CORRECTIONAL MANAGED HEALTH CARE

COMMITTEE

AGENDA

December 13, 2023

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 13, 2023
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

- Date and location of 2024 CMHCC meetings

- Brief Overview of the TDCJ Self-Evaluation Report (Submitted by the Sunset Advisory Commission, August 31, 2023), Correctional Health Care (pages 164-219).
  - Lannette Linthicum, M.D., CCHP-A, FACP
    Director, Health Services Division, Texas Department of Criminal Justice (TDCJ)

IV. Consent Items

1. Approval of Excused Absences

2. Approval of CMHCC Meeting Minutes, September 13, 2023

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

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

V. Update on Financial Reports

VI. Medical Directors Updates

1. Texas Department of Criminal Justice
   - Health Services Division Fiscal Year 2023 Fourth Quarter Report

2. Texas Tech University Health Sciences Center

3. The University of Texas Medical Branch

VII. Updated COVID Vaccine Recommendations

Presented by:
Stephanie Zepeda, PharmD
Associate Vice President, UTMB Pharmacy Services CMC
CMHCC Joint Medical Directors Working Group

VIII. Public Comments

IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes

September 13, 2023

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CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 13, 2023

Chairman: Robert D. Greenberg, M.D.

CMHCC Members Present: Julia Hiner, M.D., John Burruss, M.D., Phillip Keiser, M.D., Kris Coons, Cynthia Jumper, M.D.

CMHCC Members Absent: Lannette Linthicum, M.D., CCHP-A, FACP, Brian Edwards, M.D., Michelle Erwin

Partner Agency Staff Present: Eric Guerrero, Rebecca Waltz, Gloria Moore, Catina Brice, Chris Black-Edwards, Ashley Adkins, Jennifer Gonzales, Renee Warren, Kimberly Wagner, Tawona Holmes, Armita Bushong, D.D.S., Jewel Archie, Ron Steffa, Oscar Mendoza, Tiffany Kent, Texas Department of Criminal Justice (TDCJ); Lindsey Tubbs, Michael Rayel, M.D., Carrie Culpepper, Will Rodriguez, Sandra Garza, Texas Tech University Health Sciences Center (TTUHSC); Owen Murray, D.O., Monte Smith, D.O., Kelly Coates, Justin Robison, Olugbenga Ojo, M.D., Anthony Williams, Marjorie Cisneros, Joseph Penn, M.D., University of Texas Medical Branch (UTMB).

Others Present: None

Location: UTMB Correctional Managed Care (CMC) Offices, 200 River Pointe Drive, Suite 200 (Training Room), Conroe, TX 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Dr. Robert Greenberg	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. Dr. Greenberg acknowledged that all wishing to offer public comment must be registered 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. Dr. Greenberg welcomed and thanked everyone for being in attendance.		
II. Recognitions and Introductions - Dr. Greenberg	Dr. Greenberg asked if there were any recognitions or introductions. Ms. Chris Black-Edwards introduced Ms. Tawona Holmes as the new Director of Quality Monitoring and Compliance for the Health Services Division, Texas Department of Criminal Justice (TDCJ). Ms. Holmes has over four years in corrections experience and began her medical career as an LVN in 2007 while working at the TDCJ Huntsville Unit.		

Agenda Topic / Presenter	Presentation	Discussion	Action
II. Recognitions and Introductions (cont.) - Dr. Greenberg	Outside of corrections, she has worked in surgical oncology and research at MD Anderson. Finally, Ms. Holmes has worked as a certified Nurse Practitioner at UTMB and Sam Houston State University. Dr. Cynthia Jumper introduced three newly hired staff from the TTUHSC CMC. Dr. Jeffrey Fendley was introduced as the new Director of Dental Services, TTUHSC CMC. Dr. Fendley has 22 years of experience in clinical dentistry which has included associateship in a large cosmetic dental practice, ownership and operation of two multi-doctor dental practices in the DFW metroplex, practicing in a corporate removable prosthodontic/implant practice, and currently practicing correctional dentistry. Dr. Fendley has been with TTUHSC CMC correctional managed care for six years. Ms. Sandra Garza was selected as the Managing Director of Human Resources, TTUHSC CMC. Ms. Garza has over 15 years of human resources experience in healthcare and higher education environments, with a strong focus on employee and labor relations. Ms. Garza joined the TTUHSC CMC team in May 2022, as the Interim Managing Director of HR. Dr. Michael Rayel was selected as the Regional Medical Director, Mental Health TTUHSC CMC. Currently, he is also a Clinical Associate Professor at TTUHSC School of Medicine, Department of Psychiatry. He is board certified by the American Board of Psychiatry and Neurology in four specialties namely: General Psychiatry, Forensic Psychiatry, Geriatric Psychiatry, and Consultation-Liaison Psychiatry. Dr. Rayel has over 25 years of clinical, academic, and leadership experience both in Canada and the USA.		
III. Chair's Report - Dr. Greenberg	Dr. Greenberg next moved on to agenda item III, Chair's Report.		

Agenda Topic / Presenter	Presentation	Discussion	Action
III. Chair's Report (cont.) - Dr. Greenberg	Dr. Greenberg called on Dr. Owen Murray, Senor Vice President, UTMB Offender Care Services to present a brief summary of the Correctional Managed Health Care (CMHC) Policy D-27.2 "Heat Stress." Dr. Greenberg thanked Dr. Murray and called on Mr. Eric Guerrero, Deputy Director, Correctional Institutions Division CID, TDCJ to provide an overview of Administrative Directive (AD-10.64) "Excessive and Extreme Temperature Conditions in the TDCJ."		
IV. Approval of Consent Items - Dr. Greenberg	Dr. Greenberg thanked Mr. Guerrero and next moved on to agenda item IV, approval of Consent Items. Dr. Greenberg stated that the following five consent items would be voted on as a single action:		
- Approval of Excused Absences	The first consent item was the approval of excused absences from the June 14, 2023, meeting –Ms. Michelle Erwin and Dr. Brian Edwards.		
- Approval of CMHCC Meeting Minutes – June 14, 2023	The second consent item was the approval of the CMHCC meeting minutes from the June 14, 2023, meeting. Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.		
- Approval of TDCJ Health Services Monitoring Report	The third consent item was the approval of the FY2023 Third Quarter TDCJ Health Services Monitoring Reports.		
- University Medical Directors Reports	The fourth consent item was the approval of the FY2023 Third Quarter University Medical Director's Reports. There were no comments or discussion of these reports.		
- Summaries of CMHCC Joint Committee / Work Groups Activities	The fifth consent item was the approval of the FY2023 Third Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.		

Agenda Topic / Presenter	Presentation	Discussion	Action
IV. Approval of Consent Items (cont.) - Dr. Greenberg	Dr. Greenberg then called for a motion to approve the consent items.		Dr. Cynthia Jumper made a motion to approve all consent items and Ms. Kris Coons seconded the motion which prevailed by unanimous vote.
V. Update on Financial Reports - Rebecca Waltz	Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report. Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Third Quarter of FY 2023, 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.		
VI. Medical Director's Updates TDCJ Health Services Division FY 2023 Third Quarter Report - Ms. Chris Black-Edwards	Dr. Greenberg thanked Ms. Waltz then called on Ms. Chris Black-Edwards to present the FY2023 Third Quarter TDCJ Medical Director's Report. Ms. Black-Edwards began by explaining that the Correctional 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. Ms. Black-Edwards explained during the Third Quarter FY2023 (March, April, and May 2023), there were no Dental Quality Review audits conducted due to the Health Services Division, Director of Dental Compliance vacancy. Ms. Black-Edwards stated since the Third Quarter report, Dr. Bushong has been hired as the Director of Dental Compliance and there		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates TDCJ Health Services Division FY 2023 Third Quarter Report (cont.) - Ms. Black-Edwards	will be a Dental Quality Review audit report, at the next meeting. Ms. Black-Edwards answered stating the high number of positive Syphilis cases has led to a nationwide shortage of injectable Penicillin. She added to ensure all cases of Syphilis in TDCJ are treated, a special working group was formed to outline special use of Penicillin for high-risk patients including pregnant women. The remaining cases will be treated with oral Minocycline.	Dr. Greenberg asked if the national shortfall of Penicillin has impacted the number of Syphilis cases within the TDCJ.	
- **Texas Tech University Health Sciences Center** - Dr. Cynthia Jumper	Dr. Greenberg thanked Ms. Black-Edwards and then called on Dr. Jumper to present the TTUHSC Medical Director's Report. Dr. Jumper introduced three newly hired staff from the Texas Tech University Health Science Center TTUHSC CMC. Details of Dr. Jeffrey Fendley, Sandra Garza and Dr. Michael Rayel can be found in Section II (Recognitions) of this report.		
- **University of Texas Medical Branch** - Dr. Owen Murray	Dr. Greenberg thanked Dr. Jumper and then called on Dr. Owen Murray to present the UTMB Medical Director's Report. Dr. Owen Murray thanked TDCJ Executive Director, Bryan Collier, TDCJ Chief Financial Officer, Ron Steffa and TDCJ Deputy Director, Oscar Mendoza for their efforts in advocating to the State Legislature for the Correctional Managed Health Care funding received for FY2024-25. Dr. Murray stated the salary increase was effective September 1, 2023, and the feedback from staff has been incredible.		
VII. Biennial Review and Adoption of the Inmate Health Services Plan - Dr. Murray	Dr. Greenberg thanked Dr. Murray for his report and then called on him to begin the presentation of the Biennial Review and Adoption of the Inmate Health Services Plan.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Biennial Review and Adoption of the Inmate Health Services Plan (cont.) - Dr. Murray	Dr. Murray reported that Inmate Health Services Plan was developed collectively between the three partner agencies in 2003. It provides a broad definition of the services that are provided and to some extent the services that are not provided to TDCJ inmates. It gives a framework for providers, the legislature and the public in terms of what health services are really being delivered to the inmate population. Dr. Murray reported each biennium the plan is reviewed, revisions are made, as needed and it is brought before the CMHCC to review and consider adopting. The revisions that were made to the plan this biennium include verbiage changes to the inmate co-payment requirements, and diagnostic/preventive dentistry. Hearing Services, Preventive Health Services, Mammogram Services for Females and Prosthodontics by Primary Dentist were updated to reflect policy change. Dr. Murray continued other changes were grammatical and formatting. Dr. Greenberg thanked Dr. Murray and asked if anyone had any questions or comments about the Inmate Health Services Plan. Dr. Joseph Penn answered stated TDCJ has two facilities that provide services for inmates in the DDP. Dr. Penn stated male inmates receives services at the Hodge Unit and female inmates at the Crain Unit. Dr. Greenberg then called for a motion to approve the Inmate Health Services Plan.	Dr. John Burruss asked what TDCJ facilities provide the Developmentally Disability Program (DDP).	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Biennial Review and Adoption of the Inmate Health Services Plan (cont.) - Dr. Murray			Dr. Burruss made a motion to approve the Inmate Health Services Plan, Dr. Jumper second the motion, which prevailed by unanimous vote.
VIII. Correctional Managed Health Care Contract FY 2024-2025 Biennium: An Overview - Mr. Ron Steffa	Dr. Greenberg thanked Dr. Murray and then called on Mr. Ron Steffa to begin the presentation of the Correctional Managed Health Care Contract FY2024-2025 Biennium: An Overview. Mr. Steffa reported the presentation will focus on providing the CMHCC with an understanding of the key changes for the Correctional Managed Health Care (CMHC) FY2024-2025 biennium contracts between TDCJ and UTMB and between TDCJ and TTUHSC. Mr. Steffa explained they are still finalizing details to the TTUHSC contracts however, he will cover some of the key changes to the contract. Mr. Steffa reported the geographical areas of responsibility have not changed. During COVID-19, TDCJ experienced a decrease in the overall inmate population and have continued to idle some units. Mr. Steffa stated TDCJ has now started to see an increase in the inmate population. Mr. Steffa reported the funding for CMHC is appropriated to the TDCJ through the General Appropriations Act in three strategies. The three strategies are Unit and Psychiatric Care, Hospital and Clinic Care and Managed Health Care Pharmacy. Mr. Steffa explained each partner agency (TDCJ, UTMB and TTUHSC) established contract review teams to process revisions to the contracts and once approved by all parties, the recommendations are incorporated into the contracts and routed for signature. Mr. Steffa reported the CMHC contracts for FY2024-2025 provided the same level of services as prior contracts with		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Correctional Managed Health Care Contract FY 2024-2025 Biennium: An Overview (cont.) - Mr. Steffa	changes to the biennial funding, review of salary and staffing actions and reappropriated funding for statewide electronic health record system (PEARL). Mr. Steffa reported FY2024-2025 funding for CMHC totals $1.54 billion, representing an increase from the FY2022-2023 biennial funding level. Additional funding was provided for maintaining operations in the amount of $119.5 million, market adjustments of $79.4 million, new positions (Mental Health and Sheltered Housing) of $5.1 million, capital equipment of $4.3 million and continued funding of $21.5 million for information technology to be used to replace the electronic health record that is managed by UTMB but is utilized by all three agencies. Dr. Greenberg thanked Mr. Steffa and asked if anyone had any questions or comments about the CMHC Contract FY2024-2025 Biennium. Hearing none, Dr. Greenberg moved on to the Public Comment.		
IX. Public Comments - Dr. Greenberg	Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.		
X. Adjourn	Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for December 13, 2023, in Conroe, Texas The meeting was adjourned at 11:14 a.m.		

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

_____
Date

Consent Item

TDCJ Health Services Monitoring Reports

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

Fourth Quarter, Fiscal Year 2023

(June, July, and August 2023)

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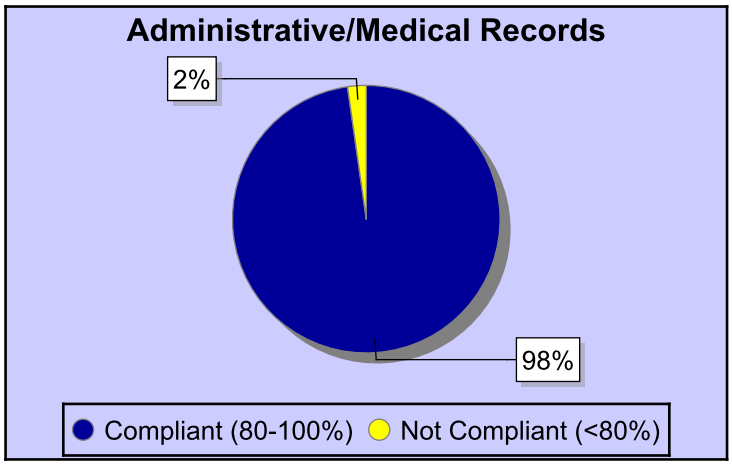
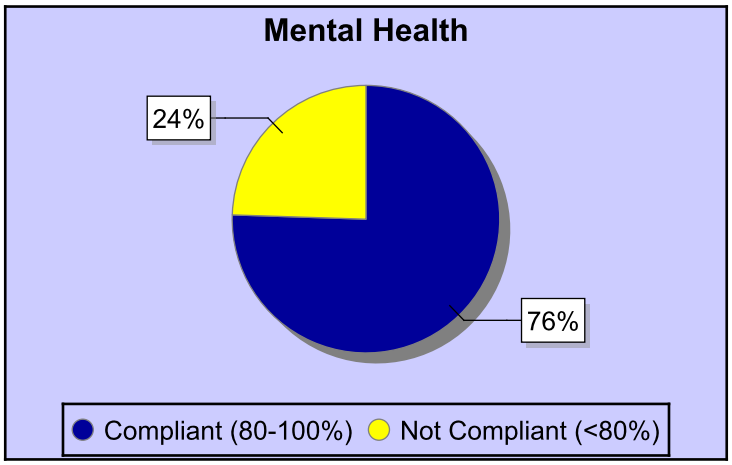
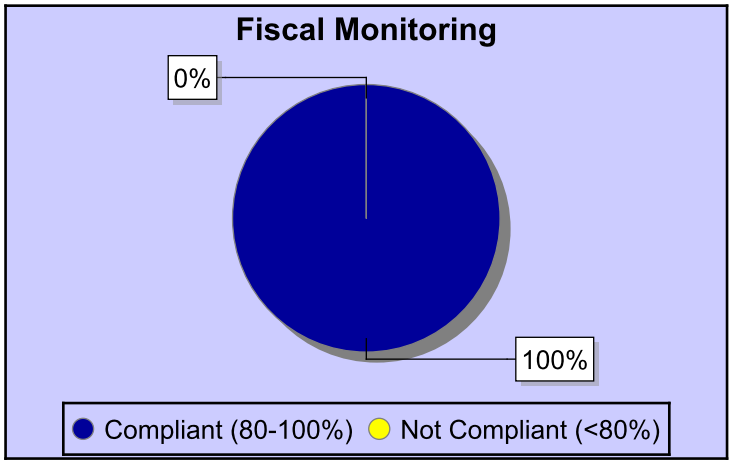
Rate of Compliance with Standards by Operational Categories Fourth Quarter, Fiscal Year 2023 June August 2023																		
Unit	**Operations/ Administration**			**General Medical/Nursing**			**Coordinator of Infectious Disease**			**Dental**			**Mental Health**			**Fiscal**		
	n	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Greater Compliance	
Baten	30	29	97%	12	10	83%	20	13	65%	8	7	88%	11	11	100%	6	6	100%
Formby	31	31	100%	15	13	87%	26	23	88%	11	11	100%	16	13	81%	5	5	100%
Hobby	32	30	94%	15	14	93%	17	9	53%	10	10	100%	15	15	100%	4	4	100%
Marlin	33	30	91%	15	6	40%	16	10	63%	9	9	100%	14	14	100%	4	4	100%
Mechler	30	29	97%	13	10	77%	21	8	38%	10	10	100%	2	1	50%	4	4	100%
Montford	89	87	98%	31	27	87%	32	29	91%	12	12	100%	49	37	76%	18	18	100%
Wallace	31	30	97%	13	13	100%	20	18	90%	11	11	100%	2	2	100%	6	6	100%
Wheeler	31	30	97%	9		100%	16	10	63%	9	9	100%	2	2	100%	4	4	100%

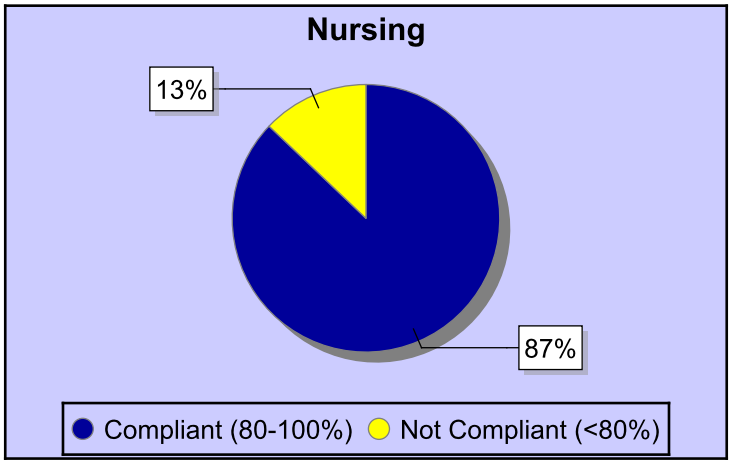
n = number of applicable items audited.

