



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

September 17, 2025

10:00 a.m. (CST)

Moody Gardens
1 Hope Blvd., 9th Floor View Finders Terrace
Galveston, TX 77554

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 17, 2025

10:00 a.m.

Moody Gardens
1 Hope Blvd., 9th Floor View Finders Terrace
Galveston, TX 77554

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
 - 2026 CMHCC Proposed Meeting Dates
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, June 7, 2025
 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 2025 Third Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VII. Biennial Review and Adoption of the Inmate Health Services Plan

Presented by:

Owen J. Murray, DO
Senior Vice President, UTMB Offender Care Services
CMHCC Joint Medical Directors Working Group

VIII. CMC-Legislative Appropriation Request (LAR): An Update

Presented by:

Ron Steffa, MBA
Chief Financial Officer
Texas Department of Criminal Justice

IX. Correctional Managed Health Care Contracts FY 2026-2027 Biennium:
An Overview

Presented by:

Ron Steffa, MBA
Chief Financial Officer
Texas Department of Criminal Justice

X. Public Comments

XI. Adjourn

Consent Item
Approval of CMHCC Meeting Minutes
June 12, 2025

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<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p>	<p>Mr. Milton brings over 20 years of experience in healthcare administration, including the last four years with Correctional Managed Care (CMC). At Montford, Mr. Milton has led key initiatives such as: centralized scheduling for mental health, expanding telehealth access, and improving crisis management and clinical operations. His leadership has resulted in consistently exceeding audit standards and aligning care with operational performance. Next, Mr. Armstrong brings two decades of experience in healthcare administration, including the past four years with CMC. Mr. Armstrong has led numerous impactful initiatives such as: implementing centralized scheduling and expanding telehealth services to streamlining clinical operations. His work has consistently driven improvements in access to care and operational performance.</p> <p>Dr. Robert Greenberg welcomed Chairman Eric Nichols, Texas Board of Criminal Justice (TBCJ) to the CMHCC meeting.</p> <p>Dr. Lannette Linthicum recognized Dr. Julia Hiner who has been a gubernatorial appointee to the CMHCC from The University of Texas Health Science Center at Houston. Dr. Hiner is the Program Director-Geriatric Medicine Fellowship, Assistant Professor and Attending Physician. Dr. Linthicum acknowledged that Dr. Hiner has been a delight and expressed appreciation for the insight she provided while serving on the CMHCC.</p> <p>Dr. Hiner’s appointment officially expired on February 1, 2025, however, she will continue to serve on the committee until the Governor’s office makes a new appointment. Dr. Linthicum thanked Dr. Hiner for her service to the TDCJ and the inmate population.</p>	<p>Chairman Nichols stated he was happy to attend the meeting.</p>	
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<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p>	<p>Dr. Hiner was presented with a plaque in recognition of her service and commitment to the CMHCC on behalf of Dr. Linthicum, Mr. Collier, the Executive Director of TDCJ and the Board.</p> <p>Next, Dr. Linthicum recognized Dr. Bobby Vincent who retired as a Regional Director for the University of Texas Medical Branch. Dr. Vincent retired with close to 38 years with UTMB CMC and more than three decades in correctional Healthcare. Dr. Vincent’s career began with the National Health Service Corps Scholarship, which brought him to Texas in 1987 to serve as a unit physician at TDCJ’s Ellis Unit. Dr. Vincent quickly advanced to Medical Director with UTMB at the Estelle Unit, a role he held for nearly 19 years. In 2006, his exemplary leadership led to his promotion as District Medical Director and later in 2011 as Regional 2 Medical Director. Dr. Linthicum stated Dr. Vincent has been truly dedicated to the TDCJ patients for over 38 years and she has enjoyed working alongside him. Dr. Linthicum presented Dr. Vincent with a plaque for his outstanding service, commitment and support to the TDCJ Correctional Managed Health Care.</p>		
<p>III. Chair’s Report - Dr. Greenberg</p>	<p>Dr. Greenberg next moved on to agenda item III, Chair’s Report.</p> <p>Dr. Greenberg announced that Catina Brice, the Program Supervisor V for the TDCJ Health Services Division and who also provides Operational Support for the CMHCC will be transitioning into a new position.</p> <p>Next, Dr. Greenberg announced the retirement of TDCJ Executive Director, Mr. Bryan Collier. Mr. Collier will retire as of the end of August 2025. Dr. Greenberg stated Mr. Collier has led the agency with a lot of honor and distinction.</p> <p>Dr. Greenberg announced a reminder that the September 17, 2025, CMHCC meeting will be held at Moody Gardens, Galveston, TX. He asked that submissions of hotel requests are made to Gloria Moore.</p>		

<p>IV. Approval of Consent Items</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – March 5, 2025 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the March 5, 2025, meeting –Phillip Keiser, M.D., Michelle Erwin, Julia Hiner, M.D.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 5, 2025, meeting.</p> <p>Dr. Greenberg asked if there were any corrections, deletions, or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year FY2025 Second Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY2025 Second Quarter University Medical Director’s Reports.</p> <p>The fifth consent item was the approval of the FY2025 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>		
<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>Dr. Denise DeShields made a motion to approve all consent items and Dr. Phillip Keiser seconded the motion which prevailed by unanimous vote.</p>

<p>V. Update on Financial Reports (cont.) - Ashley Adkins</p>	<p>Ms. Adkins presented the Financial Report on Correctional Managed Health Care (CMHC) for the Second Quarter of FY 2025, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 42. 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>Ms. Adkins added TDCJ did receive, in the supplemental bill, an appropriation to cover the shortfall based on the second quarter projections. Therefore, there is funding for the \$336.4 million dollars.</p> <p>Next, Ms. Adkins stated at the September 17, 2025, CMHCC, the TDCJ Business and Finance Division will present changes to the contracts. However, if the appropriation levels for FY2026 and FY2027 are \$322.6 million dollars higher than FY2024 and FY2025 therefore, additional funding was received for CMHC during the 89th Legislative Session. Ms. Adkins added \$259 million of the \$322.6 million dollars was included in the introduced bill based on estimated shortfalls that TDCJ would carry forward for FY2024 and FY2025.</p> <p>Ms. Adkins reported a little over \$45 million dollars related to population projection increases with unit's re-openings. She stated \$4.4 million dollars was received to operate the Bell Unit as an Outpatient Mental Health facility. Ms. Adkins report, \$3.7 million dollars was received towards the operation of the Dalby Unit.</p> <p>Ms. Adkins stated separate from the CMHC contract, there is also \$30 million dollars in the supplemental bill that is for Hospital Galveston renovations with a one-to-one cost share in the agreement with UTMB. TDCJ will receive \$30 million dollars and UTMB will have to pay \$30 million dollars. Lastly, Ms. Adkins reported about \$18 million dollars in FY2024 and FY2025, TDCJ received a 5% pay raise and an additional 5% pay raise the second year therefore, about \$18 million dollars would close the gap on continuing the funding for FY2026 and FY2027.</p>		
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<p>V. Update on Financial Reports (cont.) - Ashley Adkins</p>	<p>Dr. Greenberg thanked Ms. Adkins and opened the floor for questions.</p> <p>Dr. John Burrus asked if staffing was in place at the Bell unit.</p> <p>Dr. Greenberg asked how hard or easy will it be to staff the unit.</p>	<p>Dr. Linthicum reported she has met with the universities to discuss the FY2026-2027 funding decisions on the operations side. Dr. Linthicum met with Will Rodriguez, Dr. Jumper and Dr. DeShields (TTUHSC), and they are waiting for direction from the Correctional Institution Division (CID) along with Mr. Lumpkin’s office regarding the openings of the expansion beds and the post unit in Dalby, TX so they can begin the hiring process.</p> <p>Next, Dr. Linthicum reported that they will have planning meetings to discuss the mission of the Bell unit. The Bell unit will become a special management unit for behavioral health services. Dr. Linthicum stated TDCJ is up to 37,000 inmates on the outpatient mental health caseloads and there are 1,500 inpatient beds.</p> <p>Dr. Linthicum answered stating staffing was proposed, they have a fiscal note, and received the funding to staff the unit. The unit will be in the UTMB sector.</p> <p>Dr. Linthicum responded stating according to UTMB, the Cleveland area is an area they can recruit in.</p>	
<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2025 Second Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Adkins then called on Dr. Lannette Linthicum to present the FY2025 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.</p>		

<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2025 Second Quarter Report (cont.)</p> <ul style="list-style-type: none"> - University of Texas Medical Branch - Dr. Monte Smith 	<p>Ms. Cisneros reported that UTMB now have Mobile MRI at 8 units which are comprised of the following: Estelle, Beto, Murray, Hughes, Pack, Memorial, McConnell and Stiles. Their Mobile CT program launched in June at Beto and Estelle and will soon have CT in the same 8 units for MRI. These services continue to aid in the transportation reduction strategies.</p> <p>Dr. Smith stated funding was asked for the modular infirmary expansion project during the legislative session. Dr. Smith stated funding was approved however, he did not have an update regarding the planning process.</p>	<p>Dr. Linthicum added, the program is a part of TDCJ transportation reduction strategies.</p> <p>Dr. Greenberg asked for an update regarding the modular infirmary.</p> <p>Dr. Linthicum responded stating there has been preliminary meetings with the TDCJ Facilities Division and Ms. Chris Black-Edwards, Deputy Director, HSD, TDCJ, participated in the meetings along with other members of UTMB operational support. Dr. Linthicum stated in the meetings they spoke about the design of the buildings and are still in the preliminary phase as to where the modular infirmaries will be located. Dr. Linthicum stated the construction will take some time.</p> <p>Mr. Ron Steffa responded by stating the construction will take close to two years to complete after it’s been designed.</p>	
<p>VII. Texas Department of Criminal Heat Mitigation Measures. AD-10.64- “Excessive and Extreme Temperature Conditions in the TDCJ” - Mr. Eric Guerrero</p>	<p>Dr. Greenberg thanked Dr. Smith and Ms. Cisneros, then called on Mr. Eric Guerrero, Director, Correctional Institutions Division (CID), TDCJ to provide an overview of Administrative Directive (AD-10.64) “Excessive and Extreme Temperature Conditions in the TDCJ.”</p> <p>Mr. Guerrero began the overview by stating around March 2025 the agency began reviewing the revisions to AD -10.64.</p>		

<p>VII. Texas Department of Criminal Heat Mitigation Measures. AD-10.64- “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Mr. Eric Guerrero</p>	<p>Mr. Guerrero stated a work group was put together consisting of multiple Divisions, Division Directors, General Counsel within TDCJ to discuss the revisions of the policy which will be discussed in his overview.</p> <p>Mr. Guerrero stated they first began looking at the new agency procedures. The Information Technology Division (ITD) developed a new automated temperature log that pulled weather data directly from National Oceanic and Atmospheric Administration / National Weather Service weather stations, with the intent of the units no longer having to document the temperatures in the future. Mr. Guerrero stated the units are still using the manual temperature log along with the new automated temperature log. The Office of Emergency Management (OEM) maintains the automated temperature logs in accordance with the TDCJ records retention schedule. CID leadership have view only access to the logs. OEM monitors weather alerts and disseminates the information to the relevant divisions any warnings or notices of affected counties of heat waves, extreme heat advisories, extreme heat warnings, extreme cold warnings, and other temperature-related events. The unit temperature announcements and weather alerts assist the wardens and other unit staff in using good correctional judgment to identify mitigation efforts that may be needed. Staff will focus on implementing mitigation efforts once the heat index is above 90°F. Wardens will now list the people to be immediately notified regarding all cases of temperature-related incidents or injuries. Mr. Guerrero reported the agency added to the role of the Strike Teams, and their efforts to identify units with the highest temperatures, heat related grievances, and facilities flagged for deficiencies. Mr. Guerrero stated based on this information, unannounced assessments are conducted by agency experts in diverse fields.</p> <p>Mr. Guerrero discussed the definition section of AD-10.64 which was revised extensively to ensure terminology was consistent with the National Oceanic and Atmospheric Administration (NOAA).</p>		
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<p>VII. Texas Department of Criminal Heat Mitigation Measures. AD-10.64- “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Mr. Eric Guerrero</p>	<p>Mr. Guerrero stated “Extreme Heat Advisory” was added to state it is an advisory issued by the National Weather Service (NWS) for dangerous heat conditions that are not expected to reach warning criteria. Definitions that were revised included: “Extreme Heat and Extreme Heat Warning”- it is a warning issued by the NWS when extremely dangerous heat is expected or occurring. The criteria vary from place to place; “Heat Wave”- a period of abnormally and uncomfortably hot and unusually humid weather. Typically, a heat wave lasts two or more days and Wellness Check- a staff member responsible for the supervision of inmates, during a security round or other inspection, visually monitors or observes each inmate to identify any visible signs of temperature-related illness or distress. Mr. Guerrero stated that risk category and heat restriction list were both removed as definitions.</p> <p>Next, Mr. Guerrero stated the Wellness Checks were adjusted in AD-10.64. Wellness check definition was revised to state not just a CO, but a staff member responsible for the supervision of inmates, during a security round or other inspection, visually monitors or observes each inmate to identify any visible signs of temperature-related illness or distress. This definition previously applied to inmates being identified as having a condition or being on a medication that makes them more susceptible to temperature related issues. The revised definition expands this monitoring process to all inmates and no longer requires the use of the Heat Restriction List to conduct these checks. Mr. Guerrero stated, the Training and Leader Development Division (TLDD) produced a new training video regarding wellness checks and how to properly conduct them. The video also covers how to recognize the signs and treat those individuals suffering from extreme weather conditions.</p> <p>Extreme Heat Conditions language was revised for staff to follow precautionary measures when risk indicated by Heat and Humidity Index (not just heat exhaustion).</p>		
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<p>VII. Texas Department of Criminal Heat Mitigation Measures. AD-10.64- “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Mr. Eric Guerrero</p>	<p>Mr. Guerrero reported that using the current temperature, humidity, and heat index, in addition to any other reliable weather information, the warden shall use the Heat and Humidity Index (Attachment B of AD-10.64) to assess the risk. Once the heat index is above 90°F, and continues to rise, wardens shall, in addition to continuously increasing efforts to monitor compliance with heat mitigation measures, use good correctional judgment to identify other unit operations that may be modified, such as restricting or cancelling outside work and recreation. He stated that many of the existing heat mitigation steps outlined in policy, such as transporting during coolest hours of the day, allowing inmates to carry cooling towels, cold showers, etc. were kept in the policy. Also added that units may exercise flexibility in kitchen or dish room operations as needed. Mr. Guerrero stated that “strenuous work” to include any inmates newly assigned to jobs that work under conditions with specific heat index was removed. Lastly, attachment A (Wind Chill Index) and attachment B (Heath and Humidity Index) were both updated to reflect the use of judgment when determining restrictions for outside work and recreation, frequent breaks, and encouragement to drink fluids (even if the inmates are not thirsty).</p> <p>Mr. Guerrero explained revisions regarding Heat Mitigation Efforts. Incident Command System (ICS) verbiage removed as the ICS mentioned in policy is not a true representation of an ICS at the unit. In addition, staff is constantly in heat mitigation mode, not just when the temperature reaches 105°F or heat index reaches 113°F. Therefore, the ICS verbiage was removed and moved the additional mitigation measures, such as reduced kitchen and laundry operations, outside work and recreation restrictions, and purchasing of electrolyte drinks to the section of policy where mitigation efforts are already in effect at 90°F.</p> <p>Mr. Guerrero report added references throughout the policy regarding “chilled water.”</p>		
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<p>VII. Texas Department of Criminal Heat Mitigation Measures. AD-10.64- “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Mr. Eric Guerrero</p>	<p>Mr. Guerrero stated language was added regarding the responsibility of the TLDD to continue to make a deliberate and ongoing effort to integrate excessive or extreme temperature mitigation into the agency’s operational culture. The policy revisions also broadened language to reflect that staff in all divisions responsible for the supervision of inmates receive such training and added that heat training video (no longer just in a DVD format) shall be made available on inmate tablets at all times.</p> <p>Lastly, Mr. Guerrero provided an overview of the policy revisions regarding “respite.” Respite verbiage was revised to allow wardens and unit administration more discretion on respite requests. Revisions in the policy removed the requirement that inmates may request respite area 24 hours per day, seven days per week, removed verbiage permitting inmates to stay in the respite area as long as necessary and removed verbiage stating that areas capable of accommodating the greatest number of inmates are utilized first. Added to the policy revisions was good correctional judgment should be used to accommodate as many requests for respite as possible and to allow inmates to stay in respite as long as possible. The warden or designee determines the order of use for respite areas, while maintaining the safety and security of the unit. He added that specified in the policy that tablets are not allowed, but kept the language allowing inmates to have cups, water and hydrating drinks, cooling rags, and reading materials.</p> <p>Mr. Guerrero reported that the TDCJ website includes a dashboard that identifies the number of cool beds available (48,372), under construction (1,661), in procurement (12,141) and in design (18,176). The online dashboard was launched “to publicly track air-conditioning construction progress across the agency following the allocation of \$85 million in the 88th Texas Legislature Session.”</p>		
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<p>VII. Texas Department of Criminal Heat Mitigation Measures. AD-10.64- “Excessive and Extreme Temperature Conditions in the TDCJ” (cont.) - Mr. Eric Guerrero</p>	<p>Dr. Greenberg thanked Mr. Guerrero and opened the floor for questions.</p>	<p>Mr. Eric Nichols commented that he appreciated the input from the various TDCJ divisions for taking the issue very seriously and as an agency heat measure is at the top of the priority list. Mr. Nichols thanked the CMHC partners and everyone in TDCJ for their efforts.</p> <p>Mr. Nichols asked Mr. Ron Steffa, Chief Financial Officer (CFO), TDCJ to provide an overview of the Legislative Appropriation Request (LAR) as it relates to adding additional air conditioning capacities.</p> <p>Mr. Steffa answered stating within the major repair exceptional line item, \$118 million dollars was requested to air condition additional beds. Mr. Steffa stated the initial estimate would get approximately 12,000 more beds which would include more maximum security (possibly expanding more beds in maximum security if done in a dorm style). Mr. Steffa stated the exceptional item was fully funded.</p>	
<p>VII. Texas Department of Criminal Heat Mitigation Measures. D-27.2 “Heat Stress” - Ms. Chris Black-Edwards</p>	<p>Dr. Greenberg thanked Mr. Guerrero, then called on Ms. Chris Black-Edwards, Deputy Director, Health Services Division (HSD), TDCJ to provide an overview of Correctional Managed Health Care Policy (D-27.2) “Heat Stress.”</p> <p>Ms. Black-Edwards began the overview by identifying recent revisions to CMHC policy D-27.2. Ms. Black-Edwards stated the policy is reviewed annually. After working extensively with CID on revisions to AD-10.64, Ms. Black-Edwards stated there were a few changes that was implemented to CMHC policy D-27.2. First, Ms. Black-Edwards discussed definitions in the policy that included a list of the heat conditions that are tracked. Also, definitions of types of drugs and conditions that can occur involving heat stress when taking the drugs.</p>		

