



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

March 23, 2022

10:00 a.m. (CST)

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

March 23, 2022

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Proposed Location Change of Future Meetings
- IV. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, December 8, 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
- V. Update on Financial Reports
- VI. Medical Directors Updates
  1. Texas Department of Criminal Justice
    - Health Services Division Fiscal Year 2022 First Quarter Report
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

VII. CMHCC Joint Morbidity and Mortality Committee

Olugbenga B. Ojo, MD  
Chief Medical Officer /Chief Physician Executive  
TDCJ Hospital & Clinics  
Associate Professor of Medicine  
Department of Internal Medicine  
University of Texas Medical Branch Galveston

VIII. Public Comments

IX. Adjourn

## Consent Items

Approval of CMHCC Meeting Minutes  
March 23, 2022

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**December 8, 2021**

- Chairman:** Robert D. Greenberg, M.D.
- CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP; Erin Holt, LPC; Cynthia Jumper, M.D.; Phillip Keiser, M.D.
- CMHCC Members Absent:** Jeffrey Beeson, D.O.; Michelle Erwin; Preston Johnson, Jr.; John Burress, M.D.
- Partner Agency Staff Present:** Oscar Mendoza, Bobby Lumpkin, Rebecca Waltz, Natasha Mills, Renee Warren, Lora Pace, Chris Black-Edwards, Eidi Millington, M.D., Alice Castleberry, PsyD, Jennifer Gonzales, Ashley Cameron, Manual Hirsch, D.D.S., Jewel Archie, Texas Department of Criminal Justice (TDCJ); Denise DeShields, M.D., Lindsey Tubbs, Carrie Culpepper, Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC); Anthony Williams, Stephanie Zepeda, PharmD, Justin Robison, Joseph Penn, M.D., David Connaughton, Emily Mielsch, Monte Smith, D.O., University of Texas Medical Branch (UTMB)
- Others Present:** Ms. Derrelynn Perryman, Texas Board of Criminal Justice (TBCJ)
- Location:** UTMB CMC Offices, 200 River Pointe Drive, Suite 200 (Training Room), Conroe, TX 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b> - Dr. Robert Greenberg</p> <p><b>II. Recognitions and Introductions</b> - Dr. Greenberg</p>	<p>Dr. Robert Greenberg called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Greenberg acknowledged that all wishing to offer public comment were instructed to register prior to the meeting and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p> <p>Dr. Greenberg welcomed and thanked everyone for being in attendance. He then moved on to recognitions and introductions.</p> <p>Dr. Greenberg gave special thanks to Renee Warren and Natasha Mills for their diligence and support to the CMHCC during the remote meeting period.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. 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 – September 15, 2021</li> </ul>	<p>Dr. Greenberg recognized two former CMHCC members: Ms. Erin Wyrick and Dr. F. Parker Hudson, III. Ms. Wyrick served on the CMHCC 2018-2021 and Dr. Hudson served 2017-2021. Plaques were made for Ms. Wyrick and Dr. Hudson commending each for their outstanding service, commitment and support to the CMHCC.</p> <p>Dr. Greenberg recognized and thanked Ms. Derrelynn Perryman, Vice-Chairman of the TBCJ for attending the CMHCC meeting.</p> <p>Dr. Lannette Linthicum introduced Lora Pace, Program Supervisor V as TDCJ support staff for the CMHCC and manager for Dr. Linthicum’s office staff.</p> <p>Dr. Denise DeShields introduced Carrie Culpepper, Chief Nursing Officer for TTUHSC and Lindsey Tubbs, Budget Director for TTUHSC.</p> <p>Dr. Monte Smith wished David Connaughton, Associate Vice President Finance CMC, well on his retirement, effective February 2022 and emphasized the value he’s brought to the UTMB Correctional Managed Care (CMC) program during his career.</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 September 15, 2021 meeting – Dr. Philip Keiser.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the September 15, 2021 meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items (cont.)</b>  - Dr. Greenberg</p> <ul style="list-style-type: none"> <li>- Approval of TDCJ Health Services Monitoring Report</li> <li>- University Medical Directors Reports</li> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul> <p><b>IV. Update on Financial Reports</b>  - Rebecca Waltz</p>	<p>The third consent item was the approval of the Fiscal Year (FY) 2021 Fourth Quarter TDCJ Health Services Monitoring Report.</p> <p>The fourth consent item was the approval of the FY 2021 Fourth Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2021 Fourth Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth 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>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p>		<p>Dr. Cynthia Jumper made a motion to approve all consent items, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (cont.)</b> - Ms. Waltz</p> <p><b>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 Fourth Quarter Report</b> - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg then called on Dr. Linthicum to present the FY 2021 Fourth Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Linthicum begins her report with a continuation of the previous discussion noting that staffing on the units is a challenge. Vacancy rates are 22 to 30% overall which is unprecedented. Position conversions and adding medical assistants are being considered by upper management to help mitigate the staffing shortages.</p> <p>Dr. Linthicum provided current statistics for COVID-19 by stating that the TDCJ has tested over 800,000 inmates. Testing for employees (both TDCJ and CMC employees) continues and over 300,000 tests have been administered. Up to date statistics can be found on the TDCJ website.</p>	<p>Dr. Greenberg asked if the TDCJ is again taking inmates from county facilities and if so, are there projections regarding how that may affect medical services?</p> <p>Bobby Lumpkin, TDCJ Director Correctional Institutions Division responded by saying that intake resumed in July of 2021. The populations are monitored closely with Texas counties.</p> <p>Dr. Linthicum added that there are still unknowns regarding future intake numbers but, at present, intake numbers are still within manageable amounts and lower than projected.</p>	





Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. SGLT2i for the Treatment of Type 2 Diabetes</b> - Dr. Stephanie Zepeda</p>	<p>Dr. Greenberg thanked Dr. Smith and then called on Dr. Stephanie Zepeda to begin the presentation to discuss SGLT2i for the Treatment of Type 2 Diabetes.</p> <p>Dr. Zepeda introduced herself as the Associate Vice President of Pharmacy Services for UTMB/CMC. The presentation is based on the recommendation of the CMHCC Joint Pharmacy and Therapeutics Committee. Dr. Zepeda outlined her presentation to include the status of diabetes in the world today, the specific agents called sodium-glucose cotransporter 2 inhibitors (SGLT2i), and the proposed place in therapy within the agency.</p> <p>Dr. Zepeda stated that there is a significant economic impact in using these agents within the agency and they are seeking endorsement of the CMHCC for the use of SGLT2i for diabetes treatment.</p> <p>Dr. Zepeda confirmed that diabetes represents a significant health burden for the United States. It is estimated that more than 34 million Americans have diabetes which is one out of every 10 with the vast majority having type 2 diabetes.</p> <p>She continues to say that medical costs for those with diabetes are approximately twice as high per year as those without diabetes. This translates to be about one in seven health care dollars spent treating diabetes and its complications.</p> <p>Dr. Zepeda affirms that people with diabetes are at a higher risk for serious health complications including blindness, kidney disease, and it is the seventh leading cause of death in the United States.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.)</b> - Dr. Zepeda</p>	<p>Dr. Zepeda explains that when looking at the complications of diabetes, they are typically broken up by microvascular and macrovascular complications. Macrovascular complications lead to Atherosclerotic Cardiovascular Disease (ASCVD) which is the leading cause of morbidity and mortality in diabetics. This is important when looking at current therapy and offering incentive glucose lowering therapy because there has been an impact on the outcomes of microvascular complications. Historically the drugs that have been used haven't done well at reducing the risk of the macrovascular complications. This is the cause of the paradigm changing to focus on therapy which would not only lower the glucose but has demonstrated cardiovascular benefits.</p> <p>Dr. Zepeda goes on to say that there are two groups of agents that have demonstrated cardiovascular benefits in trials. Those are glucagon-like peptide 1 receptor agonists (GLP-1 RA) and sodium glucose cotransporter 2 Inhibitors (SGLT2i). When looking at these two treatments, the GLP-1 RA is primarily an injectable treatment and the SGLT2i is an oral tablet. This is significant in the prison system due to the lack of required refrigeration and not being an injection, it is easier to administer.</p> <p>Dr. Zepeda explains further that when looking at the national guidelines set forth by the American Diabetes Association (ADA) or the American Association of Clinical Endocrinologists/American College of Endocrinology (AACE/ACE), both organizations recommend GLP-1 RA and SGLT2i as first line therapy for those patients that are high-risk, ASCVD, CKD, or have heart failure. When looking at second line recommendations, the SGLT2i and GLP-1 RA are recommended by both ADA and AACE/ACE as well.</p> <p>Dr. Zepeda summarized by saying that there is compelling data that there should be a focus using agents for treatment that impact cardiovascular disease. There is mounting evidence that those SGLT2i inhibitors are favored and since it is an oral treatment, easier to administer.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.)</b> - Dr. Zepeda</p>	<p>Dr. Zepeda recommended that CMC begin using Empagliflozin, brand name Jardiance, specifically for patients with ASCVD, heart failure with reduced ejection fraction, or CKD. She recommended that consideration be given for those patients that are high risk, obese, or that have not maximumly tolerated first line therapy. If there is no history of ASCVD, HF, or CKD, existing formulary agents continue to be appropriate.</p> <p>Dr. Zepeda began reviewing costs using projections which include the current pricing of a penny. The penny price occurs when a manufacture increases the price of a 340B drug more quickly than the rate of inflation. It is then subject to a “penny pricing” penalty and is required to sell that drug at a price of one penny for a period of time.</p> <p>Dr. Zepeda specifies two estimates for both the UTMB sector and the Texas Tech sector. The first calculation is based on the reported number of patients with ASCVD in the electronic health record. Overall, for the TDCJ that’s 14.5% of the diabetics, lower than those reported in medical literature which is 44% of diabetics with ASCVD. Based on these figures, projected 340B costs at 14% would be an additional \$786,512 and at 44% would be an additional 2.9 million dollars.</p> <p>Dr. Zepeda’s second calculation was formed from forecasts based on the historical 340B pricing of 50% lower than TTUHSC cost. Assuming the penalty penny price will no longer be available and assuming the incident rate is accurate, the cost could be as much as 3.2 million dollars a year. If the medical literature information is accurate, it could be as much as 8.1 million.</p> <p>Dr. Zepeda concludes her presentation and asks for questions.</p>	<p>Dr. Linthicum asks how the process would be operationalized with the use of clinical pharmacists in the approval process.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.)</b> - Dr. Zepeda</p>	<p>Dr. Zepeda responds by saying that because these agents are to be used only for specific patients and to keep from having unnecessary widespread use, they will be kept as nonformulary agents. The Empagliflozin will be the workhorse agent and the patient must meet the discussed criteria. Other compelling reasons will be determined on a case-by-case basis.</p> <p>Dr. Zepeda concurs and notes the guidelines and DMG will be revised with the appropriate criteria and the recommendations for use.</p> <p>Dr. Zepeda confirms that Empagliflozin will be the workhorse agent used. Historically, other than a few companies, a lot of companies don't like to offer a subceiling 340B contract and it is not the standard method. Doing otherwise has not proven to be successful.</p> <p>Dr. Zepeda answers that, when calculating the projections, there was not a way to capture the cost avoidance figures but expands her answer by explaining that if the diabetes is managed and controlled in the patient, then the expensive long term health complications alluded to earlier could be avoided.</p>	<p>Dr. Linthicum explains that would require unit providers to go through the non-formulary process and a clinical pharmacist will review it, making sure that it meets all the criteria and guidelines that the Joint Medical Directors have approved.</p> <p>Dr. Keiser asks if there will be a bidding process to get pricing below the 340B pricing.</p> <p>Dr. Keiser continues by asking if using the agents in selective cases should give some downstream cost savings and would there be a way to capture cost avoidance? If so, is there any way to evaluate that?</p> <p>Dr. Greenberg asks about the possibility of this not being approved and, therefore, would not be able to provide this therapy.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. SGLT2i for the Treatment of Type 2 Diabetes (cont.)</b> - Dr. Zepeda</p> <p><b>VII. Public Comments</b> - Dr. Greenberg</p>	<p>Dr Greenberg thanked Dr. Zepeda and called for a motion to endorse the recommendations as presented by Dr. Zepeda.</p> <p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p>	<p>Dr. Linthicum states that the proposed treatment is the national standard of care promulgated by both the ADA and the AACE/ACE. It is important that it be considered seriously for diabetic patients in the TDCJ. The TDCJ will stratify according to the recommendations set forth and would also have another layer of clinical pharmacists that would do the non-formulary requests, making sure that the criteria are met. In addition, the Joint Medical Directors will constantly monitor use and costs at bimonthly meetings.</p> <p>Dr. Greenberg agrees that the standard of care is optimal.</p> <p>Dr. Keiser adds that the HIV drugs faced similar challenges. In that situation, there was a carefully formatted monitoring program to ensure that guidelines were followed and setting up a monitoring system will be important.</p>	<p>Dr. Keiser made the motion to endorse the recommendations as presented by Dr. Zepeda and it was seconded by Dr. Jumper which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>VIII. Adjourn</b>	<p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for March 23, 2022 in Dallas, Texas.</p> <p>The meeting was adjourned at 11:05 am.</p>		

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

\_\_\_\_\_  
 Date

Consent Item

TDCJ Health Services  
Monitoring Reports



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

**Health Services Division**

***Quarterly Monitoring Report***

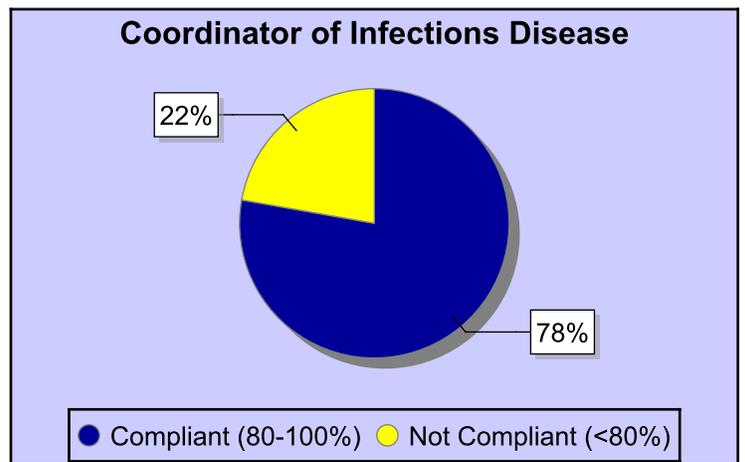
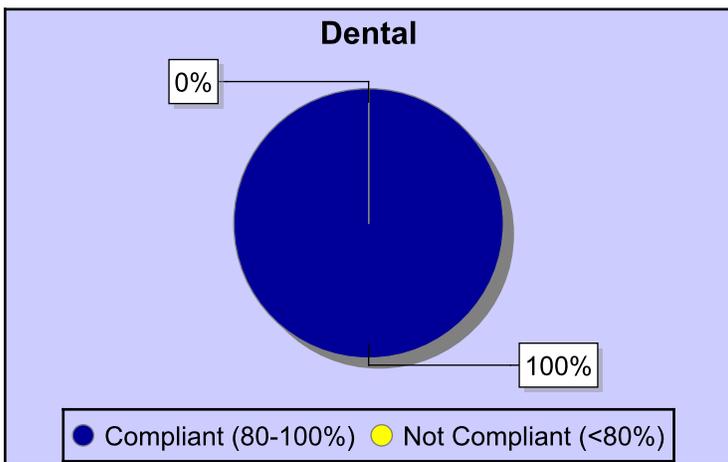
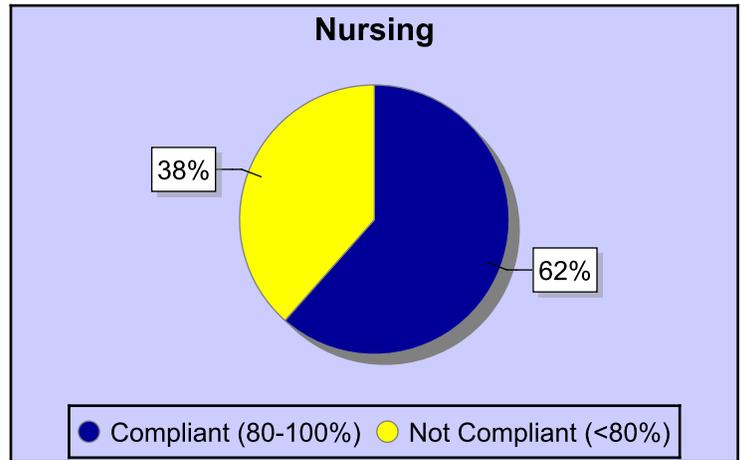
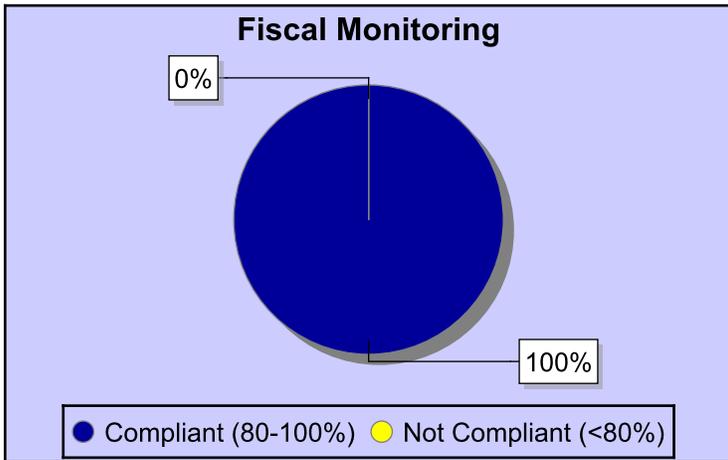
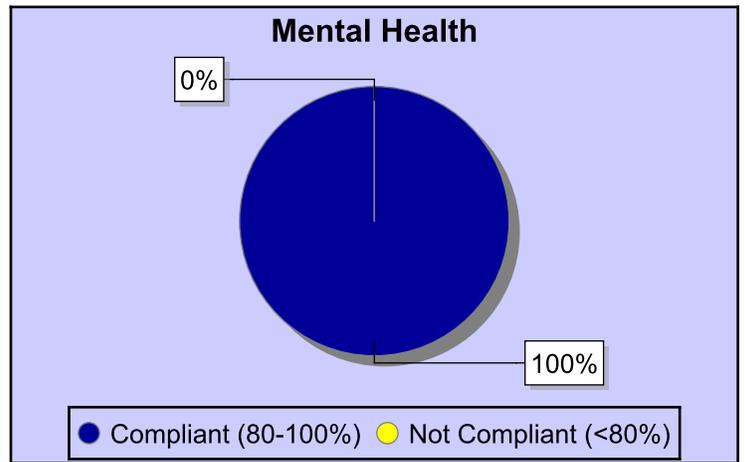
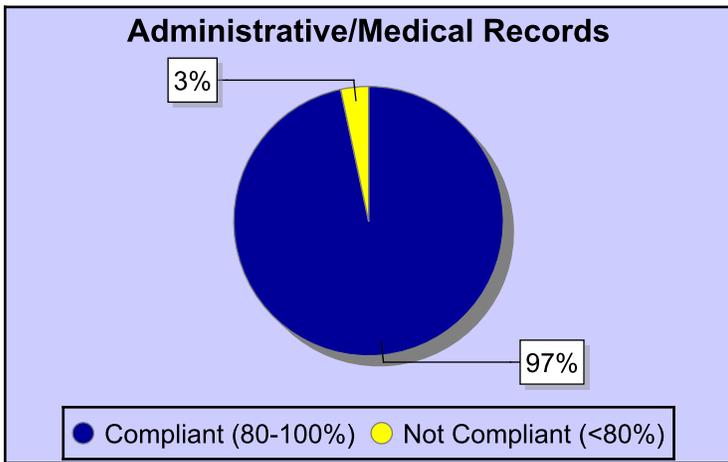
**First Quarter, Fiscal Year 2022  
(September, October, and November  
2021)**

**Rate of Compliance with Standards by Operational Categories**  
**First Quarter, Fiscal Year 2022**  
**September 2021 - November 2021**

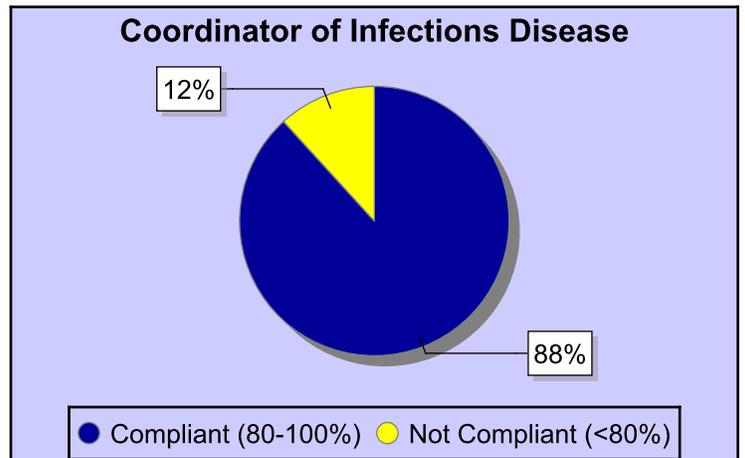
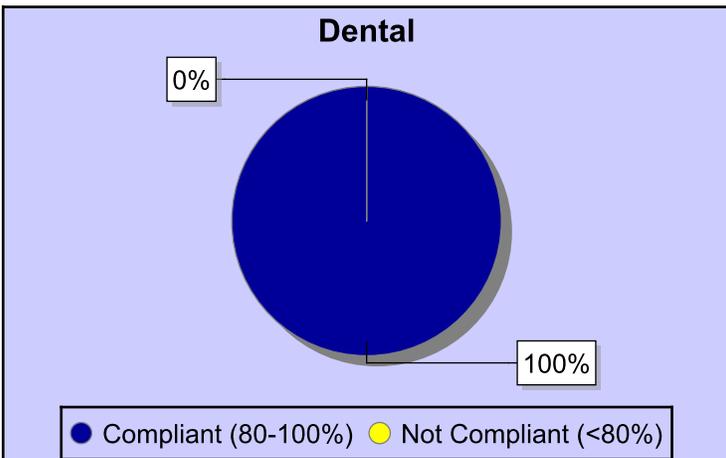
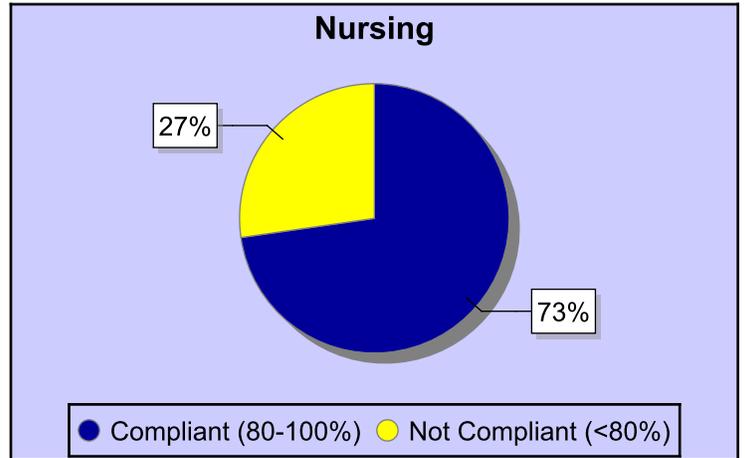
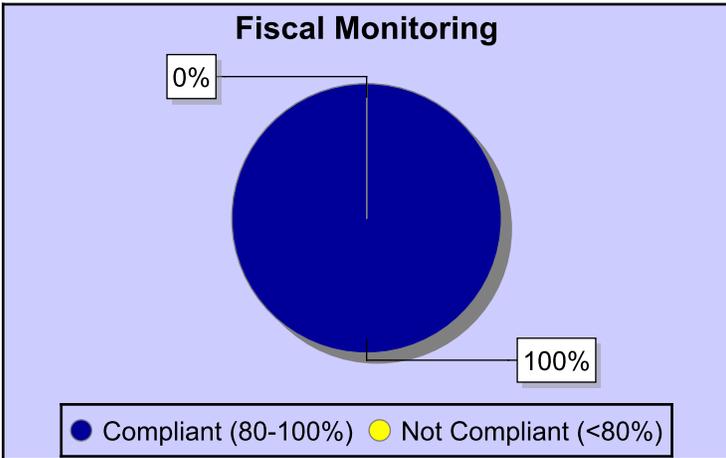
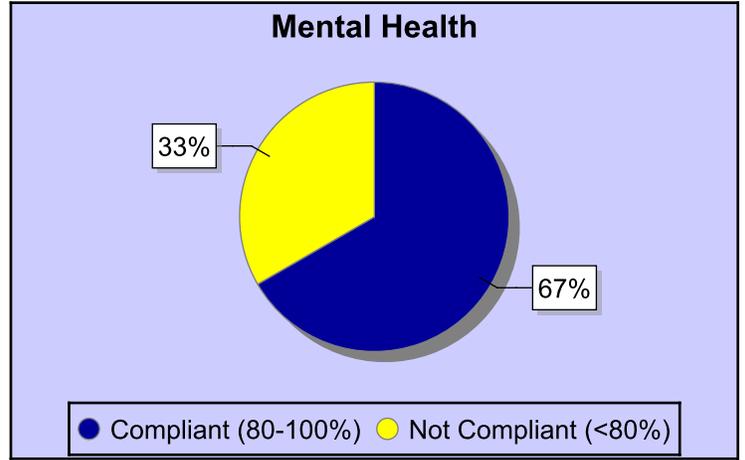
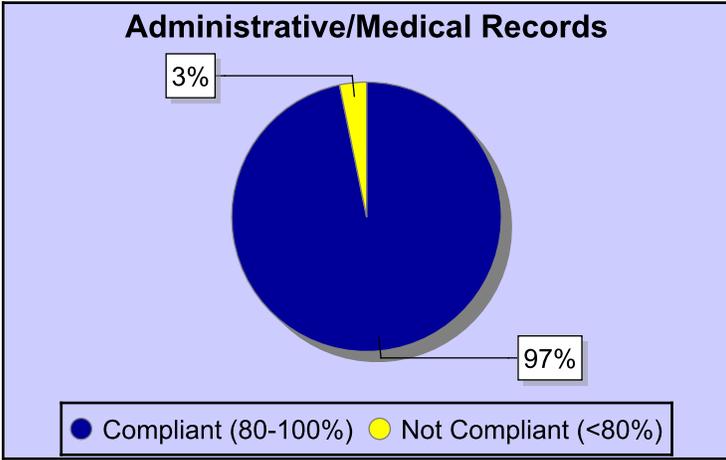
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
<b>Coleman</b>	30	29	97%	13	8	62%	18	14	78%	2	2	100%	14	14	100%	2	2	100%
<b>Dalhart</b>	31	30	97%	11	8	73%	17	15	88%	2	2	100%	3	2	67%	5	5	100%
<b>Halbert</b>	31	29	94%	14	9	64%	25	24	96%	4	4	100%	2	2	100%	2	2	100%
<b>Jester III</b>	30	29	97%	11	7	64%	26	17	65%	2	1	50%	14	13	93%	2	2	100%
<b>Michael</b>	31	30	97%	11	5	45%	36	27	75%	2	2	100%	16	13	81%	2	2	100%
<b>Plane</b>	31	30	97%	19	17	89%	23	17	74%	2	1	50%	14	13	93%	2	2	100%

*n* = number of applicable items audited.

