



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 12, 2024

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 12, 2024

10:00 a.m.

UTMB Conroe Administrative Office
200 River Pointe Dr. Ste. #200
Conroe, TX 77304

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
 - Review of proposed 2025 CMHCC meeting dates
 - Wednesday, March 5, 2025, Austin
 - Thursday, June 12, 2025, Conroe
 - Wednesday, September 17, 2025, Conroe
 - Thursday, December 11, 2025, Conroe
 - November 14, 2024, Sunset Advisory Commission public hearing overview
 - December 13, 2024, Texas Board of Criminal Justice meeting
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, September 18, 2024
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Restrictive Housing Mental Health Monitoring
 4. University Medical Directors Reports
 - Texas Tech University Health Sciences Center
 - The University of Texas Medical Branch
 5. Summary of CMHCC Joint Committee / Work Group Activities

- V. Update on Financial Reports
- VI. Medical Directors Updates
 - 1. Texas Department of Criminal Justice
-Health Services Division Fiscal Year 2024 Fourth Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Texas Tech University Health Sciences Center (TTUHSC)
Managed Care Correctional Teledentistry

Presented by:

TTUHSC

Dr. J. Chad Fendley, DDS, CCHP

- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 18, 2024

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p> <p>III. Chair's Report - Dr. Greenberg</p>	<p>Dr. Chemitiganti is a physician leader who comes from the TTUHSC Permian Basin campus where he has served as the Director of the Center of Excellence for Diabetes and Endocrinology and the Program Director of the Endocrine Fellowship. Additionally, he recently completed an eight-year stint as the Regional Chairman of the Permian Basin Campus. He is dual boarded in Internal Medicine and Endocrinology and is a Fellow of the American College of Physicians (FACP) and a Fellow of the Endocrine Alliance Academy (FEAA). Dr. Chemitiganti is well known and highly regarded for his clinical acumen, teaching, research and leadership, serving on numerous School of Medicine, county hospital, regional and statewide committees. Dr. Chemitiganti is also familiar with Correctional Medicine as he has provided Endocrine and Gender Dysphoria specialty consultation for TTUHSC Managed Care since 2019. In addition to his regional duties, Dr. Chemitiganti will continue to provide Endocrine and Gender Dysphoria specialty clinical services for TTUHSC Managed Care.</p> <p>Dr. Cynthia Jumper added they are very excited to have Dr. Chemitiganti on board as the new Western Regional Medical Director for TTUHSC.</p> <p>Dr. Greenberg then introduced Susana Peñate from the Medicaid Office of Policy Office at the Texas Health and Human Services Commission (HHSC). Susana is a manager in the Program Policy area and covers issues ranging from foster care, women's health and Medicaid services for incarcerated individuals.</p> <p>Dr. Greenberg began by reporting that the Sunset Review process has begun. He announced that the Sunset Advisory Commission will meet in a public hearing to discuss TDCJ and report recommendations in Austin, TX on November 14, 2024, where he and Dr. Linthicum will be in attendance.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Chair's Report (cont.) - Dr. Greenberg</p>	<p>Dr. Greenberg added there will be another public hearing meeting by the Sunset Advisory Commission in Austin, TX, December 11-12, 2024, to discuss the final report decisions.</p> <p>Dr. Greenberg notified the committee that the Sunset Advisory Meeting scheduled for December 12, 2024, will be the same day as the 4th Quarter CMHCC meeting. He inquired if the meeting should be moved to Austin.</p> <p>Dr. Greenberg answered Dr. Jumper's question by stating September 26-27, 2024 are the tentative dates for the Sunset Advisory Commission to publicly release the reports and recommendations for TDCJ, along with the Board of Pardons and Paroles (BPP), Windham School District (WSD) and CMHCC.</p>	<p>Dr. Linthicum answered stating the Sunset meeting may last all day on December 12th therefore, the committee may need to consider moving the 4th Quarter CMHCC meeting to another date. Dr. Linthicum stated she will discuss the scheduling conflict with Mr. Collier.</p> <p>Dr. Cynthia Jumper asked when the public would have access to the Sunset Report.</p> <p>Dr. Linthicum added once the final report is published publicly everyone will have access to the report.</p> <p>Dr. John Burruss asked for an explanation of the Sunset Review process.</p> <p>Dr. Linthicum answered that Sunset is a Legislative process where all State agencies are reviewed on a certain time interval. She stated when Sunset reviews TDCJ, the Correctional Managed Healthcare Committee is reviewed along with TDCJ. Dr. Linthicum stated other parts of the TDCJ divisions are involved in the review process as well such as: Board of Pardons and Paroles (BPP) and Windham School District (WSD).</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Chair's Report (cont.) - Dr. Greenberg</p> <p>IV. Approval of Consent Items</p>	<p>Dr. Greenberg informed the committee of upcoming dates related to the Sunset Advisory Commission review process as follow: On October 8, TDCJ will submit a public response regarding Sunset recommendations that will be posted on their website. November 14, the Sunset Advisory Commission will meet in a public hearing to discuss TDCJ and report recommendations, the meeting will be held in Austin. Lastly December 11-12, the Sunset Advisory Commission will be meeting in a public hearing to discuss final report decisions, the meeting will also be held in Austin. The actual meeting date is not determined yet.</p> <p>Dr. Greenberg informed the committee members to stay tune for any possible changes in the CMHCC meeting scheduled on December 12, 2024.</p> <p>Next, Dr. Greenberg discussed tentative dates and locations for the 2025 CMHCC meeting dates. Dr. Greenberg inquired if the committee members were interested in meeting on Wednesday, March 5, 2025, at the TDCJ Price Daniel building in Austin due to the Legislative Session taking place next year. He stated during the months of June and December of 2025, TBCJ will hold their meetings therefore, he proposed a meeting date of Thursday, June 12, 2025, and Wednesday, December 11, 2025, in hopes that he will be able to attend the TBCJ meetings. Lastly, Dr. Greenberg stated the committee could meet on September 10th, 17th or 24th 2025 however, it did not appear there was a preference.</p> <p>Dr. Greenberg asked the committee if anyone had any concerns regarding the proposed dates. Hearing none, he moved to the approval of consent items.</p> <p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p>	<p>Dr. Linthicum stated the members could email Catina Brice, Program Supervisor V and Dr. Greenberg with their preferred meeting date for the September 2025 meeting.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 13, 2024 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<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 June 13, 2024, meeting –Ms. Michelle Erwin</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 13, 2024, 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 FY2024 Third Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY2024 Third Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY2024 Third 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 - Rebecca Waltz</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Third Quarter of FY 2024, as submitted to the Legislative Budget Board (LBB).</p>		<p>Dr. Lannette Linthicum made a motion to approve all consent items. Dr. John Burrus seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p>	<p>The report was submitted in accordance with the General Appropriations Act, Article V, Rider 42. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p> <p>Ms. Waltz answered stating the shortfall is similar to last year's FY2023 shortfall. She stated the shortfall escalates every year as Correctional Managed Health Care (CMHC) is not fully funded each biennium, the shortfall continues to grow. Ms. Waltz stated CMHC received approval for a spend forward therefore, they are approved to borrow money from FY25 to pay for the shortfall for FY24. Ms. Waltz stated the universities are paid up to date and there will be an estimated supplemental appropriation amount of \$259 million in which the TDCJ Budget and Finance Division will present to the Legislature, they will then add that to the supplemental bill which will get them through the biennium.</p>	<p>Dr. Greenberg asked if the projected \$117,900,000 shortfall for the Third Quarter FY2024 was in line with what has been seen in the past.</p>	
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2024 Third Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz then called on Dr. Lannette Linthicum to present the FY2024 Third Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Dr. Linthicum and opened the floor for questions.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Beyond the “Nuts and Bolts”: An Overview of Women’s Health in Texas Prison (cont.) - Dr. Olugbenga Ojo</p>	<p>Dr. Olugbenga Ojo, Chief Medical Officer/Chief Physician Executive, UTMB CMC provided an overview of Women’s Health in Texas Prisons. Dr. Ojo began by pointing out services such as: gynecologic and obstetrical care (Outpatient; Inpatient) and special programs that are all offered to female patients incarcerated in the Texas Department of Criminal Justice (TDCJ). Currently, outpatient gynecology is offered at satellite clinics located at the Crain and Carole Young units, urogynecology at the Hospital Galveston clinics and gynecology oncology at MD Anderson clinic at UTMB John Sealy Hospital.</p> <p>Dr. Ojo agreed that inmates are receiving high value/high quality care through MD Anderson Cancer specialists.</p> <p>Next, Dr. Ojo explained that women processed into TDCJ at the unit of assignment received the following intake testing: HIV, PPD, Syphilis, Hep C, pregnancy test, Pap smears, and Mammograms.</p> <p>Dr. Ojo reported that all pregnant women are housed at the Carole Young unit (at the time of this presentation, there were 25 pregnant women at Carole Young). Currently for FY24, TDCJ pregnant inmates have delivered 66 babies. TDCJ pregnant inmates also receive services which focus on the health of women and babies before, during and after birth.</p>	<p>Dr. Linthicum stated due to TDCJ purchasing and partnership with UTMB, machines that will allow for the treatment of cervical dysplasia through Outpatient Gynecology at the Crain Unit is a part of TDCJ efforts to reduce medical transports. She stated this service is all unit-based care.</p> <p>Dr. Linthicum added that inmates are afforded access to MD Anderson Cancer experts in the area of Gynecology and their access is great compared to community providers.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Beyond the “Nuts and Bolts”: An Overview of Women’s Health in Texas Prison (cont.) - Dr. Olugbenga Ojo</p>	<p>Dr. Ojo included information regarding the Baby and Mother Bonding Initiative (BAMBI). Baby and Mother Bonding Initiative includes a partnership with the TDCJ Rehabilitation Programs Division, UTMB and Santa Maria Hostel. The BAMBI program can accept up to 22 mothers with their babies. While in the program, the mothers receive the following: education in child development, first aid and CPR, life skills, nutrition counseling, anger management, family reunification and life altering skills.</p> <p>Dr. Ojo provided an overview of female unit specialty and sub-specialty care. For FY24, specialty visits for orthopedics were held at the Crain unit and neurology clinic at Carole Young unit.</p> <p>Laser Tattoo Removal services are also offered to women in TDCJ. The laser tattoo removal is held at the O’Daniel unit. As of July 31, 2024, there have been 53 female patients seen and 203 tattoos removed.</p> <p>Dr. Ojo also discussed unit-based imaging studies for women which includes mobile mammography. Mobile mammography is offered three days a month at Plane State Jail and once a quarter at Carole Young. Mammograms are scheduled shortly after intake and annually thereafter. The Gatesville Breast Imaging Center offers screenings and diagnostic tomosynthesis exams for all female units in the Gatesville, TX area.</p>	<p>Dr. Linthicum commented that all babies are born on the “Free World” side of the Labor and Delivery Unit. She stated no babies are born in prison.</p> <p>Dr. Linthicum added that the UTMB School of Nursing students are allowed to be in the labor and delivery room for BAMBI mother labor as their coach at the mother’s request.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Beyond the “Nuts and Bolts”: An Overview of Women’s Health in Texas Prison (cont.) - Dr. Olugbenga Ojo</p> <p>VII. Public Comments - Dr. Greenberg</p> <p>IX. Adjourn</p>	<p>Dr. Ojo concluded the presentation with a discussion on Mobile MRI for female patients. He reported for FY24 there were a total of 190 MRIs completed as of July 2024.</p> <p>Ms. Marjorie Cisneros, UTMB, VP CMC Inpatient Operations & Hospital Galveston stated: Stiles, Hughes, Estelle, McConnell, Lane Murray, Memorial and Beto Units are the units that currently have Mobile MRIs.</p> <p>Ms. Cisneros stated she could not provide an accurate number, at the time of the presentation and would like to look up the percentage.</p> <p>Dr. Greenberg asked if there were any additional questions. Hearing none, Dr. Greenberg thank Dr. Ojo for his presentation.</p> <p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for December12, 2024, in Conroe, Texas.</p> <p>The meeting was adjourned at 11:22 a.m.</p>	<p>Dr. Linthicum asked if Ms. Cisneros could provide the committee the names of the units that have the Mobile MRIs.</p> <p>Dr. Greenberg asked if there is any estimate regarding the decrease in the number of inmates having to be transferred off the units for medical care.</p> <p>Dr. Linthicum asked Ms. Cisneros to provide her with the number of decreased transports of inmates off units. Dr. Linthicum added the numbers will be provided for Dr. Greenberg’s presentation.</p>	

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

**Fourth Quarter, Fiscal Year 2024
(June, July, and August 2024)**

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Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2024
June August 2024

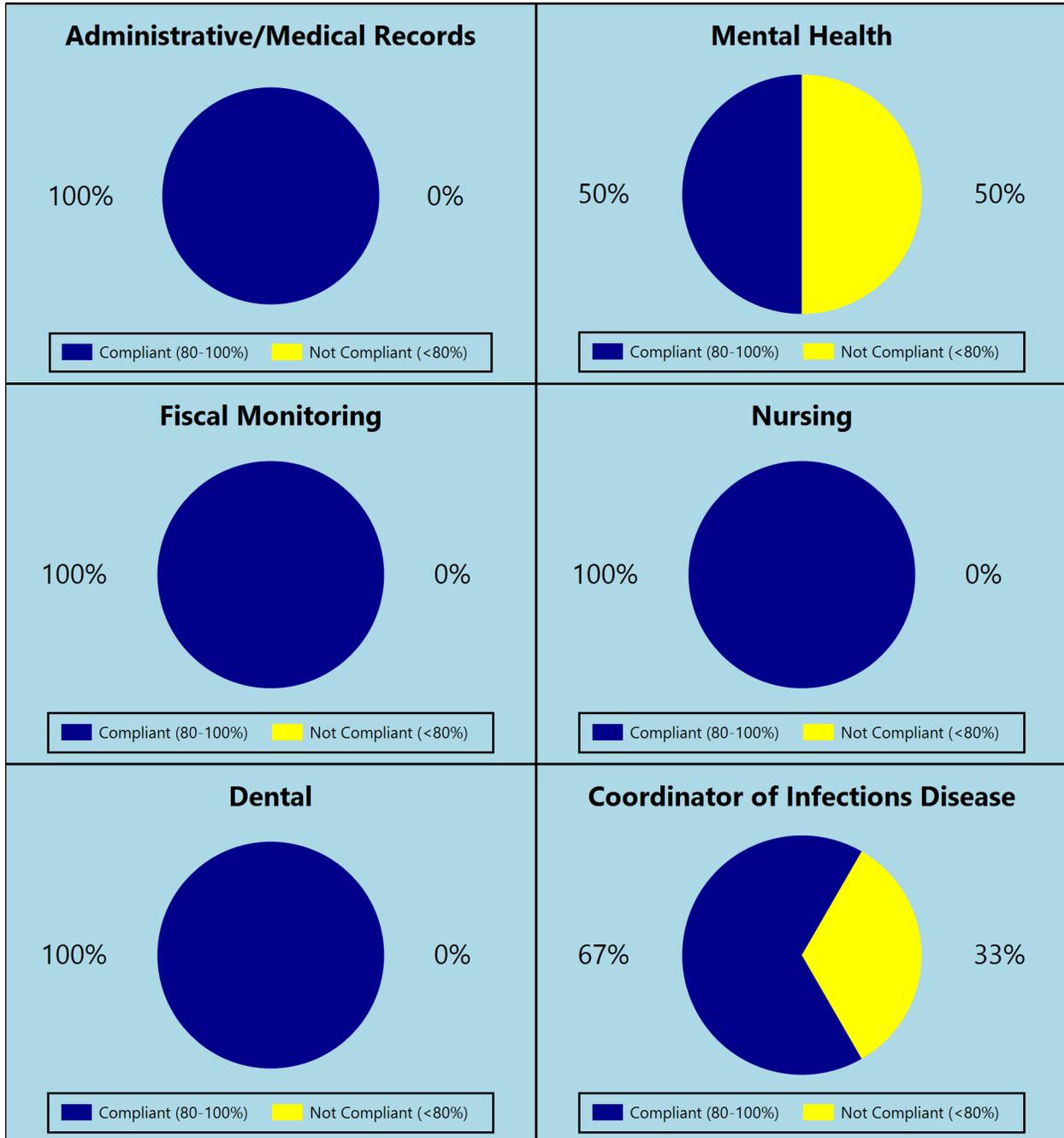
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Estes	29	29	100%	13	13	100%	27	25	93%	11	11	100%	2	1	50%	4	4	100%
Goodman	31	31	100%	13	13	100%	23	20	87%	10	10	100%	2	1	50%	6	6	100%
Henley	29	29	100%	15	12	80%	25	22	88%	9	9	100%	12	12	100%	4	4	100%
Hightower	31	30	97%	13	13	100%	25	22	88%	10	10	100%	12	11	92%	6	6	100%
Huntsville	31	31	100%	13	13	100%	28	22	79%	10	10	100%	15	15	100%	4	4	100%
Jordan	31	30	97%	13	13	100%	18	17	94%	10	10	100%	2	2	100%	7	7	100%
Kyle	29	29	100%	15	15	100%	25	17	68%	11	11	100%	2	1	50%	6	6	100%
Moore (B)	30	30	100%	13	13	100%	27	25	93%	10	10	100%	1	1	100%	4	4	100%
Sayle	31	31	100%	15	15	100%	15	15	100%	12	12	100%	2	2	100%	6	6	100%
Travis Co.	31	31	100%	15	15	100%	32	30	94%	12	12	100%	16	16	100%	4	4	100%
Wainwright	31	30	97%	13	13	100%	25	19	76%	10	8	80%	16	16	100%	4	4	100%
Young	32	32	100%	15	15	100%	17	15	88%	11	11	100%	12	12	100%	4	2	50%

n = number of applicable items audited.