<p>VII. Texas Department of Criminal Heat Mitigation Measures. D-27.2 “Heat Stress” (cont.) - Ms. Chris Black-Edwards</p>	<p>Next, Ms. Black-Edwards discussed the procedures which is comparable and copies the procedures listed in AD-10.64 as it relates to when the current temperature trigger certain events. Ms. Black-Edwards stated the CMHC policy follows exactly what the AD-10.64 does.</p> <p>Ms. Black-Edwards explained the policy includes certain information specific to heat mitigation such as: “acclimatization” which states “inmates newly assigned to jobs which require work under conditions with an apparent air temperature of 90° F or greater (see Table 1 on page 5 of CMHC D-27.2) must be acclimatized before assuming a full workload.”</p> <p>The procedures also discuss the importance of “fluid intake” which states “inmates and staff working at apparent air temperatures over 90° F should maintain an intake of at least 16 oz of fluids per hour of work. Under extreme conditions, work should be interrupted every 15 - 20 minutes and inmates instructed to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions.” She stated the procedures also discuss “work-rest Cycle,” “newly-assigned workers” and “inmates on Medications” which states “work assignments for inmates on medications classified as anhidrotic, poikilothermies or potentiators (see Attachment A which identifies types of drugs associated with heat stress) should be considered carefully.” (additional information regarding the definition of “inmates on medications” can be found on page 2 of CMHC policy D-27.2).</p> <p>Next, Ms. Chris Black-Edwards discussed “Inmates with Heat Sensitivity Scores” which is newly added to CMHC D-27.2. She stated language was added to describe how the heat sensitivity scores are generated. The document is a “living document” therefore, anytime there is a change in the Electronic Health Record (EHR), the score automatically updates. “Heat sensitivity scores are updated automatically at least daily and as changes occur to the information in EHR.”</p>		
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IX. Adjourn	The meeting was adjourned at 11:15 a.m.		
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Robert D. Greenberg, M.D., Chairman
Correctional Managed Health Care Committee

Date

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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 2025
(March, April, and May 2025)**

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Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2025
March 2025 - May 2025

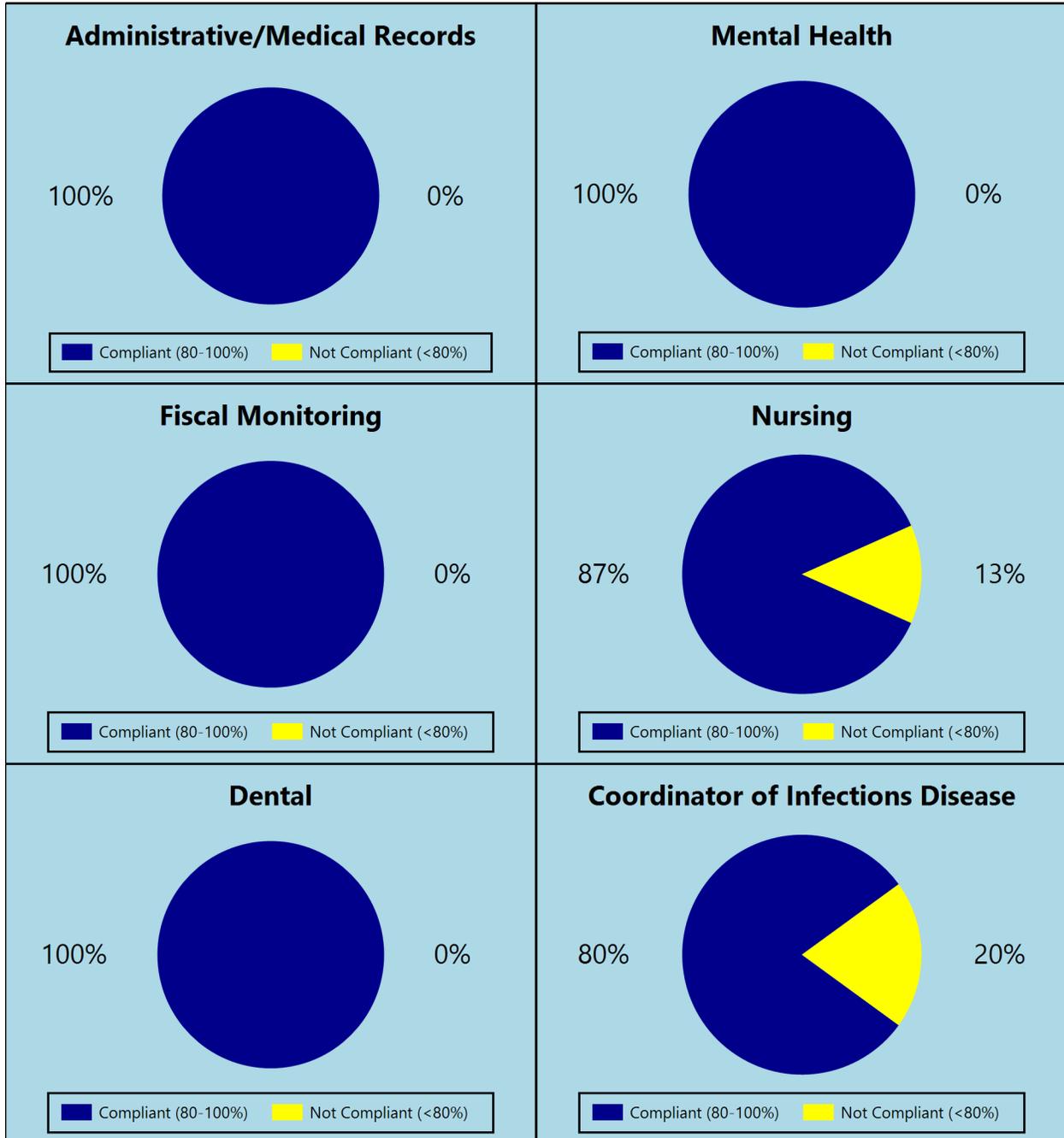
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Coleman	32	32	100%	15	15	100%	15	15	100%	10	10	100%	12	12	100%	4	4	100%
East Texsa TF	33	33	100%	17	17	100%	30	26	87%	12	12	100%	15	15	100%	5	5	100%
Garza East	31	30	97%	13	13	100%	22	18	82%	10	10	100%	1	1	100%	4	4	100%
Halbert	31	31	100%	17	17	100%	27	24	89%	12	12	100%	14	14	100%	7	7	100%
Jester III	32	32	100%	13	13	100%	28	25	89%	10	10	100%	14	14	100%	5	5	100%
Johnston	33	33	100%	13	13	100%	28	28	100%	12	12	100%	12	12	100%	4	4	100%
Lindsey	33	33	100%	15	15	100%	33	32	97%	12	12	100%	14	14	100%	4	4	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for

