

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 8, 2021

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 8, 2021

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, September 15, 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 Fourth Quarter Report
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

- VI. SGLT2i and the Treatment of Diabetes

Stephanie Zepeda, PharmD
Assoc. Vice President, Pharmacy Services
UTMB Correctional Managed Care
- IX. Public Comments
- X. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 15, 2021

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 15, 2021

Chairman: Robert D. Greenberg, M.D.

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Diego De la Mora, M.D., Preston Johnson, Jr., Erin Holt, John Burruss, M.D., Cynthia Jumper, M.D., Jeffrey Beeson, D.O., Michelle Erwin

CMHCC Members Absent: Philip Keiser, M.D.

Location: Zoom Webinar and Teleconference – (877) 226-9790, Access Code: 9971711

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Dr. Robert Greenberg</p>	<p>Dr. Robert Greenberg called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Greenberg acknowledged that all wishing to offer public comment were instructed to register prior to the meeting and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p>		
<p>II. Recognitions and Introductions - Dr. Greenberg</p>	<p>Dr. Greenberg welcomed and thanked everyone for being in attendance. He then moved on to recognitions and introductions. Hearing none, Dr. Greenberg next moved on to agenda item III, Approval of Consent Items.</p>		
<p>III. Approval of Consent Items - Dr. Greenberg</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 16, 2021 	<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 June 16, 2021 meeting – Dr. Cynthia Jumper, Dr. Jeffrey Beeson and Dr. Philip Keiser.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 16, 2021 meeting. Dr. Greenberg asked if there were any corrections, deletions or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - Dr. Greenberg <ul style="list-style-type: none"> - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities <p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Rebecca Waltz 	<p>The third consent item was the approval of the Fiscal Year (FY) 2021 Third Quarter TDCJ Health Services Monitoring Report.</p> <p>The fourth consent item was the approval of the FY 2021 Third 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 Third Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Third 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 it is projected throughout the year and is revised each quarter.</p>	<p>Dr. Burruss asked if the projections listed are adjusted based on actual costs throughout the year, or if they are based on what is budgeted at the beginning of the fiscal year and carried forward.</p>	<p>Dr. John Burruss made a motion to approve all consent items, and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (cont.) - Ms. Waltz</p>	<p>Ms. Waltz answered there is a summary of the population and expenditures and the resulting cost per day from FY2017 forward on page 83 of the agenda book. Ms. Waltz noted that each year the cost has increased.</p> <p>Ms. Waltz answered that on average health care costs rise around four to five percent each year. In looking at the cost per inmate per day, the population would be the denominator of the calculation, which may decrease, but the expenditures don't necessarily decrease which drives the cost per day. The increase is driven by the rising cost of health care in general, and the over 55 population.</p>	<p>Dr. Greenberg asked how the cost per inmate per day compares to previous years.</p> <p>Mr. Preston Johnson asked if the cost per inmate per day from the 4-year average to current, which reflects approximately a 25% cost increase, is typical or if it is due to something specific.</p> <p>Mr. Johnson stated that with COVID-19 restrictions, he would have expected to see costs down as opposed to up.</p> <p>Dr. Owen Murray answered that while there was a decline in outpatient and specialty care, they saw an increase in hospitalizations and inpatient care.</p> <p>Dr. Lannette Linthicum shared that over the course of the pandemic at the unit level, nursing staff completed over 6 million encounters. The facility workload dramatically increased during the pandemic, and in fact other disciplines assisted with the rounding that was required throughout the pandemic.</p> <p>Dr. Denise DeShields pointed out that on the graph on page 82 of the agenda book, even though the total population decreased dramatically, the population of inmates over 55, who typically tax the system more, didn't decrease.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 Third Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2021 Third 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 answered yes, they are tracked through the Office of Health Services Monitoring. There is a schedule of which audits are due at which facilities each fiscal year. Operational Review Audits, which are statutorily required, occur once every three years at each unit. These audits are conducted on-site. Every unit also goes through a reaccreditation audit through the American Correctional Association every three years, which are also conducted on site. In addition, the Quality Improvement Quality Management (QIQM) Program, requires all units to report quality of care indicators monthly, including access to care. A unit report card is maintained for each facility which is followed and is also discussed in the Joint QIQM Meeting. Anytime there is a pattern identified, additional measures are put in place. This can be in the form of weekly monitoring or a special audit.</p> <p>Dr. Linthicum reported they are struggling through an unprecedented nursing vacancy rate. They recently had a meeting to brainstorm and come up with some items to mitigate this nursing crisis. They are looking at the medical assistant model for outpatient clinics to see if that model can be incorporated into outpatient ambulatory clinics.</p>	<p>Dr. Jeffrey Beeson asked if there is a mechanism in place to track the units that are showing up frequently as being required to submit corrective action plans.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates (cont.) - Dr. Linthicum</p>	<p>Dr. Linthicum answered yes, and many of the facilities are in counties or areas of the state that are designated as medically underserved areas and as health professional shortage areas. In addition, most facilities are not in metropolitan areas where you have a greater ability to recruit, but in these medically underserved areas. They are also facing the issue of an aging workforce and long-term employee retirements. They are focusing first on the nursing shortage, who as first responders drive the system.</p> <p>Dr. Linthicum answered that the TDCJ Command Center keeps the numbers current on the TDCJ website.</p>	<p>Dr. DeShields reported that there is currently a nationwide nursing dilemma. They are trying to be innovative to solve this issue. Unfortunately, there are a limited number of persons who are looking for nursing positions.</p> <p>Dr. Murray reported that salary is driving the market and funding for increases was not received. In addition to that, they used to be able to fill in at least some of the vacancies with agency nurses which is no longer the case.</p> <p>Mr. Johnson asked about mental health becoming a concern when looking at staffing shortages.</p> <p>Dr. DeShields added that they experienced an approximately 35% vacancy rate in mental health and that puts an enormous burden on an already taxed system. While nursing is the primary focus right now, mental health is not far behind.</p> <p>Dr. Beeson asked about the current COVID-19 numbers.</p> <p>Dr. Beeson asked how offsite deaths or deaths at community hospitals are handled.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates (cont.) - Dr. Linthicum</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p>	<p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Murray to present the report for the University of Texas Medical Branch (UTMB).</p> <p>Dr. Murray reported that all of the early work by the partnering agencies has paid off with the current surge and delta variant. The delta variant has been taxing freeworld hospitals and they have not added significantly to that burden with this surge. They have continued providing education and offering the COVID-19 vaccine.</p>	<p>Mr. Johnson asked if the acceptance rates for the COVID-19 vaccine have improved.</p> <p>Dr. Linthicum answered that on the TDCJ side they have not had a significant increase in the rates among employees. They have continued with the educational campaign. At this time weekly rapid testing is being done, in addition to the mitigation measures already in place.</p> <p>Dr. DeShields reported that they are seeing an increase in inmate vaccination rates.</p>	
<p>VI. Biennial Review and Adoption of the Inmate Health Services Plan - Dr. Murray</p>	<p>Dr. Greenberg thanked Dr. Murray for his report and then called on him to begin the presentation of the Biennial Review and Adoption of the Inmate Health Services Plan.</p> <p>Dr. Murray reported that Inmate Health Services Plan was developed collectively between the three partner agencies in 2003. It provides a broad definition of the services that are provided and to some extent the services that are not provided. It gives a framework for providers, the legislature and the public in terms of what health services are really being delivered to the inmate population that are cared for.</p> <p>Dr. Murray reported each biennium the plan is reviewed, revisions are made, as needed and it is brought before the CMHCC to review and consider adopting. The revisions that were made to the plan this biennium are the removal of the word offender and replacement with inmate, Fecal Immunochemical Testing, Mammogram and Pelvic Exam & Pap Smear were updated to reflect policy change.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Biennial Review and Adoption of the Inmate Health Services Plan (cont.) - Dr. Murray</p> <p>VII. Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview - Mr. Ron Steffa</p>	<p>Dr. Murray continued other changes were grammatical and formatting.</p> <p>Dr. Greenberg thanked Dr. Murray and asked if anyone had any questions or comments about the Inmate Health Services Plan. Hearing none, Dr. Greenberg asked for a motion to approve the Inmate Health Services Plan</p> <p>Dr. Greenberg thanked Dr. Murray and then called on Mr. Ron Steffa to begin the presentation of the Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview.</p> <p>Mr. Steffa reported the presentation will focus on providing the CMHCC with an understanding of the key changes for the Correctional Managed Health Care (CMHC) FY2022-2023 biennium contracts between TDCJ and UTMB and between TDCJ and TTUHSC.</p> <p>Mr. Steffa reported the geographical areas of responsibility have not changed. They have experienced a decrease in the overall inmate population and have closed and idled some units.</p> <p>Mr. Steffa reported the funding for CMHC is appropriated to the TDCJ through the General Appropriations Act in three strategies. The three strategies are Unit and Psychiatric Care, Hospital and Clinic Care and Managed Health Care Pharmacy.</p> <p>Mr. Steffa explained the CMHC contract process. Any applicable changes in the government code or the rider are incorporated into the contracts and then each partner agency is given the opportunity to review and recommend changes to the contract.</p>		<p>Mr. Johnson made a motion to approve the Inmate Health Services Plan, Dr. Jumper second the motion, which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview (cont.) - Mr. Ron Steffa</p>	<p>Mr. Steffa continued, after all of the changes are incorporated the contracts are distributed out and each entity establishes a review team and then upon approval, they are signed by each of the three entities.</p> <p>Mr. Steffa reported the changes to the contract for the biennium were minimal. The same level of services as prior contracts with changes to the biennial funding, supplemental appropriation and operational reviews which will incorporate more of a risk-based compliance approach.</p> <p>Mr. Steffa reported FY 2022-23 funding for CMHC totals \$1.36 billion, representing an increase from the FY 2020-21 biennial funding level. Additional funding was provided for maintaining operations in the amount of \$60 million, which is partial funding of the request, and \$21.5 million for information technology to be used to replace the electronic health record that is managed by UTMB, but is utilized by all three agencies.</p> <p>Mr. Steffa reported that UTMB is eligible for 340b pricing which provides a substantial savings to the state.</p>	<p>Dr. De la Mora asked if anyone has looked into other possibilities related to medication to lower costs. Specifically, the subscription-based model.</p> <p>Dr. Linthicum shared the subscription-based model is available as an expansion of the affordable care act. Texas has not opted into the programs expansions.</p> <p>Dr. Murray shared they do negotiate some pricing on quite a few medications. It is an area that has been thoroughly evaluated.</p>	

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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) - Ms. April Zamora</p>	<p>Dr. Greenberg thanked Mr. Steffa and then called on Ms. April Zamora to begin the presentation of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI).</p> <p>Ms. April Zamora began with the mission statement of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), “to provide a formal structure of criminal justice, health and human service and other affected organizations to communicate and coordinate on policy, legislative and programmatic issues affecting offenders with special needs”. Special needs includes clients with serious, chronic and pervasive mental illness, intellectual disabilities and those who are over 65.</p> <p>Ms. Zamora reported Texas is one of the first states having mandates for coordinating things for inmates with special needs. Texas is the only state with medical/mental health continuity of care legislation that does not require a release of information to be signed. Texas is one of the few states with targeted funds for juvenile and adult clients with special needs and with specialized juvenile and adult probation/parole caseloads. Texas is the most proactive state in regulatory, statutory, procedural and programmatic practices for clients with special needs.</p> <p>Ms. Zamora reported TCOOMMI is under the umbrella of the TDCJ Reentry and Integration Division. TCOOMMI was established in 1987 and is enabled by Health and Safety Code, Chapter 614. TCOOMMI provides juvenile continuity of care through a spectrum of probation case management, mental health diversion, Court resources and they also handle the wrongfully imprisoned persons program. They do prerelease screen and referral to aftercare treatment resources for those inmates that are referred from CID, SAFPF, local jails or other referral sources. They have compliance monitors that coordinate and implement continuity of care systems for their clients.</p>		

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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) (cont.) - Ms. Zamora</p>	<p>Ms. Zamora reported they provide service coordination and benefit coordination for veterans. They do compensation and benefits exams and coordinate those with the VA. They do reinstatement applications for social security and Medicaid or Medicare for those who are eligible. They provide post release coordination and collaboration with clients and community supervision officers to include probation and parole.</p> <p>Ms. Zamora reported TCOOMMI funds a continuity of care program designed to provide a responsive system to serve justice involved individuals under community supervision with mental health services. Referrals are generated through a prerelease screening and identification process, and they refer to all 39 Local Mental Health Authorities (LMHAs).</p> <p>Ms. Zamora reported the TCOOMMI re-incarceration rate is 15.5%. Those in the TCOOMMI program are paired with a probation or parole partner and they are involved in the intensive case management program.</p> <p>Ms. Zamora answered that when looking at parole and probation clients, the base rate is 20.3%. When looking at TCOOMMI rates, they are those who have been diagnosed with a severe persistent mental illness, who have remained on the caseload for one year and have stayed engaged within their treatment protocol and did not return to TDCJ. If they end up in a county facility, they will try to work towards some sort of diversion program and reengage them into treatment.</p> <p>Ms. Zamora reported for assessment purposes they utilize the tools also used by the Health and Human Services Commission (HHSC). Adult Needs and Strengths Assessment (ANSA) for adults and for juveniles they utilize the Child and Adolescent Needs and Strengths (CANS). They also utilize the Texas Risk Assessment System (TRAS).</p>	<p>Dr. Greenberg asked what the baseline re-incarceration rate is for TDCJ. And, if that baseline rate includes county facilities or just TDCJ.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) (cont.) - Ms. Zamora</p>	<p>Ms. Zamora reported TCOOMMI continuity of care services for mental health can last 90 days unless they are able to authorize more. They pay for the medication costs post release and if they qualify for intensive case management, they can keep them in TCOOMMI programs for up to two years.</p> <p>Ms. Zamora reported on the collaborative efforts in TCOOMMI. They collaborate with UTMB and TTUHSC and TDCJ Health Services to coordinate continuity of care. They also have a criminal justice liaison in every parole office. These liaisons provide community case management and work on linking clients to skilled living facilities and other health care agencies.</p> <p>Ms. Zamora reported on the medical coordination services offered. Eligible inmates have significant or serious medical condition, terminal illness, physical disability and/or those who are elderly. They must be releasing from custody as parole approved, flat discharge, ISF or SAFPF. Typically planning begins approximately three months prior to release. They look at the electronic health record for the medical condition(s) to see if this is impacting daily living in three or more functional areas.</p> <p>Ms. Zamora reported on the Medically Recommended Intensive Supervision (MRIS) program. This program provides for early parole review and release of certain categories of inmates who are 65 and older, intellectually disable, long term care, mentally ill, physically handicapped and/or terminally ill. The purpose of the program is to release inmates, who pose minimal safety risk, from incarceration to more cost-effective alternatives.</p> <p>Ms. Zamora reported that inmates on death row, sentenced to life without parole, are already parole approved, are not US citizens, SAFPF inmates and ISF inmates are not eligible for MSRS. Inmates with a “3G” offense must meet criteria for long term care or terminally ill, and sex offenders must be “in a persistent vegetative state or being a person with an organic brain syndrome with significant to total mobility impairment”.</p>		

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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) (cont.) - Ms. Zamora</p> <p>IX. Public Comments - Dr. Greenberg</p>	<p>Ms. Zamora reported after referral for the MRIS program, eligible inmates are presented to the Board of Pardons and Paroles or the sentencing State Jail Judge. If approved TCOOMMI notifies the inmate, the unit medical staff and the referral source. After approval and notification continuity of care release planning is started. If the inmate is denied they remain in custody and may be eligible for review again under MRIS if their condition changes.</p> <p>Ms. Zamora answered they are assigned to a parole or probation officer after release and that will continue for the duration of their sentence. For those released to a nursing home or skilled care facility they will be monitored for the duration. If they are released to a family member, they are monitored by TCOOMMI for 90 days for stability. The family or parole officer could request additional coordination for anything that may be needed past that.</p> <p>Ms. Zamora answered definitely on the mental health side it has made a definitive difference, on the medical side it is harder to say since those measurements aren't kept.</p> <p>Dr. Greenberg thanked Ms. Zamora 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 asked if released through the MRIS program, how long they are followed.</p> <p>Ms. Erin Holt asked if Ms. Zamora feels these programs have lessened the incarceration rate.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
X. Adjourn	<p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for December 8, 2021 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:44am.</p>		

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

 Date

Consent Item

TDCJ Health Services
Monitoring Reports



TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

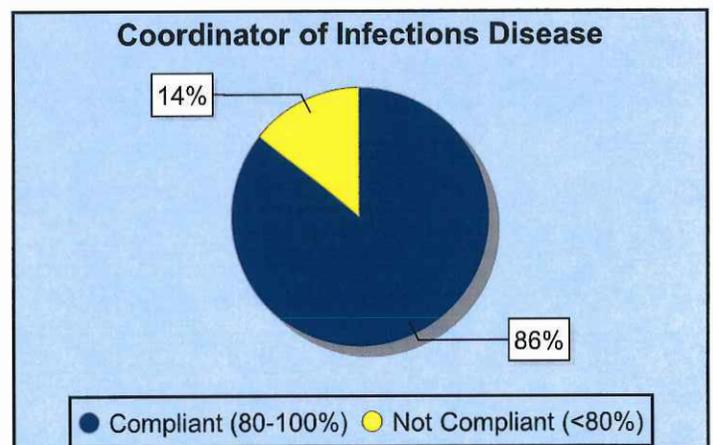
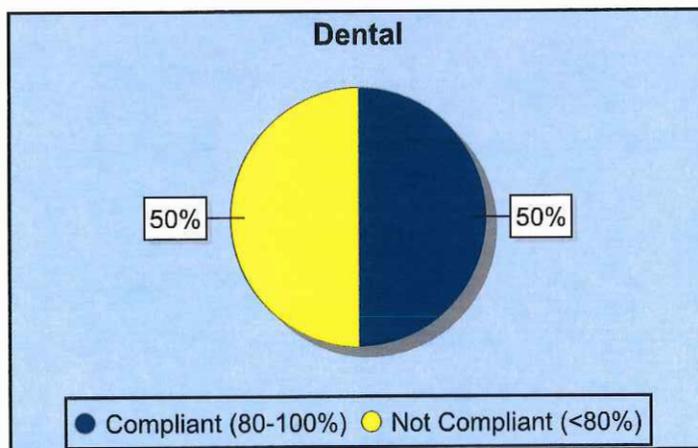
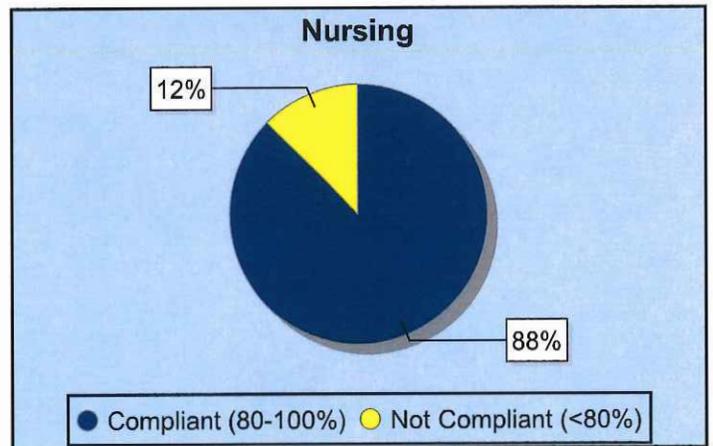
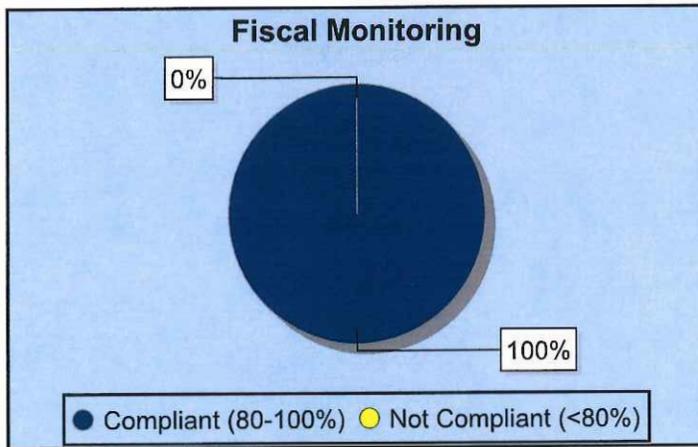
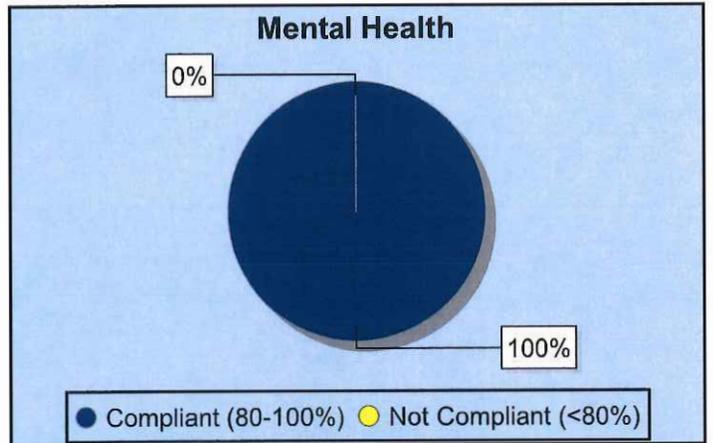
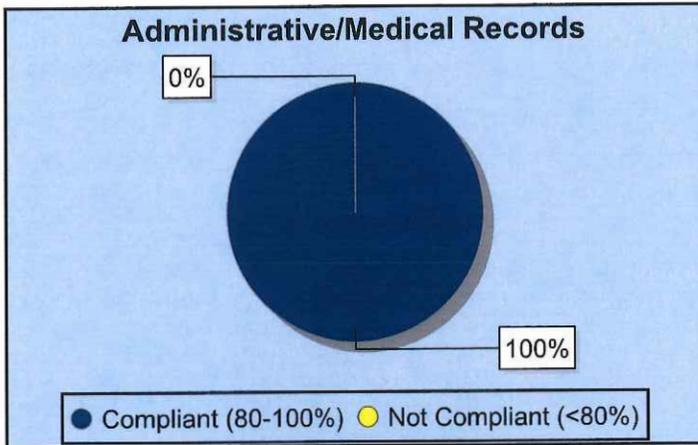
**Fourth Quarter, Fiscal Year 2021
(June, July, and August 2021)**

Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2021
June 2021 - August 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	
Eastham	31	30	97%	11	8	73%	24	20	83%	2	2	100%	16	14	88%	2	2	100%
Estes	30	28	93%	11	11	100%	24	20	83%	2	2	100%	2	1	50%	2	2	100%
Goodman	31	30	97%	8	8	100%	17	16	94%	2	2	100%	2	2	100%	2	2	100%
Henley	30	30	100%	16	14	88%	14	12	86%	2	1	50%	12	12	100%	2	2	100%
Hightower	31	30	97%	11	11	100%	30	21	70%	2	2	100%	14	13	93%	2	2	100%
Huntsville	31	31	100%	11	8	73%	19	14	74%	2	1	50%	14	12	86%	2	2	100%
Sayle	25	25	100%	10	10	100%	18	17	94%	2	2	100%	2	2	100%	5	5	100%
Young	31	27	87%	14	6	43%	26	13	50%	1	1	100%	12	11	92%	2	2	100%

