



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

September 18, 2024

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 18, 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
 - Dates and locations of the 2025 CMHCC meetings
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, June 13, 2024
 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 Third Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch

- VII. Beyond the “Nuts and Bolts”: An Overview of Women’s Health in Texas Prison
 - Presented by:**
 - UTMB
 - Dr. Olugbenga Ojo, M.D., M.B.A., F.A.C.P, SFHM
 - Chief Medical Officer/Chief Physician Executive
 - TDCJ Hospital & Clinics

- VIII. Public Comments

- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 13, 2024

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Chair's Report (cont.) - Dr. Greenberg</p>	<p>Dr. Greenberg shared the following Correctional Managed Health Care Committee (CMHCC) members participated in the tours: Dr. Greenberg, Dr. Lannette Linthicum, Dr. Brian Edwards and Dr. Julia Hiner. Also participating in the tours were Ms. Chris Black-Edwards and Catina Brice with TDCJ Health Services Division, Dr. Owen Murray-UTMB CMC and Mr. Eric Guerrero, Deputy Division Director with the Correction Institution Division (CID) participated in the Byrd and Estelle unit tours.</p> <p>Dr. Greenberg shared the first stop of the tour was to the TDCJ Health Services Division stating the tour of the HSD gives him a better understanding of how the TDCJ Medical Director's Report (from the Office of Health Services Monitoring) is compiled and reported by Dr. Linthicum during the CMHCC meetings.</p> <p>Dr. Greenberg then shared the group toured the Byrd Diagnostic Intake Facility where the group was escorted by Warden Charles Landis and his staff. Dr. Greenberg stated they were able to observe how inmates are processed during the intake and releasing process. Next, the group traveled to the UTMB Central Pharmacy Services. Dr. Greenberg stated the Pharmacy operations was very impressive. Dr. Greenberg stated the group concluded the tour with a trip to the Estelle Unit where the group was met and escorted by Warden Michael Britt. Warden Britt escorted the group to observe the units Regional Medical Facility (RMF). Dr. Greenberg stated Warden Britt and Warden Landis did a great job during the tours.</p>	<p>Dr. Brian Edwards commented stating the tours were very helpful. Dr. Edwards agreed that touring all the cubicles and offices at the HSD does give a better understating of the Medical Director's report.</p> <p>Dr. Julia Hiner added what impressed her the most was how person centered the units were. She stated all of the staff on the units were extremely thoughtful with how they cared for the patients.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
III. Chair's Report (cont.) - Dr. Greenberg	<p>Dr. Greenberg added that he was very impressed by TDCJ and UTMB staff. Dr. Greenberg stated in the future newly appointed CMHCC committee members should be offered the opportunity to visit TDCJ units.</p>		
IV. Approval of Consent Items	<p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p>		
- Approval of Excused Absences	<p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p>		
- Approval of CMHCC Meeting Minutes – March 6, 2024	<p>The first consent item was the approval of excused absences from the March 6, 2024, meeting –Ms. Michelle Erwin and Ms. Kris Coons.</p>		
- Approval of TDCJ Health Services Monitoring Report	<p>The second consent item was the approval of the CMHCC meeting minutes from the March 6, 2024, meeting.</p>		
- University Medical Directors Reports	<p>Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p>		
- Summaries of CMHCC Joint Committee / Work Groups Activities	<p>The third consent item was the approval of the Fiscal Year FY2024 Second Quarter (TDCJ) Health Services Monitoring Reports.</p>		
	<p>The fourth consent item was the approval of the FY2024 Second Quarter University Medical Director's Reports. There were no comments or discussion of these reports.</p>		
	<p>The fifth consent item was the approval of the FY2024 Second Quarter summary of the CMHCC Joint Committee/Work Group Activities.</p>		
	<p>Dr. Greenberg then called for a motion to approve the consent items.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p> <p>V. Update on Financial Reports - Ashley Adkins</p>	<p>Dr. Greenberg next called on Ms. Ashley Adkins to present the financial report.</p> <p>Ms. Adkins presented the Financial Report on Correctional Managed Health Care (CMHC) for the Second Quarter of FY 2024, 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. Adkins report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Adkins and opened the floor for questions.</p> <p>Dr. Greenberg asked if there are any projections on the inmate population.</p>	<p>Mr. Eric Guerrero, Deputy Division Director, Correctional Institutions Division (CID) answered stating TDCJ is projecting the inmate population to be at approximately 140,000-141,000 by next August 2025 and continue to increase over the next few months.</p> <p>Mr. Guerrero stated they have discussed opening additional facilities across the State of Texas. The facilities are as follow: Bartlett State Jail, housing units at the Garza East Facilities where TDCJ will add 432 inmates around July 1, 2024, and another 200 around September 2024.</p>	<p>Dr. Cynthia Jumper made a motion to approve all consent items. Dr. John Burrus seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Ashley Adkins</p>		<p>Mr. Guerrero stated there is a Trusty Camp (W6) on the Garza East complex that will open sometime in 2025. He added TDCJ is also looking to add additional beds at the Connally Unit, Clements Unit, Telford Unit (idle beds) and locations that can intake inmates arriving to TDCJ.</p> <p>Dr. Lannette Linthicum commented that the Gurney Intake Unit will be reopening. She stated both the University of Texas Medical Branch (UTMB) and the Texas Tech University Health Sciences Center (TTUHSC) submitted action plans for the addition of those beds. Dr. Linthicum reported 5,500 new beds will be added. She stated TTUHSC will receive 504 beds at the Allred Unit, in 12 building and UTMB will receive 504 beds at Stiles Unit, in 12 building. Dr. Linthicum added the biggest challenge will be the reopening of the Bartlett Unit because the unit has been shut down since 2017.</p> <p>Mr. Guerrero stated Dr. Linthicum spoke of the TDCJ “2250” prototype units and the largest building is 12 building. He stated there are currently 504 single bunk cells. Mr. Guerrero stated the TDCJ Facilities Division will be asked to add another bunk in the cells. He stated once approved; this will add 504 “cool beds” cells for each 12 building across the State.</p> <p>Dr. Linthicum added the addition of the beds at Allred and Stiles Unit will have an impact therefore, each university have added Full-Time Equivalent (FTEs) requests which will include additional medical staff such as: two LVNs and one RN position, Mental Health Clinician, an Advanced Practice Provider and mid-level positions for the 504 additional beds added at the Allred and Stiles Units.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Ashley Adkins</p>	<p>Dr. Greenberg asked what the total capacity for TDCJ is.</p> <p>Dr. Greenberg then asked what the process would be should TDCJ reach capacity.</p>	<p>Mr. Guerrero answered the capacity for TDCJ is 152,000.</p> <p>Mr. Guerrero answered they work closely with the TDCJ Parole Division and the TDCJ Re-Entry and Integration Division (RID) to make sure inmates are released as they become eligible.</p> <p>Dr. Cynthia Jumper asked if the CMHCC has purview over the inmates at the Operation Lone Star (OLS) units.</p> <p>Dr. Linthicum answered the CMHCC only has purview over the health care of those inmates.</p> <p>Ms. Chris Black-Edwards added since we have such a robust health care program, they are able to provide the same medical care for those inmates placed in OLS units as the inmates in the institutional divisions.</p> <p>Mr. Guerrero stated there is a staffing plan for the Briscoe, Segovia and a small portion of the Lopez unit that falls under OLS.</p>	
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2024 Second Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Adkins then called on Dr. Lannette Linthicum to present the FY 2024 Second Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2024 Second Quarter Report (cont.) - Dr. Lannette Linthicum</p> <p>- Texas Tech University Health Sciences Center - Dr. Denise DeShields</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p> <p>VII. Updated Health Services Clinical Initiatives; TDCJ Estelle Regional Medical Facility - Will Rodriguez</p>	<p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the TTUHSC Medical Director’s Report.</p> <p>Dr. DeShields reported she does not have any additional information to add to the Medical Director’s report and will defer to her Administrative colleague Mr. Will Rodriguez who will provide a presentation on the technological advances that has led to transportation savings initiatives in West Texas.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray to present the UTMB Medical Director’s Report.</p> <p>Dr. Murray added that he will also defer to Mr. Rodriguez who has a great presentation to share, followed by Heat Score information that will be shared by both he and Mr. Guerrero.</p> <p>Dr. Greenberg thanked Dr. Murray and then called on Mr. Rodriguez, Associate Vice President & Managed Care Administrative Office for Texas Tech University Health Sciences Center (TTUHSC) to provide an overview of the TTUHSC Managed Care Strategies to Reduce Patient Transportation.</p> <p>Mr. Rodriguez began the presentation by providing highlights of the following TTUHSC facilities. The Middleton Intake Facility conducts approximately 12,500 intake services annually and provides 24/7 Clinical Operations.</p> <p>Mr. Rodriguez report the Montford Psychiatric Facility and Clements Behavioral Health Facility units provide inpatient mental health services to include crisis management, acute and long-term care.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Updated Health Services Clinical Initiatives; TDCJ Estelle Regional Medical Facility (cont.) - Will Rodriguez</p>	<p>Mr. Rodriguez provided an overview of highlighted services (two surgery suites, specialty outpatient clinic, radiology, dialysis, therapies, 154 inpatient beds) provided at the Western Regional Medical Facility (WRMF) to include cost savings experienced by utilizing the surgery suites for procedures. He stated the concept to reduce offsite inmate transportation began with Virtual Care/Telehealth services in 1998.</p> <p>Mr. Rodriguez report TTUHSC saw an overview of growth from 2016 to current, from seeing 10,000 patients to 78,000. Roughly 11% of all visits are via telehealth with 25% being specialty care (initial/follow ups). In 2017, they expanded partnership with TTUHSC School of Medicine to provide specialty telehealth services to improve access-to-care and reduce movement in the TTUHSC sector. TTUHSC established another strategy to reduce patient transportation by implementing tele dental care after working with the legislative body to pass bills for tele dental. In addition, TTUHSC utilize “telehealth all” platform where all providers in the sector can see patients at any unit and allocate provider time based on each units need.</p> <p>Mr. Rodriguez answered stating there were several thousand in transports in Optometry alone. He stated he did not have the exact number but could provide the numbers to Dr. Greenberg. Mr. Rodriguez stated Dental just started, it’s a new program and they are keeping the data.</p>	<p>Dr. Greenberg asked if there were any statistics to show the number of decreased transports since implementing tele dental and Optometry.</p> <p>Dr. DeShields commented that most recently with tele dentistry in particular, there was a unit that had a dental vacancy. She stated with putting the telehealth parts in place, TTUHSC is allowed to grant remote access to a Dentist who can look at what they need to do.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Updated Health Services Clinical Initiatives; TDCJ Estelle Regional Medical Facility (cont.) - Will Rodriguez</p>		<p>Dr. DeShields explained once the Regional Dentist arrive on the units, they will not have to go through the screening process of the patients, they will know exactly what patients they need to see. She stated once the unit hires a Dentist, they can then move the telehealth parts to another unit experiencing a vacancy.</p> <p>Dr. Phillip Keiser asked how TTUHSC has validated tele dental with what the Dentist is actually seeing. He asked if there has been a chart-to-chart comparison.</p> <p>Dr. DeShields answered stating, no they have not started a chart-to-chart comparison because the program just started but the resolution of the cameras is exceptional.</p> <p>Ms. Rebecca Ramirez, Compliance & Risk Management Director for TTUHSC commented that they will be including the teledentry under the Utilization Review Accreditation Commission (URAC). She added a part of the requirement includes comparison between telehealth and traditional.</p>	
<p>VIII. Administrative Directive (AD-10.64) “Excessive and Extreme Temperature Conditions in the TDCJ” - Eric Guerrero</p>	<p>Dr. Greenberg thanked Mr. Rodriguez and called on Mr. Eric Guerrero, Deputy Division Director, Correctional Institutions Division (CID), Texas Department of Criminal Justice (TDCJ) to provide an overview of Administrative Directive (AD-10.64) “Excessive and Extreme Temperature Conditions in the TDCJ.”</p> <p>Mr. Guerrero began by explaining AD-10.64 includes excessive and extreme conditions in both the summer months and winter months. He stated every year they communicate with the “field” their mitigation efforts for the inmate population and for the staff.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Administrative Directive (AD-10.64) “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Eric Guerrero</p>	<p>Mr. Guerrero stated every year in March, the Correctional Institutions Division (CID) has a statewide meeting/conference call with representatives from various divisions to discuss best practices concerning preventative care and precautions with excessive and extreme temperatures.</p> <p>Mr. Guerrero stated for excessive heat, the focus is on the hottest months of the year (April 15th-October 31st) however, if there are hotter months after October 31st, they will extend their efforts past October. He stated in addition to the conference call, CID has training for correctional staff, Wardens and the inmate population yearly.</p> <p>Mr. Guerrero reported every staff is provided with an Employee Information Pocket Card which is to be carried on their person while at the unit. He stated the card includes signs of heat exhaustion, signs of cool temperatures concerns, suicide prevention, the TDCJ Core Values and Mission statement. Other preventative care and precautions efforts includes the options for staff and inmates to purchase a cooling towel from the units Commissary Department. He added an unlimited amount of bottled water is provided for all staff on and off the units.</p> <p>Mr. Guerrero report prior to April 15th of each year, every Regional Director is provided with a check list that is used to audit their facility addressing all mitigation that they are expected to review in cooperation with their maintenance department. The review shall include the status of HVAC units, shower temperatures, fans, ice machines, ventilation systems, exhaust fans, and respite areas throughout the unit. Mr. Guerrero added a Temperature Log is located on each unit which requires staff to document the wind chill and heat index across the state, for a 24-hour period. The warden will designate a central location to maintain the Temperature Log, the temperature is announced using the unit radio system staff and the inmate population to know the temperature outside the facility.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Administrative Directive (AD-10.64) “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Eric Guerrero</p>	<p>Mr. Guerrero stated inmates are allowed to wear shorts and t-shirts in dayrooms and recreational areas. He reported inmates of all custody levels are allowed to have fans. Mr. Guerrero added they ensure a fan program is in places for indigent inmates as well.</p> <p>Mr. Guerrero reported temperature above 105 degrees or reaches a heat index of 113 or higher is tracked. He stated if it reaches the temperature for more than 72 hours, as a precaution they will initiate a Incident Command System (ICS). He stated during the ICS, the unit will restrict and/or cancel outside work and recreation hours for the inmates. Mr. Guerrero explained in the housing areas, there is one designated shower which allows for inmates to go in and out of the shower as needed.</p> <p>In addition to the previous preventive measures mentioned, Mr. Guerrero explained that inmates may request access to a respite area 24 hours per day, seven days a week. Respite areas are areas with air conditioning designated by the warden. Mr. Guerrero stated additional wellness checks for inmates are conducted each security round by staff using the Heat Restriction List and units are required to place posters in housing areas reminding inmates of heat precautions and the importance of water intake.</p> <p>Mr. Guerrero reported as of March 2024, TDCJ has 32 facilities that are fully air conditioned, 54 facilities that are partial air conditioned and 15 facilities with no air conditioned in the housing areas. He added TDCJ has over 19,000 air-conditioned beds and 12,000 cool bed inmates across the states.</p> <p>Mr. Guerrero concluded by stating the Emergency Action Center (EAC) tracks any health-related illness across the state (staff and inmates). He stated they are in contact with EAC and the TDCJ Executive Directors office on a daily basis regarding any health-related illness.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Correctional Manage Health Care Policy (D-27.2) “Heat Stress” - Dr. Owen Murray</p>	<p>Dr. Greenberg thanked Mr. Guerrero and called on Dr. Owen Murray, DO, MBA, Senior Vice President, Offender Care Services, University of Texas Medical Branch (UTMB-CMC) to provide an overview of Correctional Manage Health Care Policy (D-27.2) “Heat Stress.”</p> <p>Dr. Murray began by stating Mr. Guerrero did a great job covering the heat mitigation measures by providing an overview of AD-10.64. He stated the universities also does a great job of providing the facilities with information needed to prevent and monitor heat stress illness during the months of April 15th-October 31st as explained in the Correctional Manage Health Care Policy (D-27.2) “Heat Stress.” Dr. Murray stated the universities does a great job of providing a list of patients who are high risk. He added that TDCJ does a great job of making sure the patient receives the attention needed to address the heat concerns.</p> <p>Dr. Murray concluded by stating the universities are in a much better place with the prevention and monitoring of heat stress illness.</p> <p>Dr. Greenberg asked if there were any corrections or comments. Hearing none, Dr. Greenberg thank Mr. Guerrero and Dr. Murray for their presentations.</p>	<p>Mr. Guerrero commented that anytime there is an air conditioner or fan that is no longer functioning, the issue is immediately elevated to the Regional Director and/or CID. He stated CID will communicate the problem to the Facilities Division to make sure the air conditioners and/or fans are addressed. Mr. Guerrero stated cool bed inmates are moved to another area until the problem is fixed.</p> <p>Dr. Greenberg commented that during the unit tours, the committee was able to observe all of the mitigation strategies being discussed.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. Public Comments - Dr. Greenberg</p> <p>XI. Adjourn</p>	<p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for September 18, 2024, in Conroe, Texas.</p> <p>The meeting was adjourned at 11:46 a.m.</p>		

 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

**Third Quarter, Fiscal Year 2024
(March, April, and May 2024)**

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Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2024
March - May 2024

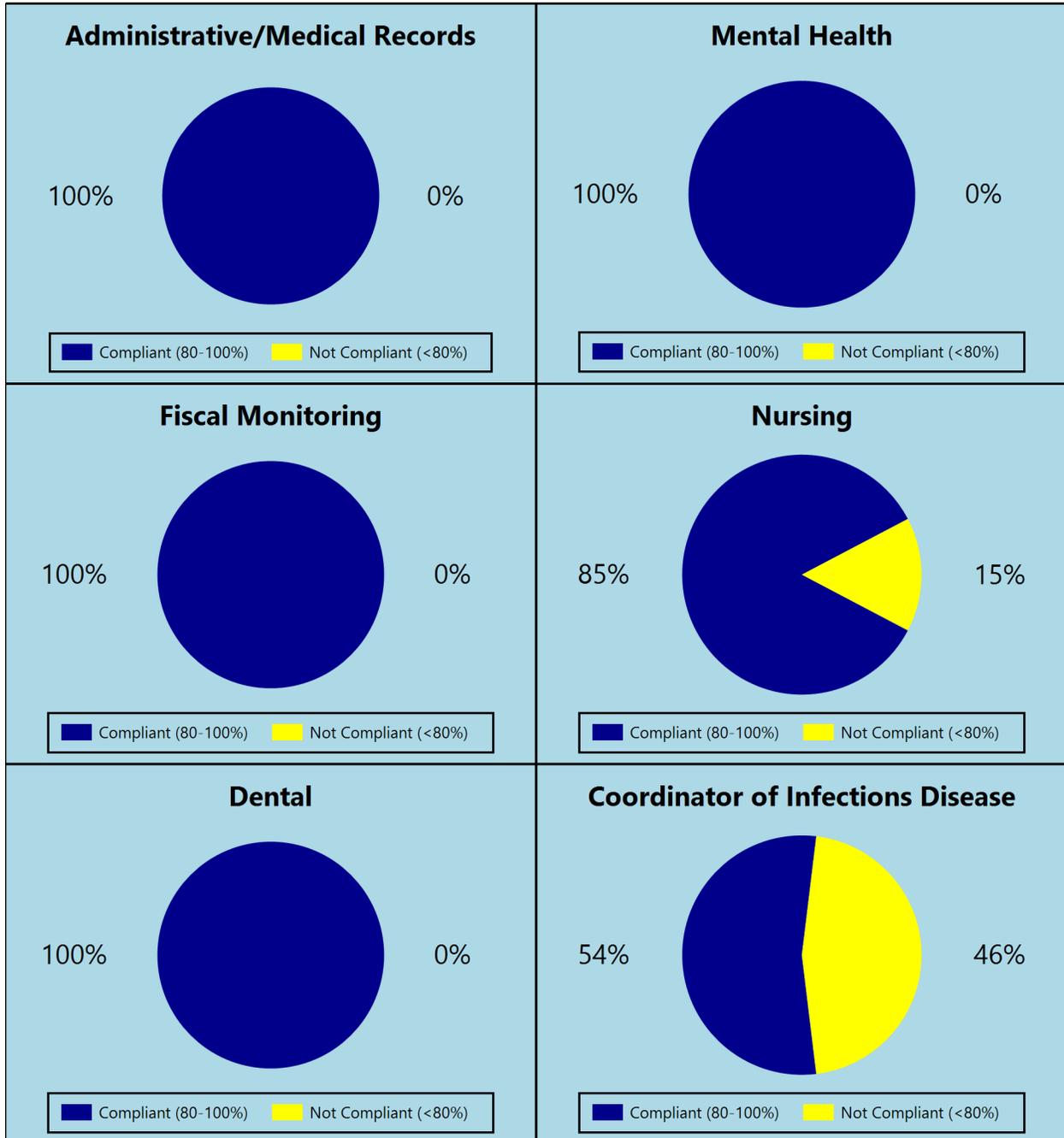
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Diboll Private	32	32	100%	13	13	100%	26	19	73%	10	10	100%	2	2	100%	5	5	100%
Duncan	32	32	100%	13	13	100%	18	17	94%	10	10	100%	2	2	100%	5	5	100%
Estelle	34	33	97%	37	37	100%	79	73	92%	21	21	100%	55	55	100%	7	7	100%
Hilltop	32	31	97%	15	15	100%	23	22	96%	10	10	100%	14	13	93%	4	4	100%
O'Daniel	33	33	100%	15	15	100%	16	15	94%	10	10	100%	24	23	96%	6	6	100%
Segovia	32	32	100%	13	13	100%	21	21	100%	10	10	100%	1	1	100%	4	4	100%
Woodman	31	30	97%	18	18	100%	26	26	100%	11	11	100%	14	13	100%	5	5	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for