COLEMAN FACILITY

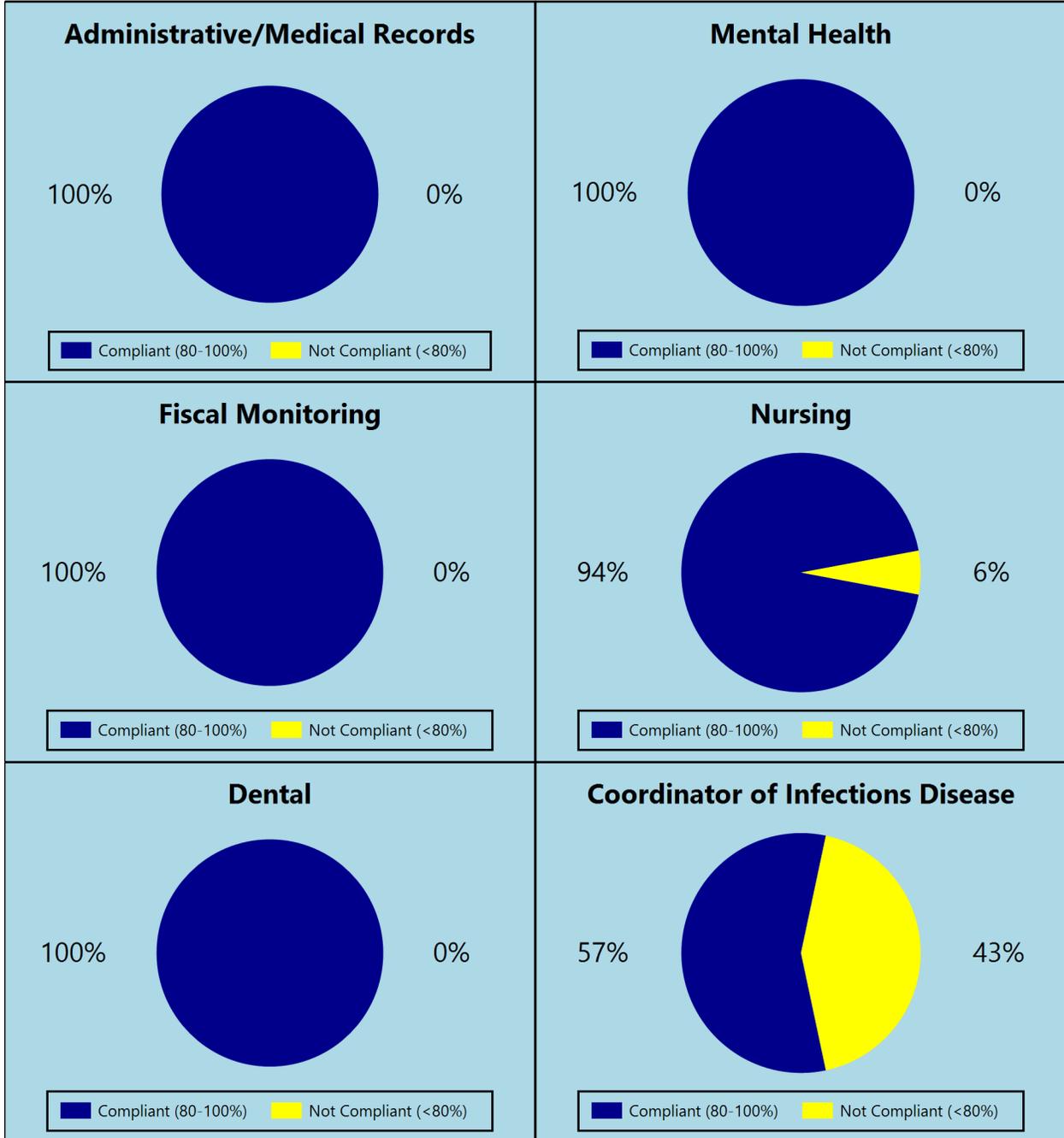
May 7, 2025



Compliance Rate By Operational Categories for

EAST TEXAS TF FACILITY

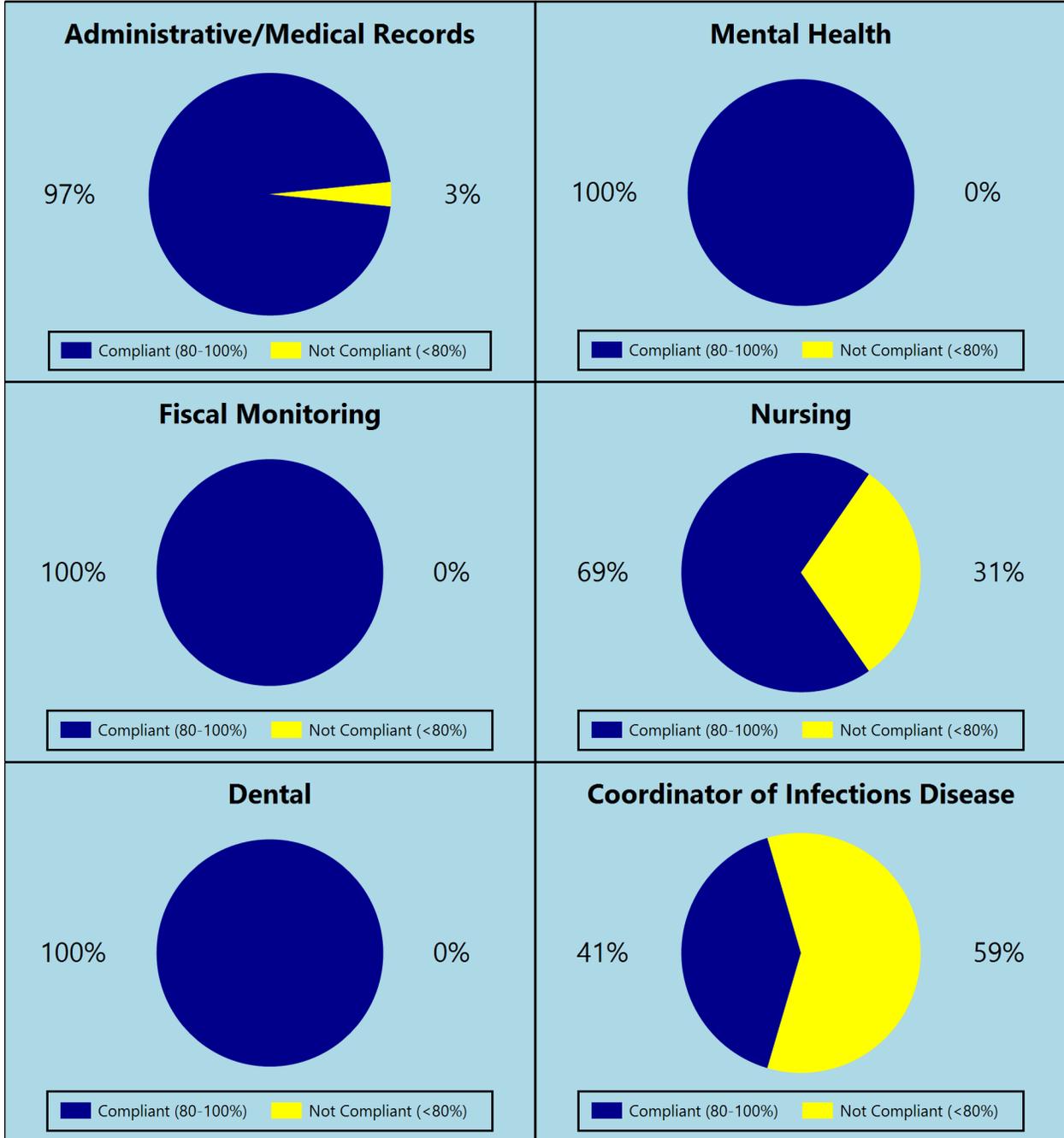
March 4, 2025



Compliance Rate By Operational Categories for

GARZA EAST FACILITY

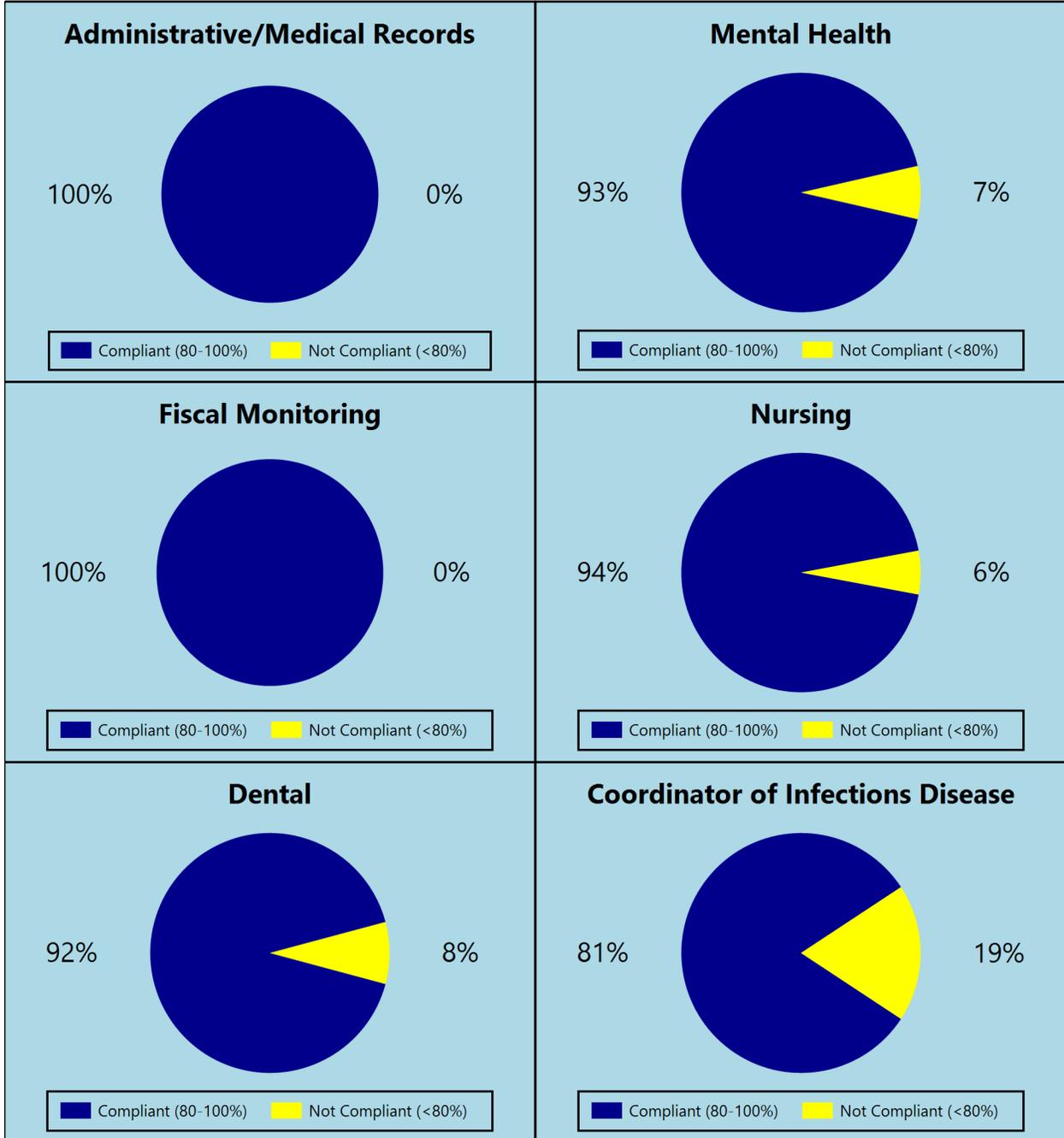
May 14, 2025



Compliance Rate By Operational Categories for

HALBERT FACILITY

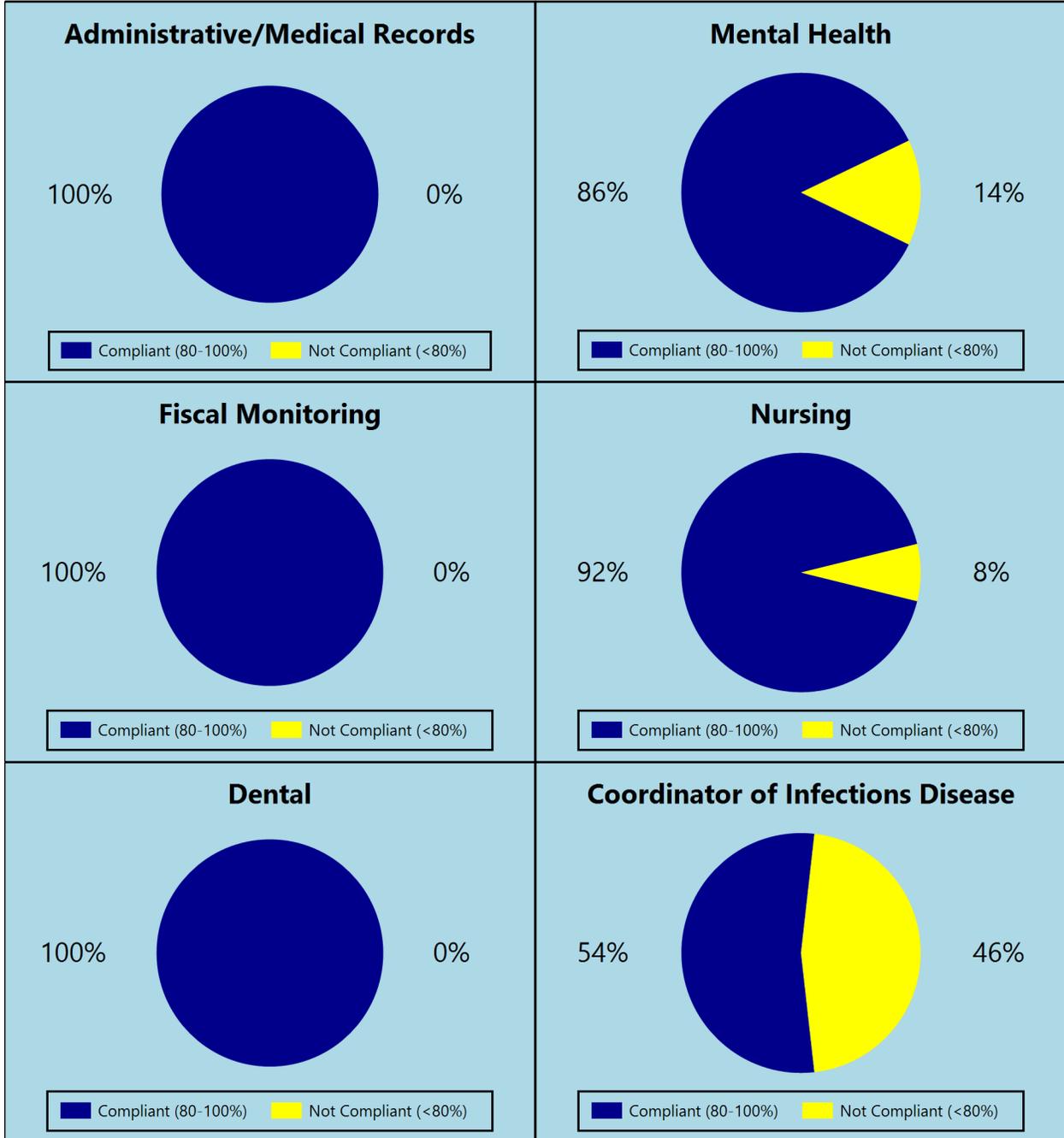
May 8, 2025



Compliance Rate By Operational Categories for

JESTER III FACILITY

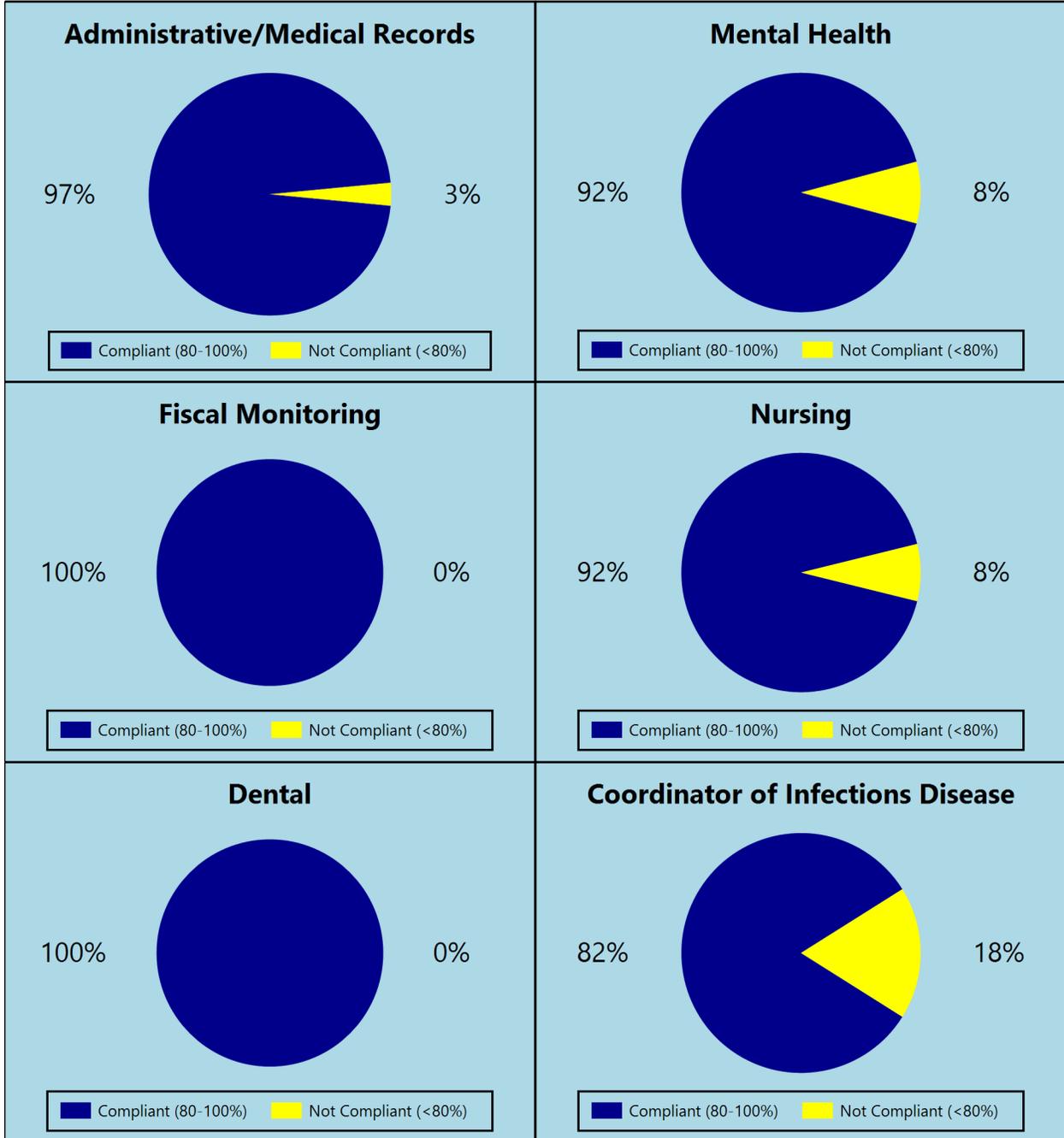
March 11, 2025



Compliance Rate By Operational Categories for

JOHNSTON FACILITY

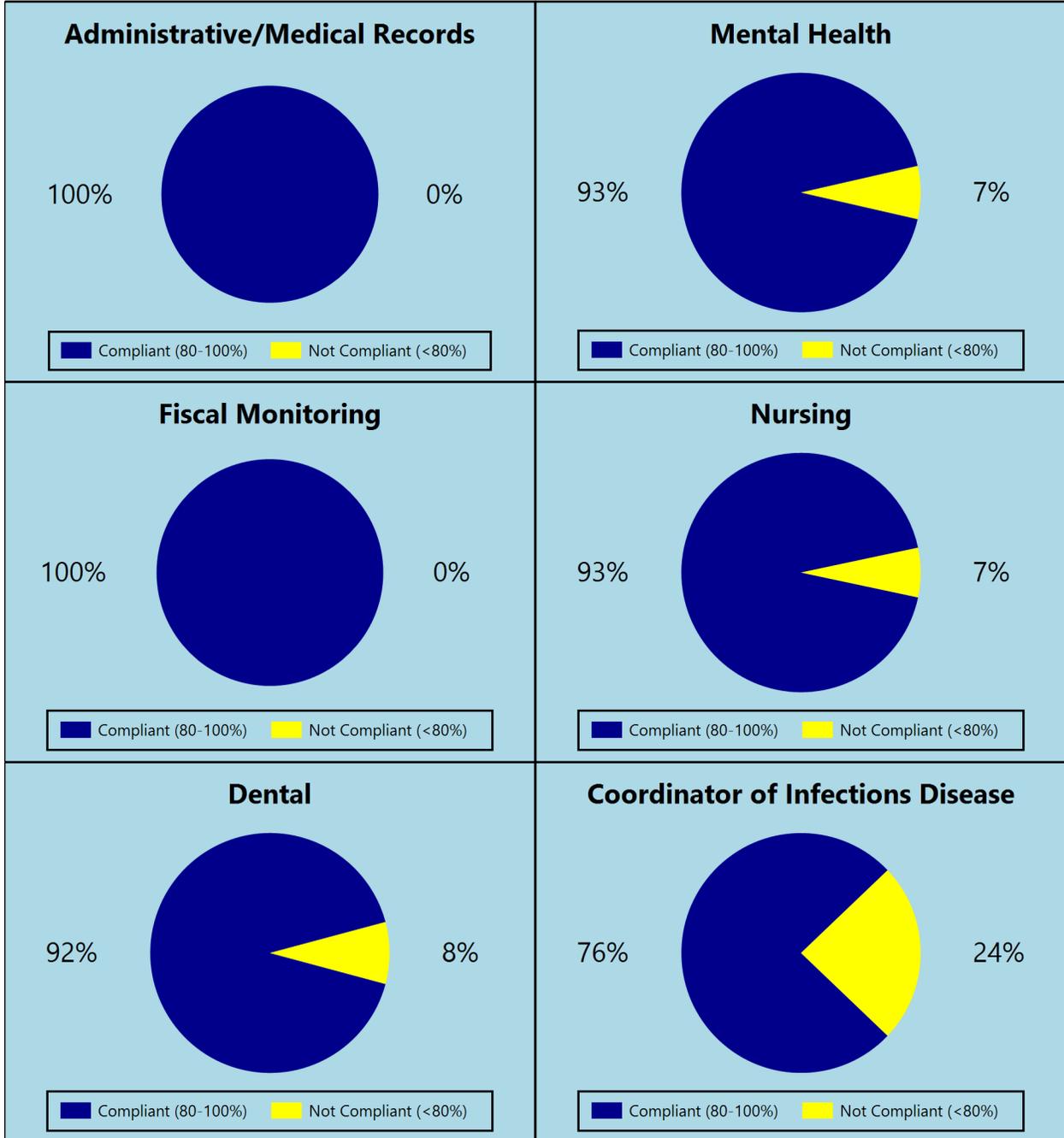
April 10, 2025



Compliance Rate By Operational Categories for

LINDSEY FACILITY

April 8, 2025



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended May 31, 2025**

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**
Dalhart	10	100	0	0
Jordan	10	100	0	0
Clements ECB	10	90	1	0
Mechler	10	90	1	0
Formby	10	80	2	0
Wheeler	10	80	1	1
Marlin	10	80	2	0
Clements GP	10	80	2	0
Hobby	10	70	2	1
Baten	10	50	5	0

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

Total # of inmates in audit.

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

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

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

March 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	14	6	28	24
Gonorrhea	1	1	2	1
Syphilis	367	261	1433	907
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	166	159	378	466
Human immunodeficiency virus (HIV) +, known at intake	229	251	628	684
HIV screens, intake	3,770	4,414	10,155	13,039
HIV +, intake (newly identified)	9	42	24	115
HIV screens, offender- and provider-requested	641	506	1,793	1,528
HIV +, offender- and provider-requested	1	0	1	0
HIV screens, pre-release	2,345	2,924	7,660	8,060
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	2	0	4
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	67	73	193	206
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	36	25	114	69
Occupational exposures of TDCJ staff	14	12	39	29
Occupational exposures of medical staff	4	2	5	7
HIV chemoprophylaxis initiation	5	5	12	15
Tuberculosis skin test (ie, PPD) +, intake	77	97	216	226
Tuberculosis skin test +, annual	59	39	156	81
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	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	5	10	6
Tuberculosis cases under management	61	26		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	14	27	38	8,547
Peer education participants	3,110	2,680	9,351	5,373
Alleged assaults and chart reviews	105	101	328	302
Bloodborne exposure labs drawn on offenders	46	40	165	143
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

April 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	8	10	36	34
Gonorrhea	0	0	2	1
Syphilis	363	333	1796	1240
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	174	205	552	671
Human immunodeficiency virus (HIV) +, known at intake	242	272	870	956
HIV screens, intake	5,095	5692	15,250	18,731
HIV +, intake (newly identified)	7	55	31	170
HIV screens, offender- and provider-requested	620	587	2,413	2,115
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	2,896	3312	10,556	11,372
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	3	0	7
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	81	81	274	287
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	30	149	99
Occupational exposures of TDCJ staff	13	14	52	43
Occupational exposures of medical staff	1	0	6	7
HIV chemoprophylaxis initiation	12	6	25	21
Tuberculosis skin test (ie, PPD) +, intake	64	51	280	277
Tuberculosis skin test +, annual	88	41	244	122
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	3	1
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)	2	0	12	6
Tuberculosis cases under management	69	33		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	15	20	53	8567
Peer education participants	3,025	2,355	12,376	7728
Alleged assaults and chart reviews	132	98	460	400
Bloodborne exposure labs drawn on offenders	67	40	232	183
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 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	6	9	43	43
Gonorrhea	0	0	2	1
Syphilis	383	324	2577	1564
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	156	146	708	817
Human immunodeficiency virus (HIV) +, known at intake	248	294	1,118	1,250
HIV screens, intake	5,501	5,197	20,751	23,928
HIV +, intake (newly identified)	13	47	44	217
HIV screens, offender- and provider-requested	620	423	3,033	1,878
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	2,563	3,171	13,119	13,913
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	2	0	9
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	80	91	354	378
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	36	29	185	128
Occupational exposures of TDCJ staff	11	12	63	55
Occupational exposures of medical staff	3	1	9	8
HIV chemoprophylaxis initiation	2	0	27	21
Tuberculosis skin test (ie, PPD) +, intake	79	80	359	357
Tuberculosis skin test +, annual	53	47	297	169
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	4	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	5	16	11
Tuberculosis cases under management	67	37		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	2	2	55	8,569
Peer education participants	3,134	3,123	15,510	10,851
Alleged assaults and chart reviews	100	99	560	499
Bloodborne exposure labs drawn on offenders	39	52	271	235
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 2025, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 391 hospital discharge and 58 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	28	0	N/A	0	N/A	3	10.71%	2	7.14%	0	N/A
April	40	0	N/A	0	N/A	3	7.50%	0	N/A	3	7.50%
May	28	0	N/A	0	N/A	0	N/A	1	3.57%	2	7.14%
Total/Average	96	0	N/A	0	N/A	6	6.25%	3	3.13%	5	5.21%
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	100	3	3.00%	0	N/A	4	4.00%	2	2.00%	8	8.00%
April	96	2	2.08%	0	N/A	2	2.08%	0	N/A	3	3.13%
May	15	3	20.00%	0	N/A	1	6.67%	1	6.67%	0	N/A
Total/Average	211	8	3.79%	0	N/A	7	3.32%	3	1.42%	11	5.21%
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	24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	28	2	7.14%	0	N/A	0	N/A	0	N/A	0	N/A
May	32	2	6.25%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	84	4	4.76%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	152	3	1.97%	0	N/A	7	4.61%	4	2.63%	8	5.26%
April	164	4	2.44%	0	N/A	5	3.05%	0	N/A	6	3.66%
May	75	5	6.67%	0	N/A	1	1.33%	2	2.67%	2	2.67%
Total/Average	391	12	3.07%	0	N/A	13	3.32%	6	1.53%	16	4.09%
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	8	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	28	0	N/A	0	N/A	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	7	70.00%	0	N/A	0	N/A	0	N/A	2	20.00%
Total/Average	30	7	23.33%	0	N/A	0	N/A	0	N/A	2	6.67%
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	18	0	N/A	0	N/A	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	20	7	35.00%	0	N/A	0	N/A	0	N/A	2	10.00%
Total/Average	58	7	12.07%	0	N/A	0	N/A	0	N/A	2	3.45%