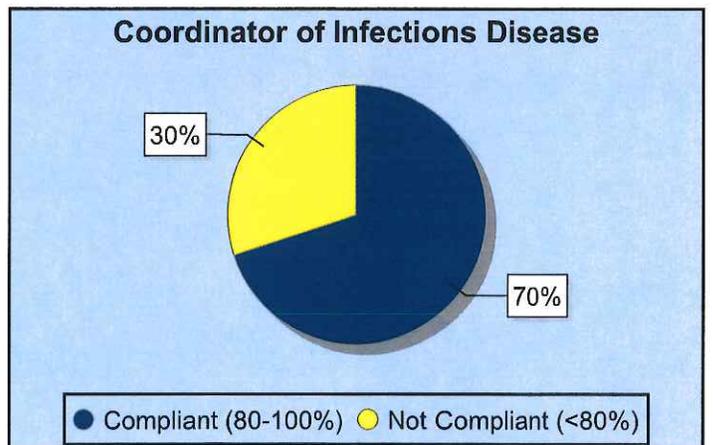
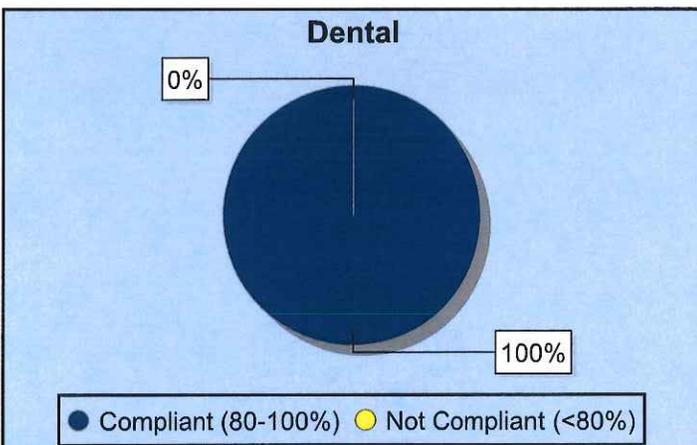
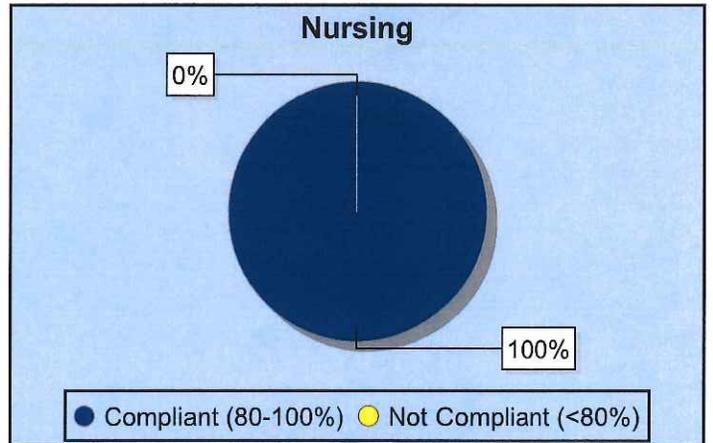
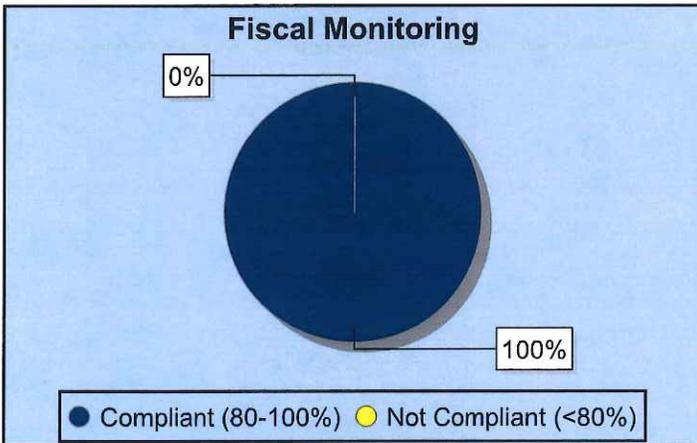
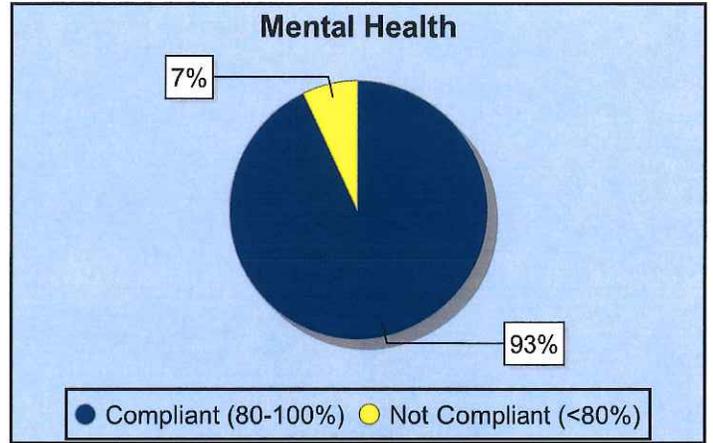
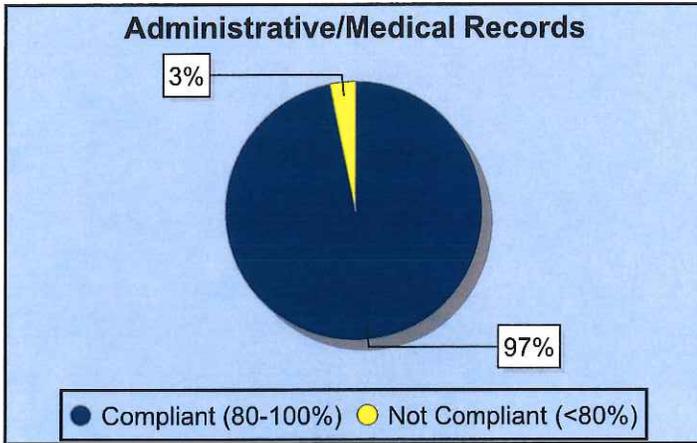
n = number of applicable items audited.

Compliance Rate By Operational Categories for
HENLEY FACILITY
June 02, 2021



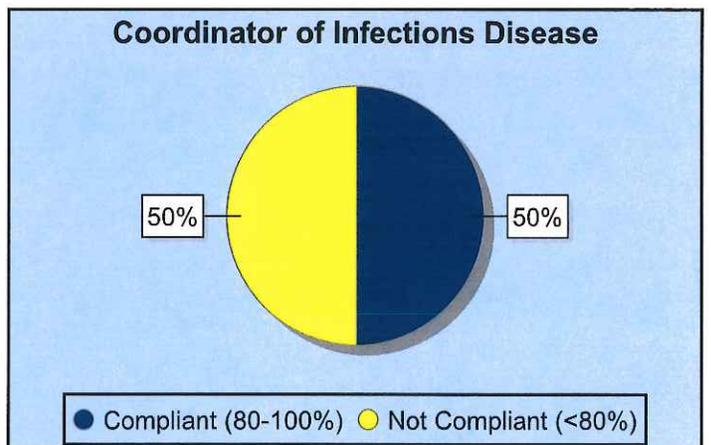
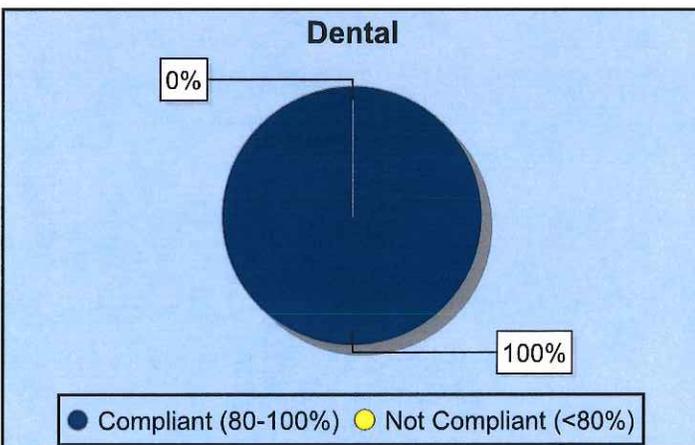
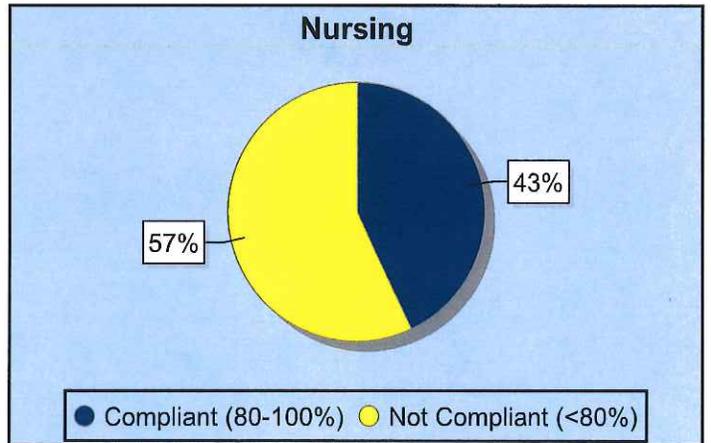
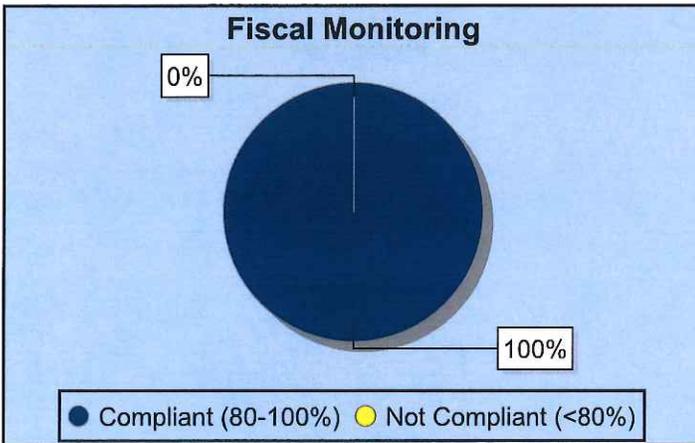
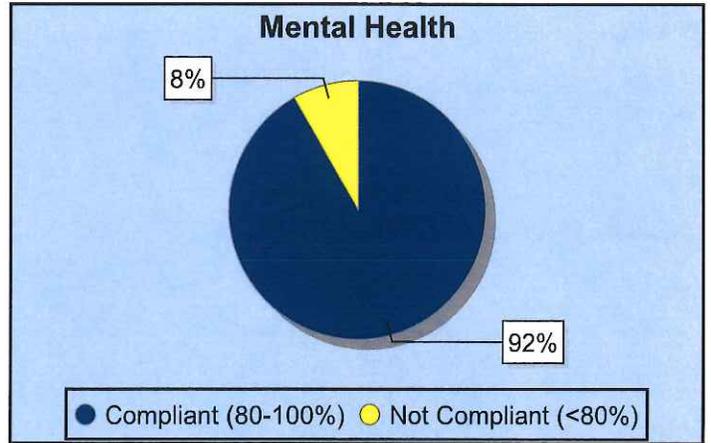
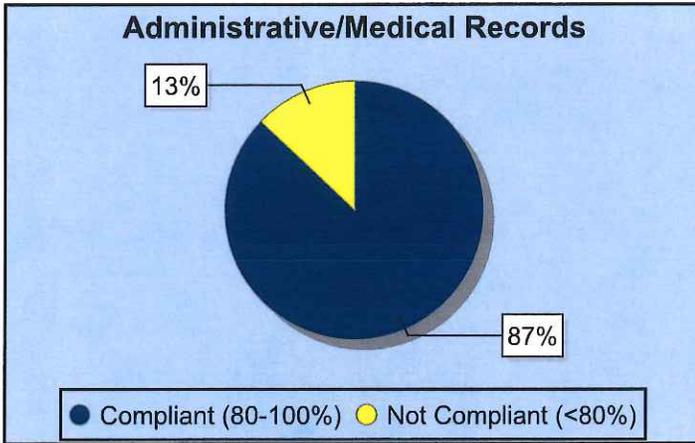
Compliance Rate By Operational Categories for HIGHTOWER FACILITY

June 02, 2021

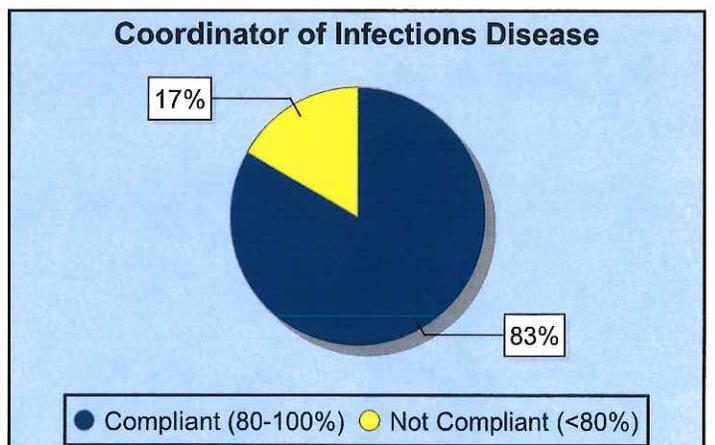
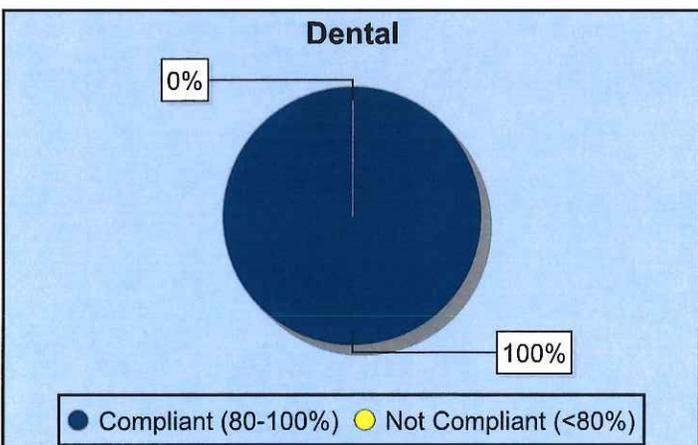
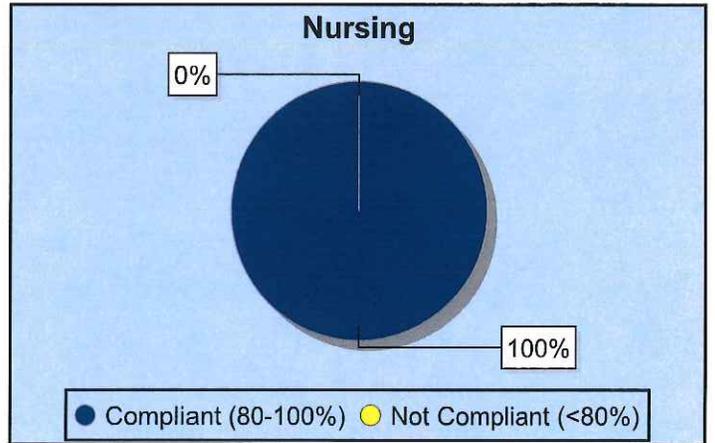
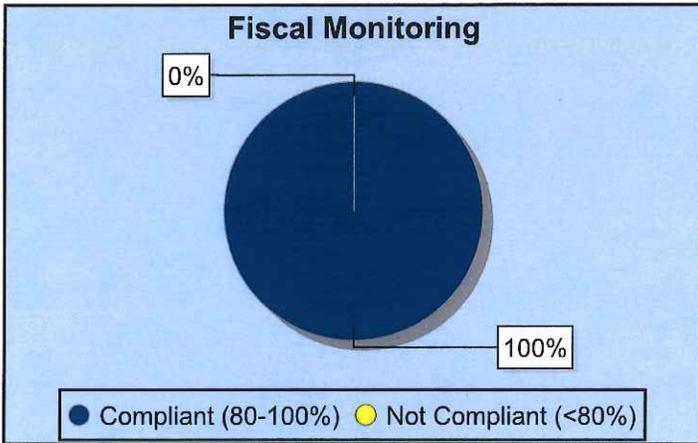
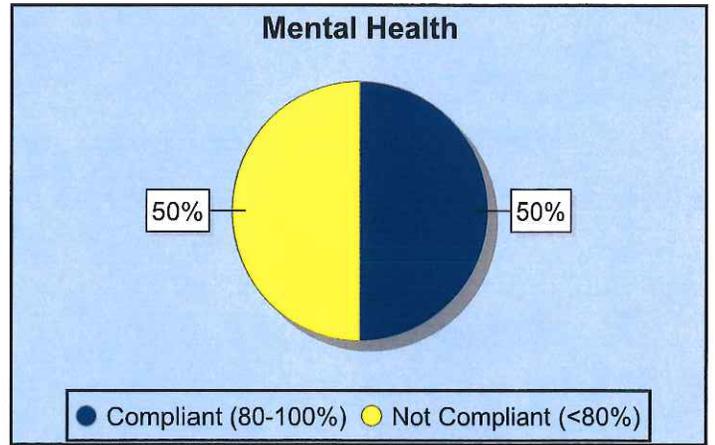
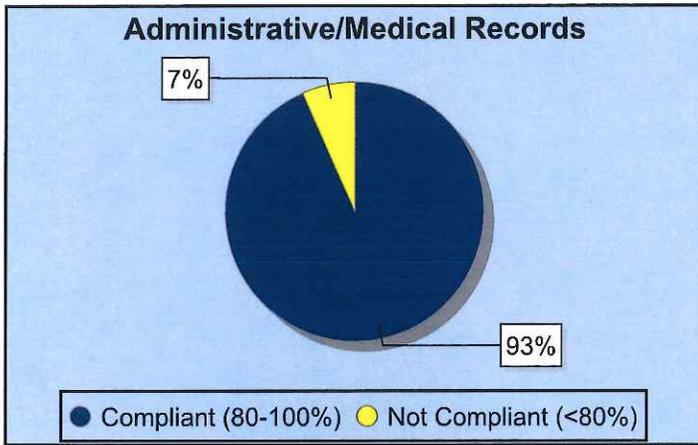


Compliance Rate By Operational Categories for YOUNG FACILITY

June 03, 2021

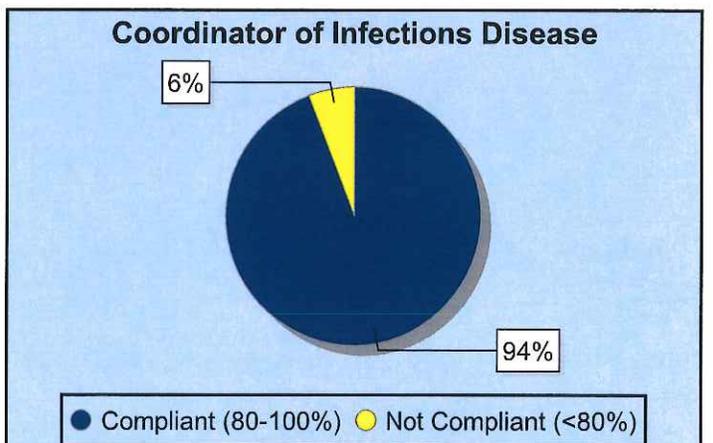
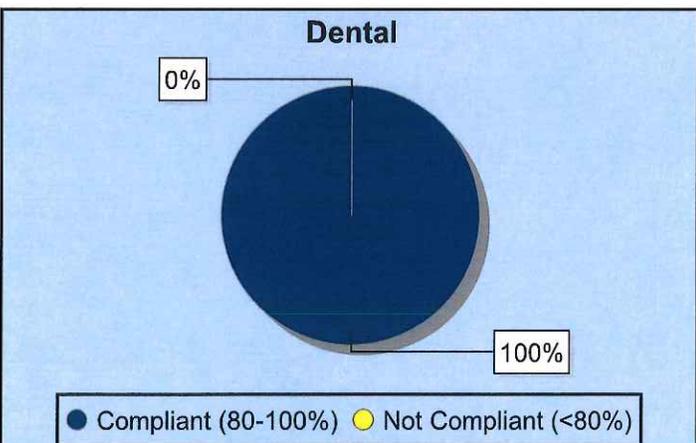
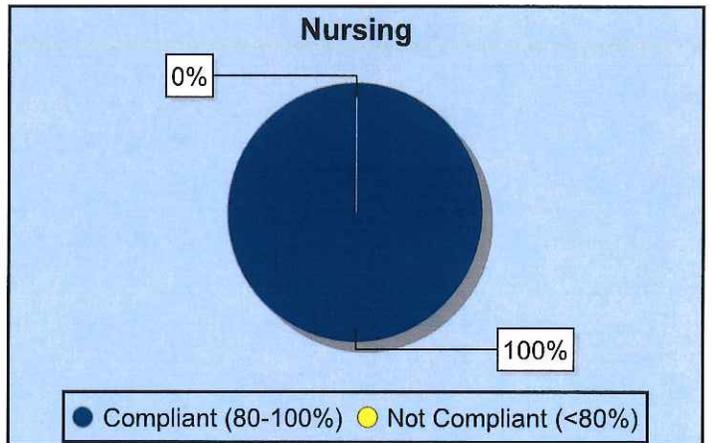
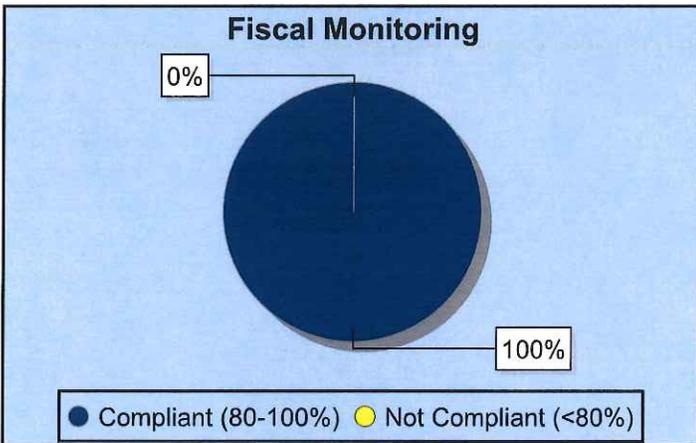
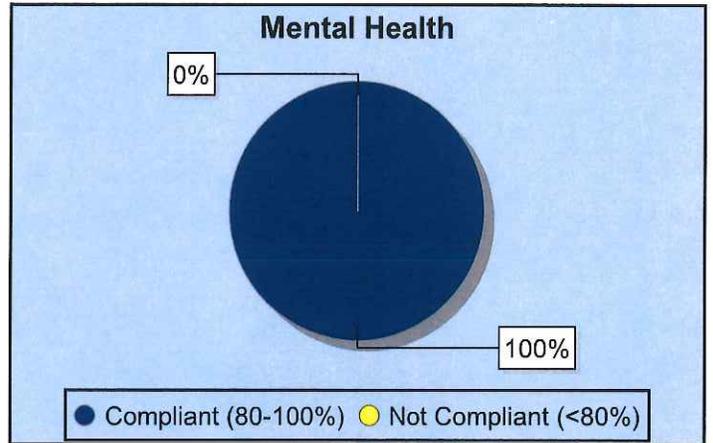
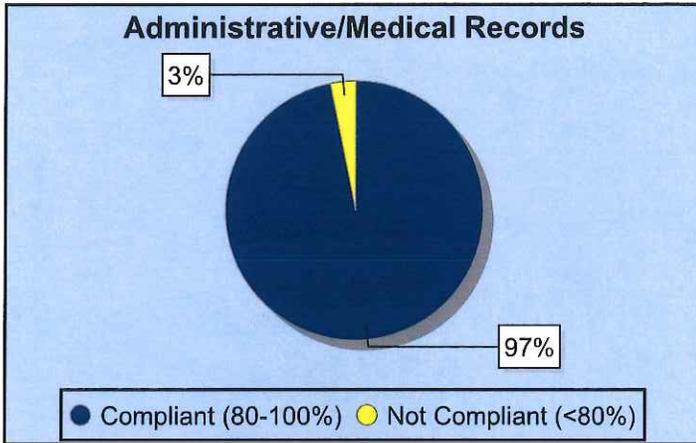


