



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

March 5, 2025

10:00 a.m. (CST)

TDCJ Price Daniel Building  
209 W. 14<sup>th</sup> St. Suite 500  
Austin, TX 78701

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

March 5, 2025

10:00 a.m.

TDCJ Price Daniel Senior Building  
209 W. 14<sup>th</sup> St. Suite 500  
Austin, TX 78701

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
  - December 12, 2024, CMHC Transportation Reduction Strategies overview presented by Dr. Greenberg to the Texas Board of Criminal Justice (TBCJ)
- IV. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, December 12, 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 2025 First Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. Texas Department of Criminal Justice Disease Management Guideline and Clinical Pharmacist programs

**Presented by:**

UTMB

Stephanie Zepeda, Pharm.D.

- VIII. Public Comments
- IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
December 12, 2024

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Chair's Report (cont.)</b> - Dr. Greenberg</p>	<p>All meetings except for the March 5, 2025, meeting will be held at the University of Texas Medical Branch (UTMB) Operations office in Conroe, TX. Dr. Greenberg stated he moved some of the dates in the even months where CMHCC overlap the TBCJ to try to coincide with the overlap without adding dates. He asked Chairman Nichols if the dates would also work for the board members.</p> <p>Dr. Greenberg asked the committee if anyone had any concerns regarding the proposed dates.</p> <p>Next, Dr. Greenberg provided an overview of the November 14, 2024, Sunset Advisory Commission public hearing. Dr. Greenberg stated he testified at the hearing as well as Chairman Nichol, Mr. Bryan Collier, TDCJ Director, leadership from the Board of Pardons and Parole and the Windham School District. He also stated Dr. Linthicum, Dr. Murray and Dr. Jumper all appeared at the hearing as well. Dr. Greenberg stated there was not anything specific about the committee on the Sunset Report. Dr. Greenberg, stated as far as he can tell, the CMHCC will continue with business as usual.</p>	<p>Chairman Nichols responding by stating as long as Ms. Jill Durst, the TBCJ Manager is aware of the dates in order to coordinate the schedule with their meeting dates.</p> <p>Ms. Durst responded by stating, she will stay in contact with Ms. Catina Brice to coordinate the dates with the boards meeting schedule.</p> <p>Chairman Nichols commented stating he hoped the committee members has had a chance to review the Sunset Report. Chairman Nichols further stated the reports states the Correctional Managed Health Care Committee performs the following key functions: Develops and approve a managed health care plan for all TDCJ inmates, develops statewide policy for the delivery of correctional health care, coordinates cost containment initiatives. Resolves disputes between TDCJ and University providers and assure TDCJ</p>	<p>The committee members agreed to the 2025 CMHCC meeting dates and locations.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Chair’s Report (cont.)</b> - Dr. Greenberg</p> <p><b>IV. Approval of Consent Items</b></p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – September 18, 2024</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> </ul>	<p>Dr. Greenberg concluded his Chair’s report by informing the committee that today he is scheduled to present his presentation titled “Correctional Managed Health Care Transportation Reduction Strategies” to the TBCJ, Health Care Committee.</p> <p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the September 18, 2024, meeting –Ms. Michelle Erwin, Ms. Kris Coons and Dr. Phillip Keiser.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the September 18, 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 Fourth Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>Dr. Greenberg reported on pages 34-36 of the FY2024 Fourth Quarter (TDCJ) Health Services Monitoring Reports, there were errors for the Peer education educators numbers.</p>	<p>appropriately monitor providers. Also, provide clinical expertise and assistance in identifying system needs related to inmate health care. Chairman Nichols concluded by stating the people who matter recognize the importance of the CMHCC.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Approval of Consent Items (cont.)</b></p> <ul style="list-style-type: none"> <li data-bbox="142 467 401 529">- University Medical Directors Reports</li> <li data-bbox="142 1019 453 1107">- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul>	<p>The committee and other visitors were provided with corrected copies of pages 34-36 that reflects the correct numbers for the Peer education educators.</p> <p>The fourth consent item was the approval of the FY2024 Fourth Quarter University Medical Director’s Reports.</p> <p>The fifth consent item was the approval of the FY2024 Fourth Quarter summary of the CMHCC Joint Committee/Work Group Activities.</p> <p>Dr. Greenberg then called for a motion to approve the consent items and accept the corrections to the CMC 4th Quarter Medical Director’s Report, page. 58, Mental Health Inpatient Facilities stats and to also accept changes to pages 34-36 of the FY2024 Fourth Quarter (TDCJ) Health Services Monitoring Reports, Peer education educators numbers.</p>	<p>Dr. Linthicum added that the Peer education educator program numbers were typographical errors. Dr. Linthicum stated there are over 8,000 Peer education educators.</p> <p>Dr. Denise Deshields, Associate VP &amp; MC Medical Officer acknowledged an error to the TTUHSC Managed Care, CMC 4th Quarter Medical Director’s Report, page. 58, Mental Health Inpatient Facilities stats.</p> <p>Dr. Deshields reported for the Average Daily Census and the PAMIO/MROP Census, the stats are incorrect. The Average Daily Census should reflect the following: June 355.00, July 480.00, August 526.00 with a Quarterly Average of 453.67. The PAMIO/MROP Census stats should reflect the following: June 365.00, July 366.00, August 315.00 with a Quarterly Average of 348.67.</p>	





Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director’s Updates TDCJ Health Services Division FY2024 Fourth Quarter Report (cont.)</b></p> <ul style="list-style-type: none"> <li>- <b>University of Texas Medical Branch</b> - Dr. Monte Smith</li> </ul> <p><b>VII. Texas Tech University Health Sciences Center (TTUHSC) Managed Care Correctional Teledentistry</b> - Dr. J. Chad Fendley</p>	<p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Monte Smith to present the UTMB Medical Director’s Report.</p> <p>Dr. Smith stated he did not have any information to report at this time and would like to defer his time to Dr. Fendley who will provide a presentation on TTUHSC Managed Care Correctional Teledentistry.</p> <p>Dr. Greenberg thanked Dr. Smith and then called Dr. Fendley to provide an overview of Texas Tech University Health Sciences Center (TTUHSC) Managed Care Correctional Teledentistry</p> <p>Dr. Fendley began the presentation by stating The Texas State Board of Dental Examiners (TSBDE) adopted the use of teledentistry into action on May 27, 2022.</p> <p>The push to allow this practice in Texas was likely a result of the challenges to seeing patients that arose during the Covid-19 pandemic. Dr. Fendley explained that during Covid many dentists in Texas were trying to see their patients via telehealth, webcams, etc., and dentists were constantly being told by the TSBDE that this was not an accepted practice in the state of Texas. This all changed on May 27, 2022.</p> <p>After much research, development, and piloting, Dr. Fendley reported that TTUHSC conducted its first teledentistry visit at the Sanchez unit in El Paso in late January 2024. He stated the necessary personnel for a teledentistry session were discussed to include the patient, a dentist on the receiving side, and preferably a registered dental assistant (RDA) or registered dental hygienist (RDH) on the presenting side. Dr. Fendley stated an RDA or a RDH is preferred due to their knowledge of dental anatomy, dental terminology, tooth numbering and their ability to take dental radiographs, which adds to the effectiveness and efficiency of the appointment.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Texas Tech University Health Sciences Center (TTUHSC) Managed Care Correctional Teledentistry (cont.)</b> - Dr. J. Chad Fendley</p> <p><b>VII. Public Comments</b> - Dr. Greenberg</p>	<p>However, he stated there is nothing stipulating that a trained dental professional has to be the presenter. Ultimately, the presenter can be just about anyone.</p> <p>In conclusion, Dr. Fendley reported that teledentistry in the TTUHSC sector is being used primarily for sick call visits and follow up appointments on units where there is a dentist vacancy and on units that are positioned more remotely and do not have a dentist on site daily.</p> <p>Dr. Fendley stated this method allows for a dentist to be more productive when they are physically present on the unit providing treatment rather than having to focus much of their time seeing the sick calls that have accumulated during the absence of the dentist. Dr. Fendley provided examples of images taken with the intra-oral camera and pictures of TTUHSC teledentistry cart during the presentation.</p> <p>Dr. Fendley answered stating the cameras are covered with sleeves and they are also wiped down with cold sterile wipes.</p> <p>Dr. Fendley answered stating that is something they can look into because the majority of the time they will need to have a Dentist on each unit to address the needs of the inmates.</p> <p>Dr. Fendley answered stating since starting he has not had any reports of issues when they are actually working in the teledentistry clinics.</p> <p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the</p>	<p>Dr. Philip Keiser asked how the cameras are cleaned.</p> <p>Dr. Greenberg asked if teledentistry will make it easier to recruit Dentist from anywhere.</p> <p>Chairman Nichols thanked Dr. Fendley for his presentation, then asked how TDCJ is making sure there is enough Broadband getting into the units to allow the teledentistry to be done effectively.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Adjourn</b></p>	<p>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 March 5, 2025, in Austin, Texas</p> <p>The meeting was adjourned at 11:02 a.m.</p>		

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

\_\_\_\_\_  
 Date

## Consent Item

# TDCJ Health Services Monitoring Reports

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TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE

**Health Services Division**

***Quarterly Monitoring Report***

**First Quarter, Fiscal Year 2025  
(September, October, and November 2024)**

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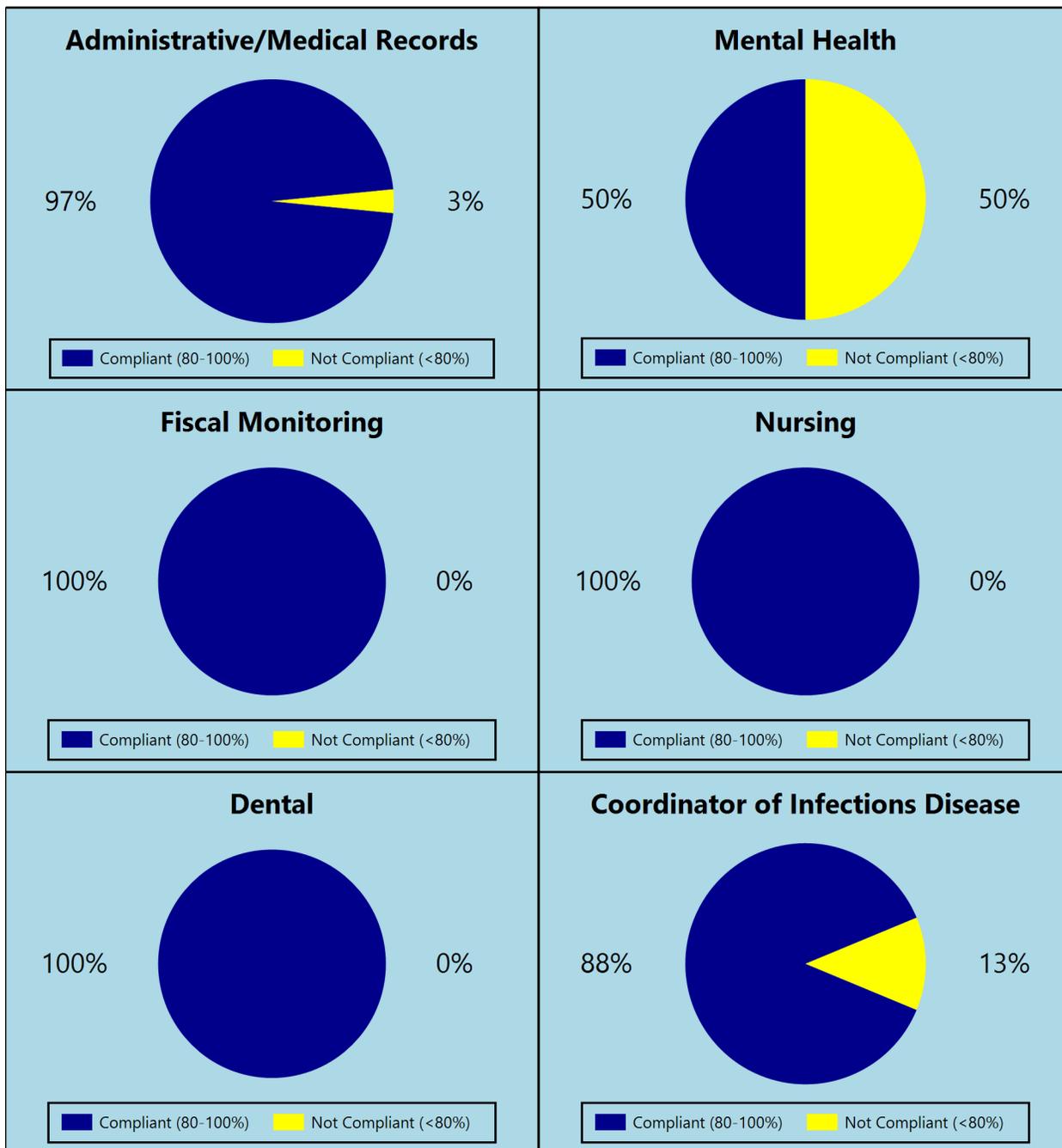
Rate of Compliance with Standards by Operational Categories																		
First Quarter, Fiscal Year 2025																		
September November 2024																		
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<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	
Dalhart	32	31	97%	13	13	100%	16	15	94%	10	10	100%	2	2	100%	6	6	100%
Plane	30	30	100%	18	18	100%	32	28	88%	12	12	100%	14	14	100%	7	7	100%