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 2025**

Mar 25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
East Texas TF	9	0	0	0
Jester III	56	0	0	5

Apr 25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Lindsey	23	0	0	0
Johnston	9	0	0	13

May-25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Coleman	23	0	0	5
Halbert	21	1	1	5
Garza East	6	0	0	1

**CAPITAL ASSETS AUDIT
THIRD QUARTER, FISCAL YEAR 2025**

Audit Tools	March	April	May	Total
Total number of units audited	2	2	3	7
Total numbered property	65	32	50	147
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-2025**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Duncan/Diboll	March 3-5, 2025	100%	99.1%
Garza West	March 24-26, 2025	100%	98.4%
Garza East	March 26-28, 2025	100%	98.4%
Scott	March 31-April 2, 2025	100%	99.0%
Huntsville	April 7-9, 2025	100%	98.4%
Goree	April 9-11, 2025	100%	98.4%
Crain	April 21-23, 2025	100%	98.6%
Hightower	May 5-7, 2025	100%	98.8%
Plane/Henley	May 12-14, 2025	100%	99.7%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Wallace	March 10-12, 2025	100%	98.6%
Dalhart	March 17-19, 2025	100%	98.6%

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 001-CR23 – ACTIVE

Researcher: Nancy Rodriguez

Proponent: University of California, Irvine

Project Title: The Sources and Consequences of Prison Violence

IRB #: HB-2020-6063

IRB Expiration Date:

Project Begin Date: 04/12/2023

Project Status: COLLECTION

Project Completion Date: N/A

Progress Report Due Date: 01/24/2024

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:

Project Begin Date: 06/01/2023

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited:

Project Number: 003-CR23 – ACTIVE

Researcher: Rachel Crawley

Proponent: Prison Fellowship Ministries

Project Title: Warden Exchange Program Evaluation

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 06/01/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited:

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 202-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1997)

IRB #: 12.06.05

IRB Expiration Date: 07/19/2023

Project Begin Date: 04/25/2006

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/10/2024

Units Visited: Bridgeport Unit, Young Unit

Project Number: 221-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1979)

IRB #: 12.06.05

IRB Expiration Date: 07/19/2023

Project Begin Date: 04/25/2006

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 01/10/2024

Units Visited: B. Moore Unit, Boyd Unit, Clements Unit, Cotulla Unit, Estes Unit, Ferguson Unit, Havins Unit, Holliday Unit, Jordan Unit, Lewis Unit, Lopez State Jail, McConnell Unit, Memorial Unit, Murray Unit, Neal Unit, Plane State Jail, Ramsey Unit, Roach Unit, Sanchez Unit, Scott Unit, Smith Unit, Stevenson Unit, Stringfellow Unit, Telford Unit, Torres Unit, Travis County State Jail, Wallace Unit, Willacy County State Jail, Young Unit

Office of Strategic Initiatives and Modernization (OSIM)

Medical Director Report – Q3 FY2025

Project Number: 510-AR07 – ACTIVE

Researcher: Rachel Casper

Proponent: Research Triangle Institute

Project Title: Year 4 2023 National Inmate Survey – Prisons (NIS-4P)

IRB #: MOD00001636

IRB Expiration Date: 09/05/2023

Project Begin Date:

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited: N/A

Project Number: 587-AR09 – ACTIVE

Researcher: Marcus Boccaccini

Proponent: Sam Houston State University

Project Title: Item and Factor Level Examination of the Static-99, MNSOST-R, and PCL-R to Predict Recidivism

IRB #: FY2009-032

IRB Expiration Date: 06/01/2023

Project Begin Date: 10/14/2009

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/06/2023

Units Visited: N/A

Project Number: 686-AR13 – ACTIVE

Researcher: Jeffrey Bouffard

Proponent: Iowa State University

Project Title: Criminal Decision Making Among Adult Felony Inmates

IRB #: 2013-10-12362

IRB Expiration Date: 10/12/2014

Project Begin Date: 04/11/2014

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/12/2023

Units Visited: Holliday Unit

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 723-AR15 – ACTIVE

Researcher: David Pyrooz

Proponent: University of Colorado

Project Title: Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Reentry

IRB #: STUDY00001971

IRB Expiration Date: 12/11/2020

Project Begin Date: 04/08/2016

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 11/17/2023

Units Visited: Estelle Unit, Goodman Unit, Huntsville Unit, Kegans Unit, Lopez State Jail, Luther Unit, Lychner Unit, McConnell Unit, Mechler Unit, Travis County State Jail

Project Number: 783-AR18 – ACTIVE

Researcher: Jessica Le

Proponent: Justice System Partners

Project Title: Multi-Site Randomized Controlled Trial of the 5 Key Model for Reentry

IRB #: IRB00000446

IRB Expiration Date: 12/07/2023

Project Begin Date: 06/06/2018

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 02/03/2024

Units Visited: B. Moore Unit, Beto Unit, Bradshaw State Jail, C. Moore Unit, Coffield Unit, Cole State Jail, Crain Unit, Estelle Unit, Estes Unit, Goree Unit, Gurney Unit, Hamilton Unit, Hutchins State Jail, LeBlanc Unit, Lindsey State Jail, Middleton Unit, Telford Unit, Woodman Unit

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 785-AR18 – ACTIVE

Researcher: Erin Orrick

Proponent: Sam Houston State University

Project Title: Correctional Officer Attrition

IRB #: FY2018-38251

IRB Expiration Date: 08/20/2021

Project Begin Date: 10/01/2018

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 04/05/2023

Units Visited: Byrd Unit, Ellis Unit, Estelle Unit, Ferguson Unit, Goree Unit, Holliday Unit, Huntsville Unit, Wynne Unit

Project Number: 841-AR21 – ACTIVE

Researcher: Kevin Knight

Proponent: Texas Christian University

Project Title: Justice Community Opioid Innovation Network (JCOIN)

IRB #: 1920147AM8

IRB Expiration Date: 05/12/2023

Project Begin Date: 07/15/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 09/27/2023

Units Visited: N/A

Project Number: 852-AR22 – ACTIVE

Researcher: Michael Cavanaugh

Proponent: University of Houston-Downtown

Project Title: The Change Agent Evaluation

IRB #: 2022

IRB Expiration Date: 03/02/2024

Project Begin Date: 08/10/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 11/10/2023

Units Visited: Wynne Unit

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 867-AR23 – ACTIVE

Researcher: Beatriz Amalfi

Proponent: Sam Houston State University

Project Title: Assessing and Improving the Predictive Validity of the TRAS

IRB #: 2023-30

IRB Expiration Date: 03/02/2026

Project Begin Date: 03/21/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 12/21/2023

Units Visited: N/A

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 615-RM10 – ACTIVE

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

Project Number: 825-RM21 – ACTIVE

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

Project Number: 846-RM22 – ACTIVE

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

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q3 FY2025**

Project Number: 855-RM22 – ACTIVE

Researcher: Ayman Youssef

Proponent: University of Texas Medical Branch

Project Title: Cytokine Release Syndrome with Development of Features of Hemophagocytic Lymphohistiocytosis After First Dose Pembrolizumab: An Institutional Experience and Diagnostic Approach

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 12/5/2022

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/19/2023

Units Visited: N/A

Project Number: 860-RM23 – ACTIVE

Researcher: April McDougal

Proponent: University of Texas Medical Branch

Project Title: Candida Auris Pseudo-Outbreak Among Hospitalized Incarcerated Individuals

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 02/28/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 11/28/2023

Units Visited: N/A

COMPELLED PSYCHOACTIVE MEDICATION AUDIT
3rd Quarter FY 2025
Audits Conducted in March 2025, April 2025, and May 2025

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	March 2025	0	0	NA	NA	NA
Montford	March 2025	7	7	7	100%	NA
Skyview	March 2025	12	12	12	100%	NA
Wayne Scott	March 2025	14	14	14	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April 2025	1	1	1	100%	NA
Montford	April 2025	3	3	3	100%	NA
Skyview	April 2025	14	14	14	100%	NA
Wayne Scott	April 2025	8	8	8	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	May 2025	2	2	1	50%	Yes
Montford	May 2025	12	12	11	92%	NA
Skyview	May 2025	16	16	15	94%	NA
Wayne Scott	May 2025	9	9	9	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 2025

Reporting months– March 2025, April 2025, and May 2025

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	29	20	2	9	10%
Byrd	36	20	0	16	0%
Dominguez	27	20	19	7	95%
East Texas	27	19	18	8	95%
Formby	27	14	7	13	50%
Garza West	27	20	20	7	100%
Gist	35	20	19	15	95%
Glossbrenner	44	20	19	24	95%
Halbert	21	14	6	7	43%
Holliday	27	20	19	7	95%
Hutchins	31	20	19	11	95%
Johnston	22	17	16	5	94%
Lindsey	26	20	16	6	80%
Lychner	30	20	19	10	95%
Middleton	31	20	11	11	55%
Plane	23	20	19	3	95%
Sanchez	37	20	18	17	90%
Sayle	36	20	20	16	100%
Travis	29	20	18	9	90%
Woodman	25	20	19	5	95%
Kyle	1	0	NA	NA	NA
GRAND TOTAL	591	384	304	206	

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

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

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Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

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**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.**
Managed Care

TTUHSC MANAGED CARE

Correctional Health Care MEDICAL DIRECTOR'S REPORT

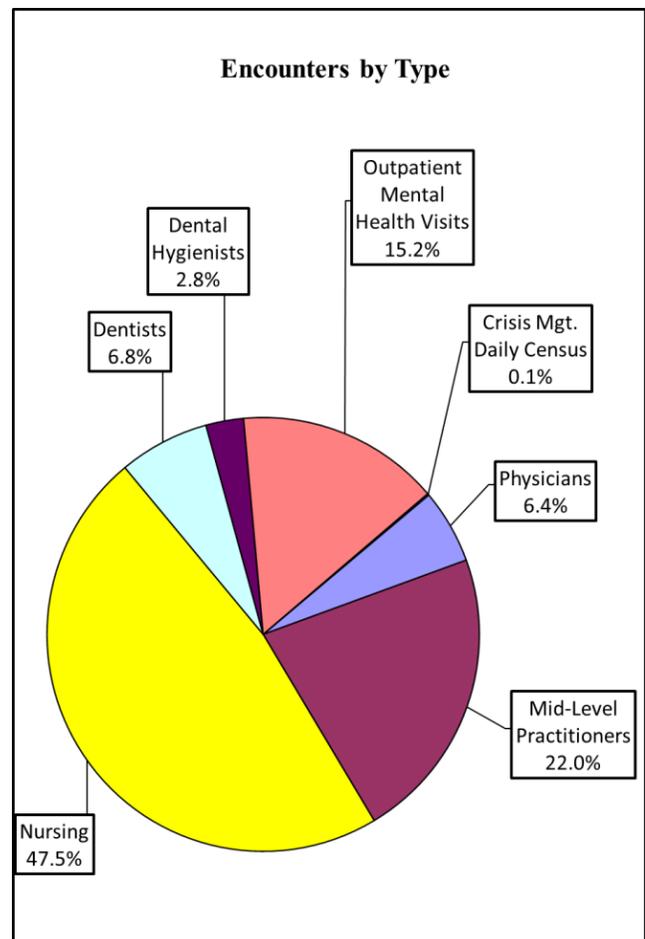
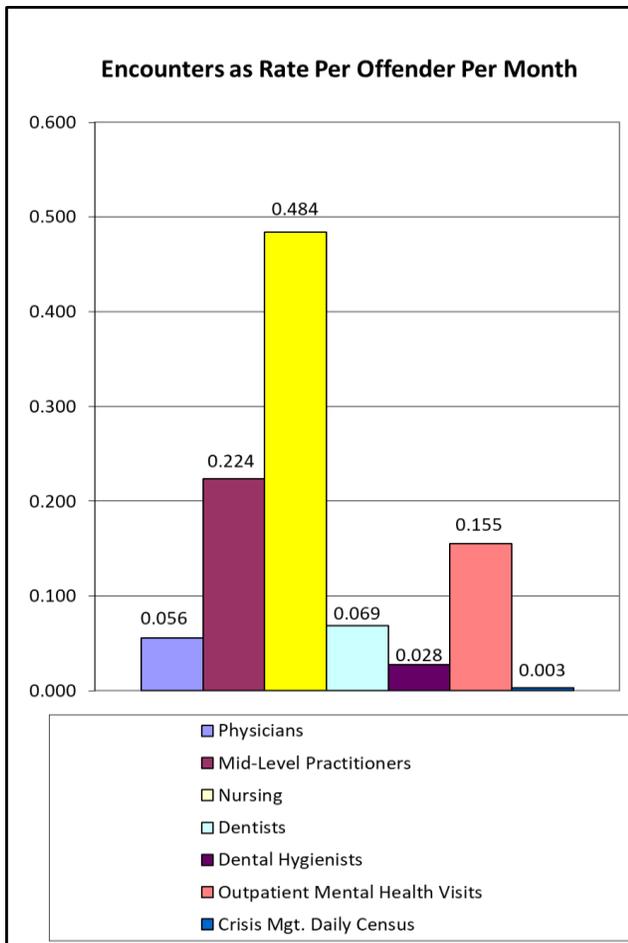
**3rd Quarter
FY2025**

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3rd Quarter FY25

Medical Director's Report:

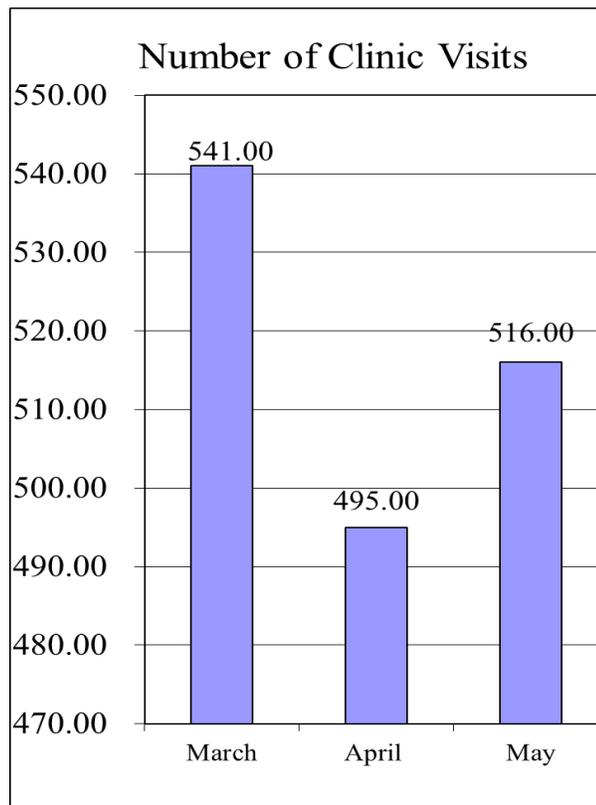
	March	April	May	Qtly Average
Average Population	28,325.00	28,527.00	28,509.00	28,453.00
	Rate Per	Rate Per	Rate Per	Rate Per
	Number	Number	Number	Number
	Offender	Offender	Offender	Offender
Medical encounters				
Physicians	1,504	1,708	1,612	1,608
Mid-Level Practitioners	5,825	6,716	6,573	6,371
Nursing	13,178	13,962	14,195	13,778
Sub-total	20,507	22,386	22,380	21,758
Dental encounters				
Dentists	1,896	1,997	2,002	1,965
Dental Hygienists	660	925	864	816
Sub-total	2,556	2,922	2,866	2,781
Mental health encounters				
Outpatient Mental Health Visits	4,416	4,531	4,289	4,412
Crisis Mgt. Daily Census	36	32	32	33
Sub-total	4,452	4,563	4,321	4,445
Total encounters	27,515	29,871	29,567	28,984
	0.971	1.047	1.037	1.094



3rd Quarter FY25

Medical Director's Report (Page 2):