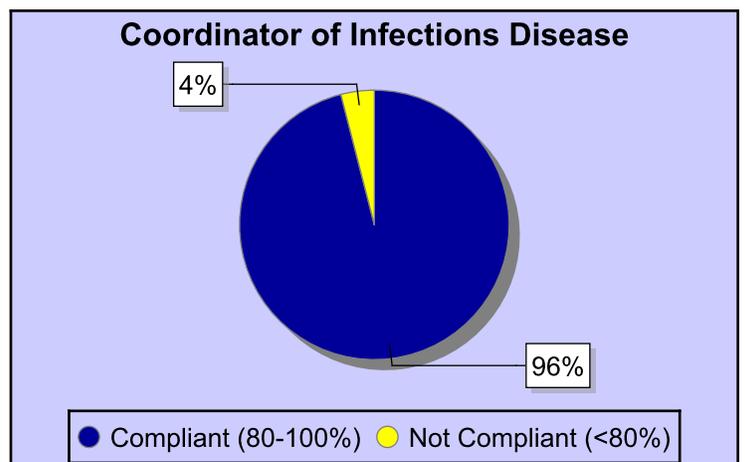
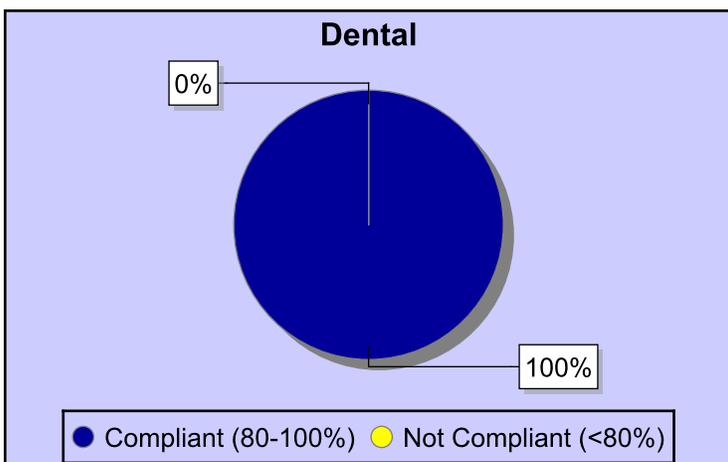
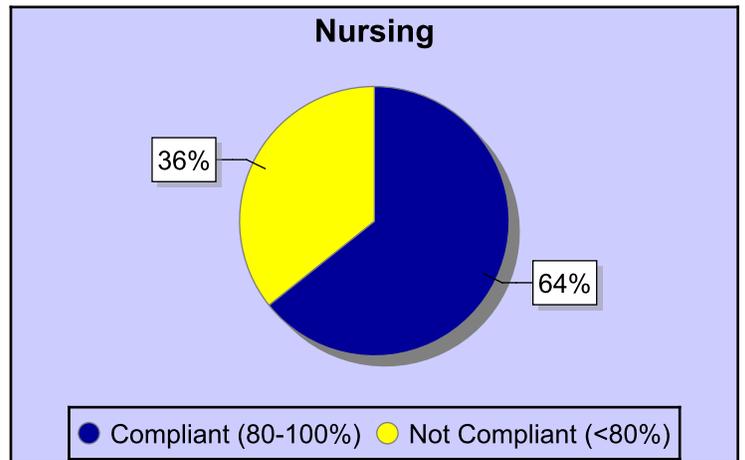
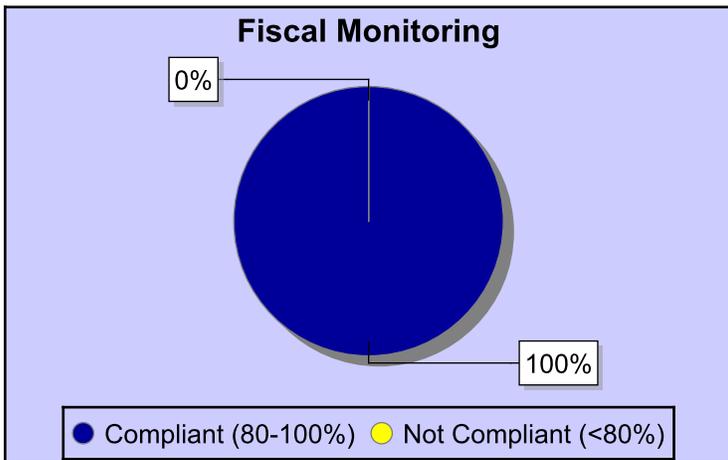
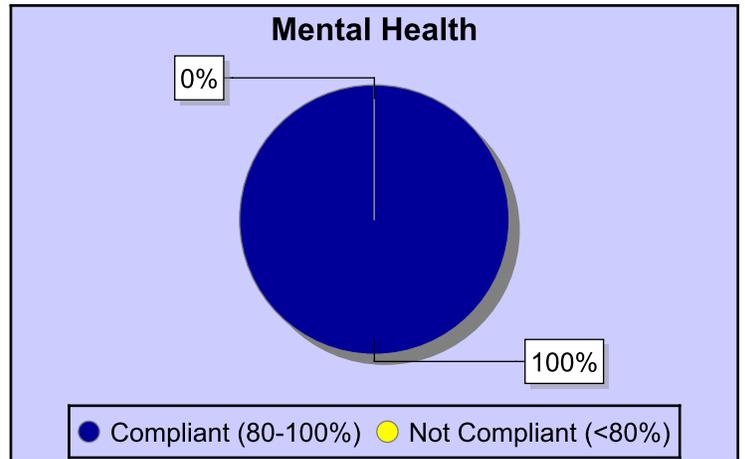
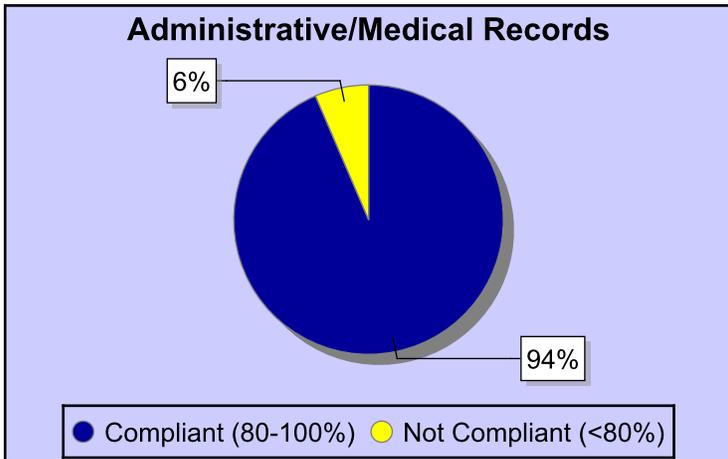
Compliance Rate By Operational Categories for  
COLEMAN FACILITY  
November 03, 2021



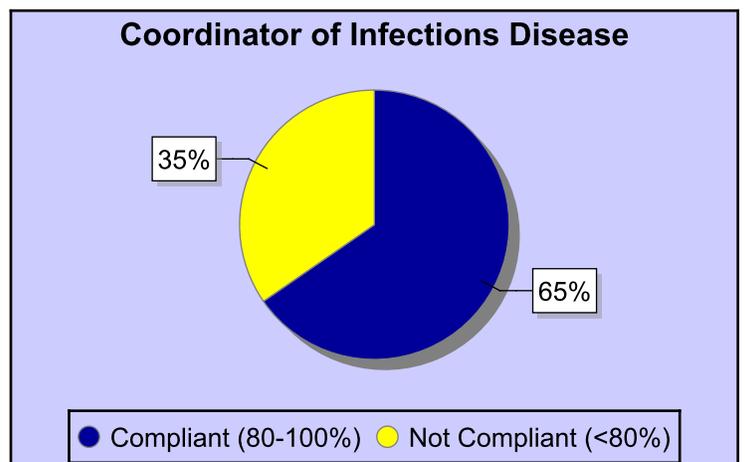
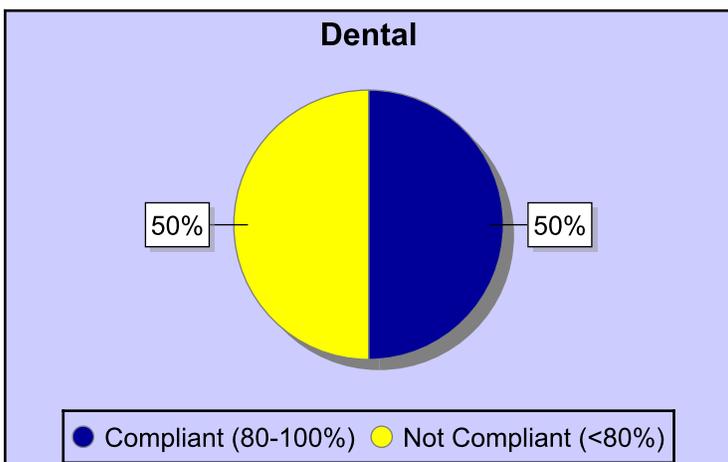
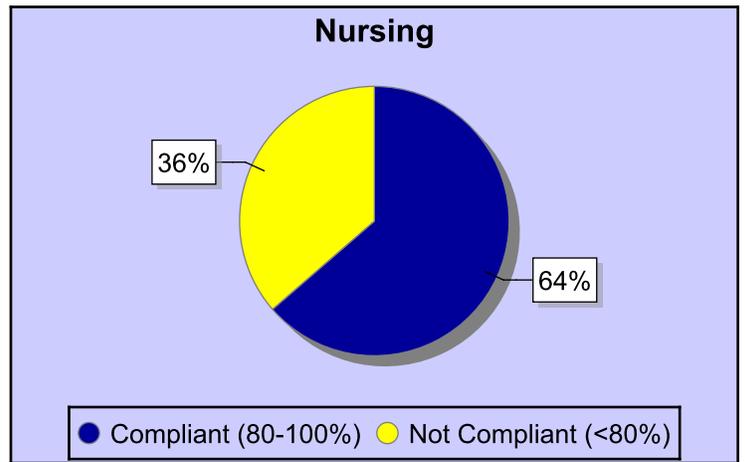
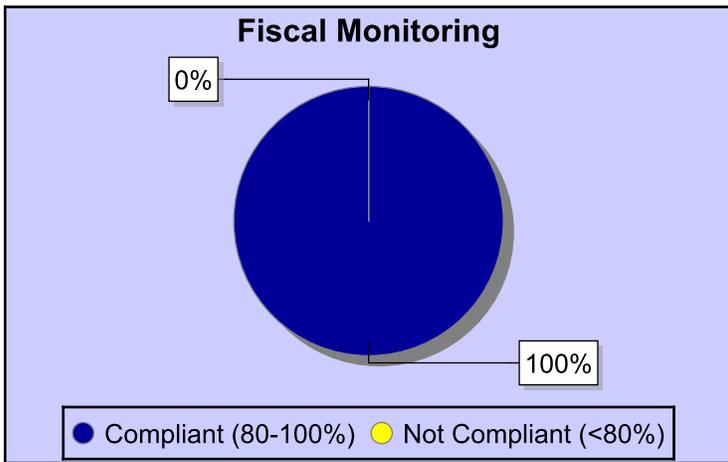
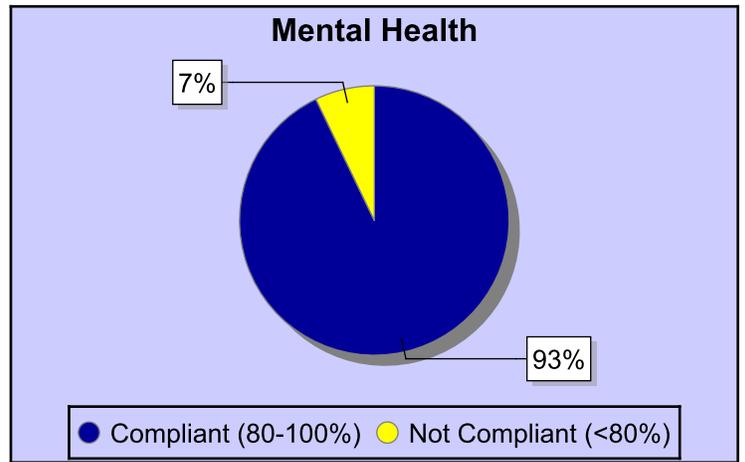
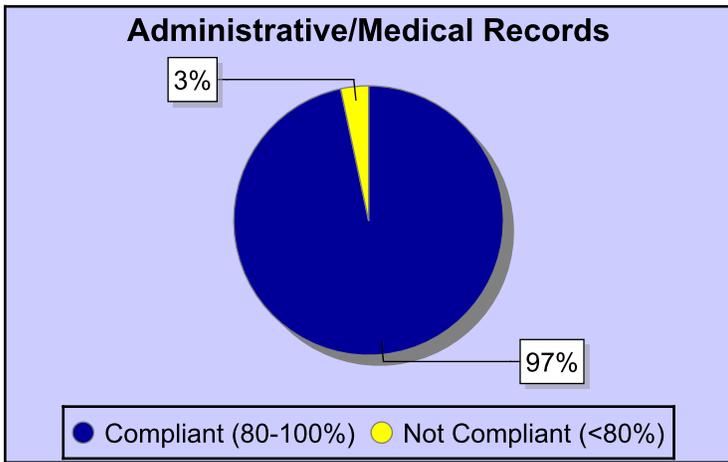
Compliance Rate By Operational Categories for  
DALHART FACILITY  
September 14, 2021



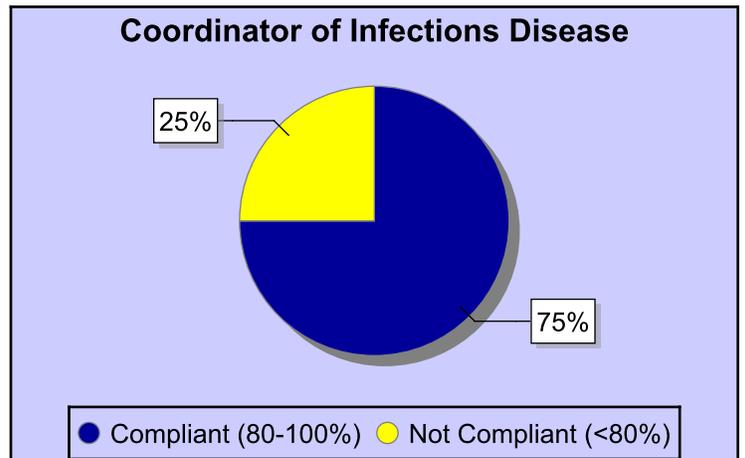
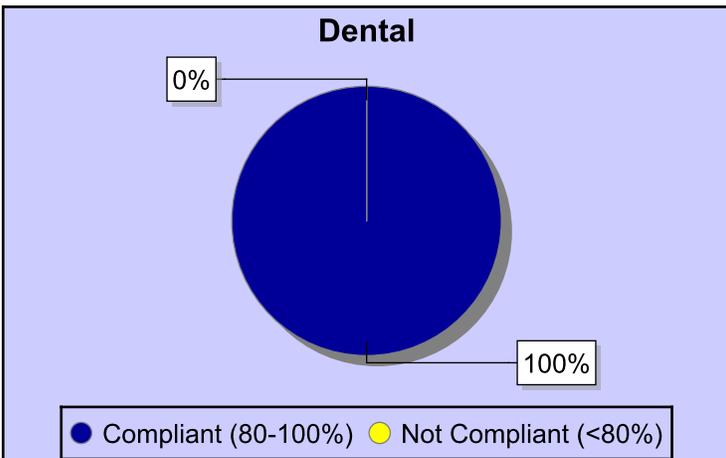
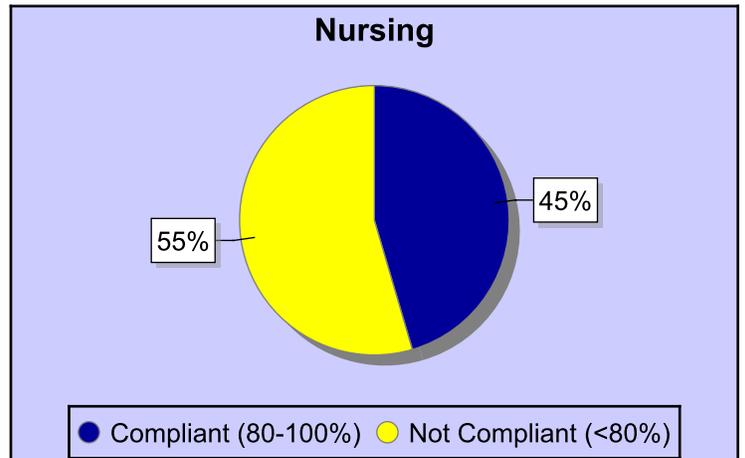
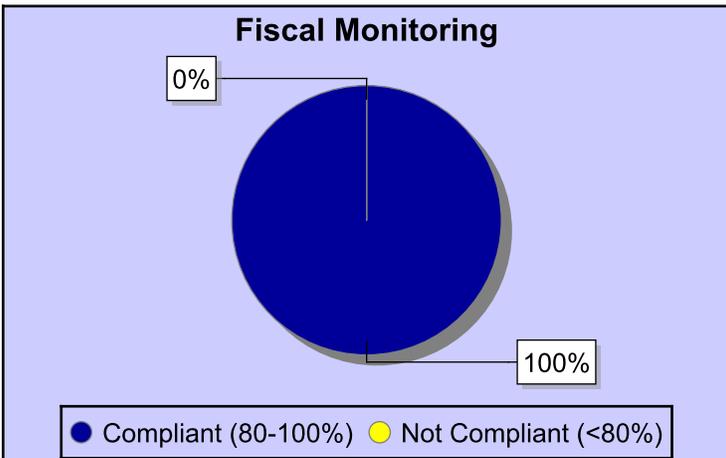
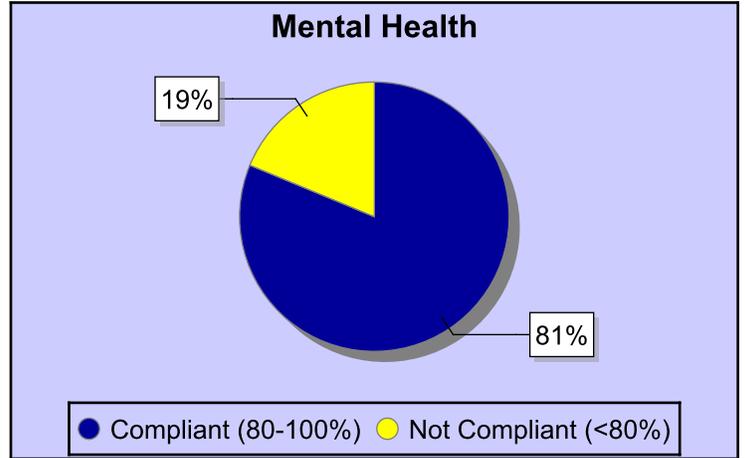
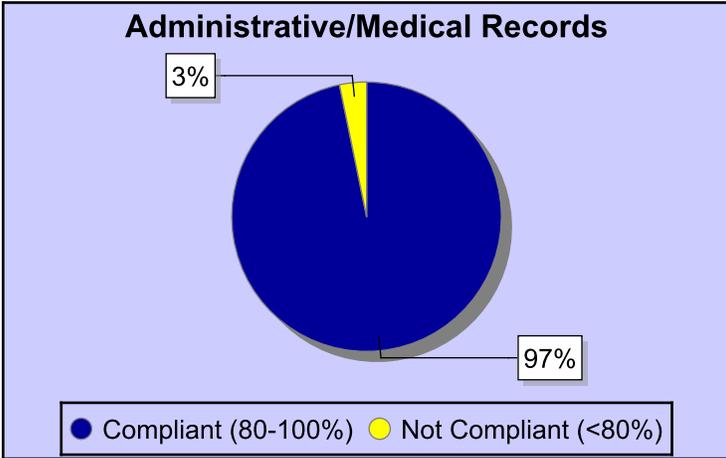
Compliance Rate By Operational Categories for  
HALBERT FACILITY  
November 09, 2021