DIBOLL PRIVATE FACILITY

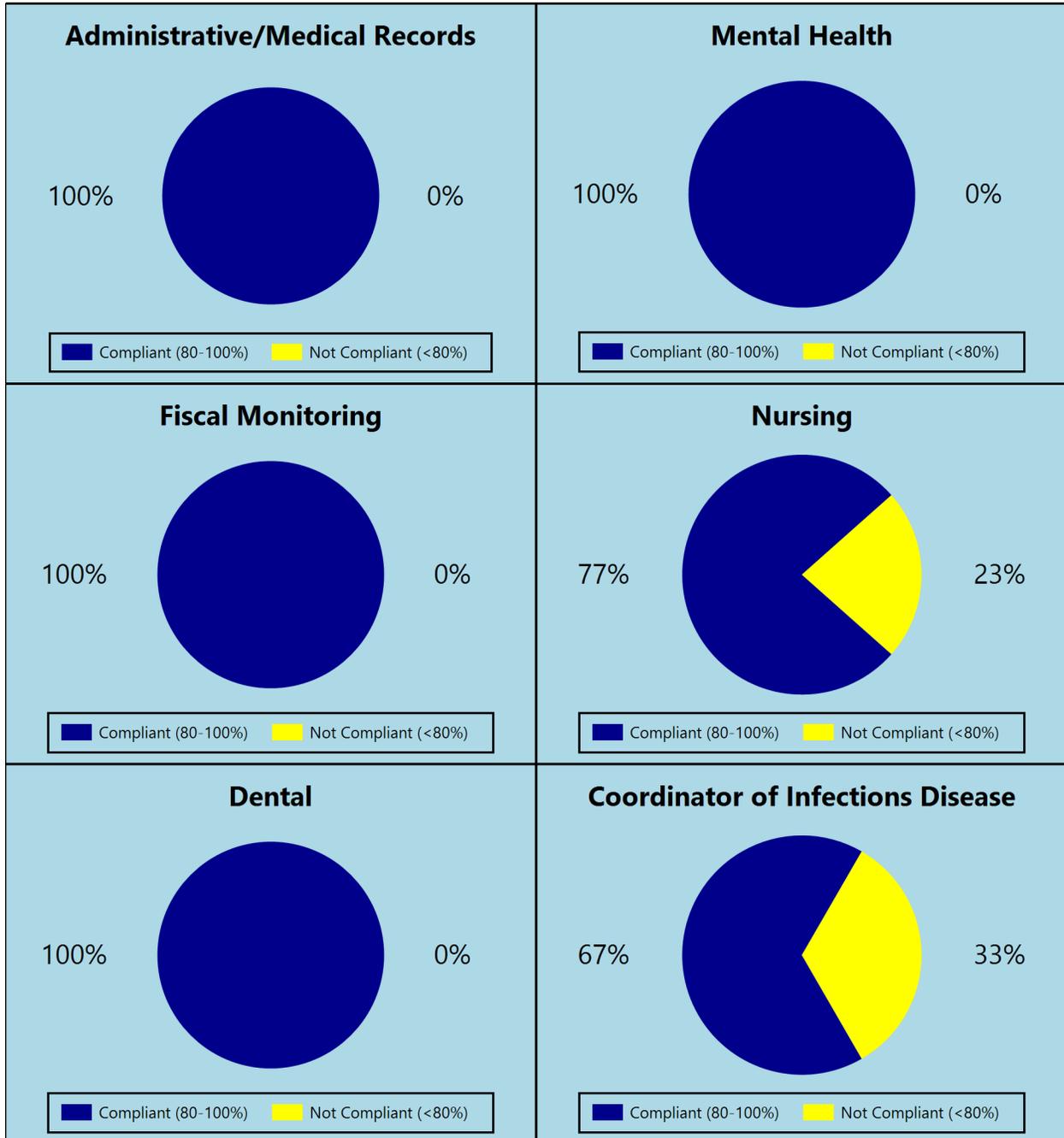
May 21, 2024



Compliance Rate By Operational Categories for

DUNCAN FACILITY

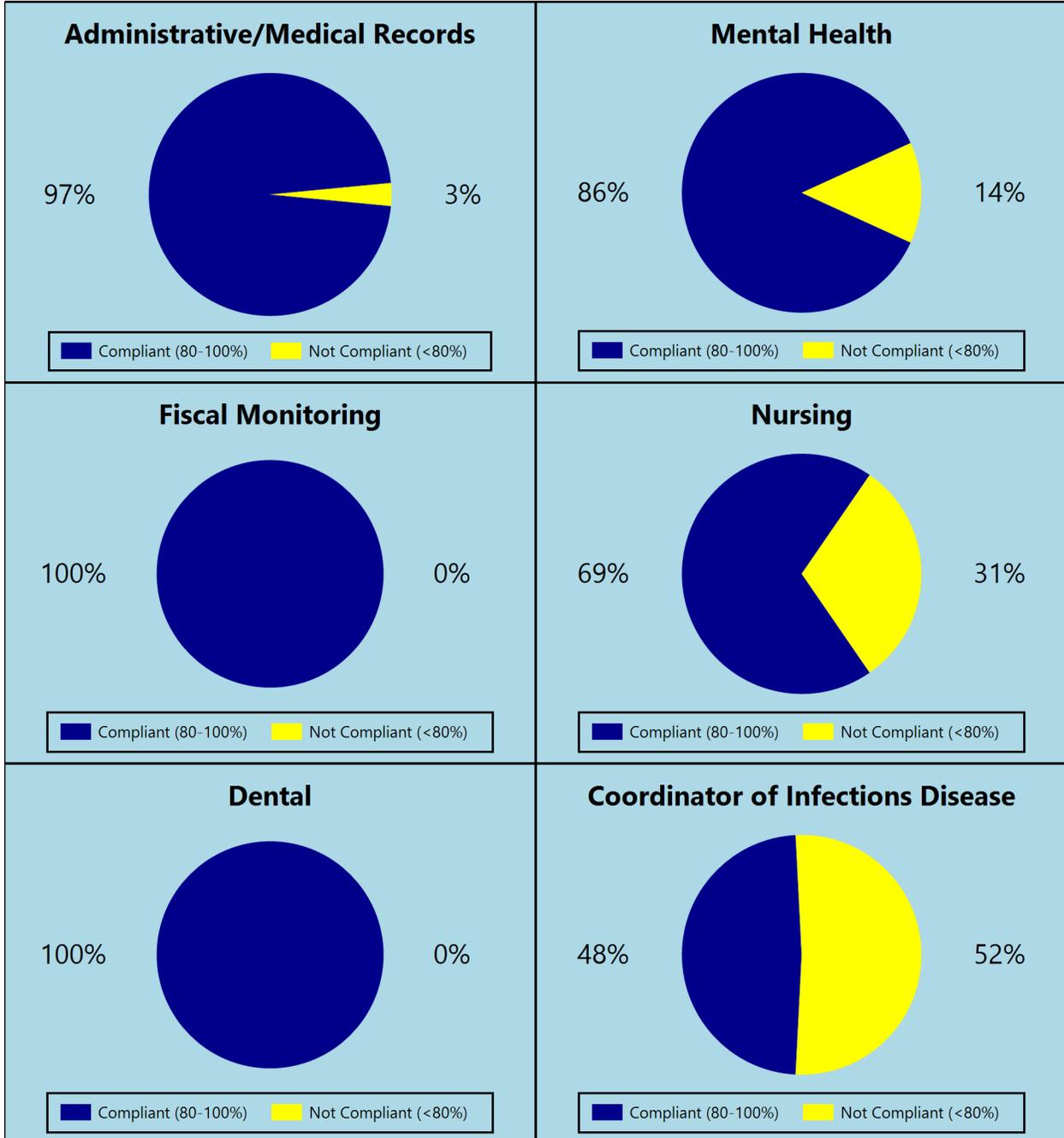
May 21, 2024



Compliance Rate By Operational Categories for

ESTELLE FACILITY

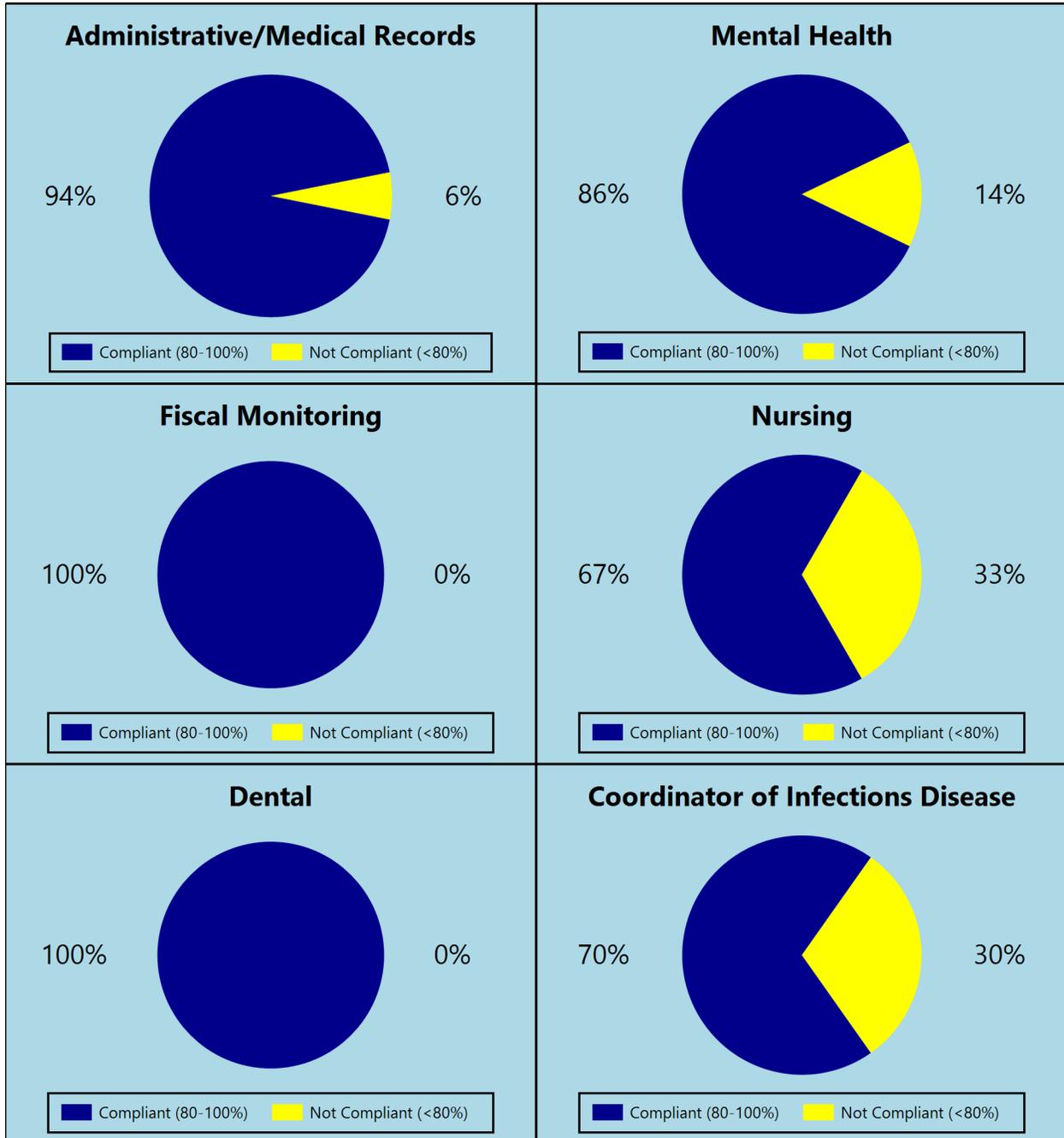
March 19, 2024



Compliance Rate By Operational Categories for

HILLTOP FACILITY

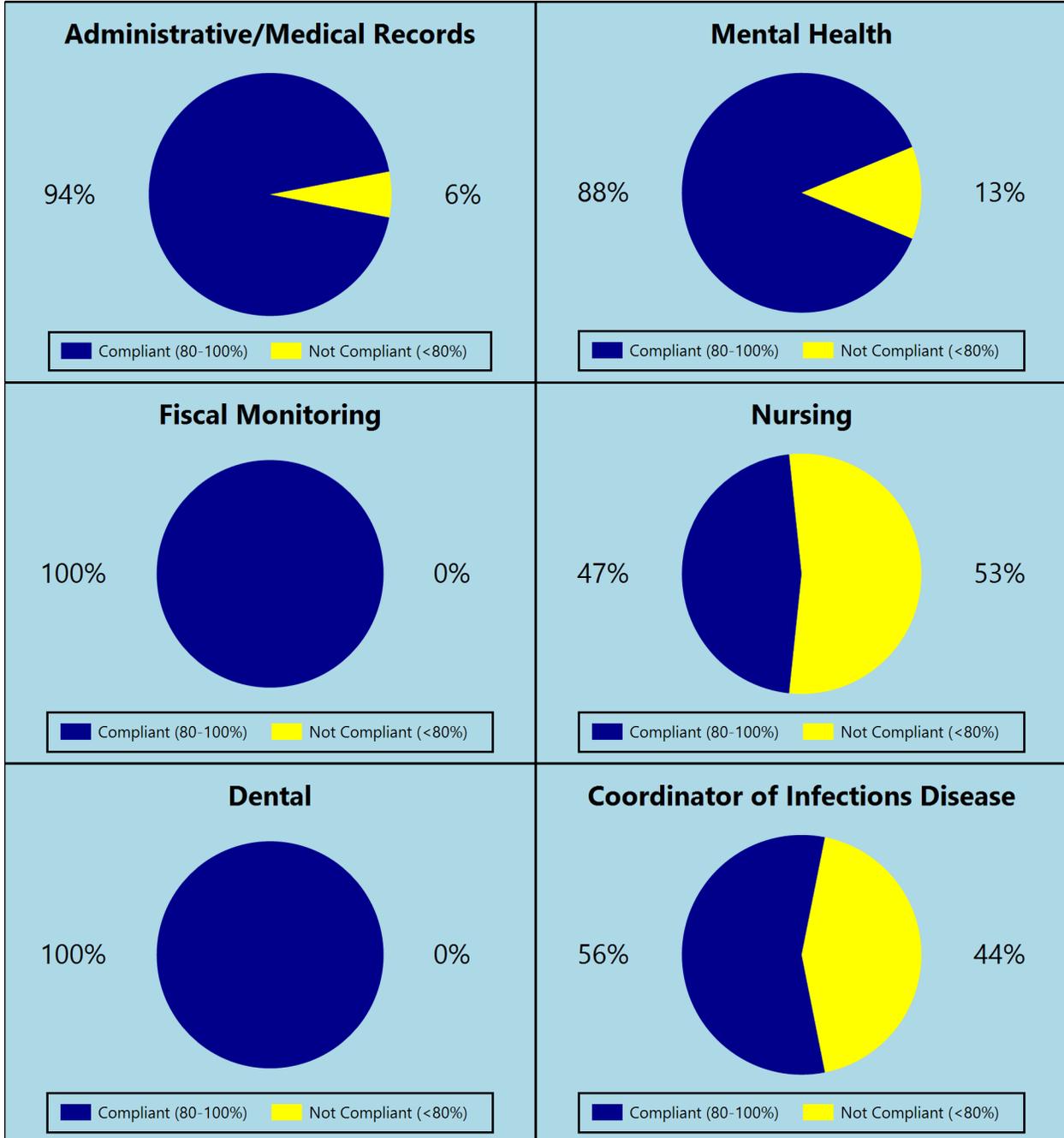
April 1, 2024



Compliance Rate By Operational Categories for

O'DANIEL FACILITY

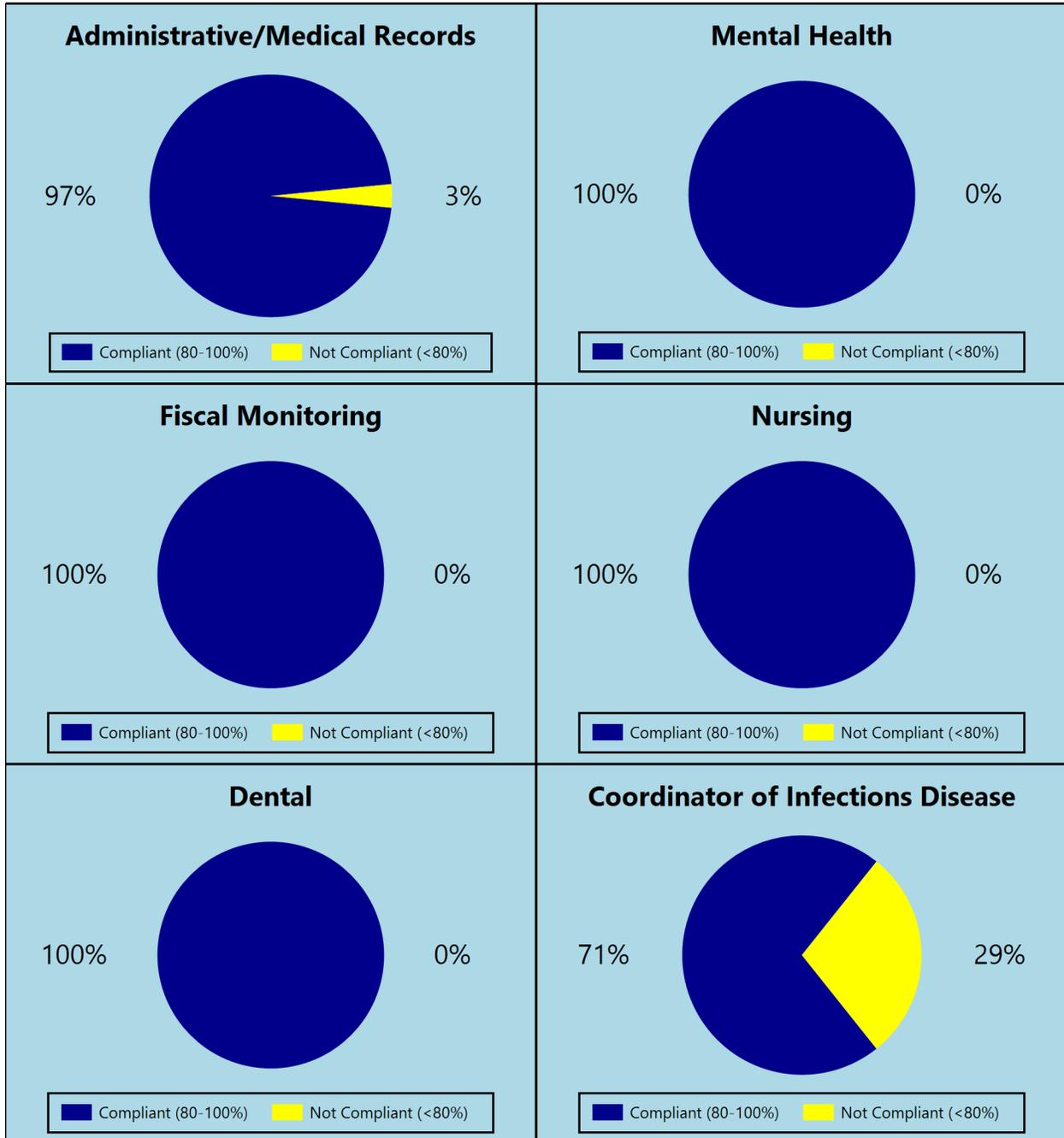
April 3, 2024



Compliance Rate By Operational Categories for

SEGOVIA FACILITY

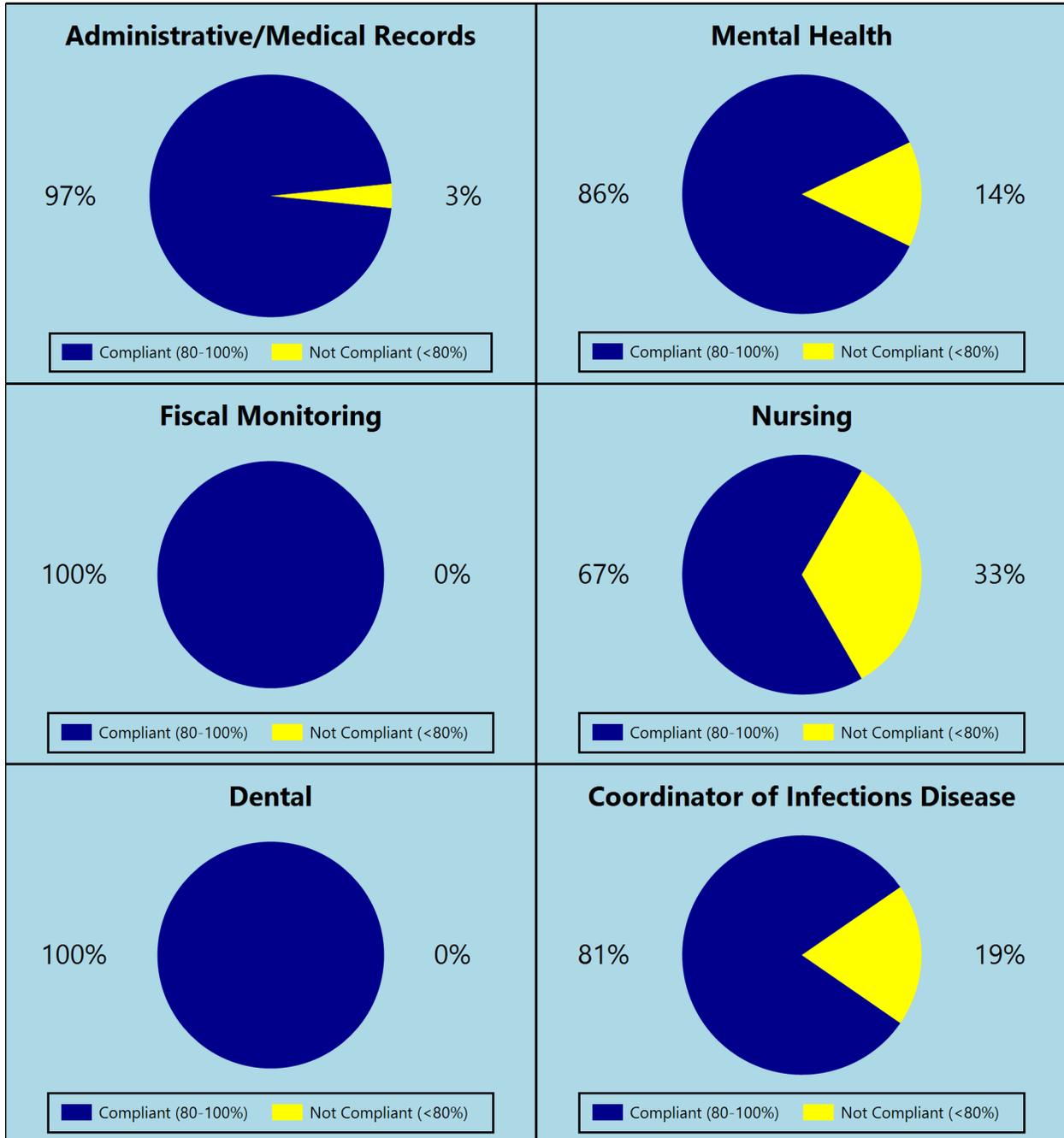
March 5, 2024



Compliance Rate By Operational Categories for

WOODMAN FACILITY

April 2, 2024



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended May 31, 2024**

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**
Daniel	10	100	0	0
Diboll	10	100	0	0
Duncan	10	100	0	0
Goodman	10	100	0	0
Havins	10	100	0	0
Montford	10	100	0	0
Smith GP	10	100	0	0
Smith ECB	10	100	0	0
Roach	10	100	0	0
Wallace	10	100	0	0
Duncan	10	90	0	1
Middleton	10	90	1	0
Sayle	10	90	1	0

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

Total # of inmates in audit.

