

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 16, 2021

10:00 a.m. (CST)

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

Zoom Registration

https://tdcj-texas-gov.zoom.us/webinar/register/WN_0j85NhuuSm6Vqximbn6TKA

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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YouTube Channel Link for Livestream

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, March 22, 2021
 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 Second Quarter Report
 - COVID-19 Vaccination Update

2. Texas Tech University Health Sciences Center

3. The University of Texas Medical Branch

VI. CMHCC Joint Nursing Working Group Overview / Update

Kirk Abbott, MBA, BSN, RN, CCN/M, CCHP
Regional Chief Nursing Officer
UTMB Southern GSA

VII. Public Comments

VIII. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
March 22, 2021

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p>	<p>Whereas, the Novel Coronavirus known as COVID-19 presented as a statewide pandemic in March 2020, prompting the Governor to issue a statewide Disaster Declaration Proclamation; and,</p> <p>Whereas, later in the month of March 2020 COVID-19 appeared in the Texas Department of Criminal Justice patient population; and,</p> <p>Whereas, the Texas Tech University Health Sciences Center and the University of Texas Medical Branch Correctional Managed Care nursing staff and bed-side caregivers have since that time logged over 5 million patient encounters, including providing twice daily rounding to patients in medical isolation and medical restriction; and,</p> <p>Whereas, the Correctional Managed Health Care Committee (CMHCC), the CMHCC Joint Medical Directors and the Texas Department of Criminal Justice Health Services Division wish to gratefully acknowledge the contributions and steadfast care provided to the Texas Department of Criminal Justice patient population; and,</p> <p>Therefor be it Resolved, that the Correctional Managed Health Care Committee, the CMHCC Joint Medical Directors and the Texas Department of Criminal Justice Health Services Division present this resolution as an expression of our sincere appreciation for the Correctional Managed Care nursing staff and bed-side caregivers in the Texas Tech University Health Sciences Center and the University of Texas Medical Branch for their professionalism, dedication and outstanding service to the patients of the Texas Department of Criminal Justice.</p> <p>Presented this 22nd day of March 2021 by the Correctional Managed Health Care Committee, the CMHCC Joint Medical Directors and the Texas Department of Criminal Justice Health Services Division.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p>	<p>Dr. Greenberg reported that 99 resolutions were hand signed by him, Dr. Lannette Linthicum, Dr. Denise DeShields and Dr. Owen Murray. These resolutions will be sent out to each of the 99 Texas Department of Criminal Justice (TDCJ) facilities.</p> <p>Dr. Greenberg called on Dr. Lannette Linthicum.</p> <p>Dr. Greenberg thanked Dr. Linthicum and then called on Justin Robison.</p> <p>Dr. Greenberg thanked Mr. Robison and then called on Kirk Abbott.</p>	<p>Dr. Linthicum recognized the three chief nursing officers in attendance, Kirk Abbott and Justin Robison for UTMB and Carrie Culpepper for TTUHSC. Dr. Linthicum stated that she would like to reemphasize and express gratitude for the outstanding work that nursing has done during the pandemic. They have worked tirelessly and have truly lived up to being the backbone of the correctional healthcare system.</p> <p>Mr. Robison thanked the committee, the Joint Medical Directors and the TDCJ Health Services Division for this recognition of the hard work of the nursing staff on the front line throughout all TDCJ facilities. During the pandemic their bravery and diligence facing this virus has not come without a price, as they have lost several employees to COVID-19. Mr. Robison shared his appreciation for the support and the teamwork of the other healthcare disciplines who have jumped in and assisted. Mr. Robison stated they also wanted to thank the TDCJ for their continuing collaboration and coordination.</p> <p>Mr. Abbott shared that this year marks his 25th year of service with UTMB's correctional managed care program. In that time, they have experienced many challenges. However, the past events pale in comparison to the experience of this past year. Mr. Abbott stated he owes a debt of gratitude to the facility nurses and other facility disciplines for their efforts and teamwork.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p>	<p>Dr Greenberg thanked Mr. Abbott and then called on Carrie Culpepper.</p> <p>Dr. Greenberg thanked Ms. Culpepper and then called on Dr. Denise DeShields.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray.</p>	<p>Mr. Abbott stated he is honored to represent this amazing group of employees and on behalf of the staff they sincerely thank the CMHCC for this recognition.</p> <p>Ms. Culpepper stated she wanted to echo the statements made by her UTMB colleagues and thank the TDCJ for their support. They sincerely appreciate this recognition and it really is an honor to represent such a dedicated, talented and compassionate team of caregivers. Ms. Culpepper stated they could not do this without their partners across the disciplines.</p> <p>Dr. DeShields stated she would like to personally acknowledge the frontline staff. Each employee has exhibited a level of unwavering commitment that is not only exemplary but meritorious. Staff arrive at the units with the knowledge of the risk they are taking. Not only to their individual health, but to the health of their families. Unfortunately, Mr. Robert Armstrong, a nurse practitioner, was lost to COVID-19. His memory will remain in their hearts and his family in their prayers. To the nursing directors present today, they honor each of them and their staff for their devotion and selfless acts of courage.</p> <p>Dr. Murray stated Dr. Linthicum and Dr. DeShields have stated very eloquently the impact that nursing staff has had. This pandemic would have had a different trajectory if not for the dedication of the nursing staff. They truly are the backbone of the health care delivery system.</p> <p>Dr. Murray next introduced Mr. Toby Boyet, Director, Information Systems, CMC Technical Operations. Mr. Boyet had previously spent 15 years with MD Anderson and also has free world experience.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p>	<p>Dr. Greenberg thanked Dr. Murray and Mr. Boyet and then called on Chris Black-Edwards.</p> <p>Dr. Greenberg thanked Ms. Black-Edwards and then introduced Ms. Michelle Erwin, Deputy Associate Commissioner for Medicaid & CHIPs Policy and Program. Ms. Erwin has been appointed by the State Medicaid Director to replace Ms. Dee Budgewater. Ms. Erwin serves as an ex officio non-voting member.</p> <p>Dr. Greenberg shared that Governor Gregg Abbott has reappointed both him and Dr. John Burruss, and appointed Dr. Diego De la Mora to the CMHCC with terms set to expire February 1, 2025. Dr. De la Mora, Chief Health Informatics Officer at the TTUHSC El Paso Paul L. Foster School of Medicine will be replacing Dr. F. Parker Hudson on the committee. These appointments are subject to Senate confirmation. On behalf of the committee, Dr. Greenberg thanked Dr. Hudson for his years of service.</p>	<p>Dr. Murray stated that unfortunately one of the biggest issues at some of the facilities is having enough bandwidth to make systems work. In his few months with UTMB CMC, Mr. Boyet has already made a significant impact.</p> <p>Mr. Boyet thanked Dr. Murray and the committee and stated he appreciates this opportunity, and he has felt very welcomed.</p> <p>Ms. Black-Edwards shared that she is the Deputy Division Director for the TDCJ Health Services Division. She stated that she works very closely with Mr. Robison, Mr. Abbott and Ms. Culpepper and wanted to extend her appreciation for the enormous undertaking the nursing and frontline staff have taken on during the pandemic. It has been unlike anything previously experienced.</p> <p>On behalf of the TDCJ, Dr. Linthicum thanked Dr. Hudson for his years of service to the committee and stated we will formally recognize him at a future meeting to show our appreciation for that service.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items - Dr. Greenberg</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – December 9, 2020 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Greenberg next moved on to agenda item III Approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the December 9, 2020 meeting – Dee Budgewater</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 9, 2020 meeting. Dr. Greenberg asked if there were any corrections, deletions or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year (FY) 2021 First Quarter TDCJ Health Services Monitoring Report. There were no comments or discussion of these reports.</p> <p>The fourth consent item was the approval of the FY 2021 First Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2021 First 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. Jeffrey Beeson made a motion to approve all consent items, and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports - Rebecca Waltz</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz reported on statistics for the First Quarter of FY 2021, 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 a major driver is the reduced population. When your population is reduced, it reduces your denominator, however since your numerator doesn't decrease that results in an increase in the cost per day.</p>	<p>Mr. Johnson asked about the costs per inmate per day increasing 8.8% and what the driver for that is.</p> <p>Dr. Burruss stated in addition to that it appears that the most expensive patients have not dropped significantly. The overall population decreased by 15% but the over 55 population only decreased 6%. It would seem the cost per day is going to increase.</p> <p>Dr. Linthicum stated that there is a large percentage of the over 55 population that are sex offenders and/or G3 inmates who have committed aggravated offenses involving a weapon. So, these inmates are not likely to be paroled as they are not likely to be eligible.</p> <p>Dr. Greenberg asked if intake from county facilities to TDCJ has resumed.</p> <p>Dr. Linthicum answered there has been a ramp up and she believes that they are between 750-1,000 intakes per week. Historically there were about 66,000 intakes annually.</p>	

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<p>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 First Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2021 First Quarter TDCJ Medical Director's Report.</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. Linthicum next reported on TDCJ's response to winter storm Uri. There was a massive preparation effort made prior to the storm which included dispensing food, water, fuel and winter clothing to facilities and the agency continued to resupply as needed during the storm. During the storm 25 facilities experienced power issues and 33 experienced water issues. Some medically vulnerable patients who were impacted by the storm, were moved to other facilities. Facility staff stayed onsite to assist in repairs. Generators and water tankers were used, and fortunately there was also a large reserve of bottled water. Dr. Linthicum reported that there were lots of challenges, but they made it through by pulling together and getting things done.</p> <p>Dr. Linthicum next gave an overview of the COVID-19 vaccine administration. As of the morning the total allocation of vaccine was 30,500 doses allocated to 91 TDCJ facilities and there were 9 facilities that had not yet been allocated vaccine. Texas Tech allocations were 5,100 and they had administered 3,652 doses. UTMB had been allocated 22,500 and they had administered 15,025. Currently vaccines are being provided to staff and inmates age 65 and over or 16 and older with a chronic medical condition and all frontline staff, including the staff at the 9 facilities that have not received an allocation.</p>		

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<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 answered they are hopeful. They have to take direction from the state leadership. In the initial applications all inmates and staff were included.</p> <p>Dr. Linthicum answered that is determined by the Department of State Health Services (DSHS). Although for the population served it would be much easier to administer a one dose vaccine as opposed to a two-dose vaccine.</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 the efforts to manage winter storm Uri in the Texas Tech sector. They maintained essential personnel only from Monday, February 15th to Friday, February 19th. Routine clinic appointments were suspended, while critical care was continued. There were no delays in emergency or hospital related care and all freezer storing vaccine were checked to ensure power and each had a generator backup. Despite all of that, there were 2 units who experienced power outages and three units that experienced both power and water outages. At the Smith Unit, they experienced a power outage and subsequent generator outage. Fortunately, they were able to quickly identify staff and inmates and administer vaccines so that there were no wasted vaccine doses.</p> <p>Dr. DeShields reported 72% of the vaccine allocated in the Texas Tech sector has been administered.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray introduced Dr. Stephanie Zepeda to give an update on the COVID-19 vaccine registration process.</p>	<p>Dr. Greenberg asked if there has been a decision as to when all inmates will become eligible for the vaccine.</p> <p>Dr. Burruss asked if they were going to receive the J & J one dose vaccine.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates (cont.) - Dr. Murray</p> <p>VI. Overview of the CMHCC Joint Dental Working Group and Correctional Dentistry - Dr. Cecil Wood</p>	<p>Dr. Murray thanked Dr. Zepeda and then reported that during winter storm Uri, UTMB followed suit with TDCJ as far as closures. In Galveston they lost water pressure. This effected not only Hospital Galveston, but the entire hospital campus. They began evacuation discussions should the situation worsen. Fortunately, it was not necessary, and the local water authority was able to get the pressure back up. The dialysis patients were moved to Carol Young to receive their dialysis treatment. Dr. Murray stated these times of crisis are always challenging, but the partnership between the three agencies always allows us to get things done and get through.</p> <p>Dr. Greenberg thanked Dr. Murray and then called on Dr. Cecil Wood to begin the presentation; Overview of the CMHCC Joint Dental Working Group and Correctional Dentistry.</p> <p>Dr. Wood began with an overview of the Joint Dental Working Group. Membership consists of him, TTUHSC Managing Dental Director, Dr. Manuel Hirsch, TDCJ Director Office of Dental Quality & Contract Compliance, Dr. Billy Hirsch, UTMB Director of Dental Services and the administrative support for the working group is provided by Pam Myers, UTMB Dental Hygiene Program Manager. Others are invited to participate as warranted. This would include regional dental directors, specialty coordinators and other discipline representatives and/or subject matter experts.</p>	<p>Dr. Zepeda reported the registration process was quite extensive. Each location had to be registered separately through DSHS and included the number of healthcare staff, correctional officers and high-risk patients. Each location was then considered one by one. The initial registration process took a couple months. Dr. Zepeda reported that once registered, vaccine requests could be submitted and once submitted it takes about a week and a half to receive the vaccine, if approved. As the vaccine has become more readily available, those criteria for who can be vaccinated has been expanding.</p>	

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<p>VI. Overview of the CMHCC Joint Dental Working Group and Correctional Dentistry (cont.) - Dr. Wood</p>	<p>Dr. Wood stated the goal of the dental program is to provide timely and appropriate dental care within the scope of standards and policy. The Joint Dental Working Group is scheduled to meet in person bi-monthly. The Joint Dental Working Group began meeting weekly via Zoom in April 2020 to address the rapidly evolving pandemic and its impact on delivery of dental services, such as the restrictions on aerosol generating procedures.</p> <p>Dr. Wood reported the functions of the Joint Dental Working Group are to 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 including TDCJ Operational Review and Dental Quality of Care Audits, ACA accreditation findings and reports, University Quality Assurance Audits and Monthly Audits and reports of each facility.</p> <p>Dr. Wood reported on key policy, process and project development implemented by the Joint Dental Working Group. Standards of acceptable delay in care reduced: Level II Interceptive Care reduced from 180 days to 60 days and Level III Routine Care reduced from 180 days to 90 days. Universal procurement of digital equipment including panoramic equipment at all intake facilities and intra-oral equipment in all facility clinics by September 2021. Air filtration/purification systems will be in all facility clinics by September 2021. These systems have the ability to eliminate or reduce particular contaminants of aerosol generated procedures by over 99%.</p> <p>Dr. Wood next went over dental staffing as of January 2021. The vacancy rate for UTMB is 7% for dentists and 0% for registered dental hygienists. For TTUHSC it is 10% for dentists and 4% for registered dental hygienists. The combined total is 7.75% for dentists and 1.32% for registered dental hygienists and 5.87% for all dental positions in both sectors.</p>		

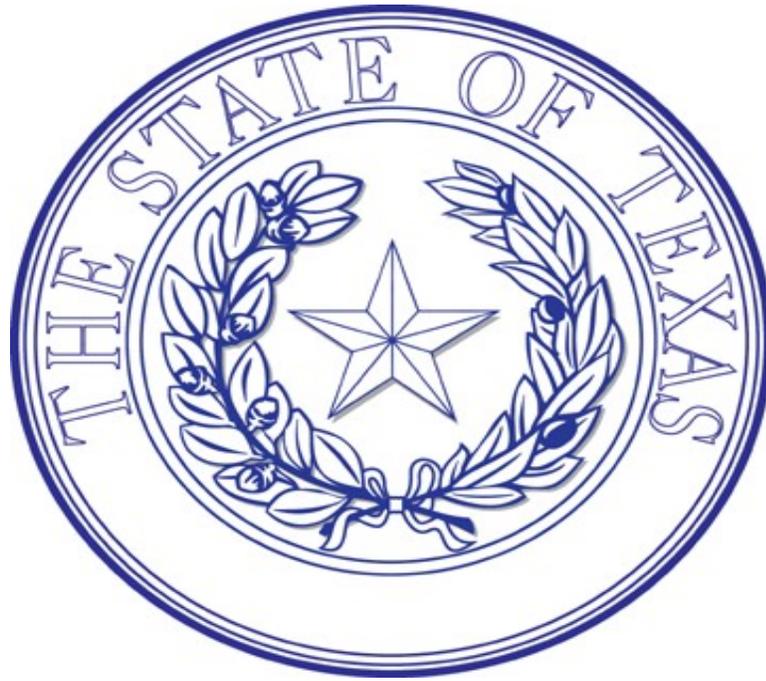
Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Public Comments - Dr. Greenberg</p> <p>VIII. Adjourn</p>	<p>Dr. Greenberg thanked Dr. Wood and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting. Dr. Greenberg next moved on to meeting adjournment.</p> <p>Dr. Greenberg next called for a motion to adjourn the meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for June 16, 2021 in Conroe, Texas.</p> <p>The meeting was adjourned at 2:20pm.</p>		<p>Dr. Burruss made a motion to adjourn, and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

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

Date

Consent Item

TDCJ Health Services
Monitoring Reports



TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

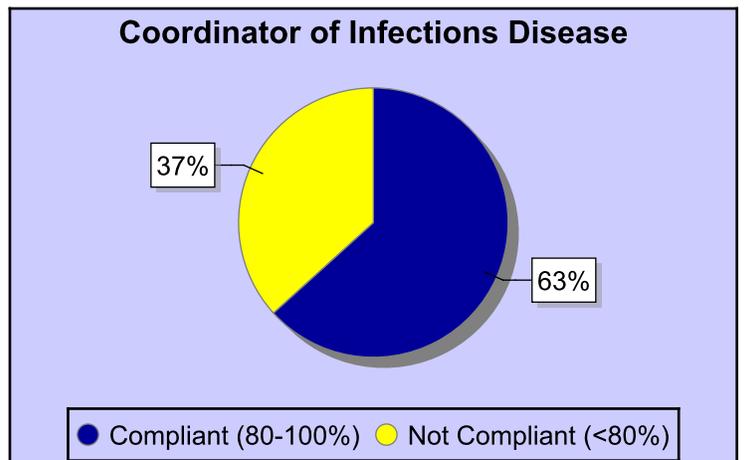
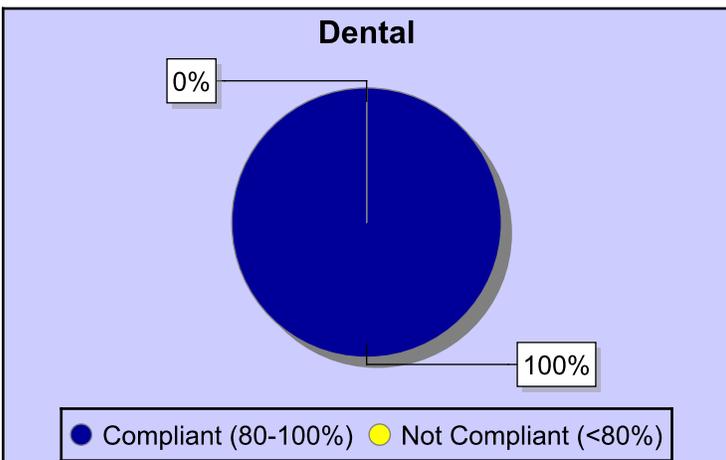
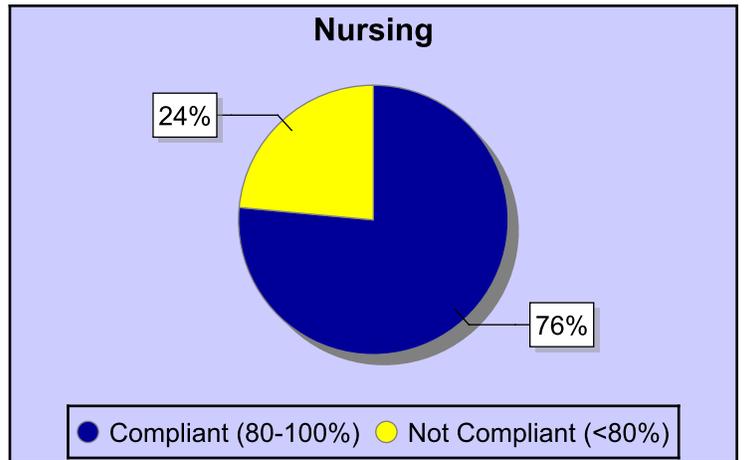
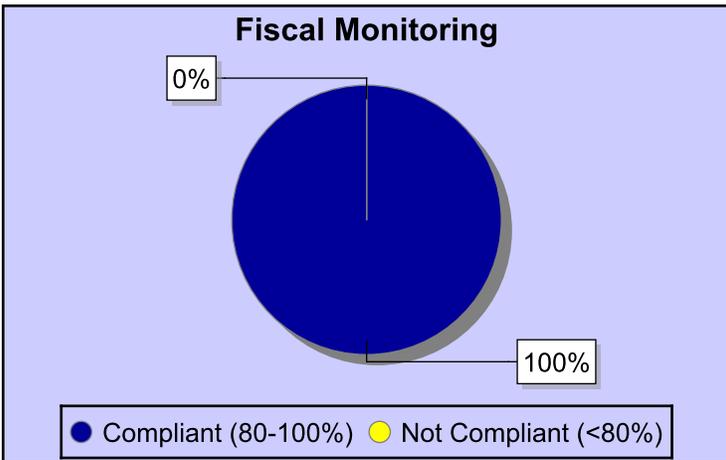
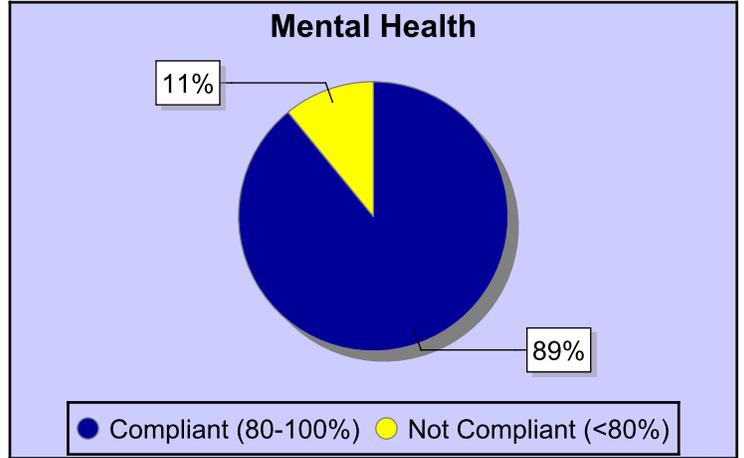
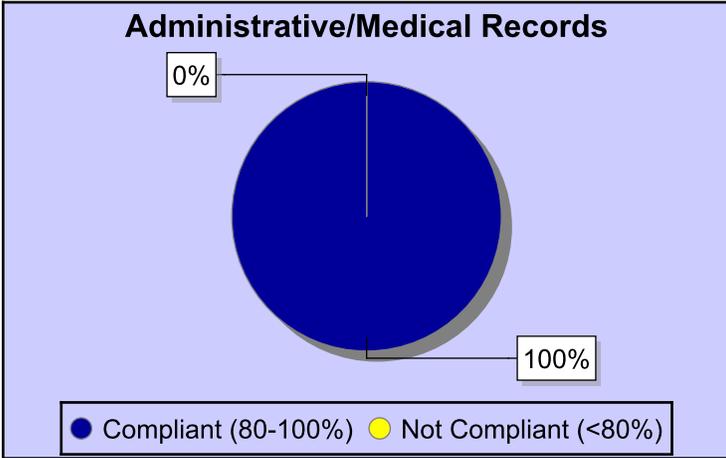
**Second Quarter, Fiscal Year 2021
(December 2020, January, and
February 2021)**