Compliance Rate By Operational Categories for
ESTES (VENUS) FACILITY
July 05, 2021

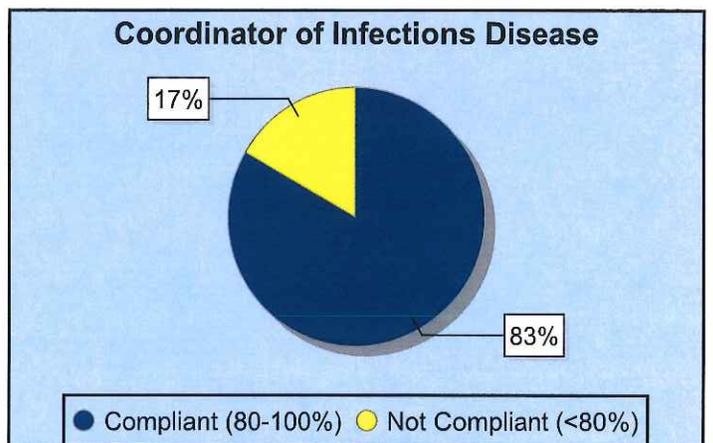
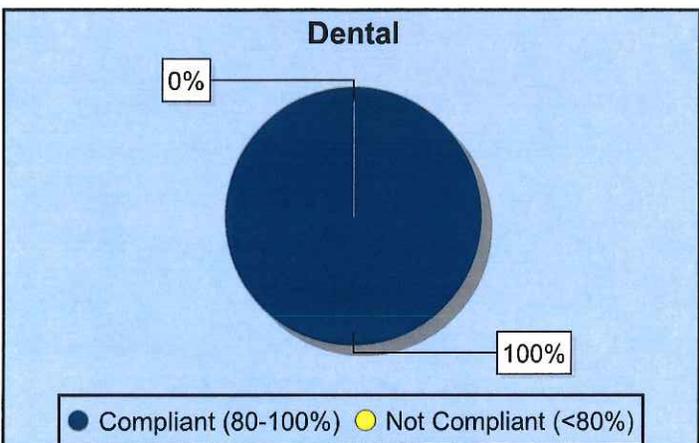
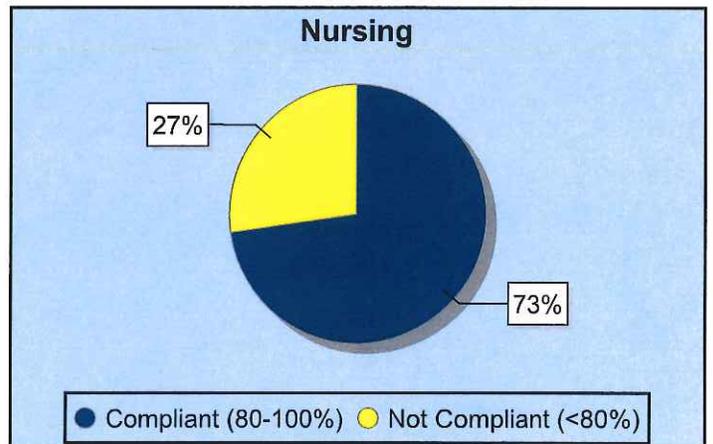
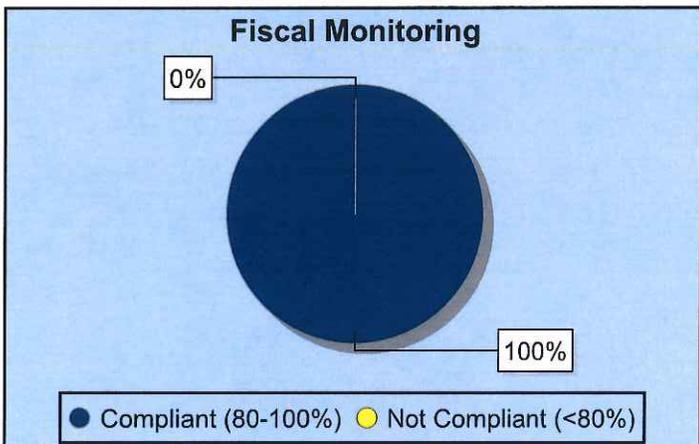
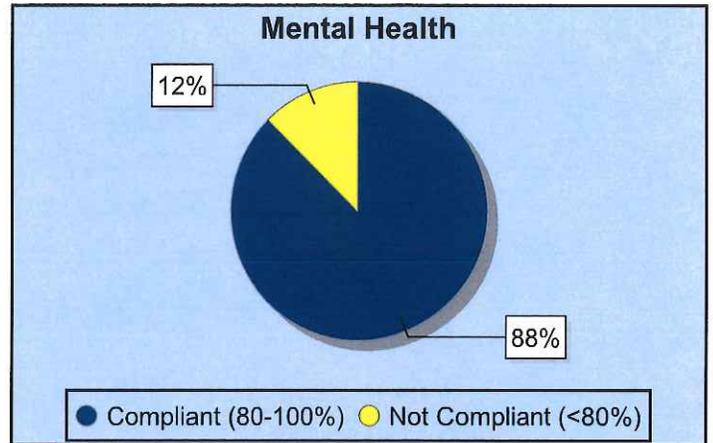
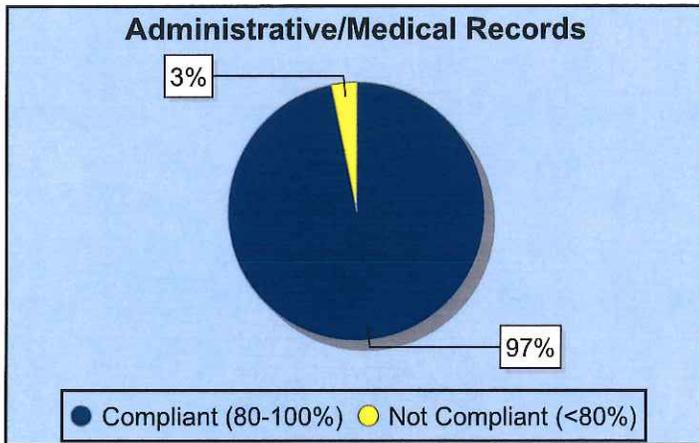


Compliance Rate By Operational Categories for GOODMAN FACILITY

July 07, 2021

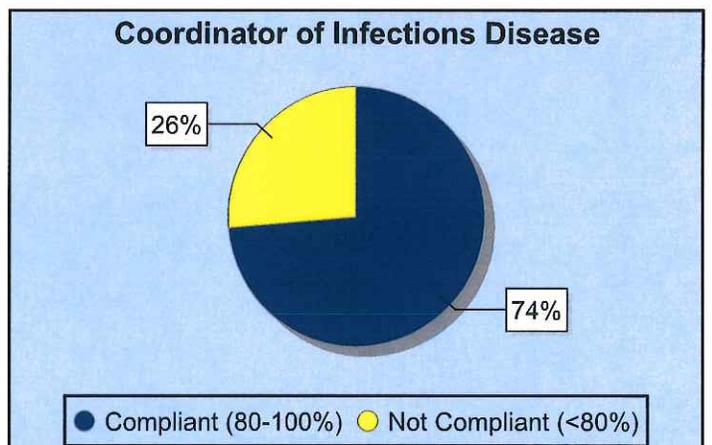
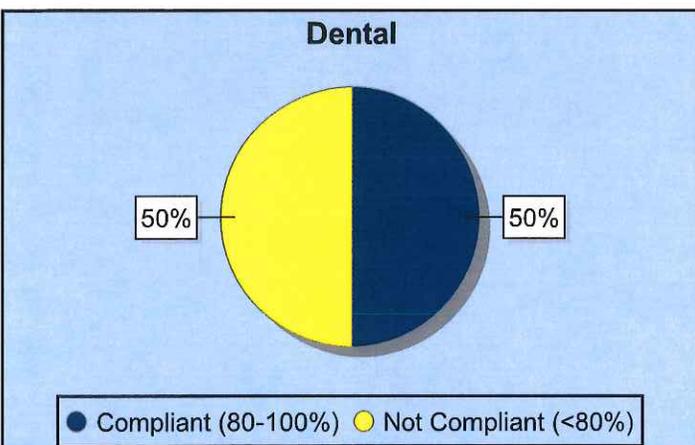
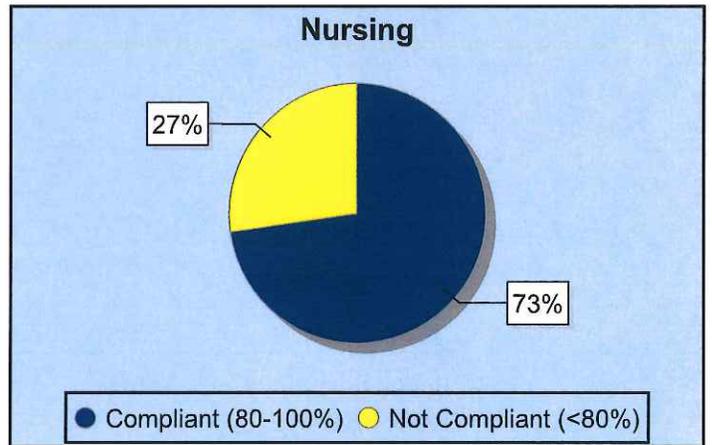
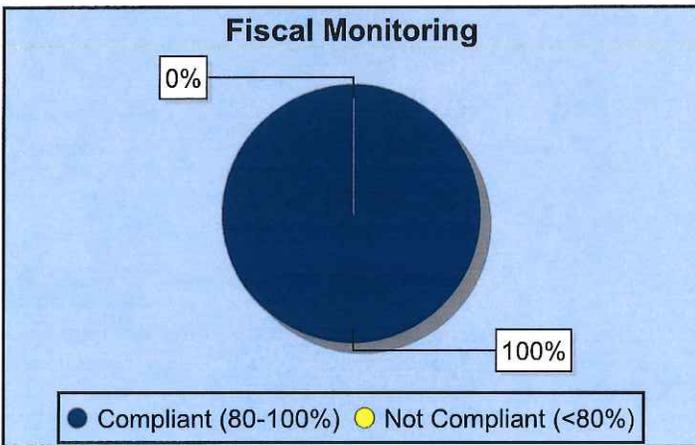
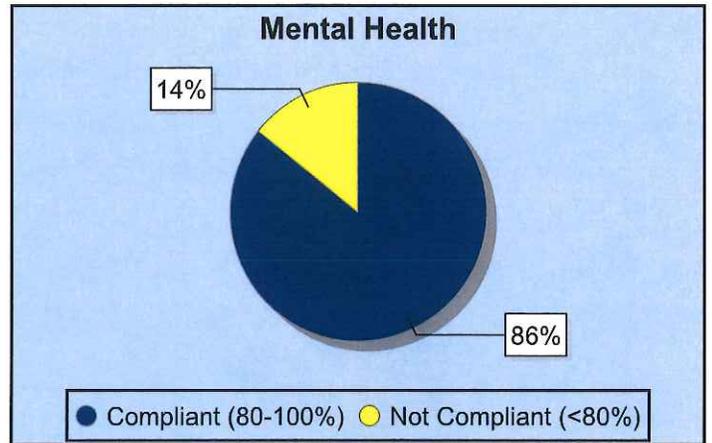
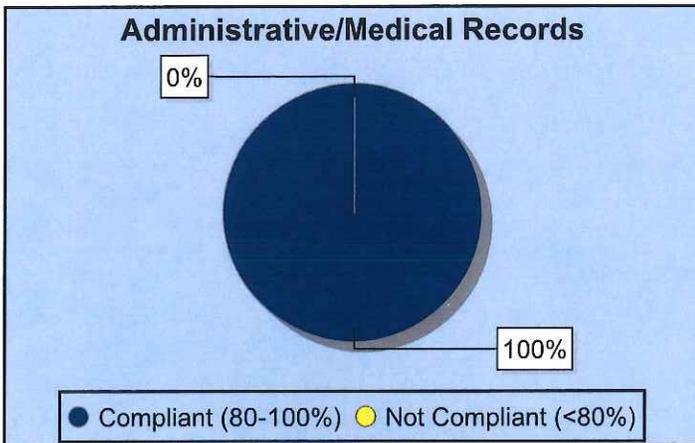


Compliance Rate By Operational Categories for
EASTHAM FACILITY
August 02, 2021

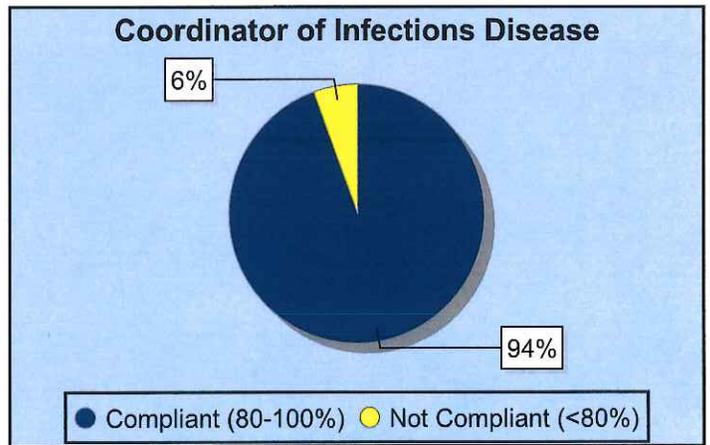
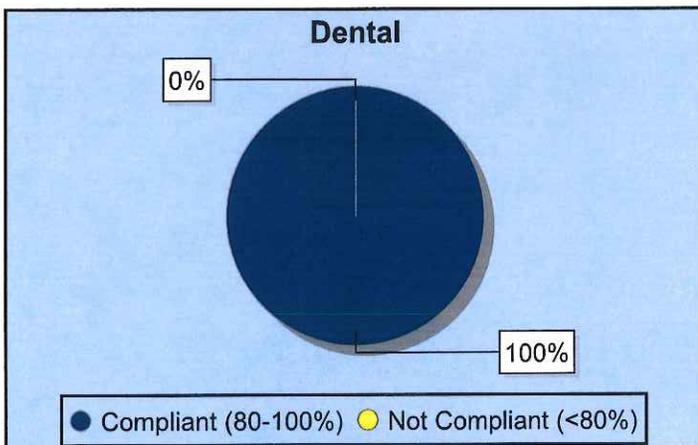
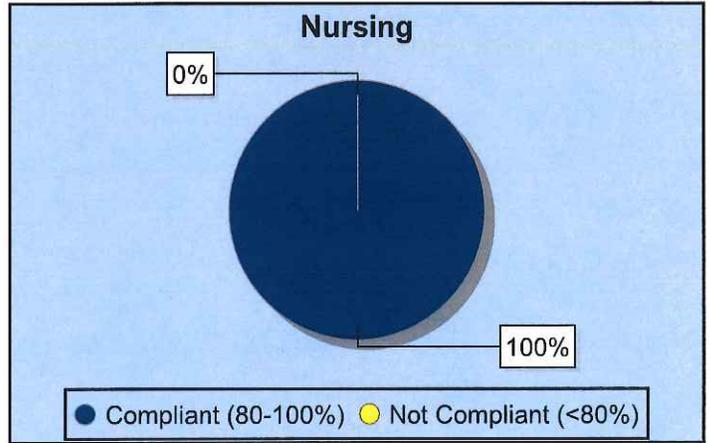
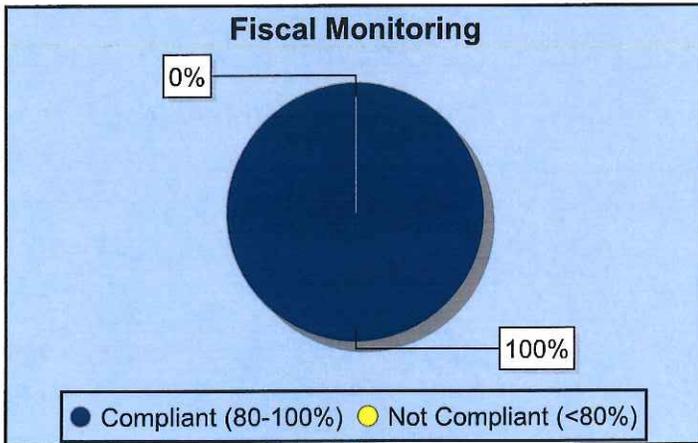
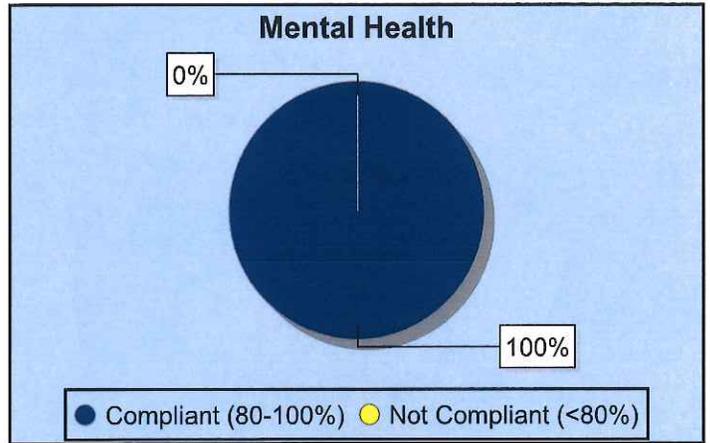
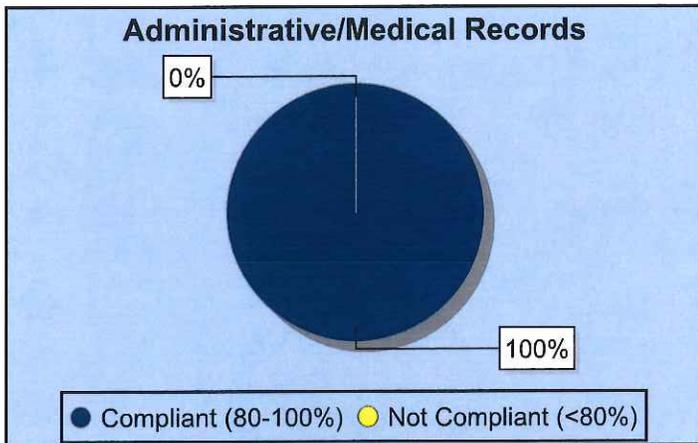


Compliance Rate By Operational Categories for HUNTSVILLE FACILITY

August 04, 2021



Compliance Rate By Operational Categories for
SAYLE FACILITY
August 10, 2021



**Dental Quality of Care Audit
In-Processing Report
For the Three Months Ended August 31, 2021**

In-Processing Definition: The Dental Intake Assessment is to be provided by a dentist within **30 days** of initial admission into TDCJ to assess dental pain, infection, disease, or impairment of function and establish the overall dental / oral condition. Reference: Policy CMHC E-36.2.

Facility	Charts Assessed by TDCJ as In-Processing	In-Processing Score *	Assessment completed but not done within timeframe	Assessment not completed
Beto	14	100	0	0
Byrd	14	100	0	0
Dominguez	14	93	1	1
East Texas ISF	14	50	7	7
Formby	14	100	0	0
Garza	14	100	0	0
Gist	14	100	0	0
Glossbrenner	14	100	0	0
Goodman	14	100	0	0
Halbert	14	100	0	0
Holliday	14	100	0	0
Hutchins	14	22	10	1
Kyle	0	NA	NA	NA
Lindsey	14	0	0	14
Lychner	14	100	0	0
Middleton	14	100	0	0
Plane	14	100	0	0
Sanchez	7	86	1	0

Sayle	14	43	3	5
Travis	14	58	2	4
Woodman	14	100	0	0

When a Corrective Action is required by TDCJ Health Services, it is sent in conjunction with the In- Processing Assessment Report.

*In-processing assessment score is determined $\frac{\text{\# of inmates that had In-processing Assessment within 30 days}}{\text{Total \# of inmates in Audit}} = \%$

* A Corrective Action is required by TDCJ Health Services if the In-processing Assessment Report is below 80%

A. CAR Between 60% -80%

1. In-service staff on In-processing Assessment. Review CMHC Policy E-36.2. 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 In-processing Assessment. Review CMHC Policy E-36.2. 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 inmates, upon initial admission into TDCJ have a Dental Intake Assessment by a dentist within 30 days. Indicate adjustments to be made so that the Unit will conform with CMHC Policy consistently in the future.