Compliance Rate By Operational Categories for

ESTES (VENUS) FACILITY

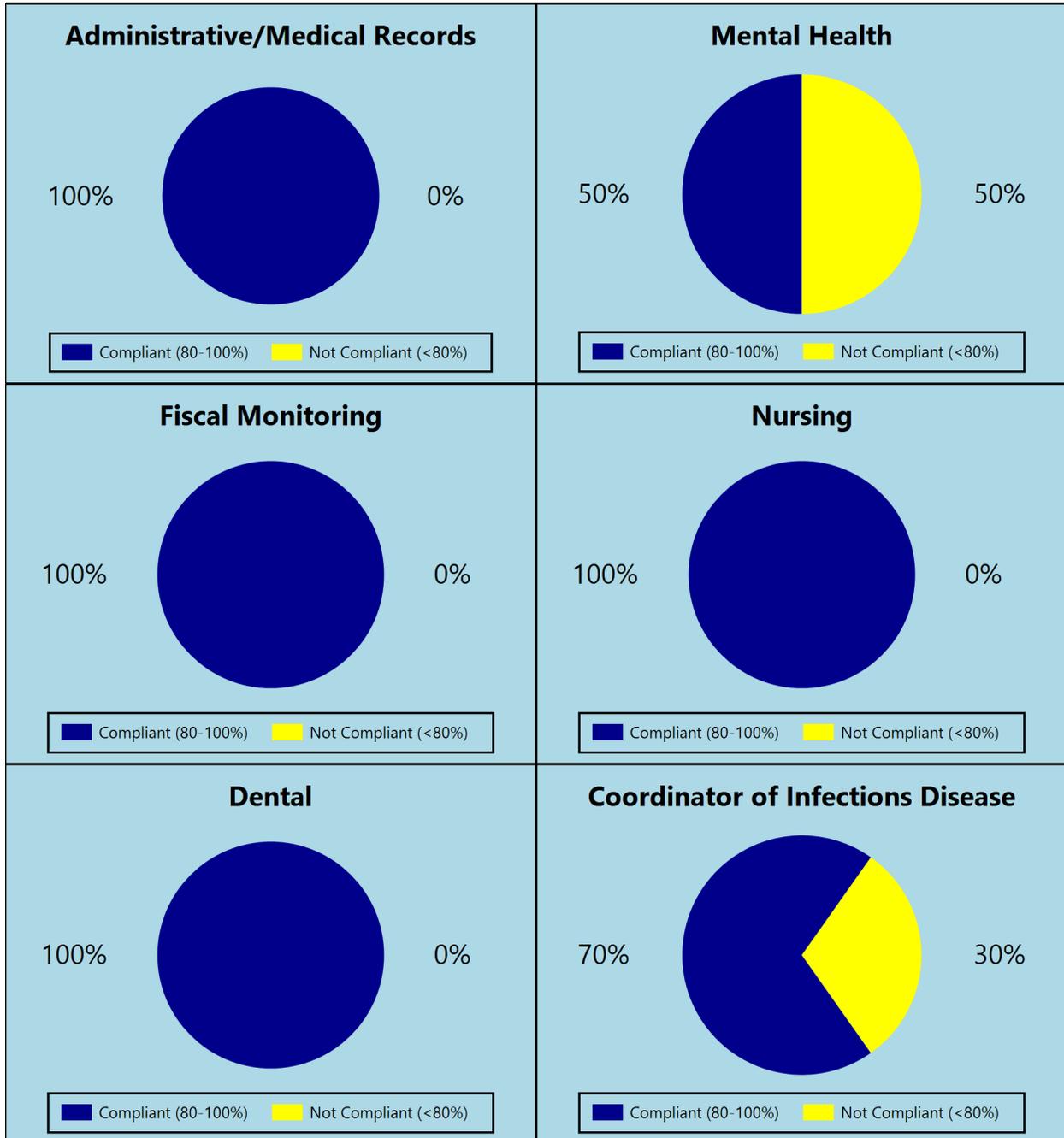
July 17, 2024



Compliance Rate By Operational Categories for

GOODMAN FACILITY

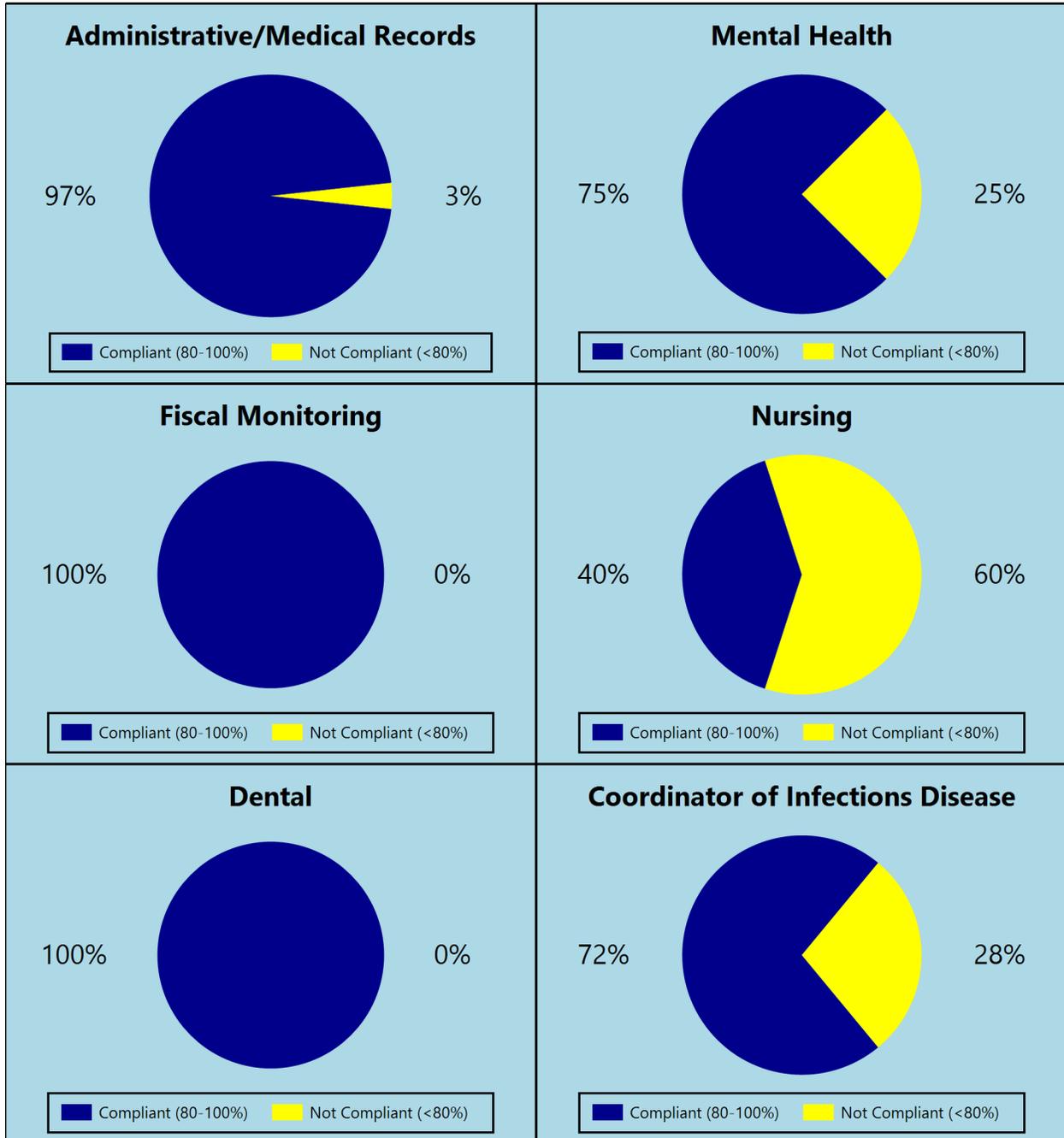
July 25, 2024



Compliance Rate By Operational Categories for

HENLEY FACILITY

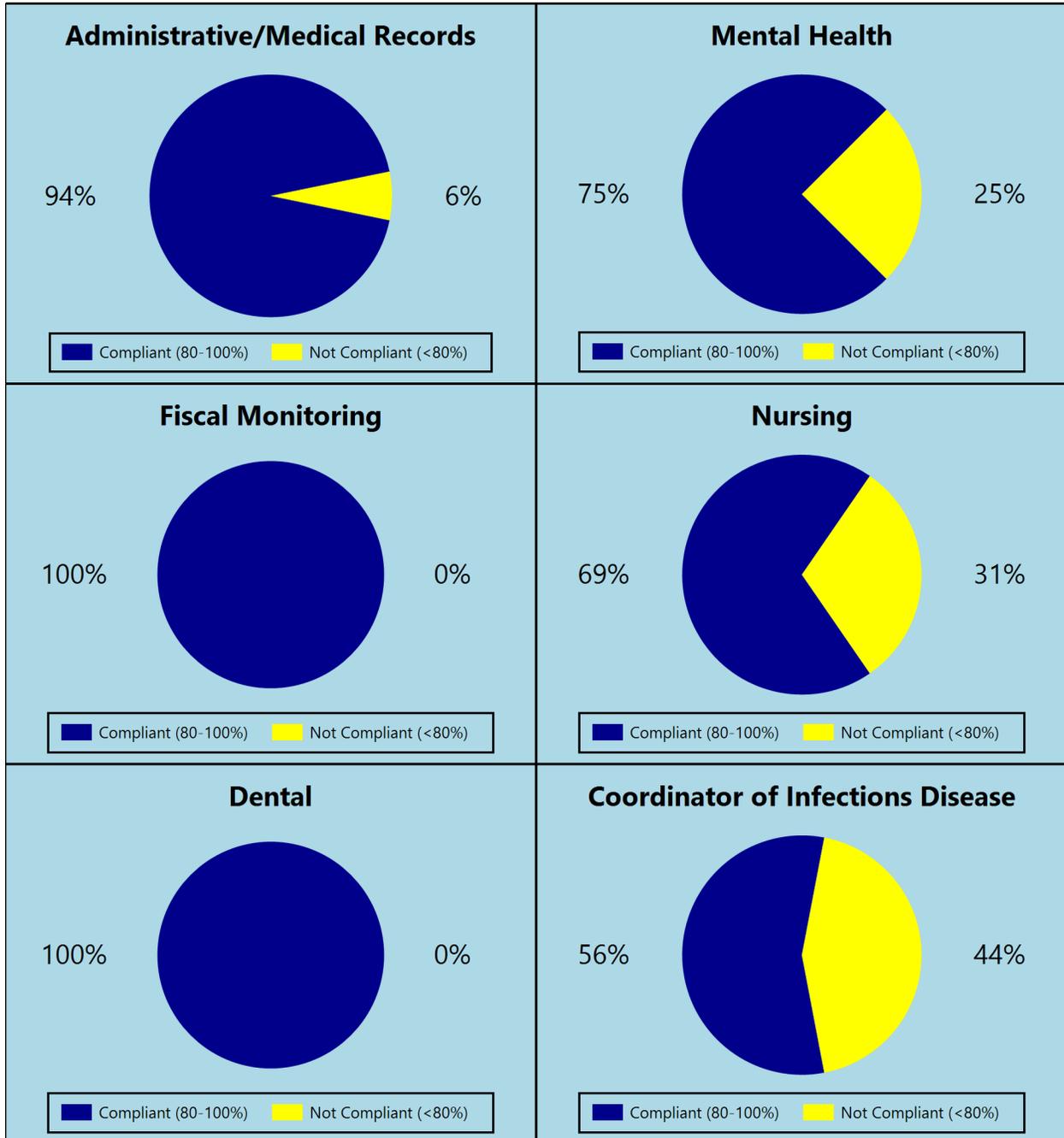
June 4, 2024



Compliance Rate By Operational Categories for

HIGHTOWER FACILITY

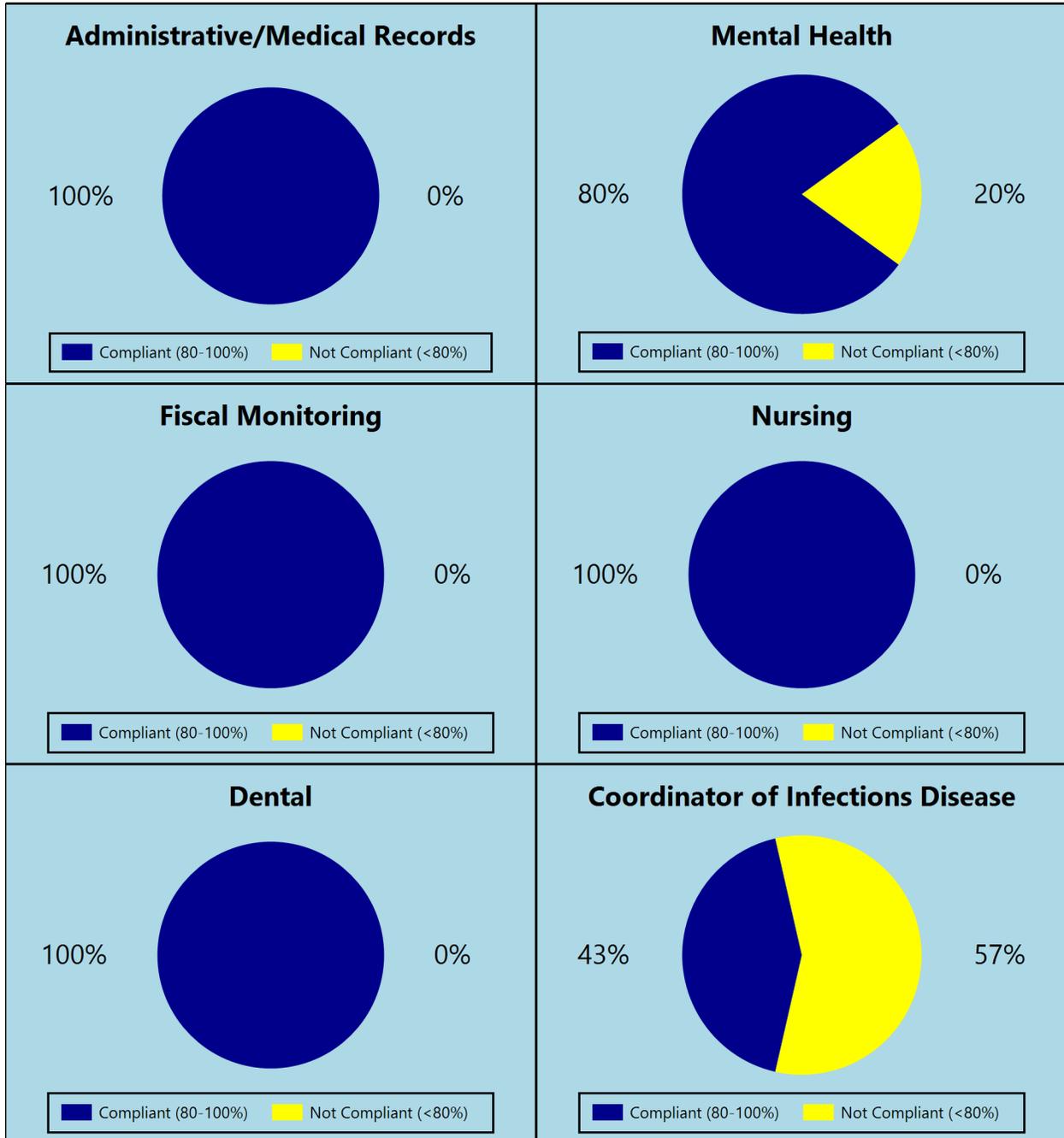
June 4, 2024



Compliance Rate By Operational Categories for

HUNTSVILLE FACILITY

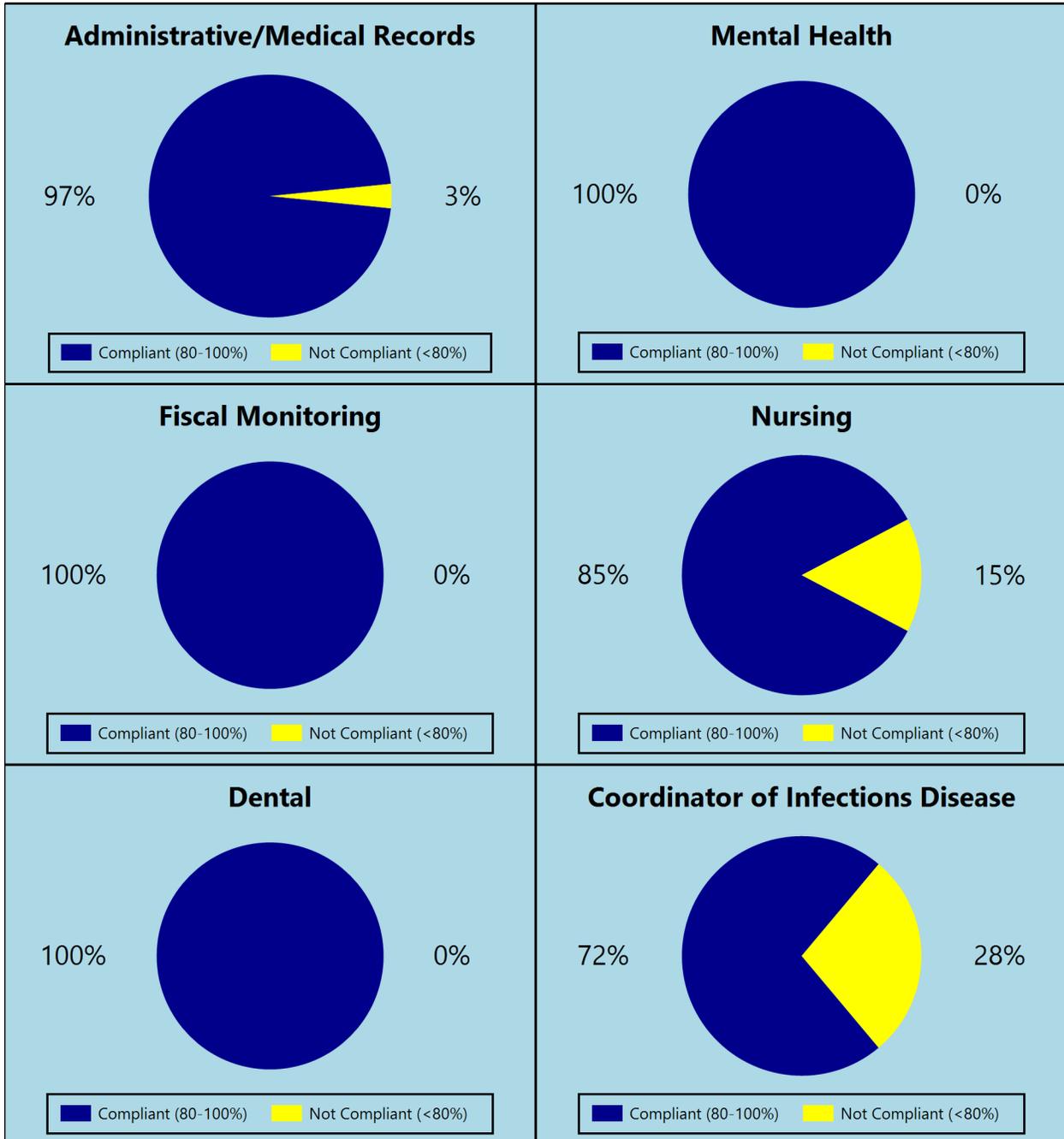
August 15, 2024



Compliance Rate By Operational Categories for

JORDAN FACILITY

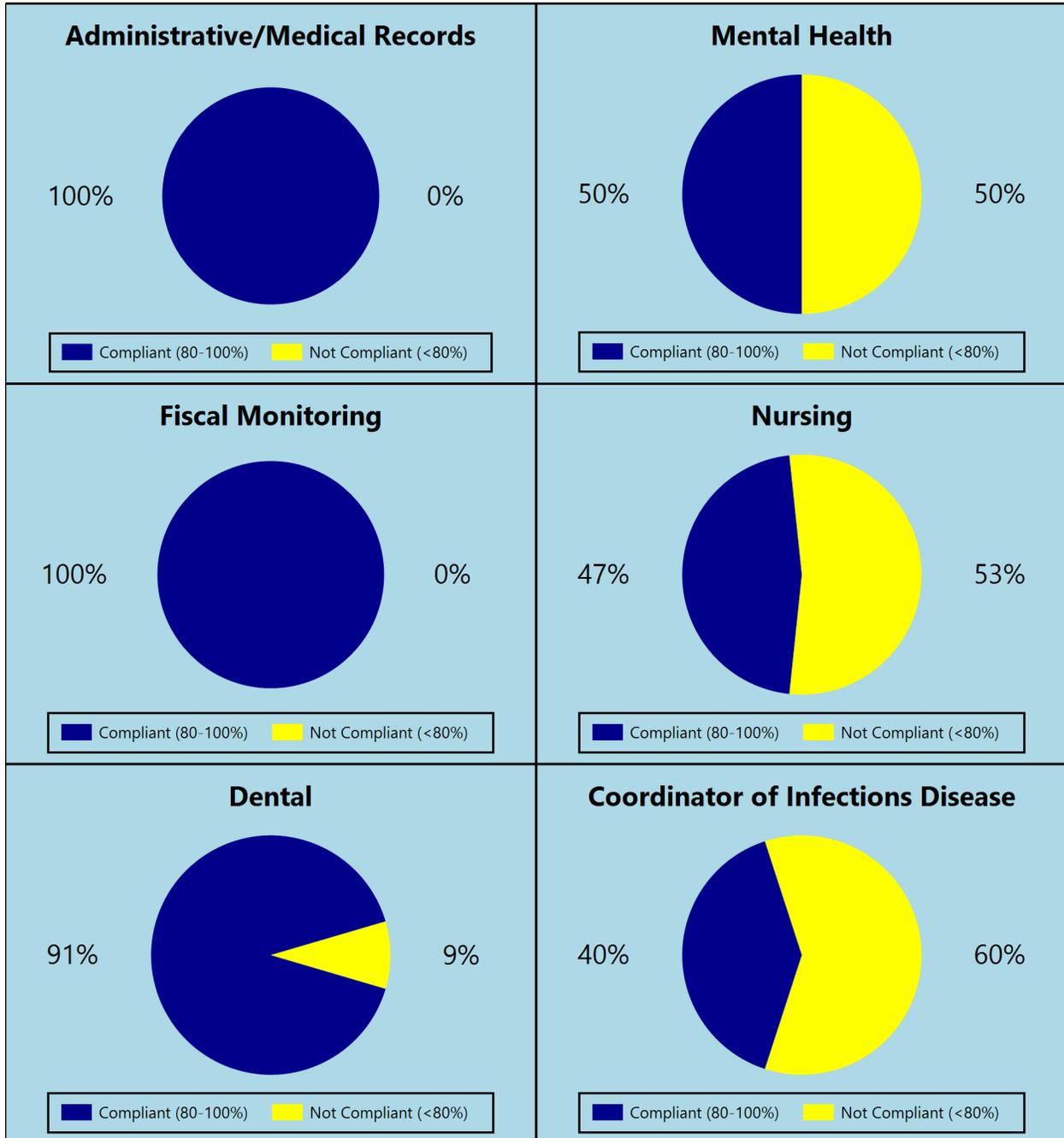
June 12, 2024



Compliance Rate By Operational Categories for

KYLE FACILITY

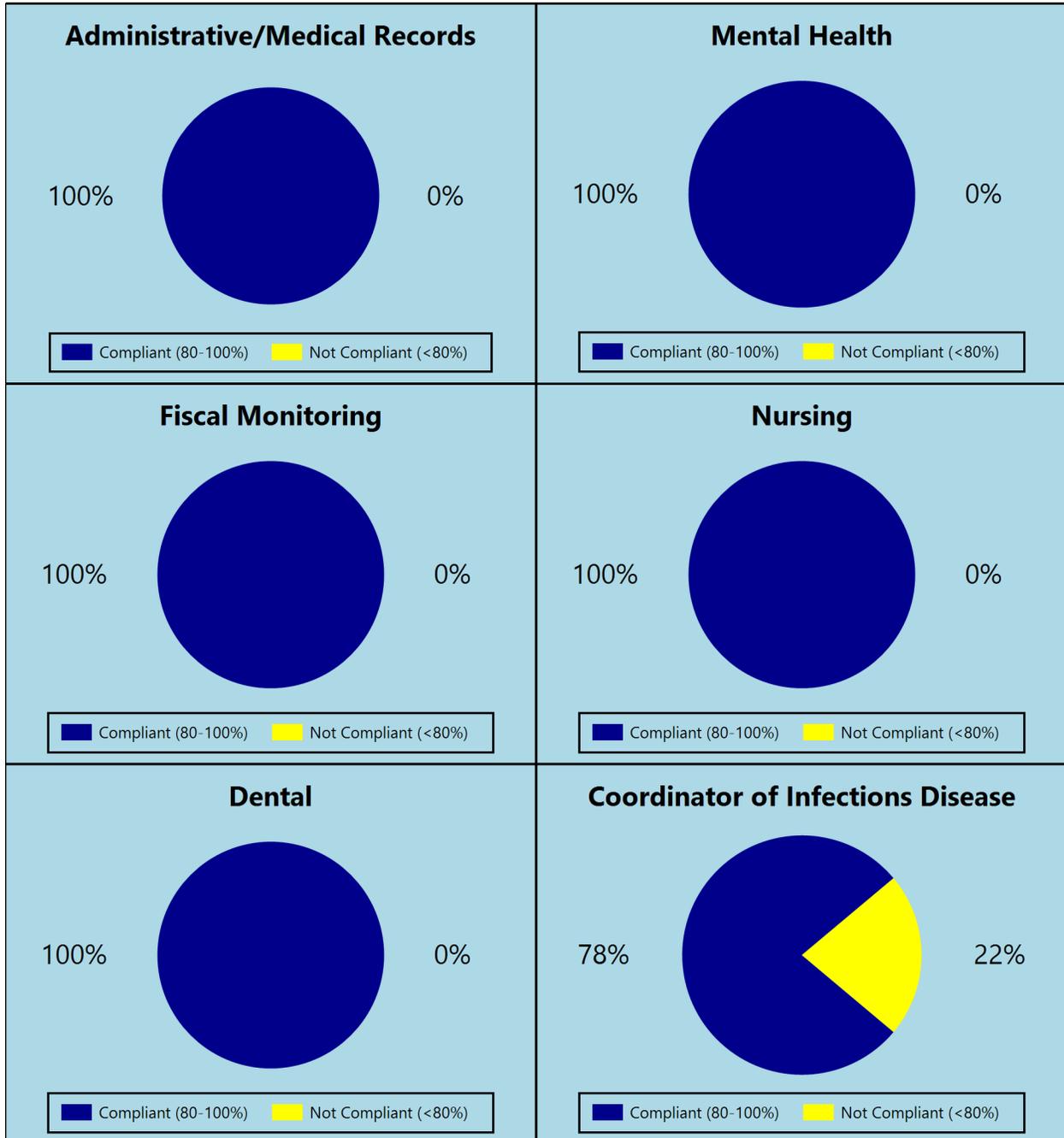
July 17, 2024



Compliance Rate By Operational Categories for

MOORE (B) FACILITY

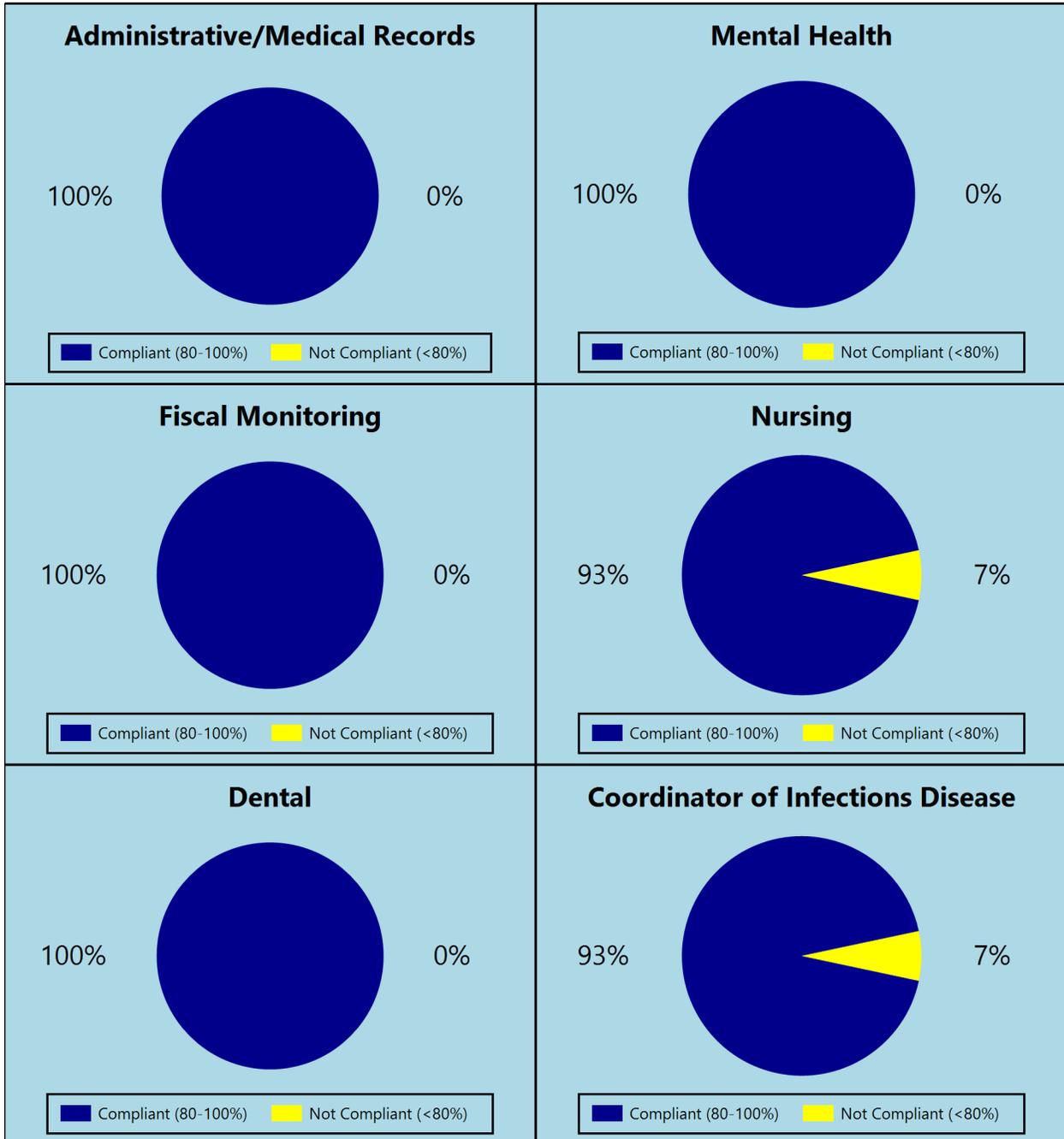
August 20, 2024



Compliance Rate By Operational Categories for

SAYLE FACILITY

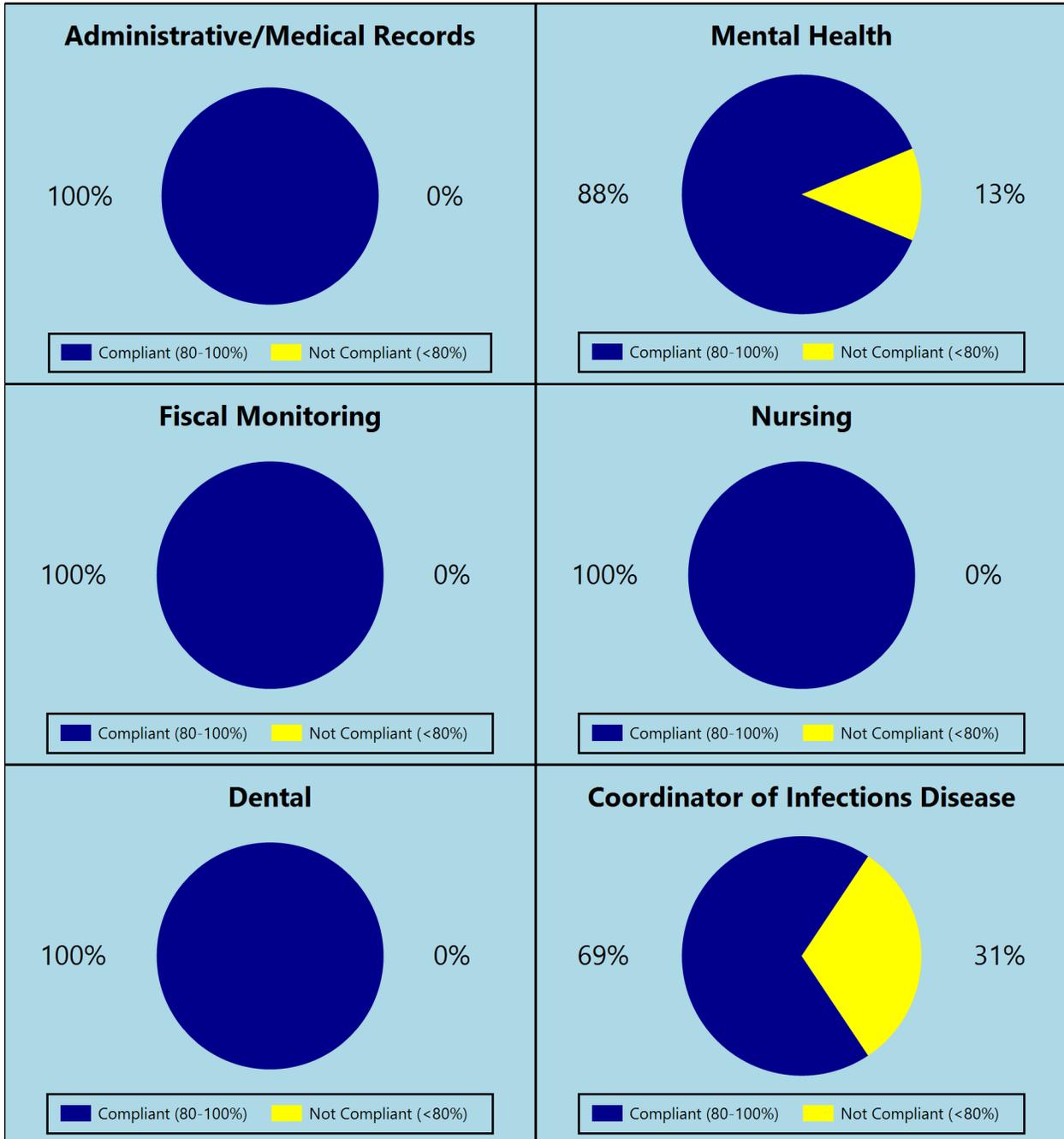
August 6, 2024



Compliance Rate By Operational Categories for

TRAVIS CO. FACILITY

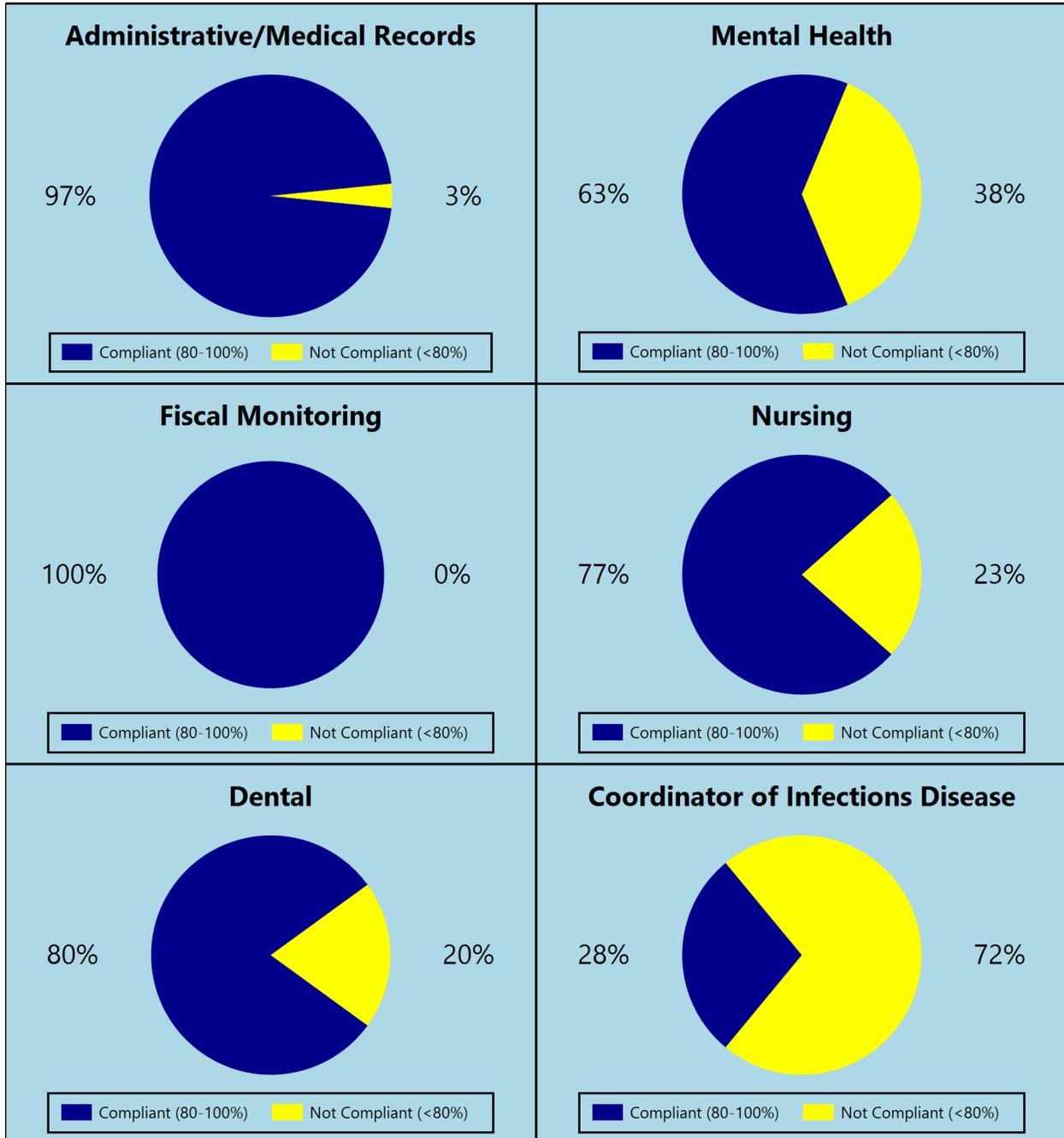
July 16, 2024



Compliance Rate By Operational Categories for

WAINWRIGHT FACILITY

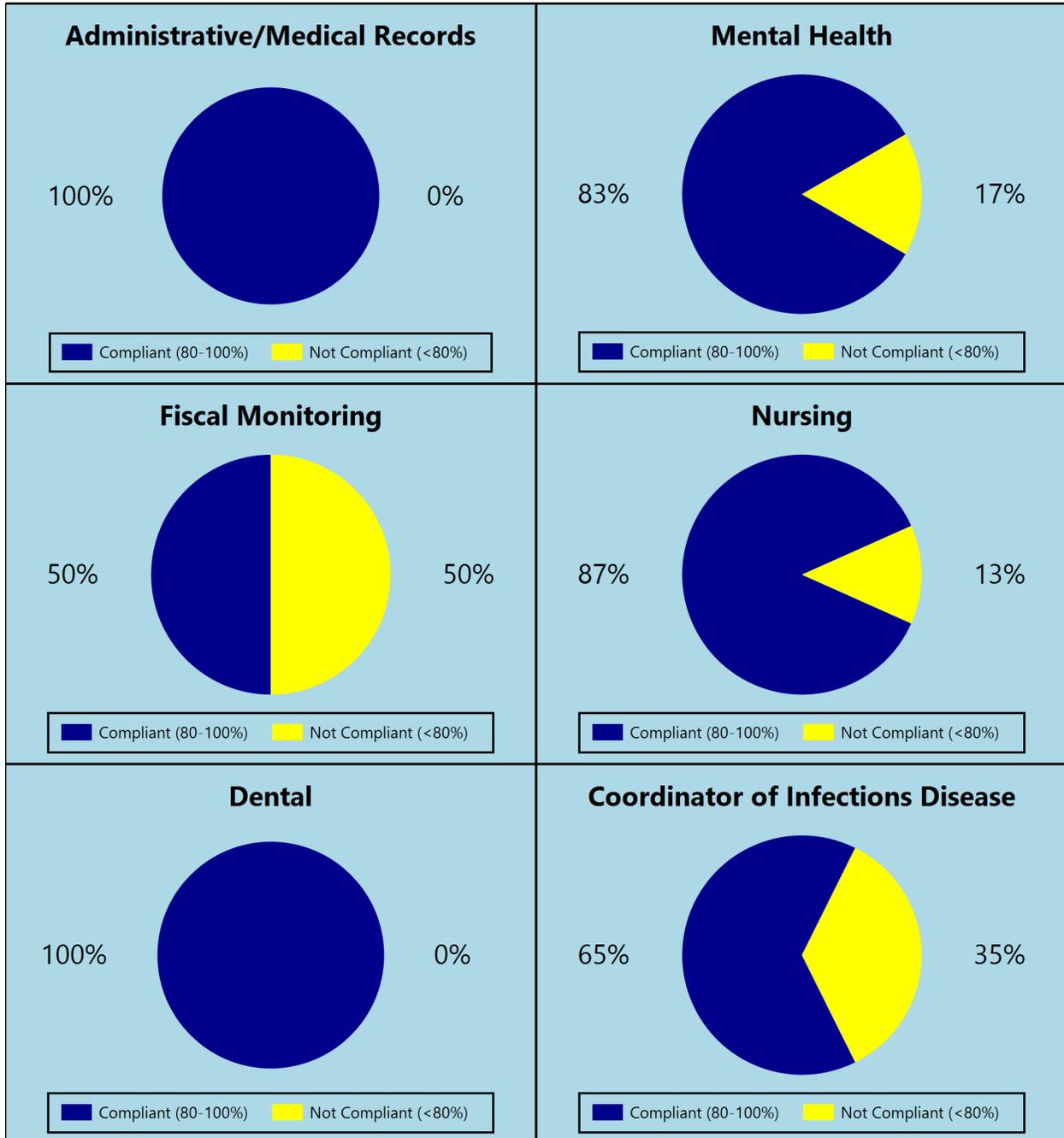
August 13, 2024



Compliance Rate By Operational Categories for

YOUNG FACILITY

June 6, 2024



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

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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Ferguson	10	100	0	0
Gist	10	100	0	0
Kegans	10	100	0	0
LeBlanc	10	100	0	0
Lychner	10	100	0	0
Stiles	10	100	0	0
Goree	10	90	1	0
Holliday	10	90	0	1
Wainwright	10	80	1	1

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

Total # of inmates in audit.

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2024	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch- Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center- Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
June	194	239	32	13.39%	28	12.97%	3	4	2.93%	3
July	224	212	7	3.30%	5	2.83%	1	2	1.42%	1
August	277	277	30	10.83%	26	10.47%	3	4	1.81%	1
Totals:	695	728	69	9.48%	59	9.07%	7	10	2.06%	5

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2024	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch- Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center- Correctional Managed Health Care		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
June	1,379	1,022	21	2.05%	18	2.84%	11	3	0.59%	3
July	1,418	1,076	18	1.67%	17	2.70%	12	1	0.19%	1
August	1,535	1,099	13	1.18%	10	1.46%	6	3	0.55%	3
Totals:	4,332	3,197	52	1.63%	45	2.31%	29	7	0.44%	7
GRAND TOTAL=	5,027	3,925	121	3.08%						

*QOC= Quality of Care

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

June 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	12	7	55	25
Gonorrhea	1	1	2	4
Syphilis	251	279	1815	2,187
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	127	142	944	870
Human immunodeficiency virus (HIV) +, known at intake	258	190	1,508	1,142
HIV screens, intake	4,653	4,195	28,581	29,201
HIV +, intake	39	30	256	255
HIV screens, offender- and provider-requested	278	232	2,156	1,360
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,928	2,076	17,471	9,418
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	4	0	13	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	74	48	452	397
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	34	21	162	177
Occupational exposures of TDCJ staff	11	8	66	45
Occupational exposures of medical staff	4	2	12	25
HIV chemoprophylaxis initiation	9	6	30	29
Tuberculosis skin test (ie, PPD) +, intake	109	42	466	392
Tuberculosis skin test +, annual	31	15	200	100
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)	1	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	2	15	6
Tuberculosis cases under management	38	16		
Peer education programs [¶]	0	0	91	91
Peer education educators [°]	7	7	67	8,461
Peer education participants	3162	2,096	14,013	28,531
Alleged assaults and chart reviews	94	111	593	587
Bloodborne exposure labs drawn on offenders	33	55	268	282
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

July 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	10	5	65	33
Gonorrhea	1	0	3	5
Syphilis	244	279	2097	2,490
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	113	150	1060	1,021
Human immunodeficiency virus (HIV) +, known at intake	227	190	1,735	1,332
HIV screens, intake	4,679	4,195	33,260	33,396
HIV +, intake	47	31	303	286
HIV screens, offender- and provider-requested	506	232	2,662	1,592
HIV +, offender- and provider-requested	1	0	1	0
HIV screens, pre-release	2,969	2,076	19,810	11,494
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	7	0	20	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	83	80	535	477
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	44	28	206	205
Occupational exposures of TDCJ staff	12	10	78	55
Occupational exposures of medical staff	1	2	13	27
HIV chemoprophylaxis initiation	8	7	38	36
Tuberculosis skin test (ie, PPD) +, intake	65	83	531	475
Tuberculosis skin test +, annual	71	18	271	118
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)	1	0	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	7	1	22	7
Tuberculosis cases under management	44	13		
Peer education programs [¶]	0	0	91	91
Peer education educators [¶]	12	8	79	8,450
Peer education participants	3,948	4,421	15,861	32,952
Alleged assaults and chart reviews	114	114	707	701
Bloodborne exposure labs drawn on offenders	50	35	318	317
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

August 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	8	2	69	35
Gonorrhea	0	0	5	5
Syphilis	307	340	2487	2845
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	91	190	1151	1211
Human immunodeficiency virus (HIV) +, known at intake	278	207	2,013	1,539
