



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

March 6, 2024

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

March 6, 2024

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
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, December 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
- V. Update on Financial Reports
- VI. Medical Directors Updates
 1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2024 First Quarter Report
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

VII. Updated Health Services Clinical Initiatives

Presented by:

Marjorie M. Cisneros

Associate Vice President, CMC Inpatient Operations

Administrator, Hospital Galveston

VIII. Public Comments

IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
December 13, 2023

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Chair’s Report (cont.) - Dr. Greenberg</p> <p>IV. Approval of Consent Items - Dr. Greenberg</p> <p>- Approval of Excused Absences</p>	<p>The 2024 CMHCC meetings will be held at the University of Texas Medical Branch (UTMB) CMC Operations office in Conroe, TX.</p> <p>Dr. Greenberg called on Dr. Lannette Linthicum, Director, Health Services Division, Texas Department of Criminal Justice (TDCJ) to present a brief overview of the TDCJ Self-Evaluation Report (Submitted by the Sunset Advisory Commission, August 31, 2023, Correctional Managed Health Care.</p> <p>Dr. Linthicum provided an overview of the Texas Sunset Advisory Commission. Details of the TDCJ Self-Evaluation Report can be found on the Texas Sunset Advisory Commission website.</p> <p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the September 13, 2023, meeting –Ms. Michelle Erwin and Dr. Brian Edwards.</p>	<p>Dr. Brian Edwards stated he was present at the September 13, 2023, CMHCC meeting.</p>	<p>The committee members agreed to the 2024 CMHCC meetings dates and location.</p> <p>Catina Brice will note the correction in the December 13, 2023, CMHCC meeting minutes to reflect Dr. Edwards attendance at the September 13, 2023, CMHCC meeting.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - Approval of CMHCC Meeting Minutes – September 13, 2023 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>The second consent item was the approval of the CMHCC meeting minutes from the September 13, 2023, meeting.</p> <p>Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year FY2023 Fourth Quarter TDCJ Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY2023 Fourth Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY2023 Fourth Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p>		
<p>V. Update on Financial Reports - Rebecca Waltz</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth 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.</p>		<p>Dr. Phillip Keiser made a motion to approve all consent items and Ms. Kris Coons seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p>	<p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p> <p>Ms. Waltz answered yes, the 4.3% cost per inmate day increase is below inflation.</p> <p>Ms. Waltz answered that year over year the ratio between inmates age 55 and older, the total population continues to increase however, the Business and Finance Division does not typically project populations.</p>	<p>Dr. Julia Hiner asked for clarification regarding the growing number of the (CMHC) service population for inmates aged 55 and over was due to inmates aging into the 55 and over age group or if TDCJ has received an increased number older inmates entering into the prison system.</p> <p>Dr. Greenberg asked if the cost per inmate day increase of 4.3% from FT2022 to FY2023 was below inflation.</p> <p>Dr. Phillip Keiser asked if there were any total population projections over time for the Correctional Managed Health Care (CMHC) service population for inmates age 55 and older.</p> <p>Dr. Linthicum stated there are a number of newly arrival inmates arriving to TDCJ who are considered geriatric. Geriatric is defined as age 55 and older because the inmates physiological age is about 10 years of their chronologic age. Dr. Linthicum stated a lot of those inmates have committed 3G offenses and receive longer sentences.</p> <p>Mr. Bobby Lumpkin, Director, Correctional Institution Division, TDCJ agreed that there are inmates coming through the TDCJ intake process who are considered geriatric that have committed some 3G offenses.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2023 Fourth Quarter Report (cont.) - University of Texas Medical Branch - Dr. Monte Smith</p> <p>VII. COVID Vaccine Recommendations Update - Dr. Stephanie Zepeda</p>	<p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Monte Smith to present the UTMB Medical Director's Report.</p> <p>Dr. Smith announced that UTMB is starting to see the positive impact from the state funded market adjustments for the UTMB employees that was implemented in September 2023, particularly on the nursing and mental health side. He stated UTMB is seeing an increase in hiring and applications.</p> <p>Dr. Greenberg thanked Dr. Smith and then called on Stephanie Zepeda, Associate Vice President, UTMB Pharmacy Services CMC, to present an overview of the COVID-19 Vaccine recommendations update.</p> <p>Dr. Zepeda began by providing an update on the vaccine availability. Dr. Zepeda stated the US government is no longer purchasing COVID-19 vaccines; therefore, the Center for Disease Control and Prevention (CDC's) COVID-19 Vaccination program has ended. She stated updated 2023-2023 monovalent COVID-19 vaccines are now available for private purchase in the commercial marketplace from the major drug wholesalers.</p> <p>Dr. Zepeda explained that the COVID-19 burden is lower than a previous point in the pandemic, however the number of hospitalizations is increasing and further increases during the respiratory virus seasons are anticipated.</p> <p>She reported there was no preferential recommendation for the use of one COVID-19 vaccine over another i.e., Moderna (Spikevax ®), Pfizer-BioNTech (Comirnaty ®) and Novavax.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. COVID Vaccine Recommendations Update (cont.) - Dr. Stephanie Zepeda</p>	<p>Dr. Zepeda explained there would be a vaccination strategy that would consist of offering 1 dose updated Moderna vaccine during fall/winter respiratory illness season and communicate availability to inmates by posting educational posters on the units, targeted education at higher-risk locations (e.g., Pack, Terrell, Duncan, Jester 3) and healthcare staff will recommend COVID vaccine during vaccine clinics/encounters.</p> <p>Dr. Zepeda described the Cost Projections for the first estimate of COVID vaccine doses for FY23. She stated the first estimate assumes patients that received the vaccine the last 6 months of FY23 will accept would total 2,248 number of vaccines doses at \$128.00 unit cost Moderna, the projected annual cost Moderna is \$287,744.00.</p> <p>Dr. Zepeda ended the presentation by discussing some take away points to include: the importance of COVID-19 vaccination as an important tool to help stop the COVID-19 pandemic, vaccines are safe, effective and side effects are generally mild. She explained that no vaccine is 100% effective, but they do provide protection against illness, hospitalization, and death and might also help protect people around them. Lastly, individuals who receive a provider recommendation overall by race and ethnicity are more likely to receive the COVID-19 vaccine.</p> <p>Dr. Zepeda answered stating the cost projection was not a budgeted line item because cost of the COVID-19 vaccine was unknown at that time.</p>	<p>Dr. Burruss asked if the cost projection is presented as a new cost or was there already a budgeted line item for the vaccine.</p> <p>Dr. Julia Hiner asked if a survey has been completed to determine why the inmates do not want to receive the COVID vaccine.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. COVID Vaccine Recommendations Update (cont.) - Dr. Stephanie Zepeda</p>	<p>Dr. Zepeda answered stating she has never surveyed the inmates to determine why they do not want to receive the COVID vaccine.</p>	<p>Dr. Linthicum stated the Joint Medical Directors has concerns for the large number immunocompromised population therefore, education will need to be pushed for those inmates who are in the elderly population and who are considered immunocompromised.</p> <p>Dr. Linthicum stated the Infection Control Nurses (ICN) on the units will provide education for those inmates who are considered high risk.</p> <p>Mr. Bobby Lumpkin suggested an educational video could be made regarding the COVID-19 vaccination and placed on the inmate's tablets; the inmates could watch the video as many times as needed.</p>	<p>Dr. Phillip Keiser made the motion to approve the recommendation of up to \$1.7 million for the purchase of 13,000 COVID vaccine doses. The motion was seconded by Dr. John Burruss which prevailed by unanimous vote.</p>
<p>VIII. Public Comments - Dr. Greenberg</p>	<p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
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<p>IX. Adjourn</p>	<p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for March 6, 2024, in Conroe, Texas.</p> <p>The meeting was adjourned at 11:15 a.m.</p>		
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 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

**First Quarter, Fiscal Year 2024
(September, October, and November 2023)**

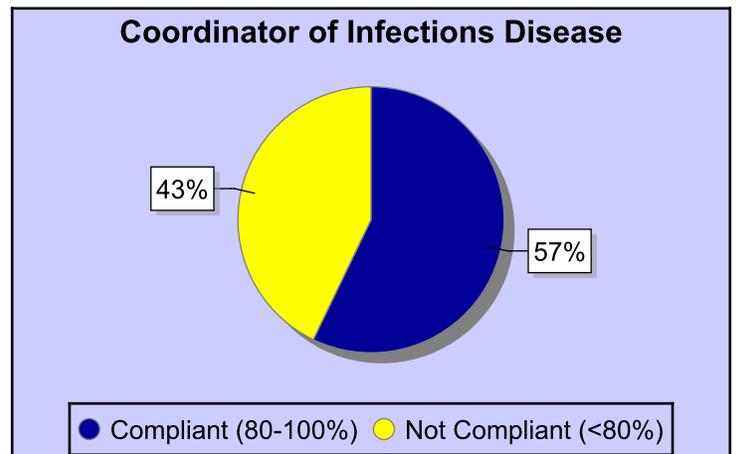
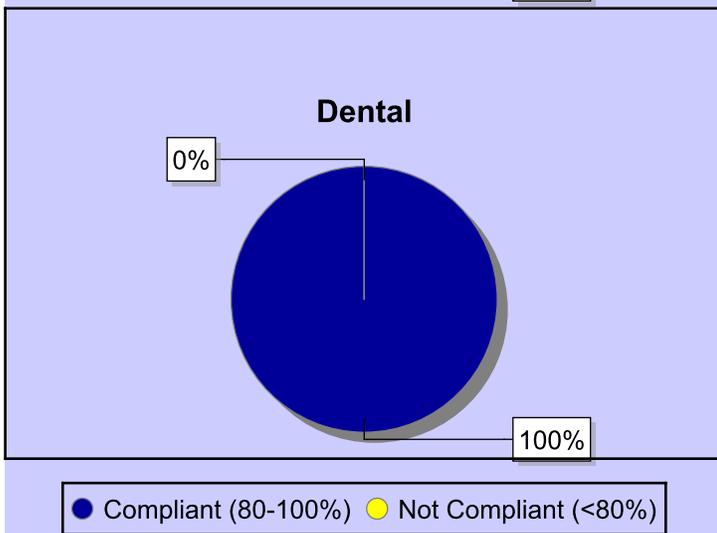
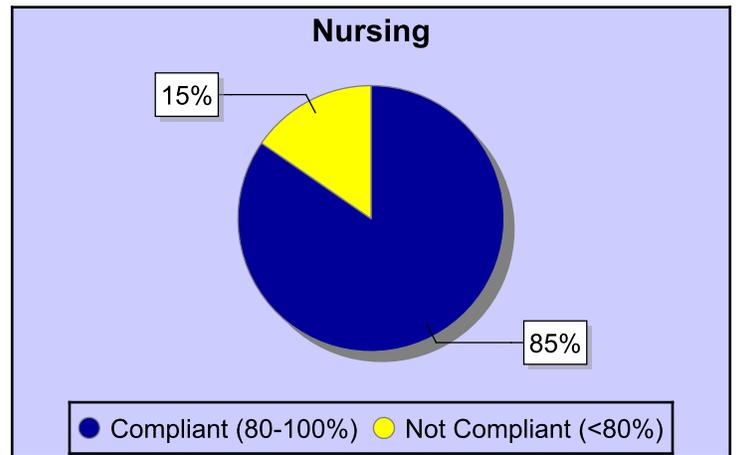
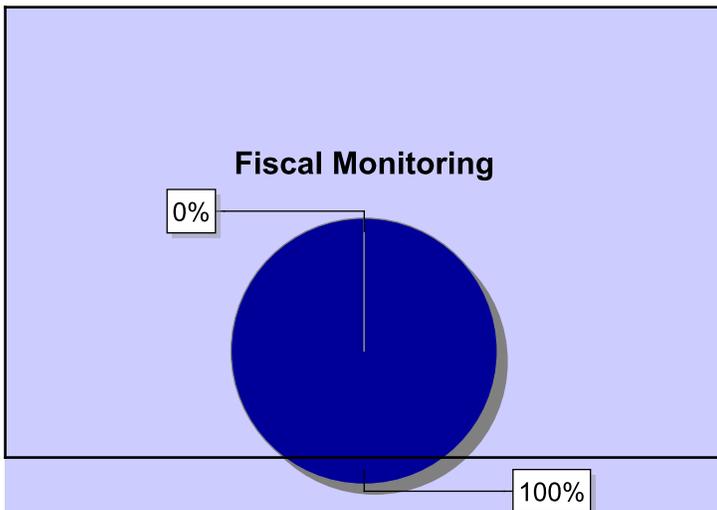
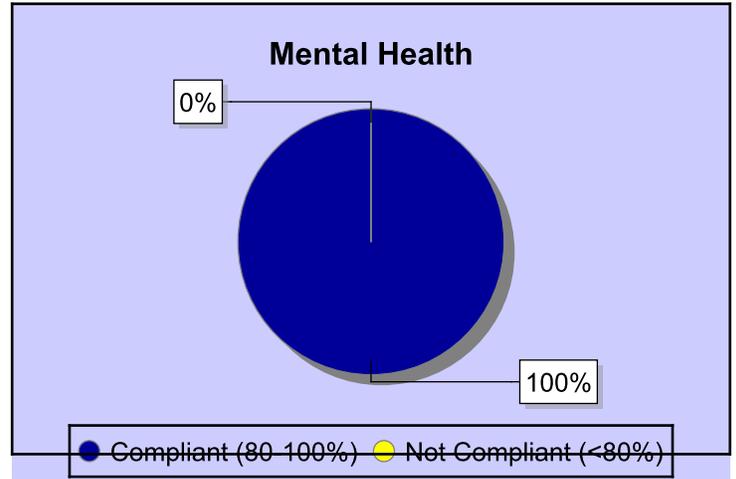
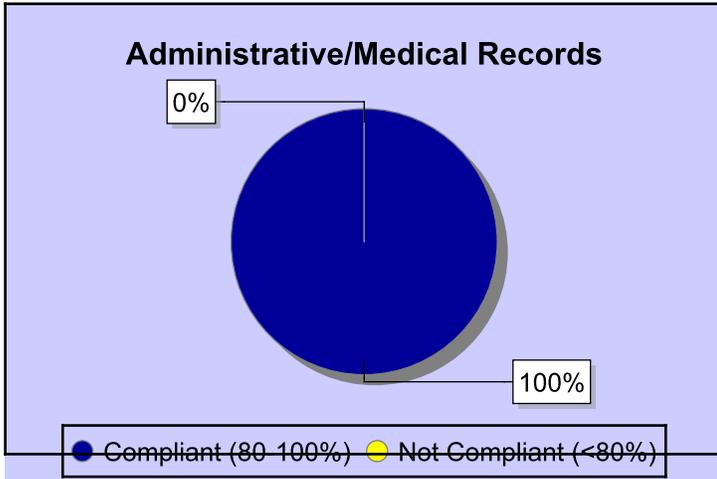
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Rate of Compliance with Standards by Operational Categories
First Quarter, Fiscal Year 2024
September - November 2023

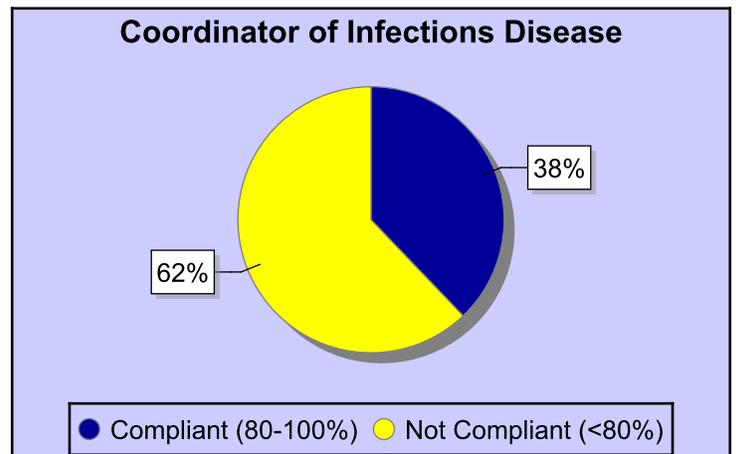
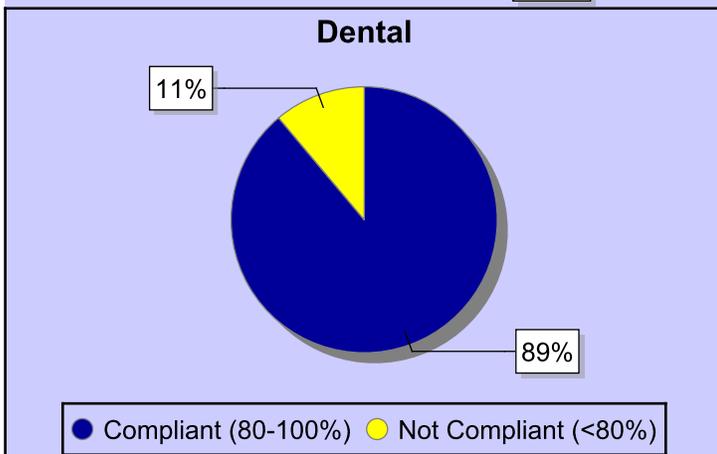
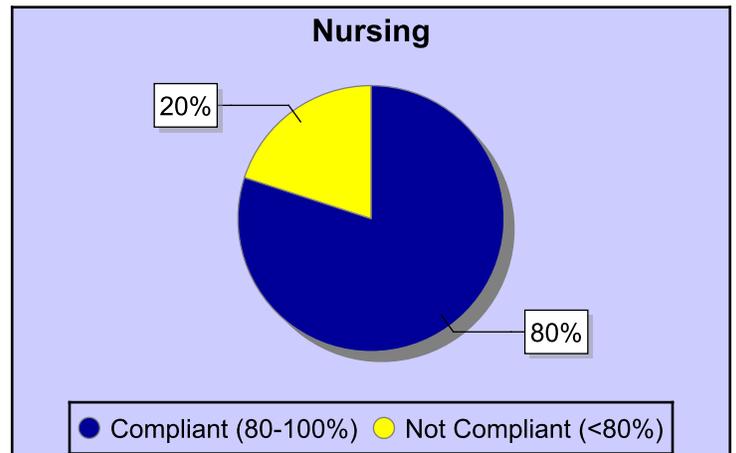
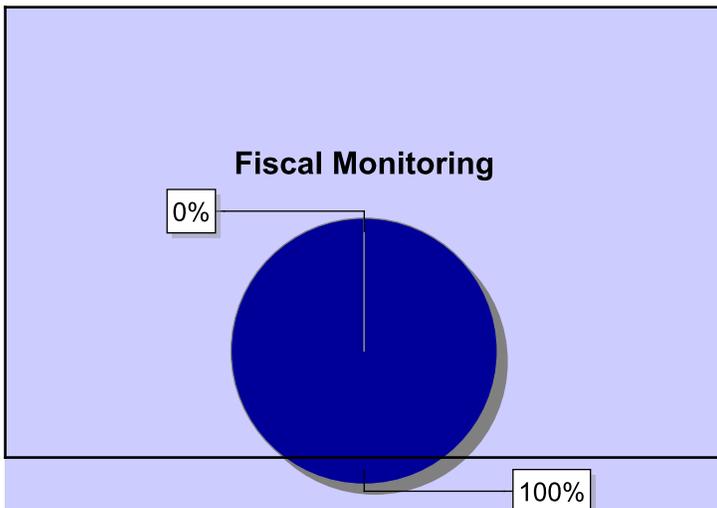
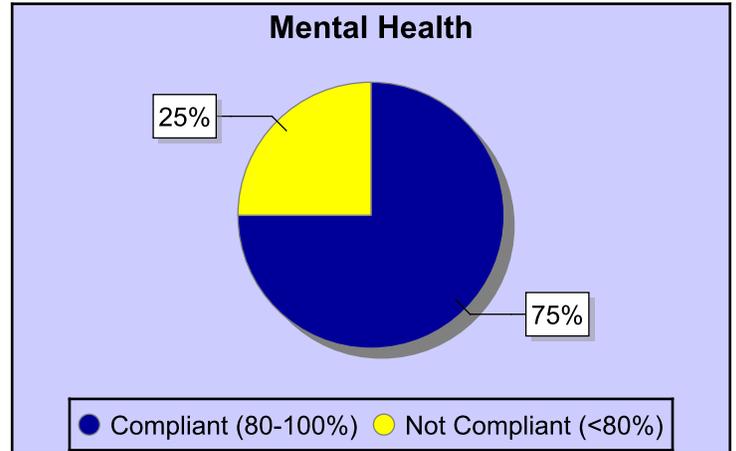
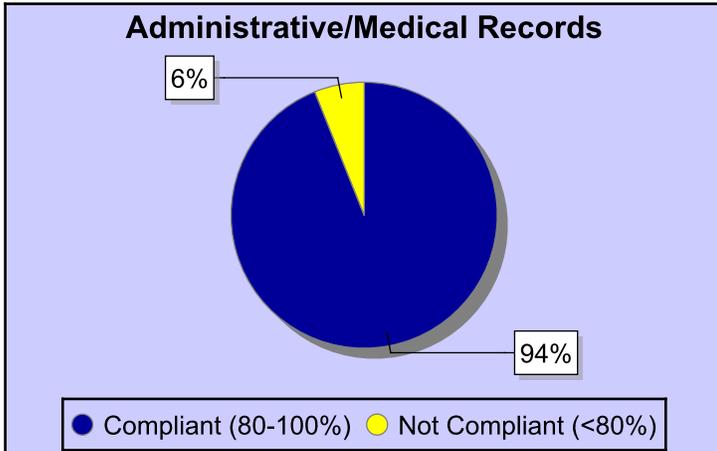
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Bell	32	32	100%	13	11	85%	21	12	57%	11	11	100%	14	14	100%	4	4	100%
Beto	33	31	94%	15	12	80%	37	14	38%	9	8	89%	16	12	75%	6	6	100%
Coffield	33	32	97%	13	7	54%	32	16	50%	11	11	100%	16	15	94%	7	7	100%
Daniel	30	30	100%	13	10	77%	21	15	71%	10	9	90%	14	14	100%	7	7	100%
Dominguez	32	31	97%	15	15	100%	26	16	62%	12	11	92%	16	13	81%	4	4	100%
Ney	31	31	100%	13	13	100%	23	14	61%	10	10	100%	12	12	100%	5	5	100%
Smith	33	32	97%	26	26	100%	36	27	75%	20	20	100%	25	19	76%	7	7	100%
Torres	31	31	100%	13	12	92%	18	11	61%	10	10	100%	2	1	50%	4	4	100%

n = number of applicable items audited.

