



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 15, 2022

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 15, 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. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, March 23, 2022
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Restrictive Housing Mental Health Monitoring
 4. University Medical Directors Reports
 - Texas Tech University Health Sciences Center
 - The University of Texas Medical Branch
 5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Medical Directors Updates
 1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2022 Second Quarter Report
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

VI. Electronic Health Record (EHR) Dashboard

Owen J. Murray, D.O., MBA
Executive Director of Clinical Services
Chief Physician Executive
University of Texas Medical Branch Correctional Managed Care

John Pulvino, P.A.
Senior Director of Quality and Outcomes
University of Texas Medical Branch Correctional Managed Care

VII. Public Comments

VIII. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 15, 2022

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

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

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

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

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports - Rebecca Waltz</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz reported on statistics for the First Quarter of FY 2021, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Ms. Waltz answered that a major driver is the reduced population. When your population is reduced, it reduces your denominator, however since your numerator doesn't decrease that results in an increase in the cost per day.</p>	<p>Mr. Johnson asked about the costs per inmate per day increasing 8.8% and what the driver for that is.</p> <p>Dr. Burruss stated in addition to that it appears that the most expensive patients have not dropped significantly. The overall population decreased by 15% but the over 55 population only decreased 6%. It would seem the cost per day is going to increase.</p> <p>Dr. Linthicum stated that there is a large percentage of the over 55 population that are sex offenders and/or G3 inmates who have committed aggravated offenses involving a weapon. So, these inmates are not likely to be paroled as they are not likely to be eligible.</p> <p>Dr. Greenberg asked if intake from county facilities to TDCJ has resumed.</p> <p>Dr. Linthicum answered there has been a ramp up and she believes that they are between 750-1,000 intakes per week. Historically there were about 66,000 intakes annually.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 First Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2021 First Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Linthicum next reported on TDCJ's response to winter storm Uri. There was a massive preparation effort made prior to the storm which included dispensing food, water, fuel and winter clothing to facilities and the agency continued to resupply as needed during the storm. During the storm 25 facilities experienced power issues and 33 experienced water issues. Some medically vulnerable patients who were impacted by the storm, were moved to other facilities. Facility staff stayed onsite to assist in repairs. Generators and water tankers were used, and fortunately there was also a large reserve of bottled water. Dr. Linthicum reported that there were lots of challenges, but they made it through by pulling together and getting things done.</p> <p>Dr. Linthicum next gave an overview of the COVID-19 vaccine administration. As of the morning the total allocation of vaccine was 30,500 doses allocated to 91 TDCJ facilities and there were 9 facilities that had not yet been allocated vaccine. Texas Tech allocations were 5,100 and they had administered 3,652 doses. UTMB had been allocated 22,500 and they had administered 15,025. Currently vaccines are being provided to staff and inmates age 65 and over or 16 and older with a chronic medical condition and all frontline staff, including the staff at the 9 facilities that have not received an allocation.</p>		

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

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. CMHCC Joint Morbidity and Mortality Committee (cont.) - Dr. Olugbenga Ojo	Dr Greenberg thanked Dr. Ojo and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.		
VIII. Public Comments - Dr. Greenberg	Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for June 15, 2022 in Conroe, Texas.		
IX. Adjourn	The meeting was adjourned at 11:45 a.m.		

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

Date

Consent Item

TDCJ Health Services
Monitoring Reports

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TEXAS DEPARTMENT
OF CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

Second Quarter, Fiscal Year 2022

(December 2021, January and February 2022)

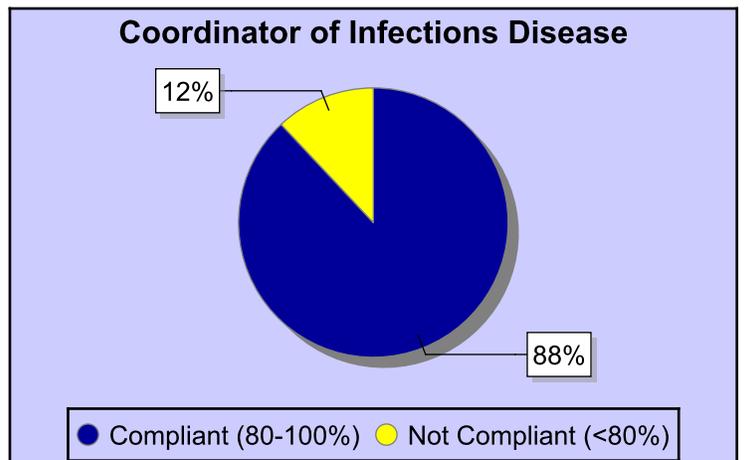
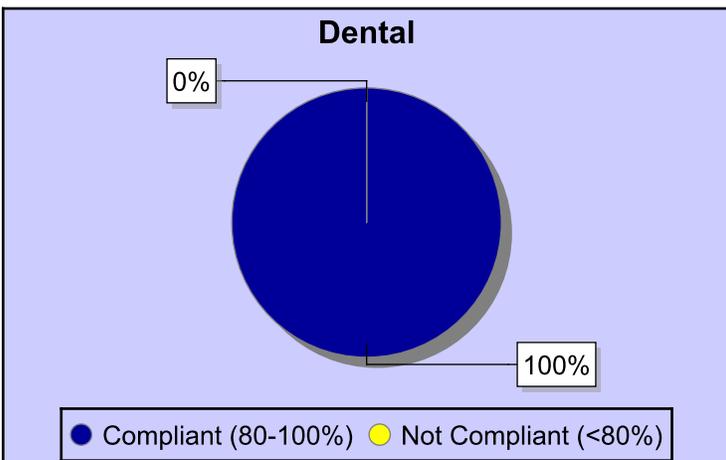
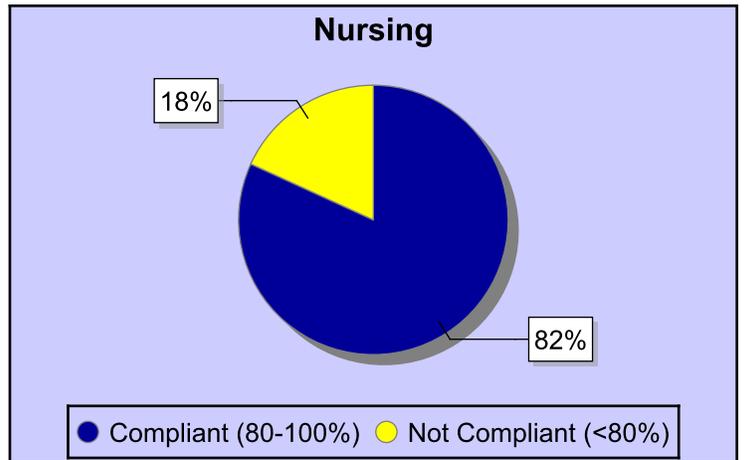
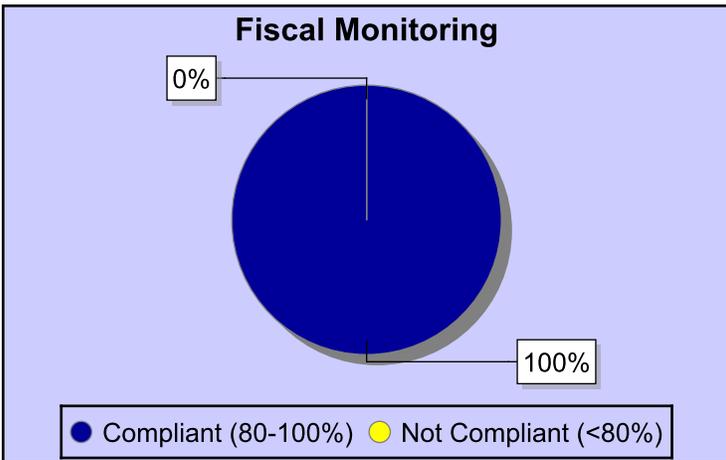
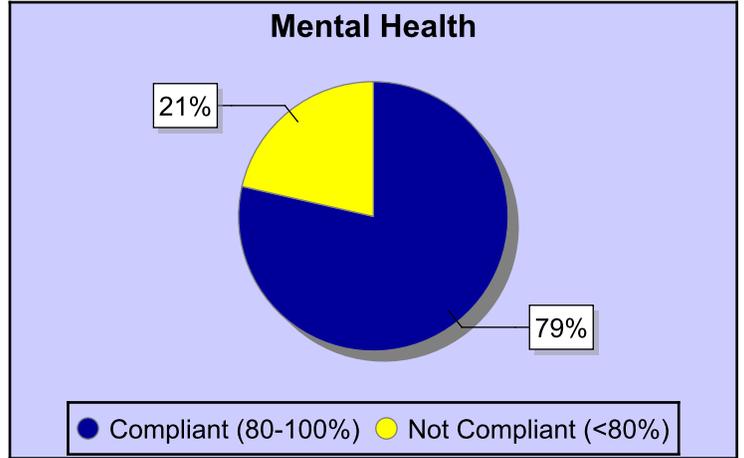
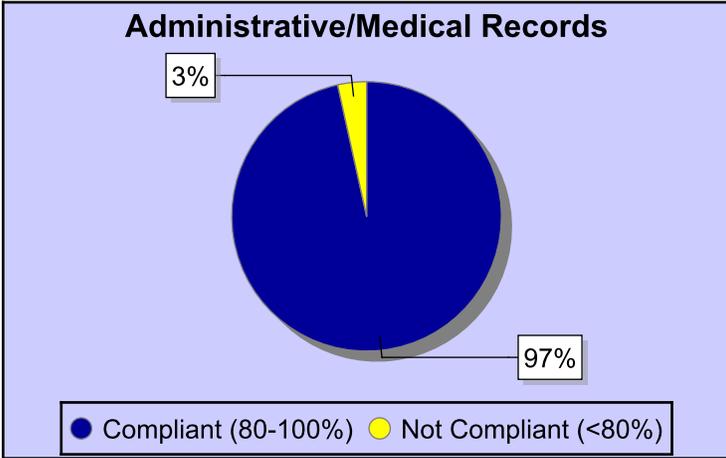
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Rate of Compliance with Standards by Operational Categories
Second Quarter, Fiscal Year 2022
December 2021 - February 2022

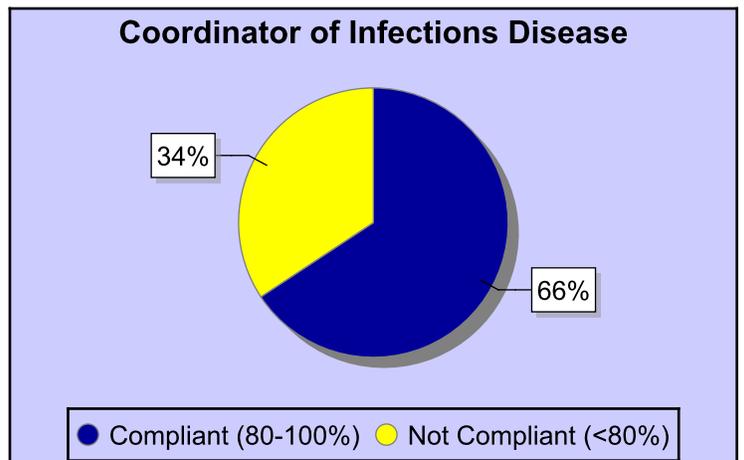
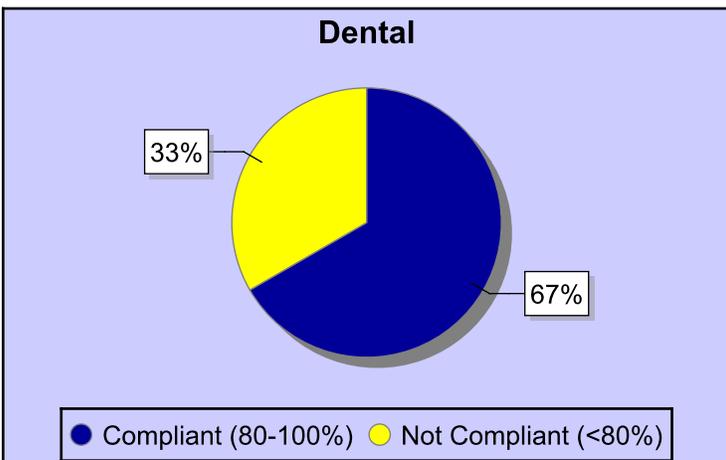
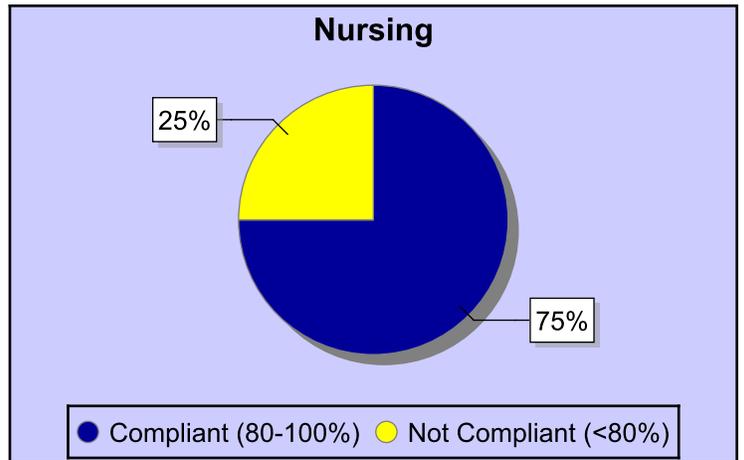
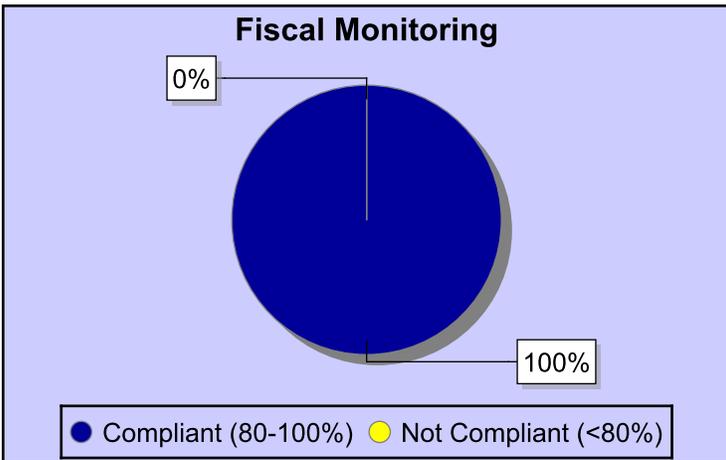
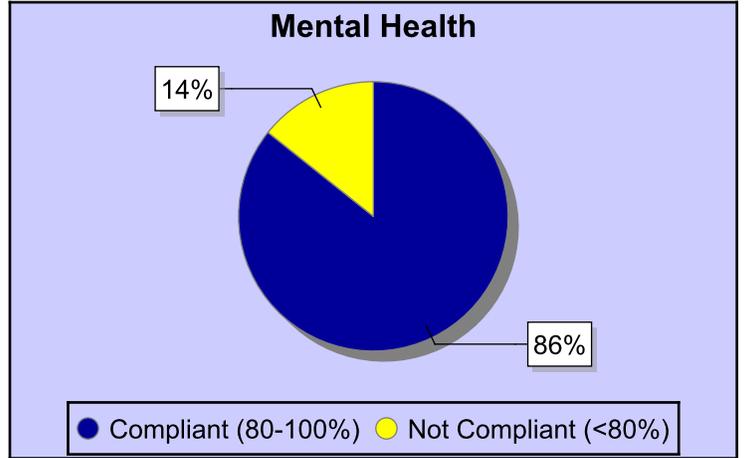
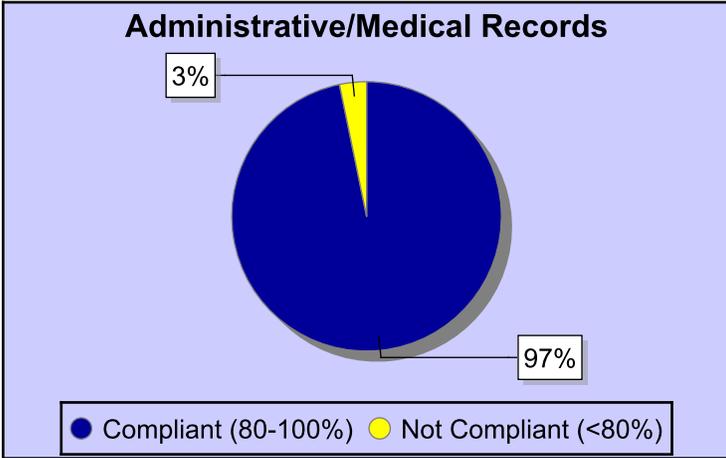
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Cotulla	29	28	97%	11	9	82%	25	22	88%	2	2	100%	14	11	79%	2	2	100%
East Texas TF	31	30	97%	16	12	75%	35	23	66%	3	2	67%	14	12	86%	2	2	100%
Gist	31	31	100%	13	5	38%	28	17	61%	3	3	100%	16	13	81%	4	4	100%
Johnston	30	29	97%	11	11	100%	24	21	88%	4	4	100%	11	10	91%	2	2	100%
LeBlanc	31	31	100%	11	9	82%	29	16	55%	2	2	100%	14	11	79%	4	4	100%
Luther	30	29	97%	11	7	64%	24	21	88%	2	2	100%	19	16	84%	2	2	100%
Wynne	31	30	97%	11	9	82%	32	17	53%	2	2	100%	15	15	100%	2	2	100%

n = number of applicable items audited.