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

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

PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 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*
March	258	252	11	4.37%	11	5.56%	3	0	0.00%	0
April	242	217	15	6.91%	14	7.83%	3	1	0.92%	1
May	214	237	28	11.81%	24	10.97%	2	4	2.11%	1
Totals:	714	706	54	7.65%	49	8.07%	8	5	0.99%	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*
March	1,160	1,182	17	1.44%	13	1.27%	2	4	0.42%	1
April	1,232	1,018	7	0.69%	7	0.79%	1	0	0.00%	0
May	1,234	979	15	1.53%	15	2.15%	6	0	0.00%	0
Totals:	3,626	3,179	39	1.23%	35	1.38%	9	4	0.16%	1
GRAND TOTAL=	4,340	3,885	93	2.39%						

*QOC= Quality of Care

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

March 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	6	7	24	17
Gonorrhea	1	2	1	3
Syphilis	261	435	907	1111
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	159	188	466	415
Human immunodeficiency virus (HIV) +, known at intake	251	229	684	532
HIV screens, intake	4,414	5,541	13,039	14,056
HIV +, intake	42	65	115	143
HIV screens, offender- and provider-requested	506	641	868	1,725
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,924	2,465	8,060	7,029
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	1	4	10
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	73	80	206	211
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	25	31	69	84
Occupational exposures of TDCJ staff	12	11	29	22
Occupational exposures of medical staff	2	2	7	3
HIV chemoprophylaxis initiation	5	7	15	18
Tuberculosis skin test (ie, PPD) +, intake	97	94	226	206
Tuberculosis skin test +, annual	39	21	81	48
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	0	6	3
Tuberculosis cases under management	26	22		
Peer education programs [§]	0	0	91	91
Peer education educators [¶]	27	17	8,534	8,367
Peer education participants	2,680	6,067	54,846	16,805
Alleged assaults and chart reviews	101	104	302	280
Bloodborne exposure labs drawn on offenders	40	52	143	128
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	10	0	34	17
Gonorrhea	0	0	1	3
Syphilis	333	379	1278	1490
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	205	171	671	588
Human immunodeficiency virus (HIV) +, known at intake	272	201	956	733
HIV screens, intake	5692	5604	18731	19660
HIV +, intake	55	29	170	172
HIV screens, offender- and provider-requested	587	436	1455	1077
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3312	2540	11372	5005
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	1	7	11
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	81	58	287	269
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	30	35	99	119
Occupational exposures of TDCJ staff	14	6	43	28
Occupational exposures of medical staff	0	4	7	7
HIV chemoprophylaxis initiation	6	2	21	20
Tuberculosis skin test (ie, PPD) +, intake	51	60	277	266
Tuberculosis skin test +, annual	41	16	122	64
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	1	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	0	6	3
Tuberculosis cases under management	33	24		
Peer education programs [¶]	0	0	91	91
Peer education educators [°]	20	42	8554	8409
Peer education participants	2355	5819	57201	22624
Alleged assaults and chart reviews	98	89	400	369
Bloodborne exposure labs drawn on offenders	40	51	183	179
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

May 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	9	1	43	18
Gonorrhea	0	0	1	3
Syphilis	324	356	1564	1,908
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	146	140	820	728
Human immunodeficiency virus (HIV) +, known at intake	294	219	1,250	952
HIV screens, intake	5,197	5,346	23,928	25,006
HIV +, intake	47	53	217	225
HIV screens, offender- and provider-requested	423	51	1,878	1,128
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	3,171	2,337	14,543	7,342
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	2	1	9	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	91	80	378	349
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	37	128	156
Occupational exposures of TDCJ staff	12	9	55	37
Occupational exposures of medical staff	1	1	8	8
HIV chemoprophylaxis initiation	0	3	21	23
Tuberculosis skin test (ie, PPD) +, intake	80	84	357	350
Tuberculosis skin test +, annual	47	21	169	85
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	1	11	4
Tuberculosis cases under management	37	23		
Peer education programs [¶]	0	0	91	91
Peer education educators [⦿]	2	33	8,556	8,442
Peer education participants	3,123	3,811	60,326	26,435
Alleged assaults and chart reviews	99	107	499	476
Bloodborne exposure labs drawn on offenders	52	48	235	227
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 3rd Quarter of Fiscal Year 2024, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 474 hospital discharge and 70 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)	
March	15	1	6.67%	0	N/A	0	N/A	0	N/A	0	N/A
April	21	2	9.52%	0	N/A	0	N/A	0	N/A	2	9.52%
May	30	0	N/A	0	N/A	0	N/A	0	N/A	1	3.33%
Total/Average	66	3	4.55%	0	N/A	0	N/A	0	N/A	3	4.55%
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)	
March	102	11	10.78%	0	N/A	0	N/A	6	5.88%	6	5.88%
April	102	7	6.86%	0	N/A	0	N/A	3	2.94%	12	11.76%
May	108	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	312	18	5.77%	0	N/A	0	N/A	9	2.88%	18	5.77%
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)	
March	30	0	N/A	0	N/A	1	3.33%	0	N/A	0	N/A
April	30	0	N/A	0	N/A	1	3.33%	0	N/A	0	N/A
May	36	9	25.00%	0	N/A	0	N/A	0	N/A	15	41.67%
Total/Average	96	9	9.38%	0	N/A	2	2.08%	0	N/A	15	15.63%
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)	
March	147	12	8.16%	0	N/A	1	0.68%	6	4.08%	6	4.08%
April	153	9	5.88%	0	N/A	1	0.65%	3	1.96%	14	9.15%
May	174	9	5.17%	0	N/A	0	N/A	0	N/A	16	9.20%
Total/Average	474	30	6.33%	0	N/A	2	0.42%	9	1.90%	36	7.59%
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)	
March	10	0	N/A	1	10.00%	0	N/A	0	N/A	0	N/A
April	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	40	0	N/A	1	2.50%	0	N/A	0	N/A	0	N/A
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)	
March	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	30	0	N/A	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)	
March	20	0	N/A	1	5.00%	0	N/A	0	N/A	0	N/A
April	30	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	70	0	N/A	1	1.43%	0	N/A	0	N/A	0	N/A

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

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

Mar 24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Estelle	487	28	11	4
Segovia	27	0	0	0

Apr 24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hilltop	36	0	0	0
O'Daniel	50	0	3	0
Woodman	40	0	1	0

May-24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Diboll	20	0	0	0
Duncan	16	0	0	0

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

Audit Tools	March	April	May	Total
Total number of units audited	2	3	2	7
Total numbered property	514	126	36	676
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
Third Quarter FY-2024**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Memorial	March 18-20, 2024	100%	98.6%
Hobby/Marlin	March 25-27, 2024	100%	99.3%
Lewis	May 6-8, 2024	100%	98.6%
San Saba	May 20-22, 2024	100%	99.1%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Allred	April 15-17, 2024	100%	99.1%

Research and Development Department**Medical Director Report – Q3 FY2024**

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: N/A

Project Begin Date: 04/12/2023

Project Status: COLLECTION

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: Clements Unit, Ferguson Unit, McConnell Unit, Michael Unit, Robertson Unit, Stiles Unit

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: N/A

Project Begin Date: 06/01/2023

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

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: N/A

Project Begin Date: 06/01/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited:

Research and Development Department
Medical Director Report – Q3 FY2024

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: N/A

Project Begin Date: 04/25/2006

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

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: N/A

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 – Q3 FY2024**

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:** N/A**Project Begin Date:** N/A**Project Status:** Data Collection**Project Completion Date:** N/A**Progress Report Due Date:** N/A**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:** N/A**Project Begin Date:** 10/14/2009**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** N/A**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:** N/A**Project Begin Date:** 04/11/2014**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** N/A **Units Visited:** Holliday Unit

Research and Development Department
Medical Director Report – Q3 FY2024

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: N/A

Project Begin Date: 04/08/2016

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: N/A

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: N/A

Project Begin Date: 06/06/2018

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

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 – Q3 FY2024**

Project Number: 785-AR18 – ACTIVE

Researcher: Erin Orrick

Proponent: Sam Houston State University

Project Title: Correctional Officer Attrition

IRB #: FY2018-38251

IRB Expiration Date: N/A

Project Begin Date: 10/01/2018

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

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: N/A

Project Begin Date: 07/15/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

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: N/A

Units Visited: Wynne Unit

Research and Development Department**Medical Director Report – Q3 FY2024**

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: N/A

Project Begin Date: 03/21/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Project Number: 882-AR23 – ACTIVE

Researcher: Angela Cummings

Proponent: Baylor College of Medicine

Project Title: Path to Recovery Education

IRB #: H-54078

IRB Expiration Date: N/A

Project Begin Date: 01/02/2024

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Project Number: 889-AR24 – ACTIVE

Researcher: Ashley McKelvey

Proponent: Abilene Christian University

Project Title: Leading The Charge: A Case Study On The Practices And Actions Of Adult Correctional Education Leaders At Title I Campuses In Texas

IRB #: 45 CFR EXEMPT

IRB Expiration Date: N/A

Project Begin Date: 03/21/2024

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Research and Development Department**Medical Director Report – Q3 FY2024**

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: N/A
Project Begin Date: 06/03/2011
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: N/A
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: N/A
Project Begin Date: 03/05/2021
Project Status: Publication Process
Project Completion Date: N/A
Progress Report Due Date: N/A
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: N/A
Project Begin Date: 09/26/2022
Project Status: Data Analysis
Project Completion Date: N/A
Progress Report Due Date: N/A
Units Visited: N/A

Research and Development Department**Medical Director Report – Q3 FY2024**

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: N/A

Project Begin Date: 12/5/2022

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: N/A

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: N/A

Project Begin Date: 02/28/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3rd Quarter FY 2024

Audits Conducted in March 2024, April 2024, and May 2024

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹				
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	March 2024	0	0	NA	NA	NA
Wayne Scott	March 2024	8	8	8	100%	NA
Montford	March 2024	8	8	8	100%	NA
Skyview	March 2024	9	9	9	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April 2024	1	1	1	100%	NA
Wayne Scott	April 2024	5	5	5	100%	NA
Montford	April 2024	12	12	12	100%	NA
Skyview	April 2024	9	9	9	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	May 2024	0	0	0	NA	NA
Wayne Scott	May 2024	12	12	12	100%	NA
Montford	May 2024	11	11	11	100%	NA
Skyview	May 2024	8	8	8	100%	NA

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

3rd Quarter of 2024

Reporting months– March 2024, April 2024, May 2024

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	38	20	3	18	15%
Byrd	33	20	19	13	95%
Dominguez	34	20	11	14	55%
East Texas	23	20	16	3	80%
Formby	12	9	9	3	100%
Garza West	37	20	7	7	35%
Gist	34	17	17	17	100%
Glossbrenner	42	14	13	28	93%
Halbert	27	20	15	7	75%
Holliday	26	20	2	6	10%
Hutchins	37	20	16	17	80%
Johnston	21	13	12	8	92%
Kyle	0	0	N/A	0	N/A
Lindsey	37	20	20	17	100%
Lychner	25	20	18	5	90%
Middleton	26	20	19	6	95%
Plane	25	20	0	5	0%
Sanchez	37	20	18	17	90%
Sayle	21	11	11	10	100%
Travis	35	20	20	15	100%
Woodman	20	20	19	0	95%
GRAND TOTAL	590	364	265	216	

- 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%.

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

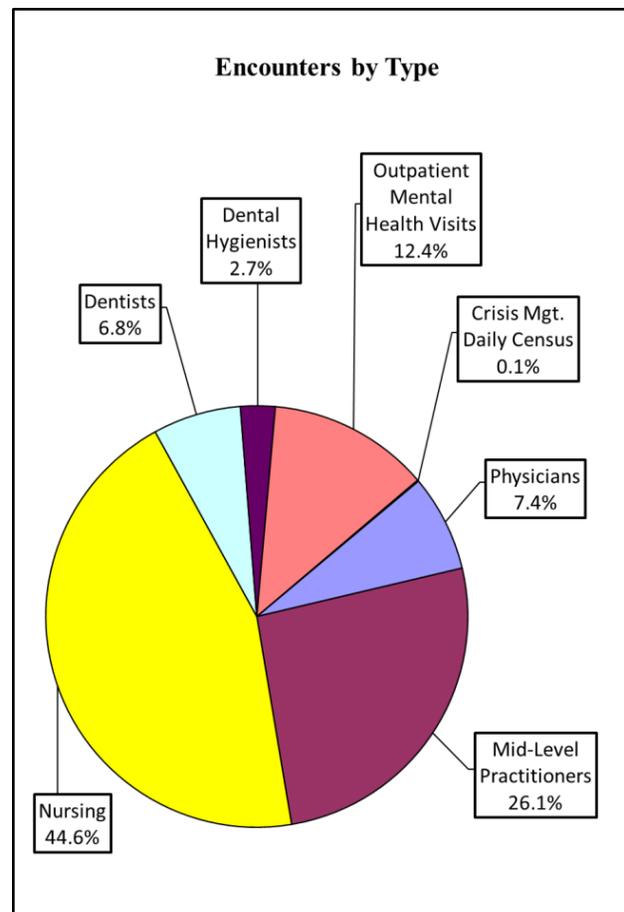
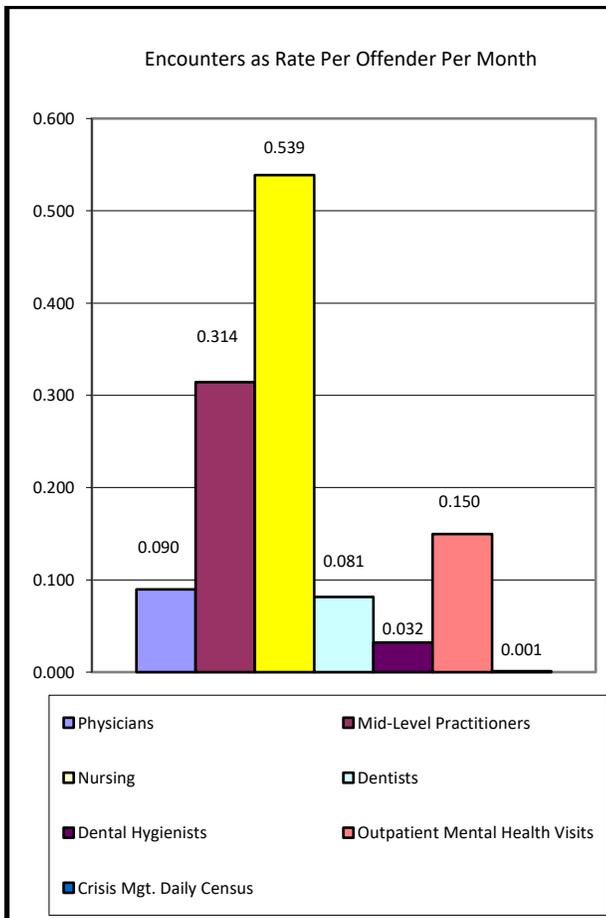
Correctional Health Care MEDICAL DIRECTOR'S REPORT

**3rd Quarter
FY2024**

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3rd Quarter Medical Director's Report

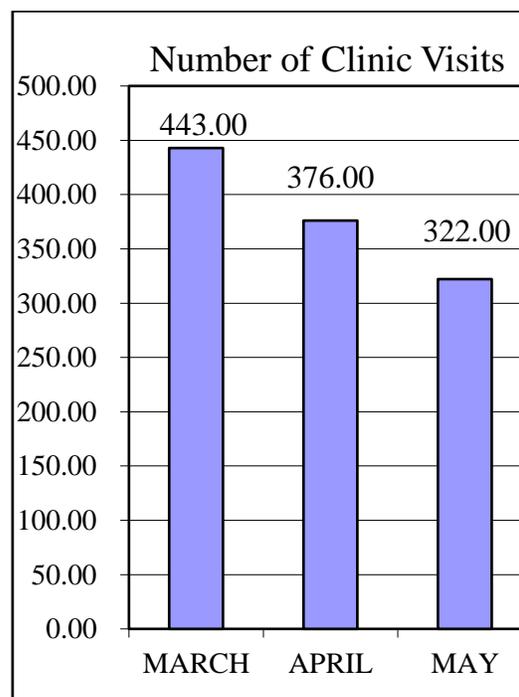
<i>Medical Director's Report:</i>										
		MARCH			APRIL			MAY	Qtly Average	
<i>Average Population</i>		26,800.00			26,712.00			26,856.00	26,327.33	
		Rate Per		Rate Per		Rate Per		Rate Per		
		Number	Offender	Number	Offender	Number	Offender	Number	Offender	
<i>Medical encounters</i>										
Physicians		2,453	0.092	2,530	0.095	2,089	0.078	2,357	0.090	
Mid-Level Practitioners		7,799	0.291	8,390	0.314	8,644	0.322	8,278	0.314	
Nursing		13,669	0.510	13,784	0.516	15,095	0.562	14,183	0.539	
Sub-total		23,921	0.893	24,704	0.925	25,828	0.962	24,818	0.943	
<i>Dental encounters</i>										
Dentists		2,057	0.077	2,330	0.087	2,049	0.076	2,145	0.081	
Dental Hygienists		895	0.033	817	0.031	817	0.030	843	0.032	
Sub-total		2,952	0.110	3,147	0.118	2,866	0.107	2,988	0.114	
<i>Mental health encounters</i>										
Outpatient Mental Health Visits		3,735	0.139	4,061	0.152	4,017	0.150	3,938	0.150	
Crisis Mgt. Daily Census		30	0.001	27	0.007	27	0.001	28	0.001	
Sub-total		3,765	0.140	4,088	0.153	4,044	0.151	3,966	0.151	
Total encounters		30,638	1.143	31,939	1.196	32,738	1.219	31,772	1.207	



3rd Quarter

Medical Director's Report (Page 2):

		MARCH	APRIL	MAY	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	177.00	177.00	188.00	180.67
	Number of Admissions	377.00	379.00	350.00	368.67
	Number of Clinic Visits	443.00	376.00	322.00	380.33
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	404.00	368.00	354.00	375.33
	PAMIO/MROP Census	385.00	372.00	378.00	378.33
<i>Telemedicine Consults</i>					
		2817	2,821	2,610	2,749.33



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

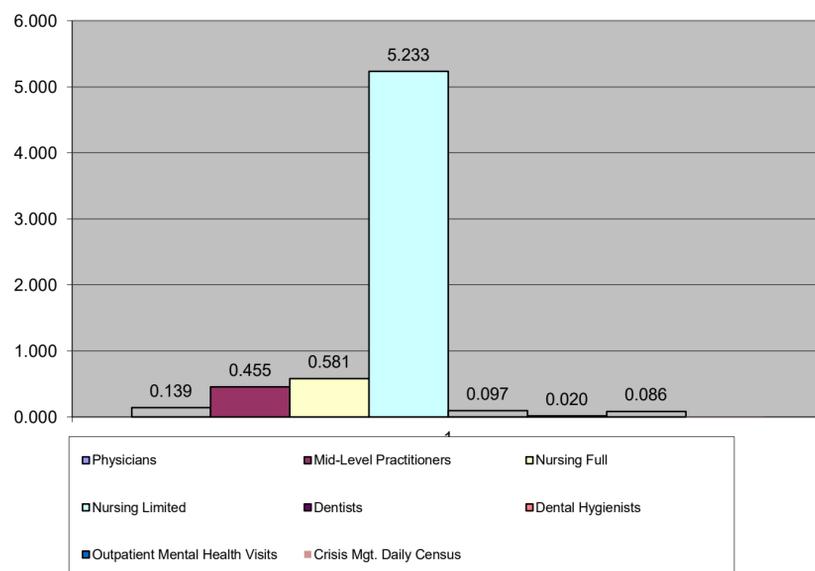
**Third Quarter
FY 2024**

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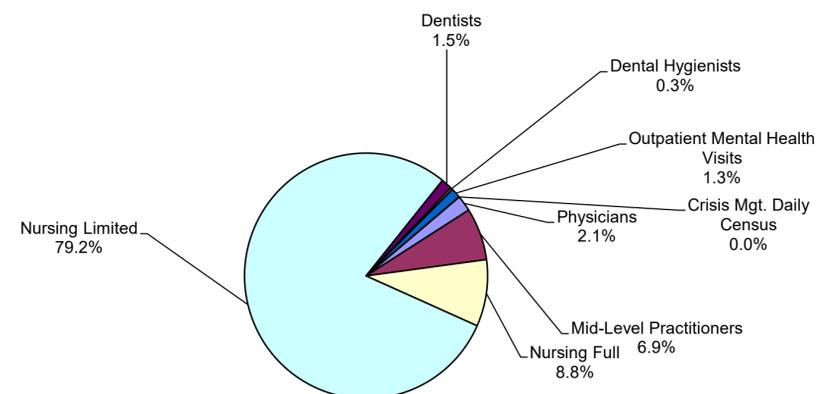
Medical Director's Report:

FY 24 Third Quarter <i>Average Population</i>	Mar		Apr		May		Qtly Average	
	109,589		109,808		110,571		109,989	
	Number	Rate Per Inmate						
Medical Encounters								
Physicians	13,691	0.125	16,204	0.148	16,050	0.145	15,315	0.139
Mid-Level Practitioners	45,111	0.412	53,556	0.488	51,425	0.465	50,031	0.455
Nursing Full	61,646	0.563	63,640	0.580	66,279	0.599	63,855	0.581
Nursing Limited	631,172	5.759	508,203	4.628	587,379	5.312	575,585	5.233
Sub-total	751,620	6.859	641,603	5.843	721,133	6.522	704,785	6.408
Dental Encounters								
Dentists	10,388	0.095	11,621	0.106	10,056	0.091	10,688	0.097
Dental Hygienists	2,317	0.021	2,207	0.020	1,912	0.017	2,145	0.020
Sub-total	12,705	0.116	13,828	0.126	11,968	0.108	12,834	0.117
Mental Health Encounters								
Outpatient Mental Health Visits	7,876	0.072	10,478	0.095	9,868	0.089	9,407	0.086
Crisis Mgt. Daily Census	73	0.001	73	0.001	75	0.001	74	0.001
Sub-total	7,949	0.073	10,551	0.096	9,943	0.090	9,481	0.086
Total Encounters	772,274	7.047	665,982	6.065	743,044	6.720	727,100	6.611

Encounters as Rate Per Offender Per Month

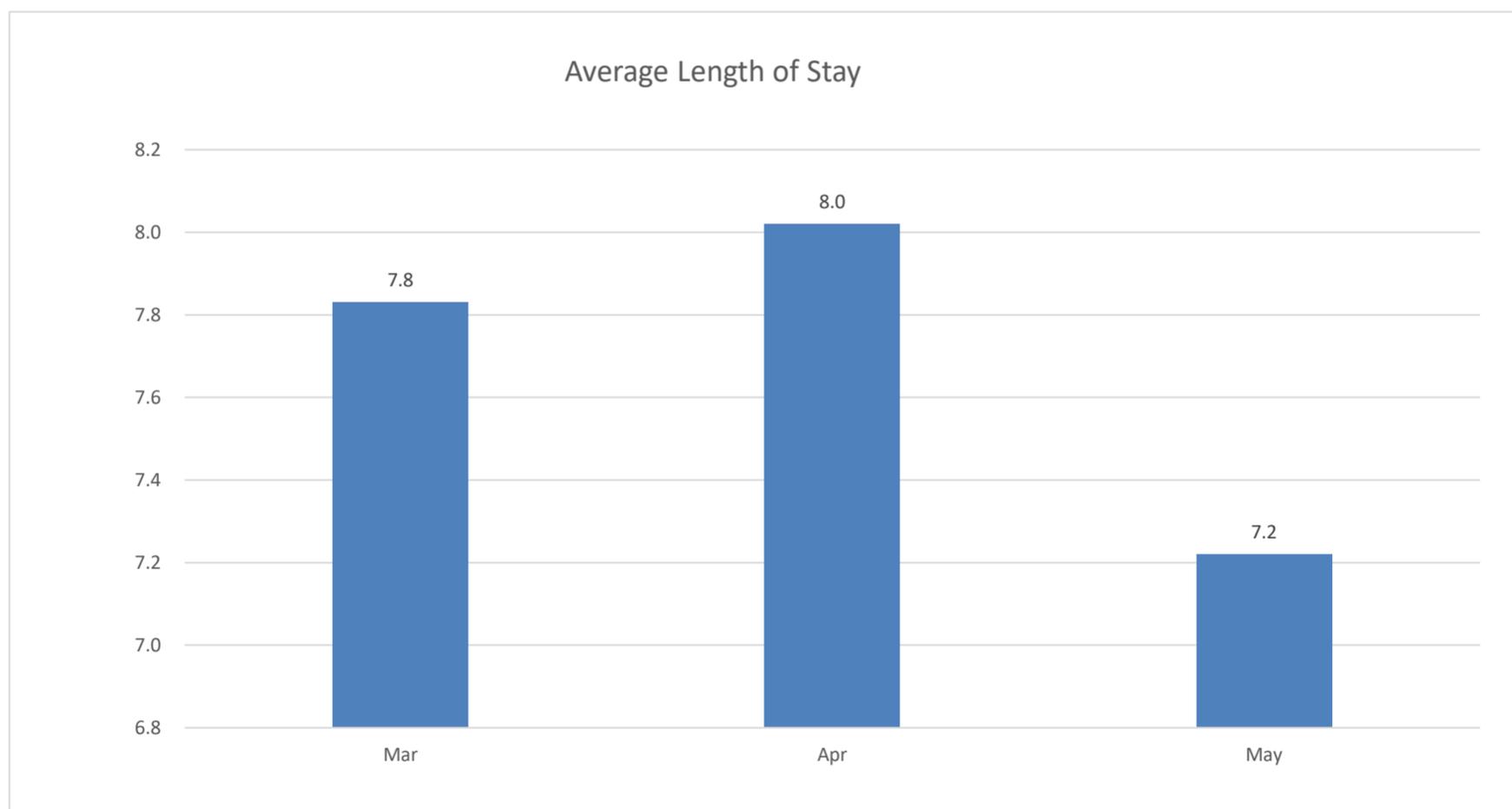


Encounters by Type



Medical Director's Report (Page 2):

FY 24	Mar	Apr	May	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	82.6	85.9	80.1	82.9
Number of Discharges	327	321	344	331
Average Length of Stay	7.8	8.0	7.2	7.7
Number of Clinic Visits	5,906	4,942	6,759	5,869
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	939.36	938.37	957.09	944.94
DDP Census	679.55	674.37	657.68	670.53
<i>Telemedicine Consults</i>	7,184	7,691	7,169	7,348.00