HIV screens, intake	4,490	5,440	37,750	38,836
HIV +, intake	54	49	357	335
HIV screens, offender- and provider-requested	480	495	3,142	2,087
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	2,865	2,439	22,675	13,933
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	0	23	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	79	79	614	556
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	47	35	253	240
Occupational exposures of TDCJ staff	9	6	87	61
Occupational exposures of medical staff	0	4	13	31
HIV chemoprophylaxis initiation	2	1	40	37
Tuberculosis skin test (ie, PPD) +, intake	64	79	595	554
Tuberculosis skin test +, annual	50	12	321	130
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	2	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	0	24	7
Tuberculosis cases under management	61	16		
Peer education programs [¶]	0	1	91	0
Peer education educators [⦿]	4	9	8579	8,460
Peer education participants	4559	4,224	20,420	37,176
Alleged assaults and chart reviews	149	97	856	798
Bloodborne exposure labs drawn on offenders	60	53	378	370
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 4th Quarter of Fiscal Year 2024, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 418 hospital discharge and 55 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)	
June	23	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	27	0	N/A	0	N/A	1	3.70%	0	N/A	3	11.11%
August	28	2	7.14%	2	7.14%	0	N/A	2	7.14%	1	3.57%
Total/Average	78	2	2.56%	2	2.56%	1	1.28%	2	2.56%	4	5.13%
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)	
June	81	4	4.94%	0	N/A	1	1.23%	1	1.23%	9	11.11%
July	105	5	4.76%	0	N/A	2	1.90%	1	0.95%	10	9.52%
August	68	6	8.82%	0	N/A	3	4.41%	1	1.47%	7	10.29%
Total/Average	254	15	5.91%	0	N/A	6	2.36%	3	1.18%	26	10.24%
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)	
June	27	2	7.41%	0	N/A	0	N/A	0	N/A	0	N/A
July	27	1	3.70%	0	N/A	2	7.41%	0	N/A	0	N/A
August	32	1	3.13%	1	3.13%	1	3.13%	0	N/A	0	N/A
Total/Average	86	4	4.65%	1	1.16%	3	3.49%	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)	
June	131	6	4.58%	0	N/A	1	0.76%	1	0.76%	9	6.87%
July	159	6	3.77%	0	N/A	5	3.14%	1	0.63%	13	8.18%
August	128	9	7.03%	3	2.34%	4	3.13%	3	2.34%	8	6.25%
Total/Average	418	21	5.02%	3	0.72%	10	2.39%	5	1.20%	30	7.18%
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)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	26	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)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
August	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	29	1	3.45%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	20	1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
August	15	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	55	1	1.82%	0	N/A	0	N/A	0	N/A	0	N/A

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

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

Jun-24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Henley	14	0	0	0
Hightower	27	1	1	0
Jordan	25	1	1	1
Young	145	0	0	0

Jul 24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Estes	17	0	0	0
Goodman	17	1	0	0
Kyle	14	1	1	0
Travis	33	0	0	0

Aug-24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
B. Moore	8	0	0	0
Huntsville	37	0	0	0
Sayle	15	0	1	0
Wainwright	38	0	0	0

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

Audit Tools	June	July	August	Total
Total number of units audited	4	4	4	12
Total numbered property	211	81	98	390
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT**

Fourth Quarter FY-2024

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Boyd	July 15-17, 2024	100%	99.5%
Hamilton	August 12-14, 2024	100%	99.1%
Pack	August 14-16, 2024	100%	98.6%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Havins	July 8-10, 2024	100%	98.6%

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 001-CR23 – ACTIVE

Researcher: Nancy Rodriguez

Proponent: University of California, Irvine

Project Title: The Sources and Consequences of Prison Violence

IRB #: HB-2020-6063

IRB Expiration Date: N/A

Project Begin Date: 04/12/2023

Project Status: COLLECTION

Project Completion Date: N/A

Progress Report Due Date: N/A

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

Project Number: 002-CR23 – ACTIVE

Researcher: Scott Cunningham

Proponent: Baylor University

Project Title: Analyzing the Peer-Evaluation Program and Updating the Suicide Risk Assessment Model of the Texas Department of Criminal Justice

IRB #: 45 CFR EXEMPT

IRB Expiration Date: N/A

Project Begin Date: 06/01/2023

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited:

Project Number: 003-CR23 – ACTIVE

Researcher: Rachel Crawley

Proponent: Prison Fellowship Ministries

Project Title: Warden Exchange Program Evaluation

IRB #: 45 CFR EXEMPT

IRB Expiration Date: N/A

Project Begin Date: 06/01/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited:

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 202-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1997)

IRB #: 12.06.05

IRB Expiration Date: N/A

Project Begin Date: 04/25/2006

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: Bridgeport Unit, Young Unit

Project Number: 221-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1979)

IRB #: 12.06.05

IRB Expiration Date: 07/19/2023

Project Begin Date: 04/25/2006

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

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

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 510-AR07 – ACTIVE**Researcher:** Rachel Casper**Proponent:** Research Triangle Institute**Project Title:** Year 4 2023 National Inmate Survey – Prisons (NIS-4P)**IRB #:** MOD00001636**IRB Expiration Date:** N/A**Project Begin Date:** N/A**Project Status:** Data Collection**Project Completion Date:** N/A**Progress Report Due Date:** N/A**Units Visited:** N/A