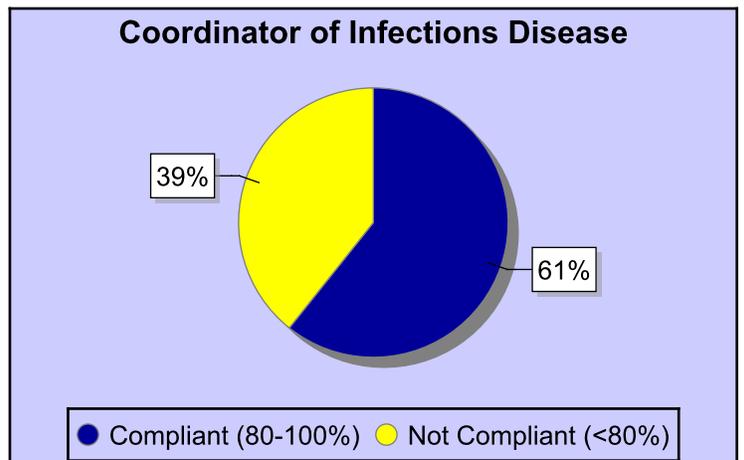
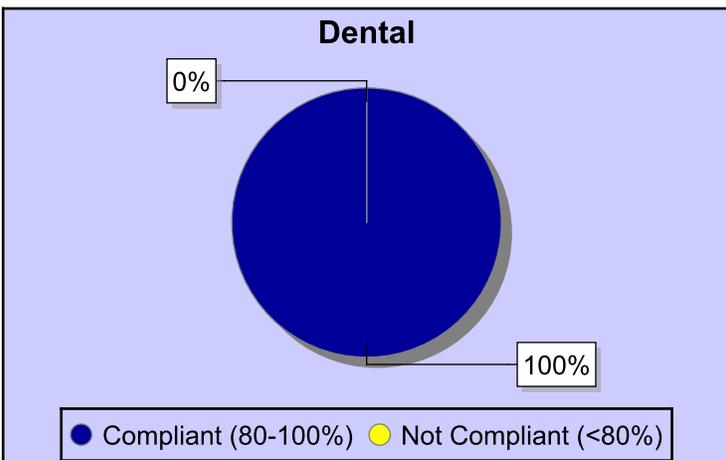
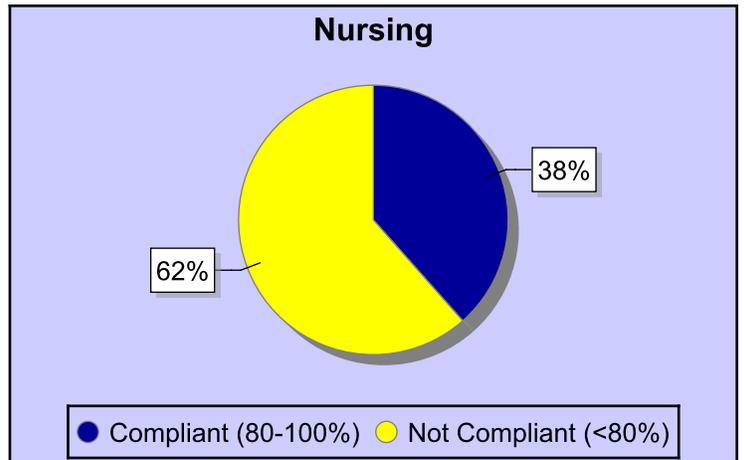
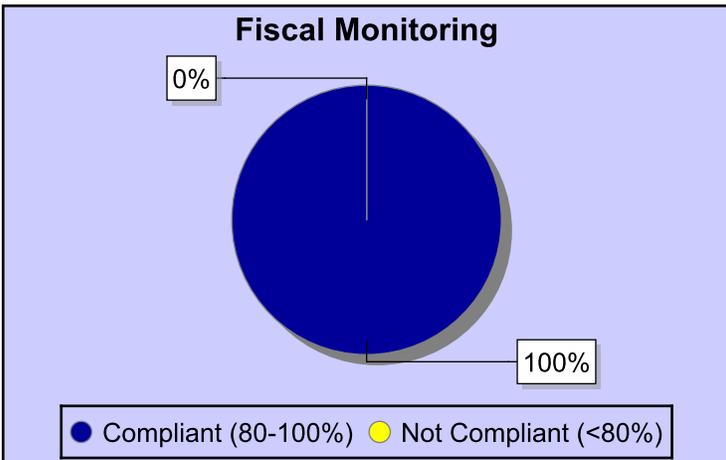
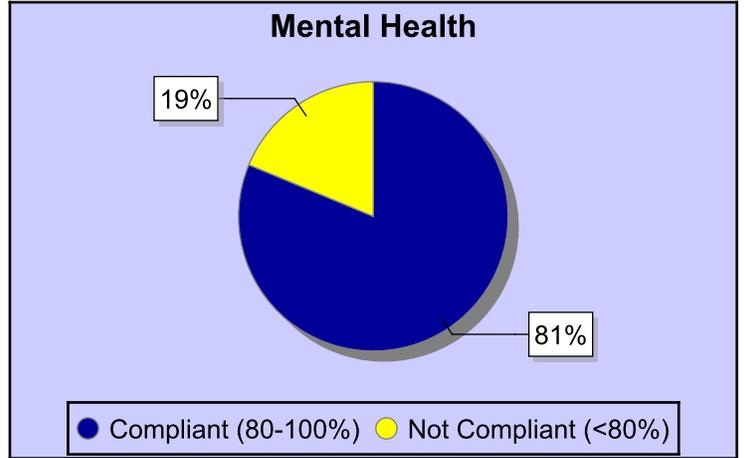
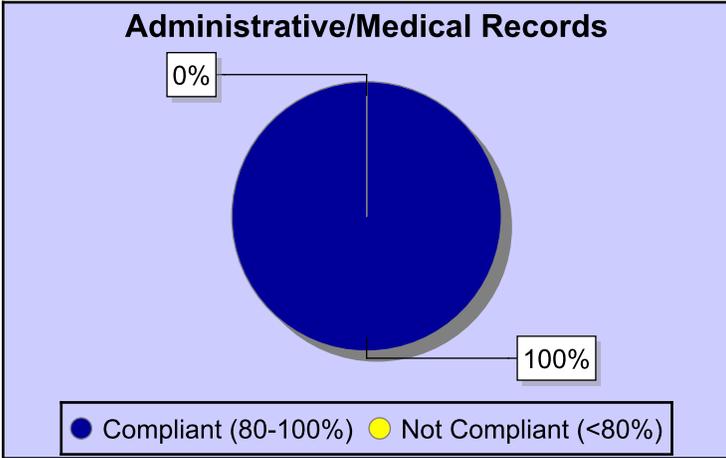
Compliance Rate By Operational Categories for
COTULLA FACILITY
February 02, 2022



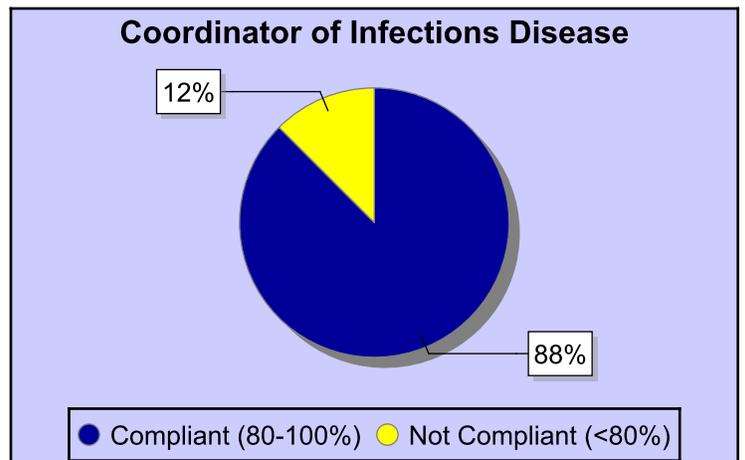
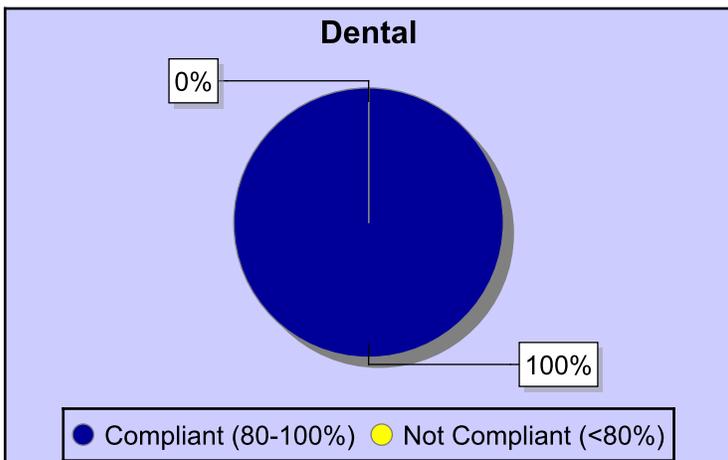
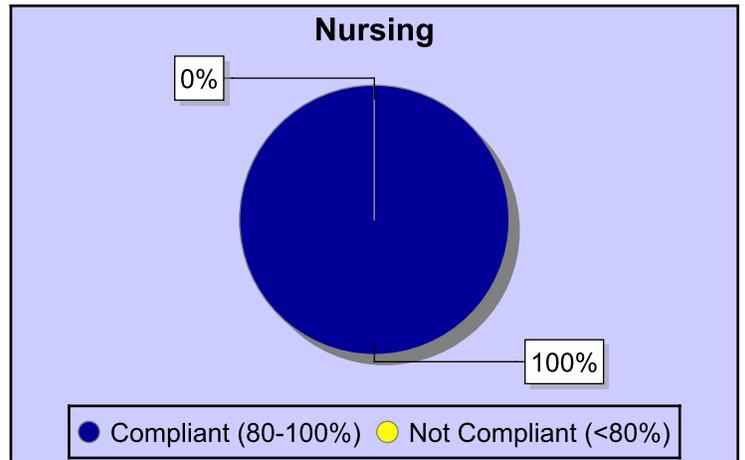
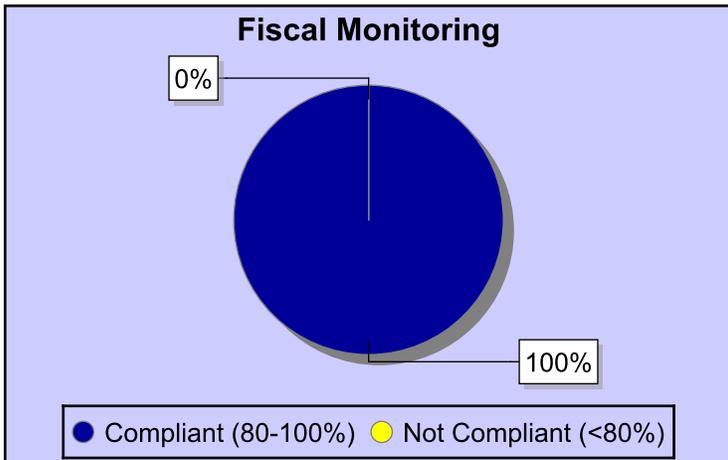
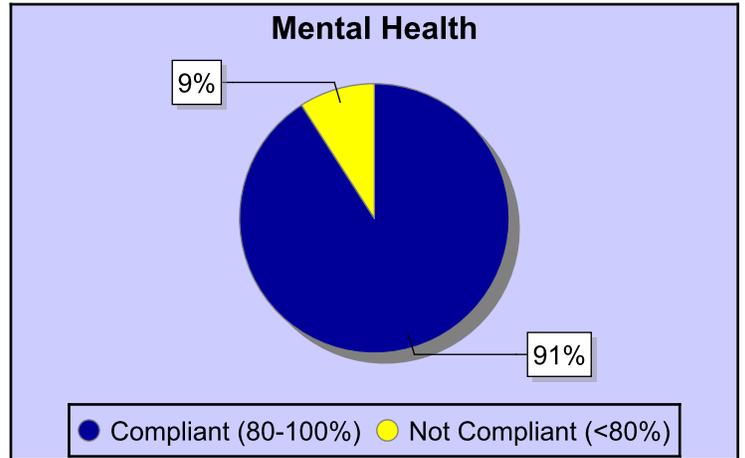
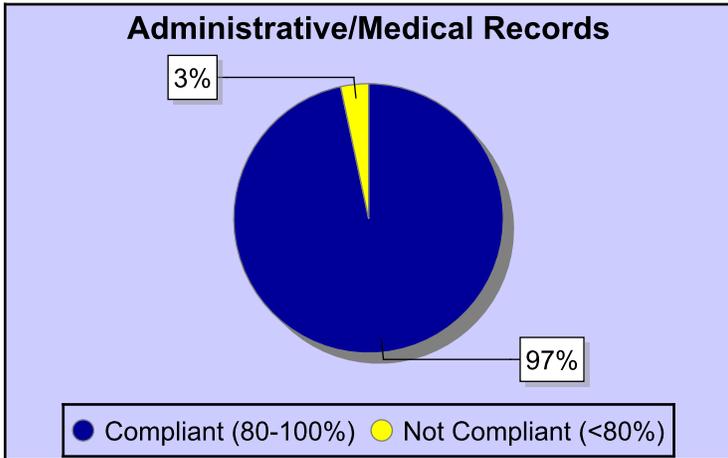
Compliance Rate By Operational Categories for
EAST TEXAS TF FACILITY
January 05, 2022