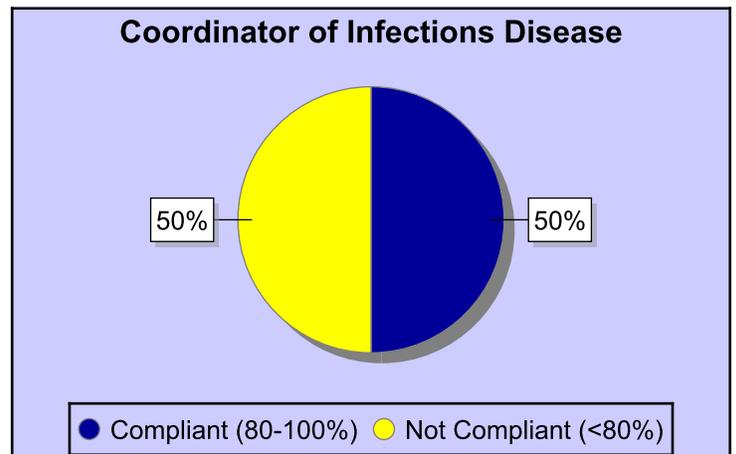
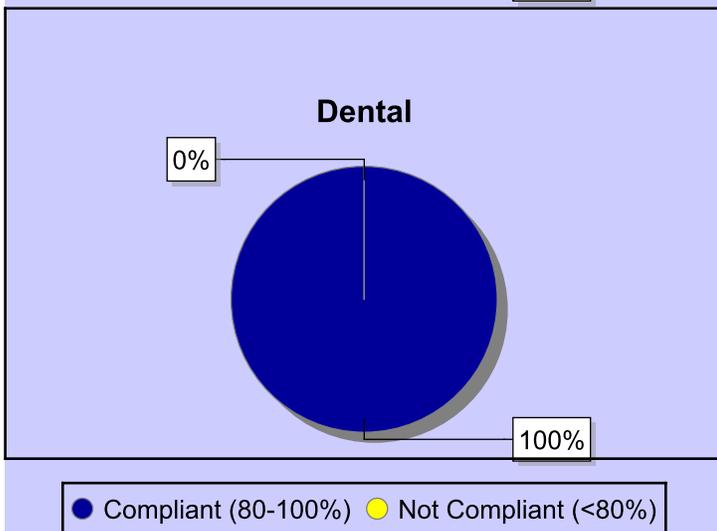
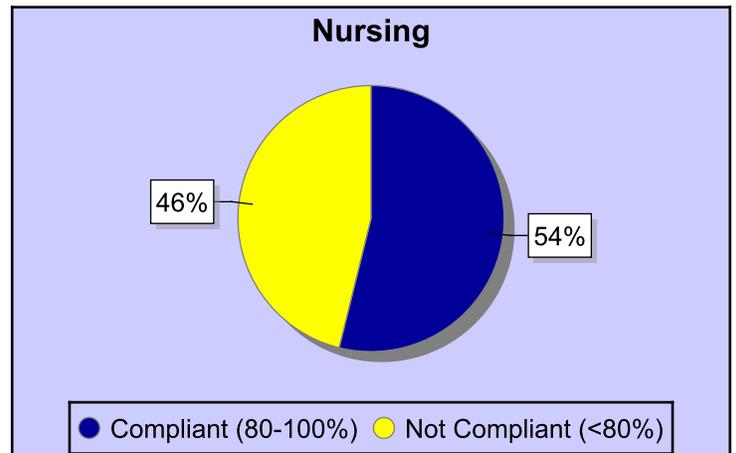
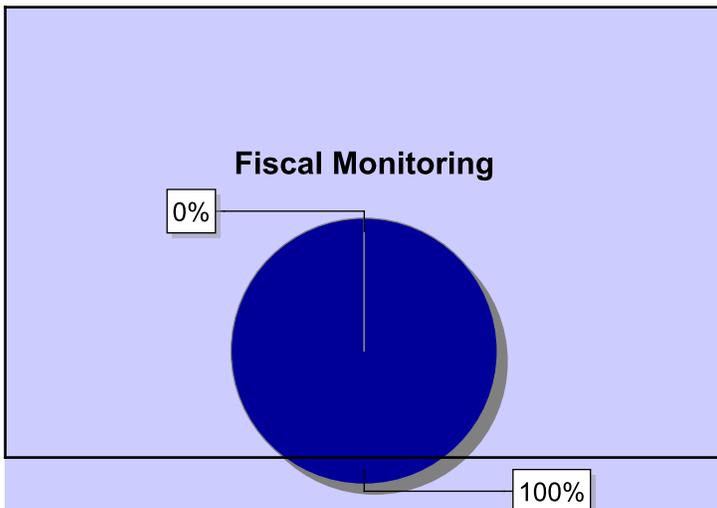
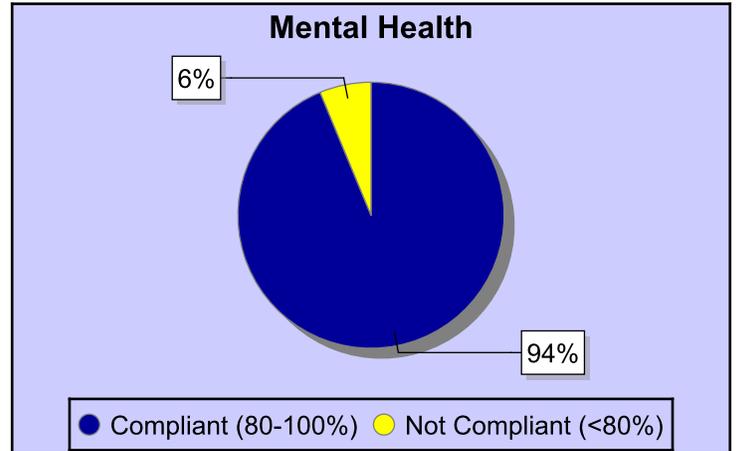
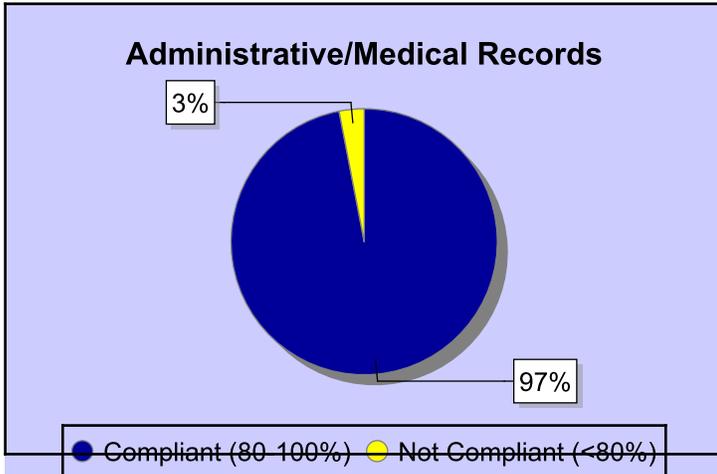
Compliance Rate By Operational Categories for BELL FACILITY November 01, 2023



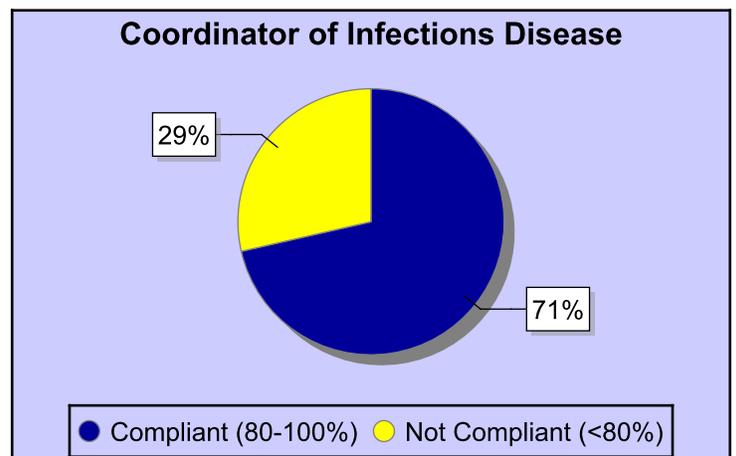
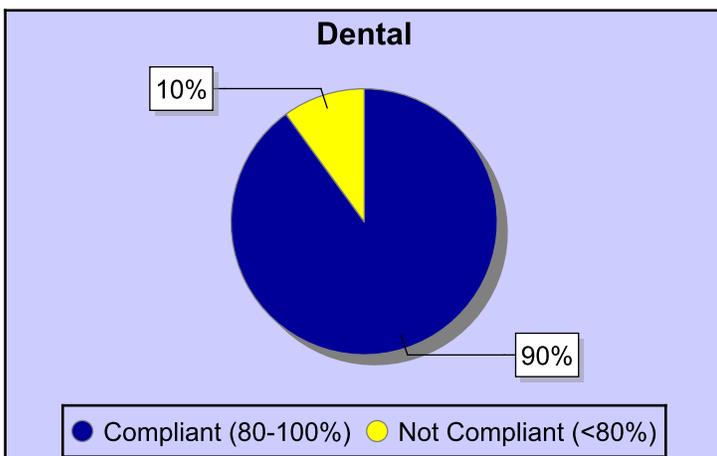
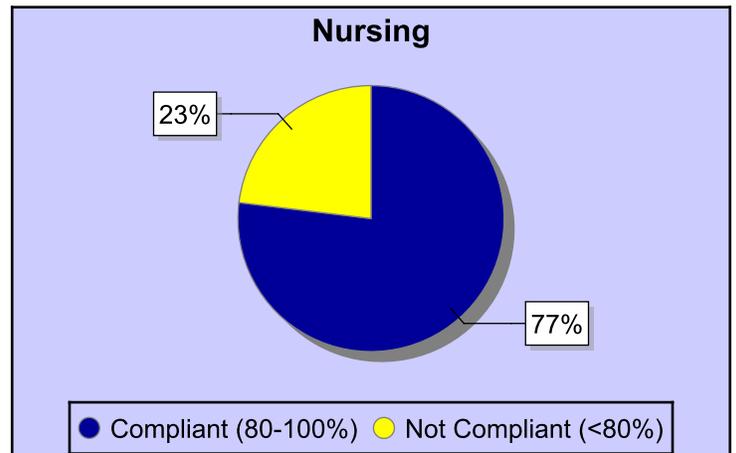
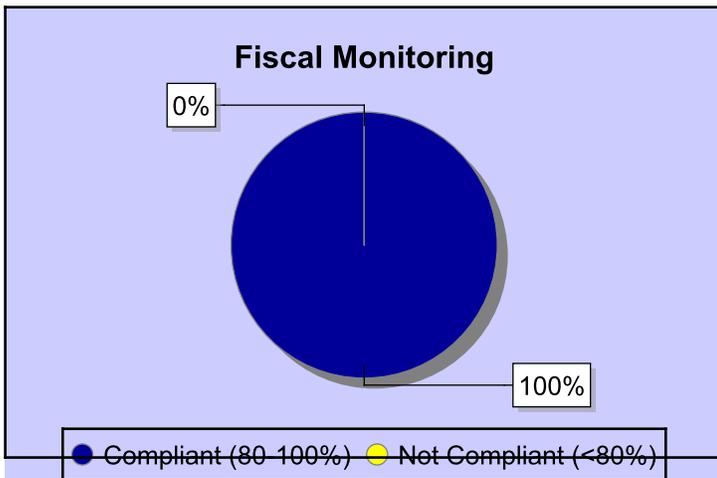
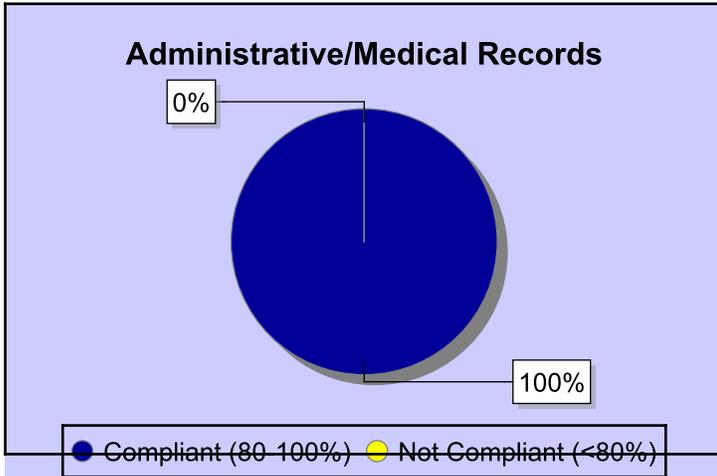
Compliance Rate By Operational Categories for BETO FACILITY October 10, 2023



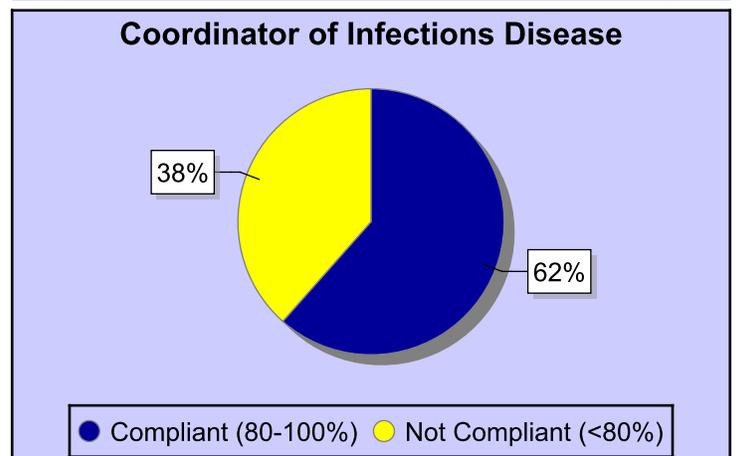
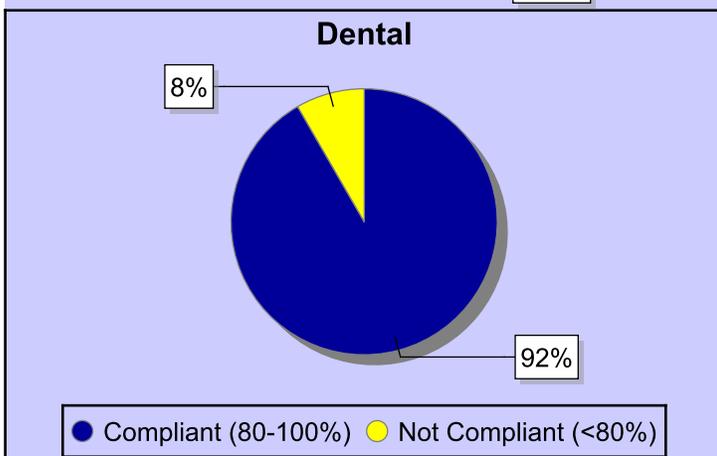
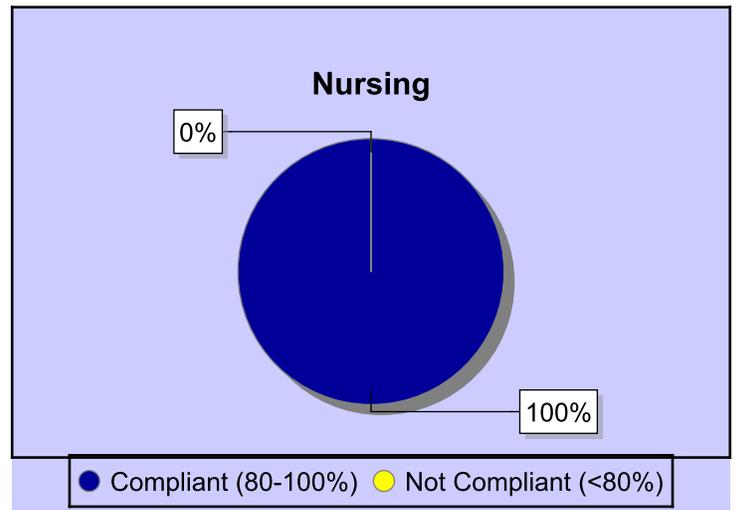
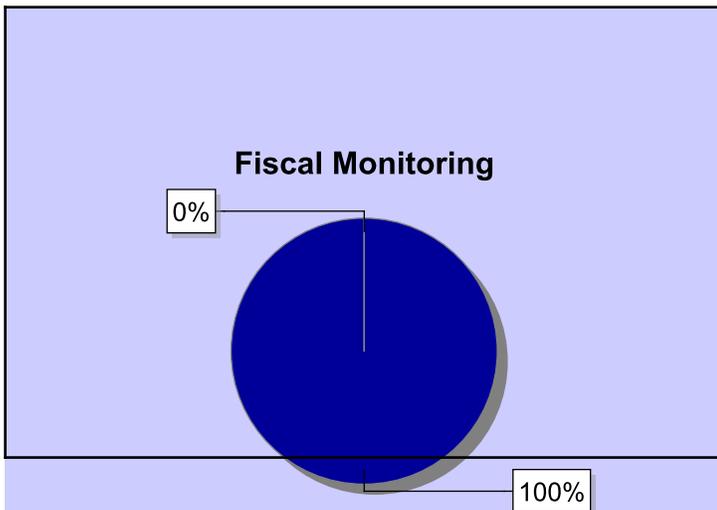
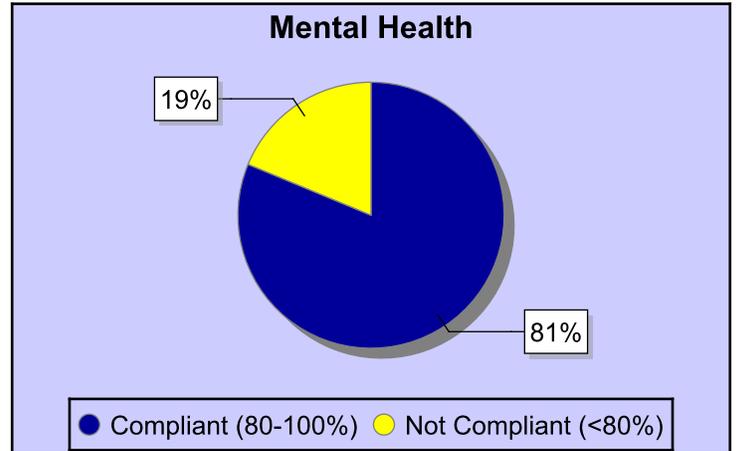
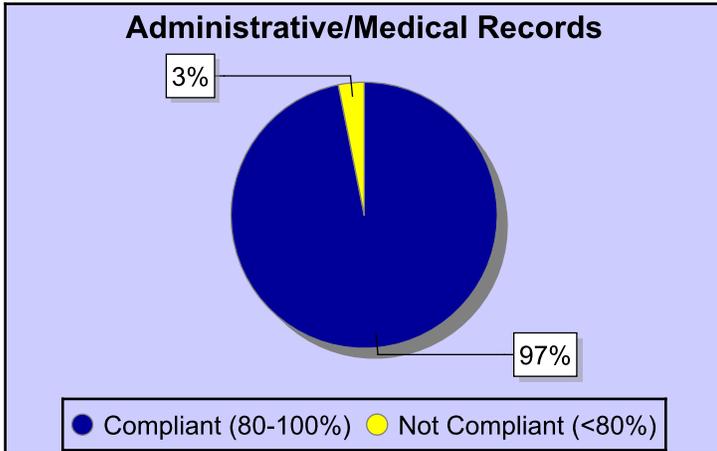
Compliance Rate By Operational Categories for COFFIELD FACILITY October 11, 2023



