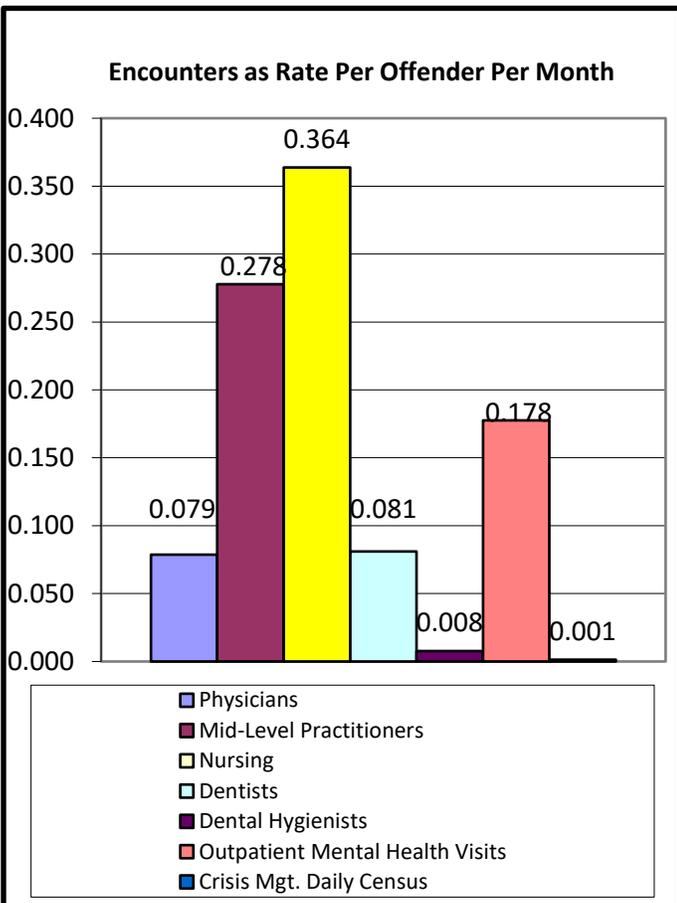
TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
Managed Care

Correctional Health Care MEDICAL DIRECTOR'S REPORT

**1st Quarter
FY2021**

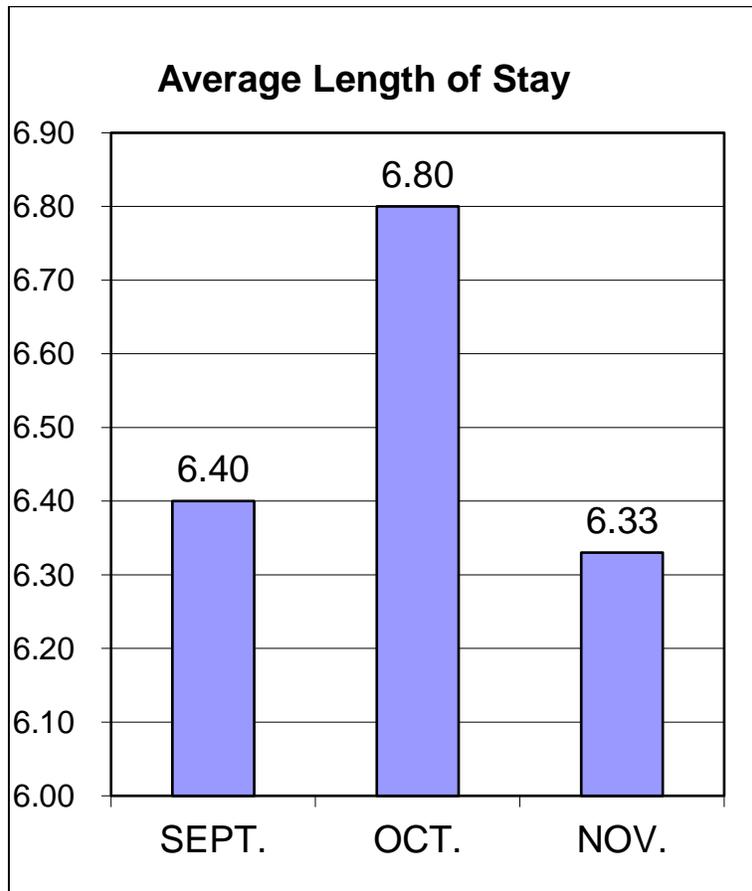
Medical Director's Report:

		SEPTEMBER		OCTOBER		NOVEMBER		Qtly Average	
<i>Average Population</i>		24,749.00		24,865.00		25,011.00		24,875.00	
		Rate Per		Rate Per		Rate Per		Rate Per	
		Number	Offender	Number	Offender	Number	Offender	Number	Offender
Medical encounters									
Physicians		2,136	0.086	2,079	0.084	1,648	0.066	1,954	0.079
Mid-Level Practitioners		8,044	0.325	7,088	0.285	5,595	0.224	6,909	0.278
Nursing		10,412	0.421	9,435	0.379	7,296	0.292	9,048	0.364
Sub-total		20,592	0.832	18,602	0.748	14,539	0.581	17,911	0.720
Dental encounters									
Dentists		2,371	0.096	2,094	0.084	1,583	0.063	2,016	0.081
Dental Hygienists		188	0.008	219	0.009	166	0.007	191	0.008
Sub-total		2,559	0.103	2,313	0.093	1,749	0.070	2,207	0.089
Mental health encounters									
Outpatient Mental Health Visits		5,098	0.206	4,552	0.183	3,598	0.144	4,416	0.178
Crisis Mgt. Daily Census		37	0.001	40	0.011	23	0.001	33	0.001
Sub-total		5,135	0.207	4,592	0.185	3,621	0.145	4,449	0.179
Total encounters		28,286	1.143	25,507	1.026	19,909	0.796	24,567	0.988



Medical Director's Report (Page 2):

		SEPT.	OCT.	NOV.	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	102.86	103.18	93.79	99.94
	Number of Admissions	94.00	110.00	89.00	97.67
	Average Length of Stay	6.40	6.80	6.33	6.51
	Number of Clinic Visits	640.00	614.00	390.00	548.00
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	380.00	375.00	400.00	385.00
	PAMIO/MROP Census	354.00	354.00	386.00	364.67
<i>Specialty Referrals Completed</i>		1,446.00	1,310.00	1,086.00	1,280.67
<i>Telemedicine Consults</i>		1615	1,861	1,403	1,626.33



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

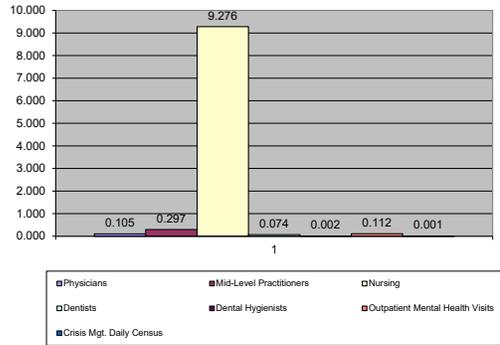
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**First Quarter
FY 2021**

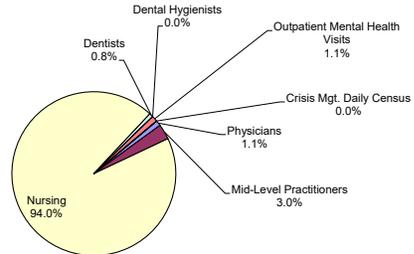
Medical Director's Report:

FY 21 Average Population	September		October		November		Qtrly Average	
	96,663		97,710		98,663		97,679	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	10,174	0.105	10,724	0.110	9,963	0.101	10,287	0.105
Mid-Level Practitioners	29,020	0.300	31,625	0.324	26,519	0.269	29,055	0.297
Nursing	966,173	9.995	913,774	9.352	838,383	8.497	906,110	9.276
Sub-total	1,005,367	10.401	956,123	9.785	874,865	8.867	945,452	9.679
Dental Encounters								
Dentists	6,765	0.070	8,497	0.087	6,528	0.066	7,263	0.074
Dental Hygienists	104	0.001	260	0.003	296	0.003	220	0.002
Sub-total	6,869	0.071	8,757	0.090	6,824	0.070	7,483	0.077
Mental Health Encounters								
Outpatient Mental Health Visits	10,679	0.110	11,900	0.122	10,124	0.103	10,901	0.112
Crisis Mgt. Daily Census	54	0.001	60	0.001	59	0.001	57	0.001
Sub-total	10,733	0.111	11,960	0.122	10,183	0.103	10,958	0.112
Total encounters	1,022,969	10.583	976,840	9.997	891,872	9.040	963,893	9.868