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*		
June	311	298	27	9.06%	17	6.04%	1	10	3.69%	1
July	201	244	30	12.30%	27	12.70%	4	3	1.23%	0
August	328	259	19	7.34%	18	9.27%	6	1	0.39%	0
Totals:	840	801	76	9.49%	62	9.11%	11	14	1.87%	1

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*		
June	1,186	1,112	55	4.95%	50	6.56%	23	5	0.90%	5
July	1,190	1,054	40	3.80%	35	5.60%	24	5	0.57%	1
August	1,181	1,176	92	7.82%	86	8.84%	18	6	0.68%	2
Totals:	3,557	3,342	187	5.60%	171	7.06%	65	16	0.72%	8
GRAND TOTAL=	4,397	4,143	263	6.35%						

*QOC= Quality of Care

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

June 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	10	8	60	37
Gonorrhea	5	0	13	27
Syphilis	14	14	594	505
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	131	169	622	1174
Human immunodeficiency virus (HIV) +, known at intake	108	54	551	658
HIV screens, intake	2,354	84	13,140	14,223
HIV +, intake	18	21	131	164
HIV screens, offender- and provider-requested	387	449	2,300	2,977
HIV +, offender- and provider-requested	0	0	7	1
HIV screens, pre-release	2,053	2,910	11,310	16,905
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	0	14	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	119	132	605	657
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	38	194	152
Occupational exposures of TDCJ staff	12	9	53	52
Occupational exposures of medical staff	1	1	11	10
HIV chemoprophylaxis initiation	4	3	17	26
Tuberculosis skin test (ie, PPD) +, intake	72	0	226	269
Tuberculosis skin test +, annual	15	31	125	154
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	3	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	11	14
Tuberculosis cases under management	21	17		
Peer education programs [¶]	0	0	92	100
Peer education educators [⊖]	10	15	7,671	7,582
Peer education participants	3,340	212	13,047	21,984
Alleged assaults and chart reviews	100	54	574	362
Bloodborne exposure labs drawn on offenders	43	21	172	155
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

July 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	4	4	64	41
Gonorrhea	3	0	16	27
Syphilis	149	27	743	532
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	111	162	733	1,155
Human immunodeficiency virus (HIV) +, known at intake	111	60	662	718
HIV screens, intake	2,349	85	15,489	14,308
HIV +, intake	23	14	154	178
HIV screens, offender- and provider-requested	365	592	2,665	3,569
HIV +, offender- and provider-requested	0	0	7	1
HIV screens, pre-release	2,068	3,147	13,378	20,052
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	0	16	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	122	108	727	765
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	33	69	227	221
Occupational exposures of TDCJ staff	10	10	63	62
Occupational exposures of medical staff	1	0	12	10
HIV chemoprophylaxis initiation	7	3	24	29
Tuberculosis skin test (ie, PPD) +, intake	17	13	243	282
Tuberculosis skin test +, annual	22	22	147	176
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	3	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	2	13	16
Tuberculosis cases under management	23	18		
Peer education programs [¶]	0	0	92	100
Peer education educators [∞]	30	7	7,701	7,589
Peer education participants	2,734	371	15,781	22,355
Alleged assaults and chart reviews	93	50	667	412
Bloodborne exposure labs drawn on offenders	32	12	204	167
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

August 2021

Reportable Condition	2021	2020	2021	2020
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	4	1	68	42
Gonorrhea	0	3	16	30
Syphilis	135	39	878	571
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	2	0	2
Hepatitis C, total and (acute [‡])	164	299	897	1,134
Human immunodeficiency virus (HIV) +, known at intake	144	100	806	818
HIV screens, intake	2,947	1,649	18,436	15,957
HIV +, intake	24	7	178	185
HIV screens, offender- and provider-requested	355	602	3,020	4,171
HIV +, offender- and provider-requested	0	1	7	2
HIV screens, pre-release	1,812	5,126	15,190	25,178
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	0	16	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	134	98	861	863
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	39	30	266	251
Occupational exposures of TDCJ staff	9	12	72	74
Occupational exposures of medical staff	5	1	17	11
HIV chemoprophylaxis initiation	5	4	29	32
Tuberculosis skin test (ie, PPD) +, intake	17	29	260	311
Tuberculosis skin test +, annual	16	24	163	200
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	164	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	2	3	18
Tuberculosis cases under management	17	20		
Peer education programs [¶]	0	0	92	100
Peer education educators [∞]	19	3	7,720	7,592
Peer education participants	2,467	974	18,248	23,329
Alleged assaults and chart reviews	87	71	754	483
Bloodborne exposure labs drawn on offenders	34	19	238	186
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmary Discharge Audit

During the 4th Quarter of Fiscal Year 2021, ten percent of the UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 578 hospital discharge and 42 infirmary 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)	
June	34	7	20.59%	1	2.94%	2	5.88%	1	2.94%	3	8.82%
July	34	2	5.88%	0	N/A	0	N/A	0	N/A	2	5.88%
August	34	1	2.94%	0	N/A	0	N/A	0	N/A	1	2.94%
Total/Average	102	10	9.80%	1	0.98%	2	1.96%	1	0.98%	6	5.88%
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)	
June	126	30	23.81%	0	N/A	7	5.56%	3	2.38%	15	11.90%
July	129	32	24.81%	1	0.78%	10	7.75%	6	4.65%	27	20.93%
August	125	31	24.80%	0	N/A	10	8.00%	5	4.00%	18	14.40%
Total/Average	380	93	24.47%	1	0.26%	27	7.11%	14	3.68%	60	15.79%
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)	
June	36	0	N/A	0	0.00%	0	N/A	0	N/A	0	N/A
July	31	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	96	0	N/A	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)	
June	196	37	18.88%	1	0.51%	9	4.59%	4	2.04%	18	9.18%
July	194	34	17.53%	1	0.52%	10	5.15%	6	3.09%	29	14.95%
August	188	32	17.02%	0	N/A	10	5.32%	5	2.66%	19	10.11%
Total/Average	578	103	17.82%	2	0.35%	29	5.02%	15	2.60%	66	11.42%
Texas Tech Infirmary 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)	
June	7	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
July	7	4	57.14%	0	N/A	0	N/A	0	N/A	0	N/A
August	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	21	7	33.33%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmary 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)	
June	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	7	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
August	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	21	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmary 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)	
June	14	2	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
July	14	6	42.86%	0	N/A	0	N/A	0	N/A	0	N/A
August	14	1	7.14%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	42	9	21.43%	0	N/A	0	N/A	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
FOURTH QUARTER, FISCAL YEAR 2021**

June 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Henley	23	0	0	0
Hightower	22	0	0	0
Young	152	0	0	0
Total	197	0	0	0

July 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Estes	13	0	0	0
Goodman	9	0	0	0
Total	22	0	0	0

August 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Eastham	30	0	0	0
Huntsville	56	0	0	0
Sayle	6	1	1	2
Total	92	1	1	2

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

Audit Tools	June	July	August	Total
Total number of units audited	3	2	3	8
Total numbered property	197	22	92	311
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
Fourth Quarter FY-2021**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Skyview/Hodge	June 21-23, 2021	100%	99.3%
Ramsey	June 28-30, 2021	100%	98.34%
Jester Complex	July 7-9, 2021	100%	98.6%
Polunsky	July 7-9, 2021	100%	99.79%
Cole/Moore	July 7-9, 2021	100%	98.82%
Gist	July 19-21, 2021	100%	99.3%
Boyd	July 19-21, 2021	100%	99.3%
LeBlanc	July 21-23, 2021	100%	99.27%
Woodman	August 2-4, 2021	100%	99.3%
Beto	August 2-4, 2021	100%	98.3%
Torres/Ney	August 2-4, 2021	100%	98.8%
Lopez/Segovia	August 16-18, 2021	100%	99.6%
Holliday	August 23-25, 2021	100%	99.07%
Luther	August 25-27, 2021	100%	99.31%
Telford	Aug. 30 – Sept. 1, 2021	100%	98.6%
Stiles	Aug. 30 – Sept. 1, 2021	100%	98.82%
Hamilton	Aug. 30 – Sept. 1, 2021	100%	99.07%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Roach	June 21-23, 2021	100%	99.28%
Smith	June 28-30, 2021	100%	99.3%
Havins	July 12-14, 2021	100%	98.6%
Jordan	August 16-18, 2021	100%	99.5%

Executive Services
Monthly Active Academic Research Projects
Correctional Institutions Division

FY-2021 Fourth Quarter Report: June, July, and August

Project Number: 202-RL02

<u>Researcher:</u> Elizabeth Cooksey	<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> 11/1/2021		<u>Projected Completion:</u>

Project Number: 221-RL02

<u>Researcher:</u> Elizabeth Cooksey	<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> 11/1/2021		<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> Progress report pending	<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> 12/1/2021	<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> 12/1/2021	<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> 9/1/2021	<u>Projected Completion:</u>

Project Number: 723-AR15

<u>Researcher:</u> David Pyrooz	<u>IRB Number:</u> 00001971	<u>IRB Expiration</u>	<u>Research Began:</u> 8/5/2015
<u>Title of Research:</u> Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Re-entry			<u>Data Collection Began:</u> 4/8/2016
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 12/31/2017
<u>Project Status:</u> Manuscript completed	<u>Progress Report Due:</u> 10/1/2021		<u>Projected Completion:</u>

Project Number: 767-AR17

<u>Researcher:</u> Kathryn Whiteley	<u>IRB Number:</u> 2015-061	<u>IRB Expiration</u> 4/7/2021	<u>Research Began:</u> 10/5/2017
<u>Title of Research:</u> Self-Identifies of Women Incarcerated for Acts of Violence			<u>Data Collection Began:</u> 1/7/2019
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u> 1/31/2021
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 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> 10/1/2021		<u>Projected Completion:</u> 4/1/2025

Project Number: 785-AR18

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

Project Number: 786-AR18

<u>Researcher:</u> Flavio Cunha	<u>IRB Number:</u> Exempt	<u>IRB Expiration</u>	<u>Research Began:</u> 10/24/2018
<u>Title of Research:</u> Evaluation of TDCJ Workforce Reentry Programs			<u>Data Collection Began:</u> 5/20/2019
<u>Proponent:</u> Rice University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection		<u>Progress Report Due:</u> 10/1/2021	<u>Projected Completion:</u> 3/31/2021

Project Number: 793-AR18

<u>Researcher:</u> Sung Joon Jang	<u>IRB Number:</u> 1261257	<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> 10/1/2021	<u>Projected Completion:</u> 12/31/2023

Project Number: 801-AR19

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

Project Number: 826-AR21

Researcher:

Brooke Bell

IRB Number: IRB Expiration

Exempt

Research Began:

4/15/2021

Title of Research:

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

Data Collection Began:

4/15/2021

Proponent:

Wang Evaluation Consultants

Data Collection End:

Project Status:

Data Collection

Progress Report Due:

7/15/2021

Projected Completion:

Executive Services
Monthly Pending Academic Research Projects
Correctional Institutions Division

FY-2021 Fourth Quarter Report: June, July, and August

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

Executive Services
Monthly Active Medical Research Projects
Health Services Division

FY-2021 Fourth Quarter Report: June, July, and August

Project Number: 615-RM10

<u>Researcher:</u> Heather Stevenson-Lerner	<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> 12/1/2021		<u>Projected Completion:</u> 3/1/2023

Units Visited: 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> 12/1/2021		<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> Pending response from requestor regarding primary researcher	<u>Progress Report Due:</u> Progress report pending		<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> Pending response from requestor regarding primary researcher	<u>Progress Report Due:</u> Progress report pending		<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> 11/1/2021		<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> 10/1/2021		<u>Projected Completion:</u>

Project Number: 825-RM21

<u>Researcher:</u> Douglas Tyler	<u>IRB Number:</u> 17-0160	<u>IRB Expiration</u> Exempt	<u>Research Began:</u> 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> 12/1/2021		<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:

11/1/2021

Projected Completion:

Executive Services
Monthly Pending Medical Research Projects
Health Services Division

FY-2021 Fourth Quarter Report: June, July, and August

Project Number: 837-RM21

Researcher:

Rebecca Seeger

IRB Number:

Application Received:

7/22/2021

Title of Research:

Delivery Mode Prevalence and Efficacy in College-in-Prison Programs

Proponent:

Project Status:

Pending Application

4th Quarter FY 2021
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: June 2021, July 2021, August 2021

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
06/15/2021	Pack	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
06/15/2021	Powledge	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
06/15/2021	Luther	N/A	N/A	N/A	N/A	N/A	N/A*	N/A*	N/A*
06/15/2021	Mountain View	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
06/15/2021	Estelle	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
06/15/2021	Michael	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
06/15/2021	Murray	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
06/15/2021	Hughes	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
07/6-8/2021	Coffield	648	537	0	20	100%	100%	100%	100%
07/21/2021	Gist	12	12	N/A	N/A	100%	N/A*	N/A*	N/A*
07/21/2021	Lynchner	28	20	N/A	N/A	100%	100%	100%	100%
07/22/2021	Stiles	94	85	0	6	100%	100%	100%	100%
07/27/2021	Lopez	14	14	N/A	N/A	100%	N/A*	N/A*	N/A*
8/1/2021	Kegans	0^	0^	0	0	100%	N/A*	N/A*	N/A*
8/5/2021	Travis	25	25	0	0	NA^	N/A*	N/A*	N/A*
8/11-12/2021	Ferguson	373	338	0	10	100%	100%	100%	100%
8/17&19/2021	Robertson	287	246	0	6	100%	100%	100%	100%
8/18/2021	Formby	15	15	0	0	100%	N/A*	N/A*	N/A*
8/25-26/2021	Wainwright	302	257	0	9	100%	100%	100%	100%
Total	19	1,798	1,549	0	51				

*There were no applicable Sick Call Requests sent during the last 6-month period for this unit.

^There were no inmates in Restrictive Housing at the time of the audit.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

4th Quarter FY 2021

Audits Conducted in June 2021, July 2021, August 2021

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record¹				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	June 2021	0	0	N/A	N/A	N/A
Jester IV	June 2021	10	10	10	100%	N/A
Montford	June 2021	11	11	11	100%	N/A
Skyview	June 2021	13	13	13	100%	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July 2021	N/A	N/A	N/A	N/A	N/A
Jester IV	July 2021	7	7	7	100%	N/A
Montford	July 2021	5	5	5	100%	N/A
Skyview	July 2021	13	13	13	100%	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August 2021	0	0	N/A	N/A	N/A
Jester IV	August 2021	5	5	5	100%	N/A
Montford	August 2021	12	12	12	100%	N/A
Skyview	August 2021	3	3	3	100%	N/A

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

4th Quarter of 2021

Reporting months– June 2021, July 2021, August 2021

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

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

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

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

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

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

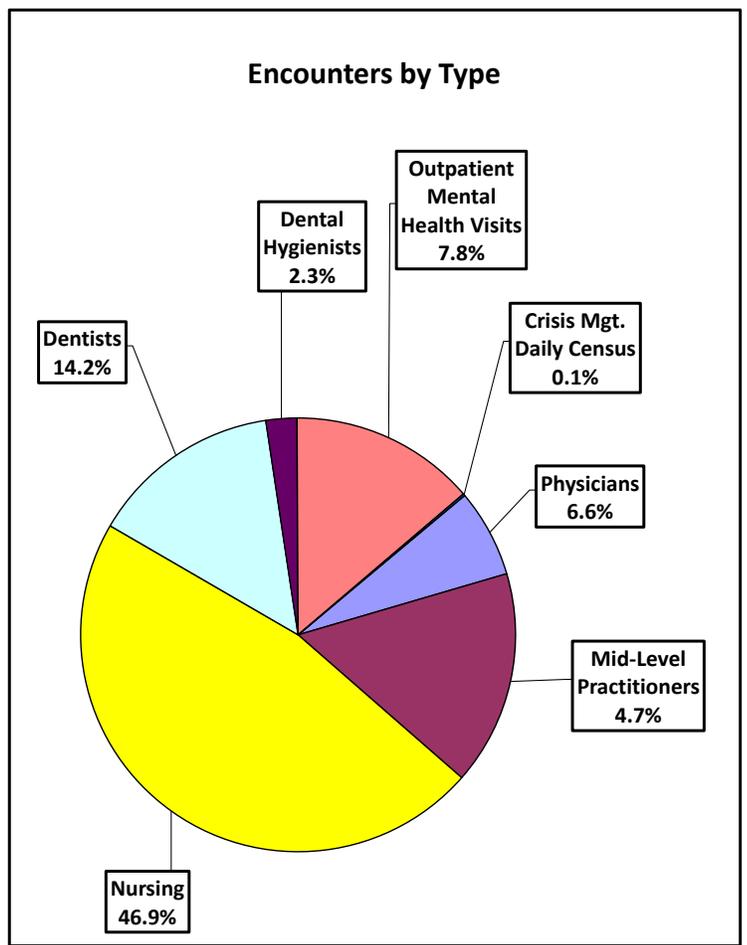
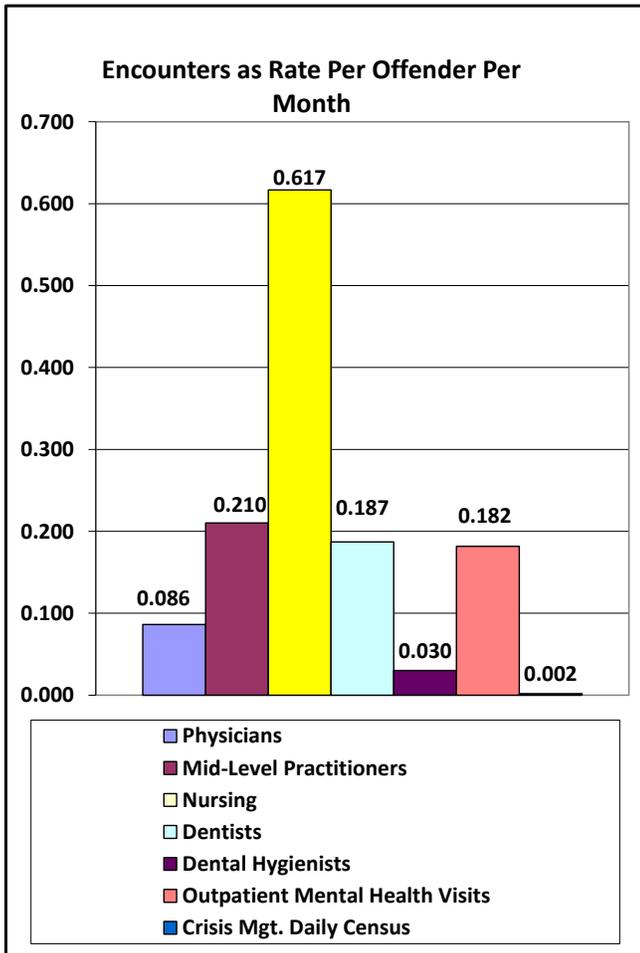
Managed Care

Correctional Health Care MEDICAL DIRECTOR'S REPORT

**4th Quarter
FY2021**

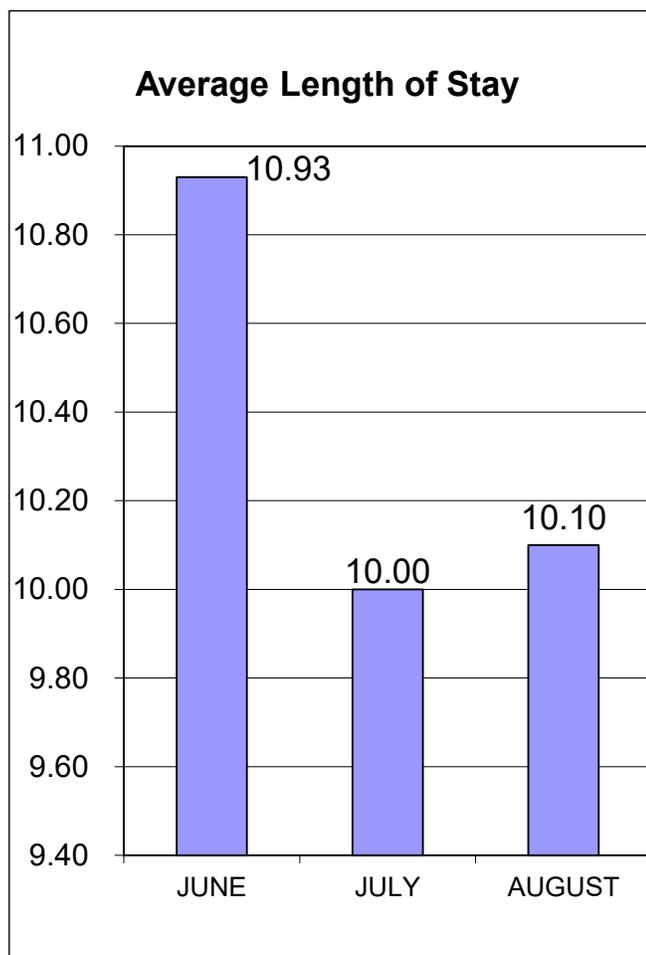
Medical Director's Report:

Average Population	JUNE		JULY		AUGUST		Qtly Average	
	24,299.00		24,729.00		24,749.00		24,592.00	
	Rate Per Number	Rate Per Offender						
Medical encounters								
Physicians	1,924	0.079	1,947	0.079	2,491	0.101	2,121	0.086
Mid-Level Practitioners	5,031	0.207	5,355	0.217	5,118	0.207	5,168	0.210
Nursing	13,235	0.545	13,478	0.545	18,789	0.759	15,167	0.617
Sub-total	20,190	0.831	20,780	0.840	26,398	1.067	22,456	0.913
Dental encounters								
Dentists	3,830	0.158	3,895	0.158	6,077	0.246	4,601	0.187
Dental Hygienists	751	0.031	708	0.029	770	0.031	743	0.030
Sub-total	4,581	0.189	4,603	0.186	6,847	0.277	5,344	0.217
Mental health encounters								
Outpatient Mental Health Visits	4,499	0.185	4,262	0.172	4,640	0.187	4,467	0.182
Crisis Mgt. Daily Census	45	0.002	48	0.010	46	0.002	46	0.002
Sub-total	4,544	0.187	4,310	0.174	4,686	0.189	4,513	0.184
Total encounters	29,315	1.206	29,693	1.201	37,931	1.533	32,313	1.314



Medical Director's Report (Page 2):

	JUNE	JULY	AUGUST	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	91.10	90.48	90.03	90.54
Number of Admissions	229.00	231.00	219.00	226.33
Average Length of Stay	10.93	10.00	10.10	10.34
Number of Clinic Visits	887.00	951.00	1,439.00	1,092.33
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	404.00	379.00	391.00	391.33
PAMIO/MROP Census	309.00	377.00	437.00	374.33
<i>Specialty Referrals Completed</i>				
	3,947.00	3,694.00	3,735.00	3,792.00
<i>Telemedicine Consults</i>				
	2012	2,129	2,458	2,199.67



Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

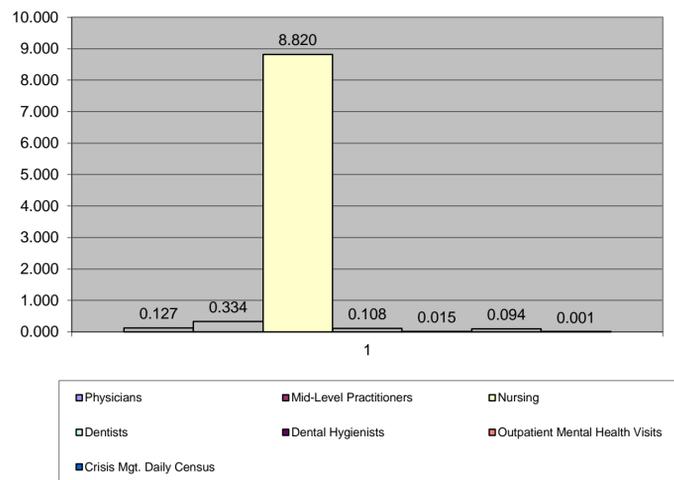
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**Fourth Quarter
FY 2021**

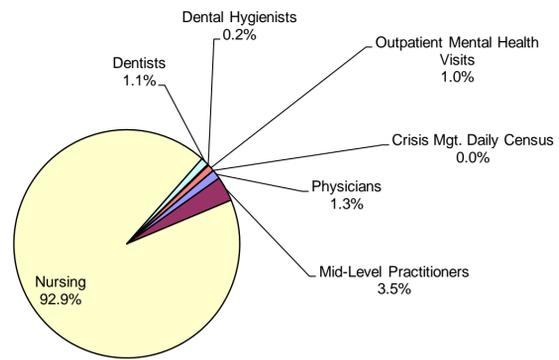
Medical Director's Report:

FY 21 Fourth Qtr Average Population	June		July		August		Qtly Average	
	95,441		95,463		95,449		95,451	
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,639	0.122	12,225	0.128	12,431	0.130	12,098	0.127
Mid-Level Practitioners	34,434	0.361	31,353	0.328	29,907	0.313	31,898	0.334
Nursing	833,200	8.730	832,879	8.725	859,691	9.007	841,923	8.820
Sub-total	879,273	9.213	876,457	9.181	902,029	9.450	885,920	9.281
Dental Encounters								
Dentists	11,345	0.119	10,122	0.106	9,465	0.099	10,311	0.108
Dental Hygienists	1,408	0.015	1,488	0.016	1,353	0.014	1,416	0.015
Sub-total	12,753	0.134	11,610	0.122	10,818	0.113	11,727	0.123
Mental Health Encounters								
Outpatient Mental Health Visits	9,452	0.099	8,790	0.092	8,616	0.090	8,953	0.094
Crisis Mgt. Daily Census	74	0.001	69	0.001	66	0.001	70	0.001
Sub-total	9,526	0.100	8,859	0.093	8,682	0.091	9,022	0.095
Total encounters	901,552	9.446	896,926	9.396	921,529	9.655	906,669	9.499

