



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

September 14, 2022

10:00 a.m. (CST)

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

September 14, 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. Chair's Report
  1. Tour of Montford Unit, July 18, 2022
  2. TBCJ Tour of Hospital Galveston, August 25, 2022
  3. TBCJ Health Care Committee Report, August 26, 2022
- IV. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, June 15, 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
- V. Update on Financial Reports
- VI. Medical Directors Updates
  1. Texas Department of Criminal Justice
    - Health Services Division Fiscal Year 2022 Third Quarter Report
  2. Texas Tech University Health Sciences Center

3. The University of Texas Medical Branch

VII. CMHCC Committee Mission, Vision, Core Values, and Organizational Goals

**Presented by:**

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

VIII. Public Comments

IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
June 15, 2022

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**June 15, 2022**

- Chairman:** Robert D. Greenberg, M.D.
- CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Michelle Erwin, Cynthia Jumper, M.D., Phillip Keiser, M.D., Jeffrey Beeson, D.O., Preston Johnson, Jr., John Burress, M.D., Brian Edwards, M.D., Julia Hiner, M.D.
- CMHCC Members Absent:** Erin Holt, LPC
- Partner Agency Staff Present:** Eric Guerrero, Rebecca Waltz, Natasha Mills, Renee Warren, Lora Pace, Ashley Cameron, Jennifer Gonzales, Jewel Archie, Michael Rutledge, Myra Walker, Alice Castleberry, PhsyD, Eidi Millington, M.D., Manuel Hirsch, D.D.S., Michael Rutledge, Texas Department of Criminal Justice (TDCJ); Carrie Culpepper, Smiley Garcia, Lindsey Tubbs, Texas Tech University Health Sciences Center (TTUHSC); Owen Murray, D.O., Ryan Micks, Anthony Williams, Kelly Coates, Emily Mielsch, Monte Smith, D.O., Justin Robison, John Pulvino, University of Texas Medical Branch (UTMB)
- Others Present:** Judi Ross, Dynavax Technologies; Cheryl Foreman, Texas Board of Criminal Justice (TBCJ)
- Location:** UTMB Correctional Managed Care (CMC) Offices, 200 River Pointe Drive, Suite 200 (Training Room), Conroe, TX 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - Dr. Robert Greenberg	<p>Dr. Robert Greenberg called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Greenberg acknowledged that all wishing to offer public comment were instructed to register prior to the meeting and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p> <p>Dr. Greenberg welcomed and thanked everyone for being in attendance.</p>		
<b>II. Recognitions and Introductions</b> - Dr. Greenberg	<p>Dr. Greenberg introduced two newly appointed CMHCC members:</p>		
<b>II. Recognitions and Introductions (cont.)</b> - Dr. Greenberg	<p>Julia Hiner, M.D., assistant professor at The University of Texas Health Science Center. She is a member of the American Geriatrics Society and the Consortium on Aging, volunteers with the Elder Abuse Fatality Review Team and</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="73 1068 436 1094"><b>III. Approval of Consent Items</b></p> <ul style="list-style-type: none"> <li data-bbox="128 1101 300 1127">- Dr. Greenberg</li>   <li data-bbox="142 1252 422 1308">- Approval of Excused Absences</li> </ul> <p data-bbox="73 1373 436 1399"><b>III. Approval of Consent Items</b></p> <ul style="list-style-type: none"> <li data-bbox="128 1406 373 1432">- Dr. Greenberg (cont.)</li> <li data-bbox="142 1438 422 1523">- Approval of CMHCC Meeting Minutes – March 23, 2022</li> </ul>	<p data-bbox="501 198 1161 423">was previously a Second Lieutenant in the Texas State Guard - Medical Brigade. Dr. Hiner received a Bachelor of Science in Biology and Psychology from Texas State University and a Doctor of Medicine from UTMB. She is board certified in both Internal Medicine and Geriatric Medicine. Dr. Hiner was appointed to the CMHCC by Governor Abbott for a term to expire February 1, 2026.</p> <p data-bbox="501 467 1161 987">Brian Edwards, M.D., F.A.C.P., assistant professor at Texas Tech University Health Sciences Center (TTUHSC) El Paso, where he also serves as the Program Director of the Internal Medicine/Psychiatry Residency Program and the Associate Program Director of the Internal Medicine Residency Program. He is certified by the American Board of Internal Medicine and is a fellow of the American College of Physicians. Dr. Edwards received a Bachelor of Science in Chemistry with Environmental Science from the University of Western Ontario, a Master of Science in Chemistry from McMaster University, and a Doctor of Medicine from Wayne State University School of Medicine. Additionally, he completed his residency in Internal Medicine at Wayne State University School of Medicine/Detroit Medical Center. Dr. Edwards was appointed to the CMHCC by Governor Abbott for a term to expire February 1, 2026.</p> <p data-bbox="501 1024 1161 1081">Dr. Greenberg next moved on to agenda item III, approval of Consent Items.</p> <p data-bbox="501 1118 1161 1175">Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p data-bbox="501 1213 1161 1269">The first consent item was the approval of excused absences from the March 23, 2022 meeting –Ms. Michelle Erwin.</p> <p data-bbox="501 1330 1161 1479">The second consent item was the approval of the CMHCC meeting minutes from the March 23, 2022 meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- University Medical Directors Reports</li> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul> <p><b>IV. Update on Financial Reports</b> - Rebecca Waltz</p> <p><b>V. Medical Director's Updates</b> -TDCJ – Health Services Division FY 2022 Second Quarter Report - Dr. Lannette Linthicum</p>	<p>The fourth consent item was the approval of the FY 2022 Second 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 2022 Second Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Second Quarter of FY 2022, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions. There were no questions.</p> <p>Dr. Greenberg then called on Dr. Lannette Linthicum to present the FY 2022 Second Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p>		<p>Dr. John Burress made a motion to approve all consent items, and Preston Johnson seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="73 1203 436 1260"><b>V. Medical Director's Updates (cont.)</b></p> <p data-bbox="132 1263 304 1289">- Dr. Linthicum</p> <p data-bbox="138 1386 453 1474">- <b>Texas Tech University Health Sciences Center</b> - Dr. Cynthia Jumper</p>	<p data-bbox="501 228 1159 558">Dr. Linthicum gave an update on Gonzalo Lopez, prison bus inmate escapee on May 12, 2022, and the new measures enacted regarding routine medical transports. Texas Rangers are leading an ongoing investigation. New measures include inmate enhanced security search procedures prior to an inmate boarding a transport vehicle, additional video surveillance equipment added to transport vehicles, reevaluation of determining factors for a higher risk inmate, higher risk inmates being transported singularly, and unit medical capabilities being enhanced to reduce the number of inmates requiring medical transport.</p> <p data-bbox="501 837 1159 984">Dr. Linthicum stated that there are approximately 2000 inmates transported daily and roughly half of those are being transported for medical reasons. The joint medical directors have been asked to explore ways to reduce the number of medical transports.</p> <p data-bbox="501 1114 1159 1227">Dr Greenberg asked if there were any questions or comments on Dr. Linthicum's report and there were none. Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Cynthia Jumper to present the report for TTUHSC.</p> <p data-bbox="501 1295 1159 1533">Dr. Jumper begins by stating strategies that TTUHSC will use to reduce the need to transport inmates for medical purposes. Foremost, to increase the telemedicine for the units and this will include enhancing internet band width and fiber optics options. Further, adding after hours medical staff to reduce the need to transport to local hospitals, adding a facsimile for nursing home care is being explored to open medical bed availability in specific areas, and exploring ways for</p>	<p data-bbox="1184 626 1696 894">Eric Guerrero, Correctional Institutions Deputy Division Director, added that prior to getting on transport buses, inmates will be issued clothing to differentiate between restrictive housing inmates and inmates from the general population. Those with a security precaution designator will be transported individually. Three correctional officers will accompany each transport vehicle.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="142 380 411 464">- <b>University of Texas Medical Branch</b> - Dr. Owen Murray</p> <p data-bbox="75 1141 348 1198"><b>VI. CMC Dashboard</b> - John Pulvino, P.A.</p>	<p data-bbox="506 196 1157 253">additional mobile diagnostic equipment. These measures will help decrease the need for inmates to be transported.</p> <p data-bbox="506 289 1157 345">Dr. Greenberg thanked Dr. Jumper and then called on Dr. Owen Murray to present the report for UTMB.</p> <p data-bbox="506 381 1157 584">Dr. Murray begins his report with mention of his recent meeting with senate finance committee and their firm support for TDCJ to find resources to reduce transportation and funding for those efforts. Optometry is one of the UTMB largest chronic clinics and is done in Huntsville. This is one of several medical services being evaluated for moving to on site capabilities.</p> <p data-bbox="506 620 1157 709">UTMB will regionalize subservices care that are not feasible for telehealth and will expand those services as well as exploring possibilities of contracting them.</p> <p data-bbox="506 745 1157 834">Updating equipment and increasing broadband for unit facilities as well as adding trained telehealth personnel are being assessed.</p> <p data-bbox="506 870 1157 927">UTMB will continue to work with TDCJ in reducing the need for medical transport.</p> <p data-bbox="506 1019 1157 1076">Dr. Greenberg thanked Dr. Murray and then called on John Pulvino, P.A. to begin the presentation on CMC Dashboard.</p> <p data-bbox="506 1144 1157 1429">Mr. Pulvino Senior Director of Quality and Outcomes, UTMB CMC presented an overview of the CMC electronic dashboard explaining that the dashboard is an electronic interface used to acquire and consolidate data for TDCJ, UTMB, and TTUHSC jointly. Mr. Pulvino explained with examples how the CMC Dashboard provides detailed information for facilities and patients and provides real-time department productivity and key performance indicators from the Electronic Health Records.</p> <p data-bbox="506 1464 1157 1539">Dr Greenberg thanked Mr. Pulvino and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Public Comments</b> - Dr. Greenberg</p> <p><b>VIII. Adjourn</b></p>	<p>public members requested to address the committee at this meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for September 14, 2022 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:56 a.m.</p>		

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

\_\_\_\_\_  
 Date

Consent Item

TDCJ Health Services  
Monitoring Reports



TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE

**Health Services Division**

***Quarterly Monitoring Report***

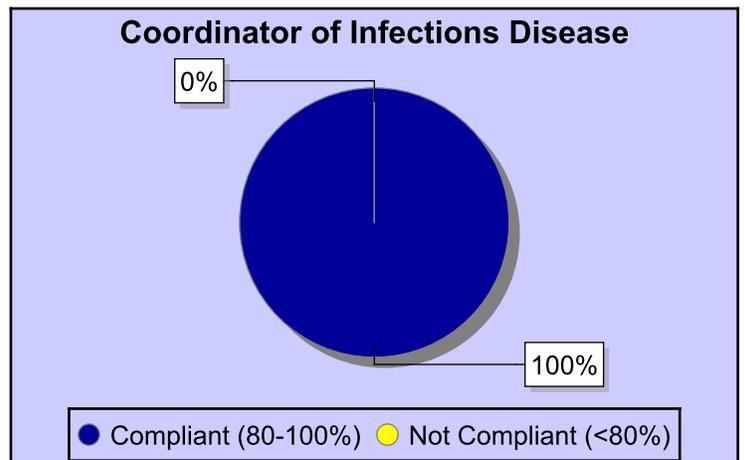
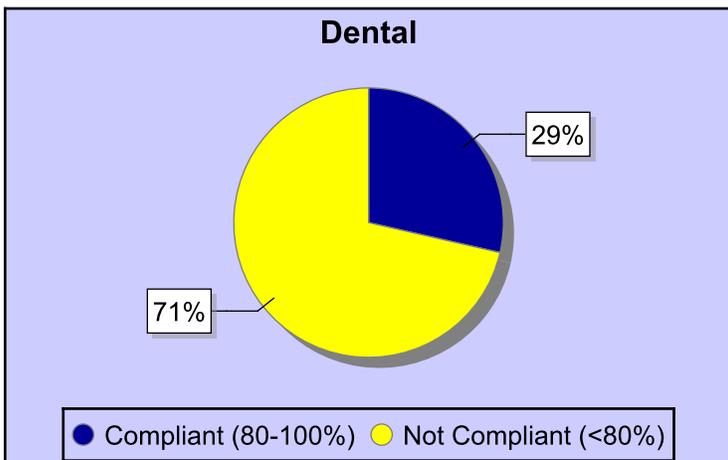
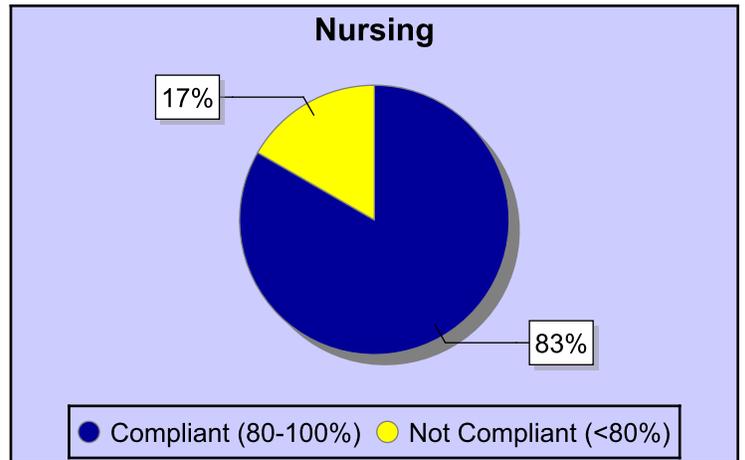
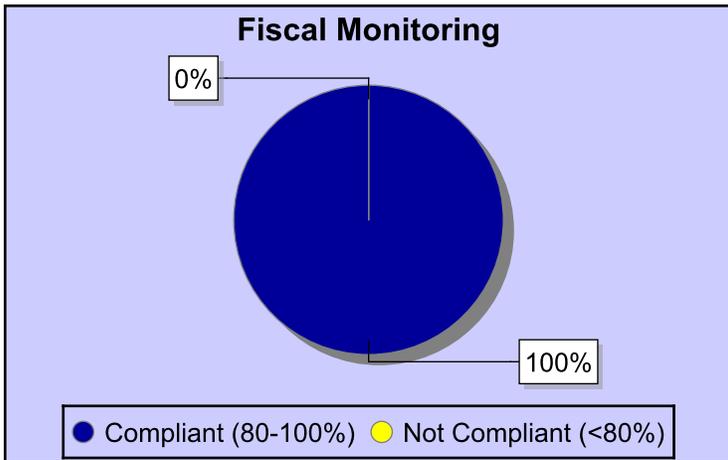
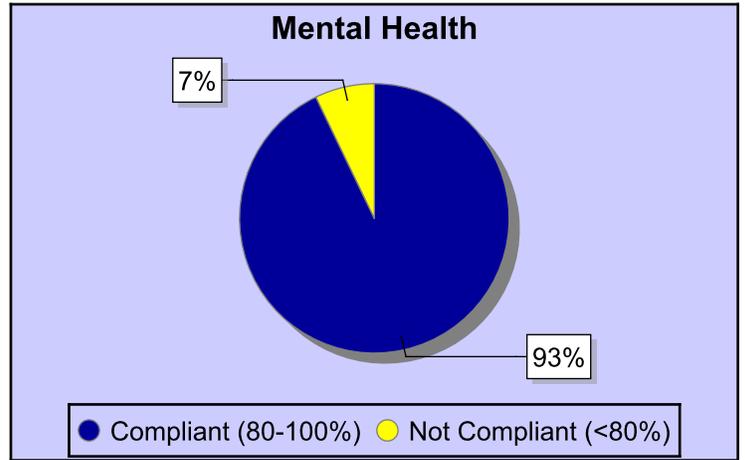
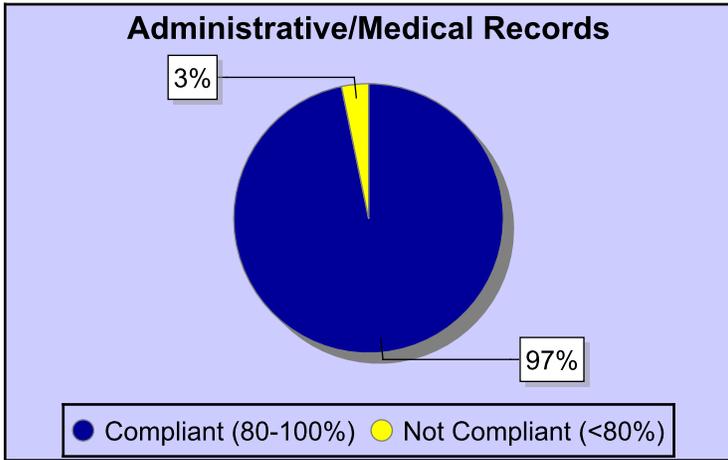
**Third Quarter, Fiscal Year 2022  
(March, April, and May 2022)**

Rate of Compliance with Standards by Operational Categories  
Third Quarter, Fiscal Year 2022  
March May 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	
Baten	31	30	97%	12	10	83%	11	11	100%	7	2	29%	14	13	93%	4	4	100%
Bradshaw	30	29	97%	13	13	100%	18	12	67%	10	9	90%	16	15	94%	5	5	100%
Byrd	31	31	100%	13	13	100%	25	20	80%	3	1	33%	3	2	67%	4	4	100%
Clements	33	31	94%	29	19	66%	43	34	79%	4	4	100%	55	40	73%	3	3	100%
Ferguson	30	29	97%	11	7	64%	26	13	50%	2	2	100%	16	15	94%	3	3	100%
Hodge	30	29	97%	10	10	100%	32	31	97%	2	2	100%	17	16	94%	5	5	100%
Lindsey	31	31	100%	13	13	100%	37	36	97%	3	3	100%	14	13	93%	2	2	100%
Lychner	31	30	97%	15	15	100%	40	27	68%	12	12	100%	15	13	87%	5	5	100%
Middleton	31	30	97%	15	14	93%	27	22	81%	12	11	92%	16	15	94%	7	7	100%
Robertson	32	31	97%	13	10	77%	18	10	56%	10	8	80%	24	19	79%	7	7	100%
Skyview	32	32	100%	9	8	89%	15	13	87%	2	1	50%	37	33	89%	5	5	100%

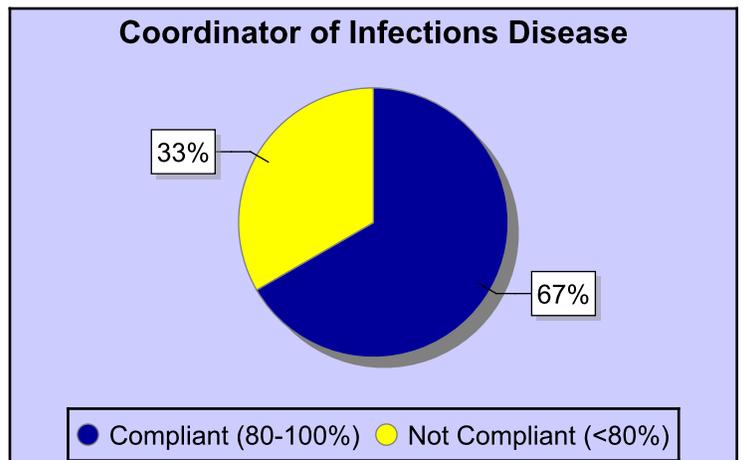
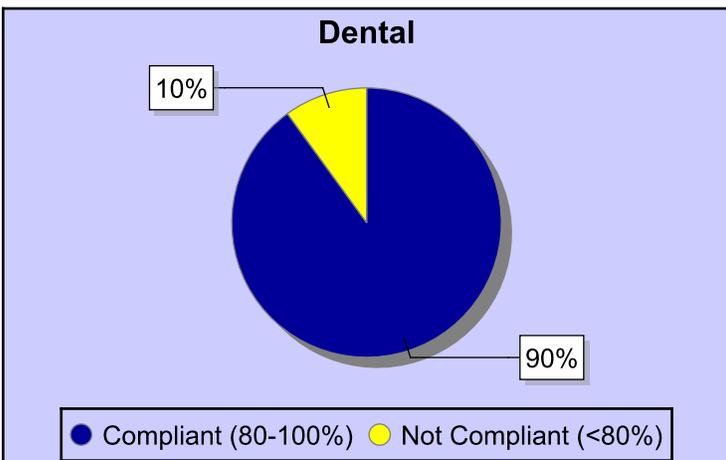
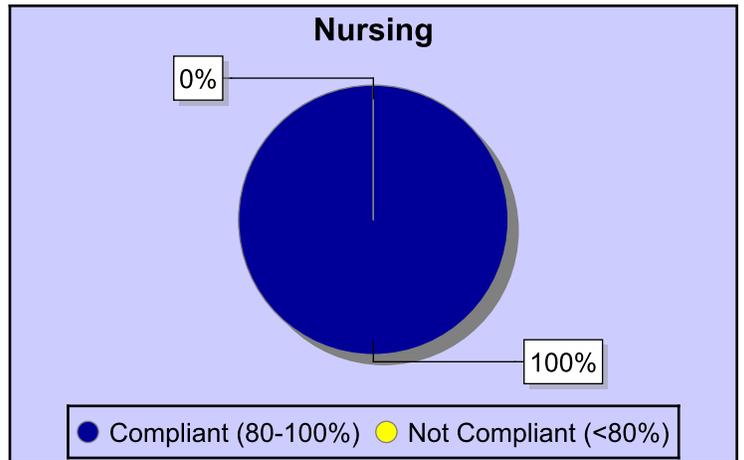
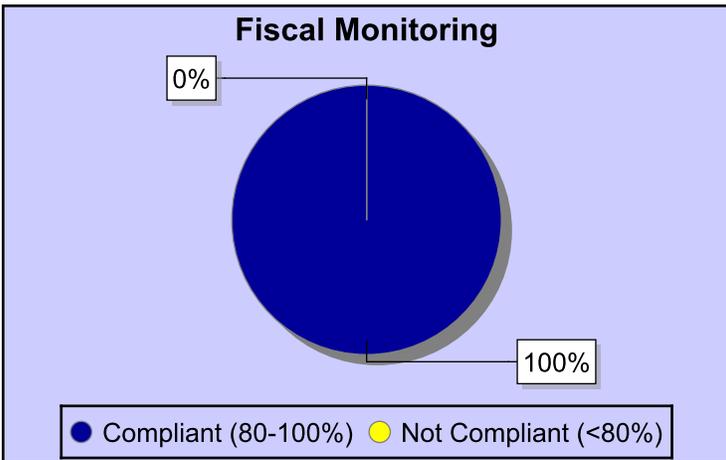
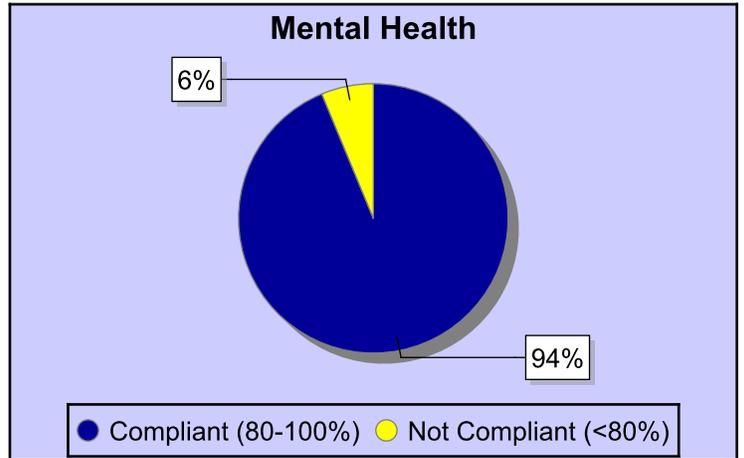
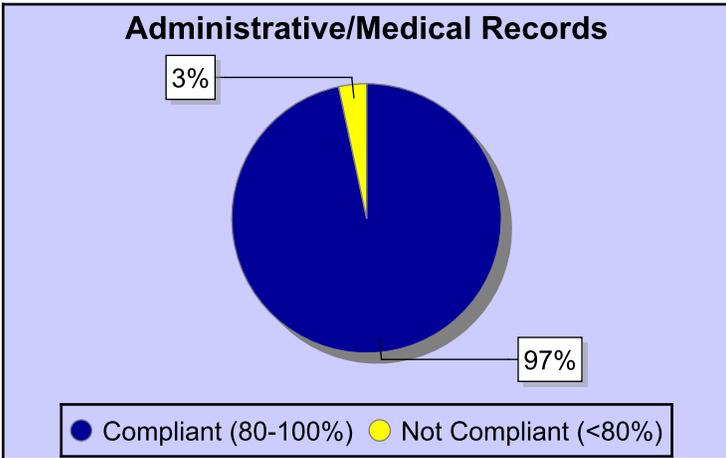
*n* = number of applicable items audited.