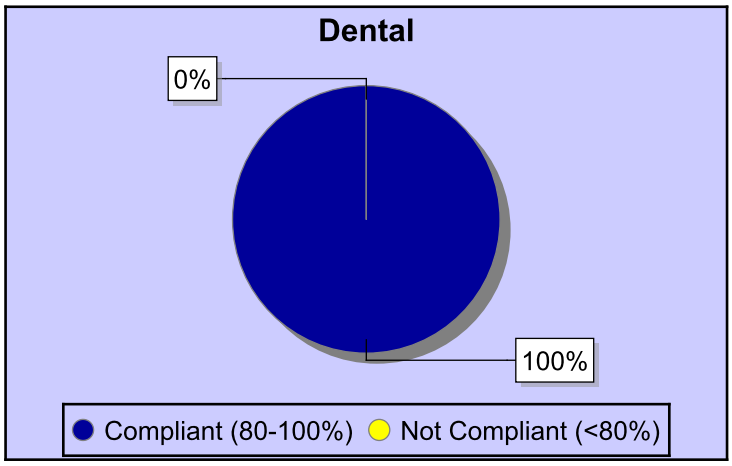
Compliance Rate By Operational Categories for
MONTFORD FACILITY
June 06, 2023

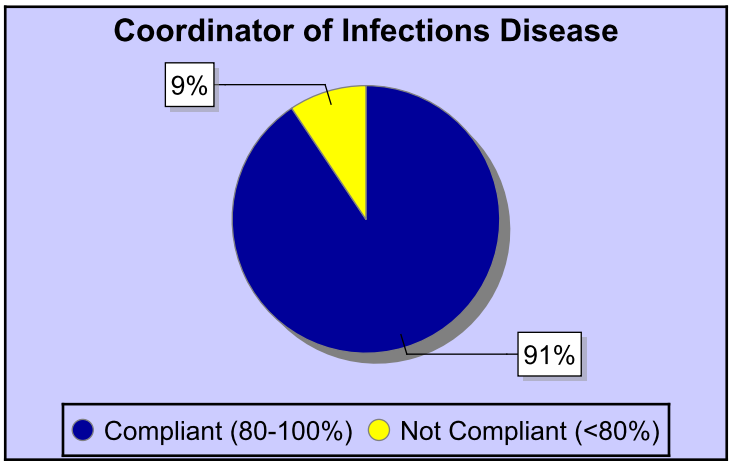




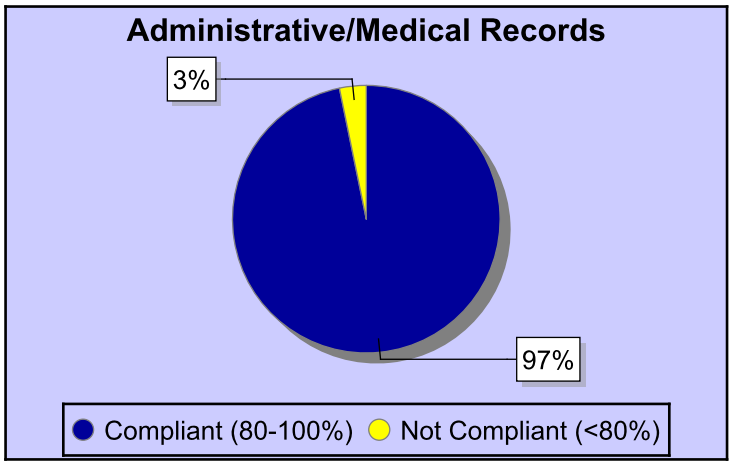


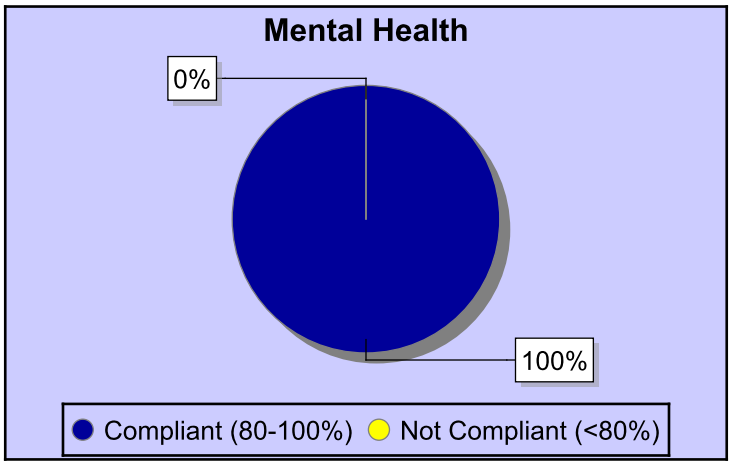


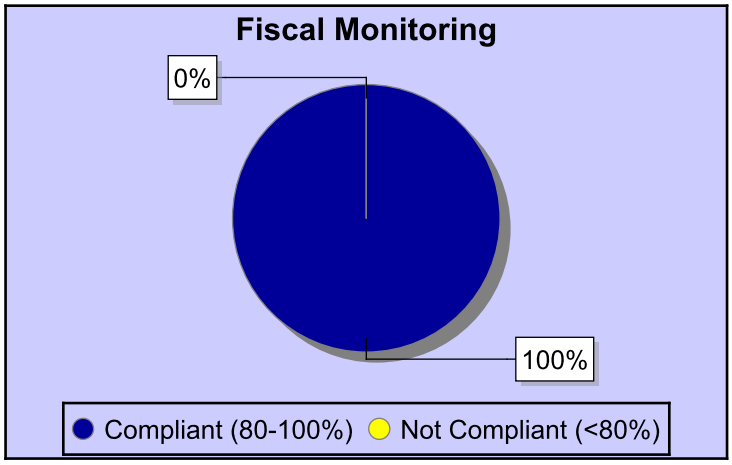


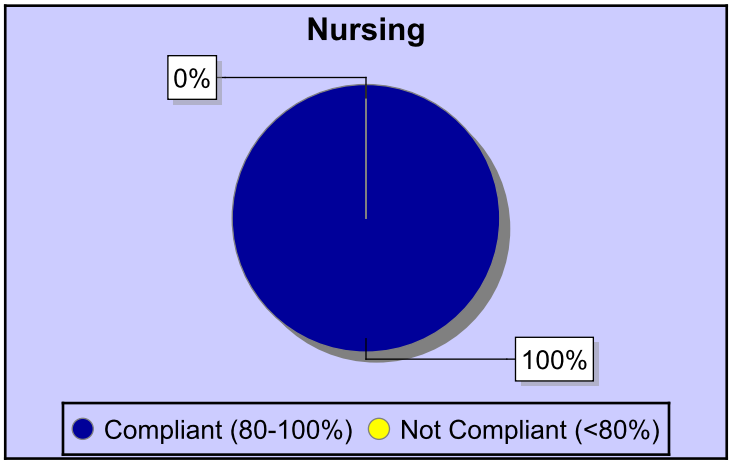


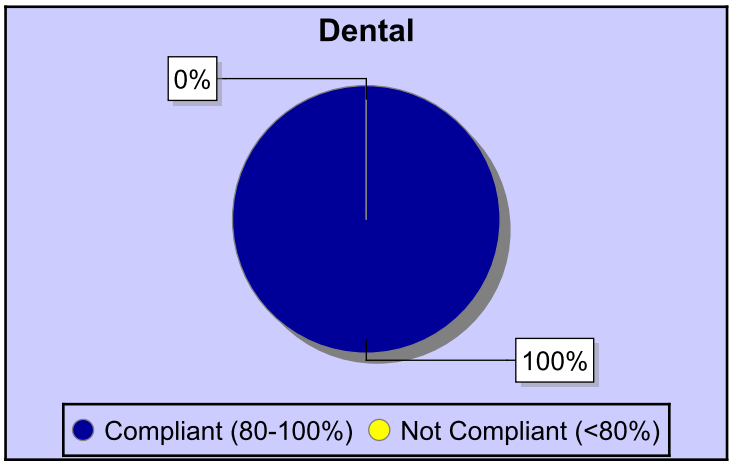
Compliance Rate By Operational Categories for
WALLACE FACILITY
June 07, 2023

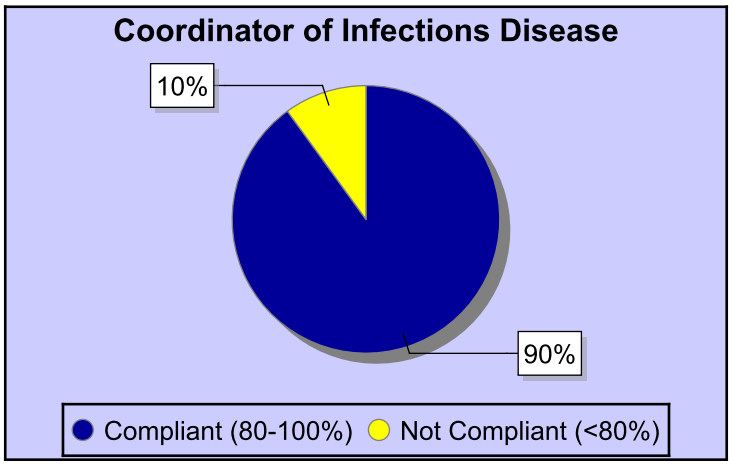




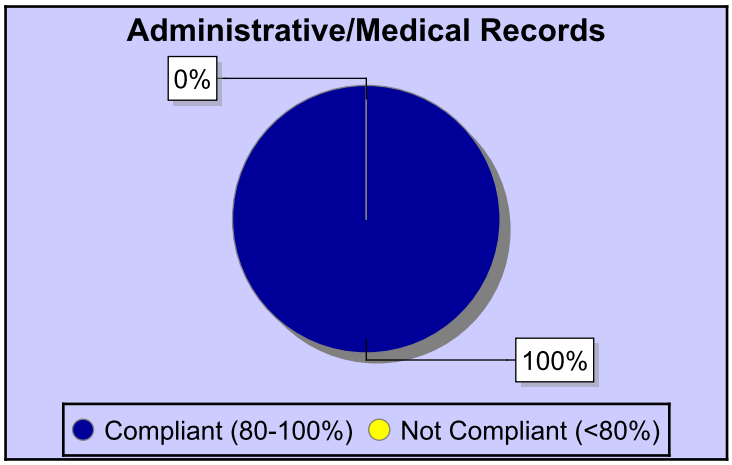


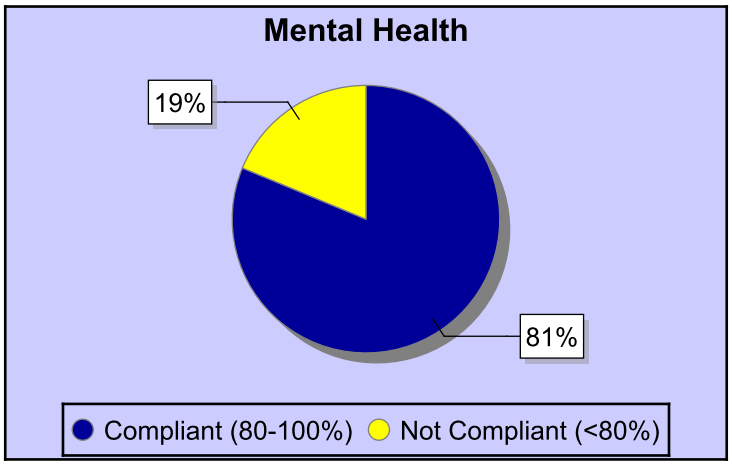


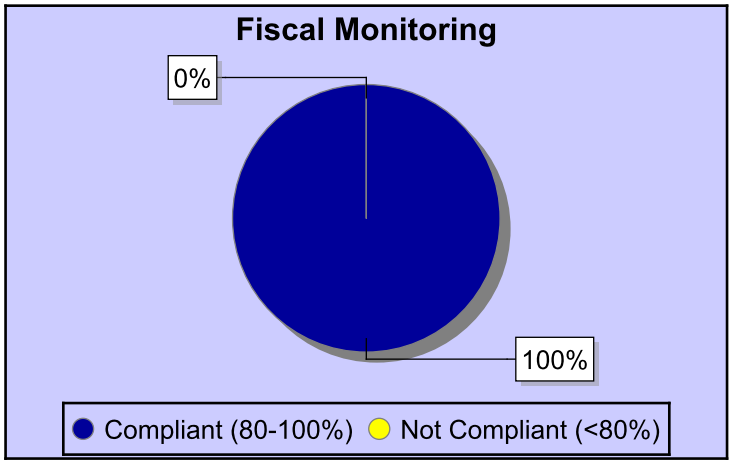


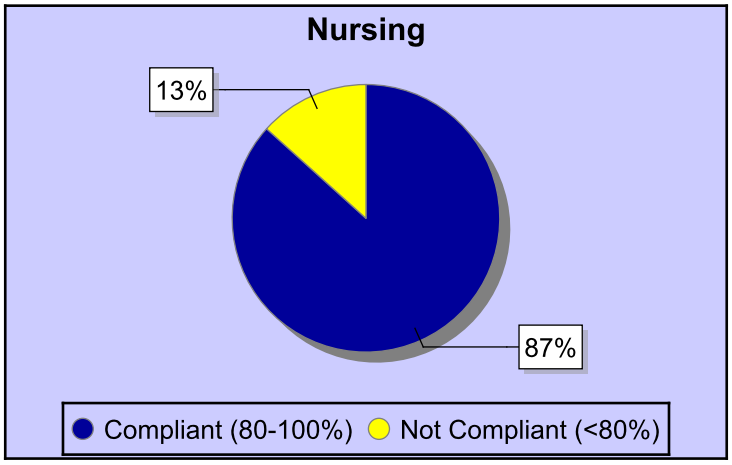


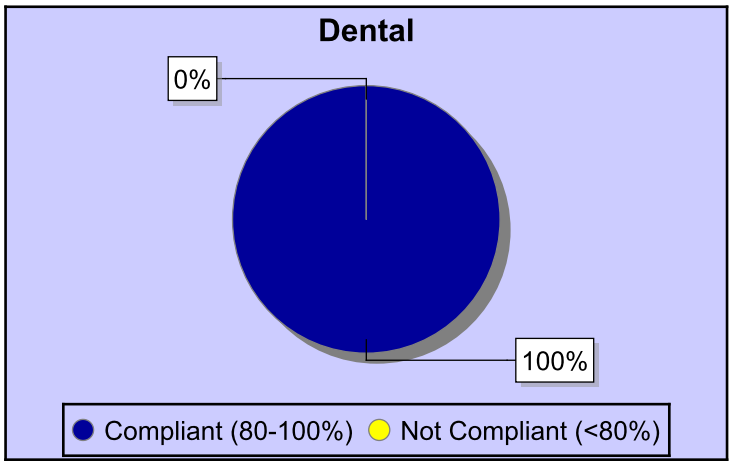
Compliance Rate By Operational Categories for
FORMBY FACILITY
July 11, 2023

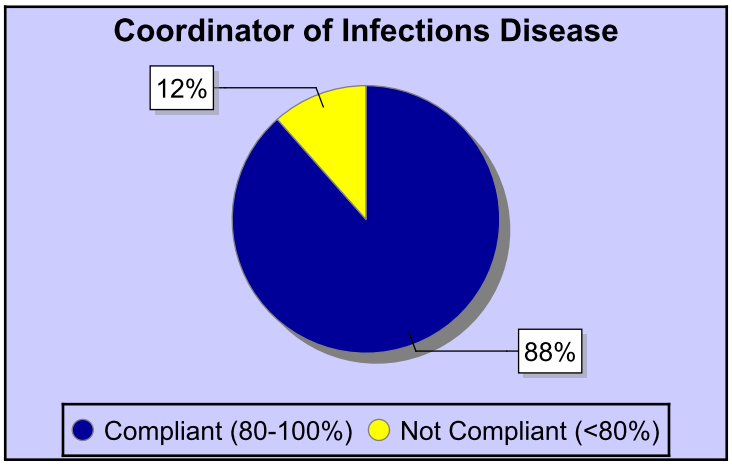




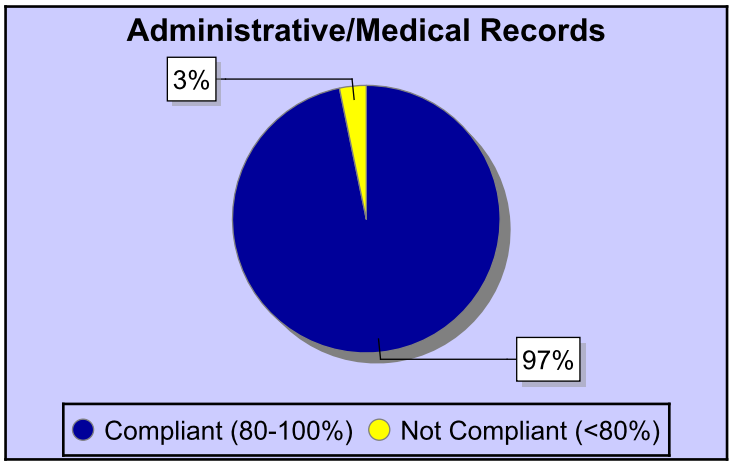


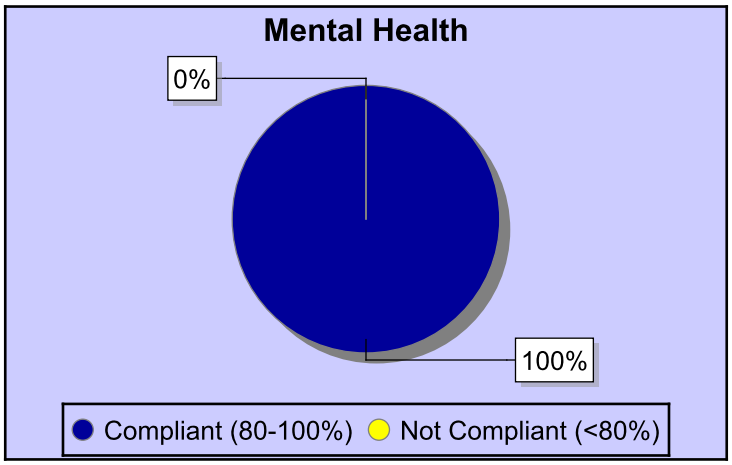


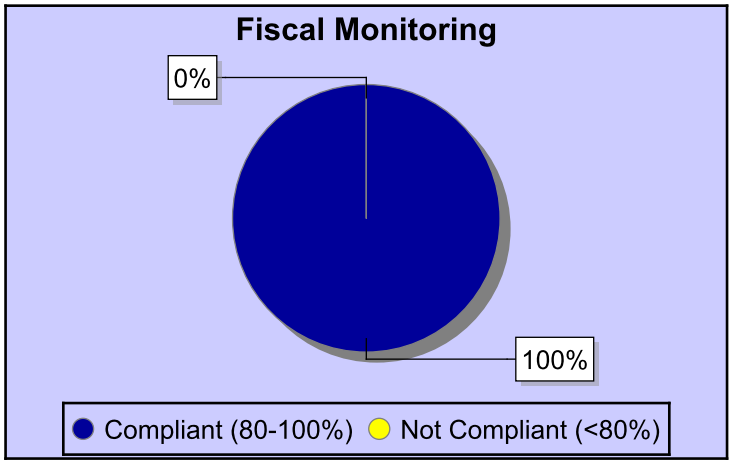


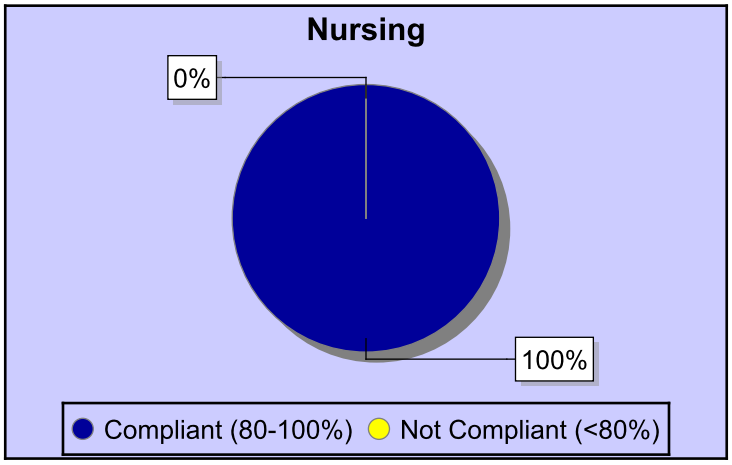


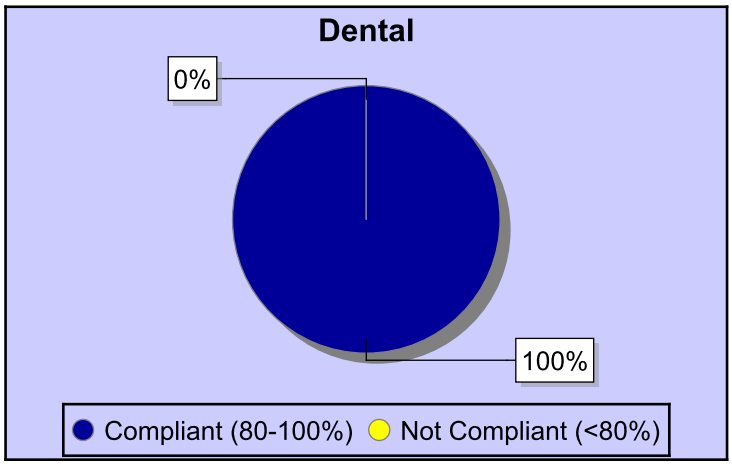
Compliance Rate By Operational Categories for
WHEELER FACILITY
July 11, 2023