Rate of Compliance with Standards by Operational Categories
Second Quarter, Fiscal Year 2021
December 2020 - February 2021

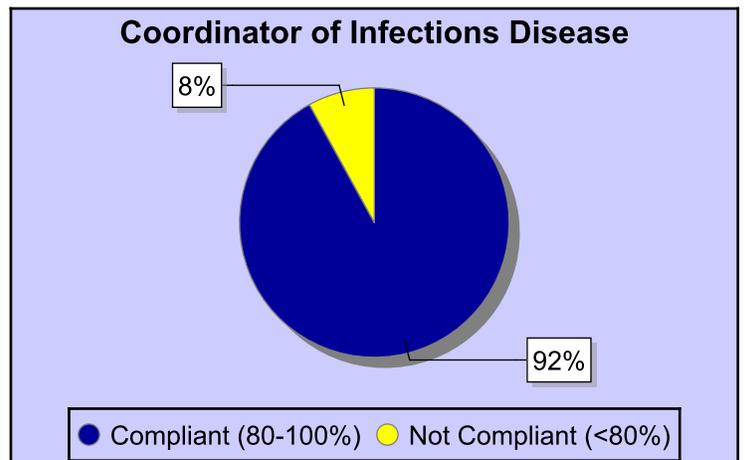
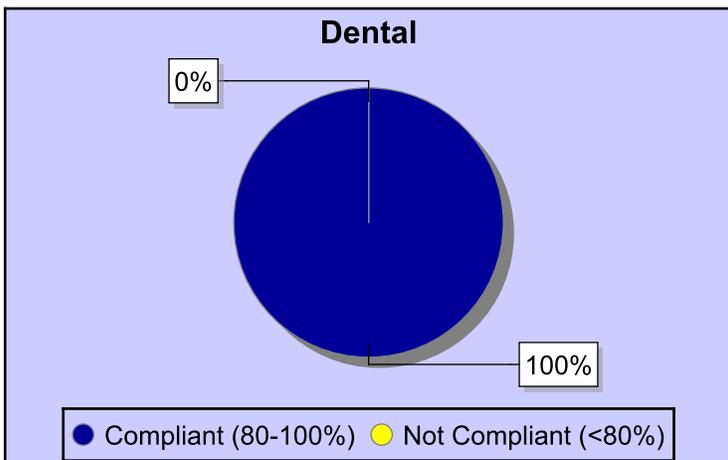
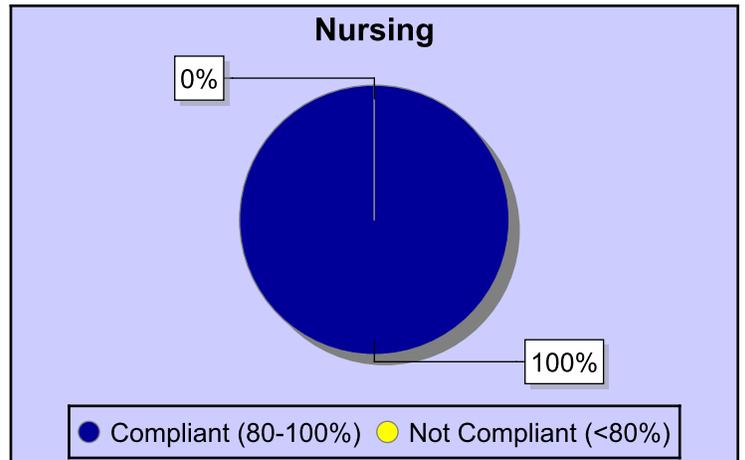
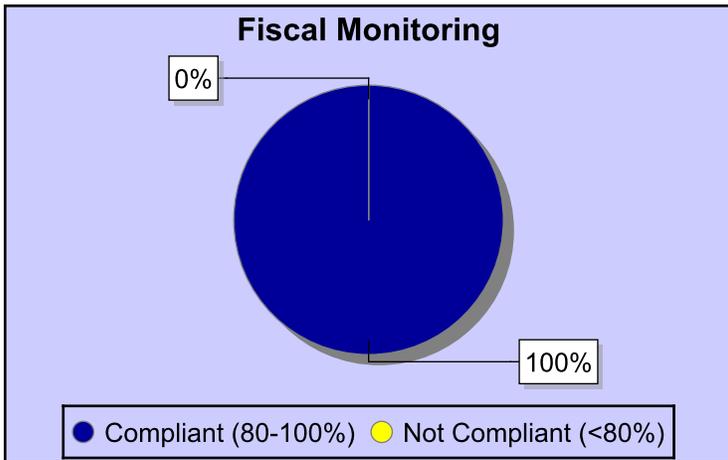
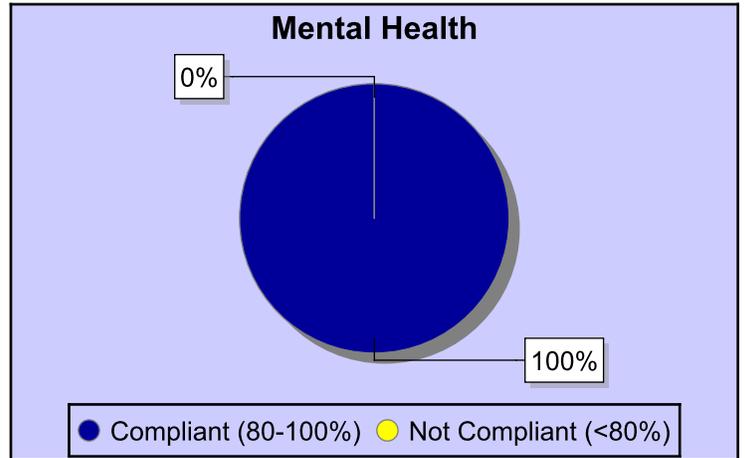
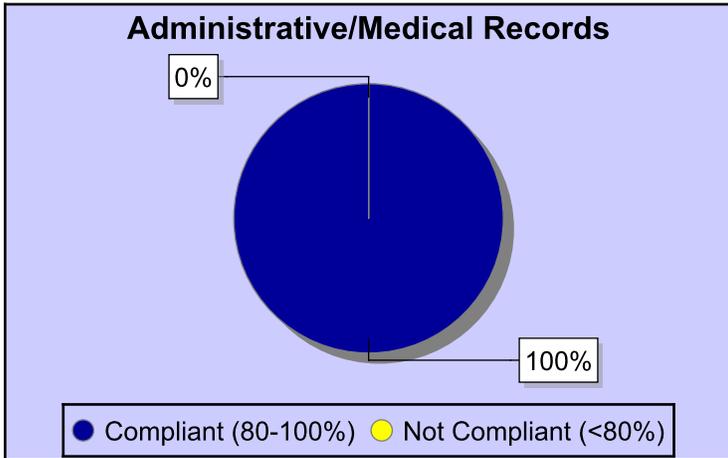
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Estelle (GP/ECB/RMF/SAFP)	32	32	100%	34	26	76%	79	50	63%	5	5	100%	55	49	89%	2	2	100%
Jordan	31	31	100%	11	11	100%	25	23	92%	1	1	100%	2	2	100%	2	2	100%
Kegans ISF	27	27	100%	11	8	73%	16	10	62%	3	3	100%	13	13	100%	2	2	100%
Ney	30	30	100%	11	11	100%	19	15	79%	2	2	100%	14	14	100%	2	2	100%
Ramsey	31	31	100%	11	10	91%	26	19	73%	2	2	100%	14	12	86%	2	2	100%
Stringfellow	32	29	91%	11	9	82%	22	22	100%	2	1	50%	15	15	100%	2	2	100%
Torres	29	29	100%	11	11	100%	17	14	82%	2	2	100%	1	1	100%	2	2	100%
Vance	30	30	100%	9	9	100%	10	9	90%	2	1	50%	1	1	100%	2	2	100%

n = number of applicable items audited.

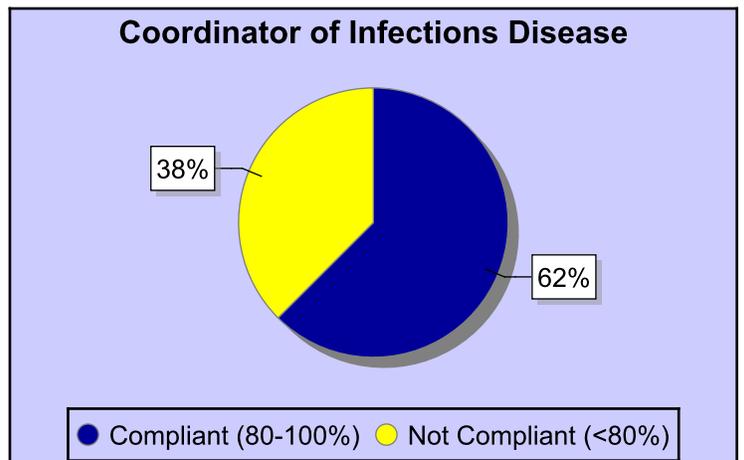
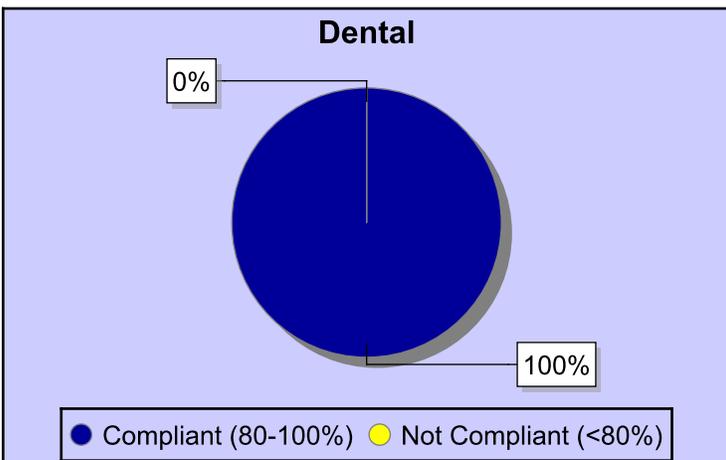
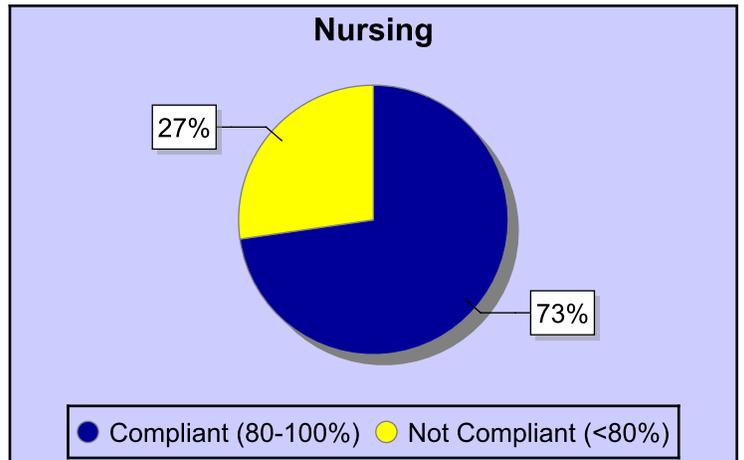
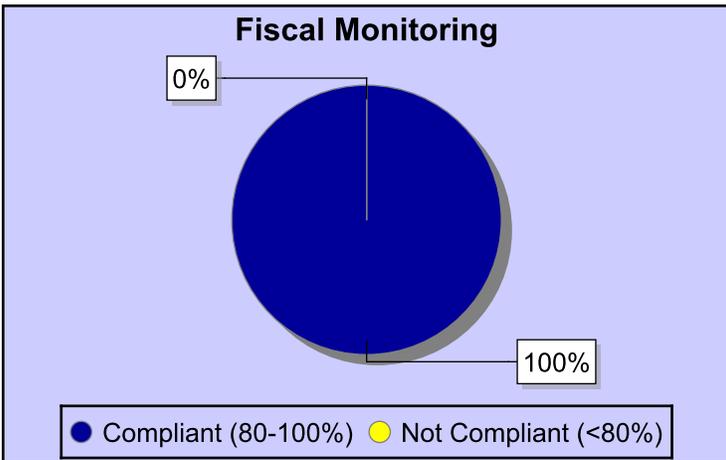
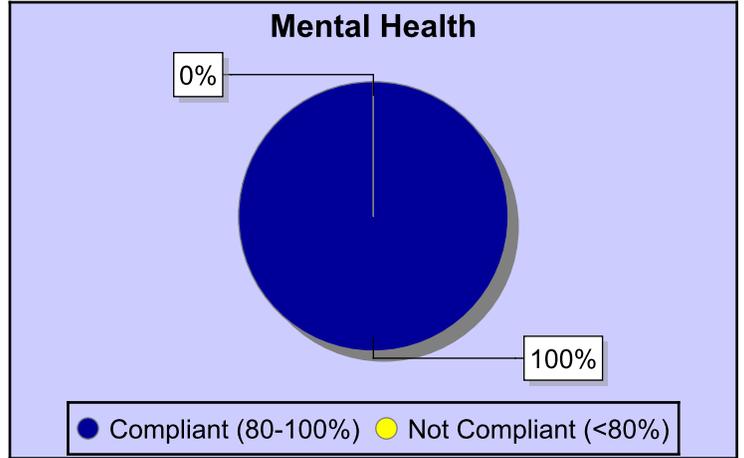
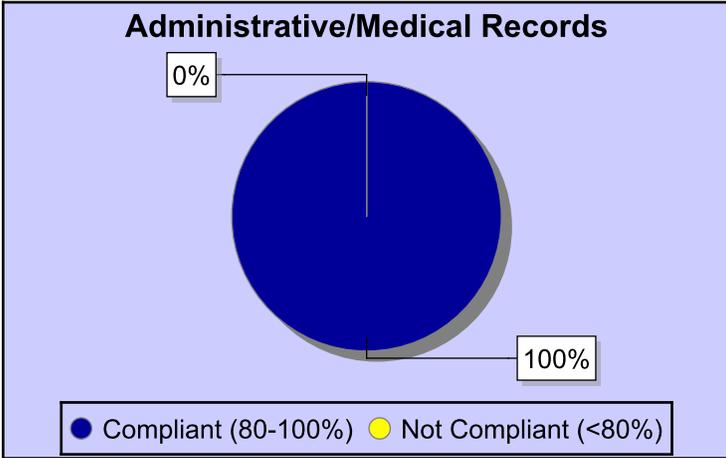
Compliance Rate By Operational Categories for
ESTELLE FACILITY
February 01, 2021



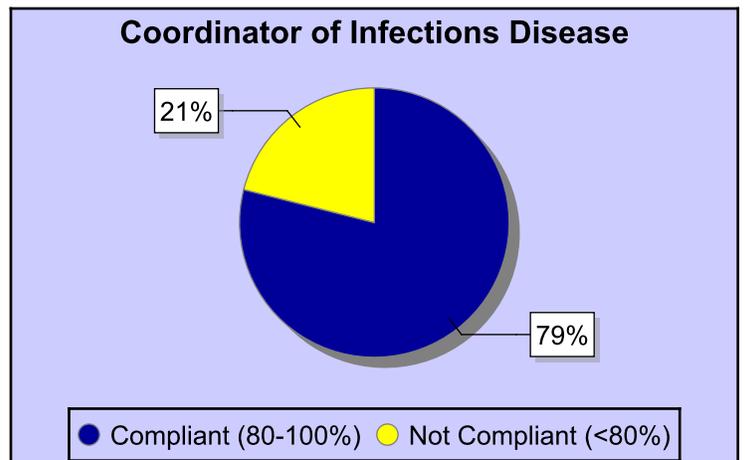
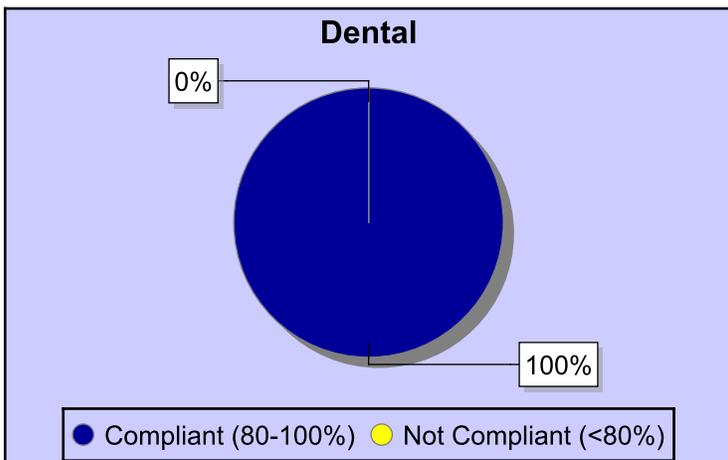
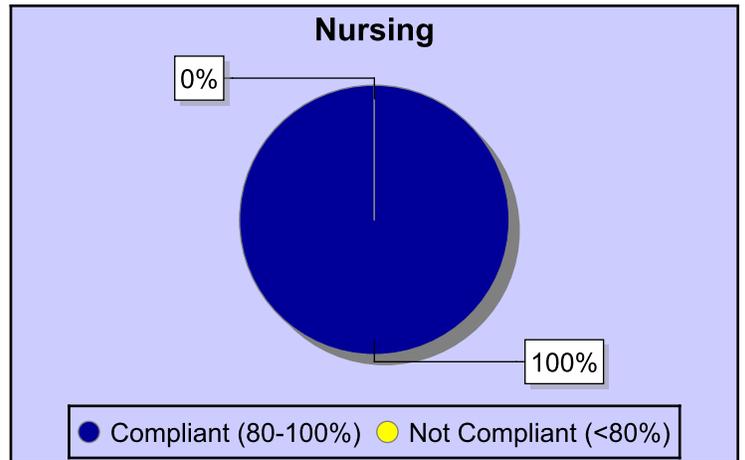
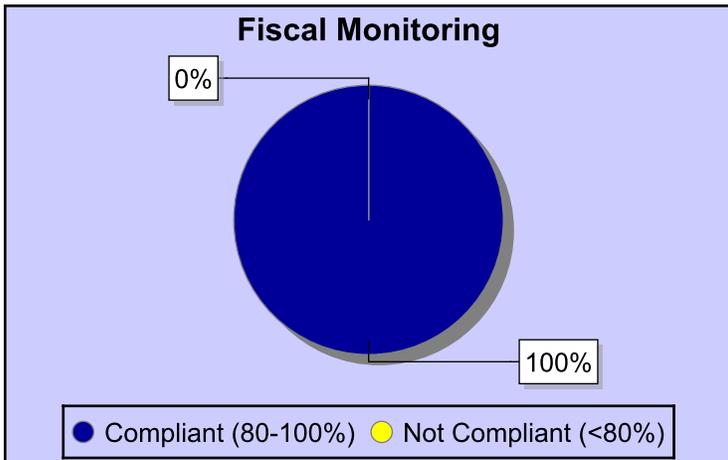
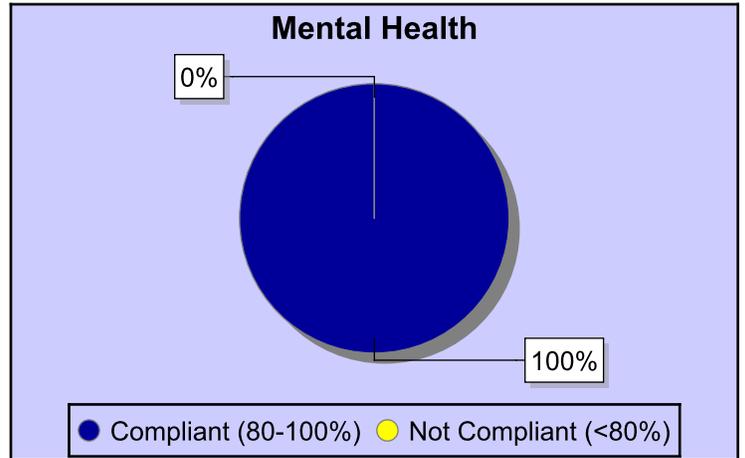
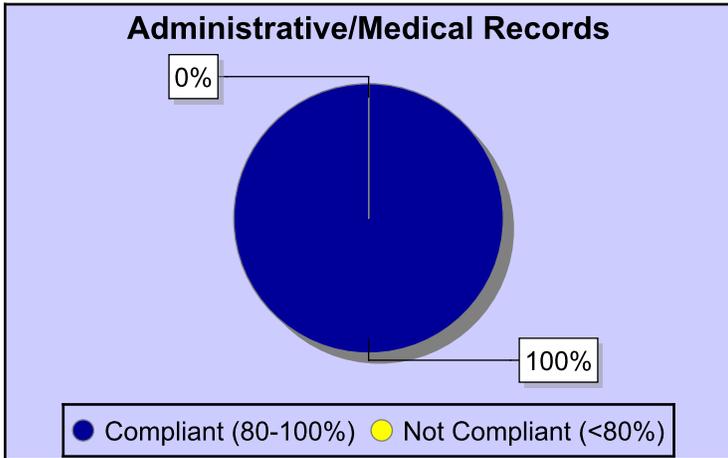
Compliance Rate By Operational Categories for
JORDAN FACILITY
December 08, 2020