Encounters as Rate Per Offender Per Month

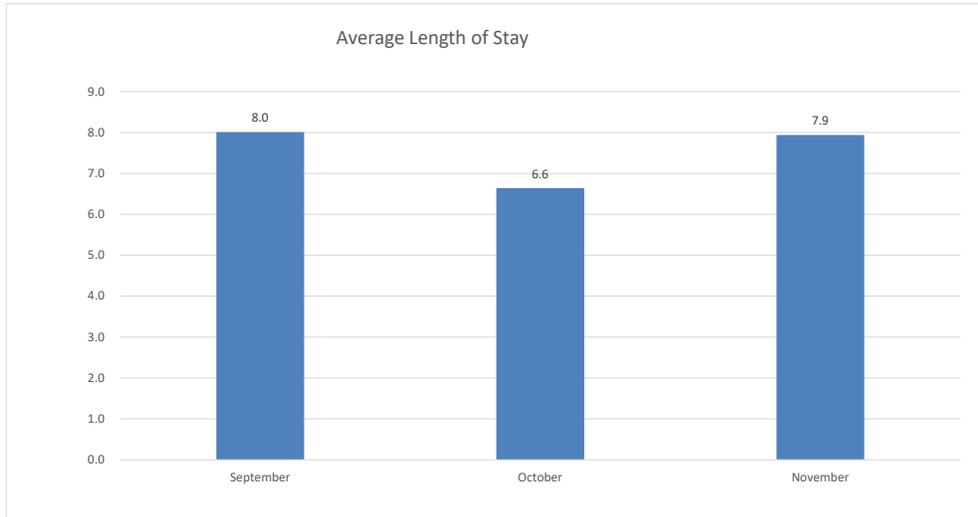


Encounters by Type



Medical Director's Report (Page 2):

FY 21	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	90.0	79.2	91.0	86.7
Number of Discharges	337	369	344	350
Average Length of Stay	8.0	6.6	7.9	7.5
Number of Clinic Visits	5,108	5,993	5,258	5,453
Mental Health Inpatient Facilities				
Average Daily Census	989.76	990.74	988.80	989.77
DDP Census	676.87	679.26	701.63	685.92
Telemedicine Consults	6,276	6,385	6,151	6,270.67



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for March 22, 2021 CMHCC Meeting

The Correctional Managed Health Care Committee (CMHCC), through its overall management strategy, utilizes a number of standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data and amend practices in order to increase the effectiveness and efficiency of the program.

Many of these committees or work groups are considered to be medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are considered to be confidential and not subject to disclosure under the law.

This summary is intended to provide the CMHCC with a high-level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Nursing Work Group

System Leadership Council

Chair: Dr. Owen Murray

Purpose: This group's membership consists of discipline directors in medical, nursing, mental health, dental and allied health care staff appointed by the Joint Medical Directors. This group is charged with implementation of the CMHCC Quality Improvement/Quality Management (QI/QM) Plan. The purpose of this plan is to provide a streamlined, integrated, clinically driven state-of-the-art Quality Improvement Program, which adds value to the quality of health care services provided to the Texas Department of Criminal Justice (TDCJ) offenders. The plan demonstrates that quality will be consistently/continuously applied and/or measured and will meet or exceed regulatory requirements. The CMHCC strongly endorses and has administrative oversight for implementation of the plan. The agents of the CMHCC and the TDCJ Health Services

Division will demonstrate support and participation for the plan. The committee meets on a quarterly basis.

Meeting Date: February 18, 2021

**This Meeting was Cancelled due to Inclement Weather
Rescheduled for March 24, 2021**

Joint Policy and Procedure Committee

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

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

Purpose: This group’s membership consists of clinicians, nurses, health care administrators and dentists appointed by the Joint Medical Directors. This group is charged with the annual review of all Correctional Managed Health Care (CMHC) policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings.

Meeting Date: January 14, 2021

Sub-Committee Updates:

None

Committee Updates:

Update from Offender to Inmate

Committee Referrals:

Joint Mental Health Working Group, Dr. Shirley Marks – None at this Time

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

A-01.1	A-02.1	A-02.2	A-03.1	A-04.1	A-04.2	A-08.9	A-08.10
C-18.1	C-19.1	D-27.1	D-27.2*	D-27.3	E-31.1	E-31.3	E-32.1*
E-34.1	E-34.2	E-34.3	E-36.1	E-36.2	F-46.1	G-51.1	G-51.2
G-51.3*	G-51.4	G-51.5	G-52.2	H-60.1*	H-60.4	I-66.1	I-68.1
I-68.2	I-68.3						
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
E-36.1	Dental Treatment Levels of Care	Manuel Hirsch
E-36.2	In-Processing Offenders – Dental Examination, Classification, Education and Treatment	Manuel Hirsch
H-61.1	Authorization for the Use and Disclosure of Protected Health Information (PHI) - English Version / Spanish Version	Chris Black-Edwards

Adjourn – The Next Meeting is Scheduled for April 8, 2021 at 1:00p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Benjamin Leeah

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: January 14, 2021

- I. Approval of the Minutes from November 12, 2020 Meeting
- II. Reports from Subcommittees
 - A. Carbamazepine – Dr. Penn
 - B. Diabetes – Dr. Agrawal
 - C. DMG Triage – Dr. Munch
 - D. GI – Dr. Fontem
 - E. Hepatitis B – Dr. Sandmann
 - F. Psychiatry- Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (November – December 2020) (none)
 - D. Non-formulary Deferral Reports
 1. UTMB Sector (November – December 2020)
 2. TTUHSC Sector (October – November 2020)
 - E. Utilization Reports FY21
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - F. Quarterly Medication Error Reports – 1st Quarter FY21

1. UTMB Sector (not available)
 2. TTUHSC Sector
 3. Pharmacy Dispensing Errors
- G. Special Reports
1. Top 50 Medications by Cost and Volume – 1st Quarter FY21
 2. Top 10 Non-formulary Drugs by Cost and Volume – 1st Quarter FY21
 3. Pharmacy Diabetes Clinic Report – 1st Quarter FY21
 - a. UTMB Sector
 - b. TTUHSC Sector (supplemental materials)
 4. Pharmacy Warfarin Clinic Report – 1st Quarter FY21
 - a. UTMB Sector
 - b. TTUHSC Sector
- H. Policy review Schedule (policies 05-05 through 15-25 due for review in March)
- IV. Old Business
- A. Policy Revisions (tabled due to time constraints)
1. Administration and Distribution of Patient Medications (40-10)
 2. Distribution of Medications During Lockdown or Disaster Situations (40-15)
 3. Missing Medications (40-20)
 4. KOP Medication Distribution Program (50-05)
 5. Self-Administration of Medication (50-10)
 6. Drug Therapy Management by a Pharmacist (55-10)
 7. Therapeutic Interchange (55-15)
 8. Clozapine Protocol (55-20)
 9. Disease Management Guidelines (55-25)
 10. Emergency Drugs (60-05)
 11. Requisition of Drugs by EMS (60-10)
 12. Credential Requirements for Administration of Medication (65-05)
 13. Therapeutic Optometrists (65-10)
 14. Representatives of Pharmaceutical Supplies and Related (70-05)
 15. Drug Samples (70-10)
 16. Adverse Medication Reaction Reports (75-05)
 17. Medication Errors (75-10)
 18. Pharmacy Medication Area Audits and Inspections (75-15)
 19. Record Retention (75-20)
 20. Medication Safety (75-30)
- V. New Business
- A. Action Request
1. Carbamazepine Suspension Floor Stock Request
 2. KOP Expansion (supplemental materials)
- B. Category Reviews
1. Blood Formation and Coagulation Products
 2. EENT Agents
 3. Gastrointestinal Agents
- C. MUE – Medication Use in the Elderly Follow-Up
- D. FDA Medication Safety Advisories (none)
- E. Manufacturer Shortages and Discontinuations

- F. Policy and Procedure Revisions (policies 05-05 through 15-25 due for review in March)
- VI. Miscellaneous
- VII. Adjourn

Joint Infection Control Committee

Co-Chair: Carol Lynn Coglianesse, MD
 Co-Chair: Chris Black-Edwards, RN, BSN

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

Meeting Date: February 11, 2021

Standing Reports:

- HIV and Hepatitis – Peggy Davis
- MRSA, MSSA and Occupational Exposure – Latasha Hill
- Syphilis – Regina Inmon
- Tuberculosis – Mary Parker
- SANE – Kate Williams
- Peer Education – Dianna Langley

Old Business:

None

New Business:

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

B-14.01	B-14.02	
*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-14.03	Employee TB Testing	Carol Lynn Coglianesse
2	B-14.04* Attachment F	Exposure Classification	Janet Gonzalez
3	B-14.05* Attachment F	Employee Prescription for HBIG and Hepatitis B Vaccine	Janet Gonzalez
4	B-14.05* Attachment G	Employee Post-Exposure Refill for Hepatitis Vaccine	Janet Gonzalez
5	B-14.06	Management of Offender Bloodborne Exposures	Janet Gonzalez

6	B-14.07	Immunization	Carol Lynn Coglianese
7	B-14.10*	Tuberculosis	Carol Lynn Coglianese
8	B-14.10* Attachment C	Tuberculosis Screening Report	Carol Lynn Coglianese
9	B-14.11	Human Immunodeficiency Virus (HIV) Infection	Carol Lynn Coglianese

Adjourn – The next meeting is scheduled for April 8, 2021 at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Cecil Wood

Purpose: This group’s membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the University of Texas Medical Branch (UTMB) Correctional Managed Care (CMC) Dental Director and the Texas Tech University Health Sciences Center (TTUHSC) CMC Dental Director. This group is charged with the development of dental treatment and management guidelines, as well as the development of dental initiatives. It reviews changes to the Dental Scope of Practice Act and makes recommendations for policy changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all dental policies and procedures.