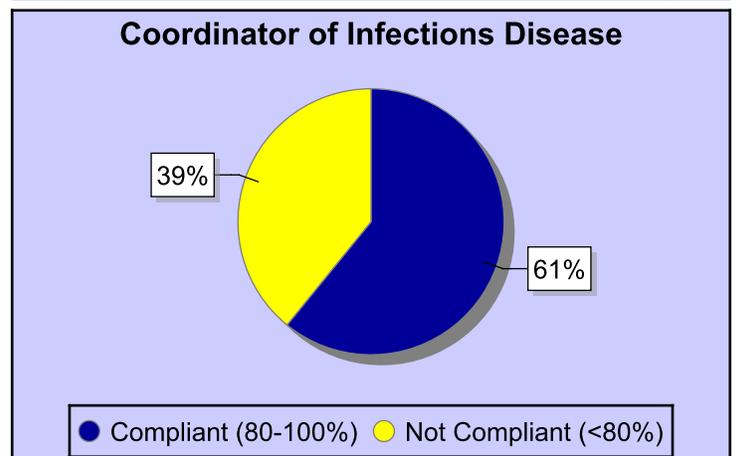
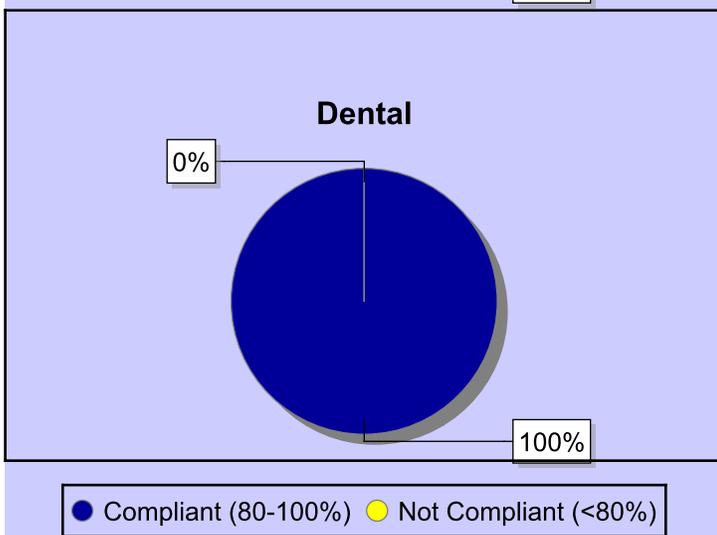
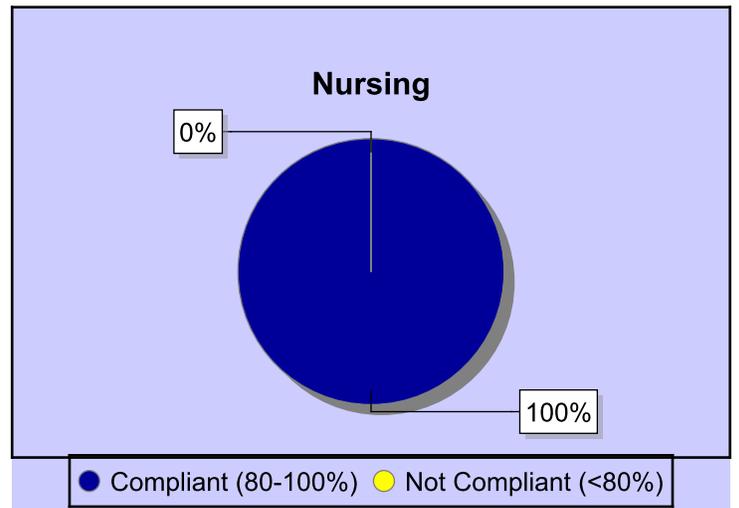
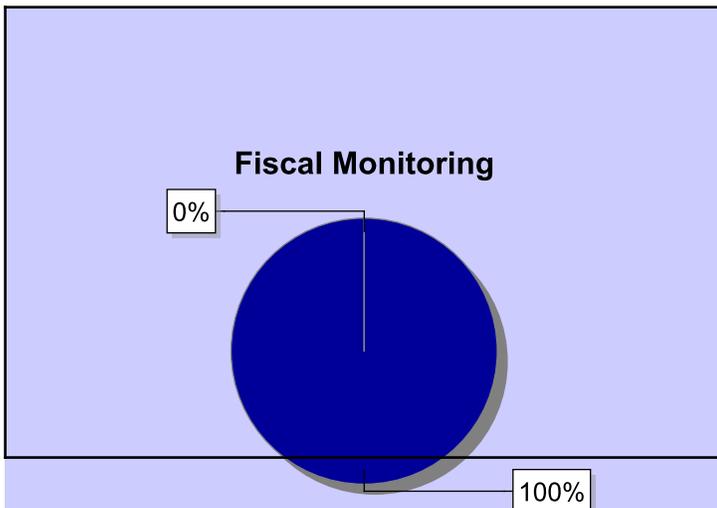
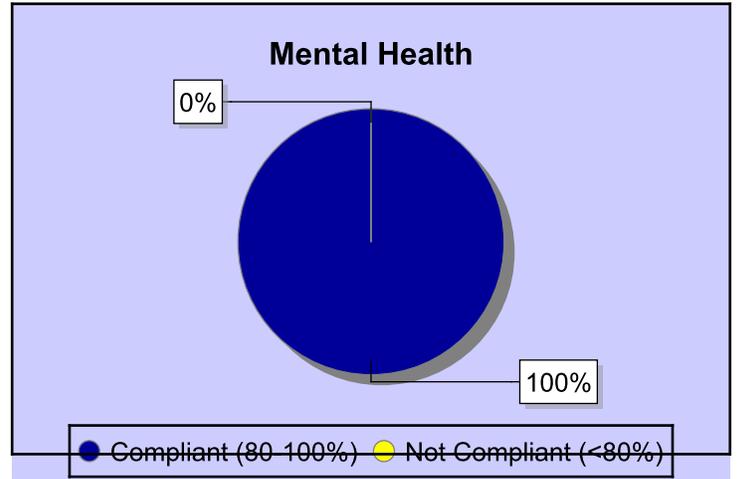
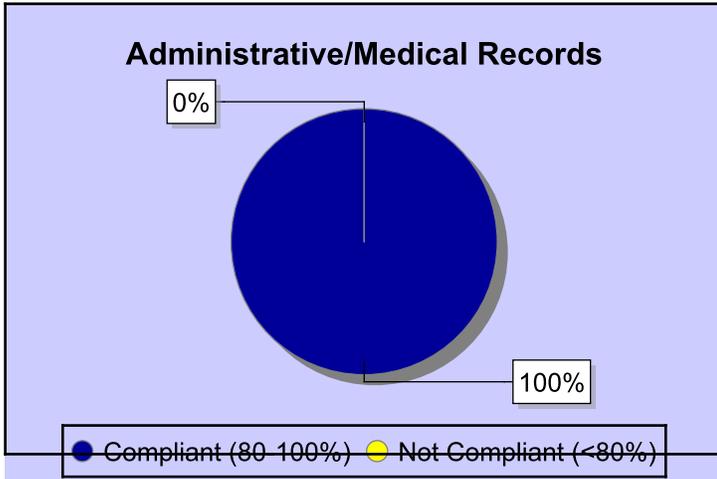
Compliance Rate By Operational Categories for DANIEL FACILITY September 07, 2023



Compliance Rate By Operational Categories for DOMINGUEZ FACILITY November 07, 2023

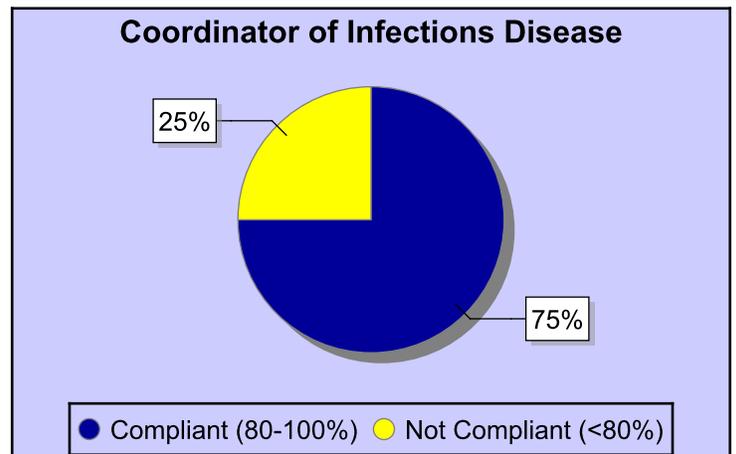
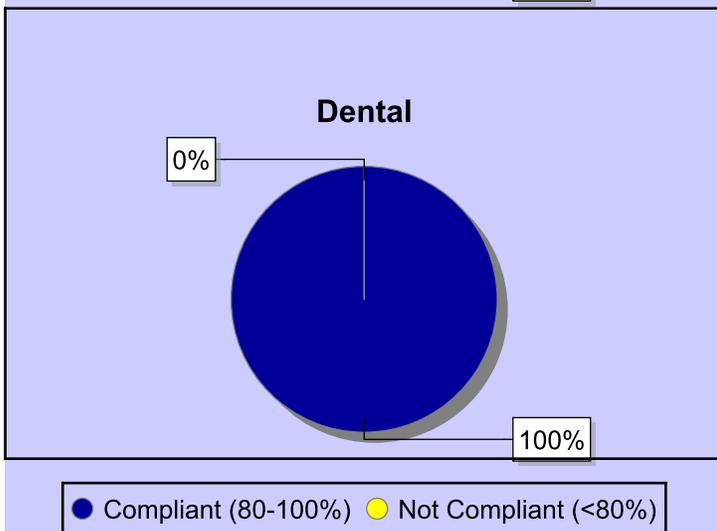
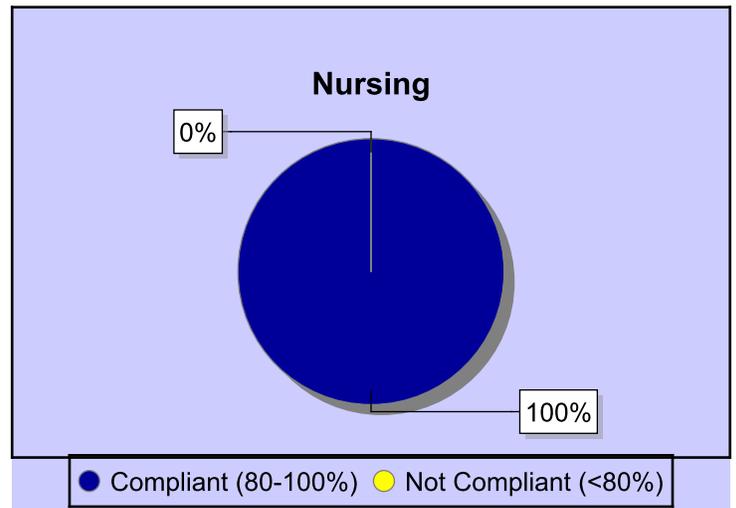
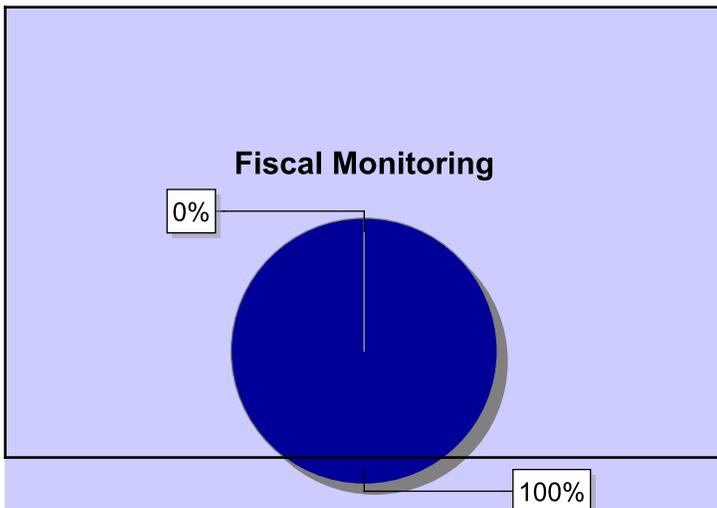
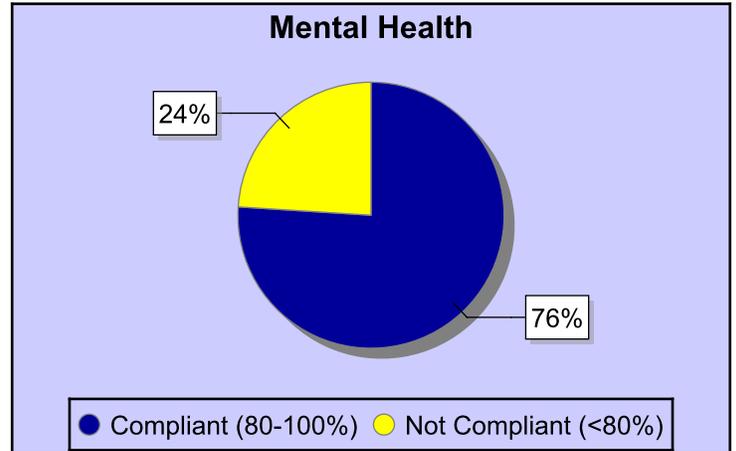
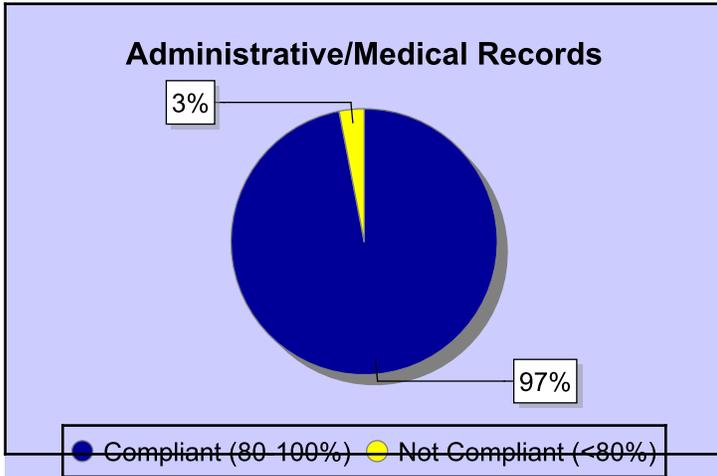


Compliance Rate By Operational Categories for NEY FACILITY November 06, 2023

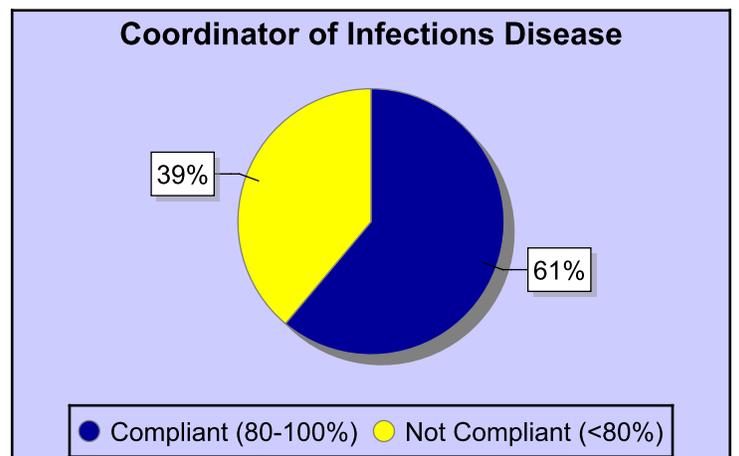
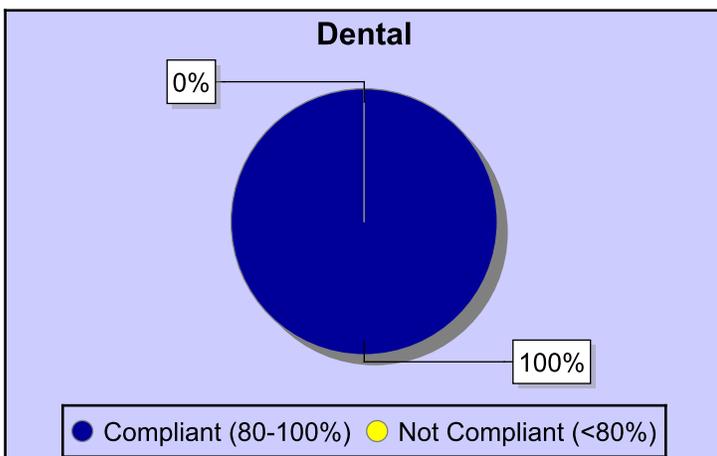
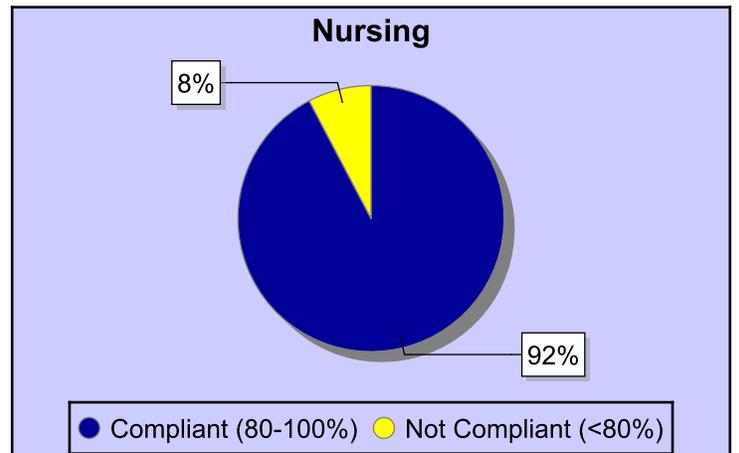
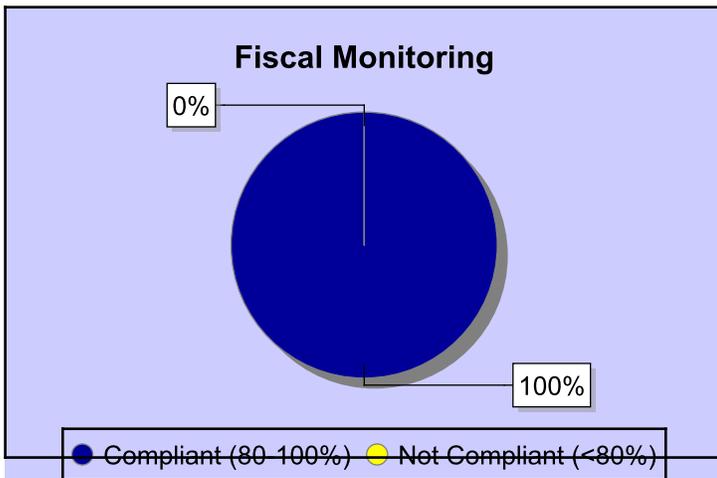
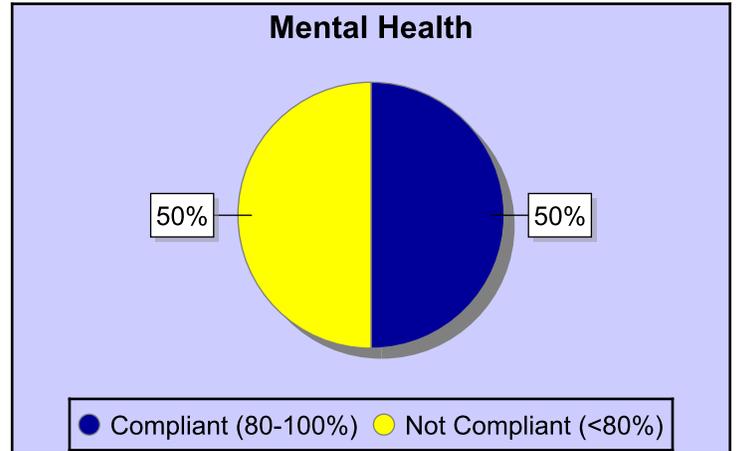
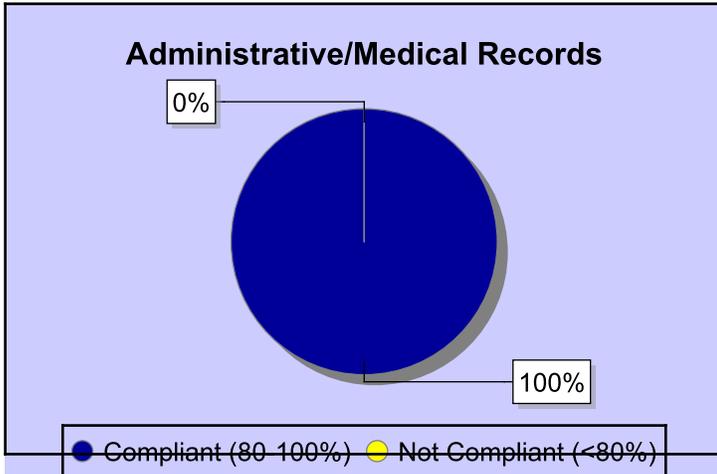


Compliance Rate By Operational Categories for SMITH FACILITY

September 06, 2023



Compliance Rate By Operational Categories for TORRES FACILITY November 07, 2023



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended Nov 30, 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. 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**
Cole	10	100	0	0
Telford	10	100	0	0
C. Moore	10	100	0	0
Garza West	10	100	0	0
Glossbrenner	10	100	0	0
Lindsey	10	100	0	0
Hutchins	10	100	0	0
Allred ECB	10	90	0	1
Byrd	10	80	2	0
McConnell	10	80	0	2
Johnston	10	70	2	1
Allred GP	10	70	1	2
Estes	10	70	2	1
Bridgeport	10	60	4	0
Lopez	10	60	3	1
Willacy	10	20	5	3