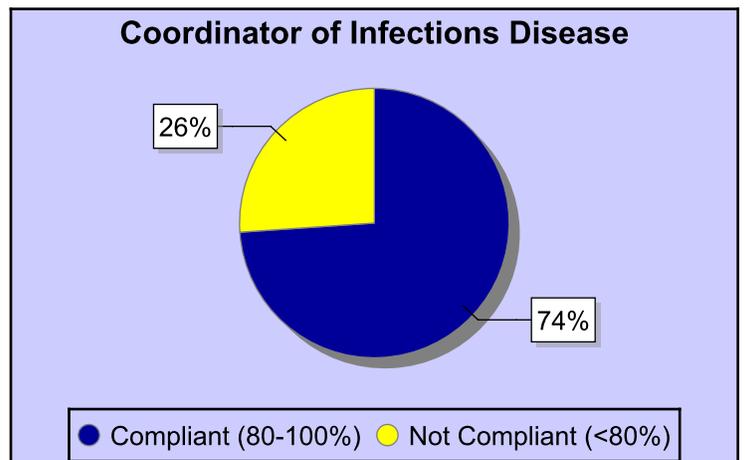
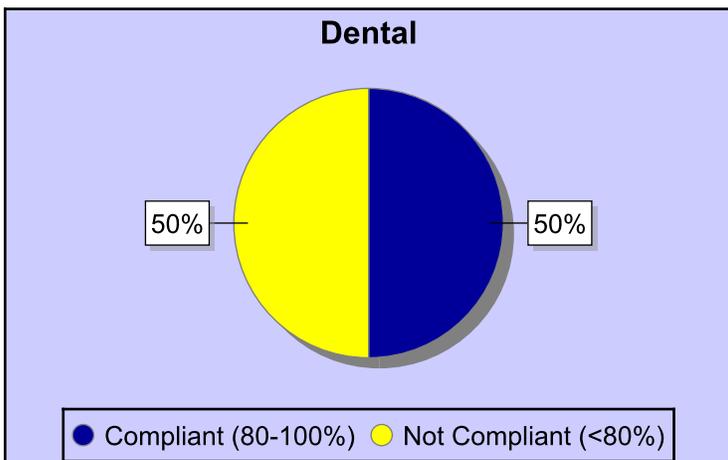
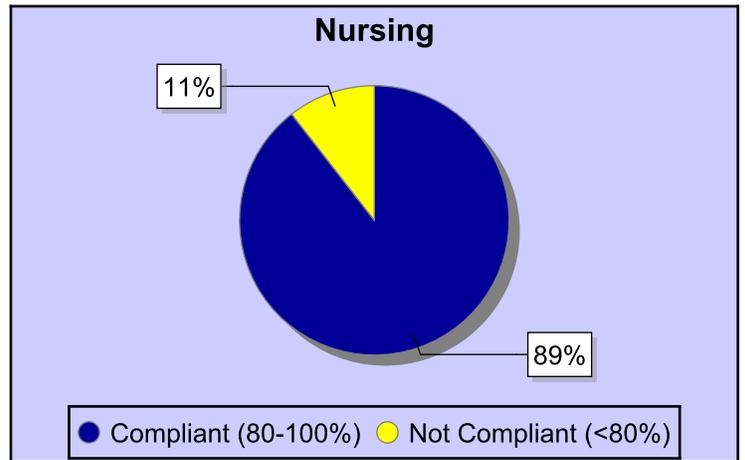
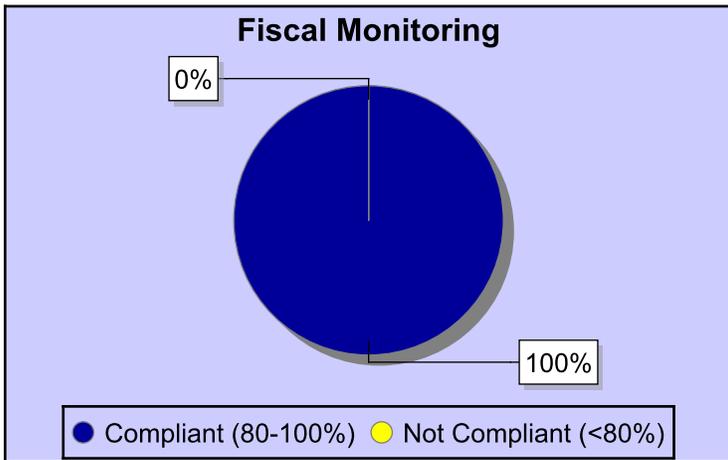
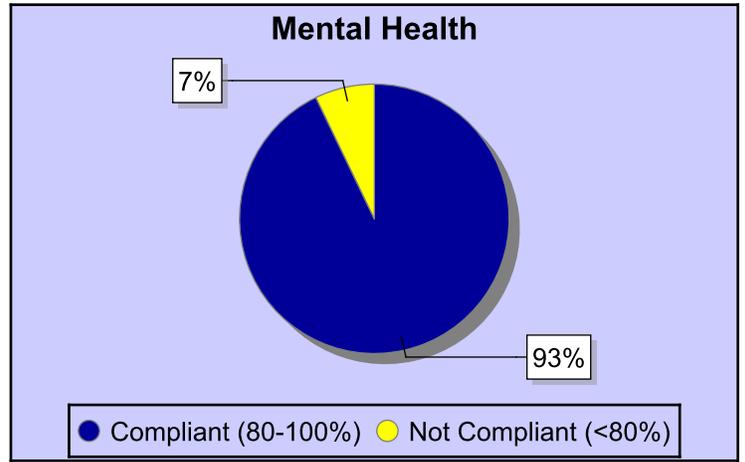
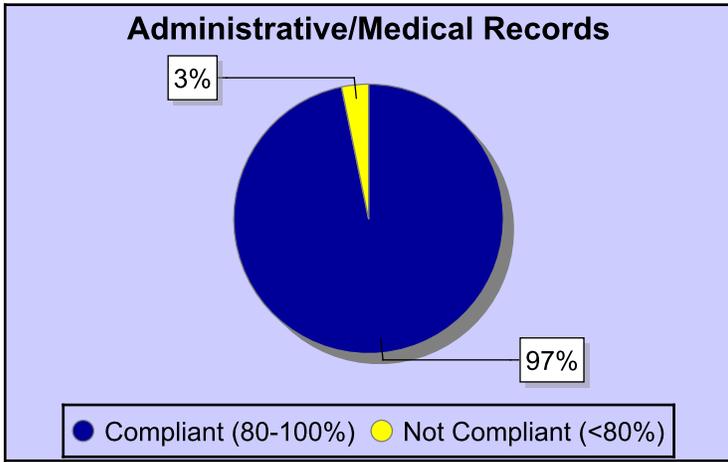
Compliance Rate By Operational Categories for  
JESTER III FACILITY  
November 02, 2021



Compliance Rate By Operational Categories for  
MICHAEL FACILITY  
October 11, 2021



Compliance Rate By Operational Categories for  
PLANE FACILITY  
October 06, 2021



**Dental Quality of Care Audit  
In-Processing Report  
For the Three Months Ended November 30, 2021**

**Chain-In Inmates**

**Chain-In Assessment:**

The purpose of the audit is to verify continuity of care. When an inmate transfers from one Unit of assignment to another Unit of Assignment, This records are reviewed from the EHR to determine pending appointments and referrals. These records must be reviewed within 7 days of the inmates arrived at the new assignment per CMHC Policy E-32.1

<b>Facility</b>	<b>Charts Assessed by TDCJ</b>	<b>Chain-In Score</b>	<b>Chain-In completed but not done within timeframe</b>	<b>Chain-In not completed</b>
Allred GP	15	100	0	0
Allred HS	15	94	1	0
Bell	16	100	0	0
Beto	16	94	1	0
Boyd	22	100	0	0
Bridgeport	20	85	3	0
Briscoe	15	100	0	0
Byrd	21	19	0	13
Clemens	18	90	2	0
Clements GP	18	100	0	0
Clements HS	8	100	0	0
Coffield	22	64	0	8
Cole	16	100	0	0
Connally	20	100	0	0
Cotulla	21	91	2	0
Crain	22	91	2	0
Dalhart	19	100	0	0
Daniel	20	100	0	0
Diboll	19	95	1	0
Memorial	21	90	2	0
Holliday	6	100	0	0
Dominguez	21	100	0	0
Duncan	12	84	2	2
East Texas TF	19	90	2	2
Ellis	22	91	2	0

<b>Estelle GP</b>	21	96	2	0
<b>Estelle ECB</b>	21	100	0	0
<b>Estes</b>	17	18	11	3
<b>Ferguson</b>	22	91	2	0
<b>Formby</b>	22	91	1	1
<b>Fort Stockton</b>	20	100	0	0
<b>Garza</b>	15	74	3	1
<b>Gist</b>	23	79	2	4
<b>Glossbrenner</b>	9	100	0	0
<b>Goodman</b>	22	100	0	0
<b>Goree</b>	21	96	1	0
<b>Halbert</b>	19	100	0	0
<b>Hamilton</b>	23	100	0	0
<b>Havins</b>	21	100	0	0
<b>Henley</b>	22	73	2	4
<b>Hightower</b>	22	87	1	2
<b>Hilltop</b>	19	79	0	4
<b>Hobby</b>	18	77	3	2
<b>Hodge</b>	20	100	0	0
<b>Hughes</b>	21	96	0	1
<b>Huntsville</b>	21	53	0	8
<b>Hutchins</b>	23	83	3	1
<b>Jester III</b>	21	58	0	9
<b>Johnston</b>	17	89	3	0
<b>Jordan</b>	19	95	0	1
<b>Kegans</b>	22	100	0	0
<b>Kyle</b>	20	100	0	0
<b>Leblanc</b>	20	80	3	1
<b>Lewis ECB</b>	21	81	3	1
<b>Lewis GP</b>	21	86	1	2
<b>Lindsey</b>	10	100	0	0
<b>Lockhart</b>	18	84	0	3
<b>Lopez</b>	21	96	0	1
<b>Luther</b>	21	100	0	0
<b>Lychner</b>	23	92	1	1
<b>Lynaugh</b>	19	85	3	0

<b>Marlin</b>	14	93	3	0
<b>McConnell</b>	21	91	2	0
<b>Mechler</b>	19	69	6	0
<b>Michael</b>	23	96	0	1
<b>Middleton</b>	12	50	1	5
<b>Montford</b>	18	95	1	0
<b>Moore B.</b>	20	95	1	0
<b>Moore C.</b>	19	100	0	0
<b>Mountain View</b>	18	100	0	0
<b>Murray</b>	22	100	0	0
<b>Ney</b>	21	72	1	5
<b>Pack</b>	21	86	1	2
<b>Plane</b>	20	75	1	4
<b>Polunsky</b>	20	100	0	0
<b>Powledge</b>	22	100	0	0
<b>Ramsey</b>	23	100	0	0
<b>Roach</b>	22	78	0	5
<b>Robertson</b>	22	87	0	3
<b>Rudd</b>	22	87	3	0
<b>San Saba</b>	21	91	1	1
<b>Sanchez</b>	21	81	4	0
<b>Sayle</b>	11	28	7	1
<b>Segovia</b>	20	95	0	1
<b>Smith ECB</b>	21	72	4	2
<b>Smith GP</b>	20	95	0	1
<b>Stevenson</b>	21	96	1	0
<b>Stiles</b>	23	87	0	3
<b>Stringfellow</b>	20	95	0	1
<b>Telford</b>	23	96	1	0
<b>Terrell</b>	22	100	0	0
<b>Torres</b>	22	96	1	0
<b>Travis</b>	21	86	0	3
<b>Vance</b>	14	79	3	0
<b>Wainwright</b>	22	100	0	0
<b>Wallace</b>	22	100	0	0
<b>Wheeler</b>	19	100	0	0
<b>Willacy</b>	22	91	1	1

<b>Woodman</b>	7	86	0	1
<b>Wynne</b>	22	82	1	3
<b>Young</b>	15	100	0	0

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

\* Chain-In score is determined  $\frac{\# \text{ of inmates that had a chain-in within the 7 day timeframe}}{\text{Total \# of inmates in audit}}$

1.) 60-79% - In-service staff on Chain-In Review CMHC Policy E-32.1. Provide a copy of the in-service agenda and the signed roster. (A copy of the CMHC Policy is not sufficient for an agenda).

2.) Below 60%-

1. In-service staff on In-processing Assessment. Review CMHC Policy E-32.1. 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 inmates, upon initial arrival for assignment from their previously assigned Unit will have their EHR reviewed within 7 days to provide continuity of care.

The Facility Dental Directors is responsible for submitting the Corrective Action Plan (CAP) responses is the TDCJ Health Services Dental Director electronically via email to [Manuel.Hirsch@tdcj.texas.gov](mailto:Manuel.Hirsch@tdcj.texas.gov).

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

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>										
Fiscal Year 2022	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*
September	227	295	16	5.42%	14	4.75%	0	2	0.68%	0
October	273	274	15	5.47%	13	5.84%	3	2	1.09%	1
November	163	195	11	5.64%	10	5.64%	1	0	0.00%	0
<b>Totals:</b>	<b>663</b>	<b>764</b>	<b>42</b>	<b>5.50%</b>	<b>37</b>	<b>5.37%</b>	<b>4</b>	<b>4</b>	<b>0.65%</b>	<b>1</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>										
Fiscal Year 2022	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*
September	1,046	1,107	40	3.61%	39	5.87%	26	1	0.09%	0
October	957	808	61	7.55%	60	10.89%	28	1	0.12%	0
November	731	764	50	6.54%	46	7.20%	9	4	0.65%	1
<b>Totals:</b>	<b>2,734</b>	<b>2,679</b>	<b>151</b>	<b>5.64%</b>	<b>145</b>	<b>7.76%</b>	<b>63</b>	<b>6</b>	<b>0.26%</b>	<b>1</b>
<b>GRAND TOTAL=</b>	<b>3,397</b>	<b>3,443</b>	<b>193</b>	<b>5.61%</b>						

\*QOC= Quality of Care

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

September 2021

Reportable Condition	2021	2020	2021	2020
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	3	10	77	52
Gonorrhea	2	0	21	30
Syphilis	73	110	1185	681
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	128	154	1025	1,288
Human immunodeficiency virus (HIV) +, known at intake	36	79	842	976
HIV screens, intake	1,050	2,794	19,486	21,545
HIV +, intake	33	8	211	201
HIV screens, offender- and provider-requested	308	427	3,328	5,025
HIV +, offender- and provider-requested	0	0	7	2
HIV screens, pre-release	1,375	3,266	16,565	30,810
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	17	19
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	130	104	991	967
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	24	53	290	304
Occupational exposures of TDCJ staff	4	11	76	85
Occupational exposures of medical staff	4	1	21	12
HIV chemoprophylaxis initiation	6	7	35	39
Tuberculosis skin test (ie, PPD) +, intake	33	65	341	376
Tuberculosis skin test +, annual	32	25	195	225
Tuberculosis, known (ie, on tuberculosis medications) at intake	4	0	5	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	0	5	18
Tuberculosis cases under management	18	18		
Peer education programs <sup>¶</sup>	0	0	92	100
Peer education educators <sup>∞</sup>	37	7	7,757	7,596
Peer education participants	1,943	1736	20,191	25,065
Alleged assaults and chart reviews	75	69	829	552
Bloodborne exposure labs drawn on offenders	28	34	266	220
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

October 2021

Reportable Condition	2021	2020	2021	2020
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	5	17	82	69
Gonorrhea	1	5	22	35
Syphilis	162	127	1347	810
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute <sup>£</sup> )	226	214	1251	1,502
Human immunodeficiency virus (HIV) +, known at intake	28	91	870	988
HIV screens, intake	944	3,458	20,430	22,209
HIV +, intake	22	35	233	228
HIV screens, offender- and provider-requested	318	462	3,646	5,060
HIV +, offender- and provider-requested	0	1	7	3
HIV screens, pre-release	1,273	2,928	17,838	31,372
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	2	19	20
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	90	107	1081	1074
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	47	325	351
Occupational exposures of TDCJ staff	8	7	84	92
Occupational exposures of medical staff	1	1	22	13
HIV chemoprophylaxis initiation	5	3	40	42
Tuberculosis skin test (ie, PPD) +, intake	46	97	387	437
Tuberculosis skin test +, annual	80	18	275	225
Tuberculosis, known (ie, on tuberculosis medications) at intake	4	0	4	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	5	20
Tuberculosis cases under management	18	15		
Peer education programs <sup>¶</sup>	0	0	92	93
Peer education educators <sup>∞</sup>	25	5	7,782	7,600
Peer education participants	2,256	2,848	22,447	27,913
Alleged assaults and chart reviews	104	74	933	626
Bloodborne exposure labs drawn on offenders	21	27	287	247
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

November 2021

Reportable Condition	Reports			
	2021 This Month	2020 This Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	3	8	85	74
Gonorrhea	2	6	24	41
Syphilis	91	106	1438	904
Hepatitis A	1	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	198	149	1449	1,651
Human immunodeficiency virus (HIV) +, known at intake	56	86	926	1,074
HIV screens, intake	1,784	3,004	22,214	25,213
HIV +, intake	43	12	276	240
HIV screens, offender- and provider-requested	251	381	3,897	5,441
HIV +, offender- and provider-requested	0	0	0	3
HIV screens, pre-release	1,292	1,967	19,130	33,339
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	0	21	20
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	78	105	1159	1179
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	25	38	350	342
Occupational exposures of TDCJ staff	14	8	98	100
Occupational exposures of medical staff	4	2	26	15
HIV chemoprophylaxis initiation	2	4	42	46
Tuberculosis skin test (ie, PPD) +, intake	41	64	431	501
Tuberculosis skin test +, annual	73	27	348	252
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)	1	0	5	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	13	3	4	23
Tuberculosis cases under management	18	17		
Peer education programs <sup>†</sup>	0	0	92	93
Peer education educators <sup>°</sup>	44	6	7,826	7,606
Peer education participants	3,874	2,214	26,321	30,127
Alleged assaults and chart reviews	92	76	1025	702
Bloodborne exposure labs drawn on offenders	35	19	322	266
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.

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

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

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

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

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

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

During the 1st Quarter of Fiscal Year 2022, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 449 hospital discharge and 84 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
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)	
September	34	8	23.53%	0	N/A	4	11.76%	3	8.82%	7	20.59%
October	31	0	N/A	0	N/A	0	N/A	1	3.23%	4	12.90%
November	36	4	11.11%	0	N/A	1	2.78%	1	2.78%	5	13.89%
Total/Average	101	12	11.88%	0	N/A	5	4.95%	5	4.95%	16	15.84%
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
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)	
September	105	26	24.76%	0	N/A	8	7.62%	2	1.90%	11	10.48%
October	117	16	13.68%	0	N/A	0	N/A	6	5.13%	17	14.53%
November	20	2	10.00%	0	N/A	1	5.00%	1	5.00%	4	20.00%
Total/Average	244	42	17.21%	0	N/A	9	3.69%	9	3.69%	32	13.11%
<b>UTMB Hospital Galveston Discharges</b>											
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)	
September	33	0	N/A	0	0.00%	0	N/A	0	N/A	0	N/A
October	39	11	28.21%	0	N/A	1	2.56%	1	2.56%	1	2.56%
November	34	0	N/A	0	N/A	0	N/A	3	8.82%	0	N/A
Total/Average	106	11	10.38%	0	N/A	1	0.94%	4	3.77%	1	0.94%
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
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)	
September	172	34	19.77%	0	N/A	12	6.98%	5	2.91%	18	10.47%
October	187	27	14.44%	0	N/A	1	0.53%	8	4.28%	22	11.76%
November	90	6	6.67%	0	N/A	2	2.22%	5	5.56%	9	10.00%
Total/Average	449	67	14.92%	0	N/A	15	3.34%	18	4.01%	49	10.91%
<b>Texas Tech Infirmiry Discharges</b>											
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)	
September	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	37	11	29.73%	0	N/A	0	N/A	1	2.70%	2	5.41%
November	19	1	5.26%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	63	12	19.05%	0	N/A	0	N/A	1	1.59%	2	3.17%
<b>UTMB Infirmiry Discharges</b>											
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)	
September	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
October	7	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
November	7	0	N/A	0	N/A	0	N/A	1	14.29%	0	N/A
Total/Average	21	3	28.57%	0	N/A	0	N/A	1	4.76%	0	N/A
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
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)	
September	14	1	7.14%	0	N/A	0	N/A	0	N/A	0	N/A
October	44	13	29.55%	0	N/A	0	N/A	1	2.27%	2	4.55%
November	26	1	3.85%	0	N/A	0	N/A	1	3.85%	0	N/A
Total/Average	84	15	17.86%	0	N/A	0	N/A	2	2.38%	2	2.38%

**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  
FIRST QUARTER, FISCAL YEAR 2022**

	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Sep-21</b>				
<b>Dalhart</b>	32	1	1	2

	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Oct-21</b>				
<b>Michael</b>	62	0	0	0
<b>Plane</b>	58	0	0	0

	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Nov-21</b>				
<b>Jester III</b>	53	0	0	0
<b>Coleman</b>	34	0	0	0
<b>Halbert</b>	10	0	0	0

**CAPITAL ASSETS AUDIT  
FIRST QUARTER, FISCAL YEAR 2022**

<b>Audit Tools</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Total</b>
<b>Total number of units audited</b>	1	2	3	6
<b>Total numbered property</b>	32	120	97	249
<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  
First Quarter FY-2022**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Pack	Sept. 1 – 3, 2021	100%	98.6 %
Powledge	Sept. 13-15, 2021	100%	98.3 %
Terrell	Sept. 20-22, 2021	100%	98.9 %
Young	Sept. 22-24, 2021	100%	99.5 %
Connally	Sept. 27-29, 2021	100%	98.9 %
Ferguson	Oct. 4-6, 2021	100%	98.2 %
Memorial( Darrington)	Oct. 11-13, 2021	100%	98.7%
Murray	Oct. 18-20, 2021	100%	97.8 %
Hughes	Oct. 20-22, 2021	100%	98.3%
San Saba	Nov. 15-17, 2021	100%	99.3 %

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Sayle	Sept. 27-29, 2021	100%	97.8 %
Middleton	Nov. 1-3, 2021	100%	98.8 %

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

**FY-2022 First Quarter Report: September, October, and November**

**Project Number: 202-RL02**

<b><u>Researcher:</u></b> Elizabeth Cooksey	<b><u>IRB Number:</u></b> 11.07.04	<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> 5/1/2022		<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> 9/1/2020
<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> 5/1/2022		<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> 6/1/2022		<b><u>Projected Completion:</u></b>

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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> 3/1/2022		<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> 4/1/2022		<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> 4/1/2022		<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> 4/1/2022		<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> Progress report pending		<b><u>Projected Completion:</u></b>

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

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

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**Project Number: 793-AR18**

<b><u>Researcher:</u></b> Sung Joon Jang	<b><u>IRB Number:</u></b> 1261257	<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> Progress report pending	<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

**IRB Number: IRB Expiration**

Exempt

**Research Began:**

4/19/2021

**Title of Research:**

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

**Data Collection Began:**

6/1/2021

**Proponent:**

Wang Evaluation Consultants

**Data Collection End:**

7/31/2021

**Project Status:**

Data Collection

**Progress Report Due:**

1/14/2022

**Projected Completion:**

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**Project Number: 837-AR21**

**Researcher:**

Rebecca Seegar

**IRB Number: IRB Expiration**

1770360-1

**Research Began:**

11/15/2021

**Title of Research:**

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

**Data Collection Began:**

11/15/2021

**Proponent:**

Northern Arizona University

**Data Collection End:**

**Project Status:**

Data Collection

**Progress Report Due:**

2/15/2022

**Projected Completion:**

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

**FY-2022 First Quarter Report: September, October, and November**

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

**FY-2022 First Quarter Report: September, October, and November**

**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 Analysis	<b><u>Progress Report Due:</u></b> 12/1/2021		<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> 12/1/2021		<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> Suspended	<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> 4/1/2021	<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> Suspended		<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> Progress report pending	<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> Progress report pending	<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> 12/1/2021	<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-2022 First Quarter Report: September, October, and November**

Presently, there are no pending Medical Research projects.

**1st Quarter FY 2022**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Segregation Audit Summary**  
**Reporting months: September 2021, October 2021, November 2021**

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
09/01/21	Cole	N/A#	N/A#	N/A#	N/A#	N/A#	100%	100%	100%
09/01/21	Dominguez	N/A#	N/A#	N/A#	N/A#	N/A#	100%	100%	100%
9/29-30/21	Clements	248	192	1	11	100%	100%	100%	100%
9/15-16/21	Telford	273	230	0	6	100%	100%	100%	100%
10/11/21	Connally	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
10/01/21	East Texas	N/A#	N/A#	N/A#	N/A#	N/A#	N/A*	N/A*	N/A*
10/20-21/21	Allred	441	373	0	16	100%	100%	100%	100%
10/6-7/21	McConnell	314	272	1	13	100%	100%	100%	100%
10/13-14/21	Polunsky	459	383	0	18	100%	100%	100%	100%
11/04/21	Clemens	N/A^	N/A^	N/A^	N/A^	N/A^	100%	100%	100%
11/01/21	Hutchins	N/A#	N/A#	N/A#	N/A#	N/A#	N/A*	N/A*	N/A*
11/01/21	Sanchez	N/A#	N/A#	N/A#	N/A#	N/A#	100%	100%	100%
11/09/21	Lewis	7	7	N/A	1	100%	100%	100%	100%
11/09/21	Memorial	131	120	N/A	5	100%	100%	100%	100%
11/04/21	Ramsey	10	10	N/A	2	100%	100%	100%	100%
<b>Total</b>	15	1,883	1,587	2	72				

\*There were no applicable Sick Call Requests sent during the last 6-month period for this unit.  
^There were no inmates in Restrictive Housing at the time of the audit.  
#Due to COVID-10 Restrictions no on-site audits were conducted which includes the 911 tool.