Meeting Date: January 28, 2021

- I. Call to Order
 - A. Minutes Confirmation
 - Review of Previous Meeting Minutes from November 17, 2020
- II. Dental Policy Review
 - A. B-14.1D Infection Control in Dental Clinics and Dental Laboratories
 - B. B-15.1BD Chemical and Hazardous Material Control
- III. Dr. Billy Horton
 - A. Dental Treatment During the COVID-19 Pandemic Chart
 - B. Dental SCR During the COVID-19 Pandemic Chart
 - C. H-06.1 Dental Health Record – Organization and Maintenance
- IV. Dr. Billy Hirsch
 - A. Cast Base Partial
 - B. Referrals Related to Level 1
 - C. DMG Referrals
- V. Dr. Cecil Wood
 - A. E-44.2 Examination of Offenders by Private Practitioners
- VI. Pam Myers, Dental Hygiene Program Manager
 - A. Update on Dental Note Wizard Project
- VII. Sector Updates
 - A. TDCJ
 - B. UTMB

C. TTUHSC

VIII. Round the Table

IX. Adjourn – Next Meeting March 2021

Policies Scheduled for Review: C-18.1D Dental Licensure, Registration and Credential Verification; C-19.1D Dental Education and Professional Development; C-25.1D Orientation and Training for Dental Services Staff

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Eidi Millington

Co-Chair: Dr. Olugbenga Ojo

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

For the Three Months Ended November 2020:

There were 194 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October and November 2020. Of those 194 deaths, 2 were referred to peer review committees.

Peer Review Committee	Number of Cases Referred
Provider Peer Review	2
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	2

Joint Nursing Work Group

Chair: Kirk Abbott, MBA, BSN, RN

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: February 9, 2021

Old Business:

- COVID Policy Revisions

New Business:

- County Jail Intake COVID Vaccines
- Vaccination Stats
- TDCJ Strike Team Testing
- HG COVID Testing and Reporting
- Inclement Winter Weather Preparations
- Infirmary Bed Utilization Stats

Adjourn

Financial Report on Correctional Managed Health Care



Quarterly Report FY2021 First Quarter

September 2020 – November 2020

First Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2020-21 General Appropriations Act, Article V, Rider 43, 86th Legislature, Regular Session 2019

- FY2021 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$317.9M
 - Strategy C.1.9, Hospital and Clinical Care, \$251.3M
 - Strategy C.1.10, Pharmacy Care, \$72.4M

<u>Method of Finance Summary</u>	<u>FY2021</u>
HB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 317,916,293
C.1.9. Hospital and Clinic Care	\$ 251,343,852
C.1.10. Pharmacy Care	\$ 72,440,252
TOTAL	\$ 641,700,397
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 255,359,223
C.1.9. Hospital and Clinic Care	\$ 209,127,831
C.1.10. Pharmacy Care	\$ 58,472,431
Subtotal UTMB	\$ 522,959,485
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 62,557,070
C.1.9. Hospital and Clinic Care	\$ 42,216,021
C.1.10. Pharmacy Care	\$ 13,967,821
Subtotal TTUHSC	\$ 118,740,912
TOTAL TO UNIVERSITY PROVIDERS	\$ 641,700,397
TOTAL ALLOCATED	\$ 641,700,397

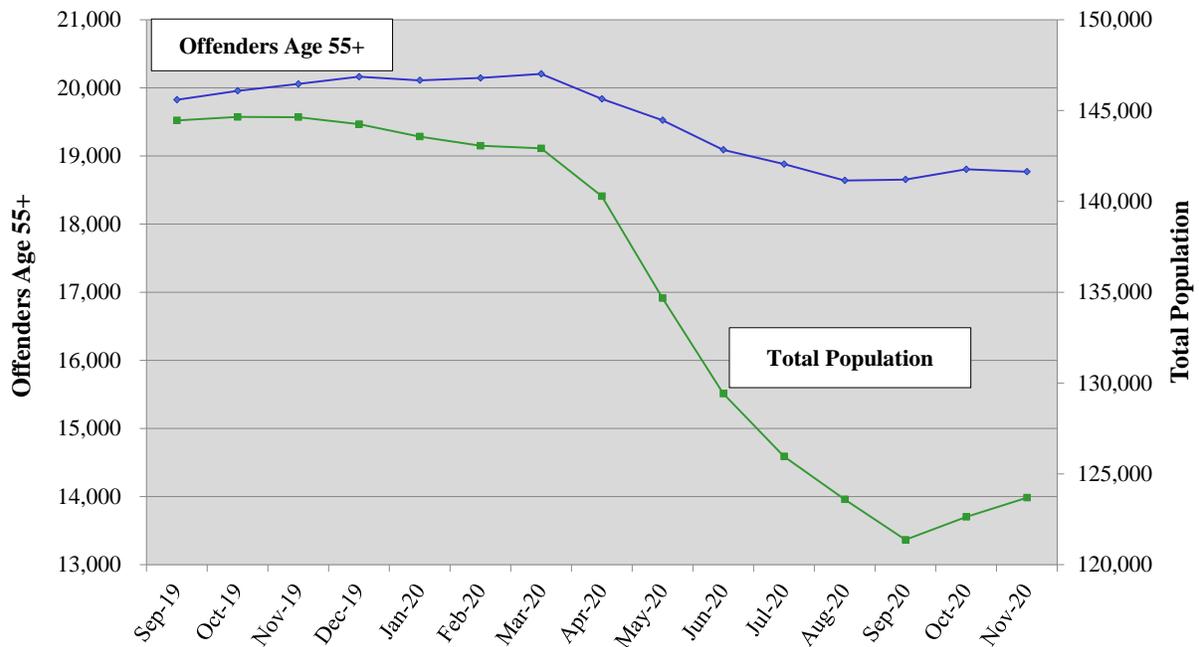
Population

- Overall offender service population has decreased 15.2% from FY2020
 - Average daily census through 1st quarter
 - FY2020: 144,581
 - FY2021: 122,564

- Offenders aged 55 or older population has decreased 6.0% from FY2020
 - Average daily census through 1st quarter
 - FY2020: 19,947
 - FY2021: 18,752
 - While comprising about 15.3% of the overall service population, these offenders account for 49.1% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2021 average number of psychiatric inpatients through 1st quarter: 1,773
 - FY2021 average number of psychiatric outpatients through 1st quarter: 25,023

CMHC Service Population



Health Care Costs

- Total expenditures through 1st quarter, FY2021: \$185.4M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$98.7 M or 53.2% of total expenses
 - Hospital and Clinical Care - \$69.9M or 37.7% of total expenses
 - Pharmacy Services - \$16.8 M or 9.1% of total expenses
 - HIV related drugs: 34.7% of total drug costs
 - Hepatitis C drug therapies: 24.6% of total drug costs
 - Psychiatric drugs: 5.9% of total drug costs
 - All other drug costs: 34.8% of total drug costs
- Cost per offender per day increased 8.8% from FY2020 to FY2021
 - Cost per offender per day through 1st quarter FY21
 - FY2020: \$15.28
 - FY2021: \$16.62

Comparison of Total Health Care Costs

	FY17	FY18	FY19	FY20	4-Year Average	FYTD 21 1st Qtr
Population						
UTMB	116,574	118,737	117,987	110,924	116,055	97,665
TTUHSC	29,807	29,448	28,992	27,533	28,945	24,899
Total	146,381	148,185	146,979	138,457	145,000	122,564
Expenses						
UTMB	\$554,779,025	\$589,220,522	\$631,955,233	\$641,412,379	\$604,341,790	\$154,241,291
TTUHSC	\$115,982,376	\$118,282,720	\$124,707,572	\$132,834,504	\$122,951,793	\$31,175,427
Total	\$670,761,401	\$707,503,242	\$756,662,805	\$774,246,883	\$727,293,583	\$185,416,719
Cost/Day						
UTMB	\$13.04	\$13.60	\$14.67	\$15.80	\$14.26	\$17.35
TTUHSC	\$10.66	\$11.00	\$11.78	\$13.18	\$11.63	\$13.76
Total	\$12.55	\$13.08	\$14.10	\$15.28	\$13.73	\$16.62

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

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 43
First Quarter, FY2021

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 15,596,420	\$ 63,611,300	\$ 79,207,720
State Reimbursement Benefits	\$ 2,561,123	\$ 14,663,647	\$ 17,224,770
Other Misc Revenue	\$ 547	\$ 20,289	\$ 20,837
C.1.8. Total Method of Finance	\$ 18,158,091	\$ 78,295,236	\$ 96,453,327
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 10,525,090	\$ 52,138,720	\$ 62,663,810
State Reimbursement Benefits	\$ 479,195	\$ -	\$ 479,195
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 11,004,285	\$ 52,138,720	\$ 63,143,005
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 3,482,388	\$ 14,578,058	\$ 18,060,446
State Reimbursement Benefits	\$ 19,229	\$ 652,633	\$ 671,862
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 3,501,618	\$ 15,230,691	\$ 18,732,308
TOTAL METHOD OF FINANCE	\$ 32,663,994	\$ 145,664,647	\$ 178,328,640