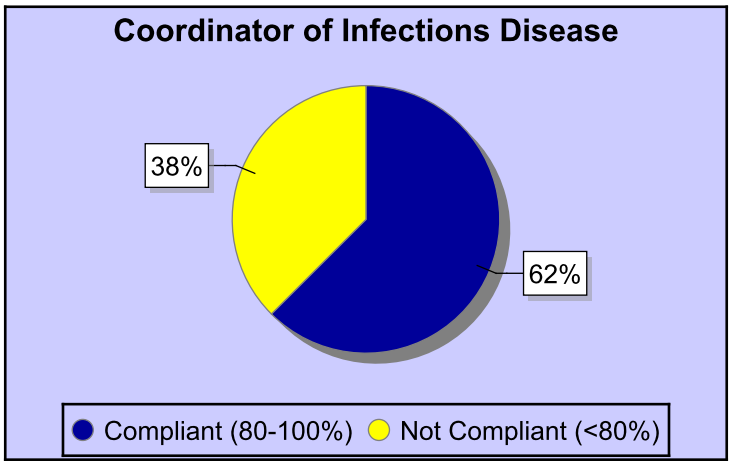




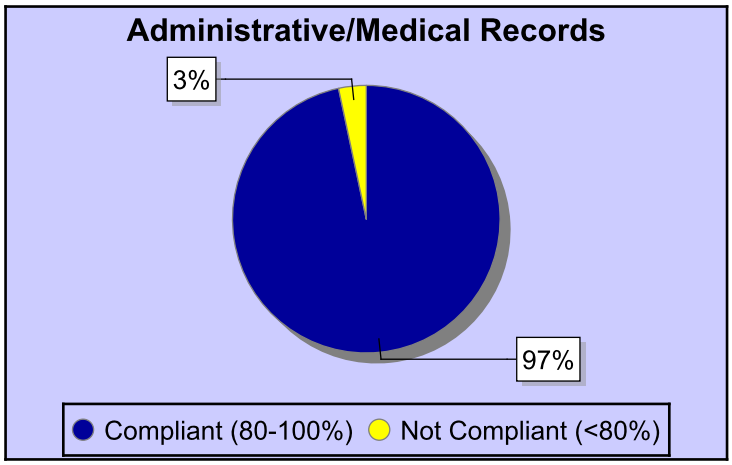


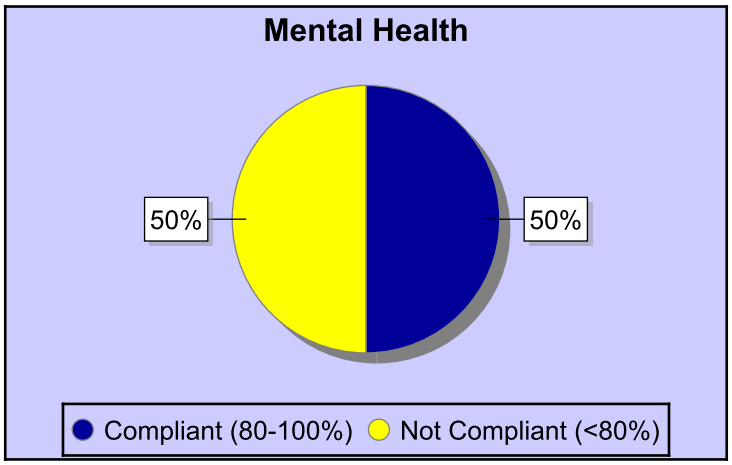


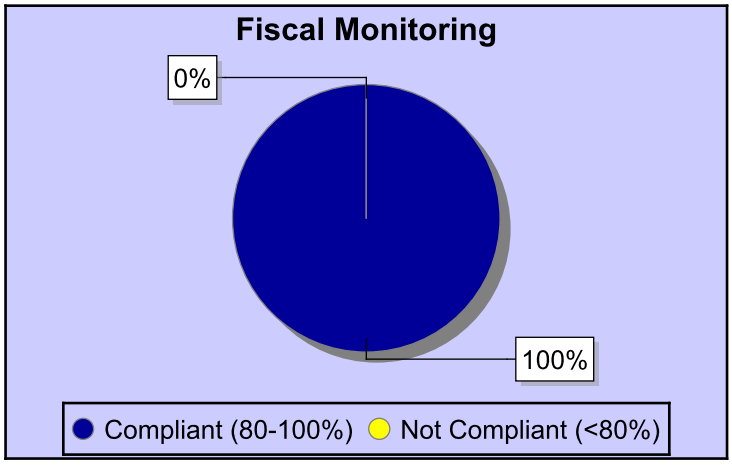


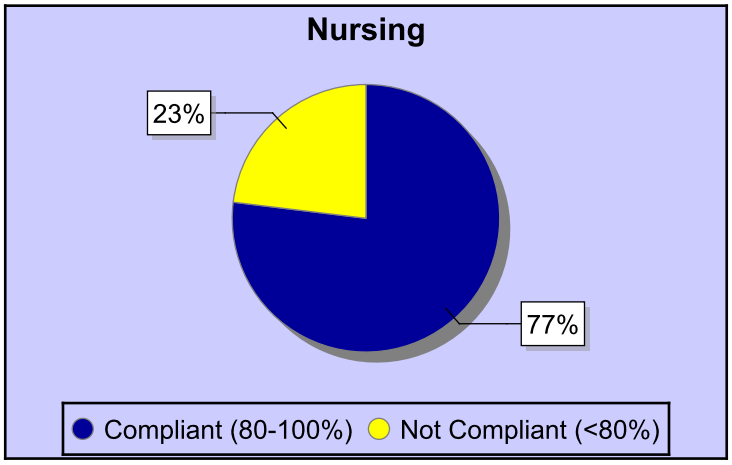


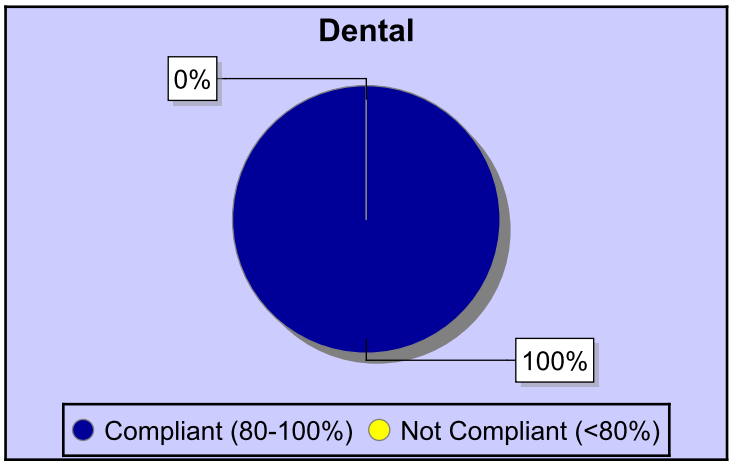
Compliance Rate By Operational Categories for
MECHLER FACILITY
July 12, 2023

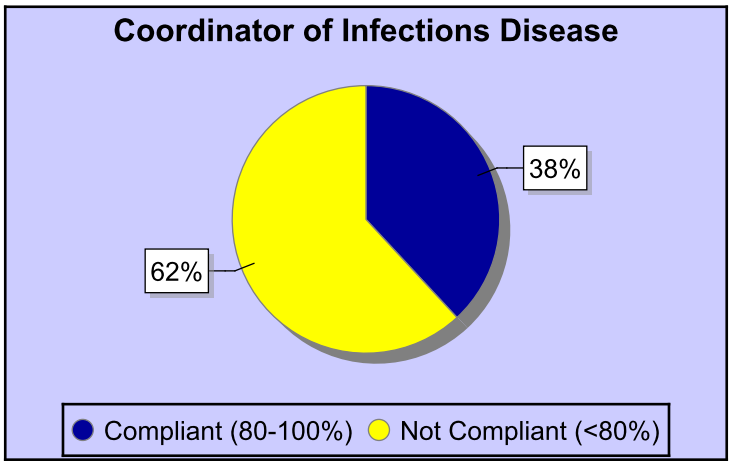




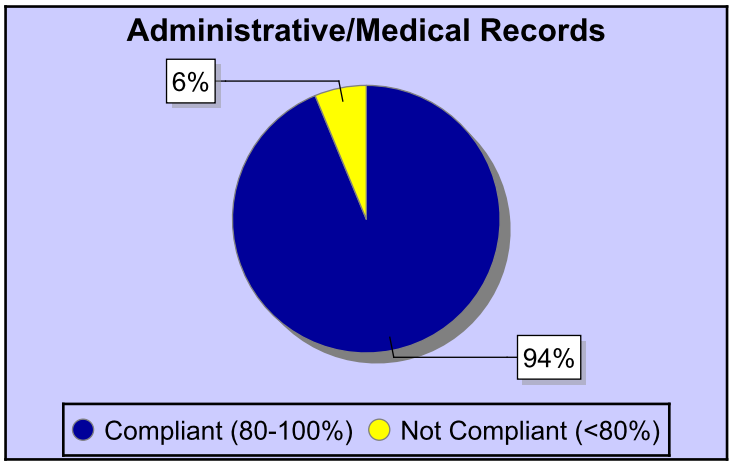


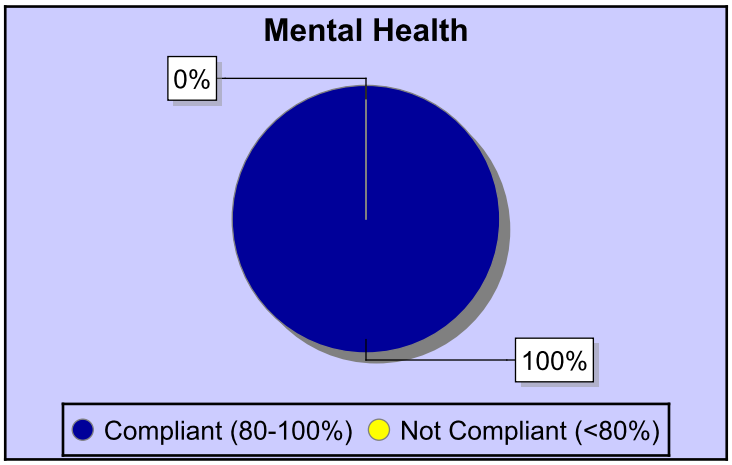


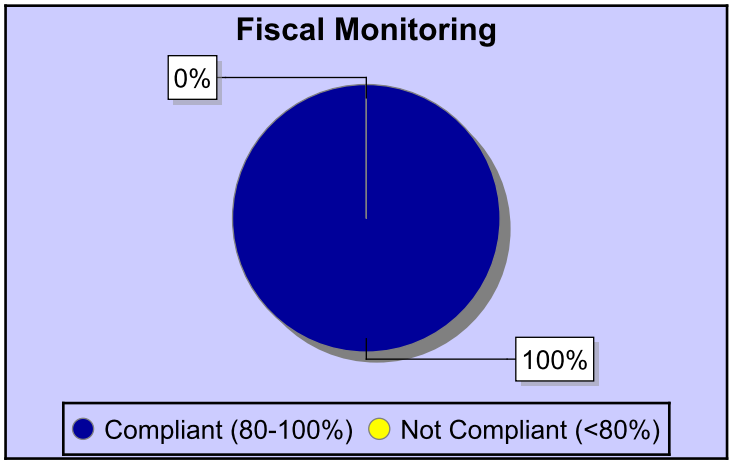


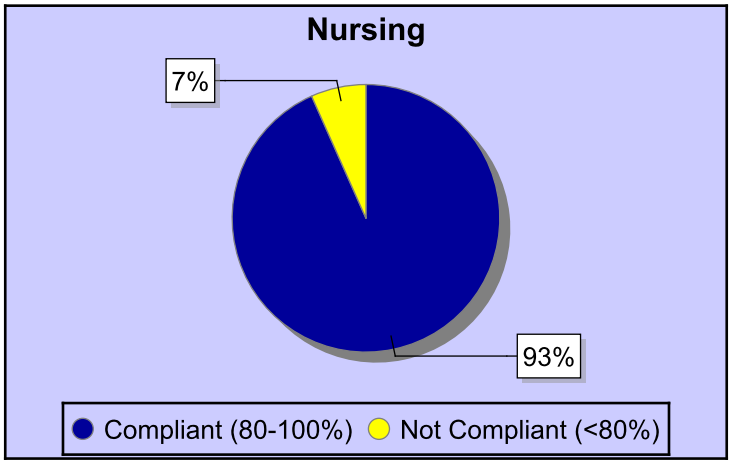


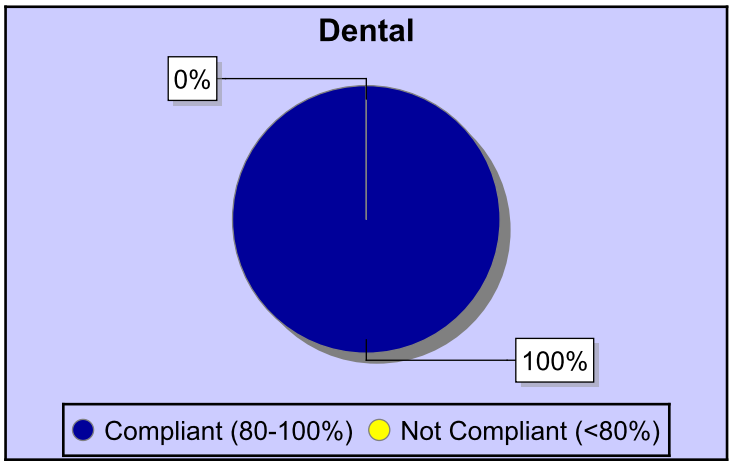
Compliance Rate By Operational Categories for
HOBBY FACILITY
August 01, 2023

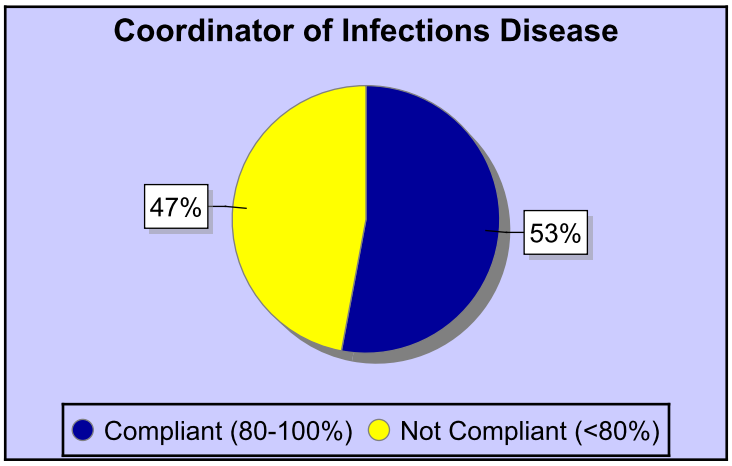




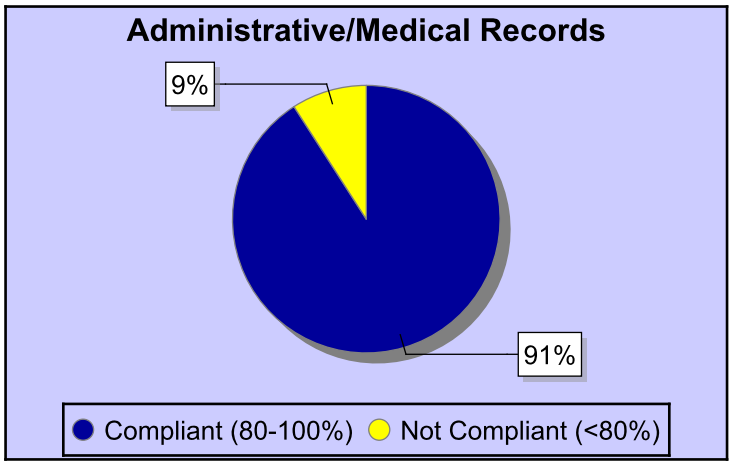


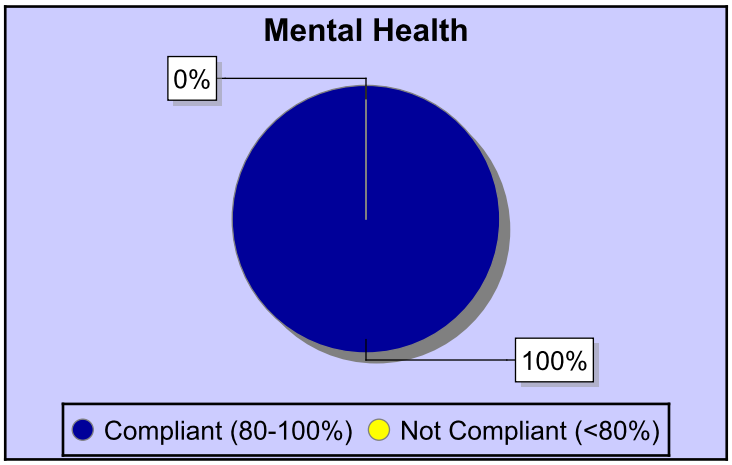


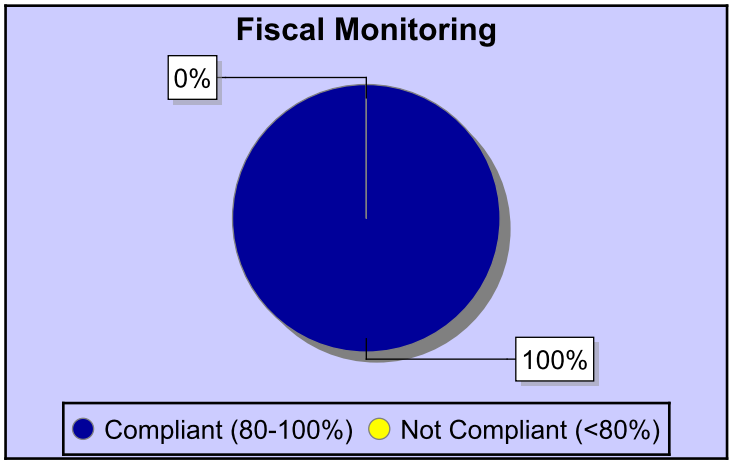


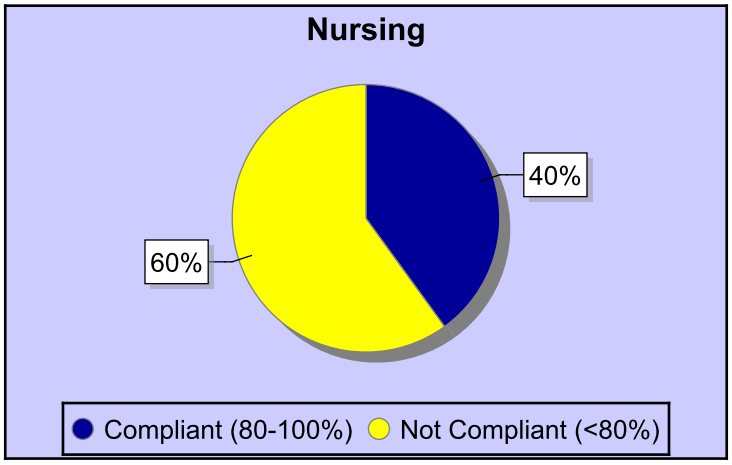


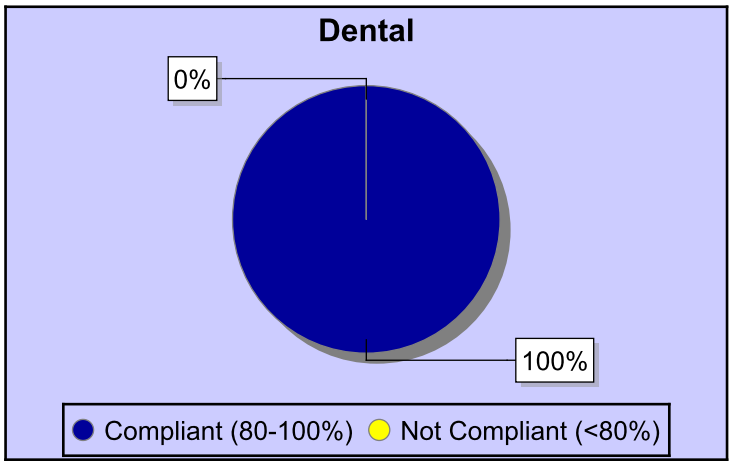
Compliance Rate By Operational Categories for
MARLIN FACILITY
August 01, 2023

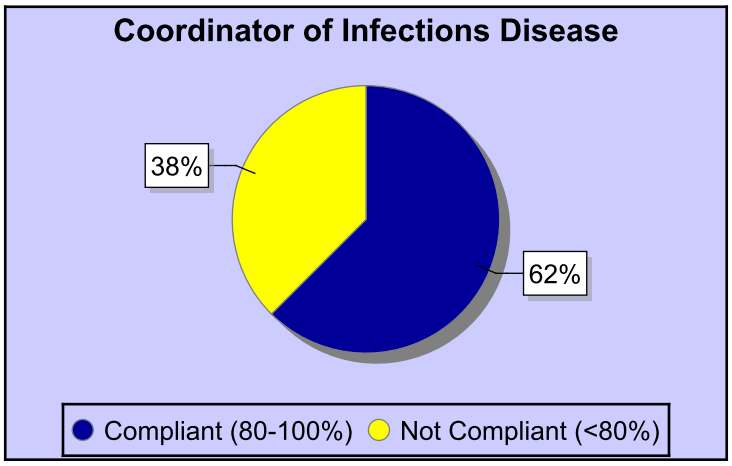




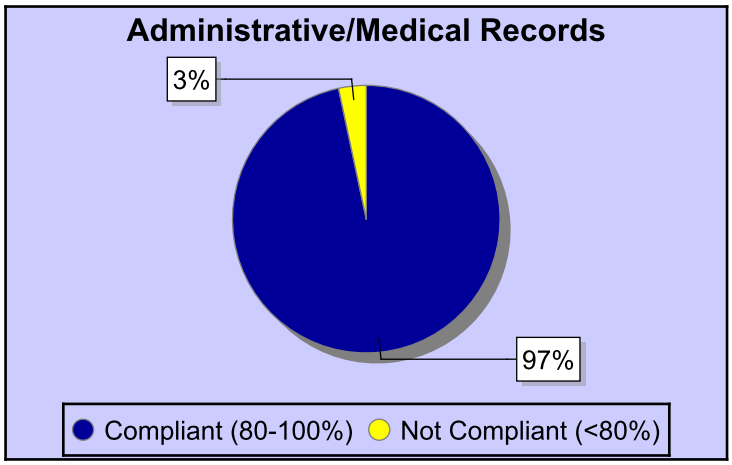


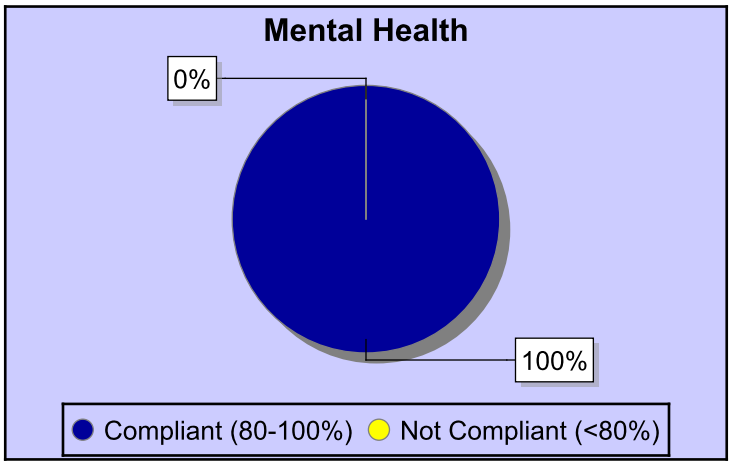


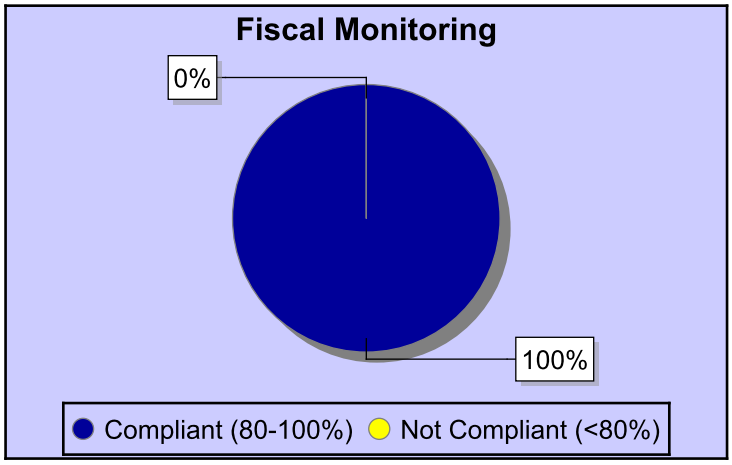


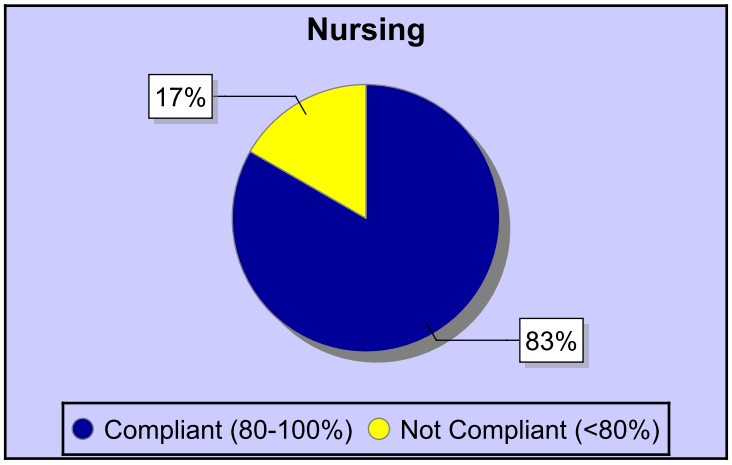


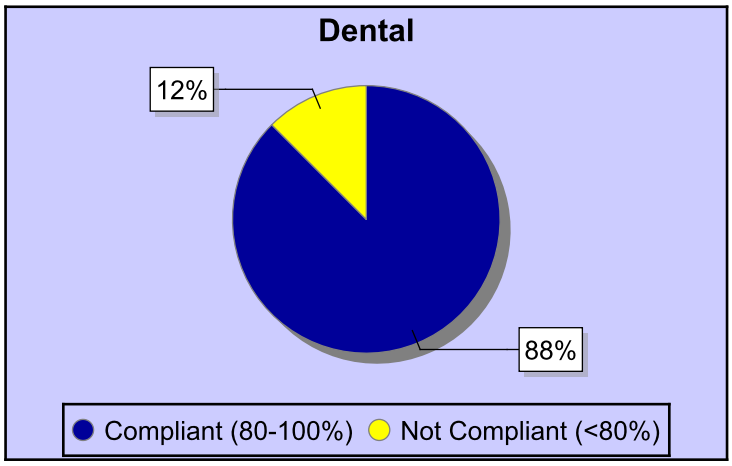
Compliance Rate By Operational Categories for
BATEN FACILITY
August 08, 2023