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

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 2024	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch- Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center- Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	213	199	24	12.06%	24	12.06%	0	0	0.00%	0
October	293	318	25	7.86%	23	7.55%	1	2	0.94%	1
November	178	186	17	9.14%	15	9.68%	3	2	2.00%	1
Totals:	684	703	66	9.39%	62	9.39%	4	4	0.85%	2

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2024	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch- Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center- Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	1,421	1,398	34	2.43%	31	3.36%	16	3	0.29%	1
October	1,420	1,457	18	1.24%	17	1.30%	2	1	0.14%	1
November	1,027	1,072	13	1.21%	13	1.77%	6	0	0.00%	0
Totals:	3,868	3,927	65	1.66%	61	2.16%	24	4	0.15%	2
GRAND TOTAL=	4,552	4,630	131	2.83%						

*QOC= Quality of Care

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

September 2023

Reportable Condition	2023	2022	2023	2022
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	1	6	36	34
Gonorrhea	0	3	5	14
Syphilis	248	256	3,178	1,885
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute [‡])	151	124	1,362	1,172
Human immunodeficiency virus (HIV) +, known at intake	212	164	1,751	1,077
HIV screens, intake	2,241	2,567	41,077	27,093
HIV +, intake	42	28	377	290
HIV screens, offender- and provider-requested	4	540	2,091	4,112
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,241	1,883	16,174	17,693
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	3	13	21
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	62	97	618	798
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	25	269	258
Occupational exposures of TDCJ staff	15	6	76	77
Occupational exposures of medical staff	0	4	31	22
HIV chemoprophylaxis initiation	7	4	44	36
Tuberculosis skin test (ie, PPD) +, intake	54	73	608	554
Tuberculosis skin test +, annual	22	15	152	192
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	2	1	7
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	1	2	3
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	0	7	19
Tuberculosis cases under management	18	17		
Peer education programs [¶]	0	0	91	91
Peer education educators ^{¶¶}	2	55	8,462	8,144
Peer education participants	2,575	2,581	39,751	28,102
Alleged assaults and chart reviews	86	85	884	847
Bloodborne exposure labs drawn on offenders	41	27	411	326
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

October 2023

Reportable Condition	2023	2022	2023	2022
	This Month	This Month	Year to Date*	Year to Date*
Chlamydia	7	5	44	39
Gonorrhea	2	2	7	16
Syphilis	370	350	3,612	2,235
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [£])	176	133	1,539	1,436
Human immunodeficiency virus (HIV) +, known at intake	266	174	2,017	1,251
HIV screens, intake	7,028	3,288	48,105	30,381
HIV +, intake	53	16	430	306
HIV screens, offender- and provider-requested	424	544	2,515	4,656
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	3,338	2,112	19,512	19,805
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	4	16	25
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	53	97	671	895
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	22	33	291	291
Occupational exposures of TDCJ staff	8	8	84	85
Occupational exposures of medical staff	1	2	32	24
HIV chemoprophylaxis initiation	3	4	47	40
Tuberculosis skin test (ie, PPD) +, intake	49	94	657	648
Tuberculosis skin test +, annual	25	16	177	208
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	1	8
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	2	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	0	10	19
Tuberculosis cases under management	21	18		
Peer education programs [†]	0	0	91	91
Peer education educators [∞]	9	71	8,471	8,215
Peer education participants	3,984	4,000	43,735	36,687
Alleged assaults and chart reviews	98	96	982	943
Bloodborne exposure labs drawn on offenders	35	37	446	363
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

November 2023

Reportable Condition	Reports			
	2023 This Month	2022 This Month	2023 Year to Date*	2022 Year to Date*
Chlamydia	8	5	53	44
Gonorrhea	0	1	7	17
Syphilis	295	166	3,954	2,401
Hepatitis A	0	0	1	0
Hepatitis B, acute	1	0	1	0
Hepatitis C, total and (acute [‡])	152	128	1,691	1,564
Human immunodeficiency virus (HIV) +, known at intake	182	125	2,199	1,376
HIV screens, intake	4,474	3,891	52,579	34,272
HIV +, intake	23	63	453	369
HIV screens, offender- and provider-requested	551	450	3,066	5,106
HIV +, offender- and provider-requested	1	0	1	1
HIV screens, pre-release	2,691	1,694	22,203	21,499
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	3	17	28
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	57	83	728	978
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	21	23	312	314
Occupational exposures of TDCJ staff	8	7	92	92
Occupational exposures of medical staff	2	2	34	26
HIV chemoprophylaxis initiation	5	4	52	44
Tuberculosis skin test (ie, PPD) +, intake	59	87	716	735
Tuberculosis skin test +, annual	21	18	198	226
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	8
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	2	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	1	10	12
Tuberculosis cases under management	27	24		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	18	30	8,487	8,245
Peer education participants	2,707	6,194	46,442	42,881
Alleged assaults and chart reviews	85	83	1,067	1,026
Bloodborne exposure labs drawn on inmates	33	33	479	396
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.

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‡ 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

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Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 1st Quarter of Fiscal Year 2024, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 382 hospital discharge and 62 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	21	2	9.52%	0	N/A	3	14.29%	0	N/A	6	28.57%
October	21	3	14.29%	0	N/A	2	9.52%	0	N/A	1	4.76%
November	24	7	29.17%	0	N/A	9	37.50%	0	N/A	6	25.00%
Total/Average	66	12	18.18%	0	N/A	14	21.21%	0	N/A	13	19.70%
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 Deficiencies)	
September	100	9	9.00%	0	N/A	18	18.00%	0	N/A	10	10.00%
October	99	18	18.18%	0	N/A	15	15.15%	1	1.01%	12	12.12%
November	27	8	29.63%	0	N/A	9	33.33%	0	N/A	7	25.93%
Total/Average	226	35	15.49%	0	N/A	42	18.58%	1	0.44%	29	12.83%
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 Deficiencies)	
September	30	13	43.33%	0	N/A	11	36.67%	0	N/A	10	33.33%
October	30	9	30.00%	0	N/A	5	16.67%	0	N/A	9	30.00%
November	30	12	40.00%	1	3.33%	11	36.67%	1	3.33%	11	36.67%
Total/Average	90	34	37.78%	1	1.11%	27	30.00%	1	1.11%	30	33.33%
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 Deficiencies)	
September	151	24	15.89%	0	N/A	32	21.19%	0	N/A	26	17.22%
October	150	132	88.00%	0	N/A	22	14.67%	1	0.67%	22	14.67%
November	81	27	33.33%	1	1.23%	29	35.80%	1	1.23%	24	29.63%
Total/Average	382	183	47.91%	1	0.26%	83	21.73%	2	0.52%	72	18.85%
Texas Tech Infirmiry 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 Deficiencies)	
September	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	15	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	10	4	40.00%	0	N/A	7	70.00%	0	N/A	9	90.00%
Total/Average	32	4	12.50%	0	N/A	7	21.88%	0	N/A	9	28.13%
UTMB Infirmiry 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 Deficiencies)	
September	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
October	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	30	1	3.33%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
September	17	1	5.88%	0	N/A	0	N/A	0	N/A	0	N/A
October	25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	20	4	20.00%	0	N/A	7	35.00%	0	N/A	9	45.00%
Total/Average	62	5	8.06%	0	N/A	7	11.29%	0	N/A	9	14.52%

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

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FIRST QUARTER, FISCAL YEAR 2024**

Sep-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Daniel	28	3	2	4
Smith	59	6	0	6

Oct-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Beto	125	1	4	9
Coffield	52	1	6	4

Nov-23	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bell	13	0	0	0
Dominguez	28	0	0	2
Ney	16	1	0	0
Torres	18	0	0	1

**CAPITAL ASSETS AUDIT
FIRST QUARTER, FISCAL YEAR 2024**

Audit Tools	September	October	November	Total
Total number of units audited	2	2	4	8
Total numbered property	87	177	75	339
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
First Quarter FY-2024**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Torres/Ney	September 18-20, 2023	100%	98.9%
Beto	October 16-18, 2023	100%	98.4%
Lopez/Segovia	October 16-18, 2023	100%	99.1%
Luther	October 23-25, 2023	100%	99.1%
Holliday	October 25-27, 2023	100%	98.8%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Jordan/Baten	September 25-27, 2023	100%	98.8%

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

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

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

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

1st Quarter FY 2024

Audits Conducted in September 2023, October 2023, November 2023

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record¹				
-------------	------------------------	----------------------------------------------------------------------------	--	--	--	--

		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	September 2023	0	0	NA	NA	NA
Wayne Scott	September 2023	14	14	14	100%	NA
Montford	September 2023	15	15	15	100%	NA
Skyview	September 2023	7	7	7	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	October 2023	0	0	NA	NA	NA
Wayne Scott	October 2023	6	6	6	100%	NA
Montford	October 2023	17	17	17	100%	NA
Skyview	October 2023	10	10	10	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November 2023	0	0	NA	NA	NA
Wayne Scott	November 2023	11	11	11	100%	NA
Montford	November 2023	19	19	19	100%	NA
Skyview	November 2023	7	7	7	100%	NA

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

1st Quarter of 2024

Reporting months– September 2023, October 2023, November 2023

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	40	20	4	20	20%
Byrd	46	19	12	27	63%
Dominguez	28	20	11	8	55%
East Texas	21	20	14	1	70%
Formby	38	20	18	18	90%
Garza West	38	20	2	18	10%
Gist	27	20	18	7	90%
Glossbrenner	41	20	18	21	90%
Halbert	27	20	17	7	85%
Holliday	48	20	11	28	55%
Hutchins	37	20	18	17	90%
Johnston	20	11	1	9	9%
Kegans	23	20	17	3	85%
Kyle	1	0	NA	NA	NA
Lindsey	41	20	0	21	0%
Lychner	28	20	18	8	90%
Middleton	45	20	14	25	70%
Plane	27	20	5	7	25%
Sanchez	35	20	18	15	90%
Sayle	37	20	19	17	95%
Travis	40	20	15	20	75%
Woodman	23	20	20	3	100%
GRAND TOTAL	711	410	270	300	

- 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.
- 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

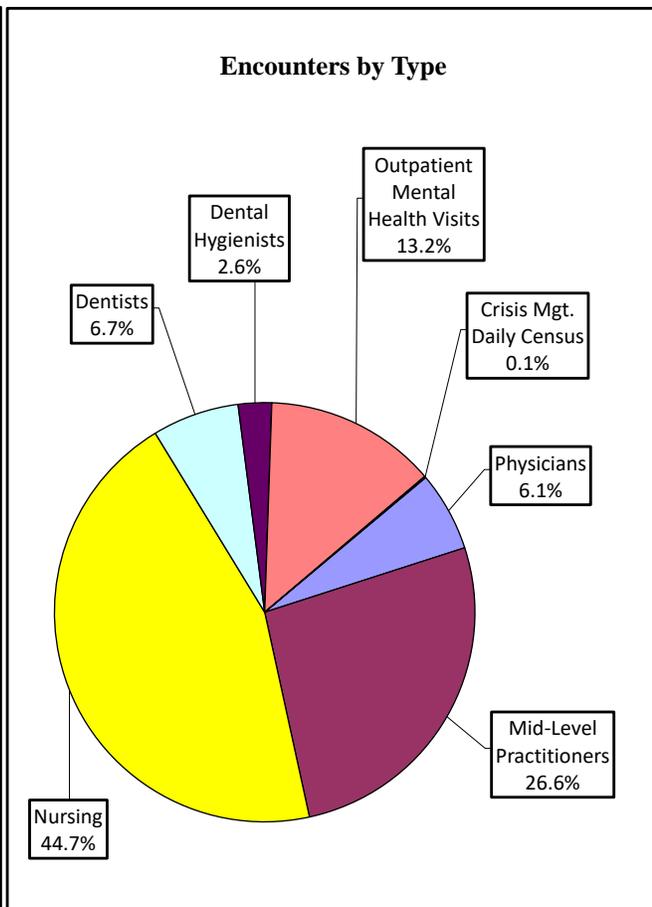
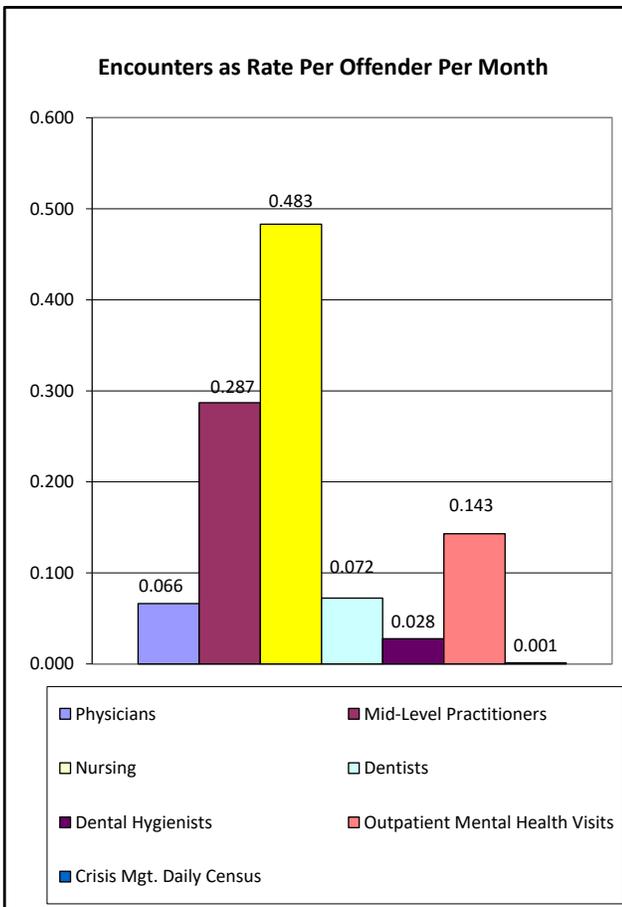
**1st Quarter
FY2024**

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1st Quarter

Medical Director's Report:

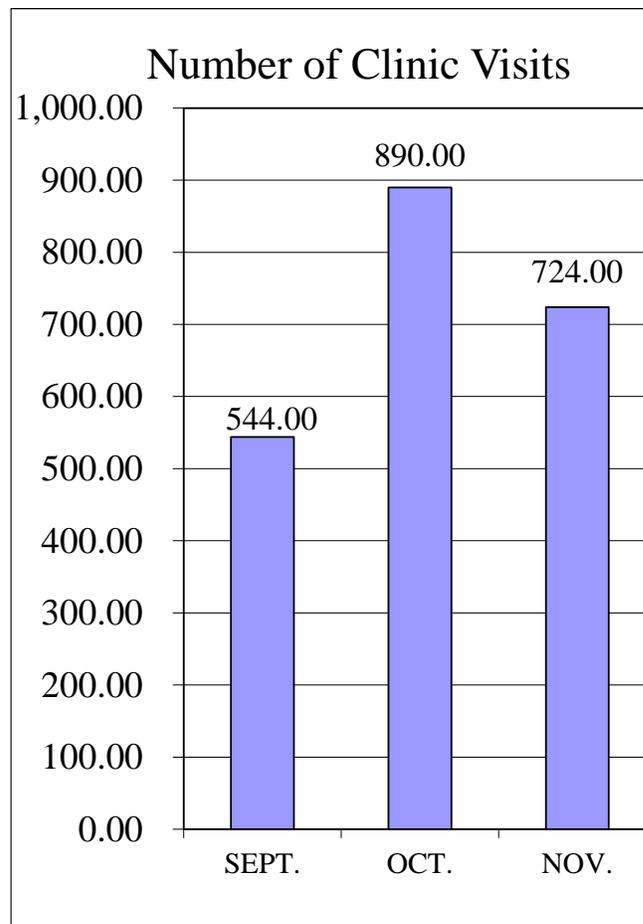
Average Population	SEPT.	OCT.	NOV.	Qtlly Average
	26,080.00	26,502.00	26,400.00	26,327.33
	Rate Per	Rate Per	Rate Per	Rate Per
	Number	Number	Number	Number
	Offender	Offender	Offender	Offender
Medical encounters				
Physicians	1,186	2,054	1,997	1,746
Mid-Level Practitioners	6,747	8,468	7,451	7,555
Nursing	11,960	13,446	12,750	12,719
Sub-total	19,893	23,968	22,198	22,020
Dental encounters				
Dentists	1,441	2,179	2,088	1,903
Dental Hygienists	381	968	840	730
Sub-total	1,822	3,147	2,928	2,632
Mental health encounters				
Outpatient Mental Health Visits	3,583	3,945	3,769	3,766
Crisis Mgt. Daily Census	33	33	28	31
Sub-total	3,616	3,978	3,797	3,797
Total encounters	25,331	31,093	28,923	28,449



1st Quarter

Medical Director's Report (Page 2):

	SEPT.	OCT.	NOV.	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	173.00	169.00	163.00	168.33
Number of Admissions	381.00	424.00	316.00	373.67
Number of Clinic Visits	544.00	890.00	724.00	719.33
Mental Health Inpatient Facilities				
Average Daily Census	374.00	331.00	330.00	345.00
PAMIO/MROP Census	418.00	418.00	435.00	423.67
Telemedicine Consults	1920	2,601	2,324	2,281.67



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

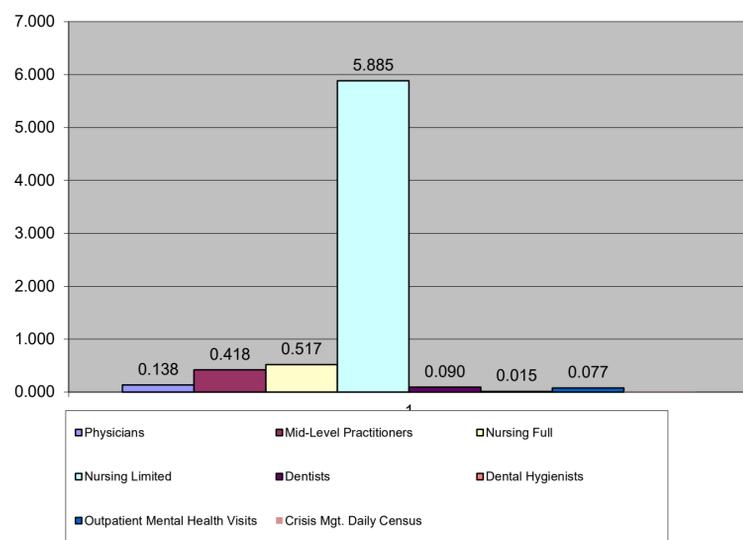
**First Quarter
FY 2024**

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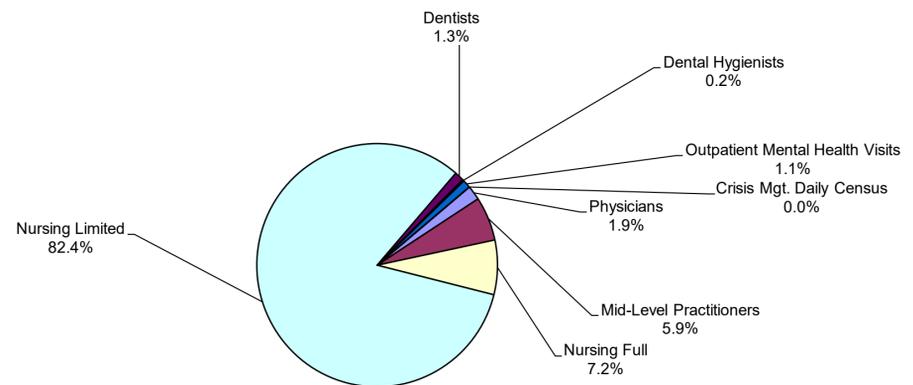
Medical Director's Report:

FY 24 First Quarter <i>Average Population</i>	Sep		Oct		Nov		Qtly Average	
	107,470		108,211		108,528		108,069	
	Number	Rate Per Inmate						
Medical encounters								
Physicians	14,107	0.131	15,870	0.147	14,614	0.135	14,864	0.138
Mid-Level Practitioners	39,326	0.366	50,554	0.467	45,654	0.421	45,178	0.418
Nursing Full	52,367	0.487	60,105	0.555	55,067	0.507	55,846	0.517
Nursing Limited	736,810	6.856	637,871	5.895	533,201	4.913	635,961	5.885
Sub-total	842,610	7.840	764,400	7.064	648,536	5.976	751,849	6.957
Dental Encounters								
Dentists	7,092	0.066	11,470	0.106	10,662	0.098	9,741	0.090
Dental Hygienists	924	0.009	1,924	0.018	2,057	0.019	1,635	0.015
Sub-total	8,016	0.075	13,394	0.124	12,719	0.117	11,376	0.105
Mental Health Encounters								
Outpatient Mental Health Visits	7,311	0.068	9,090	0.084	8,403	0.077	8,268	0.077
Crisis Mgt. Daily Census	72	0.001	71	0.001	12	0.000	52	0.000
Sub-total	7,383	0.069	9,161	0.085	8,415	0.078	8,320	0.077
Total encounters	858,009	7.984	786,955	7.272	669,670	6.170	771,545	7.139