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 29,603,899	\$ 130,328,078	\$ 159,931,977
State Reimbursement Benefits	\$ 3,059,548	\$ 15,316,279	\$ 18,375,827
Other Misc Revenue	\$ 547	\$ 20,289	\$ 20,837
TOTAL METHOD OF FINANCE	\$ 32,663,994	\$ 145,664,647	\$ 178,328,640

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 18,075,275	\$ 80,615,699	\$ 98,690,974
C.1.9. Hospital & Clinical Care	\$ 10,503,405	\$ 59,450,826	\$ 69,954,231
C.1.10. Managed Health Care - Pharmacy	\$ 2,596,748	\$ 14,174,767	\$ 16,771,514
TOTAL EXPENDITURES	\$ 31,175,427	\$ 154,241,291	\$ 185,416,719

DIFFERENCE	\$ 1,488,566	\$ (8,576,645)	\$ (7,088,078)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 43
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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 15,596,420	\$ 63,611,300	\$ 79,207,720
State Reimbursement Benefits	\$ 2,561,123	\$ 14,663,647	\$ 17,224,770
Other Misc Revenue	\$ 547	\$ 20,289	\$ 20,837
TOTAL METHOD OF FINANCE	\$ 18,158,091	\$ 78,295,236	\$ 96,453,327
Expenditures:			
Unit Care			
Salaries	\$ 6,902,102	\$ 47,394,566	\$ 54,296,668
Benefits	\$ 2,195,880	\$ 13,944,166	\$ 16,140,045
Other Operating Expenses	\$ 1,089,768	\$ 6,104,952	\$ 7,194,720
Professional Services	\$ 653,879	\$ -	\$ 653,879
Contracted Units/Services	\$ 2,762,255	\$ -	\$ 2,762,255
Travel	\$ 27,749	\$ 236,583	\$ 264,332
Capitalized Equipment	\$ 28,896	\$ 609,781	\$ 638,678
Subtotal, Unit Care	\$ 13,660,530	\$ 68,290,048	\$ 81,950,578
Psychiatric Care			
Salaries	\$ 2,903,300	\$ 8,343,758	\$ 11,247,058
Benefits	\$ 802,254	\$ 2,145,903	\$ 2,948,157
Other Operating Expenses	\$ 38,537	\$ 67,279	\$ 105,816
Professional Services	\$ 236,895	\$ -	\$ 236,895
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 4,858	\$ 4,114	\$ 8,972
Subtotal, Psychiatric Care	\$ 3,985,844	\$ 10,561,054	\$ 14,546,898
Indirect Expenditures (Shared Services)	\$ 428,901	\$ 1,764,597	\$ 2,193,498
TOTAL EXPENDITURES	\$ 18,075,275	\$ 80,615,699	\$ 98,690,974
DIFFERENCE	\$ 82,816	\$ (2,320,463)	\$ (2,237,647)

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C.1.9. HOSPITAL & CLINICAL CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 10,525,090	\$ 52,138,720	\$ 62,663,810
State Reimbursement Benefits	\$ 479,195	\$ -	\$ 479,195
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 11,004,285	\$ 52,138,720	\$ 63,143,005
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 426,555	\$ 4,490,638	\$ 4,917,193
Community Provider Services	\$ 5,509,806	\$ 10,000,957	\$ 15,510,763
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,188,321	\$ 36,761,936	\$ 39,950,257
Estimated IBNR	\$ 1,089,283	\$ 6,606,154	\$ 7,695,437
Subtotal, Hospital & Clinical Care	\$ 10,213,964	\$ 57,859,684	\$ 68,073,648
Indirect Expenditures (Shared Services)	\$ 289,441	\$ 1,591,141	\$ 1,880,582
TOTAL EXPENDITURES	\$ 10,503,405	\$ 59,450,826	\$ 69,954,231
DIFFERENCE	\$ 500,880	\$ (7,312,106)	\$ (6,811,225)

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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	\$ 3,482,388	\$ 14,578,058	\$ 18,060,446
State Reimbursement Benefits	\$ 19,229	\$ 652,633	\$ 671,862
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 3,501,618	\$ 15,230,691	\$ 18,732,308
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 391,505	\$ 2,221,914	\$ 2,613,418
Benefits	\$ 22,931	\$ 715,795	\$ 738,726
Other Operating Expenses	\$ 51,890	\$ 341,998	\$ 393,888
Pharmaceutical Purchases	\$ 2,033,752	\$ 10,530,100	\$ 12,563,851
Travel	\$ 906	\$ 3,054	\$ 3,959
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 2,500,983	\$ 13,812,860	\$ 16,313,843
Indirect Expenditures (Shared Services)	\$ 95,765	\$ 361,906	\$ 457,671
TOTAL EXPENDITURES	\$ 2,596,748	\$ 14,174,767	\$ 16,771,514
DIFFERENCE	\$ 904,870	\$ 1,055,924	\$ 1,960,794

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Key Population Indicators

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2020</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>1st Quarter</u>	<u>FY2021</u>
Average Service Population	129,417	125,962	123,598	126,326	138,457	121,369	122,631	123,691	122,564	122,564
Population Age 55 and Over	19,090	18,881	18,640	18,870	19,703	18,654	18,804	18,797	18,752	18,752
<i>Percent of Total Population</i>	14.8%	15.0%	15.1%	14.9%	14.2%	15.4%	15.3%	15.2%	15.3%	15.3%
Key Treatment Populations, Month End										
Patients receiving HIV Treatment	1,752	1,655	1,652	1,686	1,846	1,628	1,647	1,623	1,633	1,633
Patients receiving Hep C Treatment	394	398	353	382	412	376	347	299	341	341
Patients Receiving Dialysis Treatment	244	243	238	242	253	236	237	238	237	237
Age 55 and Over	121	118	118	119	126	121	119	120	120	120
Under 55	123	125	120	123	128	115	118	118	117	117
Medical Inpatient Average Daily Census										
UTMB-Hospital Galveston	108	102	111	107	104	112	86	98	99	99
UTMB Community Hospitals	74	82	70	75	66	32	30	32	31	31
TTUHSC Community Hospitals	14	8	16	12	13	16	17	16	16	16
Medical Inpatient Average Daily Census	196	193	197	194	183	159	132	146	146	146
Medical Inpatient Discharges										
UTMB-Hospital Galveston	272	268	267	807	3,660	337	369	344	1,050	1,050
UTMB Community Hospitals	332	399	355	1,086	4,061	246	216	190	652	652
TTUHSC Community Hospitals	96	60	81	237	952	72	62	51	185	185
Medical Inpatient Discharges	700	727	703	2,130	8,673	655	647	585	1,887	1,887
Average Length of Stay (in days)										
UTMB - Hospital Galveston	10.15	10.08	10.80	10.34	8.88	8.01	6.65	7.94	7.53	7.53
UTMB Community Hospitals	6.70	6.38	6.12	6.40	5.88	5.41	4.28	5.11	4.93	4.93
TTUHSC Community Hospitals	4.46	3.32	3.33	3.70	4.59	4.67	5.65	4.86	5.06	5.06
Infirmary and Sheltered Housing Census, Month End										
UTMB Infirmary	508	521	519	516	501	527	522	536	528	528
UTMB Sheltered Housing	244	265	270	260	193	274	275	280	276	276
TTUHSC Infirmary	109	122	123	118	119	127	119	106	117	117
Infirmary and Sheltered Housing Census, Month End	861	908	912	894	813	928	916	922	922	922
<i>Percent of Capacity Filled</i>	85.8%	90.5%	90.7%	89.0%	94.6%	89.8%	88.7%	89.3%	89.3%	89.3%
Medical Outpatient Visits										
UTMB Specialty Clinics and ER Visits	4,306	5,292	5,008	4,869	6,567	6,120	7,030	6,228	6,459	6,459
TTUHSC Community Outpatient and ER Visits	1,060	1,187	1,515	1,254	1,141	1,790	1,698	1,463	1,650	1,650
Medical Outpatient Visits	5,366	6,479	6,523	6,123	7,708	7,910	8,728	7,691	8,110	8,110
Mental Health Inpatient Average Census										
UTMB Psychiatric Inpatient	936	961	984	960	985	990	991	989	990	990
TTUHSC Psychiatric Inpatient	693	695	766	718	717	791	772	786	783	783
Mental Health Inpatient Average Census	1,629	1,656	1,750	1,678	1,702	1,781	1,763	1,775	1,773	1,773
Mental Health Outpatient Caseload, Month End										
UTMB Psychiatric Outpatient	18,363	17,885	18,000	18,083	19,985	18,513	19,151	19,173	18,946	18,946
TTUHSC Psychiatric Outpatient	5,875	5,729	5,799	5,801	6,094	5,992	6,083	6,156	6,077	6,077
Mental Health Outpatient Caseload, Month End	24,238	23,614	23,799	23,884	26,079	24,505	25,234	25,329	25,023	25,023

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Key Budget Drivers (Cost)