*n* = number of applicable items audited.

Compliance Rate By Operational Categories for

**DALHART FACILITY**

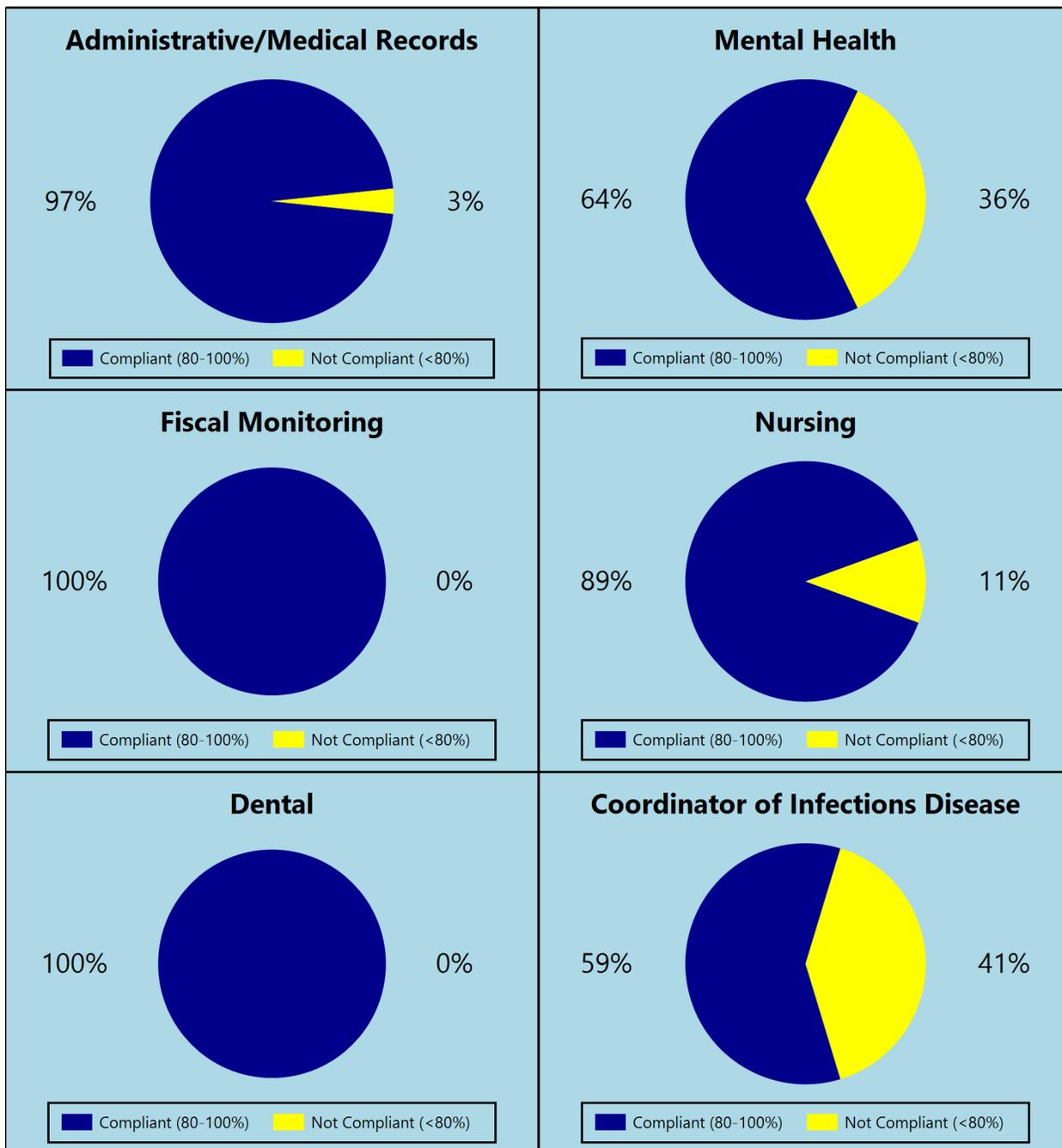
**November 20, 2024**



Compliance Rate By Operational Categories for

**PLANE FACILITY**

**November 6, 2024**



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended Nov 30, 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**
Crain	10	100	0	0
East Texas TF	10	100	0	0
Hodge	10	100	0	0
Hughes	10	100	0	0
Murray	10	100	0	0
O'Daniel	10	100	0	0
Plane	10	100	0	0
Skyview	10	100	0	0
Bradshaw	10	90	0	1
Henley	10	90	0	1
Hightower	10	90	0	1
Woodman	10	90	1	0
B. Moore	10	80	2	0
Hilltop	10	80	2	0

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

Total # of inmates in audit.