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 September 18, 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: August 8, 2024

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
 - A. Access to Care – Dental Services
 - B. Access to Care – Mental Health Services
 - C. Access to Care – Nursing Services
 - D. Access to Care – Medical Staff
 - E. Sick Call Verification Audit – SCRVA
- IV. FY2024 SLC Indicators
 - A. Dental: Total Open Reminders with Delay >60 Days
 - B. Mental Health: Restrictions Audit
 - C. Nursing: Annual TB Screening (Indicator #2), Sputum Culture Conversion (Indicator #4)
 - D. Support Services: Inpatient/Outpatient Physical Therapy
 - E. Clinical Administration: Missed Appointments (No Shows)
 - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
 - A. CMHCC Updates
 - B. CMHC Pharmacy Report
 - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
 - A. ATC Accuracy Evaluation
 - B. Nurse Protocol Audits
 - C. Nursing QA Site Visit Audits
 - D. Mental Health ATC Accuracy Evaluation
- VII. Adjournment

Joint Policy and Procedure Committee

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

Co-Chair: 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: July 11, 2024

Sub-Committee Updates:
None

Committee Updates:
None

Committee Referrals:

New Business:

Schedule for 2025 Policy and Procedure Meeting dates for review and approval

- January 9, 2025-Rescheduled due to ACA January 10-14th (January 26, 2025)
- April 10, 2025
- July 10, 2025
- October 9, 2025

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

A-08.3	A-08.4*	A-08.5	A-08.6*	A-08.7*	A-08.8	C-22.1	C-23.1
D-28.1	D-28.5	D-29.1	E-36.5	E-36.6	E-36.8	E-37.6	E-39.1
E-40.1	E-41.1	E-41.2*	E-42.1	E-42.4	F-49.1	G-51.11*	G-51.12
G-52.1	G-53.1*	G-54.1	H-60.3	H-61.1*	I-71.0*	I-71.1*	I-72.1
G-54.1							
*Indicates Attachment(s) Included in the Policy							

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

P	#	POLICY NAME	S	B
G-53.3		MANAGEMENT OF INMATE STRIKES	JUSTIN ROBISON	
H-60.02		INPATIENT HEALTH RECORDS	BEN LEEAH	
I-68.2		DNA SPECIMEN COLLECTION	CARRIE CULPEPPER	

Adjourn – The Next Meeting is Scheduled for October 12, 2024, at 1:00 p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Cole Duncan

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

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

Meeting Date: July 11, 2024

- I. Approval of the Minutes from previous P&T
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 - 1. Asthma, Acute
 - 2. Tina Pedis
 - 3. COPD DMG
 - B. CAD Checklist DMG subcommittee-Dr. Pham
 - C. Psychiatry-Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report (FY YTD)
 - C. Drug Recalls
 - D. Utilization Reports (FY YTD)
 - 1. HIV Utilization
 - 2. HCV Utilization
 - 3. HBV Utilization
 - 4. Psychotropic Utilization
 - E. Non-formulary Deferral Reports (May & June 2024)
 - 1. UTMB Sector
 - 2. Texas Tech Sector
 - F. FDA Advisories (none)
- IV. Quarterly Reports (FY24 Quarter 3)
 - A. Quarterly Audit Report
 - B. Special Reports-
 - 1. Quarterly Medication Error Reports
 - a. UTMB Sector
 - b. TT Sector
 - 2. Pharmacy Dispensing Errors
 - 3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume
 - a. TDCJ
 - b. UTMB Sector
 - c. TT Sector
 - 4. Pharmacy Diabetes Clinic Report
 - a. UTMB Sector
 - b. TT Sector

5. Pharmacy Warfarin Clinic Report
 - a. UTMB Sector
 - b. TT Sector
6. Pharmacy CKD Clinic Report
 - a. UTMB Sector
7. Pharmacy HTN Clinic Report
 - a. UTMB Sector
 - b. TT Sector
8. Pharmacy Medication Reconciliation
 - a. UTMB Sector
9. Specialty Medication Interventions
 - a. UTMB Sector

V. Old Business

VI. New Business

- A. Endocrine Category Review
- B. Psychotropic Category Review
- C. Vancomycin Action Request
- D. Lorazepam for Mobile MRI Services

VII. Policy Revisions:

A. Policies with revisions

15-10	Storage of Pharmaceuticals
-------	----------------------------

B. New Policies

60-15	Requisition of Drugs by Imaging Services
-------	--

VIII. Drug Shortages

IX. Miscellaneous

- A. Epinephine 0.3mg auto-injector
- B. Addition of Monsel's solution as a restricted formulary item at Carol Young & Crain for obstetrics clinic
- C. Removal of Acetaminophen 300mg/Codeine 30mg per 12.5ml oral solution from Formulary due to manufacturer discontinuation
- D. Aquaphor® 1.75 oz tubes for tattoo laser removal

X. Adjournment

Joint Infection Control Committee

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

Co-Chair: Dr. Amber Van Den Raadt, MD, DO

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

Meeting Date: August 8, 2024

Standing Reports:

- A. Syphilis – Jill Campbell
- B. Hepatitis- Jill Campbell
- C. HIV – Jill Campbell
- D. MRSA & MSSA & Occupational Exposure– Jill Campbell
- E. Tuberculosis – Jill Campbell
- F. Peer Education- Jill Campbell)
- G. SANE- Jill Campbell

Old Business:

B-14.33 Review revise comments from Dr. Khan

New Business:

B-14.10 Tuberculosis updates on TB consent forms

B-14.07 Immunization updates on Policy and Formulary vaccines

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

B-14.19	B-14.20	B-14.21	B-14.22	B-14.23	B-14.24	B-14.25	B-14.26	B-14.27
*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-14.07	Immunization Policy & *Attachments A-E -Formulary Vaccines Updates	Stephanie Zepeda
2	B-14.10	Tuberculosis (TB) forms	Candace Gore
3	B-14.13.3	Hepatitis C	Chris Black-Edwards

Adjourn – The next meeting is scheduled for October 10, 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: July 10, 2024

- I. Call to Order
 - A. Minutes Confirmation
 1. Review of previous meeting minutes May 8, 2024

- II. Dental Policy Review-General Discussion
 - Old Business
 - Continuing Business:
 - A. Dental Manual

- III. Dr. Armita Bushong
 - A. Dental Comprehensive Treatment Plan
 - B. Orientation & On-going Training to Improve Dental Health Outcomes
 - C. Continue with Periodontal Disease Program

- IV. Dr. Billy Horton
 - A. Bartlett and Gurney
 - B. Kegans Dental Clinic
 - C. Access to Care
 - D. Aging Report
 - E. Vacancy Report
 - F. UTMB DSM
 - G. Medical Emergencies in the Dental Clinic Training Project
 - H. Beryl After effects

- V. Dr. Chad Fendley
 - A. TTUHSC Vacancy Report
 - B. TTUHSC Aging Report
 - C. Dental Student program and consents

- VI. Dr. Pam Myers, Dental Hygiene Program Manager

- VII. Kevin Hayden, TTUHSC Dental Hygiene Coordinator
 - A. Update on Perio Working Group

- VIII. Sector Updates
 - A. TDCJ
 - B. UTMB
 - C. TX Tech

- IX. Round the table

- X. Adjourn – Next Meeting: September 2024

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Coley Duncan

Co-Chair: Dr. Benjamin Leeah

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

For the Three Months Ended May 2024:

There were 142 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2024, of those 142 deaths, **one** was referred to a peer review committee.

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

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: August 8, 2024

Old Business:

- TDCJ AD-03.29 Att. A. Transport Authorization for Inmate Remains*
- Infection Control Policy B-14.0 Att. D. *
- CMHC Policy E-34.6 Taser Policy-DRAFT*
- Jehovah Witness-blood & blood product refusal
- Infirmary Discharge Audit-methodology/audit worksheet/SOP
- Inmate Transient Status-KOP medication access

New Business:

- Integrated Point of Care Technology
- Refusal of Treatment-Diet for Health
- Lone Star Justice Alliance Grant
- Negative Pressure Rooms
- Immunization Compliance-TDCJ employees assigned to HMH

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

Financial Report on Correctional Managed Health Care



Quarterly Report FY2024 Third Quarter

September 2023 – May 2024

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Third 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

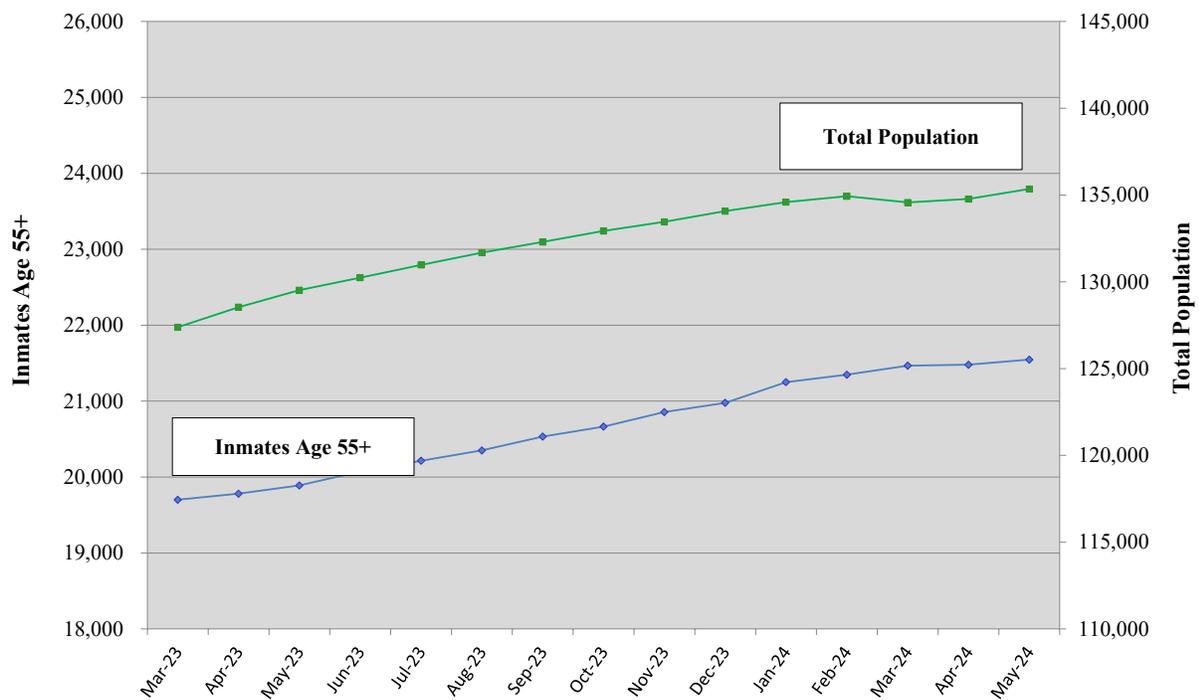
Population

- Overall inmate service population has increased 5.7% from FY2023
 - Average daily census through 3rd quarter
 - FY2023: 126,922
 - FY2024: 134,108

- Inmates aged 55 or older population has increased 7.7% from FY2023
 - Average daily census through 3rd quarter
 - FY2023: 19,607
 - FY2024: 21,125
 - While comprising about 15.8% of the overall service population, these inmates account for 53.2% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2024 average number of psychiatric inpatients through 3rd quarter is 1,713, which decreased 6.6% from FY2023.
 - FY2024 average number of psychiatric outpatients through 3rd quarter is 34,097, which increased 10.6% from FY2023.

CMHC Service Population



Health Care Costs

- Total expenditures through 3rd quarter, FY2024: \$728.2M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$392.7M or 53.9% of total expenses
 - Hospital and Clinical Care - \$272.4M or 37.4% of total expenses
 - Pharmacy Services - \$63.2M or 8.7% of total expenses
 - HIV-related drugs: 31.8% of total drug costs
 - Hepatitis C drug therapies: 25.7% of total drug costs
 - Psychiatric drugs: 4.7% of total drug costs
 - All other drug costs: 37.9% of total drug costs
- Cost per inmate per day increased 8.2% from FY2023 to FY2024
 - Cost per inmate per day through 3rd quarter FY2024:
 - FY2023: \$18.31
 - FY2024: \$19.82

Comparison of Total Health Care Costs

	FY20	FY21	FY22	FY23	FYTD 24 3rd Qtr
Population					
UTMB	110,924	96,514	96,521	103,295	109,175
TTUHSC	27,533	24,282	24,214	24,638	24,933
Total	138,457	120,796	120,735	127,933	134,108
Expenses					
UTMB	\$641,412,379	\$627,901,731	\$643,994,605	\$717,213,452	\$620,183,730
TTUHSC	\$132,834,504	\$122,657,653	\$129,276,857	\$137,866,090	\$108,033,804
Total	\$774,246,883	\$750,559,384	\$773,271,463	\$855,079,543	\$728,217,534
Cost/Day					
UTMB	\$15.80	\$17.82	\$18.28	\$19.02	\$20.73
TTUHSC	\$13.18	\$13.84	\$14.63	\$15.33	\$15.81
Total	\$15.28	\$17.02	\$17.55	\$18.31	\$19.82

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	\$ 53,681,210	\$ 240,234,863	\$ 293,916,073
EMR Revenue Deferred to FY2024*	\$ -	\$ 15,310,056	\$ 15,310,056
State Reimbursement Benefits	\$ 8,680,913	\$ 50,350,198	\$ 59,031,110
Other Misc Revenue	\$ 12,899	\$ 23,714	\$ 36,614
C.1.8. Total Method of Finance	\$ 62,375,022	\$ 305,918,831	\$ 368,293,853
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 33,508,240	\$ 183,852,772	\$ 217,361,012
State Reimbursement Benefits	\$ 1,601,117	\$ -	\$ 1,601,117
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 35,109,357	\$ 183,852,772	\$ 218,962,129
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 10,694,378	\$ 48,409,992	\$ 59,104,370
State Reimbursement Benefits	\$ 85,265	\$ 1,765,471	\$ 1,850,736
Other Misc Revenue	\$ -	\$ (1,800)	\$ (1,800)
C.1.10. Total Method of Finance	\$ 10,779,643	\$ 50,173,663	\$ 60,953,306
TOTAL METHOD OF FINANCE	\$ 108,264,021	\$ 539,945,266	\$ 648,209,287

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 97,883,828	\$ 472,497,627	\$ 570,381,455
State Reimbursement Benefits	\$ 10,367,294	\$ 52,115,669	\$ 62,482,963
Other Misc Revenue	\$ 12,899	\$ 21,914	\$ 34,814
TOTAL METHOD OF FINANCE	\$ 108,264,021	\$ 539,945,266	\$ 648,209,287

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 66,639,247	\$ 326,016,412	\$ 392,655,659
C.1.9. Hospital & Clinical Care	\$ 32,184,279	\$ 240,189,931	\$ 272,374,210
C.1.10. Managed Health Care - Pharmacy	\$ 9,210,278	\$ 53,977,386	\$ 63,187,664
TOTAL EXPENDITURES	\$ 108,033,804	\$ 620,183,730	\$ 728,217,534

DIFFERENCE	\$ 230,217	\$ (80,238,463)	\$ (80,008,246)
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C.1.8. UNIT & PSYCHIATRIC CARE			
	TTUHSC	UTMB	Total
Method of Finance:			
TDCJ Appropriation	\$ 53,681,210	\$ 240,234,863	\$ 293,916,073
EMR Revenue Deferred to FY2024*	\$ -	\$ 15,310,056	\$ 15,310,056
State Reimbursement Benefits	\$ 8,680,913	\$ 50,350,198	\$ 59,031,110
Other Misc Revenue	\$ 12,899	\$ 23,714	\$ 36,614
TOTAL METHOD OF FINANCE	\$ 62,375,022	\$ 305,918,831	\$ 368,293,853
Expenditures:			
Unit Care			
Salaries	\$ 25,082,572	\$ 185,489,590	\$ 210,572,162
Benefits	\$ 8,057,165	\$ 51,983,979	\$ 60,041,145
Other Operating Expenses	\$ 3,369,491	\$ 21,883,734	\$ 25,253,226
Professional Services	\$ 3,291,178	\$ -	\$ 3,291,178
Contracted Units/Services	\$ 9,718,419	\$ -	\$ 9,718,419
Travel	\$ 311,519	\$ 1,686,759	\$ 1,998,279
Capitalized Equipment	\$ 247,440	\$ 16,622,663	\$ 16,870,103
Subtotal, Unit Care	\$ 50,077,786	\$ 277,666,726	\$ 327,744,512
Psychiatric Care			
Salaries	\$ 8,791,415	\$ 32,806,925	\$ 41,598,341
Benefits	\$ 2,299,003	\$ 8,093,604	\$ 10,392,607
Other Operating Expenses	\$ 197,766	\$ 264,326	\$ 462,092
Professional Services	\$ 3,727,636	\$ -	\$ 3,727,636
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 69,407	\$ 103,986	\$ 173,393
Subtotal, Psychiatric Care	\$ 15,085,228	\$ 41,268,841	\$ 56,354,069
Indirect Expenditures (Shared Services)	\$ 1,476,233	\$ 7,080,845	\$ 8,557,079
TOTAL EXPENDITURES	\$ 66,639,247	\$ 326,016,412	\$ 392,655,659
DIFFERENCE	\$ (4,264,225)	\$ (20,097,581)	\$ (24,361,806)

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C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 33,508,240	\$ 183,852,772	\$ 217,361,012
State Reimbursement Benefits	\$ 1,601,117	\$ -	\$ 1,601,117
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 35,109,357	\$ 183,852,772	\$ 218,962,129
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,524,900	\$ 19,443,836	\$ 20,968,736
Community Provider Services	\$ 16,027,873	\$ 52,357,881	\$ 68,385,754
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 12,915,966	\$ 149,443,217	\$ 162,359,184
Estimated IBNR	\$ 794,063	\$ 12,828,548	\$ 13,622,611
Subtotal, Hospital & Clinical Care	\$ 31,262,802	\$ 234,073,483	\$ 265,336,285
Indirect Expenditures (Shared Services)	\$ 921,477	\$ 6,116,448	\$ 7,037,925
TOTAL EXPENDITURES	\$ 32,184,279	\$ 240,189,931	\$ 272,374,210
DIFFERENCE	\$ 2,925,078	\$ (56,337,159)	\$ (53,412,082)

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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	\$ 10,694,378	\$ 48,409,992	\$ 59,104,370
State Reimbursement Benefits	\$ 85,265	\$ 1,765,471	\$ 1,850,736
Other Misc Revenue	\$ -	\$ (1,800)	\$ (1,800)
TOTAL METHOD OF FINANCE	\$ 10,779,643	\$ 50,173,663	\$ 60,953,306
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,600,275	\$ 7,116,852	\$ 8,717,127
Benefits	\$ 98,517	\$ 2,285,699	\$ 2,384,216
Other Operating Expenses	\$ 592,499	\$ 2,036,380	\$ 2,628,879
Pharmaceutical Purchases	\$ 6,611,098	\$ 41,163,407	\$ 47,774,505
Travel	\$ 13,794	\$ 26,174	\$ 39,968
Capitalized Equipment	\$ -	\$ 42,912	\$ 42,912
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 8,916,183	\$ 52,671,424	\$ 61,587,607
Indirect Expenditures (Shared Services)	\$ 294,095	\$ 1,305,962	\$ 1,600,057
TOTAL EXPENDITURES	\$ 9,210,278	\$ 53,977,386	\$ 63,187,664
DIFFERENCE	\$ 1,569,365	\$ (3,803,723)	\$ (2,234,359)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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Key Population Indicators

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2024</u>
Average Service Population	132,894	134,071	134,593	134,931	134,532	134,574	134,771	135,350	134,898	134,108
Population Age 55 and Over	20,685	20,977	21,250	21,348	21,192	21,467	21,480	21,546	21,498	21,125
<i>Percent of Total Population</i>	<i>15.6%</i>	<i>15.6%</i>	<i>15.8%</i>	<i>15.8%</i>	<i>15.8%</i>	<i>16.0%</i>	<i>15.9%</i>	<i>15.9%</i>	<i>15.9%</i>	<i>15.8%</i>
Key Treatment Populations, Month End										
Patients receiving HIV Treatment	1,842	1,857	1,850	1,870	1,859	1,857	1,869	1,875	1,867	1,856
Patients receiving Hep C Treatment	571	542	569	574	562	556	616	635	602	578
Patients Receiving Dialysis Treatment	225	218	221	218	219	218	217	221	219	166
Age 55 and Over	122	119	119	119	119	120	120	122	121	121
Under 55	103	99	102	99	100	98	97	99	98	100
Medical Inpatient Average Daily Census										
UTMB-Hospital Galveston	115	112	111	118	114	121	120	119	120	116
UTMB Community Hospitals	49	48	48	58	51	56	62	62	60	53
TTUHSC Community Hospitals	9	12	9	10	10	11	10	11	10	10
Medical Inpatient Average Daily Census	173	172	167	186	176	188	192	192	190	179
Medical Inpatient Discharges										
UTMB-Hospital Galveston	909	325	269	332	926	327	321	344	992	2,827
UTMB Community Hospitals	771	259	226	268	753	326	302	304	932	2,456
TTUHSC Community Hospitals	156	57	53	52	162	68	56	72	196	514
Medical Inpatient Discharges	1,836	641	548	652	1,841	721	679	720	2,120	5,797
Average Length of Stay (in days)										
UTMB - Hospital Galveston	8.49	7.52	9.52	7.45	8.16	7.83	8.02	7.22	7.69	8.12
UTMB Community Hospitals	5.76	5.76	6.51	6.31	6.19	5.30	6.17	6.17	5.88	5.94
TTUHSC Community Hospitals	4.60	6.60	4.89	5.00	5.50	4.01	4.88	3.50	4.13	4.74
Infirmary and Sheltered Housing Census, Month End										
UTMB Infirmary	569	590	582	603	592	609	609	611	610	590
UTMB Sheltered Housing	619	623	616	609	616	608	618	618	615	617
TTUHSC Infirmary	151	137	154	161	151	159	158	160	159	153
Infirmary and Sheltered Housing Census, Month End	1,339	1,350	1,352	1,373	1,358	1,376	1,385	1,389	1,383	1,360
<i>Percent of Capacity Filled</i>	<i>91.9%</i>	<i>91.8%</i>	<i>91.8%</i>	<i>93.2%</i>	<i>92.3%</i>	<i>93.4%</i>	<i>94.0%</i>	<i>94.2%</i>	<i>93.9%</i>	<i>92.7%</i>
Medical Outpatient Visits										
UTMB Specialty Clinics and ER Visits	7,292	7,076	6,178	7,923	7,059	8,708	9,094	8,914	8,905	7,752
TTUHSC Community Outpatient and ER Visits	3,264	3,580	3,800	4,881	4,087	4,020	4,115	4,579	4,238	3,863
Medical Outpatient Visits	10,556	10,656	9,978	12,804	11,146	12,728	13,209	13,493	13,143	11,615
Mental Health Inpatient Average Census										
UTMB Psychiatric Inpatient	971	958	967	947	957	939	938	957	945	958
TTUHSC Psychiatric Inpatient	768	750	709	776	745	790	741	733	755	756
Mental Health Inpatient Average Census	1,738	1,708	1,676	1,723	1,702	1,729	1,679	1,690	1,700	1,713
Mental Health Outpatient Caseload, Month End										
UTMB Psychiatric Outpatient	26,935	27,430	27,623	27,868	27,640	27,821	27,880	28,271	27,991	27,522
TTUHSC Psychiatric Outpatient	6,597	6,701	6,545	6,538	6,595	6,671	6,350	6,580	6,534	6,575
Mental Health Outpatient Caseload, Month End	33,532	34,131	34,168	34,406	34,235	34,492	34,230	34,851	34,524	34,097

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Key Budget Drivers (Cost)