	June	July	August	4th Quarter	FY2020	Sep	Oct	Nov	1st Quarter	FY2021				
Selected Drug Costs														
HIV Medications	\$ 1,079,953	\$ 1,459,984	\$ 1,286,479	\$ 3,826,416	\$ 17,386,832	\$ 1,518,211	\$ 1,222,098	\$ 1,412,479	\$ 4,152,788	\$ 4,152,788				
Hepatitis C Medications	\$ 1,203,009	\$ 1,212,258	\$ 1,284,725	\$ 3,699,992	\$ 17,248,568	\$ 1,021,510	\$ 985,376	\$ 936,260	\$ 2,943,145	\$ 2,943,145				
Psychiatric Medications	\$ 231,307	\$ 241,354	\$ 196,705	\$ 669,366	\$ 2,960,525	\$ 225,840	\$ 248,445	\$ 232,957	\$ 707,242	\$ 707,242				
All Other Drug Costs	\$ 1,183,302	\$ 1,286,682	\$ 642,017	\$ 3,112,001	\$ 18,609,277	\$ 1,513,975	\$ 1,361,258	\$ 1,299,228	\$ 4,174,461	\$ 4,174,461				
Total Drug Costs	\$ 3,697,571	\$ 4,200,278	\$ 3,409,926	\$ 11,307,775	\$ 56,205,202	\$ 4,279,536	\$ 3,817,177	\$ 3,880,924	\$ 11,977,636	\$ 11,977,636				
Dialysis														
Age 55 and Over	\$ 313,819	\$ 304,593	\$ 307,907	\$ 926,319	\$ 3,873,670	\$ 256,783	\$ 328,544	\$ 313,571	\$ 898,898	\$ 898,898				
UTMB	\$ 280,713	\$ 276,403	\$ 277,722	\$ 834,838	\$ 3,415,074	\$ 225,367	\$ 297,128	\$ 282,155	\$ 804,650	\$ 804,650				
TTUHSC	\$ 33,106	\$ 28,190	\$ 30,185	\$ 91,481	\$ 458,596	\$ 31,416	\$ 31,416	\$ 31,416	\$ 94,248	\$ 94,248				
Under 55	\$ 342,210	\$ 335,440	\$ 322,414	\$ 1,000,064	\$ 4,081,599	\$ 352,703	\$ 339,720	\$ 324,249	\$ 1,016,672	\$ 1,016,672				
UTMB	\$ 322,218	\$ 310,770	\$ 298,260	\$ 931,248	\$ 3,732,706	\$ 324,953	\$ 313,825	\$ 307,894	\$ 946,672	\$ 946,672				
TTUHSC	\$ 19,992	\$ 24,670	\$ 24,154	\$ 68,816	\$ 348,893	\$ 27,750	\$ 25,895	\$ 16,355	\$ 70,000	\$ 70,000				
Total Dialysis	\$ 656,029	\$ 640,033	\$ 630,321	\$ 1,926,383	\$ 7,955,269	\$ 609,486	\$ 668,264	\$ 637,820	\$ 1,915,571	\$ 1,915,571				
Offsite Hospital Services														
Age 55 and Over	\$ 13,321,201	\$ 12,293,290	\$ 15,117,007	\$ 40,731,497	59.8%	\$ 131,041,126	52.6%	\$ 12,071,252	\$ 9,965,664	\$ 10,035,687	\$ 32,072,604	49.1%	\$ 32,072,604	49.1%
UTMB	\$ 11,762,802	\$ 10,127,382	\$ 14,156,416	\$ 36,046,600		\$ 120,652,613		\$ 10,658,281	\$ 9,826,074	\$ 9,647,141	\$ 30,131,497		\$ 30,131,497	
TTUHSC	\$ 1,558,400	\$ 2,165,908	\$ 960,590	\$ 4,684,897		\$ 10,388,512		\$ 1,412,971	\$ 139,590	\$ 388,546	\$ 1,941,108		\$ 1,941,108	
Under 55	\$ 8,882,941	\$ 10,354,877	\$ 8,100,128	\$ 27,337,946	40.2%	\$ 118,296,377	47.4%	\$ 10,123,270	\$ 12,848,347	\$ 10,292,534	\$ 33,264,151	50.9%	\$ 33,264,151	50.9%
UTMB	\$ 8,034,022	\$ 8,145,813	\$ 7,676,573	\$ 23,856,407		\$ 107,403,043		\$ 9,664,772	\$ 10,391,770	\$ 9,396,262	\$ 29,452,804		\$ 29,452,804	
TTUHSC	\$ 848,919	\$ 2,209,065	\$ 423,555	\$ 3,481,539		\$ 10,893,334		\$ 458,498	\$ 2,456,577	\$ 896,272	\$ 3,811,347		\$ 3,811,347	
Total Offsite Hospital Services	\$ 22,204,142	\$ 22,648,167	\$ 23,217,135	\$ 68,069,444		\$ 249,337,502		\$ 22,194,523	\$ 22,814,011	\$ 20,328,221	\$ 65,336,755		\$ 65,336,755	
C.1.8. Salaries/Agency Nursing/Overtime														
UTMB														
Salaries	\$ 15,607,687	\$ 15,777,200	\$ 15,958,084	\$ 47,342,971	\$ 191,802,047	\$ 15,419,090	\$ 15,770,268	\$ 15,471,548	\$ 46,660,905	\$ 46,660,905				
Agency Nursing	\$ 1,614,379	\$ 1,962,020	\$ 1,780,981	\$ 5,357,380	\$ 23,404,317	\$ 1,808,182	\$ 1,957,309	\$ 1,812,492	\$ 5,577,983	\$ 5,577,983				
Overtime	\$ 1,188,944	\$ 1,392,341	\$ 1,355,650	\$ 3,936,935	\$ 13,531,667	\$ 1,157,712	\$ 1,225,591	\$ 1,116,133	\$ 3,499,435	\$ 3,499,435				
UTMB Total	\$ 18,411,010	\$ 19,131,561	\$ 19,094,715	\$ 56,637,286	\$ 228,738,031	\$ 18,384,983	\$ 18,953,168	\$ 18,400,172	\$ 55,738,324	\$ 55,738,324				
TTUHSC														
Salaries	\$ 3,264,279	\$ 3,338,570	\$ 3,209,677	\$ 9,812,526	\$ 40,595,183	\$ 3,177,070	\$ 3,275,289	\$ 3,210,126	\$ 9,662,485	\$ 9,662,485				
Agency Nursing	\$ 175,487	\$ 120,902	\$ 62,287	\$ 358,677	\$ 976,549	\$ (14,328)	\$ 145,040	\$ 81,892	\$ 212,605	\$ 212,605				
Overtime	\$ 39,893	\$ 41,969	\$ 55,450	\$ 137,312	\$ 546,702	\$ 39,596	\$ 55,458	\$ 47,862	\$ 142,917	\$ 142,917				
TTUHSC Total	\$ 3,479,659	\$ 3,501,442	\$ 3,327,414	\$ 10,308,515	\$ 42,118,435	\$ 3,202,339	\$ 3,475,787	\$ 3,339,881	\$ 10,018,007	\$ 10,018,007				
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 21,890,669	\$ 22,633,002	\$ 22,422,129	\$ 66,945,800	\$ 270,856,465	\$ 21,587,323	\$ 22,428,955	\$ 21,740,053	\$ 65,756,331	\$ 65,756,331				
FTEs														
UTMB	3,001.3	2,994.7	2,978.6	2,991.5	2,999.3	2,949.7	2,941.4	2,928.6	2,939.9	2,939.9				
TTUHSC	795.5	790.2	775.3	787.0	811.6	767.7	764.6	767.6	766.6	766.6				
Total FTEs	3,796.8	3,784.9	3,754.0	3,778.5	3,810.8	3,717.4	3,706.0	3,696.2	3,706.5	3,706.5				
Key Occupational Categories, Percent Filled														
UTMB														
Nursing	90.8%	90.6%	90.1%	90.5%	90.7%	87.5%	87.2%	86.9%	87.2%	87.2%				
Mental Health	88.3%	87.9%	87.3%	87.8%	88.2%	84.0%	84.1%	84.2%	84.1%	84.1%				
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	91.5%	91.1%	90.2%	90.9%	90.3%	87.8%	88.3%	86.3%	87.5%	87.5%				
Dental	95.4%	94.3%	92.6%	94.1%	94.4%	87.1%	86.6%	86.1%	86.6%	86.6%				
Pharmacy	95.9%	95.4%	94.0%	94.7%	94.7%	93.1%	92.3%	91.4%	92.3%	92.3%				
Other Positions	97.9%	97.9%	99.3%	98.4%	98.4%	100.0%	97.9%	97.9%	98.6%	98.6%				
TTUHSC	80.9%	80.4%	78.8%	80.0%	82.8%	78.1%	77.7%	78.1%	78.0%	78.0%				
Nursing	91.8%	92.4%	92.5%	92.3%	92.8%	91.1%	90.4%	89.9%	90.5%	90.5%				
Mental Health	79.6%	79.2%	77.4%	78.7%	80.5%	76.0%	76.3%	76.7%	76.3%	76.3%				
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	77.5%	74.1%	74.5%	75.4%	82.5%	68.1%	65.1%	65.7%	66.3%	66.3%				
Dental	80.4%	77.7%	83.8%	80.6%	84.9%	87.6%	87.6%	85.7%	87.0%	87.0%				
Pharmacy	85.7%	87.5%	85.7%	86.3%	87.7%	86.6%	83.1%	84.0%	84.6%	84.6%				
Other Positions	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Other Positions	84.5%	83.9%	81.8%	83.4%	86.4%	83.9%	84.1%	84.5%	84.2%	84.2%				