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2025	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			er of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	215	200	21		14	8.50%	3	7	4.50%	2
October	194	228	20		20	9.21%	1	0	0.00%	0
November	134	132	21		20	15.91%	1	1	2.00%	0
<b>Totals:</b>	<b>543</b>	<b>560</b>	<b>62</b>		<b>54</b>	<b>10.54%</b>	<b>5</b>	<b>8</b>	<b>1.79%</b>	<b>2</b>

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2025	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	1,203	1,101	23		23	3.18%	12	0	0.00%	0
October	1,227	1,244	16		15	1.77%	7	1	0.16%	1
November	823	795	9		9	1.51%	3	0	0.00%	0
<b>Totals:</b>	<b>3,253</b>	<b>3,140</b>	<b>48</b>		<b>47</b>	<b>2.20%</b>	<b>22</b>	<b>1</b>	<b>0.06%</b>	<b>1</b>
<b>TOTAL=</b>	<b>3,796</b>	<b>3,700</b>	<b>110</b>	<b>2.97%</b>						

\*QOC= Quality of Care

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

September 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	4	1	73	36
Gonorrhea	0	0	5	5
Syphilis	212	248	2,767	3,178
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	1	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	122	151	1,273	1,362
Human immunodeficiency virus (HIV) +, known at intake	200	212	2,213	1,751
HIV screens, intake	4,836	2,241	42,586	41,077
HIV +, intake	33	42	390	377
HIV screens, offender- and provider-requested	567	424	3,709	2,091
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	2,360	2,241	25,035	16,174
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	24	13
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	88	62	702	618
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	44	29	297	269
Occupational exposures of TDCJ staff	5	15	92	76
Occupational exposures of medical staff	0	0	13	31
HIV chemoprophylaxis initiation	2	7	42	44
Tuberculosis skin test (ie, PPD) +, intake	51	54	646	608
Tuberculosis skin test +, annual	71	22	392	152
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	2	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	2	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	0	29	8
Tuberculosis cases under management	65	18		
Peer education programs <sup>¶</sup>	0	0	91	0
Peer education educators <sup>∞</sup>	11	0	8,603	8488
Peer education participants	3,294	2,575	25,814	39751
Alleged assaults and chart reviews	121	86	977	884
Bloodborne exposure labs drawn on offenders	61	41	439	411
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

October 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	8	7	85	44
Gonorrhea	0	2	5	7
Syphilis	224	370	3,317	3,612
Hepatitis A	0	1	0	1
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	135	176	1,408	1,539
Human immunodeficiency virus (HIV) +, known at intake	212	266	2,815	2,017
HIV screens, intake	3,043	7,028	45,629	48,105
HIV +, intake	14	53	404	430
HIV screens, offender- and provider-requested	790	424	4,499	2,515
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	2,365	3,338	27,400	19,512
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	5	3	29	16
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	98	53	800	671
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	36	22	333	291
Occupational exposures of TDCJ staff	13	8	105	84
Occupational exposures of medical staff	3	1	16	32
HIV chemoprophylaxis initiation	10	3	52	47
Tuberculosis skin test (ie, PPD) +, intake	115	49	761	657
Tuberculosis skin test +, annual	67	25	459	177
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	2	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	2	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	3	34	10
Tuberculosis cases under management	65	21		
Peer education programs <sup>¶</sup>	0	0	91	0
Peer education educators <sup>∞</sup>	8	0	8,611	0
Peer education participants	3,549	3,984	29,108	43,735
Alleged assaults and chart reviews	128	98	1105	982
Bloodborne exposure labs drawn on offenders	33	35	472	446
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

November 2024

Reportable Condition	Reports			
	2024 This Month	2023 This Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	4	8	89	53
Gonorrhea	0	0	5	7
Syphilis	208	298	3,525	3,954
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	1	0	1
Hepatitis C, total and (acute <sup>‡</sup> )	80	152	1,490	1,691
Human immunodeficiency virus (HIV) +, known at intake	166	182	2,981	2,199
HIV screens, intake	3,253	4,474	48,882	52,579
HIV +, intake	10	23	414	453
HIV screens, offender- and provider-requested	512	551	5,011	3,066
HIV +, offender- and provider-requested	0	1	1	1
HIV screens, pre-release	2,053	2,691	29,453	22,203
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	4	1	33	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	67	57	867	728
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	40	21	373	312
Occupational exposures of TDCJ staff	11	8	116	92
Occupational exposures of medical staff	3	2	19	34
HIV chemoprophylaxis initiation	7	5	59	52
Tuberculosis skin test (ie, PPD) +, intake	70	59	831	716
Tuberculosis skin test +, annual	53	21	512	198
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	1	4	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	0	4	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	7	0	41	10
Tuberculosis cases under management	70	27		
Peer education programs <sup>¶</sup>	0	0	91	0
Peer education educators <sup>∞</sup>		0		0
Peer education participants		0		0
Alleged assaults and chart reviews	103	85	1,208	1,067
Bloodborne exposure labs drawn on inmates	46	33	518	479
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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**Health Services Utilization Review Hospital and Infirmiry Discharge Audit**