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2024</u>
Selected Drug Costs										
HIV Medications	\$ 5,164,369	\$ 1,734,138	\$ 1,959,965	\$ 1,251,861	\$ 4,945,964	\$ 2,029,169	\$ 1,434,836	\$ 1,594,766	\$ 5,058,771	\$ 15,169,104
Hepatitis C Medications	\$ 3,901,718	\$ 1,430,105	\$ 1,173,511	\$ 1,253,833	\$ 3,857,450	\$ 1,365,313	\$ 1,650,544	\$ 1,486,719	\$ 4,502,576	\$ 12,261,744
Psychiatric Medications	\$ 726,262	\$ 206,236	\$ 289,462	\$ 206,010	\$ 701,708	\$ 276,708	\$ 261,802	\$ 258,648	\$ 797,158	\$ 2,225,129
All Other Drug Costs	\$ 6,295,382	\$ 1,904,164	\$ 1,843,596	\$ 2,461,543	\$ 6,209,303	\$ 1,211,941	\$ 2,034,288	\$ 2,367,614	\$ 5,613,843	\$ 18,118,528
Total Drug Costs	\$ 16,087,730	\$ 5,274,644	\$ 5,266,534	\$ 5,173,248	\$ 15,714,425	\$ 4,883,132	\$ 5,381,470	\$ 5,707,747	\$ 15,972,349	\$ 47,774,505
Dialysis										
Age 55 and Over	\$ 1,124,656	\$ 400,052	\$ 404,450	\$ 348,268	\$ 1,152,771	\$ 417,230	\$ 404,534	\$ 412,358	\$ 1,234,122	\$ 3,511,549
UTMB	\$ 1,007,084	\$ 362,924	\$ 361,134	\$ 298,288	\$ 1,022,347	\$ 367,250	\$ 347,414	\$ 355,238	\$ 1,069,902	\$ 3,099,333
TTUHSC	\$ 117,572	\$ 37,128	\$ 43,316	\$ 49,980	\$ 130,424	\$ 49,980	\$ 57,120	\$ 57,120	\$ 164,220	\$ 412,216
Under 55	\$ 993,316	\$ 390,832	\$ 382,384	\$ 305,106	\$ 1,078,323	\$ 363,915	\$ 326,980	\$ 354,317	\$ 1,045,211	\$ 3,116,849
UTMB	\$ 871,146	\$ 313,612	\$ 315,402	\$ 249,410	\$ 878,425	\$ 299,714	\$ 267,489	\$ 287,131	\$ 854,333	\$ 2,603,903
TTUHSC	\$ 122,170	\$ 77,220	\$ 66,982	\$ 55,696	\$ 199,898	\$ 64,201	\$ 59,491	\$ 67,186	\$ 190,878	\$ 512,946
Total Dialysis	\$ 2,117,972	\$ 790,884	\$ 786,834	\$ 653,375	\$ 2,231,093	\$ 781,145	\$ 731,514	\$ 766,675	\$ 2,279,333	\$ 6,628,398
Offsite Hospital Services										
Age 55 and Over	\$ 39,361,434 <i>51.5%</i>	\$ 14,272,460	\$ 14,040,798	\$ 15,447,110	\$ 43,760,368 <i>55.5%</i>	\$ 12,013,751	\$ 15,341,582	\$ 19,001,779	\$ 46,357,112 <i>52.6%</i>	\$ 129,478,914 <i>53.2%</i>
UTMB	\$ 37,759,708	\$ 12,975,685	\$ 13,852,926	\$ 14,776,109	\$ 41,604,720	\$ 11,043,474	\$ 14,078,863	\$ 17,570,507	\$ 42,692,844	\$ 122,057,272
TTUHSC	\$ 1,601,726	\$ 1,296,775	\$ 187,872	\$ 671,001	\$ 2,155,648	\$ 970,277	\$ 1,262,719	\$ 1,431,272	\$ 3,664,268	\$ 7,421,642
Under 55	\$ 37,055,472 <i>48.5%</i>	\$ 11,230,646	\$ 11,406,498	\$ 12,424,346	\$ 35,061,491 <i>44.5%</i>	\$ 11,450,741	\$ 14,331,872	\$ 15,981,315	\$ 41,763,929 <i>47.4%</i>	\$ 113,880,892 <i>46.8%</i>
UTMB	\$ 34,498,160	\$ 9,364,877	\$ 11,128,891	\$ 11,380,905	\$ 31,874,673	\$ 9,439,392	\$ 11,419,108	\$ 13,243,525	\$ 34,102,026	\$ 100,474,859
TTUHSC	\$ 2,557,312	\$ 1,865,770	\$ 277,607	\$ 1,043,441	\$ 3,186,818	\$ 2,011,349	\$ 2,912,764	\$ 2,737,790	\$ 7,661,903	\$ 13,406,033
Total Offsite Hospital Services	\$ 76,416,906	\$ 25,503,107	\$ 25,447,296	\$ 27,871,456	\$ 78,821,859	\$ 23,464,493	\$ 29,673,454	\$ 34,983,094	\$ 88,121,041	\$ 243,359,806
C.1.8. Salaries/Agency Nursing/Overtime										
UTMB										
Salaries	\$ 58,039,622	\$ 19,938,302	\$ 20,240,682	\$ 18,594,462	\$ 58,773,447	\$ 20,374,801	\$ 19,866,850	\$ 20,752,517	\$ 60,994,168	\$ 177,807,237
Agency Nursing	\$ 9,716,431	\$ 2,941,533	\$ 2,506,521	\$ 2,715,919	\$ 8,163,973	\$ 2,764,542	\$ 2,629,006	\$ 2,497,720	\$ 7,891,269	\$ 25,771,673
Overtime	\$ 4,925,246	\$ 1,641,199	\$ 1,485,372	\$ 1,615,739	\$ 4,742,310	\$ 1,704,155	\$ 1,684,628	\$ 1,661,266	\$ 5,050,050	\$ 14,717,606
UTMB Total	\$ 72,681,299	\$ 24,521,035	\$ 24,232,575	\$ 22,926,120	\$ 71,679,730	\$ 24,843,499	\$ 24,180,484	\$ 24,911,503	\$ 73,935,486	\$ 218,296,515
TTUHSC										
Salaries	\$ 10,810,993	\$ 3,665,592	\$ 3,830,413	\$ 3,595,317	\$ 11,091,322	\$ 3,687,182	\$ 3,797,773	\$ 3,916,792	\$ 11,401,746	\$ 33,304,062
Agency Nursing	\$ 1,076,149	\$ 365,609	\$ 481,582	\$ 260,951	\$ 1,108,142	\$ 390,976	\$ 385,592	\$ 364,293	\$ 1,140,861	\$ 3,325,152
Overtime	\$ 195,918	\$ 70,527	\$ 52,370	\$ 58,068	\$ 180,965	\$ 69,820	\$ 62,734	\$ 60,490	\$ 193,044	\$ 569,926
TTUHSC Total	\$ 12,083,060	\$ 4,101,728	\$ 4,364,365	\$ 3,914,336	\$ 12,380,429	\$ 4,147,978	\$ 4,246,098	\$ 4,341,575	\$ 12,735,650	\$ 37,199,140
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 84,764,360	\$ 28,622,763	\$ 28,596,940	\$ 26,840,456	\$ 84,060,159	\$ 28,991,477	\$ 28,426,582	\$ 29,253,078	\$ 86,671,137	\$ 255,495,655
FTEs										
UTMB	2,835.0	2,883.6	2,911.1	2,982.8	2,925.9	3,002.8	3,014.4	3,024.4	3,013.9	2,924.9
TTUHSC	725.7	725.2	727.7	727.0	726.6	728.0	736.5	731.9	732.1	728.2
Total FTEs	3,560.7	3,608.8	3,638.8	3,709.8	3,652.5	3,730.8	3,750.9	3,756.3	3,746.0	3,653.1
Key Occupational Categories, Percent Filled										
UTMB										
Nursing	80.1%	81.5%	82.3%	84.3%	82.7%	84.9%	85.2%	85.5%	85.2%	82.7%
Mental Health	73.1%	75.1%	76.0%	78.7%	76.6%	79.6%	80.0%	80.2%	79.9%	76.6%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	80.1%	83.1%	84.7%	86.8%	84.9%	87.5%	87.3%	87.3%	87.4%	84.1%
Dental	88.9%	90.3%	89.8%	89.8%	89.9%	89.8%	89.8%	91.4%	90.3%	89.7%
Pharmacy	90.6%	92.0%	91.3%	90.3%	91.2%	90.3%	90.1%	91.5%	90.7%	90.8%
Other Positions	94.6%	95.1%	95.8%	94.3%	95.1%	94.3%	94.3%	93.6%	94.1%	94.6%
TTUHSC	87.3%	87.0%	87.6%	90.0%	88.2%	90.3%	91.0%	91.2%	90.8%	88.8%
Nursing	71.7%	71.0%	71.2%	71.0%	71.0%	71.1%	71.9%	71.4%	71.5%	71.4%
Mental Health	62.9%	62.3%	61.5%	61.9%	61.9%	62.1%	64.3%	63.0%	63.1%	62.6%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	67.9%	70.3%	72.7%	70.8%	71.3%	71.6%	72.0%	72.8%	72.1%	70.4%
Dental	78.0%	76.8%	75.0%	75.0%	75.6%	75.0%	73.2%	76.8%	75.0%	76.2%
Pharmacy	85.9%	84.1%	85.7%	85.7%	85.1%	84.2%	84.2%	82.8%	83.8%	84.9%
Other Positions	100.8%	100.8%	100.8%	100.8%	100.8%	100.8%	98.5%	98.5%	99.3%	100.3%
Other Positions	88.4%	86.4%	87.7%	87.0%	87.0%	87.0%	85.7%	85.9%	86.2%	87.2%

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 06/26/24
REVENUE:						
TDCJ Appropriation	\$ 32,508,863	\$ 32,508,862	\$ 32,866,103		\$ 97,883,828	\$ 130,749,931
State Reimbursement Benefits	\$ 3,363,423	\$ 3,409,002	\$ 3,594,869		\$ 10,367,294	\$ 13,823,058
Other Misc Revenue	\$ 11,527	\$ 332	\$ 1,040		\$ 12,899	\$ 13,532
TOTAL REVENUES	\$ 35,883,814	\$ 35,918,196	\$ 36,462,012	\$ -	\$ 108,264,021	\$ 144,586,522

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 8,295,153	\$ 8,337,497	\$ 8,449,922		\$ 25,082,572	\$ 33,793,740
Benefits	\$ 2,598,633	\$ 2,721,211	\$ 2,737,322		\$ 8,057,165	\$ 10,855,416
Other Operating Expenses	\$ 1,038,558	\$ 1,114,594	\$ 1,216,339		\$ 3,369,491	\$ 4,492,655
Professional Services	\$ 899,932	\$ 1,242,192	\$ 1,149,054		\$ 3,291,178	\$ 4,388,238
Contracted Units/Services	\$ 2,565,340	\$ 3,635,228	\$ 3,517,851		\$ 9,718,419	\$ 12,457,598
Travel	\$ 77,530	\$ 122,211	\$ 111,778		\$ 311,519	\$ 415,359
Capitalized Equipment	\$ 32,837	\$ 27,753	\$ 186,850		\$ 247,440	\$ 429,919
Subtotal, Unit Care Expenditures	\$ 15,507,984	\$ 17,200,686	\$ 17,369,116	\$ -	\$ 50,077,786	\$ 66,832,925
Psychiatric Care Expenditures						
Salaries	\$ 2,711,758	\$ 2,934,790	\$ 3,144,867		\$ 8,791,415	\$ 11,821,887
Benefits	\$ 713,531	\$ 771,522	\$ 813,950		\$ 2,299,003	\$ 3,091,488
Other Operating Expenses	\$ 71,436	\$ 80,889	\$ 45,441		\$ 197,766	\$ 263,688
Professional Services	\$ 1,261,418	\$ 1,153,404	\$ 1,312,814		\$ 3,727,636	\$ 4,970,182
Travel	\$ 19,085	\$ 32,304	\$ 18,019		\$ 69,407	\$ 92,543
Subtotal, Psychiatric Care Expenditures	\$ 4,777,229	\$ 4,972,909	\$ 5,335,091	\$ -	\$ 15,085,228	\$ 20,239,788
Total Expenditures, Unit & Psychiatric Care	\$ 20,285,212	\$ 22,173,594	\$ 22,704,207	\$ -	\$ 65,163,014	\$ 87,072,712

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 401,003	\$ 484,378	\$ 639,518		\$ 1,524,900	\$ 2,039,000
Community Provider Services	\$ 3,758,035	\$ 4,858,087	\$ 7,411,751		\$ 16,027,873	\$ 20,800,798
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,964,826	\$ 4,335,332	\$ 4,615,808		\$ 12,915,966	\$ 17,859,649
Estimated IBNR	\$ 1,682,521	\$ 499,094	\$ (1,387,552)		\$ 794,063	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,806,385	\$ 10,176,892	\$ 11,279,526	\$ -	\$ 31,262,802	\$ 40,699,447

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 132,637	\$ 794,777	\$ 672,861		\$ 1,600,275	\$ 2,133,700
Benefits	\$ 32,634	\$ 33,258	\$ 32,625		\$ 98,517	\$ 131,356
Other Operating Expenses	\$ 312,473	\$ 146,846	\$ 133,180		\$ 592,499	\$ 789,998
Pharmaceutical Purchases	\$ 2,456,701	\$ 2,100,297	\$ 2,054,101		\$ 6,611,098	\$ 8,814,798
Travel	\$ 2,348	\$ 4,990	\$ 6,456		\$ 13,794	\$ 18,393
Capitalized Equipment	\$ -	\$ -	\$ -		\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,936,793	\$ 3,080,168	\$ 2,899,222	\$ -	\$ 8,916,183	\$ 11,888,243

Indirect Expenditures (Shared Services)	\$ 893,994	\$ 893,994	\$ 903,818		\$ 2,691,805	\$ 3,595,623
TOTAL EXPENDITURES	\$ 33,922,384	\$ 36,324,648	\$ 37,786,772	\$ -	\$ 108,033,804	\$ 143,256,026
DIFFERENCE	\$ 1,961,430	\$ (406,452)	\$ (1,324,761)	\$ -	\$ 230,217	\$ 1,330,496

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/21/2024
REVENUE:						
TDCJ Appropriation	\$ 156,924,394	\$ 156,924,394	\$ 158,648,839		\$ 472,497,627	\$ 631,146,466
EMR Revenue Deferred to FY2024*	\$ 14,390,917	\$ 514,206	\$ 404,933		\$ 15,310,056	\$ 15,554,267
State Reimbursement Benefits	\$ 16,193,835	\$ 16,037,938	\$ 19,883,896		\$ 52,115,669	\$ 69,649,168
Other Misc Revenue	\$ 8,521	\$ 6,703	\$ 6,691		\$ 21,914	\$ 31,677
TOTAL REVENUES	\$ 187,517,666	\$ 173,483,241	\$ 178,944,360	\$ -	\$ 539,945,266	\$ 716,381,578

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 62,055,886	\$ 60,683,047	\$ 62,750,657		\$ 185,489,590	\$ 247,916,563
Benefits	\$ 16,876,349	\$ 17,403,654	\$ 17,703,977		\$ 51,983,979	\$ 69,478,579
Other Operating Expenses	\$ 6,297,261	\$ 7,380,990	\$ 8,205,484		\$ 21,883,734	\$ 29,515,391
Professional Services	\$ -	\$ -	\$ -		\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -		\$ -	\$ -
Travel	\$ 457,002	\$ 560,999	\$ 668,757		\$ 1,686,759	\$ 2,253,116
Capitalized Equipment	\$ 14,578,257	\$ 1,175,402	\$ 869,003		\$ 16,622,663	\$ 18,805,472
Subtotal, Unit Care Expenditures	\$ 100,264,755	\$ 87,204,092	\$ 90,197,879	\$ -	\$ 277,666,726	\$ 367,969,121
Psychiatric Care Expenditures						
Salaries	\$ 10,625,413	\$ 10,996,683	\$ 11,184,829		\$ 32,806,925	\$ 43,822,389
Benefits	\$ 2,602,612	\$ 2,710,858	\$ 2,780,134		\$ 8,093,604	\$ 10,811,164
Other Operating Expenses	\$ 93,779	\$ 101,329	\$ 69,218		\$ 264,326	\$ 353,078
Professional Services	\$ -	\$ -	\$ -		\$ -	\$ -
Travel	\$ 26,271	\$ 41,318	\$ 36,396		\$ 103,986	\$ 138,900
Subtotal, Psychiatric Care Expenditures	\$ 13,348,076	\$ 13,850,188	\$ 14,070,577	\$ -	\$ 41,268,841	\$ 55,125,532
Total Expenditures, Unit & Psychiatric Care	\$ 113,612,831	\$ 101,054,281	\$ 104,268,455	\$ -	\$ 318,935,567	\$ 423,094,653

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,095,611	\$ 5,963,403	\$ 7,384,823		\$ 19,443,836	\$ 26,443,588
Community Provider Services	\$ 9,847,179	\$ 20,250,898	\$ 22,259,804		\$ 52,357,881	\$ 87,512,021
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 48,682,907	\$ 50,440,701	\$ 50,319,610		\$ 149,443,217	\$ 203,242,555
Estimated IBNR	\$ 9,741,663	\$ 2,343,907	\$ 742,979		\$ 12,828,548	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 74,367,359	\$ 78,998,909	\$ 80,707,215	\$ -	\$ 234,073,483	\$ 317,198,164

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,313,927	\$ 2,363,368	\$ 2,439,557		\$ 7,116,852	\$ 9,511,206
Benefits	\$ 753,976	\$ 766,139	\$ 765,584		\$ 2,285,699	\$ 3,054,686
Other Operating Expenses	\$ 607,504	\$ 699,279	\$ 729,597		\$ 2,036,380	\$ 2,720,128
Pharmaceutical Purchases	\$ 13,631,030	\$ 13,614,128	\$ 13,918,249		\$ 41,163,407	\$ 54,823,699
Travel	\$ 10,038	\$ 7,373	\$ 8,762		\$ 26,174	\$ 34,962
Capitalized Equipment	\$ -	\$ -	\$ 42,912		\$ 42,912	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 17,316,476	\$ 17,450,288	\$ 17,904,661	\$ -	\$ 52,671,424	\$ 70,144,681

Indirect Expenditures (Shared Services)	\$ 5,200,094	\$ 4,990,118	\$ 4,313,044		\$ 14,503,255	\$ 19,943,066
TOTAL EXPENDITURES	\$ 210,496,760	\$ 202,493,595	\$ 207,193,375	\$ -	\$ 620,183,730	\$ 830,380,563
DIFFERENCE	\$ (22,979,094)	\$ (29,010,354)	\$ (28,249,016)	\$ -	\$ (80,238,463)	\$ (113,998,985)

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

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 189,433,257	\$ 189,433,256	\$ 191,514,942	\$ -	\$ 570,381,455	\$ 761,896,397
Revenue Deferred to FY2023*	\$ 14,390,917	\$ 514,206	\$ 404,933	\$ -	\$ 15,310,056	\$ 15,554,267
State Reimbursement Benefits	\$ 19,557,258	\$ 19,446,940	\$ 23,478,765	\$ -	\$ 62,482,963	\$ 83,472,226
Other Misc Revenue	\$ 20,048	\$ 7,035	\$ 7,731	\$ -	\$ 34,814	\$ 45,209
TOTAL REVENUES	\$ 223,401,479	\$ 209,401,437	\$ 215,406,371	\$ -	\$ 648,209,287	\$ 860,968,100

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 70,351,039	\$ 69,020,544	\$ 71,200,580	\$ -	\$ 210,572,162	\$ 281,710,303
Benefits	\$ 19,474,981	\$ 20,124,865	\$ 20,441,299	\$ -	\$ 60,041,145	\$ 80,333,995
Other Operating Expenses	\$ 7,335,819	\$ 8,495,584	\$ 9,421,822	\$ -	\$ 25,253,226	\$ 34,008,046
Professional Services	\$ 899,932	\$ 1,242,192	\$ 1,149,054	\$ -	\$ 3,291,178	\$ 4,388,238
Contracted Units/Services	\$ 2,565,340	\$ 3,635,228	\$ 3,517,851	\$ -	\$ 9,718,419	\$ 12,457,598
Travel	\$ 534,533	\$ 683,210	\$ 780,535	\$ -	\$ 1,998,279	\$ 2,668,476
Capitalized Equipment	\$ 14,611,094	\$ 1,203,155	\$ 1,055,854	\$ -	\$ 16,870,103	\$ 19,235,391
Subtotal, Unit Care Expenditures	\$ 115,772,739	\$ 104,404,778	\$ 107,566,995	\$ -	\$ 327,744,512	\$ 434,802,045
Psychiatric Care Expenditures						
Salaries	\$ 13,337,171	\$ 13,931,473	\$ 14,329,696	\$ -	\$ 41,598,341	\$ 55,644,277
Benefits	\$ 3,316,143	\$ 3,482,380	\$ 3,594,084	\$ -	\$ 10,392,607	\$ 13,902,652
Other Operating Expenses	\$ 165,215	\$ 182,219	\$ 114,658	\$ -	\$ 462,092	\$ 616,766
Professional Services	\$ 1,261,418	\$ 1,153,404	\$ 1,312,814	\$ -	\$ 3,727,636	\$ 4,970,182
Travel	\$ 45,357	\$ 73,622	\$ 54,415	\$ -	\$ 173,393	\$ 231,444
Subtotal, Psychiatric Care Expenditures	\$ 18,125,305	\$ 18,823,097	\$ 19,405,667	\$ -	\$ 56,354,069	\$ 75,365,320
Total Expenditures, Unit & Psychiatric Care	\$ 133,898,043	\$ 123,227,875	\$ 126,972,662	\$ -	\$ 384,098,581	\$ 510,167,365

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 6,496,614	\$ 6,447,781	\$ 8,024,341	\$ -	\$ 20,968,736	\$ 28,482,588
Community Provider Services	\$ 13,605,214	\$ 25,108,985	\$ 29,671,555	\$ -	\$ 68,385,754	\$ 108,312,819
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 52,647,733	\$ 54,776,033	\$ 54,935,418	\$ -	\$ 162,359,184	\$ 221,102,204
Estimated IBNR	\$ 11,424,184	\$ 2,843,001	\$ (644,574)	\$ -	\$ 13,622,611	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 84,173,744	\$ 89,175,800	\$ 91,986,741	\$ -	\$ 265,336,285	\$ 357,897,611

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,446,565	\$ 3,158,145	\$ 3,112,417	\$ -	\$ 8,717,127	\$ 11,644,905
Benefits	\$ 786,611	\$ 799,397	\$ 798,208	\$ -	\$ 2,384,216	\$ 3,186,042
Other Operating Expenses	\$ 919,977	\$ 846,124	\$ 862,777	\$ -	\$ 2,628,879	\$ 3,510,126
Pharmaceutical Purchases	\$ 16,087,730	\$ 15,714,425	\$ 15,972,349	\$ -	\$ 47,774,505	\$ 63,638,497
Travel	\$ 12,386	\$ 12,364	\$ 15,218	\$ -	\$ 39,968	\$ 53,355
Capitalized Equipment	\$ -	\$ -	\$ 42,912	\$ -	\$ 42,912	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 20,253,269	\$ 20,530,456	\$ 20,803,883	\$ -	\$ 61,587,607	\$ 82,032,925

Indirect Expenditures (Shared Services)	\$ 6,094,087	\$ 5,884,112	\$ 5,216,862	\$ -	\$ 17,195,061	\$ 23,538,689
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TOTAL EXPENDITURES	\$ 244,419,143	\$ 238,818,243	\$ 244,980,148	\$ -	\$ 728,217,534	\$ 973,636,589
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DIFFERENCE	\$ (21,017,664)	\$ (29,416,806)	\$ (29,573,777)	\$ -	\$ (80,008,246)	\$ (112,668,489)
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Projected Uncollected Health Care Fees						\$ (827,000)
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FY2023 Remaining Balance						\$ (6,081,412)
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FY2023 Cost Report Reconciliation						\$ 1,717,908
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NET DIFFERENCE	\$ (21,017,664)	\$ (29,416,806)	\$ (29,573,777)	\$ -	\$ (80,008,246)	\$ (117,858,993)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Lannette Linthicum, MD, CCHP-A, FACP