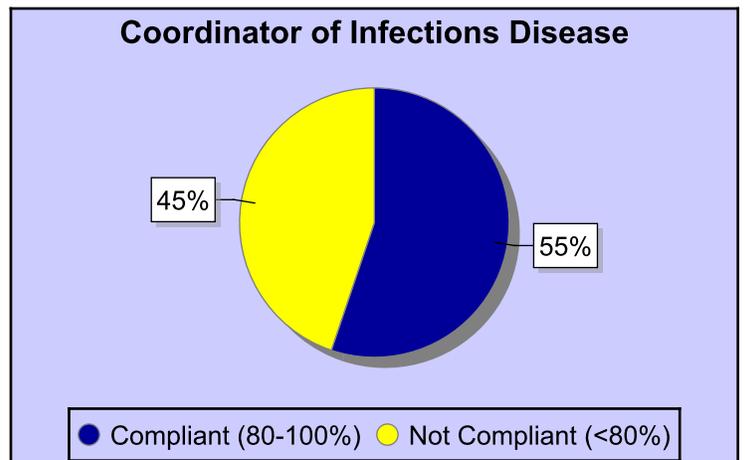
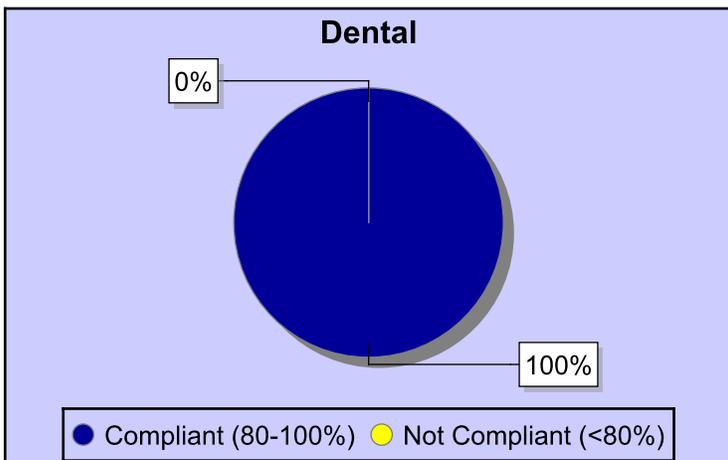
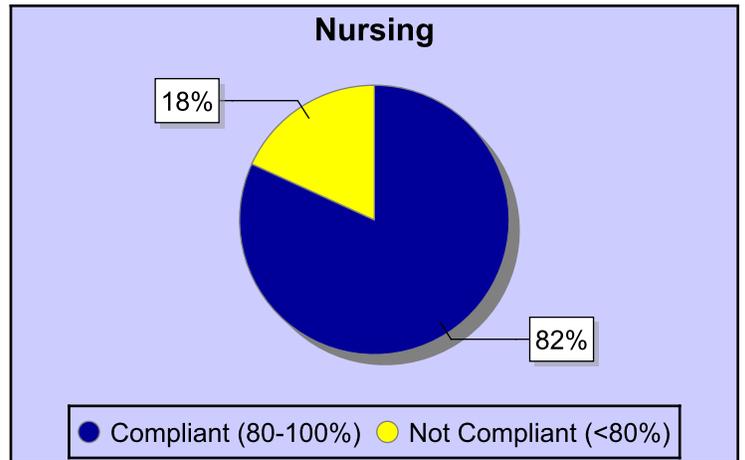
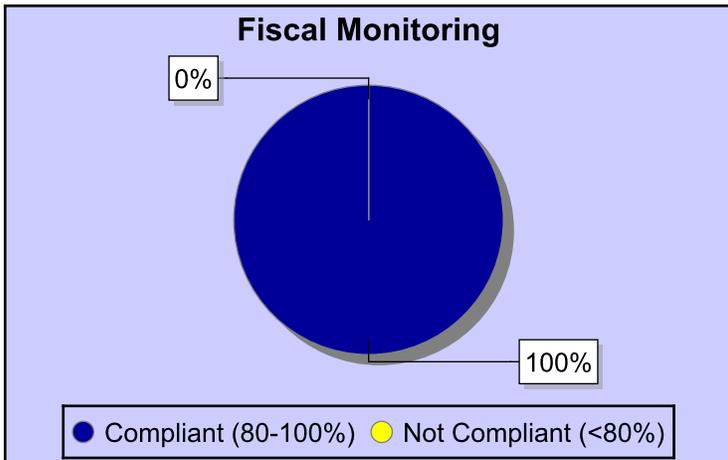
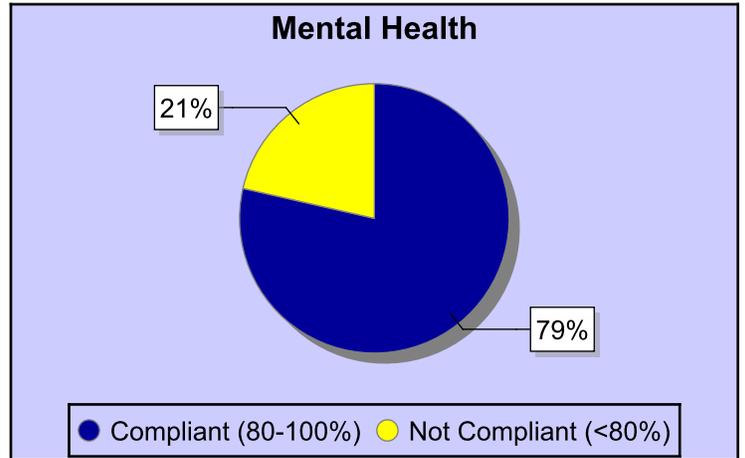
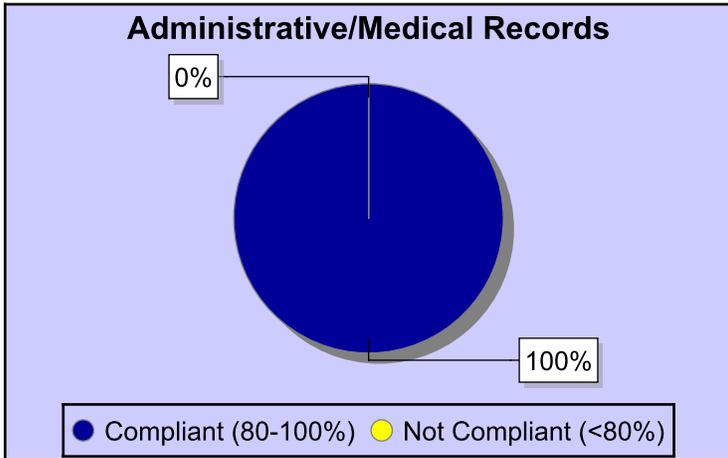
Compliance Rate By Operational Categories for
GIST FACILITY
January 03, 2022



Compliance Rate By Operational Categories for
JOHNSTON FACILITY
December 01, 2021

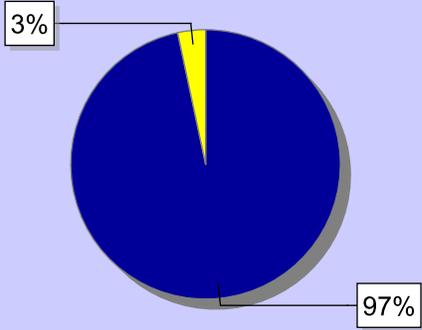


Compliance Rate By Operational Categories for
LEBLANC FACILITY
January 04, 2022



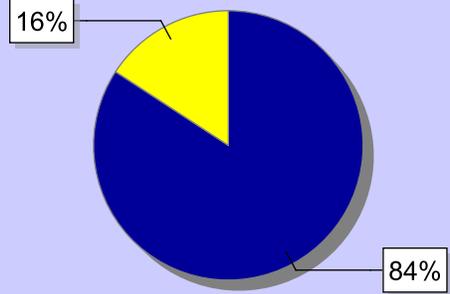
Compliance Rate By Operational Categories for
LUTHER FACILITY
February 03, 2022

Administrative/Medical Records



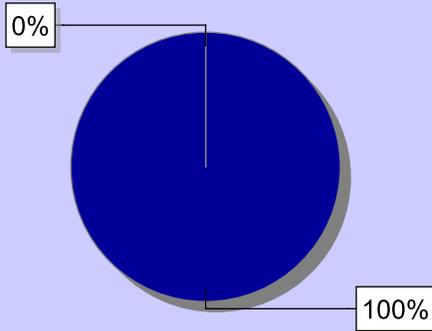
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



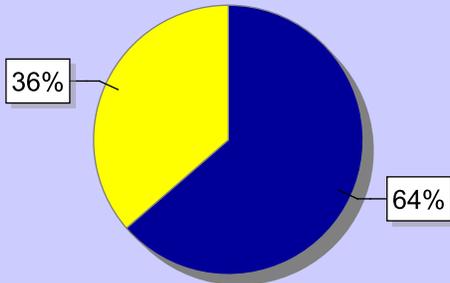
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



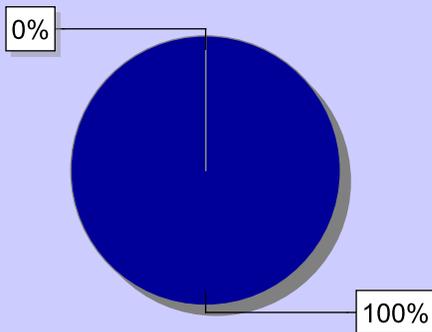
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



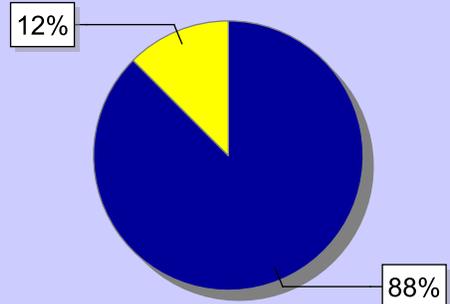
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



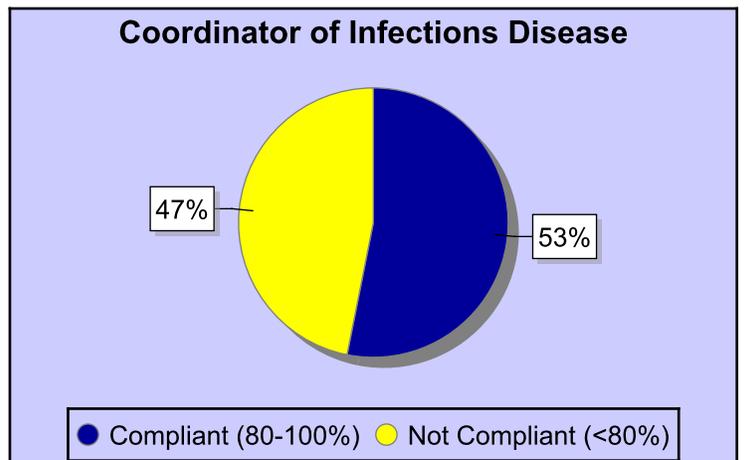
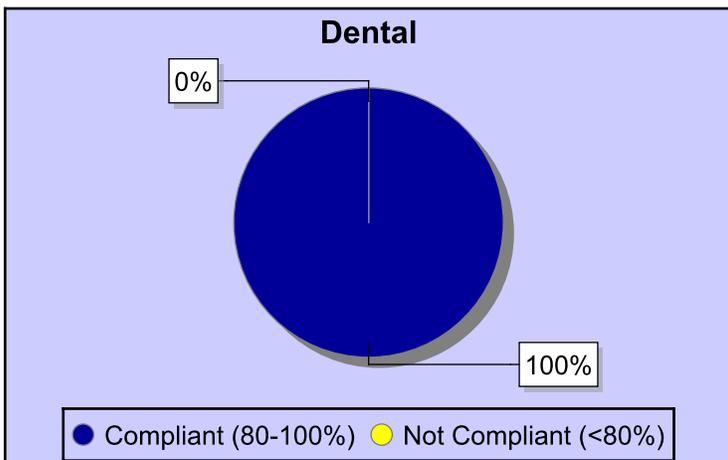
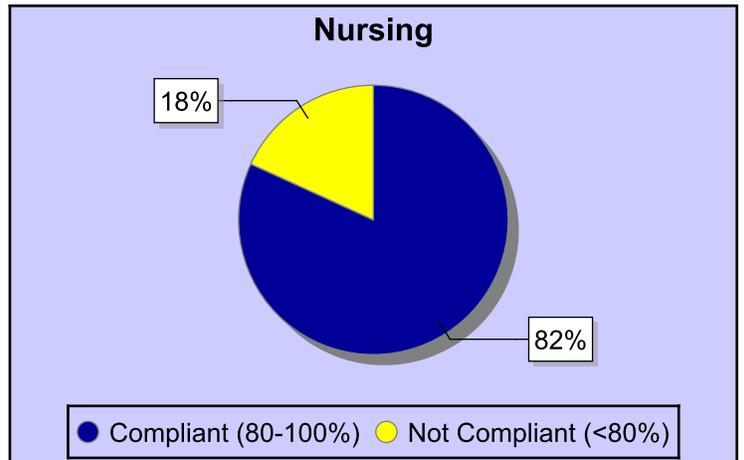
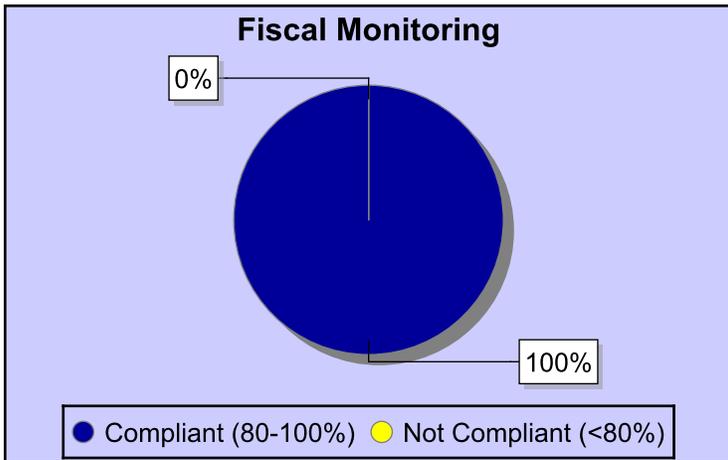
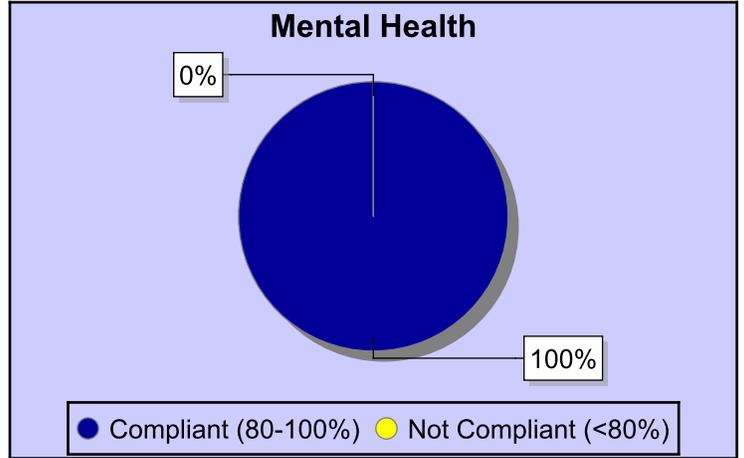
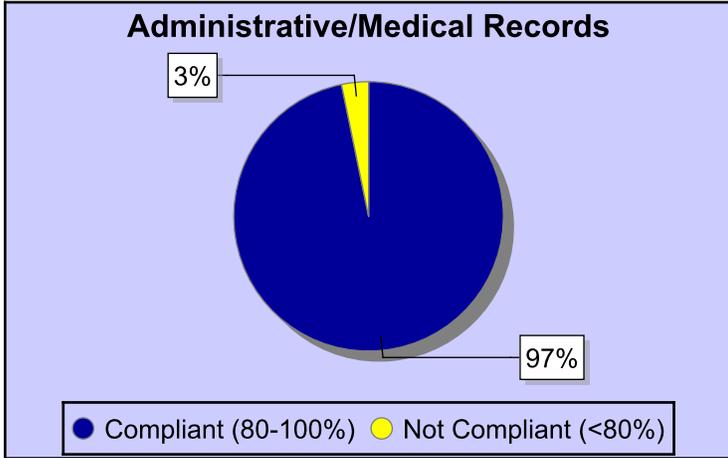
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease



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

Compliance Rate By Operational Categories for
WYNNE FACILITY
December 06, 2021



Dental Quality of Care Audit
Extraction Radiographic Findings Audit
December 2021 January 2022 February 2022

Dental Extraction Radiographic Findings Audit

The purpose of the audit is to verify an extraction radiograph that shows all of the tooth to be extracted including any remaining clinical crown and all apices. The film should be current with visible conditions, when present, as described in clinic notes. This is a requirement of the Texas State Board of Dental Examiners. It is not only helpful for the extraction procedure but is part of the justification process in litigation proceedings.

Units Audited: December 2021

Facility	Charts Assessed by TDCJ	Extractions Radiographic Findings Score
Goodman	13	100
Gist	18	100
Formby	15	100
Ferguson	17	100
Ellis	19	100
East Texas TF	15	100
Duncan	12	100
Dominguez	17	100
Daniel	16	100
Dalhart	12	100
Crain	16	100
Cotulla	4	100
Connally	17	100
Coleman	16	100
Cole	13	100
Clements	19	100
C. Moore	16	100
Byrd	16	100
Briscoe	14	100
Beto	18	100
Allred	19	100
Glossbrenner	17	95
Coffield	20	95
Boyd	17	95
Allred ECB	15	94
Clements ECB	14	93
Ft. Stockton	11	91
Clemens	11	91
Garza	19	90
Diboll	10	90
Bridgeport	10	90
Estelle	18	89
Bell	8	88
Estes	15	87
B. Moore	14	70

Units Audited: Jan 2022

Facility	Charts Assessed by TDCJ	Extractions Radiographic Findings Score
Memorial	18	100
Mechler	12	100
Marlin	11	100
Lynaugh	13	100
Lychner	19	100
Lopez	15	100
Lewis	18	100
LeBlanc	17	100
Kegans	14	100
Johnston	8	100
Hutchins	17	100
Hughes	20	100
Holliday	19	100
Hodge	16	100
Hobby	9	100
Henley	13	100
Havins	12	100
Halbert	14	100
Hamilton	17	95
Huntsville	17	95
McConnell	17	95
Lindsey	16	94
Luther	16	94
Hightower	14	93
Jordan	13	93
Jester III	16	87
Hilltop	11	82
Goree	11	82
Kyle	11	73

Units Audited: February 2022

Facility	Charts Assessed by TDCJ	Extractions Radiographic Findings Score
Middleton	19	100
Ney	15	100
Pack	10	100
Plane	20	100
Polunsky	21	100
Robertson	19	100
Rudd	9	100
Sanchez	12	100
Scott	7	100
Segovia	14	100
Smith	9	100
Smith ECB	12	100
Stiles	19	100
Stringfellow	16	100
Travis	18	100
Telford	10	100
Terrell	19	100
Wheeler	9	100
Willacy	17	100
Woodman	18	100
Wynne	20	100
Young	8	100
Wainwright	17	95
Ramsey	18	95
Stevenson	16	94
Torres	16	94
Murray	17	94
Vance	12	92
Montford	10	90
Sayle	10	90
Skyview	9	89
San Saba	18	88
Powledge	16	88
Mt. View	15	87
Wallace	15	87
Roach	14	86

When a Corrective Action is required by TDCJ Health Services, it is sent in conjunction with the Extraction Radiographic Findings Report.

