



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

September 15, 2021

10:00 a.m. (CST)

Conference Line  
Dial In: (877) 226-9790  
Access Code: 9971711

Zoom Registration

[https://tdcj-texas-gov.zoom.us/webinar/register/WN\\_L2wUMLj5StGYGKFB0p8Mbg](https://tdcj-texas-gov.zoom.us/webinar/register/WN_L2wUMLj5StGYGKFB0p8Mbg)

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YouTube Channel for Livestream:

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, June 16, 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 Third Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VI. Biennial Review and Adoption of the Inmate Health Services Plan  
  
Owen J. Murray, DO  
Vice President, UTMB Offender Care Services  
CMHCC Joint Medical Directors Working Group
- VII. Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview  
  
Ron Steffa, MBA  
Chief Financial Officer  
TDCJ Business and Finance Division
- VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)  
  
April Zamora, M.Ed., LCDC  
Division Director  
TDCJ Reentry and Integration Division / TCOOMMI
- IX. Public Comments
- X. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
June 16, 2021



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Recognitions and Introductions (cont.)</b> - Dr. Greenberg</p> <p><b>III. Approval of Consent Items</b> - Dr. Greenberg</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – March 22, 2021</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> </ul>	<p>Ms. Holt shared that she has a private practice in Bonham. She is on several boards and is honored to be serving on the CMHCC.</p> <p>Dr. Greenberg thanked Ms. Holt and called on Dr. De la Mora.</p> <p>Dr. De la Mora shared he is a physician, and his training is in internal medicine. He attended medical school in Dallas and completed his residency at Parkland Hospital. He then returned to El Paso to join the faculty at TTUHSC. He stated he is honored to be a part of the committee.</p> <p>Dr. Greenberg thanked Dr. De la Mora and then shared that on Friday, June 25, 2021 he will be presenting an overview of the CMHCC to the Texas Board of Criminal Justice (TBCJ). This presentation will be available to view on the Texas Department of Criminal Justice (TDCJ) YouTube channel.</p> <p>Dr. Greenberg next moved on to agenda item III Approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the March 22, 2021 meeting – None were absent</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 22, 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> <p>The third consent item was the approval of the Fiscal Year (FY) 2021 Second Quarter TDCJ Health Services Monitoring Report.</p>	<p>Dr. Greenberg asked Dr. Lannette Linthicum about the scores under 80% compliance for the Coordinator of Infections Disease on the Rate of Compliance with Standards by Operational Categories in the TDCJ Health Services Monitoring Report.</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports</b> - Rebecca Waltz</p> <p><b>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 Second Quarter Report</b> - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Second Quarter of FY 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 the 2021 supplement request was approved and will cover the shortfall for the current biennium. They received 60 million per year to maintain operations through 2023. The legislature knows that with this allocation, there will be a supplemental request made.</p> <p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2021 Second 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. Burruss asked for an update on the 87<sup>th</sup> legislative session as related to funding for the current and next biennium.</p> <p>Dr. Burruss asked if the medical directors are pleased with the allocation.</p> <p>Dr. Linthicum answered that they are used to the process used by the legislature to fund the program. Historically, they have always had to go back and request a supplemental appropriation and those requests have been successful.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. <b>Medical Director's Updates (cont.)</b> - Dr. Linthicum</p>		<p>Mr. Johnson asked what happens if a unit is deficient in an area for several quarters.</p> <p>Dr. Linthicum answered that the unit then would be placed on weekly monitoring. If they do not seem to be progressing or improving sufficiently, they will implement a special audit. When a special audit is implemented, a team is selected from health services and a team is selected by the appropriate university medical director and these two groups make up the special audit team. Representatives from all deficient disciplines will be on this team. The team will put together the audit plan and develop or decide on the instruments for the area or areas that will be audited. The special audit team then goes to the unit and performs a very thorough audit of the healthcare operations and then develops a report. The unit then submits corrective action plans to address deficiencies. After 60 to 90 days the audit team will go back out to ensure corrective action plans were implemented and check on the progress.</p> <p>Mr. Johnson stated his question was prompted by review of the dental deficiencies and it seems that some show up on the list more frequently than others.</p> <p>Dr. Linthicum shared that there are times when these things can be handled by implementing one-on-one meetings with discipline directors. She reported there was a time when she would meet one-on-one with one of the university dental directors to assure that compliance measures were being met. When compliance gets low and especially if it continues, these are red flags and are handled.</p>	

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<p><b>V. Medical Director's Updates (cont.)</b> - Dr. Linthicum</p>		<p>Dr. Linthicum explained that inmates have three basic rights related to healthcare and those are the right to access care, the right to a professional judgment, meaning that they need to have access to appropriately credentialed staff, and they have the right to receive the care that is ordered. Those are the standards that they are constantly looking at to ensure the constitutionality of the healthcare system.</p> <p>Mr. Johnson thanked Dr. Linthicum.</p> <p>Dr. Denise Deshields added that during the pandemic dental has been the most impacted, as it relates to services, due to the fact that they have been restricted from performing aerosol generating procedures.</p> <p>Dr. Greenberg asked about the units that were idled and if they will be reopened if there is an influx of intakes from the counties, and how they would handle the staffing challenges.</p> <p>Dr. Linthicum answered that idle beds can be reinstated as needed. The medical directors are most concerned with the nursing vacancy rate. Nurses are the backbone of the healthcare delivery system. Recruitment is an ongoing discussion for the joint medical directors.</p> <p>Dr. Greenberg asked how quality of care is assessed when inmates are transferred off-site to free-world locations for treatment.</p> <p>Dr. Linthicum answered they receive a health screen when they are returned to the unit. The free-world medical records are obtained and scanned into the inmate's electronic health record, and they are reviewed by unit medical staff.</p>	





Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>	<p>Mr. Robison continued Ms. Culpepper has oversight of 23 units, which includes 3 medical infirmaries for a total of 51 infirmary beds, a 128-bed medical/surgical unit and 1,000 plus psychiatric beds in 2 inpatient facilities. They serve approximately 30,000 male inmates and have 541.69 positions in the TTUHSC sector. He has oversight of 38 facilities, 8 infirmaries totaling 289 beds, 3 sheltered housing units totaling 282 beds and 2 behavioral health facilities totaling 1,207 beds. There are approximately 60,063 patients and 885 positions in the UTMB northern GSA. Mr. Abbott has oversight of 41 facilities, 8 infirmaries totaling 252 beds, 4 sheltered housing units totaling 312 beds, 1 behavioral health unit with 550 beds and dialysis at 2 units with a total capacity of 254. There are approximately 60,313 patients and 888 positions in the UTMB southern GSA.</p> <p>Mr. Robison explained that a sheltered housing bed is used for transition or for a patient that does not require infirmary level care but cannot function in general population.</p> <p>Mr. Robison reported the current initiatives of the committee are the joint nursing quality indicator, COVID-19 encounters, COVID-19 vaccine and nursing staff challenges. The committee identifies quality indicators once every 2 years. They develop and then disseminate to all facilities. The facilities then perform the audits monthly and results are reported at the quarterly CMHCC System Leadership Council meeting. The current quality indicator is Annual TB (tuberculosis) Testing. This indicator audits compliance with inmate annual TB screening and TB symptoms screening in accordance with CMHC Infection Control Policy B-14.10 Tuberculosis.</p>	<p>Dr. Greenberg asked what the difference between a sheltered housing unit and an infirmary unit is.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>	<p>Mr. Robison next reported on COVID-19 trends over the course of the pandemic. Patients were placed in medical restriction, as a result of contact tracing, for 14 days and were provided temperature checks and symptom screening. There were two big waves within the UTMB sector in July of 2020 and December of 2020. In addition to COVID-19, in August of 2020 hurricane Laura effected the Gulf Coast units and then in February the units statewide had winter storm Uri to deal with. Over just the course of the pandemic, nursing has completed over 6 million patient encounters.</p> <p>Mr. Robison shared that the other unit disciplines; medical, dental and mental health staff assisted with patient rounding during the pandemic which required going cell side for temperature checks and symptom screening. Patients in medical isolation, or patients who are sick require a nurse to go cell side. In addition to temperature checks and screening, the patients in medical isolation were also provided pulse oximeter respiratory rates and detailed assessments.</p> <p>Mr. Robison reported on the COVID-19 vaccination initiative and administration. Both sectors worked closely with TDCJ Health Services and followed vaccine administration guidelines and directives in providing vaccines to the inmate population, TDCJ employees and healthcare workers. This is ongoing and the numbers continue to rise. As of yesterday, UTMB had administered over 110,000 doses of the COVID-19 vaccine. Texas Tech as of yesterday had administered over 25,000 doses. Both sectors have administered all 3 vaccines.</p> <p>Mr. Robison next reported nursing vacancies in the UTMB sector. They have 1,680 nursing positions. For the 18<sup>th</sup> pay period, there were 356 vacancies, 311 unfilled positions and 45 employees on some sort of leave of absence. They have jumped from a 15% vacancy rate to a 19% vacancy rate and if you add in the employees on leave of absence it is a 21% overall effective vacancy rate.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>	<p>Mr. Robison stated he has been with UTMB for 17 years and this is the highest vacancy rate he has seen. Contributing to the vacancy rate is a voluntary turnover rate of 14% for RNs, 17% for LVNs and 10% for unlicensed staff and salaries that are not competitive with freeworld salaries. They have an initiative that offers additional incentive pay at some of the higher acuity facilities. That is helping with retention, but not recruitment.</p> <p>Mr. Robison reported on nursing vacancies in the Texas Tech sector. 56% of the nursing staff have at least five years of service, so the majority are tenured nursing staff. The remaining 44% is where they see the greatest turnover rates. If they get past the five-year mark, they are more likely to consider benefits and retirement and thus are more likely to stay.</p> <p>Mr. Robison answered that is correct.</p>	<p>Dr. Greenberg noted that they are having the same challenge with staffing and turnover in the private sector.</p> <p>Mr. Johnson thanked the CMHCC Joint Nursing Working Group for doing a phenomenal job during this period of adversity.</p> <p>Dr. De la Mora asked if the vaccination rate for fully vaccinated healthcare employees is currently at 52%.</p> <p>Dr. De la Mora asked, although those numbers are good, when compared to other entities and even hospitals in his area that are reporting 90% vaccination rates, is this number lower than the general benchmark across the state or across the nation for healthcare employees?</p> <p>Dr. Murray answered that it has been an issue. They have and will continue to go out and educate the staff about vaccination.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>		<p>Mr. Johnson asked if there were any other methods available to try to increase vaccination rates.</p> <p>Dr. Linthicum answered that state agencies cannot force vaccination. Private entities have more leeway. The inmate vaccination rates are higher. What they can do, as Dr. Murray reported, is continue with the educational campaign. They have done that as well on the TDCJ side. The public information office produced videos and posters.</p> <p>Dr. DeShields shared they have had very robust education. They find these same rates with the flu vaccine.</p> <p>Dr. Greenberg stated they face the same issues in the private sector and noted that there is a lot of misinformation on social media.</p> <p>Dr. De la Mora asked if they are seeing the same hesitancy with, and if the rates are the same for the correctional officers.</p> <p>Dr. Linthicum answered yes. They have produced education materials and made those available. There are posters on all the facilities, and they continue to try to get people motivated to get the vaccine. They offered the inmates a free commissary item for receiving the vaccine. About 50% of the inmate population is considered indigent and this is something that has helped with the flu vaccination rates. They will continue to move forward with the education campaign.</p>	

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<p><b>VII. Public Comments</b> - Dr. Greenberg</p> <p><b>VIII. Adjourn</b></p>	<p>Dr. Greenberg thanked Mr. Robison 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 thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for September 15, 2021 in Dallas, Texas.</p> <p>The meeting was adjourned at 11:49am.</p>		

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

\_\_\_\_\_  
Date

Consent Item

TDCJ Health Services  
Monitoring Reports



TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE

**Health Services Division**

***Quarterly Monitoring Report***

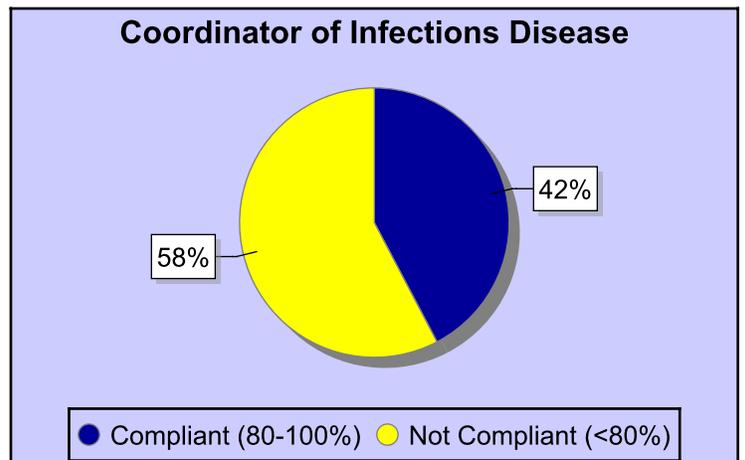
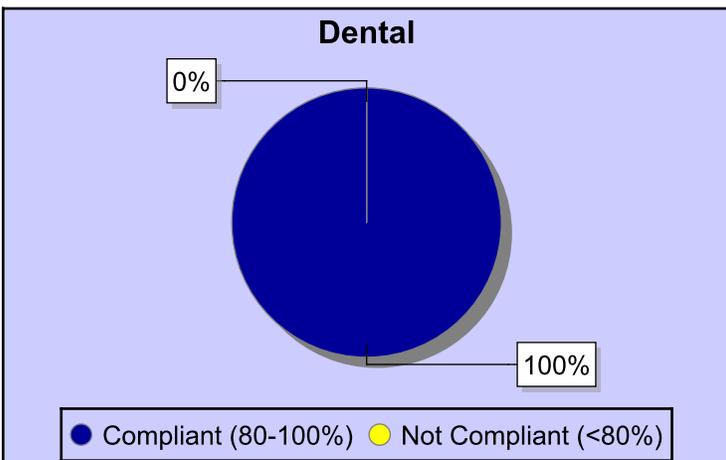
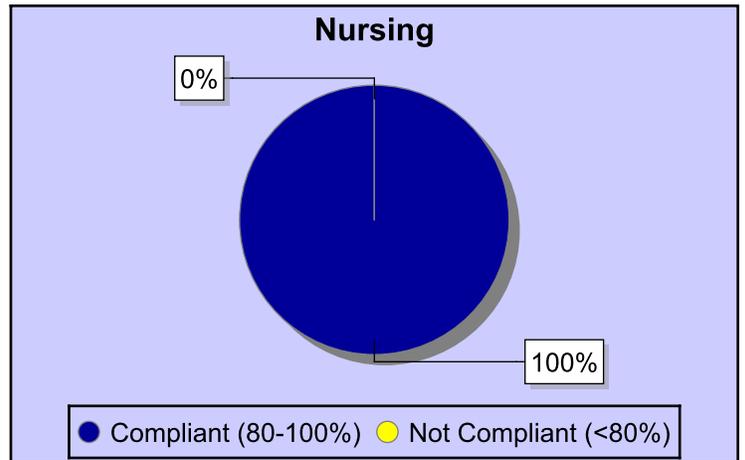
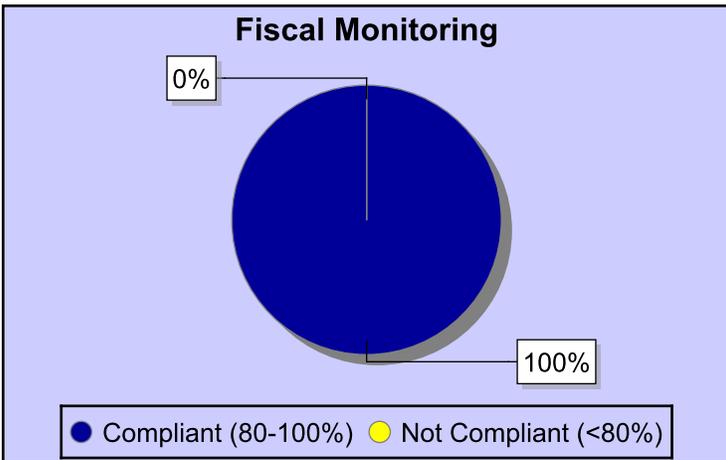
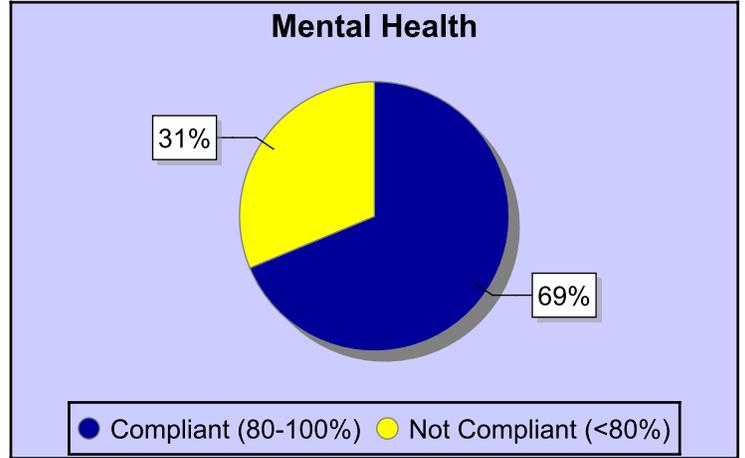
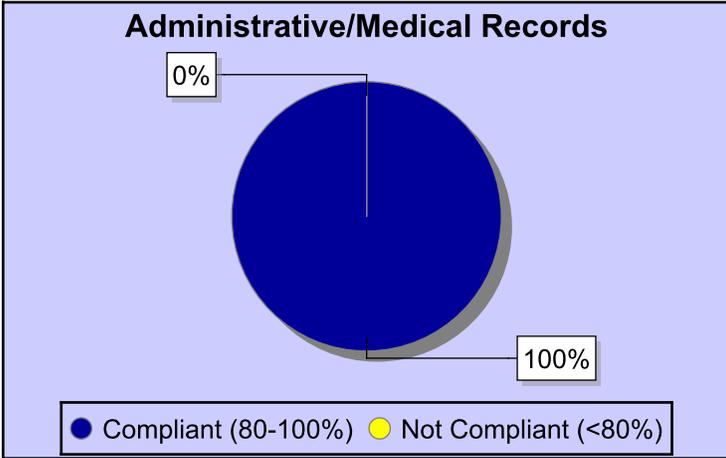
**Third Quarter, Fiscal Year 2021  
(March, April, and May 2021)**

Rate of Compliance with Standards by Operational Categories  
Third Quarter, Fiscal Year 2021  
March 2021 - May 2021

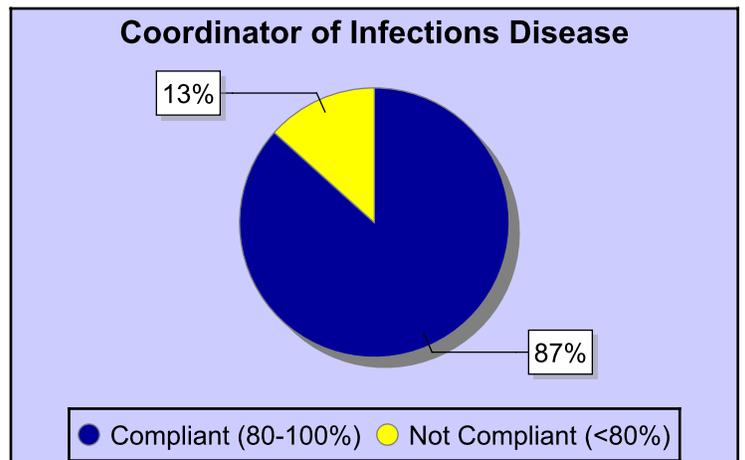
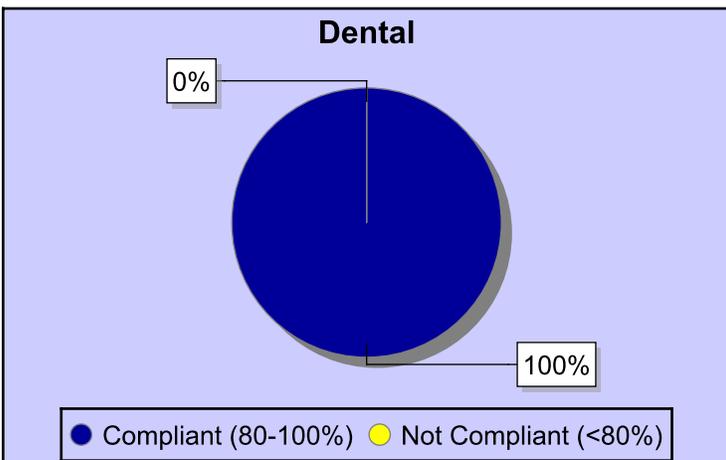
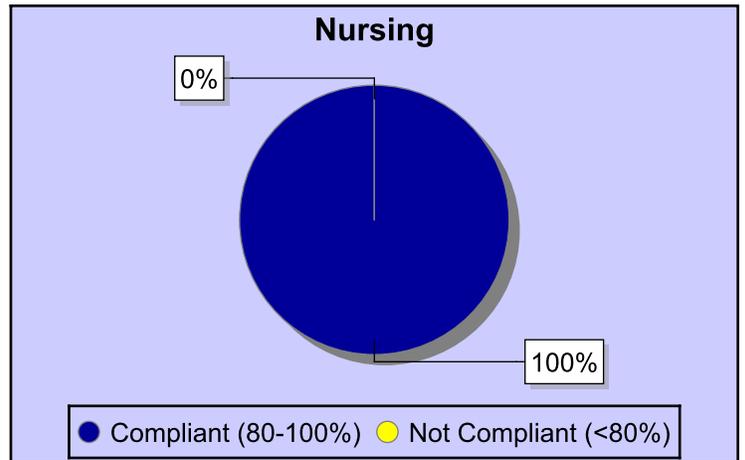
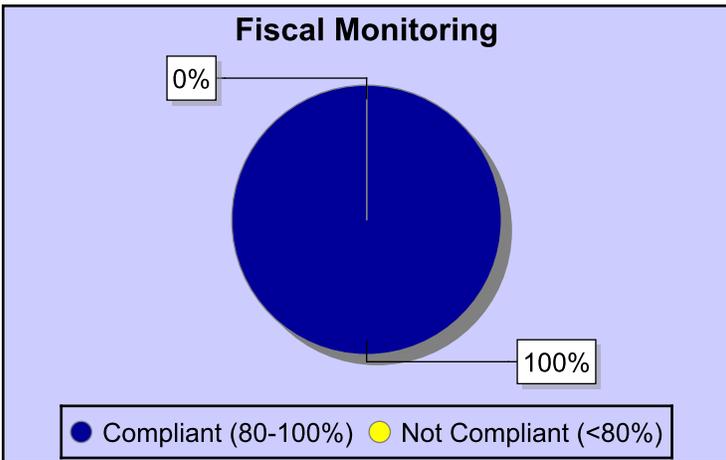
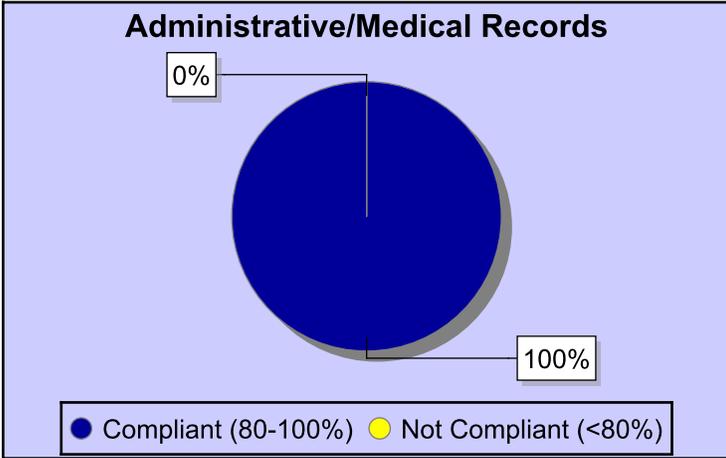
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Coffield	31	31	100%	11	11	100%	26	11	42%	2	2	100%	16	11	69%	2	2	100%
Diboll	31	31	100%	11	11	100%	15	13	87%	2	2	100%	1	0	0%	2	2	100%
Duncan	31	31	100%	11	11	100%	22	19	86%	2	2	100%	2	2	100%	2	2	100%
Hilltop	29	29	100%	13	13	100%	18	15	83%	2	2	100%	16	14	88%	2	2	100%
Kyle	30	30	100%	11	11	100%	23	19	83%	2	1	50%	14	14	100%	2	2	100%
Moore, B.	30	29	97%	11	11	100%	15	13	87%	2	2	100%	12	12	100%	2	2	100%
Moutain View	30	30	100%	13	12	92%	18	16	89%	2	2	100%	22	19	86%	2	2	100%
Travis State Jail	30	30	100%	13	13	100%	36	30	83%	3	2	67%	16	15	94%	2	2	100%
Woodman State Jail	31	31	100%	14	14	100%	27	26	96%	2	2	100%	14	12	86%	2	2	100%

*n* = number of applicable items audited.