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TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Third Quarter Fiscal Year (FY) 2024 (March, April, and May 2024), Operational Review Audits (ORAs) were conducted at the following 7 facilities: Diboll, Duncan, Estelle (General Population [GP], Extended Cell Block [ECB], Regional Medical Facility [RMF], Substance Abuse Felony Punishment [SAFP]), Hilltop, O'Daniel, Segovia, and Woodman 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 10 items found to be most frequently out of compliance in the Operational Review Audits conducted in the Third Quarter of FY 2024:
 1. Item **6.380** requires the pneumococcal vaccine be offered to the inmates on the facility who qualify as outlined in CMHC Policy B-14.07 and documented on the HSM-2. If the vaccination is refused is there a signed Refusal of Treatment Form (HSM-82). The following 6 facilities were not in compliance with this requirement:
 - Diboll (41%) – Corrective action plan received
 - Duncan (48%) – Corrective action plan received
 - Estelle (GP) (79%) – Corrective action plan received
(ECB) (25%) – Corrective action plan received
(RMF) (23%) – Corrective action plan received
(SAFP) (36%) – Corrective action plan received
 - Hilltop (63%) – Corrective action plan received
 - O'Daniel (36%) – Corrective action plan received
 - Woodman (67%) – Corrective action plan received
 2. Item **5.251** requires documentation that 3 Hemocult cards or a FIT Kit was offered to inmates 50 years of age or greater within the required time frame of their annual date of incarceration. If not, is there a signed Refusal of Treatment (HSM-82). The following 6 facilities were not in compliance with this requirement:
 - Diboll (62%) – Corrective action plan received
 - Duncan (64%) – Corrective action plan received
 - Estelle (GP) (67%) – Corrective action plan received
(ECB) (71%) – Corrective action plan received
(RMF) (58%) – Corrective action plan received
 - Hilltop (63%) – Corrective action plan received
 - O'Daniel (30%) – Corrective action plan received
 - Woodman (60%) – Corrective action plan received
 3. Item **5.065** requires an order in the Electronic Health Record (EHR) for a therapeutic diet for each inmate that has a qualifying diagnosis. The following 6 facilities were not in compliance with this requirement:
 - Diboll (68%) – Corrective action plan received
 - Duncan (30%) – Corrective action plan received
 - Estelle (SAFP) (76%) – Corrective action plan received
 - Hilltop (55%) – Corrective action plan received
 - O'Daniel (18%) – Corrective action plan received
 - Woodman (68%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

4. Item **6.450** requires follow-up serologies for Syphilis be 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 six, twelve, and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following **6** facilities were not in compliance with this requirement:
 - Diboll (50%) – Corrective action plan received
 - Duncan (50%) – Corrective action plan received
 - Estelle (GP) (33%) – Corrective action plan received
(ECB) (20%) – Corrective action plan received
(SAFP) (13%) – Corrective action plan received
 - Hilltop (40%) – Corrective action plan received
 - O’Daniel (20%) – Corrective action plan received
 - Woodman (33%) – Corrective action plan received

5. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **5** facilities were not in compliance with this requirement:
 - Diboll (0%) – Corrective action plan received
 - Duncan (40%) – Corrective action plan received
 - Estelle (GP) (62%) – Corrective action plan received
 - Hilltop (33%) – Corrective action plan received
 - Segovia (50%) – Corrective action plan received

6. Item **6.080** requires TB-400 forms (Texas Department of State Health Services – Tuberculosis Elimination Division) be completed at the facility for all inmates receiving: (1) Tuberculosis chemoprophylaxis, (2) identification of a TB suspect case, (3) diagnosis of a case of active TB and (4) at termination/completion of TB therapy. The following **5** facilities were not in compliance with this requirement:
 - Diboll (0%) – Corrective action plan received
 - Duncan (0%) – Corrective action plan received
 - Estelle (GP) (77%) – Corrective action plan received
(SAFP) (0%) – Corrective action plan received
 - Hilltop (0%) – Corrective action plan received
 - Segovia (0%) – Corrective action plan received

7. Item **6.370** requires seasonal influenza vaccine to be offered annually to the inmates on the facility as defined in CMHC Policy B-14.07. If the vaccination is refused, is there a signed Refusal of Treatment form (HSM-82). The following **4** facilities were not in compliance with this requirement:
 - Diboll (62%) – Corrective action plan received
 - Estelle (GP) (42%) – Corrective action plan received
(RMF) (65%) – Corrective action plan received
 - O’Daniel (71%) – Corrective action plan received
 - Woodman (57%) – Corrective action plan received

8. Item **6.220** requires a current Individual Treatment Plan for HIV positive inmates to be documented in the medical record. The following **3** facilities were not in compliance with this requirement:
 - Estelle (GP) (77%) – Corrective action plan received
(ECB) (78%) – Corrective action plan received
(RMF) (0%) – Corrective action plan received
 - Segovia (50%) – Corrective action plan received
 - Woodman (67%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

9. Item **6.330** requires initial evaluations of inmates diagnosed with Hepatitis C be completed by a physician or mid-level provider. The following **2** facilities were not in compliance with this requirement:
 - Estelle (GP) (80%) – Corrective action plan received
(ECB) (67%) – Corrective action plan received
(SAFP) (67%) – Corrective action plan received
 - Segovia (67%) – Corrective action plan received
10. Item **6.340** requires APRI scores be calculated on the unit at least annually for all inmates diagnosed with HCV. The following **3** facilities were not in compliance with this requirement:
 - Diboll (0%) – Corrective action plan received
 - Estelle (GP) (50%) – Corrective action plan received
(ECB) (36%) – Corrective action plan received
(RMF) (25%) – Corrective action plan received
 - Hilltop (30%) – Corrective action plan received

During the previous quarter, ORAs for **6** facilities had pending corrective action plans: Kegans Intermediate Sanction Facility (ISF), Ramsey, San Saba, Stiles, Stringfellow, and Vance units. During the Third Quarter FY 2024, **3** were closed: Ramsey, Stringfellow, and Vance units.

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 **7** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Third Quarter of FY 2024 (March, April, and May 2024), Dental Quality Review audits were conducted at the following **12** facilities: Daniel, Diboll, Duncan, Goodman, Havins, Middleton, Montford, Roach, Robertson, Sayle, Smith (General Population [GP] and Extended Cell Block [ECB]), and Wallace units. The following is a summary of the items found to be most frequently below 80 percent:

- **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. **4** of the **12** facilities were not in compliance: Goodman (77%), Wallace (76%), Havins (75%) and Sayle (45%).
- **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. **4** of the **12** facilities were not in compliance: Duncan (75%), Sayle (67%), Robertson (50%), and Havins (0%).
- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1. **3** of the **12** facilities were not in compliance: Sayle (71%), Goodman (45%), and Middleton (44%).
- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. **3** of the **12** facilities were not in compliance: Goodman (60%), Middleton (60%) and Havins (0%).
- **Item 15** assesses if radiographs necessary for the CTP are documented when the CTP is formulated. **2** of the **12** facilities were not in compliance: Havins (0%) and Montford (0%).
- **Item 17** assesses if the periodontal condition is noted on the Comprehensive Treatment Plan (CTP) form. **2** of the **12** facilities were not in compliance: Montford (79%) and Duncan (78%).

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 26** assesses if the Eyewash Station is functional and readily accessible. **2** of the **12** facilities were not in compliance: Smith ECB (0%) and Wallace (0%).
- **Item 34** assesses if dental instruments, equipment and handpieces are cleaned and handled according to Correctional Managed Health Care policies. **2** of the **12** facilities were not in compliance: Daniel (50%) and Wallace (50%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Third Quarter of FY 2024 (March, April, and May 2024), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,340** correspondences. The PLP received **3,626** and Step II Grievance received **714**. There were **93** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) overall combined percentage of sustained inmate medical grievances closed in the Third Quarter FY 2024 for the Step II medical grievances was **3%**. 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 **3%** and **1%** for TTUHSC for the Third 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 Third Quarter of FY 2024, (March, April, and May 2024), the Patient Liaison Program nurses and investigators performed **21** Sick Call Request Verification Audits (SCRVA) on **21** 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 **150** indicators were reviewed at the **21** facilities and **2** of the indicators fell below the 80 percent compliance threshold, representing **1.3** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **21** facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from this facility. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn

OFFICE OF PUBLIC HEALTH (CONTINUED)

within six months of an inmate's release date. During the Third Quarter FY 2024, there were **14,303** intake HIV tests performed. Of those tested, **144** inmates were newly identified as having HIV infection. During the same time period, there were **8,777** pre-release tests performed with **0** found to be HIV positive. For this quarter, **7** new AIDS cases were identified.

- There were **510** cases of Hepatitis C identified for the Third Quarter FY 2024. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **887** cases of suspected Syphilis were reported in the Third Quarter FY 2024. **370** 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.
- **245** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2024. For the same time period, **84** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **30** TB cases (pulmonary and extra-pulmonary) under management for the Third 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 an 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 **298** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2024. There were **92** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **132** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- As of the close of the quarter, **91** of the **100** facilities housing inmates had active peer education programs. During the Third Quarter FY 2024, **49** inmates trained to become peer educators. This is a decrease from the Second Quarter FY 2024 report. During the Third Quarter FY 2024, **12,444** inmates attended the classes presented by peer educators. This is a decrease from the Second Quarter FY 2024.

MORBIDITY AND MORTALITY

There were **142** deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2024, of those **142** deaths, **one** was referred to a peer review committee.

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

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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third 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 Third Quarter FY 2024, no units were scheduled to be reported due to a restrictive housing monitor position vacancy.
- 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 Third Quarter FY 2024, a total of **83** instances of compelled psychoactive medication occurred. There were **31** instances at the Montford Unit, **26** instances at the Skyview Unit, **25** instances at the Wayne Scott Unit, and **1** instance at the Clements Unit. Montford, Wayne Scott, and Skyview obtained a score of 100% for each month in the reporting period. Clements received a score of 100% for April 2024 and had no applicable data to report during the months of March 2024 and May 2024.
- 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 **21** intake facilities reviewed, **20** facilities identified incoming inmates in need of Mental Health Evaluations. **14** of the **21** units scored 80% or better: Byrd, East Texas, Formby, Gist, Glossbrenner, Hutchins, Johnston, Lindsey, Lychner, Middleton, Sanchez, Sayle, Travis, and Woodman. **Six** of the **21** scored below 80%: Beto, Dominguez, Garza West, Halbert, Holliday, and Plane. A corrective action plan is required of all units scoring below 80%. **One** of the **21**, Kyle, did not have applicable scores due to no applicable data.

OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of the Health Services Liaison (HSL) conducts a random audit of 10 percent of Electronic Health Records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Third Quarter of FY 2024, HSL conducted **474** hospital and **70** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmary, if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge, and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **474** hospital discharge audits conducted, **408** were from the UTMB Sector and **66** were from the TTUHSC sector. There were **71** deficiencies identified for UTMB and **6** identified for TTUHSC. Of the **70** infirmary discharge audits conducted **30** were from the UTMB sector and **40** were from the TTUHSC sector. There were **0** deficiencies identified from UTMB and **1** for TTUHSC.

ACCREDITATION

The ACA 2024 Summer Conference was held in Nashville, Tennessee on August 15-18, 2024, and the following facilities were represented: Allred, Coffield, Connally, Ferguson, Gib Lewis, Hobby, Marlin, Memorial, San Saba, Sayle, Telford, Terrell, and Young 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 - **16**
- Correctional Institutions Division Pending Monthly Research Projects – **0**
- Health Services Division Active Monthly Research Projects – **5**
- Health Services Division Pending Monthly Research Projects – **0**

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Beyond the “Nuts and Bolts”: An Overview of Women’s Health in Texas Prison

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

Did you know?

*Inmates are the only
Americans with a guaranteed
right to adequate healthcare as
a result of the Historic 1976 U.S.
Supreme Court Ruling in the
Texas case, Estelle v. Gamble.*

Correctional Managed Care

Strategic Partnership between:

- The Texas Department of Criminal Justice
- The University of Texas Medical Branch at Galveston
- Texas Tech University Health Sciences Center

Focused upon a shared Mission:

- To develop a statewide health care network that provides TDCJ offenders with timely access to a constitutional level of health care while also controlling costs

Managed by a statutorily established body:

- The Correctional Managed Health Care Committee

Overview of Women's Health in Texas Prisons

Objectives:

- Overview of Incarcerated Women in the TDCJ
- Gynecologic Care
 - Outpatient
 - Inpatient
- Obstetrical Care
 - Outpatient
 - Inpatient
- Special Programs
- Summary

Geographic Areas of Responsibility



19%, 25,575
offenders



81%, 109,027
offenders

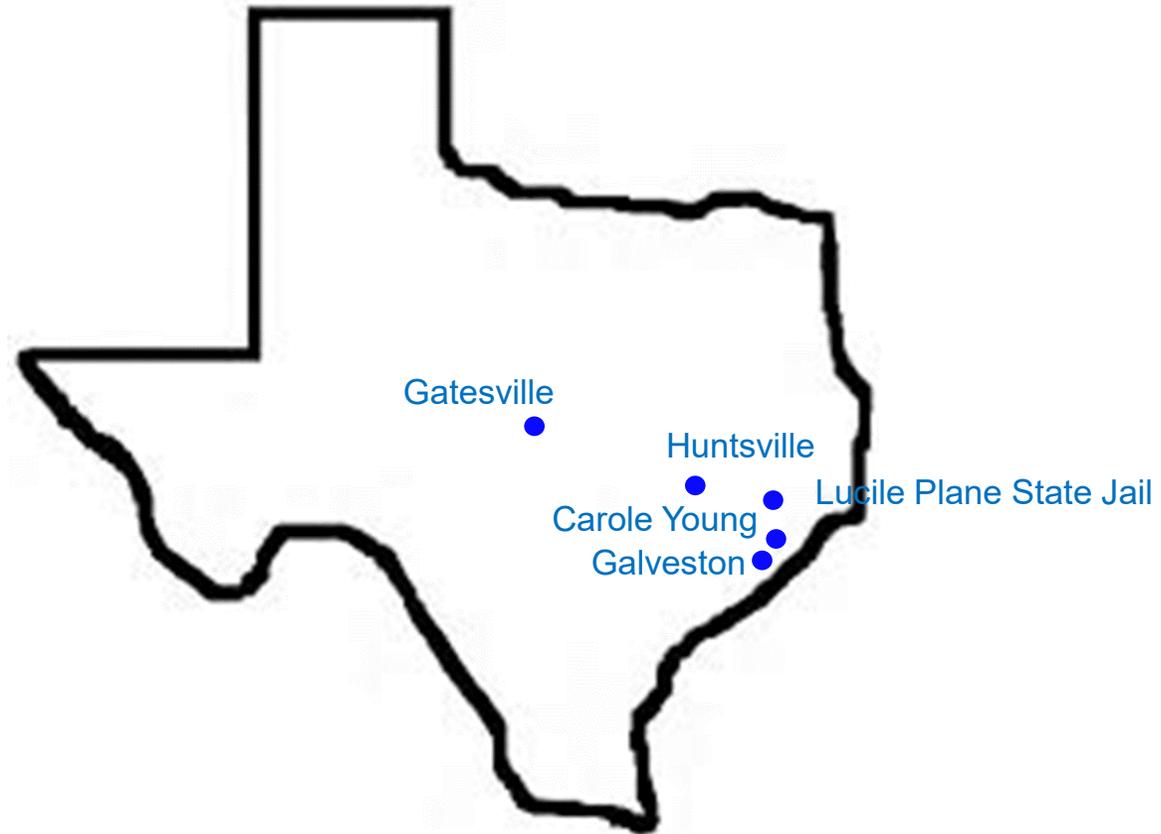
TDCJ Population Trends

Fiscal Year	Male	% Male	Female	% Female	Total
FY24	123,838	92.0%	10,764	8.0%	134,602
FY23	119,620	92.1%	10,218	7.9%	129,838
FY22	112,912	92.5%	9,220	7.5%	122,132
FY21	109,336	92.6%	8,717	7.4%	118,053
FY20	112,498	92.9%	8,630	7.1%	121,128
FY19	130,227	91.6%	12,003	8.4%	142,230

Patient Population

- 134,602 Inmates in TDCJ
 - Males: 123,838 (92%)
 - Females: 10,764 (8%)

Female Units



Outpatient Gynecology

- Satellite Clinics
 - Crain Unit (Gatesville Area)
 - Carole Young Unit (Texas City)
- Urogynecology
 - Hospital Galveston Clinics
- Gynecologic Oncology
 - MDA clinic in free world clinic in Galveston

Outpatient Gynecology (Crain Unit)

- Gatesville, Texas
- Fly to GRK 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
 - Began LETZ for Treatment of cervical dysplasia 07/2024
- **Allows excellent follow-up and continuity of care**
- **Perform Pre-op Evaluations**
 - Schedule 2-4 Gyn Surgeries each clinic day
 - These pts are transported to Hospital Galveston
- **Insertion of Progesterone devices for dysfunctional uterine bleeding**

Outpatient Gynecology (Carole Young)

- Texas city, Texas
- 1st and 3rd Wednesdays
- Faculty + 2 Residents
- Clinic staffed by C. Young Medical Personnel
- 20 Patients – All Gyn Consults (from PCP's)
 - Similar Gyn Consults as Crain Unit
 - 4-8 LETZ's (Loop Excision of Transformation Zone)
 - Treatment of High-Grade Cervical Pre-Cancer
 - Majority are from Gatesville Area
 - Avoids need for Hospital Galveston
- Insertion of Progesterone devices for dysfunctional uterine bleeding

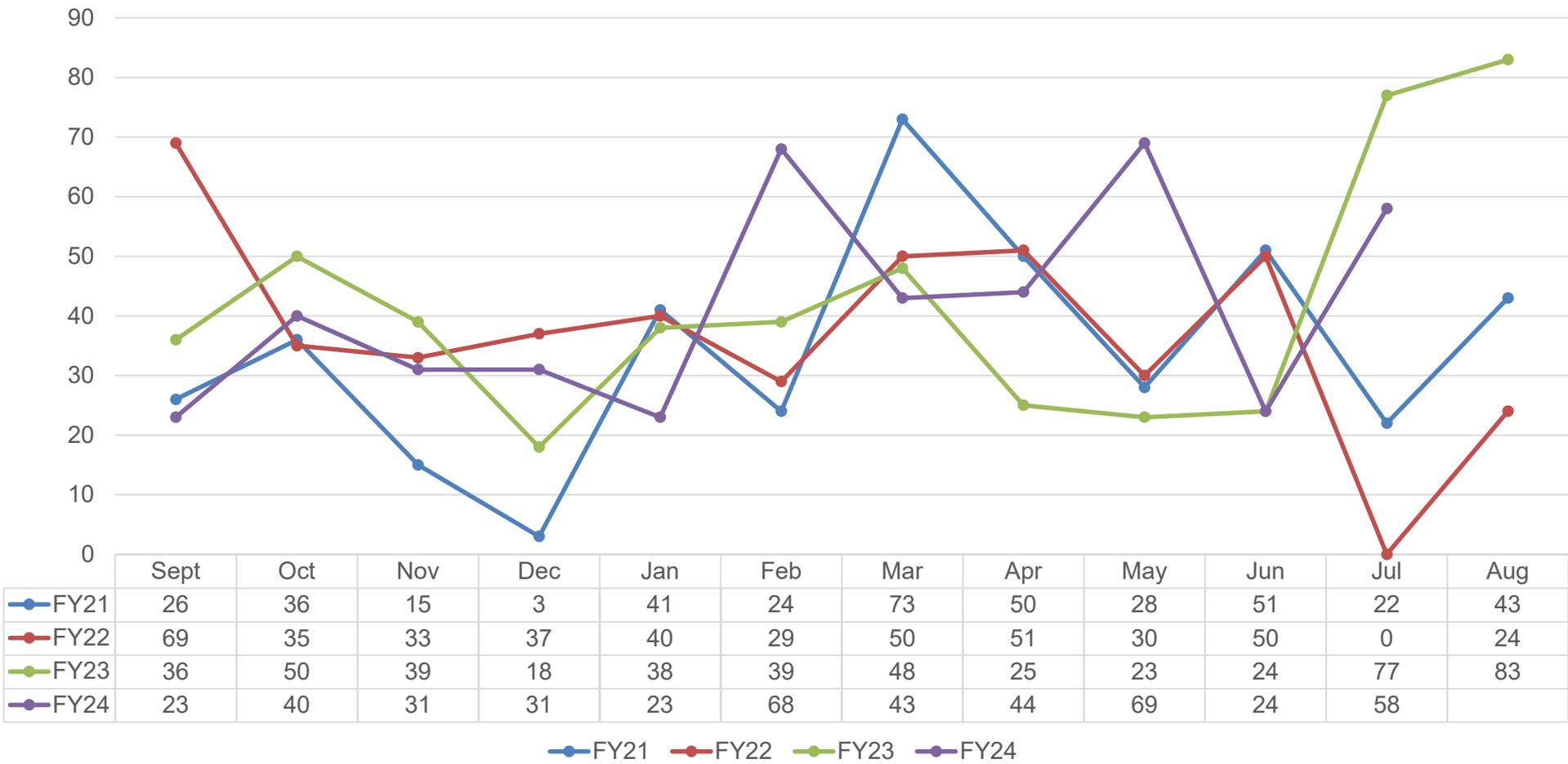
Outpatient Urogynecology

- Outpatient Clinic at Hospital Galveston
- Referrals only from Gyn Faculty
- 3rd Thursday of every month
- Faculty + Residents
- Clinic staffed by UTMB Faculty Group Physicians
- 7-10 Patients
 - Evaluations and work-ups
 - Perform pre-op evaluations and surgery scheduling
 - Most outpatient follow-up done by General OBGYN

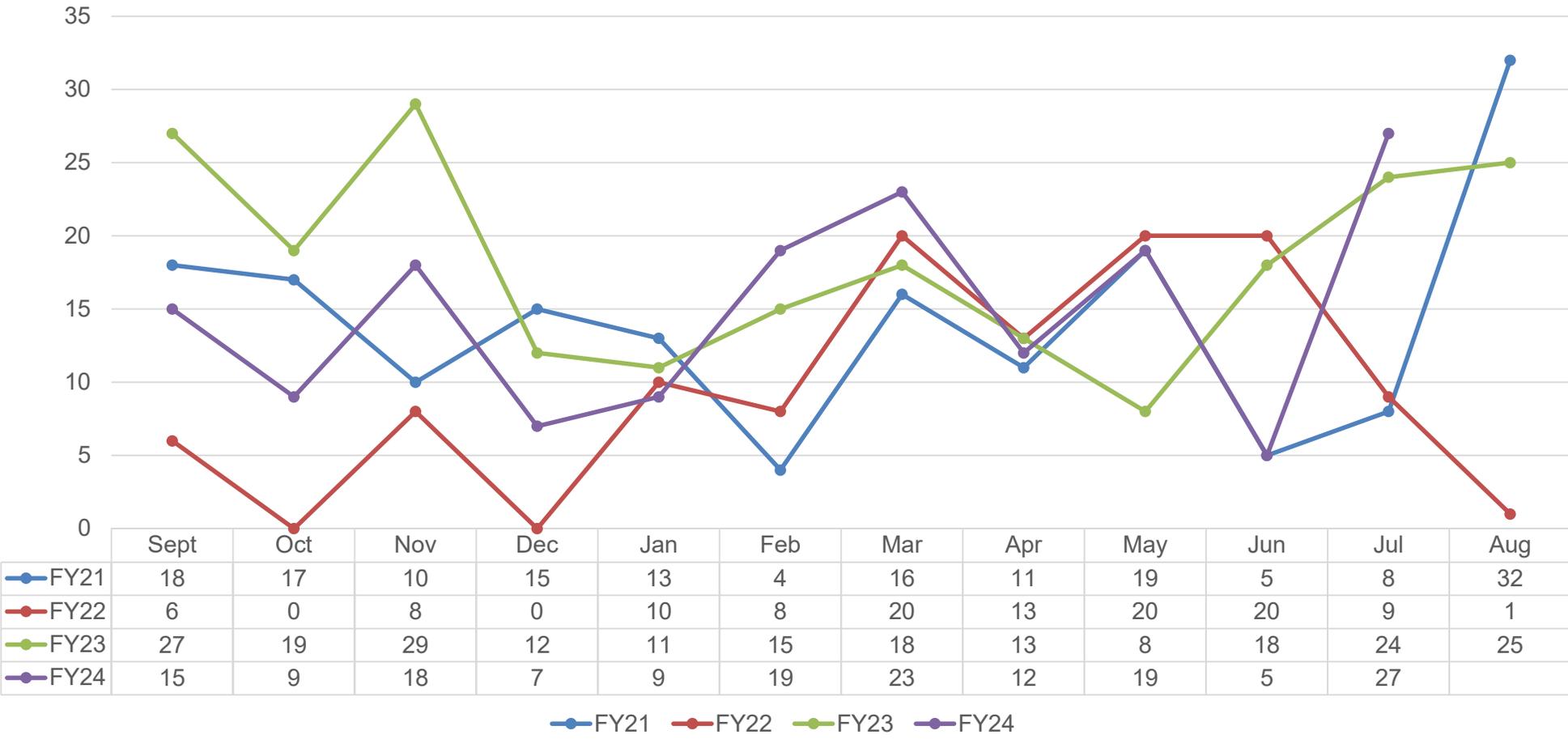
Gynecologic Oncology

- Outpatient Clinic in UTMB UHC Clinics
- Referrals from Gyn Faculty only
- Patients scheduled as needed
- 2 MD Anderson Faculty
- Clinic staffed by MD Anderson Medical Personnel
- Avg 2 Patients per week
 - Evaluations and work-ups
 - Perform pre-op evaluations and surgery scheduling
 - Post op evaluations and further management