		March	April	May	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	166.00	191.00	184.00	180.33
	Number of Admissions	759.00	543.00	333.00	545.00
	Number of Clinic Visits	541.00	495.00	516.00	517.33
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	366.00	360.00	401.00	375.67
	PAMIO/MROP Census	387.00	423.00	401.00	403.67
<i>Telemedicine Consults</i>					
		2314	2,605	2,301	2,406.66



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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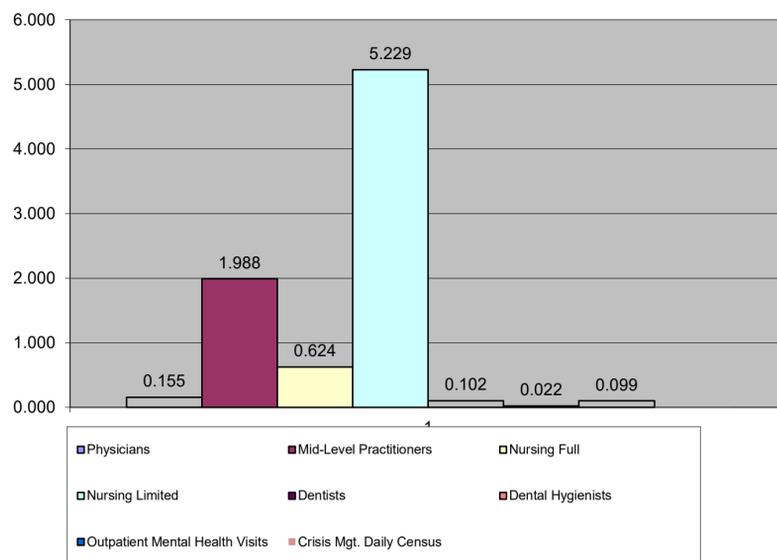
Correctional Health Care
MEDICAL DIRECTOR'S REPORT
Third Quarter
FY 2025

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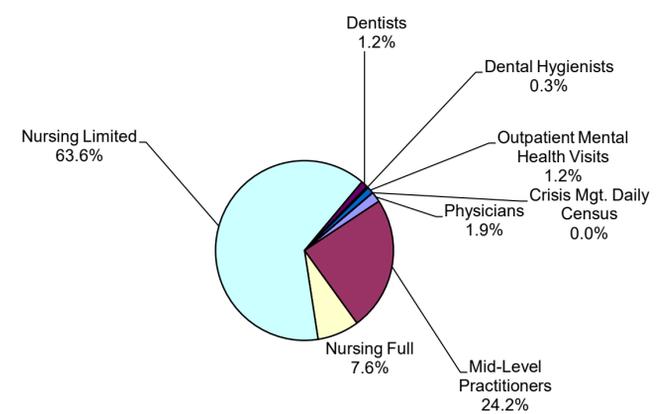
Medical Director's Report:

FY 25 Third Quarter <i>Average Population</i>	Mar		Apr		May		Qtly Average	
	111,667		111,857		112,797		112,107	
	Number	Rate Per Inmate	Number	Rate Per Inmate	Number	Rate Per Inmate	Number	Rate Per Inmate
Medical encounters								
Physicians	17,139	0.153	17,337	0.155	17,644	0.156	17,373	0.155
Mid-Level Practitioners	558,220	4.999	56,699	0.507	53,841	0.477	222,920	1.988
Nursing Full	67,440	0.604	70,740	0.632	71,564	0.634	69,915	0.624
Nursing Limited	638,005	5.713	543,679	4.860	576,877	5.114	586,187	5.229
Sub-total	1,280,804	11.470	688,455	6.155	719,926	6.382	896,395	7.996
Dental Encounters								
Dentists	11,177	0.100	11,507	0.103	11,556	0.102	11,413	0.102
Dental Hygienists	2,445	0.022	2,365	0.021	2,529	0.022	2,446	0.022
Sub-total	13,622	0.122	13,872	0.124	14,085	0.125	13,860	0.124
Mental Health Encounters								
Outpatient Mental Health Visits	11,257	0.101	10,856	0.097	11,191	0.099	11,101	0.099
Crisis Mgt. Daily Census	70	0.001	69	0.001	65	0.001	68	0.001
Sub-total	11,327	0.101	10,925	0.098	11,256	0.100	11,169	0.100
Total encounters	1,305,753	11.693	713,252	6.376	745,267	6.607	921,424	8.219

Encounters as Rate Per Offender Per Month

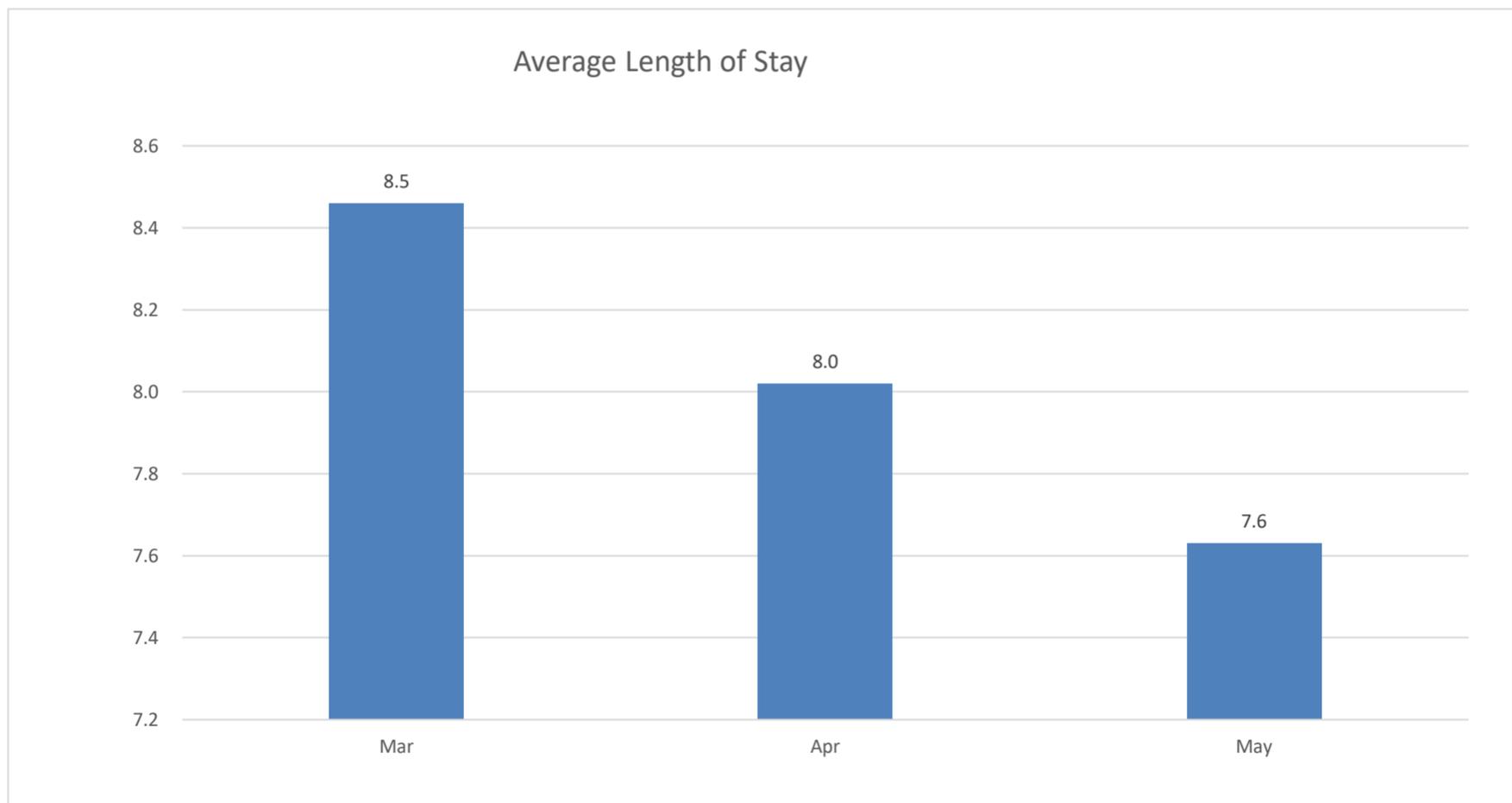


Encounters by Type



Medical Director's Report (Page 2):

FY 25	Mar	Apr	May	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	84.8	87.0	80.0	83.9
Number of Discharges	292	304	354	317
Average Length of Stay	8.5	8.0	7.6	8.0
Number of Clinic Visits	8,382	9,128	8,703	8,738
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	972.25	961.74	958.87	964.29
DDP Census	643.68	649.97	653.84	649.16
<i>Telemedicine Consults</i>	8,146	7,509	7,524	7,726.33



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 17, 2025, 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 14, 2025

- 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. FY2025 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 10, 2025

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

None

New Business:

SCHEDULE FOR 2026 POLICY AND PROCEDURE MEETING DATES FOR REVIEW AND APPROVAL

**JANUARY 8, 2026
APRIL 9, 2026
JULY 9, 2026
OCTOBER 8, 2026**

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

A-08.5	A-08.6*	A-08.8	C-22.1	C-23.1	D-28.1	D-28.5	D-29.1	E-36.5	E-37.6	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-53.3	G-54.1	H-60.3	H-61.1*	I-70.1*
I-72.1											
							* Indicates Attachment(s) included in the policy.				

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

POLICY #	POLICY NAME	SUBMITTED BY
A-08.03	REFERRAL OF INMATES TO DEVELOPMENT DISABILITIES PROGRAM (DDP)	BEVERLY ECHOLS
A-08.04	INMATE MEDICAL AND MENTAL HEALTH CLASSIFICATION	CECELIA HORTON BEVERLY ECHOLS
A-08.07*- ATTH.A & B	PULHES SYSTEM OF INMATE MEDICAL AND MENTAL HEALTH CLASSIFICATION	BEVERLY ECHOLS
E-36.6	PERIODONTAL DISEASE PROGRAM	DR. HORTON
E-36.8	DENTAL COMPREHENSIVE TREATMENT PLAN	DR. HORTON
E-39.1	HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION/RESTRICTIVE HOUSING	BEVERLY ECHOLS
E-42.2	MISSED CLINIC APPOINTMENTS	BEVERLY ECHOLS
G-53.1	SUICIDE PREVENTION PLAN	BEVERLY ECHOLS
G-55.1	PREGNANT INMATES	DR. HORTON
I-71.1	INMATES'S RIGHT TO REFUSE TREATMENT, DEPARTMENT'S RIGHT TO COMPEL TREATMENT	BEVERLY ECHOLS

Adjourn – The Next Meeting is Scheduled for October 9, 2025, 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 10, 2025

- I. Approval of the Minutes from May 8, 2025, P&T
- II. Reports from Subcommittees
 - A. DMG Triage – Dr. Munch
 - B. Diabetes DMG Subcommittee:
 1. Diabetes DMG
 2. Hypoglycemia DMG
 3. Diabetes Patient Education:
 - a. Diabetes Fingerstick log
 - b. General Diabetes Patient Education
 - c. Gestational Diabetes Education
 - d. Insulin FAQ
 - C. Opioid Discontinuation DMG Subcommittee:
 1. Opioid Discontinuation DMG
 2. Buprenorphine and Methadone Discontinuation DMG
 - D. Psychiatry – Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (None)
 - B. Pharmacy Clinical Activity Report (FY25 Through May 2025)
 - C. Drug Recalls (Last Updated 6/16/25)
 - D. Utilization Reports (FY25 Through April 2025)
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization

- E. Non-formulary Deferral Reports (April-May 2025)
 - 1. UTMB Sector
 - 2. Texas Tech Sector
- F. FDA Advisories .
- IV. Quarterly Reports
 - A. Quarterly Audit Report (FY25 Q3) .
 - B. Special Reports –
 - 1. Quarterly Medication Error Reports (FY25 Q3)
 - a. UTMB Sector
 - b. TT Sector
 - 2. Pharmacy Dispensing Errors (FY25 Q3)
 - 3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume (FY25 Q3)
 - a. TDCJ Sector
 - b. UTMB Sector
 - c. TT Sector
 - 4. Pharmacy Diabetes Clinic Report (FY25 Q3)
 - a. UTMB Sector
 - b. TT Sector
 - 5. Pharmacy Warfarin Clinic Report (FY25 Q3A)
 - a. UTMB Sector
 - b. TT Sector
 - 6. Pharmacy CKD Clinic Report (FY25 Q3)
 - a. UTMB Sector
 - b. TT Sector
 - 7. Pharmacy HTN Clinic Report (FY25 Q3)
 - a. UTMB Sector
 - b. TT Sector
 - 8. Pharmacy Medication Reconciliation (FY25 Q3)
 - a. UTMB Sector
 - 9. Specialty Medication Interventions (FY25 Q3)
 - a. UTMB Sector

- V. Old Business
- VI. New Business

- A. Anti-Infective Agents drug category review .
- B. Blood Formation & Coagulation drug category review
- C. Gastrointestinal & Related Agents drug category review
- D. Proton Pump Inhibitor Patient Education
- E. Action Request: Nonformulary Medications for Palliative Care/Comfort Care

VII. Policy Revisions:

- A. Policies with revisions

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

- B. Tabled policies

75*20	Record Retention
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VIII. Drug Shortages (Last Updated: 6/17/25)

IX. Miscellaneous

- A. Lorazepam – add below units as a mobile MRI units with access to stock lorazepam 0.5mg tablets for treatment of claustrophobia 30-60 minutes before MRI, when appropriate.
 - 1. Units: Beto, Estelle, Stiles, Memorial, McConnel, Hughes, Lane Murray, Pack
- B. Phenylephrine – Supply remains limited from manufacturers and current manufacturer supply cannot meet demand. Consider removing from Formulary.

- C. Formulary addition request: Miconazole 2% 7 day vaginal cream with disposable applicators
- D. Formulary removal request: Miconazole 100 mg vaginal suppositories. Shortage originally sent out on 8/12/24. Medication has been discontinued by manufacturer.
- 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 14, 2025

Standing Reports:

- A. Syphilis – Regina Inmon
- B. Hepatitis- Mary McRee
- C. HIV – Amber Martin
- D. MRSA & MSSA & Occupational Exposure– Latasha Hill
- E. Tuberculosis – Dewayne Springer
- F. Peer Education- Jill Campbell
- G. SANE- Kate Williams

Old Business:

None

New Business:

Schedule Dates for 2026 Infection Control Meeting

- For Approval:
- February 12, 2026
- April 9, 2026
- August 13, 2026
- October 8, 2026

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

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.24	Disposal of Sharps, Needles and Syringes	Armita Bushong
2	B-14.25	Special (Medical) Waste	Armita Bushong

		Management	
3	B-14.26	Gastro-Intestinal Illness	Michelle Munch
4	B-14.27	Bloodborne Pathogen Exposure Control Plan	Armita Bushong

Adjourn – The next meeting is scheduled for October 9, 2025, 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 9, 2025

- I. Call to Order
 - A. Minutes Confirmation
 - B. Review of previous meeting minutes May 6, 2025
- II. Dr. Armita Bushong
 - A. CMHC Policy E36.6- Periodontal Disease
 - B. Dental Care and Pregnancy
 - C. Organizational Efficiency & Communications & Responsiveness to Change to Improve Outcomes
- III. Dr. Billy Horton
 - A. Vacancy Report
 - B. Reminder Graphs
 - C. Prosthetic Graphs
 - D. Periodontal Program Change Rollout
 - E. New Regional Dental Directors
 - F. Lead Aprons
- IV. Dr. Chad Fendley
 - A. TTUHSC updates on staffing
 - B. ATC and reminders
 - C. Dalby Unit in Post updates
 - D. Hygiene student rotations from Howard College in Big Spring
 - E. A/C issues at Fomby
- V. Dr. Pam Myers, UTMB Dental Hygiene Program Manager
 - A. RDH Note Wizard Revisions

- B. Update New RDH hire for Jester 3, etc.
- VI. Kevin Hayden, TTUHSC Dental Hygiene Coordinator
 - A. New RDH hire starting July 1 at Robertson Unit
 - B. HSD-8 proposed change
- VII. Adjournment – Next Meeting: September 2025

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 2025:

There were **180** deaths reviewed by the Morbidity and Mortality Committee during the months of March, April, and May 2025, of those **180** deaths, there were **5** cases 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	5
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	5

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 14, 2025

- I. Call to Order
- II. Approval of minutes Confirmation
 - A. Review 05.2025 Minutes
- III. Old Business:
 - A. None
- IV. New Business:
 - A. TDCJ Employee Treatment Report
 - B. Candida auris
 - C. FY 2026 FLC Indicator:
 - TB Monthly Monitoring
 - Emergency Response
 - IP RN Assessment
- V. Infirmary Contact Visitation
- VI. Screening of sick call request with a “written response” of chart review/chart to provider for review.
- VII. Adjourn-The next meeting will be held November 13, 2025

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Financial Report on Correctional Managed Health Care



**Quarterly Report
FY2025 Third
Quarter
March-May 2025**

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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
- FY2025 TDCJ Correctional Managed Health Care Appropriations:
 - Strategy C.1.8, Unit and Psychiatric Care, \$406.6M
 - Strategy C.1.9, Hospital and Clinical Care, \$294.9M
 - Strategy C.1.10, Pharmacy Care, \$79.5M