Encounters as Rate Per Offender Per Month

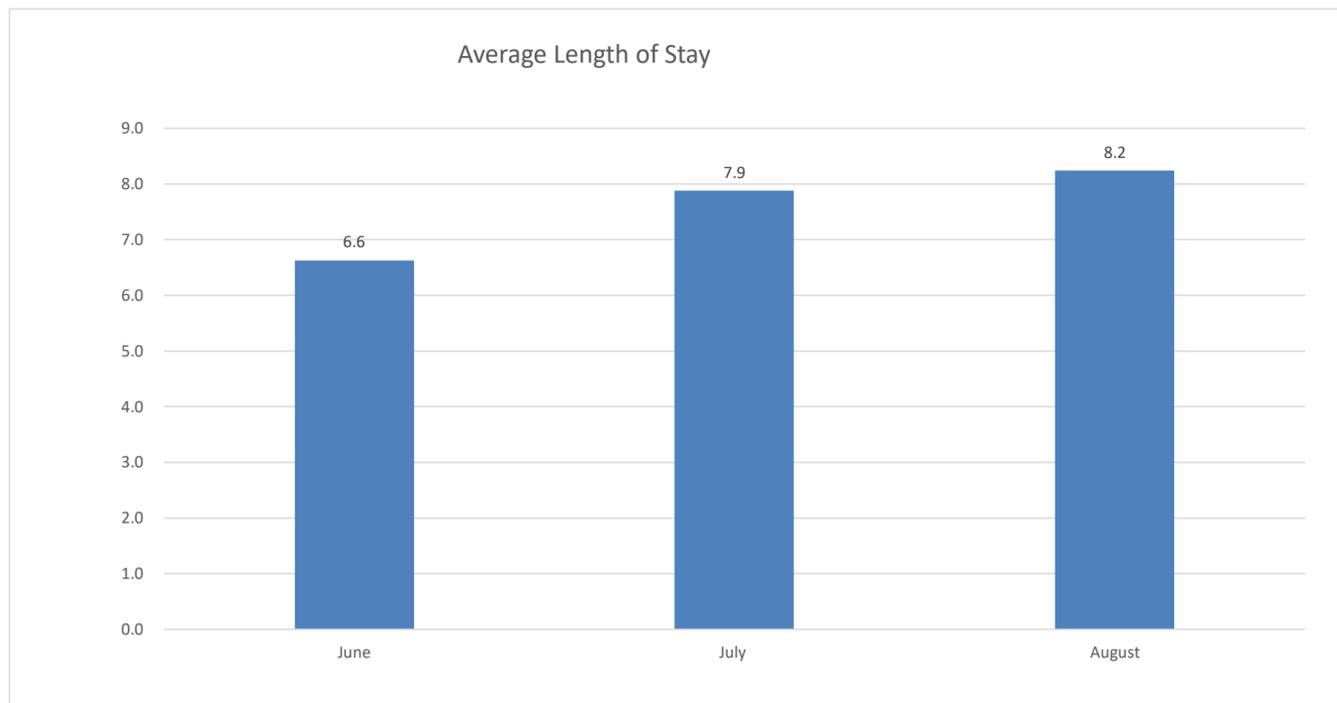


Encounters by Type



Medical Director's Report (Page 2):

FY 21	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	82.3	84.3	81.5	82.7
Number of Discharges	373	332	307	337
Average Length of Stay	6.6	7.9	8.2	7.6
Number of Clinic Visits	6,400	6,187	6,326	6,304
Mental Health Inpatient Facilities				
Average Daily Census	1,018.76	1,019.00	1,017.13	1,018.30
DDP Census	737.47	731.61	728.90	732.66
Telemedicine Consults	8,087	7,153	6,095	7,111.67



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for December 8, 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) inmates. 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: November 18, 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
 - E. Sick Call Verification Audit – SCRVA
- IV. FY2021 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: Denee Robison, RN, MSN

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: October 7, 2021

Sub-Committee Updates:

None

Committee Updates:

Denee Robison, Regional Nurse Manager of UTMB has been appointed Committee Co-Chair
Chris Black-Edwards, TDCJ Health Services Deputy Division Director was reappointed Co-Chair

Committee Referrals:

Joint Mental Health Working Group, Dr. Joseph Penn

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

A-09.1	A-10.1	A-11.1*	A-11.2	A-12.1*	A-12.2	A-13.1	C-24.1
C-25.1	D-30.1	D-30.2	E-36.7	E-39.2	E-42.2*	E-42.3*	E-43.1*
E-44.1	E-44.2*	F-50.1	G-51.13	G-55.1	G-56.1	G-57.1*	G-59.2
G-59.3*	H-64.1*	H-65.1	I-66.2	I-66.3	I-67.1*	I-70.2*	I-71.2*
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
A-11.1	Procedure to be Followed in Cases of Offender Death	Lisa Lopez
E-42.3 Attachment A	Authorization to Leave the Inpatient Setting	Cecilia Horton
E-43.1	Delegation to Advanced Practice Registered Nurse and Physician Assistants	Denise DeShields
E-44.1	Continuity of Care	Rebecca Ramirez
H-64.1	Transfer of Health Records	Denee Robison
H-65.1	Retention/Destruction of Health Records	Lisa Lopez

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 January 13, 2022 at 1:00 p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Monte Smith

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

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

Meeting Date: September 9, 2021

- I. Approval of the Minutes from July 8, 2021 Meeting
- II. Reports from Subcommittees
 - A. DMG Triage – Dr. Munch
 - B. Hepatitis B – Dr. Sandmann
 - C. Psychiatry- Dr. Patel
 1. Lithium MUE (Supplemental Materials)
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (July - August 2021)
 - D. Non-Formulary Deferral Reports
 1. UTMB Sector (July and August 2021)
 2. TTUHSC Sector (June and July 2021)
 - E. Utilization Reports FY21 through July
 1. HIV Utilization (Supplemental Materials)
 2. HCV Utilization (Supplemental Materials)
 3. HBV Utilization (Supplemental Materials)
 4. Psychotropic Utilization
 - F. Special Reports
 1. Top 50 Medications by Cost and Volume – 4th Quarter FY21
 2. Top 10 Non-formulary Drugs by Cost and Volume – 4th Quarter FY21
 3. Pharmacy Diabetes Clinic Report – 4th Quarter FY21
 - a. UTMB Sector
 - b. TTUHSC Sector
 4. Pharmacy Warfarin Clinic Report – 4th Quarter FY21
 - a. UTMB Sector
 - b. TTUHSC Sector
 5. Pharmacy CKD Clinic Report – 4th Quarter FY21 (UTMB Sector)
 - G. Policy Review Schedule (Policies 40-10 through 75-30 due for review in November)
- IV. Old Business (none)
- V. New Business
 - A. Category Reviews
 - B. Endocrine Agents

- C. Respiratory Agents
- D. MUE
- E. Lithium (See Psychiatric Subcommittee Report)
- F. FDA Medication Safety Advisories
- G. Manufacturer Shortages and Discontinuations

VI. Policy and Procedure Revisions (none)

VII. Miscellaneous

VIII. Adjournment

Joint Infection Control Committee

Co-Chair: Erin Freeman, PA-C
 Co-Chair: Chris Black-Edwards, RN, BSN

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

Meeting Date: October 14, 2021

Standing Reports:

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

Old Business:

None

New Business:

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

B-14.31	B-14.40	B-14.41	B-14.42	B-14.50	B-14.51	B-14.52	B-15.1	B-16.1
B-17.1	*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 verify the references are up to date and make sure that all TDCJ Administrative Directives (AD) that apply to the policy are referenced as well.

Adjourn – The next meeting is scheduled for February 10, 2022 at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Manuel Hirsch

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

Meeting Date: November 10, 2021

- I. Call to Order
 - A. Minutes Confirmation
Review of Previous Meeting Minutes from September 2, 2021

- II. Dental Policy Review
 - A. H-60.1 Dental Health Record Organization and Maintenance
 - B. B-14.1 D Infection Control in Dental Clinics and Dental Laboratories
 - C. E-36.3 Recording and Scheduling Dental Clinic Visits
 - D. E-36.7 Dental Clinic Operations Reporting
 - E. B-14.5 Coronavirus Disease (COVID-19)

- III. Dr. Billy Horton, UTMB
 - A. Detainees
 - B. Security Meeting on 10/06/21
 - C. New Proposed Dental Orders
 - D. Sterigage Load Recorder Cards
 - E. Proposed Ending Status
 - F. Denture Program
 - G. Denture Laboratory Costs
 - H. Response for Denture Clinic
 - I. Cotulla Dental Clinic
 - J. Kegans Compliance Issues
 - K. Staffing Models and the Proposed Denture Program
 - L. Homework from the Medical Directors Meeting Regarding Dental Prosthetics
 - M. Salaries and Benefit Costs for Denture Proposal is Being Investigated
 - N. Electronic Health Record Committee - Pit Crew

- IV. Dr. Manuel Hirsch, TDCJ
 - A. Denture Response Letter from TDCJ Legal
 - B. Denture Pilot Program
 - C. Prosthetics
 - D. New Material for Dentsply for 3D Dentures
 - E. Denture Policy Discussion
 - F. Denture Labs
 - G. CE for Unit Dentists
 - H. Jail Standards for Detainees
 - I. Chain-in Audit List, Chain-in Meeting with TDCJ, TTUHSC and UTMB
 - J. Expected Practices According to ACA
 - K. Chain-in Policy
 - L. Chain-in Audits ORA/QA
 - M. OnBase Data Identify Personnel
 - N. Refusals for Intake and ACA

- V. Dr. Cecil Wood, TTUHSC
 - A. Denture Program and Prosthetics
 - B. Working on Like Type Units, Female Units and Prototypes for Denture Proposal
 - C. Monthly Reports for Procedures Provided

- VI. Pam Myers, Dental Hygiene Program Manager
 - A. Update on Dental Note Wizard Project

- VII. Sector Updates
 - A. TDCJ
 - B. UTMB - Four Regionals
 - C. TTUHSC - Baten Capacity and Three Regionals

- VIII. Round the Table

- IX. Adjourn – Next Meeting January 2022
Policies Scheduled for Review: Section B & C

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Eidi Millington

Co-Chair: Dr. Coley Duncan

Purpose: This group's membership consists of physicians and nurses appointed by the Joint Medical Directors. The group is charged with reviewing the clinical health records of each inmate 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 August 2021:

There were 148 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2021. Of those 148 deaths, 1 was referred to a peer review committee.

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

Joint Nursing Work Group

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

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

Meeting Date: November 5, 2021

Old Business:

- None

New Business:

- Nursing Degree Suffixes in Pearl
- OOH DNRs
- Limited Inmate UAP Assistance
- OPH Mailbox
- Create a hunger strike assessment tool to include at minimum:
 - a. Vital Signs
 - b. Weight
 - c. Observations
 1. Gait
 2. Behavior
 3. s/s of dehydration (skin turgor, sunken eyes, dry mucous membranes)
 - d. Additional components as ordered by the provider
 1. FSBS

2. Urine Dipstick
 3. Orthostatic BPs
 4. Neuro Assessment
- UOF Assessment
 - a. Consider adding basic neuro exam. AAOX3, PERRLA
 - FY22 SLC Indicator - CDO Telehealth Refusal

Adjourn

Financial Report on Correctional Managed Health Care



Quarterly Report FY2021 Fourth Quarter

September 2020 – August 2021

Fourth 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

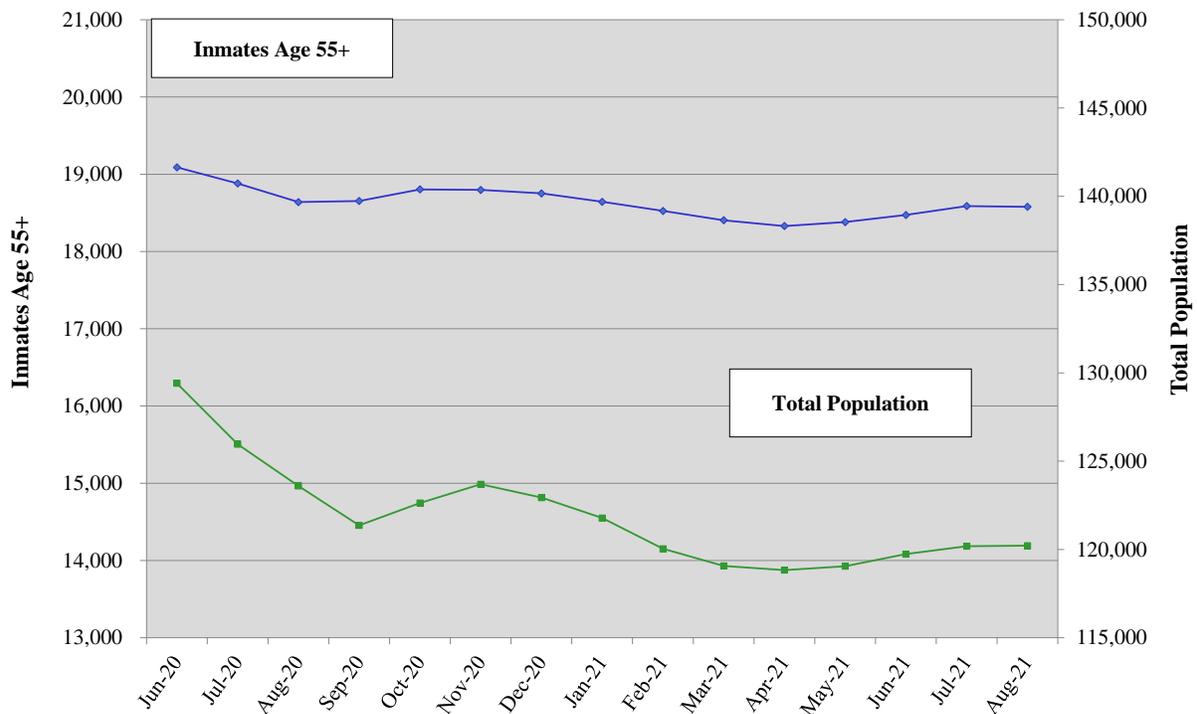
Population

- Overall inmate service population has decreased 12.8% from FY2020
 - Average daily census through 4th quarter
 - FY2020: 138,457
 - FY2021: 120,796

- Inmates aged 55 or older population has decreased 5.7% from FY2020
 - Average daily census through 4th quarter
 - FY2020: 19,703
 - FY2021: 18,577
 - While comprising about 15.4% 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 4th quarter: 1,750
 - FY2021 average number of psychiatric outpatients through 4th quarter: 25,651

CMHC Service Population



Health Care Costs

- Total expenditures through 4th quarter, FY2021: \$750.6M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$394.2M or 52.5% of total expenses
 - Hospital and Clinical Care - \$288.0M or 38.4% of total expenses
 - Pharmacy Services - \$68.4M or 9.1% of total expenses
 - HIV-related drugs: 32.2% of total drug costs
 - Hepatitis C drug therapies: 29.2% of total drug costs
 - Psychiatric drugs: 5.6% of total drug costs
 - All other drug costs: 33.0% of total drug costs
- Cost per inmate per day increased 11.4% from FY2020 to FY2021
 - Cost per inmate per day through 4th quarter FY21
 - FY2020: \$15.28
 - FY2021: \$17.02

Comparison of Total Health Care Costs

	FY17	FY18	FY19	FY20	4-Year Average	FYTD 21 1st Qtr	FYTD 21 2nd Qtr	FYTD 21 3rd Qtr	FYTD 21 4th Qtr
Population									
UTMB	116,574	118,737	117,987	110,924	116,055	97,665	97,594	96,869	96,514
TTUHSC	29,807	29,448	28,992	27,533	28,945	24,899	24,482	24,177	24,282
Total	146,381	148,185	146,979	138,457	145,000	122,564	122,076	121,045	120,796
Expenses									
UTMB	\$554,779,025	\$589,220,522	\$631,955,233	\$641,412,379	\$604,341,790	\$154,241,291	\$310,511,900	\$471,981,168	\$627,901,731
TTUHSC	\$115,982,376	\$118,282,720	\$124,707,572	\$132,834,504	\$122,951,793	\$31,175,427	\$63,902,052	\$95,307,606	\$122,657,653
Total	\$670,761,401	\$707,503,242	\$756,662,805	\$774,246,883	\$727,293,583	\$185,416,719	\$374,413,952	\$567,288,774	\$750,559,384
Cost/Day									
UTMB	\$13.04	\$13.60	\$14.67	\$15.80	\$14.26	\$17.35	\$17.48	\$17.78	\$17.82
TTUHSC	\$10.66	\$11.00	\$11.78	\$13.18	\$11.63	\$13.76	\$14.34	\$14.39	\$13.84
Total	\$12.55	\$13.08	\$14.10	\$15.28	\$13.73	\$16.62	\$16.85	\$17.10	\$17.02

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

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 62,557,069	\$ 255,144,223	\$ 317,701,292
State Reimbursement Benefits	\$ 10,783,042	\$ 58,319,790	\$ 69,102,832
Other Misc Revenue	\$ 2,216	\$ 67,456	\$ 69,673
C.1.8. Total Method of Finance	\$ 73,342,328	\$ 313,531,470	\$ 386,873,797
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 42,216,022	\$ 209,127,831	\$ 251,343,853
State Reimbursement Benefits	\$ 2,009,588	\$ -	\$ 2,009,588
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 44,225,610	\$ 209,127,831	\$ 253,353,441
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 13,967,821	\$ 58,472,431	\$ 72,440,252
State Reimbursement Benefits	\$ 85,379	\$ 2,529,846	\$ 2,615,225
Other Misc Revenue	\$ -	\$ 3,600	\$ 3,600
C.1.10. Total Method of Finance	\$ 14,053,200	\$ 61,005,877	\$ 75,059,077
TOTAL METHOD OF FINANCE	\$ 131,621,137	\$ 583,665,178	\$ 715,286,315

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 118,740,912	\$ 522,744,485	\$ 641,485,397
State Reimbursement Benefits	\$ 12,878,008	\$ 60,849,637	\$ 73,727,645
Other Misc Revenue	\$ 2,216	\$ 71,056	\$ 73,273
TOTAL METHOD OF FINANCE	\$ 131,621,137	\$ 583,665,178	\$ 715,286,315

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 74,386,219	\$ 319,805,293	\$ 394,191,513
C.1.9. Hospital & Clinical Care	\$ 38,131,408	\$ 249,841,518	\$ 287,972,925
C.1.10. Managed Health Care - Pharmacy	\$ 10,140,026	\$ 58,254,920	\$ 68,394,946
TOTAL EXPENDITURES	\$ 122,657,653	\$ 627,901,731	\$ 750,559,384

DIFFERENCE	\$ 8,963,484	\$ (44,236,553)	\$ (35,273,069)
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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 62,557,069	\$ 255,144,223	\$ 317,701,292
State Reimbursement Benefits	\$ 10,783,042	\$ 58,319,790	\$ 69,102,832
Other Misc Revenue	\$ 2,216	\$ 67,456	\$ 69,673
TOTAL METHOD OF FINANCE	\$ 73,342,328	\$ 313,531,470	\$ 386,873,797
Expenditures:			
Unit Care			
Salaries	\$ 28,268,581	\$ 188,042,918	\$ 216,311,498
Benefits	\$ 9,153,334	\$ 56,982,195	\$ 66,135,530
Other Operating Expenses	\$ 4,655,198	\$ 21,011,144	\$ 25,666,343
Professional Services	\$ 3,030,264	\$ -	\$ 3,030,264
Contracted Units/Services	\$ 11,912,084	\$ -	\$ 11,912,084
Travel	\$ 136,667	\$ 1,020,090	\$ 1,156,757
Capitalized Equipment	\$ 93,416	\$ 1,726,435	\$ 1,819,851
Subtotal, Unit Care	\$ 57,249,543	\$ 268,782,783	\$ 326,032,326
Psychiatric Care			
Salaries	\$ 10,565,845	\$ 35,062,040	\$ 45,627,885
Benefits	\$ 2,860,059	\$ 8,637,706	\$ 11,497,765
Other Operating Expenses	\$ 224,382	\$ 281,100	\$ 505,483
Professional Services	\$ 1,746,716	\$ -	\$ 1,746,716
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 19,355	\$ 45,074	\$ 64,429
Subtotal, Psychiatric Care	\$ 15,416,358	\$ 44,025,920	\$ 59,442,278
Indirect Expenditures (Shared Services)	\$ 1,720,319	\$ 6,996,590	\$ 8,716,909
TOTAL EXPENDITURES	\$ 74,386,219	\$ 319,805,293	\$ 394,191,513
DIFFERENCE	\$ (1,043,892)	\$ (6,273,824)	\$ (7,317,715)

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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 42,216,022	\$ 209,127,831	\$ 251,343,853
State Reimbursement Benefits	\$ 2,009,588	\$ -	\$ 2,009,588
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 44,225,610	\$ 209,127,831	\$ 253,353,441
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,101,095	\$ 20,656,706	\$ 21,757,801
Community Provider Services	\$ 26,663,638	\$ 58,371,051	\$ 85,034,689
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 13,884,170	\$ 153,477,004	\$ 167,361,175
Estimated IBNR	\$ (4,678,437)	\$ 10,650,000	\$ 5,971,563
Subtotal, Hospital & Clinical Care	\$ 36,970,466	\$ 243,154,762	\$ 280,125,227
Indirect Expenditures (Shared Services)	\$ 1,160,942	\$ 6,686,756	\$ 7,847,698
TOTAL EXPENDITURES	\$ 38,131,408	\$ 249,841,518	\$ 287,972,925
DIFFERENCE	\$ 6,094,202	\$ (40,713,687)	\$ (34,619,485)

Cost Analysis, per Texas Government Code Chapter 501.1471 (a)(4)

- Based on FY2021 expenditure data received from UTMB, the average cost per patient day for FY2021, adjusted for each hospital's case mix index (CMI), was approximately \$1,171 for Huntsville Memorial Hospital (HMH), and \$1,748 for UTMB Hospital Galveston (HG).
- FY2021 expenditures at HMH totaled \$6.5 million for 3,522 patient days (equivalent to an average population of 10 inmates). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$9.7 million.
- Based on FY2021 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$3.2 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

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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	\$ 13,967,821	\$ 58,472,431	\$ 72,440,252
State Reimbursement Benefits	\$ 85,379	\$ 2,529,846	\$ 2,615,225
Other Misc Revenue	\$ -	\$ 3,600	\$ 3,600
TOTAL METHOD OF FINANCE	\$ 14,053,200	\$ 61,005,877	\$ 75,059,077
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,967,253	\$ 8,852,034	\$ 10,819,286
Benefits	\$ 96,220	\$ 2,850,338	\$ 2,946,558
Other Operating Expenses	\$ 324,788	\$ 2,007,869	\$ 2,332,657
Pharmaceutical Purchases	\$ 7,358,727	\$ 43,039,118	\$ 50,397,845
Travel	\$ 8,924	\$ 14,232	\$ 23,156
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 9,755,912	\$ 56,763,591	\$ 66,519,503
Indirect Expenditures (Shared Services)	\$ 384,114	\$ 1,491,329	\$ 1,875,443
TOTAL EXPENDITURES	\$ 10,140,026	\$ 58,254,920	\$ 68,394,946
DIFFERENCE	\$ 3,913,174	\$ 2,750,957	\$ 6,664,131