Gatesville Gynecology



Carole Young Gynecology



Gynecology Metrics

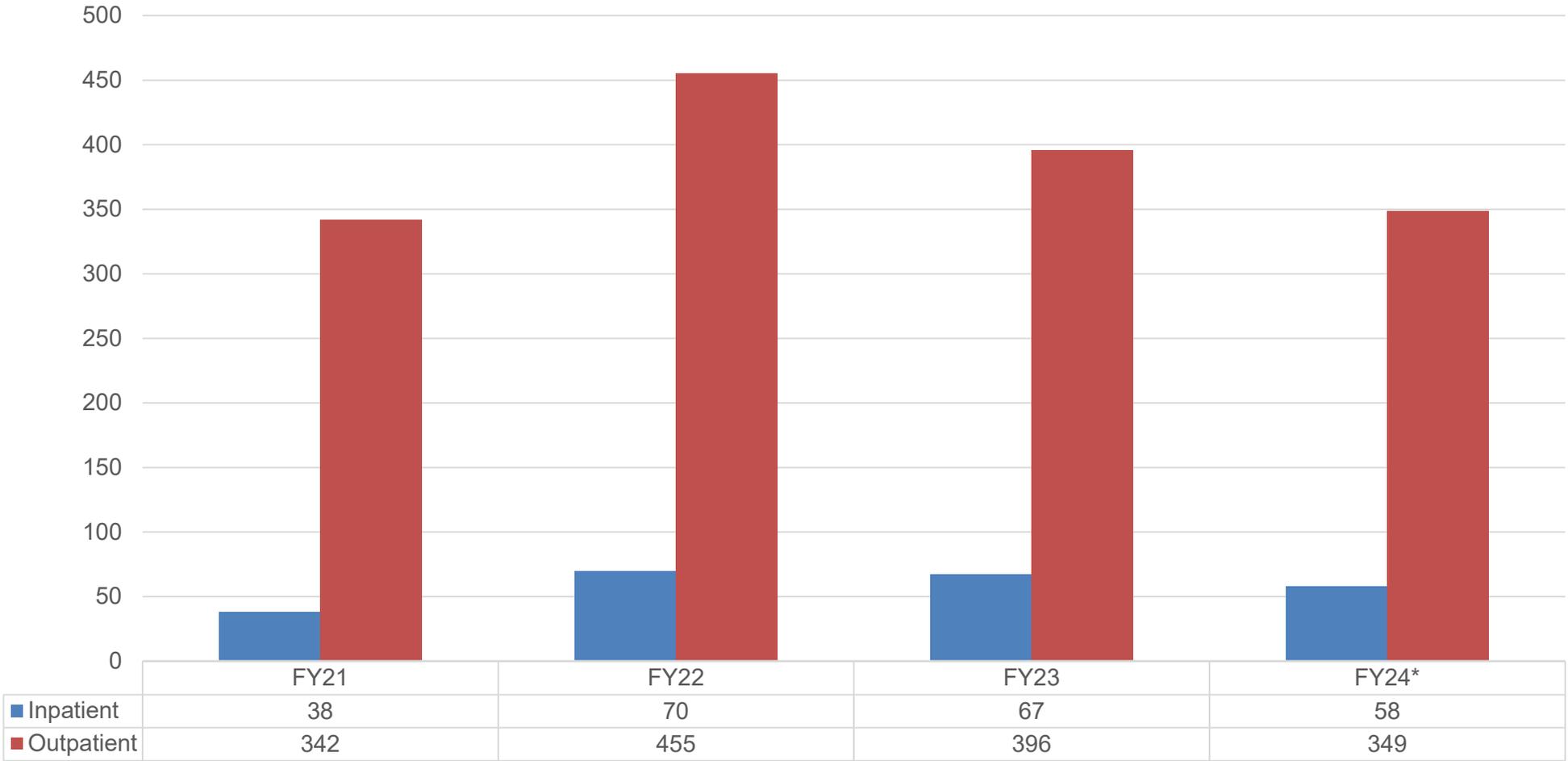
Unit	FY21	FY22	FY23	FY24*	Total
Carole Young	168	115	219	163	665
Gatesville	412	448	500	454	1,814
Total	580	563	719	617	2,479

*FY24 is through July FYTD

Inpatient Gynecology (Hospital Galveston)

- Transported to Hospital Galveston
- Patient Population
 - 90% admitted for a planned surgical procedure
 - 10% direct admits after phone consultation with Gynecologist
 - Acute – transported by ambulance from Unit
 - Urgent – transported by van from area units
 - Emergent
 - Community Hospitals and then HG

Trends for Obstetrics/Gynecology Surgeries



*FY24 represents FYTD billed procedures.

Hospital Galveston Gynecology Discharges

- Stable post-operative course
- Need for extended care
- Carole young facility for SNF
- Wound complications
- Need for extended therapy (e.g. XRT, chemotherapy)

OBSTETRICS

Obstetrics

- Women processed into TDCJ at Unit of assignment
 - Intake Testing
 - HIV
 - PPD
 - Syphilis
 - Hep C
 - Pregnancy test
 - PAP smear
 - Screening for Gonorrhea + Chlamydia
 - Mammogram
- Paradigm shift to all pregnant women at the Carole young facility (FY23)

Carole Young Texas City

- 30 minutes from Hospital Galveston and UTMB L&D
 - 20 minutes by ambulance
 - Triage in Free World L&D
- Separate dormitory from general population
- Weekly outpatient obstetrics clinic at Carole Young

TDCJ Female Pregnancy Census FY24

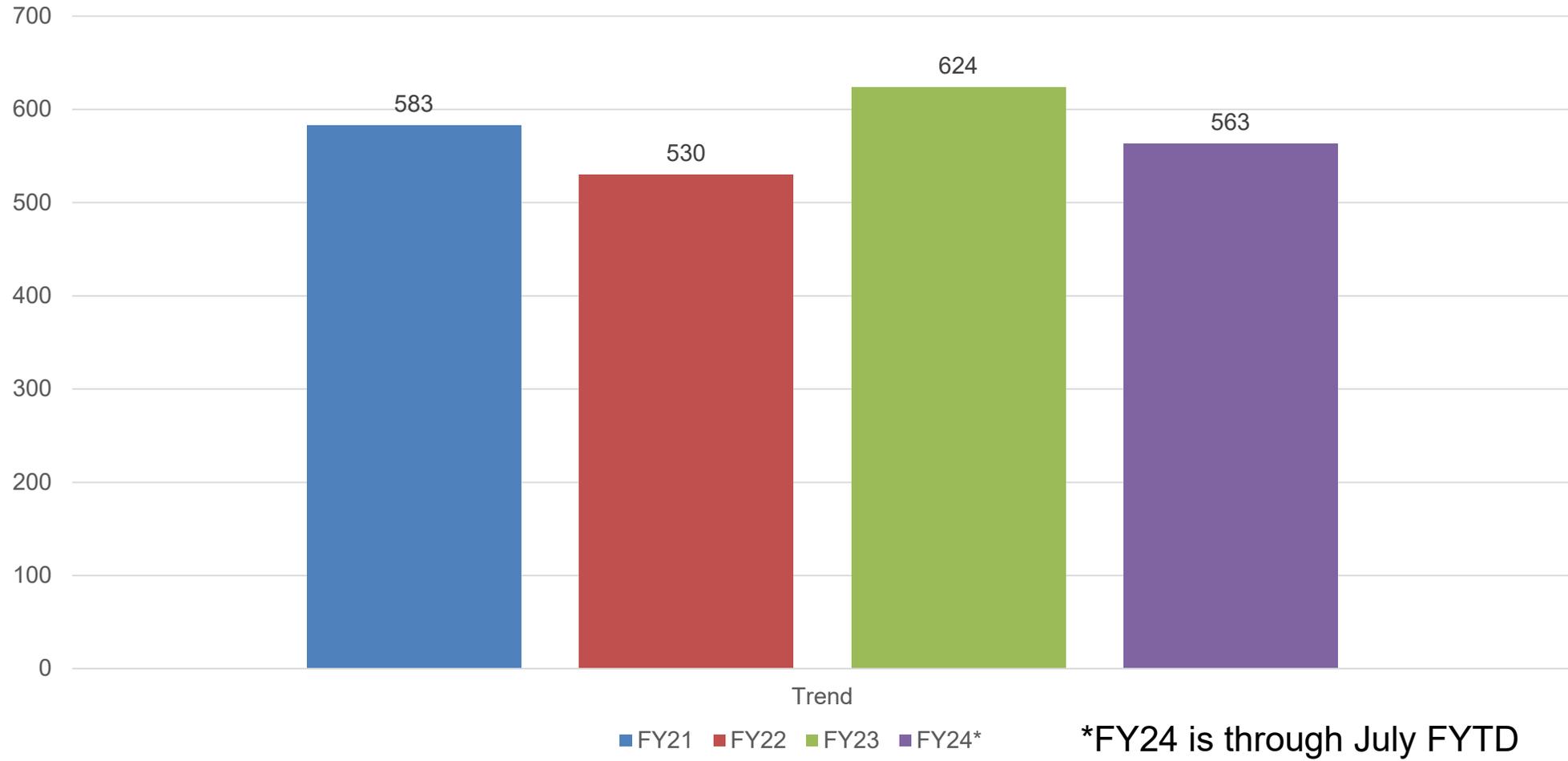
25

***All pregnant women housed
at Carole Young Unit**

Outpatient Obstetrics

- Drive to Carole Young 1 or 2 days a week
- 1 maternal fetal monitoring OBGYN faculty
- 2 High Risk Ob Nurse Practitioners
- Clinic staffed by Carole Young Medical Personnel
- 10-20 Patients per clinic
- Able to perform Electronic Fetal Monitoring and Bedside Ultrasound

Outpatient Obstetrics Volume – Carole Young



Inpatient Obstetrics

- Triage in UTMB Free World Labor and Delivery Unit
 - Admitted to John Sealy Labor & Delivery
 - Female officer present 100% of time
- Labor and Delivery in UTMB John Sealy Hospital
- Immediate Postpartum Care – UTMB John Sealy Hospital
- Mandatory Bonding Program (HB650)
 - Mothers allowed to spend 72 hours bonding time with their neonates in UTMB John Sealy Hospital
 - Discharge to Carole Young

TDCJ Deliveries over the Years

Fiscal Year	Delivery Number
FY19	150
FY20	111
FY21	55
FY22	70
FY23	71
FY24	66

Delivery Data FY23

- 71 Deliveries
 - 68 at UTMB
 - 2 GC (10 min ambulance ride from Carole Young)
 - 1 at J4
- 3 Twin Deliveries
- 26 inmates released prior to delivery
- Cesarean Deliveries = 21 41% (Primary and Repeat)
- Avg gestational age at delivery = 38 2/7

Total Number of TDCJ Deliveries

	FY20	FY21	FY22	FY23	FY24	Total
Cesarean	43	37	24	28	21	153
Vaginal	62	90	46	40	30	268
Grand Total	105	127	70	68	51	421

Vaginal Deliveries

	FY20	FY21	FY22	FY23	FY24	Total
SVD	59	89	45	39	26	258
*Vbac	3	1	1	1	4	10
Grand Total	62	90	46	40	30	268

*Vbac = vaginal birth after cesarean section

Vaginal vs. C-section Deliveries

	FY20	FY21	FY22	FY23	FY24	Total
Cesarean	41%	29%	34%	41%	41%	36%
Vaginal	59%	71%	66%	59%	59%	64%
Grand Total	100%	100%	100%	100%	100%	100%

Perinatal Services

Birth Outcomes

Birth Statistic	TDCJ Birth Data YTD FY 23
Percent born preterm (< 37 wks)	6.45%
Avg gestational age at delivery	38.2
Average birthweight	3152.1 grams
Percent cesarean delivery	43.3%

Perinatal Outcomes

	TDCJ	Freeworld
Admission to *NICU	3%	14%
Prematurity	<5%	10.5%
Mortality	Zero perinatal deaths in 4 years	
Length of stay	4 days	1.3 days
Mean Birth Weight	Same	Same
Perinatal Outcomes	Excellent	Good

- *Neonatal Intensive Care Unit

Postnatal Care

- HB 650
- BAMBI
- Discharged to Carole Young.
- Postpartum exams occur approx. 6 weeks after delivery.
- Edinburgh Postnatal Depression evaluation.

Postpartum Care

- Bonding Program 3 days (HB650)
- Then Transport back to Carole Young
 - Decision to allow inmate to enter Bambi Program*security, offense, complete special programs
- Outpatient Clinic Visit at Carole Young in 1-2 weeks for Postpartum evaluation/clearance
- Then re-assigned to regular unit or Bambi

Baby and Mother Bonding Initiative (BAMBI)

BAMBI program

- Baby And Mother Bonding Initiative
- Partnership with
 - Rehabilitation Programs Division
 - UTMB and Santa Maria Hostel
- Accepts up to 22 mothers with their babies
- Mother receives
 - Education in child development
 - First aid and CPR, life skills, nutrition
 - Anger management and family reunification
 - Life altering skills



Bambi Program

- **Allows for Mother to stay with infant for prolonged period of time**
 - 2 Mothers with their infants per room
 - Encourages breastfeeding
 - Encourages mother and child well-being
 - Provides and reinforces life changing skills
 - Apartment located in Houston
- **BAMBI Census**
 - FY23: 22 Total
 - FY24: 12 YTD

BAMBI Advocacy Student Scholars (BASS) Program

UTMB School of Nursing Collaboration with BAMBI

Original BAMBI/SON Collaborative Project:

Beginning in 2016, the original project selected 10 UTMB School of Nursing students each semester. Students created and implemented 7 educational sessions at Carol Young facility each active semester (Summer & Fall only). Students also served on call (and faculty) 24/7, for BAMBI mother labor. When BAMBI mother was in labor, student would serve at the bedside for duration of labor, birth and postpartum. This process repeated each semester.

DATA:

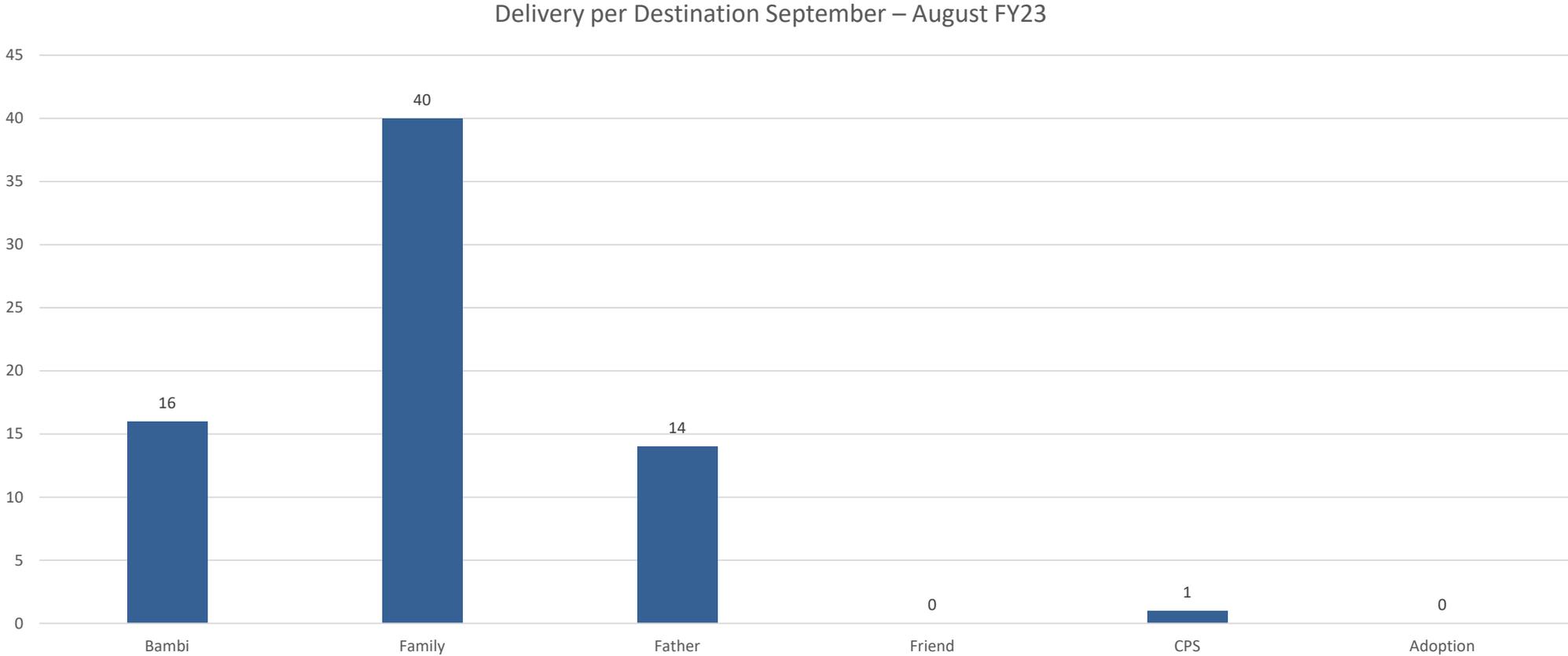
- From Spring 2016-Fall 2020, the UTMB School of Nursing undergraduate nursing students who participated in the BAMBI/SON Collaborative Project have:
 - Provided over **1087 hours at the inmate mother's bedside,**
 - Participated in **46 deliveries,**
 - Conducted **75 educational sessions to the incarcerated mothers in the prison,** and the School of Nursing has
- School of Nursing Faculty trained and had **143 students** participate in this project
 - (28 virtual post Covid)



Awards Received

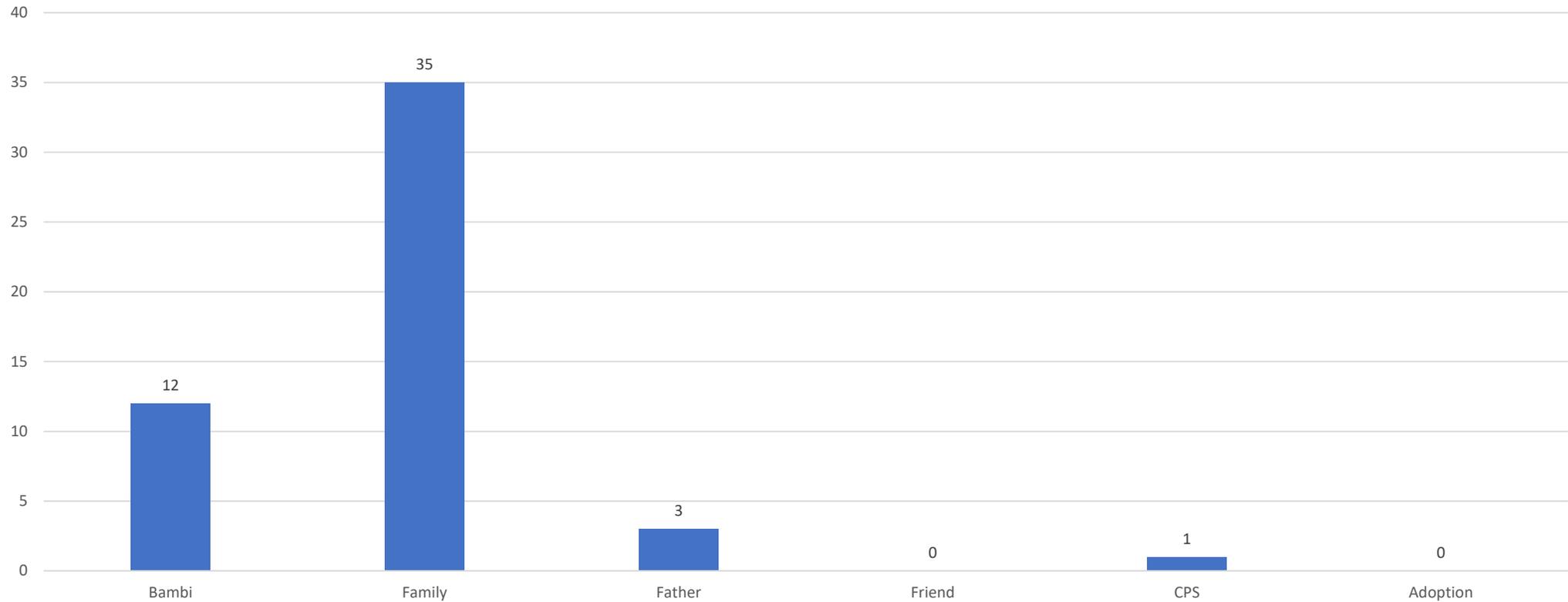
- 2021 Governor's Criminal Justice Volunteer Service Award
- 2016 CNO ADMIRE Award- Innovation Category, UTMB Galveston Health System
- 2016 UTMB President's Cabinet Award Recipient, UTMB Galveston Health System