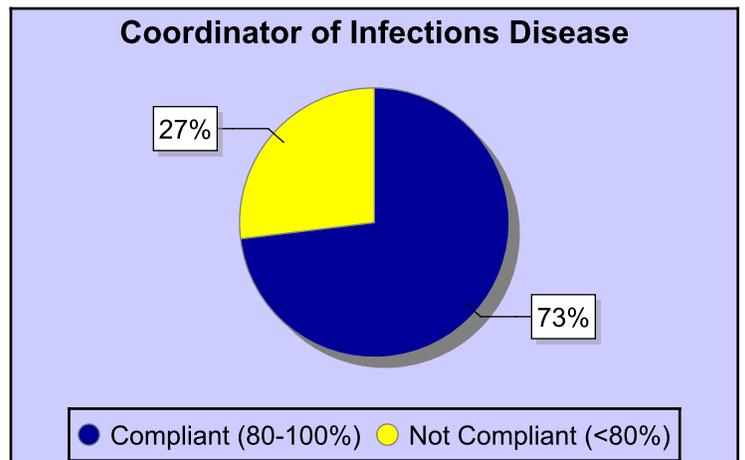
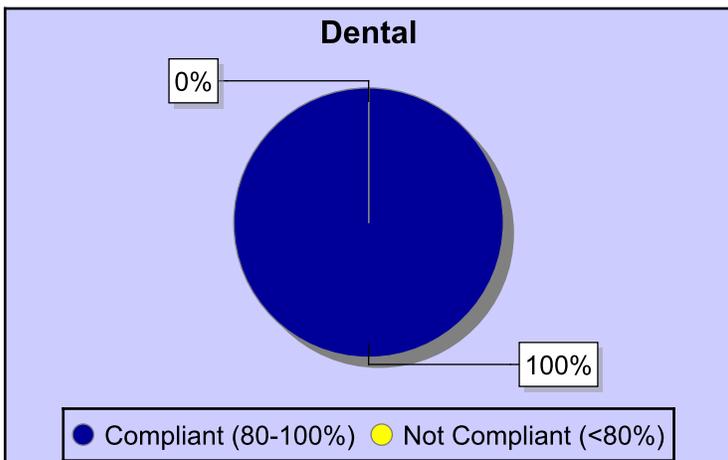
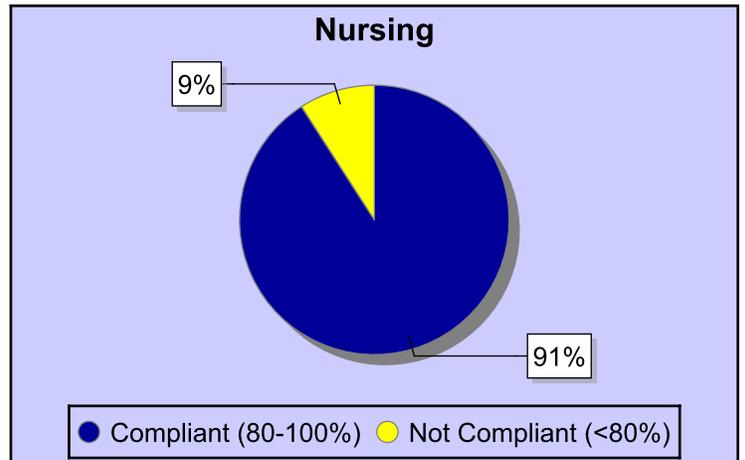
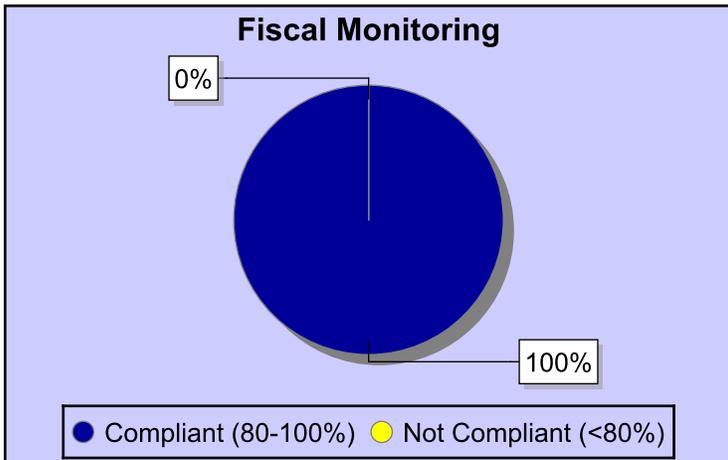
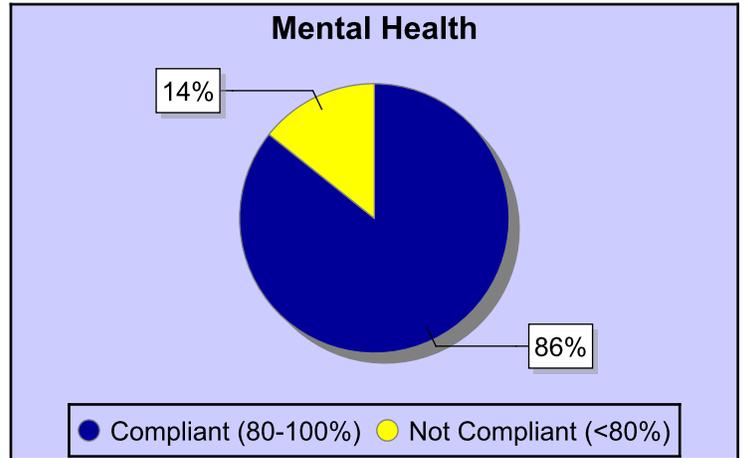
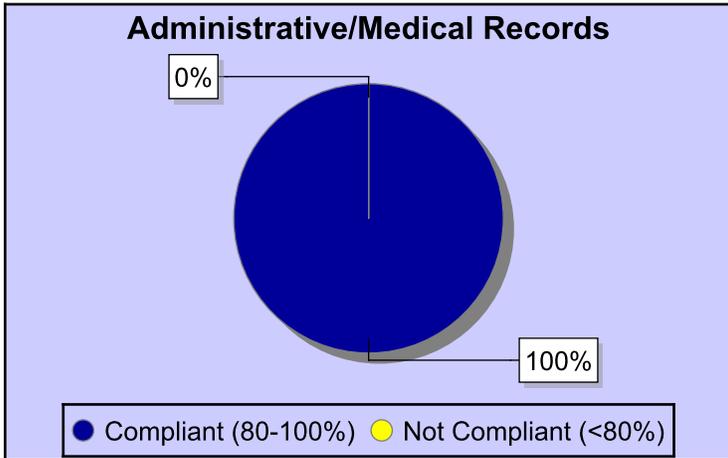
Compliance Rate By Operational Categories for
KEGANS FACILITY
February 08, 2021



Compliance Rate By Operational Categories for
NEY FACILITY
December 02, 2020



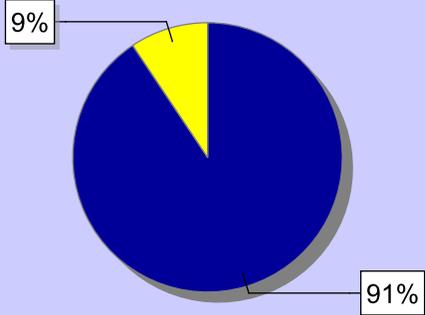
Compliance Rate By Operational Categories for
RAMSEY I FACILITY
January 06, 2021



Compliance Rate By Operational Categories for STRINGFELLOW FACILITY

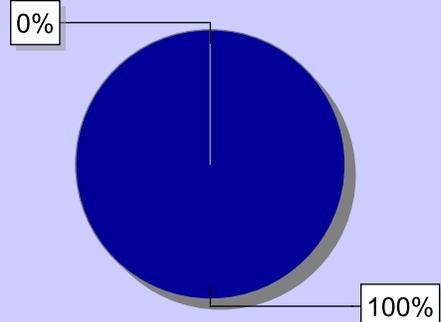
January 05, 2021

Administrative/Medical Records



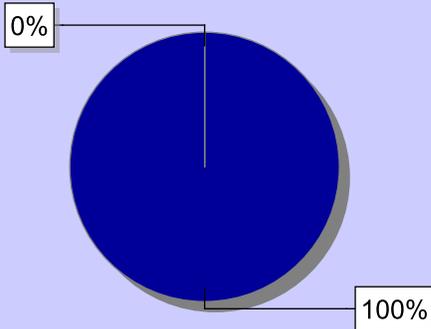
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



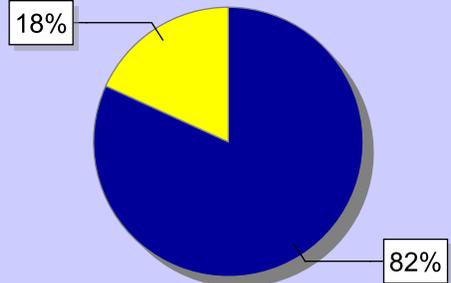
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



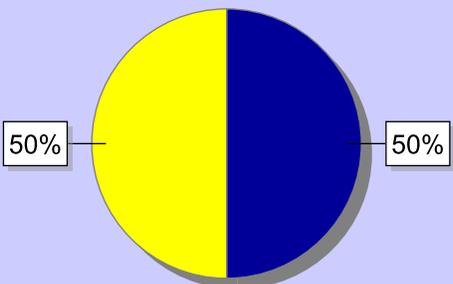
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



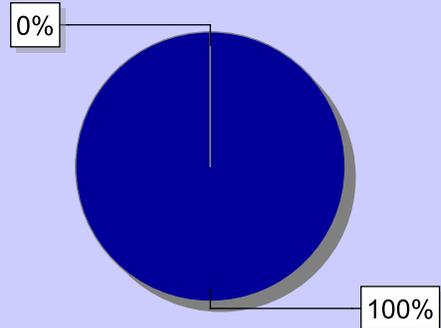
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



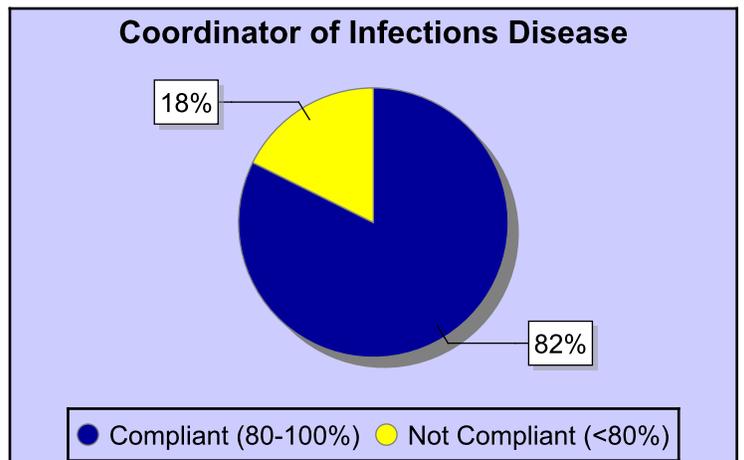
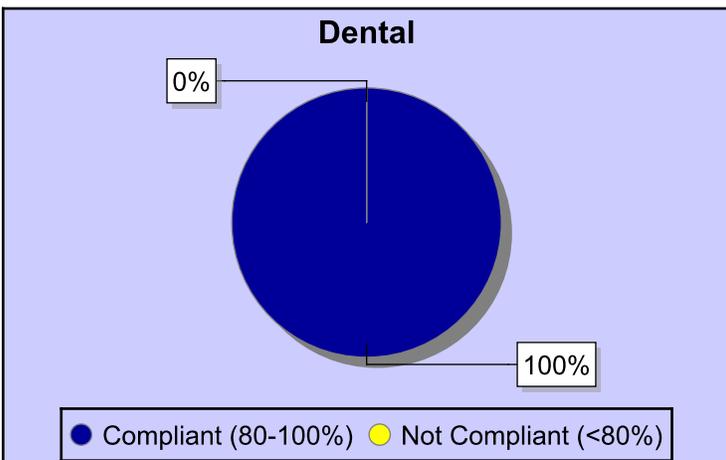
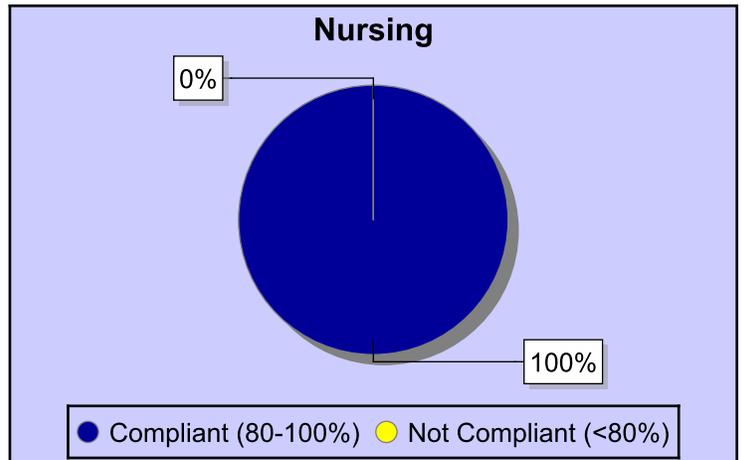
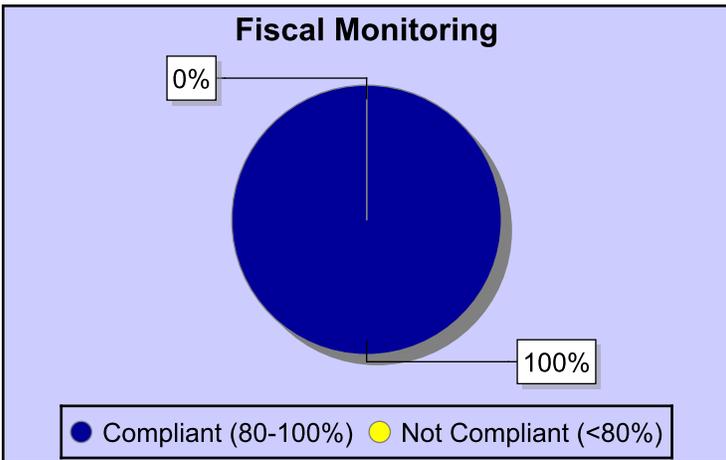
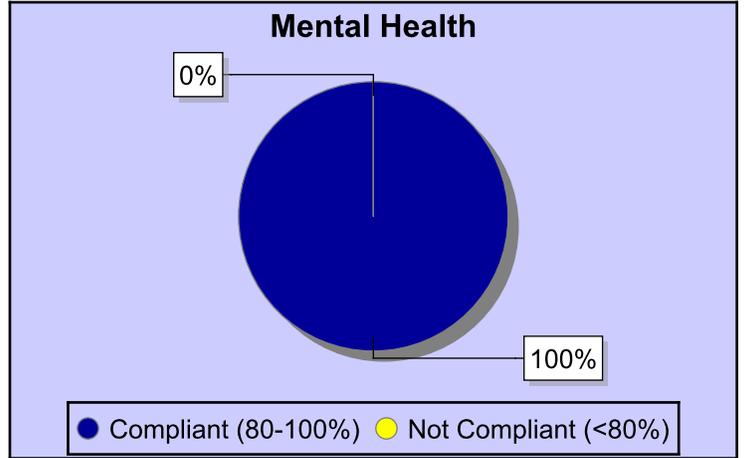
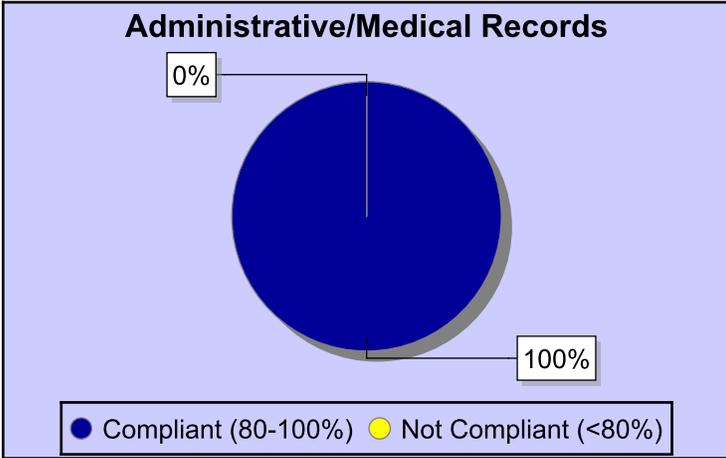
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease

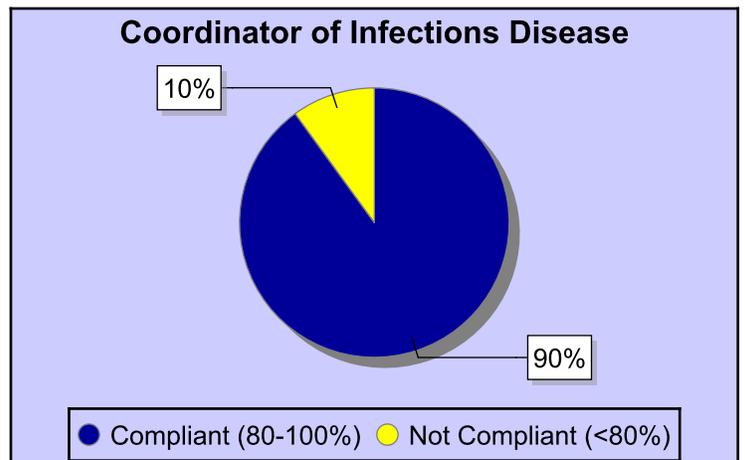
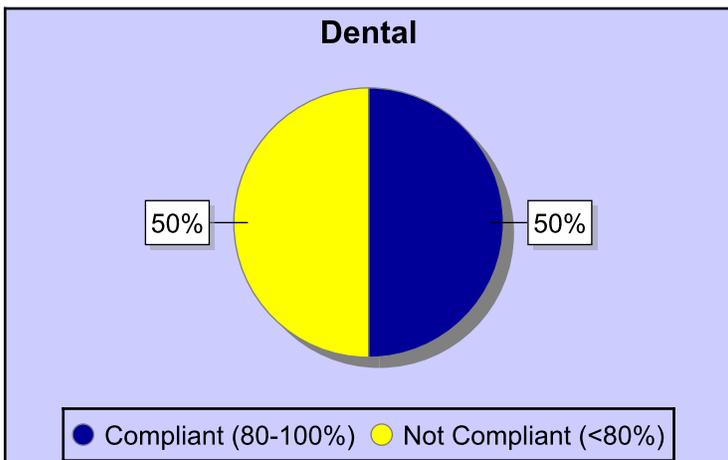
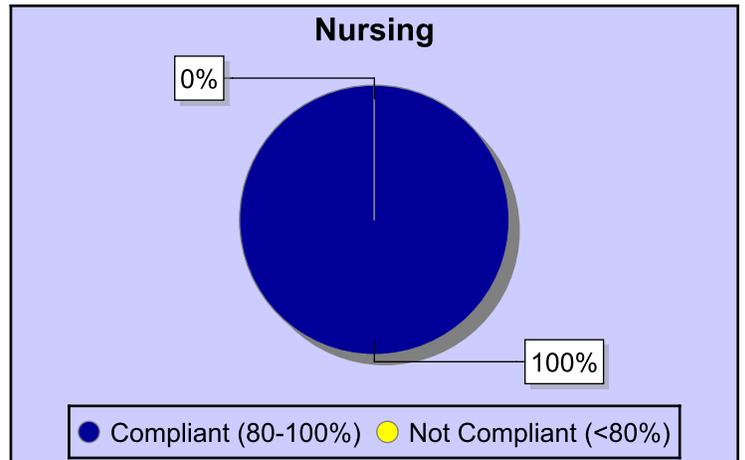
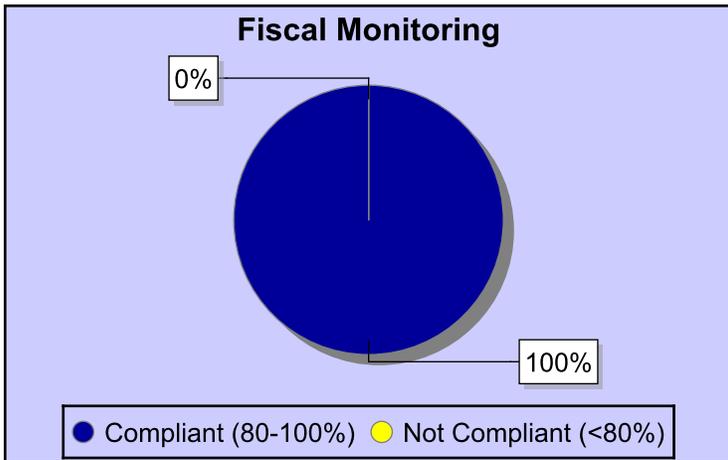
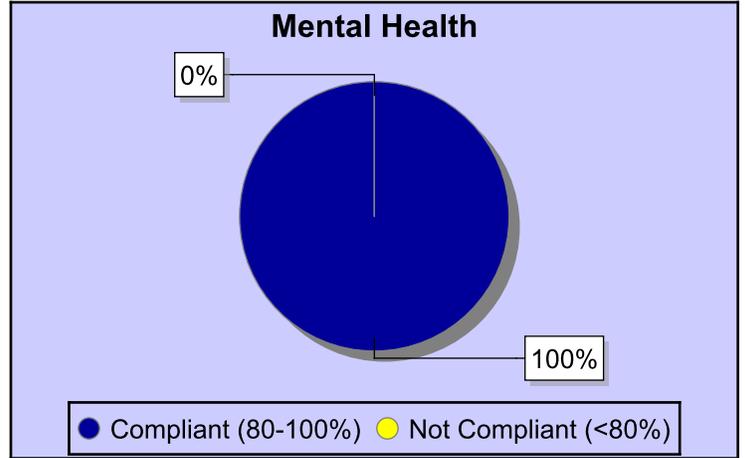
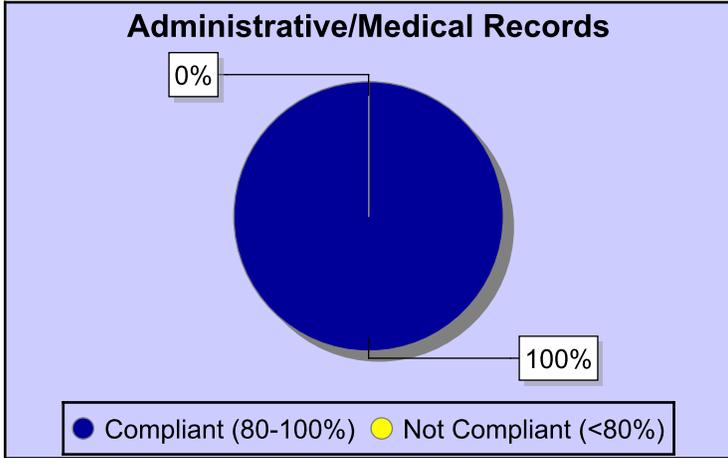


● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for
TORRES FACILITY
December 02, 2020



Compliance Rate By Operational Categories for
VANCE FACILITY
January 07, 2021



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended February 28, 2021**

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***
CLEMENS	10	60	3	1
GOODMAN	10	100	0	0
HALBERT	10	60	3	1
HAMILTON	10	100	0	0
HENLEY	10	60	3	1
HIGHTOWER	10	100	0	0
HILLTOP	10	100	0	0
HOBBY	10	30	1	6
HODGE	10	100	0	0
HOLLIDAY	10	60	2	2
HUGHES	10	100	0	0
HUNTSVILLE	10	90	1	0
HUTCHINS	10	100	0	0
JESTER III	10	100	0	0
JOHNSTON	10	0	6	4
KEGANS	10	100	0	0
KYLE	10	80	2	0
LEBLANC	10	100	0	0
LEWIS GP	10	100	0	0