<u>Method of Finance Summary</u>	<u>FY2025</u>
HB 1, Article V, TDCJ Appropriations	
C.1.8. Unit and Psychiatric Care	\$ 406,568,955
C.1.9. Hospital and Clinic Care	\$ 294,913,635
C.1.10. Pharmacy Care	\$ 79,455,553
TOTAL	\$ 780,938,143
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
C.1.8. Unit and Psychiatric Care	\$ 331,559,750
C.1.9. Hospital and Clinic Care	\$ 249,469,631
C.1.10. Pharmacy Care	\$ 65,024,273
Subtotal UTMB	\$ 646,053,654
Texas Tech University Health Sciences Center	
C.1.8. Unit and Psychiatric Care	\$ 75,009,205
C.1.9. Hospital and Clinic Care	\$ 45,444,004
C.1.10. Pharmacy Care	\$ 14,431,280
Subtotal TTUHSC	\$ 134,884,489
TOTAL TO UNIVERSITY PROVIDERS	\$ 780,938,143
TOTAL ALLOCATED	\$ 780,938,143

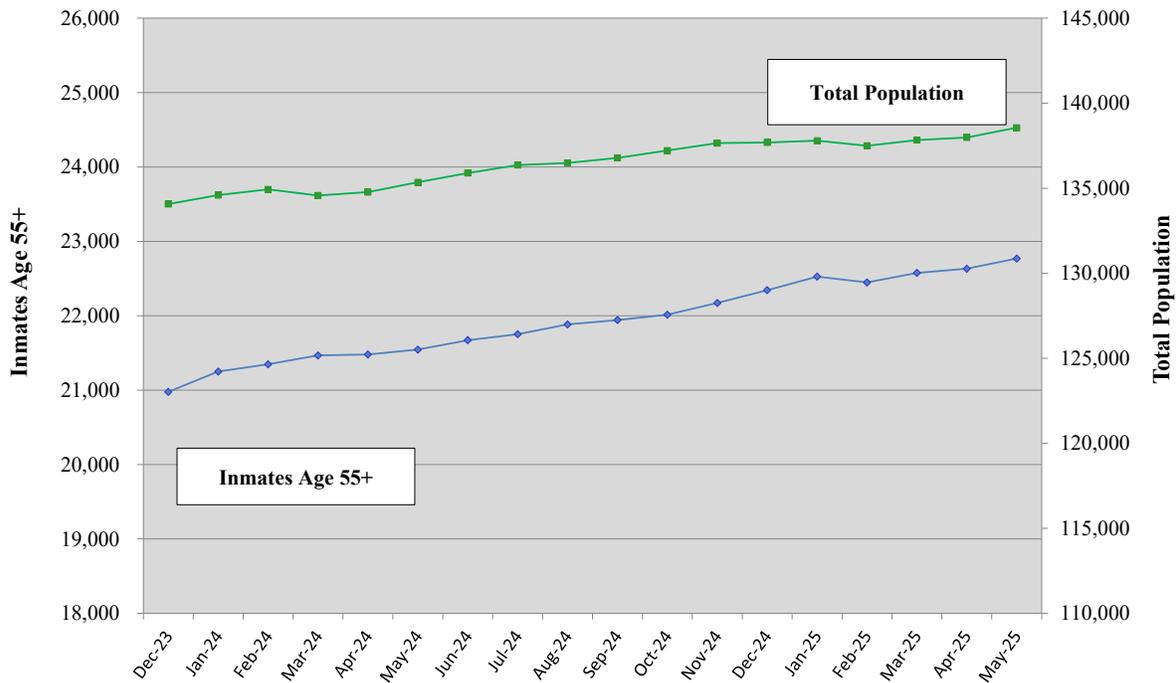
Population

- Overall inmate service population has increased 2.7% from FY2024
 - Average daily census through 3rd quarter
 - FY2024: 134,108
 - FY2025: 137,669

- Inmates aged 55 or older population has increased 5.9% from FY2024
 - Average daily census through 3rd quarter
 - FY2024: 21,125
 - FY2025: 22,380
 - While comprising about 16.3% of the overall service population, these inmates account for 54.2% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2025 average number of psychiatric inpatients through 3rd quarter is 1,750 which increased 2.2% from FY2024.
 - FY2025 average number of psychiatric outpatients through 3rd quarter is 35,632 which increased 4.5% from FY2024.

CMHC Service Population



Health Care Costs

- Total expenditures through 3rd quarter, FY2025: \$820.7M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$413.4M or 50.4% of total expenses
 - Hospital and Clinical Care - \$335.4M or 40.9% of total expenses
 - Pharmacy Services - \$71.9M or 8.7% of total expenses
 - HIV-related drugs: 33.3% of total drug costs
 - Hepatitis C drug therapies: 20.9% of total drug costs
 - Psychiatric drugs: 4.7% of total drug costs
 - All other drug costs: 41.0% of total drug costs
- Cost per inmate per day increased 9.7% from FY2024 to FY2025
 - Cost per inmate per day through 3rd quarter FY2025:
 - FY2024: \$19.91
 - FY2025: \$21.84

Comparison of Total Health Care Costs

	FY21	FY22	FY23	FY24	FYTD 25 3rd Qtr
Population					
UTMB	96,514	96,521	103,295	109,692	111,757
TTUHSC	24,282	24,214	24,638	24,951	25,912
Total	120,796	120,735	127,933	134,643	137,669
Expenses					
UTMB	\$627,901,731	\$643,994,605	\$717,213,452	\$835,108,953	\$700,992,095
TTUHSC	\$122,657,653	\$129,276,857	\$137,866,090	\$146,154,728	\$119,701,721
Total	\$750,559,384	\$773,271,463	\$855,079,543	\$981,263,682	\$820,693,816
Cost/Day					
UTMB	\$17.82	\$18.28	\$19.02	\$20.80	\$22.98
TTUHSC	\$13.84	\$14.63	\$15.33	\$16.00	\$16.92
Total	\$17.02	\$17.55	\$18.31	\$19.91	\$21.84

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<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 56,102,775	\$ 247,988,523	\$ 304,091,298
EMR Revenue Deferred to FY2024*	\$ -	\$ 1,428,765	\$ 1,428,765
State Reimbursement Benefits	\$ 10,040,635	\$ 51,881,069	\$ 61,921,704
Other Misc Revenue	\$ 1,054	\$ 75,160	\$ 76,214
C.1.8. Total Method of Finance	\$ 66,144,464	\$ 301,373,518	\$ 367,517,982
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 33,989,625	\$ 186,589,614	\$ 220,579,239
State Reimbursement Benefits	\$ 1,724,002	\$ -	\$ 1,724,002
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 35,713,627	\$ 186,589,614	\$ 222,303,241
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 10,793,806	\$ 48,634,593	\$ 59,428,399
State Reimbursement Benefits	\$ 87,361	\$ 1,737,971	\$ 1,825,332
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 10,881,167	\$ 50,372,565	\$ 61,253,731
TOTAL METHOD OF FINANCE	\$ 112,739,258	\$ 538,335,697	\$ 651,074,955

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 100,886,206	\$ 483,212,731	\$ 584,098,937
State Reimbursement Benefits	\$ 11,851,998	\$ 53,619,041	\$ 65,471,038
Other Misc Revenue	\$ 1,054	\$ 75,160	\$ 76,214
TOTAL METHOD OF FINANCE	\$ 112,739,258	\$ 538,335,697	\$ 651,074,955

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 70,601,330	\$ 342,813,507	\$ 413,414,837
C.1.9. Hospital & Clinical Care	\$ 39,193,005	\$ 296,218,160	\$ 335,411,165
C.1.10. Managed Health Care - Pharmacy	\$ 9,907,386	\$ 61,960,428	\$ 71,867,814
TOTAL EXPENDITURES	\$ 119,701,721	\$ 700,992,095	\$ 820,693,816

DIFFERENCE	\$ (6,962,463)	\$ (162,656,398)	\$ (169,618,861)
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C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 56,102,775	\$ 247,988,523	\$ 304,091,298
EMR Revenue Deferred to FY2024*	\$ -	\$ 1,428,765	\$ 1,428,765
State Reimbursement Benefits	\$ 10,040,635	\$ 51,881,069	\$ 61,921,704
Other Misc Revenue	\$ 1,054	\$ 75,160	\$ 76,214
TOTAL METHOD OF FINANCE	\$ 66,144,464	\$ 301,373,518	\$ 367,517,982
Expenditures:			
Unit Care			
Salaries	\$ 29,865,351	\$ 202,276,284	\$ 232,141,636
Benefits	\$ 9,088,171	\$ 57,623,429	\$ 66,711,600
Other Operating Expenses	\$ 4,376,124	\$ 26,578,927	\$ 30,955,050
Professional Services	\$ 3,645,933	\$ -	\$ 3,645,933
Contracted Units/Services	\$ 5,712,745	\$ -	\$ 5,712,745
Travel	\$ 303,588	\$ 1,806,325	\$ 2,109,914
Capitalized Equipment	\$ 340,167	\$ 1,972,150	\$ 2,312,317
Subtotal, Unit Care	\$ 53,332,079	\$ 290,257,115	\$ 343,589,194
Psychiatric Care			
Salaries	\$ 10,334,030	\$ 36,324,869	\$ 46,658,900
Benefits	\$ 2,632,886	\$ 8,867,207	\$ 11,500,093
Other Operating Expenses	\$ 136,570	\$ 314,045	\$ 450,615
Professional Services	\$ 2,544,147	\$ -	\$ 2,544,147
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 78,791	\$ 195,882	\$ 274,673
Subtotal, Psychiatric Care	\$ 15,726,425	\$ 45,702,003	\$ 61,428,427
Indirect Expenditures (Shared Services)	\$ 1,542,826	\$ 6,854,389	\$ 8,397,216
TOTAL EXPENDITURES	\$ 70,601,330	\$ 342,813,507	\$ 413,414,837
DIFFERENCE	\$ (4,456,866)	\$ (41,439,989)	\$ (45,896,855)

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C.1.9. HOSPITAL & CLINICAL CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 33,989,625	\$ 186,589,614	\$ 220,579,239
State Reimbursement Benefits	\$ 1,724,002	\$ -	\$ 1,724,002
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 35,713,627	\$ 186,589,614	\$ 222,303,241
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,217,592	\$ 23,977,942	\$ 25,195,534
Community Provider Services	\$ 23,032,404	\$ 69,132,313	\$ 92,164,717
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 14,004,085	\$ 179,312,894	\$ 193,316,979
Estimated IBNR	\$ 4,209	\$ 16,752,331	\$ 16,756,540
Subtotal, Hospital & Clinical Care	\$ 38,258,290	\$ 289,175,480	\$ 327,433,770
Indirect Expenditures (Shared Services)	\$ 934,715	\$ 7,042,680	\$ 7,977,395
TOTAL EXPENDITURES	\$ 39,193,005	\$ 296,218,160	\$ 335,411,165
DIFFERENCE	\$ (3,479,378)	\$ (109,628,546)	\$ (113,107,924)

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C.1.10. MANAGED HEALTH CARE - PHARMACY			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 10,793,806	\$ 48,634,593	\$ 59,428,399
State Reimbursement Benefits	\$ 87,361	\$ 1,737,971	\$ 1,825,332
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 10,881,167	\$ 50,372,565	\$ 61,253,731
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 2,008,029	\$ 7,552,109	\$ 9,560,138
Benefits	\$ 100,609	\$ 2,476,918	\$ 2,577,526
Other Operating Expenses	\$ 416,642	\$ 5,869,320	\$ 6,285,962
Pharmaceutical Purchases	\$ 7,071,398	\$ 44,629,694	\$ 51,701,092
Travel	\$ 13,879	\$ 25,931	\$ 39,810
Capitalized Equipment	\$ -	\$ (20,075)	\$ (20,075)
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 9,610,556	\$ 60,533,897	\$ 70,144,454
Indirect Expenditures (Shared Services)	\$ 296,830	\$ 1,426,530	\$ 1,723,360
TOTAL EXPENDITURES	\$ 9,907,386	\$ 61,960,428	\$ 71,867,814
DIFFERENCE	\$ 973,781	\$ (11,587,863)	\$ (10,614,082)

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Key Population Indicators

	September	October	November	1st Quarter	December	January	February	2nd Quarter	March	April	May	3rd Quarter	FY2025
Average Service Population	136,782	137,218	137,654	137,218	137,689	137,798	137,497	137,661	137,834	137,984	138,562	138,127	137,669
Population Age 55 and Over	21,942	22,014	22,172	22,043	22,344	22,526	22,448	22,439	22,576	22,633	22,769	22,659	22,380
<i>Percent of Total Population</i>	16.0%	16.0%	16.1%	16.1%	16.2%	16.3%	16.3%	16.3%	16.4%	16.4%	16.4%	16.4%	16.3%
Key Treatment Populations, Month End													
Patients receiving HIV Treatment	1,887	1,916	1,915	1,906	1,947	1,926	1,896	1,923	1,885	1,900	1,902	1,896	1,908
Patients receiving Hep C Treatment	503	488	444	478	397	405	459	420	559	565	596	573	491
Patients Receiving Dialysis Treatment	210	213	204	209	211	213	214	213	213	209	208	210	158
Age 55 and Over	112	109	111	111	114	113	111	113	115	112	111	113	112
Under 55	98	104	93	98	97	100	103	100	98	97	97	97	99
Medical Inpatient Average Daily Census													
UTMB-Hospital Galveston	121	132	130	128	129	125	122	126	122	116	125	121	125
UTMB Community Hospitals	68	74	81	74	71	61	70	67	75	66	63	68	70
TTUHSC Community Hospitals	9	11	8	10	12	14	11	12	10	13	9	10	11
Medical Inpatient Average Daily Census	198	216	219	211	212	200	203	206	207	195	197	200	205
Medical Inpatient Discharges													
UTMB-Hospital Galveston	309	335	372	1,016	319	283	310	912	291	304	354	949	2,877
UTMB Community Hospitals	352	365	351	1,068	364	323	347	1,034	338	323	326	987	3,089
TTUHSC Community Hospitals	59	51	57	167	71	67	53	191	53	62	53	168	526
Medical Inpatient Discharges	720	751	780	2,251	754	673	710	2,137	682	689	733	2,104	6,492
Average Length of Stay (in days)													
UTMB - Hospital Galveston	7.37	7.70	9.50	8.19	8.24	9.53	7.23	8.33	8.48	8.02	7.63	8.04	8.19
UTMB Community Hospitals	5.77	6.27	6.89	6.31	5.98	5.86	6.26	6.03	6.89	6.07	6.02	6.33	6.22
TTUHSC Community Hospitals	3.86	2.22	4.40	3.49	3.97	3.70	6.00	4.56	4.55	4.81	4.13	4.50	4.18
Infirmiry and Sheltered Housing Census, Month End													
UTMB Infirmiry	599	620	627	615	670	665	662	666	662	661	665	663	648
UTMB Sheltered Housing	633	635	637	635	639	629	636	635	627	629	641	632	634
TTUHSC Infirmiry	162	164	162	163	166	172	161	166	159	168	167	165	165
Infirmiry and Sheltered Housing Census, Month End	1,394	1,419	1,426	1,413	1,475	1,466	1,459	1,467	1,448	1,458	1,473	1,460	1,446
<i>Percent of Capacity Filled</i>	92.9%	94.5%	91.6%	93.0%	94.7%	94.2%	93.7%	94.2%	93.0%	93.6%	94.6%	93.7%	93.6%
Medical Outpatient Visits													
UTMB Specialty Clinics and ER Visits	8,894	10,438	7,569	8,967	8,316	8,554	9,453	8,774	9,875	10,627	10,343	10,282	9,341
TTUHSC Community Outpatient and ER Visits	3,608	1,270	4,200	3,026	4,084	3,920	4,352	4,119	4,089	4,491	4,166	4,249	3,798
Medical Outpatient Visits	12,502	11,708	11,769	11,993	12,400	12,474	13,805	12,893	13,964	15,118	14,509	14,530	13,139
Mental Health Inpatient Average Census													
UTMB Psychiatric Inpatient	957	962	973	964	950	961	960	957	972	962	959	964	962
TTUHSC Psychiatric Inpatient	736	746	733	738	879	801	785	822	799	820	798	806	789
Mental Health Inpatient Average Census	1,693	1,708	1,706	1,702	1,829	1,762	1,745	1,779	1,771	1,782	1,757	1,770	1,750
Mental Health Outpatient Caseload, Month End													
UTMB Psychiatric Outpatient	28,584	28,609	28,590	28,594	28,518	28,283	28,049	28,283	28,099	28,290	28,296	28,228	28,369
TTUHSC Psychiatric Outpatient	7,022	7,158	7,147	7,109	7,192	7,379	7,371	7,314	7,203	7,421	7,476	7,367	7,263
Mental Health Outpatient Caseload, Month End	35,606	35,767	35,737	35,703	35,710	35,662	35,420	35,597	35,302	35,711	35,772	35,595	35,632

Based on data submitted by UTMB and TTUHSC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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Key Budget Drivers (Cost)