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

1st Quarter FY 2022

Audits Conducted in September 2021, October 2021, November 2021

<b>UNIT</b>	<b>Reporting Month</b>	<b>Compelled Medication Cases Documented in Medical Record<sup>1</sup></b>				
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		<b>Reviewed</b>	<b>Applicable Instances</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	September 2021	0	0	NA	NA	NA
Wayne Scott	September 2021	8	8	8	100%	NO
Montford	September 2021	9	9	9	100%	NO
Skyview	September 2021	10	10	10	100%	NO

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	October 2021	0	0	NA	NA	NA
Wayne Scott	October 2021	11	11	8	73%	YES
Montford	October 2021	12	12	7	58%	YES
Skyview	October 2021	14	14	14	100%	NO

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	November 2021	0	0	NA	NA	NA
Wayne Scott	November 2021	6	6	6	100%	NO
Montford	November 2021	7	7	7	100%	NO
Skyview	November 2021	10	10	10	100%	NO

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

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

1st Quarter of 2022

Reporting months– September 2021, October 2021, November 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.**

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

During the 1st Quarter of Fiscal Year 2022, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 449 hospital discharge and 84 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
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)	
September	34	8	23.53%	0	N/A	4	11.76%	3	8.82%	7	20.59%
October	31	0	N/A	0	N/A	0	N/A	1	3.23%	4	12.90%
November	36	4	11.11%	0	N/A	1	2.78%	1	2.78%	5	13.89%
Total/Average	101	12	11.88%	0	N/A	5	4.95%	5	4.95%	16	15.84%

<b>Freeworld Hospital Discharges in UTMB Sector</b>											
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)	
September	105	26	24.76%	0	N/A	8	7.62%	2	1.90%	11	10.48%
October	117	16	13.68%	0	N/A	0	N/A	6	5.13%	17	14.53%
November	20	2	10.00%	0	N/A	1	5.00%	1	5.00%	4	20.00%
Total/Average	244	42	17.21%	0	N/A	9	3.69%	9	3.69%	32	13.11%

<b>UTMB Hospital Galveston Discharges</b>											
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)	
September	33	0	N/A	0	0.00%	0	N/A	0	N/A	0	N/A
October	39	11	28.21%	0	N/A	1	2.56%	1	2.56%	1	2.56%
November	34	0	N/A	0	N/A	0	N/A	3	8.82%	0	N/A
Total/Average	106	11	10.38%	0	N/A	1	0.94%	4	3.77%	1	0.94%

<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
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)	
September	172	34	19.77%	0	N/A	12	6.98%	5	2.91%	18	10.47%
October	187	27	14.44%	0	N/A	1	0.53%	8	4.28%	22	11.76%
November	90	6	6.67%	0	N/A	2	2.22%	5	5.56%	9	10.00%
Total/Average	449	67	14.92%	0	N/A	15	3.34%	18	4.01%	49	10.91%

<b>Texas Tech Infirmiry Discharges</b>											
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)	
September	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	37	11	29.73%	0	N/A	0	N/A	1	2.70%	2	5.41%
November	19	1	5.26%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	63	12	19.05%	0	N/A	0	N/A	1	1.59%	2	3.17%

<b>UTMB Infirmiry Discharges</b>											
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)	
September	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
October	7	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
November	7	0	N/A	0	N/A	0	N/A	1	14.29%	0	N/A
Total/Average	21	3	28.57%	0	N/A	0	N/A	1	4.76%	0	N/A

<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
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)	
September	14	1	7.14%	0	N/A	0	N/A	0	N/A	0	N/A
October	44	13	29.55%	0	N/A	0	N/A	1	2.27%	2	4.55%
November	26	1	3.85%	0	N/A	0	N/A	1	3.85%	0	N/A
Total/Average	84	15	17.86%	0	N/A	0	N/A	2	2.38%	2	2.38%

**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.

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center



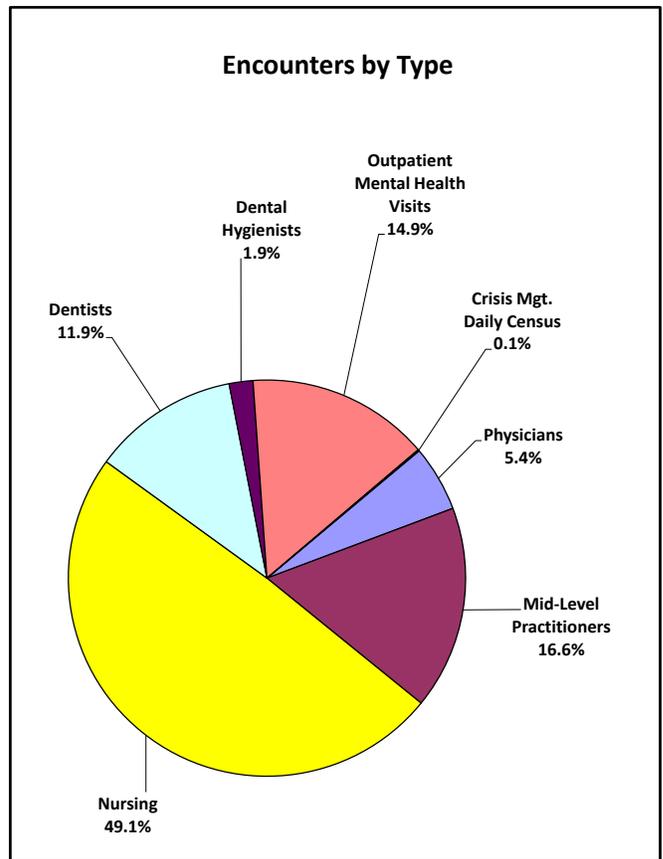
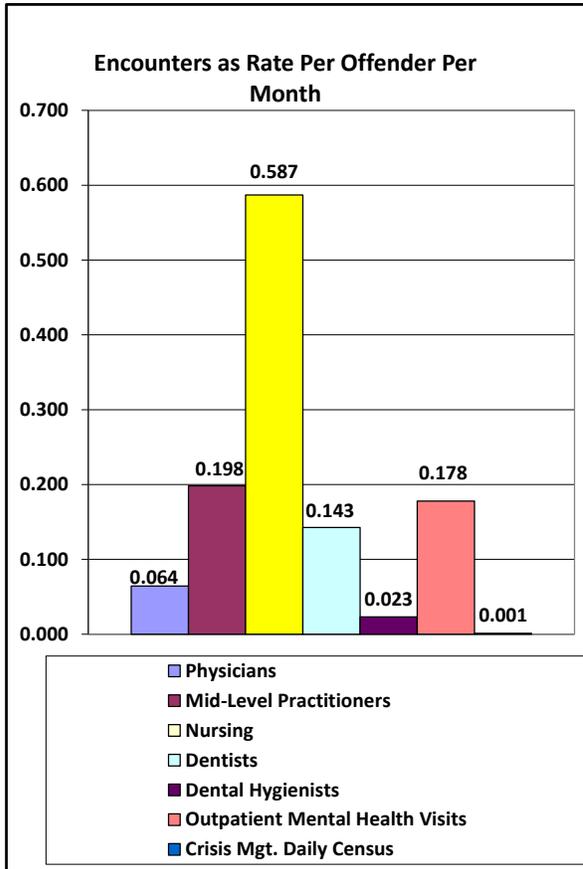
TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
**Managed Care**

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

**1<sup>st</sup> Quarter**  
**FY2022**

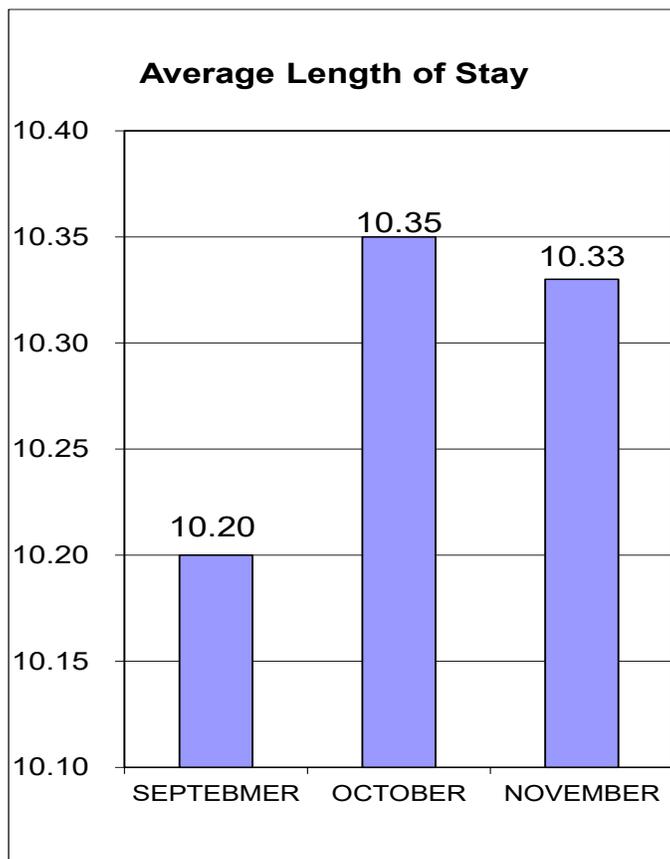
**Medical Director's Report:**

Average Population	SEPTEMBER		OCTOBER		NOVEMBER		Qtly Average	
	24,764.00		24,847.00		24,668.00		24,760.00	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	2,105	0.085	1,389	0.056	1,282	0.052	1,592	0.064
Mid-Level Practitioners	5,019	0.203	4,966	0.200	4,742	0.192	4,909	0.198
Nursing	17,567	0.709	13,016	0.524	13,020	0.528	14,534	0.587
<b>Sub-total</b>	<b>24,691</b>	<b>0.997</b>	<b>19,371</b>	<b>0.780</b>	<b>19,044</b>	<b>0.772</b>	<b>21,035</b>	<b>0.850</b>
<b>Dental encounters</b>								
Dentists	4,480	0.181	2,979	0.120	3,139	0.127	3,533	0.143
Dental Hygienists	484	0.020	487	0.020	745	0.030	572	0.023
<b>Sub-total</b>	<b>4,964</b>	<b>0.200</b>	<b>3,466</b>	<b>0.139</b>	<b>3,884</b>	<b>0.157</b>	<b>4,105</b>	<b>0.166</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	4,546	0.184	4,344	0.175	4,333	0.176	4,408	0.178
Crisis Mgt. Daily Census	36	0.001	31	0.007	31	0.001	33	0.001
<b>Sub-total</b>	<b>4,582</b>	<b>0.185</b>	<b>4,375</b>	<b>0.176</b>	<b>4,364</b>	<b>0.177</b>	<b>4,440</b>	<b>0.179</b>
<b>Total encounters</b>	<b>34,237</b>	<b>1.383</b>	<b>27,212</b>	<b>1.095</b>	<b>27,292</b>	<b>1.106</b>	<b>29,580</b>	<b>1.195</b>



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

	SEPTEMBER	OCTOBER	NOVEMBER	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	109.00	105.00	102.00	105.33
Number of Admissions	220.00	218.00	208.00	215.33
Average Length of Stay	10.20	10.35	10.33	10.29
Number of Clinic Visits	573.00	537.00	503.00	537.67
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	422.00	420.00	407.00	416.33
PAMIO/MROP Census	414.00	443.00	454.00	437.00
<b>Specialty Referrals Completed</b>				
	3,058.00	3,030.00	2,972.00	3,020.00
<b>Telemedicine Consults</b>				
	2136	2,049	1,944	2,043.00



# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



Working together to work wonders.™

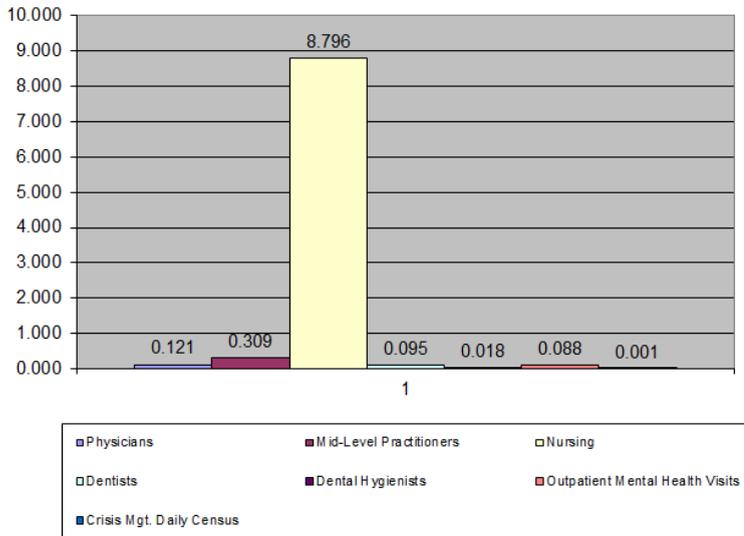
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**1st Quarter  
FY2022**

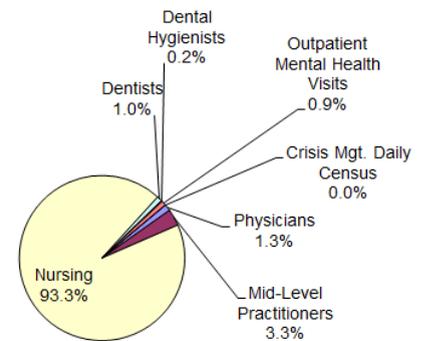
**Medical Director's Report:**

FY 22 First Quarter	September		October		November		Qtly Average	
<i>Average Population</i>	94,984		94,693		95,404		95,027	
	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Inmate	Number	Inmate	Number	Inmate	Number	Inmate
<b>Medical encounters</b>								
Physicians	12,043	0.127	11,495	0.121	10,911	0.114	11,483	0.121
Mid-Level Practitioners	29,737	0.313	29,686	0.313	28,577	0.300	29,333	0.309
Nursing	832,758	8.767	896,515	9.468	778,212	8.157	835,828	8.796
<b>Sub-total</b>	<b>874,538</b>	<b>9.207</b>	<b>937,696</b>	<b>9.903</b>	<b>817,700</b>	<b>8.571</b>	<b>876,645</b>	<b>9.225</b>
<b>Dental Encounters</b>								
Dentists	9,125	0.096	9,797	0.103	8,218	0.086	9,047	0.095
Dental Hygienists	1,668	0.018	1,863	0.020	1,628	0.017	1,720	0.018
<b>Sub-total</b>	<b>10,793</b>	<b>0.114</b>	<b>11,660</b>	<b>0.123</b>	<b>9,846</b>	<b>0.103</b>	<b>10,766</b>	<b>0.113</b>
<b>Mental Health Encounters</b>								
Outpatient Mental Health Visits	8,728	0.092	8,474	0.089	7,848	0.082	8,350	0.088
Crisis Mgt. Daily Census	64	0.001	71	0.001	72	0.001	69	0.001
<b>Sub-total</b>	<b>8,792</b>	<b>0.093</b>	<b>8,545</b>	<b>0.090</b>	<b>7,920</b>	<b>0.083</b>	<b>8,419</b>	<b>0.089</b>
<b>Total encounters</b>	<b>894,123</b>	<b>9.413</b>	<b>957,901</b>	<b>10.116</b>	<b>835,466</b>	<b>8.757</b>	<b>895,830</b>	<b>9.427</b>

**Encounters as Rate Per Offender Per Month**

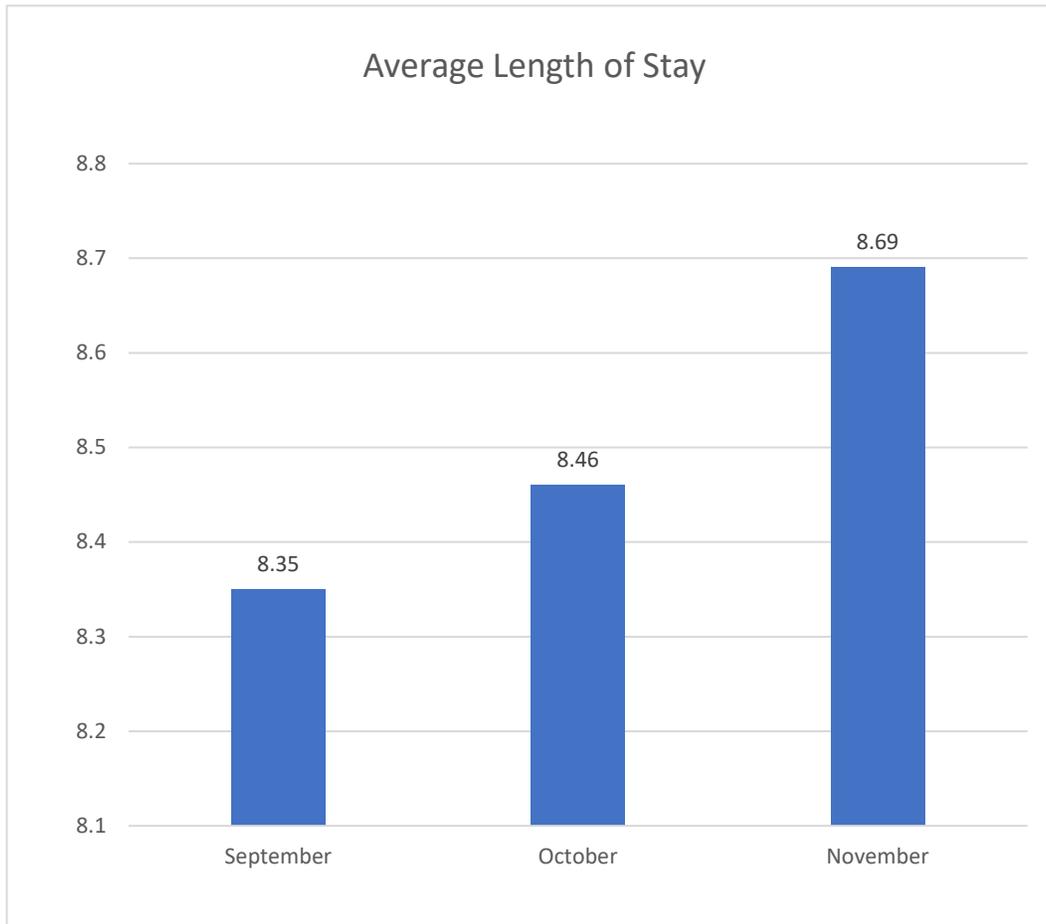


**Encounters by Type**



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

<b>FY 22</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Qtly Average</b>
<b>Medical Inpatient Facilities</b>				
Average Daily Census	87.6	98.8	98.4	<b>94.9</b>
Number of Discharges	315	362	8	<b>228</b>
Average Length of Stay	8.4	8.5	8.7	<b>8.5</b>
Number of Clinic Visits	6,078	6,296	5,959	<b>6,111</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,007.97	1,288.45	981.70	<b>1,092.71</b>
DDP Census	729.20	729.52	729.77	<b>729.50</b>
<b>Telemedicine Consults</b>	<b>6,959</b>	<b>7,276</b>	<b>7,231</b>	<b>7,155.33</b>



## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

## **Correctional Managed Health Care Joint Committee/Work Group Activity Summary for March 23, 2022 CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

### **System Leadership Council**

Chair: Dr. Owen Murray

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

**Meeting Date: February 10, 2022**

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
  - A. Access to Care – Dental Services
  - B. Access to Care – Mental Health Services
  - C. Access to Care – Nursing Services
  - D. Access to Care – Medical Staff
  - E. Sick Call Verification Audit – SCRVA
- IV. FY2021 SLC Indicators
  - A. Dental: Total Open Reminders with Delay >60 Days
  - B. Mental Health: Restrictions Audit
  - C. Nursing: Annual TB Screening
  - D. Support Services: Inpatient/Outpatient Physical Therapy
  - E. Clinical Administration: Missed Appointments (No Shows)
  - F. Joint Medical/Pharmacy: Unit Audits
- V. Standing Issues
  - A. CMHCC Updates
  - B. CMHC Pharmacy
  - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
  - A. ATC Accuracy Evaluation
  - B. Nurse Protocol Audits
  - C. Nursing QA Site Visit Audits
- VII. Adjournment

**Joint Policy and Procedure Committee**

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

Co-Chair: Denee Robison

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

**Meeting Date: January 14, 2021**

Sub-Committee Updates:

None

Committee Updates:

Update from Offender to Inmate

Committee Referrals:

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

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

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

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

POLICY #	POLICY NAME	SUBMITTED BY
A-04.1	Administrative Meetings	Rebecca Ramirez Renee Warren
A-08.9	The Chronic Mentally Ill (CMI) Treatment Program	Alice Castleberry Beverly Echols
E-32.1	Receiving, Transfer and Continuity of Care Screening	Pershelle Cleveland
G-52.2	Chronic Mentally Ill – Sheltered Housing (CMI-SH)	Alice Castleberry Beverly Echols
H-60.1 Attachment A	Outpatient Health Record Format	Renee Warren

Adjourn – The Next Meeting is Scheduled for April 14, 2022 at 1:00 p.m.

### **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Monte Smith

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

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

**Meeting Date: January 13, 2022**

- I. Approval of the Minutes from November 18, 2021 Meeting
- II. Reports from Subcommittees
  - A. DMG Triage - Dr. Munch
  - B. Cardiovascular - Dr. Omeaku
  - C. Hepatology - Dr. Koranek
  - D. Psychiatry - Dr. Patel
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (November – December 2021) (none)
  - D. Non-formulary Deferral Reports
    1. UTMB Sector (November – December 2021)
    2. TTUHSC Sector (October – November 2021)
  - E. Utilization Reports FY22
    1. HIV Utilization
    2. HCV Utilization
    3. HBV Utilization
    4. Psychotropic Utilization
  - F. Special Reports
    1. Quarterly Medication Error Reports – 1st Qtr. FY22
      - a. UTMB Sector
      - b. TT Sector
      - c. Pharmacy Dispensing Errors
    2. Top 50 Medications by Cost and Volume – 1st Quarter FY22
    3. Top 10 Non-formulary Drugs by Cost and Volume – 1st Quarter FY22
    4. Pharmacy Diabetes Clinic Report – 1st Quarter FY22
      - a. UTMB Sector
      - b. TTUHSC Sector (supplemental materials)
    5. Pharmacy Warfarin Clinic Report – 1st Quarter FY22
      - a. UTMB Sector
      - b. TTUHSC Sector
  - G. Policy review Schedule (Policies 05-05 through 15-25 due for review in March)
- IV. Old Business
  - A. Policy Revisions (tabled due to time constraints)
    1. Clozapine Protocol (55-20) – Tabled at previous meeting pending further revisions

- V. New Business
  - A. Category Reviews
    - 1. Antiviral Agents
    - 2. Blood Formation & Coagulation Products
    - 3. EENT Review
    - 4. Electrolyte, Caloric, Water Balance & Vitamins
  - B. Action Request
    - 1. Formulary Addition of Famotidine and GERD DMB Update
  - C. MUE – Lithium
  - D. FDA Medication Safety Advisories (none)
  - E. Manufacturer Shortages and Discontinuations
- VI. Policy and Procedure Revisions (05-05 through 15-25 due in March 2022)
- VII. Miscellaneous
- VIII. Adjourn

**Joint Infection Control Committee**

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

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

**Meeting Date: February 10, 2022**

Standing Reports:

Hepatitis – Vacant  
 HIV, MRSA, MSSA and Occupational Exposure – Latasha Hill  
 Syphilis – Regina Inmon (Introducing Dewayne Springer)  
 Tuberculosis – Mary Parker  
 SANE – Kate Williams  
 Peer Education – Dianna Langley

Old Business:

None

New Business:

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

B-14.01	B-14.02	B-14.03	B-14.05	B-14.06	B-14.10
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THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION:

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.04* Attachment F	Exposure Classification	Erin Freeman
2	B-14.05*	Immunization	Erin Freeman
3	B-14.11*	Human Immunodeficiency Virus (HIV) Infection	Erin Freeman

Adjourn – The next meeting is scheduled for April 21, 2022 at 10:30 a.m.

**Joint Dental Work Group**

Chair: Dr. Manuel Hirsch

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

**Meeting Date: January 20, 2022**

- I. Call to Order
  - A. Minutes Confirmation
    - Review of Previous Meeting Minutes from November 10, 2021
- II. Dental Policy Review
  - A. E-36.7 Dental Clinic Operations Reporting
  - B. H-60.1 List of Approved Abbreviations
- III. Dr. Billy Horton
  - A. Aging Report
  - B. Staffing
- IV. Dr. Billy Hirsch
  - A. Heat Restriction Denture Inmates to the Goree Unit
  - B. Assuming Routine Care
  - C. 3-D Dentures/Material Update
- V. Dr. Cecil Wood
  - A. Texas Tech CE Funds

- I. Pam Myers, Dental Hygiene Program Manager
  - A. E-36.6 Periodontal Policy and the Updated Periodontal Flow Chart
  - B. Update on Dental Note Wizard Project

- II. Sector Updates
  - A. TDCJ
  - B. UTMB
  - C. TTUHSC

VIII. Round the Table

IX. Adjourn – Next Meeting March 2022

Policies Scheduled for Review: Section D and some of E; review NEO PowerPoints related to Section D & E: Review of Operational Review Audits (ORA) question pertaining to these policies.

**Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Eidi Millington

Co-Chair: Dr. Coley Duncan

Purpose: This group’s membership consists of physicians and nurses appointed by the Joint Medical Directors. The group is charged with reviewing the clinical health records of each offender death. The committee decides as to whether a referral to a peer review committee is indicated. This group meets monthly.

**For the Three Months Ended November 2021:**

There were 133 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2021. Of those deaths, there were no cases that required a referral to peer review committees.

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

## **Joint Nursing Work Group**

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

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

**Meeting Date: February 9, 2021**

### Old Business:

- OPH Email Group
- Hunger Strike Assessment Tool
- Use of Force Assessment Tool
- FY22 SLC Indicator for Nursing

### New Business:

- SMART Downtime (Monday, 2/21/22)
- Out of Hospital DNRs
- TB
- Point of Care COVID testing & lab/CLIA requirements

Adjourn

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



## **Quarterly Report FY2022 First Quarter**

**September 2021 – November 2021**

# First Quarter Financial Report on Correctional Managed Health Care

## Overview

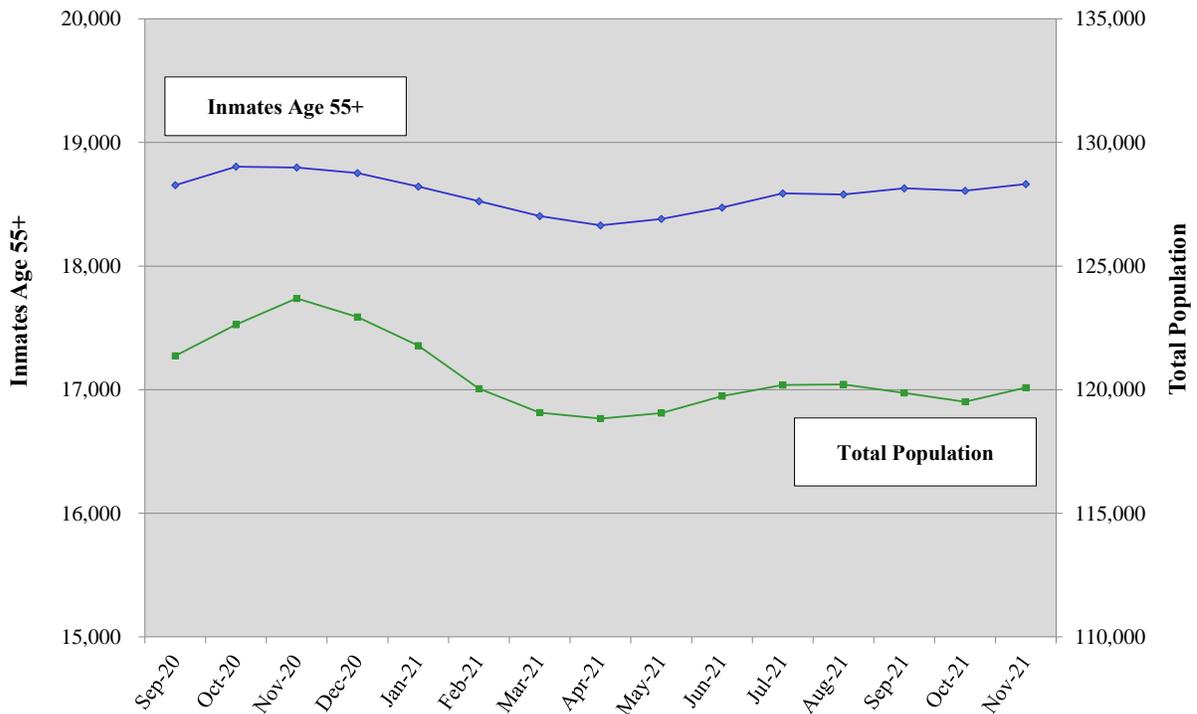
- Pursuant to the FY2022-23 General Appropriations Act, Article V, Rider 42, 87<sup>th</sup> Legislature, Regular Session 2021
- FY2022 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$322.5M
  - Strategy C.1.9, Hospital and Clinical Care, \$271.3M
  - Strategy C.1.10, Pharmacy Care, \$73.4M
  - HB 2, 87th Legislature, Information Technology Projects, \$21.5M

<b><u>Method of Finance Summary</u></b>	<b><u>FY2022</u></b>
<b>SB 1, Article V, TDCJ Appropriations</b>	
C.1.8. Unit and Psychiatric Care	\$ 322,501,293
C.1.9. Hospital and Clinic Care	\$ 271,343,853
C.1.10. Pharmacy Care	\$ 73,440,252
<b>Subtotal, SB 1, Article V</b>	<b>\$ 667,285,398</b>
<b>HB 2, 87th Legislature, Information Technology Projects</b>	
C.1.8. Unit and Psychiatric Care	\$ 21,475,950
<b>Subtotal HB 2, 87th Legislature</b>	<b>\$ 21,475,950</b>
<b>TOTAL</b>	<b>\$ 688,761,348</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
C.1.8. Unit and Psychiatric Care	\$ 281,144,224
C.1.9. Hospital and Clinic Care	\$ 228,487,832
C.1.10. Pharmacy Care	\$ 59,472,431
<b>Subtotal UTMB</b>	<b>\$ 569,104,487</b>
<b>Texas Tech University Health Sciences Center</b>	
C.1.8. Unit and Psychiatric Care	\$ 62,833,019
C.1.9. Hospital and Clinic Care	\$ 42,856,021
C.1.10. Pharmacy Care	\$ 13,967,821
<b>Subtotal TTUHSC</b>	<b>\$ 119,656,861</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 688,761,348</b>
<b>TOTAL ALLOCATED</b>	<b>\$ 688,761,348</b>

## Population

- Overall inmate service population has decreased 2.2% from FY2021
  - Average daily census through 1<sup>st</sup> quarter
    - FY2021: 122,564
    - FY2022: 119,821
  
- Inmates aged 55 or older population has decreased 0.6% from FY2021
  - Average daily census through 1<sup>st</sup> quarter
    - FY2021: 18,752
    - FY2022: 18,634
  
  - While comprising about 15.6% of the overall service population, these inmates account for 49.6% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2022 average number of psychiatric inpatients through 1<sup>st</sup> quarter: 1,846
  - FY2022 average number of psychiatric outpatients through 1<sup>st</sup> quarter: 26,853

### CMHC Service Population



## Health Care Costs

- Total expenditures through 1<sup>st</sup> quarter, FY2022: \$190.0M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$98.5M or 51.8% of total expenses
  - Hospital and Clinical Care - \$72.9M or 38.4% of total expenses
  - Pharmacy Services - \$18.6M or 9.8% of total expenses
    - HIV-related drugs: 32.5% of total drug costs
    - Hepatitis C drug therapies: 32.3% of total drug costs
    - Psychiatric drugs: 5.2% of total drug costs
    - All other drug costs: 30.0% of total drug costs
- Cost per inmate per day increased 2.4% from FY2021 to FY2022
  - Cost per inmate per day through 1<sup>st</sup> quarter FY2022
    - FY2021: \$17.02
    - FY2022: \$17.43

## Comparison of Total Health Care Costs

	FY18	FY19	FY20	FY21	FYTD 22 1st Qtr
<b>Population</b>					
UTMB	118,737	117,987	110,924	96,514	95,027
TTUHSC	29,448	28,992	27,533	24,282	24,794
<b>Total</b>	<b>148,185</b>	<b>146,979</b>	<b>138,457</b>	<b>120,796</b>	<b>119,821</b>
<b>Expenses</b>					
UTMB	\$589,220,522	\$631,955,233	\$641,412,379	\$627,901,731	\$159,622,235
TTUHSC	\$118,282,720	\$124,707,572	\$132,834,504	\$122,657,653	\$30,402,605
<b>Total</b>	<b>\$707,503,242</b>	<b>\$756,662,805</b>	<b>\$774,246,883</b>	<b>\$750,559,384</b>	<b>\$190,024,840</b>
<b>Cost/Day</b>					
UTMB	\$13.60	\$14.67	\$15.80	\$17.82	\$18.46
TTUHSC	\$11.00	\$11.78	\$13.18	\$13.84	\$13.47
<b>Total</b>	<b>\$13.08</b>	<b>\$14.10</b>	<b>\$15.28</b>	<b>\$17.02</b>	<b>\$17.43</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 42**  
**First Quarter, FY2022**

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 15,665,218	\$ 70,093,491	\$ 85,758,709
Revenue Deferred to FY2023*	\$ -	\$ (5,174,854)	\$ (5,174,854)
State Reimbursement Benefits	\$ 2,597,307	\$ 14,022,150	\$ 16,619,457
Other Misc Revenue	\$ 662	\$ 16,255	\$ 16,918
<b>C.1.8. Total Method of Finance</b>	<b>\$ 18,263,187</b>	<b>\$ 78,957,042</b>	<b>\$ 97,220,229</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 10,684,652	\$ 56,965,459	\$ 67,650,111
State Reimbursement Benefits	\$ 460,529	\$ -	\$ 460,529
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 11,145,181</b>	<b>\$ 56,965,459</b>	<b>\$ 68,110,640</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 3,482,389	\$ 14,827,373	\$ 18,309,762
State Reimbursement Benefits	\$ 19,818	\$ 596,671	\$ 616,489
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 3,502,207</b>	<b>\$ 15,424,044</b>	<b>\$ 18,926,251</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 32,910,575</b>	<b>\$ 151,346,545</b>	<b>\$ 184,257,121</b>

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 29,832,260	\$ 141,886,323	\$ 171,718,583
Revenue Deferred to FY2023*	\$ -	\$ (5,174,854)	\$ (5,174,854)
State Reimbursement Benefits	\$ 3,077,654	\$ 14,618,821	\$ 17,696,475
Other Misc Revenue	\$ 662	\$ 16,255	\$ 16,918
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 32,910,575</b>	<b>\$ 151,346,545</b>	<b>\$ 184,257,121</b>

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 18,169,044	\$ 80,325,596	\$ 98,494,641
C.1.9. Hospital & Clinical Care	\$ 9,456,401	\$ 63,448,943	\$ 72,905,344
C.1.10. Managed Health Care - Pharmacy	\$ 2,777,160	\$ 15,847,695	\$ 18,624,855
<b>TOTAL EXPENDITURES</b>	<b>\$ 30,402,605</b>	<b>\$ 159,622,235</b>	<b>\$ 190,024,840</b>

<b>DIFFERENCE</b>	<b>\$ 2,507,970</b>	<b>\$ (8,275,689)</b>	<b>\$ (5,767,719)</b>
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\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 15,665,218	\$ 70,093,491	\$ 85,758,709
Revenue Deferred to FY2023*	\$ -	\$ (5,174,854)	\$ (5,174,854)
State Reimbursement Benefits	\$ 2,597,307	\$ 14,022,150	\$ 16,619,457
Other Misc Revenue	\$ 662	\$ 16,255	\$ 16,918
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 18,263,187</b>	<b>\$ 78,957,042</b>	<b>\$ 97,220,229</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 7,276,740	\$ 47,272,064	\$ 54,548,804
Benefits	\$ 2,287,997	\$ 13,847,086	\$ 16,135,083
Other Operating Expenses	\$ 823,486	\$ 5,989,279	\$ 6,812,765
Professional Services	\$ 564,532	\$ -	\$ 564,532
Contracted Units/Services	\$ 2,222,525	\$ -	\$ 2,222,525
Travel	\$ 868,366	\$ 302,926	\$ 1,171,292
Capitalized Equipment	\$ 37,625	\$ 416,639	\$ 454,265
<b>Subtotal, Unit Care</b>	<b>\$ 14,081,271</b>	<b>\$ 67,827,994</b>	<b>\$ 81,909,265</b>
<b>Psychiatric Care</b>			
Salaries	\$ 2,482,970	\$ 8,545,175	\$ 11,028,146
Benefits	\$ 656,256	\$ 2,083,325	\$ 2,739,580
Other Operating Expenses	\$ 71,815	\$ 66,987	\$ 138,802
Professional Services	\$ 437,138	\$ -	\$ 437,138
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 8,801	\$ 28,006	\$ 36,807
<b>Subtotal, Psychiatric Care</b>	<b>\$ 3,656,980</b>	<b>\$ 10,723,493</b>	<b>\$ 14,380,473</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 430,794</b>	<b>\$ 1,774,110</b>	<b>\$ 2,204,903</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 18,169,044</b>	<b>\$ 80,325,596</b>	<b>\$ 98,494,641</b>
<b>DIFFERENCE</b>	<b>\$ 94,143</b>	<b>\$ (1,368,554)</b>	<b>\$ (1,274,411)</b>

\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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**First Quarter, FY2022**

<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	\$ 10,684,652	\$ 56,965,459	\$ 67,650,111
State Reimbursement Benefits	\$ 460,529	\$ -	\$ 460,529
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 11,145,181</b>	<b>\$ 56,965,459</b>	<b>\$ 68,110,640</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 202,484	\$ 5,776,083	\$ 5,978,567
Community Provider Services	\$ 5,863,580	\$ 6,856,569	\$ 12,720,149
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,408,059	\$ 38,895,772	\$ 42,303,831
Estimated IBNR	\$ (311,549)	\$ 10,222,371	\$ 9,910,822
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 9,162,573</b>	<b>\$ 61,750,796</b>	<b>\$ 70,913,369</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 293,828</b>	<b>\$ 1,698,147</b>	<b>\$ 1,991,975</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 9,456,401</b>	<b>\$ 63,448,943</b>	<b>\$ 72,905,344</b>
<b>DIFFERENCE</b>	<b>\$ 1,688,780</b>	<b>\$ (6,483,484)</b>	<b>\$ (4,794,704)</b>

Based on data submitted by UTMB and TTUHSC

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

<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	\$ 3,482,389	\$ 14,827,373	\$ 18,309,762
State Reimbursement Benefits	\$ 19,818	\$ 596,671	\$ 616,489
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 3,502,207</b>	<b>\$ 15,424,044</b>	<b>\$ 18,926,251</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 753,384	\$ 2,108,820	\$ 2,862,204
Benefits	\$ 23,048	\$ 679,052	\$ 702,101
Other Operating Expenses	\$ 131,844	\$ 391,140	\$ 522,984
Pharmaceutical Purchases	\$ 1,771,564	\$ 12,260,252	\$ 14,031,816
Travel	\$ 1,555	\$ 252	\$ 1,807
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 2,681,394</b>	<b>\$ 15,439,517</b>	<b>\$ 18,120,911</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 95,766</b>	<b>\$ 408,178</b>	<b>\$ 503,944</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 2,777,160</b>	<b>\$ 15,847,695</b>	<b>\$ 18,624,855</b>
<b>DIFFERENCE</b>	<b>\$ 725,047</b>	<b>\$ (423,651)</b>	<b>\$ 301,396</b>

Based on data submitted by UTMB and TTUHSC

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

**Key Population Indicators**

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2021</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>1st Quarter</u>	<u>FY2022</u>
<b>Average Service Population</b>	119,739	120,187	120,213	120,047	120,796	119,869	119,512	120,081	119,821	119,821
<b>Population Age 55 and Over</b>	18,473	18,588	18,579	18,546	18,577	18,629	18,609	18,663	18,634	18,634
<i>Percent of Total Population</i>	15.4%	15.5%	15.5%	15.4%	15.4%	15.5%	15.6%	15.5%	15.6%	15.6%
<b>Key Treatment Populations, Month End</b>										
Patients receiving HIV Treatment	1,595	1,589	1,576	1,587	1,599	1,568	1,569	1,593	1,577	1,577
Patients receiving Hep C Treatment	626	472	376	491	412	402	437	457	432	432
Patients Receiving Dialysis Treatment	220	227	217	221	232	229	230	222	227	227
Age 55 and Over	112	112	114	113	117	119	116	114	116	116
Under 55	108	115	103	109	114	110	114	108	111	111
<b>Medical Inpatient Average Daily Census</b>										
UTMB-Hospital Galveston	103	103	101	102	101	98	107	115	106	106
UTMB Community Hospitals	34	37	28	33	32	31	33	34	32	32
TTUHSC Community Hospitals	10	11	10	10	12	11	12	14	12	12
<b>Medical Inpatient Average Daily Census</b>	<b>147</b>	<b>151</b>	<b>139</b>	<b>145</b>	<b>145</b>	<b>140</b>	<b>151</b>	<b>162</b>	<b>151</b>	<b>151</b>
<b>Medical Inpatient Discharges</b>										
UTMB-Hospital Galveston	373	332	307	1,012	4,158	313	362	340	1,015	1,015
UTMB Community Hospitals	212	222	181	615	2,289	154	183	192	529	529
TTUHSC Community Hospitals	75	71	66	212	815	70	65	78	213	213
<b>Medical Inpatient Discharges</b>	<b>660</b>	<b>625</b>	<b>554</b>	<b>1,839</b>	<b>7,262</b>	<b>537</b>	<b>610</b>	<b>610</b>	<b>1,757</b>	<b>1,757</b>
<b>Average Length of Stay (in days)</b>										
UTMB - Hospital Galveston	6.62	7.87	8.23	7.57	7.78	8.40	8.46	8.69	8.52	8.52
UTMB Community Hospitals	4.84	5.09	4.80	4.91	5.36	6.03	5.55	5.24	5.61	5.61
TTUHSC Community Hospitals	3.93	4.27	4.03	4.08	4.56	4.97	3.80	4.79	4.52	4.52
<b>Infirmary and Sheltered Housing Census, Month End</b>										
UTMB Infirmary	520	529	526	525	526	512	515	510	512	512
UTMB Sheltered Housing	331	345	358	345	317	371	361	349	360	360
TTUHSC Infirmary	97	104	112	104	110	113	116	99	109	109
<b>Infirmary and Sheltered Housing Census, Month End</b>	<b>948</b>	<b>978</b>	<b>996</b>	<b>974</b>	<b>952</b>	<b>996</b>	<b>992</b>	<b>958</b>	<b>982</b>	<b>982</b>
<i>Percent of Capacity Filled</i>	91.0%	89.0%	90.6%	90.2%	90.2%	90.6%	90.3%	87.2%	89.4%	89.4%
<b>Medical Outpatient Visits</b>										
UTMB Specialty Clinics and ER Visits	7,651	7,477	7,590	7,573	6,804	7,172	7,489	7,091	7,251	7,251
TTUHSC Community Outpatient and ER Visits	3,743	3,517	3,594	3,618	3,078	2,936	2,960	3,041	2,979	2,979
<b>Medical Outpatient Visits</b>	<b>11,394</b>	<b>10,994</b>	<b>11,184</b>	<b>11,191</b>	<b>9,882</b>	<b>10,108</b>	<b>10,449</b>	<b>10,132</b>	<b>10,230</b>	<b>10,230</b>
<b>Mental Health Inpatient Average Census</b>										
UTMB Psychiatric Inpatient	1,019	1,019	1,017	1,018	1,002	1,008	988	982	993	993
TTUHSC Psychiatric Inpatient	713	756	828	766	748	836	863	861	853	853
<b>Mental Health Inpatient Average Census</b>	<b>1,732</b>	<b>1,775</b>	<b>1,845</b>	<b>1,784</b>	<b>1,750</b>	<b>1,844</b>	<b>1,851</b>	<b>1,843</b>	<b>1,846</b>	<b>1,847</b>
<b>Mental Health Outpatient Caseload, Month End</b>										
UTMB Psychiatric Outpatient	20,585	20,539	20,667	20,597	19,829	20,513	20,666	21,077	20,752	20,752
TTUHSC Psychiatric Outpatient	5,826	5,891	5,971	5,896	5,822	6,030	6,050	6,223	6,101	6,101
<b>Mental Health Outpatient Caseload, Month End</b>	<b>26,411</b>	<b>26,430</b>	<b>26,638</b>	<b>26,493</b>	<b>25,651</b>	<b>26,543</b>	<b>26,716</b>	<b>27,300</b>	<b>26,853</b>	<b>26,853</b>