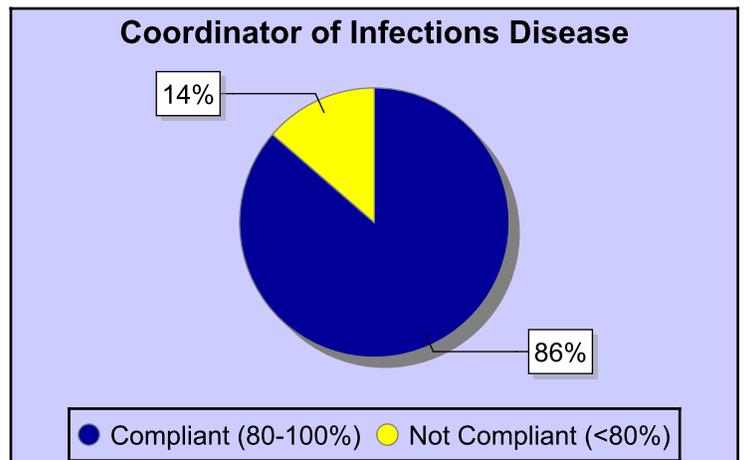
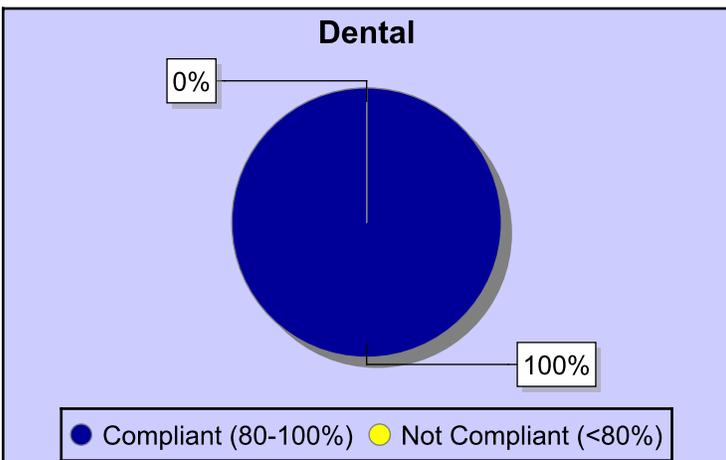
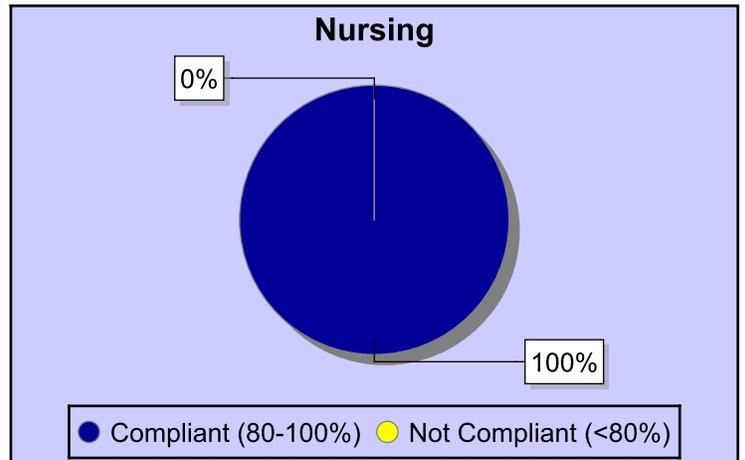
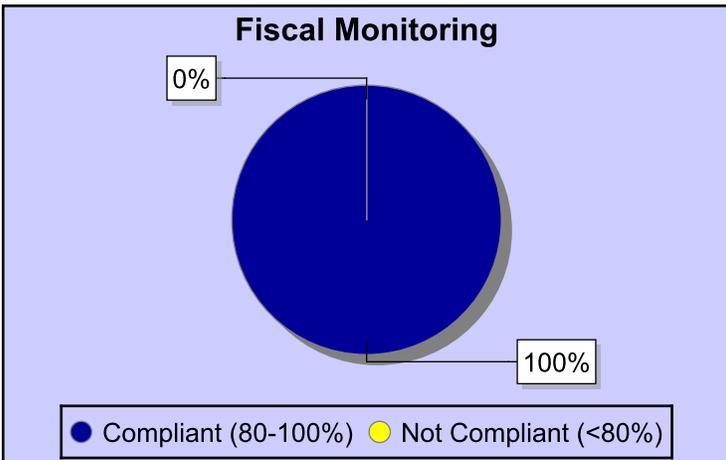
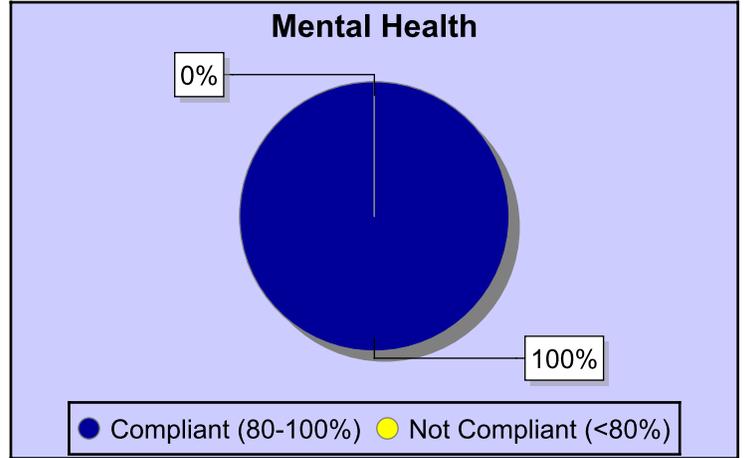
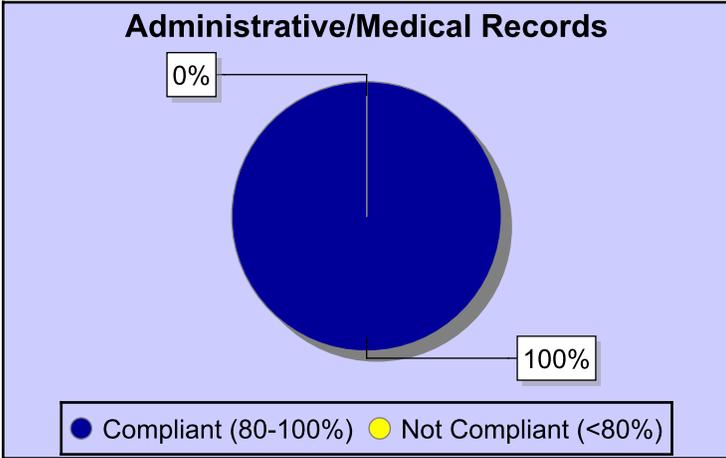
Compliance Rate By Operational Categories for  
COFFIELD FACILITY  
March 08, 2021



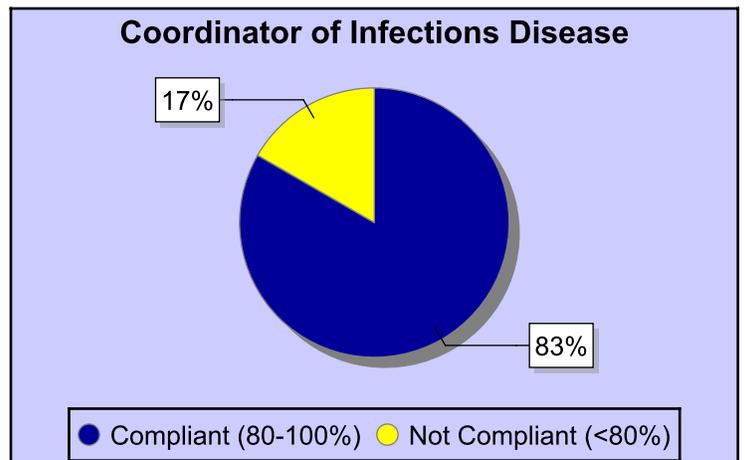
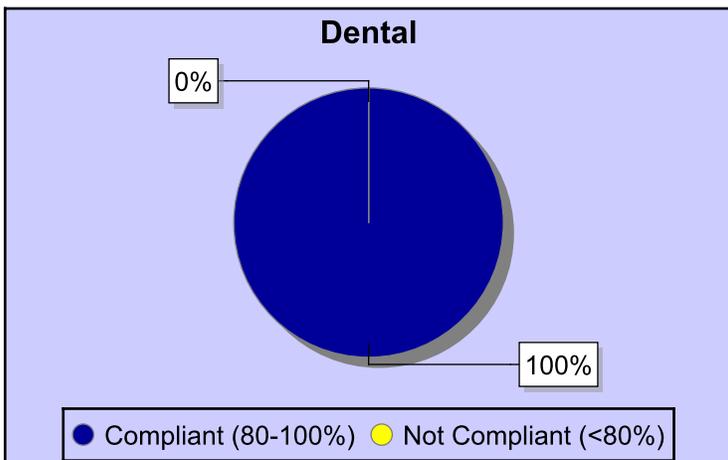
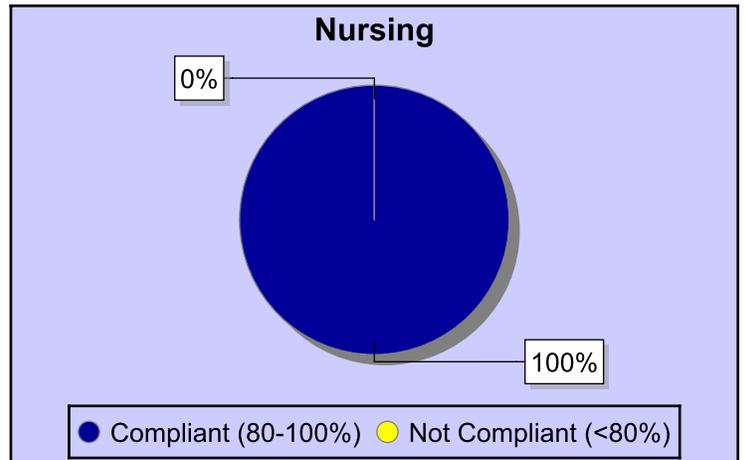
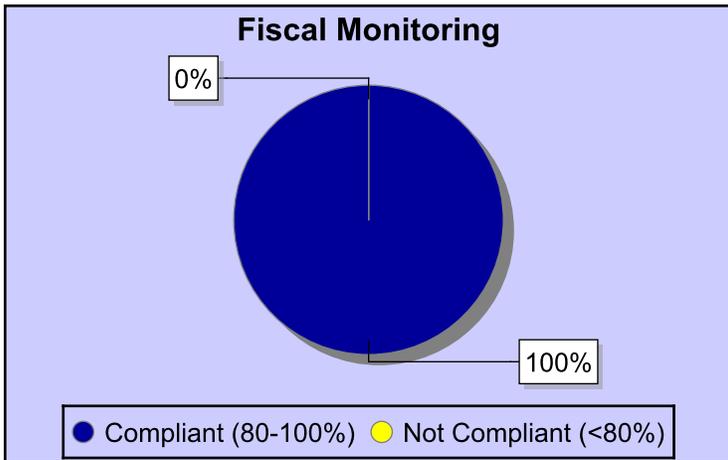
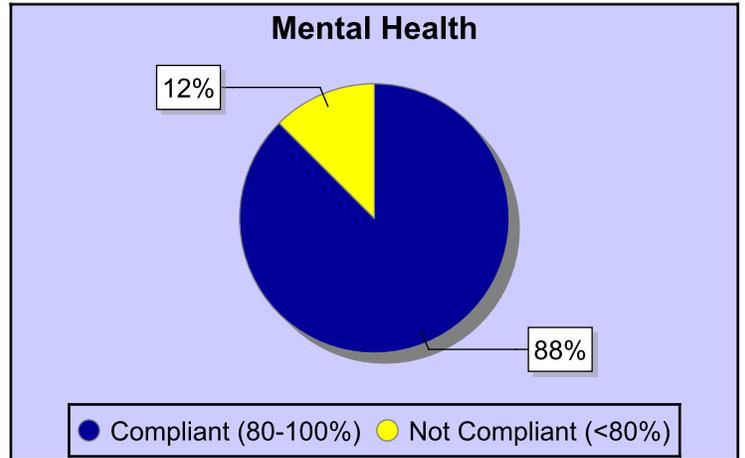
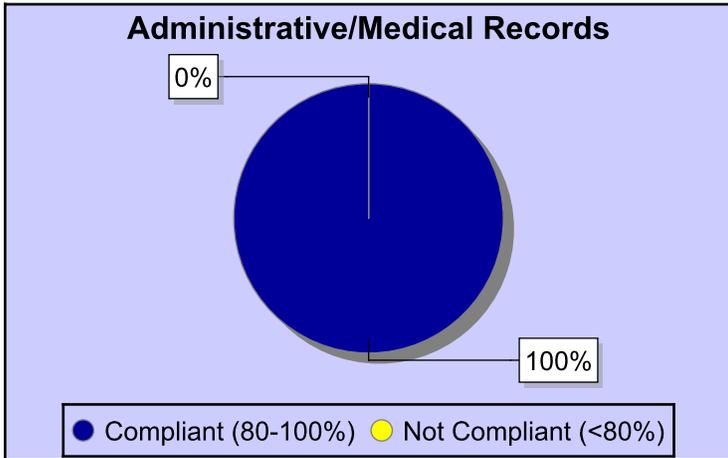
Compliance Rate By Operational Categories for  
DIBOLL PRIVATE FACILITY  
May 06, 2021



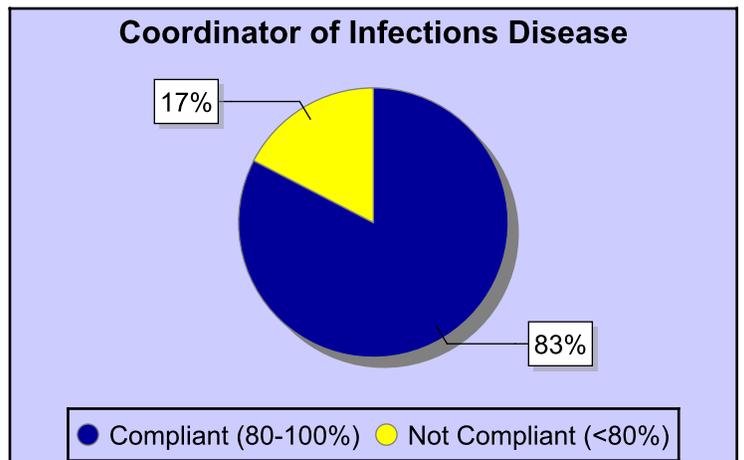
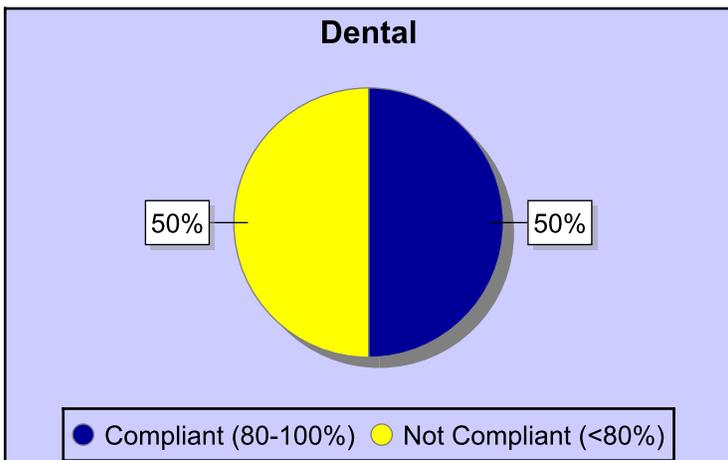
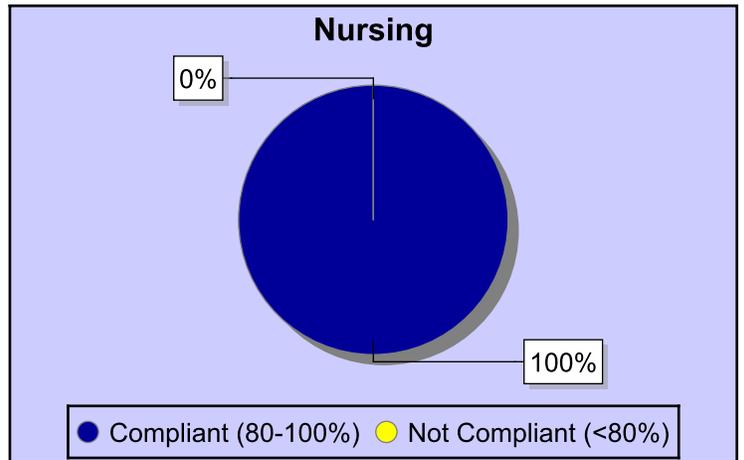
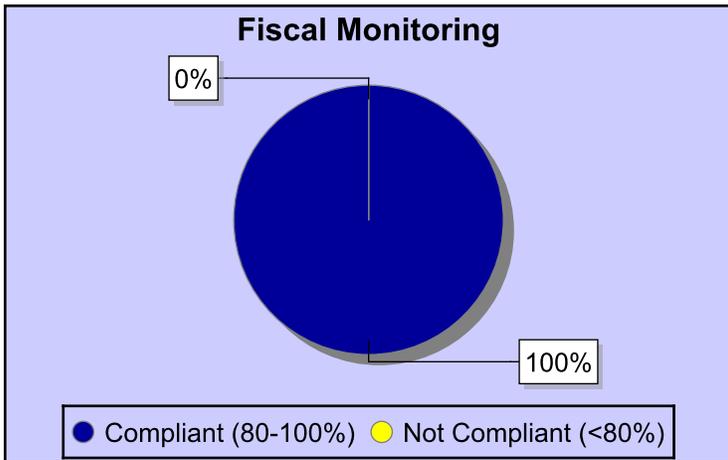
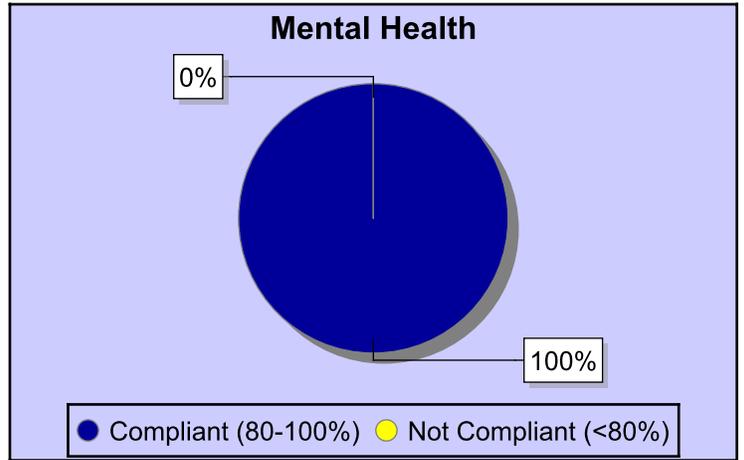
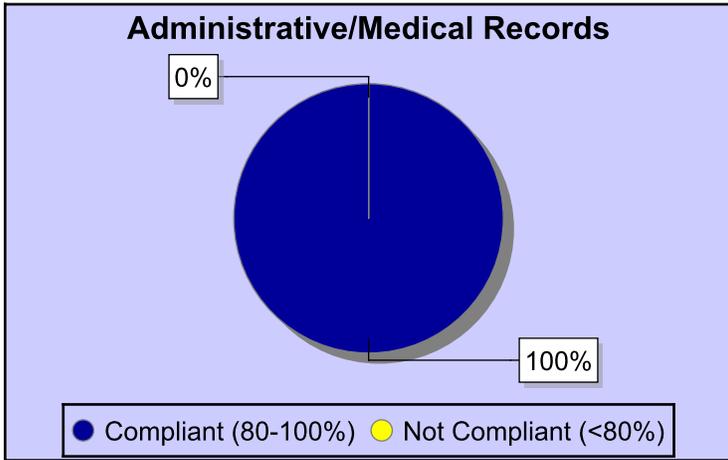
Compliance Rate By Operational Categories for  
DUNCAN FACILITY  
May 06, 2021



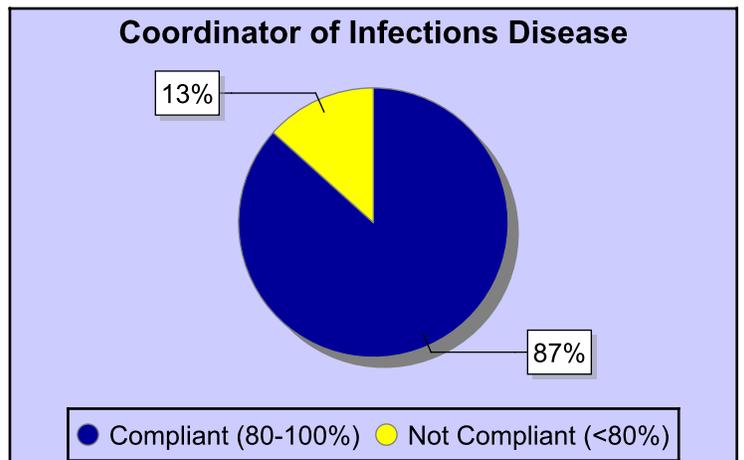
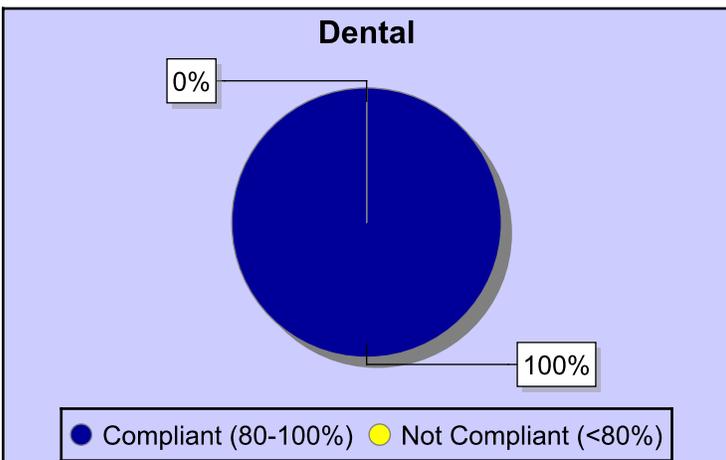
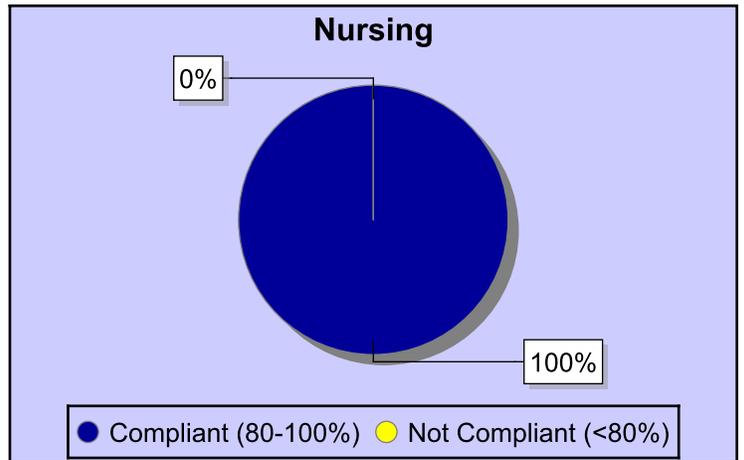
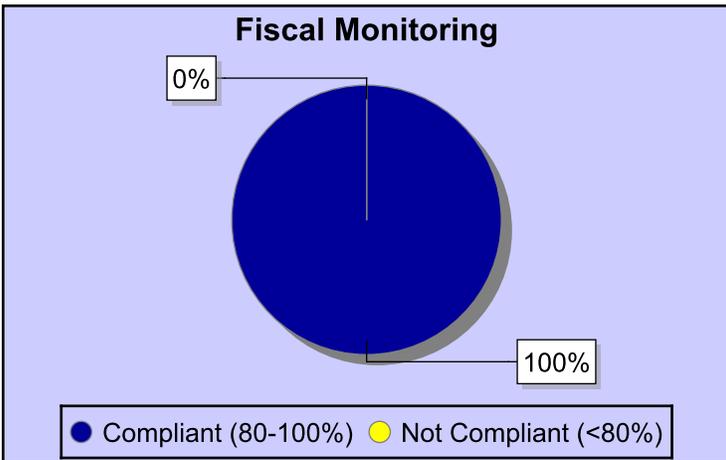
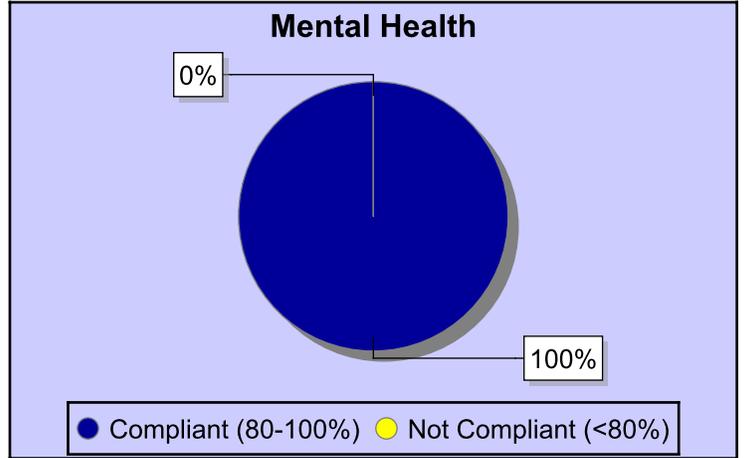
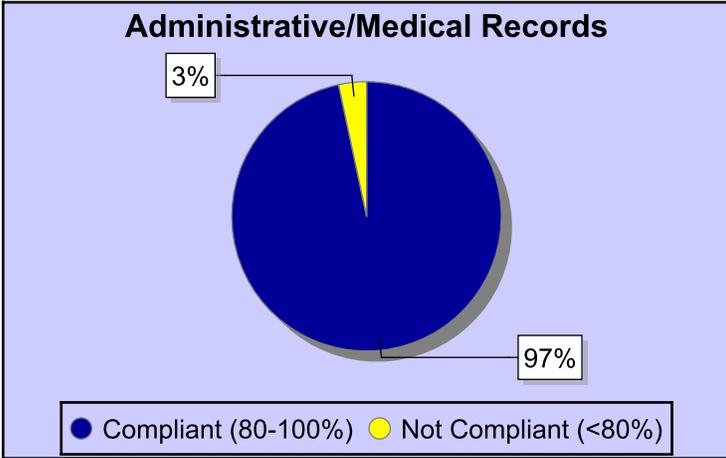
Compliance Rate By Operational Categories for  
HILLTOP FACILITY  
April 05, 2021