Compliance Rate By Operational Categories for  
BATEN FACILITY  
May 10, 2022

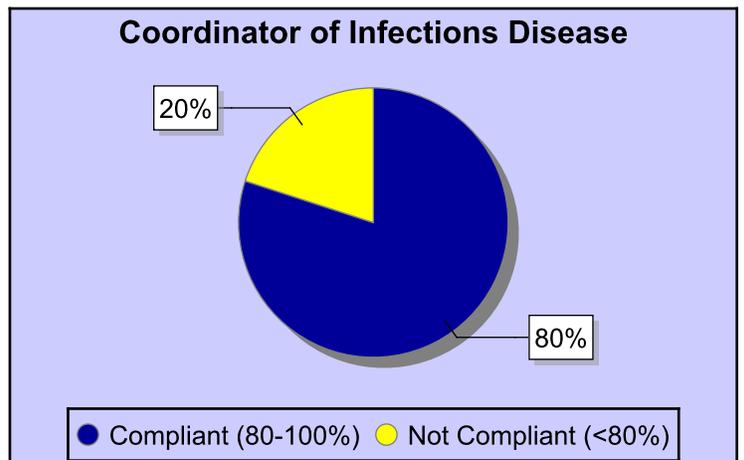
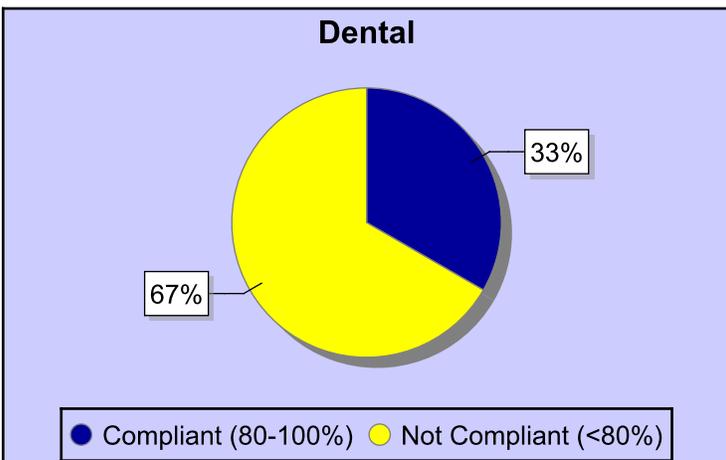
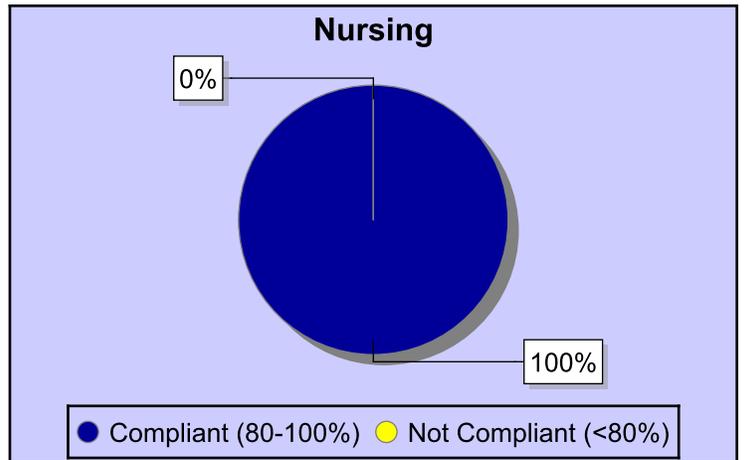
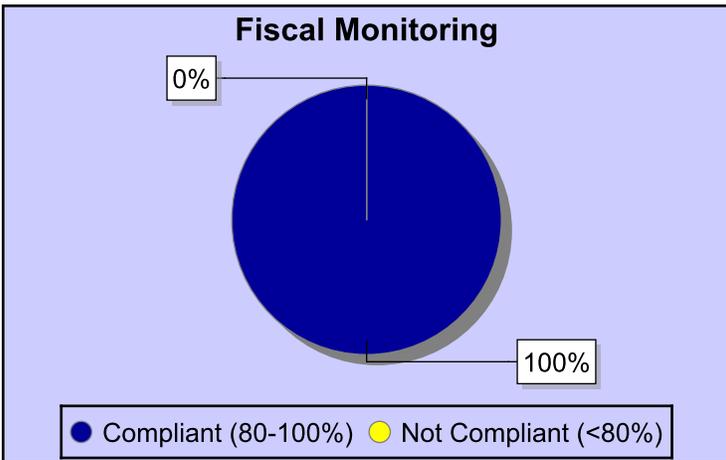
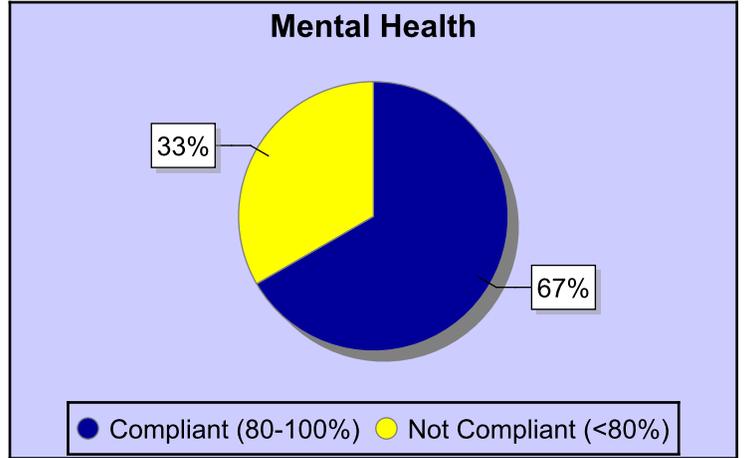
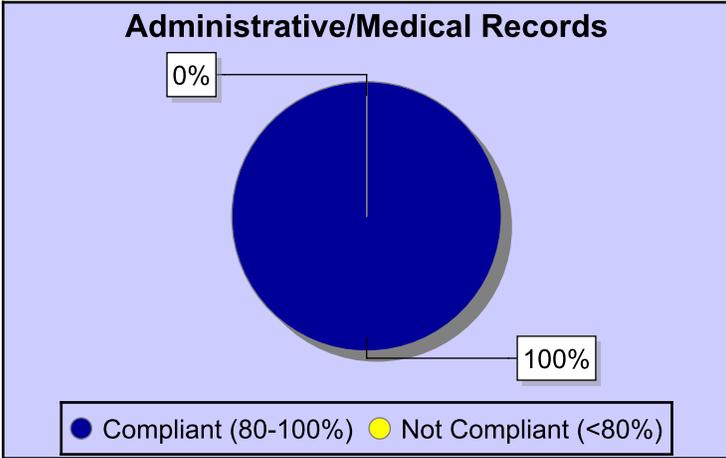


# Compliance Rate By Operational Categories for BRADSHAW FACILITY

May 09, 2022



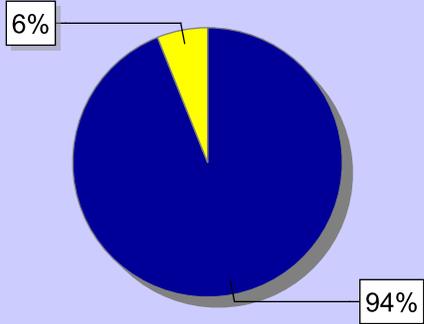
Compliance Rate By Operational Categories for  
BYRD FACILITY  
April 04, 2022



# Compliance Rate By Operational Categories for CLEMENTS FACILITY

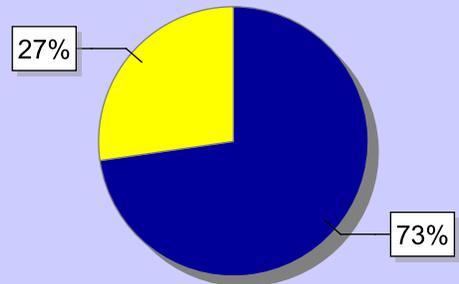
April 06, 2022

### Administrative/Medical Records



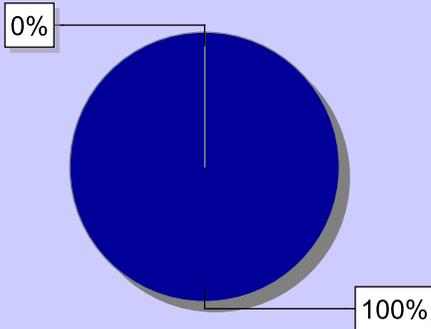
● Compliant (80-100%) ● Not Compliant (<80%)

### Mental Health



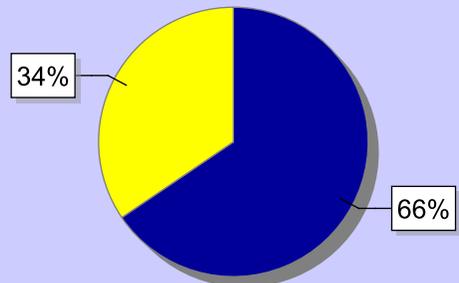
● Compliant (80-100%) ● Not Compliant (<80%)

### Fiscal Monitoring



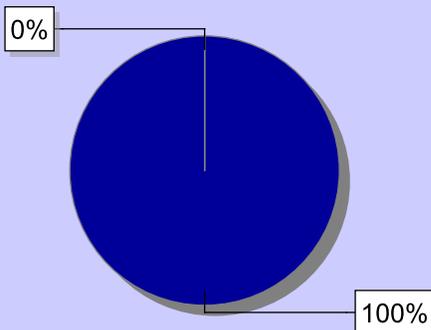
● Compliant (80-100%) ● Not Compliant (<80%)

### Nursing



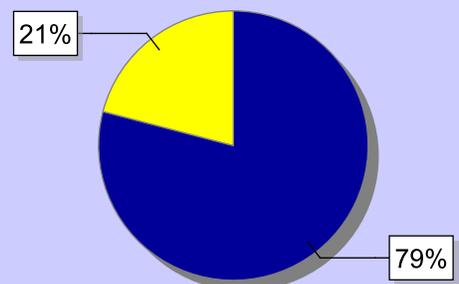
● Compliant (80-100%) ● Not Compliant (<80%)

### Dental



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

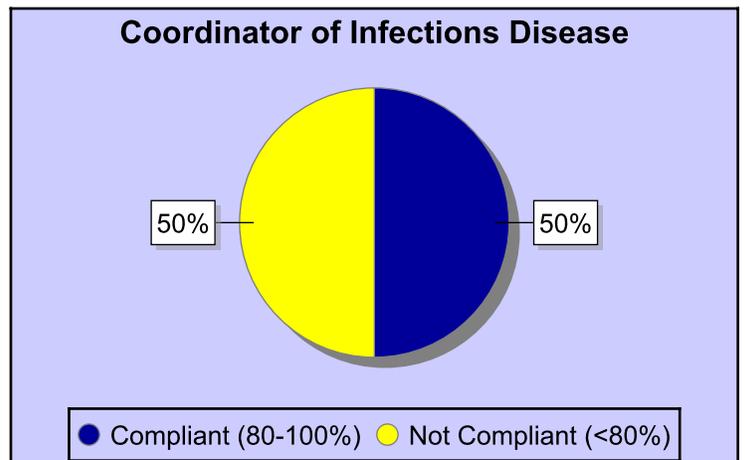
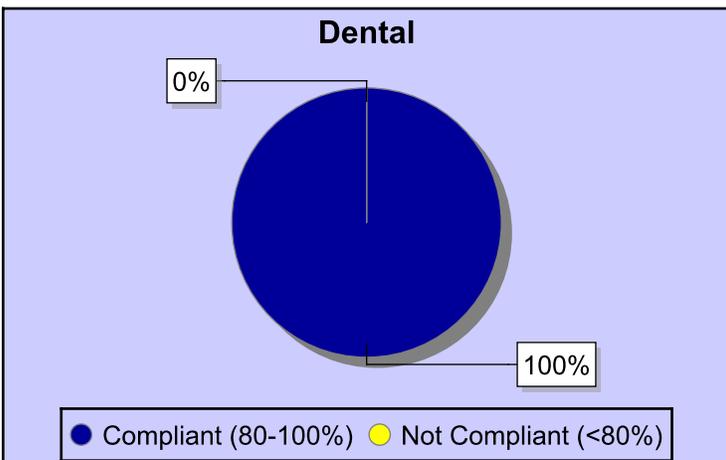
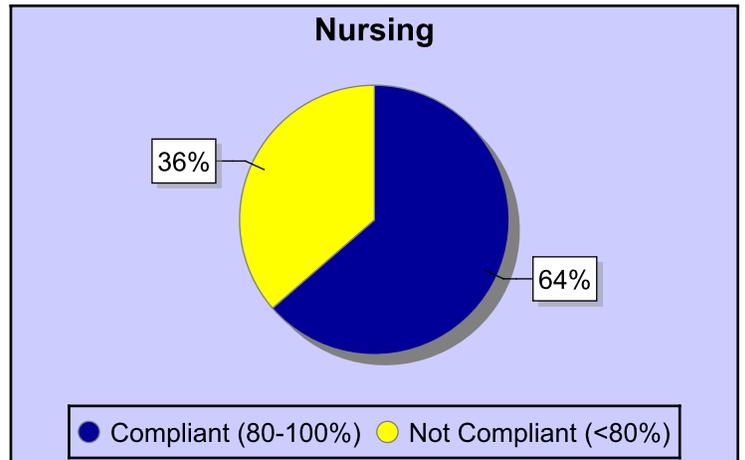
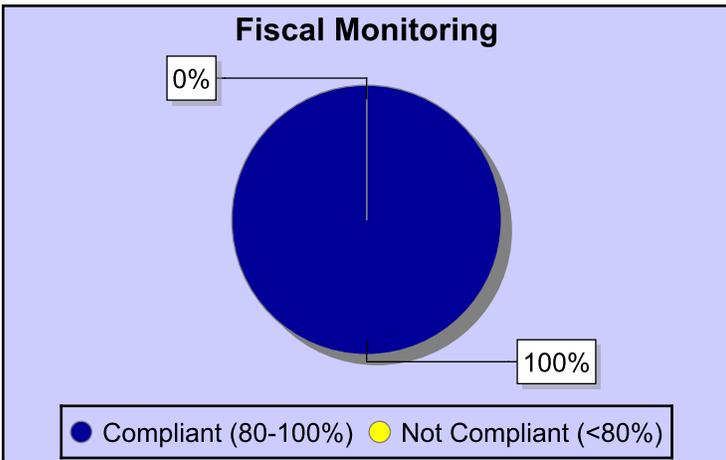
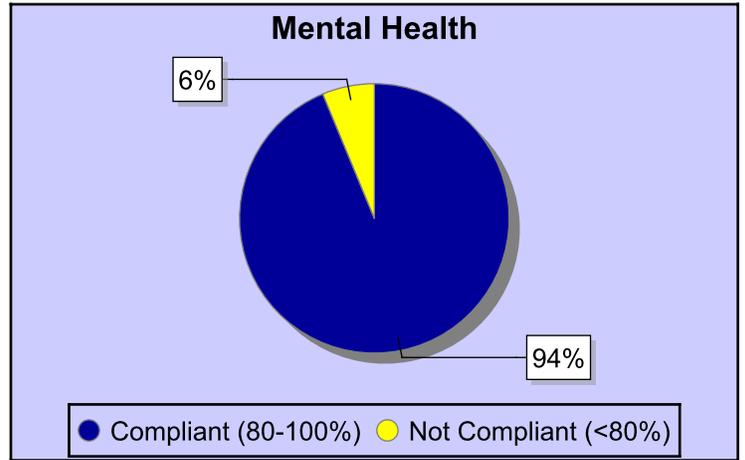
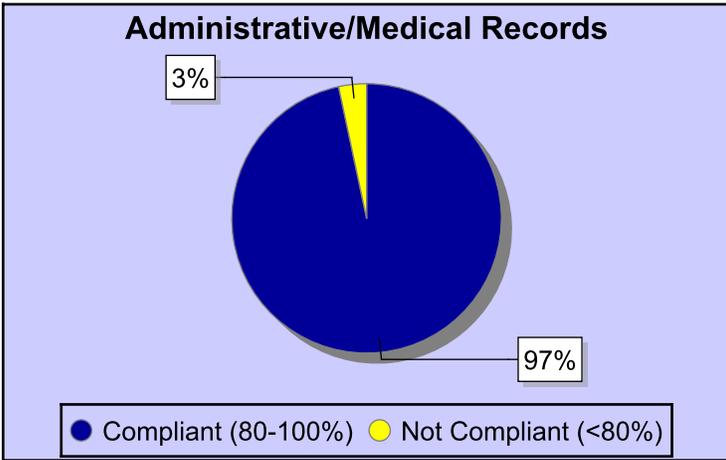
### Coordinator of Infections Disease



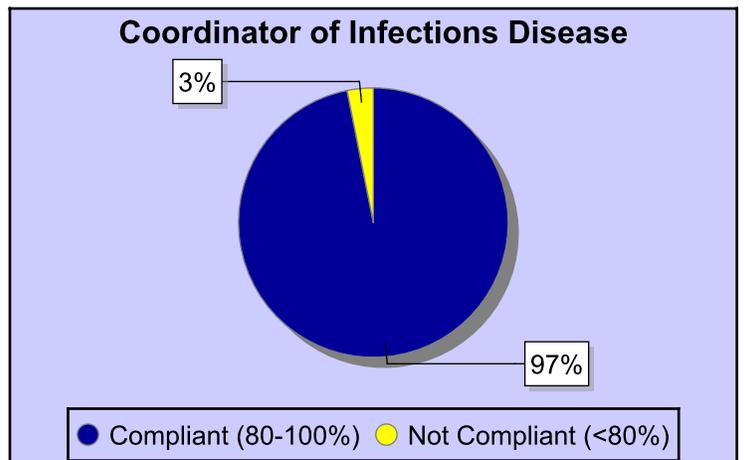
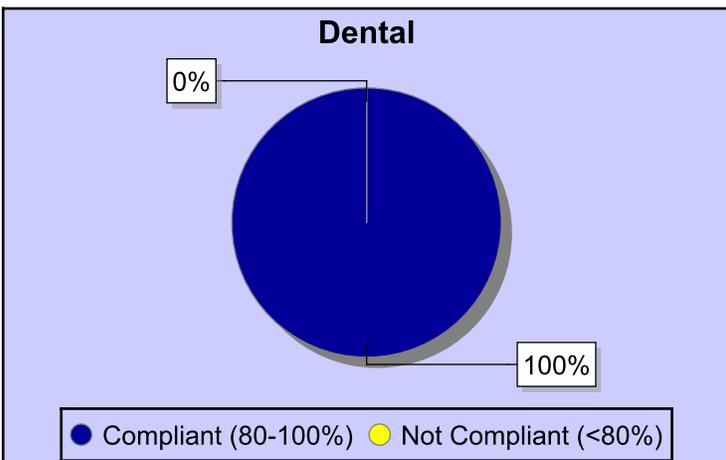
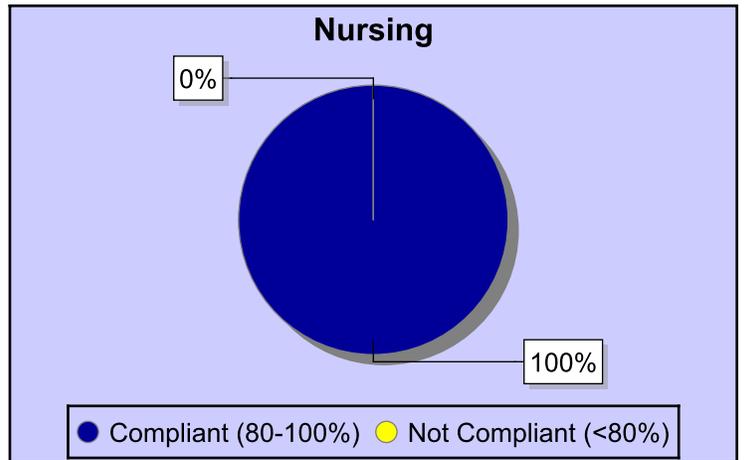
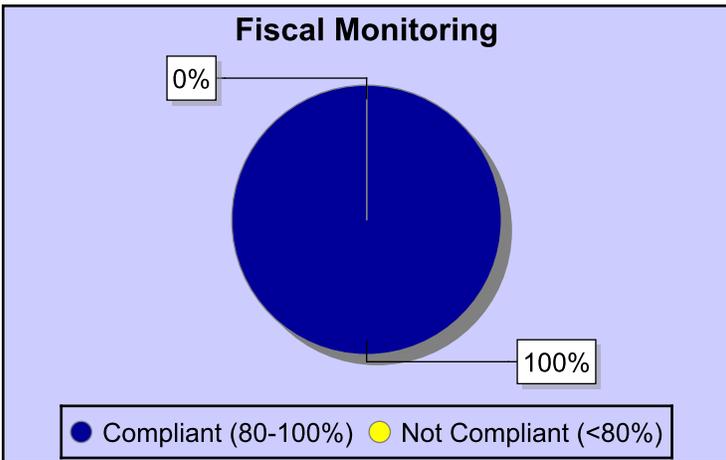
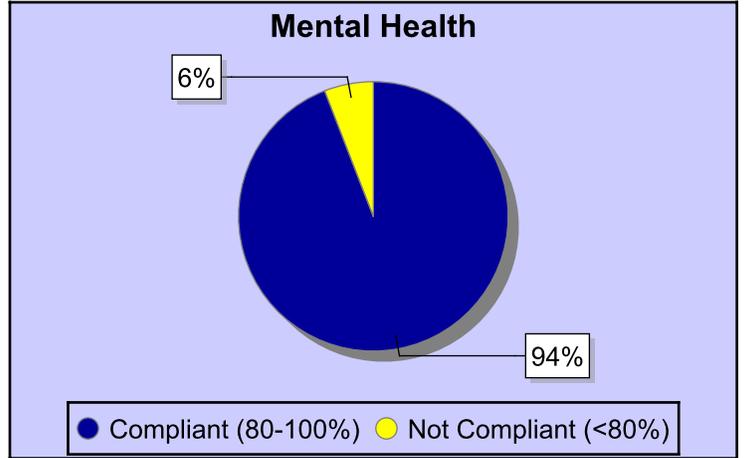
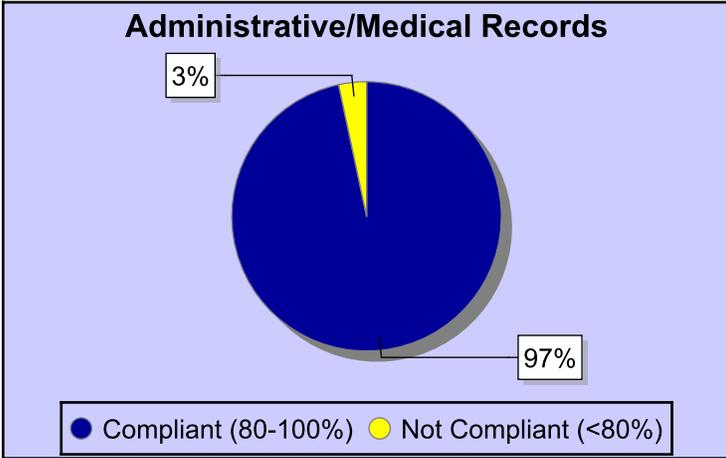
● Compliant (80-100%) ● Not Compliant (<80%)