Based on data submitted by UTMB and TTUHSC

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

**Key Budget Drivers (Cost)**

	June	July	August	4th Quarter	FY2021	Sep	Oct	Nov	1st Quarter	FY2022				
<b>Selected Drug Costs</b>														
HIV Medications	\$ 1,562,624	\$ 1,364,878	\$ 1,439,227	\$ 4,366,729	\$ 15,969,966	\$ 1,518,211	\$ 1,411,291	\$ 1,427,827	\$ 4,357,329	\$ 4,357,329				
Hepatitis C Medications	\$ 1,710,851	\$ 1,050,930	\$ 1,049,103	\$ 3,810,884	\$ 14,449,554	\$ 1,413,211	\$ 1,378,474	\$ 1,542,686	\$ 4,334,371	\$ 4,334,371				
Psychiatric Medications	\$ 237,814	\$ 223,399	\$ 205,634	\$ 666,847	\$ 2,783,897	\$ 257,182	\$ 209,732	\$ 233,288	\$ 700,202	\$ 700,202				
All Other Drug Costs	\$ 1,198,141	\$ 1,291,442	\$ 1,511,830	\$ 4,001,413	\$ 16,317,638	\$ 930,462	\$ 1,447,931	\$ 1,649,675	\$ 4,028,068	\$ 4,028,068				
<b>Total Drug Costs</b>	<b>\$ 4,709,430</b>	<b>\$ 3,930,649</b>	<b>\$ 4,205,794</b>	<b>\$ 12,845,873</b>	<b>\$ 49,521,055</b>	<b>\$ 4,119,067</b>	<b>\$ 4,447,428</b>	<b>\$ 4,853,476</b>	<b>\$ 13,419,971</b>	<b>\$ 13,419,971</b>				
<b>Dialysis</b>														
Age 55 and Over	\$ 301,651	\$ 311,905	\$ 311,083	\$ 924,639	\$ 3,688,942	\$ 301,870	\$ 311,245	\$ 281,219	\$ 894,334	\$ 894,334				
UTMB	\$ 291,655	\$ 298,577	\$ 293,947	\$ 884,179	\$ 3,422,382	\$ 284,734	\$ 297,917	\$ 264,083	\$ 846,734	\$ 846,734				
TTUHSC	\$ 9,996	\$ 13,328	\$ 17,136	\$ 40,460	\$ 266,560	\$ 17,136	\$ 13,328	\$ 17,136	\$ 47,600	\$ 47,600				
Under 55	\$ 333,708	\$ 336,470	\$ 321,986	\$ 992,164	\$ 3,950,305	\$ 310,077	\$ 355,946	\$ 305,300	\$ 971,323	\$ 971,323				
UTMB	\$ 308,756	\$ 314,612	\$ 296,013	\$ 919,381	\$ 3,685,095	\$ 285,932	\$ 327,378	\$ 283,895	\$ 897,205	\$ 897,205				
TTUHSC	\$ 24,952	\$ 21,858	\$ 25,973	\$ 72,783	\$ 265,210	\$ 24,145	\$ 28,568	\$ 21,405	\$ 74,118	\$ 74,118				
<b>Total Dialysis</b>	<b>\$ 635,359</b>	<b>\$ 648,375</b>	<b>\$ 633,069</b>	<b>\$ 1,916,803</b>	<b>\$ 7,639,247</b>	<b>\$ 611,947</b>	<b>\$ 667,191</b>	<b>\$ 586,519</b>	<b>\$ 1,865,657</b>	<b>\$ 1,865,657</b>				
<b>Offsite Hospital Services</b>														
Age 55 and Over	\$ 11,308,777	\$ 10,059,980	\$ 10,303,575	\$ 31,672,332	50.5%	\$ 133,996,499	50.6%	\$ 10,441,852	\$ 10,166,454	\$ 9,885,842	\$ 30,494,148	49.6%	\$ 30,494,148	49.6%
UTMB	\$ 10,488,424	\$ 9,442,119	\$ 9,774,543	\$ 29,705,087		\$ 122,962,957		\$ 9,592,264	\$ 9,579,253	\$ 9,366,008	\$ 28,537,525		\$ 28,537,525	
TTUHSC	\$ 820,352	\$ 617,861	\$ 529,032	\$ 1,967,245		\$ 11,033,542		\$ 849,588	\$ 587,201	\$ 519,834	\$ 1,956,623		\$ 1,956,623	
Under 55	\$ 9,958,191	\$ 10,999,407	\$ 10,090,275	\$ 31,047,873	49.5%	\$ 130,709,891	49.4%	\$ 11,481,768	\$ 9,944,110	\$ 9,615,826	\$ 31,041,704	50.4%	\$ 31,041,704	50.4%
UTMB	\$ 8,818,825	\$ 9,796,494	\$ 9,144,979	\$ 27,760,298		\$ 114,103,558		\$ 9,328,410	\$ 9,008,418	\$ 8,415,157	\$ 26,751,985		\$ 26,751,985	
TTUHSC	\$ 1,139,366	\$ 1,202,914	\$ 945,296	\$ 3,287,575		\$ 16,606,333		\$ 2,153,358	\$ 935,692	\$ 1,200,669	\$ 4,289,719		\$ 4,289,719	
<b>Total Offsite Hospital Services</b>	<b>\$ 21,266,967</b>	<b>\$ 21,059,388</b>	<b>\$ 20,393,850</b>	<b>\$ 62,720,204</b>		<b>\$ 264,706,390</b>		<b>\$ 21,923,620</b>	<b>\$ 20,110,564</b>	<b>\$ 19,501,668</b>	<b>\$ 61,535,852</b>		<b>\$ 61,535,852</b>	
<b>C.1.8. Salaries/Agency Nursing/Overtime</b>														
<b>UTMB</b>														
Salaries	\$ 15,220,815	\$ 15,724,265	\$ 15,772,933	\$ 46,718,014		\$ 188,192,968		\$ 15,381,650	\$ 15,757,409	\$ 15,341,781	\$ 46,480,839		\$ 46,480,839	
Agency Nursing	\$ 1,706,362	\$ 1,764,031	\$ 1,772,232	\$ 5,242,626		\$ 20,849,637		\$ 1,788,914	\$ 1,788,914	\$ 1,978,995	\$ 5,556,824		\$ 5,556,824	
Overtime	\$ 1,111,977	\$ 1,226,618	\$ 1,295,847	\$ 3,634,442		\$ 14,062,353		\$ 1,108,219	\$ 1,108,219	\$ 1,205,018	\$ 3,421,456		\$ 3,421,456	
<b>UTMB Total</b>	<b>\$ 18,039,154</b>	<b>\$ 18,714,915</b>	<b>\$ 18,841,013</b>	<b>\$ 55,595,082</b>		<b>\$ 223,104,957</b>		<b>\$ 18,278,783</b>	<b>\$ 18,654,542</b>	<b>\$ 18,525,794</b>	<b>\$ 55,459,119</b>		<b>\$ 55,459,119</b>	
<b>TTUHSC</b>														
Salaries	\$ 3,080,772	\$ 3,183,803	\$ 3,199,109	\$ 9,463,685		\$ 38,270,247		\$ 3,132,148	\$ 2,991,845	\$ 3,025,659	\$ 9,149,652		\$ 9,149,652	
Agency Nursing	\$ 45,289	\$ 64,751	\$ 57,156	\$ 167,196		\$ 739,692		\$ 86,060	\$ 202,182	\$ 161,823	\$ 450,066		\$ 450,066	
Overtime	\$ 41,950	\$ 53,097	\$ 45,061	\$ 140,108		\$ 564,178		\$ 48,539	\$ 61,152	\$ 50,302	\$ 159,993		\$ 159,993	
<b>TTUHSC Total</b>	<b>\$ 3,168,012</b>	<b>\$ 3,301,651</b>	<b>\$ 3,301,326</b>	<b>\$ 9,770,989</b>		<b>\$ 39,574,117</b>		<b>\$ 3,266,748</b>	<b>\$ 3,255,179</b>	<b>\$ 3,237,784</b>	<b>\$ 9,759,710</b>		<b>\$ 9,759,710</b>	
<b>Total C.1.8. Salaries/Agency Nursing/Overtime</b>	<b>\$ 21,207,166</b>	<b>\$ 22,016,565</b>	<b>\$ 22,142,339</b>	<b>\$ 65,366,070</b>		<b>\$ 262,679,075</b>		<b>\$ 21,545,531</b>	<b>\$ 21,909,720</b>	<b>\$ 21,763,578</b>	<b>\$ 65,218,829</b>		<b>\$ 65,218,829</b>	
<b>FTEs</b>														
UTMB	2,863.2	2,854.2	2,853.8	2,857.1		2,910.3		2,805.8	2,797.5	2,784.5	2,795.9		2,795.9	
TTUHSC	731.3	731.4	722.4	728.4		746.7		728.4	714.3	711.1	717.9		717.9	
<b>Total FTEs</b>	<b>3,594.5</b>	<b>3,585.7</b>	<b>3,576.3</b>	<b>3,585.5</b>		<b>3,657.1</b>		<b>3,534.2</b>	<b>3,511.8</b>	<b>3,495.5</b>	<b>3,513.8</b>		<b>3,513.8</b>	
<b>Key Occupational Categories, Percent Filled</b>														
<b>UTMB</b>														
Nursing	83.9%	83.6%	83.6%	83.7%		85.5%		81.9%	81.6%	81.2%	81.6%		81.6%	
Mental Health	79.6%	78.6%	78.6%	78.6%		81.8%		76.6%	76.2%	75.3%	76.0%		76.0%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	85.2%	86.1%	88.3%	86.5%		87.6%		85.5%	84.3%	85.5%	85.1%		85.1%	
Dental	88.0%	89.7%	89.1%	88.9%		87.6%		87.7%	87.7%	87.7%	87.7%		87.7%	
Pharmacy	91.6%	94.0%	93.3%	93.0%		91.3%		89.9%	89.9%	89.4%	89.7%		89.7%	
Other Positions	97.9%	97.2%	96.5%	97.2%		97.8%		94.5%	94.5%	93.8%	94.3%		94.3%	
<b>TTUHSC</b>	86.8%	86.6%	86.0%	86.5%		88.4%		85.6%	86.1%	86.1%	85.9%		85.9%	
Nursing	74.4%	74.4%	73.5%	74.1%		76.0%		74.1%	72.6%	72.3%	73.0%		73.0%	
Mental Health	70.6%	69.8%	68.2%	69.5%		72.8%		67.6%	65.6%	65.8%	66.3%		66.3%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	61.4%	63.1%	62.3%	62.3%		64.4%		66.4%	66.4%	67.3%	66.7%		66.7%	
Dental	86.6%	91.5%	91.5%	89.9%		87.2%		87.8%	85.9%	85.0%	86.2%		86.2%	
Pharmacy	85.7%	84.1%	86.7%	85.5%		85.3%		87.9%	87.9%	83.6%	86.5%		86.5%	
Other Positions	100.0%	100.0%	100.0%	100.0%		100.0%		100.7%	100.7%	100.7%	100.7%		100.7%	
Other Positions	84.6%	85.1%	84.8%	84.8%		84.5%		86.6%	84.1%	84.6%	85.1%		85.1%	

Based on data submitted by UTMB and TTUHSC

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/21/21
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 29,832,260				\$ 29,832,260	\$ 119,656,861
Revenue Deferred to FY2023*	\$ -				\$ -	\$ -
State Reimbursement Benefits	\$ 3,077,654				\$ 3,077,654	\$ 12,310,614
Other Misc Revenue	\$ 662				\$ 662	\$ 2,650
<b>TOTAL REVENUES</b>	<b>\$ 32,910,575</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 32,910,575</b>	<b>\$ 131,970,125</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 7,276,740				\$ 7,276,740	\$ 29,606,959
Benefits	\$ 2,287,997				\$ 2,287,997	\$ 8,482,394
Other Operating Expenses	\$ 823,486				\$ 823,486	\$ 3,293,943
Professional Services	\$ 564,532				\$ 564,532	\$ 2,258,128
Contracted Units/Services	\$ 2,222,525				\$ 2,222,525	\$ 12,390,101
Travel	\$ 868,366				\$ 868,366	\$ 3,473,464
Capitalized Equipment	\$ 37,625				\$ 37,625	\$ 900,502
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 14,081,271</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 14,081,271</b>	<b>\$ 60,405,490</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 2,482,970				\$ 2,482,970	\$ 10,431,881
Benefits	\$ 656,256				\$ 656,256	\$ 2,625,023
Other Operating Expenses	\$ 71,815				\$ 71,815	\$ 287,259
Professional Services	\$ 437,138				\$ 437,138	\$ 1,748,553
Travel	\$ 8,801				\$ 8,801	\$ 35,204
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 3,656,980</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,656,980</b>	<b>\$ 15,127,919</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 17,738,251</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,738,251</b>	<b>\$ 75,533,410</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 202,484				\$ 202,484	\$ 1,835,000
Freeworld Provider Services	\$ 5,863,580				\$ 5,863,580	\$ 21,339,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,408,059				\$ 3,408,059	\$ 15,916,656
Estimated IBNR	\$ (311,549)				\$ (311,549)	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 9,162,573</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 9,162,573</b>	<b>\$ 39,091,454</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 753,384				\$ 753,384	\$ 3,013,535
Benefits	\$ 23,048				\$ 23,048	\$ 92,193
Other Operating Expenses	\$ 131,844				\$ 131,844	\$ 527,374
Pharmaceutical Purchases	\$ 1,771,564				\$ 1,771,564	\$ 9,086,255
Travel	\$ 1,555				\$ 1,555	\$ 6,219
Capitalized Equipment	\$ -				\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,681,394</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,681,394</b>	<b>\$ 12,725,576</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 820,387</b>				<b>\$ 820,387</b>	<b>\$ 3,289,457</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 30,402,605</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 30,402,605</b>	<b>\$ 130,639,897</b>
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<b>DIFFERENCE</b>	<b>\$ 2,507,970</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,507,970</b>	<b>\$ 1,330,228</b>
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\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

Based on data submitted by UTMB and TTUHSC

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/21/21
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 141,886,323				\$ 141,886,323	\$ 569,104,487
Revenue Deferred to FY2023*	\$ (5,174,854)				\$ (5,174,854)	\$ (20,200,000)
State Reimbursement Benefits	\$ 14,618,821				\$ 14,618,821	\$ 58,764,224
Other Misc Revenue	\$ 16,255				\$ 16,255	\$ 65,200
<b>TOTAL REVENUES</b>	<b>\$ 151,346,545</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 151,346,545</b>	<b>\$ 607,733,911</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 47,272,064				\$ 47,272,064	\$ 197,055,983
Benefits	\$ 13,847,086				\$ 13,847,086	\$ 56,910,656
Other Operating Expenses	\$ 5,989,279				\$ 5,989,279	\$ 25,247,127
Professional Services	\$ -				\$ -	\$ -
Contracted Units/Services	\$ -				\$ -	\$ -
Travel	\$ 302,926				\$ 302,926	\$ 1,215,031
Capitalized Equipment	\$ 416,639				\$ 416,639	\$ 2,203,091
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 67,827,994</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 67,827,994</b>	<b>\$ 282,631,888</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 8,545,175				\$ 8,545,175	\$ 34,274,604
Benefits	\$ 2,083,325				\$ 2,083,325	\$ 8,356,192
Other Operating Expenses	\$ 66,987				\$ 66,987	\$ 268,686
Professional Services	\$ -				\$ -	\$ -
Travel	\$ 28,006				\$ 28,006	\$ 112,330
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 10,723,493</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,723,493</b>	<b>\$ 43,011,812</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,551,487</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 78,551,487</b>	<b>\$ 325,643,700</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,776,083				\$ 5,776,083	\$ 22,794,446
Freeworld Provider Services	\$ 6,856,569				\$ 6,856,569	\$ 71,194,560
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 38,895,772				\$ 38,895,772	\$ 153,496,335
Estimated IBNR	\$ 10,222,371				\$ 10,222,371	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 61,750,796</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 61,750,796</b>	<b>\$ 247,485,341</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,108,820				\$ 2,108,820	\$ 8,458,455
Benefits	\$ 679,052				\$ 679,052	\$ 2,723,672
Other Operating Expenses	\$ 391,140				\$ 391,140	\$ 2,057,441
Pharmaceutical Purchases	\$ 12,260,252				\$ 12,260,252	\$ 50,687,153
Travel	\$ 252				\$ 252	\$ 41,500
Capitalized Equipment	\$ -				\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 15,439,517</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,439,517</b>	<b>\$ 63,968,221</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,880,435</b>				<b>\$ 3,880,435</b>	<b>\$ 15,874,866</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 159,622,235</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 159,622,235</b>	<b>\$ 652,972,128</b>
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<b>DIFFERENCE</b>	<b>\$ (8,275,689)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (8,275,689)</b>	<b>\$ (45,238,217)</b>
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\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

Based on data submitted by UTMB and TTUHSC

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2022**

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 171,718,583	\$ -	\$ -	\$ -	\$ 171,718,583	\$ 688,761,348
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ -	\$ -	\$ -	\$ (5,174,854)	\$ (20,200,000)
State Reimbursement Benefits	\$ 17,696,475	\$ -	\$ -	\$ -	\$ 17,696,475	\$ 71,074,838
Other Misc Revenue	\$ 16,918	\$ -	\$ -	\$ -	\$ 16,918	\$ 67,850
<b>TOTAL REVENUES</b>	<b>\$ 184,257,121</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 184,257,121</b>	<b>\$ 739,704,036</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 54,548,804	\$ -	\$ -	\$ -	\$ 54,548,804	\$ 226,662,942
Benefits	\$ 16,135,083	\$ -	\$ -	\$ -	\$ 16,135,083	\$ 65,393,049
Other Operating Expenses	\$ 6,812,765	\$ -	\$ -	\$ -	\$ 6,812,765	\$ 28,541,070
Professional Services	\$ 564,532	\$ -	\$ -	\$ -	\$ 564,532	\$ 2,258,128
Contracted Units/Services	\$ 2,222,525	\$ -	\$ -	\$ -	\$ 2,222,525	\$ 12,390,101
Travel	\$ 1,171,292	\$ -	\$ -	\$ -	\$ 1,171,292	\$ 4,688,495
Capitalized Equipment	\$ 454,265	\$ -	\$ -	\$ -	\$ 454,265	\$ 3,103,593
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 81,909,265</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 81,909,265</b>	<b>\$ 343,037,379</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 11,028,146	\$ -	\$ -	\$ -	\$ 11,028,146	\$ 44,706,485
Benefits	\$ 2,739,580	\$ -	\$ -	\$ -	\$ 2,739,580	\$ 10,981,215
Other Operating Expenses	\$ 138,802	\$ -	\$ -	\$ -	\$ 138,802	\$ 555,944
Professional Services	\$ 437,138	\$ -	\$ -	\$ -	\$ 437,138	\$ 1,748,553
Travel	\$ 36,807	\$ -	\$ -	\$ -	\$ 36,807	\$ 147,534
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 14,380,473</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 14,380,473</b>	<b>\$ 58,139,732</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 96,289,738</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 96,289,738</b>	<b>\$ 401,177,110</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,978,567	\$ -	\$ -	\$ -	\$ 5,978,567	\$ 24,629,446
Freeworld Provider Services	\$ 12,720,149	\$ -	\$ -	\$ -	\$ 12,720,149	\$ 92,534,358
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 42,303,831	\$ -	\$ -	\$ -	\$ 42,303,831	\$ 169,412,991
Estimated IBNR	\$ 9,910,822	\$ -	\$ -	\$ -	\$ 9,910,822	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 70,913,369</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 70,913,369</b>	<b>\$ 286,576,795</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,862,204	\$ -	\$ -	\$ -	\$ 2,862,204	\$ 11,471,990
Benefits	\$ 702,101	\$ -	\$ -	\$ -	\$ 702,101	\$ 2,815,865
Other Operating Expenses	\$ 522,984	\$ -	\$ -	\$ -	\$ 522,984	\$ 2,584,815
Pharmaceutical Purchases	\$ 14,031,816	\$ -	\$ -	\$ -	\$ 14,031,816	\$ 59,773,409
Travel	\$ 1,807	\$ -	\$ -	\$ -	\$ 1,807	\$ 47,719
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 18,120,911</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,120,911</b>	<b>\$ 76,693,797</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,700,822</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,700,822</b>	<b>\$ 19,164,323</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 190,024,840</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 190,024,840</b>	<b>\$ 783,612,025</b>
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<b>DIFFERENCE</b>	<b>\$ (5,767,719)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (5,767,719)</b>	<b>\$ (43,907,989)</b>
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\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

Based on data submitted by UTMB and TTUHSC



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
First Quarter FY 2022***

***Lannette Linthicum, MD, CCHP-A, FACP***

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY) 2022 (September, October, and November 2021), Operational Review Audits (ORAs) were conducted at the following 6 facilities: Dalhart, Plane, Michael, Jester III, Coleman and Halbert:

- 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 7 items found to be most frequently out of compliance in the Operational Review Audits conducted in the First Quarter of FY 2022:
  1. Item **1.630** requires the facility have an overall health services staffing vacancy of no more than 12%. The following 4 facilities were not in compliance with this requirement:
    - Michael (0%) - Corrective action plan received
    - Dalhart (0%) - Corrective action plan received
    - Halbert (0%) - Corrective action plan pending
    - Coleman (0%) - Corrective action plan pending
  2. Item **5.180** requires inmates with chronic illnesses have a documented Individualized Treatment Plan within the minimum timeframe required: (1) 6 months IDDM and NIDDM, (2) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia and Seizure Disorders. The following 4 facilities were not in compliance with this requirement:
    - Michael (13%) - Corrective action plan pending
    - Dalhart (35%) - Corrective action plan pending
    - Jester III (71%) - Corrective action plan pending
    - Halbert (79%) - Corrective action plan received
  3. Item **5.210** requires an annual physical exam for inmates 50 years of age or greater be documented in the medical record within 30 days of their annual date of incarceration. The following 4 facilities were not in compliance with this requirement:
    - Halbert (0%) - Corrective action plan received
    - Michael (4%) - Corrective action plan received
    - Coleman (36%) - Corrective action plan received
    - Dalhart (47%) - Corrective action plan received
  4. Item **5.251** requires documentation that 3 Hemocult cards or a FIT Kit was offered to inmates 50 years of age or greater within the required timeframe of their annual date of incarceration. The following 4 facilities were not in compliance with this requirement:
    - Michael (17%) - Corrective action plan received
    - Dalhart (41%) - Corrective action plan received
    - Jester III (58%) - Corrective action plan received
    - Coleman (61%) - Corrective action plan received
  5. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following 4 facilities were not in compliance with this requirement:
    - Plane (0%) - Corrective action plan pending
    - Dalhart (43%) - Corrective action plan received
    - Jester III (67%) - Corrective action plan received
    - Michael (80%) - Corrective action plan received

## OPERATIONAL REVIEW AUDIT (CONTINUED)

6. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **4** facilities were not in compliance with this requirement:
    - Michael (0%) - Corrective action plan received
    - Jester III (0%) - Corrective action plan received
    - Halbert (0%) - Corrective action plan received
    - Coleman (33%) - Corrective action plan received
  7. Item **6.380** requires the pneumococcal vaccine be offered to inmates with certain chronic diseases and conditions, and all inmates 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **4** facilities were not in compliance with this requirement:
    - Plane (20%) - Corrective action plan pending
    - Jester III (29%) - Corrective action plan received
    - Michael (41%) - Corrective action plan received
    - Coleman (61%) - Corrective action plan received
- During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Eastham, Estes, Goodman, Henley, Hightower, Huntsville, Sayle and Young. During the First Quarter FY 2022, **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 First Quarter of FY 2022 were postponed due to the ongoing COVID-19 pandemic.

## DENTAL QUALITY REVIEW AUDIT

During the First Quarter of FY 2022 (September, October, and November 2021), Dental Quality Review audits were conducted on Chain-In at the following **96** facilities: Allred (General Population [GP], and Expansion Cell Block [ECB]), Bell, Beto, Boyd, Bridgeport, Briscoe, Byrd, Clemens, Clements (GP and ECB), Coffield, Cole, Connally, Cotulla, Crain, Dalhart, Daniel, Diboll, Holliday, Dominguez, Duncan, East Texas Treatment Facility (TF), Ellis, Estelle (GP and ECB), Estes, Ferguson, Formby, Fort Stockton, Garza, Gist, Glossbrenner, Goodman, Goree, Halbert, Hamilton, Havins, Henley, Hightower, Hilltop, Hobby, Hodge, Hughes, Huntsville, Hutchins, Jester III, Johnston, Jordan, Kegans, Kyle, Leblanc, Lewis (GP and ECB), Lindsey, Lockhart, Lopez, Luther, Lychner, Lynaugh, Marlin, McConnell, Mechler, Memorial, Michael, Middleton, Montford, Moore B., Moore C., Mountain View, Murray, Ney, Pack, Plane, Polunsky, Powledge, Ramsey, Roach, Robertson, Rudd, San Saba, Sanchez, Sayle, Segovia, Smith (GP and ECB), Stevenson, Stiles, Stringfellow, Telford, Terrell, Torres, Travis, Vance, Wainwright, Wallace, Wheeler, Willacy, Woodman, Wynne, and Young.

- **Item 1** - The Dental Chain-In Assessment is to assess for dental pain, infection, and/or disease. The purpose of the audit is to verify continuity of care. When an inmate transfers from one unit of assignment to another unit of assignment, these records are reviewed in the Electronic Health Record (EHR) to determine pending appointments and referrals. These records must be reviewed within 7 days of the inmate's arrival at the new assignment per CMHC Policy E-32.1. **18** of the **96** facilities were not in compliance: **Byrd (19%), Coffield (64%), Estes (18%), Garza (74%), Gist (79%), Henley (73%), Hilltop (79%), Hobby (77%), Huntsville (53%), Jester III (58%), Mechler (69%), Middleton (50%), Ney (72%), Plane (75%), Roach (78%), Sayle (28%), Smith ECB (72%) and Vance (79%).**

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2022 (September, October, and November 2021), the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,397** correspondences: The PLP received **2,734** and Step II Grievance

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

received **663**. There were **193** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained inmate medical grievances closed in the First Quarter FY 2022 for the Step II medical grievances was **1%**. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **1%**. There were no sustained Step II medical grievances for TTUHSC for the First Quarter of FY 2022.

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

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the First quarter of FY 2022, (September, October, and November 2021), the Patient Liaison Program nurses and investigators performed **15** Sick Call Request Verification Audits (SCRVAs) on **15** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits. The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **117** indicators were reviewed at the **15** facilities and **3** of the indicators fell below the 80 percent compliance threshold, representing **20%**. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **15** facilities audited. There were **2** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

## OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the First Quarter FY 2022, there were **3,778** intake HIV tests performed. Of those tested, **98** inmates were newly identified as having HIV infection. During the same time period, there were **3,940** pre-release tests performed with **0** found to be HIV positive. For this quarter, **5** new AIDS cases were identified.
- There were **552** cases of Hepatitis C identified for the First Quarter FY 2022. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **553** cases of suspected Syphilis were reported in the First Quarter FY 2022. **231** required treatment or retreatment. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.

## OFFICE OF PUBLIC HEALTH (CONTINUED)

- **311** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2022. For the same time period, **89** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **29** TB cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2022. 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 **271** chart reviews of alleged sexual assaults performed for the First Quarter FY 2022. There were **44** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **65** exposed inmates. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the First Quarter FY 2022, **6** units received 3 day training which included Wall Talk and received a 2 day training which included the Somebody Cares Training. As of the close of the quarter, **92** of the **100** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Fourth Quarter FY 2022, **44** inmates trained to become peer educators. This is a decrease from the Fourth Quarter FY 2021 Report. During the First Quarter FY 2022, **7,826** inmates attended the classes presented by peer educators. This is a decrease from the Fourth Quarter FY 2021.

## MORBIDITY AND MORTALITY

There were **133** deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2021, of those deaths, there were no cases that required a referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	0
Nursing Peer Review	0
Provider and Dental Peer Review	0
<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 First Quarter of FY 2022:

- The OMHM&L monitors all restrictive housing within the TDCJ CID and State Jails once every six months. During the First Quarter of FY 2022, **15** units were scheduled for audits. These audits were conducted at **8** of the **15** units, **5** of the **15** audits were cancelled due to travel restrictions imposed due to COVID-19 precautions, and **2** of the **15** units did not have inmates in restrictive housing at the time of the audit.