* Extraction Radiographic Findings score is determined # of inmates that had an acceptable extraction radiographic. Total # of inmates in audit

1.) 60-79% -In-service staff on the need for radiographs for dental extractions to be current, available, and of diagnostic quality. (Provide a copy of the in-service agenda and the signed attendance roster).

2) Below 60%-

1.) In-service staff on the need for radiographs for dental extractions to be current, available, and of diagnostic quality. Provide a copy of the in-service agenda and the signed attendance roster.

- 2.) Develop a detailed written Corrective Action Plan delineating the measures taken to ensure that radiographs for extractions are current, available, and of diagnostic quality.

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.

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2022	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
December	277	238	20	8.40%	15	8.40%	5	5	2.10%	0
January	212	232	20	8.62%	12	5.17%	0	8	3.45%	0
February	217	211	26	12.32%	15	7.58%	1	11	5.69%	1
Totals:	706	681	66	9.69%	42	7.05%	6	24	3.67%	1

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2022	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
December	897	928	24	2.59%	20	3.77%	15	4	0.86%	4
January	984	718	26	3.62%	25	5.57%	15	1	0.28%	1
February	965	817	99	12.12%	89	13.83%	24	10	1.35%	1
Totals:	2,846	2,463	149	6.05%	134	7.63%	54	15	0.85%	6
GRAND TOTAL=	3,552	3,144	215	6.84%						

*QOC= Quality of Care

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

DECEMBER 2021

Reportable Condition	Reports			
	2021 This Month	2020 Same Month	2021 Year to Date*	2020 Year to Date*
Chlamydia	1	13	91	85
Gonorrhea	1	5	28	43
Syphilis	71	117	1736	981
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	239	185	1688	1,836
Human immunodeficiency virus (HIV)+, known at intake	58	94	984	1,168
HIV screens, intake	2,331	2,748	24,545	27,961
HIV +, intake	24	19	300	259
HIV screens, offender- and provider-requested	162	330	4,059	5,771
HIV +, offender- and provider-requested	0	0	7	3
HIV screens, pre-release	918	1,781	20,048	35,120
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	0	22	20
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	105	105	1,186	1,284
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	27	32	352	374
Occupational exposures of TDCJ staff	8	7	92	107
Occupational exposures of medical staff	25	8	47	23
HIV chemoprophylaxis initiation	5	8	45	54
Tuberculosis skin test (ie, PPD) +, intake	28	39	456	540
Tuberculosis skin test +, annual	38	17	386	269
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	5	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	21	25
Tuberculosis cases under management	16	16		
Peer education programs [¶]	0	0	91	99
Peer education educators [⊙]	21	13	7,847	7,619
Peer education participants	3,241	1,673	29,062	31,800
Alleged assaults and chart reviews	84	72	1109	774
Bloodborne exposure labs drawn on offenders	19	29	341	295
New Sero-conversions d/t sexual assault ±	0	0	0	0

*** Due to the PPD shortage: 6,163 TB screening interviews were from 12/01/2019 thru 12/31/2019
Total Interviews from 07/01/2019 thru 12/31/2019 33,431. 42 with possible signs/symptoms from 12/01/2019 to 12/31/2019. Total sign and symptoms from 07/01/2019 thru 12/31/2019 200. 3 with abnormal chest x-rays

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

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

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

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

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

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

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

January 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	0	10	0	10
Gonorrhea	1	3	1	3
Syphilis	141	123	141	123
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	186	93		93
Human immunodeficiency virus (HIV) +, known at intake	41	93	41	93
HIV screens, intake	1,938	1,657	1,938	1,657
HIV +, intake	27	21	27	21
HIV screens, offender- and provider-requested	162	341	162	341
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	775	1,664	775	1,664
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	2	2	2
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	81	80	81	80
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	23	31	23	31
Occupational exposures of TDCJ staff	3	9	3	9
Occupational exposures of medical staff	1	1	1	1
HIV chemoprophylaxis initiation	2	1	2	1
Tuberculosis skin test (ie, PPD) +, intake	30	41	30	41
Tuberculosis skin test +, annual	11	23	11	23
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	30	3	30	3
Tuberculosis cases under management	2	19		
Peer education programs [¶]	0	0	91	90
Peer education educators [∞]	5	5	7,852	7619
Peer education participants	2,094	1,177	2,094	1,177
Alleged assaults and chart reviews	63	76	63	76
Bloodborne exposure labs drawn on offenders	21	17	21	17
New Zero-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.

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

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

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

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

February 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	2	8	2	18
Gonorrhea	1	0	1	3
Syphilis	171	101	312	224
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	272	105	458	198
Human immunodeficiency virus (HIV) +, known at intake	105	60	146	153
HIV screens, intake	2,887	1,346	4,825	3,003
HIV +, intake	26	19	53	40
HIV screens, offender- and provider-requested	384	305	546	646
HIV +, offender- and provider-requested	0	2	0	2
HIV screens, pre-release	2,207	1,606	2,982	3,270
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	2	4	4
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	82	86	168	166
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	24	26	50	57
Occupational exposures of TDCJ staff	6	10	16	19
Occupational exposures of medical staff	1	2	3	3
HIV chemoprophylaxis initiation	0	1	1	2
Tuberculosis skin test (ie, PPD) +, intake	54	10	84	51
Tuberculosis skin test +, annual	25	21	36	44
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	1	5
Tuberculosis cases under management	1	20		
Peer education programs [§]	0	0	91	90
Peer education educators [¶]	4	4	7,860	7,623
Peer education participants	2,450	1,272	4,544	2,449
Alleged assaults and chart reviews	88	86	151	162
Bloodborne exposure labs drawn on offenders	27	17	48	34
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 2nd Quarter of Fiscal Year 2022, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 260 hospital discharge and 58 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	32	1	3.13%	0	N/A	1	3.13%	1	3.13%	2	6.25%
January	33	14	42.42%	0	N/A	8	24.24%		N/A	8	24.24%
February	41	1	2.44%	0	N/A	0	N/A	2	4.88%	4	9.76%
Total/Average	106	16	15.09%	0	N/A	9	8.49%	3	2.83%	0	N/A
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	25	2	8.00%	0	N/A	2	8.00%	4	16.00%	5	20.00%
January	19	0	N/A	0	N/A	0	N/A	1	5.26%	6	31.58%
February	24	0	N/A	0	N/A	1	4.17%	1	4.17%	4	16.67%
Total/Average	68	2	2.94%	0	N/A	3	4.41%	6	8.82%	15	22.06%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	31	6	19.35%	0	0.00%	2	6.45%	3	9.68%	0	N/A
January	27	3	11.11%	0	N/A	1	3.70%	0	N/A	0	N/A
February	28	1	3.57%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	86	10	11.63%	0	N/A	3	3.49%	3	3.49%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	88	9	10.23%	0	N/A	5	5.68%	8	9.09%	7	7.95%
January	79	17	21.52%	0	N/A	9	11.39%	1	1.27%	14	17.72%
February	93	2	2.15%	0	N/A	1	1.08%	3	3.23%	8	8.60%
Total/Average	260	28	10.77%	0	N/A	15	5.77%	12	4.62%	29	11.15%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	18	5	27.78%	0	N/A	3	16.67%	0	N/A	0	N/A
January	13	0	N/A	0	N/A	0	N/A	1	7.69%	0	N/A
February	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	38	5	13.16%	0	N/A	3	7.89%	1	2.63%	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	20	0	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	26	5	19.23%	0	N/A	3	11.54%	0	N/A	0	N/A
January	18	0	N/A	0	N/A	0	N/A	1	5.56%	0	N/A
February	14	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	58	5	8.62%	0	N/A	3	5.17%	1	1.72%	0	N/A

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

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
SECOND QUARTER, FISCAL YEAR 2022**

Dec-21	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Johnston	25	0	0	0
Wynne	38	0	0	0

Jan 22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Gist	42	4	4	0
LeBlanc	32	4	4	0
East Texas TF	28	0	0	0

Feb-22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Cotulla	9	0	0	0
Luther	41	0	0	0

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

Audit Tools	December	January	February	Total
Total number of units audited	2	3	2	7
Total numbered property	63	102	50	215
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Second Quarter FY-2022**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Stevenson	Jan. 10-12, 2022	100%	98.5 %
Hutchins	Jan. 10-12, 2022	100%	99.6 %
Cotulla	Jan. 24-26, 2022	100%	98.8%
Hobby/Marlin	Jan. 24-26, 2022	100%	99.1%
Clemens	Feb. 7-9, 2022	100%	98.7 %
Duncan	Feb. 28-Mar 2, 2022	100%	99.1 %

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Lynaugh-Ft. Stockton	Jan 17-19, 2022	100%	98.7 %

Executive Services
Monthly Active Academic Research Projects
Correctional Institutions Division

FY-2022 Second Quarter Report: December, January, and February

Project Number: 587-AR09 – Academic

<u>Researcher:</u> Marcus Boccaccini	<u>IRB Number:</u> 2009-032	<u>IRB Expiration</u> 6/23/2021	<u>Research Began:</u> 1/1/2009
<u>Title of Research:</u> Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism			<u>Data Collection Began:</u> 1/1/2009
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 2/28/2016
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 6/1/2022		<u>Projected Completion:</u>

Project Number: 612-AR10 - Academic

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

Project Number: 686-AR13 – Academic

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

Project Number: 723-AR15 – Academic

<u>Researcher:</u> David Pyrooz	<u>IRB Number:</u> 00001971	<u>IRB Expiration</u>	<u>Research Began:</u> 8/5/2015
<u>Title of Research:</u> Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Re-entry			<u>Data Collection Began:</u> 4/8/2016
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 12/31/2017
<u>Project Status:</u> Manuscript completed		<u>Progress Report Due:</u> 4/1/2022	<u>Projected Completion:</u>

Project Number: 767-AR17 – Academic

<u>Researcher:</u> Kathryn Whiteley	<u>IRB Number:</u> 2015-061	<u>IRB Expiration</u> 4/7/2021	<u>Research Began:</u> 10/5/2017
<u>Title of Research:</u> Self-Identifies of Women Incarcerated for Acts of Violence			<u>Data Collection Began:</u> 1/7/2019
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u> 1/31/2021
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> 4/1/2022	<u>Projected Completion:</u> 5/31/2021

Project Number: 783-AR18 – Academic

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

Project Number: 785-AR18 - Academic

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

Project Number: 786-AR18 - Academic

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

Project Number: 793-AR18 - Academic

<u>Researcher:</u> Sung Joon Jang	<u>IRB Number:</u> 1261257	<u>IRB Expiration</u>	<u>Research Began:</u> 2/8/2018
<u>Title of Research:</u> A Study of Restoration Outreach of Dallas (ROD) Ministries in Texas Prisons			<u>Data Collection Began:</u> 12/2/2019
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u> 1/27/2020
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> Progress report pending		<u>Projected Completion:</u> 12/31/2023

Project Number: 801-AR19 - Academic

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

Project Number: 826-AR – Academic - ACTIVE

<u>Researcher:</u> Bell, Brooke	<u>IRB Number:</u> 2020-796	<u>IRB Expiration</u> N/A – Exemption	<u>Research Began:</u>
<u>Title of Research:</u> Development of a Risk-Assessment Tool for Institutional Violent Behavior and Non-Institutional Sexually Aggressive Behavior			<u>Data Collection Began:</u> 01/14/2021
<u>Proponent:</u> Wang Evaluation Consultants			<u>Data Collection End:</u> 07/31/2021
<u>Project Status:</u> N/A	<u>Progress Report Due:</u> N/A		<u>Projected Completion:</u> 05/01/2022

Units Visited:

None.

Divisions Affected:

Office of General Counsel; Deputy Executive Director; Community Justice Assistance Division; Parole Division; Rehabilitation Programs Division; Windham School District

Project Number: 837-AR21 – Academic - ACTIVE

Researcher:

Seeger, Rebecca

IRB Number:

1770360-1

IRB Expiration

N/A - Exemption

Research Began:

Title of Research:

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

Data Collection Began:

01/14/2021

Proponent:

Northern Arizona University

Data Collection End:

07/31/2021

Project Status:

Pending Closeout

Progress Report Due:

N/A

Projected Completion:

05/01/2022

Units Visited:

None.

Divisions Affected:

Office of General Counsel; Deputy Executive Director; Rehabilitation Programs Division; Windham School District

Executive Services
Monthly Active Medical Research Projects
Health Services Division

FY-2022 Second Quarter Report: December, January, and February

Project Number: 615-RM10 – Medical - ACTIVE

<u>Researcher:</u> Heather Stevenson-Lerner	<u>IRB Number:</u> Flexible IRB	<u>IRB Expiration</u> 6/20/2022	<u>Research Began:</u> 9/12/2013
<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer			<u>Data Collection Began:</u> 1/1/2014
<u>Proponent:</u> UTMB			<u>Data Collection End:</u> 6/20/2022
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 12/1/2021		<u>Projected Completion:</u> 3/1/2023

Units Visited: Hospital Galveston Facility

Project Number: 729-RM15 – Medical - ACTIVE

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

Project Number: 815-RM20 – Medical - ACTIVE

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

Project Number: 816-RM20 – Medical - ACTIVE

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

Project Number: 819-RM20 – Medical - ACTIVE

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

Project Number: 828-RM21 – Medical - ACTIVE

<u>Researcher:</u> Amber Armstead	<u>IRB Number:</u> 20-0051	<u>IRB Expiration</u> Exempt	<u>Research Began:</u> 2/9/2021
<u>Title of Research:</u> Understanding the Prevalence of Chronic Disease Among Incarcerated People Living with HIV: A Descriptive Retrospective Cohort Study			<u>Data Collection Began:</u>
<u>Proponent:</u> UTMB	<u>Data Collection End:</u>		
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u>	<u>Projected Completion:</u>	

2nd Quarter FY 2022
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: December 2021, January 2022, February 2022

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
11/04/21	Clements	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%
12/16/21	Mountain View	17	16	0	0	100%	100%	100%	100%
12/20/21	Pack	15	13	0	0	100%	100%	100%	100%
12/09/21	Powledge	15	15	0	0	100%	100%	100%	100%
12/01/21	Estelle	88	81	26	5	100%	100%	100%	100%
12/15/21	Hughes	67	59	67	2	100%	100%	100%	100%
12/09/21	Michael	74	67	74	4	100%	100%	100%	100%
12/15/21	Murray	28	28	0	2	100%	100%	100%	100%
01/19/22	Gist	N/A #	N/A #	N/A #	N/A #	N/A #	N/A *	N/A *	N/A *
01/06/22	Lopez	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
01/19/22	Lynchner	N/A #	N/A #	N/A #	N/A #	N/A #	N/A *	N/A *	N/A *
1/11-13/22	Coffield	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
01/20/22	Stiles	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
Total	18	452	416	167	21				

*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

2nd Quarter FY 2022

Audits Conducted in December 2021, January 2022, and February 2022

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record¹				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	December 2021	0	0	0	NA	NA
Wayne Scott	December 2021	4	4	4	100%	NA
Montford	December 2021	12	12	12	100%	NA
Skyview	December 2021	6	6	6	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January 2022	2	2	2	100%	NA
Wayne Scott	January 2022	9	9	9	100%	NA
Montford	January 2022	13	13	13	100%	NA
Skyview	January 2022	10	10	10	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February 2022	0	0	NA	NA	NA
Wayne Scott	February 2022	5	5	5	100%	NA
Montford	February 2022	3	3	3	100%	NA
Skyview	February 2022	9	9	9	100%	NA