Encounters as Rate Per Offender Per Month

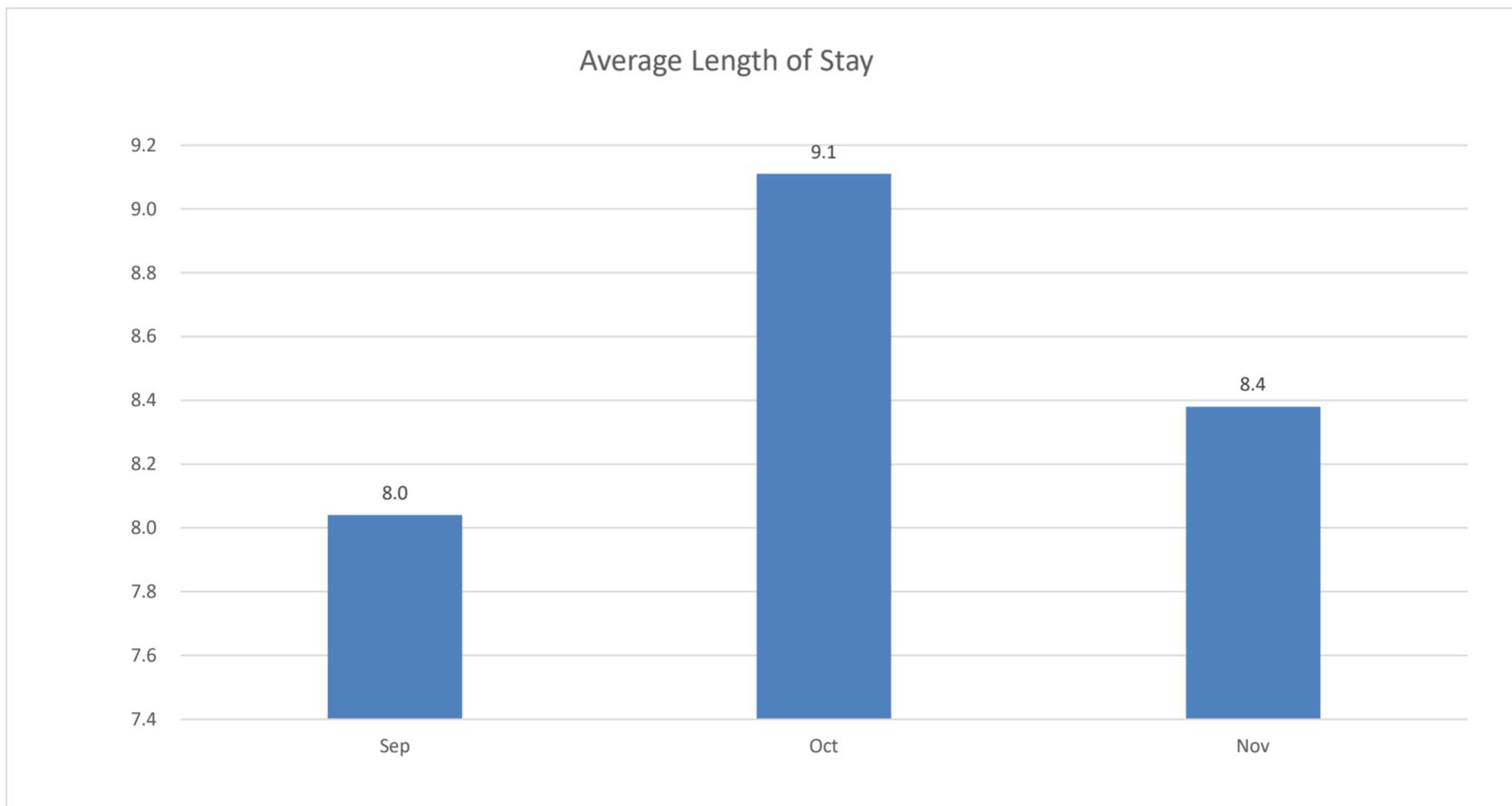


Encounters by Type



Medical Director's Report (Page 2):

FY 24	Sep	Oct	Nov	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	79.4	92.3	83.0	84.9
Number of Discharges	296	314	297	302
Average Length of Stay	8.0	9.1	8.4	8.5
Number of Clinic Visits	6,382	6,097	7,738	6,739
Mental Health Inpatient Facilities				
Average Daily Census	968.03	972.12	972.33	970.83
DDP Census	656.60	649.48	643.17	649.75
Telemedicine Consults	5,060	7,801	7,068	6,643.00



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 March 6, 2024, 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: February 8, 2024
This meeting was Cancelled due to an unexpected scheduling conflict
Rescheduled: TBD

Joint Policy and Procedure Committee

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: January 11, 2024

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

None

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

A-01.1	A-02.1	A-02.2	A-03.1	A-04.1	A-04.2	A-08.9	A-08.10
C-18.1	C-19.1	D-27.1	D-27.2	D-27.3	E-31.1	E-31.3	E-34.1
E-34.2	E-34.3	E-36.1	E-36.2	F-46.1	G-51.1	G-53.1	G-51.4
G-51.5	G-52.2	H-60.1*	H-60.4	I-66.1*	I-68.1	I-68.2	I-68.3
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
E-32.1	RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING	JUSTIN ROBISON
E-42.1-Att. A	EMERGENCY RESPONSE BAG INVENTORY LIST	BEVERLY ECHOLS

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

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Coley 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: January 11, 2024

- I. Approval of the Minutes from November 9, 2023, Meeting
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 1. Chest Pain, Acute
 2. Ischemic Heart Disease
 - a. Chronic Angina Patient Education
 3. Thyroid Disorders
 - a. Hypothyroid Patient Education
 - B. Psychiatry-Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Quarterly Audit Report (FY24 Q1)
 - C. Pharmacy Clinical Activity Report (FY24 YTD)
 - D. Drug Recalls (November 2023)
 - E. Non-formulary Deferral Reports
 1. UTMB Sector (September – November 2023)
 2. Texas Tech Sector (September – November 2023)
 - F. Utilization Reports (September – October 2023)
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - G. Special Reports-1st Quarter FY24
 1. Quarterly Medication Error Reports
 - a. UTMB Sector – FY24 Quarter 1
 - b. TT Sector – FY24 Quarter 2
 2. Pharmacy Dispensing Errors – FY24 Quarter 1

3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume – 1st Quarter FY24
 - a. TDCJ
 - b. UTMB Sector
 - c. TT Sector
 4. Pharmacy Diabetes Clinic Report – 1st Quarter FY24
 - a. UTMB Sector
 - b. TT Sector
 5. Pharmacy Warfarin Clinic Report – 1st Quarter FY24
 - a. UTMB Sector
 - b. TT Sector
 6. Pharmacy CKD Clinic Report – 1st Quarter FY24
 - a. UTMB Sector
 7. Pharmacy HTN Clinic Report – 1st Quarter FY24
 - a. UTMB Sector
 8. Pharmacy Medication Reconciliation – 3rd Quarter FY23 through 1st Quarter FY24
 - a. UTMB Sector
- IV. Old Business (none)
- V. New Business
- A. FDA Medication Safety Advisories
 - B. Respiratory Category Review
 - C. Analgesic Category Review
 - D. Long-Acting Injectable Antipsychotics MUE Proposal
 - E. Manufacturer Drug Shortages and Discontinuations
- VI. Miscellaneous
- A. Diphenhydramine and number of refills
 - B. Nonformulary Medications Policy and Procedure – 05-10
 - C. Pharmacy Emergency Preparedness Plan 01-10
- 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: February 8, 2024

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 – Vacant (Chris Black-Edwards or Jill Campbell)
- G. SANE-Kate Williams

Old Business:

None

New Business:

B-14.40 Infection Control in Dental Clinics and Dental Laboratories

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

B-14.01	B-14.02							
*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-14.03	Employee Testing	Candace Gore
2	B-14.04 & Attachment E	Prevention of Hepatitis B Virus (HBV) Infection in TDCJ Facilities	Candace Gore & Stephanie Zepeda
3	B-14.05 Attachment A-N	Occupational Exposure Counseling and Testing for TDCJ and CMHC Employees	Candace Gore
4	B-14.06	Management of Offender Bloodborne Exposures	Jill Campbell & Candace Gore
5	B-14.07 & Attachment A-E	Immunizations	Jill Campbell & Candace Gore
6	B-14.10	Tuberculosis	Jill Campbell & Candace Gore
7	B-14.11	Human Immunodeficiency Virus (HIV) Infection	Candace Gore & Stephanie Zepeda
8	B-14.40	Infection Control in Dental Clinics and Dental Laboratories	Armita Bushong, Billy Horton & Chad Fendley

Adjourn – The next meeting is scheduled for April 11, 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: January 10, 2024

- I. Call to Order
 - A. Minutes Confirmation
 1. Review of previous meeting minutes November 8, 2023
- II. Dental Policy Review
Continuing Business:
 - A. Dental Manual
- III. Dr. Armita Bushong
 - A. Expand on CMHC E-36.2 In-processing Inmates-Dental Examination, Classification, Education and Treatment
 - 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. Vacancy Report
 - B. Garza
 - C. Hughes escorts
 - D. ETTF
 - E. Dental Services Manual Review
 - F. Inmates returning from Bench Warrant
- V. Dr. Chad Fendley
 - A. TTUHSC vacancy report
 - B. TTUHSC monthly reporting and Aging report
 - C. TTUHSC dental services manual update
 - D. QA response-Allred
 - E. Tele dentistry
 - F. Contact units transitions
- VI. Dr. Pam Myers, Dental Hygiene Program Manager
- VII. Sector Updates
 - A. TDCJ
 - B. UTMB
 - C. TX Tech
- VIII. Round Table
- IX. Adjournment-The next meet will be held-to be determined

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 152 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October and November 2023. Of those 152 deaths, there were 2 cases that required a referral to peer review committees.

Peer Review Committee	Number of Cases Referred
Provider Peer Review	2
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	2

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: February 8, 2024

Old Business:

- Refusal of treatment-template for intake
- Dietary policy-Diet for health (DHF) snack*
- Hunger Strike Note Wizard for approval
- Mis housed/Transient Inmate-Reminder Import
- Regional Release Sites/Enroute Chain
- Pearl facilities-Units with GP and ECB
- BIMS scores (suicide risk stratification score)
- CMA documentation in Pearl

New Business:

- Nursing Clinic Note-Draft Revision*
- TDCJ AD-03.29 Att. A. Transport Authorization for Inmate Remains*
- Occupational Exposure Lab Request form
- Behavioral Intervention Report (section II., d.) *
- Restrictive Housing Multidisciplinary Committee
- COVID-19 Medical Isolation-Symptomatic Flowsheet*
- C-Collar EBP*
- Infection Control Policy B-14.10 Att. D.*

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

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Financial Report on Correctional Managed Health Care



Quarterly Report FY2024 First Quarter

September 2023 – November 2023

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First Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2024-25 General Appropriations Act, Article V, Rider 42, 88th Legislature, Regular Session 2023
- FY2024 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$392.6M
 - Strategy C.1.9, Hospital and Clinical Care, \$290.3M
 - Strategy C.1.10, Pharmacy Care, \$78.9M

<u>Method of Finance Summary</u>	<u>FY2024</u>
HB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 392,603,222
C.1.9. Hospital and Clinic Care	\$ 290,343,542
C.1.10. Pharmacy Care	\$ 78,949,633
TOTAL	\$ 761,896,397
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 320,897,664
C.1.9. Hospital and Clinic Care	\$ 245,584,360
C.1.10. Pharmacy Care	\$ 64,664,442
Subtotal UTMB	\$ 631,146,466
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 71,705,558
C.1.9. Hospital and Clinic Care	\$ 44,759,182
C.1.10. Pharmacy Care	\$ 14,285,191
Subtotal TTUHSC	\$ 130,749,931
TOTAL TO UNIVERSITY PROVIDERS	\$ 761,896,397
TOTAL ALLOCATED	\$ 761,896,397

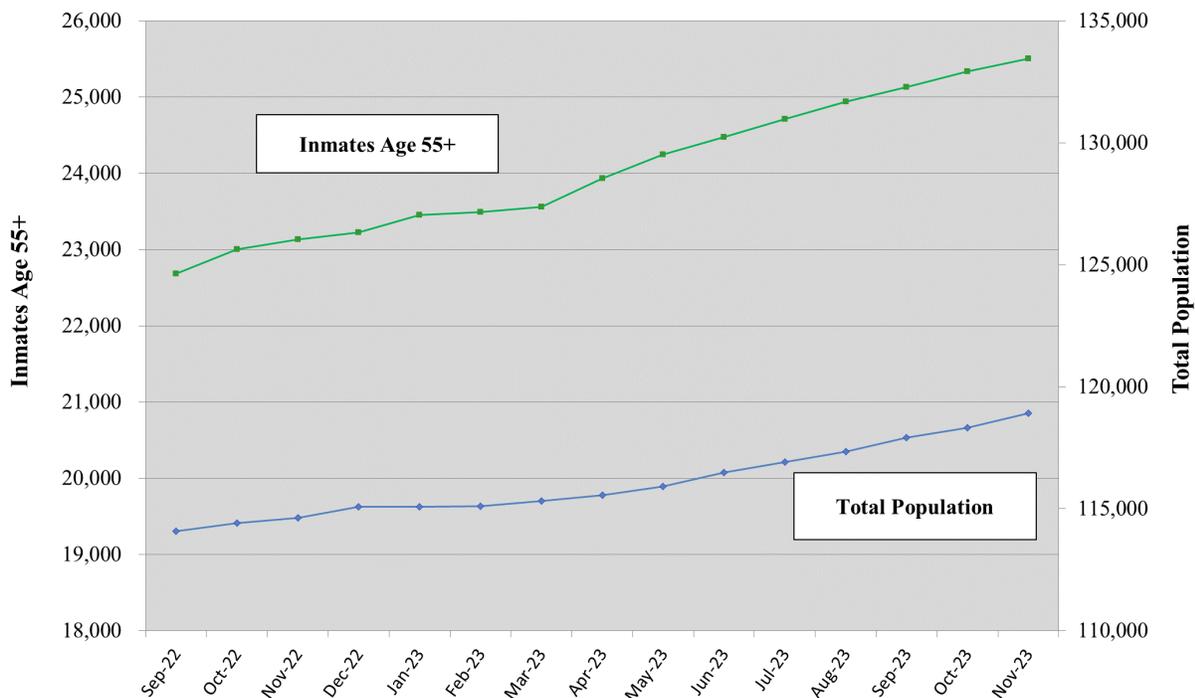
Population

- Overall inmate service population has increased 5.9% from FY2023
 - Average daily census through 1st quarter
 - FY2023: 125,435
 - FY2024: 132,894

- Inmates aged 55 or older population has increased 6.6% from FY2023
 - Average daily census through 1st quarter
 - FY2023: 19,401
 - FY2024: 20,685
 - While comprising about 15.6% of the overall service population, these inmates account for 50.6% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2024 average number of psychiatric inpatients through 1st quarter is 1,738, which decreased 4.3% from FY2023.
 - FY2023 average number of psychiatric outpatients through 1st quarter is 33,532, which increased 11.5% from FY2023.

CMHC Service Population



Health Care Costs

- Total expenditures through 1st quarter, FY2024: \$244.4M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$137.1M or 56.1% of total expenses
 - Hospital and Clinical Care - \$86.5M or 35.4% of total expenses
 - Pharmacy Services - \$20.8M or 8.5% of total expenses
 - HIV-related drugs: 32.1% of total drug costs
 - Hepatitis C drug therapies: 24.3% of total drug costs
 - Psychiatric drugs: 4.5% of total drug costs
 - All other drug costs: 39.1% of total drug costs
- Cost per inmate per day increased 15.2% from FY2023 to FY2024
 - Cost per inmate per day through 1st quarter FY2024:
 - FY2023: \$18.26
 - FY2024: \$20.21

Comparison of Total Health Care Costs

	FY20	FY21	FY22	FY23	FYTD 24 1st Qtr
Population					
UTMB	110,924	96,514	96,521	103,295	108,069
TTUHSC	27,533	24,282	24,214	24,638	24,824
Total	138,457	120,796	120,735	127,933	132,894
Expenses					
UTMB	\$641,412,379	\$627,901,731	\$643,994,605	\$717,213,452	\$210,496,760
TTUHSC	\$132,834,504	\$122,657,653	\$129,276,857	\$137,866,090	\$33,922,384
Total	\$774,246,883	\$750,559,384	\$773,271,463	\$855,079,543	\$244,419,143
Cost/Day					
UTMB	\$15.80	\$17.82	\$18.28	\$18.97	\$21.40
TTUHSC	\$13.18	\$13.84	\$14.63	\$15.29	\$15.02
Total	\$15.28	\$17.02	\$17.55	\$18.26	\$20.21

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

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Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 17,828,431	\$ 79,786,031	\$ 97,614,462
EMR Revenue Deferred to FY2024*	\$ -	\$ 14,390,917	\$ 14,390,917
State Reimbursement Benefits	\$ 2,810,421	\$ 15,590,375	\$ 18,400,796
Other Misc Revenue	\$ 11,527	\$ 8,521	\$ 20,048
C.1.8. Total Method of Finance	\$ 20,650,380	\$ 109,775,843	\$ 130,426,223
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 11,128,649	\$ 61,060,592	\$ 72,189,241
State Reimbursement Benefits	\$ 524,465	\$ -	\$ 524,465
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 11,653,115	\$ 61,060,592	\$ 72,713,707
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 3,551,783	\$ 16,077,771	\$ 19,629,554
State Reimbursement Benefits	\$ 28,536	\$ 603,460	\$ 631,996
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 3,580,319	\$ 16,681,231	\$ 20,261,550
TOTAL METHOD OF FINANCE	\$ 35,883,814	\$ 187,517,666	\$ 223,401,479

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 32,508,863	\$ 156,924,394	\$ 189,433,257
State Reimbursement Benefits	\$ 3,363,423	\$ 16,193,835	\$ 19,557,258
Other Misc Revenue	\$ 11,527	\$ 8,521	\$ 20,048
TOTAL METHOD OF FINANCE	\$ 35,883,814	\$ 187,517,666	\$ 223,401,479

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 20,775,494	\$ 116,308,214	\$ 137,083,708
C.1.9. Hospital & Clinical Care	\$ 10,112,423	\$ 76,412,462	\$ 86,524,884
C.1.10. Managed Health Care - Pharmacy	\$ 3,034,467	\$ 17,776,084	\$ 20,810,551
TOTAL EXPENDITURES	\$ 33,922,384	\$ 210,496,760	\$ 244,419,143

DIFFERENCE	\$ 1,961,430	\$ (22,979,094)	\$ (21,017,664)
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C.1.8. UNIT & PSYCHIATRIC CARE			
	TTUHSC	UTMB	Total
Method of Finance:			
TDCJ Appropriation	\$ 17,828,431	\$ 79,786,031	\$ 97,614,462
EMR Revenue Deferred to FY2024*	\$ -	\$ 14,390,917	\$ 14,390,917
State Reimbursement Benefits	\$ 2,810,421	\$ 15,590,375	\$ 18,400,796
Other Misc Revenue	\$ 11,527	\$ 8,521	\$ 20,048
TOTAL METHOD OF FINANCE	\$ 20,650,380	\$ 109,775,843	\$ 130,426,223
Expenditures:			
Unit Care			
Salaries	\$ 8,295,153	\$ 62,055,886	\$ 70,351,039
Benefits	\$ 2,598,633	\$ 16,876,349	\$ 19,474,981
Other Operating Expenses	\$ 1,038,558	\$ 6,297,261	\$ 7,335,819
Professional Services	\$ 899,932	\$ -	\$ 899,932
Contracted Units/Services	\$ 2,565,340	\$ -	\$ 2,565,340
Travel	\$ 77,530	\$ 457,002	\$ 534,533
Capitalized Equipment	\$ 32,837	\$ 14,578,257	\$ 14,611,094
Subtotal, Unit Care	\$ 15,507,984	\$ 100,264,755	\$ 115,772,739
Psychiatric Care			
Salaries	\$ 2,711,758	\$ 10,625,413	\$ 13,337,171
Benefits	\$ 713,531	\$ 2,602,612	\$ 3,316,143
Other Operating Expenses	\$ 71,436	\$ 93,779	\$ 165,215
Professional Services	\$ 1,261,418	\$ -	\$ 1,261,418
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 19,085	\$ 26,271	\$ 45,357
Subtotal, Psychiatric Care	\$ 4,777,229	\$ 13,348,076	\$ 18,125,305
Indirect Expenditures (Shared Services)	\$ 490,282	\$ 2,695,383	\$ 3,185,665
TOTAL EXPENDITURES	\$ 20,775,494	\$ 116,308,214	\$ 137,083,708
DIFFERENCE	\$ (125,114)	\$ (6,532,371)	\$ (6,657,485)

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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 11,128,649	\$ 61,060,592	\$ 72,189,241
State Reimbursement Benefits	\$ 524,465	\$ -	\$ 524,465
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 11,653,115	\$ 61,060,592	\$ 72,713,707
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 401,003	\$ 6,095,611	\$ 6,496,614
Community Provider Services	\$ 3,758,035	\$ 9,847,179	\$ 13,605,214
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,964,826	\$ 48,682,907	\$ 52,647,733
Estimated IBNR	\$ 1,682,521	\$ 9,741,663	\$ 11,424,184
Subtotal, Hospital & Clinical Care	\$ 9,806,385	\$ 74,367,359	\$ 84,173,744
Indirect Expenditures (Shared Services)	\$ 306,038	\$ 2,045,102	\$ 2,351,140
TOTAL EXPENDITURES	\$ 10,112,423	\$ 76,412,462	\$ 86,524,884
DIFFERENCE	\$ 1,540,692	\$ (15,351,870)	\$ (13,811,178)