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

- In addition to monitoring the mental health status of restrictive housing inmates, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ACT 4 **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 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, **8** of the **15** units were **100%** compliant; **5** of the **15** units were not assessed due to travel restrictions due to COVID-19 precautions, and **2** of the **15** were not assessed due to inmates in restrictive housing at the time of the audit.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances are appropriately documented. During the First Quarter FY 2022, a total of **87** instances of compelled psychoactive medication administration occurred. There were **28** instances at the Montford unit, **34** instances at the Skyview unit, **25** instances at the Wayne Scott unit (previously Jester IV unit), and **0** instances at the Clements unit. During each month of the quarter, Wayne Scott obtained the following scores **100%**, **73%**, and **100%**. Skyview obtained **100%** for each month of the reporting period. Montford obtained the following scores for the reporting period **100%**, **58%**, and **100%**.
- 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 are scheduled to resume in March of 2022, based on January 2022 data.

## 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 offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the First Quarter of FY 2022, HSL conducted **449** hospital and **84** 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 **449** hospital discharge audits conducted, **348** were from the UTMB Sector and **101** were from the TTUHSC sector. There were **110** deficiencies identified for UTMB and **39** identified for TTUHSC. Of the **84** infirmary discharge audits conducted, **21** were from the UTMB sector and **63** were from the TTUHSC sector. There were **4** deficiencies identified from UTMB and **15** for TTUHSC.

## ACCREDITATION

The ACA 2022 Winter Conference was held in Phoenix, Arizona on January 6-9, 2022, and the following Facilities were represented: Connally, Ferguson, Hughes, Memorial, Middleton, Murray, Pack, Powledge, San Saba, Sayle, Terrel, and Young.

## 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:

## **BIOMEDICAL RESEARCH PROJECTS (CONTINUED)**

- Correctional Institutions Division Active Monthly Research Projects - **17**
- Correctional Institutions Division Pending Monthly Research Projects - **1**
- Health Services Division Active Monthly Medical Research Projects - **8**
- Health Services Division Pending Medical Research Projects – **0**

# Correctional Managed Health Care Committee

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## Correctional Managed Care Joint Morbidity and Mortality Committee

March 23, 2022

Olugbenga Ojo, MD, MBA, FACP, FHM  
Chief Medical Officer/Chief Physician Executive  
TDCJ Hospital & Clinics  
Associate Professor Internal Medicine  
University of Texas Medical Branch

# Administrative Directive

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# Administrative Directive for Deaths

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AD-03.29

# Procedures

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AD-03.29

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## Notification to Local and TDCJ Officials

- In the event of an offender death, the warden or designee shall be notified immediately.
  - Natural Death
    - The warden or designee shall immediately notify the chaplain and the Office of the Inspector General (OIG).
    - Warden notifies Emergency Action Center within 3 hours
      - When and How
    - CID Hierarchy
  - Other Deaths
    - The warden or designee shall contact the Justice of the Peace or Medical Examiner and the OIG.

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## Next of Kin Notification

- The Chaplain or designee notifies the next of kin (NOK).
  - Time of death
  - Notifies NOK about opt out Autopsy
    - 8 hours
- Chaplain confirms if the NOK will claim the body

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## Funeral Arrangements

- TDCJ coordinates all deaths with the funeral home.
  - City
  - County Registrar
    - Death Certificate
- Funeral Home provides
  - Transportation
  - Casket
  - Embalming
  - Other services

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## Joint Morbidity and Mortality Committee

The Joint Morbidity and Mortality Committee was a TDCJ committee that morphed into a joint committee at the inception of the CMHCC in September of 1994.

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# Joint Morbidity and Mortality Committee

## Purpose

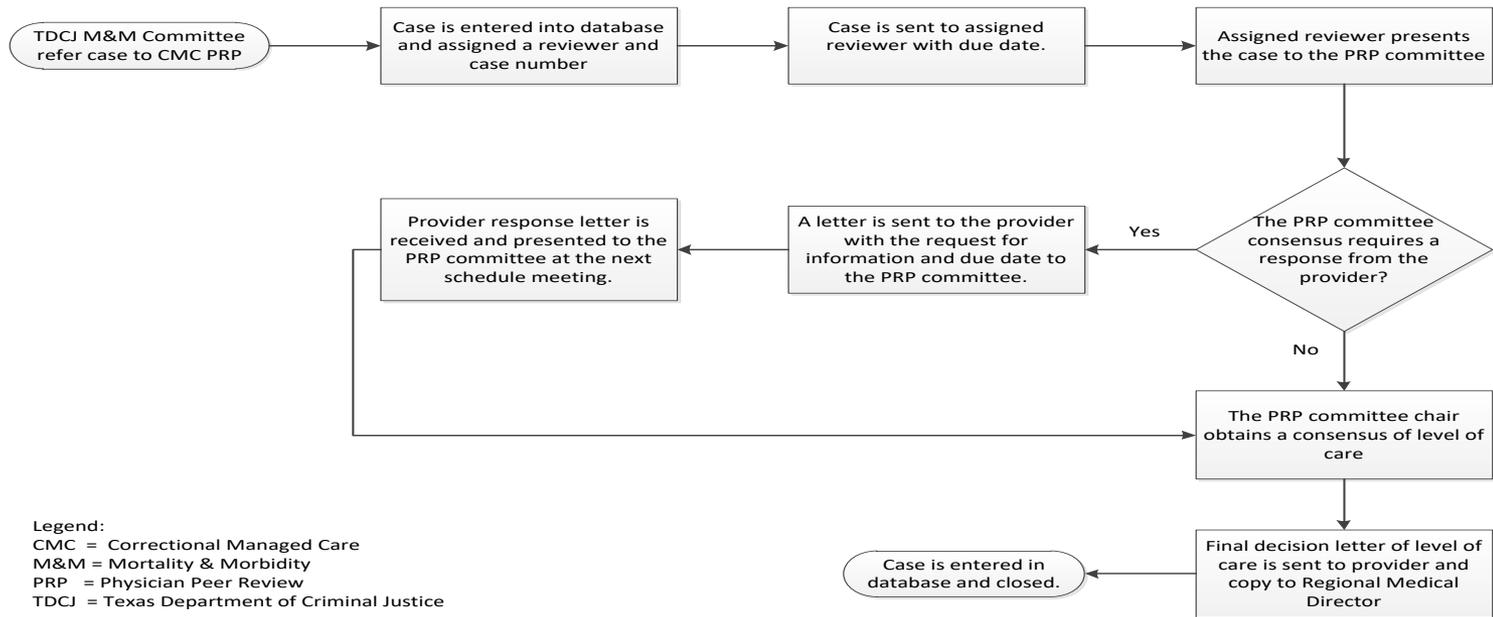
- Review all inmate deaths occurring within the TDCJ
- Members from TDCJ, UTMB and TTHSC
- Identify the cause and manner of death
- Refer concerns for standard of care.
  - Peer Review
    - Provider
    - Nursing
    - Dental
    - Mental Health
  - Administrative
    - Quality
    - System

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# Physician Peer Review

3.3.22

**University of Texas Medical Branch  
Correctional Managed Care  
Physician Peer Review Process**



Legend:  
 CMC = Correctional Managed Care  
 M&M = Mortality & Morbidity  
 PRP = Physician Peer Review  
 TDCJ = Texas Department of Criminal Justice

3.2.22

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# Key Points

- The Physician Peer review process is inclusive of physicians and physician assistants.
- The three levels of final determination by the committee are:
  - Level 1 Like provider would have delivered care in keeping with that provided.
  - Level 2 Like provider might have delivered alternative care.
  - Level 3 Like provider would have delivered alternative care.
- The provider under review is given the opportunity to respond to the committee questions on their clinical decision making during the care of the patient.
- The supervising physician is copied on Level 2 and Level 3 determinations.

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# Key Points

- The case is assigned to a provider on a rotation basis keeping in mind the physician reviewer does not have direct oversight of the provider under review.
- If a delay in review occurs the case will remain on the agenda until completed.
- Disciplinary does not fall under the PRP committee rather deferred to the supervising provider and Human Resources.
- The focus of the PRP committee is education and delivery of quality care.
  - Committee recommendations may include continuing education for the provider.

# Nursing Peer Review

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## Nursing Peer Review

- Nursing Peer Review Act
  - Defined by Texas Occupations Code Chapter 303
- Two Types of Nursing Peer Review:
  - Incident-Based Peer Review - Texas Board of Nursing Rule 217.19
  - Safe Harbor Peer Review – Texas Board of Nursing Rule 217.20
- CMC Process Governed by Policy A-06.2 (Nursing Peer Review Policy)

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## Nursing Peer Review Committee

- Appointed by the Regional CNO's
- Membership is at least two-thirds RN's and three-fourths RN's and LVN's
- Current Membership
  - 4 – RNs (RN serves as Committee Chair)
  - 2 - LVNs (Voting privileges limited to LVN practice)
  - Ad hoc (Advanced Practice Registered Nurses)
  - No more than 2 non-voting facilitators (administrative agents for the Committee)

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## Sources that Initiate a Review

- Request from the Mortality and Morbidity Committee
- Facility Death Report
- Complaint Received
- Safe Harbor Filed
- Texas Board of Nursing
- Request from any other source

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## Administrative Review Process

- Allegations are unsubstantiated: No Action Required
- The Findings Clearly Indicate a Violation of UTMB/CMC Policy: Decision Made and Action Taken
- Findings Clearly Indicate a Potential Violation of the Nurse Practice Act: Decision Made and Action Taken
- Referral to Nursing Peer Review Committee

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## Incident-Based Nursing Peer Review

- Evaluation of:
  - Nursing services
  - Qualifications of a nurse
  - Quality of care provided
  - Merits of a complaint about a nurse
  - Recommendations about a complain
- Fact finding process/analysis - studying events that occurred - due process with rights to question witnesses confidentially
- Climate of collegial problem solving
- Not a legal proceeding but can have lawyer/peer present
- If fault is found nurse is subject to BON reporting requirements

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## Safe Harbor Peer Review

- If employer requests a nurse to engage in conduct that the nurse believes violates a nurse's "duty to the patient", the nurse may request a determination by a nursing peer review committee under Sec. 303.005 of the Nursing Peer Review Act of whether the conduct violates a nurse's duty to a patient.

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## Nursing Peer Review Process

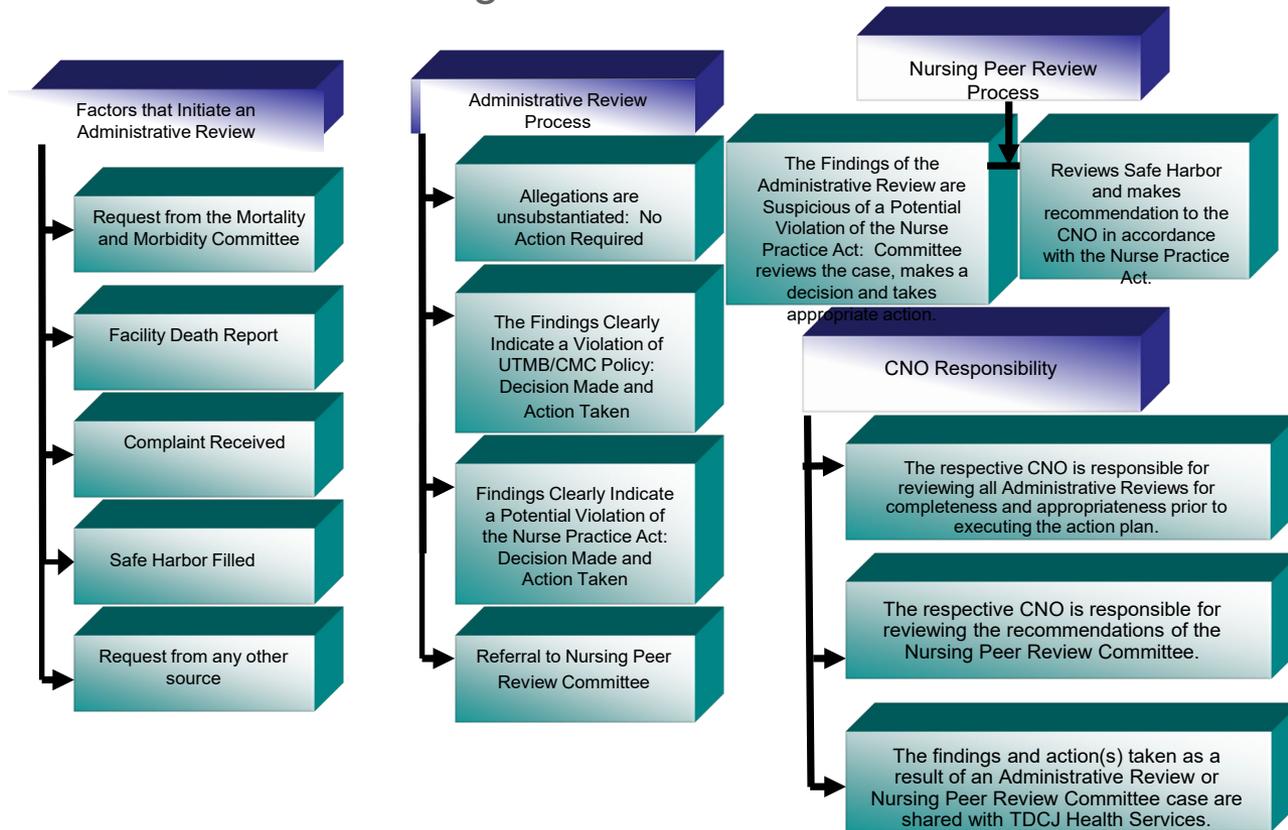
- If there is a Suspicion of a Potential Violation of the Nurse Practice Act:
  - Peer Review Committee reviews the case
  - Makes a decision
  - Takes appropriate action.
  - Reviews Safe Harbor and makes recommendation to the respective Chief Nursing Officer in accordance with the Nurse Practice Act.

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## Chief Nursing Officer Responsibility

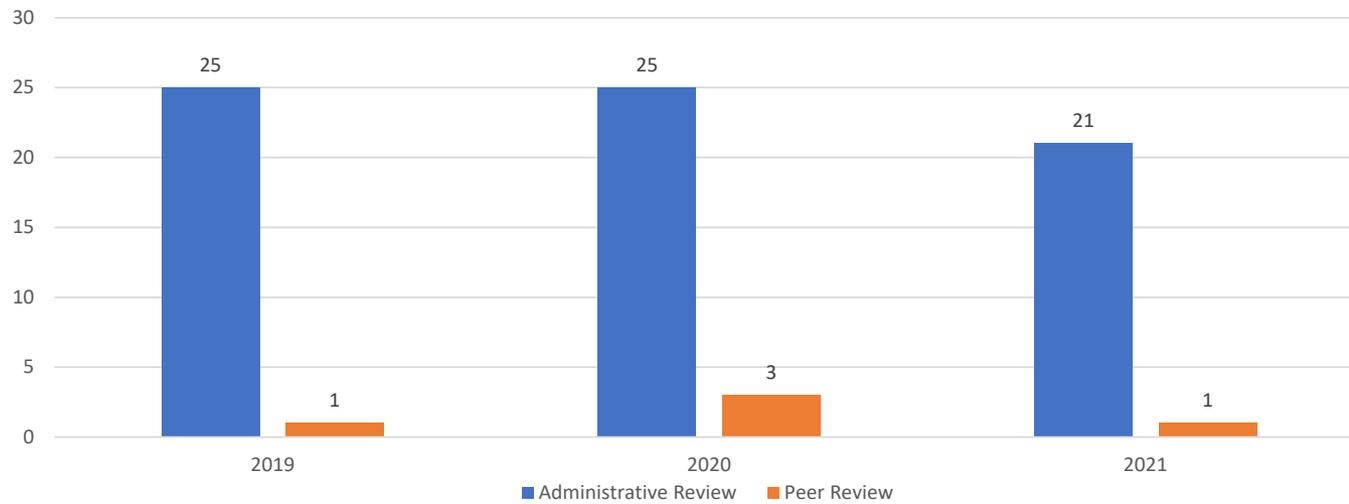
- The CNO of either the Northern or the Southern GSA respectively is responsible for reviewing all Administrative Reviews for completeness and appropriateness prior to executing the action plan.
- The respective CNO is responsible for reviewing the recommendations of the Nursing Peer Review Committee.
- The findings and action(s) taken as a result of an Administrative Review or Nursing Peer Review Committee Case are shared with TDCJ Health Services.

# UTMB/CMC Nursing Peer Review



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## M & M Cases Referred by Year



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# Joint Morbidity and Mortality Committee

## Process

- Meet Monthly to discuss all deaths
- Cases are randomly assigned
- Members present assigned cases
- Consensus on cause of death and manner of death
- Review Standard of care

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# Joint Morbidity and Mortality Committee

- Committee membership
  - 21 members
  - 2 Committee co-chairs
  - MD's , APP's, RN's

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# FY 2023 Joint Morbidity and Mortality Committee Membership

- Co-Chair Coley Duncan, MD, MMM, CPE, SFHM, FACP TTUHSC
- Jewel Archie, BSN, RN TDCJ Health Services
- Diana Assava, MSN, APRN, AGNP-C UTMB
- Carol Lynn Coglianesse, MD TDCJ Health Services
- Carrie Culpepper, RN, RNP-C, MBA TTUHSC
- Erin Freeman, PA-C UTMB
- Gregory Friesz, DNP, RN, NEA-BC, PHN, CCN/M UTMB
- James Geddes, MD UTMB
- Melinda Schalow, MD TTUHSC
- Bobby Vincent, MD UTMB
- Olugbenga Ojo, MD, MBA, FACP, FHM UTMB
- Co-Chair Eidi Millington, MD TDCJ Health Services
- Thomas Donohue, MD, FACS UTMB
- Christine Heady, PhD, APRN, FNP-BC TTUHSC
- Cynthia Ho, MD, MPH, CWS UTMB
- Erin Jones, DO UTMB
- Ben Leah, MD TTUHSC
- Mary Minshew, MSN, RN UTMB
- Brian O'Donnell, MD UTMB
- Monte Smith, MD UTMB
- Ryan White, MSN, RN UTMB
- Lisa Lopez, RHIA Sr Mgr of HIM

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## Meeting Dates & Case Discussion

- Second Wednesday of each month.
- Members are assigned to a co-chair.
- Face-2-face prior to global pandemic
- Currently virtual

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## Joint M & M Assignment of Cases for Review

- Physicians review between 3 and 5 death cases per month
- Advanced Practice Providers review between 2 and 3 death cases per month
- Nurses review a maximum of 2 death cases per month

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## M&M Subcommittee

- Joint Mental Health Morbidity and Mortality Subcommittee.
  - Reviews all deaths related to Mental Health.
  - Members from TDCJ, UTMB, and TTUHSC.
  - Members are Psychiatrists and Psychologists.
  - Meets the last Friday of every month.

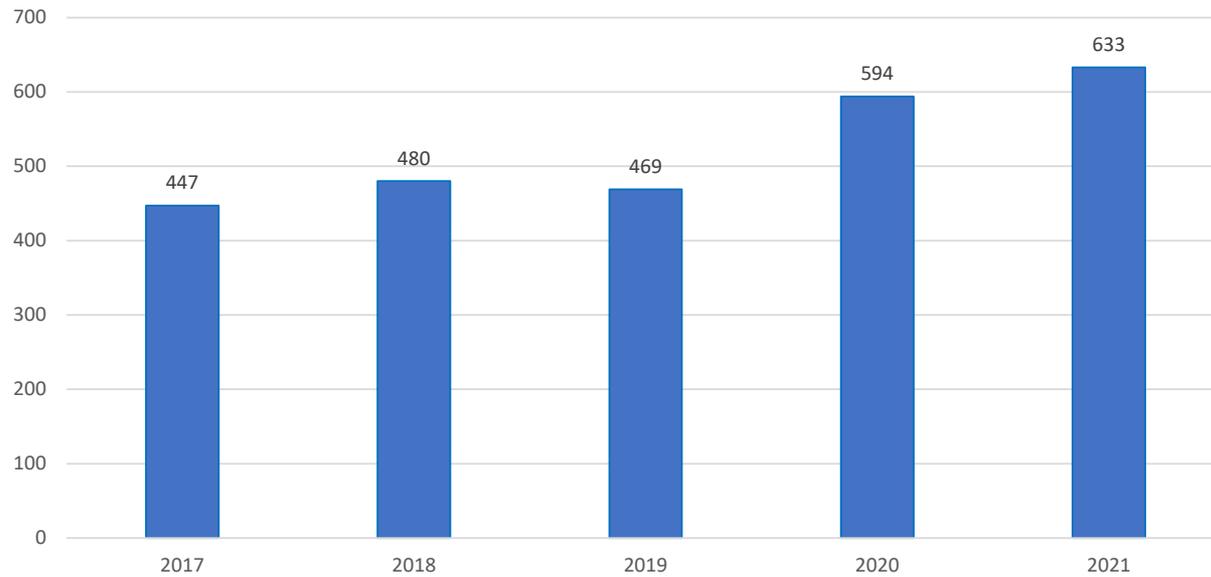
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## Joint Mental Health M&M Subcommittee Membership

- Barry Mills, MD TTUHSC
- Alice Castleberry, PsyD TDCJ Health Services
- Shana Khawaja, PhD UTMB
- Shirley Marks, MD TTUHSC
- Joseph Penn, MD CCHP FAPA UTMB
- Billy Shelton, PhD UTMB

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## Cases Reviewed 2017 - 2021



# Autopsies

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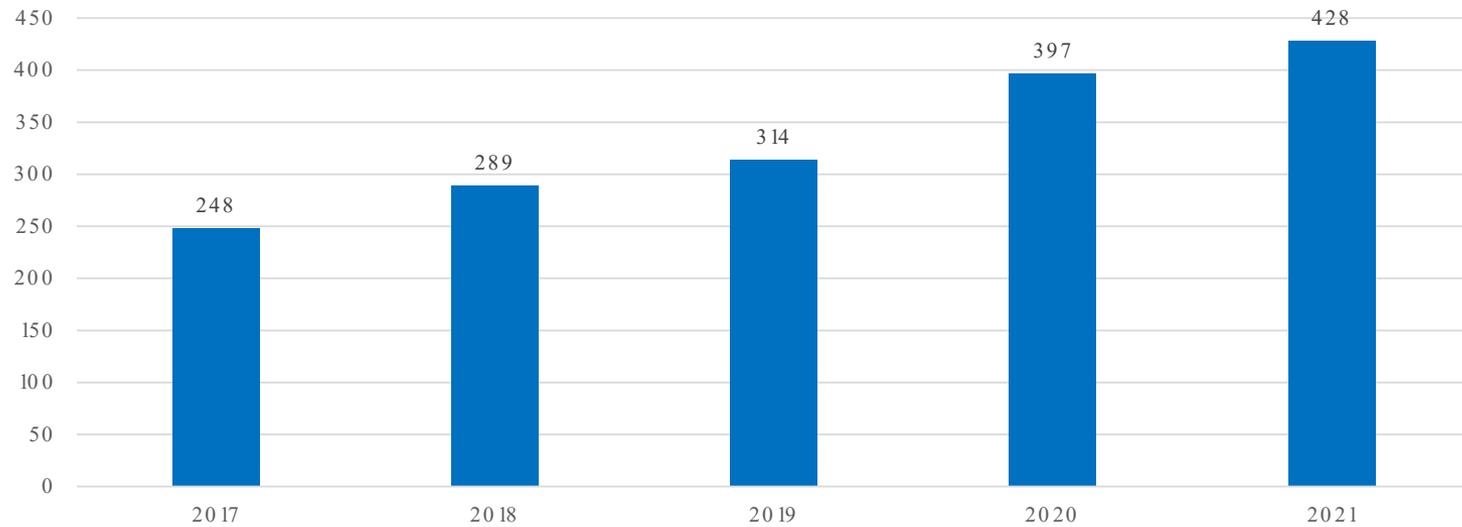
# Autopsy Requirements

## Administrative Directive 03.29

- TDCJ policy requires that an autopsy be ordered for all offender deaths, except deaths by execution.
  - The autopsy is ordered when an offender's death is a natural attended death.
  - Family may raise an objection within 8 hours
- Autopsy for all other deaths shall be ordered by the JP or ME or other equivalent authority

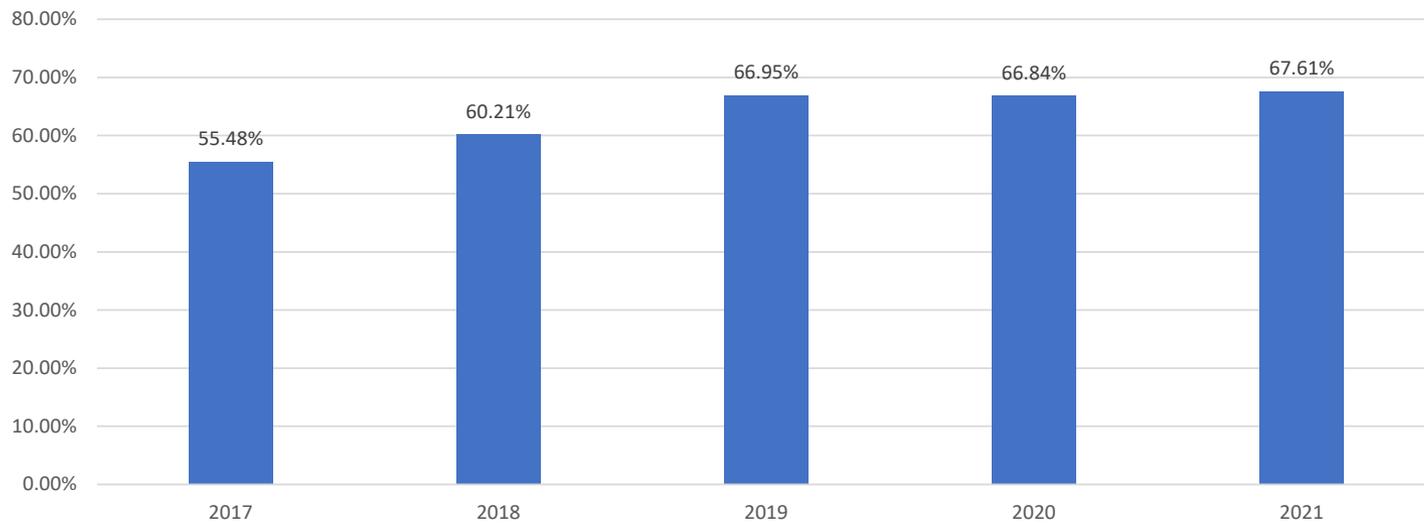
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# Autopsy Performed



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# Percentage of Cases Reviewed with a Final Autopsy Report



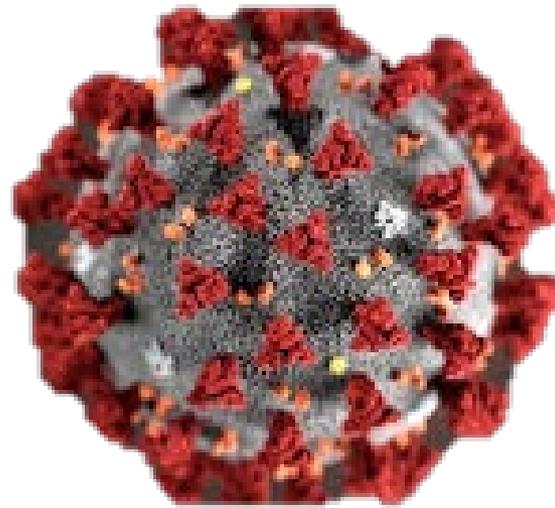
\*Death cases involving an autopsy are reviewed with the final autopsy.