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/21/2020
REVENUE:						
TDCJ Appropriation	\$ 29,603,899				\$ 29,603,899	\$ 118,740,912
State Reimbursement Benefits	\$ 3,059,548				\$ 3,059,548	\$ 12,238,191
Other Misc Revenue	\$ 547				\$ 547	\$ 2,189
TOTAL REVENUES	\$ 32,663,994	\$ -	\$ -	\$ -	\$ 32,663,994	\$ 130,981,292

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 6,902,102				\$ 6,902,102	\$ 28,108,409
Benefits	\$ 2,195,880				\$ 2,195,880	\$ 8,053,059
Other Operating Expenses	\$ 1,089,768				\$ 1,089,768	\$ 4,486,644
Professional Services	\$ 653,879				\$ 653,879	\$ 2,615,518
Contracted Units/Services	\$ 2,762,255				\$ 2,762,255	\$ 12,158,817
Travel	\$ 27,749				\$ 27,749	\$ 210,998
Capitalized Equipment	\$ 28,896				\$ 28,896	\$ 801,780
Subtotal, Unit Care Expenditures	\$ 13,660,530	\$ -	\$ -	\$ -	\$ 13,660,530	\$ 56,435,226
Psychiatric Care Expenditures						
Salaries	\$ 2,903,300				\$ 2,903,300	\$ 11,863,200
Benefits	\$ 802,254				\$ 802,254	\$ 3,209,015
Other Operating Expenses	\$ 38,537				\$ 38,537	\$ 154,149
Professional Services	\$ 236,895				\$ 236,895	\$ 1,281,224
Travel	\$ 4,858				\$ 4,858	\$ 19,431
Subtotal, Psychiatric Care Expenditures	\$ 3,985,844	\$ -	\$ -	\$ -	\$ 3,985,844	\$ 16,527,018
Total Expenditures, Unit & Psychiatric Care	\$ 17,646,373	\$ -	\$ -	\$ -	\$ 17,646,373	\$ 72,962,244

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 426,555				\$ 426,555	\$ 1,230,000
Freeworld Provider Services	\$ 5,509,806				\$ 5,509,806	\$ 23,321,515
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,188,321				\$ 3,188,321	\$ 14,995,807
Estimated IBNR	\$ 1,089,283				\$ 1,089,283	\$ 4,700,000
Total Expenditures, Hospital & Clinical Care	\$ 10,213,964	\$ -	\$ -	\$ -	\$ 10,213,964	\$ 44,247,322

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 391,505				\$ 391,505	\$ 2,042,034
Benefits	\$ 22,931				\$ 22,931	\$ 91,724
Other Operating Expenses	\$ 51,890				\$ 51,890	\$ 272,387
Pharmaceutical Purchases	\$ 2,033,752				\$ 2,033,752	\$ 8,175,930
Travel	\$ 906				\$ 906	\$ 8,622
Capitalized Equipment	\$ -				\$ -	
Total Expenditures, Managed Health Care Pharmacy	\$ 2,500,983	\$ -	\$ -	\$ -	\$ 2,500,983	\$ 10,590,698

Indirect Expenditures (Shared Services)	\$ 814,107				\$ 814,107	\$ 3,265,375
TOTAL EXPENDITURES	\$ 31,175,427	\$ -	\$ -	\$ -	\$ 31,175,427	\$ 131,065,638
DIFFERENCE	\$ 1,488,566	\$ -	\$ -	\$ -	\$ 1,488,566	\$ (84,346)

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University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/23/20
REVENUE:						
TDCJ Appropriation	\$ 130,328,078				\$ 130,328,078	\$ 522,959,485
State Reimbursement Benefits	\$ 15,316,279				\$ 15,316,279	\$ 61,881,860
Other Misc Revenue	\$ 20,289				\$ 20,289	\$ 81,380
TOTAL REVENUES	\$ 145,664,647	\$ -	\$ -	\$ -	\$ 145,664,647	\$ 584,922,725

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 47,394,566				\$ 47,394,566	\$ 195,585,551
Benefits	\$ 13,944,166				\$ 13,944,166	\$ 57,333,573
Other Operating Expenses	\$ 6,104,952				\$ 6,104,952	\$ 21,034,734
Professional Services	\$ -				\$ -	
Contracted Units/Services	\$ -				\$ -	
Travel	\$ 236,583				\$ 236,583	\$ 948,931
Capitalized Equipment	\$ 609,781				\$ 609,781	\$ 2,000,000
Subtotal, Unit Care Expenditures	\$ 68,290,048	\$ -	\$ -	\$ -	\$ 68,290,048	\$ 276,902,789
Psychiatric Care Expenditures						
Salaries	\$ 8,343,758				\$ 8,343,758	\$ 33,466,721
Benefits	\$ 2,145,903				\$ 2,145,903	\$ 8,607,194
Other Operating Expenses	\$ 67,279				\$ 67,279	\$ 269,856
Professional Services	\$ -				\$ -	
Travel	\$ 4,114				\$ 4,114	\$ 16,502
Subtotal, Psychiatric Care Expenditures	\$ 10,561,054	\$ -	\$ -	\$ -	\$ 10,561,054	\$ 42,360,273
Total Expenditures, Unit & Psychiatric Care	\$ 78,851,102	\$ -	\$ -	\$ -	\$ 78,851,102	\$ 319,263,062

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,490,638				\$ 4,490,638	\$ 18,554,614
Freeworld Provider Services	\$ 10,000,957				\$ 10,000,957	\$ 66,610,938
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,761,936				\$ 36,761,936	\$ 151,894,576
Estimated IBNR	\$ 6,606,154				\$ 6,606,154	
Total Expenditures, Hospital & Clinical Care	\$ 57,859,684	\$ -	\$ -	\$ -	\$ 57,859,684	\$ 237,060,128

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,221,914				\$ 2,221,914	\$ 8,912,071
Benefits	\$ 715,795				\$ 715,795	\$ 2,871,048
Other Operating Expenses	\$ 341,998				\$ 341,998	\$ 1,323,614
Pharmaceutical Purchases	\$ 10,530,100				\$ 10,530,100	\$ 44,284,247
Travel	\$ 3,054				\$ 3,054	\$ 12,249
Capitalized Equipment	\$ -				\$ -	
Total Expenditures, Managed Health Care Pharmacy	\$ 13,812,860	\$ -	\$ -	\$ -	\$ 13,812,860	\$ 57,403,229

Indirect Expenditures (Shared Services)	\$ 3,717,645				\$ -	\$ 15,173,487
TOTAL EXPENDITURES	\$ 154,241,291	\$ -	\$ -	\$ -	\$ 154,241,291	\$ 628,899,907
DIFFERENCE	\$ (8,576,645)	\$ -	\$ -	\$ -	\$ (8,576,645)	\$ (43,977,182)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 43
First Quarter, FY2021

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 159,931,977	\$ -	\$ -	\$ -	\$ 159,931,977	\$ 641,700,397
State Reimbursement Benefits	\$ 18,375,827	\$ -	\$ -	\$ -	\$ 18,375,827	\$ 74,120,051
Other Misc Revenue	\$ 20,837	\$ -	\$ -	\$ -	\$ 20,837	\$ 83,570
TOTAL REVENUES	\$ 178,328,640	\$ -	\$ -	\$ -	\$ 178,328,640	\$ 715,904,017

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 54,296,668	\$ -	\$ -	\$ -	\$ 54,296,668	\$ 223,693,960
Benefits	\$ 16,140,045	\$ -	\$ -	\$ -	\$ 16,140,045	\$ 65,386,632
Other Operating Expenses	\$ 7,194,720	\$ -	\$ -	\$ -	\$ 7,194,720	\$ 25,521,378
Professional Services	\$ 653,879	\$ -	\$ -	\$ -	\$ 653,879	\$ 2,615,518
Contracted Units/Services	\$ 2,762,255	\$ -	\$ -	\$ -	\$ 2,762,255	\$ 12,158,817
Travel	\$ 264,332	\$ -	\$ -	\$ -	\$ 264,332	\$ 1,159,929
Capitalized Equipment	\$ 638,678	\$ -	\$ -	\$ -	\$ 638,678	\$ 2,801,780
Subtotal, Unit Care Expenditures	\$ 81,950,578	\$ -	\$ -	\$ -	\$ 81,950,578	\$ 333,338,015
Psychiatric Care Expenditures						
Salaries	\$ 11,247,058	\$ -	\$ -	\$ -	\$ 11,247,058	\$ 45,329,921
Benefits	\$ 2,948,157	\$ -	\$ -	\$ -	\$ 2,948,157	\$ 11,816,209
Other Operating Expenses	\$ 105,816	\$ -	\$ -	\$ -	\$ 105,816	\$ 424,005
Professional Services	\$ 236,895	\$ -	\$ -	\$ -	\$ 236,895	\$ 1,281,224
Travel	\$ 8,972	\$ -	\$ -	\$ -	\$ 8,972	\$ 35,933
Subtotal, Psychiatric Care Expenditures	\$ 14,546,898	\$ -	\$ -	\$ -	\$ 14,546,898	\$ 58,887,291
Total Expenditures, Unit & Psychiatric Care	\$ 96,497,476	\$ -	\$ -	\$ -	\$ 96,497,476	\$ 392,225,306