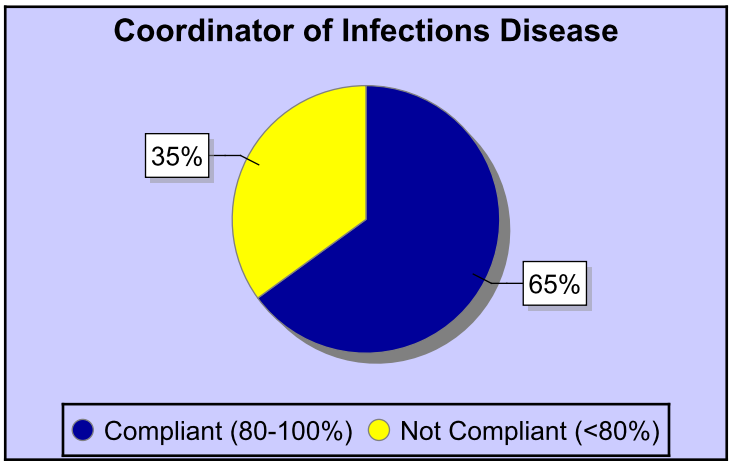












Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended Aug 31, 2023

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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score*	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Ramsey	10	100	0	0
Terrell	10	100	0	0
Clemens	10	90	1	0
Memorial	10	90	1	0
Stringfellow	10	70	3	0

*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 Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2023	Total number of **GRIEVANCE** Correspondence Received Each Month	Total number of **GRIEVANCE** Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of **GRIEVANCE** Correspondence	Total numberof Action Requests Referred to **University of Texas Medical Branch-Correctional Managed Health Care**			Total number of Action Requests Referred to **Texas Tech University Health Sciences Center-Correctional Managed Health Care**		
						Percent of Total Action Requests Referred	**QOC***		Percent of Total Action Requests Referred	**QOC***
June	182	270	29	10.74%	24	9.63%	2	5	2.22%	1
July	169	153	27	17.65%	24	16.99%	2	3	1.96%	0
August	269	203	30	14.78%	23	11.33%	0	7	3.45%	0
Totals:	**620**	**626**	**86**	**13.74%**	**71**	**11.98%**	**4**	**15**	**2.56%**	**1**

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2023	Total numberof **Patient Liaison Program** Correspondence Received Each Month	Total numberof **Patient Liaison Program** Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of **Patient Liaison Program** Correspondence	Total number of Action Requests Referred to **University of Texas Medical Branch-Correctional Managed Health Care**			Total number of Action Requests Referred to **Texas Tech University Health Sciences Center-Correctional Managed Health Care**		
						Percent of Total Action Requests Referred	**QOC***		Percent of Total Action Requests Referred	**QOC***
June	1,521	1,372	16	1.17%	15	1.38%	4	1	0.07%	0
July	1,464	1,295	21	1.62%	21	1.93%	4	0	0.00%	0
August	1,503	1,436	23	1.60%	22	1.74%	3	1	0.14%	1
Totals:	**4,488**	**4,103**	**60**	**1.46%**	**58**	**1.68%**	**11**	**2**	**0.07%**	**1**
GRAND TOTAL=	**5,108**	**4,729**	**146**	**3.09%**						

***QOC= Quality of Care**

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

June 2023

Reportable Condition	Reports			
	2023 This Month	**2022 Same Month**	**2023 Year to Date***	**2022 Year to Date***
Chlamydia	7	7	25	20
Gonorrhea	1	3	4	9
Syphilis	279	236	2187	1121
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute£)	142	149	870	1020
Human immunodeficiency virus (HIV) +, known at intake	190	149	1,142	670
HIV screens, intake	4195	3710	29,201	17,206
HIV +, intake	30	34	255	184
HIV screens, offender- and provider-requested	232	648	1,360	2,502
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,076	2,428	9,418	11,548
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	2	12	15
Methicillin-resistant *Staph Aureus* (MRSA)	48	97	397	515
Methicillin-sensitive *Staph Aureus* (MSSA)	21	29	177	155
Occupational exposures of TDCJ staff	8	10	45	52
Occupational exposures of medical staff	2	2	25	13
HIV chemoprophylaxis initiation	6	5	29	20
Tuberculosis skin test (ie, PPD) +, intake	42	68	392	314
Tuberculosis skin test +, annual	15	24	100	130
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	2	6	15
Tuberculosis cases under management	16	22		
Peer education programs¶	0	0	91	91
Peer education educators∞	7	36	8,461	8,002
Peer education participants	2,096	2,993	28,531	20,665
Alleged assaults and chart reviews	111	100	587	574
Bloodborne exposure labs drawn on offenders	55	43	282	172
New Sero-conversions d/t sexual assault ±	0	0	0	0

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.
£ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services
¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."
∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."
± New sero-conversions. * New reporting beginning August 1, 2011

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

July 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	5	5	33	25
Gonorrhea	0	1	5	10
Syphilis	279	264	2490	1385
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute£)	150	156	1021	939
Human immunodeficiency virus (HIV) +, known at intake	190	130	1,332	800
HIV screens, intake	4,195	3,930	33,396	21,136
HIV +, intake	31	24	286	208
HIV screens, offender- and provider-requested	232	485	1,592	2,987
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,076	2,202	11,494	13,750
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	2	12	17
Methicillin-resistant *Staph Aureus* (MRSA)	80	86	477	601
Methicillin-sensitive *Staph Aureus* (MSSA)	28	32	205	187
Occupational exposures of TDCJ staff	10	6	55	58
Occupational exposures of medical staff	2	3	27	16
HIV chemoprophylaxis initiation	7	5	36	25
Tuberculosis skin test (ie, PPD) +, intake	83	84	475	398
Tuberculosis skin test +, annual	18	36	118	166
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	0	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	7	17
Tuberculosis cases under management	13	21		
Peer education programs¶	0	0	91	91
Peer education educators∞	8	36	8,450	8,038
Peer education participants	4,421	5,066	32,952	25,724
Alleged assaults and chart reviews	114	86	701	651
Bloodborne exposure labs drawn on offenders	35	41	317	248
New Sero-conversions d/t sexual assault ±	0	0	0	0

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¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."
∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."
± New sero-conversions. * New reporting beginning August 1, 2011

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

August 2023

Reportable Condition	Reports			
	2023 This Month	2022 Same Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	2	3	35	28
Gonorrhea	0	1	5	11
Syphilis	340	244	2845	1629
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute£)	190	109	1211	1048
Human immunodeficiency virus (HIV) +, known at intake	207	113	1,539	913
HIV screens, intake	5,440	3,390	38,836	24,526
HIV +, intake	49	54	335	262
HIV screens, offender- and provider-requested	495	585	2,087	3,575
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,439	2,060	13,933	15,810
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	1	12	18
Methicillin-resistant *Staph Aureus* (MRSA)	79	100	556	701
Methicillin-sensitive *Staph Aureus* (MSSA)	35	46	240	233
Occupational exposures of TDCJ staff	6	13	61	71
Occupational exposures of medical staff	4	2	31	18
HIV chemoprophylaxis initiation	1	7	37	32
Tuberculosis skin test (ie, PPD) +, intake	79	72	554	470
Tuberculosis skin test +, annual	12	10	130	176
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	3	0	5
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	1	7	18
Tuberculosis cases under management	16	21		
Peer education programs¶	1	0	0	91
Peer education educators∞	9	51	8,460	8,089
Peer education participants	4,224	4,382	37,176	30,106
Alleged assaults and chart reviews	97	111	798	762
Bloodborne exposure labs drawn on offenders	53	51	370	299
New Sero-conversions d/t sexual assault ±	0	0	0	0

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.
£ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services
¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."
∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."
± New sero-conversions. * New reporting beginning August 1, 2011

Health Services Utilization Review Hospital and Infirmary Discharge Audit

During the **4th** Quarter of Fiscal Year 2022, ten percent of the UTMB and TTUHSC hospital and infirmary discharges were audited. A total of **470** hospital discharge and **64** infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	32	4	12.50%	0	N/A	0	N/A	0	N/A	3	9.38%
July	28	1	3.57%	0	N/A	0	N/A	1	3.57%	0	N/A
August	16	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	76	5	6.58%	0	N/A	0	N/A	1	1.32%	3	3.95%

Freeworld Hospital Discharges in UTMB Sector

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	112	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	112	20	17.86%	0	N/A	6	5.36%	3	2.68%	10	8.93%
August	112	18	16.07%	2	1.79%	22	19.64%	4	3.57%	12	10.71%
Total/Average	336	38	11.31%	2	0.60%	28	8.33%	7	2.08%	22	6.55%

UTMB Hospital Galveston Discharges

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	28	3	10.71%	2	7.14%	4	14.29%	0	N/A	7	25.00%
August	20	18	90.00%	0	N/A	16		0	N/A	0	N/A
Total/Average	58	21	36.21%	2	3.45%	20	34.48%	0	N/A	7	12.07%

GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	154	4	2.60%	0	N/A	0	N/A	0	N/A	3	1.95%
July	168	24	14.29%	2	1.19%	10	5.95%	4	2.38%	17	10.12%
August	148	36	24.32%	2	1.35%	38	25.68%	4	2.70%	12	8.11%
Total/Average	470	64	13.62%	4	0.85%	48	10.21%	8	1.70%	32	6.81%

Texas Tech Infirmary Discharges

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	14	0	N/A	0	N/A	0	N/A	0	N/A	1	7.14%
July	10	6	60.00%	0	N/A	7	70.00%	0	N/A	9	90.00%
August	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	34	6	17.65%	0	N/A	7	20.59%	0	N/A	10	29.41%

UTMB Infirmary Discharges

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	10	1	10.00%	0	N/A	1	10.00%	0	N/A	0	N/A
Total/Average	30	1	3.33%	0	N/A	1	3.33%	0	N/A	0	N/A

GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)

Month	Charts Audited	Vital Signs Not Recorded[1] (Cases with Deficiencies)		Appropriate Receiving Facility[2] (Cases with		No Chain-In Done[3] (Cases with Deficiencies)		Unscheduled Care within 7 Days[4] (Cases with		Lacked Documentation[5] (Cases with Deficiences)	
June	24	0	N/A	0	N/A	0	N/A	0	N/A	1	4.17%
July	20	6	30.00%	0	N/A	7	35.00%	0	N/A	9	45.00%
August	20	1	5.00%	0	N/A	1	5.00%	0	N/A	0	N/A
Total/Average	64	7	10.94%	0	N/A	8	12.50%	0	N/A	10	15.63%

current needs. 3. Chart not reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24

FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FOURTH QUARTER, FISCAL YEAR 2023

Jun-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Montford	375	3	15	4
Wallace	30	9	0	4

Jul 23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Formby	31	1	0	0
Mechler	19	0	0	0
Wheeler	16	0	0	0

Aug-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Baten	15	0	0	1
Hobby	23	0	0	3
Marlin	8	0	0	8

CAPITAL ASSETS AUDIT
SECOND QUARTER, FISCAL YEAR 2023

Audit Tools	June	July	August	Total
Total number of units audited	2	3	3	8
Total numbered property	405	66	46	517
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

AMERICAN CORRECTIONAL ASSOCIATION ACCREDITATION STATUS REPORT

Fourth Quarter FY-2023

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Polunsky	June 12-14, 2023	100%	99.3%
Cotulla	June 26-28, 2023	100%	98.6%
Cole/Moore	July 10-12, 2023	100%	98.6%
Gist	July 24-26, 2023	100%	99.4%
LeBlanc	July 26-28, 2023	100%	99.1%
Goodman	August 21-23, 2023	100%	99.3%
Woodman	August 21-23, 2023	100%	99.1%
Stiles	August 28-30, 2023	100%	98.4%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
None			

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 001-CR23 – ACTIVE

Researcher: Nancy Rodriguez
Proponent: University of California, Irvine
Project Title: The Sources and Consequences of Prison Violence
IRB #: HB-2020-6063
IRB Expiration Date:
Project Begin Date: 04/12/2023
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 01/24/2024
Units Visited: N/A

Project Number: 002-CR23 – ACTIVE

Researcher: Scott Cunningham
Proponent: Baylor University
Project Title: Analyzing the Peer-Evaluation Program and Updating the Suicide Risk Assessment Model of the Texas Department of Criminal Justice
IRB #: 45 CFR EXEMPT
IRB Expiration Date:
Project Begin Date: 06/01/2023
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 03/01/2024
Units Visited:

Project Number: 003-CR23 – ACTIVE

Researcher: Rachel Crawley
Proponent: Prison Fellowship Ministries
Project Title: Warden Exchange Program Evaluation
IRB #: 45 CFR EXEMPT
IRB Expiration Date:
Project Begin Date: 06/01/2023
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 03/01/2024
Units Visited:

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 202-RL02 – ACTIVE

Researcher: Vicki Wilmer
Proponent: NORC at the University of Chicago
Project Title: National Longitudinal Study of Youth (1997)
IRB #: 12.06.05
IRB Expiration Date: 07/19/2023
Project Begin Date: 04/25/2006
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 01/10/2024
Units Visited: Bridgeport Unit, Young Unit

Project Number: 221-RL02 – ACTIVE

Researcher: Vicki Wilmer
Proponent: NORC at the University of Chicago
Project Title: National Longitudinal Study of Youth (1979)
IRB #: 12.06.05
IRB Expiration Date: 07/19/2023
Project Begin Date: 04/25/2006
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 01/10/2024
Units Visited: B. Moore Unit, Boyd Unit, Clements Unit, Cotulla Unit, Estes Unit, Ferguson Unit, Havins Unit, Holliday Unit, Jordan Unit, Lewis Unit, Lopez State Jail, McConnell Unit, Memorial Unit, Murray Unit, Neal Unit, Plane State Jail, Ramsey Unit, Roach Unit, Sanchez Unit, Scott Unit, Smith Unit, Stevenson Unit, Stringfellow Unit, Telford Unit, Torres Unit, Travis County State Jail, Wallace Unit, Willacy County State Jail, Young Unit

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 510-AR07 – ACTIVE

Researcher: Rachel Casper
Proponent: Research Triangle Institute
Project Title: Year 4 2023 National Inmate Survey – Prisons (NIS-4P)
IRB #: MOD00001636
IRB Expiration Date: 09/05/2023
Project Begin Date:
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 03/01/2024
Units Visited: N/A

Project Number: 587-AR09 – ACTIVE

Researcher: Marcus Boccaccini
Proponent: Sam Houston State University
Project Title: Item and Factor Level Examination of the Static-99, MNSOST-R, and PCL-R to Predict Recidivism
IRB #: FY2009-032
IRB Expiration Date: 06/01/2023
Project Begin Date: 10/14/2009
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 12/06/2023
Units Visited: N/A

Project Number: 686-AR13 – ACTIVE

Researcher: Jeffrey Bouffard
Proponent: Iowa State University
Project Title: Criminal Decision Making Among Adult Felony Inmates
IRB #: 2013-10-12362
IRB Expiration Date: 10/12/2014
Project Begin Date: 04/11/2014
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 12/12/2023
Units Visited: Holliday Unit

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 723-AR15 – ACTIVE

Researcher: David Pyrooz
Proponent: University of Colorado
Project Title: Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Reentry
IRB #: STUDY00001971
IRB Expiration Date: 12/11/2020
Project Begin Date: 04/08/2016
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 11/17/2023
Units Visited: Estelle Unit, Goodman Unit, Huntsville Unit, Kegans Unit, Lopez State Jail, Luther Unit, Lychner Unit, McConnell Unit, Mechler Unit, Travis County State Jail

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Project Number: 783-AR18 – ACTIVE

Researcher: Jessica Le
Proponent: Justice System Partners
Project Title: Multi-Site Randomized Controlled Trial of the 5 Key Model for Reentry
IRB #: IRB00000446
IRB Expiration Date: 12/07/2023
Project Begin Date: 06/06/2018
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 02/03/2024
Units Visited: B. Moore Unit, Beto Unit, Bradshaw State Jail, C. Moore Unit, Coffield Unit, Cole State Jail, Crain Unit, Estelle Unit, Estes Unit, Goree Unit, Gurney Unit, Hamilton Unit, Hutchins State Jail, LeBlanc Unit, Lindsey State Jail, Middleton Unit, Telford Unit, Woodman Unit

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 785-AR18 – ACTIVE

Researcher: Erin Orrick
Proponent: Sam Houston State University
Project Title: Correctional Officer Attrition
IRB #: FY2018-38251
IRB Expiration Date: 08/20/2021
Project Begin Date: 10/01/2018
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 04/05/2023
Units Visited: Byrd Unit, Ellis Unit, Estelle Unit, Ferguson Unit, Goree Unit, Holliday Unit, Huntsville Unit, Wynne Unit

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Project Number: 841-AR21 – ACTIVE

Researcher: Kevin Knight
Proponent: Texas Christian University
Project Title: Justice Community Opioid Innovation Network (JCOIN)
IRB #: 1920147AM8
IRB Expiration Date: 05/12/2023
Project Begin Date: 07/15/2022
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 09/27/2023
Units Visited: N/A

Project Number: 852-AR22 – ACTIVE

Researcher: Michael Cavanaugh
Proponent: University of Houston-Downtown
Project Title: The Change Agent Evaluation
IRB #: 2022
IRB Expiration Date: 03/02/2024
Project Begin Date: 08/10/2022
Project Status: Data Collection
Project Completion Date: N/A
Progress Report Due Date: 11/10/2023
Units Visited: Wynne Unit

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 867-AR23 – ACTIVE

Researcher: Beatriz Amalfi
Proponent: Sam Houston State University
Project Title: Assessing and Improving the Predictive Validity of the TRAS
IRB #: 2023-30
IRB Expiration Date: 03/02/2026
Project Begin Date: 03/21/2023
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 12/21/2023
Units Visited: N/A

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 615-RM10 – ACTIVE

Researcher: Heather Stevenson-Lerner
Proponent: University of Texas Medical Branch
Project Title: Serum Markers of Hepatocellular Cancer
IRB #: 11-069
IRB Expiration Date: 06/30/2022
Project Begin Date: 06/03/2011
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 12/26/2023
Units Visited: Hospital Galveston

Project Number: 825-RM21 – ACTIVE

Researcher: Douglas Tyler
Proponent: University of Texas Medical Branch
Project Title: Retrospective Data Analysis of the TDCJ's Surgical Patients
IRB #: 17-0160
IRB Expiration Date: 06/16/2023
Project Begin Date: 03/05/2021
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 12/04/2023
Units Visited: N/A

Project Number: 846-RM22 – ACTIVE

Researcher: Michelle Munch
Proponent: University of Texas Medical Branch
Project Title: COVID-19 Vaccination and Factors Associated with Acceptance
IRB #: 21-0312
IRB Expiration Date:
Project Begin Date: 09/26/2022
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 11/17/2023
Units Visited: N/A

Research and Development Department

Medical Director Report – Q4 FY2023

Project Number: 855-RM22 – ACTIVE

Researcher: Ayman Youssef
Proponent: University of Texas Medical Branch
Project Title: Cytokine Release Syndrome with Development of Features of Hemophagocytic Lymphohistiocytosis After First Dose Pembrolizumab: An Institutional Experience and Diagnostic Approach
IRB #: 45 CFR EXEMPT
IRB Expiration Date:
Project Begin Date: 12/5/2022
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: 12/19/2023
Units Visited: N/A

Project Number: 860-RM23 – ACTIVE

Researcher: April McDougal
Proponent: University of Texas Medical Branch
Project Title: Candida Auris Pseudo-Outbreak Among Hospitalized Incarcerated Individuals
IRB #: 45 CFR EXEMPT
IRB Expiration Date:
Project Begin Date: 02/28/2023
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: 11/28/2023
Units Visited: N/A

4th Quarter FY 2023
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary
Reporting months: June 2023, July 2023, and August 2023