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C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 3,551,783	\$ 16,077,771	\$ 19,629,554
State Reimbursement Benefits	\$ 28,536	\$ 603,460	\$ 631,996
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 3,580,319	\$ 16,681,231	\$ 20,261,550
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 132,637	\$ 2,313,927	\$ 2,446,565
Benefits	\$ 32,634	\$ 753,976	\$ 786,611
Other Operating Expenses	\$ 312,473	\$ 607,504	\$ 919,977
Pharmaceutical Purchases	\$ 2,456,701	\$ 13,631,030	\$ 16,087,730
Travel	\$ 2,348	\$ 10,038	\$ 12,386
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 2,936,793	\$ 17,316,476	\$ 20,253,269
Indirect Expenditures (Shared Services)	\$ 97,674	\$ 459,608	\$ 557,282
TOTAL EXPENDITURES	\$ 3,034,467	\$ 17,776,084	\$ 20,810,551
DIFFERENCE	\$ 545,852	\$ (1,094,853)	\$ (549,000)

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Key Population Indicators

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2023</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>FY2024</u>
Average Service Population	130,238	130,973	131,681	130,964	127,933	132,297	132,929	133,455	132,894	132,894
Population Age 55 and Over	20,074	20,215	20,351	20,214	19,759	20,533	20,665	20,856	20,685	20,685
<i>Percent of Total Population</i>	<i>15.4%</i>	<i>15.4%</i>	<i>15.5%</i>	<i>15.4%</i>	<i>15.4%</i>	<i>15.5%</i>	<i>15.5%</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.6%</i>
Key Treatment Populations, Month End										
Patients receiving HIV Treatment	1,781	1,793	1,808	1,794	1,709	1,812	1,857	1,856	1,842	1,842
Patients receiving Hep C Treatment	380	384	511	425	429	545	550	617	571	571
Patients Receiving Dialysis Treatment	220	217	220	219	222	223	227	225	225	56
Age 55 and Over	110	119	123	117	123	122	124	121	122	122
Under 55	110	98	97	102	100	101	103	104	103	103
Medical Inpatient Average Daily Census										
UTMB-Hospital Galveston	112	113	120	115	115	117	117	109	115	115
UTMB Community Hospitals	44	51	45	47	34	59	45	44	49	49
TTUHSC Community Hospitals	9	7	6	7	10	10	7	11	9	9
Medical Inpatient Average Daily Census	165	171	172	169	159	185	169	164	173	173
Medical Inpatient Discharges										
UTMB-Hospital Galveston	298	300	329	927	4,329	296	314	297	907	907
UTMB Community Hospitals	274	267	305	846	2,311	277	241	253	771	771
TTUHSC Community Hospitals	65	59	50	174	750	54	46	56	156	156
Medical Inpatient Discharges	637	626	684	1,947	7,390	627	601	606	1,834	1,834
Average Length of Stay (in days)										
UTMB - Hospital Galveston	7.84	8.54	8.51	8.30	7.92	8.04	9.11	8.38	8.51	8.51
UTMB Community Hospitals	4.81	5.96	4.60	5.12	5.42	6.32	5.76	5.20	5.76	5.76
TTUHSC Community Hospitals	5.75	5.34	4.60	5.23	4.97	4.75	4.85	4.20	4.60	4.60
Infirmary and Sheltered Housing Census, Month End										
UTMB Infirmary	566	580	560	569	564	562	570	575	569	569
UTMB Sheltered Housing	584	586	597	589	577	616	624	618	619	619
TTUHSC Infirmary	135	135	161	144	137	149	155	148	151	151
Infirmary and Sheltered Housing Census, Month End	1,285	1,301	1,318	1,301	1,277	1,327	1,349	1,341	1,339	1,339
<i>Percent of Capacity Filled</i>	<i>88.8%</i>	<i>90.0%</i>	<i>90.1%</i>	<i>89.6%</i>	<i>88.5%</i>	<i>91.5%</i>	<i>93.0%</i>	<i>91.2%</i>	<i>91.9%</i>	<i>91.9%</i>
Medical Outpatient Visits										
UTMB Specialty Clinics and ER Visits	7,749	7,430	9,139	8,106	7,357	7,053	7,905	6,918	7,292	7,292
TTUHSC Community Outpatient and ER Visits	3,263	3,207	3,809	3,426	3,186	2,628	3,692	3,473	3,264	3,264
Medical Outpatient Visits	11,012	10,637	12,948	11,532	10,543	9,681	11,597	10,391	10,556	10,556
Mental Health Inpatient Average Census										
UTMB Psychiatric Inpatient	978	973	953	968	999	968	972	972	971	971
TTUHSC Psychiatric Inpatient	877	864	768	836	828	792	744	767	768	768
Mental Health Inpatient Average Census	1,855	1,837	1,721	1,804	1,827	1,760	1,716	1,739	1,738	1,738
Mental Health Outpatient Caseload, Month End										
UTMB Psychiatric Outpatient	25,701	26,009	26,452	26,054	25,038	26,424	27,158	27,224	26,935	26,935
TTUHSC Psychiatric Outpatient	6,331	6,249	6,498	6,359	6,179	6,563	6,593	6,634	6,597	6,597
Mental Health Outpatient Caseload, Month End	32,032	32,258	32,950	32,413	31,217	32,987	33,751	33,858	33,532	33,532

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Key Budget Drivers (Cost)

	June	July	August	4th Quarter	FY2023	September	October	November	1st Quarter	FY2024			
Selected Drug Costs													
HIV Medications	\$ 1,897,545	\$ 1,336,002	\$ 1,856,839	\$ 5,090,386	\$ 19,122,398	\$ 1,589,525	\$ 1,696,295	\$ 1,878,550	\$ 5,164,369	\$ 5,164,369			
Hepatitis C Medications	\$ 816,524	\$ 925,438	\$ 1,388,808	\$ 3,130,770	\$ 11,739,794	\$ 1,224,172	\$ 1,315,505	\$ 1,362,041	\$ 3,901,718	\$ 3,901,718			
Psychiatric Medications	\$ 216,204	\$ 165,744	\$ 221,603	\$ 603,551	\$ 2,698,068	\$ 205,671	\$ 267,843	\$ 252,747	\$ 726,262	\$ 726,262			
All Other Drug Costs	\$ 1,840,704	\$ 2,069,633	\$ 1,528,086	\$ 5,438,422	\$ 22,028,463	\$ 2,046,651	\$ 2,231,956	\$ 2,016,775	\$ 6,295,382	\$ 6,295,382			
Total Drug Costs	\$ 4,770,977	\$ 4,496,817	\$ 4,995,336	\$ 14,263,129	\$ 55,588,723	\$ 5,066,019	\$ 5,511,599	\$ 5,510,113	\$ 16,087,730	\$ 16,087,730			
Dialysis													
Age 55 and Over	\$ 353,619	\$ 346,777	\$ 391,787	\$ 1,092,182	\$ 4,208,155	\$ 382,276	\$ 379,347	\$ 363,033	\$ 1,124,656	\$ 1,124,656			
UTMB	\$ 322,203	\$ 315,361	\$ 348,471	\$ 986,034	\$ 3,795,463	\$ 338,960	\$ 342,219	\$ 325,905	\$ 1,007,084	\$ 1,007,084			
TTUHSC	\$ 31,416	\$ 31,416	\$ 43,316	\$ 106,148	\$ 412,692	\$ 43,316	\$ 37,128	\$ 37,128	\$ 117,572	\$ 117,572			
Under 55	\$ 297,820	\$ 293,282	\$ 318,655	\$ 909,757	\$ 3,602,420	\$ 330,175	\$ 333,650	\$ 329,491	\$ 993,316	\$ 993,316			
UTMB	\$ 265,343	\$ 258,670	\$ 284,621	\$ 808,634	\$ 3,284,862	\$ 292,481	\$ 291,836	\$ 286,829	\$ 871,146	\$ 871,146			
TTUHSC	\$ 32,477	\$ 34,612	\$ 34,034	\$ 101,123	\$ 317,558	\$ 37,694	\$ 41,814	\$ 42,662	\$ 122,170	\$ 122,170			
Total Dialysis	\$ 651,439	\$ 640,059	\$ 710,442	\$ 2,001,940	\$ 7,810,575	\$ 712,450	\$ 712,997	\$ 692,524	\$ 2,117,972	\$ 2,117,972			
Offsite Hospital Services													
Age 55 and Over	\$ 12,714,291	\$ 14,107,161	\$ 15,946,412	\$ 42,767,865	49.2%	\$ 155,585,582	51.6%	\$ 11,598,635	\$ 12,979,550	\$ 14,100,133	\$ 38,678,318	\$ 38,678,318	50.6%
UTMB	\$ 11,167,976	\$ 12,285,042	\$ 14,749,450	\$ 38,202,468	\$ 143,399,072	\$ 11,003,197	\$ 12,759,962	\$ 13,930,407	\$ 37,693,566	\$ 37,693,566			
TTUHSC	\$ 1,546,315	\$ 1,822,119	\$ 1,196,963	\$ 4,565,397	\$ 12,186,510	\$ 595,438	\$ 219,589	\$ 169,725	\$ 984,752	\$ 984,752			
Under 55	\$ 13,244,096	\$ 14,326,833	\$ 16,520,144	\$ 44,091,073	50.8%	\$ 145,721,274	48.4%	\$ 11,985,914	\$ 14,580,712	\$ 11,177,566	\$ 37,744,192	\$ 37,744,192	49.4%
UTMB	\$ 11,554,702	\$ 11,411,943	\$ 14,166,165	\$ 37,132,810	\$ 128,197,302	\$ 10,899,690	\$ 12,818,717	\$ 11,034,537	\$ 34,752,944	\$ 34,752,944			
TTUHSC	\$ 1,689,394	\$ 2,914,890	\$ 2,353,978	\$ 6,958,262	\$ 17,523,972	\$ 1,086,224	\$ 1,761,995	\$ 143,029	\$ 2,991,248	\$ 2,991,248			
Total Offsite Hospital Services	\$ 25,958,388	\$ 28,433,994	\$ 32,466,556	\$ 86,858,938	\$ 301,306,857	\$ 23,584,549	\$ 27,560,263	\$ 25,277,699	\$ 76,422,510	\$ 76,422,510			
C.1.8. Salaries/Agency Nursing/Overtime													
UTMB													
Salaries	\$ 16,838,706	\$ 17,025,085	\$ 17,253,276	\$ 51,117,067	\$ 200,493,701	\$ 19,119,911	\$ 19,324,399	\$ 19,595,312	\$ 58,039,622	\$ 58,039,622			
Agency Nursing	\$ 2,410,457	\$ 2,678,388	\$ 2,722,848	\$ 7,811,693	\$ 31,991,822	\$ 2,683,371	\$ 3,855,907	\$ 3,177,153	\$ 9,716,431	\$ 9,716,431			
Overtime	\$ 1,395,914	\$ 1,514,162	\$ 1,515,258	\$ 4,425,334	\$ 16,536,054	\$ 1,628,581	\$ 1,704,408	\$ 1,592,257	\$ 4,925,246	\$ 4,925,246			
UTMB Total	\$ 20,645,077	\$ 21,217,634	\$ 21,491,382	\$ 63,354,094	\$ 249,021,577	\$ 23,431,863	\$ 24,884,714	\$ 24,364,722	\$ 72,681,299	\$ 72,681,299			
TTUHSC													
Salaries	\$ 3,305,618	\$ 3,286,245	\$ 3,581,863	\$ 10,173,726	\$ 39,220,449	\$ 3,477,029	\$ 3,641,892	\$ 3,692,073	\$ 10,810,993	\$ 10,810,993			
Agency Nursing	\$ 306,871	\$ 657,895	\$ 457,721	\$ 1,422,487	\$ 5,007,472	\$ 403,940	\$ 254,014	\$ 418,195	\$ 1,076,149	\$ 1,076,149			
Overtime	\$ 49,125	\$ 73,836	\$ 57,159	\$ 180,119	\$ 737,432	\$ 76,312	\$ 62,330	\$ 57,276	\$ 195,918	\$ 195,918			
TTUHSC Total	\$ 3,661,614	\$ 4,017,975	\$ 4,096,743	\$ 11,776,333	\$ 44,965,353	\$ 3,957,281	\$ 3,958,236	\$ 4,167,544	\$ 12,083,060	\$ 12,083,060			
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 24,306,692	\$ 25,235,610	\$ 25,588,125	\$ 75,130,426	\$ 293,986,930	\$ 27,389,144	\$ 28,842,950	\$ 28,532,266	\$ 84,764,360	\$ 84,764,360			
FTEs													
UTMB	2,750.7	2,794.8	2,798.7	2,781.4	2,772.8	2,807.6	2,840.1	2,857.1	2,835.0	2,835.0			
TTUHSC	699.9	693.9	709.0	700.9	693.2	729.4	723.6	724.3	725.7	725.7			
Total FTEs	3,450.6	3,488.6	3,507.7	3,482.3	3,466.1	3,537.0	3,563.7	3,581.4	3,560.7	3,560.7			
Key Occupational Categories, Percent Filled													
UTMB													
Nursing	79.1%	80.4%	80.5%	80.0%	79.7%	79.3%	80.3%	80.7%	80.1%	80.1%			
Mental Health	71.2%	72.1%	71.9%	71.7%	72.7%	72.2%	73.2%	73.9%	73.1%	73.1%			
Mental Health	77.5%	78.9%	79.7%	78.7%	77.5%	77.7%	80.8%	81.9%	80.1%	80.1%			
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	84.2%	86.9%	86.8%	85.9%	86.5%	88.2%	89.2%	89.2%	88.9%	88.9%			
Dental	87.6%	88.5%	88.5%	88.2%	89.3%	89.8%	91.0%	91.0%	90.6%	90.6%			
Pharmacy	92.3%	95.8%	97.9%	95.3%	93.1%	95.1%	94.4%	94.4%	94.6%	94.6%			
Other Positions	90.7%	92.1%	92.2%	91.7%	89.2%	87.2%	87.2%	87.4%	87.3%	87.3%			
TTUHSC													
Nursing	69.2%	68.5%	70.1%	69.3%	69.0%	72.1%	71.5%	71.6%	71.7%	71.7%			
Mental Health	60.5%	60.7%	62.0%	61.1%	60.6%	62.7%	62.7%	63.4%	62.9%	62.9%			
Mental Health	65.9%	61.5%	63.9%	63.8%	65.7%	68.7%	67.1%	67.9%	67.9%	67.9%			
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	76.8%	76.8%	76.8%	76.8%	73.0%	78.6%	78.6%	76.8%	78.0%	78.0%			
Dental	83.5%	83.5%	82.1%	83.1%	83.9%	85.0%	86.4%	86.4%	85.9%	85.9%			
Pharmacy	77.2%	77.2%	99.9%	84.8%	96.4%	100.8%	100.8%	100.8%	100.8%	100.8%			
Other Positions	85.3%	84.2%	87.0%	85.5%	85.2%	90.6%	88.1%	86.6%	88.4%	88.4%			

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2024

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/19/2023
REVENUE:						
TDCJ Appropriation	\$ 32,508,863				\$ 32,508,863	\$ 130,749,931
State Reimbursement Benefits	\$ 3,363,423				\$ 3,363,423	\$ 13,453,693
Other Misc Revenue	\$ 11,527				\$ 11,527	\$ 2,109
TOTAL REVENUES	\$ 35,883,814	\$ -	\$ -	\$ -	\$ 35,883,814	\$ 144,205,733

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 8,295,153				\$ 8,295,153	\$ 35,580,612
Benefits	\$ 2,598,633				\$ 2,598,633	\$ 11,146,381
Other Operating Expenses	\$ 1,038,558				\$ 1,038,558	\$ 4,319,234
Professional Services	\$ 899,932				\$ 899,932	\$ 3,599,729
Contracted Units/Services	\$ 2,565,340				\$ 2,565,340	\$ 11,913,610
Travel	\$ 77,530				\$ 77,530	\$ 310,122
Capitalized Equipment	\$ 32,837				\$ 32,837	\$ 1,531,347
Subtotal, Unit Care Expenditures	\$ 15,507,984	\$ -	\$ -	\$ -	\$ 15,507,984	\$ 68,401,034
Psychiatric Care Expenditures						
Salaries	\$ 2,711,758				\$ 2,711,758	\$ 11,647,033
Benefits	\$ 713,531				\$ 713,531	\$ 3,064,623
Other Operating Expenses	\$ 71,436				\$ 71,436	\$ 285,745
Professional Services	\$ 1,261,418				\$ 1,261,418	\$ 5,045,673
Travel	\$ 19,085				\$ 19,085	\$ 76,341
Subtotal, Psychiatric Care Expenditures	\$ 4,777,229	\$ -	\$ -	\$ -	\$ 4,777,229	\$ 20,119,415
Total Expenditures, Unit & Psychiatric Care	\$ 20,285,212	\$ -	\$ -	\$ -	\$ 20,285,212	\$ 88,520,449

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 401,003				\$ 401,003	\$ 1,789,000
Freeworld Provider Services	\$ 3,758,035				\$ 3,758,035	\$ 19,550,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,964,826				\$ 3,964,826	\$ 17,257,123
Estimated IBNR	\$ 1,682,521				\$ 1,682,521	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,806,385	\$ -	\$ -	\$ -	\$ 9,806,385	\$ 38,596,921

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 132,637				\$ 132,637	\$ 530,549
Benefits	\$ 32,634				\$ 32,634	\$ 130,537
Other Operating Expenses	\$ 312,473				\$ 312,473	\$ 1,249,891
Pharmaceutical Purchases	\$ 2,456,701				\$ 2,456,701	\$ 10,626,803
Travel	\$ 2,348				\$ 2,348	\$ 9,392
Capitalized Equipment	\$ -				\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,936,793	\$ -	\$ -	\$ -	\$ 2,936,793	\$ 12,547,172

Indirect Expenditures (Shared Services)	\$ 893,994				\$ 893,994	\$ 3,595,623
TOTAL EXPENDITURES	\$ 33,922,384	\$ -	\$ -	\$ -	\$ 33,922,384	\$ 143,260,165
DIFFERENCE	\$ 1,961,430	\$ -	\$ -	\$ -	\$ 1,961,430	\$ 945,568

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2024

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/20/2023
REVENUE:						
TDCJ Appropriation	\$ 156,924,394				\$ 156,924,394	\$ 631,146,466
EMR Revenue Deferred to FY2024*	\$ 14,390,917				\$ 14,390,917	\$ 14,883,138
State Reimbursement Benefits	\$ 16,193,835				\$ 16,193,835	\$ 65,131,247
Other Misc Revenue	\$ 8,521				\$ 8,521	\$ 34,270
TOTAL REVENUES	\$ 187,517,666	\$ -	\$ -	\$ -	\$ 187,517,666	\$ 711,195,120

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 62,055,886				\$ 62,055,886	\$ 249,587,409
Benefits	\$ 16,876,349				\$ 16,876,349	\$ 67,876,303
Other Operating Expenses	\$ 6,297,261				\$ 6,297,261	\$ 26,593,404
Professional Services	\$ -				\$ -	\$ -
Contracted Units/Services	\$ -				\$ -	\$ -
Travel	\$ 457,002				\$ 457,002	\$ 1,838,054
Capitalized Equipment	\$ 14,578,257				\$ 14,578,257	\$ 18,679,653
Subtotal, Unit Care Expenditures	\$ 100,264,755	\$ -	\$ -	\$ -	\$ 100,264,755	\$ 364,574,823
Psychiatric Care Expenditures						
Salaries	\$ 10,625,413				\$ 10,625,413	\$ 42,735,179
Benefits	\$ 2,602,612				\$ 2,602,612	\$ 10,467,648
Other Operating Expenses	\$ 93,779				\$ 93,779	\$ 377,178
Professional Services	\$ -				\$ -	\$ -
Travel	\$ 26,271				\$ 26,271	\$ 105,663
Subtotal, Psychiatric Care Expenditures	\$ 13,348,076	\$ -	\$ -	\$ -	\$ 13,348,076	\$ 53,685,668
Total Expenditures, Unit & Psychiatric Care	\$ 113,612,831	\$ -	\$ -	\$ -	\$ 113,612,831	\$ 418,260,491

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,095,611				\$ 6,095,611	\$ 27,235,175
Freeworld Provider Services	\$ 9,847,179				\$ 9,847,179	\$ 60,652,422
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 48,682,907				\$ 48,682,907	\$ 217,493,427
Estimated IBNR	\$ 9,741,663				\$ 9,741,663	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 74,367,359	\$ -	\$ -	\$ -	\$ 74,367,359	\$ 305,381,023

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,313,927				\$ 2,313,927	\$ 9,306,565
Benefits	\$ 753,976				\$ 753,976	\$ 3,032,476
Other Operating Expenses	\$ 607,504				\$ 607,504	\$ 2,443,368
Pharmaceutical Purchases	\$ 13,631,030				\$ 13,631,030	\$ 54,823,699
Travel	\$ 10,038				\$ 10,038	\$ 40,372
Capitalized Equipment	\$ -				\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,316,476	\$ -	\$ -	\$ -	\$ 17,316,476	\$ 69,646,481