During the 1st Quarter of Fiscal Year 2025, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of **486** hospital discharge and **61** infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	28	1	3.57%	0	N/A	1	3.57%	0	N/A	1	3.57%
October	28	6	21.43%	0	N/A	7	25.00%	4	14.29%	3	10.71%
November	24	2	8.33%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>80</b>	<b>9</b>	<b>11.25%</b>	<b>0</b>	<b>N/A</b>	<b>8</b>	<b>10.00%</b>	<b>4</b>	<b>5.00%</b>	<b>4</b>	<b>5.00%</b>
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	110	19	17.27%	1	0.91%	1	0.91%	4	3.64%	9	8.18%
October	112	7	6.25%	2	1.79%	4	3.57%	4	3.57%	15	13.39%
November	92	5	5.43%	0	N/A	2	2.17%	2	2.17%	15	16.30%
<b>Total/Average</b>	<b>314</b>	<b>31</b>	<b>9.87%</b>	<b>3</b>	<b>0.96%</b>	<b>7</b>	<b>2.23%</b>	<b>10</b>	<b>3.18%</b>	<b>39</b>	<b>12.42%</b>
<b>UTMB Hospital Galveston Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	28	9	32.14%	3	10.71%	2	7.14%	0	N/A	4	14.29%
October	40	5	12.50%	0	N/A	1	2.50%	1	2.50%	1	2.50%
November	24	2	8.33%	0	N/A	0	N/A	1	4.17%	0	N/A
<b>Total/Average</b>	<b>92</b>	<b>16</b>	<b>17.39%</b>	<b>3</b>	<b>3.26%</b>	<b>3</b>	<b>3.26%</b>	<b>2</b>	<b>2.17%</b>	<b>5</b>	<b>5.43%</b>
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	166	29	17.47%	4	2.41%	4	2.41%	4	2.41%	14	8.43%
October	180	18	10.00%	2	1.11%	12	6.67%	9	5.00%	19	10.56%
November	140	9	6.43%	0	N/A	2	1.43%	3	2.14%	15	10.71%
<b>Total/Average</b>	<b>486</b>	<b>56</b>	<b>11.52%</b>	<b>6</b>	<b>1.23%</b>	<b>18</b>	<b>3.70%</b>	<b>16</b>	<b>3.29%</b>	<b>48</b>	<b>9.88%</b>
<b>Texas Tech Infirmiry Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	11	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	10	7	70.00%	0	N/A	0	N/A	0	N/A	6	60.00%
November	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>31</b>	<b>7</b>	<b>22.58%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>6</b>	<b>19.35%</b>
<b>UTMB Infirmiry Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	10	0	N/A	0	N/A	0	N/A	0	N/A	1	10.00%
November	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>30</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>1</b>	<b>3.33%</b>
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	21	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
October	20	7	35.00%	0	N/A	0	N/A	0	N/A	7	35.00%
November	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>	<b>61</b>	<b>7</b>	<b>11.48%</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>7</b>	<b>11.48%</b>

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

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
FIRST QUARTER, FISCAL YEAR 2025**

Sep-24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
	0	0	0	0

Oct-24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
	0	0	0	0

Nov-24	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Dalhart</b>	26	0	0	1
<b>Plane</b>	46	0	1	0

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

<b>Audit Tools</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Total</b>
<b>Total number of units audited</b>	0	0	2	2
<b>Total numbered property</b>	0	0	72	72
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT**

**First Quarter FY-2025**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Powledge	September 9-11, 2024	100%	98.4%
Murray	October 14-16, 2024	100%	99.6%
Hughes	October 16-18, 2024	100%	99.1%
Stringfellow	November 20-22, 2024	100%	97.8%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Mechler	September 16-18, 2024	100%	98.8%
Montford	October 7-9, 2024	100%	99.8%
Middleton	November 4-6, 2024	100%	99.1%

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 001-CR23 – ACTIVE**

**Researcher:** Nancy Rodriguez

**Proponent:** University of California, Irvine

**Project Title:** The Sources and Consequences of Prison Violence

**IRB #:** HB-2020-6063

**IRB Expiration Date:**

**Project Begin Date:** 04/12/2023

**Project Status:** COLLECTION

**Project Completion Date:** N/A

**Progress Report Due Date:** 01/24/2024

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

---

**Project Number: 002-CR23 – ACTIVE**

**Researcher:** Scott Cunningham

**Proponent:** Baylor University

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

**IRB #:** 45 CFR EXEMPT

**IRB Expiration Date:**

**Project Begin Date:** 06/01/2023

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 03/01/2024

**Units Visited:**

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**Project Number: 003-CR23 – ACTIVE**

**Researcher:** Rachel Crawley

**Proponent:** Prison Fellowship Ministries

**Project Title:** Warden Exchange Program Evaluation

**IRB #:** 45 CFR EXEMPT

**IRB Expiration Date:**

**Project Begin Date:** 06/01/2023

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 03/01/2024

**Units Visited:**

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 202-RL02 – ACTIVE**

**Researcher:** Vicki Wilmer

**Proponent:** NORC at the University of Chicago

**Project Title:** National Longitudinal Study of Youth (1997)

**IRB #:** 12.06.05

**IRB Expiration Date:** 07/19/2023

**Project Begin Date:** 04/25/2006

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 01/10/2024

**Units Visited:** Bridgeport Unit, Young Unit

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**Project Number: 221-RL02 – ACTIVE**

**Researcher:** Vicki Wilmer

**Proponent:** NORC at the University of Chicago

**Project Title:** National Longitudinal Study of Youth (1979)

**IRB #:** 12.06.05

**IRB Expiration Date:** 07/19/2023

**Project Begin Date:** 04/25/2006

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 01/10/2024

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

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 510-AR07 – ACTIVE**

**Researcher:** Rachel Casper

**Proponent:** Research Triangle Institute

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

**IRB #:** MOD00001636

**IRB Expiration Date:** 09/05/2023

**Project Begin Date:**

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 03/01/2024

**Units Visited:** N/A

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**Project Number: 587-AR09 – ACTIVE**

**Researcher:** Marcus Boccaccini

**Proponent:** Sam Houston State University

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

**IRB #:** FY2009-032

**IRB Expiration Date:** 06/01/2023

**Project Begin Date:** 10/14/2009

**Project Status:** Publication Process

**Project Completion Date:** N/A

**Progress Report Due Date:** 12/06/2023

**Units Visited:** N/A

---

**Project Number: 686-AR13 – ACTIVE**

**Researcher:** Jeffrey Bouffard

**Proponent:** Iowa State University

**Project Title:** Criminal Decision Making Among Adult Felony Inmates

**IRB #:** 2013-10-12362

**IRB Expiration Date:** 10/12/2014

**Project Begin Date:** 04/11/2014

**Project Status:** Publication Process

**Project Completion Date:** N/A

**Progress Report Due Date:** 12/12/2023

**Units Visited:** Holliday Unit

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 723-AR15 – ACTIVE**

**Researcher:** David Pyrooz

**Proponent:** University of Colorado

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

**IRB #:** STUDY00001971

**IRB Expiration Date:** 12/11/2020

**Project Begin Date:** 04/08/2016

**Project Status:** Publication Process

**Project Completion Date:** N/A

**Progress Report Due Date:** 11/17/2023

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

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**Project Number: 783-AR18 – ACTIVE**