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

2nd Quarter of 2022

Reporting months– December 2021, January 2022, February 2022

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

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

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

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

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

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Managed Care

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

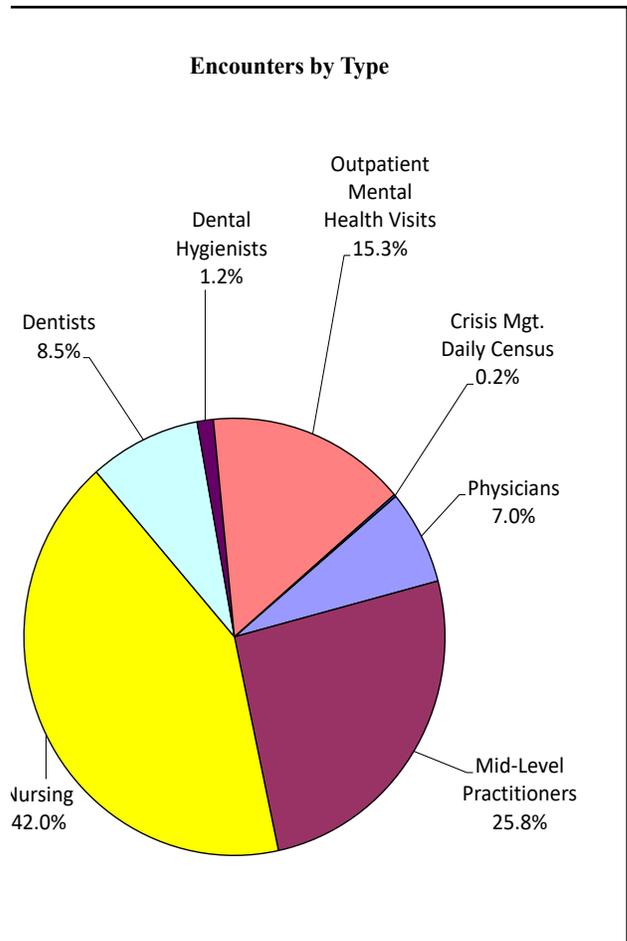
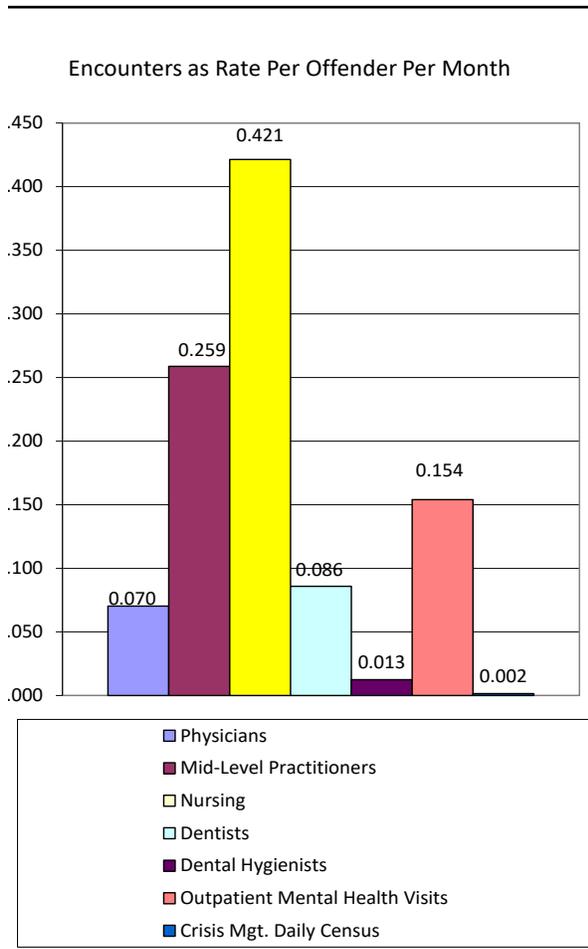
2nd Quarter

FY2022

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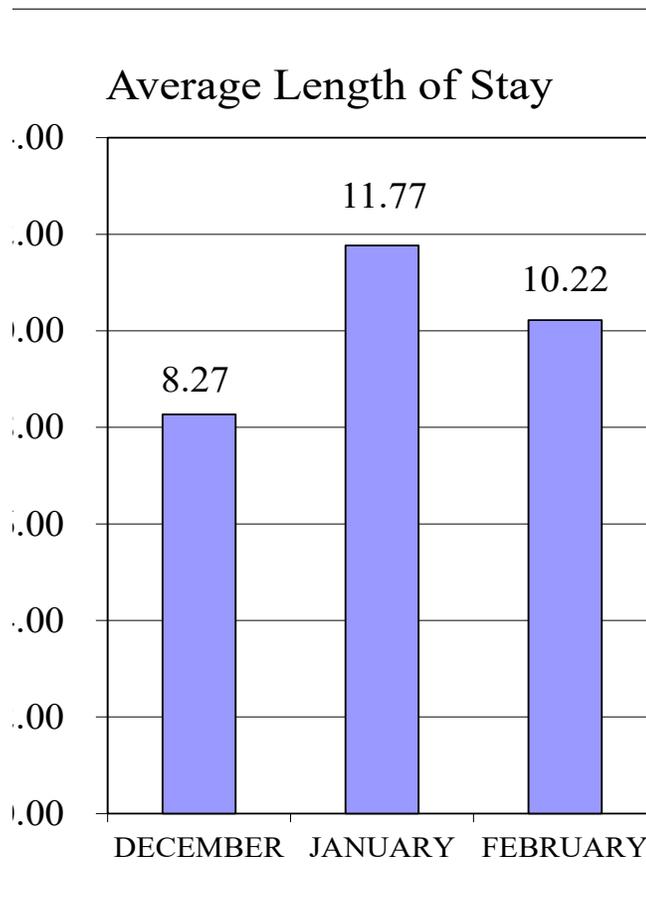
Medical Director's Report:

	DECEMBER		JANUARY		FEBRUARY		Qtly Average	
	24,809.83		24,677.16		24,120.98		24,760.00	
Average Population								
		Rate Per		Rate Per		Rate Per		Rate Per
		Number		Number		Number		Number
		Offender		Offender		Offender		Offender
Medical encounters								
Physicians	2,103	0.085	1,622	0.066	1,495	0.062	1,740	0.070
Mid-Level Practitioners	6,734	0.271	7,705	0.312	4,777	0.198	6,405	0.259
Nursing	12,081	0.487	9,430	0.382	9,790	0.406	10,434	0.421
Sub-total	20,918	0.843	18,757	0.760	16,062	0.666	18,579	0.750
Dental encounters								
Dentists	2,872	0.116	1,815	0.074	1,688	0.070	2,125	0.086
Dental Hygienists	681	0.027	169	0.007	81	0.003	310	0.013
Sub-total	3,553	0.143	1,984	0.080	1,769	0.073	2,435	0.098
Mental health encounters								
Outpatient Mental Health Visits	4,280	0.173	3,655	0.148	3,500	0.145	3,812	0.154
Crisis Mgt. Daily Census	43	0.002	38	0.011	37	0.002	39	0.002
Sub-total	4,323	0.174	3,693	0.150	3,537	0.147	3,851	0.156
Total encounters	28,794	1.161	24,434	0.990	21,368	0.886	24,865	1.004



Medical Director's Report (Page 2):

	DECEMBER	JANUARY	FEBRUARY	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	144.00	153.00	162.00	153.00
Number of Admissions	284.00	254.00	235.00	257.67
Average Length of Stay	8.27	11.77	10.22	10.09
Number of Clinic Visits	335.00	398.00	289.00	340.67
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	427.00	437.00	445.00	436.33
PAMIO/MROP Census	462.00	450.00	444.00	452.00
<i>Specialty Referrals Completed</i>				
	2,630.00	2,455.00	2,814.00	2,633.00
<i>Telemedicine Consults</i>				
	2,279	2,753	2,241	2,424.33



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

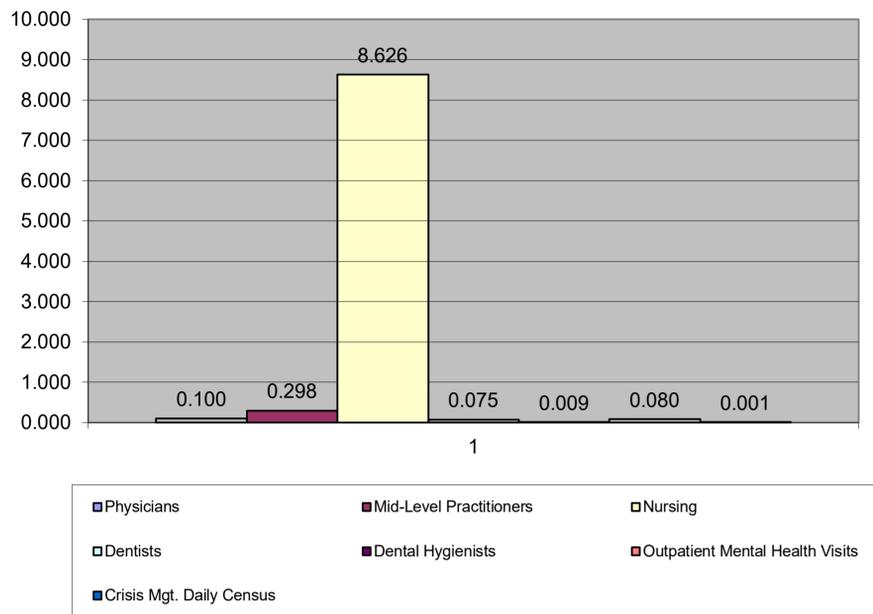
**2nd Quarter
FY2022**

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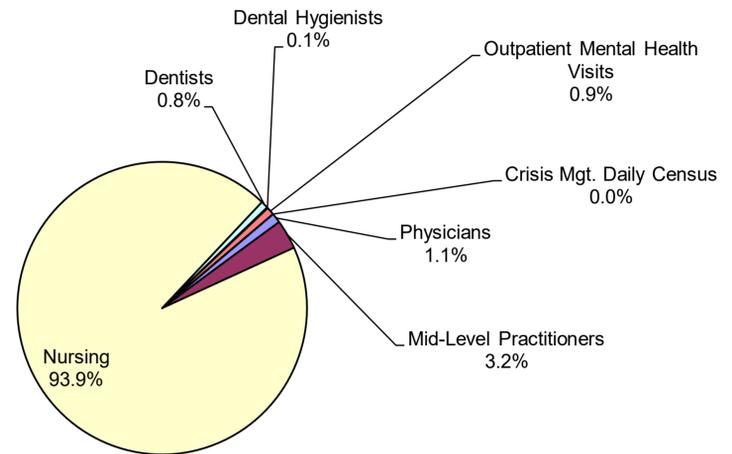
Medical Director's Report:

FY 22 Second Quarter <i>Average Population</i>	December		January		February		Qtly Average	
	96,454		96,895		95,404		96,546	
	Number	Rate Per Inmate	Number	Rate Per Inmate	Number	Rate Per Inmate	Number	Rate Per Inmate
Medical encounters								
Physicians	11,025	0.114	8,560	0.088	9,244	0.097	9,610	0.100
Mid-Level Practitioners	33,649	0.349	25,159	0.260	27,581	0.289	28,796	0.298
Nursing	767,679	7.959	1,020,982	10.537	709,700	7.439	832,787	8.626
Sub-total	812,353	8.422	1,054,701	10.885	746,525	7.825	871,193	9.024
Dental Encounters								
Dentists	9,526	0.099	5,933	0.061	6,139	0.064	7,199	0.075
Dental Hygienists	1,935	0.020	378	0.004	327	0.003	880	0.009
Sub-total	11,461	0.119	6,311	0.065	6,466	0.068	8,079	0.084
Mental Health Encounters								
Outpatient Mental Health Visits	8,526	0.088	7,266	0.075	7,453	0.078	7,748	0.080
Crisis Mgt. Daily Census	65	0.001	61	0.001	69	0.001	65	0.001
Sub-total	8,591	0.089	7,327	0.076	7,522	0.079	7,813	0.081
Total encounters	832,405	8.630	1,068,339	11.026	760,513	7.972	887,086	9.188

Encounters as Rate Per Offender Per Month

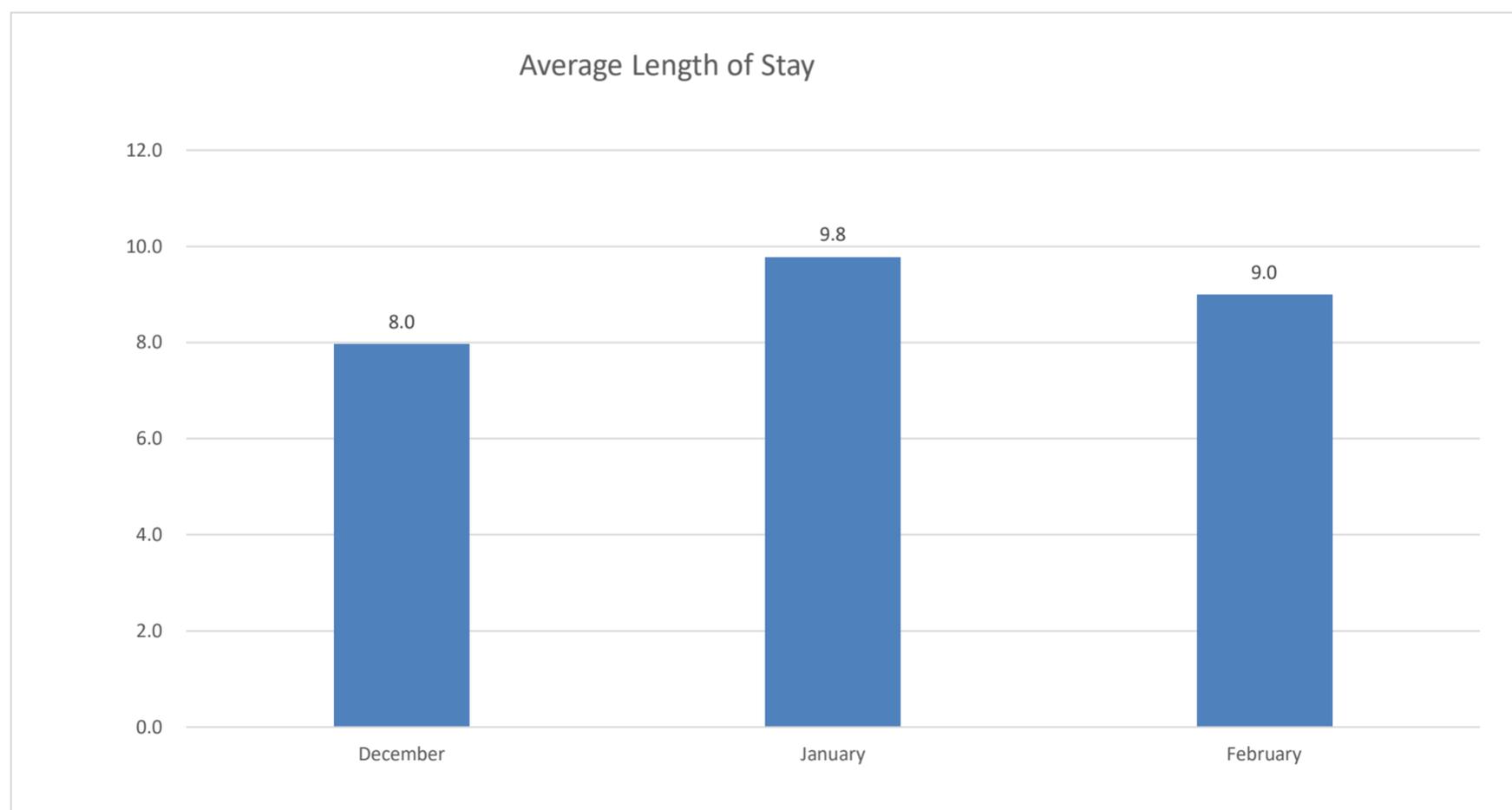


Encounters by Type



Medical Director's Report (Page 2):

FY 22	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	85.6	87.4	94.7	89.2
Number of Discharges	333	277	295	302
Average Length of Stay	8.0	9.8	9.0	8.9
Number of Clinic Visits	5,973	3,759	5,690	5,141
Mental Health Inpatient Facilities				
Average Daily Census	977.81	978.77	976.99	977.86
DDP Census	716.19	714.87	710.57	713.88
Telemedicine Consults	7,684	6,070	6,568	6,774.00



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

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Correctional Managed Health Care Joint Committee/Work Group Activity Summary for June 15, 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 confidential and not subject to disclosure under the law.