# COVID-19 Impact

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# COVID-19



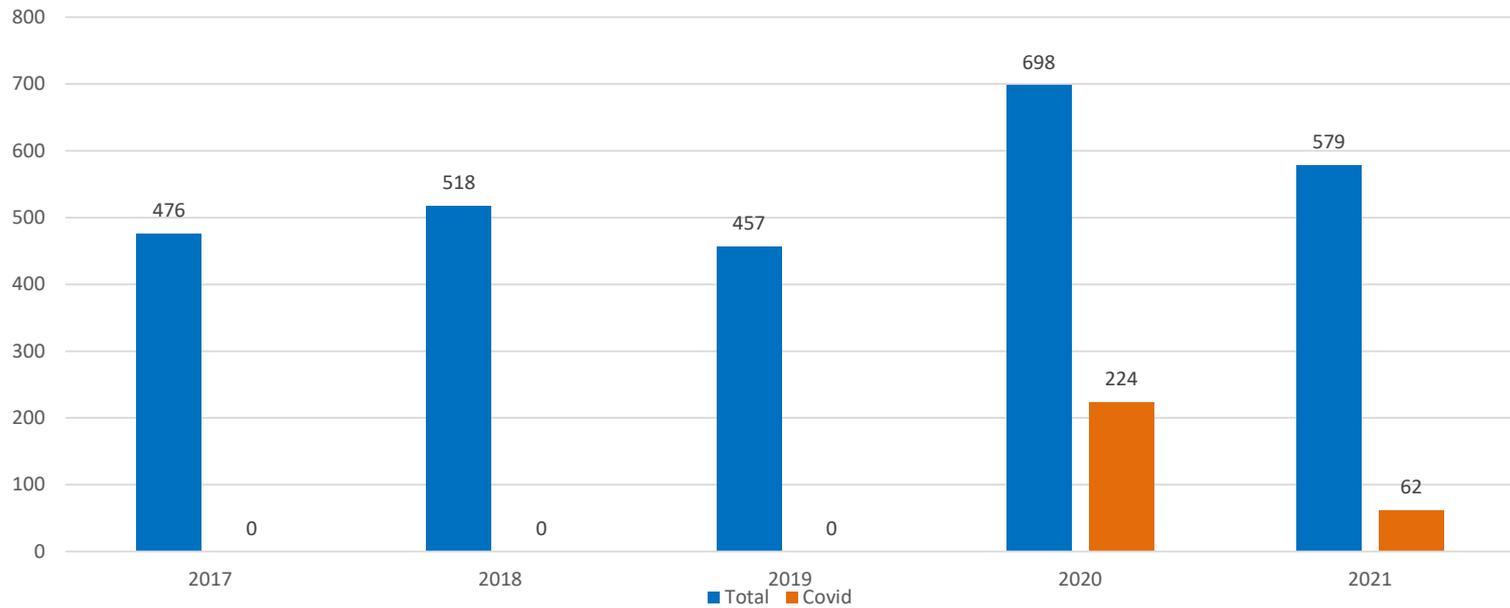
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## Total COVID Death as of 02/09/2022

<b>Total COVID Deaths</b>	<b>298</b>
<b>UTMB</b>	255
<b>TTUHSC</b>	43
<b>2020</b>	224
<b>2021</b>	*62
<b>2022</b>	12
<b>Autopsy</b>	181
<b>No Autopsy</b>	117

\*2021 total number of covid deaths subject to change with receipt of pending autopsies

# COVID-19 Impact

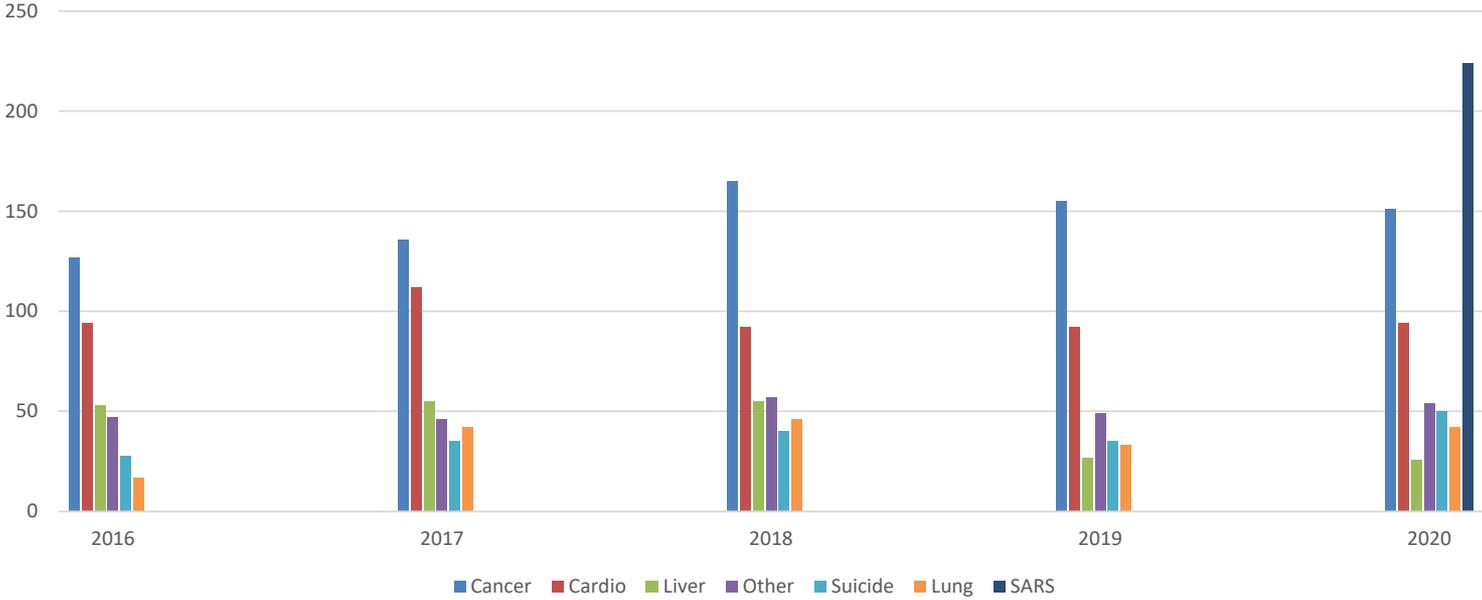


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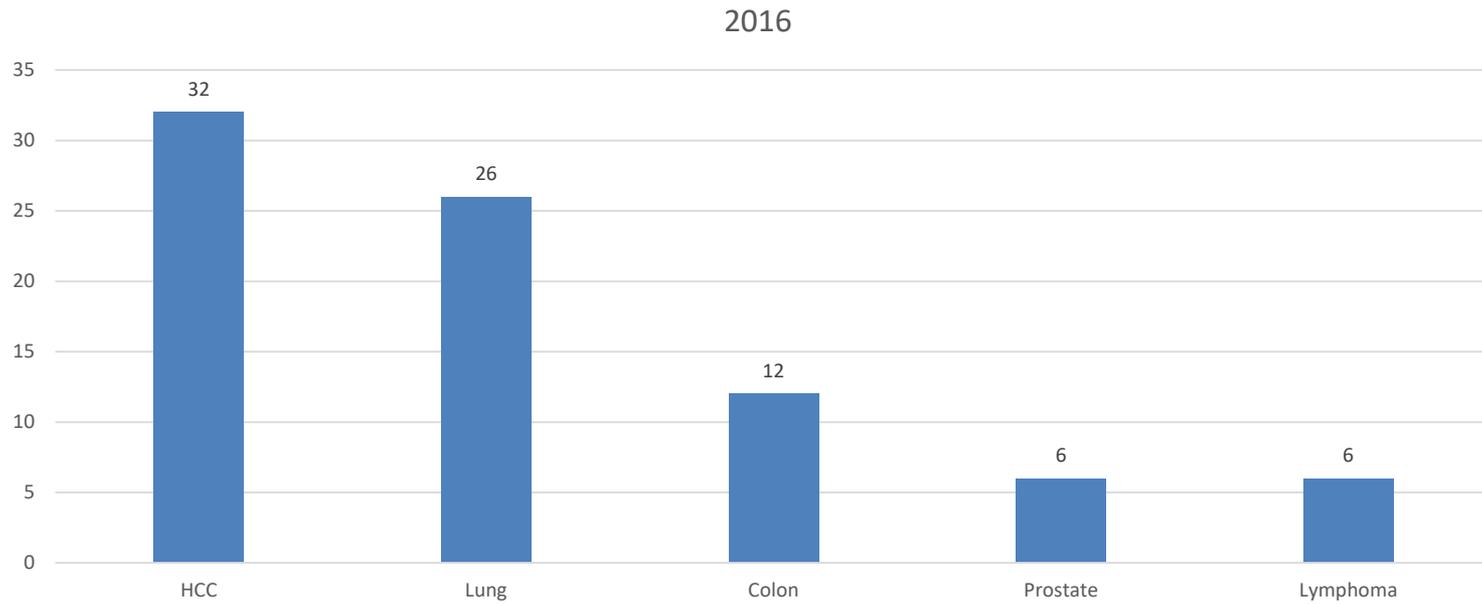
# Patterns

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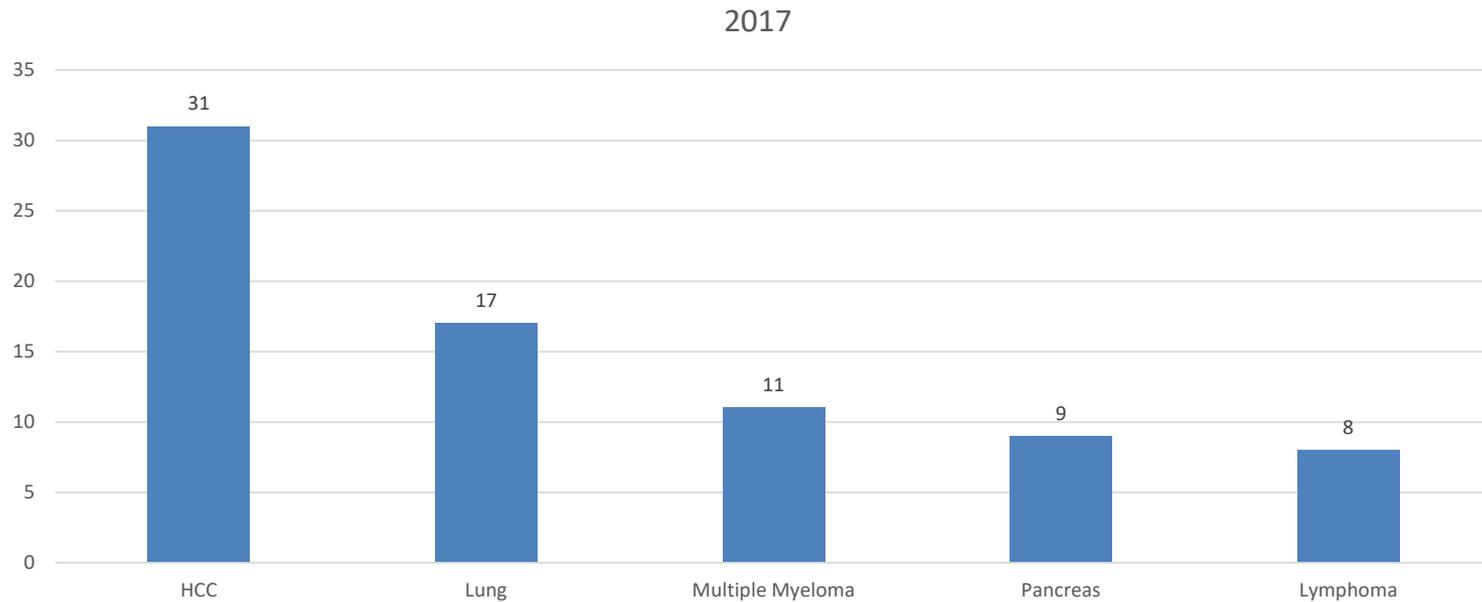
# Causes of Death 2016 - 2020



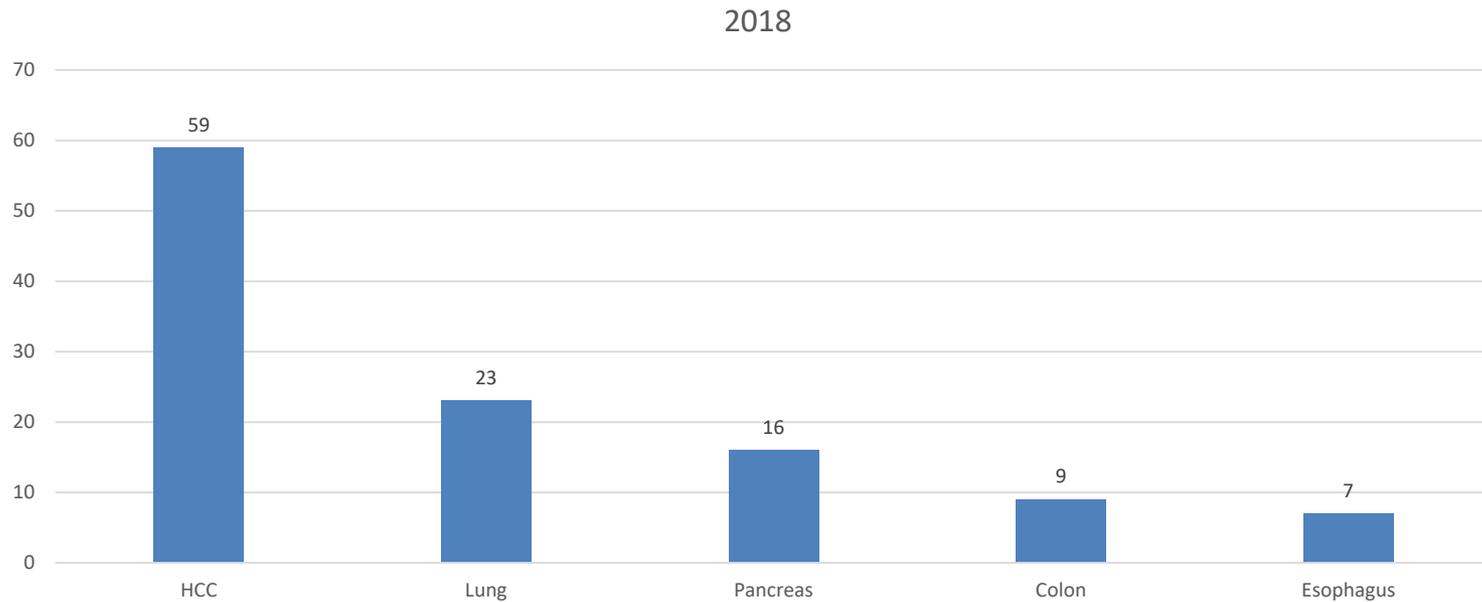
# Top 5 Cancer Deaths 2016



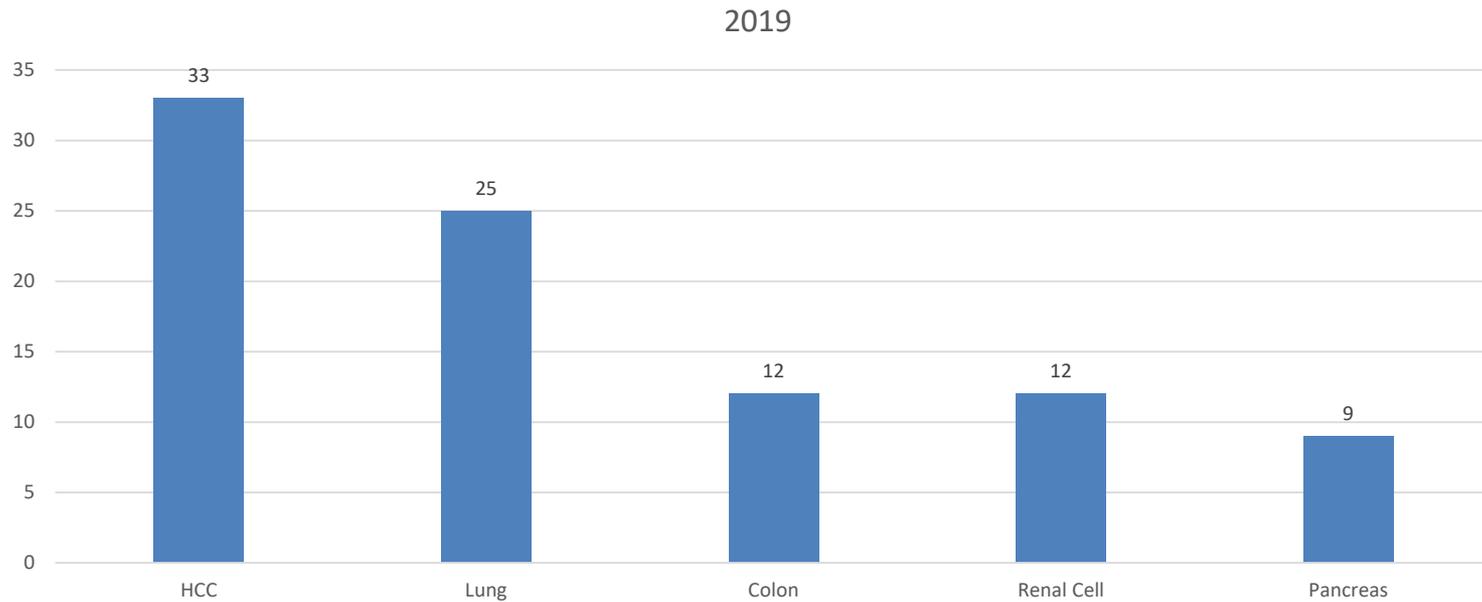
# Top 5 Cancer Deaths 2017



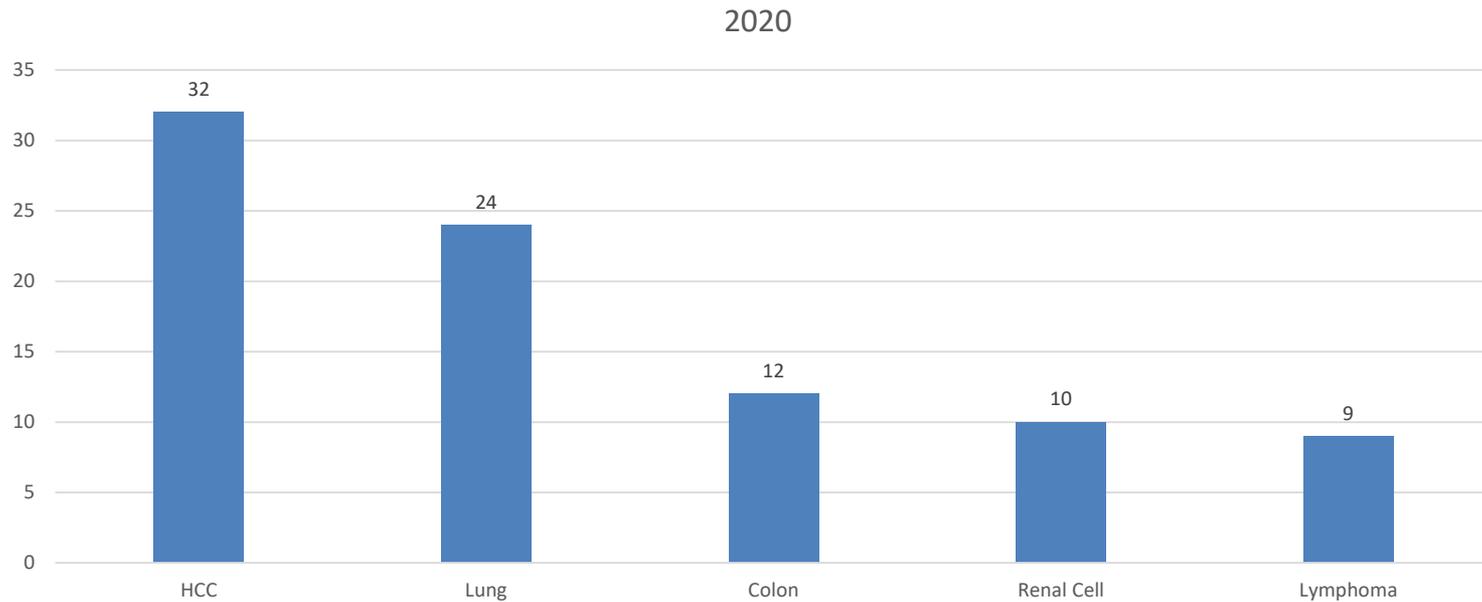
# Top 5 Cancer Deaths 2018



# Top 5 Cancer Deaths 2019



# Top 5 Cancer Deaths 2020



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## TEAM WORK

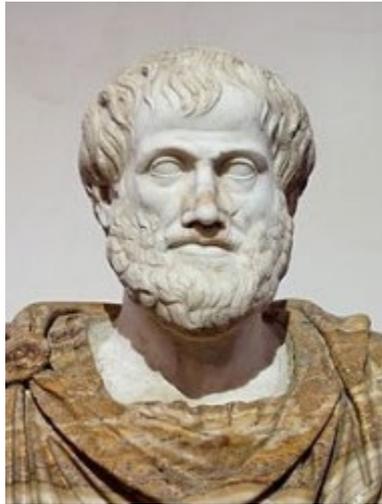
**T**OGETHER

**E**VERYONE

**A**CHIEVES

**M**ORE





“ We are what we repeatedly do,  
Excellence, then, should not be an  
act but a habit”  
- Aristotle.

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# Questions