Project Number: 587-AR09 – ACTIVE**Researcher:** Marcus Boccaccini**Proponent:** Sam Houston State University**Project Title:** Item and Factor Level Examination of the Static-99, MNSOST-R, and PCL-R to Predict Recidivism**IRB #:** FY2009-032**IRB Expiration Date:** N/A**Project Begin Date:** 10/14/2009**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** N/A**Units Visited:** N/A

Project Number: 686-AR13 – ACTIVE**Researcher:** Jeffrey Bouffard**Proponent:** Iowa State University**Project Title:** Criminal Decision Making Among Adult Felony Inmates**IRB #:** 2013-10-12362**IRB Expiration Date:** N/A**Project Begin Date:** 04/11/2014**Project Status:** Publication Process**Project Completion Date:** N/A**Progress Report Due Date:** N/A **Units Visited:** Holliday Unit

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 723-AR15 – ACTIVE

Researcher: David Pyrooz

Proponent: University of Colorado

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

IRB #: STUDY00001971

IRB Expiration Date: N/A

Project Begin Date: 04/08/2016

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: N/A

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

Project Number: 783-AR18 – ACTIVE

Researcher: Jessica Le

Proponent: Justice System Partners

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

IRB #: IRB00000446

IRB Expiration Date: N/A

Project Begin Date: 06/06/2018

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

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

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 785-AR18 – ACTIVE

Researcher: Erin Orrick

Proponent: Sam Houston State University

Project Title: Correctional Officer Attrition

IRB #: FY2018-38251

IRB Expiration Date: N/A

Project Begin Date: 10/01/2018

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

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

Project Number: 841-AR21 – ACTIVE

Researcher: Kevin Knight

Proponent: Texas Christian University

Project Title: Justice Community Opioid Innovation Network (JCOIN)

IRB #: 1920147AM8

IRB Expiration Date: N/A

Project Begin Date: 07/15/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Project Number: 852-AR22 – ACTIVE

Researcher: Michael Cavanaugh

Proponent: University of Houston-Downtown

Project Title: The Change Agent Evaluation

IRB #: 2022

IRB Expiration Date: 03/02/2024

Project Begin Date: 08/10/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: Wynne Unit

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 867-AR23 – ACTIVE

Researcher: Beatriz Amalfi

Proponent: Sam Houston State University

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

IRB #: 2023-30

IRB Expiration Date: N/A

Project Begin Date: 03/21/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Project Number: 882-AR23 – ACTIVE

Researcher: Angela Cummings

Proponent: Baylor College of Medicine

Project Title: Path to Recovery Education

IRB #: H-54078

IRB Expiration Date: N/A

Project Begin Date: 01/02/2024

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Project Number: 889-AR24 – ACTIVE

Researcher: Ashley McKelvey

Proponent: Abilene Christian University

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

IRB #: 45 CFR EXEMPT

IRB Expiration Date: N/A

Project Begin Date: 03/21/2024

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Research and Development Department**Medical Director Report – Q4 FY2024**

Project Number: 615-RM10 – ACTIVE

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

Project Number: 825-RM21 – ACTIVE

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

Project Number: 846-RM22 – ACTIVE

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

Research and Development Department
Medical Director Report – Q4 FY2024

Project Number: 855-RM22 – ACTIVE

Researcher: Ayman Youssef

Proponent: University of Texas Medical Branch

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

IRB #: 45 CFR EXEMPT

IRB Expiration Date: N/A

Project Begin Date: 12/5/2022

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

Project Number: 860-RM23 – ACTIVE

Researcher: April McDougal

Proponent: University of Texas Medical Branch

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

IRB #: 45 CFR EXEMPT

IRB Expiration Date: N/A

Project Begin Date: 02/28/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: N/A

Units Visited: N/A

COMPELLED PSYCHOACTIVE MEDICATION AUDIT 4th Quarter FY 2024

Audits Conducted in June 2024, July 2024, and August 2024

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	June 2024	0	0	NA	NA	NA
Wayne Scott	June 2024	3	3	3	100%	NA
Montford	June 2024	7	7	7	100%	NA
Skyview	June 2024	6	6	6	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July 2024	0	0	0	NA	NA
Wayne Scott	July 2024	5	5	5	100%	NA
Montford	July 2024	12	12	12	100%	NA
Skyview	July 2024	17	17	17	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August 2024	0	0	0	NA	NA
Wayne Scott	August 2024	9	9	9	100%	NA
Montford	August 2024	8	8	8	100%	NA
Skyview	August 2024	14	14	14	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

4th Quarter of 2024

Reporting months– June 2024, July 2024, August 2024

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	34	20	13	14	65%
Byrd	29	20	16	9	80%
Dominguez	23	20	18	3	90%
East Texas	26	20	20	6	100%
Formby	35	20	19	15	95%
Garza West	24	20	8	4	40%
Gist	26	20	20	6	100%
Glossbrenner	33	14	14	19	100%
Halbert	29	18	10	11	56%
Holliday	24	20	5	4	25%
Hutchins	55	20	18	35	90%
Johnston	21	17	17	4	100%
Kyle	0	0	N/A	N/A	N/A
Lindsey	33	20	16	13	80%
Lychner	40	20	17	20	85%
Middleton	29	20	13	9	65%
Plane	27	20	2	7	10%
Sanchez	26	20	14	6	70%
Sayle	44	20	18	24	90%
Travis	35	20	13	15	65%
Woodman	23	20	19	3	95%
GRAND TOTAL	616	389	290	227	

- 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

4th Quarter
FY2024

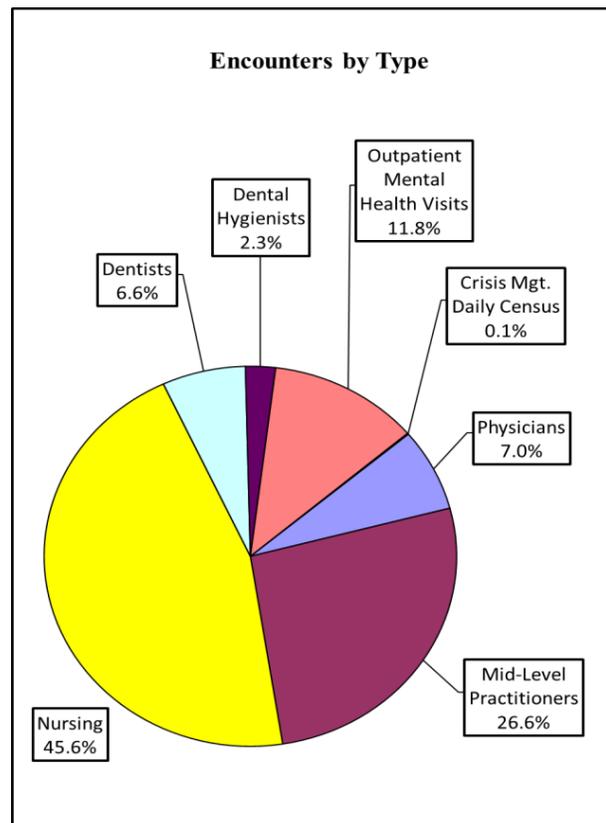
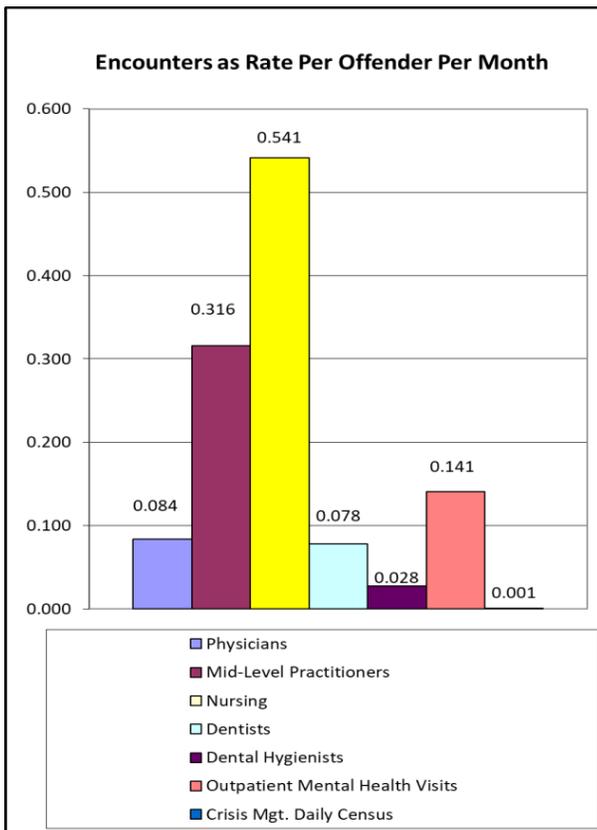
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4th Quarter