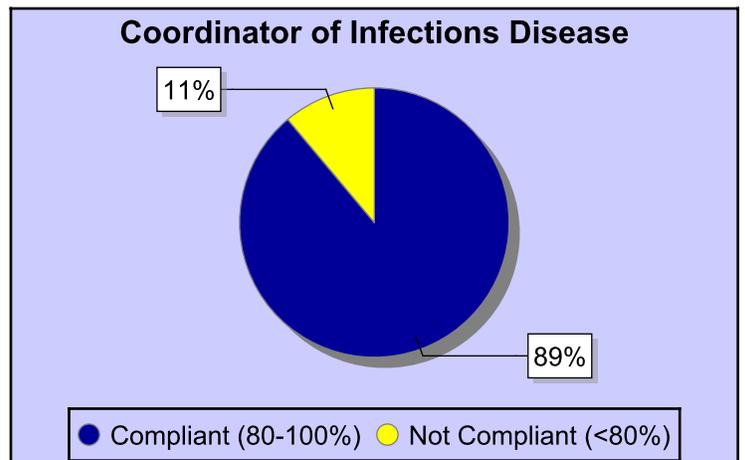
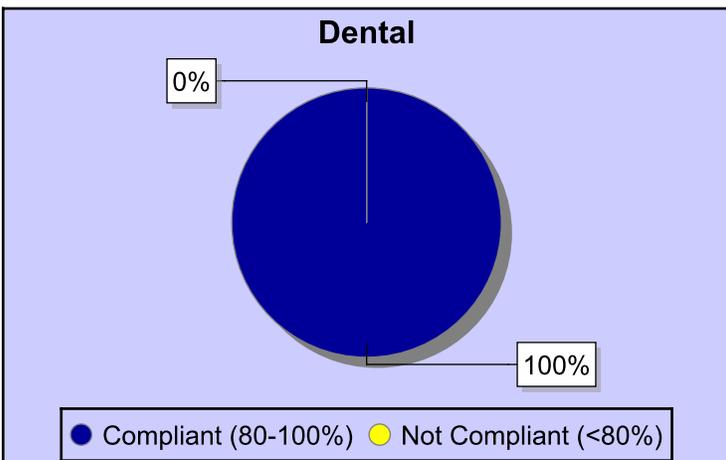
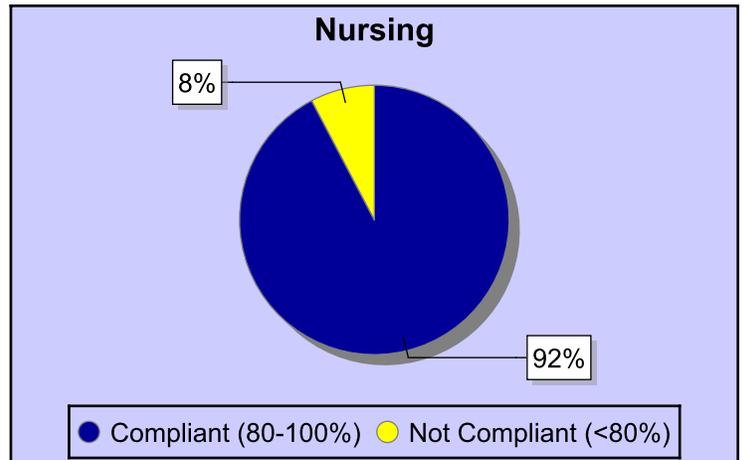
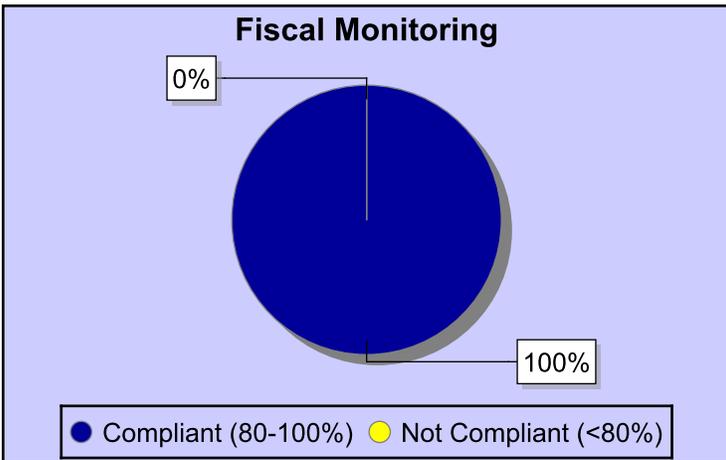
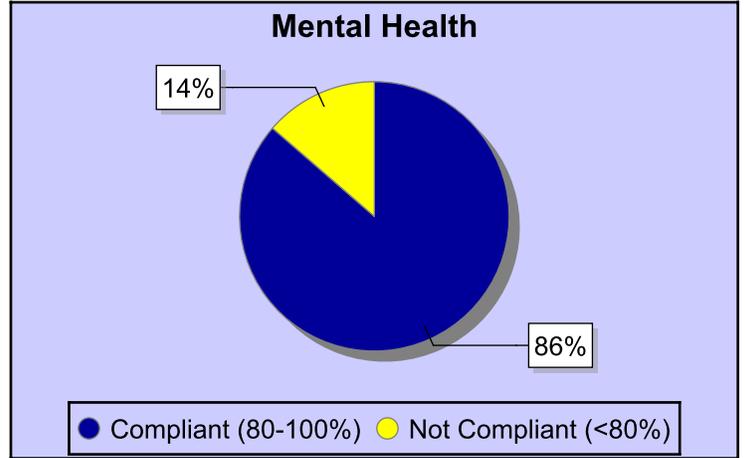
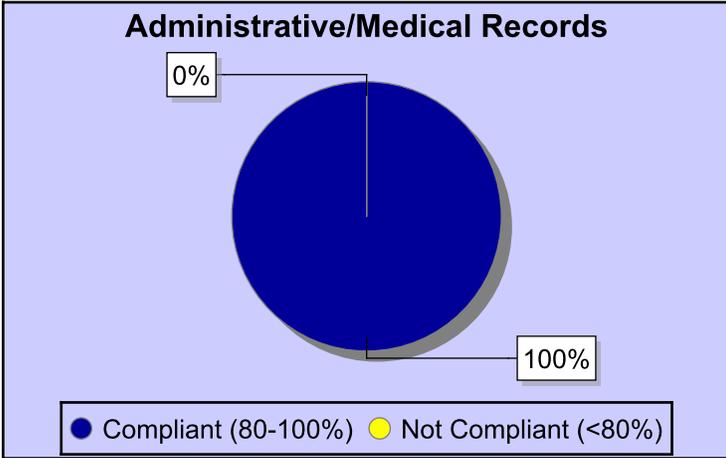
Compliance Rate By Operational Categories for  
KYLE FACILITY  
March 04, 2021



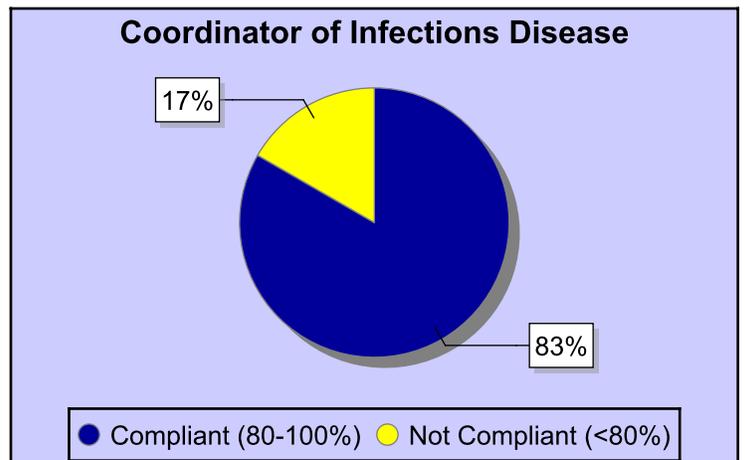
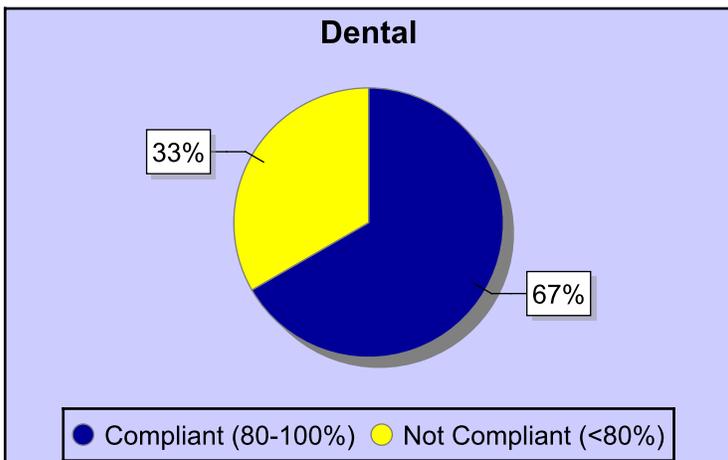
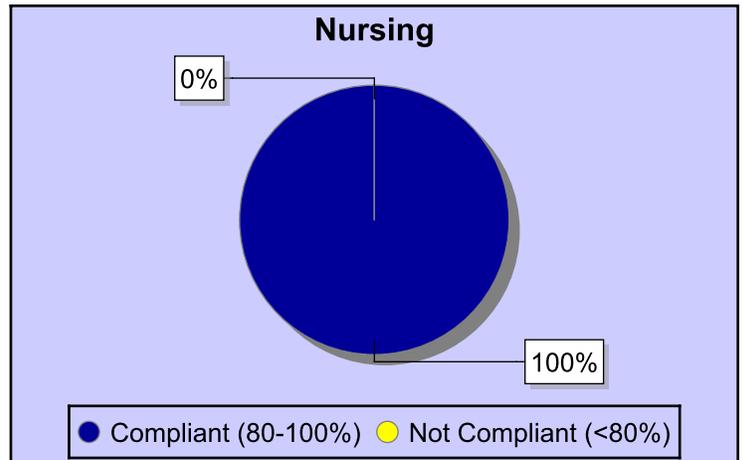
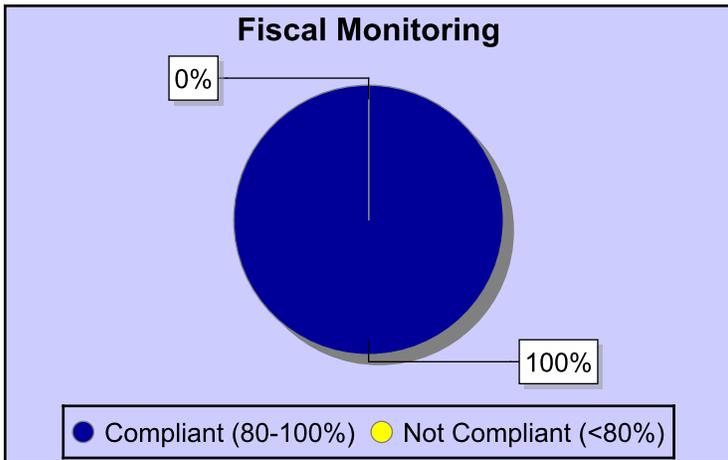
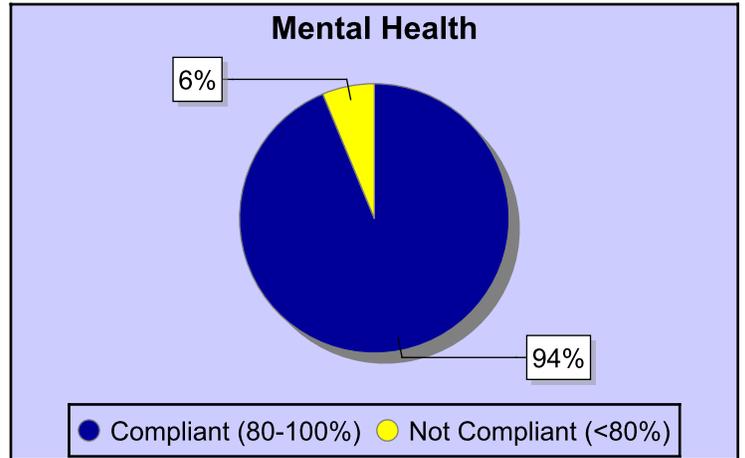
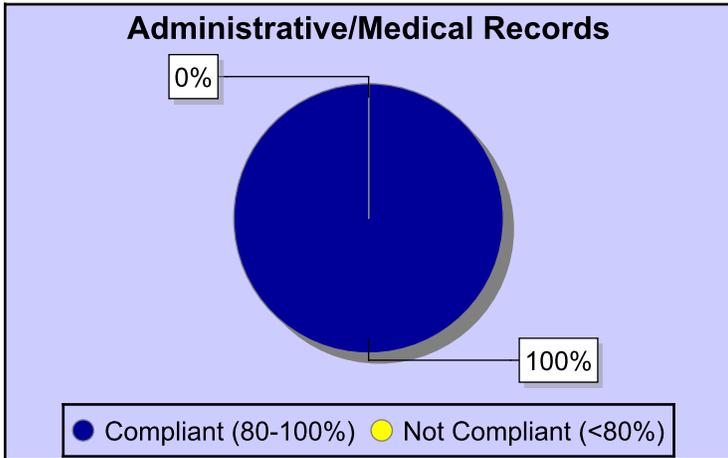
Compliance Rate By Operational Categories for  
MOORE (B) FACILITY  
May 05, 2021



Compliance Rate By Operational Categories for  
MT. VIEW FACILITY  
April 06, 2021



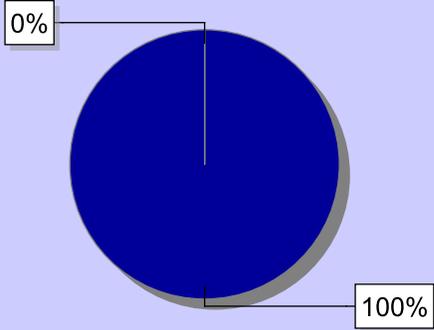
Compliance Rate By Operational Categories for  
TRAVIS CO. FACILITY  
March 03, 2021



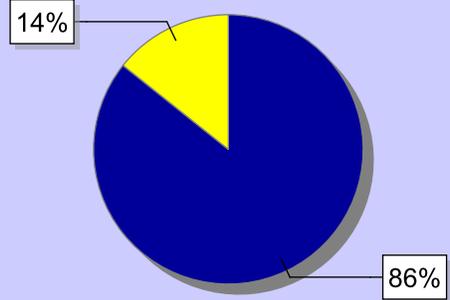
# Compliance Rate By Operational Categories for WOODMAN FACILITY

April 05, 2021

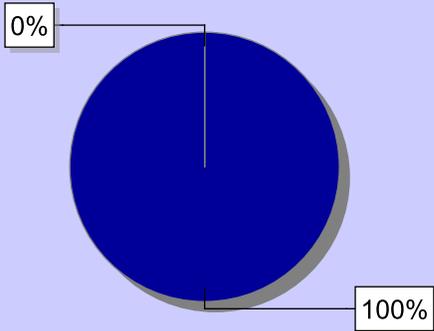
### Administrative/Medical Records



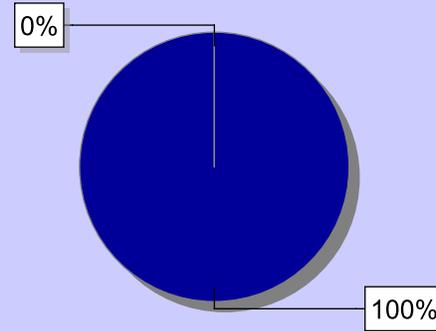
### Mental Health



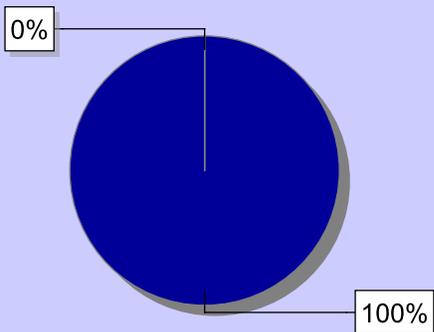
### Fiscal Monitoring



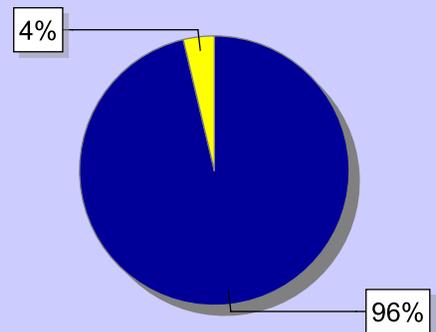
### Nursing



### Dental



### Coordinator of Infections Disease



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended May 31, 2021**

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

<b>Facility</b>	<b>Charts Assessed by TDCJ as Urgent</b>	<b>Urgent Care Score *</b>	<b>Offenders receiving treatment but not within timeframe **</b>	<b>Offenders identified as needing definitive care***</b>
Allred ECB	10	100	0	0
Clements ECB	10	100	0	0
Duncan	10	100	0	0
Estelle HS	10	90	0	1
Ferguson	10	80	2	0
Fort Stockton	10	100	0	0
Jester IV	5	20	2	2
Lewis HS	10	90	1	0
Lindsey	10	90	0	1
Michael	10	100	0	0
Mountain View	10	100	0	0
Murray	10	100	0	0
Ney	10	100	0	0
Pack	8	50	3	1
Plane	10	100	0	0
Polunsky	10	100	0	0
Powledge	10	100	0	0
Ramsey	10	100	0	0
San Saba	10	100	0	0

Segovia	10	100	0	0
Skyview	10	100	0	0
Smith ECB	10	100	0	0
Stevenson	10	100	0	0
Stiles	10	100	0	0
Stringfellow	10	90	0	1
Telford	5	80	2	0
Terrell	10	90	1	0
Torres	10	100	0	0
Travis County	10	60	2	2
Tulia	10	90	1	0
Vance	10	100	0	0
Wallace	10	100	0	0
Wheeler	10	100	0	0
Willacy	10	100	0	0
Woodman	10	100	0	0
Wynne	10	100	0	0
Young	10	20	3	5

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

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

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

**A CAR Between 60%- 79%** 1 In-service staff on Emergent/Urgent Care. Review Correctional Managed Health Care (CMHC) Policy E 36.1. Provide a copy of the in-service agenda and the signed attendance roster. (A copy of the CMHC Policy is not sufficient for an agenda.)

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

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

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

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

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>										
Fiscal Year 2021	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	308	346	33	9.54%	30	10.69%	7	3	1.16%	1
April	273	258	35	13.57%	31	13.57%	4	4	2.71%	3
May	307	307	44	14.33%	43	15.31%	4	1	0.33%	0
<b>Totals:</b>	<b>888</b>	<b>911</b>	<b>112</b>	<b>12.29%</b>	<b>104</b>	<b>13.06%</b>	<b>15</b>	<b>8</b>	<b>1.32%</b>	<b>4</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>										
Fiscal Year 2021	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	1,258	1,307	72	5.51%	65	7.19%	29	7	0.69%	2
April	1,118	1,144	82	7.17%	75	10.75%	48	7	0.79%	2
May	1,037	1,011	74	7.32%	66	8.90%	24	8	0.99%	2
<b>Totals:</b>	<b>3,413</b>	<b>3,462</b>	<b>228</b>	<b>6.59%</b>	<b>206</b>	<b>8.87%</b>	<b>101</b>	<b>22</b>	<b>0.81%</b>	<b>6</b>
<b>GRAND TOTAL=</b>	<b>4,301</b>	<b>4,373</b>	<b>340</b>	<b>7.77%</b>						

\*QOC= Quality of Care

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

March 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	10	9	28	24
Gonorrhea	2	5	5	20
Syphilis	123	156	334	423
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	188	172	480	668
Human immunodeficiency virus (HIV) +, known at intake	92	119	245	441
HIV screens, intake	2,150	2,931	5,153	10,932
HIV +, intake	16	0	56	87
HIV screens, offender- and provider-requested	513	470	1,159	1,731
HIV +, offender- and provider-requested	3	0	5	0
HIV screens, pre-release	1,996	2,080	5,266	8,671
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	0	5	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	108	139	274	300
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	39	18	96	55
Occupational exposures of TDCJ staff	9	3	28	19
Occupational exposures of medical staff	2	0	5	3
HIV chemoprophylaxis initiation	6	1	7	8
Tuberculosis skin test (ie, PPD) +, intake	30	83	81	248
Tuberculosis skin test +, annual	50	21	94	92
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	7	6
Tuberculosis cases under management	20	18		
Peer education programs <sup>¶</sup>	0	0	90	100
Peer education educators <sup>∞</sup>	5	48	7,628	7556
Peer education participants	1,861	6,617	4,310	20,566
Alleged assaults and chart reviews	104	59	266	202
Bloodborne exposure labs drawn on offenders	43	25	83	106
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	9	4	37	28
Gonorrhea	3	2	8	24
Syphilis	120	57	454	480
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	122	112	602	780
Human immunodeficiency virus (HIV) +, known at intake	99	119	344	560
HIV screens, intake	2,592	2,931	7,745	13,863
HIV +, intake	15	27	71	114
HIV screens, offender- and provider-requested	397	470	1,556	2,201
HIV +, offender- and provider-requested	1	0	6	0
HIV screens, pre-release	1,804	2,080	7,070	10,751
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	7	6	13
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	102	105	376	405
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	38	23	134	78
Occupational exposures of TDCJ staff	7	6	35	25
Occupational exposures of medical staff	2	3	7	6
HIV chemoprophylaxis initiation	2	3	9	11
Tuberculosis skin test (ie, PPD) +, intake	42	21	123	269
Tuberculosis skin test +, annual	8	17	102	109
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	4	10	10
Tuberculosis cases under management	19	16		
Peer education programs <sup>¶</sup>	0	0	90	100
Peer education educators <sup>⊖</sup>	5	4	7,633	7560
Peer education participants	2,645	1,073	6,908	21,639
Alleged assaults and chart reviews	104	58	370	260
Bloodborne exposure labs drawn on offenders	25	12	108	118
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

May 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	13	1	50	29
Gonorrhea	5	5	8	27
Syphilis	112	11	580	491
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	85	225	687	1,005
Human immunodeficiency virus (HIV) +, known at intake	99	44	443	604
HIV screens, intake	3,041	276	10,786	14,139
HIV +, intake	42	29	113	143
HIV screens, offender- and provider-requested	357	327	1,913	2,528
HIV +, offender- and provider-requested	1	1	7	1
HIV screens, pre-release	2,187	3,244	9,257	13,995
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	5	4	11	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	110	120	486	525
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	31	36	165	114
Occupational exposures of TDCJ staff	6	18	41	43
Occupational exposures of medical staff	3	3	10	9
HIV chemoprophylaxis initiation	4	12	13	23
Tuberculosis skin test (ie, PPD) +, intake	31	0	154	269
Tuberculosis skin test +, annual	8	14	110	123
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	10	12
Tuberculosis cases under management	19	20		
Peer education programs <sup>¶</sup>	2	0	92	100
Peer education educators <sup>⊖</sup>	28	7	7,661	7,567
Peer education participants	2,799	133	9,707	21,772
Alleged assaults and chart reviews	96	48	474	308
Bloodborne exposure labs drawn on offenders	21	16	129	134
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

### Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 3rd Quarter of Fiscal Year 2021, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 41 hospital discharge and 254 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	29	6	20.69%	0	N/A	2	6.90%	0	N/A	2	6.90%
April	32	7	21.88%	1	3.13%	3	9.38%	10	31.25%	9	28.13%
May	32	5	15.63%	0	N/A	1	3.13%	0	N/A	3	9.38%
<b>Total/Average</b>	<b>93</b>	<b>18</b>	<b>19.35%</b>	<b>1</b>	<b>1.08%</b>	<b>6</b>	<b>6.45%</b>	<b>10</b>	<b>10.75%</b>	<b>14</b>	<b>15.05%</b>
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	19	8	42.11%	0	N/A	5	26.32%	0	N/A	5	26.32%
April	19	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	19	10	52.63%	0	N/A	0	N/A	1	5.26%	0	N/A
<b>Total/Average</b>	<b>54</b>	<b>18</b>	<b>33.33%</b>	<b>0</b>	<b>N/A</b>	<b>5</b>	<b>9.26%</b>	<b>1</b>	<b>1.85%</b>	<b>5</b>	<b>9.26%</b>
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	35	1	2.86%	0	0.00%	0	N/A	0	N/A	0	N/A
April	36	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	33	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>104</b>	<b>1</b>	<b>0.96%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	83	15	18.07%	0	N/A	7	8.43%	0	N/A	7	8.43%
April	87	7	8.05%	1	1.15%	3	3.45%	10	11.49%	9	10.34%
May	84	15	17.86%	0	N/A	1	1.19%	1	1.19%	3	3.57%
<b>Total/Average</b>	<b>254</b>	<b>37</b>	<b>14.57%</b>	<b>1</b>	<b>0.39%</b>	<b>11</b>	<b>4.33%</b>	<b>11</b>	<b>4.33%</b>	<b>19</b>	<b>7.48%</b>
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	7	3	42.86%	0	N/A	0	N/A	0	N/A	0	N/A
April	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>21</b>	<b>3</b>	<b>14.29%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	7	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
April	6	3	50.00%	0	N/A	0	N/A	0	N/A	0	N/A
May	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>20</b>	<b>5</b>	<b>28.57%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	14	5	35.71%	0	N/A	0	N/A	0	N/A	0	N/A
April	13	3	23.08%	0	N/A	0	N/A	0	N/A	0	N/A
May	14	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>41</b>	<b>8</b>	<b>19.51%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>