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Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2021</u>
Average Service Population	122,564	121,588	119,070	118,833	119,054	118,986	119,739	120,187	120,213	120,047	120,796
Population Age 55 and Over	18,752	18,640	18,404	18,329	18,381	18,372	18,473	18,588	18,579	18,546	18,577
<i>Percent of Total Population</i>	15.3%	15.3%	15.5%	15.4%	15.4%	15.4%	15.4%	15.5%	15.5%	15.4%	15.4%
Key Treatment Populations, Month End											
Patients receiving HIV Treatment	1,633	1,601	1,575	1,563	1,585	1,574	1,595	1,589	1,576	1,587	1,599
Patients receiving Hep C Treatment	341	322	424	526	534	495	626	472	376	491	412
Patients Receiving Dialysis Treatment	237	235	233	233	231	232	220	227	217	221	232
Age 55 and Over	120	119	120	116	115	117	112	112	114	113	117
Under 55	117	116	113	117	116	115	108	115	103	109	114
Medical Inpatient Average Daily Census											
UTMB-Hospital Galveston	99	103	92	101	102	98	103	103	101	102	101
UTMB Community Hospitals	31	32	32	31	28	30	34	37	28	33	32
TTUHSC Community Hospitals	16	12	9	12	11	11	10	11	10	10	12
Medical Inpatient Average Daily Census	146	148	133	145	142	139	147	151	139	145	145
Medical Inpatient Discharges											
UTMB-Hospital Galveston	1,052	995	372	379	348	1,099	373	332	307	1,012	4,158
UTMB Community Hospitals	652	487	182	160	193	535	212	222	181	615	2,289
TTUHSC Community Hospitals	185	190	76	78	74	228	75	71	66	212	815
Medical Inpatient Discharges	1,889	1,672	630	617	615	1,862	660	625	554	1,839	7,262
Average Length of Stay (in days)											
UTMB - Hospital Galveston	7.52	8.93	7.13	6.62	7.51	7.09	6.62	7.87	8.23	7.57	7.78
UTMB Community Hospitals	4.93	6.33	5.44	5.74	4.63	5.27	4.84	5.09	4.80	4.91	5.36
TTUHSC Community Hospitals	5.06	5.38	3.58	4.32	3.26	3.72	3.93	4.27	4.03	4.08	4.56
Infirmary and Sheltered Housing Census, Month End											
UTMB Infirmary	528	545	502	496	513	504	520	529	526	525	526
UTMB Sheltered Housing	276	308	342	334	337	338	331	345	358	345	317
TTUHSC Infirmary	117	111	106	109	107	107	97	104	112	104	110
Infirmary and Sheltered Housing Census, Month End	922	964	950	939	957	949	948	978	996	974	952
<i>Percent of Capacity Filled</i>	89.3%	89.7%	91.8%	90.6%	92.4%	91.6%	91.0%	89.0%	90.6%	90.2%	90.2%
Medical Outpatient Visits											
UTMB Specialty Clinics and ER Visits	6,459	5,977	7,289	7,127	7,205	7,207	7,651	7,477	7,590	7,573	6,804
TTUHSC Community Outpatient and ER Visits	2,430	2,514	3,494	3,937	3,825	3,752	3,743	3,517	3,594	3,618	3,078
Medical Outpatient Visits	8,889	8,491	10,783	11,064	11,030	10,959	11,394	10,994	11,184	11,191	9,882
Mental Health Inpatient Average Census											
UTMB Psychiatric Inpatient	990	994	997	1,009	1,009	1,005	1,019	1,019	1,017	1,018	1,002
TTUHSC Psychiatric Inpatient	783	747	705	678	708	697	713	756	828	766	748
Mental Health Inpatient Average Census	1,773	1,741	1,702	1,687	1,717	1,702	1,732	1,775	1,845	1,784	1,750
Mental Health Outpatient Caseload, Month End											
UTMB Psychiatric Outpatient	18,946	19,500	19,951	20,364	20,502	20,272	20,585	20,539	20,667	20,597	19,829
TTUHSC Psychiatric Outpatient	6,077	5,749	5,530	5,520	5,650	5,567	5,826	5,891	5,971	5,896	5,822
Mental Health Outpatient Caseload, Month End	25,023	25,249	25,481	25,884	26,152	25,839	26,411	26,430	26,638	26,493	25,651

Based on data submitted by UTMB and TTUHSC

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Key Budget Drivers (Cost)

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2021</u>
Selected Drug Costs											
HIV Medications	\$ 4,152,788	\$ 3,462,489	\$ 1,496,233	\$ 1,278,425	\$ 1,213,302	\$ 3,987,960	\$ 1,562,624	\$ 1,364,878	\$ 1,439,227	\$ 4,366,729	\$ 15,969,966
Hepatitis C Medications	\$ 2,943,145	\$ 3,007,764	\$ 1,553,948	\$ 1,418,670	\$ 1,715,142	\$ 4,687,760	\$ 1,710,851	\$ 1,050,930	\$ 1,049,103	\$ 3,810,884	\$ 14,449,554
Psychiatric Medications	\$ 707,242	\$ 706,036	\$ 253,167	\$ 241,703	\$ 208,902	\$ 703,772	\$ 237,814	\$ 223,399	\$ 205,634	\$ 666,847	\$ 2,783,897
All Other Drug Costs	\$ 4,174,461	\$ 3,641,382	\$ 1,816,284	\$ 1,142,280	\$ 1,541,819	\$ 4,500,383	\$ 1,198,141	\$ 1,291,442	\$ 1,511,830	\$ 4,001,413	\$ 16,317,638
Total Drug Costs	\$ 11,977,636	\$ 10,817,671	\$ 5,119,632	\$ 4,081,078	\$ 4,679,164	\$ 13,879,874	\$ 4,709,430	\$ 3,930,649	\$ 4,205,794	\$ 12,845,873	\$ 49,521,055
Dialysis											
Age 55 and Over	\$ 898,898	\$ 937,536	\$ 330,043	\$ 294,303	\$ 303,524	\$ 927,869	\$ 301,651	\$ 311,905	\$ 311,083	\$ 924,639	\$ 3,688,942
UTMB	\$ 804,650	\$ 858,996	\$ 303,863	\$ 277,167	\$ 293,528	\$ 874,557	\$ 291,655	\$ 298,577	\$ 293,947	\$ 884,179	\$ 3,422,382
TTUHSC	\$ 94,248	\$ 78,540	\$ 26,180	\$ 17,136	\$ 9,996	\$ 53,312	\$ 9,996	\$ 13,328	\$ 17,136	\$ 40,460	\$ 266,560
Under 55	\$ 1,016,672	\$ 952,278	\$ 348,103	\$ 308,882	\$ 332,202	\$ 989,191	\$ 333,708	\$ 336,470	\$ 321,986	\$ 992,164	\$ 3,950,305
UTMB	\$ 946,672	\$ 889,225	\$ 326,696	\$ 291,919	\$ 311,206	\$ 929,817	\$ 308,756	\$ 314,612	\$ 296,013	\$ 919,381	\$ 3,685,095
TTUHSC	\$ 70,000	\$ 63,053	\$ 21,407	\$ 16,963	\$ 21,004	\$ 59,374	\$ 24,952	\$ 21,858	\$ 25,973	\$ 72,783	\$ 265,210
Total Dialysis	\$ 1,915,571	\$ 1,889,814	\$ 678,146	\$ 603,185	\$ 635,729	\$ 1,917,060	\$ 635,359	\$ 648,375	\$ 633,069	\$ 1,916,803	\$ 7,639,247
Offsite Hospital Services											
Age 55 and Over	\$ 32,105,119 <i>49.1%</i>	\$ 34,213,257 <i>52.1%</i>	\$ 12,638,777	\$ 12,709,437	\$ 10,657,577	\$ 36,005,790 <i>50.8%</i>	\$ 11,308,777	\$ 10,059,980	\$ 10,303,575	\$ 31,672,332 <i>50.5%</i>	\$ 133,996,499 <i>50.6%</i>
UTMB	\$ 30,164,012	\$ 31,409,394	\$ 10,969,479	\$ 11,172,492	\$ 9,542,493	\$ 31,684,464	\$ 10,488,424	\$ 9,442,119	\$ 9,774,543	\$ 29,705,087	\$ 122,962,957
TTUHSC	\$ 1,941,108	\$ 2,803,863	\$ 1,669,298	\$ 1,536,945	\$ 1,115,084	\$ 4,321,326	\$ 820,352	\$ 617,861	\$ 529,032	\$ 1,967,245	\$ 11,033,542
Under 55	\$ 33,333,701 <i>50.9%</i>	\$ 31,437,264 <i>47.9%</i>	\$ 11,825,381	\$ 11,651,804	\$ 11,413,869	\$ 34,891,054 <i>49.2%</i>	\$ 9,958,191	\$ 10,999,407	\$ 10,090,275	\$ 31,047,873 <i>49.5%</i>	\$ 130,709,891 <i>49.4%</i>
UTMB	\$ 29,522,354	\$ 27,651,131	\$ 10,016,634	\$ 10,009,010	\$ 9,144,131	\$ 29,169,775	\$ 8,818,825	\$ 9,796,494	\$ 9,144,979	\$ 27,760,298	\$ 114,103,558
TTUHSC	\$ 3,811,347	\$ 3,786,132	\$ 1,808,747	\$ 1,642,794	\$ 2,269,737	\$ 5,721,278	\$ 1,139,366	\$ 1,202,914	\$ 945,296	\$ 3,287,575	\$ 16,606,333
Total Offsite Hospital Services	\$ 65,438,820	\$ 65,650,521	\$ 24,464,158	\$ 24,361,240	\$ 22,071,445	\$ 70,896,844	\$ 21,266,967	\$ 21,059,388	\$ 20,393,850	\$ 62,720,204	\$ 264,706,390
C.1.8. Salaries/Agency Nursing/Overtime											
UTMB											
Salaries	\$ 46,660,905	\$ 47,789,292	\$ 15,661,875	\$ 15,661,047	\$ 15,701,834	\$ 47,024,757	\$ 15,220,815	\$ 15,724,265	\$ 15,772,933	\$ 46,718,014	\$ 188,192,968
Agency Nursing	\$ 5,577,983	\$ 4,939,580	\$ 1,925,908	\$ 1,556,529	\$ 1,607,010	\$ 5,089,448	\$ 1,706,362	\$ 1,764,031	\$ 1,772,232	\$ 5,242,626	\$ 20,849,637
Overtime	\$ 3,499,435	\$ 3,540,381	\$ 1,230,870	\$ 1,025,936	\$ 1,131,288	\$ 3,388,094	\$ 1,111,977	\$ 1,226,618	\$ 1,295,847	\$ 3,634,442	\$ 14,062,353
UTMB Total	\$ 55,738,324	\$ 56,269,254	\$ 18,818,653	\$ 18,243,513	\$ 18,440,133	\$ 55,502,298	\$ 18,039,154	\$ 18,714,915	\$ 18,841,013	\$ 55,595,082	\$ 223,104,957
TTUHSC											
Salaries	\$ 9,662,485	\$ 9,777,389	\$ 3,188,811	\$ 3,097,849	\$ 3,080,029	\$ 9,366,689	\$ 3,080,772	\$ 3,183,803	\$ 3,199,109	\$ 9,463,685	\$ 38,270,247
Agency Nursing	\$ 212,605	\$ 140,518	\$ 92,994	\$ 50,216	\$ 191,054	\$ 334,264	\$ 45,289	\$ 64,751	\$ 57,156	\$ 167,196	\$ 854,583
Overtime	\$ 142,917	\$ 140,957	\$ 44,051	\$ 42,482	\$ 53,664	\$ 140,197	\$ 41,950	\$ 53,097	\$ 45,061	\$ 140,108	\$ 564,178
TTUHSC Total	\$ 10,018,007	\$ 10,058,863	\$ 3,325,855	\$ 3,190,547	\$ 3,324,747	\$ 9,841,149	\$ 3,168,012	\$ 3,301,651	\$ 3,301,326	\$ 9,770,989	\$ 39,689,008
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 65,756,331	\$ 66,328,117	\$ 22,144,508	\$ 21,434,060	\$ 21,764,880	\$ 65,343,448	\$ 21,207,166	\$ 22,016,565	\$ 22,142,339	\$ 65,366,070	\$ 262,793,966
FTEs											
UTMB	2,939.9	2,938.8	2,919.7	2,918.7	2,878.0	2,905.5	2,863.2	2,854.2	2,853.8	2,857.1	2,910.3
TTUHSC	766.6	750.3	742.1	747.5	735.6	741.7	731.3	731.4	722.4	728.4	746.7
Total FTEs	3,706.5	3,689.1	3,661.8	3,666.2	3,613.6	3,647.2	3,594.5	3,585.7	3,576.3	3,585.5	3,657.1
Key Occupational Categories, Percent Filled											
UTMB	87.2%	86.1%	85.5%	85.5%	84.3%	85.1%	83.9%	83.6%	83.6%	83.7%	85.5%
Nursing	84.1%	82.8%	81.8%	81.9%	80.1%	81.3%	79.6%	78.6%	78.6%	78.9%	81.8%
Mental Health	87.5%	88.6%	88.9%	87.8%	86.1%	87.6%	85.2%	86.1%	88.3%	86.5%	87.6%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	86.6%	87.2%	87.8%	87.5%	88.0%	87.8%	88.0%	89.7%	89.1%	88.9%	87.6%
Dental	92.3%	90.0%	89.5%	89.9%	90.4%	89.9%	91.6%	94.0%	93.3%	93.0%	91.3%
Pharmacy	98.6%	97.4%	97.2%	97.9%	98.6%	97.9%	97.9%	97.2%	96.5%	97.2%	97.8%
Other Positions	90.5%	88.7%	88.2%	88.3%	87.4%	88.0%	86.8%	86.6%	86.0%	86.5%	88.4%
TTUHSC	78.0%	76.3%	75.5%	76.0%	74.8%	75.4%	74.4%	74.4%	73.5%	74.1%	76.0%
Nursing	76.3%	73.6%	72.6%	72.4%	70.8%	71.9%	70.6%	69.8%	68.2%	69.5%	72.8%
Mental Health	66.3%	64.5%	64.2%	65.9%	63.9%	64.7%	61.4%	63.1%	62.3%	62.3%	64.4%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.0%	86.0%	84.7%	86.2%	86.6%	85.8%	86.6%	91.5%	91.5%	89.9%	87.2%
Dental	84.6%	86.0%	84.3%	85.7%	84.9%	85.0%	85.7%	84.1%	86.7%	85.5%	85.3%
Pharmacy	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Other Positions	84.2%	84.4%	84.0%	85.3%	85.0%	84.8%	84.6%	85.1%	84.8%	84.8%	84.5%

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Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 29,603,899	\$ 29,278,581	\$ 29,929,216	\$ 29,929,217	\$ 118,740,912
State Reimbursement Benefits	\$ 3,059,548	\$ 3,191,506	\$ 3,868,979	\$ 2,757,976	\$ 12,878,008
Other Misc Revenue	\$ 547	\$ 128	\$ 648	\$ 894	\$ 2,216
TOTAL REVENUES	\$ 32,663,994	\$ 32,470,214	\$ 33,798,843	\$ 32,688,086	\$ 131,621,137

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 6,902,102	\$ 7,140,432	\$ 7,071,229	\$ 7,154,818	\$ 28,268,581
Benefits	\$ 2,195,880	\$ 2,334,389	\$ 2,321,169	\$ 2,301,896	\$ 9,153,334
Other Operating Expenses	\$ 1,089,768	\$ 744,053	\$ 699,386	\$ 2,121,991	\$ 4,655,198
Professional Services	\$ 653,879	\$ 712,861	\$ 848,878	\$ 814,645	\$ 3,030,264
Contracted Units/Services	\$ 2,762,255	\$ 3,116,492	\$ 3,003,992	\$ 3,029,345	\$ 11,912,084
Travel	\$ 27,749	\$ 23,136	\$ 29,955	\$ 55,826	\$ 136,667
Capitalized Equipment	\$ 28,896	\$ 5,820	\$ 9,271	\$ 49,429	\$ 93,416
Subtotal, Unit Care Expenditures	\$ 13,660,530	\$ 14,077,183	\$ 13,983,880	\$ 15,527,949	\$ 57,249,543
Psychiatric Care Expenditures					
Salaries	\$ 2,903,300	\$ 2,777,914	\$ 2,435,656	\$ 2,448,975	\$ 10,565,845
Benefits	\$ 802,254	\$ 766,373	\$ 646,701	\$ 644,732	\$ 2,860,059
Other Operating Expenses	\$ 38,537	\$ 83,510	\$ 56,616	\$ 45,720	\$ 224,382
Professional Services	\$ 236,895	\$ 237,725	\$ 263,416	\$ 1,008,680	\$ 1,746,716
Travel	\$ 4,858	\$ 3,553	\$ 4,257	\$ 6,688	\$ 19,355
Subtotal, Psychiatric Care Expenditures	\$ 3,985,844	\$ 3,869,073	\$ 3,406,646	\$ 4,154,795	\$ 15,416,358
Total Expenditures, Unit & Psychiatric Care	\$ 17,646,373	\$ 17,946,257	\$ 17,390,526	\$ 19,682,744	\$ 72,665,900

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 426,555	\$ 426,555	\$ 426,555	\$ (178,569)	\$ 1,101,095
Community Provider Services	\$ 5,509,806	\$ 6,517,096	\$ 9,512,816	\$ 5,123,919	\$ 26,663,638
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,188,321	\$ 3,561,649	\$ 3,840,687	\$ 3,293,514	\$ 13,884,170
Estimated IBNR	\$ 1,089,283	\$ 1,655,507	\$ (2,910,584)	\$ (4,512,642)	\$ (4,678,437)
Total Expenditures, Hospital & Clinical Care	\$ 10,213,964	\$ 12,160,807	\$ 10,869,474	\$ 3,726,221	\$ 36,970,466

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 391,505	\$ 501,985	\$ 527,581	\$ 546,182	\$ 1,967,253
Benefits	\$ 22,931	\$ 24,507	\$ 24,216	\$ 24,566	\$ 96,220
Other Operating Expenses	\$ 51,890	\$ 83,250	\$ 91,381	\$ 98,267	\$ 324,788
Pharmaceutical Purchases	\$ 2,033,752	\$ 1,259,673	\$ 1,678,839	\$ 2,386,463	\$ 7,358,727
Travel	\$ 906	\$ 1,036	\$ 1,394	\$ 5,588	\$ 8,924
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,500,983	\$ 1,870,451	\$ 2,323,412	\$ 3,061,067	\$ 9,755,912

Indirect Expenditures (Shared Services)	\$ 814,107	\$ 749,110	\$ 822,143	\$ 880,015	\$ 3,265,375
TOTAL EXPENDITURES	\$ 31,175,427	\$ 32,726,625	\$ 31,405,554	\$ 27,350,047	\$ 122,657,653
DIFFERENCE	\$ 1,488,566	\$ (256,410)	\$ 2,393,289	\$ 5,338,039	\$ 8,963,484

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

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 130,328,078	\$ 128,895,899	\$ 131,760,254	\$ 131,760,254	\$ 522,744,485
State Reimbursement Benefits	\$ 15,316,279	\$ 14,990,775	\$ 15,562,096	\$ 14,980,486	\$ 60,849,637
Other Misc Revenue	\$ 20,289	\$ 19,072	\$ 15,032	\$ 16,663	\$ 71,056
TOTAL REVENUES	\$ 145,664,647	\$ 143,905,746	\$ 147,337,382	\$ 146,757,403	\$ 583,665,178

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 47,394,566	\$ 47,163,773	\$ 46,662,711	\$ 46,821,868	\$ 188,042,918
Benefits	\$ 13,944,166	\$ 14,634,349	\$ 14,298,452	\$ 14,105,228	\$ 56,982,195
Other Operating Expenses	\$ 6,104,952	\$ 4,476,067	\$ 5,428,442	\$ 5,001,684	\$ 21,011,144
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 236,583	\$ 209,312	\$ 265,596	\$ 308,600	\$ 1,020,090
Capitalized Equipment	\$ 609,781	\$ 307,059	\$ 640,005	\$ 169,590	\$ 1,726,435
Subtotal, Unit Care Expenditures	\$ 68,290,048	\$ 66,790,561	\$ 67,295,205	\$ 66,406,970	\$ 268,782,783
Psychiatric Care Expenditures					
Salaries	\$ 8,343,758	\$ 9,105,480	\$ 8,839,588	\$ 8,773,214	\$ 35,062,040
Benefits	\$ 2,145,903	\$ 2,198,858	\$ 2,166,009	\$ 2,126,936	\$ 8,637,706
Other Operating Expenses	\$ 67,279	\$ 64,759	\$ 77,200	\$ 71,863	\$ 281,100
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 4,114	\$ 7,488	\$ 10,764	\$ 22,708	\$ 45,074
Subtotal, Psychiatric Care Expenditures	\$ 10,561,054	\$ 11,376,585	\$ 11,093,561	\$ 10,994,721	\$ 44,025,920
Total Expenditures, Unit & Psychiatric Care	\$ 78,851,102	\$ 78,167,145	\$ 78,388,766	\$ 77,401,690	\$ 312,808,703

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 4,490,638	\$ 4,543,474	\$ 5,675,219	\$ 5,947,375	\$ 20,656,706
Community Provider Services	\$ 10,000,957	\$ 15,522,785	\$ 16,240,245	\$ 16,607,064	\$ 58,371,051
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,761,936	\$ 38,241,257	\$ 41,213,790	\$ 37,260,022	\$ 153,477,004
Estimated IBNR	\$ 6,606,154	\$ 3,420,131	\$ 277,188	\$ 346,527	\$ 10,650,000
Total Expenditures, Hospital & Clinical Care	\$ 57,859,684	\$ 61,727,647	\$ 63,406,442	\$ 60,160,988	\$ 243,154,762

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,221,914	\$ 2,148,510	\$ 2,280,668	\$ 2,200,942	\$ 8,852,034
Benefits	\$ 715,795	\$ 701,280	\$ 725,377	\$ 707,886	\$ 2,850,338
Other Operating Expenses	\$ 341,998	\$ 410,898	\$ 567,687	\$ 687,285	\$ 2,007,869
Pharmaceutical Purchases	\$ 10,530,100	\$ 9,331,984	\$ 12,192,264	\$ 10,984,770	\$ 43,039,118
Travel	\$ 3,054	\$ 2,442	\$ 3,408	\$ 5,328	\$ 14,232
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 13,812,860	\$ 12,595,115	\$ 15,769,405	\$ 14,586,211	\$ 56,763,591

Indirect Expenditures (Shared Services)	\$ 3,717,645	\$ 3,780,702	\$ 3,904,656	\$ 3,771,673	\$ 15,174,675
TOTAL EXPENDITURES	\$ 154,241,291	\$ 156,270,609	\$ 161,469,268	\$ 155,920,563	\$ 627,901,731
DIFFERENCE	\$ (8,576,645)	\$ (12,364,863)	\$ (14,131,886)	\$ (9,163,160)	\$ (44,236,553)