Medical Director's Report:

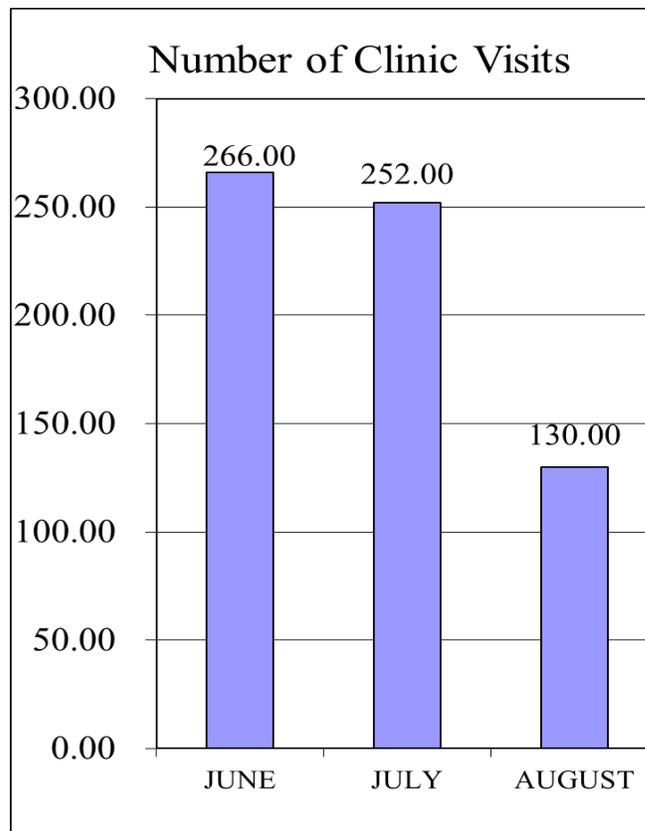
<i>Medical Director's Report:</i>									
		JUNE		JULY		AUGUST		Qtly Average	
<i>Average Population</i>		26,713.00		26,740.00		27,280.00		26,911.00	
		Rate Per		Rate Per		Rate Per		Rate Per	
		Number	Offender	Number	Offender	Number	Offender	Number	Offender
Medical encounters									
Physicians		1,826	0.068	2,366	0.088	2,553	0.094	2,248	0.084
Mid-Level Practitioners		7,625	0.285	8,998	0.336	8,850	0.324	8,491	0.316
Nursing		13,875	0.519	14,755	0.552	15,069	0.552	14,566	0.541
Sub-total		23,326	0.873	26,119	0.977	26,472	0.970	25,306	0.940
Dental encounters									
Dentists		2,244	0.084	2,221	0.083	1,817	0.067	2,094	0.078
Dental Hygienists		621	0.023	782	0.029	845	0.031	749	0.028
Sub-total		2,865	0.107	3,003	0.112	2,662	0.098	2,843	0.106
Mental health encounters									
Outpatient Mental Health Visits		3,568	0.134	3,798	0.142	3,983	0.146	3,783	0.141
Crisis Mgt. Daily Census		27	0.001	26	0.007	33	0.001	29	0.001
Sub-total		3,595	0.135	3,824	0.143	4,016	0.147	3,812	0.142
Total encounters		29,786	1.115	32,946	1.232	33,150	1.215	31,961	1.188

4th Quarter



Medical Director's Report (Page 2):

		JUNE	JULY	AUGUST	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	186.00	187.00	192.00	188.33
	Number of Admissions	322.00	295.00	335.00	317.33
	Number of Clinic Visits	266.00	252.00	130.00	216.00
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	347.00	354.00	378.00	359.67
	PAMIO/MROP Census	355.00	480.00	526.00	453.67
<i>Telemedicine Consults</i>		2392	2,886	3,003	2,760.33



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

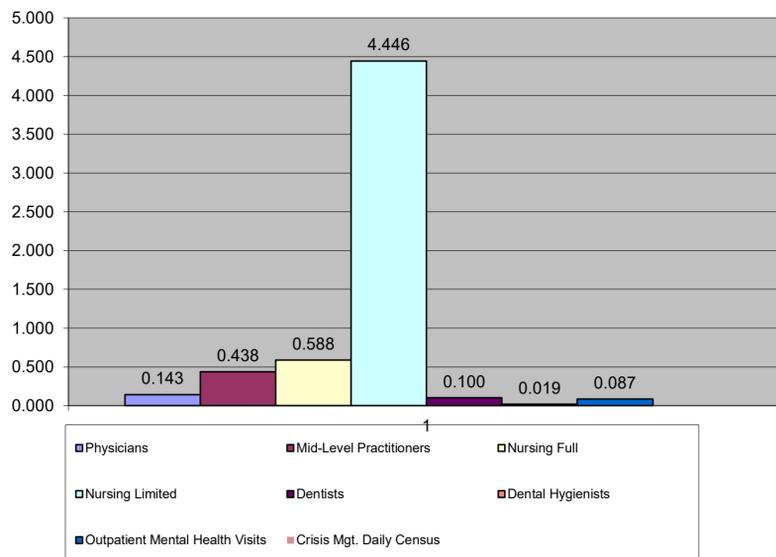
**Fourth Quarter
FY 2024**

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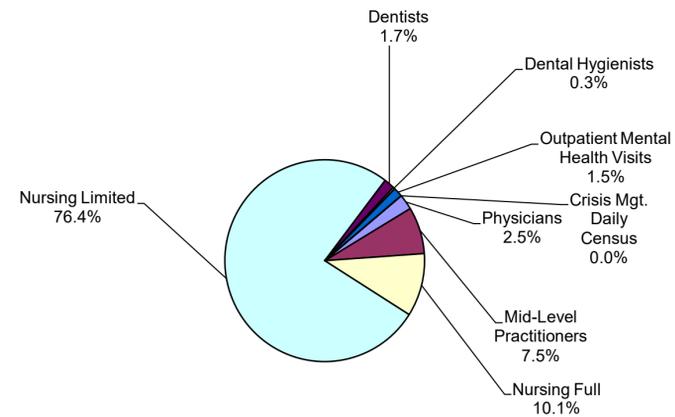
Medical Director's Report:

FY 24 Fourth Quarter Average Population	Jun 111,030	Jul 111,352	Aug 111,356	Qtly Average 111,246				
	Number	Rate Per Inmate	Number	Rate Per Inmate	Number	Rate Per Inmate	Number	Rate Per Inmate
Medical Encounters								
Physicians	14,635	0.132	16,192	0.145	16,978	0.152	15,935	0.143
Mid-Level Practitioners	46,496	0.419	48,341	0.434	51,398	0.462	48,745	0.438
Nursing Full	63,414	0.571	63,936	0.574	68,867	0.618	65,406	0.588
Nursing Limited	497,950	4.485	514,341	4.619	471,516	4.234	494,602	4.446
Sub-total	622,495	5.607	642,810	5.773	608,759	5.467	624,688	5.615
Dental Encounters								
Dentists	10,809	0.097	10,945	0.098	11,546	0.104	11,100	0.100
Dental Hygienists	1,918	0.017	2,160	0.019	2,210	0.020	2,096	0.019
Sub-total	12,727	0.115	13,105	0.118	13,756	0.124	13,196	0.119
Mental Health Encounters								
Outpatient Mental Health Visits	9,496	0.086	9,429	0.085	10,140	0.091	9,688	0.087
Crisis Mgt. Daily Census	68	0.001	72	0.001	72	0.001	71	0.001
Sub-total	9,564	0.086	9,501	0.085	10,212	0.092	9,759	0.088
Total Encounters	644,786	5.807	665,416	5.976	632,727	5.682	647,643	5.822

Encounters as Rate Per Offender Per Month

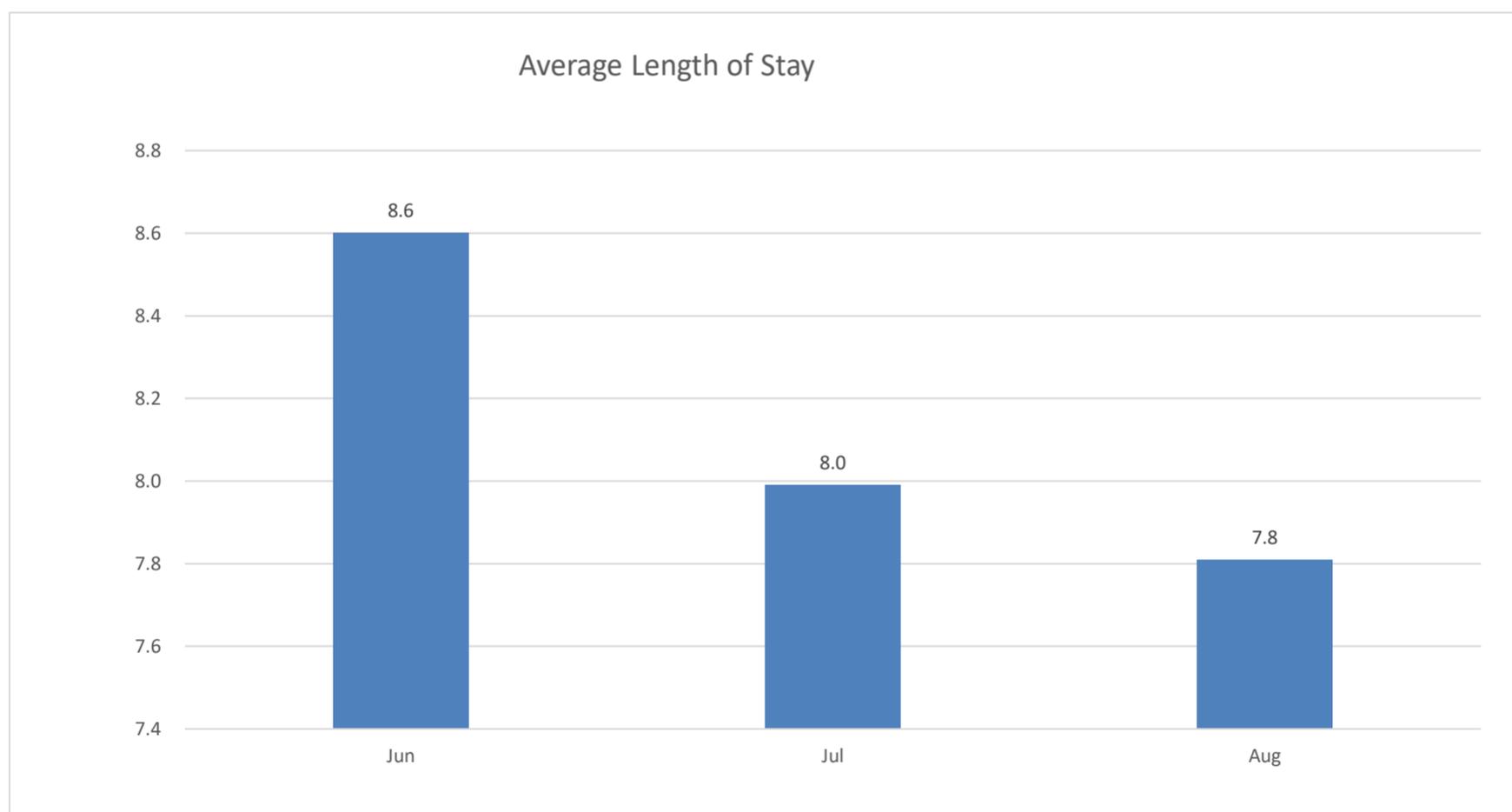


Encounters by Type



Medical Director's Report (Page 2):

FY 24	Jun	Jul	Aug	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	75.4	70.1	87.4	77.6
Number of Discharges	263	272	347	294
Average Length of Stay	8.6	8.0	7.8	8.1
Number of Clinic Visits	7,120	6,843	7,489	7,151
Mental Health Inpatient Facilities				
Average Daily Census	952.37	940.09	952.15	948.20
DDP Census	644.87	642.48	632.06	639.81
Telemedicine Consults	6,437	6,959	7,640	7,012.00



Consent Item

Summary of CMHCC Joint Committee/ Work Group Activities

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**Correctional Managed Health Care Joint
Committee/Work Group Activity
Summary for December 12, 2024, CMHCC Meeting**

The Correctional Managed Health Care Committee (CMHCC), through its overall management strategy, utilizes several standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data and amend practices to increase the effectiveness and efficiency of the program.

Many of these committees or work groups are medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are confidential and not subject to disclosure under the law.

This summary is intended to provide the CMHCC with a high-level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Nursing Work Group

System Leadership Council

Chair: Dr. Owen Murray

Due to several members attending the Sunset Advisory Commission public hearing on November 14, 2024, the 4th Quarter FY24 and 1st Quarter FY25 SLC meeting will both be held on February 6, 2025.

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.

Due to technical issues with the Texas Tech University Health Sciences Center IT systems, the Joint Policy and Procedure Committee Meeting for October 10, 2024, will be rescheduled to January 16, 2025.

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: September 12, 2024

- I. Approval of the Minutes from previous P&T
- II. Announcement
 - A. Newly appointed P&T committee member, Dr. Rama Chemitiganti
 - B. Newly appointed officio member to P&T, Dr. Iram Kazimi
- III. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 1. Nonformulary Substitution
 - B. Dental Streptococcal Infective Endocarditis Prevention-Dr. Sandmann
 - C. Psychiatry-Dr. Patel
- IV. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report (FY YTD)
 - C. Drug Recalls
 - D. Utilization Reports (FY YTD)
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - E. Non-formulary Deferral Reports (June & July 2024)
 1. UTMB Sector
 2. Texas Tech Sector
 - F. FDA Advisories (none)

V. Old Business

VI. New Business

- A. Miscellaneous Category Review
- B. Antihypertensive Category Review
- C. Oxybutynin Medication Use Evaluation Proposal

VII. Policy Review Schedule FY25

VIII. Drug Shortages

IX. Miscellaneous

- A. Rilpivirine Prior Authorization update

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.

Due to technical issues with the Texas Tech University Health Sciences Center IT systems, the Joint Infection Control Meeting for October 10, 2024, will be rescheduled at a later time.

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: November 13, 2024

I. Call to Order

A. Minutes Confirmation

- 1. Review of previous meeting minutes September 11, 2024

- II. Dr. Armita Bushong
 - A. CMHC Policy E-36.6-Periodontal Disease Program
 - B. Pregnant Periodontal Patients

- III. Dr. Billy Horton
 - A. Bartlett and Gurney Update
 - B. Kegans Dental Clinic
 - C. Garza Dental Clinic
 - D. Aging Report
 - E. Vacancy Report
 - F. HSD 4-TXPL Consent
 - G. Dental DMG
 - H. CMHC Policy E-36.8

- IV. Dr. Chad Fendley
 - A. TTUHSC Vacancy Report
 - B. ATC and reminders
 - C. IT outage recovery
 - D. Antibiotic DMG
 - E. CMHC Policy E-36.6

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

- VI. Kevin Hayden, TTUHSC Dental Hygiene Coordinator
 - A. Present DSM E-36.6 Revision and attachments to JDD

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

- VIII. Round the table

- IX. Adjourn – Next Meeting: January 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 August 2024:

There were 155 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2024, of those 155 deaths, **three** was referred to a peer review committee.

Peer Review Committee	Number of Cases Referred
Provider Peer Review	3

Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	3

Joint Nursing Work Group

Chair: Justin Robinson, RN, MSN

Purpose:

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

Meeting Date: November 21, 2024

I. Call to Order

II. Approval of minutes

III. Old Business

- TDCJ AD-03.29 Att. A. Transport Authorization for Inmate Remains*
- Refusal of Treatment-Diet for Health
- Negative Pressure Room-UTMB Resurvey

IV. New Business

- CMHC Policy E-42.2 (Missed Clinic Appointments)
- Pearl alert or notification for BIMS score
- Nurse Triage Notes
- Commissary List-Healthy choices
- Animal Bites
- TDCJ ATC Methodology Class

Adjourn-The next meeting to be determined

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Financial Report on Correctional Managed Health Care



Quarterly Report FY2024 Fourth Quarter

September 2023 – August 2024

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Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

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

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

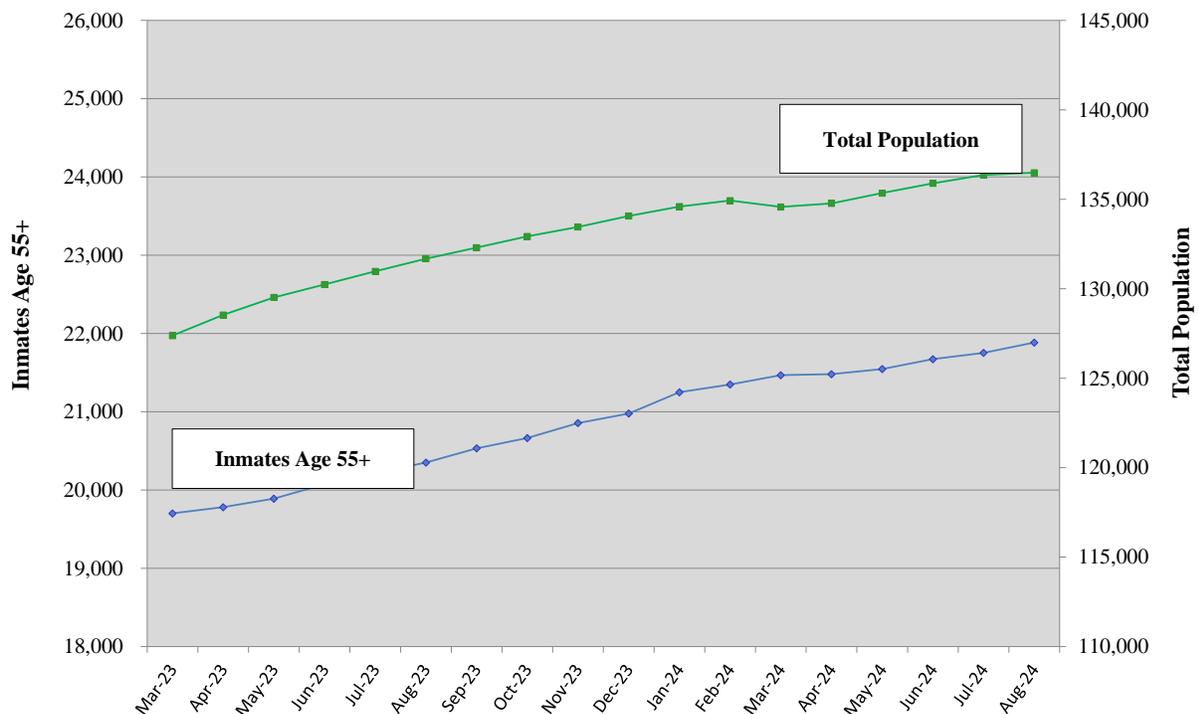
Population

- Overall inmate service population has increased 5.2% from FY2023
 - Average daily census through 4th quarter
 - FY2023: 127,933
 - FY2024: 134,643

- Inmates aged 55 or older population has increased 7.7% from FY2023
 - Average daily census through 4th quarter
 - FY2023: 19,759
 - FY2024: 21,286
 - While comprising about 15.8% of the overall service population, these inmates account for 53.1% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2024 average number of psychiatric inpatients through 4th quarter is 1,723, which decreased 5.7% from FY2023.
 - FY2024 average number of psychiatric outpatients through 4th quarter is 34,366, which increased 10.1% from FY2023.