**Researcher:** Jessica Le

**Proponent:** Justice System Partners

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

**IRB #:** IRB00000446

**IRB Expiration Date:** 12/07/2023

**Project Begin Date:** 06/06/2018

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 02/03/2024

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

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 785-AR18 – ACTIVE**

**Researcher:** Erin Orrick

**Proponent:** Sam Houston State University

**Project Title:** Correctional Officer Attrition

**IRB #:** FY2018-38251

**IRB Expiration Date:** 08/20/2021

**Project Begin Date:** 10/01/2018

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 04/05/2023

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

---

**Project Number: 841-AR21 – ACTIVE**

**Researcher:** Kevin Knight

**Proponent:** Texas Christian University

**Project Title:** Justice Community Opioid Innovation Network (JCOIN)

**IRB #:** 1920147AM8

**IRB Expiration Date:** 05/12/2023

**Project Begin Date:** 07/15/2022

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 09/27/2023

**Units Visited:** N/A

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**Project Number: 852-AR22 – ACTIVE**

**Researcher:** Michael Cavanaugh

**Proponent:** University of Houston-Downtown

**Project Title:** The Change Agent Evaluation

**IRB #:** 2022

**IRB Expiration Date:** 03/02/2024

**Project Begin Date:** 08/10/2022

**Project Status:** Data Collection

**Project Completion Date:** N/A

**Progress Report Due Date:** 11/10/2023

**Units Visited:** Wynne Unit

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 867-AR23 – ACTIVE**

**Researcher:** Beatriz Amalfi

**Proponent:** Sam Houston State University

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

**IRB #:** 2023-30

**IRB Expiration Date:** 03/02/2026

**Project Begin Date:** 03/21/2023

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 12/21/2023

**Units Visited:** N/A

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**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 615-RM10 – ACTIVE**

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

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**Project Number: 825-RM21 – ACTIVE**

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

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**Project Number: 846-RM22 – ACTIVE**

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

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2025**

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**Project Number: 855-RM22 – ACTIVE**

**Researcher:** Ayman Youssef

**Proponent:** University of Texas Medical Branch

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

**IRB #:** 45 CFR EXEMPT

**IRB Expiration Date:**

**Project Begin Date:** 12/5/2022

**Project Status:** Publication Process

**Project Completion Date:** N/A

**Progress Report Due Date:** 12/19/2023

**Units Visited:** N/A

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**Project Number: 860-RM23 – ACTIVE**

**Researcher:** April McDougal

**Proponent:** University of Texas Medical Branch

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

**IRB #:** 45 CFR EXEMPT

**IRB Expiration Date:**

**Project Begin Date:** 02/28/2023

**Project Status:** Data Analysis

**Project Completion Date:** N/A

**Progress Report Due Date:** 11/28/2023

**Units Visited:** N/A



# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

## 1st Quarter FY 2025

Audits Conducted in September 2024, October 2024, and November 2024

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	September 2024	0	0	NA	NA	NA
Montford	September 2024	5	5	5	100%	NA
Skyview	September 2024	8	8	8	100%	NA
Wayne Scott	September 2024	6	6	6	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	October 2024	0	0	NA	NA	NA
Montford	October 2024	4	4	2	50%	Yes
Skyview	October 2024	8	8	8	100%	NA
Wayne Scott	October 2024	8	8	7	88%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November 2024	0	0	NA	NA	NA
Montford	November 2024	11	11	8	73%	Yes
Skyview	November 2024	20	20	20	100%	NA
Wayne Scott	November 2024	10	10	10	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

## 1st Quarter of 2025

Reporting months– September 2024, October 2024, and November 2024

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	31	20	10	11	50%
Byrd	51	20	17	31	85%
Dominguez	30	20	18	10	90%
East Texas	21	20	19	1	95%
Formby	32	16	0	16	0%
Garza West	32	20	9	12	45%
Gist	37	20	20	17	100%
Glossbrenner	51	16	16	35	100%
Halbert	33	20	17	13	85%
Holliday	28	20	7	8	35%
Hutchins	29	20	19	9	95%
Johnston	27	20	20	7	100%
Kyle	1	0	NA	NA	NA
Lindsey	35	20	18	15	90%
Lychner	34	20	17	14	85%
Middleton	29	20	15	9	75%
Plane	27	20	0	7	0%
Sanchez	27	20	18	7	90%
Sayle	33	16	15	17	94%
Travis	33	20	19	13	95%
Woodman	23	20	20	3	100%
<b>GRAND TOTAL</b>	<b>644</b>	<b>388</b>	<b>294</b>	<b>255</b>	

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

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

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# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center

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TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.