Date of Audit	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
05/02/23	Clemens	NA^	NA^	NA^	NA^	NA^	NA*	NA*	NA*
05/03/23	Hutchins	21	21	0	0	100%	NA*	NA*	NA*
05/04/23	Sanchez	NA^	NA^	NA^	NA^	NA^	NA*	NA*	NA*
05/08/23	Lewis	3	3	0	0	100%	NA*	NA*	NA*
05/11/23	Ramsey	16	16	0	0	100%	100%	100%	100%
05/25/23	Memorial	152	139	0	7	100%	100%	100%	100%
06/05/23	Estelle	67	55	0	1	100%	100%	100%	100%
06/08/23	Pack	13	13	0	0	100%	100%	100%	100%
06/14-15/23	Michael	367	280	0	10	100%	100%	100%	100%
06/19/23	Powledge	19	19	0	0	100%	100%	100%	100%
06/21/23	Mountain View	21	21	0	0	100%	100%	100%	100%
06/22/23	Hughes	76	70	0	6	100%	100%	100%	100%
06/22/23	Murray	16	16	0	0	100%	100%	100%	100%
7/11-13/23	Coffield	525	418	0	16	100%	100%	100%	100%
07/19/23	Gist	20	20	0	0	100%	100%	100%	100%
07/19/23	Lynchner	25	25	0	0	100%	NA*	NA*	NA*
07/20/23	Stiles	63	58	0	2	100%	100%	100%	100%
07/27/23	Lopez	12	12	0	0	100%	NA*	NA*	NA*
Total	18	1,416	1,186	0	42				

*There were no applicable Sick Call Requests sent during the last 6-month period for this unit.
^There were no inmates in Restrictive Housing at the time of the audit.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

4th Quarter FY 2023

Audits Conducted in June 2023, July 2023, and August 2023

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record[1]

		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	June 2023	**0**	**0**	**N/A**	**N/A**	**N/A**
Montford	June 2023	**10**	**10**	**10**	**100%**	**N/A**
Skyview	June 2023	**16**	**16**	**16**	**100%**	**N/A**
Wayne Scott	June 2023	**18**	**18**	**18**	**100%**	**N/A**

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July 2023	**0**	**0**	**N/A**	**N/A**	**N/A**
Montford	July 2023	**6**	**6**	**6**	**100%**	**N/A**
Skyview	July 2023	**11**	**11**	**11**	**100%**	**N/A**
Wayne Scott	July 2023	**5**	**5**	**5**	**100%**	**N/A**

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August 2023	**0**	**0**	**N/A**	**N/A**	**N/A**
Montford	August 2023	**9**	**9**	**9**	**100%**	**N/A**
Skyview	August 2023	**9**	**9**	**9**	**100%**	**N/A**
Wayne Scott	August 2023	**6**	**6**	**6**	**100%**	**N/A**

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

4th Quarter of 2023

Reporting months– June 2023, July 2023, August 2023

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	46	16	1	30	6%
Byrd	53	18	16	35	89%
Dominguez	42	20	3	22	15%
East Texas	30	20	10	10	50%
Formby	26	20	18	6	90%
Garza West	71	20	2	51	10%
Gist	34	20	20	14	100%
Glossbrenner	43	20	20	23	100%
Halbert	33	20	16	13	80%
Holliday	33	20	5	13	25%
Hutchins	28	20	18	8	90%
Johnston	26	8	0	18	0%
Kegans	26	20	20	6	100%
Kyle	0	0	NA	NA	NA
Lindsey	36	20	10	16	50%
Lychner	34	20	18	14	90%
Middleton	55	20	20	35	100%
Plane	24	18	17	6	94%
Sanchez	27	19	19	8	100%
Sayle	24	13	10	11	77%
Travis	27	17	16	10	94%
Woodman	23	20	20	3	100%
GRAND TOTAL	**741**	**389**	**279**	**352**	70%

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%.

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Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
Managed Care

TTUHSC MANAGED CARE

Correctional Health Care
MEDICAL DIRECTOR'S REPORT

4th Quarter
FY2023

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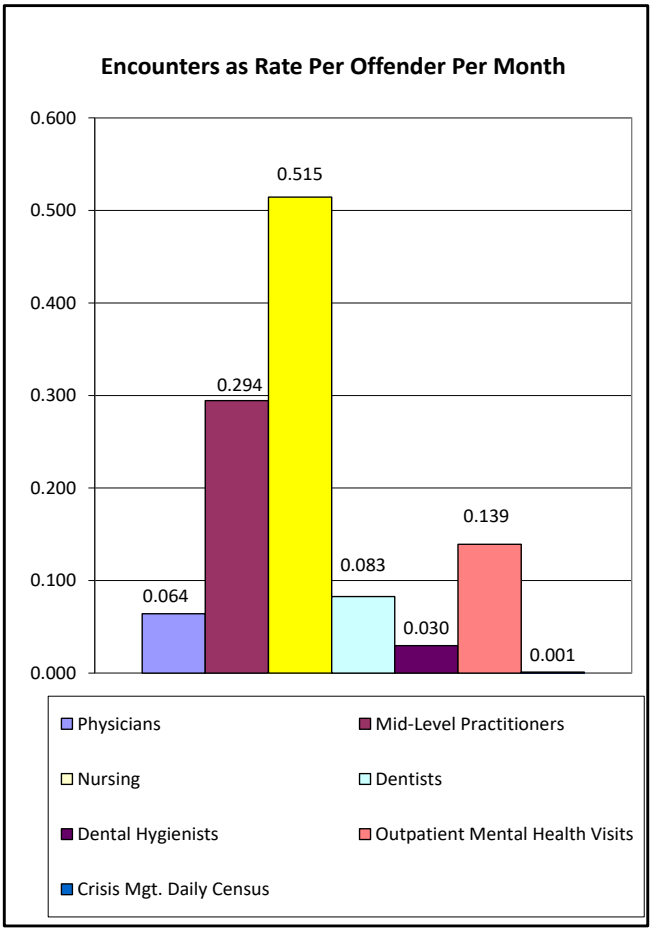
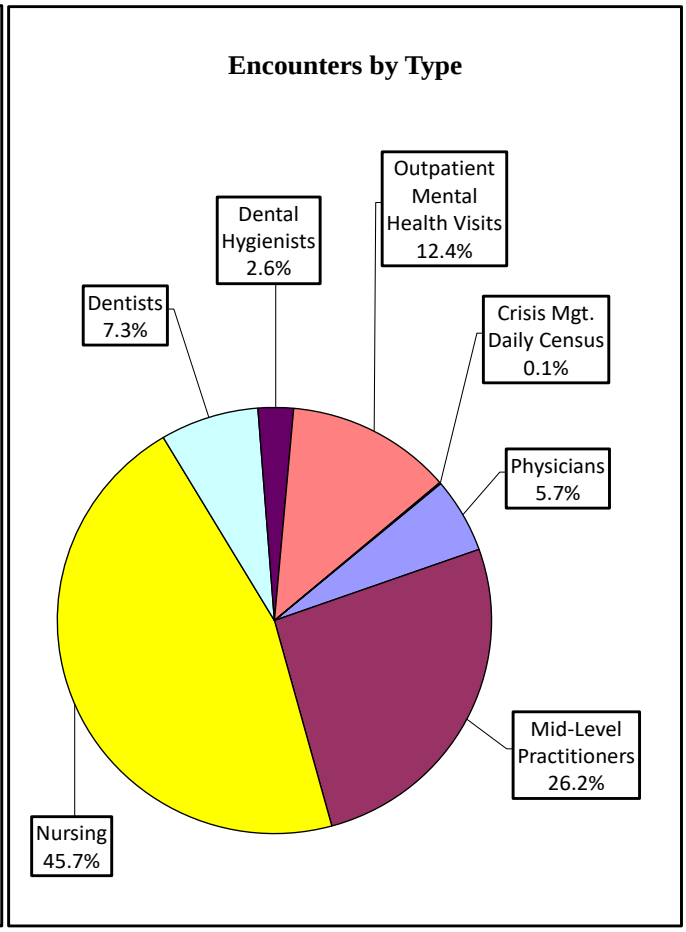
4th Quarter

Medical Director's Report:

	JUNE		JULY		AUGUST		Qtly Average	
Average Population	26,339.00		26,036.00		26,319.00		26,231.33	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	1,830	0.069	1,565	0.060	1,649	0.063	1,681	0.064
Mid-Level Practitioners	7,529	0.286	7,257	0.279	8,386	0.319	7,724	0.294
Nursing	13,120	0.498	13,140	0.505	14,229	0.541	13,496	0.515
Sub-total	**22,479**	**0.853**	**21,962**	**0.844**	**24,264**	**0.922**	**22,902**	**0.873**
Dental encounters								
Dentists	2,043	0.078	2,023	0.078	2,435	0.093	2,167	0.083
Dental Hygienists	793	0.030	738	0.028	803	0.031	778	0.030
Sub-total	**2,836**	**0.108**	**2,761**	**0.106**	**3,238**	**0.123**	**2,945**	**0.112**
Mental health encounters								
Outpatient Mental Health Visits	3,727	0.142	3,647	0.140	3,583	0.136	3,652	0.139
Crisis Mgt. Daily Census	33	0.001	30	0.008	26	0.001	30	0.001
Sub-total	**3,760**	**0.143**	**3,677**	**0.141**	**3,609**	**0.137**	3,682	0.140
Total encounters	**29,075**	**1.104**	**28,400**	**1.091**	**31,111**	**1.182**	**29,529**	**1.126**

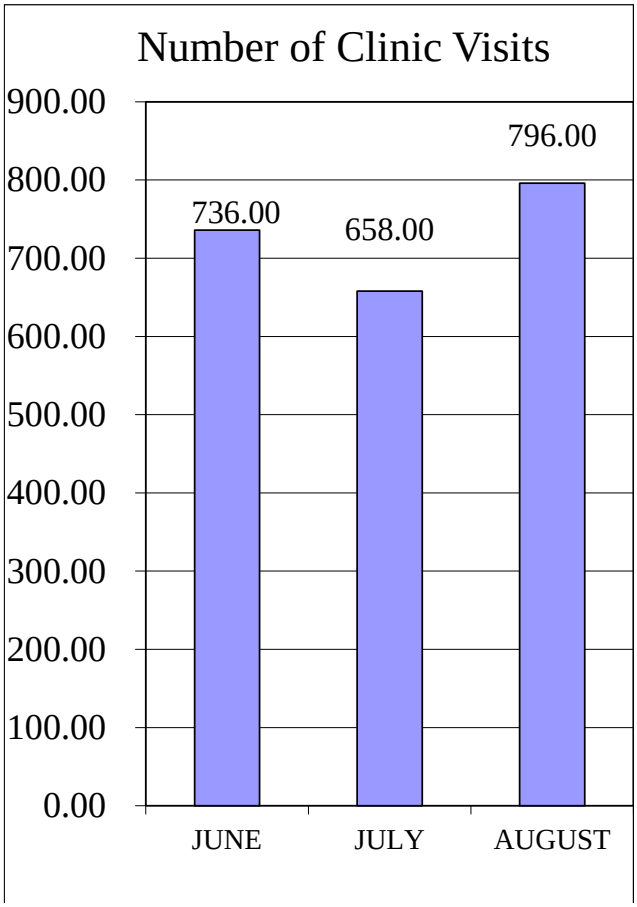




4th Quarter

Medical Director's Report (Page 2):

	JUNE	JULY	AUGUST	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	171.10	166.30	170.00	169.13
Number of Admissions	238.00	239.00	323.00	266.67
Number of Clinic Visits	736.00	658.00	796.00	730.00
Mental Health Inpatient Facilities				
Average Daily Census	454.00	454.00	374.00	427.33
PAMIO/MROP Census	423.00	409.00	418.00	416.67
Telemedicine Consults	2544	2,342	2,613	2,499.67



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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Correctional Health Care
MEDICAL DIRECTOR'S REPORT

Fourth Quarter
FY 2023

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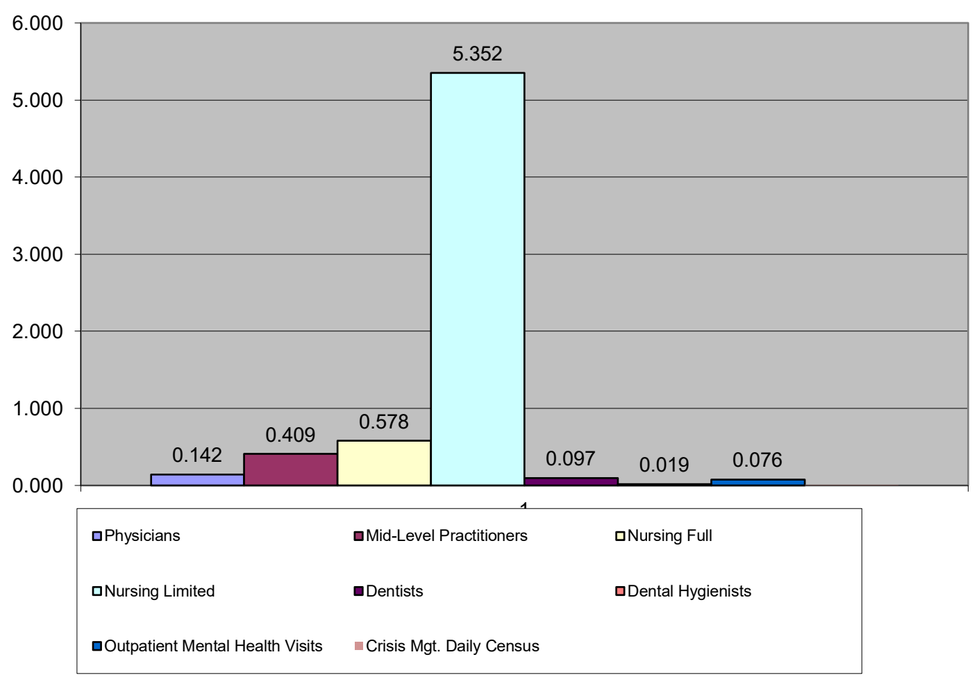
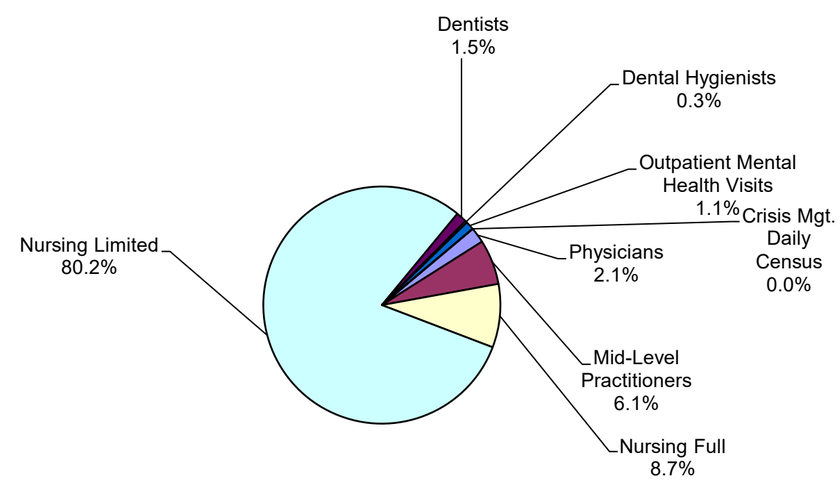
Medical Director's Report:

FY 23 Fourth Quarter	June		July		August		Qtly Average	
Average Population	**105,381**		**106,147**		**106,837**		**106,122**	
	Number	**Rate Per Inmate**	**Number**	**Rate Per Inmate**	**Number**	**Rate Per Inmate**	**Number**	**Rate Per Inmate**
Medical encounters								
Physicians	14,424	0.137	13,787	0.130	16,899	0.158	**15,037**	**0.142**
Mid-Level Practitioners	42,610	0.404	37,811	0.356	49,646	0.465	**43,356**	**0.409**
Nursing Full	61,209	0.581	58,887	0.555	63,846	0.598	**61,314**	**0.578**
Nursing Limited	578,739	5.492	569,538	5.366	555,558	5.200	**567,945**	**5.352**
Sub-total	**696,982**	**6.614**	**680,023**	**6.406**	**685,949**	**6.420**	**687,651**	**6.480**
Dental Encounters								
Dentists	10,014	0.095	9,438	0.089	11,494	0.108	**10,315**	**0.097**
Dental Hygienists	1,822	0.017	1,876	0.018	2,259	0.021	**1,986**	**0.019**
Sub-total	**11,836**	**0.112**	**11,314**	**0.107**	**13,753**	**0.129**	**12,301**	**0.116**
Mental Health Encounters								
Outpatient Mental Health Visits	8,035	0.076	7,857	0.074	8,461	0.079	**8,118**	**0.076**
Crisis Mgt. Daily Census	69	0.001	62	0.001	78	0.001	**70**	**0.001**
Sub-total	**8,104**	**0.077**	**7,919**	**0.075**	**8,539**	**0.080**	**8,187**	**0.077**
Total encounters	**716,922**	**6.803**	**699,256**	**6.588**	**708,241**	**6.629**	**708,140**	**6.673**

Encounters as Rate Per Offender Per Month

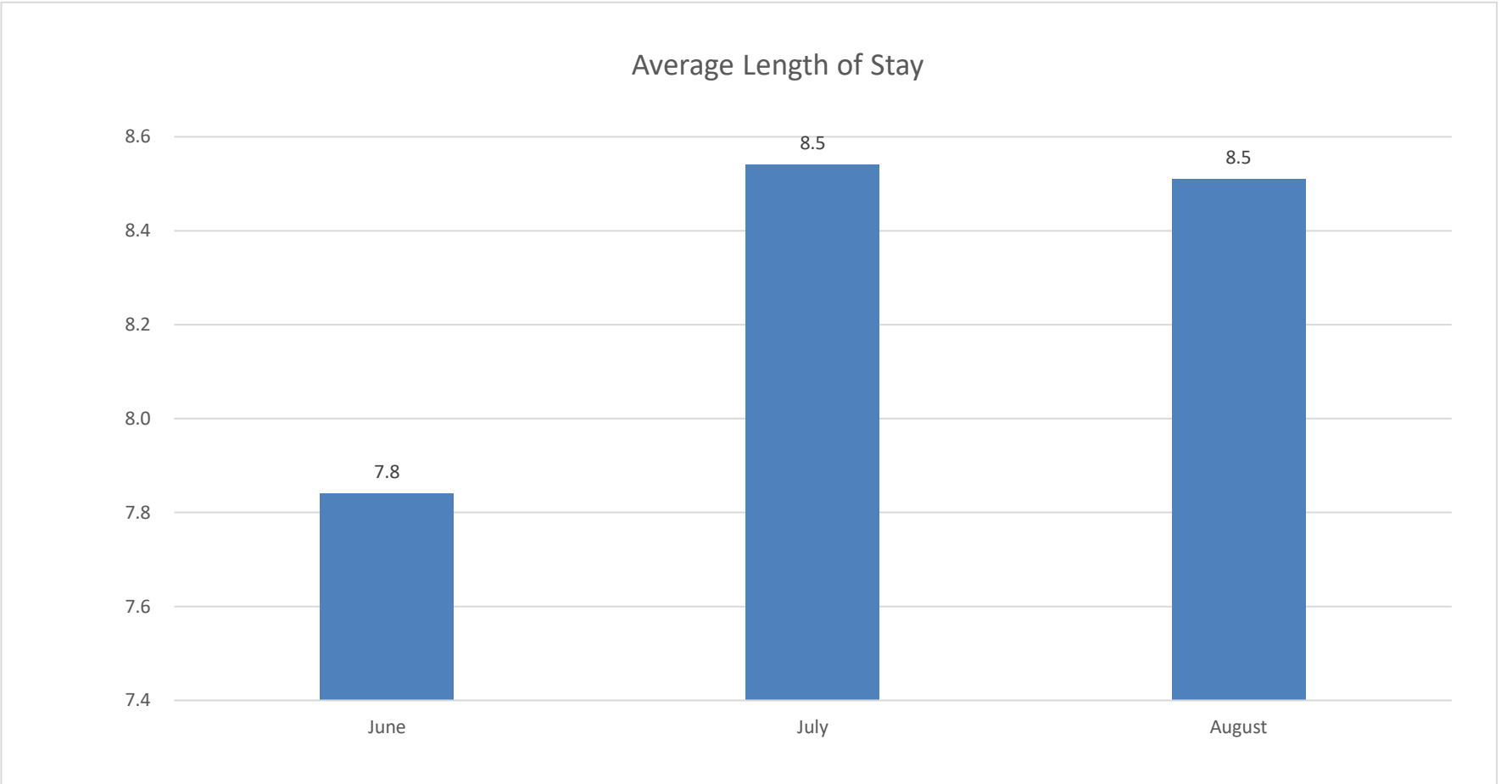


Encounters by Type



Medical Director's Report (Page 2):

FY 23	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	77.9	82.6	90.3	**83.6**
Number of Discharges	298	300	329	**309**
Average Length of Stay	7.8	8.5	8.5	**8.3**
Number of Clinic Visits	6,382	6,097	7,738	**6,739**
Mental Health Inpatient Facilities				
Average Daily Census	978.20	973.00	953.29	**968.16**
DDP Census	651.83	652.13	656.71	**653.56**
Telemedicine Consults	7,002	6,803	7,996	**7,267.00**



Consent Item

Summary of CMHCC Joint Committee/ Work Group Activities

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Correctional Managed Health Care Joint Committee/Work Group Activity Summary for December 13, 2023, 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: November 9, 2023

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. FY2023 SLC Indicators
   A. Dental: Total Open Reminders with Delay >60 Days
   B. Mental Health: Restrictions Audit
   C. Nursing: Intake TB Screening (Indicator #2), Sputum Culture Conversion (Indicator #4), Emergency Response (Indicator #3)
   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: Pharm. Drug Therapy Management Audit
   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