LOCKHART	10	10	9	0
LOPEZ	10	10	0	9
LUTHER	10	100	0	0
LYCHNER	10	100	0	0
MARLIN	10	90	1	0
MCCONNELL	10	90	1	0
MONTFORD	10	100	0	0
MOORE, B.	10	100	0	0
MOORE, C.	10	100	0	0
NEAL	10	100	0	0
ROACH	10	100	0	0
ROBERTSON	10	100	0	0
RUDD	10	100	0	0
SANCHEZ	10	100	0	0
SAYLE	10	100	0	0
SMITH GP	10	100	0	0

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*	
December	338	338	20	5.92%	16	5.62%	3	4	2.07%	3
January	273	278	16	5.76%	13	5.76%	3	3	1.44%	1
February	280	251	24	9.56%	17	7.17%	1	7	3.19%	1
Totals:	891	867	60	6.92%	46	6.11%	7	14	2.19%	5

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*	
December	1,068	1,010	46	4.55%	39	5.45%	16	7	1.29%	6
January	1,171	996	40	4.02%	23	2.81%	5	17	2.71%	10
February	890	702	32	4.56%	23	5.27%	14	9	2.14%	6
Totals:	3,129	2,708	118	4.36%	85	4.43%	35	33	2.03%	22
GRAND TOTAL=	4,020	3,575	178	4.98%						

*QOC= Quality of Care

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

December 2020

Reportable Condition	Reports			
	2020 This Month	2019 Same Month	2020 Year to Date*	2019 Year to Date*
Chlamydia	13	17	85	163
Gonorrhea	5	5	43	58
Syphilis	117	52	981	1382
Hepatitis A	0	5	0	16
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	185	233	1,836	2,402
Human immunodeficiency virus (HIV) +, known at intake	94	153	1,168	2,042
HIV screens, intake	2,748	3,538	27,961	54,503
HIV +, intake	19	21	259	346
HIV screens, offender- and provider-requested	330	516	5,771	7,439
HIV +, offender- and provider-requested	0	0	3	0
HIV screens, pre-release	1,781	2,886	35,120	35,975
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	7	20	40
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	105	151	1,284	1827
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	38	374	554
Occupational exposures of TDCJ staff	7	16	107	157
Occupational exposures of medical staff	8	1	23	43
HIV chemoprophylaxis initiation	8	6	54	61
Tuberculosis skin test (ie, PPD) +, intake	39	60	540	1174
Tuberculosis skin test +, annual	17	0	269	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)	2	1	25	20
Tuberculosis cases under management	16	17		
Peer education programs [¶]	0	0	93	100
Peer education educators [∞]	13	37	7,619	7,432
Peer education participants	1,673	6,419	31,800	83,174
Alleged assaults and chart reviews	72	62	774	776
Bloodborne exposure labs drawn on offenders	29	12	295	214
New Sero-conversions d/t sexual assault ±	0	0	0	0

*** Due to the PPD shortage: 6,163 TB screening interviews were from 12/01/2019 thru 12/31/2019
Total Interviews from 07/01/2019 thru 12/31/2019 33,431. 42 with possible signs/symptoms from 12/01/2019 to 12/31/2019. Total sign and symptoms from 07/01/2019 thru 12/31/2019 200. 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

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

February 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	8	2	18	15
Gonorrhea	0	5	3	11
Syphilis	94	119	211	267
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	105	222	292	496
Human immunodeficiency virus (HIV) +, known at intake	60	141	153	322
HIV screens, intake	1,346	3,392	3,003	8,001
HIV +, intake	19	39	40	87
HIV screens, offender- and provider-requested	305	568	646	1,261
HIV +, offender- and provider-requested	2	0	2	0
HIV screens, pre-release	1,606	2,519	3,270	6,591
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	3	4	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	86	73	166	161
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	26	22	57	37
Occupational exposures of TDCJ staff	10	9	19	16
Occupational exposures of medical staff	2	2	3	3
HIV chemoprophylaxis initiation	1	4	2	7
Tuberculosis skin test (ie, PPD) +, intake	10	84	51	165
Tuberculosis skin test +, annual	21	71	44	71
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	5	5
Tuberculosis cases under management	20	18		
Peer education programs [¶]	0	0	90	100
Peer education educators [∞]	4	9	7,623	7,508
Peer education participants	1,272	7,492	2,449	13,949
Alleged assaults and chart reviews	86	73	162	143
Bloodborne exposure labs drawn on offenders	17	34	34	81
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

January 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	7	13	7	13
Gonorrhea	3	11	3	11
Syphilis	108	148	108	148
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	93	274	93	274
Human immunodeficiency virus (HIV) +, known at intake	93	181	93	181
HIV screens, intake	1,657	4,609	1,657	4,609
HIV +, intake	21	48	21	48
HIV screens, offender- and provider-requested	341	693	341	693
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	1,664	4,072	1,664	4,072
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	3	2	3
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	80	88	80	88
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	31	15	31	15
Occupational exposures of TDCJ staff	9	7	9	7
Occupational exposures of medical staff	1	1	1	1
HIV chemoprophylaxis initiation	1	3	1	3
Tuberculosis skin test (ie, PPD) +, intake	41	81	41	81
Tuberculosis skin test +, annual	23	0	23	0
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	4	3	4
Tuberculosis cases under management	19	21		
Peer education programs [¶]	0	0	90	100
Peer education educators [∞]	5	26	7619	7499
Peer education participants	1,177	6457	1,177	6457
Alleged assaults and chart reviews	76	70	76	70
Bloodborne exposure labs drawn on offenders	17	47	17	47
New Sero-conversions d/t sexual assault ±	0	0	0	0

*** Due to the PPD shortage: 5,685 TB screening interviews were from 01/01/2020 through 01/31/2020
Total Interviews from 07/01/2019 through 01/31/2020 39,116. 42 with possible signs/symptoms from 01/01/2020 to 01/31/2020. Total sign and symptoms from 07/01/2019 through 01/31/2020 242 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.

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‡ 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 Infirmar Sector Discharge Audit

During the 2nd Quarter of Fiscal Year 2021, ten percent of the UTMB and TTUHSC hospital and infirmar discharges were audited. A total of 42 hospital discharge and 219 infirmar 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)	
Dec.	28	1	3.57%	0	N/A	0	N/A	0	N/A	0	N/A
Jan	32	9	28.13%	0	N/A	4	12.50%	0	N/A	7	21.88%
Feb.	24	8	33.33%	0	N/A	4	16.67%	0	N/A	4	16.67%
Total/Average	84	18	21.43%	0	N/A	8	9.52%	0	N/A	11	13.10%
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)	
Dec.	15	10	66.67%	1	6.67%	0	N/A	1	6.67%	9	60.00%
Jan	17	0	N/A	0	N/A	0	N/A	0	N/A	2	11.76%
Feb.	20	8	40.00%	0	N/A	3	15.00%	1	5.00%	7	35.00%
Total/Average	52	18	34.62%	1	1.92%	3	5.77%	2	3.85%	18	34.62%
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)	
Dec.	24	0	N/A	0	0.00%	0	N/A	0	N/A	0	N/A
Jan	32	1	3.13%	0	N/A	0	N/A	0	N/A	0	N/A
Feb.	27	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	83	1	1.20%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Dec.	67	11	16.42%	1	1.49%	0	N/A	1	1.49%	9	13.43%
Jan	81	10	12.35%	0	N/A	4	4.94%	0	N/A	9	11.11%
Feb.	71	16	22.54%	0	N/A	7	9.86%	1	1.41%	11	15.49%
Total/Average	219	37	16.89%	1	0.46%	11	5.02%	2	0.91%	29	13.24%
Texas Tech Infirmar 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)	
Dec.	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
Jan	7	4	57.14%	0	N/A	0	N/A	0	N/A	0	N/A
Feb.	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	21	6	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmar 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)	
Dec.	7	2	28.57%	0	N/A	1	14.29%	0	N/A	0	N/A
Jan	7	3	42.86%	0	N/A	0	N/A	0	N/A	0	N/A
Feb.	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	21	6	28.57%	0	N/A	1	4.76%	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmar 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)	
Dec.	14	3	21.43%	0	N/A	1	7.14%	0	N/A	0	N/A
Jan	14	7	50.00%	0	N/A	0	N/A	0	N/A	0	N/A
Feb.	14	2	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	42	12	28.57%	0	N/A	1	2.38%	0	N/A	0	N/A

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

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

December 2020	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Jordan	24	0	0	0
Ney	16	0	1	2
Torres	14	0	0	0
Total	54	0	1	2

January 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Ramsey	28	0	0	0
Stringfellow	27	0	0	0
Vance	14	0	0	0
Total	69	0	0	0

February 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Kegans ISF	7	0	0	0
Estelle	200	0	0	0
Total	207	0	0	0

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

Audit Tools	December	January	February	Total
Total number of units audited	3	3	2	8
Total numbered property	54	69	207	330
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Telford	December 7-9, 2020	-----	-----
Terrell	December 14-16, 2020	-----	-----
Young	December 16-18, 2020	-----	-----
Coffield	January 11-13, 2021	-----	-----
Connally	January 25-27, 2021	-----	-----
Ferguson	February 22-24, 2021	-----	-----

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Sayle	February 8-10, 2021	-----	-----

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

Executive Services
Monthly Active Academic Research Projects
Correctional Institutions Division

FY-2021 Second Quarter Report: December, January, and February

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> Progress report pending		<u>Projected Completion:</u>

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> Progress report pending	<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> Progress report pending		<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> Progress report pending		<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> Progress report pending		<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> Progress report pending		<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> Progress report pending	<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> Progress report pending	<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> Progress report pending	<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> Progress report pending	<u>Projected Completion:</u> 12/31/2023

Executive Services
Monthly Pending Academic Research Projects
Correctional Institutions Division

FY-2021 Second Quarterly Report: December, January, and February

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 IRB submission

Project Number: 824-AR21

Researcher:

Nancy Rodriguez

IRB Number:

Exempt

Application Received:

3/24/2021

Title of Research:

The Sources and Consequences of Prison Violence

Proponent:

University of California, Irvine

Project Status:

Pending Executive Services Initial 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: 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:

Project Number: 830-AR21

Researcher:

Samuel Arenberg

IRB Number:

Exempt

Application Received:

03/24/2021

Title of Research:

Childhood Environment and Adulthood Incarceration

Proponent:

The University of Texas at Austin

Project Status:

Pending Executive Services Initial Review

Executive Services
Monthly Active Medical Research Projects
Health Services Division

FY-2021 Second Quarter Report: December, January, and February

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> Pending progress report	<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> 3/5/2021
<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> 6/5/2021	<u>Projected Completion:</u>

Project Number: 828-RM21

Researcher:

Amber Armstead

IRB Number:

20-0051

IRB Expiration

Exempt

Research Began:

2/9/2021

Title of Research:

Understanding the Prevalence of Chronic Disease Among
Incarcerated People Living with HIV: A Descriptive
Retrospective Cohort Study

Data Collection Began:

Proponent:

UTMB

Data Collection End:

Project Status:

Data Collection

Progress Report Due:

5/9/2021

Projected Completion:

Executive Services
Monthly Pending Medical Research Projects
Health Services Division

FY-2021 Second Quarterly Report: December, January, and February

Project Number: 830-RM21

Researcher:

Heather Ringeisen

IRB Number:

Application Received:

Title of Research:

Mental and Substance Use Disorder Prevalence Study

Proponent:

RTI International

Project Status:

Project Number: 831-RM21

Researcher:

Jacques Baillargeon

IRB Number:

Exempt

Application Received:

03/09/2021

Title of Research:

COVID-19 Seroprevalence in the Texas Prison System

Proponent:

UTMB

Project Status:

Pending Executive Services Initial Review

2nd Quarter FY 2021
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: December 2020, January 2021, February 2021

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
11/30/2020	Clemens	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11/30/2020	Hutchins	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
11/30/2020	Sanchez	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
11/30/2020	Darrington	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
11/30/2020	Gib Lewis	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
11/30/2020	Ramsey	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Mtn. View	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Pack	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Powledge	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Estelle	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Hughes	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Murray	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
12/31/2020	Michael	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
1/29/2021	Gist	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
1/29/2021	Lopez	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1/29/2021	Lychner	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
1/29/2021	Coffield	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
1/29/2021	Stiles	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Total	18	N/A	N/A	N/A	N/A	N/A			

*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

2nd Quarter FY 2021

Audits Conducted in December 2020, January 2021, February 2021

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	December 2020	0	0	N/A	N/A	N/A
Jester IV	December 2020	2	2	2	100%	NO
Montford	December 2020	9	9	9	100%	NO
Skyview	December 2020	8	8	8	100%	NO

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January 2021	0	0	N/A	N/A	N/A
Jester IV	January 2021	9	9	9	100%	NO
Montford	January 2021	9	9	9	100%	NO
Skyview	January 2021	9	9	9	100%	NO

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February 2021	0	0	N/A	N/A	N/A
Jester IV	February 2021	11	11	11	100%	NO
Montford	February 2021	10	10	10	100%	NO
Skyview	February 2021	10	10	10	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

2nd Quarter of 2021

Reporting months– December 2020, January 2021, February 2021

**MENTAL HEALTH EVALUATION (MHE) AUDITS WERE SUSPENDED AFTER MAY 2020
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 2020
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

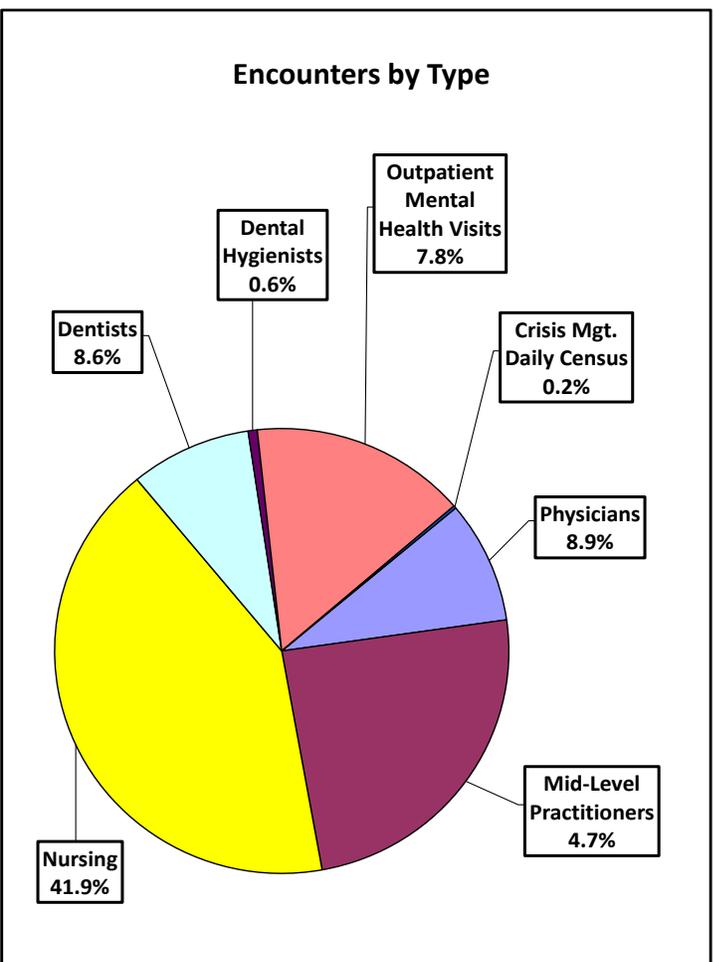
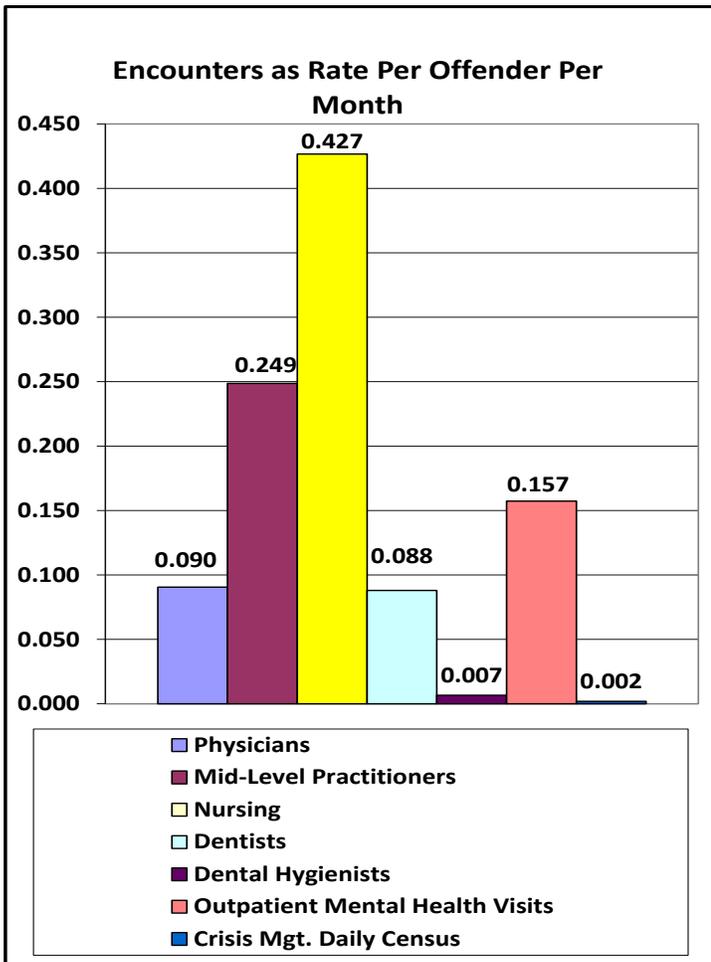
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

2nd Quarter

FY2021

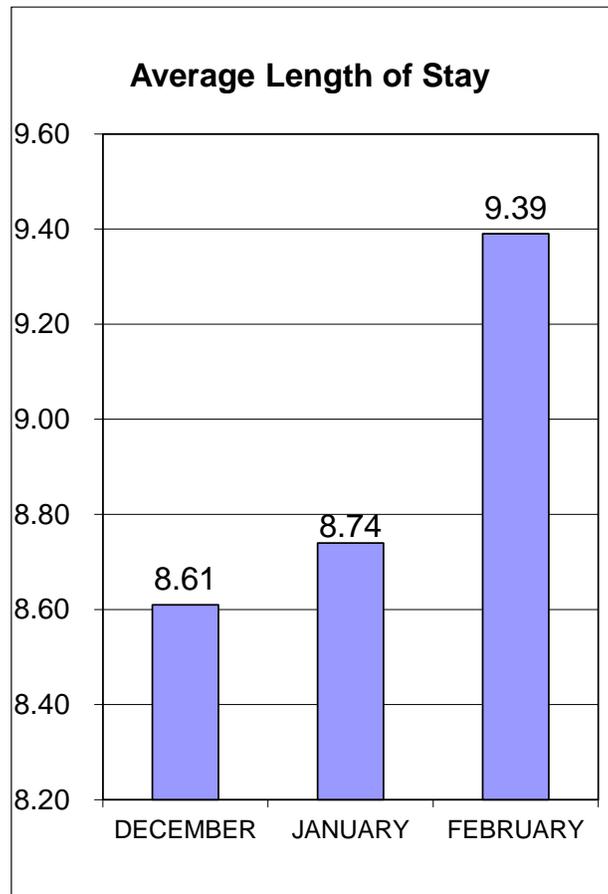
Medical Director's Report:

Average Population	DECEMBER		JANUARY		FEBRUARY		Qtly Average	
	24,455.00		24,044.00		23,647.00		24,048.67	
	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Medical encounters								
Physicians	2,133	0.087	2,282	0.095	2,114	0.089	2,176	0.090
Mid-Level Practitioners	6,500	0.266	6,255	0.260	5,184	0.219	5,980	0.249
Nursing	10,762	0.440	10,247	0.426	9,776	0.413	10,262	0.427
Sub-total	19,395	0.793	18,784	0.781	17,074	0.722	18,418	0.766
Dental encounters								
Dentists	2,015	0.082	2,241	0.093	2,089	0.088	2,115	0.088
Dental Hygienists	184	0.008	148	0.006	145	0.006	159	0.007
Sub-total	2,199	0.090	2,389	0.099	2,234	0.094	2,274	0.095
Mental health encounters								
Outpatient Mental Health Visits	4,505	0.184	3,149	0.131	3,692	0.156	3,782	0.157
Crisis Mgt. Daily Census	31	0.001	55	0.015	51	0.002	46	0.002
Sub-total	4,536	0.185	3,204	0.133	3,743	0.158	3,828	0.159
Total encounters								
	26,130	1.068	24,377	1.014	23,051	0.975	24,519	1.020



Medical Director's Report (Page 2):

	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	92.74	94.74	90.75	92.74
Number of Admissions	181.00	173.00	164.00	172.67
Average Length of Stay	8.61	8.74	9.39	8.91
Number of Clinic Visits	484.00	515.00	446.00	481.67
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	383.00	377.00	380.00	380.00
PAMIO/MROP Census	344.00	403.00	354.00	367.00
<i>Specialty Referrals Completed</i>				
	2,211.00	2,303.00	2,312.00	2,275.33
<i>Telemedicine Consults</i>				
	1874	1,931	1,831	1,878.67



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

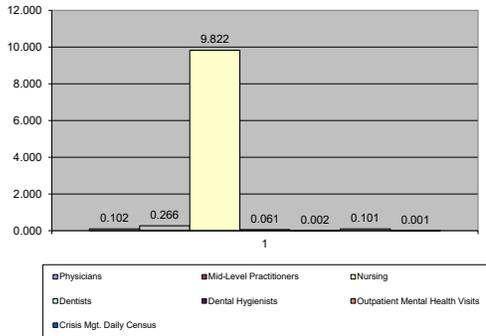
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**Second Quarter
FY 2021**

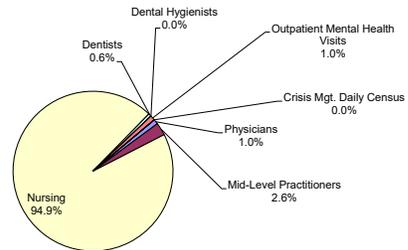
Medical Director's Report:

FY 21	December		January		February		Qtly Average	
Average Population	98,446		97,739		96,381		97,522	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	11,171	0.113	9,770	0.100	8,954	0.093	9,965	0.102
Mid-Level Practitioners	28,725	0.292	26,619	0.272	22,548	0.234	25,964	0.266
Nursing	955,964	9.711	1,089,259	11.145	828,315	8.594	957,846	9.822
Sub-total	995,860	10.116	1,125,648	11.517	859,817	8.921	993,775	10.190
Dental Encounters								
Dentists	6,736	0.068	6,142	0.063	4,883	0.051	5,920	0.061
Dental Hygienists	278	0.003	201	0.002	165	0.002	215	0.002
Sub-total	7,014	0.071	6,343	0.065	5,048	0.052	6,135	0.063
Mental Health Encounters								
Outpatient Mental Health Visits	11,107	0.113	9,717	0.099	8,583	0.089	9,802	0.101
Crisis Mgt. Daily Census	62	0.001	63	0.001	61	0.001	62	0.001
Sub-total	11,169	0.113	9,780	0.100	8,644	0.090	9,864	0.101
Total encounters	1,014,043	10.301	1,141,771	11.682	873,509	9.063	1,009,774	10.354

Encounters as Rate Per Offender Per Month

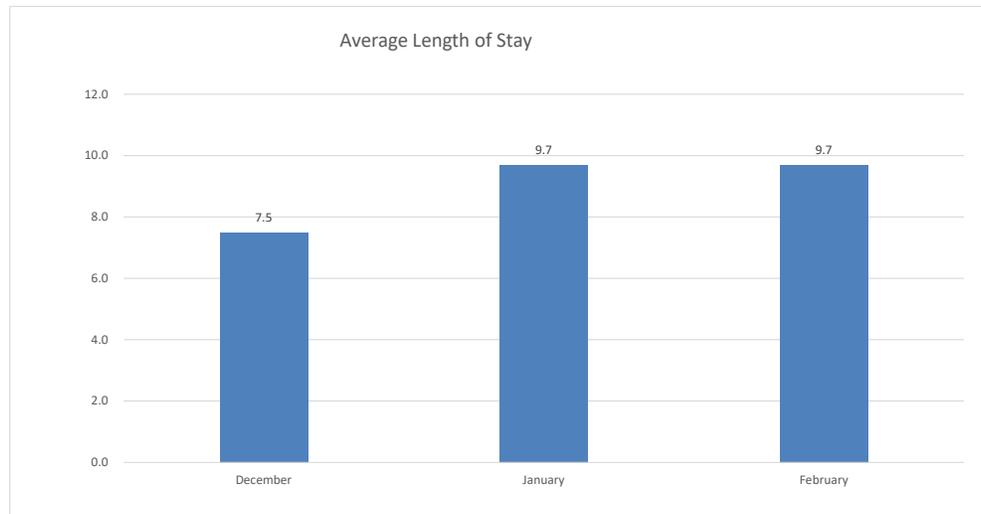


Encounters by Type



Medical Director's Report (Page 2):

FY 21	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	96.5	100.7	93.9	97.0
Number of Discharges	400	322	271	331
Average Length of Stay	7.5	9.7	9.7	9.0
Number of Clinic Visits	2,492	2,171	1,919	2,194
Mental Health Inpatient Facilities				
Average Daily Census	1,003.64	983.16	995.03	993.94
DDP Census	696.00	689.00	706.00	697.00
Telemedicine Consults	6,670	5,689	4,993	5,784.00



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for June 16, 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: May 13, 2021

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
 - A. Access to Care – Dental Services
 - B. Access to Care - Mental Health Services
 - C. Access to Care – Nursing Services
 - D. Access to Care – Medical Staff
 - E. Sick Call Request Verification Audit - SCRVA
- IV. FY 2020 SLC Indicators
 - A. Dental: Total Open Reminders with Delay > 60 Days
 - B. Mental Health: Restrictions Audit
 - C. Nursing: Annual TB Screening
 - D. Support Services: Inpatient/Outpatient Physical Therapy
 - E. Clinical Administration: Missed Appointments (No Shows)
 - F. Joint Medical/Pharmacy: Unit Audits
- V. Standing Issues
 - A. CMHCC Updates
 - B. CMHC Pharmacy
 - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
 - A. ATC Accuracy Evaluation
 - B. Nurse Protocol Audits
 - C. Nursing QA Site Visit Audits
- VII. Adjournment

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: April 8, 2021

The committee voted not to hold a formal quarterly meeting this quarter due to no major changes needing to be made within the policies or attachments. Policies and attachments only required administrative updates this quarter which do not require the committee to meet formally.

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-05.1	A-06.1	A-06.2	A-07.1*	A-08.1*	A-08.2*	C-19.2*	C-20.1
D-28.2	D-28.3	D-28.4	E-31.2*	E-31.4	E-34.4	E-34.5	E-35.1
E-35.2	E-36.3	E-36.4*	E-37.1*	E-37.2	E-37.3	E-37.4	E-37.5
F-47.1*	F-48.1	G-51.6	G-51.7	G-51.8*	G-51.9*	G-51.10	G-52.3
G-52.4*	H-60.2*	I-68.4*	I-69.1				
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
None		

If you submit changes to a policy, you should ensure new recommendations are submitted on the current policy in effect, verify the references are up to date and make sure that all TDCJ Administrative Directives (AD) that apply to the policy are referenced.

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

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Benjamin Leah

Purpose: This group’s membership consists of physicians, nurses, clinicians, dentists and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation, selection, procurement, distribution, control, use and other matters related to medications within the health care system. This group further serves to support educational efforts directed toward the health care staff on matters related to medications and medication use. Disease management guidelines are reviewed annually and updated as needed by the CMHCC Joint Pharmacy and Therapeutics Committee. All changes to consensus

guidelines published by the Centers of Disease Control and Prevention and the National Institutes of Health or other nationally recognized authorities are considered. In addition, CMHCC Joint Pharmacy and Therapeutics Committee reviews adverse drug reaction reports, drug recalls, non-formulary deferral reports and reports of medication errors. Clinical pharmacists present reviews of drug classes to the committee for education and consideration of new updates to the formulary. Clinical pharmacists also periodically conduct medication usage evaluations. Finally, this group reviews and evaluates all pharmacy and therapeutic policies and procedures annually. This group meets on a bi-monthly basis.

Meeting Date: March 25, 2021

- I. Approval of the Minutes from January 14, 2021 Meeting
- II. Reports from Subcommittees
 - A. Carbamazepine – Dr. Penn
 - B. DMG Triage – Dr. Munch
 - 1. Anemia in Pre-Dialysis DMG
 - a. Chronic Kidney Disease Patient Education
 - b. Hemodialysis Patient Education
 - 2. Hypoglycemia DMG
 - 3. Wound Care DMG
 - C. GI – Dr. Fontem
 - D. Hepatitis B – Dr. Sandmann
 - E. Psychiatry- Dr. Patel
 - 1. Acute Psychosis DMG
 - F. Warfarin – Dr. Nguyen
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (January – February 2021)
 - D. Non-formulary Deferral Reports
 - 1. UTMB Sector (January – February 2021)
 - 2. TTUHSC Sector (December 2020 – January 2021)
 - E. Utilization Reports FY21 through January
 - 1. HIV Utilization
 - 2. HCV Utilization
 - 3. HBV Utilization
 - 4. Psychotropic Utilization
 - F. Special Reports
 - 1. Annual Review FY20
 - 2. Top 50 Medications by Cost and Volume – 2nd Quarter FY21
 - Top 10 Non-formulary Drugs by Cost and Volume – 2nd Quarter FY21
 - 3. Pharmacy Diabetes Clinic Report – 2nd Quarter FY21
 - a. UTMB Sector
 - b. TTUHSC Sector
 - 4. Pharmacy Warfarin Clinic Report – 2nd Quarter FY21
 - a. UTMB Sector

- b. TTUHSC Sector
 - 5. Pharmacy CKD Clinic Report – 2nd Quarter FY21 (UTMB Sector)
 - 6. Pharmacy Combined DM and CKD Clinic Report – 2nd Quarter FY21 (UTMB Sector)
 - G. Policy Review Schedule (policies 15-30 through 40-05 due for review in May)
- IV. Old Business
 - A. Quarterly Medication Error Reports – 1st Quarter FY21
 - 1. UTMB Sector (not available for January meeting)
 - 2. TTUHSC Sector (corrected report)
 - B. KOP Expansion
- V. New Business
 - A. Action Request
 - 1. Formulary Addition of Medrol Dose Pak
 - 2. Review of New Gonorrhea Guidelines and Formulary Addition of Ceftriaxone 500mg Injection
 - 3. Review of Disaster Supply Medications
 - B. Category Reviews
 - 1. Analgesic Agents (supplemental material)
 - 2. Topical Agents
 - C. FDA Medication Safety Advisories
 - D. Manufacturer Shortages and Discontinuations
 - E. Policy and Procedure Revisions
 - 1. Pharmacy and Therapeutics Committee (05-05)
 - 2. Non-formulary Medications (05-10)
 - 3. Additions to the Medication Formulary (05-15)
 - 4. Prescribing and Ordering Medications (10-05)
 - 5. Automatic Stop Orders for Drugs (10-10)
 - 6. Investigational Drugs within Correctional Managed Care Facilities (10-20)
 - 7. Medications Restricted to Specific Protocols for Use (10-25)
 - 8. Ordering Stock Medication (10-30)
 - 9. Medication Procurement After Hours (10-40)
 - 10. Total Parenteral Nutrition (10-45)
 - 11. Critical Medications Dispensed upon HG Discharge (10-50)
 - 12. Medication Area Security (15-05)
 - 13. Storage of Pharmaceuticals (15-10)
 - 14. Transfer of Medications (15-15)
 - 15. Pharmacy Audits and Inspections (75-15)
- VI. Miscellaneous – November Meeting Date
- VII. Adjournment

Joint Infection Control Committee

Co-Chair: Carol Lynn Coglianese, 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: April 8, 2021

Standing Reports:

- A. HIV and Hepatitis – Peggy Davis
- B. MRSA, MSSA and Occupational Exposure – Latasha Hill
- C. Syphilis – Regina Inmon
- D. Tuberculosis – Mary Parker
- E. SANE – Kate Williams
- F. Peer Education – Dianna Langley

Old Business:

None

New Business:

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

B-14.13.3	B-14.15	B-14.16	B-14.17	B-14.18	
*Indicates Attachment(s) Included in the Policy					

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.12	Syphilis	Janet Gonzales
2	B-14.13.1	Hepatitis A	Carol Lynn Coglianese
3	B-14.13.2	Hepatitis B	Janet Gonzales
4	B-14.14	Varicella (Chickenpox) and Herpes Zoster (Shingles)	Carol Lynn Coglianese

Adjourn – The next meeting is scheduled for August 19, 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: March 11, 2021

- I. Call to Order
 - A. Minutes Confirmation
Review of Previous Meeting Minutes from January 28, 2021
- II. Dental Policy Review
 - A. C-18.1D Dental Licensure, Registration and Credential Verification
 - B. C-19.1D Dental Education and Professional Development
 - C. CMHC Policy C-23.1 Position Descriptions
 - D. C-25.1D Orientation and Training for Dental Services Staff
- III. Dr. Billy Horton
 - A. Periodontal Chart Revision
 - B. Draft Dental Treatment During the COVID-19 Pandemic: What Phase is Your Unit In?
 - C. Draft Dental SCR During the COVID-19 Pandemic: What Phase is Your Unit In?
 - D. CMHC B-14.52 Coronavirus Disease 2019 (COVID-19) Policy Proposed Revision
- IV. Dr. Billy Hirsch
 - None
- V. Dr. Cecil Wood
 - None
- VI. Pam Myers, Dental Hygiene Program Manager
 - A. Update on Dental Note Wizard Project
 - B. Review of Clean-up of Dental Documents, Forms, Reminders, Orders and Paste Templates
 - C. Consent for Fabrication of Oral Prosthetic (Denture) (SP) Spanish Revision
- VII. Sector Updates
 - A. TDCJ
 - B. UTMB
 - C. TTUHSC
- VIII. Round the Table
 - IX. Adjourn – Next Meeting May 2021

Policies Scheduled for Review: D-28.2 Instrument Sharp, Needle and Syringe Control; E-31.1D Information on Dental Services; E-36.1 Dental Treatment Levels of Care; E-36.2D In-processing Offenders-Dental Assessment, Classification, Education and Treatment; E-36.3D Recording and Scheduling Dental Inmate Visits

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 February 2021:

There were 184 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2020, January and February 2021. Of those 184 deaths, none were referred to peer review committees.

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

Joint Nursing Work Group

Chair: 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: April 20, 2021

Old Business:

- COVID Policy Revisions

New Business:

- Vaccination Stats
- TDCJ COVID Vaccination Surge
 - Inmate Vaccine Acceptance Survey
 - Vaccine Order Strategy
 - Moderna Vaccine
 - Pfizer Vaccine
 - J & J Vaccine
- New COVID Vaccine EHR Report ICN3022

Adjourn

Financial Report on Correctional Managed Health Care



Quarterly Report FY2021 Second Quarter

September 2020 – February 2021

Second 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

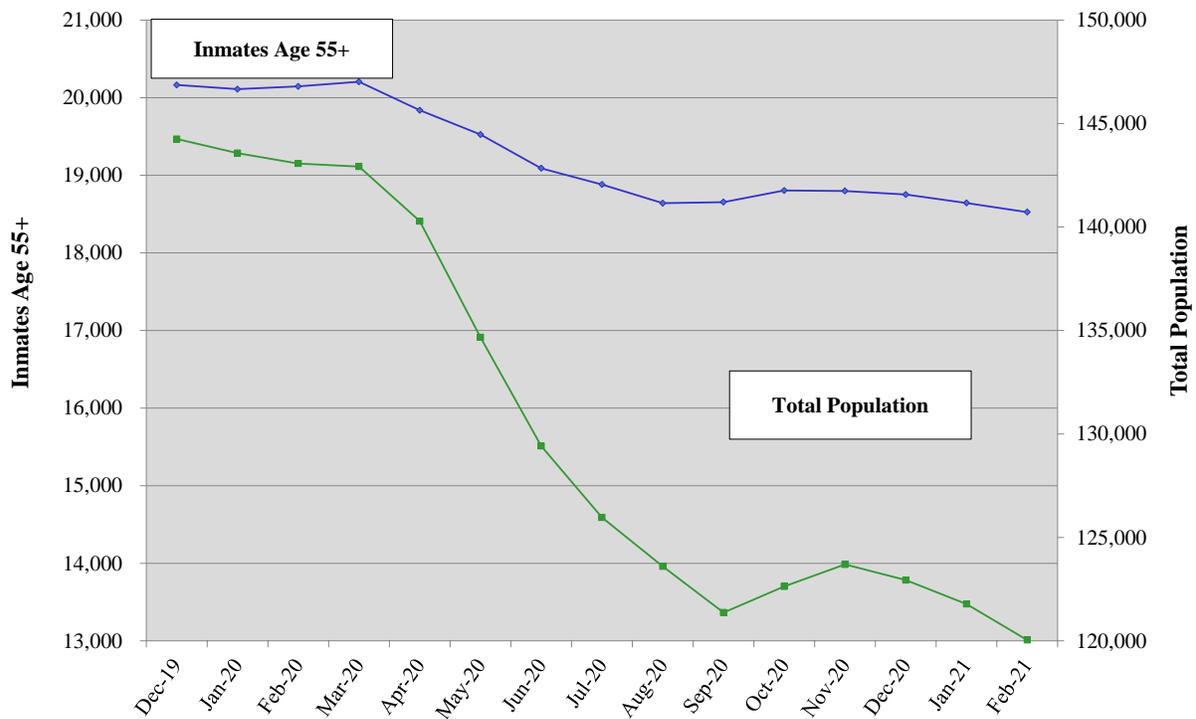
Population

- Overall inmate service population has decreased 15.3% from FY2020
 - Average daily census through 2nd quarter
 - FY2020: 144,105
 - FY2021: 122,076

- Inmates aged 55 or older population has decreased 6.7% from FY2020
 - Average daily census through 2nd quarter
 - FY2020: 20,043
 - FY2021: 18,696
 - While comprising about 15.3% of the overall service population, these inmates account for 50.6% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2021 average number of psychiatric inpatients through 2nd quarter: 1,759
 - FY2021 average number of psychiatric outpatients through 2nd quarter: 25,136

CMHC Service Population



Health Care Costs

- Total expenditures through 2nd quarter, FY2021: \$374.4M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$197.0 M or 52.6% of total expenses
 - Hospital and Clinical Care - \$145.8M or 38.9% of total expenses
 - Pharmacy Services - \$31.7M or 8.5% of total expenses
 - HIV related drugs: 33.9% of total drug costs
 - Hepatitis C drug therapies: 26.1% of total drug costs
 - Psychiatric drugs: 6.2% of total drug costs
 - All other drug costs: 33.8% of total drug costs
- Cost per inmate per day increased 10.3% from FY2020 to FY2021
 - Cost per inmate per day through 2nd quarter FY21
 - FY2020: \$15.28
 - FY2021: \$16.85

Comparison of Total Health Care Costs

	FY17	FY18	FY19	FY20	4-Year Average	FYTD 21 1st Qtr	FYTD 21 2nd Qtr
Population							
UTMB	116,574	118,737	117,987	110,924	116,055	97,665	97,594
TTUHSC	29,807	29,448	28,992	27,533	28,945	24,899	24,482
Total	146,381	148,185	146,979	138,457	145,000	122,564	122,076
Expenses							
UTMB	\$554,779,025	\$589,220,522	\$631,955,233	\$641,412,379	\$604,341,790	\$154,241,291	\$310,511,900
TTUHSC	\$115,982,376	\$118,282,720	\$124,707,572	\$132,834,504	\$122,951,793	\$31,175,427	\$63,902,052
Total	\$670,761,401	\$707,503,242	\$756,662,805	\$774,246,883	\$727,293,583	\$185,416,719	\$374,413,952
Cost/Day							
UTMB	\$13.04	\$13.60	\$14.67	\$15.80	\$14.26	\$17.35	\$17.48
TTUHSC	\$10.66	\$11.00	\$11.78	\$13.18	\$11.63	\$13.76	\$14.34
Total	\$12.55	\$13.08	\$14.10	\$15.28	\$13.73	\$16.62	\$16.85

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

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<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 31,021,451	\$ 126,523,573	\$ 157,545,024
State Reimbursement Benefits	\$ 5,216,155	\$ 29,055,286	\$ 34,271,440
Other Misc Revenue	\$ 675	\$ 33,361	\$ 34,036
C.1.8. Total Method of Finance	\$ 36,238,281	\$ 155,612,220	\$ 191,850,500
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 20,934,520	\$ 103,704,487	\$ 124,639,007
State Reimbursement Benefits	\$ 994,587	\$ -	\$ 994,587
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 21,929,107	\$ 103,704,487	\$ 125,633,594
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 6,926,508	\$ 28,995,917	\$ 35,922,425
State Reimbursement Benefits	\$ 40,311	\$ 1,251,769	\$ 1,292,080
Other Misc Revenue	\$ -	\$ 6,000	\$ 6,000
C.1.10. Total Method of Finance	\$ 6,966,820	\$ 30,253,686	\$ 37,220,506
TOTAL METHOD OF FINANCE	\$ 65,134,208	\$ 289,570,393	\$ 354,704,600

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 58,882,479	\$ 259,223,977	\$ 318,106,456
State Reimbursement Benefits	\$ 6,251,053	\$ 30,307,055	\$ 36,558,108
Other Misc Revenue	\$ 675	\$ 39,361	\$ 40,036
TOTAL METHOD OF FINANCE	\$ 65,134,208	\$ 289,570,393	\$ 354,704,600

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 36,445,719	\$ 160,536,311	\$ 196,982,031
C.1.9. Hospital & Clinical Care	\$ 22,894,421	\$ 122,875,983	\$ 145,770,404
C.1.10. Managed Health Care - Pharmacy	\$ 4,561,912	\$ 27,099,606	\$ 31,661,517
TOTAL EXPENDITURES	\$ 63,902,052	\$ 310,511,900	\$ 374,413,952

DIFFERENCE	\$ 1,232,156	\$ (20,941,507)	\$ (19,709,351)
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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 31,021,451	\$ 126,523,573	\$ 157,545,024
State Reimbursement Benefits	\$ 5,216,155	\$ 29,055,286	\$ 34,271,440
Other Misc Revenue	\$ 675	\$ 33,361	\$ 34,036
TOTAL METHOD OF FINANCE	\$ 36,238,281	\$ 155,612,220	\$ 191,850,500
Expenditures:			
Unit Care			
Salaries	\$ 14,042,534	\$ 94,558,339	\$ 108,600,873
Benefits	\$ 4,530,269	\$ 28,578,515	\$ 33,108,784
Other Operating Expenses	\$ 1,833,821	\$ 10,581,019	\$ 12,414,840
Professional Services	\$ 1,366,741	\$ -	\$ 1,366,741
Contracted Units/Services	\$ 5,878,747	\$ -	\$ 5,878,747
Travel	\$ 50,886	\$ 445,895	\$ 496,781
Capitalized Equipment	\$ 34,716	\$ 916,841	\$ 951,556
Subtotal, Unit Care	\$ 27,737,713	\$ 135,080,608	\$ 162,818,322
Psychiatric Care			
Salaries	\$ 5,681,214	\$ 17,449,238	\$ 23,130,452
Benefits	\$ 1,568,626	\$ 4,344,761	\$ 5,913,388
Other Operating Expenses	\$ 122,047	\$ 132,038	\$ 254,084
Professional Services	\$ 474,620	\$ -	\$ 474,620
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 8,411	\$ 11,602	\$ 20,012
Subtotal, Psychiatric Care	\$ 7,854,917	\$ 21,937,639	\$ 29,792,556
Indirect Expenditures (Shared Services)	\$ 853,089	\$ 3,518,064	\$ 4,371,153
TOTAL EXPENDITURES	\$ 36,445,719	\$ 160,536,311	\$ 196,982,031
DIFFERENCE	\$ (207,439)	\$ (4,924,092)	\$ (5,131,530)

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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 20,934,520	\$ 103,704,487	\$ 124,639,007
State Reimbursement Benefits	\$ 994,587	\$ -	\$ 994,587
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 21,929,107	\$ 103,704,487	\$ 125,633,594
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 853,110	\$ 9,034,112	\$ 9,887,222
Community Provider Services	\$ 12,026,902	\$ 25,523,742	\$ 37,550,644
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,749,970	\$ 75,003,193	\$ 81,753,163
Estimated IBNR	\$ 2,744,789	\$ 10,026,285	\$ 12,771,074
Subtotal, Hospital & Clinical Care	\$ 22,374,771	\$ 119,587,332	\$ 141,962,103
Indirect Expenditures (Shared Services)	\$ 519,649	\$ 3,288,652	\$ 3,808,301
TOTAL EXPENDITURES	\$ 22,894,421	\$ 122,875,983	\$ 145,770,404
DIFFERENCE	\$ (965,313)	\$ (19,171,496)	\$ (20,136,809)