Managed Care

# **TTUHSC MANAGED CARE**

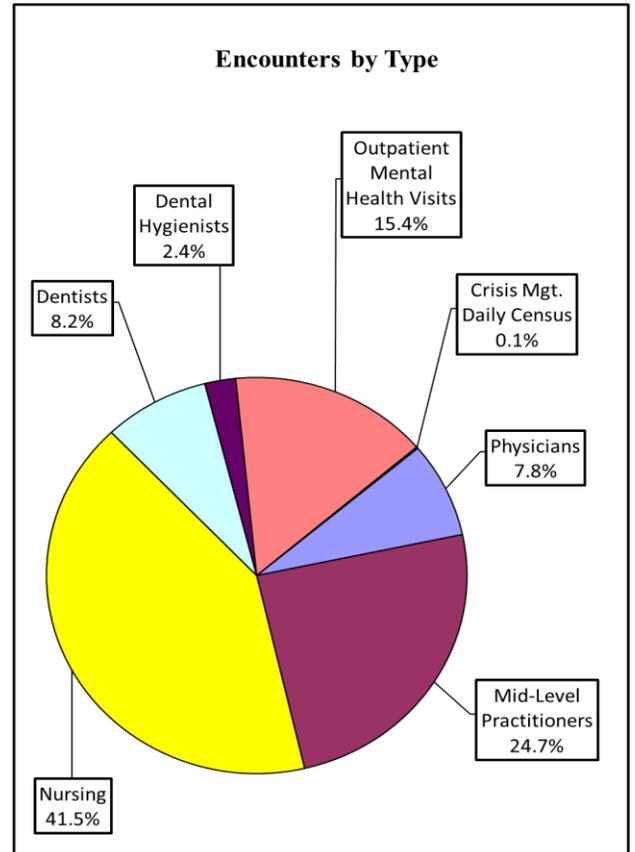
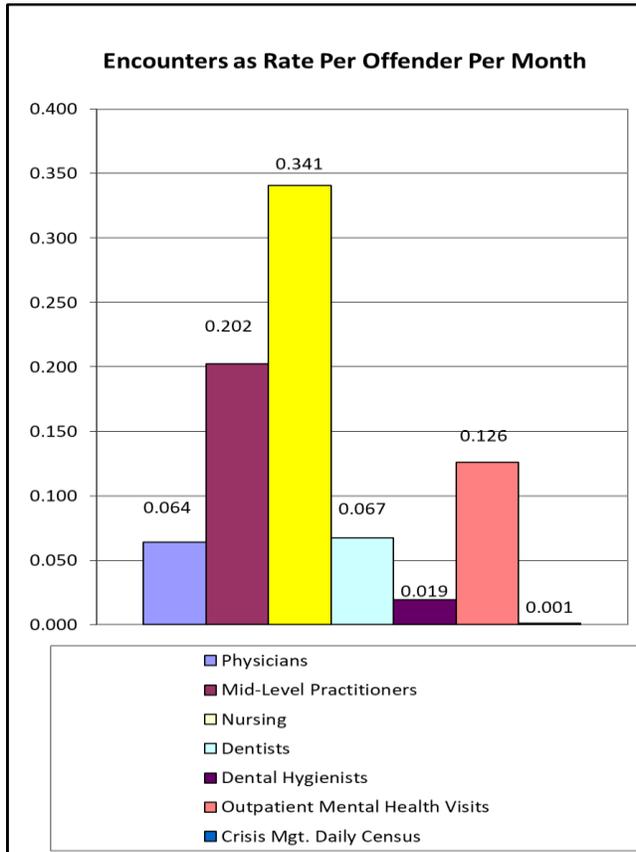
## **Correctional Health Care MEDICAL DIRECTOR'S REPORT**

**1st Quarter  
FY2025**

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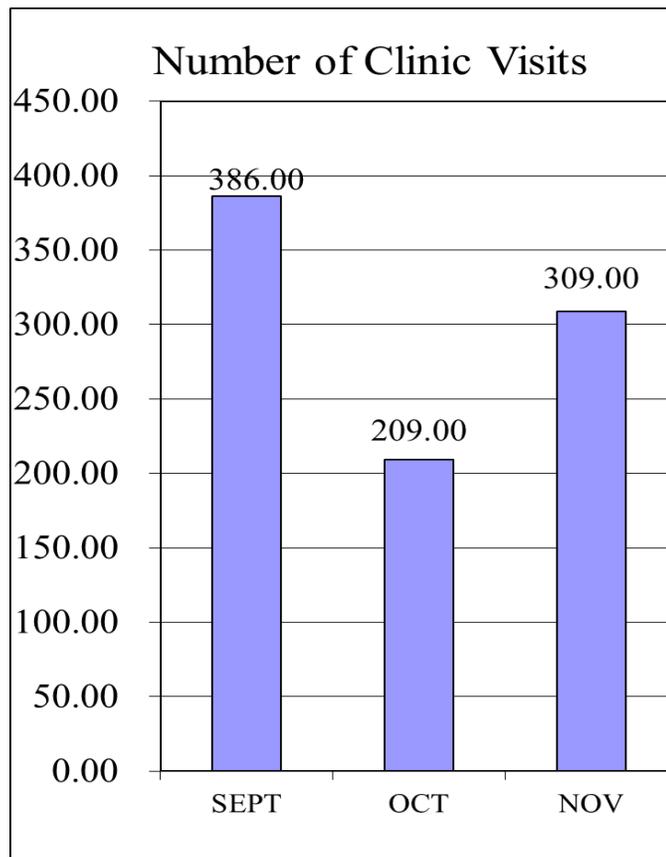
**1<sup>st</sup> Quarter FY25  
Medical Director's Report:**

		SEPT.	OCT.	NOV.	Qtly Average				
<b>Average Population</b>		<b>27,175.00</b>	<b>25,842.00</b>	<b>28,796.00</b>	<b>27,271.00</b>				
		Rate Per	Rate Per	Rate Per	Rate Per				
		Number	Offender	Number	Offender				
		Number	Offender	Number	Offender				
<b>Medical encounters</b>									
Physicians		2,390	0.088	549	0.021	2,297	0.080	1,745	0.064
Mid-Level Practitioners		7,446	0.274	1,909	0.074	7,208	0.250	5,521	0.202
Nursing		12,677	0.466	1,896	0.073	13,321	0.463	9,298	0.341
	<b>Sub-total</b>	<b>22,513</b>	<b>0.828</b>	<b>4,354</b>	<b>0.168</b>	<b>22,826</b>	<b>0.793</b>	<b>16,564</b>	<b>0.607</b>
<b>Dental encounters</b>									
Dentists		2,039	0.075	656	0.025	2,799	0.097	1,831	0.067
Dental Hygienists		635	0.023	232	0.009	726	0.025	531	0.019
	<b>Sub-total</b>	<b>2,674</b>	<b>0.098</b>	<b>888</b>	<b>0.034</b>	<b>3,525</b>	<b>0.122</b>	<b>2,362</b>	<b>0.087</b>
<b>Mental health encounters</b>									
Outpatient Mental Health Visits		3,626	0.133	3,139	0.121	3,554	0.123	3,440	0.126
Crisis Mgt. Daily Census		31	0.001	22	0.006	31	0.001	28	0.001
	<b>Sub-total</b>	<b>3,657</b>	<b>0.135</b>	<b>3,161</b>	<b>0.122</b>	<b>3,585</b>	<b>0.124</b>	<b>3,468</b>	<b>0.127</b>
<b>Total encounters</b>		<b>28,844</b>	<b>1.061</b>	<b>8,403</b>	<b>0.325</b>	<b>29,936</b>	<b>1.040</b>	<b>22,394</b>	<b>0.821</b>