	September	October	November	1st Quarter	December	January	February	2nd Quarter	March	April	May	3rd Quarter	FY2025				
Selected Drug Costs																	
HIV Medications	\$ 2,477,218	\$ 1,603,651	\$ 1,916,775	\$ 5,997,644	\$ 1,401,490	\$ 2,433,741	\$ 1,617,806	\$ 5,453,038	\$ 2,418,938	\$ 1,473,594	\$ 1,867,332	\$ 5,759,864	\$ 17,210,546				
Hepatitis C Medications	\$ 1,352,282	\$ 1,189,529	\$ 837,159	\$ 3,378,969	\$ 950,222	\$ 951,997	\$ 1,017,137	\$ 2,919,356	\$ 2,012,368	\$ 1,308,332	\$ 1,203,987	\$ 4,524,686	\$ 10,823,011				
Psychiatric Medications	\$ 281,705	\$ 271,485	\$ 229,293	\$ 782,484	\$ 320,494	\$ 275,838	\$ 240,122	\$ 836,455	\$ 288,412	\$ 243,976	\$ 296,539	\$ 828,927	\$ 2,447,865				
All Other Drug Costs	\$ 1,636,078	\$ 3,426,091	\$ 2,100,505	\$ 7,162,674	\$ 2,416,460	\$ 1,920,225	\$ 2,701,088	\$ 7,037,773	\$ 1,778,810	\$ 2,685,591	\$ 2,554,823	\$ 7,019,223	\$ 21,219,670				
Total Drug Costs	\$ 5,747,283	\$ 6,490,756	\$ 5,083,732	\$ 17,321,770	\$ 5,088,666	\$ 5,581,802	\$ 5,576,154	\$ 16,246,621	\$ 6,498,527	\$ 5,711,493	\$ 5,922,680	\$ 18,132,700	\$ 51,701,092				
Dialysis																	
Age 55 and Over	\$ 413,601	\$ 435,302	\$ 389,956	\$ 1,238,860	\$ 421,182	\$ 452,863	\$ 364,633	\$ 1,238,678	\$ 425,066	\$ 426,662	\$ 409,428	\$ 1,261,156	\$ 3,738,693				
UTMB	\$ 358,205	\$ 379,906	\$ 334,560	\$ 1,072,672	\$ 365,786	\$ 405,382	\$ 324,456	\$ 1,095,624	\$ 377,584	\$ 379,180	\$ 361,946	\$ 1,118,710	\$ 3,287,006				
TTUHSC	\$ 55,396	\$ 55,396	\$ 55,396	\$ 166,188	\$ 55,396	\$ 47,481	\$ 40,177	\$ 143,054	\$ 47,482	\$ 47,482	\$ 47,482	\$ 142,445	\$ 451,687				
Under 55	\$ 358,372	\$ 363,622	\$ 351,775	\$ 1,073,770	\$ 380,916	\$ 399,776	\$ 339,612	\$ 1,120,303	\$ 401,572	\$ 365,716	\$ 369,529	\$ 1,136,817	\$ 3,330,890				
UTMB	\$ 298,836	\$ 313,806	\$ 300,643	\$ 913,286	\$ 330,594	\$ 341,540	\$ 275,692	\$ 947,825	\$ 327,033	\$ 307,481	\$ 305,608	\$ 940,122	\$ 2,801,233				
TTUHSC	\$ 59,536	\$ 49,816	\$ 51,132	\$ 160,484	\$ 50,322	\$ 58,236	\$ 63,920	\$ 172,478	\$ 74,539	\$ 58,236	\$ 63,921	\$ 196,695	\$ 529,657				
Total Dialysis	\$ 771,974	\$ 798,924	\$ 741,731	\$ 2,312,629	\$ 802,097	\$ 852,639	\$ 704,244	\$ 2,358,981	\$ 826,638	\$ 792,378	\$ 778,957	\$ 2,397,973	\$ 7,069,583				
Offsite Hospital Services																	
Age 55 and Over	\$ 13,751,252	\$ 16,689,967	\$ 15,226,595	\$ 45,667,814	49.7%	\$ 17,625,871	\$ 16,742,794	\$ 18,967,008	\$ 53,335,673	53.9%	\$ 18,639,919	\$ 25,529,798	\$ 20,977,322	\$ 65,147,039	58.2%	\$ 164,150,526	54.2%
UTMB	\$ 13,235,243	\$ 16,367,245	\$ 14,419,863	\$ 44,022,351	\$ 16,680,882	\$ 15,524,987	\$ 18,355,392	\$ 50,561,261	\$ 16,868,412	\$ 24,138,293	\$ 20,220,225	\$ 61,226,930	\$ 155,810,542				
TTUHSC	\$ 516,008	\$ 322,722	\$ 806,733	\$ 1,645,463	\$ 944,989	\$ 1,217,808	\$ 611,616	\$ 2,774,412	\$ 1,771,507	\$ 1,391,505	\$ 757,097	\$ 3,920,109	\$ 8,339,984				
Under 55	\$ 14,359,546	\$ 18,396,028	\$ 13,494,923	\$ 46,250,497	50.3%	\$ 15,010,869	\$ 14,838,659	\$ 15,823,938	\$ 45,673,466	46.1%	\$ 17,155,688	\$ 13,410,664	\$ 16,219,960	\$ 46,786,313	41.8%	\$ 138,710,276	45.8%
UTMB	\$ 13,184,513	\$ 15,494,604	\$ 12,273,111	\$ 40,952,229	\$ 13,152,177	\$ 12,526,249	\$ 14,775,616	\$ 40,454,041	\$ 14,755,227	\$ 11,577,342	\$ 14,761,687	\$ 41,094,257	\$ 122,500,527				
TTUHSC	\$ 1,175,033	\$ 2,901,424	\$ 1,221,811	\$ 5,298,268	\$ 1,858,693	\$ 2,312,410	\$ 1,048,322	\$ 5,219,425	\$ 2,400,461	\$ 1,833,322	\$ 1,458,273	\$ 5,692,056	\$ 16,209,749				
Total Offsite Hospital Services	\$ 28,110,798	\$ 35,085,995	\$ 28,721,518	\$ 91,918,311	\$ 32,636,740	\$ 31,581,453	\$ 34,790,946	\$ 99,009,139	\$ 35,795,607	\$ 38,940,462	\$ 37,197,283	\$ 111,933,352	\$ 302,860,802				
*TTUHSC Offsite Hospital Services report for 4th quarter was not available at time of submission.																	
C.1.8. Salaries/Agency Nursing/Overtime																	
UTMB																	
Salaries	\$ 21,655,971	\$ 22,158,308	\$ 22,416,826	\$ 66,231,106	\$ 22,957,712	\$ 23,168,115	\$ 20,661,733	\$ 66,787,561	\$ 22,474,342	\$ 21,931,910	\$ 22,772,064	\$ 67,178,316	\$ 200,196,983				
Agency Nursing	\$ 2,487,923	\$ 2,677,587	\$ 2,568,258	\$ 7,733,769	\$ 2,428,558	\$ 2,154,683	\$ 2,194,814	\$ 6,778,055	\$ 2,474,323	\$ 2,384,084	\$ 2,639,319	\$ 7,497,726	\$ 22,009,549				
Overtime	\$ 1,825,277	\$ 2,045,097	\$ 1,862,235	\$ 5,732,609	\$ 1,786,008	\$ 1,715,034	\$ 1,694,621	\$ 5,195,662	\$ 1,853,206	\$ 1,758,960	\$ 1,854,184	\$ 5,466,350	\$ 16,394,622				
UTMB Total	\$ 25,969,171	\$ 26,880,992	\$ 26,847,320	\$ 79,697,484	\$ 27,172,278	\$ 27,037,832	\$ 24,551,168	\$ 78,761,278	\$ 26,801,871	\$ 26,074,955	\$ 27,265,567	\$ 80,142,392	\$ 238,601,154				
TTUHSC																	
Salaries	\$ 4,068,069	\$ 4,179,111	\$ 4,111,439	\$ 12,358,619	\$ 4,592,947	\$ 4,708,980	\$ 4,252,933	\$ 13,554,860	\$ 4,436,804	\$ 4,423,114	\$ 4,597,243	\$ 13,457,162	\$ 39,370,641				
Agency Nursing	\$ 159,269	\$ 451,488	\$ 382,430	\$ 993,187	\$ 242,833	\$ 231,270	\$ (127)	\$ 473,975	\$ 87,720	\$ 319,184	\$ 304,953	\$ 711,856	\$ 2,179,019				
Overtime	\$ 76,559	\$ 78,515	\$ 99,131	\$ 254,205	\$ 88,106	\$ 85,475	\$ 91,752	\$ 265,333	\$ 107,636	\$ 93,363	\$ 108,204	\$ 309,202	\$ 828,741				
TTUHSC Total	\$ 4,303,897	\$ 4,709,114	\$ 4,593,001	\$ 13,606,012	\$ 4,923,885	\$ 5,025,726	\$ 4,344,558	\$ 14,294,168	\$ 4,632,160	\$ 4,835,661	\$ 5,010,400	\$ 14,478,220	\$ 42,378,400				
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 30,273,068	\$ 31,590,106	\$ 31,440,321	\$ 93,303,495	\$ 32,096,163	\$ 32,063,558	\$ 28,895,726	\$ 93,055,446	\$ 31,434,030	\$ 30,910,616	\$ 32,275,966	\$ 94,620,613	\$ 280,979,554				
FTEs																	
UTMB	3,065.3	3,088.5	3,112.4	3,088.7	3,127.8	3,143.5	3,148.5	3,140.0	3,156.1	3,158.0	3,155.0	3,156.4	3,128.4				
TTUHSC	741.0	733.8	731.8	735.5	741.7	746.3	743.7	743.9	741.7	751.7	767.8	753.8	744.4				
Total FTEs	3,806.3	3,822.3	3,844.2	3,824.3	3,869.5	3,889.8	3,892.3	3,883.9	3,897.9	3,909.7	3,922.8	3,910.1	3,872.8				
Key Occupational Categories, Percent Filled																	
UTMB																	
Nursing	86.4%	87.0%	87.7%	87.0%	88.1%	88.6%	88.7%	88.5%	88.9%	89.0%	88.4%	88.8%	88.1%				
Mental Health	82.1%	82.9%	83.9%	83.0%	84.2%	84.2%	84.7%	84.3%	85.3%	85.1%	85.4%	85.2%	84.2%				
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	86.0%	88.0%	88.8%	87.6%	88.3%	89.3%	89.3%	89.0%	90.3%	91.5%	91.0%	91.0%	89.2%				
Dental	90.6%	92.7%	91.7%	91.7%	91.1%	91.7%	90.9%	91.2%	90.9%	90.9%	90.9%	90.9%	91.2%				
Pharmacy	90.6%	92.0%	92.4%	91.7%	93.1%	94.0%	93.3%	93.5%	92.8%	93.3%	90.9%	92.3%	92.5%				
Other Positions	97.9%	97.2%	98.6%	97.9%	98.6%	97.2%	96.5%	97.4%	96.5%	97.7%	97.1%	96.4%	97.2%				
TTUHSC	72.3%	71.6%	71.4%	71.8%	72.4%	72.8%	72.6%	72.6%	72.4%	72.7%	72.4%	73.1%	72.5%				
Nursing	91.3%	90.7%	91.1%	91.0%	92.4%	93.6%	93.7%	93.3%	93.0%	93.1%	94.2%	93.4%	92.6%				
Mental Health	62.8%	62.1%	62.1%	62.3%	63.9%	64.4%	64.4%	64.3%	65.2%	65.3%	66.9%	65.8%	64.1%				
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	74.7%	72.4%	70.6%	72.6%	72.2%	73.8%	72.2%	72.7%	71.4%	70.1%	72.4%	71.3%	72.2%				
Dental	76.8%	76.8%	76.8%	76.8%	78.6%	75.0%	73.2%	75.6%	71.4%	73.7%	75.5%	73.5%	75.3%				
Pharmacy	88.5%	88.5%	88.5%	88.5%	85.6%	85.9%	83.8%	85.1%	82.4%	84.5%	85.2%	84.0%	85.9%				
Other Positions	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%				
	87.5%	87.4%	87.4%	87.5%	86.9%	87.5%	88.4%	87.6%	87.1%	88.0%	89.1%	88.1%	87.7%				

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Third Quarter, FY2025

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 06/23/25
REVENUE:						
TDCJ Appropriation	\$ 33,628,736	\$ 33,259,189	\$ 33,998,281		\$ 100,886,206	\$ 134,884,489
State Reimbursement Benefits	\$ 3,780,497	\$ 3,962,371	\$ 4,109,130		\$ 11,851,998	\$ 15,552,663
Other Misc Revenue	\$ 243	\$ 540	\$ 271		\$ 1,054	\$ 1,405
TOTAL REVENUES	\$ 37,409,475	\$ 37,222,100	\$ 38,107,682	\$ -	\$ 112,739,258	\$ 150,438,558

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 9,138,057	\$ 10,341,404	\$ 10,385,889		\$ 29,865,351	\$ 40,570,468
Benefits	\$ 2,740,120	\$ 3,120,932	\$ 3,227,119		\$ 9,088,171	\$ 12,345,789
Other Operating Expenses	\$ 1,450,426	\$ 1,773,588	\$ 1,152,110		\$ 4,376,124	\$ 5,973,581
Professional Services	\$ 1,039,051	\$ 1,285,307	\$ 1,321,576		\$ 3,645,933	\$ 4,961,244
Contracted Units/Services	\$ 3,306,201	\$ 1,214,720	\$ 1,191,824		\$ 5,712,745	\$ 6,634,395
Travel	\$ 72,954	\$ 114,812	\$ 115,822		\$ 303,588	\$ 404,785
Capitalized Equipment	\$ 216,674	\$ 100,326	\$ 23,167		\$ 340,167	\$ 453,556
Subtotal, Unit Care Expenditures	\$ 17,963,483	\$ 17,951,089	\$ 17,417,507	\$ -	\$ 53,332,079	\$ 71,343,819
Psychiatric Care Expenditures						
Salaries	\$ 3,474,767	\$ 3,478,788	\$ 3,380,475		\$ 10,334,030	\$ 13,778,707
Benefits	\$ 860,526	\$ 896,539	\$ 875,822		\$ 2,632,886	\$ 3,510,515
Other Operating Expenses	\$ 33,923	\$ 54,421	\$ 48,226		\$ 136,570	\$ 182,093
Professional Services	\$ 882,761	\$ 768,987	\$ 892,400		\$ 2,544,147	\$ 3,392,196
Travel	\$ 27,352	\$ 25,297	\$ 26,142		\$ 78,791	\$ 105,055
Subtotal, Psychiatric Care Expenditures	\$ 5,279,329	\$ 5,224,032	\$ 5,223,064	\$ -	\$ 15,726,425	\$ 20,968,566
Total Expenditures, Unit & Psychiatric Care	\$ 23,242,811	\$ 23,175,121	\$ 22,640,572	\$ -	\$ 69,058,504	\$ 92,312,386

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 208,493	\$ 400,253	\$ 608,846		\$ 1,217,592	\$ 1,623,456
Community Provider Services	\$ 6,406,804	\$ 7,597,706	\$ 9,027,894		\$ 23,032,404	\$ 30,715,484
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,658,464	\$ 4,446,772	\$ 4,898,849		\$ 14,004,085	\$ 18,672,114
Estimated IBNR	\$ 32,907	\$ (4,123)	\$ (24,575)		\$ 4,209	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 11,306,668	\$ 12,440,607	\$ 14,511,014	\$ -	\$ 38,258,290	\$ 51,011,053

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 475,719	\$ 835,317	\$ 696,993		\$ 2,008,029	\$ 2,677,372
Benefits	\$ 33,184	\$ 33,712	\$ 33,712		\$ 100,609	\$ 134,145
Other Operating Expenses	\$ 304,728	\$ (23,426)	\$ 135,340		\$ 416,642	\$ 555,522
Pharmaceutical Purchases	\$ 2,305,866	\$ 2,597,729	\$ 2,167,803		\$ 7,071,398	\$ 9,603,530
Travel	\$ 1,680	\$ 6,359	\$ 5,840		\$ 13,879	\$ 18,506
Capitalized Equipment	\$ -	\$ -	\$ -		\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 3,121,177	\$ 3,449,691	\$ 3,039,688	\$ -	\$ 9,610,556	\$ 12,989,075

Indirect Expenditures (Shared Services)	\$ 924,790	\$ 914,628	\$ 934,953		\$ 2,774,371	\$ 3,709,323
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TOTAL EXPENDITURES	\$ 38,595,447	\$ 39,980,046	\$ 41,126,227		\$ 119,701,721	\$ 160,021,838
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DIFFERENCE	\$ (1,185,972)	\$ (2,757,947)	\$ (3,018,545)	\$ -	\$ (6,962,463)	\$ (9,583,280)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Third Quarter, FY2025

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 03/26/2025
REVENUE:						
TDCJ Appropriation	\$ 161,070,910	\$ 159,300,899	\$ 162,840,922		\$ 483,212,731	\$ 646,053,654
EMR Revenue Deferred to FY2024*	\$ 498,399	\$ 441,889	\$ 488,477		\$ 1,428,765	\$ 1,862,035
State Reimbursement Benefits	\$ 17,250,421	\$ 18,619,192	\$ 17,749,428		\$ 53,619,041	\$ 71,831,838
Other Misc Revenue	\$ 31,290	\$ 15,088	\$ 28,781		\$ 75,160	\$ 100,489
TOTAL REVENUES	\$ 178,851,021	\$ 178,377,068	\$ 181,107,608	\$ -	\$ 538,335,697	\$ 719,848,016