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

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 159,931,977	\$ 158,174,480	\$ 161,689,470	\$ 161,689,471	\$ 641,485,397
State Reimbursement Benefits	\$ 18,375,827	\$ 18,182,281	\$ 19,431,075	\$ 17,738,462	\$ 73,727,645
Other Misc Revenue	\$ 20,837	\$ 19,199	\$ 15,680	\$ 17,557	\$ 73,273
TOTAL REVENUES	\$ 178,328,640	\$ 176,375,960	\$ 181,136,225	\$ 179,445,489	\$ 715,286,315

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 54,296,668	\$ 54,304,205	\$ 53,733,939	\$ 53,976,686	\$ 216,311,498
Benefits	\$ 16,140,045	\$ 16,968,738	\$ 16,619,622	\$ 16,407,124	\$ 66,135,530
Other Operating Expenses	\$ 7,194,720	\$ 5,220,120	\$ 6,127,828	\$ 7,123,675	\$ 25,666,343
Professional Services	\$ 653,879	\$ 712,861	\$ 848,878	\$ 814,645	\$ 3,030,264
Contracted Units/Services	\$ 2,762,255	\$ 3,116,492	\$ 3,003,992	\$ 3,029,345	\$ 11,912,084
Travel	\$ 264,332	\$ 232,448	\$ 295,551	\$ 364,426	\$ 1,156,757
Capitalized Equipment	\$ 638,678	\$ 312,879	\$ 649,275	\$ 219,019	\$ 1,819,851
Subtotal, Unit Care Expenditures	\$ 81,950,578	\$ 80,867,744	\$ 81,279,086	\$ 81,934,919	\$ 326,032,326
Psychiatric Care Expenditures					
Salaries	\$ 11,247,058	\$ 11,883,394	\$ 11,275,244	\$ 11,222,189	\$ 45,627,885
Benefits	\$ 2,948,157	\$ 2,965,231	\$ 2,812,710	\$ 2,771,667	\$ 11,497,765
Other Operating Expenses	\$ 105,816	\$ 148,268	\$ 133,815	\$ 117,583	\$ 505,483
Professional Services	\$ 236,895	\$ 237,725	\$ 263,416	\$ 1,008,680	\$ 1,746,716
Travel	\$ 8,972	\$ 11,040	\$ 15,021	\$ 29,396	\$ 64,429
Subtotal, Psychiatric Care Expenditures	\$ 14,546,898	\$ 15,245,658	\$ 14,500,207	\$ 15,149,515	\$ 59,442,278
Total Expenditures, Unit & Psychiatric Care	\$ 96,497,476	\$ 96,113,402	\$ 95,779,292	\$ 97,084,434	\$ 385,474,604

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 4,917,193	\$ 4,970,029	\$ 6,101,774	\$ 5,768,806	\$ 21,757,801
Community Provider Services	\$ 15,510,763	\$ 22,039,882	\$ 25,753,061	\$ 21,730,983	\$ 85,034,689
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,950,257	\$ 41,802,906	\$ 45,054,477	\$ 40,553,535	\$ 167,361,175
Estimated IBNR	\$ 7,695,437	\$ 5,075,638	\$ (2,633,396)	\$ (4,166,115)	\$ 5,971,563
Total Expenditures, Hospital & Clinical Care	\$ 68,073,648	\$ 73,888,454	\$ 74,275,915	\$ 63,887,209	\$ 280,125,227

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,613,418	\$ 2,650,495	\$ 2,808,249	\$ 2,747,124	\$ 10,819,286
Benefits	\$ 738,726	\$ 725,787	\$ 749,593	\$ 732,452	\$ 2,946,558
Other Operating Expenses	\$ 393,888	\$ 494,148	\$ 659,069	\$ 785,552	\$ 2,332,657
Pharmaceutical Purchases	\$ 12,563,851	\$ 10,591,658	\$ 13,871,103	\$ 13,371,233	\$ 50,397,845
Travel	\$ 3,959	\$ 3,478	\$ 4,803	\$ 10,916	\$ 23,156
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 16,313,843	\$ 14,465,566	\$ 18,092,816	\$ 17,647,278	\$ 66,519,503

Indirect Expenditures (Shared Services)	\$ 4,531,752	\$ 4,529,811	\$ 4,726,799	\$ 4,651,688	\$ 18,440,050
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TOTAL EXPENDITURES	\$ 185,416,719	\$ 188,997,233	\$ 192,874,822	\$ 183,270,610	\$ 750,559,384
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DIFFERENCE	\$ (7,088,078)	\$ (12,621,273)	\$ (11,738,598)	\$ (3,825,120)	\$ (35,273,069)
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FY2021 Spend Forward to FY2020 - LBB Approved	\$ (74,793,888)
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Uncollected Health Care Fees (COVID-19 Waiver)	\$ (1,162,191)
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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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FY2021 Supplemental Appropriation, HB 2	\$ 123,700,000
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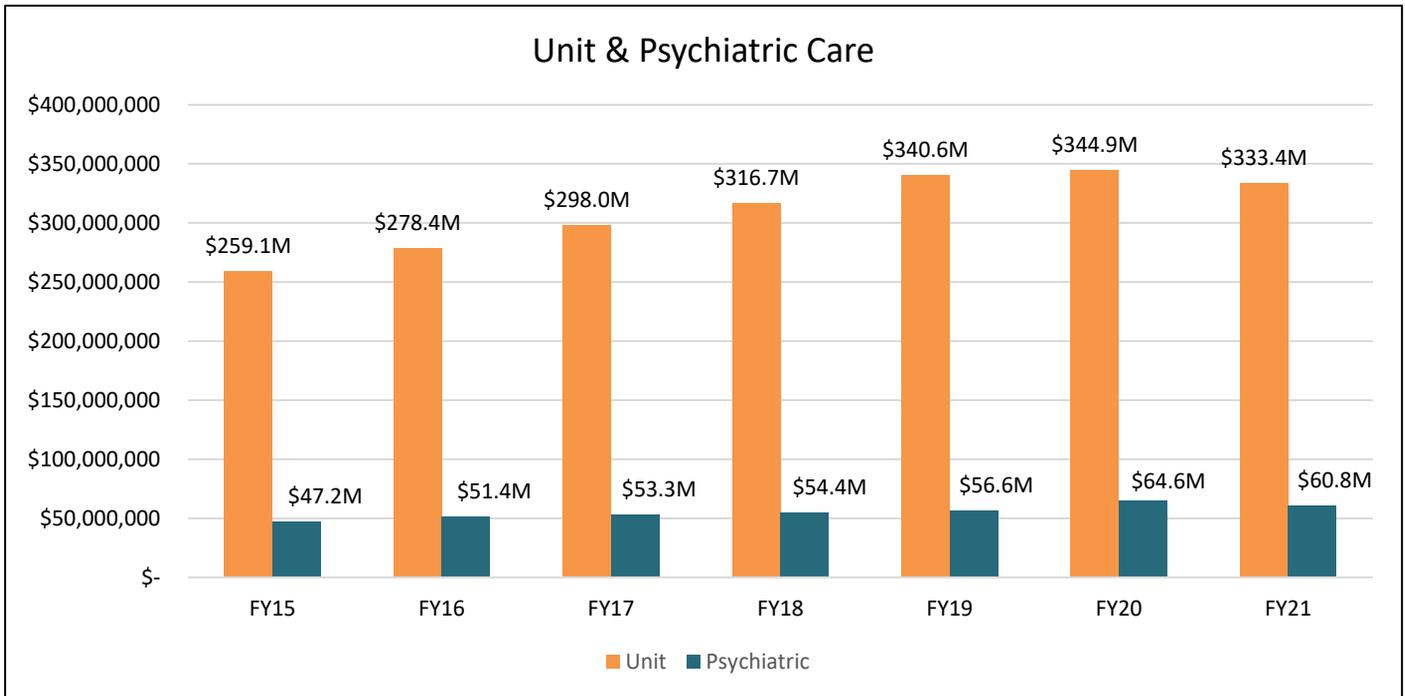
NET DIFFERENCE	\$ (7,088,078)	\$ (12,621,273)	\$ (11,738,598)	\$ (3,825,120)	\$ 8,354,149
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**Texas Department of Criminal Justice
Correctional Managed Health Care**

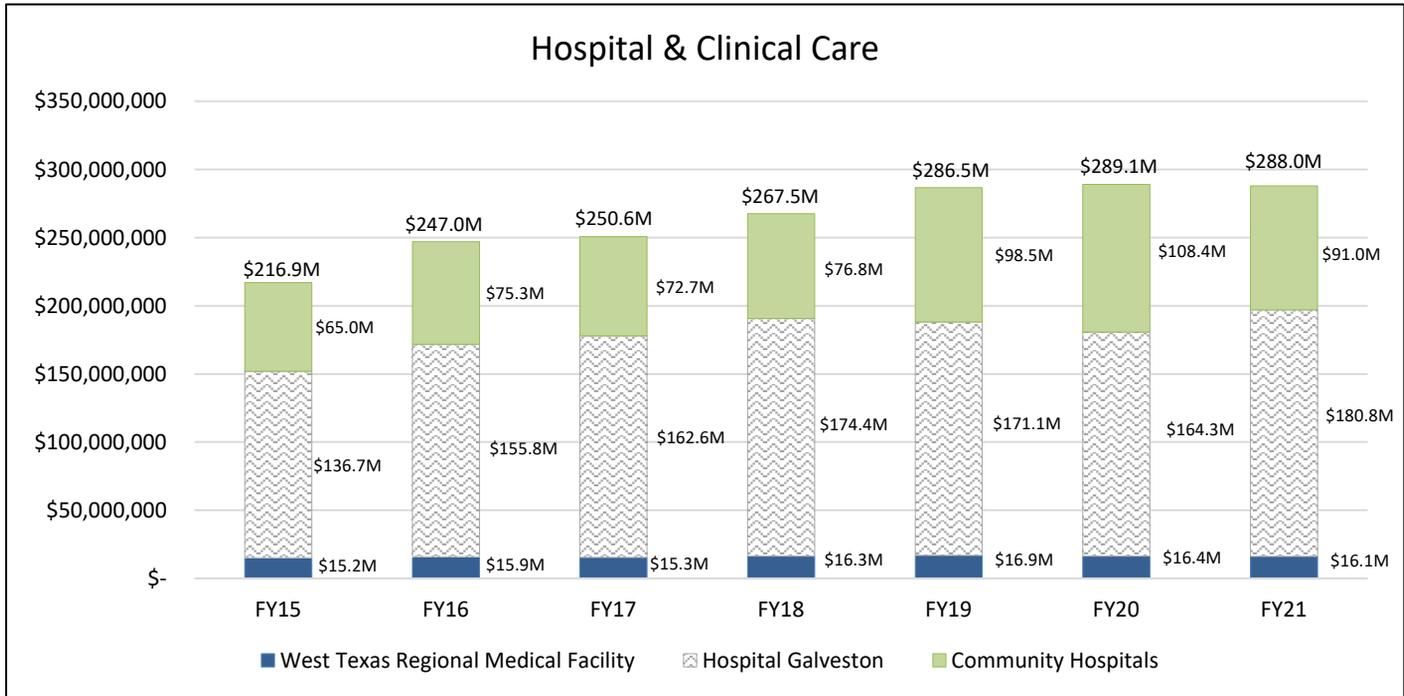


**Annual Trending Data
FY2015 – FY2021**

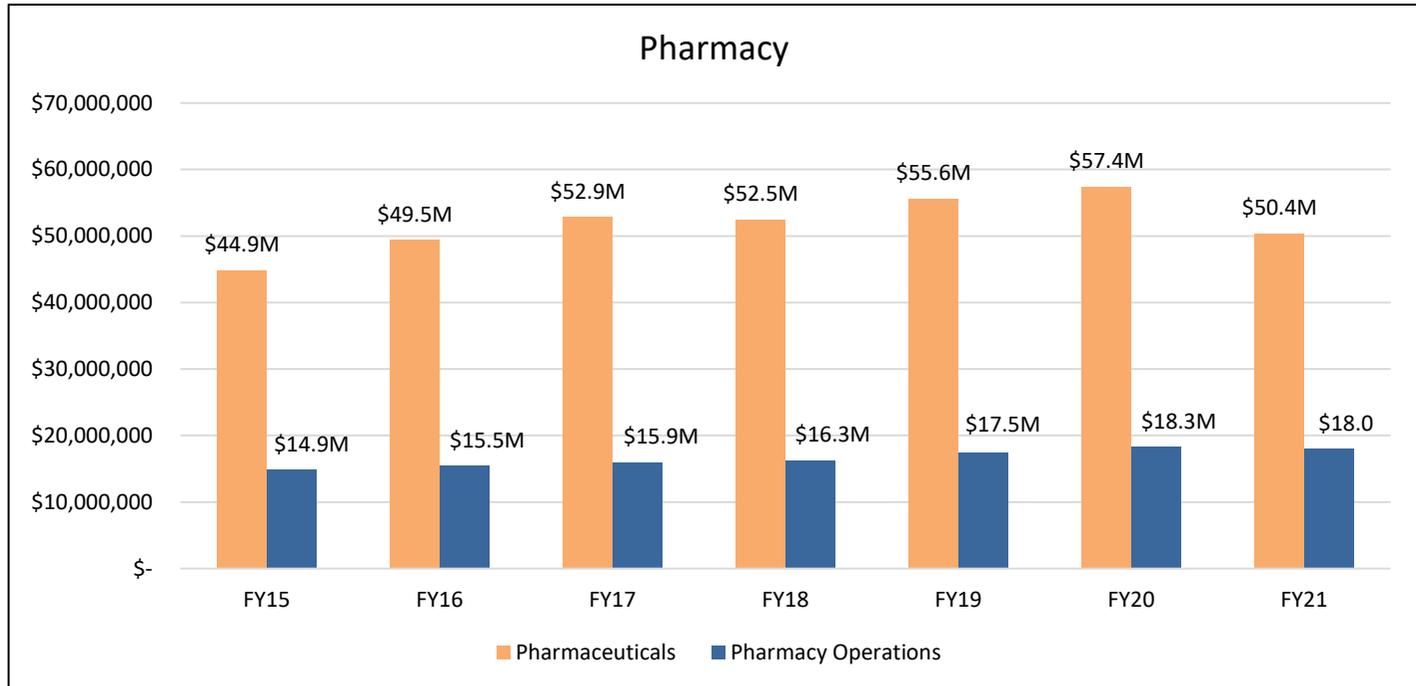
Texas Department of Criminal Justice
Correctional Managed Health Care
Fourth Quarter, FY2021



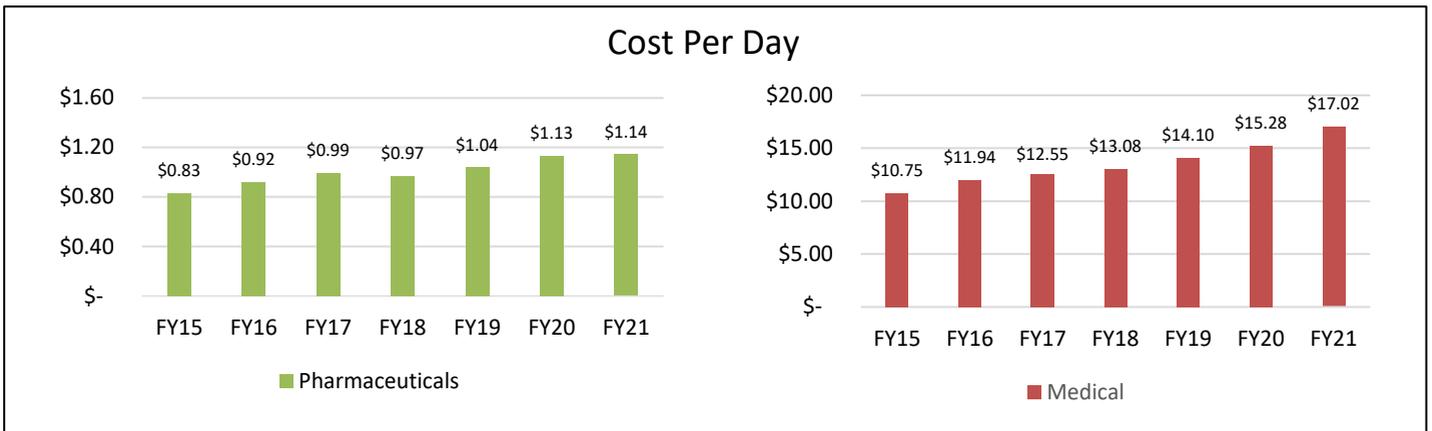
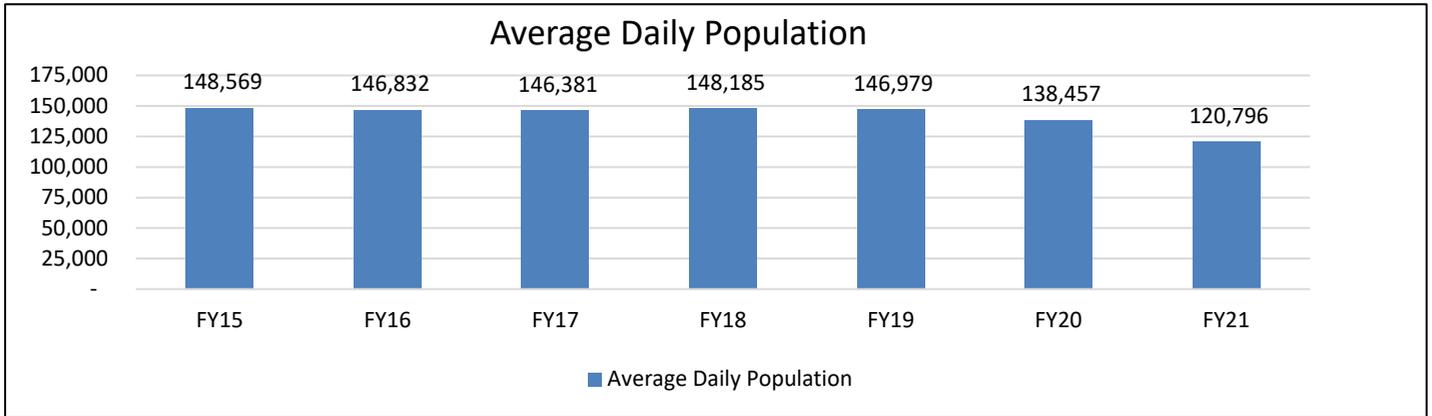
Texas Department of Criminal Justice Correctional Managed Health Care Fourth Quarter, FY2021

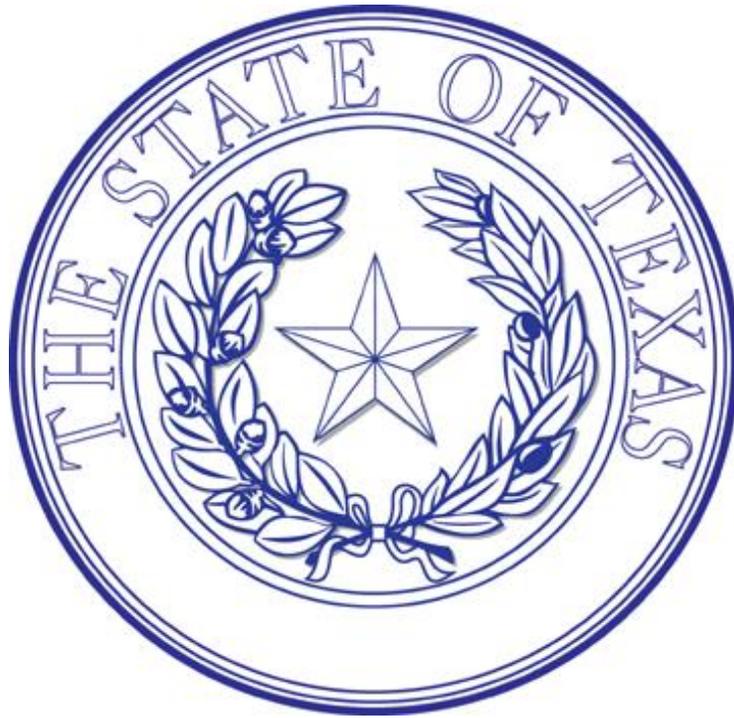


Texas Department of Criminal Justice
Correctional Managed Health Care
Fourth Quarter, FY2021



Texas Department of Criminal Justice Correctional Managed Health Care Fourth Quarter, FY2021





**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Fourth 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 Fourth Quarter Fiscal Year (FY) 2021 (June, July, and August 2021), Operational Review Audits (ORAs) were conducted at the following 8 facilities: Estes, Goodman, Henley, Hightower, Huntsville, Sayle, Wainwright, and Young

- 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 8 items found to be most frequently out of compliance in the Operational Review Audits conducted in the Fourth Quarter of FY 2021:

1. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed monthly. The following 4 facilities were not in compliance with this requirement:
 - Sayle (0%) - Corrective action plan received
 - Young (33%) - Corrective action plan received
 - Hightower (50%) - Corrective action plan pending
 - Wainwright (63%) - Corrective action plan pending
2. 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:
 - Huntsville (0%) - Corrective action plan pending
 - Wainwright (0%) - Corrective action plan pending
 - Hightower (0%) - Corrective action plan pending
 - Estes (0%) - Corrective action plan received
3. Item **6.380** requires the pneumococcal vaccine be offered to inmates with certain chronic diseases and conditions*, and all inmates 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following 4 facilities were not in compliance with this requirement:
 - Hightower (37%) - Corrective action plan pending
 - Huntsville (56%) - Corrective action plan pending
 - Henley (57%) - Corrective action plan pending
 - Young (77%) - Corrective action plan received

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).

4. Item **1.630** requires the facility to have an overall health services staffing vacancy of no more than 12%. The following 3 facilities were not in compliance with this requirement:
 - Hightower (0%) - Corrective action plan pending
 - Estes (0%) - Corrective action plan received
 - Wainwright (0%) - Corrective action plan pending

OPERATIONAL REVIEW AUDIT (CONTINUED)

5. Item **5.115** requires inmates returning from a medical transfer to be screened as directed by policy. The following **3** facilities were not in compliance with this requirement:
 - Henley (63%) - Corrective action plan pending
 - Young (67%) - Corrective action plan received
 - Huntsville (74%) - Corrective action plan pending

 6. Item **6.051** requires all inmates receiving biweekly anti-tuberculosis medication at the facility to have medication documented by Direct Observed Therapy. The following **3** facilities were not in compliance with this requirement:
 - Young (0%) - Corrective action plan received
 - Estes (56%) - Corrective action plan received
 - Hightower (71%) - Corrective action plan pending

 7. Item **6.170** requires an inmate who entered TDCJ (intake) on or after 7/1/2007, have documentation of a prior positive HIV test or was an HIV test performed within 7 calendar days of entering TDCJ or a signed Refusal of Treatment (HSM-82) form for testing. The following **3** facilities were not in compliance with this requirement:
 - Young (60%) - Corrective action plan received
 - Goodman (67%) - Corrective action plan received
 - Henley (80%) - Corrective action plan pending

 8. Item **6.325** requires inmates with Hepatitis B on the facility to be seen in chronic care annually. The following **3** facilities were not in compliance with this requirement:
 - Wainwright (33%) - Corrective action plan pending
 - Hightower (50%) - Corrective action plan pending
 - Huntsville (50%) - Corrective action plan pending
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Diboll, Duncan, Hilltop, B. Moore, Mountain View and Woodman. During the Fourth 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 Fourth Quarter of FY 2021 were postponed due to the ongoing COVID-19 pandemic.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2021 (June, July, and August 2021), Dental Quality Review audits were conducted on In-Processing at the following **21** facilities: Beto, Byrd, Dominguez, East Texas Treatment Facility (TF), Formby, Garza, Gist, Glossbrenner, Goodman, Halbert, Holliday, Hutchins, Kyle, Lindsey, Lychner, Middleton, Plane, Sanchez, Sayle, Travis and Woodman.