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C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 6,926,508	\$ 28,995,917	\$ 35,922,425
State Reimbursement Benefits	\$ 40,311	\$ 1,251,769	\$ 1,292,080
Other Misc Revenue	\$ -	\$ 6,000	\$ 6,000
TOTAL METHOD OF FINANCE	\$ 6,966,820	\$ 30,253,686	\$ 37,220,506
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 893,489	\$ 4,370,424	\$ 5,263,913
Benefits	\$ 47,438	\$ 1,417,075	\$ 1,464,513
Other Operating Expenses	\$ 135,140	\$ 752,896	\$ 888,036
Pharmaceutical Purchases	\$ 3,293,425	\$ 19,862,084	\$ 23,155,509
Travel	\$ 1,942	\$ 5,496	\$ 7,438
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 4,371,434	\$ 26,407,975	\$ 30,779,409
Indirect Expenditures (Shared Services)	\$ 190,478	\$ 691,631	\$ 882,109
TOTAL EXPENDITURES	\$ 4,561,912	\$ 27,099,606	\$ 31,661,517
DIFFERENCE	\$ 2,404,908	\$ 3,154,080	\$ 5,558,989

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Key Population Indicators

	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2021</u>
Average Service Population	121,369	122,631	123,691	122,564	122,939	121,782	120,042	121,588	122,076
Population Age 55 and Over	18,654	18,804	18,797	18,752	18,752	18,643	18,525	18,640	18,696
<i>Percent of Total Population</i>	<i>15.4%</i>	<i>15.3%</i>	<i>15.2%</i>	<i>15.3%</i>	<i>15.3%</i>	<i>15.3%</i>	<i>15.4%</i>	<i>15.3%</i>	<i>15.3%</i>
Key Treatment Populations, Month End									
Patients receiving HIV Treatment	1,628	1,647	1,623	1,633	1,608	1,610	1,584	1,601	1,617
Patients receiving Hep C Treatment	376	347	299	341	313	334	320	322	332
Patients Receiving Dialysis Treatment	236	237	238	237	237	235	234	235	236
Age 55 and Over	121	119	120	120	118	120	119	119	120
Under 55	115	118	118	117	119	115	115	116	117
Medical Inpatient Average Daily Census									
UTMB-Hospital Galveston	112	86	98	99	103	104	103	103	101
UTMB Community Hospitals	32	30	32	31	27	31	39	32	32
TTUHSC Community Hospitals	16	17	16	16	11	16	9	12	14
Medical Inpatient Average Daily Census	159	132	146	146	141	151	151	148	147
Medical Inpatient Discharges									
UTMB-Hospital Galveston	337	369	344	1,050	400	321	271	992	2,042
UTMB Community Hospitals	246	216	190	652	150	150	187	487	1,139
TTUHSC Community Hospitals	72	62	51	185	61	67	62	190	375
Medical Inpatient Discharges	655	647	585	1,887	611	538	520	1,669	3,556
Average Length of Stay (in days)									
UTMB - Hospital Galveston	8.01	6.65	7.94	7.53	7.48	9.72	9.70	8.97	8.25
UTMB Community Hospitals	5.41	4.28	5.11	4.93	5.59	6.42	6.99	6.33	5.63
TTUHSC Community Hospitals	4.67	5.65	4.86	5.06	5.80	6.04	4.29	5.38	5.22
Infirmary and Sheltered Housing Census, Month End									
UTMB Infirmary	527	522	536	528	551	568	517	545	537
UTMB Sheltered Housing	274	275	280	276	277	312	334	308	292
TTUHSC Infirmary	127	119	106	117	112	119	101	111	114
Infirmary and Sheltered Housing Census, Month End	928	916	922	922	940	999	952	964	943
<i>Percent of Capacity Filled</i>	<i>89.8%</i>	<i>88.7%</i>	<i>89.3%</i>	<i>89.3%</i>	<i>85.9%</i>	<i>91.3%</i>	<i>92.0%</i>	<i>89.7%</i>	<i>89.3%</i>
Medical Outpatient Visits									
UTMB Specialty Clinics and ER Visits	6,120	7,030	6,228	6,459	6,577	6,231	5,124	5,977	6,218
TTUHSC Community Outpatient and ER Visits	1,602	1,461	1,171	1,411	1,658	1,663	1,950	1,757	1,584
Medical Outpatient Visits	7,722	8,491	7,399	7,871	8,235	7,894	7,074	7,734	7,803
Mental Health Inpatient Average Census									
UTMB Psychiatric Inpatient	990	991	989	990	1,004	998	995	999	994
TTUHSC Psychiatric Inpatient	791	772	786	783	727	780	734	747	765
Mental Health Inpatient Average Census	1,781	1,763	1,775	1,773	1,731	1,778	1,729	1,746	1,759
Mental Health Outpatient Caseload, Month End									
UTMB Psychiatric Outpatient	18,513	19,151	19,173	18,946	19,634	19,433	19,432	19,500	19,223
TTUHSC Psychiatric Outpatient	5,992	6,083	6,156	6,077	5,854	5,790	5,604	5,749	5,913
Mental Health Outpatient Caseload, Month End	24,505	25,234	25,329	25,023	25,488	25,223	25,036	25,249	25,136

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Key Budget Drivers (Cost)

	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>1st Quarter</u>		<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>		<u>FY2021</u>	
Selected Drug Costs												
HIV Medications	\$ 1,545,254	\$ 1,255,151	\$ 1,412,479	\$ 4,212,885		\$ 1,245,728	\$ 1,162,451	\$ 1,103,541	\$ 3,511,720		\$ 7,724,605	
Hepatitis C Medications	\$ 1,021,510	\$ 985,376	\$ 936,260	\$ 2,943,145		\$ 1,055,610	\$ 879,218	\$ 1,072,936	\$ 3,007,764		\$ 5,950,910	
Psychiatric Medications	\$ 225,840	\$ 248,445	\$ 232,957	\$ 707,242		\$ 269,901	\$ 229,982	\$ 206,153	\$ 706,036		\$ 1,413,278	
All Other Drug Costs	\$ 1,486,931	\$ 1,328,205	\$ 1,299,228	\$ 4,114,364		\$ 1,405,746	\$ 1,178,767	\$ 1,007,639	\$ 3,592,151		\$ 7,706,515	
Total Drug Costs	\$ 4,279,536	\$ 3,817,177	\$ 3,880,924	\$ 11,977,636		\$ 3,976,985	\$ 3,450,418	\$ 3,390,269	\$ 10,817,671		\$ 22,795,308	
Dialysis												
Age 55 and Over	\$ 256,783	\$ 328,544	\$ 313,571	\$ 898,898		\$ 307,111	\$ 332,384	\$ 298,041	\$ 937,536		\$ 1,836,434	
UTMB	\$ 225,367	\$ 297,128	\$ 282,155	\$ 804,650		\$ 280,931	\$ 306,204	\$ 271,861	\$ 858,996		\$ 1,663,646	
TTUHSC	\$ 31,416	\$ 31,416	\$ 31,416	\$ 94,248		\$ 26,180	\$ 26,180	\$ 26,180	\$ 78,540		\$ 172,788	
Under 55	\$ 352,703	\$ 339,720	\$ 324,249	\$ 1,016,672		\$ 323,603	\$ 325,520	\$ 303,154	\$ 952,278		\$ 1,968,950	
UTMB	\$ 324,953	\$ 313,825	\$ 307,894	\$ 946,672		\$ 302,223	\$ 302,815	\$ 284,186	\$ 889,225		\$ 1,835,897	
TTUHSC	\$ 27,750	\$ 25,895	\$ 16,355	\$ 70,000		\$ 21,380	\$ 22,705	\$ 18,968	\$ 63,053		\$ 133,053	
Total Dialysis	\$ 609,486	\$ 668,264	\$ 637,820	\$ 1,915,571		\$ 630,714	\$ 657,904	\$ 601,195	\$ 1,889,814		\$ 3,805,384	
Offsite Hospital Services												
Age 55 and Over	\$ 12,071,252	\$ 9,964,549	\$ 10,037,753	\$ 32,073,554	49.1%	\$ 11,728,252	\$ 12,558,478	\$ 9,926,527	\$ 34,213,257	53.2%	\$ 66,286,811	50.6%
UTMB	\$ 10,658,281	\$ 9,824,959	\$ 9,649,207	\$ 30,132,446		\$ 10,730,486	\$ 11,328,178	\$ 9,350,730	\$ 31,409,394		\$ 61,541,841	
TTUHSC	\$ 1,412,971	\$ 139,590	\$ 388,546	\$ 1,941,108		\$ 997,766	\$ 1,230,300	\$ 575,797	\$ 2,803,863		\$ 4,744,971	
Under 55	\$ 10,123,206	\$ 12,848,347	\$ 10,294,127	\$ 33,265,679	50.9%	\$ 11,029,178	\$ 11,093,955	\$ 7,934,347	\$ 30,057,479	46.8%	\$ 64,702,943	49.4%
UTMB	\$ 9,664,708	\$ 10,391,770	\$ 9,397,855	\$ 29,454,332		\$ 9,673,082	\$ 10,043,703	\$ 7,934,347	\$ 27,651,131		\$ 57,105,463	
TTUHSC	\$ 458,498	\$ 2,456,577	\$ 896,272	\$ 3,811,347		\$ 1,356,096	\$ 1,050,251	\$ 1,379,785	\$ 3,786,132		\$ 7,597,480	
Total Offsite Hospital Services	\$ 22,194,458	\$ 22,812,896	\$ 20,331,879	\$ 65,339,233		\$ 22,757,430	\$ 23,652,433	\$ 17,860,874	\$ 64,270,737		\$ 130,989,754	
C.1.8. Salaries/Agency Nursing/Overtime												
UTMB												
Salaries	\$ 15,419,090	\$ 15,770,268	\$ 15,471,548	\$ 46,660,905		\$ 17,023,759	\$ 16,111,981	\$ 14,653,552	\$ 47,789,292		\$ 94,450,197	
Agency Nursing	\$ 1,808,182	\$ 1,957,309	\$ 1,812,492	\$ 5,577,983		\$ 1,858,612	\$ 1,746,716	\$ 1,334,253	\$ 4,939,580		\$ 10,517,564	
Overtime	\$ 1,157,712	\$ 1,225,591	\$ 1,116,133	\$ 3,499,435		\$ 1,167,135	\$ 1,213,763	\$ 1,159,483	\$ 3,540,381		\$ 7,039,816	
UTMB Total	\$ 18,384,983	\$ 18,953,168	\$ 18,400,172	\$ 55,738,324		\$ 20,049,505	\$ 19,072,460	\$ 17,147,289	\$ 56,269,254		\$ 112,007,577	
TTUHSC												
Salaries	\$ 3,177,070	\$ 3,275,289	\$ 3,210,126	\$ 9,662,485		\$ 3,369,053	\$ 3,258,925	\$ 3,149,411	\$ 9,777,389		\$ 19,439,874	
Agency Nursing	\$ (14,328)	\$ 145,040	\$ 81,892	\$ 212,605		\$ 56,783	\$ 46,577	\$ 37,158	\$ 140,518		\$ 353,123	
Overtime	\$ 39,596	\$ 55,458	\$ 47,862	\$ 142,917		\$ 47,462	\$ 55,041	\$ 38,454	\$ 140,957		\$ 283,874	
TTUHSC Total	\$ 3,202,339	\$ 3,475,787	\$ 3,339,881	\$ 10,018,007		\$ 3,473,297	\$ 3,360,543	\$ 3,225,023	\$ 10,058,863		\$ 20,076,870	
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 21,587,323	\$ 22,428,955	\$ 21,740,053	\$ 65,756,331		\$ 23,522,802	\$ 22,433,003	\$ 20,372,312	\$ 66,328,117		\$ 132,084,448	
FTEs												
UTMB	2,949.7	2,941.4	2,928.6	2,939.9		2,955.6	2,943.3	2,917.4	2,938.8		2,939.3	
TTUHSC	767.7	764.6	767.6	766.6		761.9	747.9	741.0	750.3		758.5	
Total FTEs	3,717.4	3,706.0	3,696.2	3,706.5		3,717.5	3,691.2	3,658.5	3,689.1		3,697.8	
Key Occupational Categories, Percent Filled												
UTMB												
Nursing	87.5%	87.2%	86.9%	87.2%		86.6%	86.2%	85.5%	86.1%		86.6%	
Mental Health	84.0%	84.1%	84.2%	84.1%		83.8%	82.7%	81.8%	82.8%		83.4%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.8%	88.3%	86.3%	87.5%		87.5%	89.5%	88.9%	88.6%		88.1%	
Dental	87.1%	86.6%	86.1%	86.6%		87.1%	88.3%	86.1%	87.2%		86.9%	
Pharmacy	93.1%	92.3%	91.4%	92.3%		90.5%	90.5%	89.1%	90.0%		91.1%	
Other Positions	100.0%	97.9%	97.9%	98.6%		98.6%	97.2%	96.5%	97.4%		98.0%	
TTUHSC	78.1%	77.7%	78.1%	78.0%		77.5%	76.1%	75.4%	76.3%		77.1%	
Nursing	91.1%	90.4%	89.9%	90.5%		88.8%	88.6%	88.6%	88.7%		89.6%	
Mental Health	76.0%	76.3%	76.7%	76.3%		75.5%	73.2%	72.0%	73.6%		74.9%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	68.1%	65.1%	65.7%	66.3%		65.1%	64.3%	64.3%	64.5%		65.4%	
Dental	87.6%	87.6%	85.7%	87.0%		86.7%	84.7%	86.6%	86.0%		86.5%	
Pharmacy	86.6%	83.1%	84.0%	84.6%		83.3%	88.6%	86.1%	86.0%		85.3%	
Other Positions	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	
Other Positions	83.9%	84.1%	84.5%	84.2%		85.4%	83.9%	83.9%	84.4%		84.3%	

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 03/22/2021
REVENUE:						
TDCJ Appropriation	\$ 29,603,899	\$ 29,278,581	\$ -	\$ -	\$ 58,882,479	\$ 118,740,912
State Reimbursement Benefits	\$ 3,059,548	\$ 3,191,506	\$ -	\$ -	\$ 6,251,053	\$ 12,502,107
Other Misc Revenue	\$ 547	\$ 128	\$ -	\$ -	\$ 675	\$ 1,350
TOTAL REVENUES	\$ 32,663,994	\$ 32,470,214	\$ -	\$ -	\$ 65,134,208	\$ 131,244,369

C.1.8. UNIT & PSYCHIATRIC CARE

EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 6,902,102	\$ 7,140,432	\$ -	\$ -	\$ 14,042,534	\$ 28,335,068
Benefits	\$ 2,195,880	\$ 2,334,389	\$ -	\$ -	\$ 4,530,269	\$ 8,117,997
Other Operating Expenses	\$ 1,089,768	\$ 744,053	\$ -	\$ -	\$ 1,833,821	\$ 3,849,283
Professional Services	\$ 653,879	\$ 712,861	\$ -	\$ -	\$ 1,366,741	\$ 2,733,481
Contracted Units/Services	\$ 2,762,255	\$ 3,116,492	\$ -	\$ -	\$ 5,878,747	\$ 11,588,329
Travel	\$ 27,749	\$ 23,136	\$ -	\$ -	\$ 50,886	\$ 151,772
Capitalized Equipment	\$ 28,896	\$ 5,820	\$ -	\$ -	\$ 34,716	\$ 226,152
Subtotal, Unit Care Expenditures	\$ 13,660,530	\$ 14,077,183	\$ -	\$ -	\$ 27,737,713	\$ 55,002,081
Psychiatric Care Expenditures						
Salaries	\$ 2,903,300	\$ 2,777,914	\$ -	\$ -	\$ 5,681,214	\$ 11,487,427
Benefits	\$ 802,254	\$ 766,373	\$ -	\$ -	\$ 1,568,626	\$ 3,137,252
Other Operating Expenses	\$ 38,537	\$ 83,510	\$ -	\$ -	\$ 122,047	\$ 244,093
Professional Services	\$ 236,895	\$ 237,725	\$ -	\$ -	\$ 474,620	\$ 949,240
Travel	\$ 4,858	\$ 3,553	\$ -	\$ -	\$ 8,411	\$ 16,821
Subtotal, Psychiatric Care Expenditures	\$ 3,985,844	\$ 3,869,073	\$ -	\$ -	\$ 7,854,917	\$ 15,834,834
Total Expenditures, Unit & Psychiatric Care	\$ 17,646,373	\$ 17,946,257	\$ -	\$ -	\$ 35,592,630	\$ 70,836,915

C.1.9. HOSPITAL & CLINICAL CARE

EXPENDITURES:						
University Professional Services	\$ 426,555	\$ 426,555	\$ -	\$ -	\$ 853,110	\$ 2,004,807
Freeworld Provider Services	\$ 5,509,806	\$ 6,517,096	\$ -	\$ -	\$ 12,026,902	\$ 28,287,228
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,188,321	\$ 3,561,649	\$ -	\$ -	\$ 6,749,970	\$ 14,999,140
Estimated IBNR	\$ 1,089,283	\$ 1,655,507	\$ -	\$ -	\$ 2,744,789	\$ 3,500,000
Total Expenditures, Hospital & Clinical Care	\$ 10,213,964	\$ 12,160,807	\$ -	\$ -	\$ 22,374,771	\$ 48,791,175

C.1.10. MANAGED HEALTH CARE PHARMACY

EXPENDITURES:						
Salaries	\$ 391,505	\$ 501,985	\$ -	\$ -	\$ 893,489	\$ 2,286,979
Benefits	\$ 22,931	\$ 24,507	\$ -	\$ -	\$ 47,438	\$ 94,877
Other Operating Expenses	\$ 51,890	\$ 83,250	\$ -	\$ -	\$ 135,140	\$ 345,280
Pharmaceutical Purchases	\$ 2,033,752	\$ 1,259,673	\$ -	\$ -	\$ 3,293,425	\$ 6,711,849
Travel	\$ 906	\$ 1,036	\$ -	\$ -	\$ 1,942	\$ 6,383
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,500,983	\$ 1,870,451	\$ -	\$ -	\$ 4,371,434	\$ 9,445,368

Indirect Expenditures (Shared Services)	\$ 814,107	\$ 749,110	\$ -	\$ -	\$ 1,563,217	\$ 3,265,375
TOTAL EXPENDITURES	\$ 31,175,427	\$ 32,726,625	\$ -	\$ -	\$ 63,902,052	\$ 132,338,833
DIFFERENCE	\$ 1,488,566	\$ (256,410)	\$ -	\$ -	\$ 1,232,156	\$ (1,094,464)

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 03/25/21
REVENUE:						
TDCJ Appropriation	\$ 130,328,078	\$ 128,895,899	\$ -	\$ -	\$ 259,223,977	\$ 522,959,485
State Reimbursement Benefits	\$ 15,316,279	\$ 14,990,775	\$ -	\$ -	\$ 30,307,055	\$ 61,534,372
Other Misc Revenue	\$ 20,289	\$ 19,072	\$ -	\$ -	\$ 39,361	\$ 67,275
TOTAL REVENUES	\$ 145,664,647	\$ 143,905,746	\$ -	\$ -	\$ 289,570,393	\$ 584,561,132

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 47,394,566	\$ 47,163,773	\$ -	\$ -	\$ 94,558,339	\$ 192,295,077
Benefits	\$ 13,944,166	\$ 14,634,349	\$ -	\$ -	\$ 28,578,515	\$ 58,104,280
Other Operating Expenses	\$ 6,104,952	\$ 4,476,067	\$ -	\$ -	\$ 10,581,019	\$ 22,156,628
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 236,583	\$ 209,312	\$ -	\$ -	\$ 445,895	\$ 899,180
Capitalized Equipment	\$ 609,781	\$ 307,059	\$ -	\$ -	\$ 916,841	\$ 2,000,000
Subtotal, Unit Care Expenditures	\$ 68,290,048	\$ 66,790,561	\$ -	\$ -	\$ 135,080,608	\$ 275,455,165
Psychiatric Care Expenditures						
Salaries	\$ 8,343,758	\$ 9,105,480	\$ -	\$ -	\$ 17,449,238	\$ 35,187,690
Benefits	\$ 2,145,903	\$ 2,198,858	\$ -	\$ -	\$ 4,344,761	\$ 8,761,535
Other Operating Expenses	\$ 67,279	\$ 64,759	\$ -	\$ -	\$ 132,038	\$ 266,264
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 4,114	\$ 7,488	\$ -	\$ -	\$ 11,602	\$ 23,396
Subtotal, Psychiatric Care Expenditures	\$ 10,561,054	\$ 11,376,585	\$ -	\$ -	\$ 21,937,639	\$ 44,238,885
Total Expenditures, Unit & Psychiatric Care	\$ 78,851,102	\$ 78,167,145	\$ -	\$ -	\$ 157,018,247	\$ 319,694,050

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,490,638	\$ 4,543,474	\$ -	\$ -	\$ 9,034,112	\$ 19,055,987
Freeworld Provider Services	\$ 10,000,957	\$ 15,522,785	\$ -	\$ -	\$ 25,523,742	\$ 68,699,414
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,761,936	\$ 38,241,257	\$ -	\$ -	\$ 75,003,193	\$ 150,814,396
Estimated IBNR	\$ 6,606,154	\$ 3,420,131	\$ -	\$ -	\$ 10,026,285	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 57,859,684	\$ 61,727,647	\$ -	\$ -	\$ 119,587,332	\$ 238,569,797

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,221,914	\$ 2,148,510	\$ -	\$ -	\$ 4,370,424	\$ 8,813,285
Benefits	\$ 715,795	\$ 701,280	\$ -	\$ -	\$ 1,417,075	\$ 2,857,638
Other Operating Expenses	\$ 341,998	\$ 410,898	\$ -	\$ -	\$ 752,896	\$ 1,488,772
Pharmaceutical Purchases	\$ 10,530,100	\$ 9,331,984	\$ -	\$ -	\$ 19,862,084	\$ 40,682,872
Travel	\$ 3,054	\$ 2,442	\$ -	\$ -	\$ 5,496	\$ 11,083
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 13,812,860	\$ 12,595,115	\$ -	\$ -	\$ 26,407,975	\$ 53,853,651