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

Workgroup activity covered in this report includes:

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

System Leadership Council

Chair: Dr. Owen Murray

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

Meeting Date: May 12, 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: Intake TB Screening
 - D. Support Services: Inpatient/Outpatient Physical Therapy
 - E. Clinical Administration: Missed Appointments (No Shows)
 - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
 - A. CMHCC Updates
 - B. CMHC Pharmacy Report
 - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
 - A. ATC Accuracy Evaluation
 - B. Nurse Protocol Audits
 - C. Nursing QA Site Visit Audits
 - D. FY23 Joint Nursing Indicator
- 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: April 21, 2021

Sub-Committee Updates:

Creation of Use of Force Policy Revision Work Group

Committee Updates:

None

Committee Referrals:

Joint Mental Health Working Group, Dr. Joseph Penn

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

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

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

POLICY #	POLICY NAME	SUBMITTED BY
E-35.2	Mental Health Evaluation	Beverly Echols
H-60.2	Inpatient Health Records	Rebecca Ramirez

Adjourn – The Next Meeting is Scheduled for July 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: March 24, 2022

- I. Approval of the Minutes from January 13, 2022 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 (December 2021 – February 2022)
 - D. Non-formulary Deferral Reports
 - E. Utilization Reports FY22
 - 1. HIV Utilization
 - 2. HCV Utilization
 - 3. HBV Utilization
 - 4. Psychotropic Utilization
 - F. Special Reports
 - 1. P&T Initiatives FY21
 - 2. Top 50 Medications by Cost and Volume – 2nd QuarterFY22
 - 3. Top 10 Non-formulary Drugs by Cost and Volume – 2nd QuarterFY22
 - 4. Pharmacy Diabetes Clinic Report – 2nd QuarterFY22
 - 5. Pharmacy Warfarin Clinic Report – 2nd QuarterFY22
 - G. Policy review Schedule (Policies 15-30 through 40-05 due for review in May)
- IV. Old Business (none)
- V. New Business
 - A. Action Request
 - 1. First-Generation Antihistamines
 - 2. Review of Disaster Formulary
 - 3. Formulary Replacement of ASA 325 mg non-coated with ASA 81 mg Chewable
 - B. Drug Category Reviews
 - 1. Antihypertensive Agents
 - C. MUE Gentamicin
 - D. FDA Medication Safety Advisories (none)
 - E. Manufacturer Shortages and Discontinuations
- VI. Policy and Procedure Revisions
 - 1. Pharmacy and Therapeutics Committee
 - 2. Non-Formulary Medications
 - 3. Additions to the Medication Formulary
 - 4. Prescribing and Ordering Medications
 - 5. Automatic Stop Orders for Drugs (10-10)
 - 6. Investigational Drugs within Correctional Managed Care Facilities (10-20)
 - 7. Medications Restricted to Specific Protocols for Use (10-25)

8. Ordering Stock Medication (10-30)
9. Medication Procurement After Hours (10-40)
10. Total Parenteral Nutrition (10-45)
11. Critical Medications Dispenses Upon HG Discharge (10-50)
12. Medication Area Security (15-05)
13. Storage of Pharmaceuticals (15-10)
14. Transfer of Medications (15-15)
15. Medication Security During Courier Transfer (15-25)

VII. Miscellaneous (none)

VIII. Adjourn - The Next Meeting is Scheduled for May 12, 2022 at 9:30 a.m.

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 – Mary McRee

HIV, MRSA, MSSA and Occupational Exposure – Latasha Hill

Syphilis – Regina Inmon

Tuberculosis – Dewayne Springer

SANE – Kate Williams

Peer Education – Dianna Langley

Old Business:

B-14.5 – Occupational Exposure Counseling and Testing for TDCJ and CMHC employees

New Business:

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

B-14.12	B-14.13.1	B-14.13.2	B-14.13.3	B-14.14	B14.15	B-14.16	B-14.17	B-14.18
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*Indicates Attachment(s) Included in the Policy

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.5 Attachment F	Occupational Exposure Counseling and Testing for TDCJ and CMC Employees- Attachments A-M	Janet Gonzales

Adjourn – The next meeting is scheduled for August 18, 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: March 10, 2022

- I. Call to Order
 - A. Minutes Confirmation
 - Review of Previous Meeting Minutes from January 20, 2022

- II. Dental Policy Review
 - A. B-14.1 Infection Control in Dental Clinics and Dental Laboratories
 - B. B-15.1B Chemical and Hazardous Material Control
 - C. B-15.1A UTMB-CMC Radiation Safety Compliance
 - D. C-19.1 Dental Education and Professional Development

- III. Dr. Billy Horton
 - A. Dental COVID Screening Form

- IV. Dr. Manuel Hirsch
 - A. 3-D Denture Program/Denture Policy
 - B. Radiograph Phosphor Plate changes for UTMB and the parallel for TTUHSC

- V. 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

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

VII. Round the Table

VIII. Adjourn – Next Meeting May 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 148 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2021. Of those deaths, there was one case that required a referral to peer review committees.

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

Joint Nursing Work Group

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

Purpose:

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

Meeting Date: April 25, 2021

Old Business:

- Hunger Strike Assessment Tool
- Use of Force Assessment Tool
- FY23 SLC Indicator for Nursing

New Business:

- Behavioral Intervention Plan
- Taser Probe Removal
- Compelled Injection Documentation Template
- CMHC Policy A-02.2 Review Taser Probe Removal
- Infirmary – Acuity Terminology
- Sheltered Housing
- Inmate Transfers vs Issued Medical Equipment
- Intake Scores
- Electronic Screening of Sick Call Requests – Proposed Changes to CMHC Policy E37.1
- Medical Clearance for Crisis Management Referrals

Adjourn

Financial Report on Correctional Managed Health Care



Quarterly Report FY2022 Second Quarter

September 2021 – February 2022

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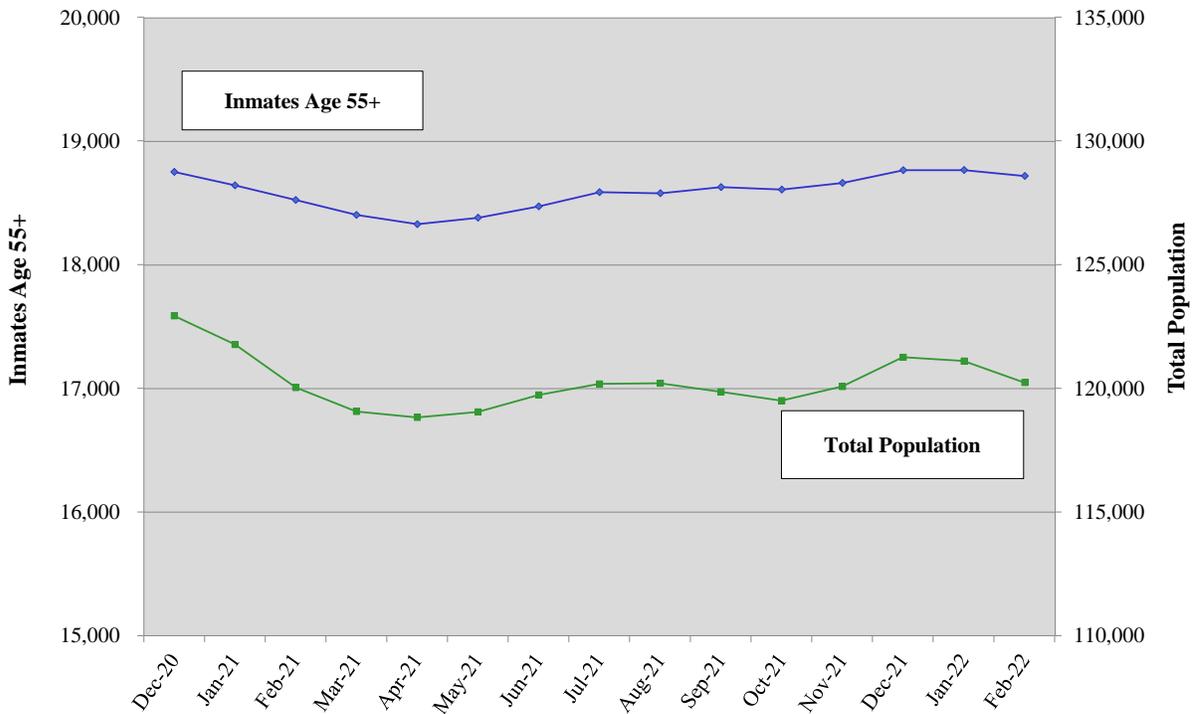
Population

- Overall inmate service population has decreased 1.4% from FY2021
 - Average daily census through 2nd quarter
 - FY2021: 122,076
 - FY2022: 120,347

- Inmates aged 55 or older population has decreased 0.02% from FY2021
 - Average daily census through 2nd quarter
 - FY2021: 18,696
 - FY2022: 18,692
 - While comprising about 15.5% of the overall service population, these inmates account for 50.3% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2022 average number of psychiatric inpatients through 2nd quarter: 1,858
 - FY2022 average number of psychiatric outpatients through 2nd quarter: 27,290

CMHC Service Population



Health Care Costs

- Total expenditures through 2nd quarter, FY2022: \$369.9M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$198.5M or 53.7% of total expenses
 - Hospital and Clinical Care - \$135.8M or 36.7% of total expenses
 - Pharmacy Services - \$35.6M or 9.6% of total expenses
 - HIV-related drugs: 31.5% of total drug costs
 - Hepatitis C drug therapies: 32.8% of total drug costs
 - Psychiatric drugs: 5.4% of total drug costs
 - All other drug costs: 30.3% of total drug costs
- Cost per inmate per day decreased 0.2% from FY2021 to FY2022
 - Cost per inmate per day through 2nd quarter FY2022:
 - FY2021: \$17.02
 - FY2022: \$16.98

Comparison of Total Health Care Costs

	FY18	FY19	FY20	FY21	FYTD 22 1st Qtr	FYTD 22 2nd Qtr
Population						
UTMB	118,737	117,987	110,924	96,514	95,027	95,829
TTUHSC	29,448	28,992	27,533	24,282	24,794	24,518
Total	148,185	146,979	138,457	120,796	119,821	120,347
Expenses						
UTMB	\$589,220,522	\$631,955,233	\$641,412,379	\$627,901,731	\$159,622,235	\$308,112,865
TTUHSC	\$118,282,720	\$124,707,572	\$132,834,504	\$122,657,653	\$30,402,605	\$61,838,639
Total	\$707,503,242	\$756,662,805	\$774,246,883	\$750,559,384	\$190,024,840	\$369,951,504
Cost/Day						
UTMB	\$13.60	\$14.67	\$15.80	\$17.82	\$18.46	\$17.76
TTUHSC	\$11.00	\$11.78	\$13.18	\$13.84	\$13.47	\$13.93
Total	\$13.08	\$14.10	\$15.28	\$17.02	\$17.43	\$16.98

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
Second Quarter, FY2022

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 31,158,291	\$ 139,416,722	\$ 170,575,013
Revenue Deferred to FY2023*	\$ -	\$ (10,275,358)	\$ (10,275,358)
State Reimbursement Benefits	\$ 5,391,895	\$ 27,741,455	\$ 33,133,350
Other Misc Revenue	\$ 1,188	\$ 123,179	\$ 124,367
C.1.8. Total Method of Finance	\$ 36,551,375	\$ 157,005,997	\$ 193,557,372
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 21,251,890	\$ 113,304,924	\$ 134,556,814
State Reimbursement Benefits	\$ 963,994	\$ -	\$ 963,994
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 22,215,885	\$ 113,304,924	\$ 135,520,809
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 6,926,509	\$ 29,491,809	\$ 36,418,318
State Reimbursement Benefits	\$ 43,088	\$ 1,148,735	\$ 1,191,823
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 6,969,597	\$ 30,640,544	\$ 37,610,141
TOTAL METHOD OF FINANCE	\$ 65,736,857	\$ 300,951,465	\$ 366,688,322

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 59,336,691	\$ 282,213,455	\$ 341,550,146
Revenue Deferred to FY2023*	\$ -	\$ (10,275,358)	\$ (10,275,358)
State Reimbursement Benefits	\$ 6,398,977	\$ 28,890,190	\$ 35,289,167
Other Misc Revenue	\$ 1,188	\$ 123,179	\$ 124,367
TOTAL METHOD OF FINANCE	\$ 65,736,857	\$ 300,951,465	\$ 366,688,322

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 37,756,444	\$ 160,783,906	\$ 198,540,350
C.1.9. Hospital & Clinical Care	\$ 18,534,606	\$ 117,258,163	\$ 135,792,770
C.1.10. Managed Health Care - Pharmacy	\$ 5,547,588	\$ 30,070,796	\$ 35,618,384
TOTAL EXPENDITURES	\$ 61,838,639	\$ 308,112,865	\$ 369,951,504

DIFFERENCE	\$ 3,898,218	\$ (7,161,400)	\$ (3,263,182)
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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
Second Quarter, FY2022

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 31,158,291	\$ 139,416,722	\$ 170,575,013
Revenue Deferred to FY2023*	\$ -	\$ (10,275,358)	\$ (10,275,358)
State Reimbursement Benefits	\$ 5,391,895	\$ 27,741,455	\$ 33,133,350
Other Misc Revenue	\$ 1,188	\$ 123,179	\$ 124,367
TOTAL METHOD OF FINANCE	\$ 36,551,375	\$ 157,005,997	\$ 193,557,372
Expenditures:			
Unit Care			
Salaries	\$ 14,250,287	\$ 94,317,659	\$ 108,567,946
Benefits	\$ 4,615,263	\$ 27,858,000	\$ 32,473,262
Other Operating Expenses	\$ 1,733,833	\$ 12,415,947	\$ 14,149,781
Professional Services	\$ 1,301,704	\$ -	\$ 1,301,704
Contracted Units/Services	\$ 6,071,035	\$ -	\$ 6,071,035
Travel	\$ 111,150	\$ 622,182	\$ 733,332
Capitalized Equipment	\$ 1,428,395	\$ 684,909	\$ 2,113,304
Subtotal, Unit Care	\$ 29,511,667	\$ 135,898,697	\$ 165,410,364
Psychiatric Care			
Salaries	\$ 4,938,157	\$ 16,980,956	\$ 21,919,113
Benefits	\$ 1,324,279	\$ 4,173,039	\$ 5,497,317
Other Operating Expenses	\$ 106,878	\$ 127,768	\$ 234,646
Professional Services	\$ 1,004,746	\$ -	\$ 1,004,746
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 13,864	\$ 45,997	\$ 59,860
Subtotal, Psychiatric Care	\$ 7,387,924	\$ 21,327,759	\$ 28,715,683
Indirect Expenditures (Shared Services)	\$ 856,853	\$ 3,557,450	\$ 4,414,303
TOTAL EXPENDITURES	\$ 37,756,444	\$ 160,783,906	\$ 198,540,350
DIFFERENCE	\$ (1,205,070)	\$ (3,777,908)	\$ (4,982,978)

*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
Second Quarter, FY2022

C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 21,251,890	\$ 113,304,924	\$ 134,556,814
State Reimbursement Benefits	\$ 963,994	\$ -	\$ 963,994
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 22,215,885	\$ 113,304,924	\$ 135,520,809
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 553,606	\$ 10,585,074	\$ 11,138,681
Community Provider Services	\$ 12,168,971	\$ 22,890,598	\$ 35,059,569
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 7,191,472	\$ 67,676,609	\$ 74,868,080
Estimated IBNR	\$ (1,963,869)	\$ 12,967,585	\$ 11,003,716
Subtotal, Hospital & Clinical Care	\$ 17,950,179	\$ 114,119,867	\$ 132,070,046
Indirect Expenditures (Shared Services)	\$ 584,427	\$ 3,138,296	\$ 3,722,723
TOTAL EXPENDITURES	\$ 18,534,606	\$ 117,258,163	\$ 135,792,770
DIFFERENCE	\$ 3,681,279	\$ (3,953,239)	\$ (271,961)

Based on data submitted by UTMB and TTUHSC

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 6,926,509	\$ 29,491,809	\$ 36,418,318
State Reimbursement Benefits	\$ 43,088	\$ 1,148,735	\$ 1,191,823
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 6,969,597	\$ 30,640,544	\$ 37,610,141
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,342,461	\$ 4,122,641	\$ 5,465,101
Benefits	\$ 47,855	\$ 1,327,022	\$ 1,374,876
Other Operating Expenses	\$ 225,143	\$ 809,461	\$ 1,034,604
Pharmaceutical Purchases	\$ 3,738,598	\$ 23,034,525	\$ 26,773,124
Travel	\$ 3,052	\$ 3,078	\$ 6,130
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 5,357,109	\$ 29,296,726	\$ 34,653,835
Indirect Expenditures (Shared Services)	\$ 190,479	\$ 774,070	\$ 964,549
TOTAL EXPENDITURES	\$ 5,547,588	\$ 30,070,796	\$ 35,618,384
DIFFERENCE	\$ 1,422,009	\$ 569,748	\$ 1,991,757