# Compliance Rate By Operational Categories for FERGUSON FACILITY

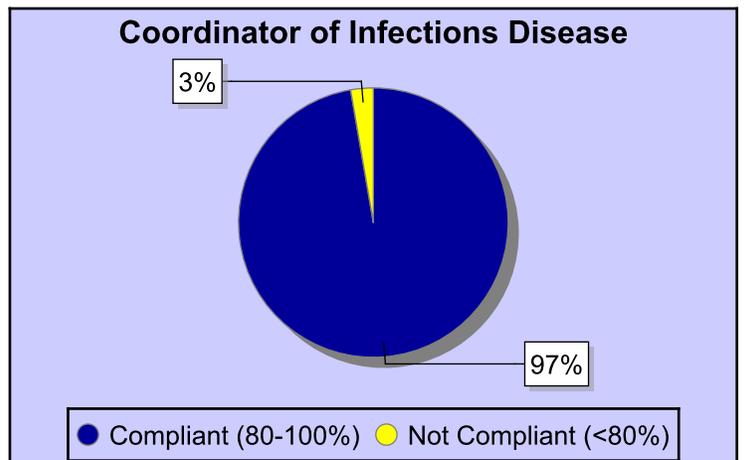
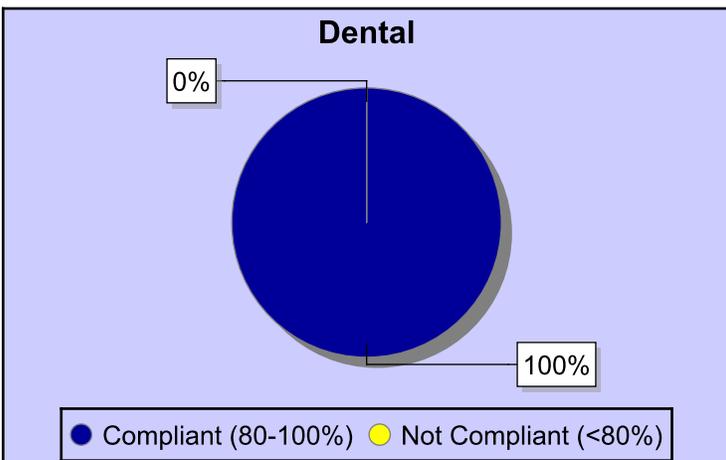
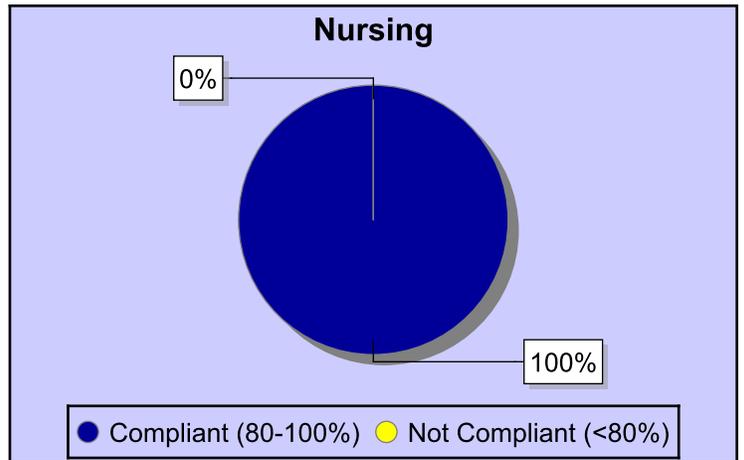
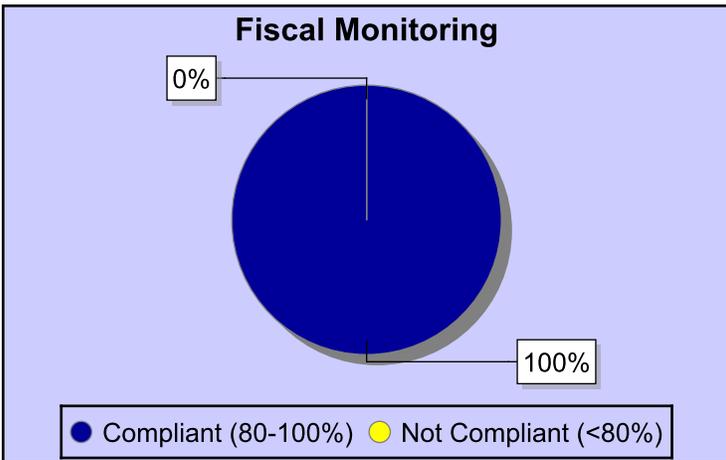
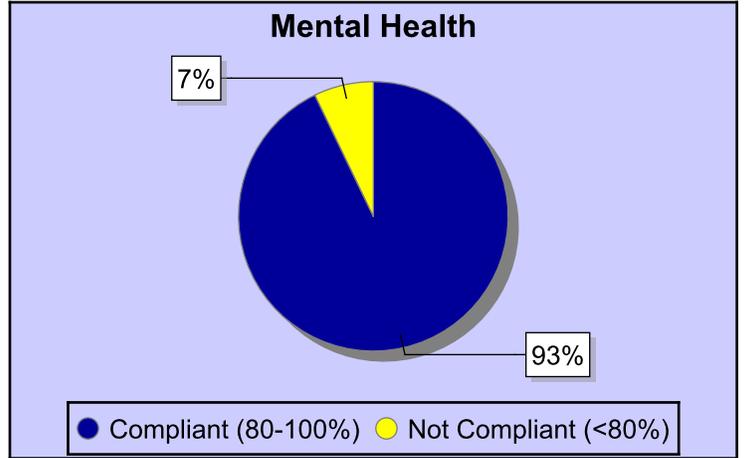
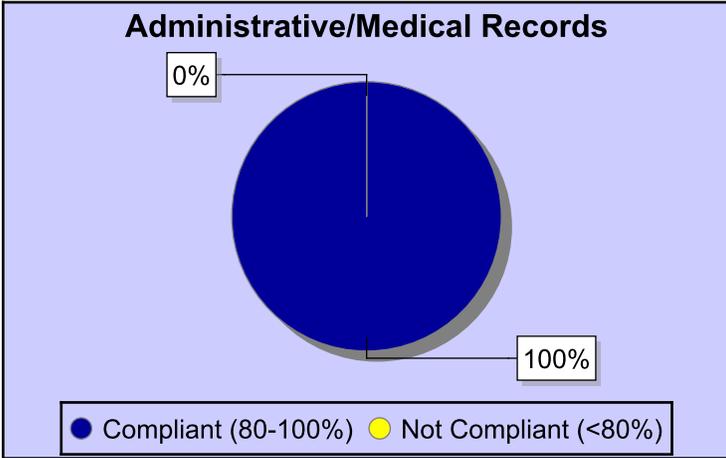
April 06, 2022



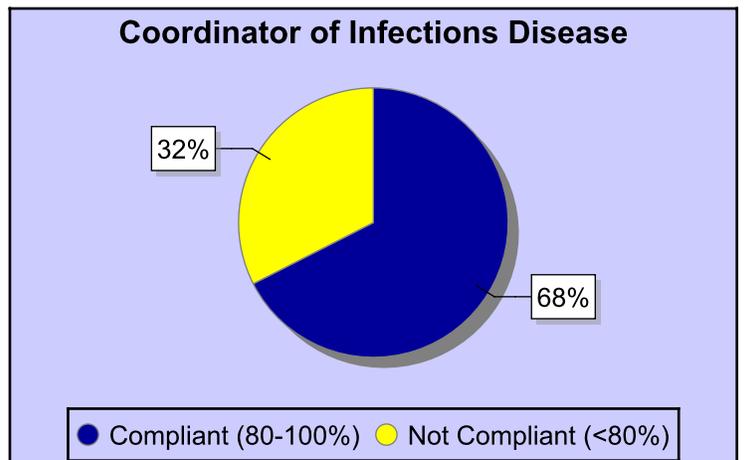
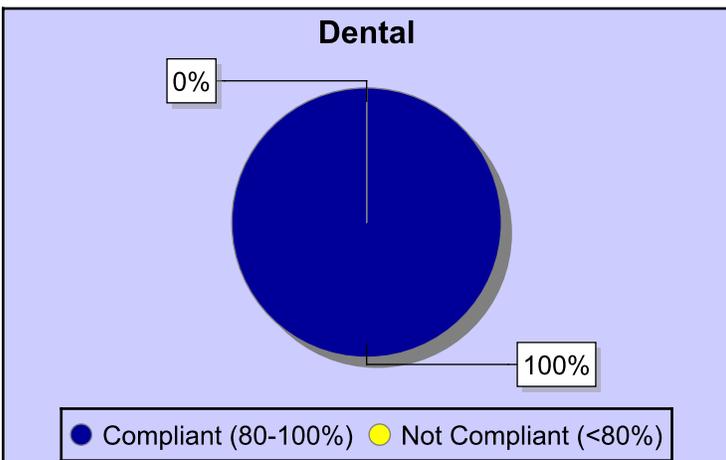
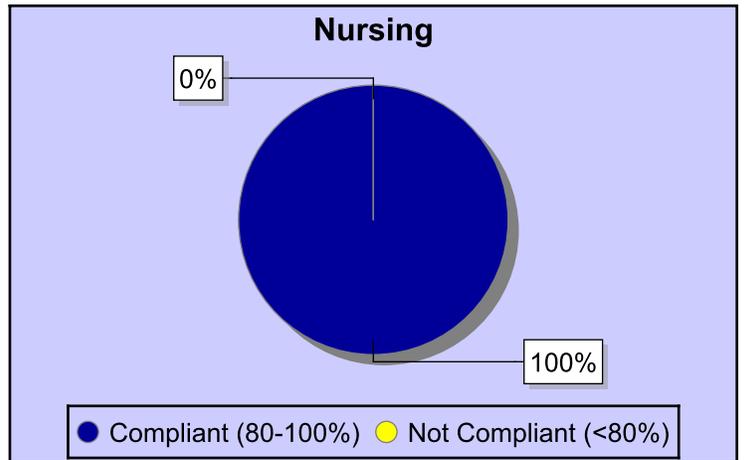
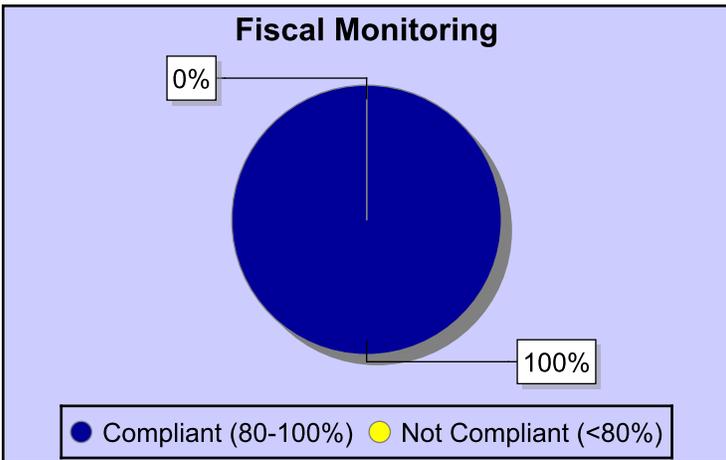
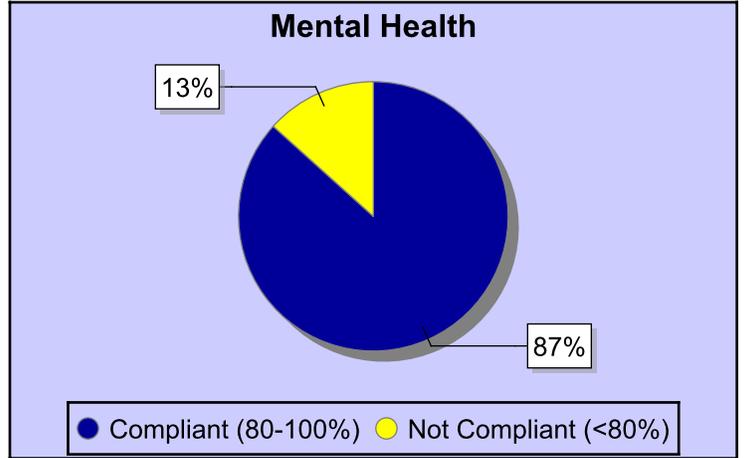
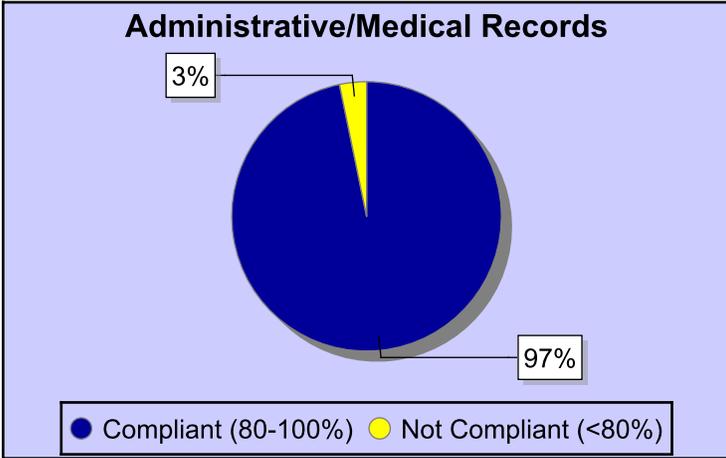
Compliance Rate By Operational Categories for  
HODGE FACILITY  
March 07, 2022



Compliance Rate By Operational Categories for  
LINDSEY FACILITY  
March 04, 2022



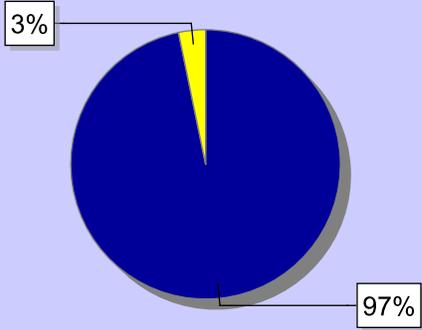
Compliance Rate By Operational Categories for  
LYCHNER FACILITY  
May 03, 2022



# Compliance Rate By Operational Categories for MIDDLETON FACILITY

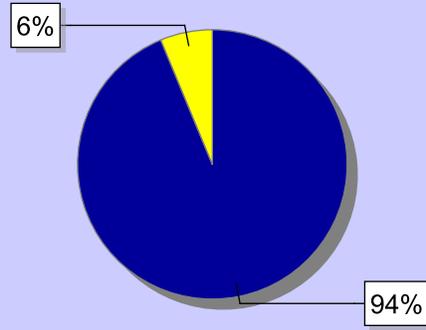
May 04, 2022

### Administrative/Medical Records



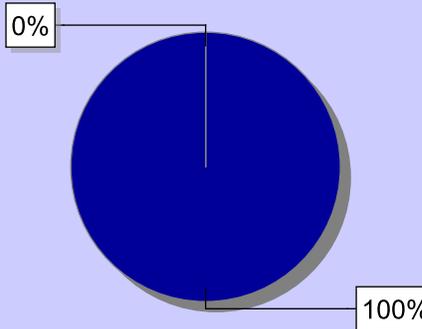
● Compliant (80-100%) ● Not Compliant (<80%)

### Mental Health



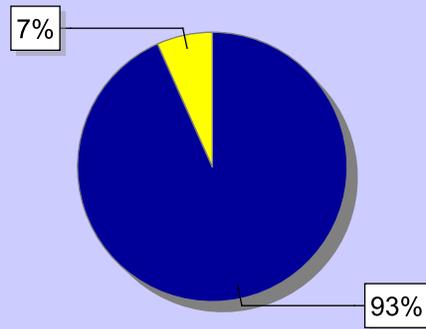
● Compliant (80-100%) ● Not Compliant (<80%)

### Fiscal Monitoring



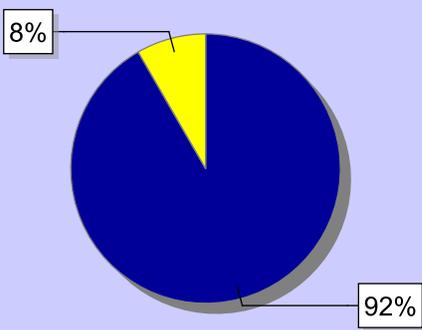
● Compliant (80-100%) ● Not Compliant (<80%)

### Nursing



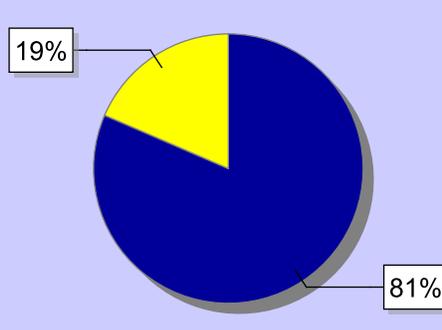
● Compliant (80-100%) ● Not Compliant (<80%)