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,917,193	\$ -	\$ -	\$ -	\$ 4,917,193	\$ 19,784,614
Freeworld Provider Services	\$ 15,510,763	\$ -	\$ -	\$ -	\$ 15,510,763	\$ 89,932,453
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,950,257	\$ -	\$ -	\$ -	\$ 39,950,257	\$ 166,890,383
Estimated IBNR	\$ 7,695,437	\$ -	\$ -	\$ -	\$ 7,695,437	\$ 4,700,000
Total Expenditures, Hospital & Clinical Care	\$ 68,073,648	\$ -	\$ -	\$ -	\$ 68,073,648	\$ 281,307,450

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,613,418	\$ -	\$ -	\$ -	\$ 2,613,418	\$ 10,954,105
Benefits	\$ 738,726	\$ -	\$ -	\$ -	\$ 738,726	\$ 2,962,772
Other Operating Expenses	\$ 393,888	\$ -	\$ -	\$ -	\$ 393,888	\$ 1,596,002
Pharmaceutical Purchases	\$ 12,563,851	\$ -	\$ -	\$ -	\$ 12,563,851	\$ 52,460,177
Travel	\$ 3,959	\$ -	\$ -	\$ -	\$ 3,959	\$ 20,871
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 16,313,843	\$ -	\$ -	\$ -	\$ 16,313,843	\$ 67,993,927

Indirect Expenditures (Shared Services)	\$ 4,531,752	\$ -	\$ -	\$ -	\$ 4,531,752	\$ 18,438,863
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TOTAL EXPENDITURES	\$ 185,416,719	\$ -	\$ -	\$ -	\$ 185,416,719	\$ 759,965,545
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DIFFERENCE	\$ (7,088,078)	\$ -	\$ -	\$ -	\$ (7,088,078)	\$ (44,061,528)
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FY2021 Spend Forward to FY2020 - LBB Approved						\$ (74,793,888)
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Projected Uncollected Health Care Fees (COVID-19 Waiver)						\$ (1,840,000)
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Revenue Reduction - Idling and Closure of Units - FY2021						\$ (3,000,000)
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NET DIFFERENCE	\$ (7,088,078)	\$ -	\$ -	\$ -	\$ (7,088,078)	\$ (123,695,416)
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Expenditures in this report do not include UTMB final FY2020 Hospital Cost Reconciliation. This will be reflected in the second FY2021 Quarterly Report.



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
First Quarter FY 2021***

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY) 2021 (September, October, and November 2020), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Bell, Beto, Daniel, Dominguez State Jail, Rudd Intermediate Sanction Facility, San Saba, Smith (General Population and Extended Cell Block) and Stiles.

- To be considered compliant, a facility must score 80% or better on an Operational Review question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **10** items found to be most frequently out of compliance in the Operational Review Audits conducted in the First Quarter of FY 2021:

1. Item **6.351** requires Hepatitis C Virus infected patients that do not have documented contraindication for antiviral therapy with Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) be referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway. The following **5** facilities were not in compliance with this requirement:
 - Bell (20%) – Corrective action plan pending
 - Beto (76%) – Corrective action plan pending
 - Dominguez (61%) – Corrective action plan pending
 - Rudd ISF (20%) – Corrective action plan pending
 - Smith (ECB) (44%) – Corrective action plan received
(GP) (67%) – Corrective action plan received
2. Item **6.380** requires the pneumococcal vaccine be offered to inmates with certain chronic diseases and conditions*, and all inmates 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **4** facilities were not in compliance with this requirement:
 - Beto (74%) – Corrective action plan pending
 - Rudd ISF (75%) – Corrective action plan pending
 - Smith (ECB) (63%) – Corrective action plan received
 - Stiles (21%) – Corrective action plan pending

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

3. Item **1.630** requires the facility to have an overall health services staffing vacancy of no more than 12%. The following **4** facilities were not in compliance with this requirement:
 - Beto (13%) – Corrective action plan pending
 - Dominguez (13%) – Corrective action plan pending
 - Rudd ISF (33%) – Corrective action plan pending
 - Smith (GP) (35%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (CONTINUED)

4. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility to have an HSM-19 completed monthly. The following **4** facilities were not in compliance with this requirement:
 - Bell (75%) – Corrective action plan pending
 - Dominguez (0%) – Corrective action plan pending
 - Smith (ECB) (0%) – Corrective action plan received
(GP) (0%) – Corrective action plan received
 - Stiles (20%) – Corrective action plan pending
 5. Item **6.030** requires inmates receiving anti-tuberculosis medication at the facility to be assessed monthly by a provider or nurse. The following **3** facilities were not in compliance with this requirement:
 - Dominguez (25%) – Corrective action plan pending
 - Smith (ECB) (0%) – Corrective action plan received
(GP) (0%) – Corrective action plan received
 - Stiles (50%) – Corrective action plan pending
 6. Item **4.171** requires inmates remaining in segregation more than thirty days to receive a mental health assessment by mental health staff. The following **3** facilities were not in compliance with this requirement:
 - Daniel (75%) – Corrective action plan received and accepted
 - Dominguez (74%) – Corrective action plan pending
 - Smith (GP) (67%) – Corrective action plan received
 7. Item **6.175** requires inmates who are known HIV positive at the time of being received to TDCJ (new intake or subsequent return) be evaluated in chronic care clinic within 30 days of arrival. The following **3** facilities were not in compliance with this requirement:
 - Beto (67%) – Corrective action plan pending
 - Dominguez (63%) – Corrective action plan pending
 - Stiles (75%) – Corrective action plan pending
 8. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **3** facilities were not in compliance with this requirement:
 - Beto (0%) – Corrective action plan pending
 - San Saba (0%) – Corrective action plan received and accepted
 - Stiles (0%) – Corrective action plan pending
 9. Item **6.210** requires HIV positive inmates on the facility to be seen in chronic care clinic every 6 months. The following **3** facilities were not in compliance with this requirement:
 - Beto (64%) – Corrective action plan pending
 - Dominguez (54%) – Corrective action plan pending
 - Stiles (41%) – Corrective action plan pending
 10. Item **6.220** requires a current Individual Treatment Plan for HIV positive inmates to be documented in the medical record. The following **3** facilities were not in compliance with this requirement:
 - Beto (58%) – Corrective action plan pending
 - Dominguez (69%) – Corrective action plan pending
 - Stiles (52%) – Corrective action plan pending
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Formby State Jail, Hobby, Marlin, Polunsky, Tulia, and Wheeler State Jail. During the First Quarter FY 2021, **all** were closed.

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. Audits scheduled for the First Quarter of FY 2021 were postponed due to the ongoing COVID-19 pandemic

DENTAL QUALITY REVIEW AUDIT

During the first quarter of FY 2021 (September, October, and November) the only dental treatment received by offenders was emergency care due to the COVID-19 pandemic risk mitigation efforts. Dental Quality Review audits were conducted on Urgent Care at the following **34** facilities: Allred GP, Bell, Beto, Boyd, Bradshaw, Bridgeport, Briscoe, Byrd, Clements, Coffield, Cole, Connally, Cotulla, Crain, Dalhart, Daniel, Darrington, Diboll, Dominguez, East Texas, Eastham, Ellis, Estelle, Estes, Formby, Garza West, Gist, Glossbrenner, Goree, Gurney, Havins, Jordan, Lynaugh, and Middleton. The following is a summary of the items found to be below 80 percent this quarter.

- **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 **34** facilities were not in compliance: **Bridgeport (70%)**, **Goree (30%)**, and **Middleton (60%)**.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2021 (September, October, and November 2020), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,446** correspondences: The PLP received **3,499** and Step II Grievance received **947**. There were **375** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained inmate medical grievances closed in the First Quarter FY 2021 for the Step II medical grievances was **2%**. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **2%** and **4%** for TTUHSC for the First Quarter of FY 2021.

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the First Quarter of FY 2021, (September, October, and November 2020), the Patient Liaison Program nurses and investigators performed **22** Sick Call Request Verification Audits (SCRVAs) 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 **150** indicators were reviewed at the **21** facilities and **2** of the indicators fell below the 80 percent compliance threshold, representing **1.3%**. 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 (SCRVAs) was changed in the Fourth Quarter of FY 2011. Units with an average composite score of 80 or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the First Quarter FY 2021, there were **9,256** intake HIV tests performed. Of those tested, **55** inmates were newly identified as having HIV infection. During the same time period, there were **8,161** pre-release tests performed with **0** found to be HIV positive for this quarter, **3** new AIDS cases were identified.
- There were **517** cases of Hepatitis C identified for the First Quarter FY 2021. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **293** cases of suspected Syphilis were reported in the First Quarter FY 2021. **135** 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.
- **314** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2021. For the same time period, **138** 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 **18** TB cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2021. 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 **219** chart reviews of alleged sexual assaults performed for the First Quarter FY 2021. There were **25** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **82** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the First Quarter FY-2021, **0** units received peer educator training by the Peer Education Coordinator due to COVID-19 travel restrictions. As of the close of the quarter, **93** of the **101** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the First Quarter FY 2021, **15** inmates trained to become peer educators. This is a decrease from the Fourth Quarter FY 2020 Report. During the First Quarter FY 2021, **6,798** inmates attended the classes presented by peer educators. This is an increase from the Fourth Quarter FY 2020.