Based on data submitted by UTMB and TTUHSC

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

Key Population Indicators

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2022</u>
Average Service Population	119,869	119,512	120,081	119,821	121,267	121,113	120,242	120,874	120,347
Population Age 55 and Over	18,629	18,609	18,663	18,634	18,766	18,767	18,719	18,751	18,692
<i>Percent of Total Population</i>	15.5%	15.6%	15.5%	15.6%	15.5%	15.5%	15.6%	15.5%	15.5%
Key Treatment Populations, Month End									
Patients receiving HIV Treatment	1,568	1,569	1,593	1,577	1,583	1,563	1,545	1,564	1,570
Patients receiving Hep C Treatment	402	437	457	432	512	411	418	447	440
Patients Receiving Dialysis Treatment	229	230	222	227	224	224	223	224	225
Age 55 and Over	119	116	114	116	115	118	120	118	117
Under 55	110	114	108	111	109	106	103	106	108
Medical Inpatient Average Daily Census									
UTMB-Hospital Galveston	98	107	115	106	104	107	115	109	108
UTMB Community Hospitals	31	33	34	32	41	32	43	39	36
TTUHSC Community Hospitals	11	12	14	12	13	12	15	13	13
Medical Inpatient Average Daily Census	140	151	162	151	158	152	173	162	156
Medical Inpatient Discharges									
UTMB-Hospital Galveston	315	362	339	1,016	333	276	295	904	1,920
UTMB Community Hospitals	154	183	192	529	231	161	213	605	1,134
TTUHSC Community Hospitals	70	65	78	213	60	64	72	196	409
Medical Inpatient Discharges	539	610	609	1,758	624	501	580	1,705	3,463
Average Length of Stay (in days)									
UTMB - Hospital Galveston	8.35	8.46	8.71	8.51	7.95	9.82	8.99	8.92	8.71
UTMB Community Hospitals	6.03	5.55	5.24	5.61	5.67	6.32	5.69	5.89	5.75
TTUHSC Community Hospitals	4.97	3.80	4.79	4.52	5.60	5.39	4.72	5.24	4.88
Infirmary and Sheltered Housing Census, Month End									
UTMB Infirmary	512	515	510	512	501	496	501	499	506
UTMB Sheltered Housing	371	361	349	360	328	327	322	326	343
TTUHSC Infirmary	113	116	99	109	109	98	105	104	107
Infirmary and Sheltered Housing Census, Month End	996	992	958	982	938	921	928	929	956
<i>Percent of Capacity Filled</i>	90.6%	90.3%	87.2%	89.4%	85.4%	83.8%	84.4%	84.5%	89.4%
Medical Outpatient Visits									
UTMB Specialty Clinics and ER Visits	7,172	7,489	7,091	7,251	7,154	4,830	6,779	6,254	6,753
TTUHSC Community Outpatient and ER Visits	2,833	2,805	2,717	2,785	2,512	2,268	2,625	2,468	2,627
Medical Outpatient Visits	10,005	10,294	9,808	10,036	9,666	7,098	9,404	8,723	9,379
Mental Health Inpatient Average Census									
UTMB Psychiatric Inpatient	1,008	988	982	993	978	979	990	982	988
TTUHSC Psychiatric Inpatient	836	863	861	853	889	887	889	888	871
Mental Health Inpatient Average Census	1,844	1,851	1,843	1,846	1,867	1,866	1,879	1,871	1,858
Mental Health Outpatient Caseload, Month End									
UTMB Psychiatric Outpatient	20,513	20,666	21,077	20,752	21,367	21,616	21,610	21,531	21,142
TTUHSC Psychiatric Outpatient	6,030	6,050	6,223	6,101	6,640	5,978	5,969	6,196	6,148
Mental Health Outpatient Caseload, Month End	26,543	26,716	27,300	26,853	28,007	27,594	27,579	27,727	27,290

Based on data submitted by UTMB and TTUHSC

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

Key Budget Drivers (Cost)

	September	October	November	1st Quarter	December	January	February	2nd Quarter	FY2022				
Selected Drug Costs													
HIV Medications	\$	\$ 1,411,291	\$ 1,427,827	\$ 4,357,329	\$	\$ 1,456,232	\$ 945,23	\$ 3,639,805	\$ 7,997,135				
Hepatitis C Medications	1,538,211	\$ 1,378,474	\$ 1,542,686	\$ 4,334,371	1,238,340	1,521,322	\$ 1,363,232	\$ 1,308,225	\$ 3,992,778				
Psychiatric Medications	1,443,211	\$ 209,73	\$ 233,28	\$ 700,20	\$	\$ 255,53	\$ 214,99	\$ 672,16	\$ 1,372,370				
All Other Drug Costs	257,182	\$ 1,447,931	\$ 1,849,675	\$ 4,028,068	201,641	1,140,070	\$ 1,874,521	\$ 1,957,589	\$ 7,700,249				
Total Drug Costs	930,462	4,119,067	4,447,428	13,419,971	4,101,373	4,449,516	3,426,043	11,976,932	25,396,902				
Dialysis													
Age 55 and Over	\$	\$ 311,24	\$ 281,21	\$ 894,33	\$	\$ 293,28	\$ 290,87	\$ 894,54	\$ 1,788,881				
UTMB	301,870	\$ 529,91	\$ 264,08	\$ 446,73	310,385	\$ 379,95	\$ 277,55	\$ 650,75	\$ 1,697,489				
TTUHSC	284,534	\$ 713,32	\$ 317,13	\$ 447,60	293,349	\$ 513,32	\$ 113,32	\$ 543,79	\$ 91,392				
Under 55	17,136	\$ 355,94	\$ 305,30	\$ 971,32	17,136	\$ 275,81	\$ 276,00	\$ 870,59	\$ 1,841,916				
UTMB	310,677	\$ 827,37	\$ 283,89	\$ 397,20	318,772	\$ 248,77	\$ 249,56	\$ 390,89	\$ 1,688,104				
TTUHSC	285,932	\$ 828,56	\$ 521,40	\$ 574,11	292,554	\$ 627,04	\$ 826,43	\$ 979,69	\$ 153,812				
Total Dialysis	24,145	611,947	667,19	1,865,657	26,218	629,15	569,10	566,88	3,630,797				
Offsite Hospital Services													
Age 55 and Over	\$	\$ 10,165,520	\$ 9,884,740	\$ 30,492,112	49.6%	\$ 9,573,657	\$ 9,307,568	\$ 27,762,375	51.1%	\$ 58,254,487	50.3%		
UTMB	10,441,852	\$ 9,578,319	\$ 9,364,907	\$ 28,535,489		8,881,151	\$ 8,535,111	\$ 8,184,513	\$ 25,049,040	\$ 53,584,529			
TTUHSC	9,592,264	\$ 587,20	\$ 519,83	\$ 1,956,623		\$	\$ 1,038,545	\$ 1,123,055	\$ 2,713,335	\$ 4,669,958			
Under 55	849,588	11,481,768	\$ 9,943,321	\$ 9,615,524	50.4%	551,735	9,133,031	\$ 8,539,000	\$ 8,880,905	\$ 26,552,936	48.9%	\$ 57,593,549	49.7%
UTMB	\$	\$ 9,007,629	\$ 8,414,855	\$ 26,750,894		\$ 7,846,934	\$ 7,652,039	\$ 7,150,387	\$ 22,649,360	\$ 49,400,254			
TTUHSC	9,328,410	\$ 935,69	\$ 1,200,669	\$ 4,289,719		\$ 1,286,097	\$ 886,96	\$ 1,730,518	\$ 3,903,576	\$ 8,193,295			
Total Offsite Hospital Services	2,153,358	21,923,620	20,108,841	61,532,726		18,014,182	18,112,657	18,188,472	54,315,311	115,848,037			
C.1.8. Salaries/Agency Nursing/Overtime													
UTMB													
Salaries Agency	\$	\$ 15,757,409	\$ 15,341,781	\$ 46,480,839		\$ 15,613,016	\$ 15,522,994	\$ 13,948,987	\$ 45,084,997	\$ 91,565,836			
Nursing Overtime	15,381,650	\$ 1,941,527	\$ 1,978,995	\$ 5,709,437		\$ 2,386,657	\$ 2,191,305	\$ 2,282,566	\$ 6,860,529	\$ 12,569,965			
UTMB Total	1,788,914	\$ 1,313,727	\$ 1,205,018	\$ 3,626,963		\$ 1,178,957	\$ 1,309,459	\$ 1,047,434	\$ 3,535,850	\$ 7,162,813			
TTUHSC	18,278,783												
Salaries Agency	\$	\$ 3,194,027	\$ 3,187,482	\$ 9,599,717		\$	\$ 3,054,190	\$ 2,947,271	\$ 9,270,889	\$ 18,870,607			
Nursing Overtime	3,248,209	\$ 159,19	\$ 123,878	\$ 344,282		3,269,428	\$ 62,27	\$ 288,527	\$ 445,325	\$ 789,606			
	61,214	\$ 61,15	\$ 50,302	\$ 159,993		94,525	\$ 27,31	\$ 48,284	\$ 157,845	\$ 317,838			
TTUHSC Total	48,539	3,327,962	3,414,368	10,103,992		52,256	3,416,204	3,173,772	3,284,083	9,874,059			
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 21,606,745	\$ 22,427,030	\$ 21,887,455	\$ 65,921,231		\$ 22,594,834	\$ 22,197,530	\$ 20,563,070	\$ 65,355,434	\$ 131,276,665			
FTEs													
UTMB										2,770.1			
TTUHSC	2,805.8	726.97.5	747.84.5	747.95.9	717.	2,760.6	767.39.1	686.33.0	686.44.2	691.	704.8		
Total FTEs	3,534.2	3,511.8	3,495.5	3,513.8		3,463.5	3,424.4	3,419.7	3,435.9		3,474.8		
Key Occupational Categories, Percent Filled													
UTMB	81.9%	81.6%	81.2%	81.6%		80.5%	79.9%	79.7%	80.1%	80.8%			
Nursing	76.6%	76.2%	75.3%	76.0%		74.0%	73.1%	73.0%	73.3%	74.7%			
Mental Health	85.5%	84.3%	85.5%	85.1%		83.8%	83.5%	81.5%	82.9%	84.0%			
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.7%	87.7%	87.7%	87.7%		84.5%	83.9%	83.4%	83.9%	85.8%			
Dental	89.9%	89.9%	89.4%	89.7%		88.9%	89.9%	89.4%	89.4%	89.6%			
Pharmacy	94.5%	94.5%	93.8%	94.3%		92.4%	88.9%	91.7%	91.0%	92.7%			
Other Positions	85.6%	86.1%	86.1%	85.9%		87.8%	87.6%	87.8%	87.7%	86.8%			
TTUHSC	74.1%	72.6%	72.3%	73.0%		71.3%	69.5%	69.6%	70.2%	71.6%			
Nursing	67.6%	65.6%	65.8%	66.3%		64.8%	63.2%	63.0%	63.7%	65.0%			
Mental Health	66.4%	66.4%	67.3%	66.7%		66.4%	65.5%	65.0%	65.6%	66.2%			
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.8%	85.9%	85.0%	86.2%		82.5%	78.8%	78.5%	79.9%	83.1%			
Dental	87.9%	87.9%	83.6%	86.5%		79.7%	77.5%	80.8%	79.4%	82.9%			
Pharmacy	100.7%	100.7%	100.7%	100.7%		100.7%	101.0%	101.0%	100.9%	100.8%			
Other Positions	86.6%	84.1%	84.6%	85.1%		84.6%	82.5%	83.0%	83.4%	84.2%			

Based on data submitted by UTMB and TTUHSC

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/21/22
REVENUE:						
TDCJ Appropriation	\$ 29,832,260	\$ 29,504,431	\$ -	\$ -	\$ 59,336,691	\$ 119,656,861
Revenue Deferred to FY2023*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Reimbursement Benefits	\$ 3,077,654	\$ 3,321,324	\$ -	\$ -	\$ 6,398,977	\$ 12,797,955
Other Misc Revenue	\$ 662	\$ 526	\$ -	\$ -	\$ 1,188	\$ 2,376
TOTAL REVENUES	\$ 32,910,575	\$ 32,826,281	\$ -	\$ -	\$ 65,736,857	\$ 132,457,192

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 7,276,740	\$ 6,973,547	\$ -	\$ -	\$ 14,250,287	\$ 29,039,377
Benefits	\$ 2,287,997	\$ 2,327,266	\$ -	\$ -	\$ 4,615,263	\$ 8,319,782
Other Operating Expenses	\$ 823,486	\$ 910,348	\$ -	\$ -	\$ 1,733,833	\$ 3,817,667
Professional Services	\$ 564,532	\$ 737,172	\$ -	\$ -	\$ 1,301,704	\$ 2,678,408
Contracted Units/Services	\$ 3,042,747	\$ 3,028,288	\$ -	\$ -	\$ 6,071,035	\$ 12,349,482
Travel	\$ 48,144	\$ 63,006	\$ -	\$ -	\$ 111,150	\$ 230,301
Capitalized Equipment	\$ 37,625	\$ 1,390,769	\$ -	\$ -	\$ 1,428,395	\$ 2,256,790
Subtotal, Unit Care Expenditures	\$ 14,081,271	\$ 15,430,396	\$ -	\$ -	\$ 29,511,667	\$ 58,691,806
Psychiatric Care Expenditures						
Salaries	\$ 2,482,970	\$ 2,455,187	\$ -	\$ -	\$ 4,938,157	\$ 10,113,808
Benefits	\$ 656,256	\$ 668,023	\$ -	\$ -	\$ 1,324,279	\$ 2,648,557
Other Operating Expenses	\$ 71,815	\$ 35,064	\$ -	\$ -	\$ 106,878	\$ 233,757
Professional Services	\$ 437,138	\$ 567,608	\$ -	\$ -	\$ 1,004,746	\$ 2,009,492
Travel	\$ 8,801	\$ 5,063	\$ -	\$ -	\$ 13,864	\$ 37,728
Subtotal, Psychiatric Care Expenditures	\$ 3,656,980	\$ 3,730,945	\$ -	\$ -	\$ 7,387,924	\$ 15,043,342
Total Expenditures, Unit & Psychiatric Care	\$ 17,738,251	\$ 19,161,341	\$ -	\$ -	\$ 36,899,591	\$ 73,735,148

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 202,484	\$ 351,122	\$ -	\$ -	\$ 553,606	\$ 1,835,000
Freeworld Provider Services	\$ 5,863,580	\$ 6,305,391	\$ -	\$ -	\$ 12,168,971	\$ 23,339,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,408,059	\$ 3,783,413	\$ -	\$ -	\$ 7,191,472	\$ 15,177,928
Estimated IBNR	\$ (311,549)	\$ (1,652,320)	\$ -	\$ -	\$ (1,963,869)	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,162,573	\$ 8,787,606	\$ -	\$ -	\$ 17,950,179	\$ 40,352,726

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 753,384	\$ 589,077	\$ -	\$ -	\$ 1,342,461	\$ 2,684,921
Benefits	\$ 23,048	\$ 24,807	\$ -	\$ -	\$ 47,855	\$ 95,710
Other Operating Expenses	\$ 131,844	\$ 93,300	\$ -	\$ -	\$ 225,143	\$ 450,286
Pharmaceutical Purchases	\$ 1,771,564	\$ 1,967,035	\$ -	\$ -	\$ 3,738,598	\$ 7,977,197
Travel	\$ 1,555	\$ 1,497	\$ -	\$ -	\$ 3,052	\$ 6,104
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,681,394	\$ 2,675,715	\$ -	\$ -	\$ 5,357,109	\$ 11,214,218

Indirect Expenditures (Shared Services)	\$ 820,387	\$ 811,372	\$ -	\$ -	\$ 1,631,759	\$ 3,287,243
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TOTAL EXPENDITURES	\$ 30,402,605	\$ 31,436,033	\$ -	\$ -	\$ 61,838,639	\$ 128,589,335
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DIFFERENCE	\$ 2,507,970	\$ 1,390,248	\$ -	\$ -	\$ 3,898,218	\$ 3,867,857
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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
Second Quarter, FY2022

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/20/22
REVENUE:						
TDCJ Appropriation	\$ 141,886,323	\$ 140,327,132	\$ -	\$ -	\$ 282,213,455	\$ 569,104,487
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ (5,100,504)	\$ -	\$ -	\$ (10,275,358)	\$ (20,200,000)
State Reimbursement Benefits	\$ 14,618,821	\$ 14,271,368	\$ -	\$ -	\$ 28,890,190	\$ 58,693,545
Other Misc Revenue	\$ 16,255	\$ 106,924	\$ -	\$ -	\$ 123,179	\$ 248,399
TOTAL REVENUES	\$ 151,346,545	\$ 149,604,920	\$ -	\$ -	\$ 300,951,465	\$ 607,846,431