### Dental



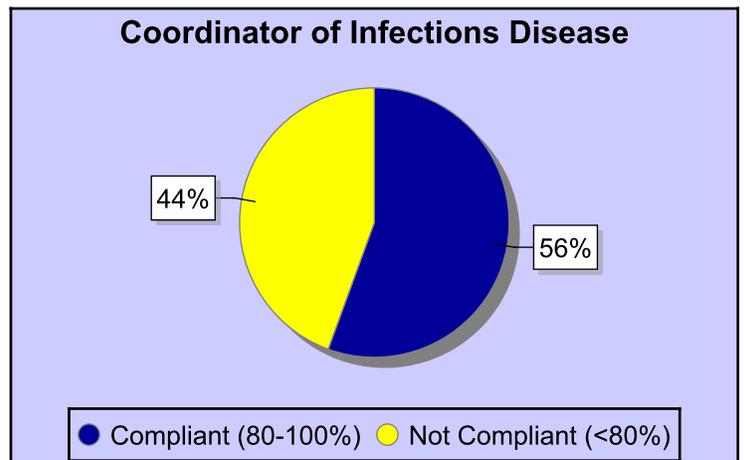
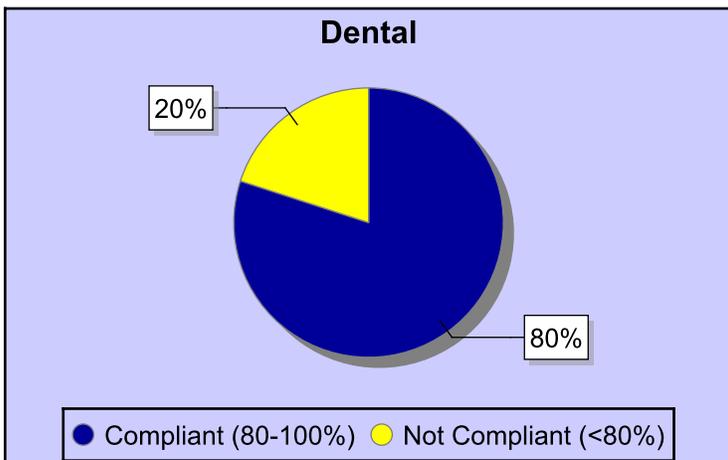
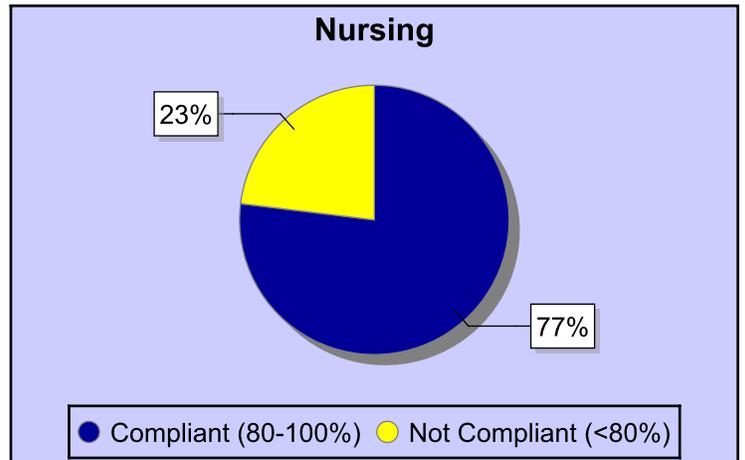
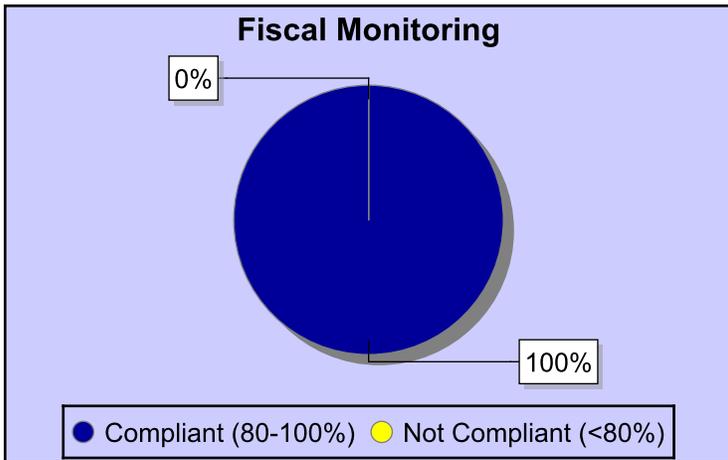
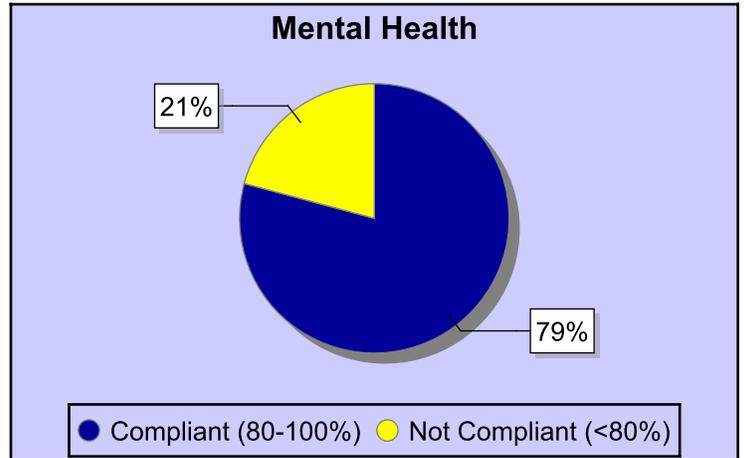
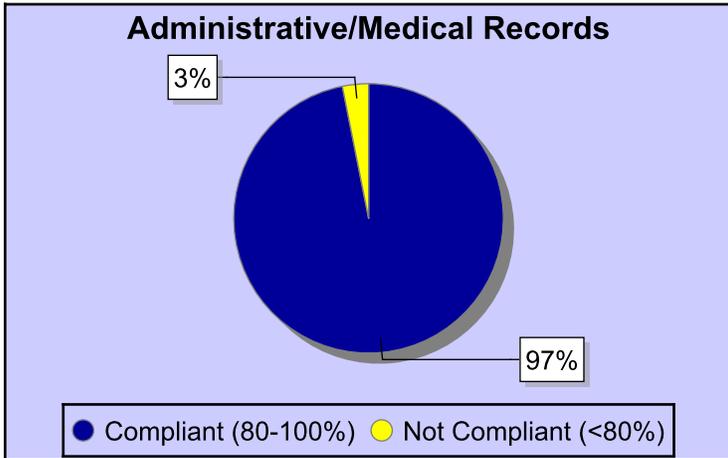
● Compliant (80-100%) ● Not Compliant (<80%)

### Coordinator of Infections Disease

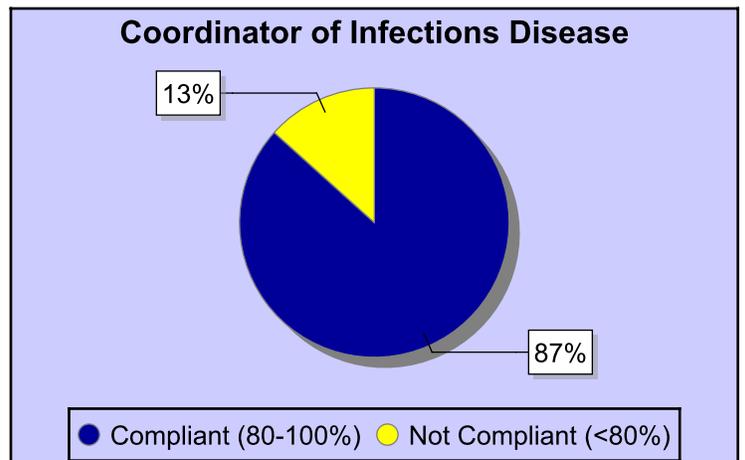
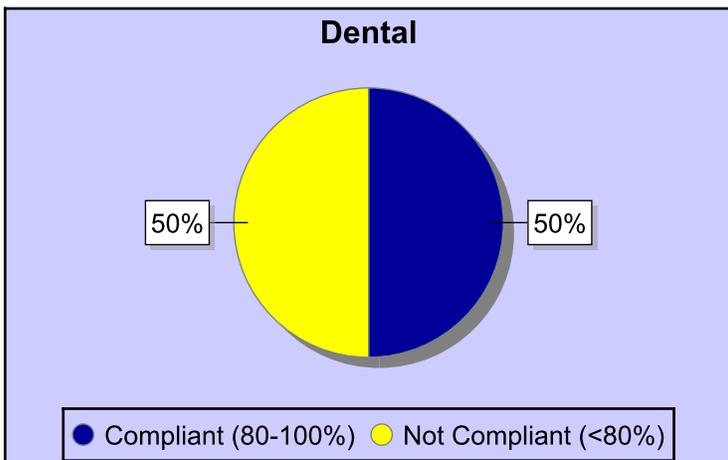
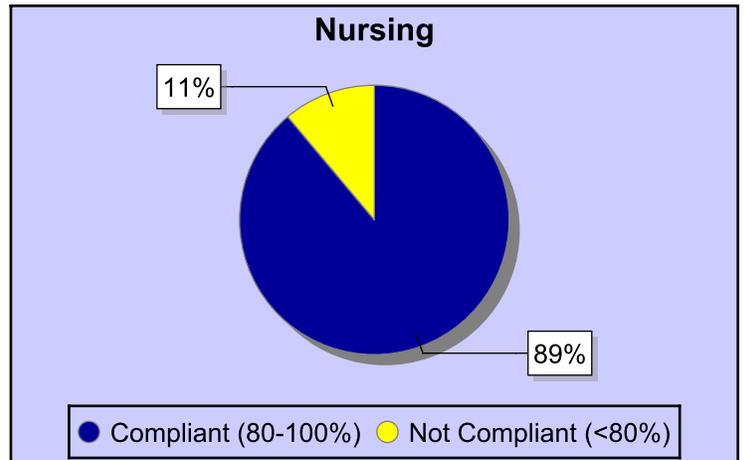
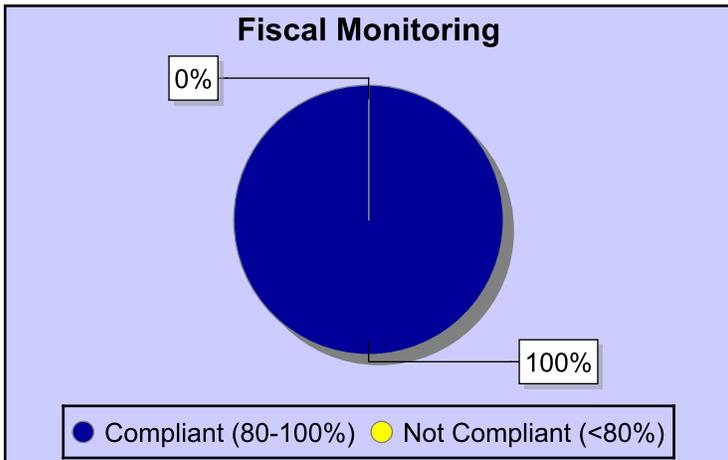
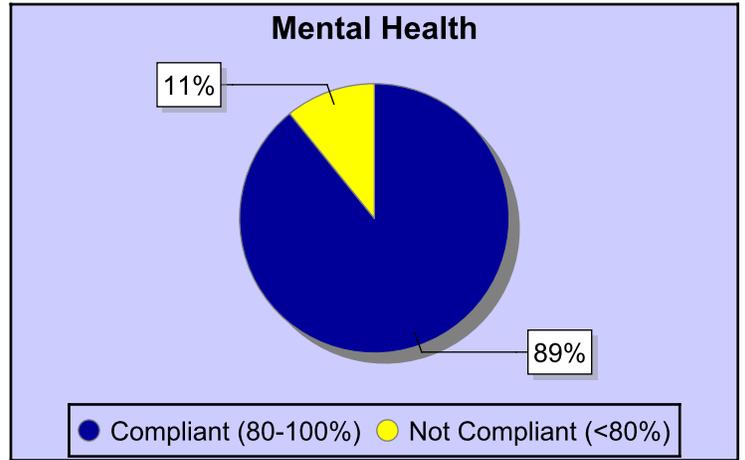
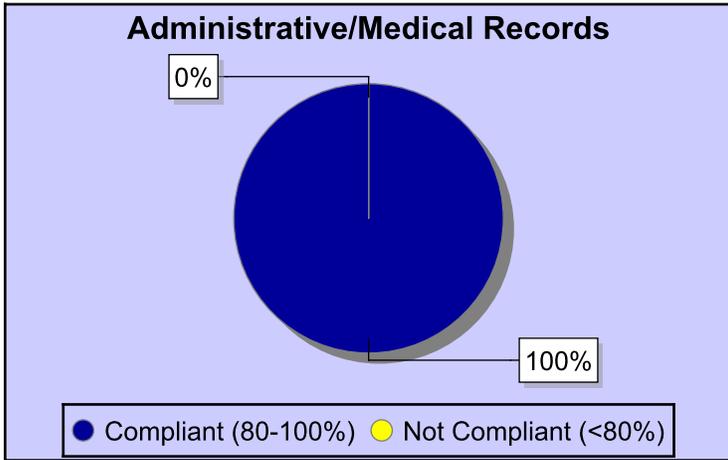


● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for  
ROBERTSON FACILITY  
May 03, 2022



Compliance Rate By Operational Categories for  
SKYVIEW FACILITY  
March 08, 2022



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended May 31, 2022**

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

**Units Audited:**

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Beto	10	100	0	0
Boyd	10	100	0	0
Bradshaw	10	100	0	0
Bridgeport	10	100	0	0
Connally	10	100	0	0
Ellis	10	100	0	0
Estelle	10	100	0	0
Estelle HS	10	100	0	0
ETTF	10	100	0	0
Ferguson	10	100	0	0
Glossbrenner	10	100	0	0
Goodman	10	100	0	0
Goree	10	10	7	2
Halbert	10	100	0	0
Johnston	10	80	1	1
Lewis	10	90	0	1
Lindsey	10	100	0	0
Lopez	10	80	2	0
Marlin	10	90	1	0
Pack	10	50	1	1
Polunsky	10	80	2	0

<b>Stevenson</b>	10	70	3	0
<b>Wainwright</b>	10	80	0	2
<b>Willacy</b>	10	90	2	0
<b>Young</b>	10	50	1	0

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

\* Urgent Care score is determined: # of inmates that had symptoms and received definitive treatment with 14 days = 100%  
Total # of inmates in audit.

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

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

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2022	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
March	285	247	35	14.17%	25	12.55%	6	10	4.05%	0
April	281	271	55	20.30%	40	18.08%	9	15	7.01%	4
May	394	318	125	39.31%	117	43.71%	22	8	3.77%	4
<b>Totals:</b>	<b>960</b>	<b>836</b>	<b>215</b>	<b>25.72%</b>	<b>182</b>	<b>26.20%</b>	<b>37</b>	<b>33</b>	<b>4.90%</b>	<b>8</b>

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2022	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
March	981	789	67	8.49%	55	10.52%	28	12	1.65%	1
April	954	921	55	5.97%	45	7.38%	23	10	1.74%	6
May	898	915	67	7.32%	54	8.85%	27	13	2.40%	9
<b>Totals:</b>	<b>2,833</b>	<b>2,625</b>	<b>189</b>	<b>7.20%</b>	<b>154</b>	<b>8.84%</b>	<b>78</b>	<b>35</b>	<b>1.94%</b>	<b>16</b>
<b>GRAND TOTAL=</b>	<b>3,793</b>	<b>3,461</b>	<b>404</b>	<b>11.67%</b>						

\*QOC= Quality of Care

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

March 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	3	10	5	28
Gonorrhea	3	2	4	5
Syphilis	141	123	196	334
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	498	94	956	292
Human immunodeficiency virus (HIV) +, known at intake	120	92	266	245
HIV screens, intake	2,884	2,150	7,709	5,153
HIV +, intake	14	16	67	56
HIV screens, offender- and provider-requested	415	513	961	1,159
HIV +, offender- and provider-requested	1	3	1	5
HIV screens, pre-release	2,291	1,996	5,273	5,266
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	5	5
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	92	108	260	274
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	39	82	96
Occupational exposures of TDCJ staff	10	9	26	28
Occupational exposures of medical staff	2	2	5	5
HIV chemoprophylaxis initiation	5	6	6	7
Tuberculosis skin test (ie, PPD) +, intake	60	30	144	81
Tuberculosis skin test +, annual	27	50	63	94
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	1	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	2	8	7
Tuberculosis cases under management	17	20		
Peer education programs <sup>¶</sup>	0	0	91	90
Peer education educators <sup>∞</sup>	52	5	7,912	7,628
Peer education participants	2,809	1,861	7,353	4,310
Alleged assaults and chart reviews	109	104	260	266
Bloodborne exposure labs drawn on offenders	40	43	88	83
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	1	9	6	37
Gonorrhea	1	3	5	3
Syphilis	182	134	704	490
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	632	114	1130	406
Human immunodeficiency virus (HIV) +, known at intake	145	99	411	344
HIV screens, intake	3,215	2,592	10,924	7,745
HIV +, intake	47	15	114	71
HIV screens, offender- and provider-requested	512	397	1,473	1,556
HIV +, offender- and provider-requested	0	1	1	6
HIV screens, pre-release	2,072	1,804	7,345	7,070
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	8	1	13	6
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	72	102	327	376
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	24	38	106	134
Occupational exposures of TDCJ staff	6	7	32	35
Occupational exposures of medical staff	4	2	9	7
HIV chemoprophylaxis initiation	6	2	12	9
Tuberculosis skin test (ie, PPD) +, intake	56	42	200	123
Tuberculosis skin test +, annual	17	8	80	102
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	1	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	3	12	10
Tuberculosis cases under management	22	19		
Peer education programs <sup>¶</sup>	0	0	91	90
Peer education educators <sup>⊖</sup>	27	5	7,939	7,633
Peer education participants	5,752	2,645	13,105	6,908
Alleged assaults and chart reviews	118	104	378	370
Bloodborne exposure labs drawn on offenders	41	25	129	108
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

May 2022

Reportable Condition	Reports			
	2022 This Month	2021 Same Month	2022 Year to Date*	2021 Year to Date*
Chlamydia	7	13	13	50
Gonorrhea	1	5	6	8
Syphilis	150	112	885	580
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	783	85	1913	491
Human immunodeficiency virus (HIV) +, known at intake	110	99	521	443
HIV screens, intake	2,592	3,041	13,496	10,786
HIV +, intake	36	42	150	113
HIV screens, offender- and provider-requested	381	357	1,854	1,913
HIV +, offender- and provider-requested	0	1	1	7
HIV screens, pre-release	1,775	2,187	9,120	9,257
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	5	14	11
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	91	110	418	486
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	20	31	126	165
Occupational exposures of TDCJ staff	10	6	42	41
Occupational exposures of medical staff	2	3	11	10
HIV chemoprophylaxis initiation	3	4	15	13
Tuberculosis skin test (ie, PPD) +, intake	46	31	246	154
Tuberculosis skin test +, annual	26	8	106	110
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	1	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	0	13	10
Tuberculosis cases under management	21	19		
Peer education programs <sup>¶</sup>	0	2	91	92
Peer education educators <sup>∞</sup>	27	28	7,966	7,661
Peer education participants	4,567	2,799	17,672	9,707
Alleged assaults and chart reviews	108	96	486	474
Bloodborne exposure labs drawn on offenders	44	21	173	129
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 3rd Quarter of Fiscal Year 2022, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 390 hospital discharge and 91 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	44	15	34.09%	0	N/A	8	18.18%	0	N/A	9	20.45%
April	42	9	21.43%	0	N/A	0	N/A	0	N/A	11	26.19%
May	41	17	41.46%	0	N/A	9	21.95%	1	2.44%	14	34.15%
<b>Total/Average</b>	<b>127</b>	<b>41</b>	<b>32.28%</b>	<b>0</b>	<b>N/A</b>	<b>17</b>	<b>13.39%</b>	<b>1</b>	<b>0.79%</b>	<b>34</b>	<b>26.77%</b>
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	18	0	N/A	0	N/A	1	5.56%	4	22.22%	3	16.67%
April	17	10	58.82%	0	N/A	1	5.88%	0	N/A	6	35.29%
May	120	22	18.33%	0	N/A	9	7.50%	2	1.67%	24	20.00%
<b>Total/Average</b>	<b>155</b>	<b>32</b>	<b>20.65%</b>	<b>0</b>	<b>N/A</b>	<b>11</b>	<b>7.10%</b>	<b>6</b>	<b>3.87%</b>	<b>33</b>	<b>21.29%</b>
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	33	0	N/A	0	0.00%	0	N/A	0	N/A	0	N/A
April	33	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	42	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>108</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	95	15	15.79%	0	N/A	9	9.47%	4	4.21%	12	12.63%
April	92	19	20.65%	0	N/A	1	1.09%	0	N/A	17	18.48%
May	203	39	19.21%	0	N/A	18	8.87%	3	1.48%	38	18.72%
<b>Total/Average</b>	<b>390</b>	<b>73</b>	<b>18.72%</b>	<b>0</b>	<b>N/A</b>	<b>28</b>	<b>7.18%</b>	<b>7</b>	<b>1.79%</b>	<b>67</b>	<b>17.18%</b>
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	20	3	15.00%	0	N/A	5	25.00%	0	N/A	0	N/A
April	54	11	20.37%	0	N/A	1	1.85%	0	N/A	3	5.56%
May	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>78</b>	<b>14</b>	<b>17.95%</b>	<b>0</b>	<b>N/A</b>	<b>6</b>	<b>7.69%</b>	<b>0</b>	<b>N/A</b>	<b>3</b>	<b>3.85%</b>
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>13</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
March	25	3	12.00%	0	N/A	5	20.00%	0	N/A	0	N/A
April	58	11	18.97%	0	N/A	1	1.72%	0	N/A	3	5.17%
May	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>91</b>	<b>14</b>	<b>15.38%</b>	<b>0</b>	<b>N/A</b>	<b>6</b>	<b>6.59%</b>	<b>0</b>	<b>N/A</b>	<b>3</b>	<b>3.30%</b>

Footnotes: 1. Vital signs were not recorded on the day the Inmate left the discharge facility. 2. Receiving facility did not have medical services available sufficient to meet the Inmate'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 Inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the Inmate's electronic medical record within 24 hours of arriving at the unit.