<u>Joint Policy and Procedure Committee</u>

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

Meeting Date: October 12, 2023

Sub-Committee Updates:
None

Committee Updates:
2024 Meeting Dates

- January 11, 2024
- April 11, 2024
- July 11, 2024
- October 10, 2024

Committee Referrals:
Joint Mental Health Working Group-Joseph Penn, MD-None

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

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

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

POLICY #	POLICY NAME	SUBMITTED BY
A-05.1	CORRECTIONAL MANAGED HEALTH CARE POLICIES	CHRIS BLACK-EDWARDS
E-32.1	RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING	JUSTIN ROBISON
E-36.1	DENTAL TREATMENT LEVELS OF CARE	BILLY HORTON
E-42.1	INMATE TRANSPORT AND TRANSFER	BEVERLY ECHOLS
E-42.4	MEDICAL HOLDS	CECILIA HORTON
F-50.1	TOBACCO FREE ENVIRONMENT	RENEE WARREN
G-53.3	MANAGEMENT OF OFFENDER HUNGER STRIKES	BEVERLY ECHOLS
G-55.1	PREGNANT INMATES	CECILIA HORTON
I-66.2	THERAPEUTIC RESTRAINT OF MENTAL HEALTH PATIENTS	BEVERLY ECHOLS
I-66.3	THERAPEUTIC SECLUSION OF MENTAL HEALTH PATIENTS	BEVERLY ECHOLS

Adjourn – The Next Meeting is Scheduled for January 11, 2024, at 1:00 p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Cole Duncan

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: November 9, 2023

I. Approval of the Minutes from September 14, 2023, Meeting
II. Reports from Subcommittees
   A. DMG Triage - Dr. Munch
      1. Razor Blade Ingestion
      2. Drug Overdose
   B. Psychiatry-Dr. Patel
III. Monthly Reports
   A. Adverse Drug Reaction Reports (none)
   B. Quarterly Audit Report (FY23 Q4)
   C. Pharmacy Clinical Activity Report (FY23)
   D. Drug Recalls (September – October 2023)
   E. Non-formulary Deferral Reports (New Nonformulary Dashboard)
      1. UTMB Sector (July & August 2023)
      2. Texas Tech Sector (July & August 2023)
   F. Utilization Reports (FY23)
      A. HIV Utilization
      B. HCV Utilization
      C. HBV Utilization
      D. Psychotropic Utilization
   G. Special Reports-4th Quarter FY23
      1. Quarterly Medication Error Reports
         a. UTMB Sector – FY23 Quarter 4
         b. TT Sector – FY23 Quarter 4
      2. Pharmacy Dispensing Errors – FY23 Quarter 4 & FY23 Total
      3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume – 4th Quarter FY23
         a. TDCJ

b. UTMB Sector
c. TT Sector

4. Pharmacy Diabetes Clinic Report – 4th Quarter FY23
   a. UTMB Sector
   b. TT Sector
5. Pharmacy Warfarin Clinic Report – 4th Quarter FY23
   a. UTMB Sector
   b. TT Sector
6. Pharmacy CKD Clinic Report – 4th Quarter FY23
   a. UTMB Sector

H. Policy Revisions:

25*10	Discharge Medications
40*10	Administration & Distribution of Patient Medications
55*10	Drug Therapy Management by a Pharmacist
55*15	Therapeutic Interchange
55*20	Clozapine Protocol
60*10	Requisition of Drugs by Emergency Medical Services
75*10	Medication Errors
75*15	Pharmacy Medication Storage Area Audits and Inspections
75*30	Medication Safety

I. Policy without Revisions (not included in meeting materials):

40*15	Distribution of Medications During Lockdown or Disaster Situations
40*20	Missing Medications
50*05	KOP Medication Distribution Program
50*10	Self-Administration of Medications
55*25	Disease Management Guidelines
60*05	Emergency Drugs
60*10	Requisition of Drugs by Emergency Medical Services
65*05	Credential Requirements for Administration of Medications
65*10	Therapeutic Optometrist and Optometric Glaucoma Specialist
70*05	Representatives of Pharmaceutical Supplies and Related Companies
70*10	Drug Samples
75*05	Adverse Medication Reaction Reports
75*20	Record Retention

IV. Old Business (none)

V. New Business
   A. Annual Report
   B. EENT Drug Category Review
   C. Electrolyte Drug Category Review
   D. Long Acting Insulin Floor Stock Request
   E. Formulary addition request: Truvada and Epzicom
   F. Osmolite Utilization
   G. Annual Hep/HIV Update Training
   H. Commissary list and sales report
   I. Manufacturer Drug Shortages and Discontinuations
   J. FDA Medication Safety Advisories (none)

VI. Miscellaneous
   A. Electronic Formulary Book Clarification (publication annually versus after P&T updates)

VII. Adjournment

Joint Infection Control Committee

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

Co-Chair: Dr. Amber Van Den Raadt

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

Meeting Date: October 12, 2023

Standing Reports:
A. Syphilis – Regina Inmon
B. Hepatitis- Mary McRee
C. HIV – Lisa Horton
D. MRSA & MSSA & Occupational Exposure– Latasha Hill
E. Tuberculosis – Dewayne Springer
F. Peer Education
G. SANE-Kate Williams

Old Business:
None

New Business:
New Co-Chair & Members and Meeting Scheduled for 2024

- Dr. Amber Van Den Raadt (Co-Chair) TTUHSC
- Armita Bushong, DDS-Heath Services
- Tawana Holmes, APRN-Health Services
- Beverly Wilbur, MD-UTMB
- Jeffery Fendley, DDS-TTUHSC
- Jodie Teaff, RN-TTUHSC

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

B-14.31	B-14.40	B-14.41	B-14.42	B-14.50	B-14.51*	B-15.1	B-16.01	
*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-14.51	Influenza-Lile Illness (ILI)	Stephanie Zepeda
2	B-17.01	Ectoparasite Control	Stephanie Zepeda

Adjourn – The next meeting is scheduled for February 8, 2024, at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: November 8, 2023

I. Call to Order
   A. Minutes Confirmation
      1. Review of previous meeting minutes September 13, 2023

II. Dental Policy Review
   Old Business:
   A. Dental Manual
   B. Weighted Value vs. Relative Value units

III. Dr. Armita Bushong
   A. Improve Access to Periodontal Disease Program

B. Improve CMHC E-36.1 Dental Treatment Levels of Care to Improve overall outcomes
C. Expand on Infection Control Policy Manual B-14.40 Infection Control in Dental Clinics and Dental Labs

IV. Dr. Billy Horton
A. Dental Services Manual
B. Quality of Care Audit Question 2

V. Dr. Chad Fendley
A. Dental Services Manual conversion
B. Vacancies
C. TTUHSC monthly reports
D. TTUHSC QA process

VI. Dr. Pam Myers, Dental Hygiene Program Manager

VII. Sector Updates
A. TDCJ
B. UTMB
C. TX Tech

VIII. Adjourn – Next Meeting: January 10, 2024

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Coley Duncan

Co-Chair: Dr. Benjamin Leeah

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 August 2023:
There were 131 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2023. Of those deaths, there were no cases that required a referral to peer review committees.

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

Joint Nursing Work Group

Chair: Justin Robinson, RN, MSN

Purpose:

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

Meeting Date: November 9, 2023

Old Business:

- Refusal of treatment-template for intake
- Dietary policy-Diet for health (DHF) snack
- QI/QM meeting
- ORA detailed written plans

New Business:

- Establish Joint Nursing Working Group meeting dates for FY24
- CMHC Policy I-68.1 Blood and Urine Testing for Forensic Purposes-Draft Revision
- Occupational Exposure Lab Request form
- COVID Audit Tool
- COVID Vaccine Reminders
- Hunger Strike Note Wizard for approval
- DNR Report
- BIMS scores (suicide risk stratification score)
- CMA documentation in Pearl
- Mis housed/Transient Inmate – Chain-in
- Reginal Release Sites/Chain-in
- Pearl facilities – Units with GP and ECB

Adjourn-The next meeting will be held-to be determined

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Financial Report on Correctional Managed Health Care

Quarterly Report FY2023 Fourth Quarter

September 2022 – August 2023

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Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2022-23 General Appropriations Act, Article V, Rider 42, 87th Legislature, Regular Session 2021

- FY2023 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

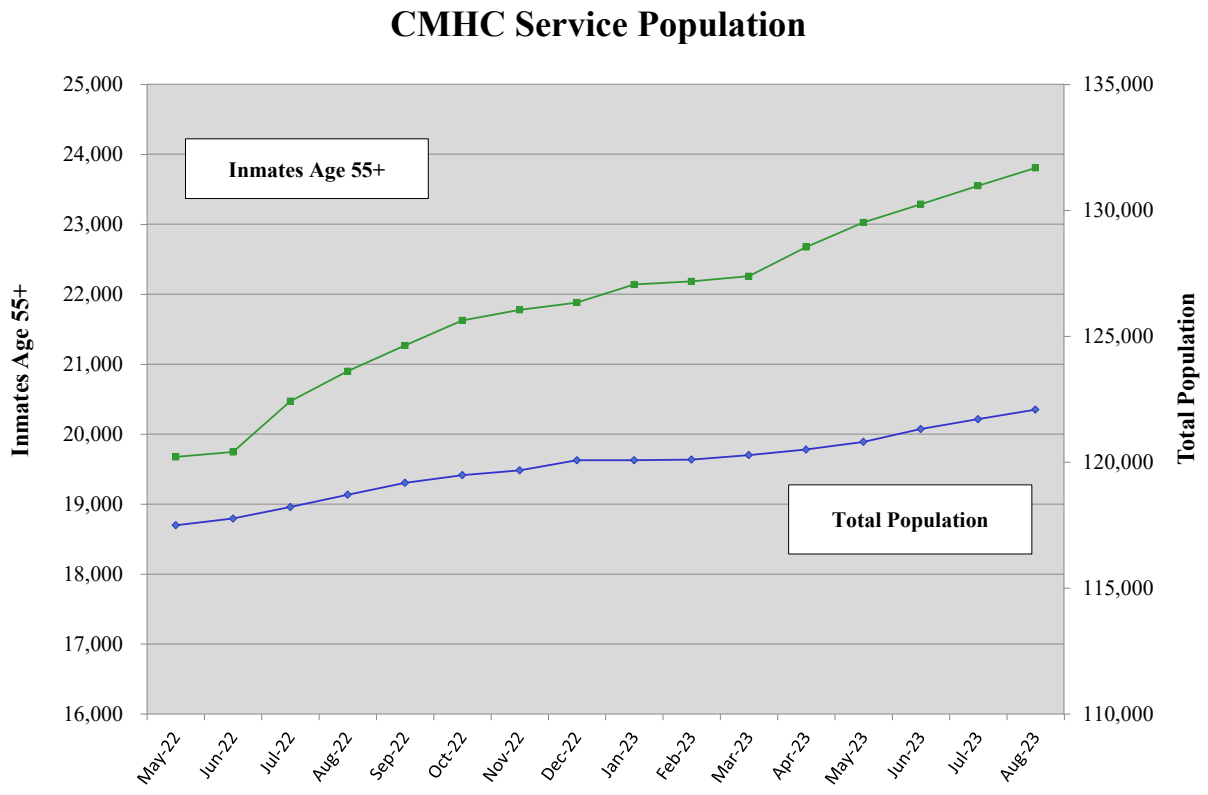
Method of Finance Summary	**FY2023**
SB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	$ 322,501,293
C.1.9. Hospital and Clinic Care	$ 271,343,852
C.1.10. Pharmacy Care	$ 73,440,252
TOTAL	**$ 667,285,397**
Allocation to Universities	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	$ 259,944,223
C.1.9. Hospital and Clinic Care	$ 228,487,831
C.1.10. Pharmacy Care	$ 59,472,430
Subtotal UTMB	**$ 547,904,484**
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	$ 62,557,070
C.1.9. Hospital and Clinic Care	$ 42,856,021
C.1.10. Pharmacy Care	$ 13,967,822
Subtotal TTUHSC	**$ 119,380,913**
TOTAL TO UNIVERSITY PROVIDERS	**$ 667,285,397**
TOTAL ALLOCATED	**$ 667,285,397**

Population

- Overall inmate service population has increased 6.0% from FY2022
  - Average daily census through 4th quarter
    - FY2022: 120,735
    - FY2023: 127,933

- Inmates aged 55 or older population has increased 5.3% from FY2022
  - Average daily census through 4th quarter
    - FY2022: 18,764
    - FY2023: 19,759
  - While comprising about 15.4% of the overall service population, these inmates account for 51.6% of the hospitalization costs received to date.

- Mental health caseloads:
  - FY2023 average number of psychiatric inpatients through 4th quarter is 1,827, which decreased 0.7% from FY2022.
  - FY2023 average number of psychiatric outpatients through 4th quarter is 31,217, which increased 12.2% from FY2022.



Health Care Costs

- Total expenditures through 4th quarter, FY2023: $855.1M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - $446.1M or 52.2% of total expenses
  - Hospital and Clinical Care - $335.2M or 39.2% of total expenses
  - Pharmacy Services - $73.8M or 8.6% of total expenses
    - HIV-related drugs: 34.4% of total drug costs
    - Hepatitis C drug therapies: 21.1% of total drug costs
    - Psychiatric drugs: 4.9% of total drug costs
    - All other drug costs: 39.6% of total drug costs
- Cost per inmate per day increased 4.3% from FY2022 to FY2023
  - Cost per inmate per day through 4th quarter FY2023:
    - FY2022: $17.55
    - FY2023: $18.31

Comparison of Total Health Care Costs

	FY19	FY20	FY21	FY22	FYTD 23 4th Qtr
Population					
UTMB	117,987	110,924	96,514	96,521	103,295
TTUHSC	28,992	27,533	24,282	24,214	24,638
Total	**146,979**	**138,457**	**120,796**	**120,735**	**127,933**
Expenses					
UTMB	$631,955,233	$641,412,379	$627,901,731	$643,994,605	$717,213,452
TTUHSC	$124,707,572	$132,834,504	$122,657,653	$129,276,857	$137,866,090
Total	**$756,662,805**	**$774,246,883**	**$750,559,384**	**$773,271,463**	**$855,079,543**
Cost/Day					
UTMB	$14.67	$15.80	$17.82	$18.28	$19.02
TTUHSC	$11.78	$13.18	$13.84	$14.63	$15.33
Total	**$14.10**	**$15.28**	**$17.02**	**$17.55**	**$18.31**

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

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2023

Method of Finance		**TTUHSC**		**UTMB**		**Total**
C.1.8. Unit & Psychiatric Care						
TDCJ Appropriation	$	62,557,070	$	259,944,223	$	322,501,293
State Reimbursement Benefits	$	11,187,593	$	58,420,187	$	69,607,779
Other Misc Revenue	$	2,582	$	38,924	$	41,506
C.1.8. Total Method of Finance	**$**	**73,747,245**	**$**	**318,403,334**	**$**	**392,150,579**
C.1.9. Hospital & Clinical Care						
TDCJ Appropriation	$	42,856,021	$	228,487,831	$	271,343,852
State Reimbursement Benefits	$	2,110,736	$	-	$	2,110,736
Other Misc Revenue	$	-	$	-	$	-
C.1.9. Total Method of Finance	**$**	**44,966,757**	**$**	**228,487,831**	**$**	**273,454,588**
C.1.10. Managed Health Care - Pharmacy						
TDCJ Appropriation	$	13,967,822	$	59,472,430	$	73,440,252
State Reimbursement Benefits	$	98,298	$	2,269,220	$	2,367,518
Other Misc Revenue	$	-	$	1,800	$	1,800
C.1.10. Total Method of Finance	**$**	**14,066,120**	**$**	**61,743,450**	**$**	**75,809,570**
TOTAL METHOD OF FINANCE	**$**	**132,780,122**	**$**	**608,634,614**	**$**	**741,414,737**

Method of Finance Summary		**TTUHSC**		**UTMB**		**Total**
TDCJ Appropriation	$	119,380,913	$	547,904,484	$	667,285,397
State Reimbursement Benefits	$	13,396,627	$	60,689,406	$	74,086,033
Other Misc Revenue	$	2,582	$	40,724	$	43,306
TOTAL METHOD OF FINANCE	**$**	**132,780,122**	**$**	**608,634,614**	**$**	**741,414,737**

Expenditures		**TTUHSC**		**UTMB**		**Total**
C.1.8. Unit & Psychiatric Care	$	83,920,699	$	362,190,939	$	446,111,638
C.1.9. Hospital & Clinical Care	$	42,571,574	$	292,628,042	$	335,199,616
C.1.10. Managed Health Care - Pharmacy	$	11,373,818	$	62,394,471	$	73,768,289
TOTAL EXPENDITURES	**$**	**137,866,090**	**$**	**717,213,452**	**$**	**855,079,543**

DIFFERENCE	**$**	**(5,085,968)**	**$**	**(108,578,838)**	**$**	**(113,664,806)**

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2023

C.1.8. UNIT & PSYCHIATRIC CARE

	TTUHSC	UTMB	Total
Method of Finance:			
TDCJ Appropriation	$ 62,557,070	$ 259,944,223	$ 322,501,293
State Reimbursement Benefits	$ 11,187,593	$ 58,420,187	$ 69,607,779
Other Misc Revenue	$ 2,582	$ 38,924	$ 41,506
TOTAL METHOD OF FINANCE	**$ 73,747,245**	**$ 318,403,334**	**$ 392,150,579**
Expenditures:			
Unit Care			
Salaries	$ 29,398,277	$ 215,050,769	$ 244,449,046
Benefits	$ 9,527,440	$ 61,709,386	$ 71,236,826
Other Operating Expenses	$ 4,761,985	$ 29,429,547	$ 34,191,532
Professional Services	$ 5,568,032	$ -	$ 5,568,032
Contracted Units/Services	$ 12,724,215	$ -	$ 12,724,215
Travel	$ 447,085	$ 2,062,701	$ 2,509,786
Capitalized Equipment	$ 1,413,079	$ 2,650,605	$ 4,063,684
Subtotal, Unit Care	**$ 63,840,113**	**$ 310,903,007**	**$ 374,743,120**
Psychiatric Care			
Salaries	$ 10,520,413	$ 33,970,808	$ 44,491,221
Benefits	$ 2,805,115	$ 8,696,910	$ 11,502,024
Other Operating Expenses	$ 261,541	$ 332,586	$ 594,128
Professional Services	$ 4,039,361	$ -	$ 4,039,361
Contracted Units/Services	$ -	$ -	$ -
Travel	$ 95,988	$ 158,553	$ 254,542
Subtotal, Psychiatric Care	**$ 17,722,419**	**$ 43,158,857**	**$ 60,881,276**
Indirect Expenditures (Shared Services)	**$ 2,358,167**	**$ 8,129,076**	**$ 10,487,242**
TOTAL EXPENDITURES	**$ 83,920,699**	**$ 362,190,939**	**$ 446,111,638**
DIFFERENCE	**$ (10,173,454)**	**$ (43,787,606)**	**$ (53,961,059)**

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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C.1.9. HOSPITAL & CLINICAL CARE						
		TTUHSC		**UTMB**		**Total**
Method of Finance						
TDCJ Appropriation	$	42,856,021	$	228,487,831	$	271,343,852
State Reimbursement Benefits	$	2,110,736	$	-	$	2,110,736
Other Misc Revenue	$	-	$	-	$	-
TOTAL METHOD OF FINANCE	**$**	**44,966,757**	**$**	**228,487,831**	**$**	**273,454,588**
Expenditures:						
Hospital and Clinical Care						
University Professional Services	$	1,659,182	$	24,941,242	$	26,600,424
Community Provider Services	$	22,138,912	$	56,297,337	$	78,436,249
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	$	17,354,060	$	192,857,569	$	210,211,630
Estimated IBNR	$	236,119	$	10,700,000	$	10,936,119
Subtotal, Hospital & Clinical Care	**$**	**41,388,273**	**$**	**284,796,148**	**$**	**326,184,421**
Indirect Expenditures (Shared Services)	**$**	**1,183,301**	**$**	**7,831,894**	**$**	**9,015,195**
TOTAL EXPENDITURES	**$**	**42,571,574**	**$**	**292,628,042**	**$**	**335,199,616**
DIFFERENCE	**$**	**2,395,183**	**$**	**(64,140,211)**	**$**	**(61,745,028)**

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C.1.10. MANAGED HEALTH CARE - PHARMACY

	TTUHSC	UTMB	Total
Method of Finance			
TDCJ Appropriation	$ 13,967,822	$ 59,472,430	$ 73,440,252
State Reimbursement Benefits	$ 98,298	$ 2,269,220	$ 2,367,518
Other Misc Revenue	$ -	$ 1,800	$ 1,800
TOTAL METHOD OF FINANCE	**$ 14,066,120**	**$ 61,743,450**	**$ 75,809,570**
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	$ 2,351,443	$ 8,361,392	$ 10,712,835
Benefits	$ 110,056	$ 2,734,768	$ 2,844,824
Other Operating Expenses	$ 436,991	$ 2,179,044	$ 2,616,034
Pharmaceutical Purchases	$ 8,104,327	$ 47,484,397	$ 55,588,723
Travel	$ 18,342	$ 25,728	$ 44,070
Capitalized Equipment	$ -	$ -	$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	**$ 11,021,158**	**$ 60,785,328**	**$ 71,806,486**
Indirect Expenditures (Shared Services)	**$ 352,659**	**$ 1,609,143**	**$ 1,961,803**
TOTAL EXPENDITURES	**$ 11,373,818**	**$ 62,394,471**	**$ 73,768,289**
DIFFERENCE	**$ 2,692,303**	**$ (651,021)**	**$ 2,041,281**