Indirect Expenditures (Shared Services)	\$ 5,200,094				\$ 5,200,094	\$ 20,023,368
TOTAL EXPENDITURES	\$ 210,496,760	\$ -	\$ -	\$ -	\$ 210,496,760	\$ 813,311,363
DIFFERENCE	\$ (22,979,094)	\$ -	\$ -	\$ -	\$ (22,979,094)	\$ (102,116,243)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
First Quarter, FY2024

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 189,433,257	\$ -	\$ -	\$ -	\$ 189,433,257	\$ 761,896,397
State Reimbursement Benefits	\$ 19,557,258	\$ -	\$ -	\$ -	\$ 19,557,258	\$ 78,584,940
Other Misc Revenue	\$ 20,048	\$ -	\$ -	\$ -	\$ 20,048	\$ 36,379
TOTAL REVENUES	\$ 223,401,479	\$ -	\$ -	\$ -	\$ 223,401,479	\$ 855,400,853

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 70,351,039	\$ -	\$ -	\$ -	\$ 70,351,039	\$ 285,168,021
Benefits	\$ 19,474,981	\$ -	\$ -	\$ -	\$ 19,474,981	\$ 79,022,684
Other Operating Expenses	\$ 7,335,819	\$ -	\$ -	\$ -	\$ 7,335,819	\$ 30,912,638
Professional Services	\$ 899,932	\$ -	\$ -	\$ -	\$ 899,932	\$ 3,599,729
Contracted Units/Services	\$ 2,565,340	\$ -	\$ -	\$ -	\$ 2,565,340	\$ 11,913,610
Travel	\$ 534,533	\$ -	\$ -	\$ -	\$ 534,533	\$ 2,148,176
Capitalized Equipment	\$ 14,611,094	\$ -	\$ -	\$ -	\$ 14,611,094	\$ 20,211,000
Subtotal, Unit Care Expenditures	\$ 115,772,739	\$ -	\$ -	\$ -	\$ 115,772,739	\$ 432,975,857
Psychiatric Care Expenditures						
Salaries	\$ 13,337,171	\$ -	\$ -	\$ -	\$ 13,337,171	\$ 54,382,211
Benefits	\$ 3,316,143	\$ -	\$ -	\$ -	\$ 3,316,143	\$ 13,532,271
Other Operating Expenses	\$ 165,215	\$ -	\$ -	\$ -	\$ 165,215	\$ 662,923
Professional Services	\$ 1,261,418	\$ -	\$ -	\$ -	\$ 1,261,418	\$ 5,045,673
Travel	\$ 45,357	\$ -	\$ -	\$ -	\$ 45,357	\$ 182,004
Subtotal, Psychiatric Care Expenditures	\$ 18,125,305	\$ -	\$ -	\$ -	\$ 18,125,305	\$ 73,805,082
Total Expenditures, Unit & Psychiatric Care	\$ 133,898,043	\$ -	\$ -	\$ -	\$ 133,898,043	\$ 506,780,940

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,496,614	\$ -	\$ -	\$ -	\$ 6,496,614	\$ 29,024,175
Freeworld Provider Services	\$ 13,605,214	\$ -	\$ -	\$ -	\$ 13,605,214	\$ 80,203,220
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 52,647,733	\$ -	\$ -	\$ -	\$ 52,647,733	\$ 234,750,550
Estimated IBNR	\$ 11,424,184	\$ -	\$ -	\$ -	\$ 11,424,184	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 84,173,744	\$ -	\$ -	\$ -	\$ 84,173,744	\$ 343,977,945

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,446,565	\$ -	\$ -	\$ -	\$ 2,446,565	\$ 9,837,114
Benefits	\$ 786,611	\$ -	\$ -	\$ -	\$ 786,611	\$ 3,163,013
Other Operating Expenses	\$ 919,977	\$ -	\$ -	\$ -	\$ 919,977	\$ 3,693,259
Pharmaceutical Purchases	\$ 16,087,730	\$ -	\$ -	\$ -	\$ 16,087,730	\$ 65,450,502
Travel	\$ 12,386	\$ -	\$ -	\$ -	\$ 12,386	\$ 49,764
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 20,253,269	\$ -	\$ -	\$ -	\$ 20,253,269	\$ 82,193,653

Indirect Expenditures (Shared Services)	\$ 6,094,087	\$ -	\$ -	\$ -	\$ 6,094,087	\$ 23,618,991
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TOTAL EXPENDITURES	\$ 244,419,143	\$ -	\$ -	\$ -	\$ 244,419,143	\$ 956,571,528
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DIFFERENCE	\$ (21,017,664)	\$ -	\$ -	\$ -	\$ (21,017,664)	\$ (101,170,675)
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Uncollected Health Care Fees	\$ (827,000)
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FY2023 Remaining Balance	\$ (6,081,412)
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NET DIFFERENCE	\$ (21,017,664)	\$ -	\$ -	\$ -	\$ (21,017,664)	\$ (108,079,087)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
First Quarter FY 2024***

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

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TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY) 2024 (September, October, and November 2023), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Bell, Beto, Coffield, Daniel, Dominguez, Ney, Smith (General Population [GP], Extended Cell Block [ECB]), and Torres 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 **6** items found to be most frequently out of compliance in the Operational Review Audits conducted in the First Quarter of FY 2024:
 1. 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 **8** facilities were not in compliance with this requirement:
 - Bell (33%) – Corrective action plan received
 - Beto (10%) - Corrective action plan received
 - Coffield (25%) – Corrective action plan received
 - Daniel (0%) – Corrective action plan received
 - Dominguez (0%) – Corrective action plan received
 - Ney (0%) – Corrective action plan received
 - Smith (GP) (0%) – Corrective action plan received
 - Smith (ECB) (0%) - Corrective action plan received
 - Torres (20%) - Corrective action plan received
 2. Item **6.450** requires follow-up serologies for Syphilis obtained after completion of treatment as follows: (1) Primary or Secondary Syphilis and HIV negative at six and twelve months; (2) Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve, and twenty-four months; (3) Latent Syphilis and HIV negative at every six, twelve, eighteen, and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **7** facilities were not in compliance with this requirement:
 - Bell (60%) – Corrective action plan received
 - Beto (0%) – Corrective action plan received
 - Coffield (0%) – Corrective action plan received
 - Daniel (50%) - Corrective action plan received
 - Dominguez (67%) - Corrective action plan received
 - Smith (GP) (80%) –Corrective action plan received
 - Smith (ECB) (25%) – Corrective action plan received
 - Torres (50%) – 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 **6** facilities were not in compliance with this requirement:
 - Bell (33%) – Corrective action plan received
 - Beto (30%) - Corrective action plan received
 - Coffield (38%) – Corrective action plan received
 - Ney (0%) - Corrective action plan received
 - Smith (ECB) (80%) – Corrective action plan received
 - Torres (20%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

4. Item **6.210** requires HIV positive inmates on the facility seen in chronic care clinic every 6 months. The following **5** facilities were not in compliance with this requirement:
 - Bell (50%) – Corrective action plan received
 - Beto (0%) – Corrective action plan received
 - Coffield (38%) – Corrective action plan received
 - Dominguez (38%) – Corrective action plan received
 - Ney (67%) - Corrective action plan received

5. Item **6.380** requires the pneumococcal vaccine offered to the inmates on the facility who qualify as outlined in CMHC Policy B-14.07 be documented on the HSM-2. If the vaccination is refused is there a signed Refusal of Treatment Form (HSM-82). The following **5** facilities were not in compliance with this requirement:
 - Beto (0%) – Corrective action plan received
 - Daniel (62%) – Corrective action plan received
 - Dominguez (80%) – Corrective action plan received
 - Ney (36%) – Corrective action plan received
 - Torres (43%) – Corrective action plan received

6. Item **6.051** requires all inmates receiving biweekly anti-tuberculosis medication at the facility have medication documented by Direct Observed Therapy. The following **4** facilities were not in compliance with this requirement:
 - Beto (0%) – Corrective action plan received
 - Coffield (38%) - Corrective action plan received
 - Smith (GP) (0%) – Corrective action plan received
(ECB) (60%) – Corrective action plan received
 - Torres (0%) – Corrective action plan received

During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Baten, Formby, Hobby, Marlin, Mechler, Montford, Wallace, and Wheeler units. During the First Quarter FY 2024, all were closed.

CAPITAL ASSETS CONTRACT MONITORING

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

DENTAL QUALITY REVIEW AUDIT

During the First Quarter of FY 2024 (September, October, and November 2023), Dental Quality Review audits were conducted at the following **15** facilities: Allred (General Population [GP] and (Extended Cell Block [ECB]), Bridgeport, Byrd, C. Moore, Cole, Estes, Garza, Glossbrenner, Hutchins, Johnston, Lindsey, Lopez, McConnell, Telford, and Willacy 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. **9** of the **15** facilities were not in compliance: Hutchins (50%), Johnston (50%), McConnell (25%), Byrd (0%), Cole (0%), Garza (0%), Bridgeport (0%), Lindsey (0%), and Lopez (0%).

- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. **8** of the **15** facilities were not in compliance: Allred [GP] (79%), McConnell (78%), Johnston (73%), Cole (71%), Garza W (63%), Lopez (62%), C. Moore (45%) and Glossbrenner (43%).

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **3** of the **15** facilities were not in compliance: Johnston (70%), Lopez (60%) and Willacy (20%).
- **Item 19** assesses if levels are reflected in the Comprehensive Treatment Plan. **3** of the **15** facilities were not in compliance: Estes (71%), C. Moore (36%) and Johnston (27%).
- **Item 21** assesses if radiographs utilized in the formulation of the Comprehensive Treatment Plan (CTP) are of diagnostic quality necessary for assessment and treatment planning. **3** of the **15** facilities were not in compliance: Allred [GP] (78%), C. Moore (75%) and Cole (65%).
- **Item 39** assesses if the unit dental clinic has an updated printed Dental Manual. **3** of the **15** facilities were not in compliance: Cole (50%), Johnston (50%) and Byrd (0%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2024 (September, October, and November 2023), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,552** correspondences. The PLP received **3,868** and Step II Grievance received **684**. There were **131** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) overall combined percentage of sustained inmate medical grievances closed in the First Quarter FY 2024 for the Step II medical grievances was **4%**. 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 **4%** and **2%** for TTUHSC for the First Quarter of FY 2024.

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the First Quarter of FY 2024, (September, October, and November 2023), the Patient Liaison Program nurses and investigators performed **20** Sick Call Request Verification Audits (SCRVA) on **19** 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 **120** indicators were reviewed at the **19** facilities and **1** of the indicators fell below the 80 percent compliance threshold, representing **1** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **19** 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.

OFFICE OF PUBLIC HEALTH (CONTINUED)

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the First Quarter FY 2024, there were **13,743** intake HIV tests performed. Of those tested, **118** inmates were newly identified as having HIV infection. During the same time period, there were **8,270** pre-release tests performed with **0** found to be HIV positive. For this quarter, **5** new AIDS cases were identified.
- There were **479** cases of Hepatitis C identified for the First Quarter FY 2024. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **1,043** cases of suspected Syphilis were reported in the First Quarter FY 2024. **468** 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.
- **172** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2024. For the same time period, **72** 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 **21** TB cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2024. 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 **269** chart reviews of alleged sexual assaults performed for the First Quarter FY 2024. There were **80** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **109** 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 First Quarter FY 2024, **1** unit received a 3-day training which included the Wall Talk Training. As of the close of the quarter, **91** of the **100** facilities housing inmates had active peer education programs. During the First Quarter FY 2024, **29** inmates trained to become peer educators. This is a decrease from the Fourth Quarter FY 2023 report. During the First Quarter FY 2024, **9,266** inmates attended the classes presented by peer educators. This is a decrease from the Fourth Quarter FY 2023.

MORBIDITY AND MORTALITY

There were **152** deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2023, of those **152** deaths, **two** 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.

MORBIDITY AND MORTALITY (CONTINUED)

Peer Review Committee	Number of Cases Referred
Provider Peer Review	2
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	2

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter FY 2024:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the First Quarter FY 2024, **6** restrictive housing units were audited including: Ferguson, Formby, Kegans, Robertson, Travis, and Wainwright units. The OMHM&L auditors observed **731** inmates, interviewed **575** 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. **4** of the **6** facilities were **100%** compliant and **2** of the **6** facilities did not have applicable data at the time of the audit. For the 911 tool availability, **4** of the **6** facilities were **100%** compliant. **2** of the **6** 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 First Quarter FY 2024, a total of **106** instances of compelled psychoactive medication occurred. There were **51** instances at the Montford Unit, **24** instances at the Skyview Unit, **31** 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. **10** of the **22** facilities met or exceeded the 80% compliance for completing Mental Health Evaluations within 14 days of identified need: Formby, Gist, Glossbrenner, Halbert, Hutchins, Kegans, Lychner, Sanchez, Sayle, and Woodman units. **11** of the **22** units earned compliance scores of 79% or lower: Beto, Byrd, Dominguez, East Texas, Garza West, Holliday, Johnston, Lindsey, Middleton, Plane, and Travis units. **11** 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 First Quarter of FY 2024, HSL conducted **382** hospital and **62** infirmary discharge audits.

OFFICE OF THE HEALTH SERVICES LIAISON (CONTINUED)

- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery, if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge, and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **382** hospital discharge audits conducted, **316** were from the UTMB Sector and **66** were from the TTUHSC sector. There were **200** deficiencies identified for UTMB and **39** identified for TTUHSC. Of the **62** infirmery discharge audits conducted **30** were from the UTMB sector and **32** were from the TTUHSC sector. There was **1** deficiency identified from UTMB and **20** for TTUHSC.

ACCREDITATION

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

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**

TDCJ Estelle Regional Medical Facility

Marjorie Cisneros, MBA
Associate Vice President, Inpatient Operations

Gregory Rumph, MD
Regional Medical Director



Envision Physician Services

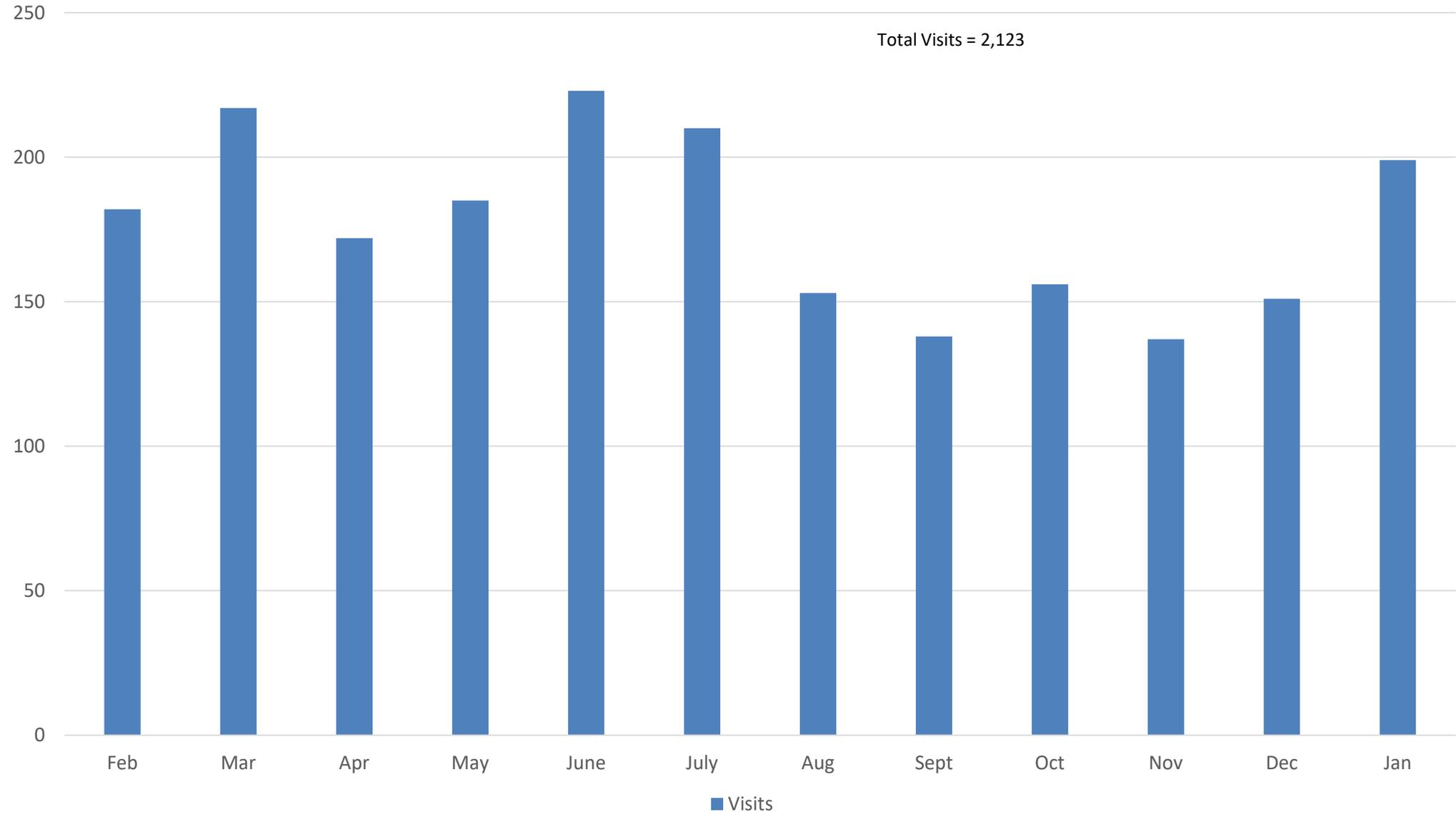
- Multi-Specialty Medical Group, with primary focus on facility-based Provider Staffing and Management
- Nation's Leading Provider of Emergency Department Staffing and Management Services
- More than 12M ED Patient Encounters Annually
- More than 60 years experience & More than 25K Providers
- Founded in Dallas, TX

Emergency Department - Estelle

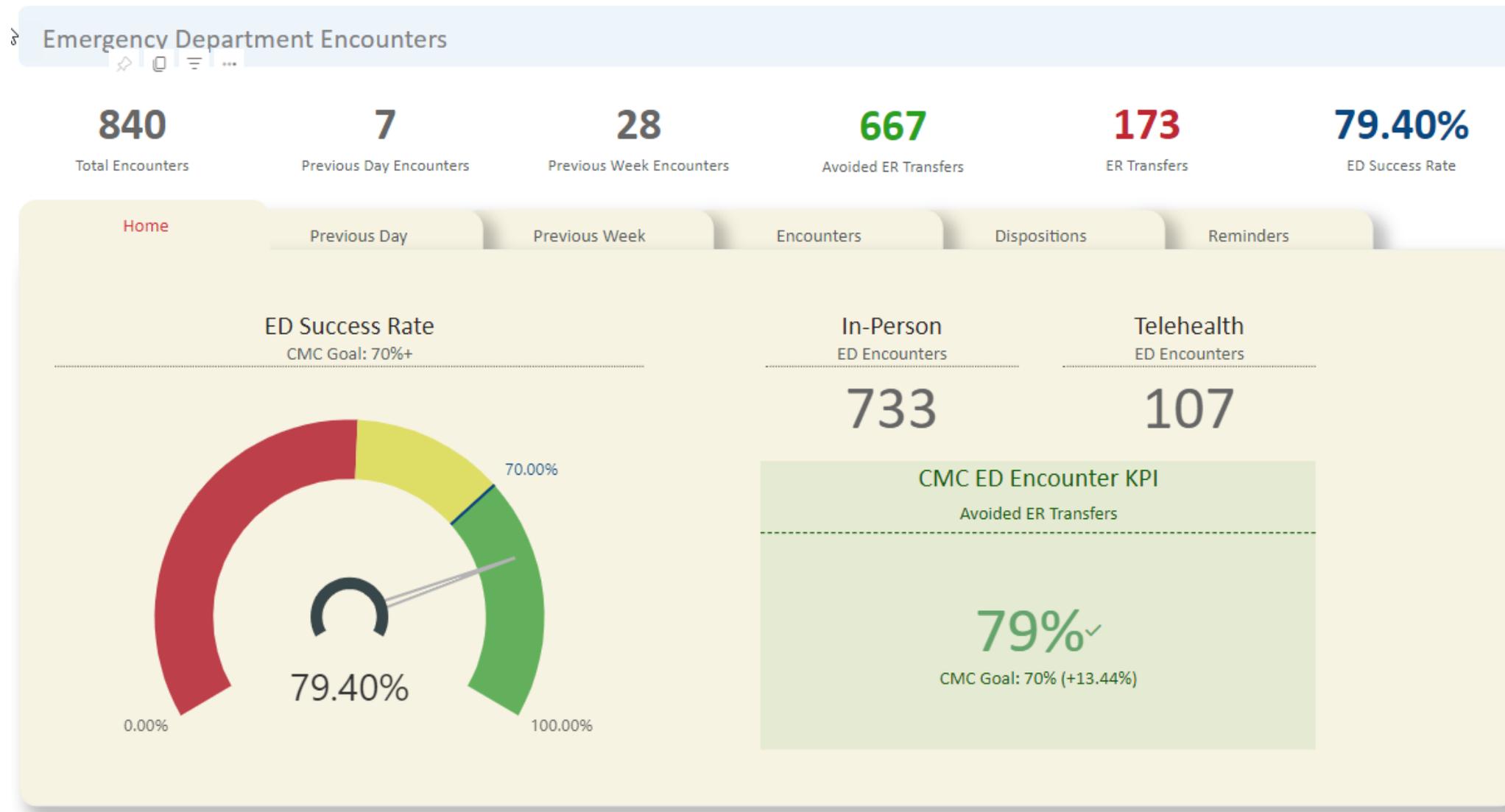
- Opened February 1, 2023
- Aid in reducing transportation and servicing patients at Estelle Unit
 - Byrd
 - Ellis
 - Ferguson
 - Goree
 - Huntsville
 - Holliday
 - Wainwright
 - Wynne
- Service 8 units in Huntsville Region
- 24/7 Emergency Care
- Board Certified ED Physicians



Metrics



Success Rate



Emergency Medicine Practice vs General Practice

- Identification of Emergencies
 - Critical vs Emergent vs Urgent vs Non-Urgent
 - Breadth of Knowledge
 - EM Physicians speak the “language” of the specialists, as part of training.
 - Commonly stated “Second best at...” with regard to sub-specialist care
- Personal Experience: EM came in to Ben Taub in 2008, with a reduction in Mortality over 15%...