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

Mar 22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hodge	47	1	7	7
Lindsey	27	0	0	0
Skyview	133	10	14	15

Apr 22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Byrd	33	4	4	0
Clements	112	17	0	0
Ferguson	37	0	0	1

May-22	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Baten	3	0	0	0
Bradshaw	22	0	0	1
Lychner	54	0	0	0
Middleton	4	0	1	1
Robertson	6	2	3	1

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

<b>Audit Tools</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>Total</b>
<b>Total number of units audited</b>	3	3	5	11
<b>Total numbered property</b>	207	182	89	478
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

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

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Garza West	Mar. 21-23, 2022	100%	98.1%
Scott (Jester IV)	Apr. 4-6, 2022	100%	99.2%
Huntsville	Apr. 11-13, 2022	100%	97.9%
Goree	Apr. 13-15, 2022	100%	97.6%
Crain	Apr. 18-20, 2022	100%	98.3%
Hightower	May 9-11, 2022	100%	99.1%
Plane-Henley	May 23-25, 2022	100%	99.6%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Wallace	Mar. 7-9, 2022	100%	98.6%
Dalhart	Mar. 14-16, 2022	100%	99.1%

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

**FY-2022 Third Quarter Report: March, April, and May**

**Project Number: 587-AR09 – Academic**

<b><u>Researcher:</u></b> Marcus Boccaccini	<b><u>IRB Number:</u></b> 2009-032	<b><u>IRB Expiration</u></b> 6/23/2021	<b><u>Research Began:</u></b> 1/1/2009
<b><u>Title of Research:</u></b> Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism			<b><u>Data Collection Began:</u></b> 1/1/2009
<b><u>Proponent:</u></b> Sam Houston State University			<b><u>Data Collection End:</u></b> 2/28/2016
<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 05/09/2023		<b><u>Projected Completion:</u></b> 12/31/2024

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**Project Number: 686-AR13 – Academic**

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

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**Project Number: 723-AR15 – Academic**

<b><u>Researcher:</u></b> David Pyrooz	<b><u>IRB Number:</u></b> 00001971	<b><u>IRB Expiration</u></b>	<b><u>Research Began:</u></b> 8/5/2015
<b><u>Title of Research:</u></b> Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Re-entry			<b><u>Data Collection Began:</u></b> 4/8/2016
<b><u>Proponent:</u></b> Sam Houston State University			<b><u>Data Collection End:</u></b> 12/31/2017
<b><u>Project Status:</u></b> Manuscript completed	<b><u>Progress Report Due:</u></b> 05/09/2023		<b><u>Projected Completion:</u></b> Indefinitely analyzing

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**Project Number: 783-AR18 – Academic**

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

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**Project Number: 785-AR18 - Academic**

<b><u>Researcher:</u></b> Erin Orrick	<b><u>IRB Number:</u></b> 2018-03-38251	<b><u>IRB Expiration</u></b> 8/31/2021	<b><u>Research Began:</u></b> 5/22/2018
<b><u>Title of Research:</u></b> Correctional Officer Attrition Project			<b><u>Data Collection Began:</u></b> 11/6/2018
<b><u>Proponent:</u></b> Sam Houston State University			<b><u>Data Collection End:</u></b> 7/1/2020
<b><u>Project Status:</u></b> Data Analysis		<b><u>Progress Report Due:</u></b> 05/09/2023	<b><u>Projected Completion:</u></b> 04/01/2025

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**Project Number: 793-AR18 - Academic**

<b><u>Researcher:</u></b> Sung Joon Jang	<b><u>IRB Number:</u></b> 1261257	<b><u>IRB Expiration</u></b>	<b><u>Research Began:</u></b> 2/8/2018
<b><u>Title of Research:</u></b> A Study of Restoration Outreach of Dallas (ROD) Ministries in Texas Prisons			<b><u>Data Collection Began:</u></b> 12/2/2019
<b><u>Proponent:</u></b> Baylor University			<b><u>Data Collection End:</u></b> 1/27/2020
<b><u>Project Status:</u></b> Data Collection		<b><u>Progress Report Due:</u></b> 05/09/2023	<b><u>Projected Completion:</u></b> 12/31/2023

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**Project Number: 801-AR19 - Academic**

<b><u>Researcher:</u></b> Bryon Johnson	<b><u>IRB Number:</u></b> 1432377	<b><u>IRB Expiration</u></b>	<b><u>Research Began:</u></b> 11/20/2019
<b><u>Title of Research:</u></b> Human and Transcendent Accountability			<b><u>Data Collection Began:</u></b> 3/16/2020
<b><u>Proponent:</u></b> Baylor University			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Data Collection		<b><u>Progress Report Due:</u></b> 05/09/2023	<b><u>Projected Completion:</u></b> 12/31/2023

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

**FY-2022 Third Quarter Report: March, April, and May**

**Project Number: 221-RL02 - Academic Longitude**

<b><u>Researcher:</u></b> Elizabeth Cooksey	<b><u>IRB Number:</u></b> 12.06.05	<b><u>IRB Expiration</u></b> 7/19/2023	<b><u>Research Began:</u></b> 6/6/2002
<b><u>Title of Research:</u></b> <b><u>Began:</u></b> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)			<b><u>Data Collection</u></b> 9/1/2020
<b><u>Proponent:</u></b> <b><u>End:</u></b> National Organization for Research at the University of Chicago			<b><u>Data Collection</u></b> 11/1/2021
<b><u>Project Status:</u></b> Data Collection & Analysis	<b><u>Progress Report Due:</u></b> Progress Report Pending		<b><u>Projected Completion:</u></b> 07/19/2023

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

**FY-2022 Third Quarter Report: March, April & May 2022**

**Project Number: 615-RM10 – Medical - ACTIVE**

<b><u>Researcher:</u></b> Heather Stevenson-Lerner	<b><u>IRB Number:</u></b> Flexible IRB	<b><u>IRB Expiration</u></b> 6/20/2022	<b><u>Research Began:</u></b> 9/12/2013
<b><u>Title of Research:</u></b> <b><u>Began:</u></b> Serum Markers of Hepatocellular Cancer			<b><u>Data Collection</u></b> 1/1/2014
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection</u></b> 6/20/2022
<b><u>End:</u></b> UTMB			
<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 07/14/2023		<b><u>Projected Completion:</u></b> 01/01/2023

**Units Visited:** Hospital Galveston Facility

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**Project Number: 729-RM15 – Medical - ACTIVE**

<b><u>Researcher:</u></b> Jacques Baillargeon	<b><u>IRB Number:</u></b> 14-0283	<b><u>IRB Expiration</u></b> 12/13/2021	<b><u>Research Began:</u></b> 10/1/2015
<b><u>Title of Research:</u></b> <b><u>Began:</u></b> The Health and Healthcare Needs of Older Prisoners – Epidemiology in the Texas Prison System			<b><u>Data Collection</u></b> 6/1/2015
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b> 12/31/2022
<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 07/15/2023		<b><u>Projected Completion:</u></b> None provided.

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**Project Number: 815-RM20 – Medical - ACTIVE**

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

**Project Status:**  
Suspended

**Progress Report Due:**  
N/A

**Projected Completion:**  
None provided.

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**Project Number: 816-RM20 – Medical - ACTIVE**

**Researcher:**  
Sean Yates

**IRB Number:** 20201007  
**IRB Expiration** 4/1/2021

**Research Began:**  
7/1/2020

**Title of Research:**  
**Began:**

**Data Collection**

Plasma Adsorption in Patients with Confirmed COVID-19 Infection

8/10/2020

**Proponent:**  
UTMB

**Data Collection End:**

**Project Status:**  
Suspended

**Progress Report Due:**  
Progress report pending

**Projected Completion:**  
None provided

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**Project Number: 825-RM21 – Medical - ACTIVE**

**Researcher:**  
Taylor Williams

**IRB Number:** 170160  
**IRB Expiration** 4/9/2021

**Research Began:**  
4/1/2021

**Title of Research:**  
**Began:**

**Data Collection**

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

**Proponent:**  
UTMB

**Data Collection End:**

**Project Status:**  
Data Collection

**Progress Report Due:**  
03/25/2023

**Projected Completion:**  
Not Determined

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**Project Number: 828-RM21 – Medical - ACTIVE**

**Researcher:**  
Amber Armstead

**IRB Number:** 20-0051  
**IRB Expiration** Exempt

**Research Began:**  
2/9/2021

**Title of Research:**  
**Began:**

**Data Collection**

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

**Proponent:**  
UTMB

**Data Collection End:**

**Project Status:**  
Data Collection

**Progress Report Due:**  
Progress Report Pending

**Projected Completion:**

**3rd Quarter FY 2022**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Mental Health Segregation Audit Summary**  
**Reporting months: March 2022, April 2022, and May 2022**

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
02/01/22	Formby	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
02/01/22	Kegans	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
02/01/22	Lindsey	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
02/01/22	Travis State	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
02/01/22	Ferguson	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
02/01/22	Robertson	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
02/01/22	Wainwright	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
03/15/22	Cole	11	11	0	0	100%	100%	100%	100%
03/16-17/22	Telford	193	168	1	5	100%	100%	100%	100%
03/23/22	Clements	237	191	1	5	100%	90%	100%	80%
03/30/22	Dominguez	N/A #	N/A #	N/A #	N/A #	N/A #	100%	100%	100%
04/01/22	East Texas TF	N/A^	N/A^	N/A^	N/A^	N/A^	N/A*	N/A*	N/A*
04/05/22	Connally	2	2	2	1	100%	N/A*	N/A*	N/A*
04/6-7/22	McConnell	310	272	1	12	100%	100%	100%	100%
4/13-14/22	Allred 12 building	310	292	0	13	100%	100%	100%	100%
04/20/22	Polunsky	253	253	1	4	100%	100%	100%	100%
<b>Total</b>	16	1,316	1,189	6	40				

\*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

3rd Quarter FY 2022

Audits Conducted in March 2022, April 2022, and May 2022

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	March 2022	0	0	0	NA	NA
Wayne Scott	March 2022	13	13	13	100%	NA
Montford	March 2022	11	11	11	100%	NA
Skyview	March 2022	7	7	7	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April 2022	1	1	1	100%	NA
Wayne Scott	April 2022	15	15	14	93%	NA
Montford	April 2022	2	2	2	100%	NA
Skyview	April 2022	6	6	6	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	May 2022	0	0	NA	NA	NA
Wayne Scott	May 2022	15	15	15	100%	NA
Montford	May 2022	5	5	2	40%	Yes
Skyview	May 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

## 3rd Quarter of 2022

Reporting months– March 2022, April 2022, May 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	3			3	<b>NA</b>
Bradshaw					
Byrd	29	20	17	9	<b>85%</b>
Dominguez					
East Texas					
Formby					
Garza West					
Gist	29	20	17	9	<b>85%</b>
Glossbrenner					
Gurney					
Halbert					
Holliday	39	20	20	19	<b>100%</b>
Hutchins	38	20	17	18	<b>85%</b>
Jester I					
Johnston	25	8	7	17	<b>88%</b>
Kegans	33	20	16	13	<b>80%</b>
Kyle					
Lindsey	28	20	3	8	<b>15%</b>
Lychner					
Middleton	36	20	6	16	<b>30%</b>
Plane	23	20	16	3	<b>80%</b>
Rudd					
Sanchez					
Travis	37	20	20	17	<b>100%</b>
Woodman	23	22	12	1	<b>55%</b>
Sayle					
<b>GRAND TOTAL</b>	<b>343</b>	<b>210</b>	<b>151</b>	<b>133</b>	

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

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

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

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center

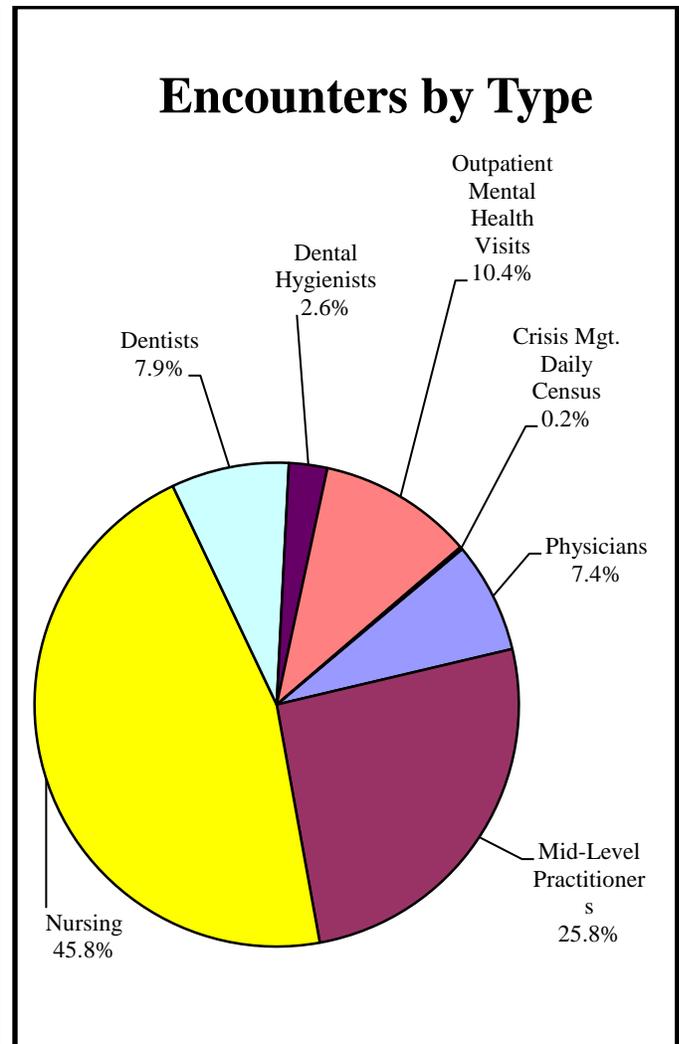
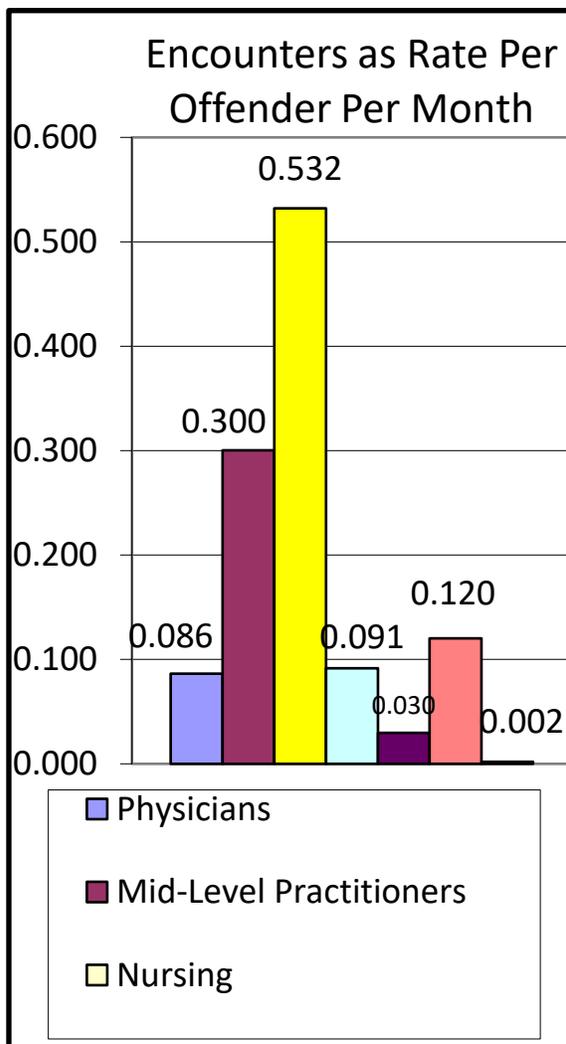
# **TTUHSC MANAGED CARE**

## Correctional Health Care MEDICAL DIRECTOR'S REPORT

3rd Quarter  
FY2022

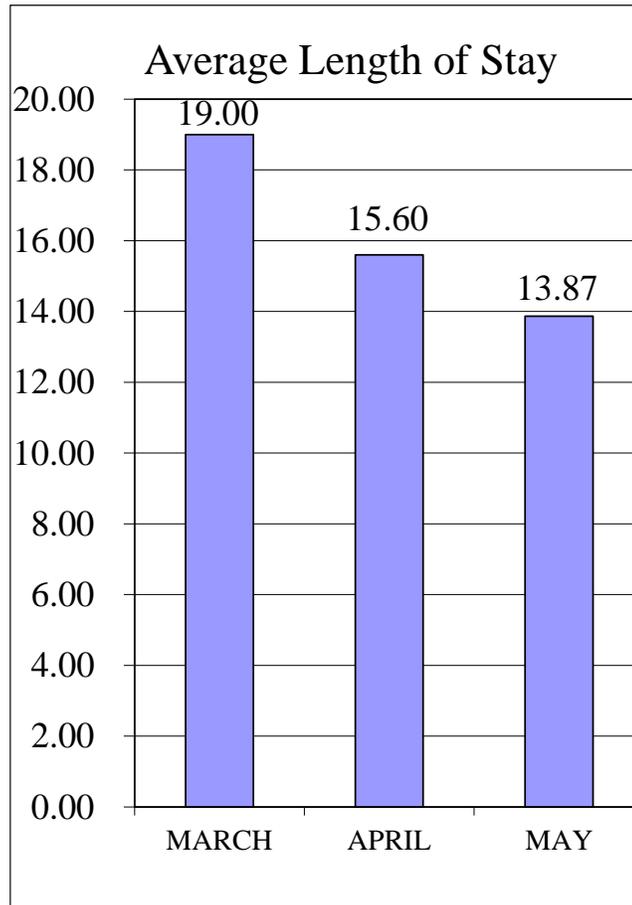
**Medical Director's Report:**

	MARCH		APRIL		MAY		Qtly Average	
<i>Average Population</i>	23,719.69		23,747.71		23,470.29		24,760.00	
	<b>Rate Per</b>		<b>Rate Per</b>		<b>Rate Per</b>		<b>Rate Per</b>	
	<b>Number</b>	<b>Offender</b>	<b>Number</b>	<b>Offender</b>	<b>Number</b>	<b>Offender</b>	<b>Number</b>	<b>Offender</b>
<i>Medical encounters</i>								
Physicians	2,190	0.092	2,245	0.095	1,968	0.084	2,134	0.086
Mid-Level Practitioners	7,923	0.334	7,085	0.298	7,290	0.311	7,433	0.300
Nursing	13,498	0.569	12,864	0.542	13,158	0.561	13,173	0.532
<b>Sub-total</b>	<b>23,611</b>	<b>0.995</b>	<b>22,194</b>	<b>0.935</b>	<b>22,416</b>	<b>0.955</b>	<b>22,740</b>	<b>0.918</b>
<i>Dental encounters</i>								
Dentists	3,008	0.127	1,898	0.080	1,883	0.080	2,263	0.091
Dental Hygienists	557	0.023	827	0.035	824	0.035	736	0.030
<b>Sub-total</b>	<b>3,565</b>	<b>0.150</b>	<b>2,725</b>	<b>0.115</b>	<b>2,707</b>	<b>0.115</b>	<b>2,999</b>	<b>0.121</b>
<i>Mental health encounters</i>								
Outpatient Mental Health Visits	3,137	0.132	2,866	0.121	2,931	0.125	2,978	0.120
Crisis Mgt. Daily Census	40	0.002	50	0.017	56	0.002	49	0.002
<b>Sub-total</b>	<b>3,177</b>	<b>0.134</b>	<b>2,916</b>	<b>0.123</b>	<b>2,987</b>	<b>0.127</b>	<b>3,027</b>	<b>0.122</b>
<b>Total encounters</b>	<b>30,353</b>	<b>1.280</b>	<b>27,835</b>	<b>1.172</b>	<b>28,110</b>	<b>1.198</b>	<b>28,766</b>	<b>1.162</b>



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

	MARCH	APRIL	MAY	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>				
Average Daily Census	167.00	165.00	165.00	165.67
Number of Admissions	341.00	289.00	286.00	305.33
Average Length of Stay	19.00	15.60	13.87	16.16
Number of Clinic Visits	376.00	328.00	320.00	341.33
<b><i>Mental Health Inpatient Facilities</i></b>				
Average Daily Census	440.00	450.00	446.00	445.33
PAMIO/MROP Census	453.00	412.00	291.00	385.33
<b><i>Telemedicine Consults</i></b>				
	2223	2,027	1,940	2,063.33



# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



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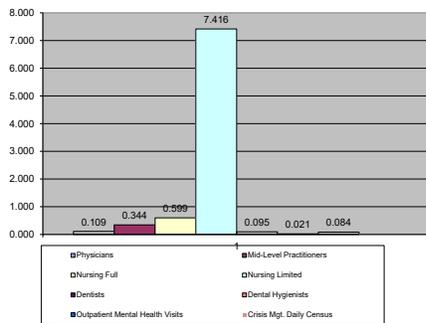
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**Third Quarter  
FY 2022**

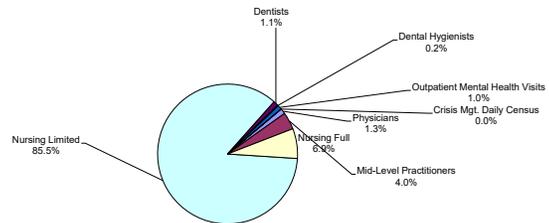
**Medical Director's Report:**

FY 22 Third Quarter Average Population	March	April	May	Qtr Average				
	96,387	96,277	96,625	96,430				
	Number	Rate Per Inmate						
<b>Medical encounters</b>								
Physicians	11,579	0.120	10,158	0.106	9,845	0.102	10,527	0.109
Mid-Level Practitioners	35,791	0.371	32,692	0.340	31,092	0.322	33,192	0.344
Nursing Full	58,959	0.612	57,373	0.596	56,930	0.589	57,754	0.599
Nursing Limited	692,399	7.184	696,878	7.238	756,056	7.825	715,111	7.416
<b>Sub-total</b>	<b>798,728</b>	<b>8.287</b>	<b>797,101</b>	<b>8.279</b>	<b>853,923</b>	<b>8.837</b>	<b>816,584</b>	<b>8.468</b>
<b>Dental Encounters</b>								
Dentists	9,650	0.100	9,307	0.097	8,398	0.087	9,118	0.095
Dental Hygienists	2,115	0.022	1,970	0.020	1,873	0.019	1,986	0.021
<b>Sub-total</b>	<b>11,765</b>	<b>0.122</b>	<b>11,277</b>	<b>0.117</b>	<b>10,271</b>	<b>0.106</b>	<b>11,104</b>	<b>0.115</b>
<b>Mental Health Encounters</b>								
Outpatient Mental Health Visits	8,607	0.089	8,044	0.084	7,775	0.080	8,142	0.084
Crisis Mgt. Daily Census	72	0.001	72	0.001	71	0.001	72	0.001
<b>Sub-total</b>	<b>8,679</b>	<b>0.090</b>	<b>8,116</b>	<b>0.084</b>	<b>7,846</b>	<b>0.081</b>	<b>8,214</b>	<b>0.085</b>
<b>Total encounters</b>	<b>819,172</b>	<b>8.499</b>	<b>816,494</b>	<b>8.481</b>	<b>872,040</b>	<b>9.025</b>	<b>835,902</b>	<b>8.668</b>

**Encounters as Rate Per Offender Per Month**

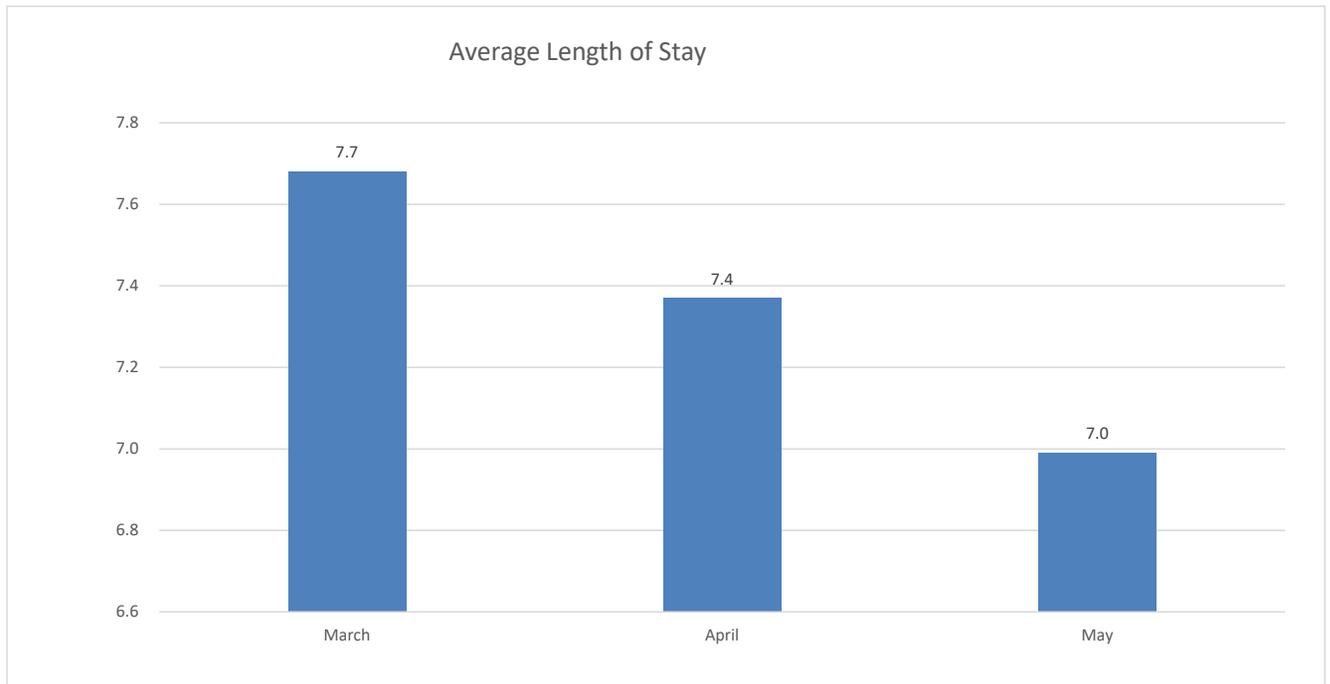


**Encounters by Type**



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

FY 22	March	April	May	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	97.6	105.4	94.7	<b>99.2</b>
Number of Discharges	394	429	420	<b>414</b>
Average Length of Stay	7.7	7.4	7.0	<b>7.3</b>
Number of Clinic Visits	7,011	6,636	6,341	<b>6,663</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	993.71	1,013.00	1,016.33	<b>1,007.68</b>
DDP Census	704.61	699.40	687.94	<b>697.32</b>
<b>Telemedicine Consults</b>	<b>7,706</b>	<b>7,376</b>	<b>7,202</b>	<b>7,428.00</b>



## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

**Correctional Managed Health Care  
Joint Committee/Work Group Activity  
Summary for September 14, 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: August 18, 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. FY2022 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. Mental Health ATC Accuracy Evaluation
- 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: July 14, 2022**

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:

<b>A-08.3</b>	<b>A-08.4*</b>	<b>A-08.5</b>	<b>A-08.6*</b>	<b>A-08.7*</b>	<b>A-08.8</b>	<b>C-22.1</b>	<b>C-23.1</b>
<b>D-28.1</b>	<b>D-28.5</b>	<b>D-29.1</b>	<b>E-36.5</b>	<b>E-36.6</b>	<b>E-36.8</b>	<b>E-37.6</b>	<b>E-39.1</b>
<b>E-40.1</b>	<b>E-41.1</b>	<b>E-41.2*</b>	<b>E-42.1</b>	<b>E-42.4</b>	<b>F-49.1</b>	<b>G-51.11*</b>	<b>G-51.12</b>
<b>G-52.1</b>	<b>G-53.1*</b>	<b>G-53.3</b>	<b>G-54.1</b>	<b>H-60.3</b>	<b>H-61.1*</b>	<b>I-70.1*</b>	<b>I-71.1*</b>
<b>I-72.1</b>							

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

<b>POLICY #</b>	<b>POLICY NAME</b>	<b>SUBMITTED BY</b>
<b>A-08.3</b>	<b>REFERRAL OF INMATES TO THE DEVELOPMENT DISABILITIES PROGRAM (DDP)</b>	<b>BEVERLY ECHOLS</b>
<b>A-08.4</b>	<b>INMATE MEDICAL AND MENTAL HEALTH CLASSIFICATION</b>	<b>CECILIA HORTON REBECCA RAMIREZ</b>
<b>E-32.1</b>	<b>RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING</b>	<b>MANUEL HIRSCH</b>
<b>E-37.1</b>	<b>DAILY PROCESSING OF HEALTH COMPLAINTS AND SICK CALL</b>	<b>CARRIE CULPEPPER</b>
<b>E-39.1</b>	<b>HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING</b>	<b>REBECCA RAMIREZ</b>
<b>F-47.1</b>	<b>THERAPEUTIC DIETS AND FOOD ALLERGIES</b>	<b>CARLY KIM</b>
<b>G-51.2</b>	<b>ADMISSION TO A GERIATRIC CENTER</b>	<b>CHRIS BLACK-EDWARDS</b>
<b>G-51.13</b>	<b>ADMISSION TO A SHELTERED HOUSING</b>	<b>CHRIS BLACK-EDWARDS</b>
<b>G-52.3</b>	<b>ADMISSION TO THE TDCJ MENTAL HEALTH THERAPEUTIC DIVERSION PROGRAM (MHTDP)</b>	<b>BEVERLY ECHOLS</b>
<b>G-53.1</b>	<b>SUICIDE PREVENTION PLAN</b>	<b>BEVERLY ECHOLS REBECCA RAMIREZ</b>
<b>G-53.3</b>	<b>MANAGEMENT OF INMATE HUNGER STRIKES</b>	<b>CHRIS BLACK-EDWARDS</b>
<b>H-60.2</b>	<b>INPATIENT HEALTH RECORDS</b>	<b>RANSOM MLCAK</b>

Adjourn – The Next Meeting is Scheduled for October 13, 2022 at 1:00 p.m.

**Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Monte Smith

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

**Meeting Date: March 24, 2022**

- I. Approval of the Minutes from May 12, 2022 Meeting
- II. Reports from Subcommittees
  - A. DMG Triage - Dr. Munch
  - B. Hepatology - Dr. Koranek
  - C. Psychiatry - Dr. Patel
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - C. Drug Recalls (May – June 2022)
  - D. Non-formulary Deferral Reports
  - E. Utilization Reports through FY22
    1. HIV Utilization
    2. HCV Utilization
    3. HBV Utilization
    4. Psychotropic Utilization
  - F. Special Reports
    1. Top 50 Medications by Cost and Volume – 3<sup>rd</sup> QuarterFY22
    2. Top 10 Non-formulary Drugs by Cost and Volume – 3<sup>rd</sup> QuarterFY22
    3. Quarterly Medication Error Reports – 3<sup>rd</sup> Quarter FY22
    4. Pharmacy Diabetes Clinic Report – 3<sup>rd</sup> QuarterFY22
    5. Pharmacy Warfarin Clinic Report – 3<sup>rd</sup> QuarterFY22
    6. Pharmacy CKD Clinic Report – 3<sup>rd</sup> Quarter FY22 (UTMB Sector)
  - G. Policy review Schedule (Policies 40-10 through 75-30 due for review in November)
- IV. Old Business (none)
- V. New Business

- A. Action Request
  - 1. Turmeric Commissary Request
- B. Drug Category Reviews
  - 1. Endocrine Agents
  - 2. Gastrointestinal Agents
- C. MUE –
  - 1. Statin Use in Diabetics MUE
- D. FDA Medication Safety Advisories
- E. Manufacturer Shortages and Discontinuations

VI. Miscellaneous

VII. Adjourn - The Next Meeting is Scheduled for October 8, 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: August 18, 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:

None.

New Business:

Dr. Carol Lynn Coglianese announced her retirement from the agency. Her last day was July 31<sup>st</sup>.

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

B-14.21*	B-14.22	B-14.23	B-14.24	B-14.25	B-14.27			
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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-14.13.3	Hepatitis C	Erin Freeman
2	B-14.19*	Disease Reporting	Erin Freeman
3	B-14.20	Standard Precautions	Erin Freeman
4	B-14.26*	Gastro – Intestinal Illness	Erin Freeman

Adjourn – The next meeting is scheduled for October 13, 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: June 30, 2022**

I. Call to Order

II. Minutes Confirmation

III. Review of Previous Meeting Minutes from March 2022

IV. Dental Policy Review

- a. D-28.2 Instrument, Sharp, Needle, & Syringe Control
- b. E-31.1 Information on Dental Services
- c. E-36.1 Dental Treatment Levels of Care
- d. E-36.2 In-Processing Inmates Dental Assessment, Classification, Education, & Treatment
- e. E-36.3 Recording & Scheduling Dental Patient Visits

V. Dr. Billy Horton

VI. Dr. Billy Hirsch

- a. E-32.1 Receiving, Transfer and Continuity of Care Screening

VII. Dr. Cecil Wood

VIII. 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

IX. Sector Updates

- a. TDCJ
- b. UTMB
- c. TTUHSC

X. Round the Table

XI. Adjourn – Next Meeting August 2022

Policies Scheduled for Review: Section E; review NEO PowerPoints related to Section 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 May 2022:**

There were 119 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2022. Of those deaths, there were no cases that required a referral to peer review committees.

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

## **Joint Nursing Work Group**

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

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

**Meeting Date: August 23, 2022**

### **Old Business:**

- Taser Pilot

### **New Business:**

- CMHC Policy A-02.2 Draft Revision
- Compelled Injection – Draft Note Wizards
- HSM-13 CMHC Policy E-32.1 Attachment A Draft Revision
- Standardized Notification to TDCJ for Refusal of off-site Appointments
- UTMB-CMC AED Policy E-41.1 OHSM Audits respare battery
- ORA Audits
- Nursing Encounter Reporting
- Reporting med errors – omissions

Adjourn

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



## **Quarterly Report FY2022 Third Quarter**

**September 2021 – May 2022**

## Third Quarter Financial Report on Correctional Managed Health Care

### Overview

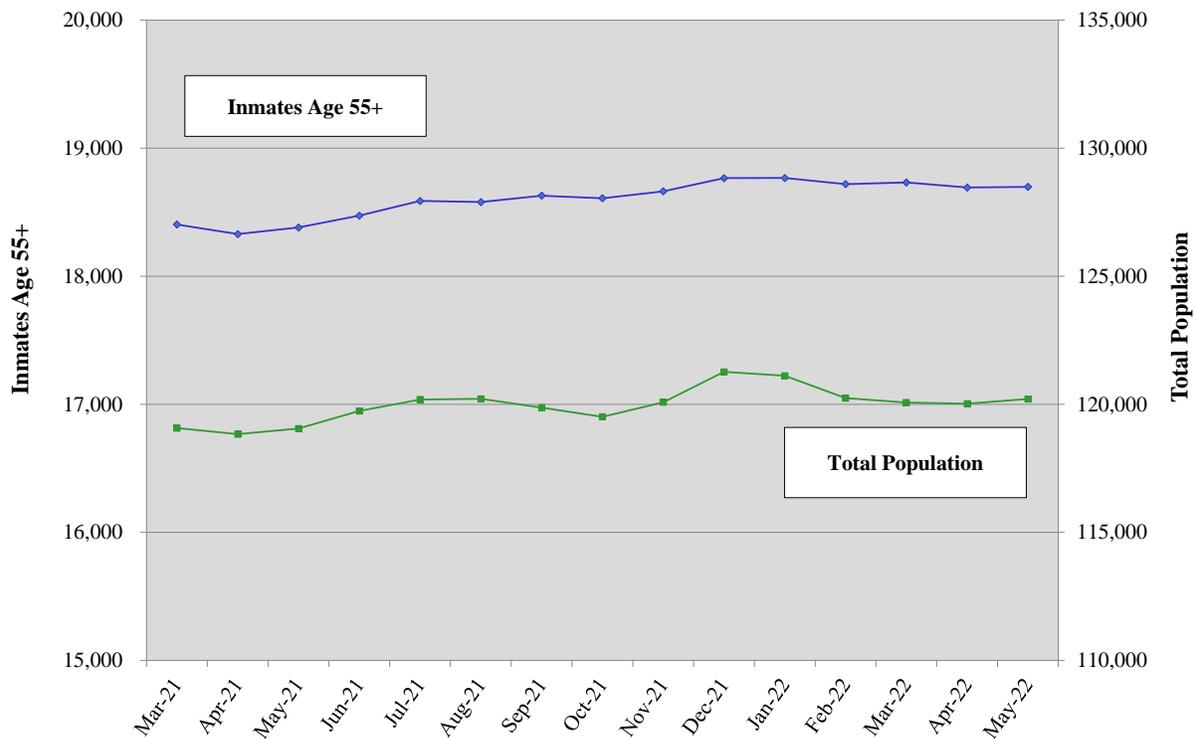
- Pursuant to the FY2022-23 General Appropriations Act, Article V, Rider 42, 87<sup>th</sup> Legislature, Regular Session 2021
- FY2022 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$322.5M
  - Strategy C.1.9, Hospital and Clinical Care, \$271.3M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

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

## Population

- Overall inmate service population has decreased 0.6% from FY2021
  - Average daily census through 3<sup>rd</sup> quarter
    - FY2021: 121,046
    - FY2022: 120,265
  
- Inmates aged 55 or older population has increased 0.6% from FY2021
  - Average daily census through 3<sup>rd</sup> quarter
    - FY2021: 18,588
    - FY2022: 18,697
  - While comprising about 15.5% of the overall service population, these inmates account for 51.2% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2022 average number of psychiatric inpatients through 3<sup>rd</sup> quarter: 1,852
  - FY2022 average number of psychiatric outpatients through 3<sup>rd</sup> quarter: 27,521

### CMHC Service Population



## Health Care Costs

- Total expenditures through 3<sup>rd</sup> quarter, FY2022: \$563.9M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$300.8M or 53.3% of total expenses
  - Hospital and Clinical Care - \$208.5M or 37.0% of total expenses
  - Pharmacy Services - \$54.7M or 9.7% of total expenses
    - HIV-related drugs: 31.9% of total drug costs
    - Hepatitis C drug therapies: 32.2% of total drug costs
    - Psychiatric drugs: 5.3% of total drug costs
    - All other drug costs: 30.6% of total drug costs
- Cost per inmate per day increased 0.9% from FY2021 to FY2022
  - Cost per inmate per day through 3<sup>rd</sup> quarter FY2022:
    - FY2021: \$17.02
    - FY2022: \$17.17

### Comparison of Total Health Care Costs

	FY18	FY19	FY20	FY21	FYTD 22 1st Qtr	FYTD 22 2nd Qtr	FYTD 22 3rd Qtr
<b>Population</b>							
UTMB	118,737	117,987	110,924	96,514	95,027	95,829	96,030
TTUHSC	29,448	28,992	27,533	24,282	24,794	24,518	24,236
<b>Total</b>	<b>148,185</b>	<b>146,979</b>	<b>138,457</b>	<b>120,796</b>	<b>119,821</b>	<b>120,347</b>	<b>120,265</b>
<b>Expenses</b>							
UTMB	\$589,220,522	\$631,955,233	\$641,412,379	\$627,901,731	\$159,622,235	\$308,112,865	\$471,867,880
TTUHSC	\$118,282,720	\$124,707,572	\$132,834,504	\$122,657,653	\$30,402,605	\$61,838,639	\$91,999,313
<b>Total</b>	<b>\$707,503,242</b>	<b>\$756,662,805</b>	<b>\$774,246,883</b>	<b>\$750,559,384</b>	<b>\$190,024,840</b>	<b>\$369,951,504</b>	<b>\$563,867,193</b>
<b>Cost/Day</b>							
UTMB	\$13.60	\$14.67	\$15.80	\$17.82	\$18.46	\$17.76	\$18.00
TTUHSC	\$11.00	\$11.78	\$13.18	\$13.84	\$13.47	\$13.93	\$13.90
<b>Total</b>	<b>\$13.08</b>	<b>\$14.10</b>	<b>\$15.28</b>	<b>\$17.02</b>	<b>\$17.43</b>	<b>\$16.98</b>	<b>\$17.17</b>

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

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<b><u>Method of Finance</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 46,995,655	\$ 210,280,473	\$ 257,276,128
Revenue Deferred to FY2023*	\$ -	\$ (15,856,438)	\$ (15,856,438)
State Reimbursement Benefits	\$ 7,861,746	\$ 42,185,567	\$ 50,047,313
Other Misc Revenue	\$ 2,258	\$ 75,049	\$ 77,307
<b>C.1.8. Total Method of Finance</b>	<b>\$ 54,859,659</b>	<b>\$ 236,684,651</b>	<b>\$ 291,544,310</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 32,053,956	\$ 170,896,378	\$ 202,950,334
State Reimbursement Benefits	\$ 1,440,151	\$ -	\$ 1,440,151
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 33,494,107</b>	<b>\$ 170,896,378</b>	<b>\$ 204,390,485</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 10,447,165	\$ 44,482,120	\$ 54,929,285
State Reimbursement Benefits	\$ 63,161	\$ 1,751,460	\$ 1,814,621
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 10,510,326</b>	<b>\$ 46,233,580</b>	<b>\$ 56,743,906</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 98,864,092</b>	<b>\$ 453,814,608</b>	<b>\$ 552,678,701</b>

<b><u>Method of Finance Summary</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 89,496,776	\$ 425,658,971	\$ 515,155,747
Revenue Deferred to FY2023*	\$ -	\$ (15,856,438)	\$ (15,856,438)
State Reimbursement Benefits	\$ 9,365,058	\$ 43,937,026	\$ 53,302,084
Other Misc Revenue	\$ 2,258	\$ 75,049	\$ 77,307
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 98,864,092</b>	<b>\$ 453,814,608</b>	<b>\$ 552,678,701</b>

<b><u>Expenditures</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
C.1.8. Unit & Psychiatric Care	\$ 56,452,047	\$ 244,303,177	\$ 300,755,224
C.1.9. Hospital & Clinical Care	\$ 27,227,738	\$ 181,230,813	\$ 208,458,550
C.1.10. Managed Health Care - Pharmacy	\$ 8,319,528	\$ 46,333,890	\$ 54,653,419
<b>TOTAL EXPENDITURES</b>	<b>\$ 91,999,313</b>	<b>\$ 471,867,880</b>	<b>\$ 563,867,193</b>

<b>DIFFERENCE</b>	<b>\$ 6,864,779</b>	<b>\$ (18,053,272)</b>	<b>\$ (11,188,492)</b>
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\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023

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<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 46,995,655	\$ 210,280,473	\$ 257,276,128
Revenue Deferred to FY2023*	\$ -	\$ (15,856,438)	\$ (15,856,438)
State Reimbursement Benefits	\$ 7,861,746	\$ 42,185,567	\$ 50,047,313
Other Misc Revenue	\$ 2,258	\$ 75,049	\$ 77,307
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 54,859,659</b>	<b>\$ 236,684,651</b>	<b>\$ 291,544,310</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 21,151,894	\$ 144,512,071	\$ 165,663,965
Benefits	\$ 6,873,420	\$ 42,035,994	\$ 48,909,414
Other Operating Expenses	\$ 2,729,011	\$ 18,038,251	\$ 20,767,263
Professional Services	\$ 2,059,119	\$ -	\$ 2,059,119
Contracted Units/Services	\$ 9,159,339	\$ -	\$ 9,159,339
Travel	\$ 217,006	\$ 1,007,847	\$ 1,224,852
Capitalized Equipment	\$ 1,399,845	\$ 1,404,192	\$ 2,804,037
<b>Subtotal, Unit Care</b>	<b>\$ 43,589,635</b>	<b>\$ 206,998,355</b>	<b>\$ 250,587,990</b>
<b>Psychiatric Care</b>			
Salaries	\$ 7,448,924	\$ 25,401,214	\$ 32,850,138
Benefits	\$ 1,979,128	\$ 6,228,033	\$ 8,207,160
Other Operating Expenses	\$ 170,206	\$ 198,015	\$ 368,221
Professional Services	\$ 1,948,932	\$ -	\$ 1,948,932
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 22,842	\$ 70,095	\$ 92,938
<b>Subtotal, Psychiatric Care</b>	<b>\$ 11,570,032</b>	<b>\$ 31,897,357</b>	<b>\$ 43,467,389</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,292,381</b>	<b>\$ 5,407,465</b>	<b>\$ 6,699,846</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 56,452,047</b>	<b>\$ 244,303,177</b>	<b>\$ 300,755,224</b>
<b>DIFFERENCE</b>	<b>\$ (1,592,388)</b>	<b>\$ (7,618,526)</b>	<b>\$ (9,210,914)</b>

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

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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 32,053,956	\$ 170,896,378	\$ 202,950,334
State Reimbursement Benefits	\$ 1,440,151	\$ -	\$ 1,440,151
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 33,494,107</b>	<b>\$ 170,896,378</b>	<b>\$ 204,390,485</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 1,139,582	\$ 16,560,135	\$ 17,699,717
Community Provider Services	\$ 16,585,856	\$ 40,546,903	\$ 57,132,759
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 10,965,156	\$ 111,119,098	\$ 122,084,253
Estimated IBNR	\$ (2,344,340)	\$ 8,154,217	\$ 5,809,877
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 26,346,254</b>	<b>\$ 176,380,353</b>	<b>\$ 202,726,607</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 881,484</b>	<b>\$ 4,850,460</b>	<b>\$ 5,731,943</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 27,227,738</b>	<b>\$ 181,230,813</b>	<b>\$ 208,458,550</b>
<b>DIFFERENCE</b>	<b>\$ 6,266,370</b>	<b>\$ (10,334,435)</b>	<b>\$ (4,068,065)</b>

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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 10,447,165	\$ 44,482,120	\$ 54,929,285
State Reimbursement Benefits	\$ 63,161	\$ 1,751,460	\$ 1,814,621
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 10,510,326</b>	<b>\$ 46,233,580</b>	<b>\$ 56,743,906</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 1,947,528	\$ 6,277,737	\$ 8,225,265
Benefits	\$ 73,149	\$ 2,003,033	\$ 2,076,182
Other Operating Expenses	\$ 335,587	\$ 1,620,184	\$ 1,955,770
Pharmaceutical Purchases	\$ 5,669,812	\$ 35,232,764	\$ 40,902,576
Travel	\$ 6,156	\$ 6,969	\$ 13,125
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 8,032,231</b>	<b>\$ 45,140,687</b>	<b>\$ 53,172,918</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 287,297</b>	<b>\$ 1,193,204</b>	<b>\$ 1,480,501</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 8,319,528</b>	<b>\$ 46,333,890</b>	<b>\$ 54,653,419</b>
<b>DIFFERENCE</b>	<b>\$ 2,190,798</b>	<b>\$ (100,311)</b>	<b>\$ 2,090,487</b>

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**Key Population Indicators**