Indirect Expenditures (Shared Services)	\$ 3,717,645	\$ 3,780,702	\$ -	\$ -	\$ 7,498,346	\$ 15,139,186
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TOTAL EXPENDITURES	\$ 154,241,291	\$ 156,270,609	\$ -	\$ -	\$ 310,511,900	\$ 627,256,683
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DIFFERENCE	\$ (8,576,645)	\$ (12,364,863)	\$ -	\$ -	\$ (20,941,507)	\$ (42,695,551)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 43
Second Quarter, FY2021

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 159,931,977	\$ 158,174,480	\$ -	\$ -	\$ 318,106,456	\$ 641,700,397
State Reimbursement Benefits	\$ 18,375,827	\$ 18,182,281	\$ -	\$ -	\$ 36,558,108	\$ 74,036,479
Other Misc Revenue	\$ 20,837	\$ 19,199	\$ -	\$ -	\$ 40,036	\$ 68,625
TOTAL REVENUES	\$ 178,328,640	\$ 176,375,960	\$ -	\$ -	\$ 354,704,600	\$ 715,805,500

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 54,296,668	\$ 54,304,205	\$ -	\$ -	\$ 108,600,873	\$ 220,630,145
Benefits	\$ 16,140,045	\$ 16,968,738	\$ -	\$ -	\$ 33,108,784	\$ 66,222,277
Other Operating Expenses	\$ 7,194,720	\$ 5,220,120	\$ -	\$ -	\$ 12,414,840	\$ 26,005,911
Professional Services	\$ 653,879	\$ 712,861	\$ -	\$ -	\$ 1,366,741	\$ 2,733,481
Contracted Units/Services	\$ 2,762,255	\$ 3,116,492	\$ -	\$ -	\$ 5,878,747	\$ 11,588,329
Travel	\$ 264,332	\$ 232,448	\$ -	\$ -	\$ 496,781	\$ 1,050,952
Capitalized Equipment	\$ 638,678	\$ 312,879	\$ -	\$ -	\$ 951,556	\$ 2,226,151
Subtotal, Unit Care Expenditures	\$ 81,950,578	\$ 80,867,744	\$ -	\$ -	\$ 162,818,322	\$ 330,457,246
Psychiatric Care Expenditures						
Salaries	\$ 11,247,058	\$ 11,883,394	\$ -	\$ -	\$ 23,130,452	\$ 46,675,117
Benefits	\$ 2,948,157	\$ 2,965,231	\$ -	\$ -	\$ 5,913,388	\$ 11,898,788
Other Operating Expenses	\$ 105,816	\$ 148,268	\$ -	\$ -	\$ 254,084	\$ 510,357
Professional Services	\$ 236,895	\$ 237,725	\$ -	\$ -	\$ 474,620	\$ 949,240
Travel	\$ 8,972	\$ 11,040	\$ -	\$ -	\$ 20,012	\$ 40,217
Subtotal, Psychiatric Care Expenditures	\$ 14,546,898	\$ 15,245,658	\$ -	\$ -	\$ 29,792,556	\$ 60,073,719
Total Expenditures, Unit & Psychiatric Care	\$ 96,497,476	\$ 96,113,402	\$ -	\$ -	\$ 192,610,877	\$ 390,530,965

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,917,193	\$ 4,970,029	\$ -	\$ -	\$ 9,887,222	\$ 21,060,794
Freeworld Provider Services	\$ 15,510,763	\$ 22,039,882	\$ -	\$ -	\$ 37,550,644	\$ 96,986,642
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,950,257	\$ 41,802,906	\$ -	\$ -	\$ 81,753,163	\$ 165,813,536
Estimated IBNR	\$ 7,695,437	\$ 5,075,638	\$ -	\$ -	\$ 12,771,074	\$ 3,500,000
Total Expenditures, Hospital & Clinical Care	\$ 68,073,648	\$ 73,888,454	\$ -	\$ -	\$ 141,962,103	\$ 287,360,972

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,613,418	\$ 2,650,495	\$ -	\$ -	\$ 5,263,913	\$ 11,100,264
Benefits	\$ 738,726	\$ 725,787	\$ -	\$ -	\$ 1,464,513	\$ 2,952,514
Other Operating Expenses	\$ 393,888	\$ 494,148	\$ -	\$ -	\$ 888,036	\$ 1,834,052
Pharmaceutical Purchases	\$ 12,563,851	\$ 10,591,658	\$ -	\$ -	\$ 23,155,509	\$ 47,394,722
Travel	\$ 3,959	\$ 3,478	\$ -	\$ -	\$ 7,438	\$ 17,466
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 16,313,843	\$ 14,465,566	\$ -	\$ -	\$ 30,779,409	\$ 63,299,018

Indirect Expenditures (Shared Services)	\$ 4,531,752	\$ 4,529,811	\$ -	\$ -	\$ 9,061,563	\$ 18,404,561
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TOTAL EXPENDITURES	\$ 185,416,719	\$ 188,997,233	\$ -	\$ -	\$ 374,413,952	\$ 759,595,516
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DIFFERENCE	\$ (7,088,078)	\$ (12,621,273)	\$ -	\$ -	\$ (19,709,351)	\$ (43,790,016)
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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)						\$ (1,740,000)
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Revenue Reduction - Idling and Closure of Units - FY2021						\$ (3,000,000)
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FY2020 Cost Report Reconciliation						\$ (1,116,703)
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NET DIFFERENCE	\$ (7,088,078)	\$ (12,621,273)	\$ -	\$ -	\$ (19,709,351)	\$ (124,440,607)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Second 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 Second Quarter Fiscal Year (FY) 2021 (December 2020, January, and February 2021), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Estelle (General Population [GP], Extended Cell Block [ECB], Regional Medical Facility [RMF], Substance Abuse Felony Punishment [SAFP]), Jordan, Kegans (Intermediate Sanction Facility [ISF]), Ney State Jail, Ramsey, Stringfellow, Torres and Vance.

- 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 **5** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2021:
 1. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **4** facilities were not in compliance with this requirement:
 - Estelle (ECB) (0%) – Corrective action plan pending
 - Ramsey (50%) – Corrective action plan received and accepted
 - Ney (0%) – Corrective action plan received and accepted
 - Torres (0%) – Corrective action plan received and accepted
 2. 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 **4** facilities were not in compliance with this requirement:
 - Estelle (RMF) (50%) – Corrective action plan pending
 - Jordan (25%) – Corrective action plan received and accepted
 - Ney (33%) – Corrective action plan received and accepted
 - Vance (0%) – Corrective action plan pending
 3. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility to have a HSM-19 completed monthly. The following **3** facilities were not in compliance with this requirement:
 - Estelle (ECB) (20%) – Corrective action plan pending
(GP) (0%) – Corrective action plan pending
(SAFP) (0%) – Corrective action plan pending
 - Ramsey (50%) – Corrective action plan received and accepted
 - Torres (0%) – Corrective action plan received and accepted
 4. Item **6.260** requires HIV positive inmates regardless of CD4 count be referred to the CMC Virology Clinic offered via DMS (UTMB Sector) or the designated physician (Texas Tech Sector) for evaluation for antiretroviral treatment (ART). The following **3** facilities were not in compliance with this requirement:
 - Kegans (50%) – Corrective action plan pending
 - Ney (0%) – Corrective action plan received and accepted
 - Ramsey (67%) – Corrective action plan received and accepted

OPERATIONAL REVIEW AUDIT (CONTINUED)

5. 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 **3** facilities were not in compliance with this requirement:
- Estelle (ECB) (61%) – Corrective action plan pending
(GP) (42%) – Corrective action plan pending
(RMF) (79%) – Corrective action plan pending
 - Kegans (30%) – Corrective action plan pending
 - Torres (60%) – Corrective action plan received and accepted

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).

- During the previous quarter, ORAs for **4** facilities had pending corrective action plans: Beto, Bell, Rudd Intermediate Sanction Facility and Smith. During the Second Quarter FY 2021, **all** were closed.

CAPITAL ASSETS CONTRACT MONITORING

Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. Audits scheduled for the Second Quarter of FY 2021 were postponed due to the ongoing COVID-19 pandemic.

DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2021 (December 2020, January 2021, and February 2021), Dental Quality Review audits were conducted on Urgent Care at the following **35** facilities: Clemens, Goodman, Halbert, Hamilton, Henley, Hightower, Hilltop, Hobby, Hodge, Holliday, Hughes, Huntsville, Hutchins, Jester III, Johnston, Kegans, Kyle, LeBlanc, Lewis GP, Lockhart, Lopez, Luther, Lychner, Marlin, McConnell, Montford, Moore, B., Moore, C., Neal, Roach, Robertson, Rudd, Sanchez, Sayle, and Smith GP.

- **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). **8** of the **35** facilities were not in compliance: **Clemens (60%), Halbert (60%), Henley (60%), Holliday (60%), Hobby (30%), Lockhart (10%), Lopez (10%), and Johnston (0%).**

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2021 (December 2020, January, and February 2021), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,020** correspondences: The PLP received **3,129** and Step II Grievance received **891**. There were **178** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained inmate medical grievances closed in the Second Quarter FY 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 **1%** and **4%** for TTUHSC for the Second 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 Second Quarter of FY 2021, (December 2020, January, and February 2021), the Patient Liaison Program nurses and investigators performed **13** Sick Call Request Verification Audits (SCRVAs) on **11** 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 **117** indicators were reviewed at the **11** facilities and **3** of the indicators fell below the 80 percent compliance threshold, representing **2.6%**. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **11** facilities audited. There was **1** unit 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 inmates as well as new cases that occur within the TDCJ inmate population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens.

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Second Quarter FY 2021, there were **5,751** intake HIV tests performed. Of those tested, **59** inmates were newly identified as having HIV infection. During the same time period, there were **5,051** pre-release tests performed with **0** found to be HIV positive. For this quarter, **4** new AIDS cases were identified.
- There were **383** cases of Hepatitis C identified for the Second Quarter FY 2021. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **338** cases of suspected Syphilis were reported in the Second Quarter FY 2021. **153** 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.
- **271** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2021. For the same time period, **89** 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 Second 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

OFFICE OF PUBLIC HEALTH (CONTINUED)

a SANE. This position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **234** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2021. There were **16** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **69** 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 Second 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, **90** of the **99** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Second Quarter FY 2021, **22** inmates trained to become peer educators. This is an increase from the First Quarter FY 2021 Report. During the Second Quarter FY 2021, **4,122** inmates attended the classes presented by peer educators. This is a decrease from the First Quarter FY 2021.

MORBIDITY AND MORTALITY

There were **184** deaths reviewed by the Mortality and Morbidity Committee during the months of December 2020, January, and February 2021, of those deaths, **0** were referred to peer review committees.

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

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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second 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, **16** of the **18** units were **100%** compliant. **2** of the **18** units did not have an applicable sample. For ATC 5, **16** of the **18** units were **100%** compliant. **2** of the **18** units did not have an applicable sample. For ATC 6, **16** of the **18** units were **100%** compliant. **2** of the **18** units did not have an applicable sample. 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 Second Quarter FY 2021, a total of **77** instances of compelled psychoactive medication administration occurred. There were **28** instances at the Montford unit, **27** 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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

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 within 14 days of identification. Intake Mental Health Evaluation Audits rely on data two months behind the reporting month. These audits are on hold due to preventative measures currently in place, in the intake process, which limit attainment of a reliable sample.

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 Second Quarter of FY 2021, HSL conducted **219** hospital and **42** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the inmate's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **219** hospital discharge audits conducted, **135** were from the UTMB Sector and **84** were from the TTUHSC sector. There were **46** deficiencies identified for UTMB and **34** identified for TTUHSC. Of the **42** infirmary discharge audits conducted, **21** were from the UTMB sector and **21** were from the TTUHSC sector. There were **6** deficiencies identified from UTMB and **7** 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 - **8**
- Health Services Division Pending Medical Research Projects – **2**

CMHCC

Joint Nursing

Working Group Update



June 16, 2021

Members

Deputy Director,
TDCJ Health Services
Division

Chief Nursing &
Quality Officer
TTUHSC Managed
Care

Regional Chief
Nursing Officer,
Northern GSA
UTMB-CMC

Regional Chief
Nursing Officer,
Southern GSA
UTMB-CMC

Objectives

- Shared Communication
- Identify, collaborate, and address systemic nursing issues
- Ensure nursing practice remains within the scope and meets minimal acceptable standards as defined by the Board of Nursing
- Standardize nursing practice through policy and form review, revision, and creation
- Quality Improvement

Deputy Director, TDCJ Health Services Division



- Clinical Services
- Office of Nursing Administration
- Office of Professional Standards
- Office of Health Services Monitoring
- Office of Health Services Liaison
- Office of Public Health

Key Operational Functions

- Quality of Care Monitoring
- Access to Care Monitoring
- Public Health Monitoring
- Operational Reviews
- Liaison (County Jails/Universities/TDCJ)
- Investigate Medical Grievances

Chief Nursing & Quality Officer TTUHSC Managed Care



- Facilities: 23
 - Medical Infirmaries: 3
 - 128-bed medical/surgical unit
 - 1000+ psychiatric beds in 2 inpatient psychiatric facilities
- Full Time Equivalents: 541.69
- Approximately 30,000 adult male patients served

Regional Chief Nursing Officer, Northern GSA UTMB-CMC



- Facilities: 38
 - Infirmaries: 8
 - Beds: 289
 - Sheltered Housing Units: 3
 - Beds: 282
 - Behavioral Health Facilities: 2
 - Capacity: 1,207
- Full Time Equivalents: 885
- Patients Covered: 60,063

Regional Chief Nursing Officer, Southern GSA UTMB-CMC



- Facilities: 41
 - Infirmaries: 8
 - Beds: 252
 - Sheltered Housing Units: 4
 - Beds: 312
 - Behavioral Health Facilities: 1
 - Capacity: 550
 - Dialysis
 - Capacity: 254
- Full Time Equivalents: 888
- Patients Covered: 50,313

Current Initiatives

Joint Nursing Quality Indicator

COVID Encounters

COVID Vaccine

Nursing Staff Challenges

Joint Nursing Quality Indicator

- System Leadership Council Supplemental Indicator
 - Annual TB Screening
 - The audit determines if all inmates receive an annual TB skin test or TB symptom screening in accordance with the CMHC Infection Control Policy B-14.10.



Joint Nursing Quality Indicator

Annual TB Screening Indicator Components:

- If eligible, the patient received a TB skin test within 30 days of the date of incarceration.
- If the TB skin test was placed, was it read 48 to 72 hours after application and documented in the EHR.
- If the patient was ineligible for a TB skin test (prior history of positive TB skin test or due to National TST shortage prioritization), the patient received a TB symptom screen documented on the ICN-TB Interview in the EHR within 30 days of the date of incarceration.
- If the patient refused the TB skin test or TB symptom screen and there is a documented HSM-82 Refusal of Treatment in the patient's medical record, exclude the sample and use the next patient on the DOI list.

Joint Nursing Quality Indicator

CONTINUITY OF CARE WORKSHEET - ANNUAL TB SCREENING

Facility:

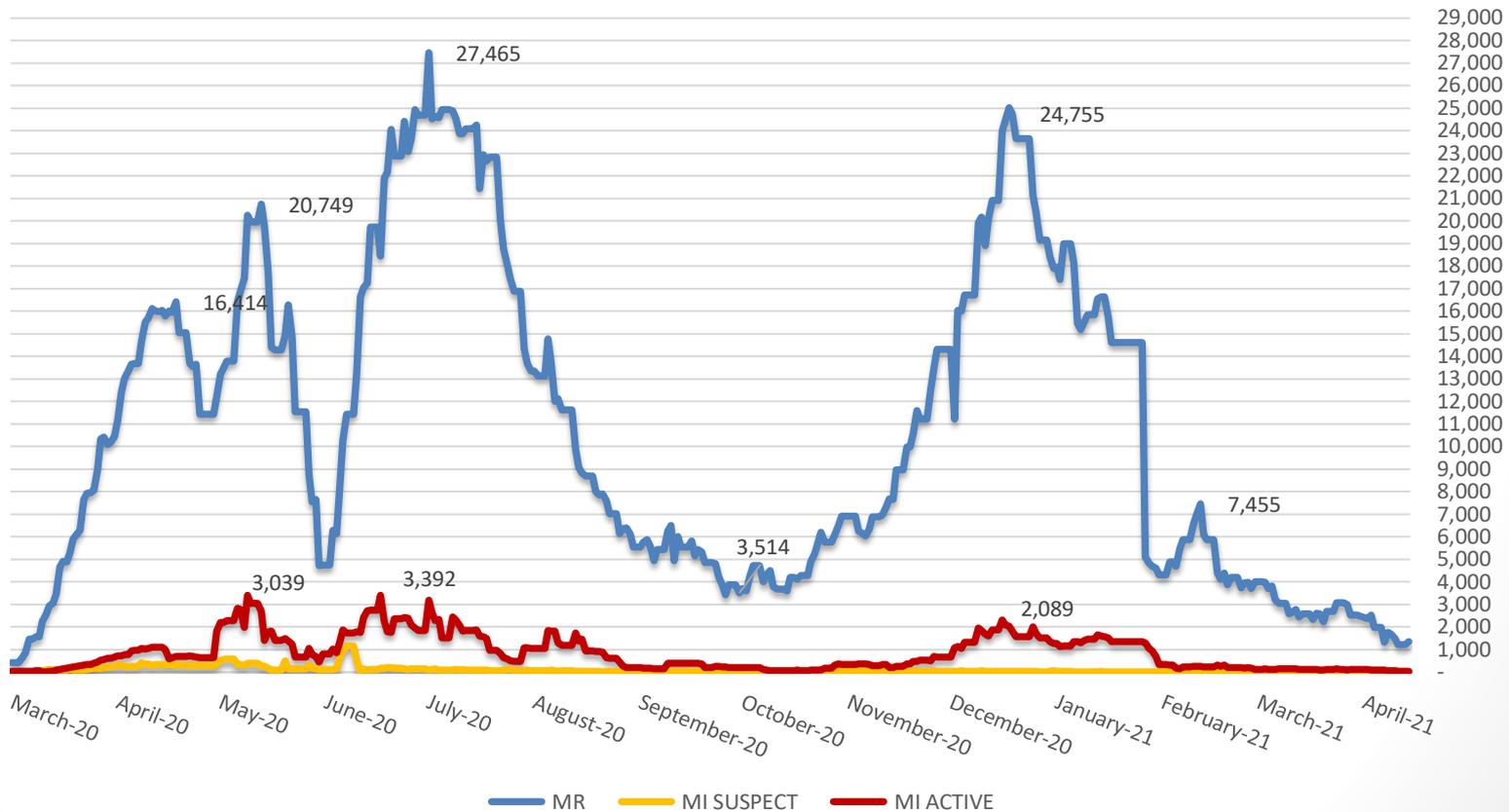
Month/Year Audited: September, 2020 Sample Size 1

Total Pool:

Compliance: 100%					
TDCJ #	PATIENT'S NAME	If eligible, did patient receive a TB skin test within 30 days of the date of incarceration?	If the TB skin test was placed, was it read 48 to 72 hours after application and documented in the EHR?	If the patient was not eligible for a TB skin test, did patient receive a TB symptom screen documented on the ICN-TB Interview in the EHR within 30 days of the date of incarceration?	COMMENTS
		<u>Yes/No/NA</u>	<u>Yes/No/NA</u>	<u>Yes/No/NA</u>	
1	456789	John Smith	Yes	Yes	NA
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COVID Stats – UTMB

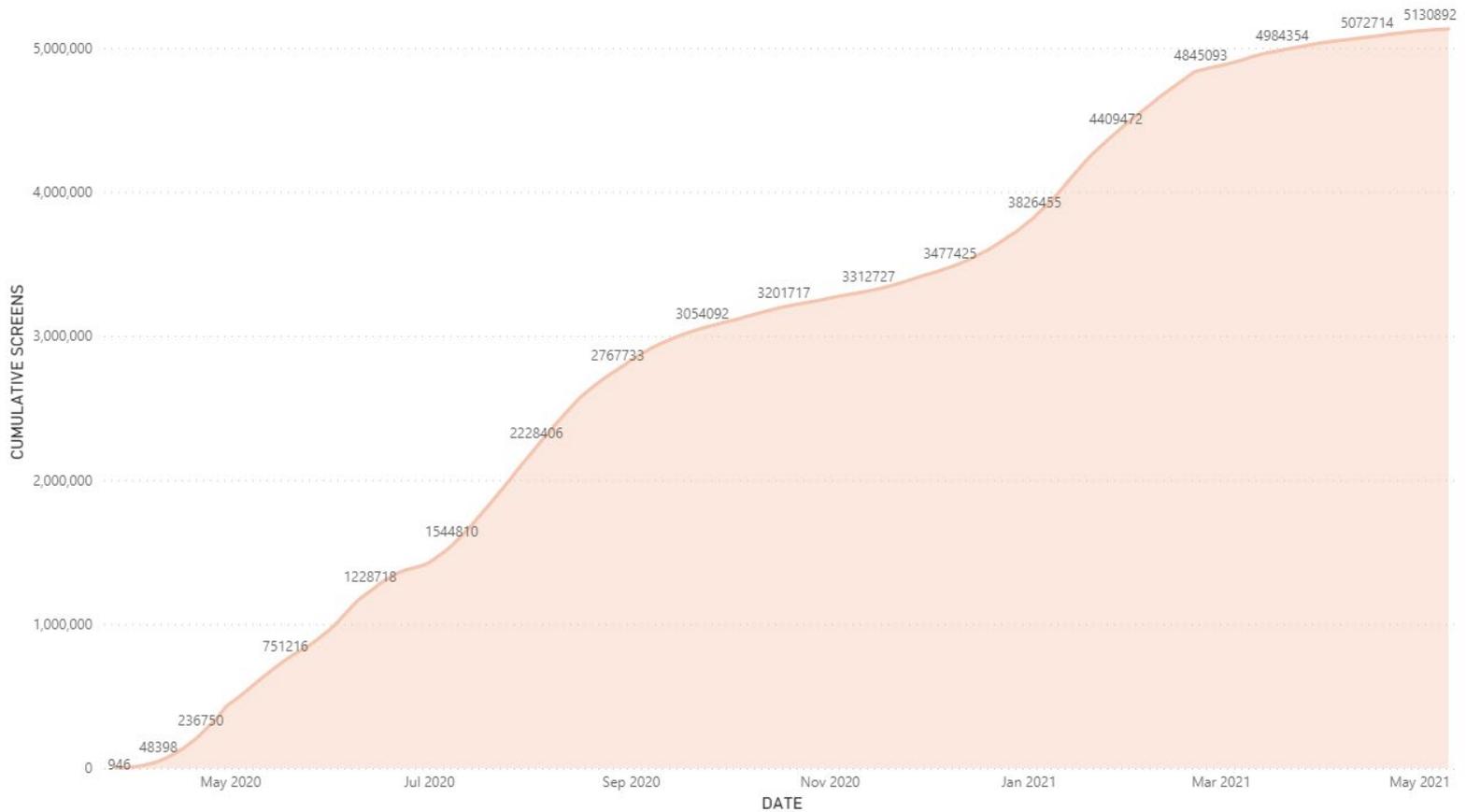
TDCJ Inmate COVID STATS - UTMB Sector
Medical Restriction / Medical Isolation / Medical Isolation Suspect