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

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

March 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Coffield</b>	52	0	0	0
<b>Kyle</b>	13	0	0	0
<b>Travis</b>	21	0	4	0
<b>Total</b>	86	0	4	0

April 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Hilltop</b>	34	0	0	0
<b>Moutain View</b>	32	0	0	0
<b>Woodman</b>	39	0	0	0
<b>Total</b>	105	0	0	0

May 2021	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Diboll</b>	16	0	0	0
<b>Duncan</b>	22	0	0	0
<b>Billy Moore</b>	9	0	0	0
<b>Total</b>	47	0	0	0

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

<b>Audit Tools</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>Total</b>
<b>Total number of units audited</b>	3	3	3	9
<b>Total numbered property</b>	86	105	47	238
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

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

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Gurney	March 8-10, 2021	-----	-----
Darrington	March 15-17, 2021	-----	-----
Hobby/Marlin	March 22-24, 2021	-----	-----
Lewis	May 10-12, 2021	-----	-----
San Saba	May 24-26, 2021	-----	-----

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Allred	April 12-14, 2021	-----	-----
Rudd	April 26-28, 2021		

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

**Executive Services**  
**Monthly Active Academic Research Projects**  
**Correctional Institutions Division**

**FY-2021 Third Quarter Report: March, April, and May**

**Project Number: 202-RL02**

<b><u>Researcher:</u></b> Elizabeth Cooksey	<b><u>IRB Number:</u></b> 12.05.11	<b><u>IRB Expiration</u></b> 7/19/2023	<b><u>Research Began:</u></b> 1/16/2002
<b><u>Title of Research:</u></b> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics-Main)			<b><u>Data Collection Began:</u></b> 9/30/2019
<b><u>Proponent:</u></b> National Organization for Research at the University of Chicago			<b><u>Data Collection End:</u></b> 12/31/2020
<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 11/1/2021		<b><u>Projected Completion:</u></b>

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**Project Number: 221-RL02**

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

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**Project Number: 434-RL04**

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

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**Project Number: 587-AR09**

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

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**Project Number: 612-AR10**

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

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**Project Number: 686-AR13**

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

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**Project Number: 716-AR14**

<b><u>Researcher:</u></b> Janet Mullings	<b><u>IRB Number:</u></b> 2014-09-19302	<b><u>IRB Expiration</u></b> 9/8/2021	<b><u>Research Began:</u></b> 7/20/2015
<b><u>Title of Research:</u></b> Understanding Prison Adjustment and Programming Needs of Female Offenders Survey			<b><u>Data Collection Began:</u></b> 8/11/2015
<b><u>Proponent:</u></b> Sam Houston State University			<b><u>Data Collection End:</u></b> 5/30/2016
<b><u>Project Status:</u></b> Manuscript completed		<b><u>Progress Report Due:</u></b> 9/1/2021	<b><u>Projected Completion:</u></b>

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**Project Number: 723-AR15**

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

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**Project Number: 767-AR17**

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

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**Project Number: 778-AR17**

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

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**Project Number: 783-AR18**

<b><u>Researcher:</u></b> Stephen Tripodi	<b><u>IRB Number:</u></b> 00000446	<b><u>IRB Expiration</u></b> 8/3/2021	<b><u>Research Began:</u></b> 5/1/2018
<b><u>Title of Research:</u></b> Multi-site Randomized Controlled Trial of the 5 Key Model Reentry			<b><u>Data Collection Began:</u></b> 5/3/2018
<b><u>Proponent:</u></b> Florida State University			<b><u>Data Collection End:</u></b> 8/15/2020
<b><u>Project Status:</u></b> Data Analysis		<b><u>Progress Report Due:</u></b> 10/1/2021	<b><u>Projected Completion:</u></b> 4/1/2025

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**Project Number: 785-AR18**

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

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**Project Number: 786-AR18**

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

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**Project Number: 793-AR18**

<b><u>Researcher:</u></b> Sung Joon Jang	<b><u>IRB Number:</u></b> 1361257	<b><u>IRB Expiration</u></b>	<b><u>Research Began:</u></b> 2/8/2018
<b><u>Title of Research:</u></b> A Study of Restoration Outreach of Dallas (ROD) Ministries in Texas Prisons			<b><u>Data Collection Began:</u></b> 12/2/2019
<b><u>Proponent:</u></b> Baylor University			<b><u>Data Collection End:</u></b> 1/27/2020
<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> 10/1/2021		<b><u>Projected Completion:</u></b> 12/31/2023

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**Project Number: 801-AR19**

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

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**Project Number: 826-AR21**

**Researcher:**

Brooke Bell

**Title of Research:**

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

**Proponent:**

Wang Evaluation Consultants

**Project Status:**

Data Collection

**IRB Number:   IRB Expiration**

**Progress Report Due:**

7/15/2021

**Research Began:**

4/15/2021

**Data Collection Began:**

4/15/2021

**Data Collection End:**

**Projected Completion:**

**Executive Services**

**Monthly Pending Academic Research Projects**

**Correctional Institutions Division**

**FY-2021 Third Quarterly Report: March, April, and May**

**Project Number: 813-AR20**

**Researcher:**

Brandon Warren

**IRB Number:**

**Application Received:**

12/22/2019

**Title of Research:**

The Intellectual Character of Incarcerated College Students

**Proponent:**

University of St. Thomas

**Project Status:**

Pending Executive Services Initial Review – COVID-19 Restriction

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**Project Number: 814-AR20**

**Researcher:**

Erin Castro

**IRB Number:**

00124607

**Application Received:**

1/3/2020

**Title of Research:**

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

**Proponent:**

University of Utah

**Project Status:**

Pending Executive Services Initial Review – COVID-19 Restriction

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**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

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**Project Number: 824-AR21**

**Researcher:**

Nancy Rodriguez

**IRB Number:**

Exempt

**Application Received:**

3/24/2021

**Title of Research:**

The Sources and Consequences of Prison Violence

**Proponent:**

University of California, Irvine

**Project Status:**

Pending Executive Services Initial Review

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**Project Number: 829-AR21**

**Researcher:**

Rebecca Pastrana

**IRB Number:**

10-13-20-0526115

**Application Received:**

11/16/2020

**Title of Research:**

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

**Proponent:**

Walden University

**Project Status:**

Pending Office of Research and Development Review

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**Project Number: 830-AR21**

**Researcher:**

Samuel Arenberg

**IRB Number:**

Exempt

**Application Received:**

03/24/2021

**Title of Research:**

Childhood Environment and Adulthood Incarceration

**Proponent:**

The University of Texas at Austin

**Project Status:**

Pending Executive Services Initial Review

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**Project Number: 832-AR21**

**Researcher:**

Patrick Onuoha

**IRB Number:**

**Application Received:**

3/30/2021

**Title of Research:**

Exploring Perceptions of Staff Preparedness for Emergency Response in Transitional Houses in North Texas

**Proponent:**

Walden University

**Project Status:**

Pending Office of Research and Development Review

**Executive Services**  
**Monthly Active Medical Research Projects**  
**Health Services Division**

**FY-2021 Third Quarter Report: March, April, and May**

**Project Number: 615-RM10**

<b><u>Researcher:</u></b> Heather Stevenson-Lerner	<b><u>IRB Number:</u></b> Flexible IRB	<b><u>IRB Expiration</u></b> 6/20/2022	<b><u>Research Began:</u></b> 9/12/2013
<b><u>Title of Research:</u></b> Serum Markers of Hepatocellular Cancer			<b><u>Data Collection Began:</u></b> 1/1/2014
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b> 6/20/2022
<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> Progress report pending		<b><u>Projected Completion:</u></b> 3/1/2023

**Units Visited:** Hospital Galveston Facility

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**Project Number: 729-RM15**

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

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**Project Number: 815-RM20**

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

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**Project Number: 816-RM20**

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

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**Project Number: 819-RM20**

<b><u>Researcher:</u></b> Beilin Wang	<b><u>IRB Number:</u></b> 20-0126	<b><u>IRB Expiration</u></b> Exempt	<b><u>Research Began:</u></b> 7/30/2020
<b><u>Title of Research:</u></b> A Prognostic Model in Patients with Severe COVID-19 Disease			<b><u>Data Collection Began:</u></b> 7/30/2020
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> 11/1/2021		<b><u>Projected Completion:</u></b>

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**Project Number: 820-RM20**

<b><u>Researcher:</u></b> Peter McCaffrey	<b><u>IRB Number:</u></b> 20-0125	<b><u>IRB Expiration</u></b> Exempt	<b><u>Research Began:</u></b> 11/20/2020
<b><u>Title of Research:</u></b> Evaluation of Serum Laboratory Results in Patients with Positive COVID-19 Using Machine Learning			<b><u>Data Collection Began:</u></b>
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> 10/1/2021		<b><u>Projected Completion:</u></b>

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**Project Number: 825-RM21**

<b><u>Researcher:</u></b> Douglas Tyler	<b><u>IRB Number:</u></b> 17-0160	<b><u>IRB Expiration</u></b> Exempt	<b><u>Research Began:</u></b> 3/5/2021
<b><u>Title of Research:</u></b> Retrospective Data Analysis of the TDCJ's Surgical Patients			<b><u>Data Collection Began:</u></b>
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> Progress report pending		<b><u>Projected Completion:</u></b>

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**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 Third Quarterly Report: March, April, & May**

---

**Project Number: 831-RM21**

**Researcher:**

Jacques Baillargeon

**IRB Number:**

Exempt

**Application Received:**

3/09/2021

**Title of Research:**

COVID-19 Seroprevalence in the Texas Prison System

**Proponent:**

UTMB

**Project Status:**

Pending Executive Services Initial Review

---

**Project Number: 833-RM21**

**Researcher:**

Kimberly Pham

**IRB Number:**

20-0310

**Application Received:**

4/26/2021

**Title of Research:**

Assessing Adherence Rate of Clozapine Versus Adherence Rate of Atypical Antipsychotics in a Correctional Facility Setting

**Proponent:**

UTMB

**Project Status:**

Pending Executive Services Initial Review

---

**Project Number: 834-RM21**

**Researcher:**

Eula Lee

**IRB Number:**

**Application Received:**

5/12/2021

**Title of Research:**

The Impact of Cervical Cancer Awareness Educational Intervention for Incarcerated Women in Southern Texas

**Proponent:**

UTMB

**Project Status:**

Pending Office of Research and Development Initial Review

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# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3rd Quarter FY 2021

Audits Conducted in March 2021, April 2021, May 2021

<b>UNIT</b>	<b>Reporting Month</b>	<b>Compelled Medication Cases Documented in Medical Record<sup>1</sup></b>				
-------------	------------------------	--	--	--	--	--

		<b>Reviewed</b>	<b>Applicable Instances</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	March 2021	0	0	N/A	N/A	N/A
Jester IV	March 2021	4	4	4	100%	N/A
Montford	March 2021	12	12	12	100%	N/A
Skyview	March 2021	9	9	9	100%	N/A

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	April 2021	N/A	N/A	N/A	N/A	N/A
Jester IV	April 2021	7	7	7	100%	N/A
Montford	April 2021	8	8	8	100%	N/A
Skyview	April 2021	7	7	7	100%	N/A

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	May 2021	0	0	N/A	N/A	N/A
Jester IV	May 2021	14	14	14	100%	N/A
Montford	May 2021	17	17	17	100%	N/A
Skyview	May 2021	10	10	10	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

## 3rd Quarter of 2021

Reporting months– March 2021, April 2021, May 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					
<b>GRAND TOTAL</b>					

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.

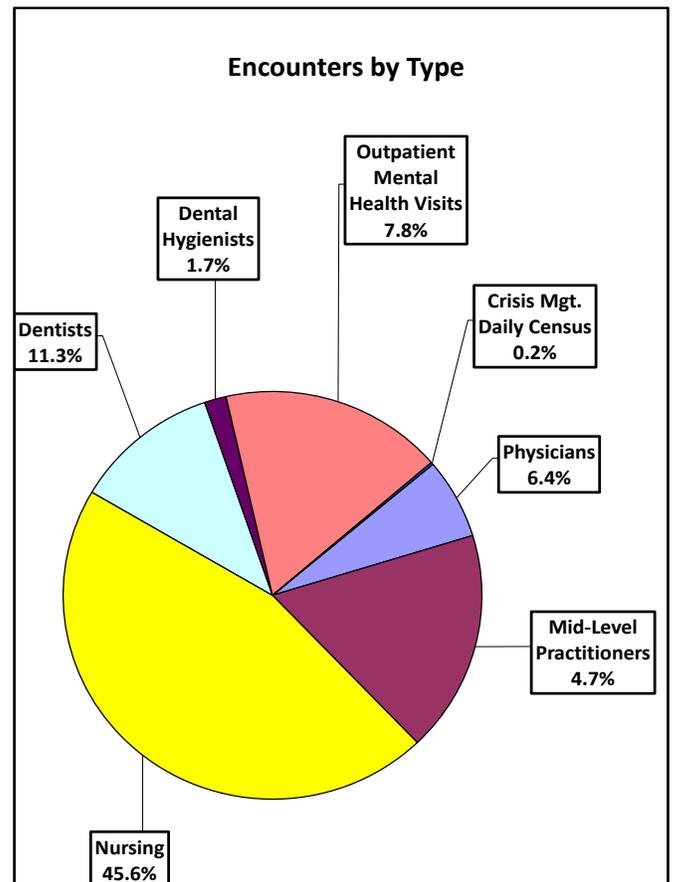
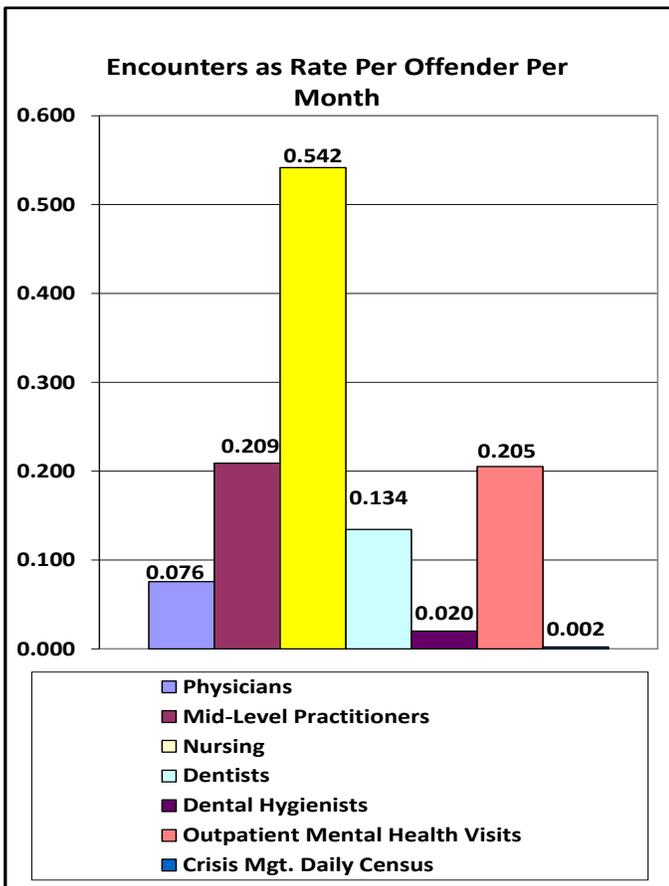
Managed Care

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

**3<sup>rd</sup> Quarter  
FY2021**

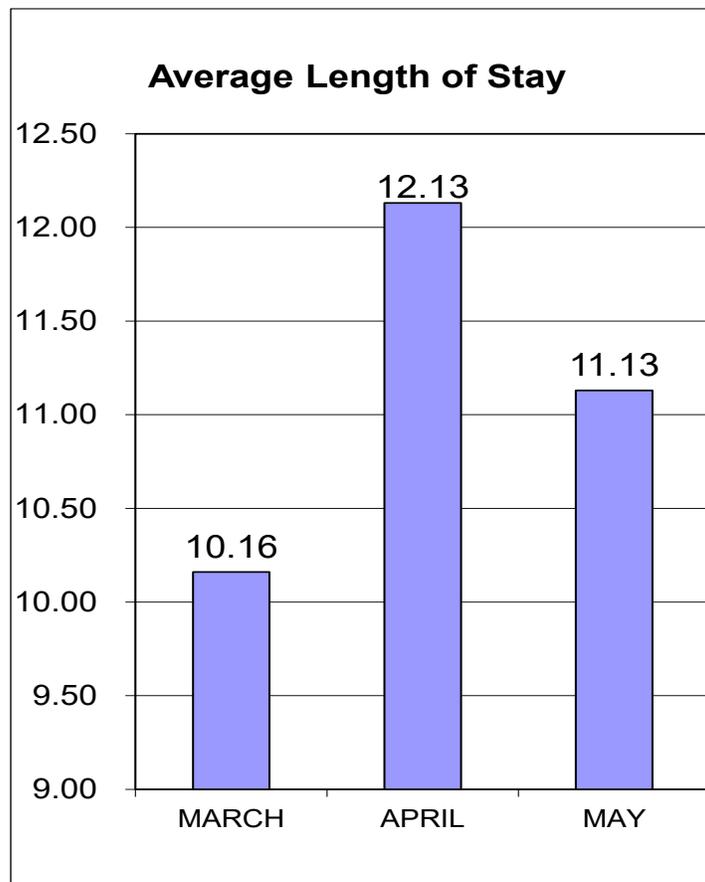
## Medical Director's Report:

Average Population	MARCH		APRIL		MAY		Qtly Average	
	23,507.00		23,391.00		23,729.00		23,543.00	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	1,778	0.076	2,002	0.086	1,566	0.066	1,782	0.076
Mid-Level Practitioners	4,849	0.206	4,862	0.208	5,046	0.213	4,919	0.209
Nursing	12,812	0.545	12,575	0.538	12,869	0.542	12,752	0.542
<b>Sub-total</b>	<b>19,439</b>	<b>0.827</b>	<b>19,439</b>	<b>0.831</b>	<b>19,481</b>	<b>0.821</b>	<b>19,453</b>	<b>0.826</b>
<b>Dental encounters</b>								
Dentists	3,020	0.128	3,267	0.140	3,203	0.135	3,163	0.134
Dental Hygienists	305	0.013	417	0.018	692	0.029	471	0.020
<b>Sub-total</b>	<b>3,325</b>	<b>0.141</b>	<b>3,684</b>	<b>0.157</b>	<b>3,895</b>	<b>0.164</b>	<b>3,635</b>	<b>0.154</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	5,065	0.215	5,089	0.218	4,342	0.183	4,832	0.205
Crisis Mgt. Daily Census	47	0.002	55	0.013	46	0.002	49	0.002
<b>Sub-total</b>	<b>5,112</b>	<b>0.217</b>	<b>5,144</b>	<b>0.220</b>	<b>4,388</b>	<b>0.185</b>	<b>4,881</b>	<b>0.207</b>
<b>Total encounters</b>								
	<b>27,876</b>	<b>1.186</b>	<b>28,267</b>	<b>1.208</b>	<b>27,764</b>	<b>1.170</b>	<b>27,969</b>	<b>1.188</b>



### Medical Director's Report (Page 2):

	MARCH	APRIL	MAY	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>				
Average Daily Census	89.74	100.48	98.93	96.38
Number of Admissions	209.00	269.00	239.00	239.00
Average Length of Stay	10.16	12.13	11.13	11.14
Number of Clinic Visits	637.00	736.00	753.00	708.67
<b><i>Mental Health Inpatient Facilities</i></b>				
Average Daily Census	369.00	376.00	399.00	381.33
PAMIO/MROP Census	336.00	302.00	309.00	315.67
<b><i>Specialty Referrals Completed</i></b>				
	3,007.00	3,413.00	3,485.00	3,301.67
<b><i>Telemedicine Consults</i></b>				
	2643	2,731	2,313	2,562.33



# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

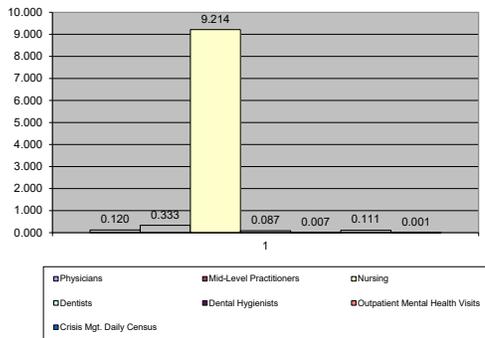
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**Third Quarter  
FY 2021**

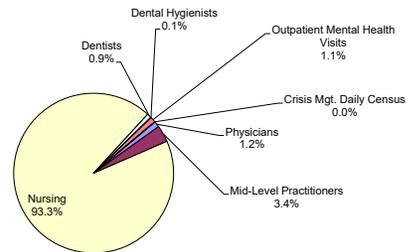
**Medical Director's Report:**

FY 21	March		April		May		Qty Average	
<b>Average Population</b>	<b>95,561</b>		<b>95,382</b>		<b>95,312</b>		<b>95,418</b>	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	12,224	0.128	10,841	0.114	11,172	0.117	11,412	0.120
Mid-Level Practitioners	34,595	0.362	30,222	0.317	30,545	0.320	31,787	0.333
Nursing	927,735	9.708	858,038	8.996	851,705	8.936	879,159	9.214
<b>Sub-total</b>	<b>974,554</b>	<b>10.198</b>	<b>899,101</b>	<b>9.426</b>	<b>893,422</b>	<b>9.374</b>	<b>922,359</b>	<b>9.666</b>
<b>Dental Encounters</b>								
Dentists	8,188	0.086	7,716	0.081	9,020	0.095	8,308	0.087
Dental Hygienists	256	0.003	608	0.006	1,074	0.011	646	0.007
<b>Sub-total</b>	<b>8,444</b>	<b>0.088</b>	<b>8,324</b>	<b>0.087</b>	<b>10,094</b>	<b>0.104</b>	<b>8,954</b>	<b>0.094</b>
<b>Mental Health Encounters</b>								
Outpatient Mental Health Visits	11,683	0.122	10,201	0.107	9,883	0.104	10,589	0.111
Crisis Mgt. Daily Census	66	0.001	60	0.001	72	0.001	66	0.001
<b>Sub-total</b>	<b>11,749</b>	<b>0.123</b>	<b>10,260</b>	<b>0.108</b>	<b>9,955</b>	<b>0.104</b>	<b>10,655</b>	<b>0.112</b>
<b>Total encounters</b>	<b>994,747</b>	<b>10.410</b>	<b>917,685</b>	<b>9.621</b>	<b>913,471</b>	<b>9.584</b>	<b>941,968</b>	<b>9.872</b>

**Encounters as Rate Per Offender Per Month**

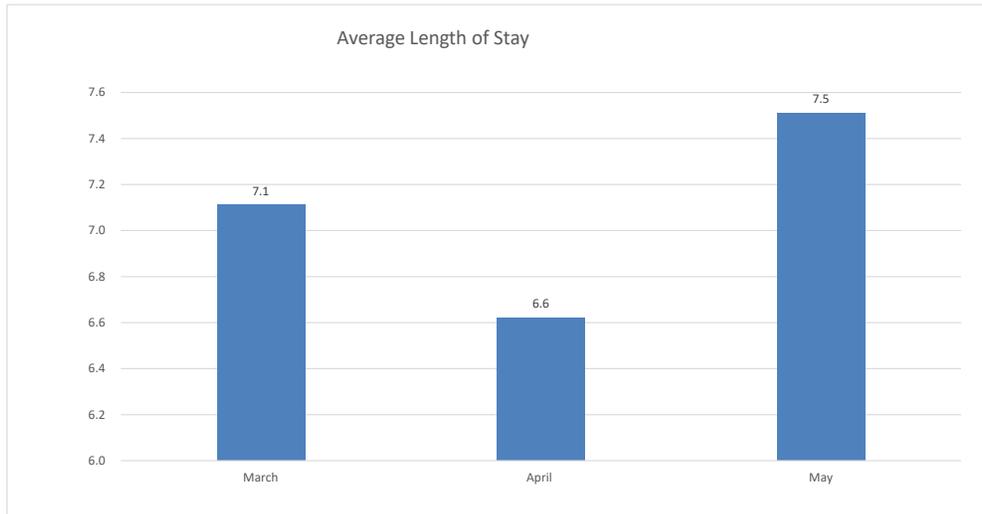


**Encounters by Type**



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

FY 21	March	April	May	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	85.6	83.6	84.3	<b>84.5</b>
Number of Discharges	373	379	348	<b>367</b>
Average Length of Stay	7.1	6.6	7.5	<b>7.1</b>
Number of Clinic Visits	3,059	2,750	2,871	<b>2,893</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	997.07	1,008.36	1,009.36	<b>1,004.93</b>
DDP Census	706.68	721.37	737.48	<b>721.84</b>
<b>Telemedicine Consults</b>	<b>7,905</b>	<b>8,109</b>	<b>8,141</b>	<b>8,051.67</b>



## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for September 15, 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: September 9, 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: Carrie Culpepper, RN, FNP-C, MBA

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

**Meeting Date: July 8, 2021**

Sub-Committee Updates:

None

Committee Updates:

Introduction of Dr. Jeffrey Fendley, TTUHSC

Committee Referrals:

Joint Mental Health Working Group, Dr. Shirley Marks

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

A-08.3	A-08.4*	A-08.5	A-08.6*	A-08.7*	A-08.8	C-22.1	C-23.1
D-28.1	D-28.5	D-29.1	E-36.5	E-36.6	E-36.8	E-37.6	E-39.1
E-40.1	E-41.1	E-41.2*	E-42.1	E-42.4	F-49.1	G-51.11*	G-51.12
G-52.1	G-53.1*	G-53.3	G-54.1	H-60.3	H-61.1*	I-70.1*	I-71.1*
I-72.1							
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
A-08.8	Medical Passes	Rebecca Ramirez
A-08.9	The Chronic Mentally Ill Treatment Program (CMI-TP)	Dr. Shirley Marks
A-11.1	Procedure to be Followed in Cases of Offender Death	Rebecca Ramirez
C-22.1	Offender Workers	Rebecca Ramirez
E-34.5	Chemical Agents and the Use of Force Contraindications List	Chris Black-Edwards
E-36.1	Dental Treatment Levels of Care and Appendix I, II and Dental Sealants	Dr. Billy Horton
G-51.7	Behavioral Health Treatment for Substance Abuse Felony Punishment Facility Inmates	Dr. Shirley Marks
G-52.2	Chronically Mentally Ill – Sheltered Housing (CMI-SH)	Dr. Shirley Marks
G-52.3	Admission to the TDCJ Mental Health Therapeutic Diversion Program (MHTDP)	Dr. Shirley Marks
H-61.1	Confidentiality and Release of Protected Health Information	Rebecca Ramirez

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 October 7, 2021 at 1:00p.m.

**Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Benjamin Leah

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

**Meeting Date: July 8, 2021**

- I. Approval of the Minutes from May 13, 2021 Meeting
- II. Reports from Subcommittees
  - A. Asthma – Dr. Koranek
    1. Asthma Adults and Adolescents DMG
    2. Asthma Patient Education
    3. Dulera Formulary Addition Request – Dr. Grant
  - B. DMG Triage – Dr. Munch
  - C. Hepatitis B – Dr. Sandmann
  - D. Psychiatry- Dr. Patel
    1. Psychosis, Chronic
  - E. Warfarin – Dr. Nguyen
    1. Warfarin Patient Education
    2. Anticoagulation Using Warfarin DMG
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (May - June 2021)
  - D. Non-formulary Deferral Reports
    1. UTMB Sector (May and June 2021)
    2. TTUHSC Sector (April and May 2021)
  - E. Utilization Reports FY21 through May
    1. HIV Utilization
    2. HCV Utilization
    3. HBV Utilization
    4. Psychotropic Utilization
  - F. Special Reports

1. Quarterly Medication Error Reports – 3<sup>rd</sup> Quarter FY21
    - a. UTMB Sector (not available)
    - b. TTUHSC Sector
    - c. Pharmacy Dispensing Errors
  2. Top 50 Medications by Cost and Volume – 3<sup>rd</sup> Quarter FY21
  3. Top 10 Non-formulary Drugs by Cost and Volume – 3<sup>rd</sup> Quarter FY21
  4. Pharmacy Diabetes Clinic Report – 3<sup>rd</sup> Quarter FY21 (not available)
  5. Pharmacy Warfarin Clinic Report – 3<sup>rd</sup> Quarter FY21
    - a. UTMB Sector
    - b. TTUHSC Sector
  6. Pharmacy CKD Clinic Report – 3<sup>rd</sup> Quarter FY21 (UTMB Sector)
  7. Pharmacy Combined DM and CKD Clinic Report – 3<sup>rd</sup> Quarter FY21 (UTMB Sector) – (not available)
- G. Policy Review Schedule (policies 40-10 through 75-30 due for review in November)

IV. Old Business (none)

V. New Business

A. Action Request

1. Dulera Formulary Addition Request – Dr. Grant (See Asthma Subcommittee Report)
2. Formulary Deletion of Ammonia Inhalant – Pharmacy Request

B. Category Reviews

1. Cardiovascular Agents
2. Endocrine Agents
3. Psychotropic and Central Nervous System Agents

C. MUE

1. Medication Use in the Elderly

D. FDA Medication Safety Advisories

E. Manufacturer Shortages and Discontinuations

VI. Policy and Procedure Revisions

A. Total Parenteral Nutrition (10-45)

B. Keep-on-Person KOP Medication Distribution Program (50-05)

C. Medication Safety (75-30)

VII. Miscellaneous

VIII. Adjournment

**Joint Infection Control Committee**

Co-Chair: Carol Lynn Coglianese, MD

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

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacist appointed by the Joint Medical Directors. This group is charged with developing and

promulgating policies and procedures for infection control prevention and treatment. This group is charged with the annual review of all Correctional Managed Health Care Infection Control Policies and meets on a quarterly basis.

**Meeting Date: August 19, 2021**

Standing Reports:

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

Old Business:

None

New Business:

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

B-14.20	B-14.22	B-14.23	B-14.24	B-14.25	B-14.26	B-14.27	

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.19* Attachment A	Disease Reporting – Attachment A Texas Notifiable Conditions	Carol Lynn Coglianesse
2	B-14.21	Transmission-Based Precautions	Kirk Abbott

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 October 14, 2021 at 10:30 a.m.

**Joint Dental Work Group**

Chair: Dr. Cecil Wood

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

**Meeting Date: July 22, 2021**

- I. Call to Order
  - A. Minutes Confirmation
    - Review of Previous Meeting Minutes from May 27, 2021
  
- II. Dental Policy Review
  - A. E-36.4 Dental Prosthodontic Services
  - B. E-36.5 Dental Utilization & Quality Review Committee
  - C. D-28.1 D Dental Sharp, Needle & Syringe Control
  - D. E-31.1 D Information on Dental Services
  - E. CMHC Policy E-36.1 Dental Treatment Levels of Care
  - F. H-60.1 Dental Health Record Organization and Maintenance
  - G. B-14.1 D Infection Control in Dental Clinics and Dental Laboratories
  - H. E-36.2 D In-processing Offenders- Dental Examination, Classification & Treatment
  - I. E-36.7 Dental Clinic Operations Reporting
  
- III. Dr. Billy Horton, UTMB
  - A. Intake Reminders
  - B. Level 2 Reminders
  - C. ACA and Preventive Care
  - D. UTMB Staffing Issues
  - E. Correct Word to Identify Inmates in Policy
  - F. DEA Registration
  - G. PSPIX
  - H. New EHR
  - I. TSBDE Emergency Rules
  - J. Housing Aliens
  - K. Reminders and Levels of Care
  
- IV. Dr. Manuel Hirsch, TDCJ
  - A. Water Piks
  - B. ACA
  - C. L1-No Shows
  - D. Audit Schedule
  - E. Routine Care and COVID Test
  
- V. Dr. Cecil Wood, TTUHSC
  - A. Time for Phases
  - B. TX Tech Staffing Issues
  - C. Security Staff
  
- VI. Pam Myers, Dental Hygiene Program Manager
  - A. Update on Dental Note Wizard Project
  
- VII. Sector Updates

- A. TDCJ
- B. UTMB
- C. TTUHSC

VIII. Round the Table

IX. Adjourn – Next Meeting September 2021

Policies Scheduled for Review: Policies that were scheduled for review and deferred or tabled and policies remaining in Sections E & F

**Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Eidi Millington

Co-Chair: Dr. Olugbenga Ojo

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

There were 83 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2021. Of those 83 deaths, 1 was referred to a peer review committee.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>0</b>

**Joint Nursing Work Group**

Chair: Kirk Abbott, MBA, BSN, RN

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

**Meeting Date: July 13, 2021**

Old Business:

- Infirmery Patient Call System Survey

New Business:

- New Inmate Compliance Vaccination Report
  - ICN0005
- COVID Audits and Reports
  - COVID Facility Compliance Audit
  - Employee Testing Data Email
  - UTMB Sector COVID Vaccine Report
- Transient vs Mis-housed Inmates
- Critical Staffing Shortages
- Digital Recruitment Campaign
- Fully Vaccinated Intakes/Inmate Testing
- COVID Testing at Units with 70% Vaccine Compliance
- MR related to Employee / Inmate Test Results
- Undocumented County Intake Vaccinations
- Sexual Assault PEP
- Lost COVID Vaccine Cards

Adjourn

# **Financial Report on Correctional Managed Health Care**



## **Quarterly Report FY2021 Third Quarter**

**September 2020 – May 2021**

## Third Quarter Financial Report on Correctional Managed Health Care

### Overview

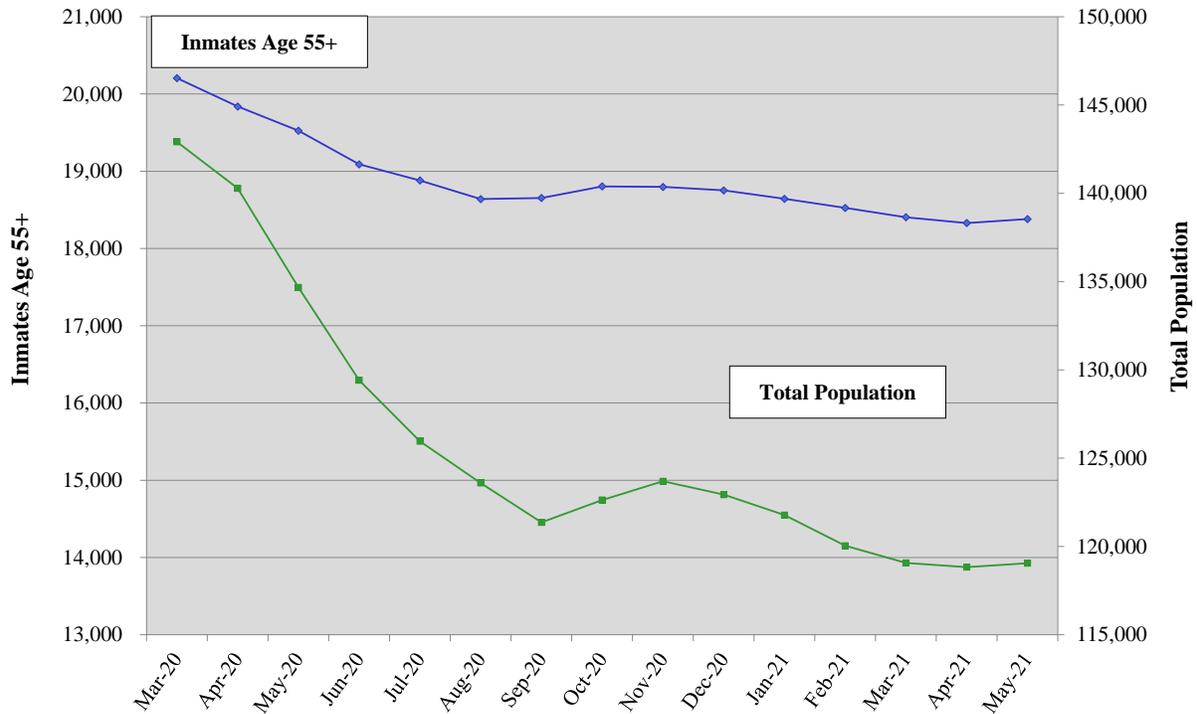
- Pursuant to the FY2020-21 General Appropriations Act, Article V, Rider 43, 86<sup>th</sup> Legislature, Regular Session 2019
  
- FY2021 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$317.9M
  - Strategy C.1.9, Hospital and Clinical Care, \$251.3M
  - Strategy C.1.10, Pharmacy Care, \$72.4M

<u>Method of Finance Summary</u>	<u>FY2021</u>
<b>HB 1, Article V, TDCJ Appropriations</b>	
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
<b>TOTAL</b>	<b>\$ 641,700,397</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
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
<b>Subtotal UTMB</b>	<b>\$ 522,959,485</b>
<b>Texas Tech University Health Sciences Center</b>	
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
<b>Subtotal TTUHSC</b>	<b>\$ 118,740,912</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 641,700,397</b>
<b>TOTAL ALLOCATED</b>	<b>\$ 641,700,397</b>

## Population

- Overall inmate service population has decreased 15.1% from FY2020
  - Average daily census through 3<sup>rd</sup> quarter
    - FY2020: 142,500
    - FY2021: 121,046
  
- Inmates aged 55 or older population has decreased 7.0% from FY2020
  - Average daily census through 3<sup>rd</sup> quarter
    - FY2020: 19,981
    - FY2021: 18,588
  - While comprising about 15.4% of the overall service population, these inmates account for 50.7% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2021 average number of psychiatric inpatients through 3<sup>rd</sup> quarter: 1,739
  - FY2021 average number of psychiatric outpatients through 3<sup>rd</sup> quarter: 25,371

### CMHC Service Population



## Health Care Costs

- Total expenditures through 3<sup>rd</sup> quarter, FY2021: \$567.3M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$294.9M or 52.0% of total expenses
  - Hospital and Clinical Care - \$222.1M or 39.1% of total expenses
  - Pharmacy Services - \$50.3M or 8.9% of total expenses
    - HIV-related drugs: 32.9% of total drug costs
    - Hepatitis C drug therapies: 27.9% of total drug costs
    - Psychiatric drugs: 6.0% of total drug costs
    - All other drug costs: 33.2% of total drug costs
- Cost per inmate per day increased 11.9% from FY2020 to FY2021
  - Cost per inmate per day through 3<sup>rd</sup> quarter FY21
    - FY2020: \$15.28
    - FY2021: \$17.10

### 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
<b>Population</b>								
UTMB	116,574	118,737	117,987	110,924	116,055	97,665	97,594	96,869
TTUHSC	29,807	29,448	28,992	27,533	28,945	24,899	24,482	24,177
<b>Total</b>	<b>146,381</b>	<b>148,185</b>	<b>146,979</b>	<b>138,457</b>	<b>145,000</b>	<b>122,564</b>	<b>122,076</b>	<b>121,046</b>
<b>Expenses</b>								
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
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
<b>Total</b>	<b>\$670,761,401</b>	<b>\$707,503,242</b>	<b>\$756,662,805</b>	<b>\$774,246,883</b>	<b>\$727,293,583</b>	<b>\$185,416,719</b>	<b>\$374,413,952</b>	<b>\$567,288,774</b>
<b>Cost/Day</b>								
UTMB	\$13.04	\$13.60	\$14.67	\$15.80	\$14.26	\$17.35	\$17.48	\$17.78
TTUHSC	\$10.66	\$11.00	\$11.78	\$13.18	\$11.63	\$13.76	\$14.34	\$14.39
<b>Total</b>	<b>\$12.55</b>	<b>\$13.08</b>	<b>\$14.10</b>	<b>\$15.28</b>	<b>\$13.73</b>	<b>\$16.62</b>	<b>\$16.85</b>	<b>\$17.10</b>

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**  
**Third Quarter, FY2021**

<b><u>Method of Finance</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 46,789,260	\$ 190,833,898	\$ 237,623,158
State Reimbursement Benefits	\$ 8,405,048	\$ 43,953,374	\$ 52,358,422
Other Misc Revenue	\$ 1,323	\$ 48,393	\$ 49,716
<b>C.1.8. Total Method of Finance</b>	<b>\$ 55,195,631</b>	<b>\$ 234,835,665</b>	<b>\$ 290,031,296</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 31,575,271	\$ 156,416,159	\$ 187,991,430
State Reimbursement Benefits	\$ 1,646,538	\$ -	\$ 1,646,538
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 33,221,808</b>	<b>\$ 156,416,159</b>	<b>\$ 189,637,967</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 10,447,165	\$ 43,734,174	\$ 54,181,339
State Reimbursement Benefits	\$ 68,447	\$ 1,915,777	\$ 1,984,223
Other Misc Revenue	\$ -	\$ 6,000	\$ 6,000
<b>C.1.10. Total Method of Finance</b>	<b>\$ 10,515,611</b>	<b>\$ 45,655,951</b>	<b>\$ 56,171,562</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 98,933,051</b>	<b>\$ 436,907,775</b>	<b>\$ 535,840,825</b>

<b><u>Method of Finance Summary</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 88,811,696	\$ 390,984,231	\$ 479,795,927
State Reimbursement Benefits	\$ 10,120,032	\$ 45,869,150	\$ 55,989,183
Other Misc Revenue	\$ 1,323	\$ 54,393	\$ 55,716
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 98,933,051</b>	<b>\$ 436,907,775</b>	<b>\$ 535,840,825</b>

<b><u>Expenditures</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
C.1.8. Unit & Psychiatric Care	\$ 54,274,955	\$ 240,670,657	\$ 294,945,613
C.1.9. Hospital & Clinical Care	\$ 34,050,509	\$ 188,026,102	\$ 222,076,611
C.1.10. Managed Health Care - Pharmacy	\$ 6,982,141	\$ 43,284,409	\$ 50,266,550
<b>TOTAL EXPENDITURES</b>	<b>\$ 95,307,606</b>	<b>\$ 471,981,168</b>	<b>\$ 567,288,774</b>

<b>DIFFERENCE</b>	<b>\$ 3,625,445</b>	<b>\$ (35,073,393)</b>	<b>\$ (31,447,949)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 43**  
**Third Quarter, FY2021**

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 46,789,260	\$ 190,833,898	\$ 237,623,158
State Reimbursement Benefits	\$ 8,405,048	\$ 43,953,374	\$ 52,358,422
Other Misc Revenue	\$ 1,323	\$ 48,393	\$ 49,716
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 55,195,631</b>	<b>\$ 234,835,665</b>	<b>\$ 290,031,296</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 21,113,763	\$ 141,221,050	\$ 162,334,813
Benefits	\$ 6,851,438	\$ 42,876,967	\$ 49,728,405
Other Operating Expenses	\$ 2,533,207	\$ 16,009,461	\$ 18,542,668
Professional Services	\$ 2,215,619	\$ -	\$ 2,215,619
Contracted Units/Services	\$ 8,882,739	\$ -	\$ 8,882,739
Travel	\$ 80,841	\$ 711,491	\$ 792,332
Capitalized Equipment	\$ 43,987	\$ 1,556,845	\$ 1,600,832
<b>Subtotal, Unit Care</b>	<b>\$ 41,721,594</b>	<b>\$ 202,375,814</b>	<b>\$ 244,097,407</b>
<b>Psychiatric Care</b>			
Salaries	\$ 8,116,870	\$ 26,288,826	\$ 34,405,696
Benefits	\$ 2,215,327	\$ 6,510,770	\$ 8,726,098
Other Operating Expenses	\$ 178,662	\$ 209,237	\$ 387,900
Professional Services	\$ 738,036	\$ -	\$ 738,036
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 12,667	\$ 22,366	\$ 35,033
<b>Subtotal, Psychiatric Care</b>	<b>\$ 11,261,563</b>	<b>\$ 33,031,199</b>	<b>\$ 44,292,762</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,291,799</b>	<b>\$ 5,263,644</b>	<b>\$ 6,555,443</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 54,274,955</b>	<b>\$ 240,670,657</b>	<b>\$ 294,945,613</b>
<b>DIFFERENCE</b>	<b>\$ 920,676</b>	<b>\$ (5,834,992)</b>	<b>\$ (4,914,316)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 31,575,271	\$ 156,416,159	\$ 187,991,430
State Reimbursement Benefits	\$ 1,646,538	\$ -	\$ 1,646,538
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 33,221,808</b>	<b>\$ 156,416,159</b>	<b>\$ 189,637,967</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 1,279,664	\$ 14,709,331	\$ 15,988,995
Community Provider Services	\$ 21,539,719	\$ 41,763,987	\$ 63,303,705
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 10,590,657	\$ 116,216,983	\$ 126,807,640
Estimated IBNR	\$ (165,795)	\$ 10,303,473	\$ 10,137,678
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 33,244,245</b>	<b>\$ 182,993,773</b>	<b>\$ 216,238,018</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 806,265</b>	<b>\$ 5,032,329</b>	<b>\$ 5,838,593</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 34,050,509</b>	<b>\$ 188,026,102</b>	<b>\$ 222,076,611</b>
<b>DIFFERENCE</b>	<b>\$ (828,701)</b>	<b>\$ (31,609,943)</b>	<b>\$ (32,438,644)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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**Third Quarter, FY2021**

<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 10,447,165	\$ 43,734,174	\$ 54,181,339
State Reimbursement Benefits	\$ 68,447	\$ 1,915,777	\$ 1,984,223
Other Misc Revenue	\$ -	\$ 6,000	\$ 6,000
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 10,515,611</b>	<b>\$ 45,655,951</b>	<b>\$ 56,171,562</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 1,421,070	\$ 6,651,092	\$ 8,072,162
Benefits	\$ 71,654	\$ 2,142,452	\$ 2,214,106
Other Operating Expenses	\$ 226,521	\$ 1,320,583	\$ 1,547,105
Pharmaceutical Purchases	\$ 4,972,264	\$ 32,054,348	\$ 37,026,612
Travel	\$ 3,336	\$ 8,904	\$ 12,240
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 6,694,845</b>	<b>\$ 42,177,380</b>	<b>\$ 48,872,225</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 287,296</b>	<b>\$ 1,107,029</b>	<b>\$ 1,394,325</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,982,141</b>	<b>\$ 43,284,409</b>	<b>\$ 50,266,550</b>
<b>DIFFERENCE</b>	<b>\$ 3,533,470</b>	<b>\$ 2,371,542</b>	<b>\$ 5,905,011</b>

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

**Key Population Indicators**

	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2021</u>
<b>Average Service Population</b>	121,369	122,631	123,691	122,564	122,939	121,782	120,042	121,588	119,070	118,833	119,054	118,986	121,046
<b>Population Age 55 and Over</b>	18,654	18,804	18,797	18,752	18,752	18,643	18,525	18,640	18,404	18,329	18,381	18,372	18,588
<i>Percent of Total Population</i>	15.4%	15.3%	15.2%	15.3%	15.3%	15.3%	15.4%	15.3%	15.5%	15.4%	15.4%	15.4%	15.4%
<b>Key Treatment Populations, Month End</b>													
Patients receiving HIV Treatment	1,628	1,647	1,623	1,633	1,608	1,610	1,584	1,601	1,575	1,563	1,585	1,574	1,603
Patients receiving Hep C Treatment	376	347	299	341	313	334	320	322	424	526	534	495	386
Patients Receiving Dialysis Treatment	236	237	238	237	237	235	234	235	233	233	231	232	235
Age 55 and Over	121	119	120	120	118	120	119	119	120	116	115	117	119
Under 55	115	118	118	117	119	115	115	116	113	117	116	115	116
<b>Medical Inpatient Average Daily Census</b>													
UTMB-Hospital Galveston	112	86	98	99	103	104	103	103	92	101	102	98	100
UTMB Community Hospitals	32	30	32	31	27	31	39	32	32	31	28	30	31
TTUHSC Community Hospitals	16	17	16	16	11	16	9	12	9	12	11	11	13
<b>Medical Inpatient Average Daily Census</b>	159	132	146	146	141	151	151	148	133	145	142	139	144
<b>Medical Inpatient Discharges</b>													
UTMB-Hospital Galveston	337	370	344	1,051	399	322	273	994	373	379	348	1,100	3,145
UTMB Community Hospitals	246	216	190	652	150	150	187	487	182	160	193	535	1,674
TTUHSC Community Hospitals	72	62	51	185	61	67	62	190	76	78	74	228	603
<b>Medical Inpatient Discharges</b>	655	648	585	1,888	610	539	522	1,671	631	617	615	1,863	5,422
<b>Average Length of Stay (in days)</b>													
UTMB - Hospital Galveston	8.01	6.64	7.91	7.52	7.50	9.69	9.64	8.94	7.11	6.62	7.51	7.08	7.85
UTMB Community Hospitals	5.41	4.28	5.11	4.93	5.59	6.42	6.99	6.33	5.44	5.74	4.63	5.27	5.51
TTUHSC Community Hospitals	4.67	5.65	4.86	5.06	5.80	6.04	4.29	5.38	3.58	4.32	3.26	3.72	4.72
<b>Infirmiry and Sheltered Housing Census, Month End</b>													
UTMB Infirmiry	527	522	536	528	551	568	517	545	502	496	513	504	526
UTMB Sheltered Housing	274	275	280	276	277	312	334	308	342	334	337	338	307
TTUHSC Infirmiry	127	119	106	117	112	119	101	111	106	109	107	107	112
<b>Infirmiry and Sheltered Housing Census, Month End</b>	928	916	922	922	940	999	952	964	950	939	957	949	945
<i>Percent of Capacity Filled</i>	89.8%	88.7%	89.3%	89.3%	85.9%	91.3%	92.0%	89.7%	91.7%	90.6%	92.4%	91.6%	90.2%
<b>Medical Outpatient Visits</b>													
UTMB Specialty Clinics and ER Visits	6,120	7,030	6,228	6,459	6,577	6,231	5,124	5,977	7,289	7,127	7,205	7,207	6,548
TTUHSC Community Outpatient and ER Visits	2,416	2,063	1,632	2,037	2,015	2,105	2,113	2,078	2,841	3,226	3,459	3,175	2,430
<b>Medical Outpatient Visits</b>	8,536	9,093	7,860	8,496	8,592	8,336	7,237	8,055	10,130	10,353	10,664	10,382	8,978
<b>Mental Health Inpatient Average Census</b>													
UTMB Psychiatric Inpatient	990	991	989	990	1,004	983	995	994	997	1,009	1,009	1,005	996
TTUHSC Psychiatric Inpatient	791	772	786	783	727	780	734	747	705	678	708	697	742
<b>Mental Health Inpatient Average Census</b>	1,781	1,763	1,775	1,773	1,731	1,763	1,729	1,741	1,702	1,687	1,717	1,702	1,739
<b>Mental Health Outpatient Caseload, Month End</b>													
UTMB Psychiatric Outpatient	18,513	19,151	19,173	18,946	19,634	19,433	19,432	19,500	19,951	20,364	20,502	20,272	19,573
TTUHSC Psychiatric Outpatient	5,992	6,083	6,156	6,077	5,854	5,790	5,604	5,749	5,530	5,520	5,650	5,567	5,798
<b>Mental Health Outpatient Caseload, Month End</b>	24,505	25,234	25,329	25,023	25,488	25,223	25,036	25,249	25,481	25,884	26,152	25,839	25,371