	September	October	November	1st Quarter	December	January	February	2nd Quarter	March	April	May	3rd Quarter	FY2022
<b>Average Service Population</b>	119,869	119,512	120,081	119,821	121,267	121,113	120,242	120,874	120,070	120,026	120,208	120,101	120,265
<b>Population Age 55 and Over</b>	18,629	18,609	18,663	18,634	18,766	18,767	18,719	18,751	18,732	18,693	18,698	18,708	18,697
<i>Percent of Total Population</i>	15.5%	15.6%	15.5%	15.6%	15.5%	15.5%	15.6%	15.5%	15.6%	15.6%	15.6%	15.6%	15.5%
<b>Key Treatment Populations, Month End</b>													
Patients receiving HIV Treatment	1,568	1,569	1,593	1,577	1,583	1,563	1,545	1,564	1,539	1,538	1,560	1,546	1,562
Patients receiving Hep C Treatment	402	437	457	432	512	411	418	447	451	445	465	454	444
Patients Receiving Dialysis Treatment	229	230	222	227	224	224	223	224	231	228	228	229	227
Age 55 and Over	119	116	114	116	115	118	120	118	126	125	126	126	120
Under 55	110	114	108	111	109	106	103	106	105	103	102	103	107
<b>Medical Inpatient Average Daily Census</b>													
UTMB-Hospital Galveston	98	107	115	106	104	107	115	109	114	119	103	112	109
UTMB Community Hospitals	31	33	34	32	41	32	43	39	30	25	21	25	32
TTUHSC Community Hospitals	11	12	14	12	13	12	15	13	9	13	13	12	12
<b>Medical Inpatient Average Daily Census</b>	<b>140</b>	<b>151</b>	<b>162</b>	<b>151</b>	<b>158</b>	<b>152</b>	<b>173</b>	<b>162</b>	<b>154</b>	<b>157</b>	<b>137</b>	<b>149</b>	<b>154</b>
<b>Medical Inpatient Discharges</b>													
UTMB-Hospital Galveston	316	362	339	1,017	335	277	295	907	394	429	420	1,243	3,167
UTMB Community Hospitals	154	183	192	529	231	161	213	605	171	174	131	476	1,610
TTUHSC Community Hospitals	70	65	78	213	60	64	72	196	62	70	95	227	636
<b>Medical Inpatient Discharges</b>	<b>540</b>	<b>610</b>	<b>609</b>	<b>1,759</b>	<b>626</b>	<b>502</b>	<b>580</b>	<b>1,708</b>	<b>627</b>	<b>673</b>	<b>646</b>	<b>1,946</b>	<b>5,413</b>
<b>Average Length of Stay (in days)</b>													
UTMB - Hospital Galveston	8.32	8.46	8.71	8.50	7.93	9.78	8.99	8.90	7.68	7.37	6.99	7.35	8.25
UTMB Community Hospitals	6.03	5.55	5.24	5.61	5.67	6.32	5.69	5.89	5.49	4.34	4.85	4.89	5.46
TTUHSC Community Hospitals	4.97	3.80	4.79	4.52	5.60	5.39	4.72	5.24	4.24	3.60	4.50	4.11	4.62
<b>Infirmary and Sheltered Housing Census, Month End</b>													
UTMB Infirmary	512	515	510	512	501	496	501	499	510	524	557	530	514
UTMB Sheltered Housing	371	361	349	360	328	327	322	326	523	525	560	536	407
TTUHSC Infirmary	113	116	99	109	109	98	105	104	140	134	139	138	117
<b>Infirmary and Sheltered Housing Census, Month End</b>	<b>996</b>	<b>992</b>	<b>958</b>	<b>982</b>	<b>938</b>	<b>921</b>	<b>928</b>	<b>929</b>	<b>1,173</b>	<b>1,183</b>	<b>1,256</b>	<b>1,204</b>	<b>1,038</b>
<i>Percent of Capacity Filled</i>	90.6%	90.3%	87.2%	89.4%	85.4%	83.8%	84.4%	84.5%	84.9%	82.1%	87.2%	84.7%	89.4%
<b>Medical Outpatient Visits</b>													
UTMB Specialty Clinics and ER Visits	7,172	7,489	7,091	7,251	7,154	4,830	6,779	6,254	8,214	7,877	7,545	7,879	7,128
TTUHSC Community Outpatient and ER Visits	2,810	2,765	2,664	2,746	2,430	2,202	2,460	2,364	3,024	3,012	3,122	3,053	2,721
<b>Medical Outpatient Visits</b>	<b>9,982</b>	<b>10,254</b>	<b>9,755</b>	<b>9,997</b>	<b>9,584</b>	<b>7,032</b>	<b>9,239</b>	<b>8,618</b>	<b>11,238</b>	<b>10,889</b>	<b>10,667</b>	<b>10,931</b>	<b>9,849</b>
<b>Mental Health Inpatient Average Census</b>													
UTMB Psychiatric Inpatient	1,008	988	982	993	978	979	990	982	994	1,013	1,016	1,008	994
TTUHSC Psychiatric Inpatient	836	863	861	853	889	887	889	888	893	862	737	831	857
<b>Mental Health Inpatient Average Census</b>	<b>1,844</b>	<b>1,851</b>	<b>1,843</b>	<b>1,846</b>	<b>1,867</b>	<b>1,866</b>	<b>1,879</b>	<b>1,871</b>	<b>1,887</b>	<b>1,875</b>	<b>1,753</b>	<b>1,838</b>	<b>1,852</b>
<b>Mental Health Outpatient Caseload, Month End</b>													
UTMB Psychiatric Outpatient	20,513	20,666	21,077	20,752	21,367	21,616	21,610	21,531	21,966	22,077	22,178	22,074	21,452
TTUHSC Psychiatric Outpatient	6,030	6,050	6,223	6,101	6,640	5,978	5,969	6,196	5,934	5,935	5,862	5,910	6,069
<b>Mental Health Outpatient Caseload, Month End</b>	<b>26,543</b>	<b>26,716</b>	<b>27,300</b>	<b>26,853</b>	<b>28,007</b>	<b>27,594</b>	<b>27,579</b>	<b>27,727</b>	<b>27,900</b>	<b>28,012</b>	<b>28,040</b>	<b>27,984</b>	<b>27,521</b>

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**Key Budget Drivers (Cost)**

	September	October	November	1st Quarter	December	January	February	2nd Quarter	March	April	May	3rd Quarter	FY2022
<b>Selected Drug Costs</b>													
HIV Medications	\$ 1,518,211	\$ 1,411,291	\$ 1,427,827	\$ 4,357,329	\$ 1,238,340	\$ 1,456,232	\$ 945,233	\$ 3,639,805	\$ 1,803,138	\$ 1,547,106	\$ 1,398,028	\$ 4,748,272	\$ 12,745,407
Hepatitis C Medications	\$ 1,413,211	\$ 1,378,474	\$ 1,542,686	\$ 4,334,371	\$ 1,521,322	\$ 1,363,232	\$ 1,108,225	\$ 3,992,778	\$ 1,497,453	\$ 1,549,311	\$ 1,501,615	\$ 4,548,379	\$ 12,875,528
Psychiatric Medications	\$ 257,182	\$ 209,732	\$ 233,288	\$ 700,202	\$ 201,641	\$ 255,531	\$ 214,996	\$ 672,167	\$ 266,996	\$ 233,211	\$ 231,461	\$ 731,668	\$ 2,104,038
All Other Drug Costs	\$ 930,462	\$ 1,447,931	\$ 1,649,675	\$ 4,028,068	\$ 1,140,070	\$ 1,374,521	\$ 1,157,589	\$ 3,672,181	\$ 1,697,618	\$ 1,490,018	\$ 1,362,475	\$ 4,550,112	\$ 12,250,360
<b>Total Drug Costs</b>	<b>\$ 4,119,067</b>	<b>\$ 4,447,428</b>	<b>\$ 4,853,476</b>	<b>\$ 13,419,971</b>	<b>\$ 4,101,373</b>	<b>\$ 4,449,516</b>	<b>\$ 3,426,043</b>	<b>\$ 11,976,932</b>	<b>\$ 5,265,205</b>	<b>\$ 4,819,646</b>	<b>\$ 4,493,580</b>	<b>\$ 14,578,430</b>	<b>\$ 39,975,333</b>
<b>Dialysis</b>													
Age 55 and Over	\$ 301,870	\$ 311,245	\$ 281,219	\$ 894,334	\$ 310,385	\$ 293,283	\$ 290,879	\$ 894,547	\$ 340,691	\$ 343,949	\$ 338,894	\$ 1,023,533	\$ 2,812,414
UTMB	\$ 284,734	\$ 297,917	\$ 264,083	\$ 846,734	\$ 293,249	\$ 279,955	\$ 277,551	\$ 850,755	\$ 323,555	\$ 326,813	\$ 325,566	\$ 975,933	\$ 2,673,422
TTUHSC	\$ 17,136	\$ 13,328	\$ 17,136	\$ 47,600	\$ 17,136	\$ 13,328	\$ 13,328	\$ 43,792	\$ 17,136	\$ 17,136	\$ 13,328	\$ 47,600	\$ 138,992
Under 55	\$ 310,077	\$ 355,946	\$ 305,300	\$ 971,323	\$ 318,772	\$ 275,819	\$ 276,001	\$ 870,593	\$ 309,470	\$ 305,711	\$ 290,314	\$ 905,495	\$ 2,747,411
UTMB	\$ 285,932	\$ 327,378	\$ 283,895	\$ 897,205	\$ 292,554	\$ 248,776	\$ 249,568	\$ 790,899	\$ 279,592	\$ 275,900	\$ 260,831	\$ 816,323	\$ 2,504,427
TTUHSC	\$ 24,145	\$ 28,568	\$ 21,405	\$ 74,118	\$ 26,218	\$ 27,043	\$ 26,433	\$ 79,694	\$ 29,878	\$ 29,811	\$ 29,483	\$ 89,172	\$ 242,984
<b>Total Dialysis</b>	<b>\$ 611,947</b>	<b>\$ 667,191</b>	<b>\$ 586,519</b>	<b>\$ 1,865,657</b>	<b>\$ 629,157</b>	<b>\$ 569,102</b>	<b>\$ 566,880</b>	<b>\$ 1,765,140</b>	<b>\$ 650,161</b>	<b>\$ 649,660</b>	<b>\$ 629,207</b>	<b>\$ 1,929,028</b>	<b>\$ 5,559,825</b>
<b>Offsite Hospital Services</b>													
Age 55 and Over	\$ 10,441,852	\$ 10,165,520	\$ 9,884,740	\$ 30,492,112	\$ 8,881,151	\$ 9,573,657	\$ 9,307,568	\$ 27,762,375	\$ 12,469,657	\$ 12,224,513	\$ 12,668,713	\$ 37,362,883	\$ 95,617,370
UTMB	\$ 9,592,264	\$ 9,578,319	\$ 9,364,907	\$ 28,535,489	\$ 8,329,416	\$ 8,535,111	\$ 8,184,513	\$ 25,049,040	\$ 11,642,733	\$ 11,497,710	\$ 12,172,847	\$ 35,313,290	\$ 88,897,819
TTUHSC	\$ 849,588	\$ 587,201	\$ 519,834	\$ 1,956,623	\$ 551,735	\$ 1,038,545	\$ 1,123,055	\$ 2,713,335	\$ 826,924	\$ 726,803	\$ 495,865	\$ 2,049,593	\$ 6,719,551
Under 55	\$ 11,481,768	\$ 9,943,321	\$ 9,615,524	\$ 31,040,614	\$ 9,133,031	\$ 8,539,000	\$ 8,880,905	\$ 26,552,936	\$ 10,838,891	\$ 11,283,366	\$ 11,377,997	\$ 33,500,255	\$ 91,093,804
UTMB	\$ 9,328,410	\$ 9,007,629	\$ 8,414,855	\$ 26,750,894	\$ 7,846,934	\$ 7,652,039	\$ 7,150,387	\$ 22,649,360	\$ 9,662,505	\$ 10,007,568	\$ 10,900,071	\$ 30,570,143	\$ 79,970,398
TTUHSC	\$ 2,153,358	\$ 935,692	\$ 1,200,669	\$ 4,289,719	\$ 1,286,097	\$ 886,961	\$ 1,730,518	\$ 3,903,576	\$ 1,176,386	\$ 1,275,799	\$ 477,927	\$ 2,930,111	\$ 11,123,406
<b>Total Offsite Hospital Services</b>	<b>\$ 21,923,620</b>	<b>\$ 20,108,841</b>	<b>\$ 19,500,265</b>	<b>\$ 61,532,726</b>	<b>\$ 18,014,182</b>	<b>\$ 18,112,657</b>	<b>\$ 18,188,472</b>	<b>\$ 54,315,311</b>	<b>\$ 23,308,548</b>	<b>\$ 23,507,880</b>	<b>\$ 24,046,710</b>	<b>\$ 70,863,138</b>	<b>\$ 186,711,175</b>
<b>C.1.8. Salaries/Agency Nursing/Overtime</b>													
<b>UTMB</b>													
Salaries	\$ 15,381,650	\$ 15,757,409	\$ 15,341,781	\$ 46,480,839	\$ 15,613,016	\$ 15,522,994	\$ 13,948,987	\$ 45,084,997	\$ 15,389,524	\$ 15,713,526	\$ 15,823,163	\$ 46,926,213	\$ 138,492,049
Agency Nursing	\$ 1,788,914	\$ 1,941,527	\$ 1,978,995	\$ 5,709,437	\$ 2,386,657	\$ 2,191,305	\$ 2,282,566	\$ 6,860,529	\$ 2,510,449	\$ 2,465,617	\$ 2,718,153	\$ 7,694,218	\$ 20,264,183
Overtime	\$ 1,108,219	\$ 1,313,727	\$ 1,205,018	\$ 3,626,963	\$ 1,178,957	\$ 1,309,459	\$ 1,047,434	\$ 3,535,850	\$ 1,245,888	\$ 1,328,629	\$ 1,419,723	\$ 3,994,240	\$ 11,157,053
<b>UTMB Total</b>	<b>\$ 18,278,783</b>	<b>\$ 19,012,662</b>	<b>\$ 18,525,794</b>	<b>\$ 55,817,239</b>	<b>\$ 19,178,630</b>	<b>\$ 19,023,758</b>	<b>\$ 17,278,987</b>	<b>\$ 55,481,375</b>	<b>\$ 19,145,861</b>	<b>\$ 19,507,771</b>	<b>\$ 19,961,039</b>	<b>\$ 58,614,671</b>	<b>\$ 169,913,286</b>
<b>TTUHSC</b>													
Salaries	\$ 3,218,209	\$ 3,194,027	\$ 3,187,482	\$ 9,599,717	\$ 3,269,428	\$ 3,054,190	\$ 2,947,271	\$ 9,270,889	\$ 3,052,557	\$ 3,013,141	\$ 3,159,291	\$ 9,224,989	\$ 28,095,596
Agency Nursing	\$ 61,214	\$ 159,190	\$ 123,878	\$ 344,282	\$ 94,525	\$ 62,272	\$ 288,527	\$ 445,325	\$ 219,491	\$ 384,782	\$ 307,968	\$ 912,241	\$ 1,701,847
Overtime	\$ 48,539	\$ 61,152	\$ 50,302	\$ 159,993	\$ 52,250	\$ 57,310	\$ 48,284	\$ 157,845	\$ 52,484	\$ 71,953	\$ 62,948	\$ 187,385	\$ 505,222
<b>TTUHSC Total</b>	<b>\$ 3,327,962</b>	<b>\$ 3,414,368</b>	<b>\$ 3,361,661</b>	<b>\$ 10,103,992</b>	<b>\$ 3,416,204</b>	<b>\$ 3,173,772</b>	<b>\$ 3,284,083</b>	<b>\$ 9,874,059</b>	<b>\$ 3,324,532</b>	<b>\$ 3,469,875</b>	<b>\$ 3,530,208</b>	<b>\$ 10,324,615</b>	<b>\$ 30,302,665</b>
<b>Total C.1.8. Salaries/Agency Nursing/Overtime</b>	<b>\$ 21,606,745</b>	<b>\$ 22,427,030</b>	<b>\$ 21,887,455</b>	<b>\$ 65,921,231</b>	<b>\$ 22,594,834</b>	<b>\$ 22,197,530</b>	<b>\$ 20,563,070</b>	<b>\$ 65,355,434</b>	<b>\$ 22,470,392</b>	<b>\$ 22,977,647</b>	<b>\$ 23,491,247</b>	<b>\$ 68,939,286</b>	<b>\$ 200,215,951</b>
<b>FTEs</b>													
UTMB	2,805.8	2,797.5	2,784.5	2,795.9	2,760.6	2,739.1	2,733.0	2,744.2	2,719.0	2,691.0	2,711.2	2,707.1	2,749.1
TTUHSC	728.4	714.3	711.1	717.9	702.9	685.4	686.7	691.6	672.9	678.9	671.4	674.4	694.6
<b>Total FTEs</b>	<b>3,534.2</b>	<b>3,511.8</b>	<b>3,495.5</b>	<b>3,513.8</b>	<b>3,463.5</b>	<b>3,424.4</b>	<b>3,419.7</b>	<b>3,435.9</b>	<b>3,391.9</b>	<b>3,369.9</b>	<b>3,382.6</b>	<b>3,381.5</b>	<b>3,443.7</b>
<b>Key Occupational Categories, Percent Filled</b>													
<b>UTMB</b>													
Nursing	81.9%	81.6%	81.2%	81.6%	80.5%	79.9%	79.7%	80.1%	79.3%	78.5%	79.1%	79.0%	80.2%
Mental Health	76.6%	76.2%	75.3%	76.0%	74.0%	73.1%	73.0%	73.3%	72.9%	72.4%	72.9%	72.7%	74.0%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	85.5%	84.3%	85.5%	85.1%	83.8%	83.5%	81.5%	82.9%	80.4%	79.6%	81.3%	80.4%	82.8%
Dental	87.7%	87.7%	87.7%	87.7%	84.5%	83.9%	83.4%	83.9%	82.8%	79.5%	81.1%	81.1%	84.3%
Pharmacy	89.9%	89.9%	89.4%	89.7%	88.9%	89.9%	89.4%	89.4%	88.8%	88.3%	89.3%	88.8%	89.3%
Other Positions	94.5%	94.5%	93.8%	94.3%	92.4%	88.9%	91.7%	91.0%	92.6%	91.2%	93.3%	92.3%	92.6%
<b>TTUHSC</b>	<b>74.1%</b>	<b>72.6%</b>	<b>72.3%</b>	<b>73.0%</b>	<b>71.3%</b>	<b>69.5%</b>	<b>69.6%</b>	<b>70.2%</b>	<b>68.2%</b>	<b>68.8%</b>	<b>68.1%</b>	<b>68.4%</b>	<b>70.5%</b>
Nursing	67.6%	65.6%	65.8%	66.3%	64.8%	63.2%	63.0%	63.7%	60.6%	61.1%	60.4%	60.7%	63.6%
Mental Health	66.4%	66.4%	67.3%	66.7%	66.4%	65.5%	65.0%	65.6%	64.6%	63.7%	59.4%	62.6%	65.0%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.8%	85.9%	85.0%	86.2%	82.5%	78.8%	78.5%	79.9%	77.9%	78.3%	78.3%	78.2%	81.4%
Dental	87.9%	87.9%	83.6%	86.5%	79.7%	77.5%	80.8%	79.4%	83.7%	84.8%	85.6%	84.7%	83.5%
Pharmacy	100.7%	100.7%	100.7%	100.7%	100.7%	101.0%	101.0%	100.9%	101.0%	101.0%	101.0%	101.0%	100.9%
Other Positions	86.6%	84.1%	84.6%	85.1%	84.6%	82.5%	83.0%	83.4%	82.0%	83.6%	84.0%	83.2%	83.9%

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 6/21/22
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 29,832,260	\$ 29,504,431	\$ 30,160,085	\$ -	\$ 89,496,776	\$ 119,656,861
Revenue Deferred to FY2023*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Reimbursement Benefits	\$ 3,077,654	\$ 3,321,324	\$ 2,966,081	\$ -	\$ 9,365,058	\$ 12,486,744
Other Misc Revenue	\$ 662	\$ 526	\$ 1,070	\$ -	\$ 2,258	\$ 3,011
<b>TOTAL REVENUES</b>	<b>\$ 32,910,575</b>	<b>\$ 32,826,281</b>	<b>\$ 33,127,236</b>	<b>\$ -</b>	<b>\$ 98,864,092</b>	<b>\$ 132,146,616</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 7,276,740	\$ 6,973,547	\$ 6,901,607	\$ -	\$ 21,151,894	\$ 28,471,928
Benefits	\$ 2,287,997	\$ 2,327,266	\$ 2,258,158	\$ -	\$ 6,873,420	\$ 8,157,207
Other Operating Expenses	\$ 823,486	\$ 910,348	\$ 995,178	\$ -	\$ 2,729,011	\$ 3,813,681
Professional Services	\$ 564,532	\$ 737,172	\$ 757,415	\$ -	\$ 2,059,119	\$ 2,782,992
Contracted Units/Services	\$ 3,042,747	\$ 3,028,288	\$ 3,088,304	\$ -	\$ 9,159,339	\$ 12,316,158
Travel	\$ 48,144	\$ 63,006	\$ 105,856	\$ -	\$ 217,006	\$ 293,341
Capitalized Equipment	\$ 37,625	\$ 1,390,769	\$ (28,549)	\$ -	\$ 1,399,845	\$ 1,566,461
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 14,081,271</b>	<b>\$ 15,430,396</b>	<b>\$ 14,077,968</b>	<b>\$ -</b>	<b>\$ 43,589,635</b>	<b>\$ 57,401,768</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 2,482,970	\$ 2,455,187	\$ 2,510,767	\$ -	\$ 7,448,924	\$ 10,050,644
Benefits	\$ 656,256	\$ 668,023	\$ 654,849	\$ -	\$ 1,979,128	\$ 2,638,837
Other Operating Expenses	\$ 71,815	\$ 35,064	\$ 63,328	\$ -	\$ 170,206	\$ 236,942
Professional Services	\$ 437,138	\$ 567,608	\$ 944,185	\$ -	\$ 1,948,932	\$ 2,598,576
Travel	\$ 8,801	\$ 5,063	\$ 8,979	\$ -	\$ 22,842	\$ 35,456
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 3,656,980</b>	<b>\$ 3,730,945</b>	<b>\$ 4,182,107</b>	<b>\$ -</b>	<b>\$ 11,570,032</b>	<b>\$ 15,560,455</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 17,738,251</b>	<b>\$ 19,161,341</b>	<b>\$ 18,260,075</b>	<b>\$ -</b>	<b>\$ 55,159,667</b>	<b>\$ 72,962,223</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 202,484	\$ 351,122	\$ 585,976	\$ -	\$ 1,139,582	\$ 1,835,000
Freeworld Provider Services	\$ 5,863,580	\$ 6,305,391	\$ 4,416,886	\$ -	\$ 16,585,856	\$ 22,339,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,408,059	\$ 3,783,413	\$ 3,773,684	\$ -	\$ 10,965,156	\$ 15,086,708
Estimated IBNR	\$ (311,549)	\$ (1,652,320)	\$ (380,471)	\$ -	\$ (2,344,340)	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 9,162,573</b>	<b>\$ 8,787,606</b>	<b>\$ 8,396,075</b>	<b>\$ -</b>	<b>\$ 26,346,254</b>	<b>\$ 39,261,506</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 753,384	\$ 589,077	\$ 605,067	\$ -	\$ 1,947,528	\$ 2,596,703
Benefits	\$ 23,048	\$ 24,807	\$ 25,294	\$ -	\$ 73,149	\$ 97,532
Other Operating Expenses	\$ 131,844	\$ 93,300	\$ 110,444	\$ -	\$ 335,587	\$ 447,449
Pharmaceutical Purchases	\$ 1,771,564	\$ 1,967,035	\$ 1,931,213	\$ -	\$ 5,669,812	\$ 7,809,749
Travel	\$ 1,555	\$ 1,497	\$ 3,105	\$ -	\$ 6,156	\$ 8,209
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,681,394</b>	<b>\$ 2,675,715</b>	<b>\$ 2,675,122</b>	<b>\$ -</b>	<b>\$ 8,032,231</b>	<b>\$ 10,959,642</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 820,387</b>	<b>\$ 811,372</b>	<b>\$ 829,402</b>	<b>\$ -</b>	<b>\$ 2,461,161</b>	<b>\$ 3,289,457</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 30,402,605</b>	<b>\$ 31,436,033</b>	<b>\$ 30,160,675</b>	<b>\$ -</b>	<b>\$ 91,999,313</b>	<b>\$ 126,472,828</b>
<b>DIFFERENCE</b>	<b>\$ 2,507,970</b>	<b>\$ 1,390,248</b>	<b>\$ 2,966,561</b>	<b>\$ -</b>	<b>\$ 6,864,779</b>	<b>\$ 5,673,787</b>