Based on data submitted by UTMB and TTUHSC

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Key Population Indicators

	1st Quarter	2nd Quarter	March	April	May	3rd Quarter	June	July	August	4th Quarter	FY2023
Average Service Population	**125,435**	**126,854**	**127,382**	**128,538**	**129,517**	**128,479**	**130,238**	**130,973**	**131,681**	**130,964**	**127,933**
Population Age 55 and Over	**19,401**	**19,630**	**19,701**	**19,781**	**19,890**	**19,791**	**20,074**	**20,215**	**20,351**	**20,214**	**19,759**
Percent of Total Population	*15.5%*	*15.5%*	*15.5%*	*15.4%*	*15.4%*	*15.4%*	*15.4%*	*15.4%*	*15.5%*	*15.4%*	*15.4%*
Key Treatment Populations, Month End											
Patients receiving HIV Treatment	**1,619**	**1,670**	**1,727**	**1,754**	**1,782**	**1,754**	**1,781**	**1,793**	**1,808**	**1,794**	**1,709**
Patients receiving Hep C Treatment	**453**	**433**	**423**	**395**	**396**	**405**	**380**	**384**	**511**	**425**	**429**
Patients Receiving Dialysis Treatment	**229**	**221**	**220**	**219**	**222**	**220**	**220**	**217**	**220**	**219**	**222**
Age 55 and Over	130	121	123	121	121	122	110	119	123	117	123
Under 55	99	99	97	98	101	99	110	98	97	102	100
Medical Inpatient Average Daily Census											
UTMB-Hospital Galveston	112	116	118	119	113	117	112	113	120	115	115
UTMB Community Hospitals	25	25	28	46	46	40	44	51	45	47	34
TTUHSC Community Hospitals	11	11	9	12	12	11	9	7	6	7	10
Medical Inpatient Average Daily Census	**148**	**152**	**156**	**178**	**172**	**168**	**165**	**171**	**172**	**169**	**159**
Medical Inpatient Discharges											
UTMB-Hospital Galveston	1,213	1,131	408	339	311	1,058	298	300	329	927	4,329
UTMB Community Hospitals	440	409	154	228	234	616	274	267	305	846	2,311
TTUHSC Community Hospitals	220	174	53	60	69	182	65	59	50	174	750
Medical Inpatient Discharges	**1,873**	**1,714**	**615**	**627**	**614**	**1,856**	**637**	**626**	**684**	**1,947**	**7,390**
Average Length of Stay (in days)											
UTMB - Hospital Galveston	7.76	7.85	7.14	7.58	8.60	7.77	7.84	8.54	8.51	8.30	7.92
UTMB Community Hospitals	5.15	5.50	5.58	6.06	6.08	5.90	4.81	5.96	4.60	5.12	5.42
TTUHSC Community Hospitals	4.58	5.16	5.05	5.04	4.63	4.91	5.75	5.34	4.60	5.23	4.97
Infirmary and Sheltered Housing Census, Month End											
UTMB Infirmary	554	566	578	566	554	566	566	580	560	569	564
UTMB Sheltered Housing	582	571	568	559	567	565	584	586	597	589	577
TTUHSC Infirmary	125	139	137	133	150	140	135	135	161	144	137
Infirmary and Sheltered Housing Census, Month End	**1,261**	**1,275**	**1,283**	**1,258**	**1,271**	**1,271**	**1,285**	**1,301**	**1,318**	**1,301**	**1,277**
Percent of Capacity Filled	*88.0%*	*88.4%*	*88.8%*	*87.2%*	*87.8%*	*87.9%*	*88.8%*	*90.0%*	*90.1%*	*89.6%*	*88.5%*
Medical Outpatient Visits											
UTMB Specialty Clinics and ER Visits	6,927	6,749	7,758	7,358	7,822	7,646	7,749	7,430	9,139	8,106	7,357
TTUHSC Community Outpatient and ER Visits	3,135	3,040	3,083	2,999	3,342	3,141	3,263	3,207	3,809	3,426	3,186
Medical Outpatient Visits	**10,062**	**9,790**	**10,841**	**10,357**	**11,164**	**10,787**	**11,012**	**10,637**	**12,948**	**11,532**	**10,543**
Mental Health Inpatient Average Census											
UTMB Psychiatric Inpatient	1,016	1,023	987	999	981	989	978	973	953	968	999
TTUHSC Psychiatric Inpatient	801	820	875	862	826	854	877	864	768	836	828
Mental Health Inpatient Average Census	**1,817**	**1,843**	**1,862**	**1,861**	**1,807**	**1,843**	**1,855**	**1,837**	**1,721**	**1,804**	**1,827**
Mental Health Outpatient Caseload, Month End											
UTMB Psychiatric Outpatient	24,072	24,814	25,106	25,140	25,389	25,212	25,701	26,009	26,452	26,054	25,038
TTUHSC Psychiatric Outpatient	5,992	6,080	6,220	6,315	6,324	6,286	6,331	6,249	6,498	6,359	6,179
Mental Health Outpatient Caseload, Month End	**30,063**	**30,894**	**31,326**	**31,455**	**31,713**	**31,498**	**32,032**	**32,258**	**32,950**	**32,413**	**31,217**

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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Key Budget Drivers (Cost)

	1st Quarter		2nd Quarter		March	April	May	3rd Quarter		June	July	August	4th Quarter		FY2023	
Selected Drug Costs																
HIV Medications	$ 4,491,520		$ 4,891,747		$ 1,537,906	$ 1,446,739	$ 1,664,100	$ 4,648,745		$ 1,897,545	$ 1,336,002	$ 1,856,839	$ 5,090,386		$ 19,122,398	
Hepatitis C Medications	$ 3,093,412		$ 2,770,831		$ 1,013,392	$ 864,635	$ 866,753	$ 2,744,780		$ 816,524	$ 925,438	$ 1,388,808	$ 3,130,770		$ 11,739,794	
Psychiatric Medications	$ 761,301		$ 618,350		$ 255,668	$ 242,684	$ 216,514	$ 714,866		$ 216,204	$ 165,744	$ 221,603	$ 603,551		$ 2,698,068	
All Other Drug Costs	$ 5,504,307		$ 5,229,848		$ 1,904,530	$ 1,792,656	$ 2,158,700	$ 5,855,886		$ 1,840,704	$ 2,069,633	$ 1,528,086	$ 5,438,422		$ 22,028,463	
Total Drug Costs	**$ 13,850,541**		**$ 13,510,776**		**$ 4,711,495**	**$ 4,346,715**	**$ 4,906,067**	**$ 13,964,278**		**$ 4,770,977**	**$ 4,496,817**	**$ 4,995,336**	**$ 14,263,129**		**$ 55,588,723**	
Dialysis																
Age 55 and Over	**$ 1,090,261**		**$ 1,007,368**		**$ 362,790**	**$ 324,336**	**$ 331,218**	**$ 1,018,344**		**$ 353,619**	**$ 346,777**	**$ 391,787**	**$ 1,092,182**		**$ 4,208,155**	
UTMB	$ 984,589		$ 901,220		$ 331,374	$ 298,156	$ 294,090	$ 923,620		$ 322,203	$ 315,361	$ 348,471	$ 986,034		$ 3,795,463	
TTUHSC	$ 105,672		$ 106,148		$ 31,416	$ 26,180	$ 37,128	$ 94,724		$ 31,416	$ 31,416	$ 43,316	$ 106,148		$ 412,692	
Under 55	**$ 955,216**		**$ 871,318**		**$ 290,634**	**$ 286,599**	**$ 288,896**	**$ 866,128**		**$ 297,820**	**$ 293,282**	**$ 318,655**	**$ 909,757**		**$ 3,602,420**	
UTMB	$ 871,850		$ 812,597		$ 267,173	$ 262,172	$ 262,436	$ 791,780		$ 265,343	$ 258,670	$ 284,621	$ 808,634		$ 3,284,862	
TTUHSC	$ 83,366		$ 58,721		$ 23,461	$ 24,427	$ 26,460	$ 74,348		$ 32,477	$ 34,612	$ 34,034	$ 101,123		$ 317,558	
Total Dialysis	**$ 2,045,477**		**$ 1,878,686**		**$ 653,424**	**$ 610,934**	**$ 620,114**	**$ 1,884,472**		**$ 651,439**	**$ 640,059**	**$ 710,442**	**$ 2,001,940**		**$ 7,810,575**	
Offsite Hospital Services																
Age 55 and Over	**$ 35,662,700**	*52.6%*	**$ 37,933,421**	*53.8%*	**$ 14,257,045**	**$ 12,754,124**	**$ 12,210,427**	**$ 39,221,597**	*51.5%*	**$ 12,714,291**	**$ 14,107,161**	**$ 15,946,412**	**$ 42,767,865**	*49.2%*	**$ 155,585,582**	*51.6%*
UTMB	$ 34,233,272		$ 35,569,245		$ 13,121,131	$ 11,174,971	$ 11,097,986	$ 35,394,087		$ 11,167,976	$ 12,285,042	$ 14,749,450	$ 38,202,468		$ 143,399,072	
TTUHSC	$ 1,429,428		$ 2,364,176		$ 1,135,915	$ 1,579,154	$ 1,112,441	$ 3,827,510		$ 1,546,315	$ 1,822,119	$ 1,196,963	$ 4,565,397		$ 12,186,510	
Under 55	**$ 32,113,826**	*47.4%*	**$ 32,560,412**	*46.2%*	**$ 13,303,723**	**$ 11,683,559**	**$ 11,968,682**	**$ 36,955,963**	*48.5%*	**$ 13,244,096**	**$ 14,326,833**	**$ 16,520,144**	**$ 44,091,073**	*50.8%*	**$ 145,721,274**	*48.4%*
UTMB	$ 29,567,254		$ 28,874,905		$ 12,531,793	$ 9,642,337	$ 10,448,202	$ 32,622,332		$ 11,554,702	$ 11,411,943	$ 14,166,165	$ 37,132,810		$ 128,197,302	
TTUHSC	$ 2,546,572		$ 3,685,507		$ 771,930	$ 2,041,221	$ 1,520,480	$ 4,333,631		$ 1,689,394	$ 2,914,890	$ 2,353,978	$ 6,958,262		$ 17,523,972	
Total Offsite Hospital Services	**$ 67,776,526**		**$ 70,493,833**		**$ 27,560,768**	**$ 24,437,683**	**$ 24,179,109**	**$ 76,177,560**		**$ 25,958,388**	**$ 28,433,994**	**$ 32,466,556**	**$ 86,858,938**		**$ 301,306,857**	
C.1.8. Salaries/Agency Nursing/Overtime																
UTMB																
Salaries	$ 49,862,308		$ 49,518,025		$ 16,919,749	$ 16,350,323	$ 16,726,228	$ 49,996,300		$ 16,838,706	$ 17,025,085	$ 17,253,276	$ 51,117,067		$ 200,493,701	
Agency Nursing	$ 8,324,764		$ 7,753,639		$ 2,827,503	$ 2,715,181	$ 2,559,042	$ 8,101,726		$ 2,410,457	$ 2,678,388	$ 2,722,848	$ 7,811,693		$ 31,991,822	
Overtime	$ 4,236,284		$ 3,842,476		$ 1,320,156	$ 1,322,050	$ 1,389,754	$ 4,031,960		$ 1,395,914	$ 1,514,162	$ 1,515,258	$ 4,425,334		$ 16,536,054	
UTMB Total	**$ 62,423,357**		**$ 61,114,140**		**$ 21,067,408**	**$ 20,387,554**	**$ 20,675,024**	**$ 62,129,986**		**$ 20,645,077**	**$ 21,217,634**	**$ 21,491,382**	**$ 63,354,094**		**$ 249,021,577**	
TTUHSC																
Salaries	$ 9,711,185		$ 9,645,068		$ 3,261,809	$ 3,074,393	$ 3,354,269	$ 9,690,471		$ 3,305,618	$ 3,286,245	$ 3,581,863	$ 10,173,726		$ 39,220,449	
Agency Nursing	$ 1,194,265		$ 1,175,505		$ 353,535	$ 470,344	$ 391,336	$ 1,215,215		$ 306,871	$ 657,895	$ 457,721	$ 1,422,487		$ 5,007,472	
Overtime	$ 194,451		$ 177,468		$ 56,530	$ 73,156	$ 55,706	$ 185,393		$ 49,125	$ 73,836	$ 57,159	$ 180,119		$ 737,432	
TTUHSC Total	**$ 11,099,902**		**$ 10,998,041**		**$ 3,671,875**	**$ 3,617,893**	**$ 3,801,311**	**$ 11,091,078**		**$ 3,661,614**	**$ 4,017,975**	**$ 4,096,743**	**$ 11,776,333**		**$ 44,965,353**	
Total C.1.8. Salaries/Agency Nursing/Overtime	**$ 73,523,259**		**$ 72,112,181**		**$ 24,739,283**	**$ 24,005,447**	**$ 24,476,335**	**$ 73,221,064**		**$ 24,306,692**	**$ 25,235,610**	**$ 25,588,125**	**$ 75,130,426**		**$ 293,986,930**	
FTEs																
UTMB	2,762.0		2,790.1		2,776.5	2,753.5	2,743.2	2,757.7		2,750.7	2,794.8	2,798.7	2,781.4		2,772.8	
TTUHSC	688.7		690.3		690.3	691.1	697.8	693.1		699.9	693.9	709.0	700.9		693.2	
Total FTEs	**3,450.7**		**3,480.4**		**3,466.7**	**3,444.5**	**3,441.0**	**3,450.7**		**3,450.6**	**3,488.6**	**3,507.7**	**3,482.3**		**3,466.1**	
Key Occupational Categories, Percent Filled																
UTMB	***79.4%***		***80.2%***		***79.8%***	***79.2%***	***78.9%***	***79.3%***		***79.1%***	***80.4%***	***80.5%***	***80.0%***		***79.7%***	
Nursing	73.5%		73.7%		72.5%	71.7%	71.1%	71.8%		71.2%	72.1%	71.9%	71.7%		72.7%	
Mental Health	76.6%		77.3%		77.3%	76.5%	78.1%	77.3%		77.5%	78.9%	79.7%	78.7%		77.5%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	85.6%		88.0%		86.9%	86.9%	85.3%	86.3%		84.2%	86.9%	86.8%	85.9%		86.5%	
Dental	89.5%		88.9%		92.2%	91.3%	88.5%	90.7%		87.6%	88.5%	88.5%	88.2%		89.3%	
Pharmacy	92.7%		92.5%		93.7%	91.6%	90.9%	92.0%		92.3%	95.8%	97.9%	95.3%		93.1%	
Other Positions	86.8%		89.1%		89.2%	89.1%	89.5%	89.2%		90.7%	92.1%	92.2%	91.7%		89.2%	
TTUHSC	***69.1%***		***69.0%***		***68.4%***	***68.6%***	***69.1%***	***68.7%***		***69.2%***	***68.5%***	***70.1%***	***69.3%***		***69.0%***	
Nursing	60.4%		60.3%		61.2%	61.1%	60.0%	60.8%		60.5%	60.7%	62.0%	61.1%		60.6%	
Mental Health	66.4%		65.4%		66.3%	67.4%	67.8%	67.2%		65.9%	61.5%	63.9%	63.8%		65.7%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	76.5%		71.6%		66.0%	66.0%	69.6%	67.2%		76.8%	76.8%	76.8%	76.8%		73.0%	
Dental	82.7%		85.3%		83.9%	84.6%	85.0%	84.5%		83.5%	83.5%	82.1%	83.1%		83.9%	
Pharmacy	101.4%		99.4%		99.9%	99.9%	99.9%	99.9%		77.2%	77.2%	99.9%	84.8%		96.4%	
Other Positions	85.8%		86.1%		82.0%	82.2%	85.8%	83.3%		85.3%	84.2%	87.0%	85.5%		85.2%	

Based on data submitted by UTMB and TTUHSC

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Texas Tech University Health Sciences Center					
STRATEGY	**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th Qtr**	**Total TTUHSC**
REVENUE:					
TDCJ Appropriation	**$ 29,763,460**	**$ 29,436,389**	**$ 30,090,532**	**$ 30,090,532**	**$ 119,380,913**
State Reimbursement Benefits	**$ 3,200,445**	**$ 3,258,292**	**$ 3,243,882**	**$ 3,694,008**	**$ 13,396,627**
Other Misc Revenue	**$ 336**	**$ 901**	**$ 496**	**$ 849**	**$ 2,582**
TOTAL REVENUES	**$ 32,964,240**	**$ 32,695,582**	**$ 33,334,910**	**$ 33,785,389**	**$ 132,780,122**

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	$ 7,168,385	$ 7,178,125	$ 7,262,629	$ 7,789,138	$ 29,398,277
Benefits	$ 2,254,765	$ 2,388,021	$ 2,415,135	$ 2,469,519	$ 9,527,440
Other Operating Expenses	$ 1,336,644	$ 1,091,123	$ 1,329,602	$ 1,004,616	$ 4,761,985
Professional Services	$ 1,352,973	$ 1,384,197	$ 1,004,051	$ 1,826,811	$ 5,568,032
Contracted Units/Services	$ 3,235,756	$ 3,213,468	$ 2,186,614	$ 4,088,378	$ 12,724,215
Travel	$ 72,770	$ 88,544	$ 132,372	$ 153,399	$ 447,085
Capitalized Equipment	$ 80,558	$ 431,670	$ 442,869	$ 457,981	$ 1,413,079
Subtotal, Unit Care Expenditures	**$ 15,501,852**	**$ 15,775,148**	**$ 14,773,271**	**$ 17,789,842**	**$ 63,840,113**
Psychiatric Care Expenditures					
Salaries	$ 2,737,251	$ 2,605,220	$ 2,613,235	$ 2,564,708	$ 10,520,413
Benefits	$ 737,307	$ 708,018	$ 693,967	$ 665,823	$ 2,805,115
Other Operating Expenses	$ 95,021	$ 43,493	$ 36,754	$ 86,273	$ 261,541
Professional Services	$ 1,037,082	$ 745,766	$ 999,233	$ 1,257,280	$ 4,039,361
Travel	$ 18,767	$ 20,930	$ 23,062	$ 33,230	$ 95,988
Subtotal, Psychiatric Care Expenditures	**$ 4,625,427**	**$ 4,123,428**	**$ 4,366,250**	**$ 4,607,313**	**$ 17,722,419**
Total Expenditures, Unit & Psychiatric Care	**$ 20,127,279**	**$ 19,898,576**	**$ 19,139,522**	**$ 22,397,155**	**$ 81,562,532**

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	$ 30,827	$ 364,993	$ 624,939	$ 638,423	$ 1,659,182
Freeworld Provider Services	$ (1,827,275)	$ 5,704,938	$ 7,517,093	$ 10,744,155	$ 22,138,912
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	$ 4,629,940	$ 4,256,042	$ 4,181,131	$ 4,286,948	$ 17,354,060
Estimated IBNR	$ 6,126,978	$ 781,983	$ (1,820,884)	$ (4,851,959)	$ 236,119
Total Expenditures, Hospital & Clinical Care	**$ 8,960,470**	**$ 11,107,956**	**$ 10,502,280**	**$ 10,817,567**	**$ 41,388,273**

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	$ 586,639	$ 559,978	$ 595,961	$ 608,866	$ 2,351,443
Benefits	$ 25,251	$ 27,195	$ 28,488	$ 29,122	$ 110,056
Other Operating Expenses	$ 106,373	$ 102,838	$ 114,425	$ 113,355	$ 436,991
Pharmaceutical Purchases	$ 2,075,295	$ 1,794,254	$ 2,122,640	$ 2,112,138	$ 8,104,327
Travel	$ 2,832	$ 3,569	$ 3,709	$ 8,231	$ 18,342
Capitalized Equipment	$ -	$ -	$ -	$ -	$ -
Total Expenditures, Managed Health Care Pharmacy	**$ 2,796,389**	**$ 2,487,834**	**$ 2,865,223**	**$ 2,871,712**	**$ 11,021,158**

Indirect Expenditures (Shared Services)	**$ 824,799**	**$ 1,158,965**	**$ 923,898**	**$ 986,464**	**$ 3,894,126**
TOTAL EXPENDITURES	**$ 32,708,937**	**$ 34,653,331**	**$ 33,430,923**	**$ 37,072,899**	**$ 137,866,090**
DIFFERENCE	**$ 255,303**	**$ (1,957,749)**	**$ (96,013)**	**$ (3,287,509)**	**$ (5,085,968)**

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2023

University of Texas Medical Branch					
STRATEGY	**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th Qtr**	**Total UTMB**
REVENUE:					
TDCJ Appropriation	**$ 136,600,844**	**$ 135,099,736**	**$ 138,101,952**	**$ 138,101,952**	**$ 547,904,484**
State Reimbursement Benefits	**$ 15,181,106**	**$ 14,971,038**	**$ 15,524,249**	**$ 15,013,014**	**$ 60,689,406**
Other Misc Revenue	**$ 16,375**	**$ 12,511**	**$ 10,276**	**$ 1,562**	**$ 40,724**
TOTAL REVENUES	**$ 151,798,324**	**$ 150,083,285**	**$ 153,636,477**	**$ 153,116,528**	**$ 608,634,614**

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	$ 53,990,312	$ 52,774,611	$ 53,718,243	$ 54,567,602	$ 215,050,769
Benefits	$ 15,169,587	$ 15,552,311	$ 15,366,189	$ 15,621,299	$ 61,709,386
Other Operating Expenses	$ 6,845,002	$ 6,277,695	$ 7,108,160	$ 9,198,690	$ 29,429,547
Professional Services	$ -	$ -	$ -	$ -	$ -
Contracted Units/Services	$ -	$ -	$ -	$ -	$ -
Travel	$ 432,818	$ 441,519	$ 430,968	$ 757,395	$ 2,062,701
Capitalized Equipment	$ 462,692	$ 624,115	$ 625,784	$ 938,014	$ 2,650,605
Subtotal, Unit Care Expenditures	**$ 76,900,412**	**$ 75,670,251**	**$ 77,249,345**	**$ 81,082,999**	**$ 310,903,007**
Psychiatric Care Expenditures					
Salaries	$ 8,433,045	$ 8,339,528	$ 8,411,743	$ 8,786,492	$ 33,970,808
Benefits	$ 2,120,842	$ 2,188,581	$ 2,146,370	$ 2,241,117	$ 8,696,910
Other Operating Expenses	$ 88,616	$ 73,410	$ 64,863	$ 105,699	$ 332,586
Professional Services	$ -	$ -	$ -	$ -	$ -
Travel	$ 34,841	$ 38,404	$ 32,679	$ 52,630	$ 158,553
Subtotal, Psychiatric Care Expenditures	**$ 10,677,343**	**$ 10,639,922**	**$ 10,655,654**	**$ 11,185,937**	**$ 43,158,857**
Total Expenditures, Unit & Psychiatric Care	**$ 87,577,755**	**$ 86,310,174**	**$ 87,904,998**	**$ 92,268,937**	**$ 354,061,864**