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 67,703,590	\$ 66,830,301	\$ 67,742,393		\$ 202,276,284	\$ 271,080,669
Benefits	\$ 18,760,640	\$ 19,467,658	\$ 19,395,132		\$ 57,623,429	\$ 77,220,109
Other Operating Expenses	\$ 9,022,482	\$ 8,348,334	\$ 9,208,111		\$ 26,578,927	\$ 34,767,600
Professional Services	\$ -	\$ -	\$ -		\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -		\$ -	\$ -
Travel	\$ 437,138	\$ 598,276	\$ 770,912		\$ 1,806,325	\$ 2,415,050
Capitalized Equipment	\$ 874,831	\$ 366,419	\$ 730,900		\$ 1,972,150	\$ 4,129,974
Subtotal, Unit Care Expenditures	\$ 96,798,681	\$ 95,610,988	\$ 97,847,447	\$ -	\$ 290,257,115	\$ 389,613,403
Psychiatric Care Expenditures						
Salaries	\$ 11,993,893	\$ 11,930,977	\$ 12,399,999		\$ 36,324,869	\$ 48,566,217
Benefits	\$ 2,888,617	\$ 2,975,009	\$ 3,003,580		\$ 8,867,207	\$ 11,855,423
Other Operating Expenses	\$ 70,713	\$ 78,106	\$ 165,226		\$ 314,045	\$ 419,712
Professional Services	\$ -	\$ -	\$ -		\$ -	\$ -
Travel	\$ 53,493	\$ 89,216	\$ 53,173		\$ 195,882	\$ 261,893
Subtotal, Psychiatric Care Expenditures	\$ 15,006,716	\$ 15,073,309	\$ 15,621,978	\$ -	\$ 45,702,003	\$ 61,103,246
Total Expenditures, Unit & Psychiatric Care	\$ 111,805,397	\$ 110,684,297	\$ 113,469,425	\$ -	\$ 335,959,118	\$ 450,716,648

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 7,911,115	\$ 5,666,495	\$ 10,400,333		\$ 23,977,942	\$ 34,962,474
Community Provider Services	\$ 13,613,895	\$ 25,270,313	\$ 30,248,105		\$ 69,132,313	\$ 116,106,446
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 53,447,318	\$ 59,882,585	\$ 65,982,991		\$ 179,312,894	\$ 240,088,262
Estimated IBNR	\$ 14,285,981	\$ 1,232,823	\$ 1,233,527		\$ 16,752,331	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 89,258,309	\$ 92,052,216	\$ 107,864,955	\$ -	\$ 289,175,480	\$ 391,157,182

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,635,059	\$ 2,335,077	\$ 2,581,973		\$ 7,552,109	\$ 10,117,337
Benefits	\$ 835,315	\$ 829,508	\$ 812,095		\$ 2,476,918	\$ 3,318,253
Other Operating Expenses	\$ 1,880,320	\$ 1,999,623	\$ 1,989,378		\$ 5,869,320	\$ 7,847,260
Pharmaceutical Purchases	\$ 15,015,904	\$ 13,648,892	\$ 15,964,898		\$ 44,629,694	\$ 63,346,194
Travel	\$ 5,065	\$ 6,643	\$ 14,223		\$ 25,931	\$ 34,670
Capitalized Equipment	\$ (20,075)	\$ -	\$ -		\$ (20,075)	\$ 523,160
Total Expenditures, Managed Health Care Pharmacy	\$ 20,351,588	\$ 18,819,743	\$ 21,362,567	\$ -	\$ 60,533,897	\$ 85,186,873

Indirect Expenditures (Shared Services)	\$ 5,613,674	\$ 3,803,776	\$ 5,906,151		\$ 15,323,600	\$ 22,125,196
TOTAL EXPENDITURES	\$ 227,028,967	\$ 225,360,031	\$ 248,603,097		\$ 700,992,095	\$ 949,185,900
DIFFERENCE	\$ (48,177,946)	\$ (46,982,963)	\$ (67,495,489)	\$ -	\$ (162,656,398)	\$ (229,337,884)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Third Quarter, FY2025

STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr		
REVENUE:						
TDCJ Appropriation	\$ 194,699,646	\$ 192,560,088	\$ 196,839,203	\$ -		
Revenue Deferred to FY2023*	\$ 498,399	\$ 441,889	\$ 488,477	\$ -		
State Reimbursement Benefits	\$ 21,030,918	\$ 22,581,562	\$ 21,858,558	\$ -		
Other Misc Revenue	\$ 31,533	\$ 15,629	\$ 29,053	\$ -		
TOTAL REVENUES	\$ 216,260,496	\$ 215,599,168	\$ 219,215,291	\$ -		

EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 76,841,648	\$ 77,171,705	\$ 78,128,283	\$ -		
Benefits	\$ 21,500,759	\$ 22,588,590	\$ 22,622,251	\$ -		
Other Operating Expenses	\$ 10,472,908	\$ 10,121,922	\$ 10,360,220	\$ -		
Professional Services	\$ 1,039,051	\$ 1,285,307	\$ 1,321,576	\$ -		
Contracted Units/Services	\$ 3,306,201	\$ 1,214,720	\$ 1,191,824	\$ -		
Travel	\$ 510,092	\$ 713,088	\$ 886,734	\$ -		
Capitalized Equipment	\$ 1,091,505	\$ 466,745	\$ 754,067	\$ -		
Subtotal, Unit Care Expenditures	\$ 114,762,163	\$ 113,562,076	\$ 115,264,954	\$ -		
Psychiatric Care Expenditures						
Salaries	\$ 15,468,660	\$ 15,409,766	\$ 15,780,474	\$ -		
Benefits	\$ 3,749,143	\$ 3,871,548	\$ 3,879,402	\$ -		
Other Operating Expenses	\$ 104,636	\$ 132,527	\$ 213,451	\$ -		
Professional Services	\$ 882,761	\$ 768,987	\$ 892,400	\$ -		
Travel	\$ 80,845	\$ 114,513	\$ 79,315	\$ -		
Subtotal, Psychiatric Care Expenditures	\$ 20,286,045	\$ 20,297,341	\$ 20,845,042	\$ -		
Total Expenditures, Unit & Psychiatric Care	\$ 135,048,208	\$ 133,859,417	\$ 136,109,997	\$ -		

EXPENDITURES:						
University Professional Services	\$ 8,119,608	\$ 6,066,748	\$ 11,009,178	\$ -		
Community Provider Services	\$ 20,020,699	\$ 32,868,019	\$ 39,275,999	\$ -		
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 58,105,782	\$ 64,329,357	\$ 70,881,840	\$ -		
Estimated IBNR	\$ 14,318,888	\$ 1,228,701	\$ 1,208,952	\$ -		
Total Expenditures, Hospital & Clinical Care	\$ 100,564,977	\$ 104,492,824	\$ 122,375,970	\$ -		

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 3,110,779	\$ 3,170,393	\$ 3,278,967	\$ -	\$ 9,560,138	\$ 12,794,709
Benefits	\$ 868,499	\$ 863,220	\$ 845,807	\$ -	\$ 2,577,526	\$ 3,452,398
Other Operating Expenses	\$ 2,185,047	\$ 1,976,197	\$ 2,124,718	\$ -	\$ 6,285,962	\$ 8,402,782
Pharmaceutical Purchases	\$ 17,321,770	\$ 16,246,621	\$ 18,132,700	\$ -	\$ 51,701,092	\$ 72,949,724
Travel	\$ 6,745	\$ 13,002	\$ 20,063	\$ -	\$ 39,810	\$ 53,175
Capitalized Equipment	\$ (20,075)	\$ -	\$ -	\$ -	\$ (20,075)	\$ 523,160
Total Expenditures, Managed Health Care Pharmacy	\$ 23,472,765	\$ 22,269,433	\$ 24,402,255	\$ -	\$ 70,144,454	\$ 98,175,948

Indirect Expenditures (Shared Services)	\$ 6,538,464	\$ 4,718,403	\$ 6,841,103	\$ -	\$ 18,097,970	\$ 25,834,520
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TOTAL EXPENDITURES	\$ 265,624,414	\$ 265,340,078	\$ 289,729,324	\$ -	\$ 820,693,816	\$ 1,109,207,737
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DIFFERENCE	\$ (49,363,918)	\$ (49,740,910)	\$ (70,514,034)	\$ -	\$ (169,618,861)	\$ (238,921,164)
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Projected Uncollected Health Care Fees						\$ (704,000)
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FY2025 Spend Forward to FY2024 - LBB Approved						\$ (121,571,411)
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FY24 Hospital Cost Report Reconciliation						\$ (10,294,199)
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NET DIFFERENCE	\$ (49,363,918)	\$ (49,740,910)	\$ (70,514,034)	\$ -	\$ (169,618,861)	\$ (371,490,774)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Third Quarter FY 2025***

Lannette Linthicum, MD, FACP, CCHP-A

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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) 2025 (March, April, and May 2025), Operational Review Audits (ORAs) were conducted at the following 7 facilities: Coleman, East Texas Treatment Facility (TF), Garza East, Halbert, Jester III, Johnston, and Lindsey 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 2025:
 1. 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 7 facilities were not in compliance with this requirement:
 - East Texas TF (22%) – Corrective action plan received
 - Jester III (17%) – Corrective action plan received
 - Lindsey (67%) – Corrective action plan received
 - Johnston (57%) – Corrective action plan received
 - Coleman (23%) – Corrective action plan received
 - Halbert (57%) – Corrective action plan received
 - Garza East (14%) – Corrective action plan received
 2. Item **6.030** requires all inmates receiving anti-tuberculosis medication at the facility be evaluated monthly by a provider or nurse. The following 5 facilities were not in compliance with this requirement:
 - East Texas TF (0%) – Corrective action plan received
 - Jester III (22%) – Corrective action plan received
 - Johnston (13%) – Corrective action plan received
 - Halbert (0%) – Corrective action plan received
 - Garza East (0%) – Corrective action plan received
 3. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following 5 facilities were not in compliance with this requirement:
 - East Texas TF (0%) – Corrective action plan received
 - Jester III (11%) – Corrective action plan received
 - Johnston (13%) – Corrective action plan received
 - Halbert (0%) – Corrective action plan received
 - Garza East (0%) – Corrective action plan received
 4. Item **4.490** requires inmates who are prescribed anti-psychotic medications be reassessed a minimum of every 6 months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following 4 facilities were not in compliance with this requirement:
 - Jester III (40%) – Corrective action plan received
 - Lindsey (60%) – Corrective action plan received
 - Johnston (60%) – Corrective action plan received
 - Coleman (80%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

5. 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 the annual date of incarceration. If not, is there a signed Refusal of Treatment (HSM-82). The following **4** facilities were not in compliance with this requirement:
 - East Texas TF (74%) – Corrective action plan received
 - Jester III (78%) – Corrective action plan received
 - Coleman (80%) – Corrective action plan received
 - Garza East (78%) – Corrective action plan received

6. Item **6.330** requires initial evaluations of inmates diagnosed with Hepatitis C be completed by a physician or mid-level provider. The following **4** facilities were not in compliance with this requirement:
 - East Texas TF (33%) – Corrective action plan received
 - Lindsey (71%) – Corrective action plan received
 - Halbert (40%) – Corrective action plan received
 - Garza East (30%) – Corrective action plan received

7. Item **6.340** requires APRI scores be calculated on the unit at least annually for all inmates diagnosed with HCV. The following **4** facilities were not in compliance with this requirement:
 - Jester III (75%) – Corrective action plan received
 - Lindsey (53%) – Corrective action plan received
 - Coleman (62%) – Corrective action plan received
 - Garza East (40%) – Corrective action plan received

8. Item **6.080** requires TB-400 forms (Texas Department of State Health Services – Tuberculosis Elimination Division) be completed at the facility for all inmates received: (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 **3** facilities were not in compliance with this requirement:
 - East Texas TF (0%) – Corrective action plan received
 - Johnston (67%) – Corrective action plan received
 - Halbert (0%) – Corrective action plan received

9. Item **6.210** requires HIV positive inmates on the facility be seen in chronic care clinic every 6 months. The following **3** facilities were not in compliance with this requirement:
 - East Texas TF (38%) – Corrective action plan received
 - Jester III (46%) – Corrective action plan received
 - Garza East (40%) – Corrective action plan received

10. Item **6.335** requires inmates with Hepatitis C on the facility be seen in chronic care clinic annually. The following **3** facilities were not in compliance with this requirement:
 - East Texas TF (71%) – Corrective action plan received
 - Jester III (80%) – Corrective action plan received
 - Garza East (47%) – Corrective action plan received

During the previous quarter, ORAs for **3** facilities had pending corrective action plans: Michael, San Saba, and Wynne units. During the Third Quarter FY 2025, **none** were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **7** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Third Quarter of FY 2025 (March, April, and May 2025), Dental Quality Review audits were conducted at the following 9 facilities: Baten, Clements (General Population [GP] and Extended Cell Block [ECB]), Dalhart, Formby, Hobby, Jordan, Marlin, Mechler, and Wheeler units. The following is a summary of the items found to be most frequently below 80 percent:

- **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. 7 of the 9 facilities were not in compliance: Marlin (76%), Formby (74%), Baten (62%), Clements ECB (62%), GP (42%), Dalhart (60%), and Jordan (35%).
- **Item 21** assesses if radiographs utilized in Comprehensive Treatment Plan (CTP) are of diagnostic quality, necessary for assessment and treatment planning. 5 of the 9 facilities were not in compliance: Baten (79%), Jordan (78%), Formby (77%), and Clements ECB (72%), GP (76%).
- **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 9 facilities were not in compliance: Clements ECB (33%), GP (50%), Marlin (50%), and Mechler (33%).
- **Item 24** assesses if radiograph showing all of the tooth to be extracted including any remaining clinical crown and all apices was performed prior to a dental extraction. 3 of the 9 facilities were not in compliance: Clements ECB (77%), GP (72%), and Mechler (73%).
- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). 2 of the 9 facilities were not in compliance: Hobby (70%) and Baten (50%).
- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. 2 of the 9 facilities were not in compliance: Wheeler (78%) and Mechler (75%).
- **Item 39** assesses if the Dental Policy Manual is printed and updated with current policies. 2 of the 9 facilities were not in compliance: Hobby (50%) and Marlin (0%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Third Quarter of FY 2025 (March, April, and May 2025), the Patient Liaison Program (PLP) and the Step II Grievance Program received 4,930 correspondences. The PLP received 4,248 and Step II Grievance received 682. There were 149 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 2025 for the Step II medical grievances was 4%. Performance measure expectation is 6% or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was 4% and 5% for TTUHSC for the Third Quarter of FY 2025.

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 2025, (March, April, and May 2025), the Patient Liaison Program nurses and investigators performed 12 Sick Call Request Verification Audits (SCRVA) on 12 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.

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT (CONTINUED)

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 **102** indicators were reviewed at the **12** facilities and **1** of the indicators fell below the 80 percent compliance threshold, representing **less than 1** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **12** facilities audited. There were **0** units with one or more discipline composite scores below 80. 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 every other fiscal year. Those with average composite scores less than 80 in a discipline(s) or less than a two-year history of scores will have that discipline(s) audited quarterly.

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Third Quarter FY 2025, there were **14,366** intake HIV tests performed. Of those tested, **29** inmates were newly identified as having HIV infection. During the same time period, there were **7,804** pre-release tests performed with **0** found to be HIV positive. For this quarter, **0** new AIDS cases were identified.
- There were **496** cases of Hepatitis C identified for the Third Quarter FY 2025. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **1,097** cases of suspected Syphilis were reported in the Third Quarter FY 2025. **420** 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.
- **228** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2025. For the same time period, **107** 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 **66** TB cases (pulmonary and extra-pulmonary) under management for the Third Quarter FY 2025. 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 **337** chart reviews of alleged sexual assaults performed for the Third Quarter FY 2025. There were **102** deficiencies found this quarter and corrective action requested. Blood-

OFFICE OF PUBLIC HEALTH (CONTINUED)

borne exposure baseline labs were drawn on **152** 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** facilities housing inmates had active peer education programs. During the Third Quarter FY 2025, **31** inmates trained to become peer educators. This is a decrease from the Second Quarter FY 2025 report. During the Third Quarter FY 2025, **9,269** inmates attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2025.

MORBIDITY AND MORTALITY

There were **180** deaths reviewed by the Morbidity and Mortality Committee during the months of March, April, and May 2025, of those **180** deaths, there were **5** cases 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	5
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	5

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 2025:

- 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 2025, 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 2025, a total of **98** instances of compelled psychoactive medication occurred. There were **22** instances at the Montford Unit, **42** instances at the Skyview Unit, **31** instances at the Wayne Scott Unit, and **3** instances at the Clements Unit. Skyview obtained a score of 100% in the reporting months of March 2025 and April 2025, and a score of 94% during the reporting month of May 2025. Wayne Scott obtained a score of 100% during the reporting months of March 2025, April 2025, and May 2025. Montford obtained a score of 100% during the reporting months of March 2025 and April 2025, and a score of 92% in the reporting month of May 2025. Clements obtained a score of 100% in the reporting month of April 2025, a score of 50% in the reporting month of May 2025, and had no applicable data to report during the month of March 2025.
- 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. **15** of the **21** units scored 80% or better: Dominguez, East Texas, Garza West, Gist, Glossbrenner, Holliday, Hutchins, Johnston, Lindsey, Lychner, Plane, Sanchez, Sayle, Travis, and Woodman. **5** of the **21** scored below 80%: Beto, Byrd, Formby, Halbert, and Middleton. A corrective action plan is required of all units scoring below 80%. **1** 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 2025, HSL conducted **391** hospital and **58** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmery, if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge, and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **391** hospital discharge audits conducted, **295** were from the UTMB Sector and **96** were from the TTUHSC sector. There were **33** deficiencies identified for UTMB and **14** identified for TTUHSC. Of the **58** infirmary discharge audits conducted **30** were from the UTMB sector and **28** were from the TTUHSC sector. There were **9** deficiencies identified from UTMB and **0** for TTUHSC.

ACCREDITATION

The ACA 2025 Summer Conference will be held in Denver, Colorado on August 21-26, 2025, and the following facilities will be represented: Clemens, Crain, Dalhart, Duncan, Ellis, Ft. Stockton, Garza West, Goree, Huntsville, Hutchins, Lynaugh, Scott, Stevenson, and Wallace units.

BIOMEDICAL RESEARCH PROJECTS

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

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