\*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**  
**Third Quarter, FY2022**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/17/22
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 141,886,323	\$ 140,327,132	\$ 143,445,516	\$ -	\$ 425,658,971	\$ 569,104,487
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ (5,100,504)	\$ (5,581,080)	\$ -	\$ (15,856,438)	\$ (21,200,000)
State Reimbursement Benefits	\$ 14,618,821	\$ 14,271,368	\$ 15,046,837	\$ -	\$ 43,937,026	\$ 58,693,546
Other Misc Revenue	\$ 16,255	\$ 106,924	\$ (48,130)	\$ -	\$ 75,049	\$ 75,049
<b>TOTAL REVENUES</b>	<b>\$ 151,346,545</b>	<b>\$ 149,604,920</b>	<b>\$ 152,863,143</b>	<b>\$ -</b>	<b>\$ 453,814,608</b>	<b>\$ 606,673,082</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 47,272,064	\$ 47,045,595	\$ 50,194,412	\$ -	\$ 144,512,071	\$ 195,694,861
Benefits	\$ 13,847,086	\$ 14,010,914	\$ 14,177,994	\$ -	\$ 42,035,994	\$ 56,657,975
Other Operating Expenses	\$ 5,989,279	\$ 6,426,668	\$ 5,622,304	\$ -	\$ 18,038,251	\$ 24,214,437
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 302,926	\$ 319,256	\$ 385,665	\$ -	\$ 1,007,847	\$ 1,347,487
Capitalized Equipment	\$ 416,639	\$ 268,270	\$ 719,283	\$ -	\$ 1,404,192	\$ 2,136,807
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 67,827,994</b>	<b>\$ 68,070,703</b>	<b>\$ 71,099,658</b>	<b>\$ -</b>	<b>\$ 206,998,355</b>	<b>\$ 280,051,567</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 8,545,175	\$ 8,435,780	\$ 8,420,259	\$ -	\$ 25,401,214	\$ 33,961,331
Benefits	\$ 2,083,325	\$ 2,089,714	\$ 2,054,994	\$ -	\$ 6,228,033	\$ 8,326,857
Other Operating Expenses	\$ 66,987	\$ 60,781	\$ 70,247	\$ -	\$ 198,015	\$ 264,745
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 28,006	\$ 17,991	\$ 24,099	\$ -	\$ 70,095	\$ 93,717
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 10,723,493</b>	<b>\$ 10,604,266</b>	<b>\$ 10,569,598</b>	<b>\$ -</b>	<b>\$ 31,897,357</b>	<b>\$ 42,646,650</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,551,487</b>	<b>\$ 78,674,969</b>	<b>\$ 81,669,256</b>	<b>\$ -</b>	<b>\$ 238,895,712</b>	<b>\$ 322,698,216</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,776,083	\$ 4,808,991	\$ 5,975,061	\$ -	\$ 16,560,135	\$ 22,017,513
Freeworld Provider Services	\$ 6,856,569	\$ 16,034,029	\$ 17,656,305	\$ -	\$ 40,546,903	\$ 63,985,014
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 38,895,772	\$ 28,780,837	\$ 43,442,489	\$ -	\$ 111,119,098	\$ 147,738,295
Estimated IBNR	\$ 10,222,371	\$ 2,745,214	\$ (4,813,368)	\$ -	\$ 8,154,217	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 61,750,796</b>	<b>\$ 52,369,071</b>	<b>\$ 62,260,486</b>	<b>\$ -</b>	<b>\$ 176,380,353</b>	<b>\$ 233,740,822</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,108,820	\$ 2,013,820	\$ 2,155,097	\$ -	\$ 6,277,737	\$ 8,393,311
Benefits	\$ 679,052	\$ 647,969	\$ 676,012	\$ -	\$ 2,003,033	\$ 2,678,048
Other Operating Expenses	\$ 391,140	\$ 418,321	\$ 810,723	\$ -	\$ 1,620,184	\$ 1,782,697
Pharmaceutical Purchases	\$ 12,260,252	\$ 10,774,273	\$ 12,198,239	\$ -	\$ 35,232,764	\$ 48,132,367
Travel	\$ 252	\$ 2,826	\$ 3,891	\$ -	\$ 6,969	\$ 41,500
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 15,439,517</b>	<b>\$ 13,857,209</b>	<b>\$ 15,843,960</b>	<b>\$ -</b>	<b>\$ 45,140,687</b>	<b>\$ 61,027,924</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 3,880,435</b>	<b>\$ 3,589,381</b>	<b>\$ 3,981,312</b>	<b>\$ -</b>	<b>\$ 11,451,129</b>	<b>\$ 15,364,205</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 159,622,235</b>	<b>\$ 148,490,631</b>	<b>\$ 163,755,015</b>	<b>\$ -</b>	<b>\$ 471,867,880</b>	<b>\$ 632,831,167</b>
<b>DIFFERENCE</b>	<b>\$ (8,275,689)</b>	<b>\$ 1,114,289</b>	<b>\$ (10,891,872)</b>	<b>\$ -</b>	<b>\$ (18,053,272)</b>	<b>\$ (26,158,085)</b>

\*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**  
**Third Quarter, FY2022**

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 171,718,583	\$ 169,831,563	\$ 173,605,601	\$ -	\$ 515,155,747	\$ 688,761,348
Revenue Deferred to FY2023*	\$ (5,174,854)	\$ (5,100,504)	\$ (5,581,080)	\$ -	\$ (15,856,438)	\$ (21,200,000)
State Reimbursement Benefits	\$ 17,696,475	\$ 17,592,692	\$ 18,012,917	\$ -	\$ 53,302,084	\$ 71,180,290
Other Misc Revenue	\$ 16,918	\$ 107,449	\$ (47,060)	\$ -	\$ 77,307	\$ 78,060
<b>TOTAL REVENUES</b>	<b>\$ 184,257,121</b>	<b>\$ 182,431,201</b>	<b>\$ 185,990,379</b>	<b>\$ -</b>	<b>\$ 552,678,701</b>	<b>\$ 738,819,698</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 54,548,804	\$ 54,019,142	\$ 57,096,020	\$ -	\$ 165,663,965	\$ 224,166,789
Benefits	\$ 16,135,083	\$ 16,338,180	\$ 16,436,152	\$ -	\$ 48,909,414	\$ 64,815,182
Other Operating Expenses	\$ 6,812,765	\$ 7,337,016	\$ 6,617,482	\$ -	\$ 20,767,263	\$ 28,028,118
Professional Services	\$ 564,532	\$ 737,172	\$ 757,415	\$ -	\$ 2,059,119	\$ 2,782,992
Contracted Units/Services	\$ 3,042,747	\$ 3,028,288	\$ 3,088,304	\$ -	\$ 9,159,339	\$ 12,316,158
Travel	\$ 351,070	\$ 382,262	\$ 491,521	\$ -	\$ 1,224,852	\$ 1,640,828
Capitalized Equipment	\$ 454,265	\$ 1,659,039	\$ 690,733	\$ -	\$ 2,804,037	\$ 3,703,267
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 81,909,265</b>	<b>\$ 83,501,099</b>	<b>\$ 85,177,626</b>	<b>\$ -</b>	<b>\$ 250,587,990</b>	<b>\$ 337,453,335</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 11,028,146	\$ 10,890,967	\$ 10,931,025	\$ -	\$ 32,850,138	\$ 44,011,975
Benefits	\$ 2,739,580	\$ 2,757,737	\$ 2,709,843	\$ -	\$ 8,207,160	\$ 10,965,694
Other Operating Expenses	\$ 138,802	\$ 95,844	\$ 133,575	\$ -	\$ 368,221	\$ 501,687
Professional Services	\$ 437,138	\$ 567,608	\$ 944,185	\$ -	\$ 1,948,932	\$ 2,598,576
Travel	\$ 36,807	\$ 23,054	\$ 33,077	\$ -	\$ 92,938	\$ 129,173
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 14,380,473</b>	<b>\$ 14,335,211</b>	<b>\$ 14,751,706</b>	<b>\$ -</b>	<b>\$ 43,467,389</b>	<b>\$ 58,207,105</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 96,289,737</b>	<b>\$ 97,836,310</b>	<b>\$ 99,929,332</b>	<b>\$ -</b>	<b>\$ 294,055,379</b>	<b>\$ 395,660,440</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,978,567	\$ 5,160,114	\$ 6,561,036	\$ -	\$ 17,699,717	\$ 23,852,513
Freeworld Provider Services	\$ 12,720,149	\$ 22,339,420	\$ 22,073,190	\$ -	\$ 57,132,759	\$ 86,324,812
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 42,303,831	\$ 32,564,250	\$ 47,216,173	\$ -	\$ 122,084,253	\$ 162,825,003
Estimated IBNR	\$ 9,910,822	\$ 1,092,894	\$ (5,193,839)	\$ -	\$ 5,809,877	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 70,913,369</b>	<b>\$ 61,156,677</b>	<b>\$ 70,656,560</b>	<b>\$ -</b>	<b>\$ 202,726,607</b>	<b>\$ 273,002,328</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,862,204	\$ 2,602,897	\$ 2,760,163	\$ -	\$ 8,225,265	\$ 10,990,015
Benefits	\$ 702,101	\$ 672,776	\$ 701,305	\$ -	\$ 2,076,182	\$ 2,775,580
Other Operating Expenses	\$ 522,984	\$ 511,620	\$ 921,166	\$ -	\$ 1,955,770	\$ 2,230,147
Pharmaceutical Purchases	\$ 14,031,816	\$ 12,741,308	\$ 14,129,452	\$ -	\$ 40,902,576	\$ 55,942,116
Travel	\$ 1,807	\$ 4,323	\$ 6,995	\$ -	\$ 13,125	\$ 49,708
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 18,120,911</b>	<b>\$ 16,532,924</b>	<b>\$ 18,519,083</b>	<b>\$ -</b>	<b>\$ 53,172,918</b>	<b>\$ 71,987,565</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,700,822</b>	<b>\$ 4,400,753</b>	<b>\$ 4,810,715</b>	<b>\$ -</b>	<b>\$ 13,912,290</b>	<b>\$ 18,653,662</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 190,024,840</b>	<b>\$ 179,926,664</b>	<b>\$ 193,915,689</b>	<b>\$ -</b>	<b>\$ 563,867,193</b>	<b>\$ 759,303,995</b>
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<b>DIFFERENCE</b>	<b>\$ (5,767,719)</b>	<b>\$ 2,504,537</b>	<b>\$ (7,925,311)</b>	<b>\$ -</b>	<b>\$ (11,188,492)</b>	<b>\$ (20,484,298)</b>
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\*HB 2, 87th Legislature, funding for Electronic Medical Record (EMR) balance to be deferred to FY2023



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

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

**TDCJ Medical Director's Report**

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the Third Quarter Fiscal Year FY 2022 (March, April, and May 2022), Operational Review Audits (ORAs) were conducted at the following **11** facilities: Baten, Bradshaw, Byrd, Clements, Ferguson, Hodge, Lindsey, Lychner, Middleton, Robertson, and Skyview:

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **7** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Third Quarter of FY 2022:
  1. Item **1.630** requires the facility have an overall health services staffing vacancy of no more than 12%. The following **7** facilities were not in compliance with this requirement:
    - Baten (0%) - Corrective action plan received
    - Clements (0%) - Corrective action plan received
    - Ferguson (0%) - Corrective action plan received
    - Hodge (0%) – Corrective action plan received
    - Lychner (0%) – Corrective action plan pending
    - Middleton (0%) – Corrective action plan received
    - Robertson (0%) – Corrective action plan received
  2. Item **6.010** requires screening for tuberculosis be performed on all inmates annually at the facility. The following **6** facilities were not in compliance with this requirement:
    - Byrd (80%) – Corrective action plan received
    - Clements (75%) - Corrective action plan received
    - Ferguson (79%) - Corrective action plan received
    - Lychner (38%) – Corrective action plan pending
    - Middleton (79%) – Corrective action plan received
    - Robertson (75%) – Corrective action plan received
  3. Item **5.210** requires an annual physical exam for inmates 50 years of age or greater be documented in the medical record within 30 days of their annual date of incarceration. The following **5** facilities were not in compliance with this requirement:
    - Clements (43%) - Corrective action plan received
    - Ferguson (67%) - Corrective action plan received
    - Middleton (80%) – Corrective action plan received
    - Robertson (33%) – Corrective action plan received
    - Skyview (52%) – Corrective action plan received
  4. Item **5.251** requires documentation that 3 Hemocult cards or a FIT Kit was offered to inmates 50 years of age or greater within the required time frame of their annual date of incarceration. The following **5** facilities were not in compliance with this requirement:
    - Baten (75%) - Corrective action plan received
    - Clements (42%) - Corrective action plan received
    - Ferguson (75%) - Corrective action plan received
    - Lychner (79%) – Corrective action plan pending
    - Robertson (39%) – Corrective action plan received

### OPERATIONAL REVIEW AUDIT (CONTINUE)

5. 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:
  - Bradshaw (0%) – Corrective action plan received
  - Clements (67%) - Corrective action plan received
  - Ferguson (31%) - Corrective action plan received
  - Lychner (67%) – Corrective action plan pending
  - Robertson (75%) – Corrective action plan received
  
6. Item **6.330** requires the initial evaluations of inmates diagnosed with Hepatitis C be completed by a physician or mid-level provider. The following **5** facilities were not in compliance with this requirement:
  - Bradshaw (75%) – Corrective action plan received
  - Clements (67%) - Corrective action plan received
  - Lychner (62%) – Corrective action plan pending
  - Middleton (65%) – Corrective action plan received
  - Robertson (57%) – Corrective action plan received
  
7. Item **6.380** requires the pneumococcal vaccine be offered to inmates with certain chronic diseases and conditions, and all inmates 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **5** facilities were not in compliance with this requirement:
  - Bradshaw (0%) – Corrective action plan received
  - Ferguson (79%) - Corrective action plan received
  - Lychner (29%) – Corrective action plan pending
  - Middleton (76%) – Corrective action plan received
  - Skyview (63%) – Corrective action plan received

*Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Splenic Dysfunction, Anatomic Asplenia, Human Immunodeficiency Virus (HIV) infection, most cancers, Sickle Cell Disorder, Cirrhosis, alcoholism, Renal Failure, and Cerebral Spinal Fluid leaks. (Note: Asthma is not included unless it is associated with COPD, Emphysema or long-term systemic steroid use).*

During the previous quarter, ORAs for **7** facilities had pending corrective action plans: Cotulla, East Texas Treatment Facility (TF), Gist, Johnston, LeBlanc, Luther, and Wynne. During the Third Quarter FY 2022, all were closed.

## **CAPITAL ASSETS CONTRACT MONITORING**

Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. Audits scheduled for March and April of the Third Quarter of FY 2022 were postponed due to the ongoing COVID-19 pandemic. All **5** facilities scheduled for May were within the required compliance range.

## **DENTAL QUALITY REVIEW AUDIT**

During the Third Quarter of FY 2022 (March, April, and May 2022), Dental Quality Review Audits were conducted at the following **24** facilities: Beto, Boyd, Bradshaw, Bridgeport, Connally, Ellis, East Texas Treatment Facility [TF], Estelle (General Population [GP] and Extended Cell Block [ECB]), Ferguson, Glossbrenner, Goodman, Goree, Halbert, Johnston, Lewis, Lindsey, Lopez, Marlin, Pack, Polunsky, Stevenson, Wainwright, Willacy, and Young. The following is a summary of the items found to be most frequently below 80 percent:

## **DENTAL QUALITY REVIEW AUDIT (CONTINUED)**

- **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **4** of the **24** facilities were not in compliance: **Goree (10%), Stevenson (70%), Pack (50%), and Young (50%)**.
- **Item 14** assesses if the dental/medical history is completed per policy on the HSD-4 form for the Comprehensive Treatment Plan. **1** of the **24** facilities was not in compliance: **Wainwright (46%)**.
- **Item 18** assesses if tooth defects are noted with number and surfaces on the Odontogram of the HSD-4 form. **1** of the **24** facilities was not in compliance: **Estelle [GP] (50%)**.
- **Item 23** assesses the results of periodontal charting and radiographic survey of the remaining dentition reviewed by the treating dentist and assesses if the periodontal treatment plan was updated within 30 days. **2** of the **24** facilities were not in compliance: **Boyd (38%) and Wainwright (40%)**.

## **GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE**

During the 3rd Quarter of FY 2022 (March, April, and May 2022), the Patient Liaison Program and the Step II Grievance Program received **3,793** correspondences. The PLP received **2,833** and Step II Grievance received **960**. There were **404** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained inmate medical grievances closed in the Third Quarter FY 2022 for the Step II medical grievances was **7%**. Performance measure expectation is **6%** or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **7%** and **5%** for TTUHSC for the Third 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 third quarter of FY 2022, (March, April, and May 2022), the Patient Liaison Program nurses and investigators performed **24** Sick Call Request Verification audits (SCRVA) on **24** 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 **186** indicators were reviewed at the **24** facilities and **16** of the indicators fell below the **80** percent compliance threshold, representing **8.6** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **24** facilities audited. There were **7** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the medical staff.

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

## OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Third Quarter FY 2022, there were **8,691** intake HIV tests performed. Of those tested, **97** inmates were newly identified as having HIV infection. During the same time period, there were **6,138** pre-release tests performed with **0** found to be HIV positive. For this quarter, **10** new AIDS cases were identified.
- There were **1,913** cases of Hepatitis C identified for the Third Quarter FY 2022. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **573** cases of suspected Syphilis were reported in the Third Quarter FY 2022. **330** 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.
- **255** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2022. For the same time, **76** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **18** TB cases (pulmonary and extra-pulmonary) under management for the Third 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 **335** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2022. There were **79** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **125** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Third Quarter FY 2022, **4** units received a five-day peer educator training which included a 3-day Wall Talk training and a 2-day Somebody Cares peer education training. 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 Third Quarter FY 2022, **106** inmates trained to become peer educators. This is an increase from the Second Quarter FY 2022 Report. During the Third Quarter FY 2022, **10,255** inmates attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2022.

## MORBIDITY AND MORTALITY

There were **119** deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2022 of those deaths, **0** were referred to peer review committees.

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

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

### **OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON**

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

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutional Division (CID) and State Jails once every six months. During the Third Quarter of FY 2022, **16** units were scheduled for audits. These audits were conducted at **7** of the **16** units, **8** of the **16** audits were cancelled due to travel restrictions imposed due to COVID-19 precautions and **1** of the **16** units did not have inmates housed in restricted housing at the time of the audit.
- 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, **16** units were audited. For ATC 4, **13** of the **16** units were **100%** compliant. For ATC 5, **14** of the **16** units were **100%** compliant. For ATC 6, **13** of the **16** units were **100%** compliant. On all measures, **2** of the **16** units did not have an applicable sample. For the 911 tool, **7** of the **16** units were **100%** compliant. **8** of the **16** units were not assessed due to travel restrictions due to COVID-19 precautions. **1** of the **16** units was not assessed due to not having 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 Third Quarter FY 2022, a total of **84** instances of compelled psychoactive medication administration occurred. There were **18** instances at the Montford Unit, **22** instances at the Skyview Unit, **43** instances at the Wayne Scott Unit (previously Jester IV Unit), and **1** instance at the Clements Unit. During the reporting months of March, April, and May, each unit obtained **100%** for each month of the reporting period, except for Wayne Scott, obtaining **93%** for the month of April 2022 and Montford obtained **40%** for May 2022.
- 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. These audits rely on data two months behind the reporting month. Intake Mental Health Evaluation Audits resumed in April 2022. A total of **12** units were audited. **8** of the **12** units scored **80%** or better: Byrd, Gist, Holliday, Hutchins, Johnston, Kegans, Plane, and Travis. **3** of the **12** scored below **80%**: Lindsey, Middleton, and Woodman. **1** of the **12** did not have an applicable score due to no applicable data: Baten.

### **OFFICE OF THE HEALTH SERVICES LIAISON**

- The Office of the Health Services Liaison (HSL) conducts a random audit of 10 percent of Electronic Health Records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Third Quarter of FY 2022, HSL conducted **390** hospital and **91** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **390** hospital discharge audits conducted, **284** were from the UTMB Sector and **106** were from the TTUHSC sector. There were **96** deficiencies identified for UTMB and **79** identified for TTUHSC. Of the **91** infirmary discharge audits conducted **13** were from the UTMB sector and **78** were from the TTUHSC sector. There were **0** deficiencies identified from UTMB and **23** for TTUHSC.

## **ACCREDITATION**

The ACA 2022 Summer Conference will be held in New Orleans, Louisiana on August 4-7, 2022, and the following facilities will be represented: Crain, Dalhart, Garza West, Goree, Hightower, Huntsville, Plane-Henley, Scott (Jester IV), and Wallace.

## **BIOMEDICAL RESEARCH PROJECTS**

The following is a summary of current and pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services:

- Correctional Institutions Division Monthly Active Academic Research Projects - **7**
- Correctional Institutions Division Monthly Pending Research Projects - **0**
- Correctional Institutions Division Monthly Active Longitude Research Projects - **1**
- Health Services Division Active Monthly Medical Research Projects - **6**
- Health Services Division Monthly Pending Research Projects – **0**