MORBIDITY AND MORTALITY

There were **194** deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2020, of those deaths, **2** were referred to peer review committees.

MORBIDITY AND MORTALITY (CONTINUED)

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	2
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	2

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter of FY 2021:

- The OMHM&L monitors all restrictive housing within the TDCJ CID and State Jails once every six months. Due to travel restrictions imposed in order to mitigate the risk of spread of COVID-19, restrictive housing audits have been temporarily suspended.
- In addition to monitoring the mental health status of restrictive housing inmates, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ACT 4, **13** of the **18** units were **100%** compliant. **5** of the **18** units were **N/A**. For ATC 5, **13** of **18** units were **100%** compliant. **5** of the **18** units were **N/A**. For ATC 6, **13** of **18** units were **100%** compliant. **5** of **18** units were **N/A**. For the 911 tool availability, there were **no** units assessed due to restrictions imposed for Coronavirus Pandemic precautions.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure that all instances are appropriately documented. During the First Quarter FY 2021, a total of **83** instances of compelled psychoactive medication administration occurred. There were **30** instances at the Montford unit, **31** instances at the Skyview unit, **22** instances at the Jester IV unit, and **0** instances at the Clements unit. During each month of the quarter, Jester IV, Skyview, and Montford, were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. The Clements Unit did not have any applicable instances of compelled psychoactive medications for the quarter.
- The Intake Mental Health Evaluation Audit 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 (MHE) within 14 days of identification. Mental Health Evaluation Audits were discontinued in May of 2020 due to limited intakes. These audits rely on data two months behind the reporting month. These audits will tentatively resume in January of 2021 (November data) if a reliable sample size can be obtained.

OFFICE OF THE HEALTH SERVICES LIAISON – UTILIZATION REVIEW

- The Office of the Health Services Liaison (HSL) Utilization Review conducts a random audit of 10 percent of electronic health records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the First Quarter of FY 2021, HSL conducted **259** hospital and **38** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the inmate's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by

OFFICE OF THE HEALTH SERVICES LIAISON – UTILIZATION REVIEW (CONTINUED)

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 **259** hospital discharge audits conducted, **187** were from the UTMB Sector and **72** were from the TTUHSC sector. There were **32** deficiencies identified for UTMB and **24** identified for TTUHSC. Of the **38** infirmity discharge audits conducted, **20** were from the UTMB sector and **18** were from the TTUHSC sector. There were **2** deficiencies identified from UTMB and **1** for TTUHSC.

ACCREDITATION

Due to the Coronavirus Pandemic all ACA audits have been postponed until further notice.

BIOMEDICAL RESEARCH PROJECTS

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

- Correctional Institutions Division Active Monthly Research Projects - **15**
- Correctional Institutions Division Pending Monthly Research Projects - **7**
- Health Services Division Active Monthly Medical Research Projects - **7**
- Health Services Division Pending Medical Research Projects – **1**

Update-CMHCC Joint Dental Working Group and Correctional Dentistry

***For the
Correctional Managed Health
Care Committee
March 22, 2021***

***Presenter: Cecil N. Wood, DDS, MS
TTUHSC Managing Dental Director***

***Correctional Managed
Health Care***



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER**

Committee Membership

Dental Directors

TDCJ: M. B. Hirsch, DDS

UTMB: Billy Horton, DDS

TTUHSC: Cecil Wood, DDS

Secretary

UTMB: Pam Myers RDH

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Committee Membership (Continued)

By Invitation

- **UTMB/TTUHSC Regional Dental Directors**
- **Specialty Coordinators**
- **Others are invited when applicable**
 - **Formulary Committee**
 - **Other Disciplines Representatives**

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Program Goal

Provide Timely and appropriate dental care within the scope of standards and policy

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Meetings

The Joint Dental Work Group is scheduled to meet Bi-Monthly and generally meets on the same day as the System Leadership Council in Conroe. Alternative monthly meetings are done via phone conference.

The JDW began meeting weekly via Zoom in April 2020 to address the rapidly evolving pandemic and its impact on delivery of dental services.

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Committee Functions

- **Provide oversight of the Dental Program to ensure regulatory and community standard of care is provided for the TDCJ inmate population**
- **Policy development, review, and revision**
- **Clinical Audit Reports**
 - **TDCJ Operational Review and Dental Quality of Care Audits**
 - **ACA accreditation findings and reports**
 - **University Quality Assurance Audits**
 - **Monthly Audits/Reports of Each Facility**

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Policy/Process/Project Development

- **Standards for Acceptable Delay of Care Reduced:**
 - Level II-Interceptive Care from 180 days to 60 days**
 - Level III-Routine Care from 180 days to 90 days**
- **Digital Radiography:**
 - University procurement of Digital**
 - Panoramic equipment at all intake facilities**
 - Intra-Oral equipment in all facility clinics (9/21)**
- **Air filtration/purification systems all facility clinics (9/21)**

Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Staffing as of January 2021

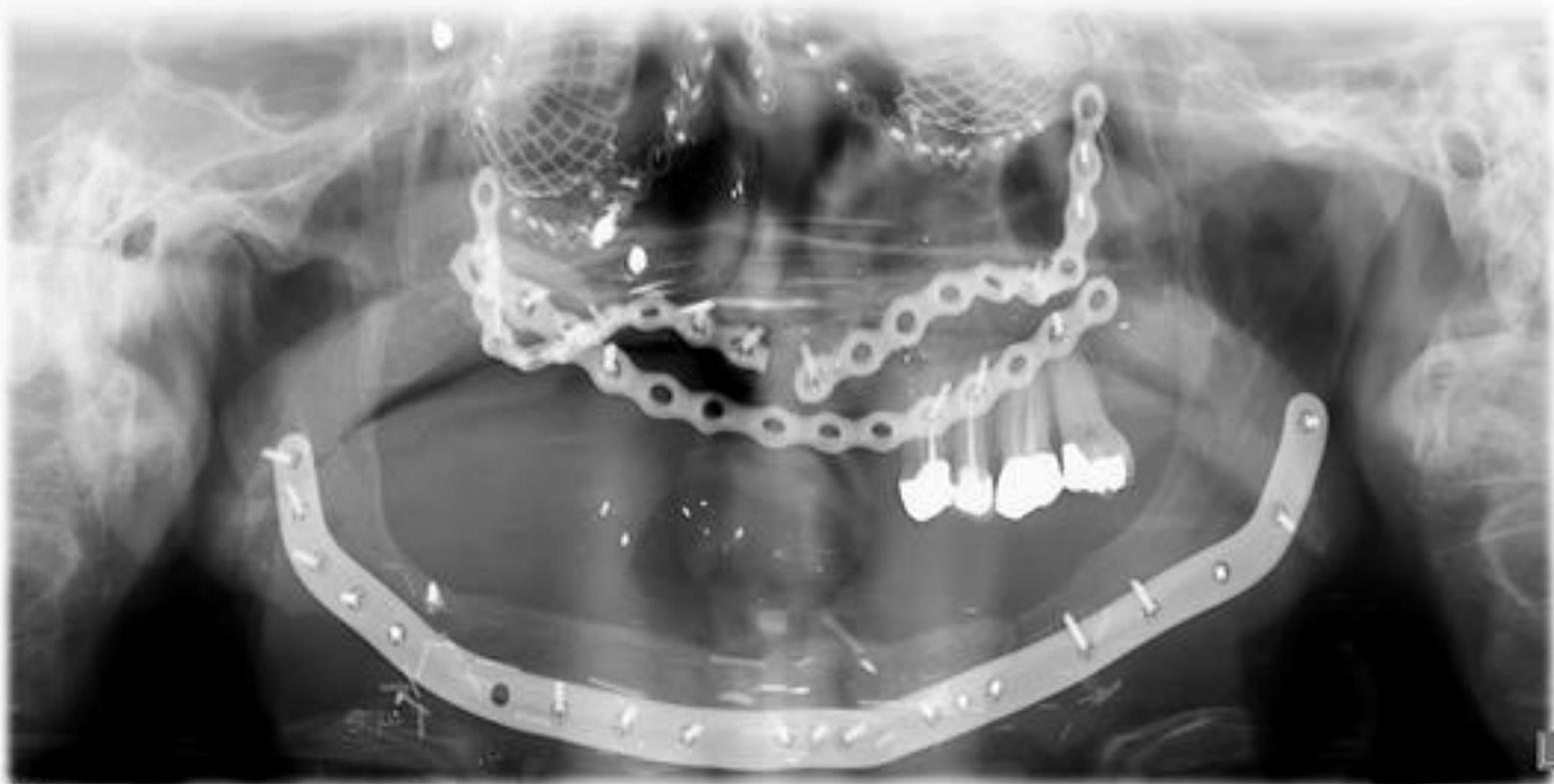
January 2020 Dental Staffing		Budgeted	Filled	Vacant	% Vacant
UTMB	DDS	71.30	66.30	5.00	7%
	RDH	24.90	24.90	0.00	0%
TTUHSC	DDS	20.14	18.05	2.09	10%
	RDH	12.90	12.40	0.50	4%
TOTAL	DDS	91.44	84.35	7.09	7.75%
	RDH	37.80	37.30	0.50	1.32%
DENTAL		129.24	121.65	7.59	5.87

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