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 47,272,064	\$ 47,045,595	\$ -	\$ -	\$ 94,317,659	\$ 195,164,096
Benefits	\$ 13,847,086	\$ 14,010,914	\$ -	\$ -	\$ 27,858,000	\$ 57,094,652
Other Operating Expenses	\$ 5,989,279	\$ 6,426,668	\$ -	\$ -	\$ 12,415,947	\$ 25,563,794
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 302,926	\$ 319,256	\$ -	\$ -	\$ 622,182	\$ 1,254,675
Capitalized Equipment	\$ 416,639	\$ 268,270	\$ -	\$ -	\$ 684,909	\$ 2,275,881
Subtotal, Unit Care Expenditures	\$ 67,827,994	\$ 68,070,703	\$ -	\$ -	\$ 135,898,697	\$ 281,353,099
Psychiatric Care Expenditures						
Salaries	\$ 8,545,175	\$ 8,435,780	\$ -	\$ -	\$ 16,980,956	\$ 34,243,363
Benefits	\$ 2,083,325	\$ 2,089,714	\$ -	\$ -	\$ 4,173,039	\$ 8,415,244
Other Operating Expenses	\$ 66,987	\$ 60,781	\$ -	\$ -	\$ 127,768	\$ 257,654
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 28,006	\$ 17,991	\$ -	\$ -	\$ 45,997	\$ 92,755
Subtotal, Psychiatric Care Expenditures	\$ 10,723,493	\$ 10,604,266	\$ -	\$ -	\$ 21,327,759	\$ 43,009,017
Total Expenditures, Unit & Psychiatric Care	\$ 78,551,487	\$ 78,674,969	\$ -	\$ -	\$ 157,226,456	\$ 324,362,115

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,776,083	\$ 4,808,991	\$ -	\$ -	\$ 10,585,074	\$ 22,954,073
Freeworld Provider Services	\$ 6,856,569	\$ 16,034,029	\$ -	\$ -	\$ 22,890,598	\$ 71,039,378
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 38,895,772	\$ 28,780,837	\$ -	\$ -	\$ 67,676,609	\$ 146,758,893
Estimated IBNR	\$ 10,222,371	\$ 2,745,214	\$ -	\$ -	\$ 12,967,585	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 61,750,796	\$ 52,369,071	\$ -	\$ -	\$ 114,119,867	\$ 240,752,344

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,108,820	\$ 2,013,820	\$ -	\$ -	\$ 4,122,641	\$ 8,313,612
Benefits	\$ 679,052	\$ 647,969	\$ -	\$ -	\$ 1,327,022	\$ 2,676,038
Other Operating Expenses	\$ 391,140	\$ 418,321	\$ -	\$ -	\$ 809,461	\$ 1,632,338
Pharmaceutical Purchases	\$ 12,260,252	\$ 10,774,273	\$ -	\$ -	\$ 23,034,525	\$ 47,450,837
Travel	\$ 252	\$ 2,826	\$ -	\$ -	\$ 3,078	\$ 41,500
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 15,439,517	\$ 13,857,209	\$ -	\$ -	\$ 29,296,726	\$ 60,114,326

Indirect Expenditures (Shared Services)	\$ 3,880,435	\$ 3,589,381	\$ -	\$ -	\$ 7,469,816	\$ 15,545,388
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TOTAL EXPENDITURES	\$ 159,622,235	\$ 148,490,631	\$ -	\$ -	\$ 308,112,865	\$ 640,774,173
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DIFFERENCE	\$ (8,275,689)	\$ 1,114,289	\$ -	\$ -	\$ (7,161,400)	\$ (32,927,742)
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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
Second Quarter, FY2022

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 171,718,583	\$ 169,831,563	\$ -	\$ -	\$ 341,550,146	\$ 688,761,348
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ (5,100,504)	\$ -	\$ -	\$ (10,275,358)	\$ (20,200,000)
State Reimbursement Benefits	\$ 17,696,475	\$ 17,592,692	\$ -	\$ -	\$ 35,289,167	\$ 71,491,500
Other Misc Revenue	\$ 16,918	\$ 107,449	\$ -	\$ -	\$ 124,367	\$ 250,776
TOTAL REVENUES	\$ 184,257,121	\$ 182,431,201	\$ -	\$ -	\$ 366,688,322	\$ 740,303,623

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 54,548,804	\$ 54,019,142	\$ -	\$ -	\$ 108,567,946	\$ 224,203,474
Benefits	\$ 16,135,083	\$ 16,338,180	\$ -	\$ -	\$ 32,473,262	\$ 65,414,433
Other Operating Expenses	\$ 6,812,765	\$ 7,337,016	\$ -	\$ -	\$ 14,149,781	\$ 29,381,461
Professional Services	\$ 564,532	\$ 737,172	\$ -	\$ -	\$ 1,301,704	\$ 2,678,408
Contracted Units/Services	\$ 3,042,747	\$ 3,028,288	\$ -	\$ -	\$ 6,071,035	\$ 12,349,482
Travel	\$ 351,070	\$ 382,262	\$ -	\$ -	\$ 733,332	\$ 1,484,976
Capitalized Equipment	\$ 454,265	\$ 1,659,039	\$ -	\$ -	\$ 2,113,304	\$ 4,532,670
Subtotal, Unit Care Expenditures	\$ 81,909,265	\$ 83,501,099	\$ -	\$ -	\$ 165,410,364	\$ 340,044,905
Psychiatric Care Expenditures						
Salaries	\$ 11,028,146	\$ 10,890,967	\$ -	\$ -	\$ 21,919,113	\$ 44,357,171
Benefits	\$ 2,739,580	\$ 2,757,737	\$ -	\$ -	\$ 5,497,317	\$ 11,063,801
Other Operating Expenses	\$ 138,802	\$ 95,844	\$ -	\$ -	\$ 234,646	\$ 491,411
Professional Services	\$ 437,138	\$ 567,608	\$ -	\$ -	\$ 1,004,746	\$ 2,009,492
Travel	\$ 36,807	\$ 23,054	\$ -	\$ -	\$ 59,860	\$ 130,483
Subtotal, Psychiatric Care Expenditures	\$ 14,380,473	\$ 14,335,211	\$ -	\$ -	\$ 28,715,683	\$ 58,052,359
Total Expenditures, Unit & Psychiatric Care	\$ 96,289,737	\$ 97,836,310	\$ -	\$ -	\$ 194,126,047	\$ 398,097,264

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,978,567	\$ 5,160,114	\$ -	\$ -	\$ 11,138,681	\$ 24,789,073
Freeworld Provider Services	\$ 12,720,149	\$ 22,339,420	\$ -	\$ -	\$ 35,059,569	\$ 94,379,176
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 42,303,831	\$ 32,564,250	\$ -	\$ -	\$ 74,868,080	\$ 161,936,821
Estimated IBNR	\$ 9,910,822	\$ 1,092,894	\$ -	\$ -	\$ 11,003,716	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 70,913,369	\$ 61,156,677	\$ -	\$ -	\$ 132,070,046	\$ 281,105,069

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,862,204	\$ 2,602,897	\$ -	\$ -	\$ 5,465,101	\$ 10,998,533
Benefits	\$ 702,101	\$ 672,776	\$ -	\$ -	\$ 1,374,876	\$ 2,771,748
Other Operating Expenses	\$ 522,984	\$ 511,620	\$ -	\$ -	\$ 1,034,604	\$ 2,082,625
Pharmaceutical Purchases	\$ 14,031,816	\$ 12,741,308	\$ -	\$ -	\$ 26,773,124	\$ 55,428,034
Travel	\$ 1,807	\$ 4,323	\$ -	\$ -	\$ 6,130	\$ 47,604
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 18,120,911	\$ 16,532,924	\$ -	\$ -	\$ 34,653,835	\$ 71,328,544

Indirect Expenditures (Shared Services)	\$ 4,700,822	\$ 4,400,753	\$ -	\$ -	\$ 9,101,575	\$ 18,832,632
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TOTAL EXPENDITURES	\$ 190,024,840	\$ 179,926,664	\$ -	\$ -	\$ 369,951,504	\$ 769,363,509
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DIFFERENCE	\$ (5,767,719)	\$ 2,504,537	\$ -	\$ -	\$ (3,263,182)	\$ (29,059,885)
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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

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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Lannette Linthicum, MD, CCHP-A, FACP

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TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Second Quarter Fiscal Year (FY) 2022 (December 2021, January, and February 2022), Operational Review Audits (ORAs) were conducted at the following 7 facilities: Cotulla, East Texas Treatment Facility (TF), Gist, Johnston, LeBlanc, Luther, and Wynne.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the 6 items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2022:

1. Item **1.630** requires the facility to have an overall health service staffing vacancy of no more than 12%. The following 5 facilities were not in compliance with this requirement:
 - Cotulla (0%) - Corrective action plan received
 - East Texas TF (0%) - Corrective action plan received
 - Johnston (0%) - Corrective action plan received
 - Luther (0%) - Corrective action plan received
 - Wynne (0%) - Corrective action plan pending
2. Item **4.490** requires inmates who are prescribed anti-psychotic medications be reassessed a minimum of every 6 months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following 6 facilities were not in compliance with this requirement:
 - Cotulla (41%) - Corrective action plan received
 - East Texas TF (52%) - Corrective action plan received
 - Johnston (0%) - Corrective action plan received
 - LeBlanc (57%) - Corrective action plan pending
 - Luther (61%) - Corrective action plan received
 - Wynne (80%) - Corrective action plan pending
3. 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 time frame of their annual date of incarceration. The following 5 facilities were not in compliance with this requirement:
 - Cotulla (81%) - Corrective action plan received
 - East Texas TF (63%) - Corrective action plan received
 - Gist (50%) - Corrective action plan pending
 - LeBlanc (74%) - Corrective action plan pending
 - Luther (42%) - Corrective action plan received
4. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. The following 5 facilities were not in compliance with this requirement:
 - East Texas TF (50%) - Corrective action plan received
 - Gist (50%) - Corrective action plan pending
 - LeBlanc (80%) - Corrective action plan pending
 - Luther (60%) - Corrective action plan received
 - Wynne (10%) - Corrective action plan pending
5. Item **6.080** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the following inmates receiving Tuberculosis chemoprophylaxis: all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. The following 5 facilities were not in compliance with this requirement:

OPERATIONAL REVIEW AUDIT (CONTINUED)

- East Texas TF (60%) - Corrective action plan received
 - Gist (33%) - Corrective action plan pending
 - LeBlanc (60%) – Corrective action plan pending
 - Luther (40%) – Corrective action plan received
 - Wynne (70%) – Corrective action plan pending
6. Item **6.450** requires follow-up serologies for Syphilis are obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus (HIV) negative at six and twelve months; Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve, and twenty-four months; Latent Syphilis and HIV negative at every six, twelve, and twenty-four months; Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **5** facilities were not in compliance with this requirement:
- East Texas TF (71%) - Corrective action plan received
 - Gist (60%) - Corrective action plan pending
 - Johnston (0%) - Corrective action plan received
 - LeBlanc (57%) – Corrective action plan pending
 - Wynne (29%) – Corrective action plan pending
- During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Coleman, Dalhart, Halbert, Jester III, Michael, and Plane. During the Second Quarter FY 2022, all were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. Audits scheduled for the Second Quarter of FY 2022 were postponed due to the ongoing COVID-19 pandemic.

DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2022 (December 2021, January, and February 2022), Dental Quality Review Audits were conducted on Extraction Radiographic Findings at the following **96** facilities: Allred (General Population [GP], Expansion Cell Block [ECB]), Bell, Beto, B. Moore, Boyd, Bridgeport, Briscoe, Byrd, Clemens ,Clements (GP and ECB), C. Moore, Coffield, Cole, Coleman, Connally, Cotulla, Crain, Dalhart, Daniel, Diboll, 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, Lindsey, Lopez, Luther, Lychner, Lynaugh, Marlin, McConnell, Mechler, Memorial, Middleton, Montford, Mountain View, Murray, Ney, Pack, Plane, Polunsky, Powledge, Ramsey, Roach, Robertson, Rudd, San Saba, Sanchez, Sayle, Scott, Segovia, Skyview, Smith (GP and ECB), Stevenson, Stiles, Stringfellow, Telford, Terrell, Torres, Travis, Vance, Wainwright, Wallace, Wheeler, Willacy, Woodman, Wynne, and Young.

- **Item 1** - The Dental Extraction Radiographic Findings Assessment determines if prior to extraction, a current radiograph of diagnostic quality was present. **2** of the **96** facilities were not in compliance: **B. Moore (70%) and Kyle (73%)**.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY2022 (December 2021, January, and February 2022), the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,552** correspondences: The PLP received **2,846** and Step II Grievance received **706**. There were **215** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained inmate medical grievances closed in the Second 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%** and **1%** for TTUHSC for the Second 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 Second Quarter of FY 2022, (December 2021, January, and February 2022), the Patient Liaison Program nurses and investigators performed **23** Sick Call Request Verification audits (SCRVA) on **23** 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 **207** indicators were reviewed at the **23** facilities and **11** of the indicators fell below the **80** percent compliance threshold, representing **5** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **23** facilities audited. There were **3** units with one or more discipline composite scores below **80** percent. 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 percent or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 percent in a discipline(s) or less than a two-year history of scores will have that discipline(s) audited quarterly.

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Second Quarter FY 2022, there were **7,156** intake HIV tests performed. Of those tested, **77** inmates were newly identified as having HIV infection. During the same time period, there were **3,900** pre-release tests performed with **0** found to be HIV positive. For this quarter, **5** new AIDS cases were identified.
- There were **697** cases of Hepatitis C identified for the Second Quarter FY 2022. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **377** cases of suspected Syphilis were reported in the Second Quarter FY 2022. **192** 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)

- **264** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2022. For the same time period, **75** 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 **27** TB cases (pulmonary and extra-pulmonary) under management for the Second 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 **235** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2022. There were **46** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **61** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Second Quarter FY 2022, **0** units received peer educator training by the Peer Education Coordinator due to the increase in COVID-19 cases. As of the close of the quarter, **91** of the **100** facilities housing Correctional Institutions Division (CID) inmates had active peer education programs. During the Second Quarter FY 2022, **30** inmates trained to become peer educators. This is a decrease from the First Quarter FY 2022 Report. During the Second Quarter FY 2022, **7,885** inmates attended the classes presented by peer educators. This is an increase from the First Quarter FY 2022.

MORBIDITY AND MORTALITY

There were **148** deaths reviewed by the Mortality and Morbidity Committee during the months of December 2021, January, and February 2022 of those **148** deaths, **1** was referred to peer review committees.

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

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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2022:

- The OMHM&L monitors all restrictive housing within the TDCJ CID and State Jails once every six months. During the 2nd Quarter of FY 2022, **18** units were scheduled for audits. These audits were conducted at ten **10** of the **18** units, **7** of the **18** audits were cancelled due to travel restrictions imposed due to COVID-19 precautions and **1** of the **18** units did not have inmates housed in restricted 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). **18** units were audited. For ATC 4 **15** of the **18** units were **100%** compliant. For ATC 5 **15** of the **18** units were **100%** compliant. For ATC 6 **15** of the **18** units were **100%** compliant. **3** of the **18** units did not have an applicable sample. For the 911 tool, **10** of the **18** units were **100%** compliant. **7** of the **18** units were not assessed due to travel restrictions due to COVID-19 precautions. **1** of the **18** units did not have inmates housed in restricted 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 Second Quarter FY 2022, a total of **73** instances of compelled psychoactive medication administration occurred. There were **28** instances at the Montford Unit, **25** instances at the Skyview Unit, **18** instances at the Wayne Scott Unit (previously Jester IV Unit), and **2** instances at the Clements Unit. During the reporting months of December 2021, January, and February 2022, each unit obtained 100% for each month of the reporting period.
- 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 fall 2 months behind the reporting month. Intake Mental Health Evaluation Audits were discontinued in May of 2020 due to a limited number of intakes implemented as part of the agency wide COVID-19 precaution. The audits were tentatively scheduled to resume based on January 2022 data. The data was not pulled until February 2022 (with a reporting month of April 2022), due to an increase in COVID-19 related cases.

OFFICE OF THE HEALTH SERVICES LIAISON – UTILIZATION REVIEW

- The Office of the Health Services Liaison (HSL)- Utilization Review conducts a random audit of 10 percent of Electronic Health Records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Second Quarter of FY 2022, HSL conducted **260** hospital and **58** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmarary; 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 **260** hospital discharge audits conducted, **154** were from the UTMB Sector and **106** were from the TTUHSC sector. There were **42** deficiencies identified for UTMB and **42** identified for TTUHSC. Of the **58** infirmary discharge audits conducted **20** were from the UTMB sector and **38** were from the TTUHSC sector. There were **0** deficiencies identified from UTMB and **9** for TTUHSC.

ACCREDITATION

The ACA 2022 Summer Conference will be held in New Orleans, Louisiana on August 4-8, 2022, and the following facilities will be represented: Clemens, Cotulla, Duncan, Fort Stockton, Hobby, Hutchins, Lynaugh, Marlin, and Stevenson.

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 - **12**
- Correctional Institutions Division Pending Monthly Research Projects - **0**
- Health Services Division Active Monthly Medical Research Projects - **6**
- Health Services Division Pending Medical Research Projects – **0**