Emergency Medicine Practice vs General Practice

- **Emergency Medicine Physicians are Problem Solvers**

- Especially under duress, extreme conditions, and without proper equipment



Scope of Emergency Practice at Estelle

- **Critical Care**
 - Stabilize for transport
- **Trauma Care**
 - Rare, but if needed
- **Airway management**
 - Intubation, non-invasive ventilation, supportive care
 - Challenges exist in this area
- **Orthopedic Stabilization**
 - Reduction of fractures
 - Reduction of dislocations

Scope of Emergency Practice at Estelle

- **Infectious Diseases**
 - Identification of urgent vs emergent infectious processes
- **Complicated Laceration Care**
 - Faces, hands, multilayer wounds
- **Cardiac Care**
 - Rule out coronary syndromes
 - Can give thrombolysis for select cases (STEMI)
- **Stroke**
 - Limited, but identifying Stroke and guiding to proper facility is a critical action

Scope of Emergency Practice at Estelle

- **Dialysis**
 - Have averted transfers by stabilizing patients on dialysis, keeping them at the unit
- **Radiology:**
 - Limited access to Xrays
 - No CT scanner
 - Have ultrasound
 - Interpret own Xrays, identifying needs

RMF Estelle

- Some investment to equipment
- New Zoll for cardiac emergencies
- Added cardiac monitors
- Broader selection of sutures
- Eye Tonometer
- Ultrasound
 - Recently added new device to broaden ability to assess abdominal, cardiac, vascular, soft tissue pathology

Prior to Emergency Medicine - Telehealth Impact

- Nurses were the “last line of defense” in the system for after hours/weekends
- Handle telehealth calls per protocols
- Prior to Emergency Physicians on site, protocols dictated path of care
 - Now, can make judgements to bring patients to RMF for evaluation instead of automatic transfer

Resource for Nursing and Site Physicians

- Available 24/7 for consultation by site nurses and physicians

Questions

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Healthcare Delivery For Women; An Innovative Approach In Texas Prison's

Olugbenga Ojo, MD, MBA, FACP, SFHM
Chief Medical Officer/Chief Physician Executive
TDCJ Hospital & Clinics
University of Texas Medical Branch

Marjorie M. Cisneros, MBA
Associate Vice President
Hospital Galveston & CMC Inpatient Operations
University of Texas Medical Branch

Female Medical Specialized Programs

- Focused efforts on providing medical services at our female units
 - Obstetrics & Gynecology
 - Imaging
 - Orthopedics
 - Nerve Conductive Studies
 - Telemedicine Specialty Services
 - Ancillary services
 - Physical & Occupational Therapy
 - Optometry
 - Coming soon...Laser Tattoo Removal Initiative

Obstetrics & Gynecology

- Gynecology Care at Crain and Carole Young
- Obstetrical Care at Carole Young
 - All pregnant females are housed at Carole Young

Outpatient Gynecology (Crain Unit)

- Gatesville, Texas
- Fly to Gatesville 2nd, 4th, 5th Wednesdays
- Faculty + 2 Residents
- Clinic staffed by Crain Medical Personnel
- 40-50 Patients – All Gyn Consults (from PCP's)
 - 40% Abnormal Paps – we do Colposcopy + Cx Biopsies
 - 35% Abnormal Bleeding – we do Endometrial Biopsies
 - 15% Pain or Dysmenorrhea
 - 5 % Pelvic masses
 - 5% Other

Outpatient Gynecology (Crain Unit)

- **Full Capability for Office Gynecology**
 - Except for Transvaginal Ultrasound
 - LEEP for Treatment of cervical dysplasia
- **Allows excellent follow-up and continuity of care**
- **Perform Pre-op Evaluations**

Schedule 2-4 Gyn Surgeries each clinic day

These patients will be transported to Hospital Galveston

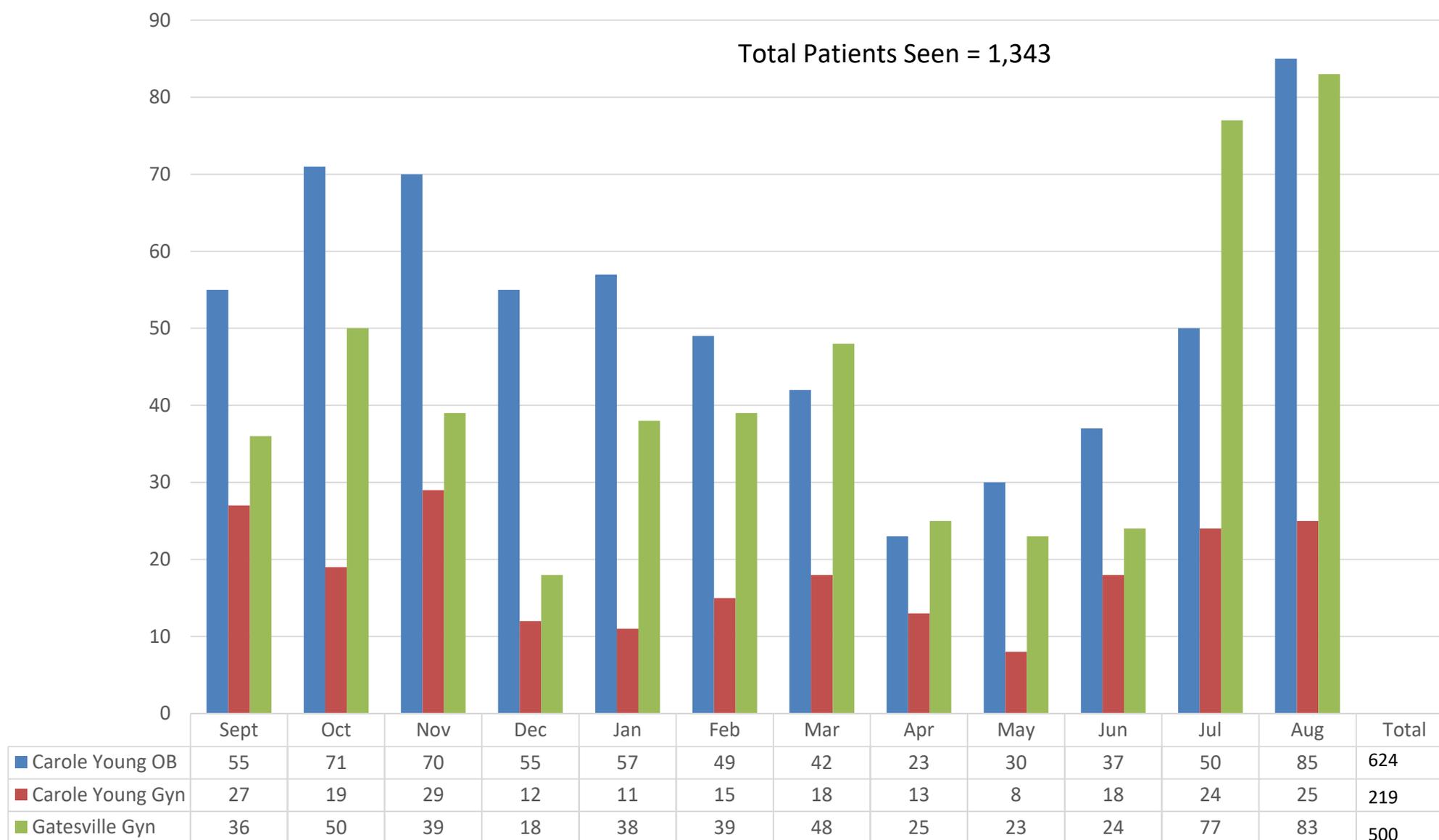
Outpatient Gynecology (Young Unit)

- Texas City, Texas
- Drive to Unit 1st and 3rd Wednesdays
- Faculty + 2 Residents
- Clinic staffed by C. Young Medical Personnel
- 20 Patients – All Gyn Consults (from PCP's)
 - 4-8 LEEP's
 - Mitigates transport to Hospital Galveston

Outpatient Obstetrics (Young Unit)

- Drive to Carole Young 1 or 2 days a week
- 2 High Risk Obstetrics Nurse Practitioners
- Clinic staffed by Carole Young Medical Personnel
- 10-20 Patients per clinic
- Bedside Ultrasound Electronic Fetal Monitoring

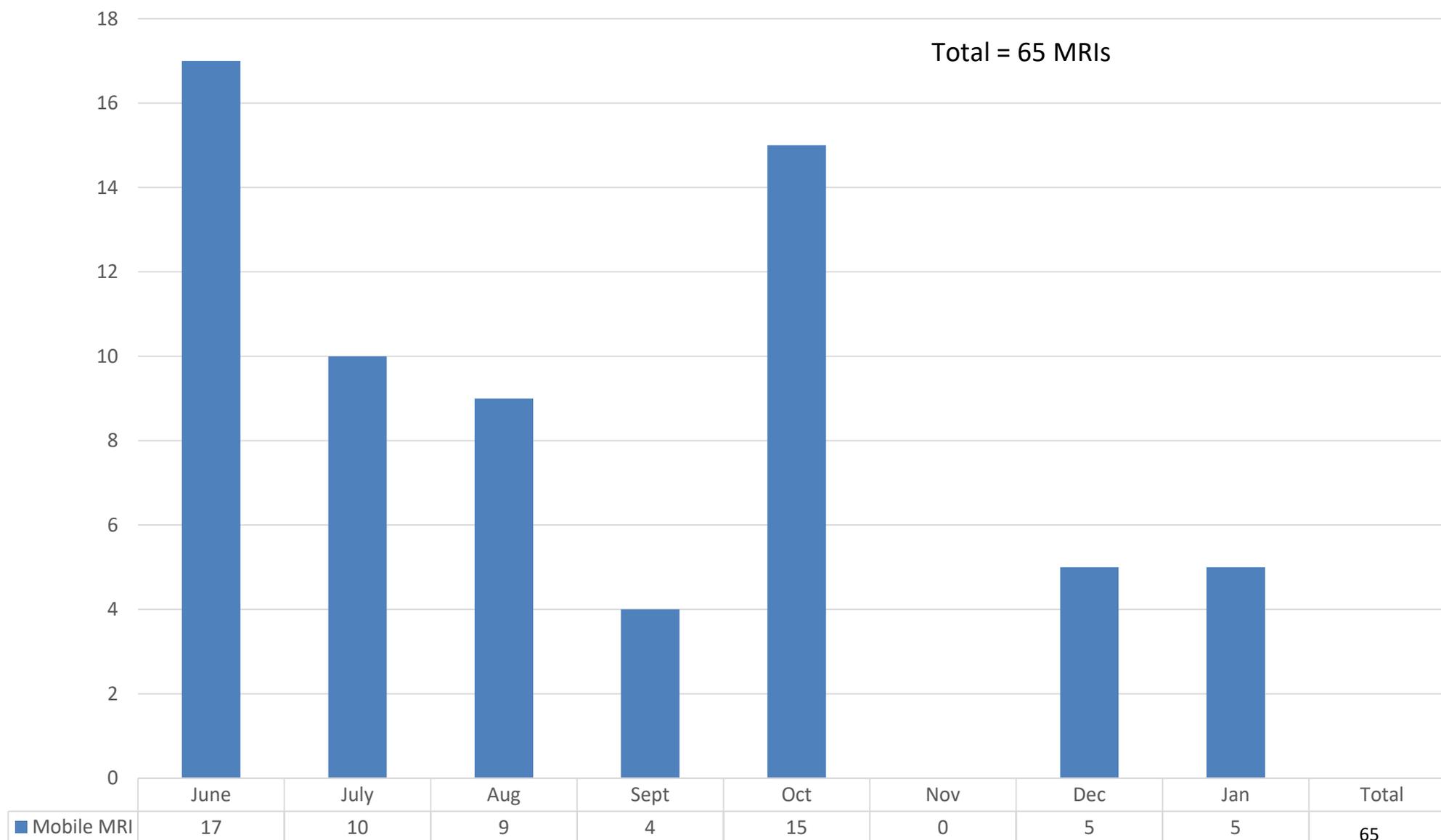
Obstetrics & Gynecology



Imaging

- Radiology Services onsite or via mobile
- Mobile Ultrasounds
- Mobile MRI
 - Live June 2023

Lane Murray Mobile MRI



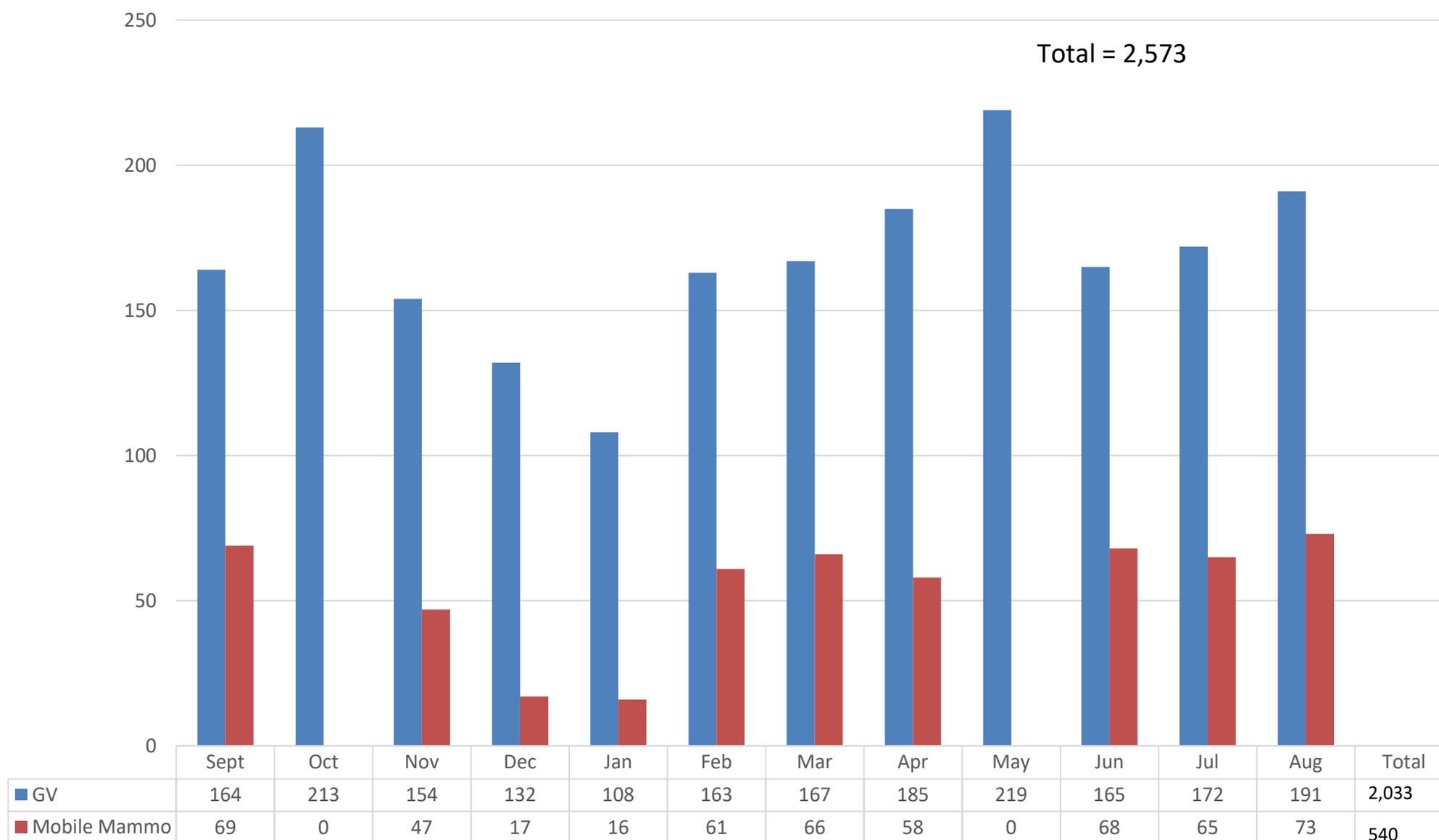
Mobile Mammography Van



Mobile Mammography

- Mammography at Crain Unit
- Mobile Mammography started 9/2017
 - Three days a month at Plane State
 - Once a quarter at Carole Young

Mammography Volumes



Orthopedic Clinic - Crain

Live 01/19/2024

- **Scheduled 51**
- **Completed 48**

Next Clinic Date is 03/08/2024

Gatesville (Crain Unit) Orthopedics



Nerve Conductive Studies

Live 02/05/2024

- **Scheduled 36**
- **Completed 25**

Specialty Visits - Telemedicine

Telemedicine Outpatient Clinic Schedule

2/19/2024

Monday	Tuesday	Wednesday	Thursday	Friday
TDC Gastroenterology (Provider Duncan) 2 sessions AM 8pts & 8 pts PM (16) GI	TDC Allergy (Provider Grant & Tripple) 9:00-11:40 (8) ALLG Latest arrival time 9:00am	TDC Dermatology(Provider Winsett) 9:00-11:00 (12) DERM	TDC Gastroenterology (Provider Santana-Blaise) 8:30-12:00 (13) GI	TDC GI Liver (Provider Boggs) 8:20-1:30 (20) LIVER provider ID 0838123
TDC Oncology (Provider Aziz) 8:00-9:30 (13) ONC	TDC Endocrinology (2nd, 4th) (Provider McKinney) 2:00-3:00 (5) DMECR	TDC Gastroenterology (Provider Duncan) 8:00-12:00 (16) GI	TDC Gastroenterology (Provider Gamble) 8:30-3:00 AM&PM Sessions (16) GI	TDC Neurology (Follow Ups Only) (Provider Pipes) 10:00-12:00 (12) NEURO
TDC Pulmonary (1, 3, 5) (Provider View Schedule) 8:30-10:00 (24) PUL (2 providers 12 ea)	TDC Pain (1st, 3rd) (Provider Hustak) 1:00-4:00 (10) PAIN	TDC Radiation Oncology (3rd Prostate Only) (Provider Swanson) 1:00-2:00 (15) ONCR was not showing on the EPIC template	TDC Gastroenterology (Provider Magno) 8:00-12:00 / 1:00-4:30 (16) GI	TDC Radiation Oncology (1st, 3rd) (Provider Wiederhold) 1:00-2:00 (15) ONCR
TDC Pulmonary (1, 3, 5) (Provider View Schedule) 8:30-10:00 (24) PUL (2 providers 12 ea)	TDC Gastroenterology (Provider Smith) 2 sessions AM&PM (8 pts AM&PM total 16 pts)	TDC Telemedicine Oral Surgery (Garcia) 1:00-4:30PM (10)ORSRG	TDC Gastroenterology (Provider Nasser) 8:00-12:00 / 1:00-4:30 (16) GI	
	TDC Gastroenterology (Provider Simon) 2 sessions AM&PM (8 pts AM&PM total 16 pts)	TDC Urology 8:00-12:00 (30) URO	TDC Gastroenterology staffed by Fellows 8:30-4:30 (10) GI provider ID 0836512	
	TDC Hematology (1st, 2nd, 4th, 5th) (Provider Musunuru) 10:00-12:30 (18) HEM	TDC Vascular Surgery 1:00-4:30 (20 pts) VAS	TDC Neurology (Follow Ups Only) (Provider Fang) 1:00-4:00 (15) NEURO	
			TDC Neurosurgery (2nd, 4th) 1:00-4:30 (14) NRSRG	
			TDC Urology (2nd & 4th) 8:00-12:00 (30) URO	

Coming Soon...Laser Tattoo Removal Initiative

- Mountain View – Go live April 3rd

Baby and Mother Bonding Initiative (BAMBI)



Bambi

- Collaboration between TDCJ, UTMB, and the Santa Maria Hostel, Inc.
- Provide child development education
- Parenting training and bonding opportunities
- Residential facility
- 22 new mothers
- Since Inception
 - 362 mothers
 - 364 Infants

Bambi

- Baby And Mother Bonding Initiative
- Partnership with TDCJ, UTMB and Santa Maria Hostel
- Accepts up to 22 mothers with their babies
- Mother receives life transformative skills

Bambi

- Program Location: Santa Maria Hostel, Houston, TX
- Program Length: 12 months (w/ certain exceptions)
- Program Capacity: 22
- Eligibility Criteria:
 - Female (pregnant upon incarceration)
 - No history of aggravated or assaultive charges.
 - No history of charges involving child abuse or child neglect
 - No intensive medical or mental health issues

Questions