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	$ 6,069,424	$ 5,806,824	$ 6,958,071	$ 6,106,923	$ 24,941,242
Freeworld Provider Services	$ 8,273,785	$ 13,378,895	$ 14,925,272	$ 19,719,384	$ 56,297,337
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	$ 45,781,327	$ 47,236,492	$ 48,669,604	$ 51,170,146	$ 192,857,569
Estimated IBNR	$ 8,309,064	$ 1,352,992	$ 3,459,160	$ (2,421,216)	$ 10,700,000
Total Expenditures, Hospital & Clinical Care	**$ 68,433,601**	**$ 67,775,202**	**$ 74,012,107**	**$ 74,575,238**	**$ 284,796,148**

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	$ 2,053,871	$ 2,068,784	$ 2,056,058	$ 2,182,678	$ 8,361,392
Benefits	$ 676,886	$ 680,719	$ 677,923	$ 699,240	$ 2,734,768
Other Operating Expenses	$ 620,558	$ 476,501	$ 422,120	$ 659,865	$ 2,179,044
Pharmaceutical Purchases	$ 11,775,246	$ 11,716,522	$ 11,841,637	$ 12,150,991	$ 47,484,397
Travel	$ 5,660	$ 4,558	$ 5,900	$ 9,610	$ 25,728
Capitalized Equipment	$ -	$ -	$ -	$ -	$ -
Total Expenditures, Managed Health Care Pharmacy	**$ 15,132,222**	**$ 14,947,084**	**$ 15,003,638**	**$ 15,702,384**	**$ 60,785,328**

Indirect Expenditures (Shared Services)	**$ 4,288,518**	**$ 4,236,345**	**$ 4,438,121**	**$ 4,607,130**	**$ 17,570,113**
TOTAL EXPENDITURES	**$ 175,432,095**	**$ 173,268,805**	**$ 181,358,864**	**$ 187,153,688**	**$ 717,213,452**
DIFFERENCE	**$ (23,633,771)**	**$ (23,185,520)**	**$ (27,722,387)**	**$ (34,037,160)**	**$ (108,578,838)**

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2023

Combined Total					
STRATEGY	**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th Qtr**	**Combined Total**
REVENUE:					
TDCJ Appropriation	**$ 166,364,304**	**$ 164,536,125**	**$ 168,192,484**	**$ 168,192,484**	**$ 667,285,397**
State Reimbursement Benefits	**$ 18,381,550**	**$ 18,229,330**	**$ 18,768,131**	**$ 18,707,022**	**$ 74,086,033**
Other Misc Revenue	**$ 16,710**	**$ 13,412**	**$ 10,772**	**$ 2,411**	**$ 43,306**
TOTAL REVENUES	**$ 184,762,565**	**$ 182,778,867**	**$ 186,971,387**	**$ 186,901,917**	**$ 741,414,737**

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	$ 61,158,698	$ 59,952,737	$ 60,980,872	$ 62,356,740	$ 244,449,046
Benefits	$ 17,424,352	$ 17,940,332	$ 17,781,324	$ 18,090,818	$ 71,236,826
Other Operating Expenses	$ 8,181,646	$ 7,368,818	$ 8,437,762	$ 10,203,306	$ 34,191,532
Professional Services	$ 1,352,973	$ 1,384,197	$ 1,004,051	$ 1,826,811	$ 5,568,032
Contracted Units/Services	$ 3,235,756	$ 3,213,468	$ 2,186,614	$ 4,088,378	$ 12,724,215
Travel	$ 505,588	$ 530,063	$ 563,340	$ 910,794	$ 2,509,786
Capitalized Equipment	$ 543,250	$ 1,055,786	$ 1,068,653	$ 1,395,995	$ 4,063,684
Subtotal, Unit Care Expenditures	**$ 92,402,264**	**$ 91,445,399**	**$ 92,022,616**	**$ 98,872,842**	**$ 374,743,120**
Psychiatric Care Expenditures					
Salaries	$ 11,170,295	$ 10,944,748	$ 11,024,977	$ 11,351,200	$ 44,491,221
Benefits	$ 2,858,149	$ 2,896,599	$ 2,840,337	$ 2,906,940	$ 11,502,024
Other Operating Expenses	$ 183,637	$ 116,903	$ 101,616	$ 191,972	$ 594,128
Professional Services	$ 1,037,082	$ 745,766	$ 999,233	$ 1,257,280	$ 4,039,361
Travel	$ 53,608	$ 59,334	$ 55,740	$ 85,859	$ 254,542
Subtotal, Psychiatric Care Expenditures	**$ 15,302,770**	**$ 14,763,351**	**$ 15,021,904**	**$ 15,793,250**	**$ 60,881,276**
Total Expenditures, Unit & Psychiatric Care	**$ 107,705,034**	**$ 106,208,750**	**$ 107,044,520**	**$ 114,666,092**	**$ 435,624,396**

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	$ 6,100,251	$ 6,171,816	$ 7,583,010	$ 6,745,346	$ 26,600,424
Freeworld Provider Services	$ 6,446,511	$ 19,083,833	$ 22,442,365	$ 30,463,540	$ 78,436,249
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	$ 50,411,267	$ 51,492,534	$ 52,850,734	$ 55,457,094	$ 210,211,630
Estimated IBNR	$ 14,436,042	$ 2,134,975	$ 1,638,276	$ (7,273,175)	$ 10,936,119
Total Expenditures, Hospital & Clinical Care	**$ 77,394,072**	**$ 78,883,158**	**$ 84,514,386**	**$ 85,392,805**	**$ 326,184,421**

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	$ 2,640,510	$ 2,628,762	$ 2,652,018	$ 2,791,544	$ 10,712,835
Benefits	$ 702,138	$ 707,914	$ 706,411	$ 728,362	$ 2,844,824
Other Operating Expenses	$ 726,931	$ 579,339	$ 536,545	$ 773,219	$ 2,616,034
Pharmaceutical Purchases	$ 13,850,541	$ 13,510,776	$ 13,964,278	$ 14,263,129	$ 55,588,723
Travel	$ 8,492	$ 8,127	$ 9,610	$ 17,842	$ 44,070
Capitalized Equipment	$ -	$ -	$ -	$ -	$ -
Total Expenditures, Managed Health Care Pharmacy	**$ 17,928,611**	**$ 17,434,918**	**$ 17,868,862**	**$ 18,574,096**	**$ 71,806,486**

Indirect Expenditures (Shared Services)	**$ 5,113,316**	**$ 5,395,311**	**$ 5,362,019**	**$ 5,593,594**	**$ 21,464,240**
TOTAL EXPENDITURES	**$ 208,141,033**	**$ 207,922,137**	**$ 214,789,787**	**$ 224,226,586**	**$ 855,079,543**
DIFFERENCE	**$ (23,378,468)**	**$ (25,143,269)**	**$ (27,818,400)**	**$ (37,324,669)**	**$ (113,664,806)**
FY2023 Spend Forward to FY2022 - LBB Approved					**$ (20,484,298)**
Uncollected Health Care Fees					**$ (738,242)**
FY2022 Remaining Balance					**$ (14,227,683)**
FY2022 Cost Report Reconciliation					**$ 1,262,762**
FY2023 Supplemental Appropriation, SB 30					**$ 141,770,855**
NET DIFFERENCE	**$ (23,378,468)**	**$ (25,143,269)**	**$ (27,818,400)**	**$ (37,324,669)**	**$ (6,081,412)**

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION MEDICAL DIRECTOR'S REPORT Fourth Quarter FY 2023

Lannette Linthicum, MD, CCHP-A, FACP

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TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Fourth Quarter Fiscal Year (FY) 2023 (June, July, and August 2023), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Baten, Formby, Hobby, Marlin, Montford (Psychiatric [PSYCH], Regional Medical Facility [RMF], Trusty [TRUST]), Mechler, Wallace, and Wheeler units.

- 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 Fourth Quarter of FY 2023:

  1. Item **1.630** requires the facility to 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
     - Hobby (0%) – Corrective action plan received
     - Marlin (0%) – Corrective action plan received
     - Mechler (0%) – Corrective action plan received
     - Montford (PSYCH) (0%) – Corrective action plan received
       (RMF) (0%) – Corrective action plan received
     - Wallace (0%) – Corrective action plan received
     - Wheeler (0%) – Corrective action plan received

  2. Item **6.380** requires pneumococcal vaccine be offered to the inmates on the facility who qualify as outlined in CMHC Policy B-14.07 and documented on the HSM-2. The following **5** facilities were not in compliance with this requirement:
     - Baten (50%) – Corrective action plan received
     - Mechler (39%) –Corrective action plan received
     - Montford (PSYCH) (80%) – Corrective action plan received
       (RMF) (80%) – Corrective action plan received
     - Wallace (26%) – Corrective action plan received
     - Wheeler (44%) – Corrective action plan received

  3. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **5** facilities were not in compliance with this requirement:
     - Baten (0%) – Corrective action plan received
     - Formby (0%) – Corrective action plan received
     - Hobby (0%) – Corrective action plan received
     - Mechler (54%) – Corrective action plan received
     - Wheeler (50%) – Corrective action plan received

  4. Item **6.080** requires TB-400 forms (Texas Department of State Health Services – Tuberculosis Elimination Division) be completed at the facility for all inmates receiving: (1) Tuberculosis chemoprophylaxis, (2) identification of a TB suspect case, (3) diagnosis of a case of active TB and (4) at termination/completion of TB therapy. The following **5** facilities were not in compliance with this requirement:
     - Baten (0%) – Corrective action plan received
     - Formby (50%) – Corrective action plan received
     - Hobby (0%) – Corrective action plan received
     - Mechler (0%) – Corrective action plan received
     - Wallace (50%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

5. Item **5.065** requires an order in the Electronic Health Record (EHR) for a therapeutic diet for each inmate that has a qualifying diagnosis. The following **4** facilities were not in compliance with this requirement:
   - Hobby (61%) – Corrective action plan received
   - Marlin (64%) – Corrective action plan received
   - Mechler (23%) – Corrective action plan received
   - Montford (PSYCH) (57%) – Corrective action plan received
     (TRUST) (19%) – Corrective action plan received

6. Item **6.351** requires HCV infected inmates on the facility that do not have a documented contraindication for antiviral therapy with an APRI score greater than 0.50 or with abnormal liver function (Prothrombin Time, Total Bilirubin or Albumin) be referred to the designated physician, clinic or appropriately treated according to CMHC Hepatitis C evaluation and treatment pathway. If the provider determines treatment is not indicated for Hepatitis C, is the reason documented in the medical record. The following **4** facilities were not in compliance with this requirement:
   - Baten (0%) – Corrective action plan received
   - Marlin (67%) – Corrective action plan received
   - Montford (PSYCH) (62%) – Corrective action plan received
   - Wheeler (67%) – Corrective action plan received

7. Item **6.410** requires each Syphilis Monitoring Record (HSM-85) be reported to TDCJ Health Services Office of Public Health by the facility have the stage of disease identified. The following **4** facilities were not in compliance with this requirement:
   - Baten (71%) – Corrective action plan received
   - Hobby (0%) - Corrective action plan received
   - Marlin (0%) – Corrective action plan received
   - Mechler (44%) – Corrective action plan received

During the previous quarter, ORAs for **10** facilities had pending corrective action plans: Bradshaw, Connally, Garza West, Glossbrenner, Lopez, McConnell, Sanchez, Stevenson, Telford, and Willacy units. During the Fourth Quarter FY 2023, all but the McConnell unit were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **8** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2023 (June, July, and August 2023), Dental Quality Review audits were conducted at the following **5** facilities: Clemens, Memorial, Ramsey, Stringfellow, and Terrell units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 23** assesses if the periodontal charting and radiographic survey of remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **3** of the **5** facilities were not in compliance**:** Memorial (67%), Terrell (40%), and Clemens (33%).

- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32. **2** of the **5** facilities were not in compliance: Memorial (77%) and Clemens (70%).

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 38** assesses if the Dental Department is equipped for medical emergencies. **2** of the **5** facilities were not in compliance: Ramsey (60%) and Terrell (0%).
- **Item 19** assesses if levels are reflected in the Comprehensive Treatment Plan. **1** of the **5** facilities was not in compliance: Stringfellow (64%).
- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. **1** of the **5** facilities was not in compliance: Stringfellow (64%).
- **Item 26** assesses if the Eyewash Station is functional and readily accessible. **1** of the **5** facilities was not in compliance: Stringfellow (Not Accepted).
- **Item 28** assesses if infection control guidelines regarding covering of objects within the field of operation are maintained. **1** of the **5** facilities was not in compliance: Ramsey (71%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2023 (June, July, and August 2023), the Patient Liaison Program (PLP) and the Step II Grievance Program received **5,108** correspondences. The PLP received **4,488** and Step II Grievance received **620**. There were **146** 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 Fourth Quarter FY 2023 for the Step II medical grievances was **5%**. 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 **5%** and **4%** for TTUHSC for the Fourth Quarter of FY 2023.

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Fourth Quarter of FY 2023, (June, July, and August 2023), the Patient Liaison Program nurses and investigators performed **9** Sick Call Request Verification Audits (SCRVA) on **9** 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 **51** indicators were reviewed at the **9** facilities and **1** of the indicators fell below the 80 percent compliance threshold, representing **2** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **9** facilities audited. There was **1** unit with one or more discipline composite scores below 80**.** Corrective action has been requested from this facility. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Fourth Quarter FY 2023, there were **13,830** intake HIV tests performed. Of those tested, **110** inmates were newly identified as having HIV infection. During the same time period, there were **6,591** pre-release tests performed with **0** found to be HIV positive. For this quarter, **no** new AIDS cases were identified.

- There were **489** cases of Hepatitis C identified for the Fourth Quarter FY 2023. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.

- **943** cases of suspected Syphilis were reported in the Fourth Quarter FY 2023. **438** 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.

- **207** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2023. For the same time period, **84** 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 **15** TB cases (pulmonary and extra-pulmonary) under management for the Fourth Quarter FY 2023. 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 **322** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2023. There were **96** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **143** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.

- During the Fourth Quarter FY 2023, peer education training was temporarily paused due to the Health Services Peer Education Coordinator position being vacant. As of the close of the quarter, **91** of the **100** facilities housing inmates had active peer education programs. During the Fourth Quarter FY 2023, **28** inmates trained to become peer educators. This is a decrease from the Third Quarter FY 2023 report. During the Fourth Quarter FY 2023, **10,741** inmates attended the classes presented by peer educators. This is a decrease from the Third Quarter FY 2023.

MORBIDITY AND MORTALITY

There were **131** deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2023, of those **131** deaths, **none** were referred to a peer review committee.

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

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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter FY 2023:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the Fourth Quarter FY 2023, **18** restrictive housing units were audited including: Clemens, Coffield, Estelle, Gist, Hughes, Hutchins, Lewis, Lopez, Lynchner, Memorial, Michael, Mountain View, Murray, Pack, Powledge, Ramsey, Sanchez, and Stiles units. The OMHM&L auditors observed **1,416** inmates, interviewed **1,186** inmates, and none were referred for further evaluation by university providers.

- 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. **12** of the **18** facilities were **100%** compliant on ATC 4, ATC 5, and ATC 6, and **6** of the **18** facilities did not have applicable data at the time of the audit. For the 911 tool availability, **16** of the **18** facilities were **100%** compliant. **2** of the **18** facilities did not have inmates in restrictive housing at the time of the audit.

- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances of compelled medications are appropriately documented. During the Fourth Quarter FY 2023, a total of **90** instances of compelled psychoactive medication occurred. There were **25** instances at the Montford Unit, **36** instances at the Skyview Unit, **29** instances at the Wayne Scott Unit, and **0** instance at the Clements Unit. During each month of the quarter, Montford, Skyview, and Scott were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. The Clements Unit had no applicable instances during the reporting period.

- The Intake Mental Health Evaluation Audit (MHE) 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. Of the **22** intake facilities reviewed, **21** facilities identified incoming inmates in need of Mental Health Evaluations. At the Kyle unit there were no inmates identified as applicable to the audit. **13** of the **21** facilities met or exceeded the 80% compliance for completing Mental Health Evaluations within 14 days of identified need: Byrd, Formby, Gist, Glossbrenner, Halbert, Hutchins, Kegans, Lychner, Middleton, Plane, Sanchez, Travis, and Woodman units earned compliance scores of 79% or lower. **8** of the **21** units earned compliance scores of 79% or lower: Beto, Dominguez, East Texas, Garza West, Holliday, Johnston, Lindsey, and Sayle units. **8** Corrective action plans were required.

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 Fourth Quarter of FY 2023, HSL conducted **470** hospital and **64** infirmary discharge audits.

- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmary, 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 **470** hospital discharge audits conducted, **394** were from the UTMB Sector and **76** were from the TTUHSC sector. There were **147** deficiencies identified for UTMB and **9** identified for TTUHSC. Of the **64** infirmary discharge audits conducted **30** were from the UTMB sector and **34** were from the TTUHSC sector. There were **2** deficiencies identified from UTMB and **23** for TTUHSC.

ACCREDITATION

The ACA 2024 Winter Conference will be held in National Harbor, Maryland on January 4-7, 2024, and the following facilities will be represented: Baten, Beto, C. Moore, Cole, Cotulla, Gist, Goodman, Holliday, Jordan, LeBlanc, Lopez, Luther, Ney, Polunsky, Segovia, Stiles, Torres, and Woodman.

BIOMEDICAL RESEARCH PROJECTS

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

- Correctional Institutions Division Active Monthly Research Projects **- 14**
- Correctional Institutions Division Pending Monthly Research Projects **– 0**
- Health Services Division Active Monthly Research Projects – **5**
- Health Services Division Pending Monthly Research Projects – **0**

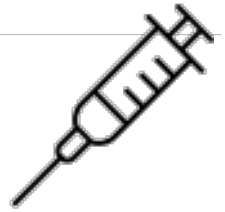
COVID-19 VACCINE

Presented to the Correctional Managed Health Care Committee
December 13, 2023

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

utmb Health

Vaccine Availability



- US government is no longer purchasing COVID-19 vaccines; therefore, the CDC's COVID-19 Vaccination Program has ended
- CDC's Bridge Access Program provides no-cost COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs
  - The bridge program will be available until December 31, 2024
- Bivalent mRNA COVID-19 vaccines are no longer recommended
- Updated 2023–2024 monovalent COVID-19 vaccines are now available for private purchase in the commercial marketplace from the major drug wholesalers

CDC Public Health Note

- COVID-19 burden is lower than at previous points in the pandemic, however the number of hospitalizations is increasing and further increases during the respiratory virus season are anticipated
- Although older adults have the highest COVID-19-associated hospitalization rates, adults with no underlying medical conditions still experience severe illness due to COVID-19
- Majority of U.S. population has some level of immunity due to infection, vaccination, or both
  - Vaccine and infection-induced immunity wane and new variants have emerged, suggesting that susceptibility remains and may increase over time

Wallace M. Evidence to Recommendations Framework: 2023 – 2024 COVID-19 Vaccine. ACIP Meeting, September 12, 2023.

utmb Health

CDC Recommendations Simplified 2023-2024

Unvaccinated

1 dose Moderna

OR

1 dose Pfizer-BioNTech

≥ 5 years

OR

2 doses 3 weeks apart Novavax

≥ 12 years

Previously Vaccinated*

1 dose Moderna

OR

1 dose Pfizer-BioNTech

≥ 5 years

OR

1 dose Novavax

≥ 12 years

utmb Health

Working Together to Work Wonders

*Immunocompromised may receive 1 or more additional doses

Vaccines

- No preferential recommendation for the use of one COVID-19 vaccine over another

Vaccine (Brand)	Approval	Form	Cost per Dose	Storage
Moderna (Spikevax®)	FDA	SDV	$128	• Frozen until expiration • 30 days in refrigerator
Pfizer-BioNTech (Comirnaty®)	FDA	SDV	$126.50	• Ultra-cold storage until expiration • 10 weeks at refrigerator storage
Novavax	EUA	5 dose MDV	$143	• Refrigerator until expiration

Vaccination Strategy

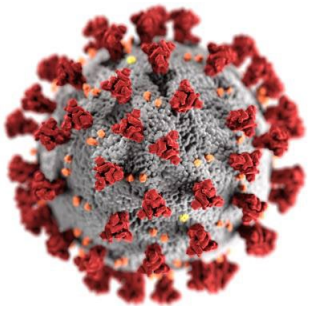
- Offer 1 dose updated Moderna vaccine during fall/winter respiratory illness season
- Communicate availability to inmates
  - Educational posters
  - Targeted education at higher-risk locations (e.g., Pack, Terrell, Duncan, Jester 3)
  - Healthcare staff recommend COVID vaccine during flu vaccine clinics/encounters

Cost Projection

Data Used for Projection	# Vaccine Doses	Unit Cost Moderna	Projected Annual Cost Moderna
COVID FY23[1]	2,248	$128.00	$287,744.00
COVID FY23[2]	9,424	$128.00	$1,206,272.00
Flu FY23[3]	38,454	$128.00	$4,922,112.00
Flu Fy22[4]	44,591	$128.00	$5,707,648.00

1. Assumes patients that received the vaccine the last 6 months of FY23 will accept
2. Assumes patients that received the vaccine in FY23 will accept
3. Assumes patients that received the Flu vaccine in FY23 will accept
4. Assumes patients that received the Flu vaccine in FY22 will accept

Takeaway Points



- COVID-19 vaccination is an important tool to help stop the COVID-19 pandemic
- Vaccines are safe and effective and side effects are generally mild
- No vaccine is 100% effective, but they do provide protection against serious illness, hospitalization, and death and might also help protect people around them
- Individuals who receive a provider recommendation overall and by race and ethnicity are more likely to receive the COVID-19 vaccine

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