CMHC Service Population



Health Care Costs

- Total expenditures through 4th quarter, FY2024: \$981.3M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$525.1M or 53.5% of total expenses
 - Hospital and Clinical Care - \$371M or 37.8% of total expenses
 - Pharmacy Services - \$85.2M or 8.7% of total expenses
 - HIV-related drugs: 32.1% of total drug costs
 - Hepatitis C drug therapies: 25.7% of total drug costs
 - Psychiatric drugs: 4.6% of total drug costs
 - All other drug costs: 37.6% of total drug costs
- Cost per inmate per day increased 8.7% from FY2023 to FY2024
 - Cost per inmate per day through 4th quarter FY2024:
 - FY2023: \$18.31
 - FY2024: \$19.91

Comparison of Total Health Care Costs

	FY20	FY21	FY22	FY23	FYTD 24 4th Qtr
Population					
UTMB	110,924	96,514	96,521	103,295	109,692
TTUHSC	27,533	24,282	24,214	24,638	24,951
Total	138,457	120,796	120,735	127,933	134,643
Expenses					
UTMB	\$641,412,379	\$627,901,731	\$643,994,605	\$717,213,452	\$835,108,953
TTUHSC	\$132,834,504	\$122,657,653	\$129,276,857	\$137,866,090	\$146,154,728
Total	\$774,246,883	\$750,559,384	\$773,271,463	\$855,079,543	\$981,263,682
Cost/Day					
UTMB	\$15.80	\$17.82	\$18.28	\$19.02	\$20.80
TTUHSC	\$13.18	\$13.84	\$14.63	\$15.33	\$16.00
Total	\$15.28	\$17.02	\$17.55	\$18.31	\$19.91

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

Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 71,705,558	\$ 320,897,664	\$ 392,603,222
EMR Revenue Deferred to FY2024*	\$ -	\$ 15,797,098	\$ 15,797,098
State Reimbursement Benefits	\$ 12,283,611	\$ 68,246,910	\$ 80,530,521
Other Misc Revenue	\$ 13,844	\$ 35,512	\$ 49,356
C.1.8. Total Method of Finance	\$ 84,003,013	\$ 404,977,185	\$ 488,980,198
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 44,759,182	\$ 245,584,360	\$ 290,343,542
State Reimbursement Benefits	\$ 2,176,190	\$ -	\$ 2,176,190
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 46,935,372	\$ 245,584,360	\$ 292,519,732
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 14,285,191	\$ 64,664,442	\$ 78,949,633
State Reimbursement Benefits	\$ 116,176	\$ 2,387,055	\$ 2,503,230
Other Misc Revenue	\$ -	\$ (1,800)	\$ (1,800)
C.1.10. Total Method of Finance	\$ 14,401,367	\$ 67,049,697	\$ 81,451,063
TOTAL METHOD OF FINANCE	\$ 145,339,751	\$ 717,611,242	\$ 862,950,993

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 130,749,931	\$ 631,146,466	\$ 761,896,397
State Reimbursement Benefits	\$ 14,575,976	\$ 70,633,965	\$ 85,209,941
Other Misc Revenue	\$ 13,844	\$ 33,712	\$ 47,556
TOTAL METHOD OF FINANCE	\$ 145,339,751	\$ 717,611,242	\$ 862,950,993

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 90,448,394	\$ 434,607,884	\$ 525,056,278
C.1.9. Hospital & Clinical Care	\$ 43,426,575	\$ 327,618,098	\$ 371,044,674
C.1.10. Managed Health Care - Pharmacy	\$ 12,279,759	\$ 72,882,971	\$ 85,162,730
TOTAL EXPENDITURES	\$ 146,154,728	\$ 835,108,953	\$ 981,263,682

DIFFERENCE	\$ (814,977)	\$ (117,497,712)	\$ (118,312,689)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2024

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 71,705,558	\$ 320,897,664	\$ 392,603,222
EMR Revenue Deferred to FY2024*	\$ -	\$ 15,797,098	\$ 15,797,098
State Reimbursement Benefits	\$ 12,283,611	\$ 68,246,910	\$ 80,530,521
Other Misc Revenue	\$ 13,844	\$ 35,512	\$ 49,356
TOTAL METHOD OF FINANCE	\$ 84,003,013	\$ 404,977,185	\$ 488,980,198
Expenditures:			
Unit Care			
Salaries	\$ 33,606,368	\$ 248,911,707	\$ 282,518,075
Benefits	\$ 10,761,447	\$ 69,959,580	\$ 80,721,027
Other Operating Expenses	\$ 4,919,871	\$ 30,354,783	\$ 35,274,655
Professional Services	\$ 4,238,488	\$ -	\$ 4,238,488
Contracted Units/Services	\$ 12,945,296	\$ -	\$ 12,945,296
Travel	\$ 489,645	\$ 2,565,012	\$ 3,054,656
Capitalized Equipment	\$ 742,868	\$ 18,007,863	\$ 18,750,732
Subtotal, Unit Care	\$ 67,703,983	\$ 369,798,945	\$ 437,502,928
Psychiatric Care			
Salaries	\$ 12,046,791	\$ 44,007,223	\$ 56,054,014
Benefits	\$ 3,129,058	\$ 10,842,277	\$ 13,971,335
Other Operating Expenses	\$ 254,944	\$ 330,232	\$ 585,176
Professional Services	\$ 5,236,700	\$ -	\$ 5,236,700
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 105,014	\$ 148,707	\$ 253,721
Subtotal, Psychiatric Care	\$ 20,772,508	\$ 55,328,439	\$ 76,100,947
Indirect Expenditures (Shared Services)	\$ 1,971,903	\$ 9,480,500	\$ 11,452,403
TOTAL EXPENDITURES	\$ 90,448,394	\$ 434,607,884	\$ 525,056,278
DIFFERENCE	\$ (6,445,381)	\$ (29,630,699)	\$ (36,076,080)

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

C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 44,759,182	\$ 245,584,360	\$ 290,343,542
State Reimbursement Benefits	\$ 2,176,190	\$ -	\$ 2,176,190
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 46,935,372	\$ 245,584,360	\$ 292,519,732
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 2,180,522	\$ 27,523,121	\$ 29,703,643
Community Provider Services	\$ 22,179,775	\$ 79,554,236	\$ 101,734,011
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 17,835,401	\$ 196,084,366	\$ 213,919,767
Estimated IBNR	\$ -	\$ 16,000,000	\$ 16,000,000
Subtotal, Hospital & Clinical Care	\$ 42,195,698	\$ 319,161,724	\$ 361,357,421
Indirect Expenditures (Shared Services)	\$ 1,230,878	\$ 8,456,375	\$ 9,687,252
TOTAL EXPENDITURES	\$ 43,426,575	\$ 327,618,098	\$ 371,044,674
DIFFERENCE	\$ 3,508,796	\$ (82,033,738)	\$ (78,524,942)

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 14,285,191	\$ 64,664,442	\$ 78,949,633
State Reimbursement Benefits	\$ 116,176	\$ 2,387,055	\$ 2,503,230
Other Misc Revenue	\$ -	\$ (1,800)	\$ (1,800)
TOTAL METHOD OF FINANCE	\$ 14,401,367	\$ 67,049,697	\$ 81,451,063
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 2,555,470	\$ 9,555,507	\$ 12,110,977
Benefits	\$ 131,340	\$ 3,076,470	\$ 3,207,810
Other Operating Expenses	\$ 528,130	\$ 2,813,008	\$ 3,341,138
Pharmaceutical Purchases	\$ 8,648,345	\$ 54,533,601	\$ 63,181,946
Travel	\$ 23,631	\$ 35,747	\$ 59,378
Capitalized Equipment	\$ -	\$ 1,045,940	\$ 1,045,940
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 11,886,916	\$ 71,060,273	\$ 82,947,189
Indirect Expenditures (Shared Services)	\$ 392,843	\$ 1,822,698	\$ 2,215,541
TOTAL EXPENDITURES	\$ 12,279,759	\$ 72,882,971	\$ 85,162,730
DIFFERENCE	\$ 2,121,608	\$ (5,833,274)	\$ (3,711,667)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2024</u>
Average Service Population	132,894	134,532	134,574	134,771	135,350	134,898	135,894	136,364	136,488	136,249	134,643
Population Age 55 and Over	20,685	21,192	21,467	21,480	21,546	21,498	21,672	21,752	21,884	21,769	21,286
<i>Percent of Total Population</i>	<i>15.6%</i>	<i>15.8%</i>	<i>16.0%</i>	<i>15.9%</i>	<i>15.9%</i>	<i>15.9%</i>	<i>15.9%</i>	<i>16.0%</i>	<i>16.0%</i>	<i>16.0%</i>	<i>15.8%</i>
Key Treatment Populations, Month End											
Patients receiving HIV Treatment	1,842	1,859	1,857	1,869	1,875	1,867	1,873	1,877	1,894	1,881	1,862
Patients receiving Hep C Treatment	571	562	556	616	635	602	613	537	521	557	573
Patients Receiving Dialysis Treatment	225	219	218	217	221	219	218	217	221	219	220
Age 55 and Over	122	119	120	120	122	121	120	122	118	120	121
Under 55	103	100	98	97	99	98	98	95	103	99	100
Medical Inpatient Average Daily Census											
UTMB-Hospital Galveston	115	114	121	120	119	120	119	109	123	117	116
UTMB Community Hospitals	49	51	56	62	62	60	66	63	60	63	56
TTUHSC Community Hospitals	9	10	11	10	11	10	10	8	8	8	10
Medical Inpatient Average Daily Census	173	176	188	192	192	190	195	179	190	188	182
Medical Inpatient Discharges											
UTMB-Hospital Galveston	909	926	326	322	345	993	263	272	347	882	3,710
UTMB Community Hospitals	771	753	326	302	304	932	353	250	252	855	3,311
TTUHSC Community Hospitals	156	162	68	56	72	196	51	61	53	165	679
Medical Inpatient Discharges	1,836	1,841	720	680	721	2,121	667	583	652	1,902	7,700
Average Length of Stay (in days)											
UTMB - Hospital Galveston	8.49	8.16	7.85	8.00	7.20	7.68	8.60	7.99	7.81	8.13	8.12
UTMB Community Hospitals	5.76	6.19	5.30	6.17	6.17	5.88	5.58	7.48	7.35	6.80	6.16
TTUHSC Community Hospitals	4.60	5.50	4.01	4.88	3.50	4.13	4.98	3.18	3.91	4.02	4.56
Infirmery and Sheltered Housing Census, Month End											
UTMB Infirmery	569	592	609	609	611	610	614	613	607	611	595
UTMB Sheltered Housing	619	616	608	618	618	615	615	631	636	627	619
TTUHSC Infirmery	151	151	159	158	160	159	166	166	157	163	156
Infirmery and Sheltered Housing Census, Month End	1,339	1,358	1,376	1,385	1,389	1,383	1,395	1,410	1,400	1,402	1,371
<i>Percent of Capacity Filled</i>	<i>91.9%</i>	<i>92.3%</i>	<i>93.4%</i>	<i>94.0%</i>	<i>94.2%</i>	<i>93.9%</i>	<i>94.6%</i>	<i>95.7%</i>	<i>95.0%</i>	<i>95.1%</i>	<i>93.3%</i>
Medical Outpatient Visits											
UTMB Specialty Clinics and ER Visits	7,292	7,059	8,708	9,094	8,914	8,905	8,394	8,187	8,933	8,505	7,940
TTUHSC Community Outpatient and ER Visits	3,264	4,087	4,020	4,115	4,579	4,238	3,754	4,380	4,178	4,104	3,923
Medical Outpatient Visits	10,556	11,146	12,728	13,209	13,493	13,143	12,148	12,567	13,111	12,609	11,864
Mental Health Inpatient Average Census											
UTMB Psychiatric Inpatient	971	957	939	938	957	945	952	940	952	948	955
TTUHSC Psychiatric Inpatient	768	745	790	741	733	755	720	846	841	802	767
Mental Health Inpatient Average Census	1,738	1,702	1,729	1,679	1,690	1,700	1,672	1,786	1,793	1,750	1,723
Mental Health Outpatient Caseload, Month End											
UTMB Psychiatric Outpatient	26,935	27,640	27,821	27,880	28,271	27,991	28,414	28,483	28,508	28,468	27,759
TTUHSC Psychiatric Outpatient	6,597	6,595	6,671	6,350	6,580	6,534	6,413	6,797	6,898	6,703	6,607
Mental Health Outpatient Caseload, Month End	33,532	34,235	34,492	34,230	34,851	34,524	34,827	35,280	35,406	35,171	34,366

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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Fourth Quarter, FY2024

Key Budget Drivers (Cost)