COVID Stats - UTMB

CUMULATIVE SCREENS

BY DATE

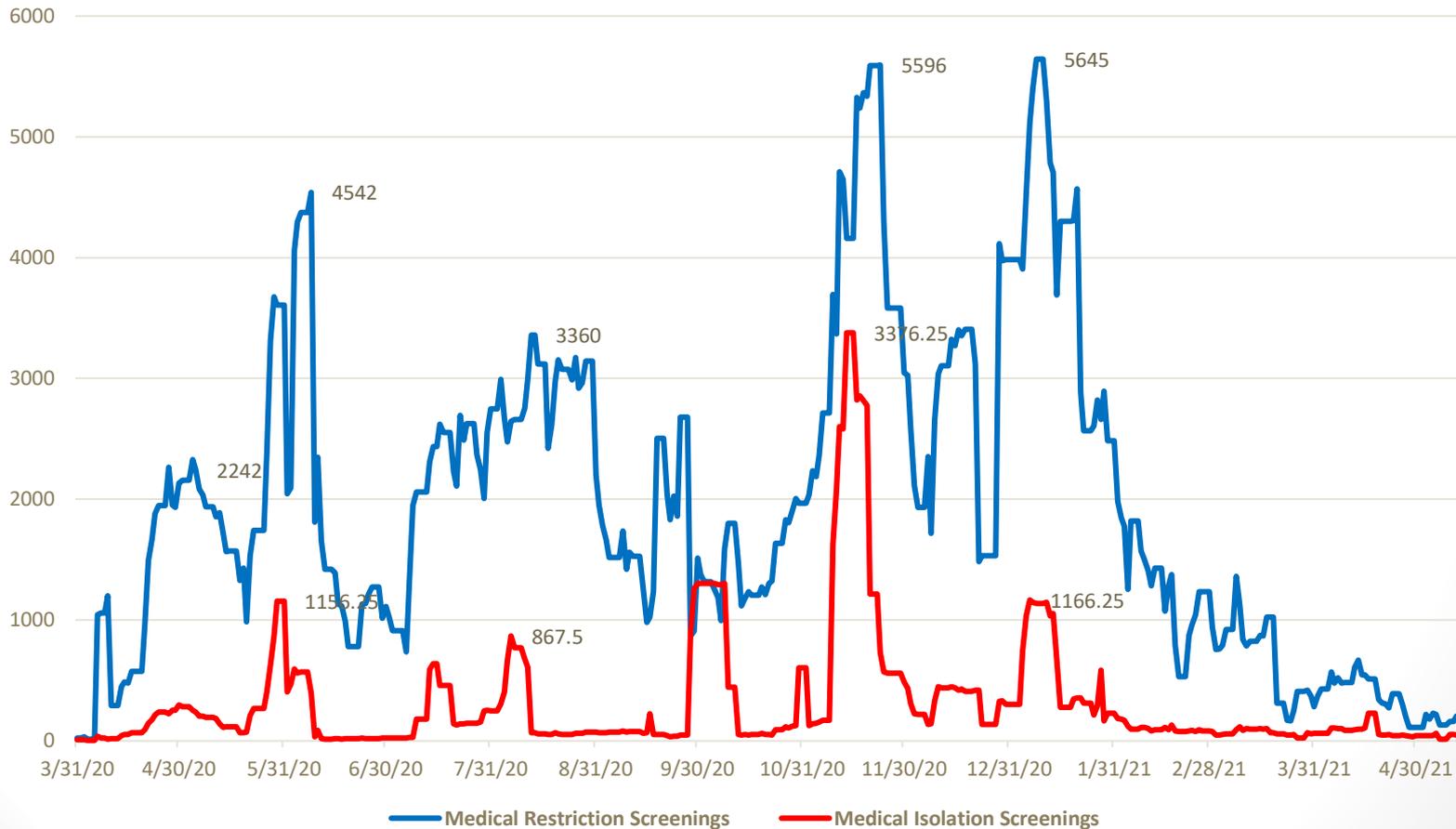


COVID Stats - TTUHSC

- Since March, 2020:
 - Medical Restriction Rounds – 797,487
 - Medical Isolation Rounds – 156,177
 - Total COVID Screening Rounds – 953,664

COVID Stats - TTUHSC

Medical Restriction/Medical Isolation Screening Rounds



COVID Vaccine - UTMB

	UTMB Sector
Total Vaccine Allocations Received	91975
MODERNA Total 1st Vaccine Doses Administered - UTMB	1522
MODERNA Total 2nd Vaccine Doses Administered - UTMB	1545
PFIZER Total 1st Vaccine Doses Administered - UTMB	3
PFIZER Total 2nd Vaccine Doses Administered - UTMB	1
JANSSEN Total Vaccine Doses Administered - UTMB	20
UTMB All Doses Administered	3091
MODERNA Total 1st Vaccine Doses Administered - TDCJ	9442
MODERNA Total 2nd Vaccine Doses Administered - TDCJ	7919
PFIZER Total 1st Vaccine Doses Administered - TDCJ	33
PFIZER Total 2nd Vaccine Doses Administered - TDCJ	15
JANSSEN Total Vaccine Doses Administered - TDCJ	99
TDCJ All Doses Administered	17508
MODERNA Total Inmate Doses	36833
PFIZER Total Inmate Doses	19032
JANSSEN Total Inmate Doses	2138
Inmate All Doses Administered	58003
Grand Total (Vaccines Administered)	78602



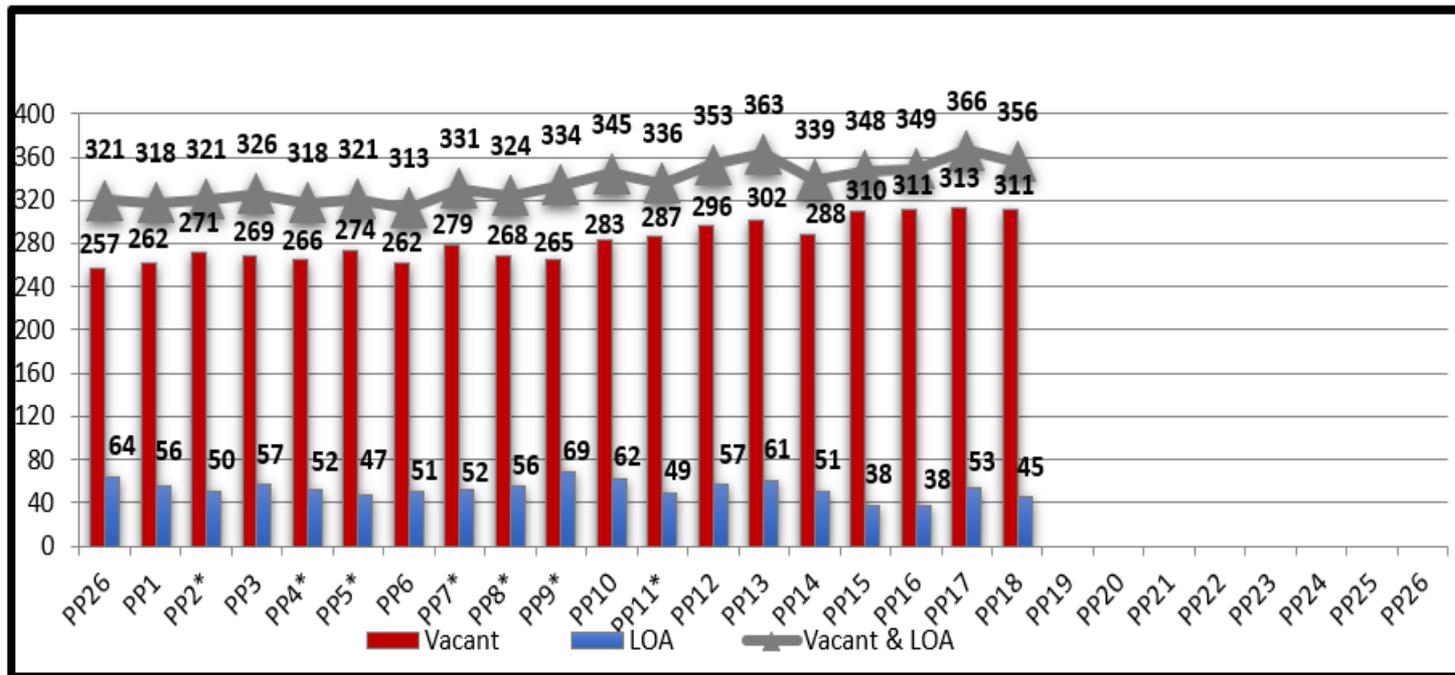
COVID Vaccine - TTUHSC

COVID Vaccine Allocations	
Moderna	12600
Pfizer	3780
J&J	9000
Total Vaccine Doses Allocated	25380

Vaccine Administrations – TTUHSC Sector		
Healthcare Staff	Moderna 1st dose	447
	Moderna 2nd dose	369
	Pfizer 1st dose	1
	Pfizer 2nd dose	0
	J&J	7
	Total	824
TDCJ	Moderna 1st dose	1587
	Moderna 2nd dose	1457
	Pfizer 1st dose	19
	Pfizer 2nd dose	0
	J&J	57
	Total	3120
Inmates	Moderna 1st dose	6777
	Moderna 2nd dose	995
	Pfizer 1st dose	2088
	Pfizer 2nd dose	0
	J&J	3069
	Total	12929
Total Vaccines Administered		16873

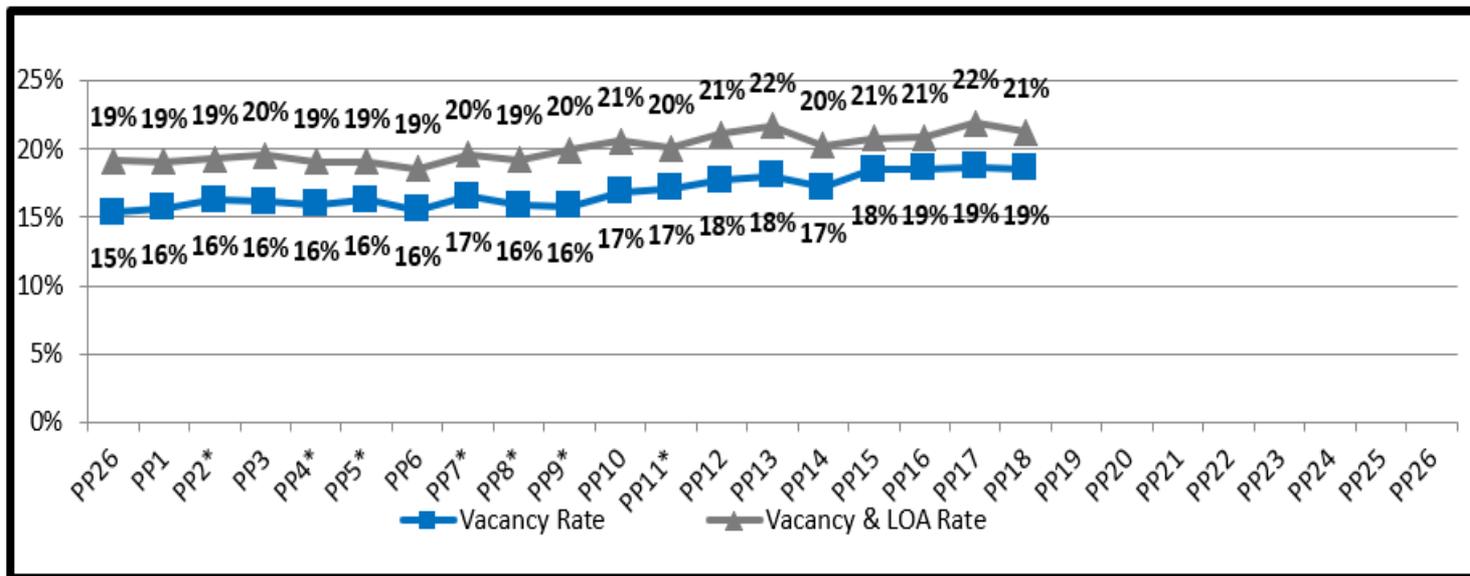
Nursing Stats - UTMB

Total Vacant Nursing Positions



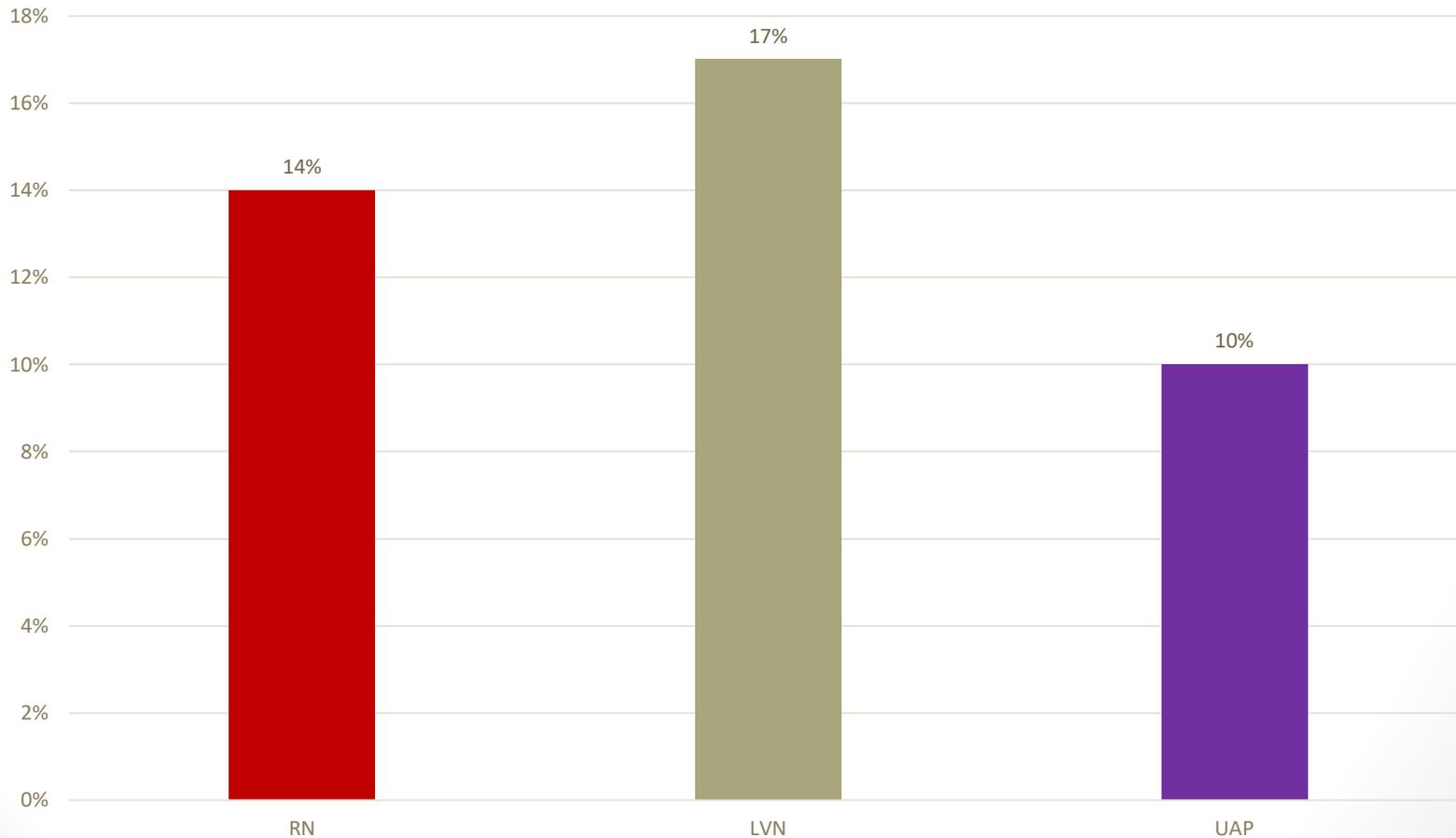
Nursing Stats - UTMB

Total Nursing Vacancy Rates



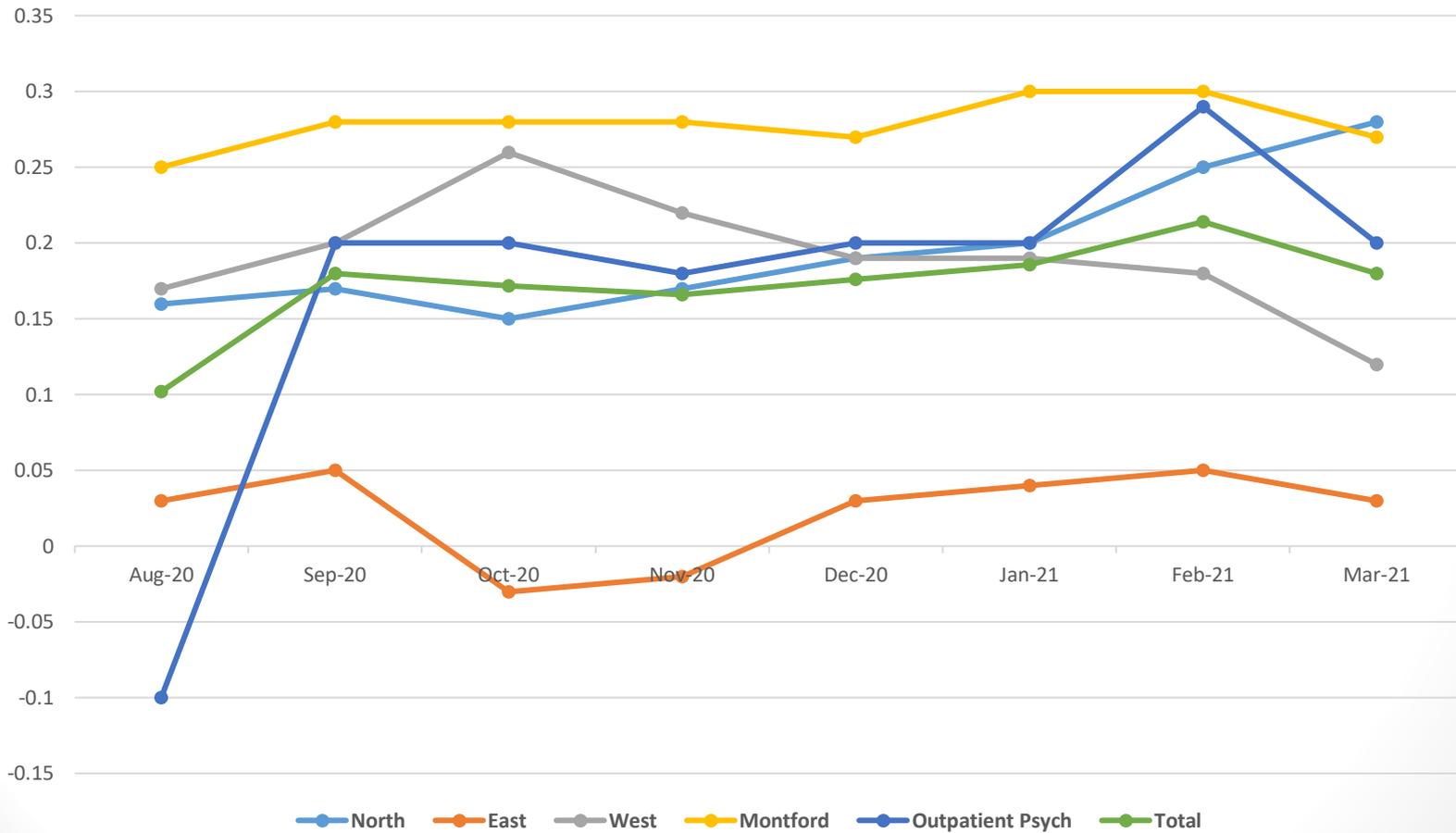
Nursing Stats - UTMB

Projected Voluntary Turnover Separation Rate YTD through March 2021



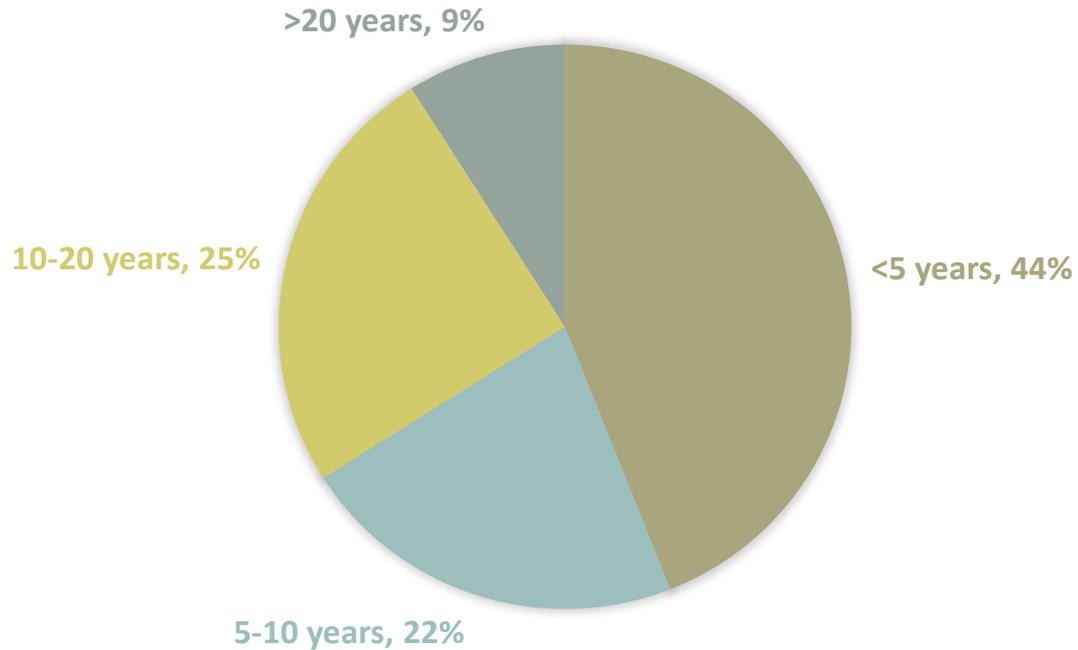
Nursing Stats - TTUHSC

TTUHSC Nursing Services - Vacancy Rates



Nursing Stats - TTUHSC

TTUHSC NURSING SERVICES – YEARS OF SERVICE



Comments or Questions