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

**Key Budget Drivers (Cost)**

	Sept	Oct	Nov	1st Quarter	December	January	February	2nd Quarter	March	April	May	3rd Quarter	FY2021
<b>Selected Drug Costs</b>													
HIV Medications	\$ 1,545,254	\$ 1,255,151	\$ 1,412,479	\$ 4,212,885	\$ 1,245,728	\$ 1,162,451	\$ 1,103,541	\$ 3,511,720	\$ 1,515,127	\$ 1,278,425	\$ 2,793,552	\$ 2,793,552	\$ 10,518,157
Hepatitis C Medications	\$ 1,021,510	\$ 985,376	\$ 936,260	\$ 2,943,145	\$ 1,055,610	\$ 879,218	\$ 1,072,936	\$ 3,007,764	\$ 1,553,948	\$ 1,418,670	\$ 2,972,618	\$ 2,972,618	\$ 8,923,528
Psychiatric Medications	\$ 225,840	\$ 248,445	\$ 232,957	\$ 707,242	\$ 269,901	\$ 229,982	\$ 206,153	\$ 706,036	\$ 253,167	\$ 241,703	\$ 494,870	\$ 494,870	\$ 1,908,148
All Other Drug Costs	\$ 1,486,931	\$ 1,328,205	\$ 1,299,228	\$ 4,114,364	\$ 1,405,746	\$ 1,178,767	\$ 1,007,638	\$ 3,592,151	\$ 1,797,390	\$ 1,142,280	\$ 2,939,870	\$ 2,939,870	\$ 10,646,185
<b>Total Drug Costs</b>	<b>\$ 4,279,536</b>	<b>\$ 3,817,177</b>	<b>\$ 3,880,924</b>	<b>\$ 11,977,636</b>	<b>\$ 3,976,985</b>	<b>\$ 3,450,418</b>	<b>\$ 3,390,269</b>	<b>\$ 10,817,671</b>	<b>\$ 5,119,632</b>	<b>\$ 4,081,078</b>	<b>\$ -</b>	<b>\$ 9,200,710</b>	<b>\$ 31,996,018</b>
<b>Dialysis</b>													
Age 55 and Over	\$ 256,783	\$ 328,544	\$ 313,571	\$ 898,898	\$ 307,111	\$ 332,384	\$ 298,041	\$ 937,536	\$ 330,043	\$ 294,303	\$ 303,524	\$ 927,869	\$ 2,764,303
UTMB	\$ 225,367	\$ 297,128	\$ 282,155	\$ 804,650	\$ 280,931	\$ 306,204	\$ 271,861	\$ 858,996	\$ 303,863	\$ 277,167	\$ 293,528	\$ 874,557	\$ 2,538,203
TTUHSC	\$ 31,416	\$ 31,416	\$ 31,416	\$ 94,248	\$ 26,180	\$ 26,180	\$ 26,180	\$ 78,540	\$ 26,180	\$ 17,136	\$ 9,996	\$ 53,312	\$ 226,100
Under 55	\$ 352,703	\$ 339,720	\$ 324,249	\$ 1,016,672	\$ 323,603	\$ 325,520	\$ 303,154	\$ 952,278	\$ 348,103	\$ 308,882	\$ 332,206	\$ 989,191	\$ 2,958,141
UTMB	\$ 324,953	\$ 313,825	\$ 307,894	\$ 946,672	\$ 302,223	\$ 302,815	\$ 284,186	\$ 889,225	\$ 326,696	\$ 291,919	\$ 311,202	\$ 929,817	\$ 2,765,714
TTUHSC	\$ 27,750	\$ 25,895	\$ 16,355	\$ 70,000	\$ 21,380	\$ 22,705	\$ 18,968	\$ 63,053	\$ 21,407	\$ 16,963	\$ 21,004	\$ 59,374	\$ 192,427
<b>Total Dialysis</b>	<b>\$ 609,486</b>	<b>\$ 688,264</b>	<b>\$ 637,820</b>	<b>\$ 1,915,571</b>	<b>\$ 630,714</b>	<b>\$ 657,904</b>	<b>\$ 601,195</b>	<b>\$ 1,889,814</b>	<b>\$ 678,146</b>	<b>\$ 603,185</b>	<b>\$ 635,729</b>	<b>\$ 1,917,060</b>	<b>\$ 5,722,444</b>
<b>Offsite Hospital Services</b>													
Age 55 and Over	\$ 12,007,135	\$ 9,964,549	\$ 10,133,436	\$ 32,105,119	\$ 11,728,252	\$ 12,558,478	\$ 9,926,527	\$ 34,213,257	\$ 12,638,777	\$ 12,709,437	\$ 10,657,577	\$ 36,005,790	\$ 102,324,167
UTMB	\$ 10,594,164	\$ 9,824,959	\$ 9,744,890	\$ 30,164,012	\$ 10,730,486	\$ 11,328,178	\$ 9,350,730	\$ 31,409,394	\$ 10,969,479	\$ 11,172,492	\$ 9,542,493	\$ 31,684,464	\$ 93,257,870
TTUHSC	\$ 1,412,971	\$ 139,590	\$ 388,546	\$ 1,941,108	\$ 997,768	\$ 1,230,300	\$ 575,797	\$ 2,803,863	\$ 1,669,298	\$ 1,536,945	\$ 1,115,084	\$ 4,321,326	\$ 9,066,297
Under 55	\$ 10,064,504	\$ 12,848,347	\$ 10,420,850	\$ 33,333,701	\$ 11,029,176	\$ 11,093,955	\$ 9,314,131	\$ 31,437,264	\$ 11,825,381	\$ 11,651,804	\$ 11,413,869	\$ 34,891,054	\$ 99,662,018
UTMB	\$ 9,606,006	\$ 10,391,770	\$ 9,524,578	\$ 29,522,354	\$ 9,673,082	\$ 10,043,703	\$ 7,934,347	\$ 27,651,131	\$ 10,016,634	\$ 10,009,010	\$ 9,144,131	\$ 29,169,775	\$ 86,343,260
TTUHSC	\$ 458,498	\$ 2,456,577	\$ 896,272	\$ 3,811,347	\$ 1,356,096	\$ 1,050,251	\$ 1,379,785	\$ 3,786,132	\$ 1,808,747	\$ 1,642,794	\$ 2,269,737	\$ 5,721,278	\$ 13,318,758
<b>Total Offsite Hospital Services</b>	<b>\$ 22,071,639</b>	<b>\$ 22,812,896</b>	<b>\$ 20,554,286</b>	<b>\$ 65,438,820</b>	<b>\$ 22,757,430</b>	<b>\$ 23,652,433</b>	<b>\$ 19,240,659</b>	<b>\$ 65,650,521</b>	<b>\$ 24,464,158</b>	<b>\$ 24,361,240</b>	<b>\$ 22,071,445</b>	<b>\$ 70,896,844</b>	<b>\$ 201,986,186</b>
<b>C.1.8. Salaries/Agency Nursing/Overtime</b>													
UTMB	\$ 15,419,090	\$ 15,770,268	\$ 15,471,548	\$ 46,660,905	\$ 17,023,759	\$ 16,111,981	\$ 14,653,552	\$ 47,789,292	\$ 15,661,875	\$ 15,661,047	\$ 15,701,834	\$ 47,024,757	\$ 141,474,954
Agency Nursing	\$ 1,808,182	\$ 1,957,309	\$ 1,812,492	\$ 5,577,983	\$ 1,858,612	\$ 1,746,716	\$ 1,334,253	\$ 4,939,580	\$ 1,925,908	\$ 1,556,529	\$ 1,607,010	\$ 5,089,448	\$ 15,607,011
Overtime	\$ 1,157,712	\$ 1,225,591	\$ 1,116,133	\$ 3,499,435	\$ 1,167,135	\$ 1,213,763	\$ 1,159,463	\$ 3,540,381	\$ 1,230,870	\$ 1,025,936	\$ 1,131,288	\$ 3,388,094	\$ 10,427,910
<b>UTMB Total</b>	<b>\$ 18,384,983</b>	<b>\$ 18,953,168</b>	<b>\$ 18,400,172</b>	<b>\$ 55,738,324</b>	<b>\$ 20,049,505</b>	<b>\$ 19,072,460</b>	<b>\$ 17,147,269</b>	<b>\$ 56,269,254</b>	<b>\$ 18,818,653</b>	<b>\$ 18,243,513</b>	<b>\$ 18,440,133</b>	<b>\$ 55,502,298</b>	<b>\$ 167,509,876</b>
TTUHSC	\$ 3,177,070	\$ 3,275,289	\$ 3,210,126	\$ 9,662,485	\$ 3,369,053	\$ 3,258,925	\$ 3,149,411	\$ 9,777,389	\$ 3,188,811	\$ 3,097,849	\$ 3,080,029	\$ 9,366,689	\$ 28,806,563
Salaries	\$ (14,328)	\$ 145,040	\$ 81,892	\$ 212,605	\$ 56,783	\$ 46,577	\$ 37,158	\$ 140,518	\$ 92,994	\$ 50,216	\$ 191,054	\$ 334,264	\$ 687,387
Agency Nursing	\$ 39,596	\$ 55,458	\$ 47,862	\$ 142,917	\$ 47,462	\$ 55,041	\$ 38,454	\$ 140,957	\$ 44,051	\$ 42,482	\$ 53,664	\$ 140,197	\$ 424,070
Overtime	\$ 3,202,339	\$ 3,475,787	\$ 3,339,881	\$ 10,018,007	\$ 3,473,297	\$ 3,360,543	\$ 3,225,023	\$ 10,058,863	\$ 3,325,855	\$ 3,190,547	\$ 3,324,747	\$ 9,841,149	\$ 29,918,020
<b>TTUHSC Total</b>	<b>\$ 21,587,323</b>	<b>\$ 22,428,955</b>	<b>\$ 21,740,053</b>	<b>\$ 65,756,331</b>	<b>\$ 23,522,802</b>	<b>\$ 22,433,003</b>	<b>\$ 20,372,312</b>	<b>\$ 66,328,117</b>	<b>\$ 22,144,508</b>	<b>\$ 21,434,060</b>	<b>\$ 21,764,880</b>	<b>\$ 65,343,448</b>	<b>\$ 197,427,895</b>
<b>FTEs</b>													
UTMB	2,949.7	2,941.4	2,928.6	2,939.9	2,955.6	2,943.3	2,917.4	2,938.8	2,919.7	2,918.7	2,878.0	2,905.5	2,928.1
TTUHSC	767.7	764.6	767.6	766.6	761.9	747.9	741.0	750.3	742.1	747.5	735.6	741.7	752.9
<b>Total FTEs</b>	<b>3,717.4</b>	<b>3,706.0</b>	<b>3,696.2</b>	<b>3,706.5</b>	<b>3,717.5</b>	<b>3,691.2</b>	<b>3,658.5</b>	<b>3,689.1</b>	<b>3,661.8</b>	<b>3,666.2</b>	<b>3,613.6</b>	<b>3,647.2</b>	<b>3,680.9</b>
<b>Key Occupational Categories, Percent Filled</b>													
<b>UTMB</b>	<b>87.5%</b>	<b>87.2%</b>	<b>86.9%</b>	<b>87.2%</b>	<b>86.6%</b>	<b>86.2%</b>	<b>85.5%</b>	<b>86.1%</b>	<b>85.5%</b>	<b>85.5%</b>	<b>84.3%</b>	<b>85.1%</b>	<b>86.1%</b>
Nursing	84.0%	84.1%	84.2%	84.1%	83.8%	82.7%	81.8%	82.8%	81.8%	81.9%	80.1%	81.3%	82.7%
Mental Health	87.8%	88.3%	86.3%	87.5%	87.5%	89.5%	88.9%	88.6%	88.9%	87.8%	86.1%	87.6%	87.9%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.1%	86.6%	86.1%	86.6%	87.1%	88.3%	86.1%	87.2%	87.8%	87.5%	88.0%	87.8%	87.2%
Dental	93.1%	92.3%	91.4%	92.3%	90.5%	90.5%	89.1%	90.0%	89.5%	89.9%	90.4%	89.9%	90.7%
Pharmacy	100.0%	97.9%	97.9%	98.6%	98.6%	97.2%	96.5%	97.4%	97.2%	97.9%	98.6%	97.9%	98.0%
Other Positions	91.1%	90.4%	89.9%	90.5%	88.8%	88.6%	88.6%	88.7%	88.2%	88.3%	87.4%	88.0%	89.0%
<b>TTUHSC</b>	<b>78.1%</b>	<b>77.7%</b>	<b>78.1%</b>	<b>78.0%</b>	<b>77.5%</b>	<b>76.1%</b>	<b>74.4%</b>	<b>76.3%</b>	<b>75.5%</b>	<b>76.0%</b>	<b>74.8%</b>	<b>75.4%</b>	<b>76.6%</b>
Nursing	76.0%	76.3%	76.7%	76.3%	75.5%	73.2%	72.0%	73.6%	72.6%	72.4%	70.8%	71.9%	73.9%
Mental Health	68.1%	65.1%	65.7%	66.3%	65.1%	64.3%	64.3%	64.5%	64.2%	65.9%	63.9%	64.7%	65.2%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.6%	87.6%	85.7%	87.0%	86.7%	84.7%	86.6%	86.0%	84.7%	86.2%	86.6%	85.8%	86.3%
Dental	86.6%	83.1%	84.0%	84.6%	83.3%	88.6%	86.1%	86.0%	84.3%	85.7%	84.9%	85.0%	85.2%
Pharmacy	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Other Positions	83.9%	84.1%	84.5%	84.2%	85.4%	83.9%	83.9%	84.4%	84.0%	85.3%	85.0%	84.8%	84.4%

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 06/22/2021
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 29,603,899	\$ 29,278,581	\$ 29,929,216	\$ -	\$ 88,811,696	\$ 118,740,912
State Reimbursement Benefits	\$ 3,059,548	\$ 3,191,506	\$ 3,868,979	\$ -	\$ 10,120,032	\$ 13,493,376
Other Misc Revenue	\$ 547	\$ 128	\$ 648	\$ -	\$ 1,323	\$ 1,764
<b>TOTAL REVENUES</b>	<b>\$ 32,663,994</b>	<b>\$ 32,470,214</b>	<b>\$ 33,798,843</b>	<b>\$ -</b>	<b>\$ 98,933,051</b>	<b>\$ 132,236,052</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 6,902,102	\$ 7,140,432	\$ 7,071,229	\$ -	\$ 21,113,763	\$ 28,302,684
Benefits	\$ 2,195,880	\$ 2,334,389	\$ 2,321,169	\$ -	\$ 6,851,438	\$ 8,108,719
Other Operating Expenses	\$ 1,089,768	\$ 744,053	\$ 699,386	\$ -	\$ 2,533,207	\$ 3,727,610
Professional Services	\$ 653,879	\$ 712,861	\$ 848,878	\$ -	\$ 2,215,619	\$ 3,104,158
Contracted Units/Services	\$ 2,762,255	\$ 3,116,492	\$ 3,003,992	\$ -	\$ 8,882,739	\$ 11,843,652
Travel	\$ 27,749	\$ 23,136	\$ 29,955	\$ -	\$ 80,841	\$ 122,788
Capitalized Equipment	\$ 28,896	\$ 5,820	\$ 9,271	\$ -	\$ 43,987	\$ 685,546
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 13,660,530</b>	<b>\$ 14,077,183</b>	<b>\$ 13,983,880</b>	<b>\$ -</b>	<b>\$ 41,721,594</b>	<b>\$ 55,895,156</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 2,903,300	\$ 2,777,914	\$ 2,435,656	\$ -	\$ 8,116,870	\$ 10,899,493
Benefits	\$ 802,254	\$ 766,373	\$ 646,701	\$ -	\$ 2,215,327	\$ 2,953,770
Other Operating Expenses	\$ 38,537	\$ 83,510	\$ 56,616	\$ -	\$ 178,662	\$ 258,216
Professional Services	\$ 236,895	\$ 237,725	\$ 263,416	\$ -	\$ 738,036	\$ 1,004,048
Travel	\$ 4,858	\$ 3,553	\$ 4,257	\$ -	\$ 12,667	\$ 26,890
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 3,985,844</b>	<b>\$ 3,869,073</b>	<b>\$ 3,406,646</b>	<b>\$ -</b>	<b>\$ 11,261,563</b>	<b>\$ 15,142,417</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 17,646,373</b>	<b>\$ 17,946,257</b>	<b>\$ 17,390,526</b>	<b>\$ -</b>	<b>\$ 52,983,157</b>	<b>\$ 71,037,574</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 426,555	\$ 426,555	\$ 426,555	\$ -	\$ 1,279,664	\$ 1,996,219
Community Provider Services	\$ 5,509,806	\$ 6,517,096	\$ 9,512,816	\$ -	\$ 21,539,719	\$ 28,202,615
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,188,321	\$ 3,561,649	\$ 3,840,687	\$ -	\$ 10,590,657	\$ 15,540,606
Estimated IBNR	\$ 1,089,283	\$ 1,655,507	\$ (2,910,584)	\$ -	\$ (165,795)	\$ 2,150,000
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 10,213,964</b>	<b>\$ 12,160,807</b>	<b>\$ 10,869,474</b>	<b>\$ -</b>	<b>\$ 33,244,245</b>	<b>\$ 47,889,440</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 391,505	\$ 501,985	\$ 527,581	\$ -	\$ 1,421,070	\$ 1,515,942
Benefits	\$ 22,931	\$ 24,507	\$ 24,216	\$ -	\$ 71,654	\$ 95,539
Other Operating Expenses	\$ 51,890	\$ 83,250	\$ 91,381	\$ -	\$ 226,521	\$ 231,465
Pharmaceutical Purchases	\$ 2,033,752	\$ 1,259,673	\$ 1,678,839	\$ -	\$ 4,972,264	\$ 8,239,066
Travel	\$ 906	\$ 1,036	\$ 1,394	\$ -	\$ 3,336	\$ 9,448
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,500,983</b>	<b>\$ 1,870,451</b>	<b>\$ 2,323,412</b>	<b>\$ -</b>	<b>\$ 6,694,845</b>	<b>\$ 10,091,461</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 814,107</b>	<b>\$ 749,110</b>	<b>\$ 822,143</b>	<b>\$ -</b>	<b>\$ 2,385,359</b>	<b>\$ 3,265,375</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 31,175,427</b>	<b>\$ 32,726,625</b>	<b>\$ 31,405,554</b>	<b>\$ -</b>	<b>\$ 95,307,606</b>	<b>\$ 132,283,849</b>
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<b>DIFFERENCE</b>	<b>\$ 1,488,566</b>	<b>\$ (256,410)</b>	<b>\$ 2,393,289</b>	<b>\$ -</b>	<b>\$ 3,625,445</b>	<b>\$ (47,797)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 43**  
**Third Quarter, FY2021**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 06/21/21
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 130,328,078	\$ 128,895,899	\$ 131,760,254	\$ -	\$ 390,984,231	\$ 522,959,485
State Reimbursement Benefits	\$ 15,316,279	\$ 14,990,775	\$ 15,562,096	\$ -	\$ 45,869,150	\$ 61,536,903
Other Misc Revenue	\$ 20,289	\$ 19,072	\$ 15,032	\$ -	\$ 54,393	\$ 64,702
<b>TOTAL REVENUES</b>	<b>\$ 145,664,647</b>	<b>\$ 143,905,746</b>	<b>\$ 147,337,382</b>	<b>\$ -</b>	<b>\$ 436,907,775</b>	<b>\$ 584,561,090</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 47,394,566	\$ 47,163,773	\$ 46,662,711	\$ -	\$ 141,221,050	\$ 189,612,419
Benefits	\$ 13,944,166	\$ 14,634,349	\$ 14,298,452	\$ -	\$ 42,876,967	\$ 57,562,332
Other Operating Expenses	\$ 6,104,952	\$ 4,476,067	\$ 5,428,442	\$ -	\$ 16,009,461	\$ 21,418,070
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 236,583	\$ 209,312	\$ 265,596	\$ -	\$ 711,491	\$ 951,260
Capitalized Equipment	\$ 609,781	\$ 307,059	\$ 640,005	\$ -	\$ 1,556,845	\$ 2,000,000
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 68,290,048</b>	<b>\$ 66,790,561</b>	<b>\$ 67,295,205</b>	<b>\$ -</b>	<b>\$ 202,375,814</b>	<b>\$ 271,544,081</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 8,343,758	\$ 9,105,480	\$ 8,839,588	\$ -	\$ 26,288,826	\$ 35,148,064
Benefits	\$ 2,145,903	\$ 2,198,858	\$ 2,166,009	\$ -	\$ 6,510,770	\$ 8,704,876
Other Operating Expenses	\$ 67,279	\$ 64,759	\$ 77,200	\$ -	\$ 209,237	\$ 279,750
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 4,114	\$ 7,488	\$ 10,764	\$ -	\$ 22,366	\$ 29,903
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 10,561,054</b>	<b>\$ 11,376,585</b>	<b>\$ 11,093,561</b>	<b>\$ -</b>	<b>\$ 33,031,199</b>	<b>\$ 44,162,593</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,851,102</b>	<b>\$ 78,167,145</b>	<b>\$ 78,388,766</b>	<b>\$ -</b>	<b>\$ 235,407,013</b>	<b>\$ 315,706,674</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 4,490,638	\$ 4,543,474	\$ 5,675,219	\$ -	\$ 14,709,331	\$ 19,579,432
Community Provider Services	\$ 10,000,957	\$ 15,522,785	\$ 16,240,245	\$ -	\$ 41,763,987	\$ 67,086,979
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 36,761,936	\$ 38,241,257	\$ 41,213,790	\$ -	\$ 116,216,983	\$ 153,926,352
Estimated IBNR	\$ 6,606,154	\$ 3,420,131	\$ 277,188	\$ -	\$ 10,303,473	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 57,859,684</b>	<b>\$ 61,727,647</b>	<b>\$ 63,406,442</b>	<b>\$ -</b>	<b>\$ 182,993,773</b>	<b>\$ 240,592,763</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,221,914	\$ 2,148,510	\$ 2,280,668	\$ -	\$ 6,651,092	\$ 8,892,486
Benefits	\$ 715,795	\$ 701,280	\$ 725,377	\$ -	\$ 2,142,452	\$ 2,864,451
Other Operating Expenses	\$ 341,998	\$ 410,898	\$ 567,687	\$ -	\$ 1,320,583	\$ 1,765,615
Pharmaceutical Purchases	\$ 10,530,100	\$ 9,331,984	\$ 12,192,264	\$ -	\$ 32,054,348	\$ 43,528,448
Travel	\$ 3,054	\$ 2,442	\$ 3,408	\$ -	\$ 8,904	\$ 11,905
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 13,812,860</b>	<b>\$ 12,595,115</b>	<b>\$ 15,769,405</b>	<b>\$ -</b>	<b>\$ 42,177,380</b>	<b>\$ 57,062,904</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,717,645</b>	<b>\$ 3,780,702</b>	<b>\$ 3,904,656</b>	<b>\$ -</b>	<b>\$ 11,403,002</b>	<b>\$ 15,173,420</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 154,241,291</b>	<b>\$ 156,270,609</b>	<b>\$ 161,469,268</b>	<b>\$ -</b>	<b>\$ 471,981,168</b>	<b>\$ 628,535,761</b>
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<b>DIFFERENCE</b>	<b>\$ (8,576,645)</b>	<b>\$ (12,364,863)</b>	<b>\$ (14,131,886)</b>	<b>\$ -</b>	<b>\$ (35,073,393)</b>	<b>\$ (43,974,671)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 43**  
**Third Quarter, FY2021**