	1st Quarter	2nd Quarter	March	April	May	3rd Quarter	June	July	August	4th Quarter	FY2024
Selected Drug Costs											
HIV Medications	\$ 5,164,369	\$ 4,945,964	\$ 2,029,169	\$ 1,434,836	\$ 1,594,766	\$ 5,058,771	\$ 1,930,725	\$ 1,847,027	\$ 1,337,210	\$ 5,114,961	\$ 20,284,065
Hepatitis C Medications	\$ 3,901,718	\$ 3,857,450	\$ 1,365,313	\$ 1,650,544	\$ 1,486,719	\$ 4,502,576	\$ 1,400,747	\$ 1,325,728	\$ 1,219,550	\$ 3,946,025	\$ 16,207,769
Psychiatric Medications	\$ 726,262	\$ 701,708	\$ 276,708	\$ 261,802	\$ 258,648	\$ 797,158	\$ 229,154	\$ 262,052	\$ 220,793	\$ 711,998	\$ 2,937,127
All Other Drug Costs	\$ 6,295,382	\$ 6,209,303	\$ 1,211,941	\$ 2,034,288	\$ 2,367,614	\$ 5,613,843	\$ 2,078,303	\$ 1,246,141	\$ 2,310,012	\$ 5,634,456	\$ 23,752,985
Total Drug Costs	\$ 16,087,730	\$ 15,714,425	\$ 4,883,132	\$ 5,381,470	\$ 5,707,747	\$ 15,972,349	\$ 5,638,929	\$ 4,680,947	\$ 5,087,565	\$ 15,407,441	\$ 63,181,946
Dialysis											
Age 55 and Over	\$ 1,124,656	\$ 1,152,771	\$ 417,230	\$ 404,534	\$ 412,358	\$ 1,234,122	\$ 398,895	\$ 386,412	\$ 404,330	\$ 1,189,637	\$ 4,701,186
UTMB	\$ 1,007,084	\$ 1,022,347	\$ 367,250	\$ 347,414	\$ 355,238	\$ 1,069,902	\$ 355,579	\$ 343,096	\$ 361,014	\$ 1,059,689	\$ 4,159,022
TTUHSC	\$ 117,572	\$ 130,424	\$ 49,980	\$ 57,120	\$ 57,120	\$ 164,220	\$ 43,316	\$ 43,316	\$ 43,316	\$ 129,948	\$ 542,164
Under 55	\$ 993,316	\$ 1,078,323	\$ 363,915	\$ 326,980	\$ 354,317	\$ 1,045,211	\$ 332,453	\$ 332,184	\$ 354,063	\$ 1,018,700	\$ 4,135,549
UTMB	\$ 871,146	\$ 878,425	\$ 299,714	\$ 267,489	\$ 287,131	\$ 854,333	\$ 273,976	\$ 262,367	\$ 286,271	\$ 822,614	\$ 3,426,517
TTUHSC	\$ 122,170	\$ 199,898	\$ 64,201	\$ 59,491	\$ 67,186	\$ 190,878	\$ 58,477	\$ 69,817	\$ 67,792	\$ 196,086	\$ 709,032
Total Dialysis	\$ 2,117,972	\$ 2,231,093	\$ 781,145	\$ 731,514	\$ 766,675	\$ 2,279,333	\$ 731,348	\$ 718,596	\$ 758,393	\$ 2,208,337	\$ 8,836,735
Offsite Hospital Services											
Age 55 and Over	\$ 39,361,434 51.5%	\$ 43,760,368 55.5%	\$ 12,013,751	\$ 15,341,582	\$ 19,001,779	\$ 46,357,112 52.6%	\$ 14,296,615	\$ 16,356,613	\$ 10,585,020	\$ 41,238,247 52.9%	\$ 173,155,605 52.4%
UTMB	\$ 37,759,708	\$ 41,604,720	\$ 11,043,474	\$ 14,078,863	\$ 17,570,507	\$ 42,692,844	\$ 14,296,615	\$ 16,356,613	\$ 10,585,020	\$ 41,238,247	\$ 163,295,519
TTUHSC	\$ 1,601,726	\$ 2,155,648	\$ 970,277	\$ 1,262,719	\$ 1,431,272	\$ 3,664,268	\$ 905,280	\$ 1,372,390	\$ 160,774	\$ 2,438,444	\$ 9,860,086
Under 55	\$ 37,055,472 48.5%	\$ 35,061,491 44.5%	\$ 11,450,741	\$ 14,331,872	\$ 15,981,315	\$ 41,763,929 47.4%	\$ 11,769,821	\$ 13,989,073	\$ 10,973,365	\$ 36,732,259 47.1%	\$ 157,431,014 47.6%
UTMB	\$ 34,498,160	\$ 31,874,673	\$ 9,439,392	\$ 11,419,108	\$ 13,243,525	\$ 34,102,026	\$ 11,769,821	\$ 13,989,073	\$ 10,973,365	\$ 36,732,259	\$ 137,207,118
TTUHSC	\$ 2,557,312	\$ 3,186,818	\$ 2,011,349	\$ 2,912,764	\$ 2,737,790	\$ 7,661,903	\$ 2,469,488	\$ 3,900,441	\$ 447,934	\$ 6,817,863	\$ 20,223,896
Total Offsite Hospital Services	\$ 76,416,906	\$ 78,821,859	\$ 23,464,493	\$ 29,673,454	\$ 34,983,094	\$ 88,121,041	\$ 26,066,436	\$ 30,345,685	\$ 21,558,385	\$ 77,970,506	\$ 330,586,619
<i>*TTUHSC Offsite Hospital Services report for 4th quarter was not available at time of submission.</i>											
C.1.8. Salaries/Agency Nursing/Overtime											
UTMB											
Salaries	\$ 58,039,622	\$ 58,773,447	\$ 20,374,801	\$ 19,866,850	\$ 20,752,517	\$ 60,994,168	\$ 20,539,245	\$ 20,637,657	\$ 21,013,381	\$ 62,190,282	\$ 239,997,519
Agency Nursing	\$ 9,716,431	\$ 8,163,973	\$ 2,764,542	\$ 2,629,006	\$ 2,497,720	\$ 7,891,269	\$ 2,363,289	\$ 2,257,067	\$ 2,519,001	\$ 7,139,357	\$ 32,911,030
Overtime	\$ 4,925,246	\$ 4,742,310	\$ 1,704,155	\$ 1,684,628	\$ 1,661,266	\$ 5,050,050	\$ 1,657,881	\$ 1,823,745	\$ 1,811,150	\$ 5,292,776	\$ 20,010,381
UTMB Total	\$ 72,681,299	\$ 71,679,730	\$ 24,843,499	\$ 24,180,484	\$ 24,911,503	\$ 73,935,486	\$ 24,560,414	\$ 24,718,468	\$ 25,343,532	\$ 74,622,414	\$ 292,918,930
TTUHSC											
Salaries	\$ 10,810,993	\$ 11,091,322	\$ 3,687,182	\$ 3,797,773	\$ 3,916,792	\$ 11,401,746	\$ 3,700,126	\$ 3,971,292	\$ 3,859,680	\$ 11,531,098	\$ 44,835,159
Agency Nursing	\$ 1,076,149	\$ 1,108,142	\$ 390,976	\$ 385,592	\$ 364,293	\$ 1,140,861	\$ 358,343	\$ 311,231	\$ 425,239	\$ 1,094,812	\$ 4,419,965
Overtime	\$ 195,918	\$ 180,965	\$ 69,820	\$ 62,734	\$ 60,490	\$ 193,044	\$ 82,695	\$ 69,576	\$ 95,804	\$ 248,074	\$ 818,000
TTUHSC Total	\$ 12,083,060	\$ 12,380,429	\$ 4,147,978	\$ 4,246,098	\$ 4,341,575	\$ 12,735,650	\$ 4,141,164	\$ 4,352,098	\$ 4,380,722	\$ 12,873,984	\$ 50,073,124
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 84,764,360	\$ 84,060,159	\$ 28,991,477	\$ 28,426,582	\$ 29,253,078	\$ 86,671,137	\$ 28,701,578	\$ 29,070,567	\$ 29,724,254	\$ 87,496,399	\$ 342,992,054
FTEs											
UTMB	2,835.0	2,925.9	3,002.8	3,014.4	3,024.4	3,013.9	3,024.5	3,037.7	3,055.1	3,039.1	2,953.5
TTUHSC	725.7	726.6	728.0	736.5	731.9	732.1	734.0	740.9	748.0	740.9	731.4
Total FTEs	3,560.7	3,652.5	3,730.8	3,750.9	3,756.3	3,746.0	3,758.5	3,778.6	3,803.1	3,780.0	3,684.8
Key Occupational Categories, Percent Filled											
UTMB	80.1%	82.7%	84.9%	85.2%	85.5%	85.2%	85.5%	86.1%	86.3%	86.0%	83.5%
Nursing	73.1%	76.6%	79.6%	80.0%	80.2%	79.9%	80.2%	81.0%	81.6%	80.9%	77.7%
Mental Health	80.1%	84.9%	87.5%	87.3%	87.3%	87.4%	87.0%	87.5%	87.8%	87.4%	85.0%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	88.9%	89.9%	89.8%	89.8%	91.4%	90.3%	91.4%	90.3%	88.7%	90.1%	89.8%
Dental	90.6%	91.2%	90.3%	90.1%	91.5%	90.7%	92.5%	92.1%	92.6%	92.4%	91.2%
Pharmacy	94.6%	95.1%	94.3%	94.3%	93.6%	94.1%	95.0%	97.1%	97.1%	96.4%	95.1%
Other Positions	87.3%	88.2%	90.3%	91.0%	91.2%	90.8%	90.8%	91.4%	91.4%	91.2%	89.4%
TTUHSC	71.7%	71.0%	71.1%	71.9%	71.4%	71.5%	71.6%	72.4%	73.0%	72.4%	71.6%
Nursing	62.9%	61.9%	62.1%	64.3%	63.0%	63.1%	63.2%	63.9%	64.1%	63.7%	62.9%
Mental Health	67.9%	71.3%	71.6%	72.0%	72.8%	72.1%	72.8%	72.0%	74.3%	73.0%	71.1%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	78.0%	75.6%	75.0%	73.2%	76.8%	75.0%	78.6%	80.4%	78.6%	79.2%	77.0%
Dental	85.9%	85.1%	84.2%	84.2%	82.8%	83.8%	84.4%	85.8%	85.7%	85.3%	85.0%
Pharmacy	100.8%	100.8%	100.8%	98.5%	98.5%	99.3%	98.5%	98.5%	99.3%	98.8%	99.9%
Other Positions	88.4%	87.0%	87.0%	85.7%	85.9%	86.2%	85.4%	86.7%	88.2%	86.8%	87.1%

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Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 32,508,863	\$ 32,508,862	\$ 32,866,103	\$ 32,866,103	\$ 130,749,931
State Reimbursement Benefits	\$ 3,363,423	\$ 3,409,002	\$ 3,594,869	\$ 4,208,682	\$ 14,575,976
Other Misc Revenue	\$ 11,527	\$ 332	\$ 1,040	\$ 945	\$ 13,844
TOTAL REVENUES	\$ 35,883,814	\$ 35,918,196	\$ 36,462,012	\$ 37,075,730	\$ 145,339,751

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 8,295,153	\$ 8,337,497	\$ 8,449,922	\$ 8,523,796	\$ 33,606,368
Benefits	\$ 2,598,633	\$ 2,721,211	\$ 2,737,322	\$ 2,704,281	\$ 10,761,447
Other Operating Expenses	\$ 1,038,558	\$ 1,114,594	\$ 1,216,339	\$ 1,550,380	\$ 4,919,871
Professional Services	\$ 899,932	\$ 1,242,192	\$ 1,149,054	\$ 947,309	\$ 4,238,488
Contracted Units/Services	\$ 2,565,340	\$ 3,635,228	\$ 3,517,851	\$ 3,226,876	\$ 12,945,296
Travel	\$ 77,530	\$ 122,211	\$ 111,778	\$ 178,125	\$ 489,645
Capitalized Equipment	\$ 32,837	\$ 27,753	\$ 186,850	\$ 495,429	\$ 742,868
Subtotal, Unit Care Expenditures	\$ 15,507,984	\$ 17,200,686	\$ 17,369,116	\$ 17,626,197	\$ 67,703,983
Psychiatric Care Expenditures					
Salaries	\$ 2,711,758	\$ 2,934,790	\$ 3,144,867	\$ 3,255,376	\$ 12,046,791
Benefits	\$ 713,531	\$ 771,522	\$ 813,950	\$ 830,055	\$ 3,129,058
Other Operating Expenses	\$ 71,436	\$ 80,889	\$ 45,441	\$ 57,178	\$ 254,944
Professional Services	\$ 1,261,418	\$ 1,153,404	\$ 1,312,814	\$ 1,509,064	\$ 5,236,700
Travel	\$ 19,085	\$ 32,304	\$ 18,019	\$ 35,607	\$ 105,014
Subtotal, Psychiatric Care Expenditures	\$ 4,777,229	\$ 4,972,909	\$ 5,335,091	\$ 5,687,281	\$ 20,772,508
Total Expenditures, Unit & Psychiatric Care	\$ 20,285,212	\$ 22,173,594	\$ 22,704,207	\$ 23,313,477	\$ 88,476,491

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 401,003	\$ 484,378	\$ 639,518	\$ 655,622	\$ 2,180,522
Community Provider Services	\$ 3,758,035	\$ 4,858,087	\$ 7,411,751	\$ 6,151,902	\$ 22,179,775
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,964,826	\$ 4,335,332	\$ 4,615,808	\$ 4,919,435	\$ 17,835,401
Estimated IBNR	\$ 1,682,521	\$ 499,094	\$ (1,387,552)	\$ (794,063)	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 9,806,385	\$ 10,176,892	\$ 11,279,526	\$ 10,932,896	\$ 42,195,698

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 132,637	\$ 794,777	\$ 672,861	\$ 955,196	\$ 2,555,470
Benefits	\$ 32,634	\$ 33,258	\$ 32,625	\$ 32,823	\$ 131,340
Other Operating Expenses	\$ 312,473	\$ 146,846	\$ 133,180	\$ (64,369)	\$ 528,130
Pharmaceutical Purchases	\$ 2,456,701	\$ 2,100,297	\$ 2,054,101	\$ 2,037,247	\$ 8,648,345
Travel	\$ 2,348	\$ 4,990	\$ 6,456	\$ 9,837	\$ 23,631
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,936,793	\$ 3,080,168	\$ 2,899,222	\$ 2,970,734	\$ 11,886,916

Indirect Expenditures (Shared Services)	\$ 893,994	\$ 893,994	\$ 903,818	\$ 903,818	\$ 3,595,623
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TOTAL EXPENDITURES	\$ 33,922,384	\$ 36,324,648	\$ 37,786,772	\$ 38,120,925	\$ 146,154,728
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DIFFERENCE	\$ 1,961,430	\$ (406,452)	\$ (1,324,761)	\$ (1,045,195)	\$ (814,977)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 156,924,394	\$ 156,924,394	\$ 158,648,839	\$ 158,648,839	\$ 631,146,466
EMR Revenue Deferred to FY2024*	\$ 14,390,917	\$ 514,206	\$ 404,933	\$ 487,042	\$ 15,797,098
State Reimbursement Benefits	\$ 16,193,835	\$ 16,037,938	\$ 19,883,896	\$ 18,518,296	\$ 70,633,965
Other Misc Revenue	\$ 8,521	\$ 6,703	\$ 6,691	\$ 11,798	\$ 33,712
TOTAL REVENUES	\$ 187,517,666	\$ 173,483,241	\$ 178,944,360	\$ 177,665,975	\$ 717,611,242

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 62,055,886	\$ 60,683,047	\$ 62,750,657	\$ 63,422,117	\$ 248,911,707
Benefits	\$ 16,876,349	\$ 17,403,654	\$ 17,703,977	\$ 17,975,601	\$ 69,959,580
Other Operating Expenses	\$ 6,297,261	\$ 7,380,990	\$ 8,205,484	\$ 8,471,049	\$ 30,354,783
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 457,002	\$ 560,999	\$ 668,757	\$ 878,253	\$ 2,565,012
Capitalized Equipment	\$ 14,578,257	\$ 1,175,402	\$ 869,003	\$ 1,385,200	\$ 18,007,863
Subtotal, Unit Care Expenditures	\$ 100,264,755	\$ 87,204,092	\$ 90,197,879	\$ 92,132,220	\$ 369,798,945
Psychiatric Care Expenditures					
Salaries	\$ 10,625,413	\$ 10,996,683	\$ 11,184,829	\$ 11,200,298	\$ 44,007,223
Benefits	\$ 2,602,612	\$ 2,710,858	\$ 2,780,134	\$ 2,748,673	\$ 10,842,277
Other Operating Expenses	\$ 93,779	\$ 101,329	\$ 69,218	\$ 65,906	\$ 330,232
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 26,271	\$ 41,318	\$ 36,396	\$ 44,721	\$ 148,707
Subtotal, Psychiatric Care Expenditures	\$ 13,348,076	\$ 13,850,188	\$ 14,070,577	\$ 14,059,598	\$ 55,328,439
Total Expenditures, Unit & Psychiatric Care	\$ 113,612,831	\$ 101,054,281	\$ 104,268,455	\$ 106,191,817	\$ 425,127,384

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 6,095,611	\$ 5,963,403	\$ 7,384,823	\$ 8,079,285	\$ 27,523,121
Community Provider Services	\$ 9,847,179	\$ 20,250,898	\$ 22,259,804	\$ 27,196,355	\$ 79,554,236
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 48,682,907	\$ 50,440,701	\$ 50,319,610	\$ 46,641,149	\$ 196,084,366
Estimated IBNR	\$ 9,741,663	\$ 2,343,907	\$ 742,979	\$ 3,171,452	\$ 16,000,000
Total Expenditures, Hospital & Clinical Care	\$ 74,367,359	\$ 78,998,909	\$ 80,707,215	\$ 85,088,240	\$ 319,161,724

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,313,927	\$ 2,363,368	\$ 2,439,557	\$ 2,438,654	\$ 9,555,507
Benefits	\$ 753,976	\$ 766,139	\$ 765,584	\$ 790,771	\$ 3,076,470
Other Operating Expenses	\$ 607,504	\$ 699,279	\$ 729,597	\$ 776,628	\$ 2,813,008
Pharmaceutical Purchases	\$ 13,631,030	\$ 13,614,128	\$ 13,918,249	\$ 13,370,194	\$ 54,533,601
Travel	\$ 10,038	\$ 7,373	\$ 8,762	\$ 9,573	\$ 35,747
Capitalized Equipment	\$ -	\$ -	\$ 42,912	\$ 1,003,028	\$ 1,045,940
Total Expenditures, Managed Health Care Pharmacy	\$ 17,316,476	\$ 17,450,288	\$ 17,904,661	\$ 18,388,849	\$ 71,060,273

Indirect Expenditures (Shared Services)	\$ 5,200,094	\$ 4,990,118	\$ 4,313,044	\$ 5,256,317	\$ 19,759,573
TOTAL EXPENDITURES	\$ 210,496,760	\$ 202,493,595	\$ 207,193,375	\$ 214,925,224	\$ 835,108,953
DIFFERENCE	\$ (22,979,094)	\$ (29,010,354)	\$ (28,249,016)	\$ (37,259,248)	\$ (117,497,712)

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

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 189,433,257	\$ 189,433,256	\$ 191,514,942	\$ 191,514,942	\$ 761,896,397
Revenue Deferred to FY2023*	\$ 14,390,917	\$ 514,206	\$ 404,933	\$ 487,042	\$ 15,797,098
State Reimbursement Benefits	\$ 19,557,258	\$ 19,446,940	\$ 23,478,765	\$ 22,726,978	\$ 85,209,941
Other Misc Revenue	\$ 20,048	\$ 7,035	\$ 7,731	\$ 12,743	\$ 47,556
TOTAL REVENUES	\$ 223,401,479	\$ 209,401,437	\$ 215,406,371	\$ 214,741,705	\$ 862,950,993

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 70,351,039	\$ 69,020,544	\$ 71,200,580	\$ 71,945,913	\$ 282,518,075
Benefits	\$ 19,474,981	\$ 20,124,865	\$ 20,441,299	\$ 20,679,882	\$ 80,721,027
Other Operating Expenses	\$ 7,335,819	\$ 8,495,584	\$ 9,421,822	\$ 10,021,429	\$ 35,274,655
Professional Services	\$ 899,932	\$ 1,242,192	\$ 1,149,054	\$ 947,309	\$ 4,238,488
Contracted Units/Services	\$ 2,565,340	\$ 3,635,228	\$ 3,517,851	\$ 3,226,876	\$ 12,945,296
Travel	\$ 534,533	\$ 683,210	\$ 780,535	\$ 1,056,378	\$ 3,054,656
Capitalized Equipment	\$ 14,611,094	\$ 1,203,155	\$ 1,055,854	\$ 1,880,629	\$ 18,750,732
Subtotal, Unit Care Expenditures	\$ 115,772,739	\$ 104,404,778	\$ 107,566,995	\$ 109,758,416	\$ 437,502,928
Psychiatric Care Expenditures					
Salaries	\$ 13,337,171	\$ 13,931,473	\$ 14,329,696	\$ 14,455,674	\$ 56,054,014
Benefits	\$ 3,316,143	\$ 3,482,380	\$ 3,594,084	\$ 3,578,728	\$ 13,971,335
Other Operating Expenses	\$ 165,215	\$ 182,219	\$ 114,658	\$ 123,084	\$ 585,176
Professional Services	\$ 1,261,418	\$ 1,153,404	\$ 1,312,814	\$ 1,509,064	\$ 5,236,700
Travel	\$ 45,357	\$ 73,622	\$ 54,415	\$ 80,328	\$ 253,721
Subtotal, Psychiatric Care Expenditures	\$ 18,125,305	\$ 18,823,097	\$ 19,405,667	\$ 19,746,878	\$ 76,100,947
Total Expenditures, Unit & Psychiatric Care	\$ 133,898,043	\$ 123,227,875	\$ 126,972,662	\$ 129,505,295	\$ 513,603,875

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 6,496,614	\$ 6,447,781	\$ 8,024,341	\$ 8,734,907	\$ 29,703,643
Community Provider Services	\$ 13,605,214	\$ 25,108,985	\$ 29,671,555	\$ 33,348,257	\$ 101,734,011
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 52,647,733	\$ 54,776,033	\$ 54,935,418	\$ 51,560,584	\$ 213,919,767
Estimated IBNR	\$ 11,424,184	\$ 2,843,001	\$ (644,574)	\$ 2,377,389	\$ 16,000,000
Total Expenditures, Hospital & Clinical Care	\$ 84,173,744	\$ 89,175,800	\$ 91,986,741	\$ 96,021,136	\$ 361,357,421

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,446,565	\$ 3,158,145	\$ 3,112,417	\$ 3,393,850	\$ 12,110,977
Benefits	\$ 786,611	\$ 799,397	\$ 798,208	\$ 823,594	\$ 3,207,810
Other Operating Expenses	\$ 919,977	\$ 846,124	\$ 862,777	\$ 712,259	\$ 3,341,138
Pharmaceutical Purchases	\$ 16,087,730	\$ 15,714,425	\$ 15,972,349	\$ 15,407,441	\$ 63,181,946
Travel	\$ 12,386	\$ 12,364	\$ 15,218	\$ 19,410	\$ 59,378
Capitalized Equipment	\$ -	\$ -	\$ 42,912	\$ 1,003,028	\$ 1,045,940
Total Expenditures, Managed Health Care Pharmacy	\$ 20,253,269	\$ 20,530,456	\$ 20,803,883	\$ 21,359,582	\$ 82,947,189

Indirect Expenditures (Shared Services)	\$ 6,094,087	\$ 5,884,112	\$ 5,216,862	\$ 6,160,135	\$ 23,355,196
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TOTAL EXPENDITURES	\$ 244,419,143	\$ 238,818,243	\$ 244,980,148	\$ 253,046,148	\$ 981,263,682
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DIFFERENCE	\$ (21,017,664)	\$ (29,416,806)	\$ (29,573,777)	\$ (38,304,443)	\$ (118,312,689)
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Projected Uncollected Health Care Fees	\$ (839,313)
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FY2023 Remaining Balance	\$ (6,081,412)
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FY2023 Cost Report Reconciliation	\$ 3,662,003
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FY2025 Spend Forward to FY2024 - LBB Approved	\$ 121,571,411
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NET DIFFERENCE	\$ (21,017,664)	\$ (29,416,806)	\$ (29,573,777)	\$ (38,304,443)	\$ -
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*Fringe benefits amount and cost report reconciliation have been revised to reflect updated information.