- **Item 1** The Dental Intake Assessment is to be provided by a dentist within **30 days** of initial admission into TDCJ to assess dental pain, infection, disease, or impairment of function and establish the overall dental / oral condition. **4** of the **21** facilities were not in compliance: **East Texas ISF (50%), Lindsey (0%), Travis (58%) and Sayle (43%)**.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2021 (June, July, and August 2021), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,397** correspondences. The PLP received **3,557** and Step II Grievance received **840**. There were **263** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

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 Fourth Quarter FY 2021 for the Step II medical grievances was **3%** percent. 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 **3%** and **3%** for TTUHSC for the Fourth 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 Fourth quarter of FY 2021 (June, July, and August 2021), the Patient Liaison Program nurses and investigators performed **15** Sick Call Request Verification Audits (SCRVAs) on **15** 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 **15** facilities and **3** of the indicators fell below the 80 percent compliance threshold. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **15** facilities audited. There were **2** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Fourth Quarter FY 2021, there were **7,650** intake HIV tests performed. Of those tested, **65** inmates were newly identified as having HIV infection. During the same time period, there were **5,933** pre-release tests performed with **0** found to be HIV positive. For this quarter, **5** new AIDS cases were identified.
- There were **406** cases of Hepatitis C identified for the Fourth Quarter FY 2021. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **532** cases of suspected Syphilis were reported in the Fourth Quarter FY 2021. **225** 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.

OFFICE OF PUBLIC HEALTH (CONTINUED)

- **375** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2021. For the same time period, **101** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **20** TB cases (pulmonary and extra-pulmonary) under management for the Fourth Quarter FY 2021. This number includes those diagnosed prior to entering TDCJ and still receiving treatment, and those who were diagnosed in TDCJ. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of inmates under management for TB over the last few years.
- In FY 2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. This position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **280** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2021. There were **39** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **109** 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 Fourth Quarter FY 2021, **4** units received 3 day training which included Wall Talk and received a 2 day training which included the Somebody Cares Training. As of the close of the quarter, **92** of the **99** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Fourth Quarter FY 2021, **59** inmates trained to become peer educators. This is an increase from the Third Quarter FY 2021 Report. During the Fourth Quarter FY 2021, **7,832** inmates attended the classes presented by peer educators. This is an increase from the Third Quarter FY 2021.

MORBIDITY AND MORTALITY

There were **148** deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2021, of those deaths, **1** was 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	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	1

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

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

- The OMHM&L monitors all restrictive housing within the TDCJ CID and State Jails once every six months. During the Fourth Quarter of FY 2021, **19** units were scheduled for audits. These audits were conducted at **10** of the **19** units, **8** of the **19** audits were cancelled due to travel restrictions imposed due to COVID-19 precautions, **1** of the **19** units did not have inmates in Restrictive Housing at the time of the audit.

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- In addition to monitoring the mental health status of restrictive housing inmates, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ACT 4, **13** of the **19** units were **100%** compliant; **6** of the **19** units did not have an applicable sample. For ATC 5, **13** of the **19** units were **100%** compliant; **6** of the **19** units did not have an applicable sample. For ATC 6, **13** of the **19** units were **100%** compliant; **6** of the **19** units did not have an applicable sample. Availability of the 911 tool was assessed on the **10** units that received on onsite visit. All **10** of the **19** units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances are appropriately documented. During the Fourth Quarter FY 2021, a total of **79** instances of compelled psychoactive medication administration occurred. There were **28** instances at the Montford unit, **29** instances at the Skyview unit, **22** instances at the Jester IV unit, and **0** instances at the Clements unit. During each month of the quarter, Jester IV, Skyview, and Montford, were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. The Clements Unit did not have any applicable instances of compelled psychoactive medications for the quarter.
- The Intake Mental Health Evaluation Audit conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Intake Mental Health Evaluation Audits were discontinued in May of 2020 due to limited intakes. These audits rely on data two months behind the reporting month. These audits will tentatively resume when the two week quarantine is lifted. The quarantine impacts how inmates are processed and assigned to the units, which has impacted our ability to draw a reliable sample for this audit.

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 Fourth Quarter of FY 2021, HSL conducted **578** 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 **578** hospital discharge audits conducted, **476** were from the UTMB Sector and **102** were from the TTUHSC sector. There were **195** deficiencies identified for UTMB and **20** 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 **2** 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 - **16**
- Correctional Institutions Division Pending Monthly Research Projects - **1**
- Health Services Division Active Monthly Medical Research Projects - **8**
- Health Services Division Pending Medical Research Projects – **1**

SGLT2i for the Treatment of Type 2 Diabetes

Presented to the Correctional Managed
Health Care Committee
December 8, 2021

Stephanie Zepeda, Pharm.D.
Associate Vice President
Pharmacy Services CMC

Overview

- Briefly describe the current status of diabetes in the United States and its cost
- Review the role of SGLT2i (sodium-glucose cotransporter 2 inhibitors) in the treatment of patients with type 2 diabetes at high-risk for or with established atherosclerotic cardiovascular disease (ASCVD), chronic kidney disease (CKD), or heart failure (HF)
- Discuss proposed changes to the type 2 diabetes (T2D) disease management guideline
- Review cost projections
- Obtain CMHCC endorsement for the use of SGLT2i for the treatment of T2D

Diabetes in US

34.2
MILLION

34.2 million people have diabetes



That's about 1 in every 10 people



1 IN 5 don't know they have diabetes

In adults, type 1 diabetes accounts for approximately

5-10%

of all diagnosed cases of diabetes

Medical costs for people with diabetes are more than twice as high



as for people without diabetes

\$327 billion

cost of diagnosed diabetes in US

In adults, type 2 diabetes accounts for approximately

90-95%

of all diagnosed cases of diabetes

\$1 in \$7

health care dollars is spent treating diabetes and its complications



Diabetes in US

People with diabetes are at higher risk for serious health complications

- It is the leading cause of new cases of blindness
- It is the leading cause of end-stage kidney disease
- It is the seventh leading cause of death in the US

Risk of early death for adults with diabetes is

60%
HIGHER

than for adults without diabetes

Long-term Complications of Diabetes

Microvascular Complications

Diabetic retinopathy

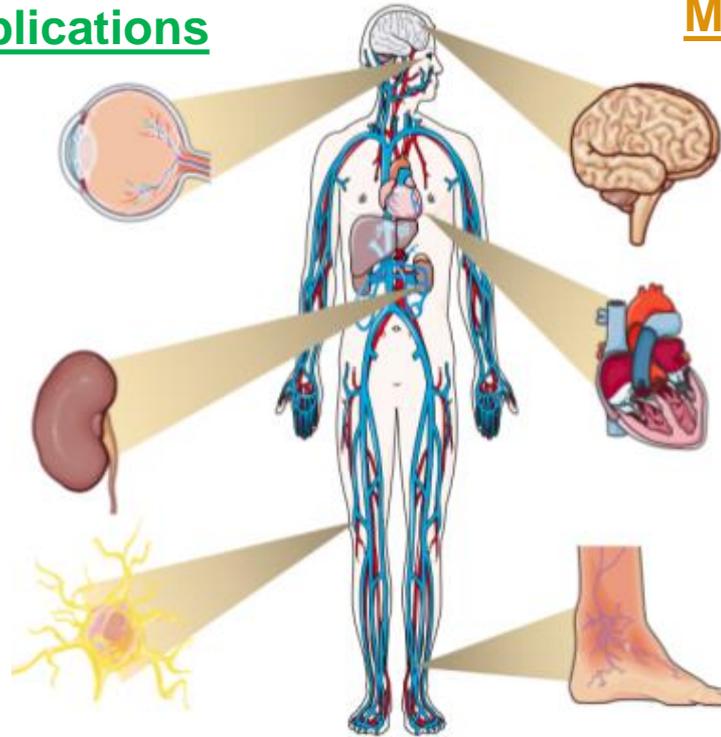
a leading cause of blindness

Diabetic nephropathy

a leading cause of end-stage renal disease

Diabetic neuropathy

a leading cause of amputations



Macrovascular Complications

Stroke

Heart Disease

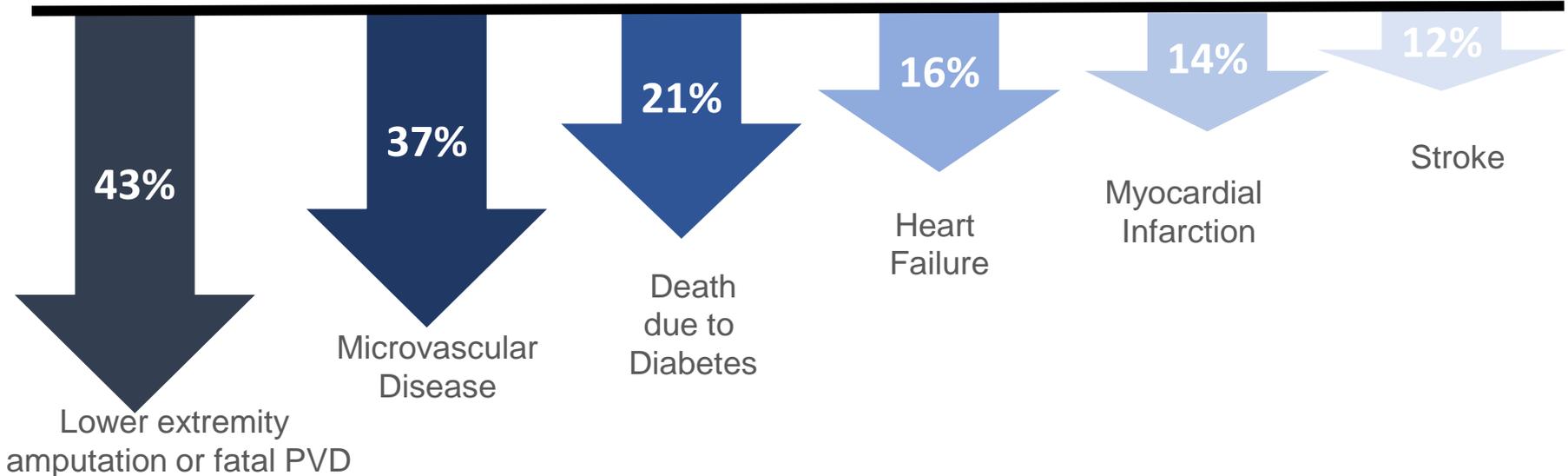
Peripheral vascular disease

ASCVD is the leading cause of morbidity and mortality for people with diabetes

Improving Control Reduces Risks of Complications

- Although intensive glucose control reduces microvascular complications in type 1 and type 2 diabetes, trials of glucose lowering therapies have shown variable effects on reducing CVD
- Treatment paradigm has shifted to emphasize the importance of using agents with demonstrated cardiovascular benefits

Every 1% drop in HbA1C reduces long-term diabetes complications



Agents with Cardiovascular Benefits

Class	Primary Mechanism of Action	Agent(s)	Brand Name	Administration
Glucagon-like peptide 1 receptor agonists (GLP-1 RA)	<ul style="list-style-type: none"> • Increase glucose-dependent insulin secretion • Decrease glucagon secretion • Slow gastric emptying • Increase satiety 	Dulaglutide ^{^*} Exenatide Exenatide XR Liraglutide ^{^*} Lixisenatide Semaglutide ^{^*} Semaglutide PO ^{^*}	Trulicity Byetta Bydureon Victoza Adlyxin Ozempic Rybelsus	Once weekly injection Twice daily injection Once weekly injection Once daily injection Once daily injection Once weekly injection Once daily oral tablet
Sodium glucose cotransporter 2 Inhibitors (SGLT2i)	<ul style="list-style-type: none"> • Increase urinary excretion of glucose 	Canagliflozin ^{^‡†} Dapagliflozin ^{^‡†} Empagliflozin ^{^‡†} Ertugliflozin	Invokana Farxiga Jardiance Steglatro	Once daily oral tablet Once daily oral tablet Once daily oral tablet Once daily oral tablet

[^] CVD benefit

[‡] HF benefit

[†] CKD benefit

* Benefit on renal end points based on albuminuria outcomes in cardiovascular outcome trials (CVOTs)

National Guideline Recommendations T2D

	ADA	AACE/ACE
1 st line	Metformin + lifestyle modifications	<p><u>A1c <7.5%</u>: Metformin + lifestyle modifications</p> <p><u>A1c ≥ 7.5% to 9%</u>: Dual therapy with Metformin + another agent</p> <p><u>A1c > 9%</u>:</p> <ul style="list-style-type: none"> • Symptoms (insulin + other agents) • No symptoms (dual or triple therapy)
High-risk or ASCVD, CKD, or HF	<ul style="list-style-type: none"> • Indicator of high risk or ASCVD: SGLT2i or GLP-1 RA with proven CVD benefit • Heart Failure: SGLT2i with proven benefit • CKD: SGLT2i preferred or GLP-1 RA with proven benefit 	Indicator of high risk, ASCVD, HF, or CKD: SGLT2i or GLP-1 RA with proven CVD benefit

National Guideline Recommendations T2D

	ADA	AACE/ACE
2 nd line	<p><u>Need to minimize hypoglycemia:</u> DPP-4i, GLP-1 RA, SGLT2i, TZD (no order of hierarchy)</p> <p><u>Need to minimize weight gain:</u> GLP-1 RA with evidence of weight loss or SGLT2i</p> <p><u>Cost:</u> SU or TZD</p>	<p>If monotherapy, increase to dual therapy</p> <p>If dual therapy, increase to triple therapy</p> <p>If triple therapy, intensify or add insulin</p>

Compelling Data to Use SGLT2i

- Treatment paradigm has shifted to emphasize the importance of using agents with demonstrated cardiovascular benefits
- SGLT2i and GLP-1 RA have benefits beyond glycemic control
 - Compelling evidence to consider use of either drug class in inpatients with established ASCVD – reduces major adverse cardiac events such as myocardial infarction and cardiovascular death
 - Mounting evidence favors use of SGLT2i inhibitor for inpatients with heart failure or CKD
- GLP-1 RA are generally injectable therapies
- SGLT2i are a group of oral medications that do not require refrigeration for storage and are easier to administer

CMC Recommended Use Criteria

Type 2 Diabetes disease management guideline will be revised to include Empagliflozin, an SGLT2i, as an oral option for treatment:

- Patient with established cardiovascular disease, heart failure with reduced ejection fraction (HFrEF $\leq 40\%$), or CKD (eGFR 45 to 59 mL/min/1.73m² or UACR > 30 mg/g)
- Considered in obese patients that have not failed maximum tolerated dose of metformin or documented contraindication to metformin

If there is no history of ASCVD, HF, or CKD, existing formulary agents continue to be appropriate

Projected Annual Cost – Current Pricing

UTMB Sector			Texas Tech Sector		
No. Diabetics	7,486		No. Diabetics	1,493	
Est. T2D (95%)	7,112		Est. T2D (95%)	1,418	
Unit Cost ¹	\$0.01		Unit Cost	\$12.60	
	ASCVD Incidence 15% ²	ASCVD Incidence 44% ³		ASCVD Incidence 12% ²	ASCVD Incidence 44% ³
No. Diabetes	1,067	2,276	No. Diabetes	170	624
Daily Cost	\$9.60	\$20.48	Daily Cost	\$2,145	\$7,866
Annual Cost	\$3,504	\$7,476	Annual Cost	\$783,008	\$2,871,028

	ASCVD Incidence 14.5% ²	ASCVD Incidence 44% ³
TDCJ Annual Cost	\$786,512	\$2,878,504



1. When a manufacturer increases the price of a 340B drug more quickly than the rate of inflation, it is subject to a “penny pricing” penalty and is required to sell that drug at a price of 1 penny.
2. ASCVD prevalence in diabetes based on PEARL EHR data
3. ASVD prevalence based on data reported by Einarson TR, et al.

Projected Annual Cost if Price Increases

UTMB Sector			Texas Tech Sector		
No. Diabetics	7,486		No. Diabetics	1,493	
Est. T2D (95%)	7,112		Est. T2D (95%)	1,418	
Unit Cost ¹	\$6.30		Unit Cost	\$12.60	
	ASCVD Incidence 15% ²	ASCVD Incidence 44% ³		ASCVD Incidence 12% ²	ASCVD Incidence 44% ³
No. Diabetes	1,067	2,276	No. Diabetes	170	624
Daily Cost	\$6,723	\$14,342	Daily Cost	\$2,145	\$7,866
Annual Cost	\$2,453,782	\$5,234,735	Annual Cost	\$783,008	\$2,871,028

	ASCVD Incidence 14.5% ²	ASCVD Incidence 44% ³
TDCJ Annual Cost	\$3,236,790	\$8,105,763

Questions

References

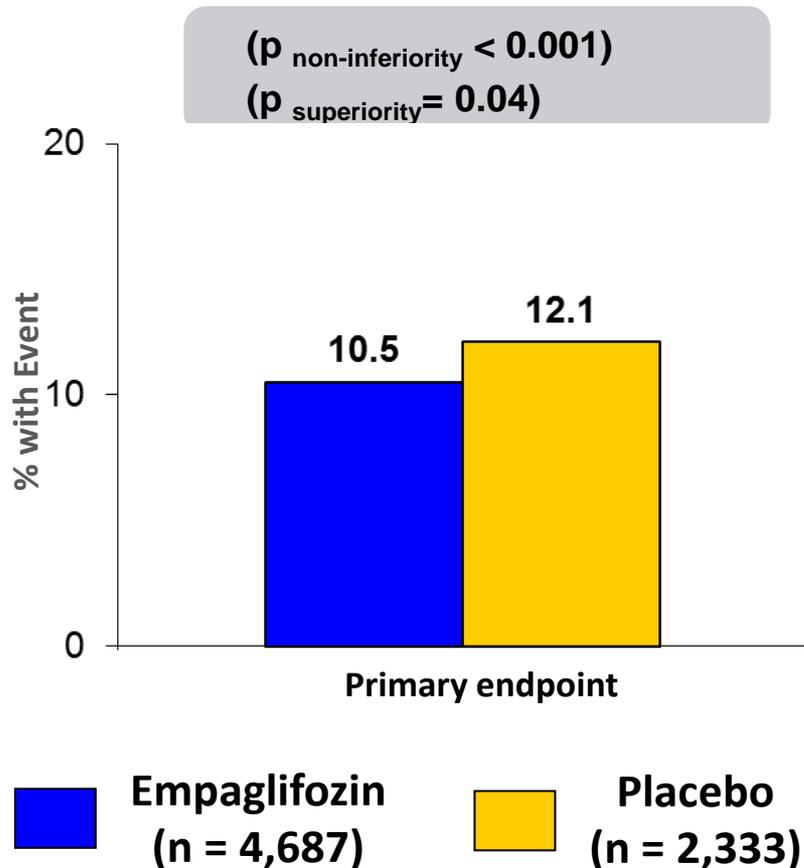
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- Emperor-Reduced. Summary Slide. ACA. <https://www.acc.org/education-and-meetings/image-and-slide-gallery/media-detail?id=a19b240646844c61a9ab36bcd30175c9>

EMPA-REG Outcome

Trial design: Patients with type 2 diabetes mellitus (DM2) at high risk for CV events were randomized to receive in a 1:1:1 fashion either empagliflozin 10 or 25 mg, or placebo. They were followed for 3.1 years.



Primary outcome

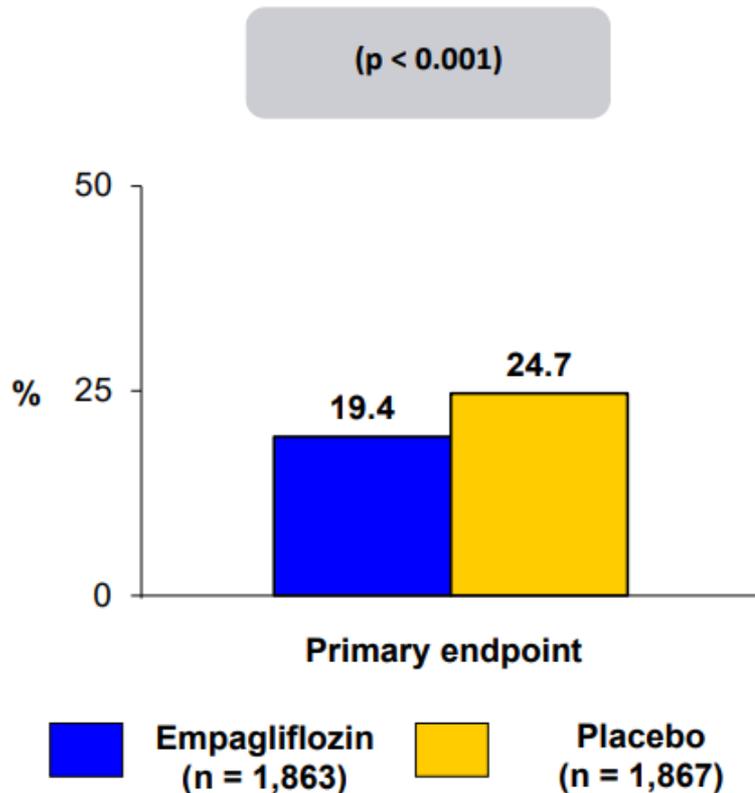
- CV death, MI, or stroke for empagliflozin vs. placebo: 10.5% vs. 12.1%
- CV death: 3.7% vs. 5.9%, $p < 0.001$
- all MI: 4.8% vs. 5.4%, $p = 0.23$
- all stroke: 3.5% vs. 3.0%, $p = 0.26$.

Secondary outcomes

- All-cause mortality: 3.7% vs. 5.9%, $p < 0.001$
- HF hospitalization: 2.7% vs. 4.1%, $p = 0.002$
- Incident or worsening nephropathy: 12.7% vs. 18.8%, $p < 0.001$

EMPEROR-Reduced Outcome

Trial design: Patients with heart failure and reduced ejection fraction (HFrEF) with or without type 2 diabetes mellitus were randomized in a 1:1 fashion either empagliflozin 10 or placebo. They were followed for 16 months.



Primary outcome

- CV death or HF hospitalization empagliflozin vs. placebo: 19.4% vs. 24.7%, p < 0.001
- CV death: 10% vs. 10.8%
- HF hospitalization: 13.2% vs. 18.3%

Secondary outcomes

- Total hospitalizations: 388 vs. 553, p < 0.001
- All-cause mortality: 13.4% vs. 14.2%, p > 0.05
- Death, HF hospitalization, emergent or urgent HF visit 32.7% vs. 43%, p < 0.0001
- Renal outcome (chronic HD, renal transplantation, profound sustained reduction in eGFR): 1.6% vs. 3.1%, p < 0.01