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 159,931,977	\$ 158,174,480	\$ 161,689,470	\$ -	\$ 479,795,927	\$ 641,700,397
State Reimbursement Benefits	\$ 18,375,827	\$ 18,182,281	\$ 19,431,075	\$ -	\$ 55,989,183	\$ 75,030,280
Other Misc Revenue	\$ 20,837	\$ 19,199	\$ 15,680	\$ -	\$ 55,716	\$ 66,466
<b>TOTAL REVENUES</b>	<b>\$ 178,328,640</b>	<b>\$ 176,375,960</b>	<b>\$ 181,136,225</b>	<b>\$ -</b>	<b>\$ 535,840,825</b>	<b>\$ 716,797,142</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 54,296,668	\$ 54,304,205	\$ 53,733,939	\$ -	\$ 162,334,813	\$ 217,915,102
Benefits	\$ 16,140,045	\$ 16,968,738	\$ 16,619,622	\$ -	\$ 49,728,405	\$ 65,671,050
Other Operating Expenses	\$ 7,194,720	\$ 5,220,120	\$ 6,127,828	\$ -	\$ 18,542,668	\$ 25,145,680
Professional Services	\$ 653,879	\$ 712,861	\$ 848,878	\$ -	\$ 2,215,619	\$ 3,104,158
Contracted Units/Services	\$ 2,762,255	\$ 3,116,492	\$ 3,003,992	\$ -	\$ 8,882,739	\$ 11,843,652
Travel	\$ 264,332	\$ 232,448	\$ 295,551	\$ -	\$ 792,332	\$ 1,074,048
Capitalized Equipment	\$ 638,678	\$ 312,879	\$ 649,275	\$ -	\$ 1,600,832	\$ 2,685,546
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 81,950,578</b>	<b>\$ 80,867,744</b>	<b>\$ 81,279,086</b>	<b>\$ -</b>	<b>\$ 244,097,407</b>	<b>\$ 327,439,237</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 11,247,058	\$ 11,883,394	\$ 11,275,244	\$ -	\$ 34,405,696	\$ 46,047,557
Benefits	\$ 2,948,157	\$ 2,965,231	\$ 2,812,710	\$ -	\$ 8,726,098	\$ 11,658,646
Other Operating Expenses	\$ 105,816	\$ 148,268	\$ 133,815	\$ -	\$ 387,900	\$ 537,966
Professional Services	\$ 236,895	\$ 237,725	\$ 263,416	\$ -	\$ 738,036	\$ 1,004,048
Travel	\$ 8,972	\$ 11,040	\$ 15,021	\$ -	\$ 35,033	\$ 56,793
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 14,546,898</b>	<b>\$ 15,245,658</b>	<b>\$ 14,500,207</b>	<b>\$ -</b>	<b>\$ 44,292,762</b>	<b>\$ 59,305,010</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 96,497,476</b>	<b>\$ 96,113,402</b>	<b>\$ 95,779,292</b>	<b>\$ -</b>	<b>\$ 288,390,170</b>	<b>\$ 386,744,247</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 4,917,193	\$ 4,970,029	\$ 6,101,774	\$ -	\$ 15,988,995	\$ 21,575,651
Community Provider Services	\$ 15,510,763	\$ 22,039,882	\$ 25,753,061	\$ -	\$ 63,303,705	\$ 95,289,594
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 39,950,257	\$ 41,802,906	\$ 45,054,477	\$ -	\$ 126,807,640	\$ 169,466,958
Estimated IBNR	\$ 7,695,437	\$ 5,075,638	\$ (2,633,396)	\$ -	\$ 10,137,678	\$ 2,150,000
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 68,073,648</b>	<b>\$ 73,888,454</b>	<b>\$ 74,275,915</b>	<b>\$ -</b>	<b>\$ 216,238,018</b>	<b>\$ 288,482,203</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,613,418	\$ 2,650,495	\$ 2,808,249	\$ -	\$ 8,072,162	\$ 10,408,428
Benefits	\$ 738,726	\$ 725,787	\$ 749,593	\$ -	\$ 2,214,106	\$ 2,959,990
Other Operating Expenses	\$ 393,888	\$ 494,148	\$ 659,069	\$ -	\$ 1,547,105	\$ 1,997,080
Pharmaceutical Purchases	\$ 12,563,851	\$ 10,591,658	\$ 13,871,103	\$ -	\$ 37,026,612	\$ 51,767,514
Travel	\$ 3,959	\$ 3,478	\$ 4,803	\$ -	\$ 12,240	\$ 21,353
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 16,313,843</b>	<b>\$ 14,465,566</b>	<b>\$ 18,092,816</b>	<b>\$ -</b>	<b>\$ 48,872,225</b>	<b>\$ 67,154,364</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,531,752</b>	<b>\$ 4,529,811</b>	<b>\$ 4,726,799</b>	<b>\$ -</b>	<b>\$ 13,788,361</b>	<b>\$ 18,438,795</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 185,416,719</b>	<b>\$ 188,997,233</b>	<b>\$ 192,874,822</b>	<b>\$ -</b>	<b>\$ 567,288,774</b>	<b>\$ 760,819,610</b>
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<b>DIFFERENCE</b>	<b>\$ (7,088,078)</b>	<b>\$ (12,621,273)</b>	<b>\$ (11,738,598)</b>	<b>\$ -</b>	<b>\$ (31,447,949)</b>	<b>\$ (44,022,468)</b>
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<b>FY2021 Spend Forward to FY2020 - LBB Approved</b>						<b>\$ (74,793,888)</b>
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<b>Projected Uncollected Health Care Fees (COVID-19 Waiver)</b>						<b>\$ (1,115,000)</b>
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<b>Revenue Reduction - Idling and Closure of Units - FY2021</b>						<b>\$ (3,000,000)</b>
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<b>FY2020 Cost Report Reconciliation</b>						<b>\$ (1,116,703)</b>
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<b>NET DIFFERENCE</b>	<b>\$ (7,088,078)</b>	<b>\$ (12,621,273)</b>	<b>\$ (11,738,598)</b>	<b>\$ -</b>	<b>\$ (31,447,949)</b>	<b>\$ (124,048,059)</b>
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**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Third 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 Third Quarter Fiscal Year (FY) 2021 (March, April, and May 2021), Operational Review Audits (ORAs) were conducted at the following **9** facilities: Coffield, Diboll, Duncan, Hilltop, Kyle, Moore B., Mountain View, Travis State Jail and Woodman State Jail.

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

1. 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 **6** facilities were not in compliance with this requirement:
  - Coffield (55%) – Corrective action plan received
  - Diboll (38%) – Corrective action plan pending
  - Hilltop (64%) – Corrective action plan pending
  - Kyle (56%) – Corrective action plan received
  - Moore, B. (60%) – Corrective action plan pending
  - Travis State Jail (20%) – 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).*

2. 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:
  - Coffield (0%) – Corrective action plan received
  - Diboll (0%) – Corrective action plan pending
  - Duncan (0%) – Corrective action plan pending
  - Travis State Jail (60%) – Corrective action plan received
3. Item **4.190** requires caseload inmates, or other inmates identified as having a mental health condition, who are housed in disciplinary segregation, be seen by mental health staff or nursing staff each day. The following **3** facilities were not in compliance with this requirement:
  - Coffield (50%) – Corrective action plan received
  - Hilltop (44%) – Corrective action plan pending
  - Mountain View (74%) – Corrective action plan pending
4. Item **4.150** requires inmates who are on the Mental Health caseload or receiving psychopharmacological treatment be assessed by mental health staff within one business day of placement in segregation. The following **3** facilities were not in compliance with this requirement:
  - Hilltop (78%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (CONTINUED)

- Travis State Jail (75%) – Corrective action plan received
  - Woodman State Jail (58%) – Corrective action plan pending
5. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **3** facilities were not in compliance with this requirement:
- Duncan (0%) – Corrective action plan pending
  - Kyle (0%) – Corrective action plan received
  - Travis State Jail (0%) – Corrective action plan received
6. Item **6.450** requires follow-up serologies for Syphilis are obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus (HIV) negative at six and twelve months; Primary, and Secondary Syphilis, and HIV positive at three, six, nine, twelve, and twenty-four months; Latent Syphilis and HIV negative at every six, twelve, and twenty-four months, and Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **3** facilities were not in compliance with this requirement:
- Coffield (29%) – Corrective action plan received
  - Moore, B. (0%) – Corrective action plan pending
  - Mountain View (50%) – Corrective action plan pending
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Dominguez State Jail, Kegans Intermediate Sanction Facility, Ramsey, Stiles, Stringfellow, and Vance. During the Third 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 Third quarter of FY 2021 were postponed due to the ongoing COVID-19 pandemic.

## DENTAL QUALITY REVIEW AUDIT

During the Third Quarter of FY 2021 (March, April, and May 2021), Dental Quality Review audits were conducted on Urgent Care at the following **37** facilities: Allred (Extended Cell Block [ECB]), Clements (ECB), Duncan, Estelle (High Security [HS]), Ferguson, Ft. Stockton, Jester IV, Lewis (HS), Lindsey, Michael, Mountain View, Murray, Ney, Pack, Plane, Polunsky, Powledge, Ramsey, San Saba, Segovia, Skyview, Smith (ECB) Stevenson, Stiles, Stringfellow, Telford, Terrell, Torres, Travis State Jail, Tulia, Vance, Wallace, Wheeler, Willacy, Woodman, Wynne, and Young.

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **4** of the **37** facilities were not in compliance: **Travis (60%), Pack (50%), Jester IV (20%), and Young (20%)**. Each of these **4** units have been placed on self-monitoring until they have scored 80% or better for **3** consecutive months.

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Third Quarter of FY 2021 (March, April, and May 2021), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,301** correspondences. The PLP received **3,413** and Step II Grievance received **888**. There were **340** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained inmate medical grievances closed in the Third Quarter FY 2021 for the Step II medical grievances was **3%** percent. Performance measure expectation is six percent or less (Article IX,

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **3%** and **2%** for TTUHSC for the Third 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 Third Quarter of FY 2021, (March, April, and May 2021), the Patient Liaison Program nurses and investigators performed **13** Sick Call Request Verification Audits (SCRVAs) on **13** 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 **111** indicators were reviewed at the **13** facilities and **1** 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 **13** facilities audited. There were **no** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

## OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Third Quarter FY 2021, there were **7,783** intake HIV tests performed. Of those tested, **73** inmates were newly identified as having HIV infection. During the same time period, there were **5,987** pre-release tests performed with **0** found to be HIV positive. For this quarter, **7** new AIDS cases were identified.
- There were **395** cases of Hepatitis C identified for the Third Quarter FY 2021. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **369** cases of suspected Syphilis were reported in the Third Quarter FY 2021. **191** 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.
- **320** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2021. For the same time period, **98** 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

## OFFICE OF PUBLIC HEALTH (CONTINUED)

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 **19** TB cases (pulmonary and extra-pulmonary) under management for the Third 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 **304** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2021. There were **39** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **89** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Third Quarter FY 2021, **0** units received peer educator training by the Peer Education Coordinator due to COVID 19 travel restrictions. As of the close of the quarter, **92** of the **99** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Third Quarter FY 2021, **38** inmates trained to become peer educators. This is an increase from the Second Quarter FY 2021 Report. During the Third Quarter FY 2021, **7,305** inmates attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2021.

## MORBIDITY AND MORTALITY

There were **83** deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 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.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>0</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

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

- The OMHM&L monitors all restrictive housing within the TDCJ CID and State Jails once every six months. Due to travel restrictions imposed in order to mitigate the risk of spread of COVID-19, restrictive housing audits have been temporarily suspended.
- In addition to monitoring the mental health status of restrictive housing inmates, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ACT 4, **12** of the **15** units were **100%** compliant. **3** of the **15** units did not have an applicable sample. For ATC 5, **12** of the **15** units were **100%** compliant. **3** of the **15** units did

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

not have an applicable sample. For ATC 6, **12** of the **15** units were **100%** compliant. **3** of the **15** units did not have an applicable sample. For the 911 tool availability, there were **no** units assessed due to restrictions imposed for Coronavirus Pandemic precautions.

- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances are appropriately documented. During the Third Quarter FY 2021, a total of **88** instances of compelled psychoactive medication administration occurred. There were **37** instances at the Montford unit, **26** instances at the Skyview unit, **25** 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 Third Quarter of FY 2021, HSL conducted **254** hospital and **41** 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 **254** hospital discharge audits conducted, **160** were from the UTMB Sector and **94** were from the TTUHSC sector. There were **29** deficiencies identified for UTMB and **49** identified for TTUHSC. Of the **41** infirmary discharge audits conducted, **20** were from the UTMB sector and **21** were from the TTUHSC sector. There were **5** deficiencies identified from UTMB and **3** 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 - **7**
- Health Services Division Active Monthly Medical Research Projects - **8**
- Health Services Division Pending Medical Research Projects – **3**

# **Offender Health Services Plan**

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**Adopted September 2003**

(Reviewed August 2005)

(Reviewed and Updated June 2007)

(Reviewed and Updated August 2009)

(Reviewed and Updated September 2011)

(Reviewed August 2013)

(Reviewed September 2015)

(Reviewed and Updated September 2017)

(Reviewed and Updated September 2019)

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# **Offender Health Services Plan**

Correctional Managed Health Care Committee

## **Introduction**

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

## Definition of Health Care Services

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

## Access to Care

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

## Classification of Levels of Care

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

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

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

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

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

## Utilization Management and Review

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

## **Formulary and Disease Management Guidelines**

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

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

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

## **Complaints and Grievances About Health Care**

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

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

## **Offender Co payment Requirements**

In accordance with state law, if a visit to a health care provider meets offender health care co-payment criteria, the offender may be assessed a \$13.55 co-payment . Offenders will be afforded access to health care services regardless of their ability to pay.

# Offender Health Services Plan

## Medical Services and Supplies Provided By Physicians and Other Health Care Professionals

*All services are subject to a determination of medical necessity*

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

### **Treatment Therapies**

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

### **Physical and Occupational Therapies**

Services for each of the following:

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

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

Cardiac rehabilitation is provided subject to the limitations below.

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

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

### **Hearing Services**

- Audiogram if medically indicated
- Placement of hearing aid when medically necessary

**Vision Services**

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

**Foot Care**

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

**Orthopedic and Prosthetic Devices**

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

**Durable Medical Equipment**

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

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

**Educational Material, Classes or Programs**

- Health education material, classes and programs are provided

## Preventive Health Care Services

Service Description
<b>Routine Immunizations</b> <ul style="list-style-type: none"><li>▪ Limited to Td, MMR, influenza (age 50 or older), pneumococcal vaccine (age 65 or older)</li></ul>
<b>Medically Indicated Immunizations</b>
<b>Hepatitis A Vaccination for Occupational Risk</b>
<b>Hepatitis B Vaccinations will be Administered According to Correctional Managed Health Care Infection Control Policy and Protocol</b>
<b>Post-exposure Testing and Prophylaxis for Offender Non-occupational Bloodborne Pathogen Exposure</b>
<b>TB Related Services</b> <ul style="list-style-type: none"><li>▪ Annual TB screening tests</li><li>▪ Treatment of Latent TB infection</li><li>▪ Directly observed therapy for TB disease</li><li>▪ Treatment for TB, including respiratory isolation when indicated</li><li>▪ Contact investigation around active TB cases</li><li>▪ Specialty Consultation for drug-resistant TB cases</li></ul>

<p><b>HIV Related Services</b></p> <ul style="list-style-type: none"> <li>■ HIV testing and counseling upon intake and prior to release as required by state law</li> <li>■ HIV testing and counseling upon request (no more than every 6 months)</li> <li>■ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol</li> <li>■ Opportunistic infection prophylaxis</li> <li>■ Infectious disease consultation for HIV infection</li> </ul>
<p><b>Partner Elicitation and Referral for Sexually Transmitted Diseases, Including HIV</b></p>
<p><b>Syphilis Screening upon Intake</b></p>
<p><b>Testing for Communicable Diseases when Clinically Indicated</b></p>
<p><b>Treatment of Chronic Hepatitis B and C According to Correctional Managed Health Care Policies and Protocols</b></p>
<p><b>Hepatitis C Antibody Testing upon Offender Request</b></p> <ul style="list-style-type: none"> <li>■ Not greater than once per year</li> </ul>
<p><b>Post-exposure Prophylaxis for Varicella when Medically Indicated</b></p>
<p><b>Post-exposure Prophylaxis for Meningitis when Clinically Indicated</b></p>
<p><b>Periodic Medical Assessments as Required for Certain Job Assignments Involving Excessive Noise Exposure or use of a Respirator</b></p>
<p><b>Access to Personal Hygiene Supplies as Described in Correctional Managed Health Care Policy and Protocol</b></p>
<p><b>Periodic Physical Examination, According to Frequency Designated in Policy</b></p>
<p><b>Annual Fecal Occult Blood Test Over Age 50</b></p>
<p><b>Health Education Services</b></p>

**Mammogram Services for Females**

- Baseline mammogram at age 40
- Mammogram every 1-2 years for ages 40-49; annually from age 50 and higher

**Annual Pelvic Exam and Pap Smear for Females**

- Frequency may be adjusted by the provider when clinically indicated

**Obstetrical Services**

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

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

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

***Facility Providers must obtain precertification for all offsite surgical procedures.***

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

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

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

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

**Hospice Care**

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

**Ambulance**

Local professional ambulance service when medically necessary

**Medical Emergency Services**

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

## Mental Health Services

### Service Description

#### Mental Health Care

Diagnostic and treatment services recommended by a qualified mental health provider, including:

- Professional services such as medication monitoring and management
- Outpatient services
- Psycho-social services as indicated
- Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care
- Crisis management / Suicide Prevention
- Continuity of care services
- Specialized mental health programs
  - Program for the Aggressive Mentally-Ill Offender
  - Developmental Disabilities Program
  - Restrictive Housing step-down program
  - Program for the chronic self-injurious
- Emergency mental health services are available 24 hours a day, seven days per week

## Pharmacy Services

### Service Description

Medically necessary medications are provided to offenders when clinically indicated.

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

## Dental Services

### ***Eligibility for Dental Services:***

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

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

**Prophylaxis**

- Oral hygiene instruction
- Fluoride treatment
- Sealant treatment (per tooth)
- Infection control

**Restorative (fillings) by Primary Dentist**

- Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces)
- Composite resin (white) restorations on anterior teeth (1, 2, 3 or more surfaces)
- Acid etch bonding for repair of incisal edge

**Endodontics (Root Canal Therapy/Anterior Teeth) by Primary Dentist****Oral Surgery by Primary Dentist**

- Single/multiple tooth extraction(s)
- Surgical extraction-erupted tooth
- Surgical extraction-soft tissue impaction
- Surgical extraction-partial bony impaction
- Surgical extraction-full bony impaction

**Periodontics (Gum treatment) by Primary Dentist**

- Occlusal Adjustment-Limited
- Occlusal Adjustment-Complete
- Periodontal scaling and root planing (per quadrant)

**Major restorative dentistry by Primary Dentist**

- Re-cement crown/bridge
- Post for crown
- Stainless steel crown

### **Prosthodontics by Primary Dentist**

- Medically Necessary Prosthodontics (dentures)
- TMJ Appliance

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

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

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

# **Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview**

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

**September 15, 2021**



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.

School of Medicine  
*Correctional Managed Health Care*



# Correctional Managed Health Care Contract FY 2022-2023 Biennium

This presentation will focus on providing the Correctional Managed Health Care Committee with an understanding of the key changes for the Correctional Managed Health Care (CMHC) FY2022-2023 biennium contracts between the Texas Department of Criminal Justice (TDCJ), the University of Texas Medical Branch (UTMB) and the Texas Tech University Health Sciences Center (TTUHSC).



# Geographical Areas of Responsibility



# Correctional Managed Health Care Strategies

- ▶ Funding for correctional managed health care is appropriated to the Texas Department of Criminal Justice through the General Appropriations Act in the following strategies:
  - C.1.8. Unit and Psychiatric Care
  - C.1.9. Hospital and Clinic Care
  - C.1.10. Managed Health Care - Pharmacy

# Correctional Managed Health Care Contract Process

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

## Key Changes to the Contract

- ▶ The Correctional Managed Health Care contracts for FY 2022-2023 provide the same level of services as prior contracts with the following changes to:
  - ▶ Biennial funding
  - ▶ Supplemental appropriations
  - ▶ Operational Reviews

## Comparison of Biennial Funding Level

- FY 2022-23 funding for Correctional Managed Health Care totals \$1.36 billion, representing an increase from the FY 2020-21 biennial funding level. Additional funding has been provided for:
  - Maintaining operations \$60 million
  - Information Technology \$21.5 million (Funding provided in HB 2, 87<sup>th</sup> Legislature)

# Comparison of Biennial Funding Level

## CMHC

	TTUHSC	UTMB	Appropriations
		\$ 1,045,488,971	\$ 1,282,970,795
		\$ 1,117,008,971	\$ 1,356,046,475
Difference	\$ 1,555,950	\$ 71,520,000	\$ 73,075,950

# Questions?



# **The Texas Department of Criminal Justice**

**Texas Correctional Office on Offenders  
with Medical or Mental Impairments  
(TCOOMMI)**

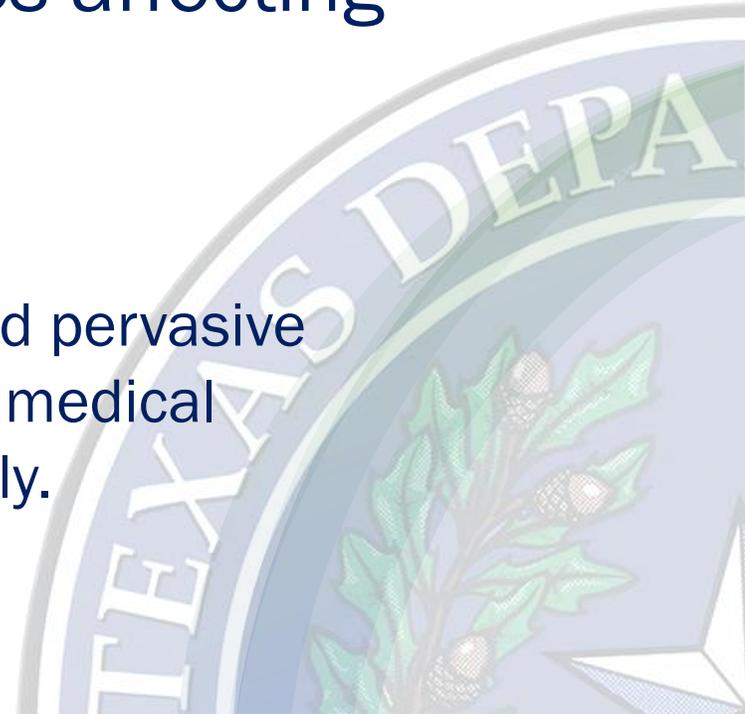
**Presented by: April Zamora, Reentry  
and Integration Division / TCOOMMI  
Director**



# Mission Statement

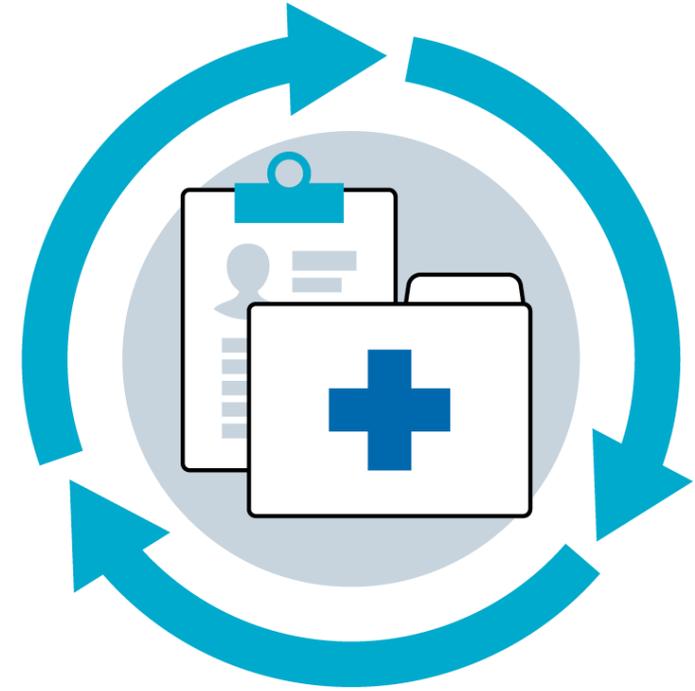
To provide a formal structure of criminal justice, health and human service and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs\*

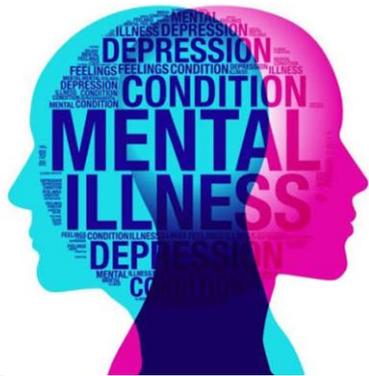
\*Special needs includes clients with serious, chronic and pervasive mental illness, intellectual disability, terminal or serious medical conditions, physical disabilities and those who are elderly.