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Lannette Linthicum, MD, CCHP-A, FACP

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TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the Fourth Quarter Fiscal Year (FY) 2024 (June, July, and August 2024), Operational Review Audits (ORAs) were conducted at the following **12** facilities: Estes, Goodman, Henley, Hightower, Huntsville, Jordan, Kyle, Moore (B), Sayle, Travis County, Wainwright, and Young 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 **8** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Fourth Quarter of FY 2024:
 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 **9** facilities were not in compliance with this requirement:
 - Estes (36%) – Corrective action plan received
 - Goodman (67%) – Corrective action plan received
 - Henley (55%) – Corrective action plan received
 - Hightower (18%) – Corrective action plan received
 - Huntsville (25%) – Corrective action plan received
 - Kyle (0%) – Corrective action plan received
 - Travis County (38%) – Corrective action plan received
 - Wainwright (18%) – Corrective action plan received
 - Young (40%) – Corrective action plan received
 2. Item **6.380** requires pneumococcal vaccine be offered to the inmates on the facility who qualify as outlined in CMHC Policy B-14.07 and documented on the HSM-2. If the vaccination is refused is there a signed Refusal of Treatment Form (HSM-82). The following **8** facilities were not in compliance with this requirement:
 - Estes (23%) – Corrective action plan received
 - Henley (44%) – Corrective action plan received
 - Hightower (15%) – Corrective action plan received
 - Huntsville (63%) – Corrective action plan received
 - Kyle (25%) – Corrective action plan received
 - Moore (B) (64%) – Corrective action plan received
 - Travis County (64%) – Corrective action plan received
 - Wainwright (33%) – Corrective action plan received
 3. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **8** facilities were not in compliance with this requirement:
 - Estes (10%) – Corrective action plan received
 - Hightower (0%) – Corrective action plan received
 - Huntsville (20%) – Corrective action plan received
 - Kyle (0%) – Corrective action plan received
 - Moore (B) (0%) – Corrective action plan received
 - Travis County (33%) – Corrective action plan received
 - Wainwright (50%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Young (0%) – Corrective action plan received
4. Item **6.080** requires TB-400 Forms (Texas Department of State Health Services-Tuberculosis Elimination Division) be completed at the facility for all inmates receiving: (1) Tuberculosis chemoprophylaxis, (2) identification of a TB suspect case, (3) diagnosis of a case of active TB and (4) at termination/completion of TB therapy. The following **8** facilities were not in compliance with this requirement:
 - Henley (0%) – Corrective action plan received
 - Hightower (50%) – Corrective action plan received
 - Huntsville (0%) – Corrective action plan received
 - Kyle (0%) – Corrective action plan received
 - Moore (B) (50%) – Corrective action plan received
 - Travis County (20%) – Corrective action plan received
 - Wainwright (0%) – Corrective action plan received
 - Young (0%) – Corrective action plan received
 5. 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 **6** facilities were not in compliance with this requirement:
 - Henley (45%) – Corrective action plan received
 - Hightower (45%) – Corrective action plan received
 - Huntsville (75%) – Corrective action plan received
 - Travis County (80%) – Corrective action plan received
 - Wainwright (24%) – Corrective action plan received
 - Young (35%) – Corrective action plan received
 6. Item **6.030** requires inmates receiving anti-tuberculosis medication at the facility be evaluated monthly by a provider or nurse. The following **6** facilities were not in compliance with this requirement:
 - Estes (50%) – Corrective action plan received
 - Hightower (0%) – Corrective action plan received
 - Huntsville (40%) – Corrective action plan received
 - Kyle (0%) – Corrective action plan received
 - Travis County (80%) – Corrective action plan received
 - Wainwright (50%) – Corrective action plan received
 7. Item **6.205** requires newly diagnosed HIV positive inmates be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **6** facilities were not in compliance with this requirement:
 - Estes (0%) – Corrective action plan received
 - Goodman (0%) – Corrective action plan received
 - Henley (0%) – Corrective action plan received
 - Kyle (0%) – Corrective action plan received
 - Moore (B) (0%) – Corrective action plan received
 - Travis County (0%) – Corrective action plan received
 8. Item **6.390** requires new positive rapid plasma reagin (RPR) results for inmates on the facility be reported to the TDCJ Health Services Office of Public Health within time frames required by CMHC policy B14.12: (1) One working day for titers 1:16 or greater; (2) 7 calendar days for titers less than 1:16. The following **6** facilities were not in compliance with this requirement:
 - Goodman (33%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Huntsville (0%) – Corrective action plan received
- Kyle (0%) – Corrective action plan received
- Moore (B) (50%) – Corrective action plan received
- Travis County (17%) – Corrective action plan received
- Wainwright (0%) – Corrective action plan received

During the previous quarter, ORAs for 7 facilities had pending corrective action plans: Diboll, Duncan, Estelle, Hilltop, O’Daniel, Segovia, and Woodman units. During the Fourth Quarter FY 2024, 1 was closed: Segovia unit.

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 12 facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2024 (June, July, and August 2024), Dental Quality Review audits were conducted at the following 9 facilities: Ferguson, Gist, Goree, Holliday, Kegans, LeBlanc, Lychner, Stiles, and Wainwright 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. 2 of the 9 facilities were not in compliance: Goree (45%) and Holliday (31%).
- **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. 2 of the 9 facilities were not in compliance: Ferguson (75%) and Wainwright (43%).
- **Item 28** assesses if infection control guidelines regarding the covering of objects within the field of operation are being maintained. 1 of the 9 facilities was not in compliance: Lychner (43%).
- **Item 32** assesses if the bio-hazard container complies with Correctional Managed Health Care policies. 1 of the 9 facilities was not in compliance: LeBlanc (75%).
- **Item 33** assesses if the sharps container complies with CMHC policy. 1 of the 9 facilities was not in compliance: LeBlanc (67%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2024 (June, July, and August 2024), the Patient Liaison Program (PLP) and the Step II Grievance Program received 5,027 correspondences. The PLP received 4,332 and Step II Grievance received 695. There were 121 Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) overall combined percentage of sustained inmate medical grievances closed in the Fourth Quarter FY 2024 for the Step II medical grievances was 3%. Performance measure expectation is 6% or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was 4% and 0% for TTUHSC for the Fourth Quarter of FY 2024.

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the Fourth Quarter of FY 2024, (June, July, and August 2024), the Patient Liaison Program nurses and investigators performed **23** Sick Call Request Verification Audits (SCRVA) on **23** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits. The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of **162** indicators were reviewed at the **23** facilities and **3** of the indicators fell below the 80 percent compliance threshold, representing **2** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **9** facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from this facility. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Fourth Quarter FY 2024, there were **13,882** intake HIV tests performed. Of those tested, **140** inmates were newly identified as having HIV infection. During the same time period, there were **8,762** pre-release tests performed with **0** found to be HIV positive. For this quarter, **14** new AIDS cases were identified.
- There were **331** cases of Hepatitis C identified for the Fourth Quarter FY 2024. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **875** cases of suspected Syphilis were reported in the Fourth Quarter FY 2024. **363** 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.
- **236** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2024. For the same time period, **125** 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 **48** TB cases (pulmonary and extra-pulmonary) under management for the Fourth Quarter FY 2024. This number includes those diagnosed prior to entering TDCJ and still receiving treatment, and those who were diagnosed in TDCJ. Although TB numbers often fluctuate significantly from year to year, there has been an increase in the numbers of inmates under management for TB over the last few years.

OFFICE OF PUBLIC HEALTH (CONTINUED)

- 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 **357** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2024. There were **93** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **143** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- As of the close of the quarter, **91** of the **102** facilities housing inmates had active peer education programs. During the Fourth Quarter FY 2024, **23** inmates trained to become peer educators. This is a decrease from the Third Quarter FY 2024 report. During the Fourth Quarter FY 2024, **11,769** inmates attended the classes presented by peer educators. This is a decrease from the Third Quarter FY 2024.

MORBIDITY AND MORTALITY

There were **155** deaths reviewed by the Morbidity and Mortality Committee during the months of June, July, and August 2024, of those **155** deaths, **three** were referred to a peer review committee.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	3
Nursing Peer Review	0
Provider and Dental Peer Review	0
Total	3

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

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

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the Fourth Quarter FY 2024, no units were scheduled to be reported due to a restrictive housing monitor position vacancy.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances of compelled medications are appropriately documented. During the Fourth Quarter FY 2024, a total of **81** instances of compelled psychoactive medication occurred. There were **27** instances at the Montford Unit, **37** instances at the Skyview Unit, **17** instances at the Wayne Scott Unit, and **0** instances at the Clements Unit. Montford, Wayne Scott, and Skyview obtained a score of 100% for each month in the reporting period. Clements had no applicable data to report during the months of June 2024, July 2024, and August 2024.
- The Intake Mental Health Evaluation Audit (MHE) conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **21** intake facilities reviewed, **20** facilities identified incoming inmates in need of Mental Health Evaluations. **12** of the **21** units scored 80% or better: Byrd, Dominguez, East Texas, Formby, Gist, Glossbrenner, Hutchins, Johnston, Lindsey, Lychner, Sayle, and Woodman. **8** of the **21** scored below 80%: Beto, Garza West, Halbert, Holliday, Middleton,

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

Plane, Sanchez, and Travis. 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 Fourth Quarter of FY 2024, HSL conducted **418** hospital and **55** 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 **418** hospital discharge audits conducted, **340** were from the UTMB Sector and **78** were from the TTUHSC sector. There were **58** deficiencies identified for UTMB and **11** identified for TTUHSC. Of the **55** infirmary discharge audits conducted **29** were from the UTMB sector and **26** were from the TTUHSC sector. There was **1** deficiency identified from UTMB and **0** for TTUHSC.

ACCREDITATION

The ACA 2025 Winter Conference will be held in Orlando, Florida on January 10-14, 2025, and the following facilities will be represented: Boyd, Hamilton, Havins, Hughes, Mechler, Middleton, Montford, Murray, Pack, Powledge, and Stringfellow units.

BIOMEDICAL RESEARCH PROJECTS

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

- Correctional Institutions Division Active Monthly Research Projects - **16**
- Correctional Institutions Division Pending Monthly Research Projects – **0**
- Health Services Division Active Monthly Research Projects – **5**
- Health Services Division Pending Monthly Research Projects – **0**

TTUHSC- MC Correctional Teledentistry

J. Chad Fendley, DDS -TTUHSC Director of Dental Services

December 12, 2024



Teledentistry In Texas. How did we get here???

- Rule 108.16 adopted into action by the Texas State Board of Dental Examiners on 5/27/22 allowing the use of Teledentistry in the State of Texas to examine patients.

Teledentistry Equipment



Intra-Oral Camera



Intra-Oral Camera



Necessary Personnel

1. Receiving side- Dentist of course.
2. Presenting side- Preferably an RDA or RDH.
 - needs to be an individual familiar with dental terminology, certified to take dental radiographs, and familiar with working in the mouth

How are we using Teledentistry in our clinics??

Primarily dental sick call visits and follow up appointments.

Where are we using this modality?

- On units with a dentist vacancy or where we may have a dentist out on extended leave.
- On remote units where a dentist may only be on site one or two times per week.

Additional Documentation

CORRECTIONAL MANAGED HEALTH CARE PATIENT CONSENT FOR A TELEDENTISTRY VISIT

Patient Name (print): TEST TRAIN, UGANDA Inmate #: 7047
Facility: CTS TRAINING (Z2) Date of Birth: 9/21/1935

I have been asked to participate in a TELEHEALTH VISIT that is under the direction of the Correctional Managed Health Care System (CMHCS) delivered through TEXAS TECH UNIVERSITY OR THE UNIVERSITY OF TEXAS MEDICAL BRANCH. The purpose of this teledentistry transmission is to evaluate any dental condition through a two-way interactive audio/video connection with a dental healthcare provider in the CMHCS. The purpose of the teledentistry consultation is to conduct screenings and problem-focused evaluations/re-evaluations to help manage your oral health problem(s) and to determine whether you have a condition that requires immediate in-office treatment.

I understand the following:

The below named dentist _____ delegated the teledentistry service to the below named non-dentist health professional(s). I may request that the teledentistry visit be discontinued at any time. Details of my medical history, including patient identifiable information, may be used or shared within the CMHCS. I authorize release of any relevant medical information that pertains to me to CMHCS or their agents. I understand that the written record of any teledentistry visit will become part of my medical record and will remain strictly confidential. Additionally, during the consultation, your provider may conduct a remote oral examination during which video, audio, and/or photo recordings may be taken and become part of your health record. It may be necessary for the CMHCS healthcare provider to recommend one of the following alternative settings for healthcare treatment:

- Emergency care at the emergency room
- Follow-up outpatient visit (in person), or
- Admission to an inpatient hospital

Dental care is provided at the direction of the following dentist:

DENTIST

Name and Credentials: _____
Unit: _____
Unit Address: _____
Unit Telephone Number: _____
Texas License Number: _____

NON-DENTIST HEALTH PROFESSIONAL

Name and Credentials: _____
Texas License Number: _____
Qualifications: _____

NON-DENTIST HEALTH PROFESSIONAL

Name and Credentials: _____
Texas License Number: _____
Qualifications: _____

Every effort will be made to structure the telehealth clinic visits so there will be effective follow-up care, and I will have the opportunity to express any concerns that I may have. There are potential problems with the use of this technology. These include but are not limited to:

- Interruption or disconnection of the audio/video link.
- An unclear picture or image.

04/2024

X  #

CORRECTIONAL MANAGED HEALTH CARE PATIENT CONSENT FOR A TELEDENTISTRY VISIT

Patient Name (print): TEST TRAIN, UGANDA Inmate #: 7047
Facility: CTS TRAINING (Z2) Date of Birth: 9/21/1935

CMHCS has taken several security measures to ensure that the transmission of the teledentistry visit is confidential and not accessed by unauthorized users. This includes the use of a Private network for connectivity or ISDN point-to-point dial up. CMHCS cannot guarantee the privacy or security of any teledentistry visit. Because teledentistry visits involve electronic communication, I understand that teledentistry visits could potentially be intercepted and read by others, thereby compromising the confidentiality of my medical information.

I understand that this teledentistry visit may not be equal to a face-to-face visit with a healthcare provider. A potential risk of teledentistry is that a face-to-face consultation with a dentist may still be necessary after the teledentistry appointment. This could be because of my specific medical or dental condition or for other reasons. Recommendations will be made to me about my future dental care after the teledentistry consultation. These could include recommendations about whether or not to see a dentist, specialist, or oral surgeon in a dental office or dental clinic. A visit to a dental office may be needed in the future even if it is not recommended now. The recommendations may change if more information about my dental needs becomes known.

I will not receive any compensation for taking part in this teledentistry visit. I understand Texas Tech University and University of Texas Medical Branch are teaching hospitals and recorded images may be used for education or research purposes. If CMHCS does wish to use recorded images for education or research purposes, I will be provided with an appropriate authorization form, if federal or state law requires such form.

I certify this form has been fully explained to me. I have read it or have had it read to me, and I understand its contents. I agree to participate in the teledentistry visit offered by this clinic and CMHCS, and I consent to receive dental care via teledentistry.

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

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X  #

Additional Order

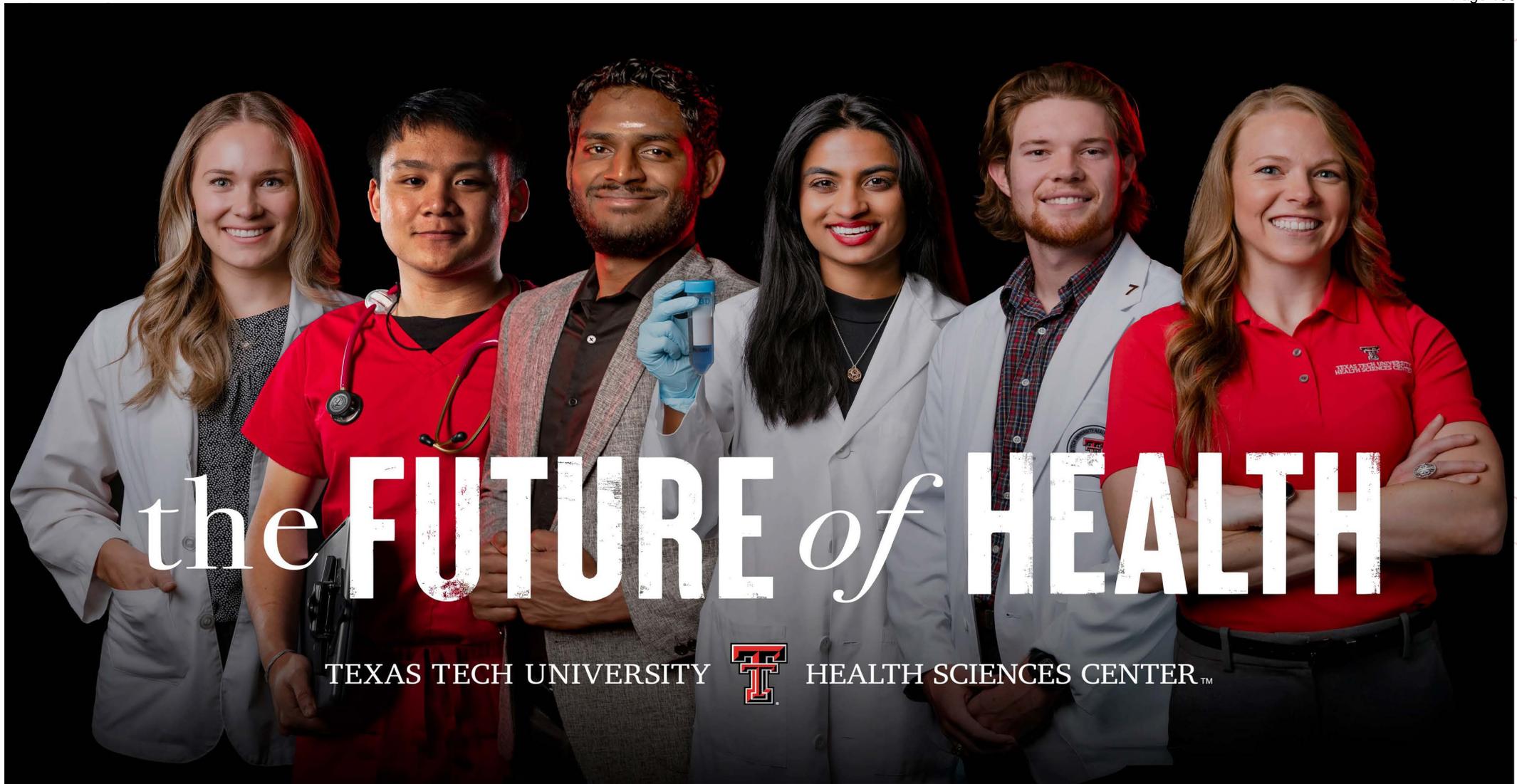
- **D-TELEDENT VISIT (DDIAG)(F)**

Images



Questions





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TEXAS TECH UNIVERSITY



HEALTH SCIENCES CENTER™