FY23 Delivery per Designation

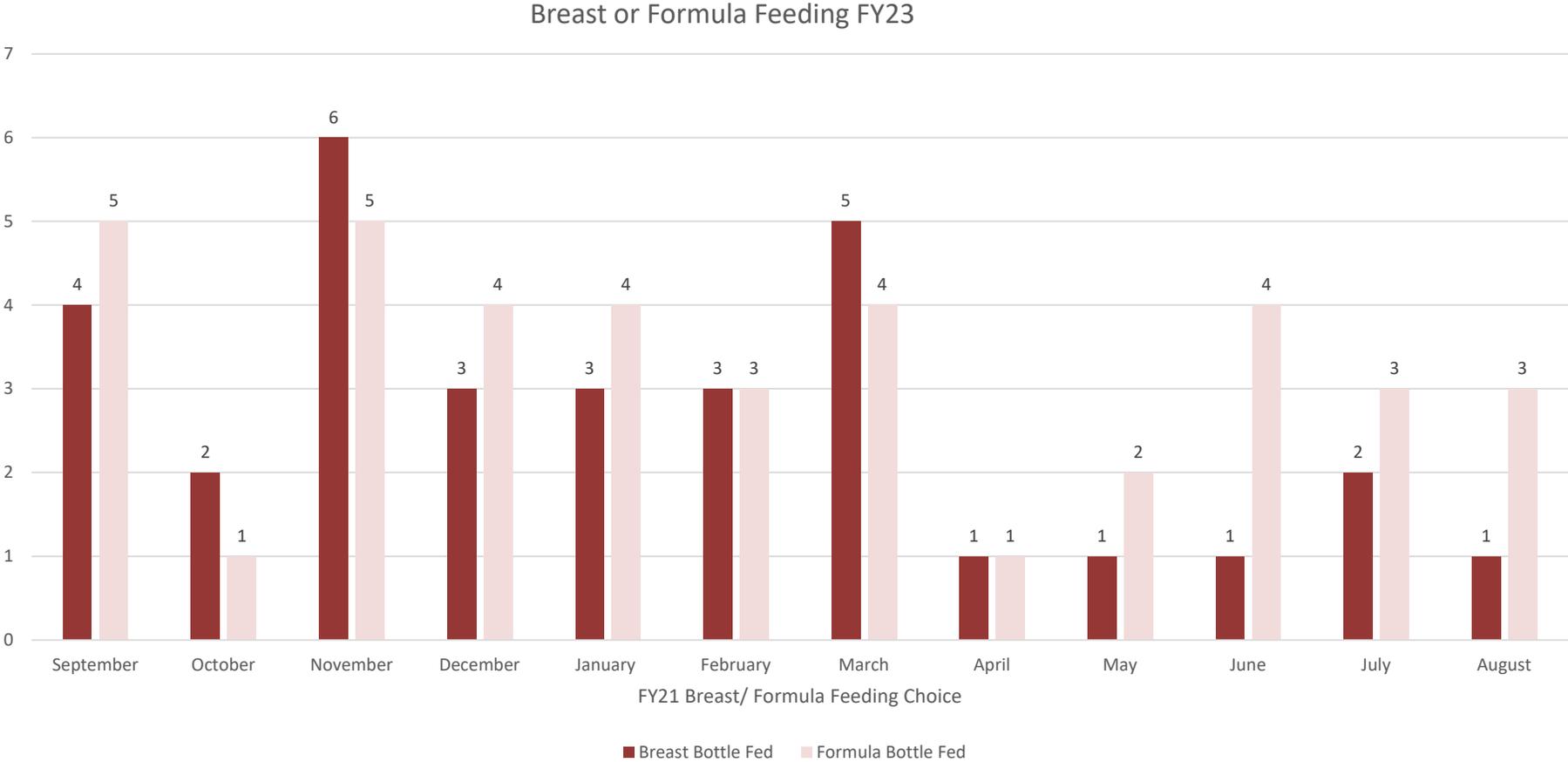


FY24 Delivery per Designation

FY24 YTD Deliveries per Designation

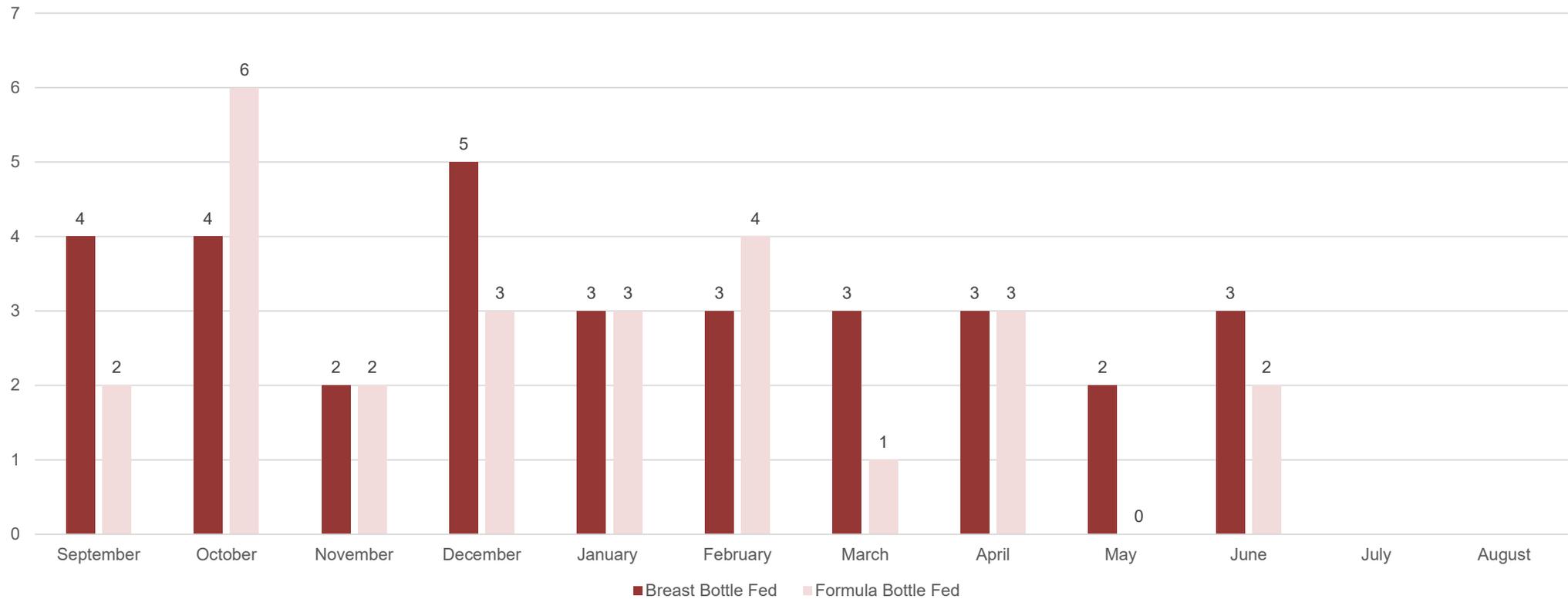


FY23 Breast or Formula Feeding

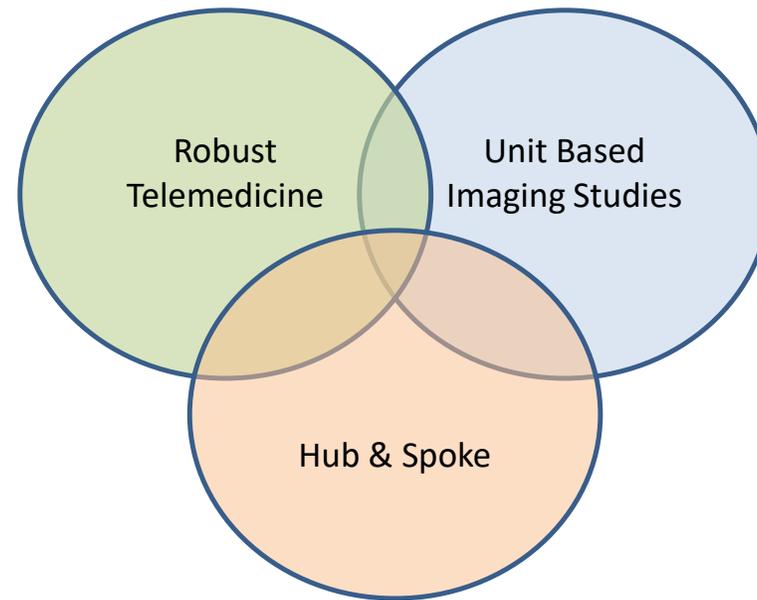


FY24 Breast or Formula Feeding

Breast or Formula Feeding FY24

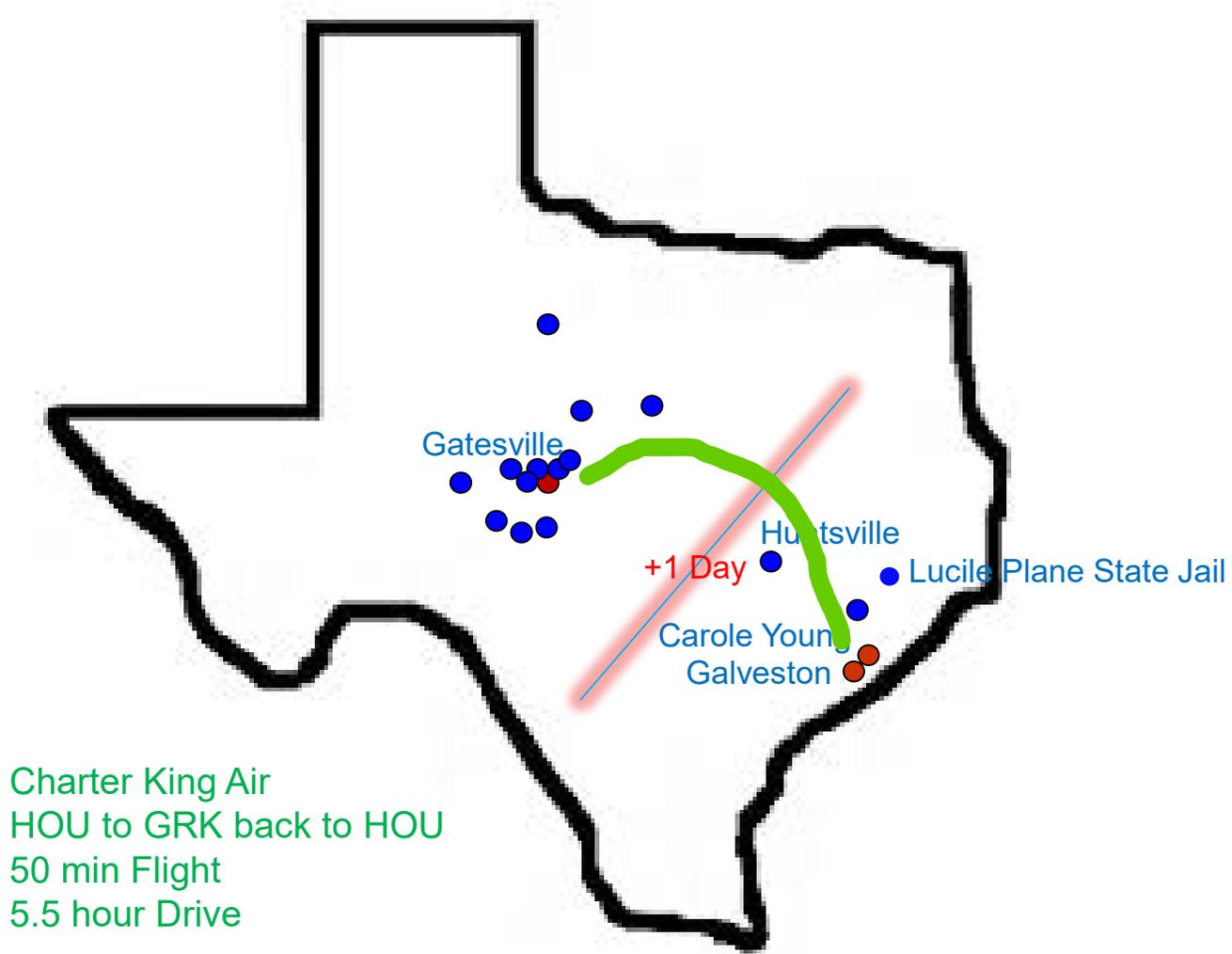


Strategies



Female Unit Specialty and Sub-Specialty Care

Female Units



Charter King Air
HOU to GRK back to HOU
50 min Flight
5.5 hour Drive

Specialty Visits

- FY24
 - Orthopedics at Crain
 - Neurology at Young

Live 01/19/2024

- **Scheduled 51**
- **Completed 46**
- **90.1%**

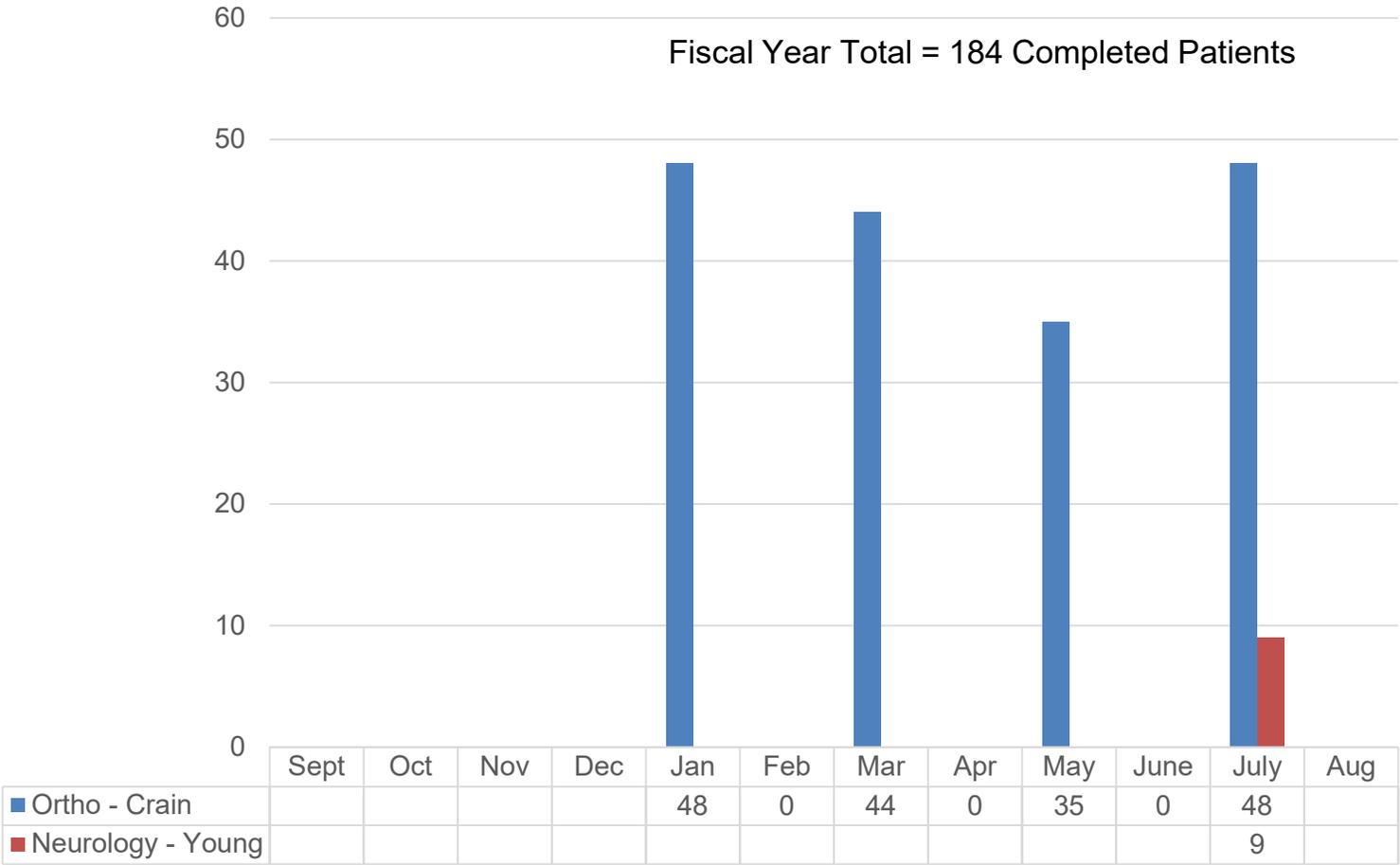
Gatesville (Crain Unit) Orthopedics



03/08/2024

- **Scheduled 54**
- **Completed 46**
- **85.2%**

FY24 Specialty Visits Females



Nerve Conductive Studies

Nerve Conductive Studies

- November 2023
- Sites visited through July for Female Units:
 - Crain
 - Lane Murray

FY24 Nerve Conductive Studies

Unit	Date	Exams Completed	Show Rate %
Crain	Feb 5, 2024	25	69%
Lane Murray	April 15, 2024	36	97%
Total:		61	84%

Laser Tattoo Removal

FY24 Laser Tattoo Removal – Unit Based

Unit	Date	Patients Seen	Tattoos Addressed
Patrick O'Daniel Unit	April 2, 2024	5	11
Patrick O'Daniel Unit	April 3, 2024	9	33
Patrick O'Daniel Unit	May 20, 2024	11	46
Patrick O'Daniel Unit	July 22, 2024	14	65
Patrick O'Daniel Unit	July 23, 2024	14	53
Total:		53	208

Unit Based Imaging Studies

Mobile Mammography

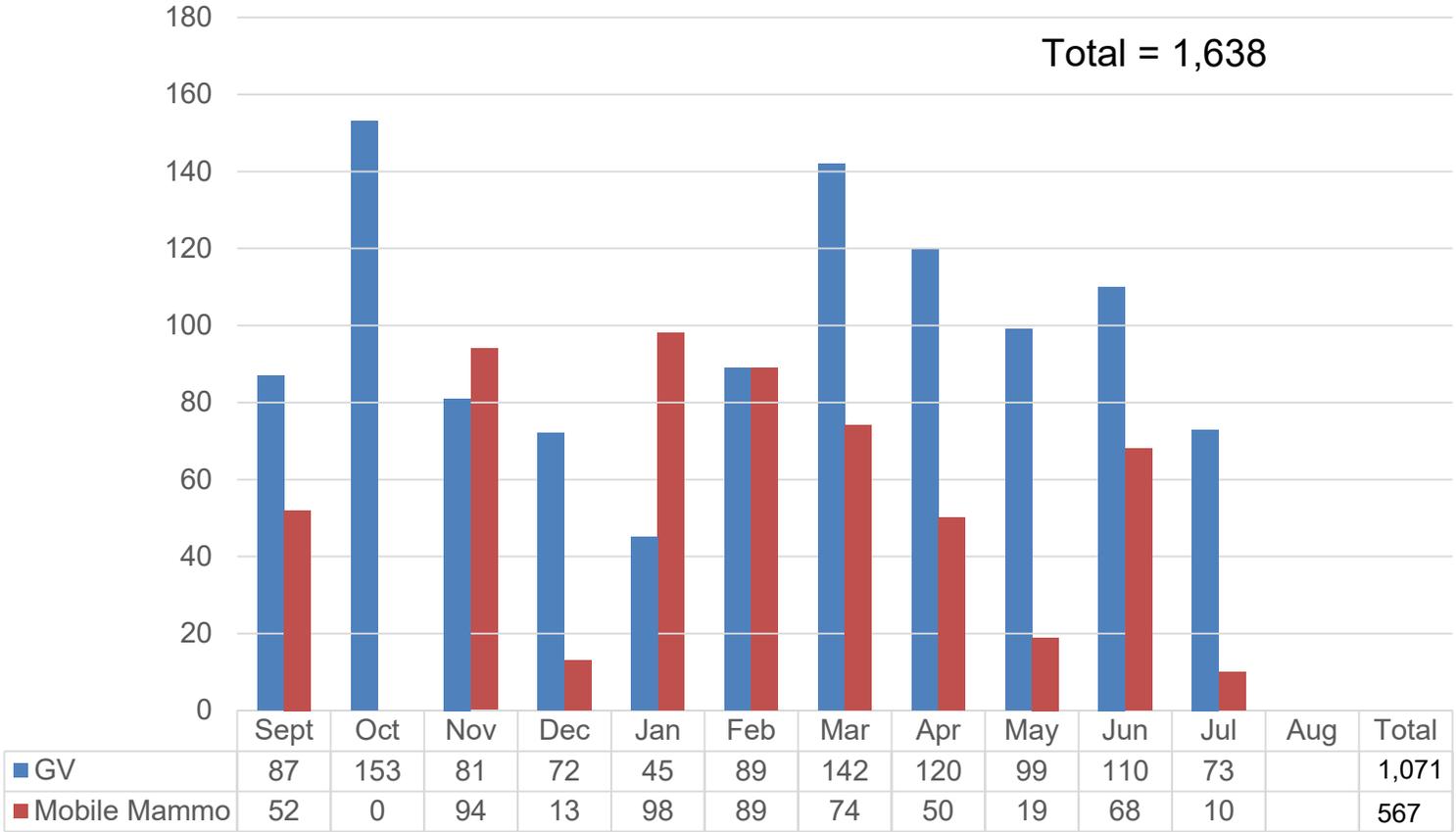
Mobile Mammography Van



Mammography

- Scheduled shortly after intake and annually
- Gatesville Breast Imaging Center
 - At Crain unit
 - For all female units in the Gatesville, TX area
 - Screening and diagnostic tomosynthesis exams
- Mobile Mammography started 9/2017
 - Three days a month at Lucile Plane State Jail Unit
 - Once a quarter at Carole Young

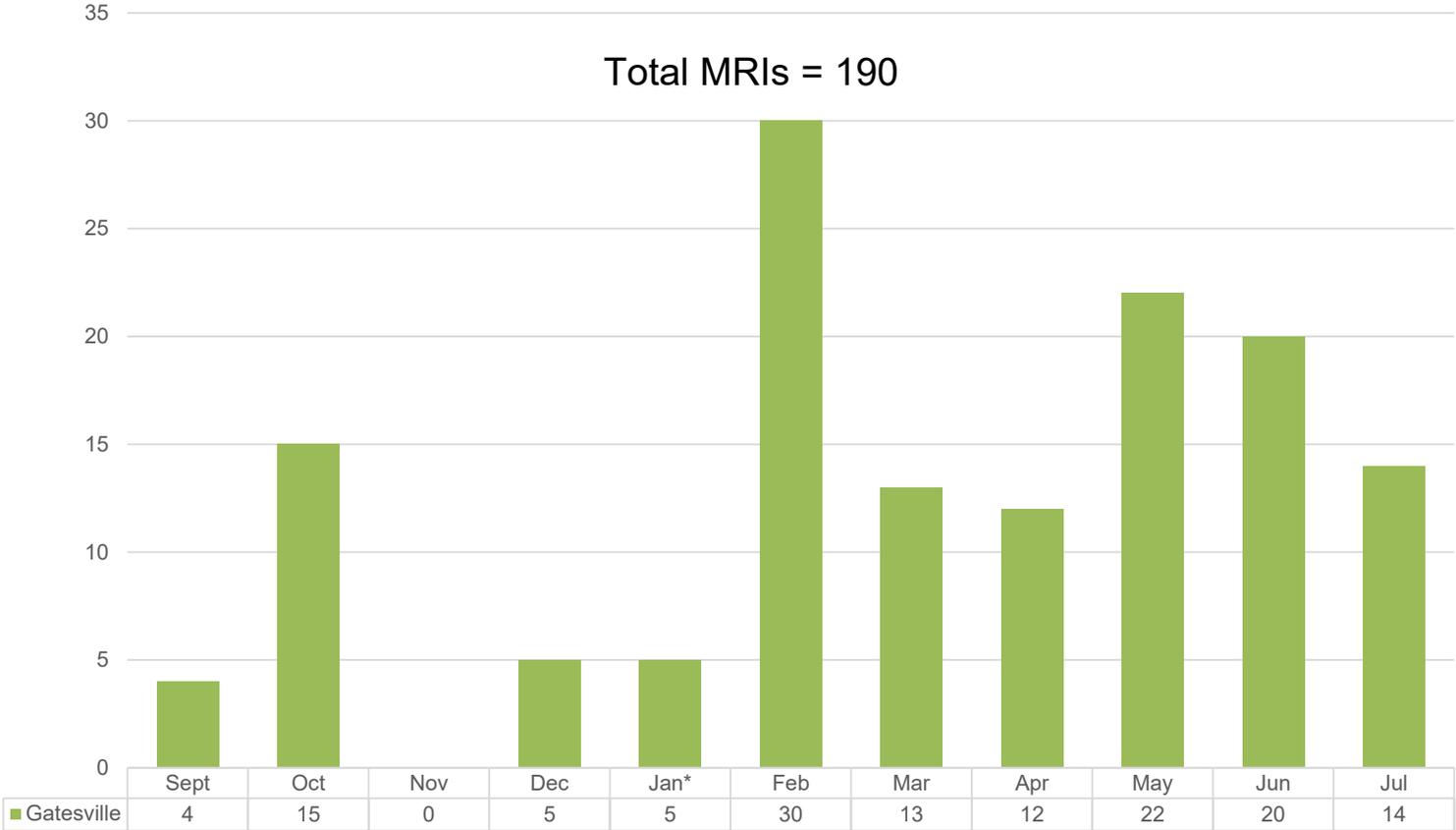
FY24 Mammography Volumes



* Mobile Vehicle doing Community Outreach in October

Mobile MRI

FY24 Mobile MRI



Questions