# State of the State

- **One of the first states with a statutorily mandates coordinating body for offenders with special needs.**
- **The only state with Medical/Mental Health Continuity of Care (COC) legislation that does not require a release of information to be signed.**
- **One of few states with targeted funds for juvenile and adult clients with special needs.**
- **One of a few states with specialized juvenile and adult probation/parole caseloads**
- **The most proactive state in regulatory, statutory, procedural and programmatic practices for clients with special needs.**



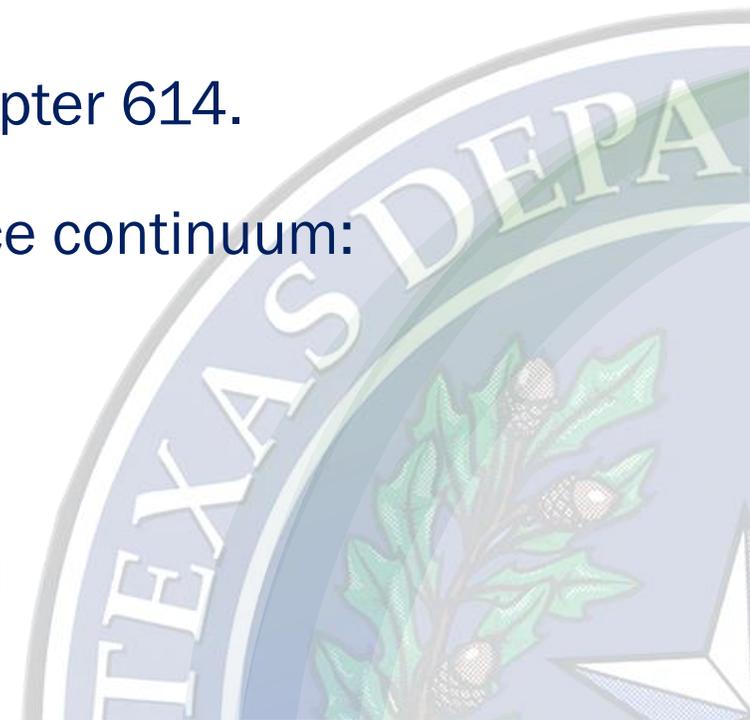


- **Role of TCOOMMI**
- **Mental Health TCOOMMI Services**
- **Medical TCOOMMI Services**
  - **Continuity of Care**
  - **Minority AIDS Initiative (HIV planning)**
  - **Medically Recommended Intensive Supervision**



# Role of TCOOMMI

- The Reentry and Integration Division (RID) is a division established by TDCJ.
  - RID is a combined effort of both the Reentry Program and the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Program.
- TCOOMMI was established in 1987.
- TCOOMMI is enabled by Health and Safety Code, Chapter 614.
- TCOOMMI addresses all aspects of the criminal justice continuum:
  - Juvenile Continuity of Care;
  - Adult Continuity of Care;
  - Probation Case Management;
  - Parole Case Management;
  - Mental Health Diversion and Court Resource; and
  - Wrongfully Imprisoned Persons.



# Role of TCOOMMI

- TCOOMMI provides pre-release screening and referral to aftercare treatment services for special needs inmates referred from the Correctional Institutions Division (CID), SAFPF, local jails, or other referral sources.
- TCOOMMI monitors, coordinates, and implements a continuity of care system for clients with special needs.
- Mental health and many medical continuity of care appointments are established pre-release and provided to inmates during the release process.
- Pre-Release services for benefit coordination and application
  - Veterans; and
  - Social Security - Medicaid and/or Medicare.
- Post-Release coordination and collaboration with clients and community supervision officers.



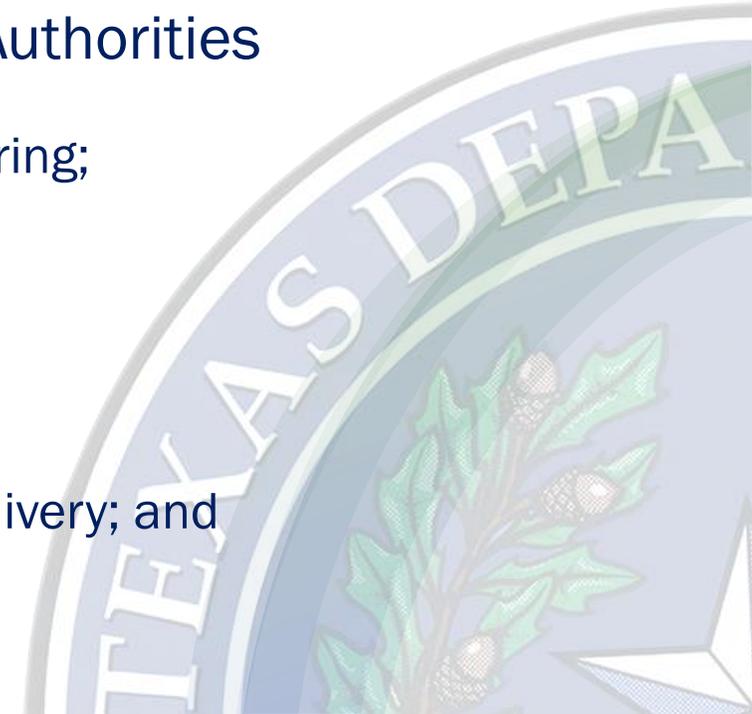


**Community Based Mental Health  
TCOOMMI Programs**



# Mental Health Community Services

- TCOOMMI funds a continuity of care (COC) program designed to provide a responsive system to serve justice involved individuals under community supervisor with mental health services.
- Referrals are generated through a pre-release screening and identification process and through community partners referring community-based clients to services.
- TCOOMMI contracts with all 39 Local Mental Health Authorities (LMHAs) to provide:
  - Psychiatric Services / Medication Management and Monitoring;
  - Individualized Assessment;
  - Service Coordination;
  - Team base services/treatment teams;
  - Community based contacts;
  - Psychosocial Rehabilitation services;
  - Case Management and Monitoring;
  - Outreach and engagement through wrap-around service delivery; and
  - Benefits eligibility services.



# Mental Health Community Services

- Client eligibility criteria:
  - On Parole or Probation Supervision in the Community
  - Resides within the State of Texas
  - Has a Qualifying Mental Health Diagnosis:
    - Schizophrenia;
    - Schizoaffective Disorder;
    - Bipolar Disorder;
    - Major Depressive Disorder;
    - Psychotic Disorder;
    - Post Traumatic Stress Disorder (PTSD);
    - Anxiety Disorder;
    - Delusional Disorder; and/or
    - Any other mental health diagnosis that is severe or persistent in nature.
- TCOOMMI Re-Incarceration Rate
  - 15.5%



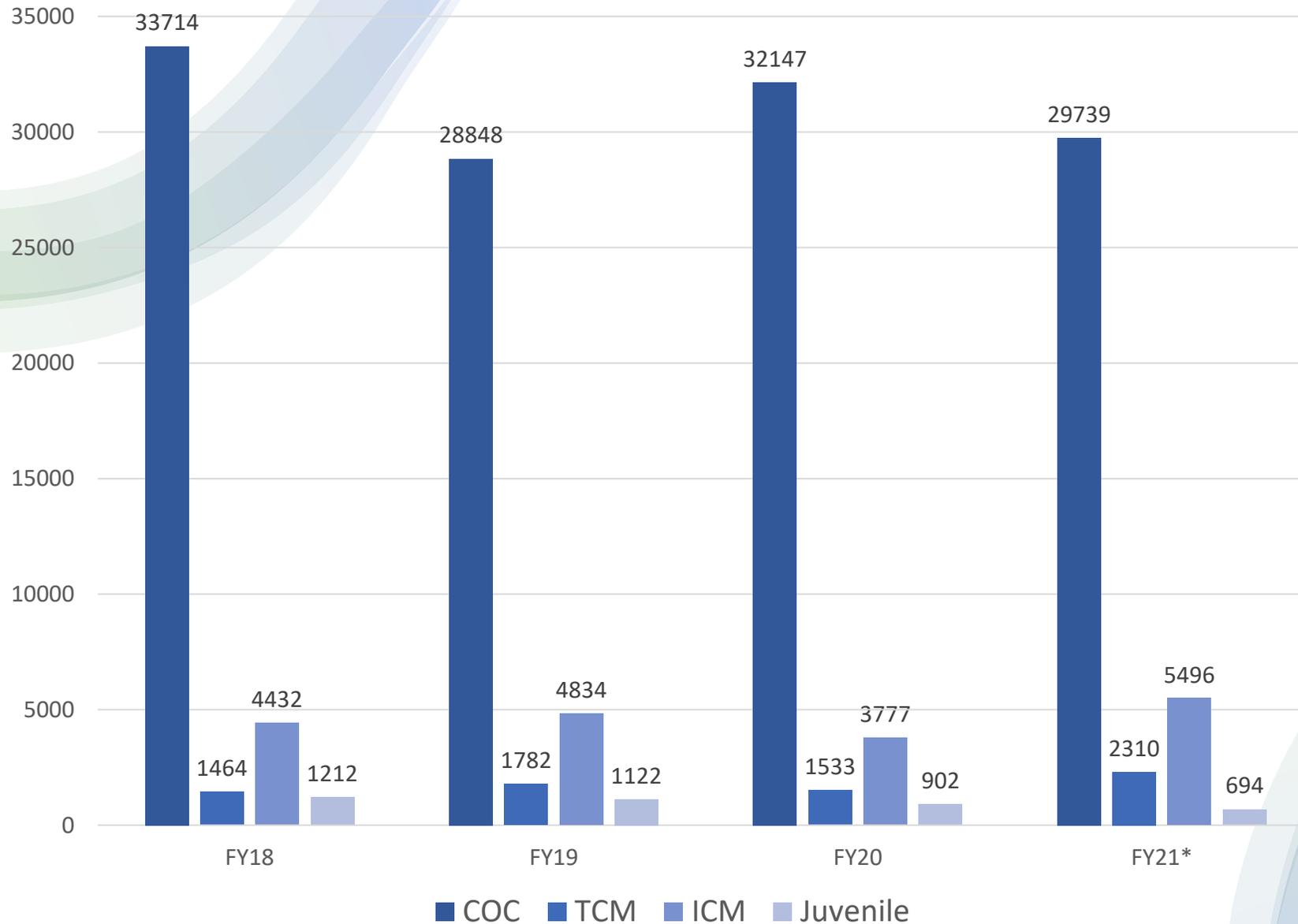
# Assessments

- **Adult Needs and Strengths Assessment (ANSA) / Child and Adolescent Needs and Strengths (CANS)**
  - Multi-Purpose Tool developed to support care planning and level of care decision-making
  - Trauma Informed
  - Facilitates Quality improvements
  - Allows for monitoring of outcomes to services
- **Texas Risk Assessment System (TRAS)**
  - Developed to assess the risk and needs of adults
  - Is a system of assessment tools; administered throughout the Texas Criminal Justice continuum
  - Assessment tools are predictive of recidivism for different populations being supervised in the community
  - A major goal of TRAS development was to conform to the principles of effective classification.
    - Effective allocation of supervision resources
    - Structured decision-making in a manner to reduce likelihood of recidivism
  - Identifies both criminogenic needs and barriers to programming

# Mental Health Levels of Service

- **Continuity of Care (COC)**
  - Up to 90 days of services
  - ANSA authorized level of care indicates minimal services are appropriate
  - TRAS level is low or low-moderate
- **Intensive Case Management (ICM) and Rural Intensive Case Management (RICM)**
  - Up to 2 years of services
  - ANSA authorized level of care indicates intensive services are appropriate
  - TRAS level is moderate, moderate-high, high
- **Transitional Case Management (TCM)**
  - Up to 1 year of services
  - ANSA authorized level of care indicates transitional services are appropriate
  - TRAS level is low-moderate, moderate or moderate-high
- **Juvenile Case Management**
  - Up to completion of supervision
  - CANS authorized level of care indicates intensive team services are appropriate
  - Criminogenic risk level directs contact hours

# Community Based Mental Health Services



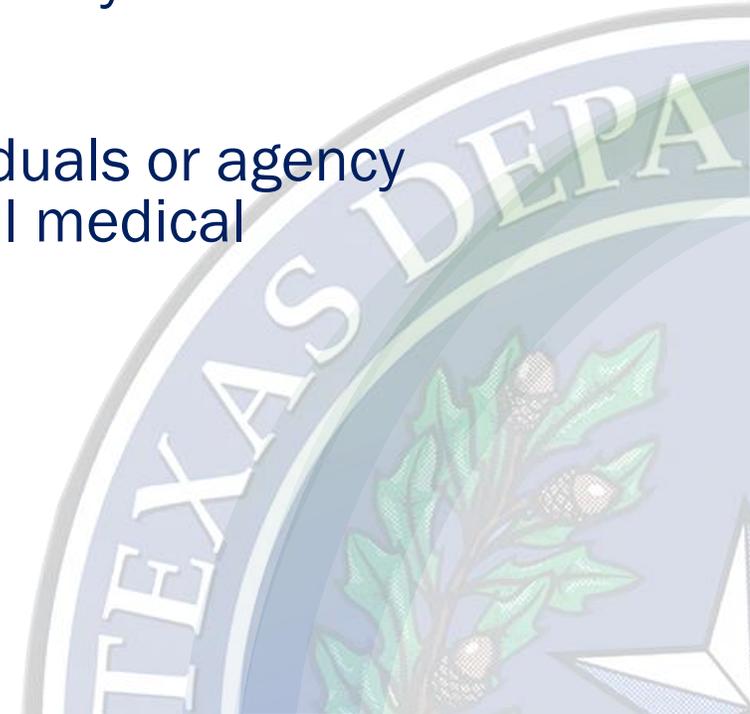


# **Medical TCOOMMI Programs**



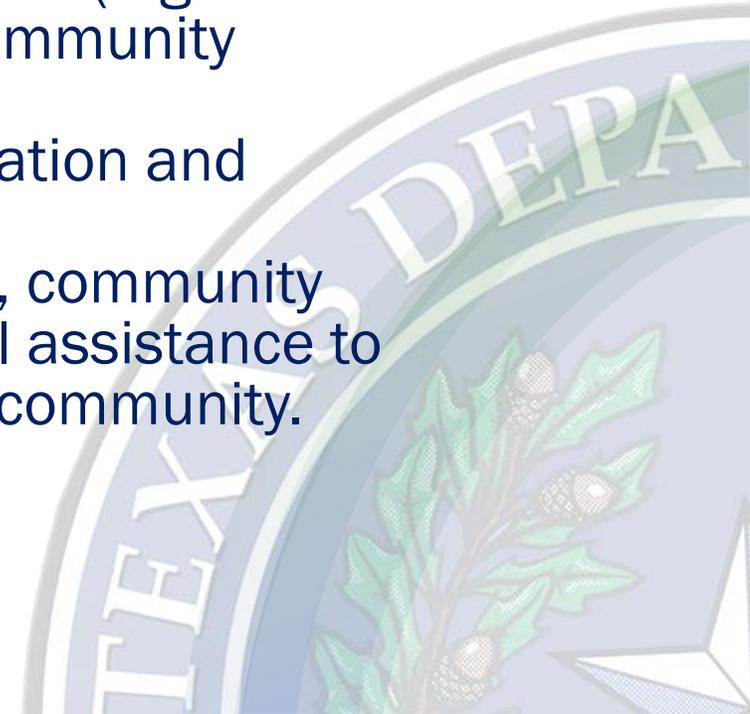
# Medical Coordination Services

- TCOOMMI funds a continuity of care (COC) program designed to provide a responsive system to serve justice involved individuals under community supervisor with mental health services.
- Referrals are generated through a pre-release screening and identification process.
  - Collaborative efforts utilizing ICD 10 codes and the PEARL-Electronic Health Record “crystal reports” help identify clients for potential eligibility.
- Inmates, family members and other concerned individuals or agency partners may also make a direct referrals for potential medical coordination services.



# Medical Coordination Services

- TCOOMMI Human Service Specialists and Reentry Special Needs Case Managers work together to provide:
  - Pre and Post-Release medically appropriate residence planning services/linkages;
  - Pre and Post-Release benefits application assistance, submission and tracking;
  - Veterans Coordination;
  - Linkages to appropriate community support services (e.g. home health agencies, home modification resources, community assistance programs for medications or funding);
  - Nursing, assisted and skilled living facility coordination and criminal justice liaison; and
  - A criminal justice liaison for community resources, community supervision and parole offices; providing technical assistance to medical service providers caring for clients in the community.





# Medical Programs

- **Medical Continuity of Care**
- **Minority AID Initiative (HIV Planning)**
- **Medically Recommended Intensive Supervision (MRIS)**



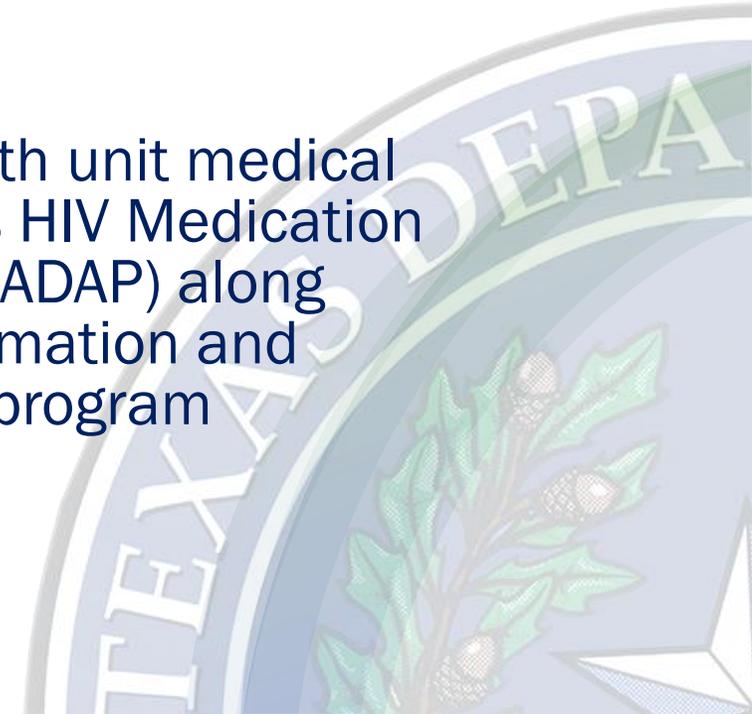
# Medical Continuity of Care

- Inmate population eligible for services:
  - Significant or Serious Medical Condition;
  - Terminal Illness;
  - Physical Disabilities; and/or
  - Elderly.
- Must be releasing from custody, typically planning begins approximately 3-months prior to release.
  - Parole Approved;
  - Flat Discharge;
  - ISF; or
  - SAFPF.
- Electronic Health Record demonstrates a medical condition that is impacting daily living functions in 3 or more areas.

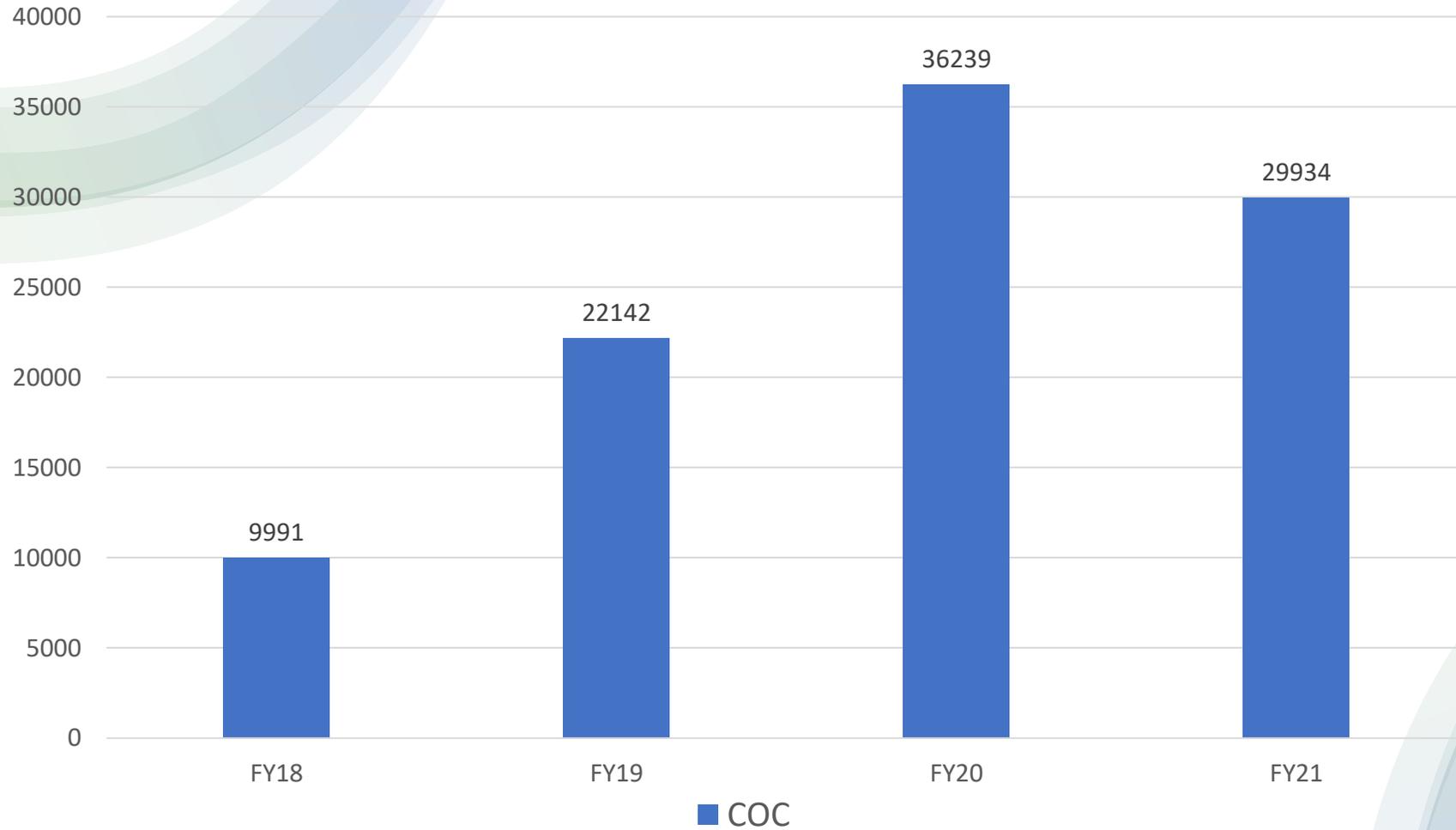


# Minority AIDS Initiative (HIV Planning)

- Inmate population eligible for services:
  - HIV +.
- Must be releasing from custody, typically planning begins approximately 3-months prior to release:
  - Parole Approved;
  - Flat Discharge;
  - ISF; or
  - SAFPF.
- TCOOMMI Human Service Specialists work directly with unit medical for medication certification, enrollment into the Texas HIV Medication Program (THMP) and AIDS Drug Assistance Program (ADAP) along with registration into the national AIDS Regional Information and Evaluation System (ARIES) for care coordination and program reporting upon community return.



# Medical Continuity of Care (to include HIV Planning)

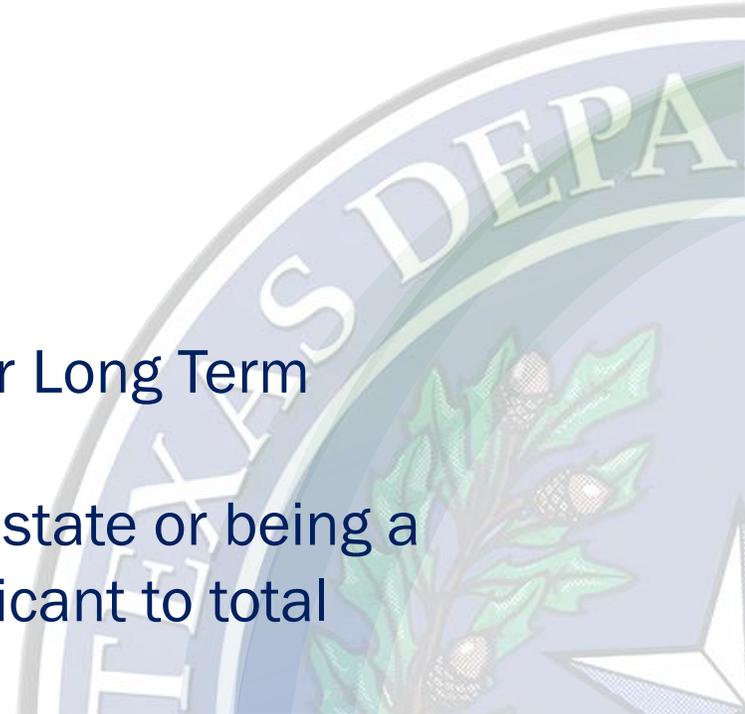


# MRIS

- The MRIS program (Texas Government Code 508.146) provides for the early parole review and release of certain categories of inmates who are:
  - Elderly (65 years and older);
  - Intellectually Disabled;
  - Long Term Care;
  - Mentally Ill;
  - Physically Handicapped; and/or
  - Terminally Ill.
- The Purpose of MRIS is to release inmates, who pose minimal public safety risk, from incarceration to more cost-effective alternatives.
- Based upon the inmate's medical needs and disease progression, he or she will be placed in a medically appropriate community setting to include, but not limited to, nursing facility, group home, hospice center, long term acute care center or family residence.

# MRIS

- MRIS excludes the following categories of inmates:
  - Death Row;
  - Inmates sentenced to Life without Parole;
  - Inmates who are already Parole Approved;
  - Inmates who are not US Citizens (unless directly taken into ICE custody upon release);
  - SAFPF inmates; or
  - ISF inmates.
- MRIS eligible inmates:
  - All other inmates not previously excluded;
  - 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”.



# MRIS

- 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, unit medical staff and the referral source; and
    - Continuity of Care release planning is started.
  - If denied, the inmate remains in custody and may be eligible for review again under MRIS if their condition changes.



# Medically Recommended Intensive Supervision