**1<sup>st</sup> Quarter FY25**  
**Medical Director's Report (Page 2):**

			SEPT	OCT	NOV	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>						
	Average Daily Census		185.00	169.00	177.00	177.00
	Number of Admissions		291.00	170.00	256.00	239.00
	Number of Clinic Visits		386.00	209.00	309.00	301.33
<b><i>Mental Health Inpatient Facilities</i></b>						
	Average Daily Census		368.00	365.00	350.00	361.00
	PAMIO/MROP Census		315.00	329.00	334.00	326.00
<b><i>Telemedicine Consults</i></b>						
			2572	1,937	1,937	2,148.67



## Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

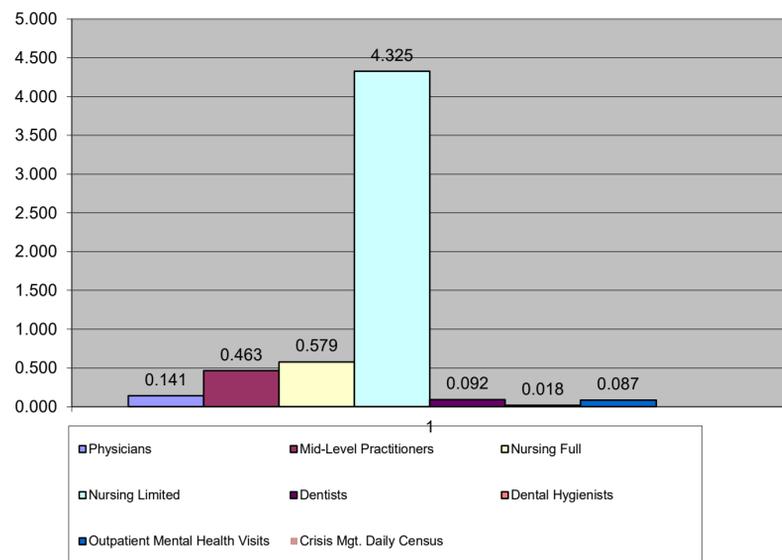
**First Quarter  
FY 2025**

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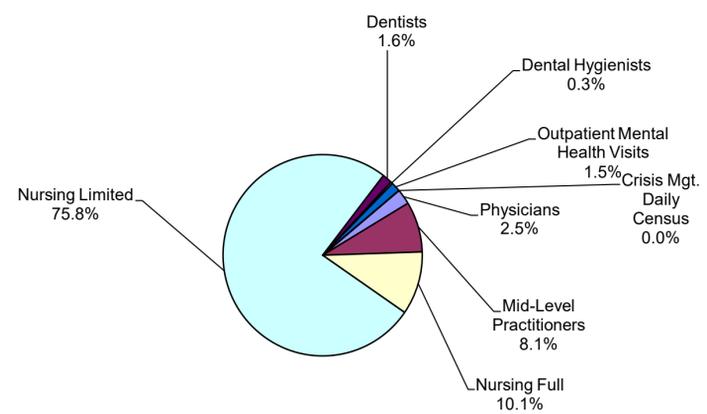
**Medical Director's Report:**

FY 25 First Quarter <i>Average Population</i>	Sep	Oct	Nov	Qtly Average				
	111,419	111,735	111,902	111,686				
	Number	Rate Per Inmate						
<b>Medical Encounters</b>								
Physicians	16,193	0.145	17,052	0.153	13,944	0.125	15,730	0.141
Mid-Level Practitioners	52,356	0.470	59,046	0.528	43,666	0.390	51,689	0.463
Nursing Full	64,053	0.575	71,035	0.636	58,849	0.526	64,646	0.579
Nursing Limited	484,280	4.346	496,835	4.447	467,962	4.182	483,026	4.325
<b>Sub-total</b>	<b>616,882</b>	<b>5.537</b>	<b>643,968</b>	<b>5.763</b>	<b>584,421</b>	<b>5.223</b>	<b>615,090</b>	<b>5.507</b>
<b>Dental Encounters</b>								
Dentists	10,688	0.096	11,676	0.104	8,344	0.075	10,236	0.092
Dental Hygienists	1,966	0.018	2,137	0.019	1,856	0.017	1,986	0.018
<b>Sub-total</b>	<b>12,654</b>	<b>0.114</b>	<b>13,813</b>	<b>0.124</b>	<b>10,200</b>	<b>0.091</b>	<b>12,222</b>	<b>0.109</b>
<b>Mental Health Encounters</b>								
Outpatient Mental Health Visits	9,440	0.085	10,724	0.096	8,821	0.079	9,662	0.087
Crisis Mgt. Daily Census	72	0.001	65	0.001	65	0.001	67	0.001
<b>Sub-total</b>	<b>9,512</b>	<b>0.085</b>	<b>10,789</b>	<b>0.097</b>	<b>8,886</b>	<b>0.079</b>	<b>9,729</b>	<b>0.087</b>
<b>Total Encounters</b>	<b>639,048</b>	<b>5.736</b>	<b>668,570</b>	<b>5.984</b>	<b>603,507</b>	<b>5.393</b>	<b>637,042</b>	<b>5.704</b>

**Encounters as Rate Per Offender Per Month**

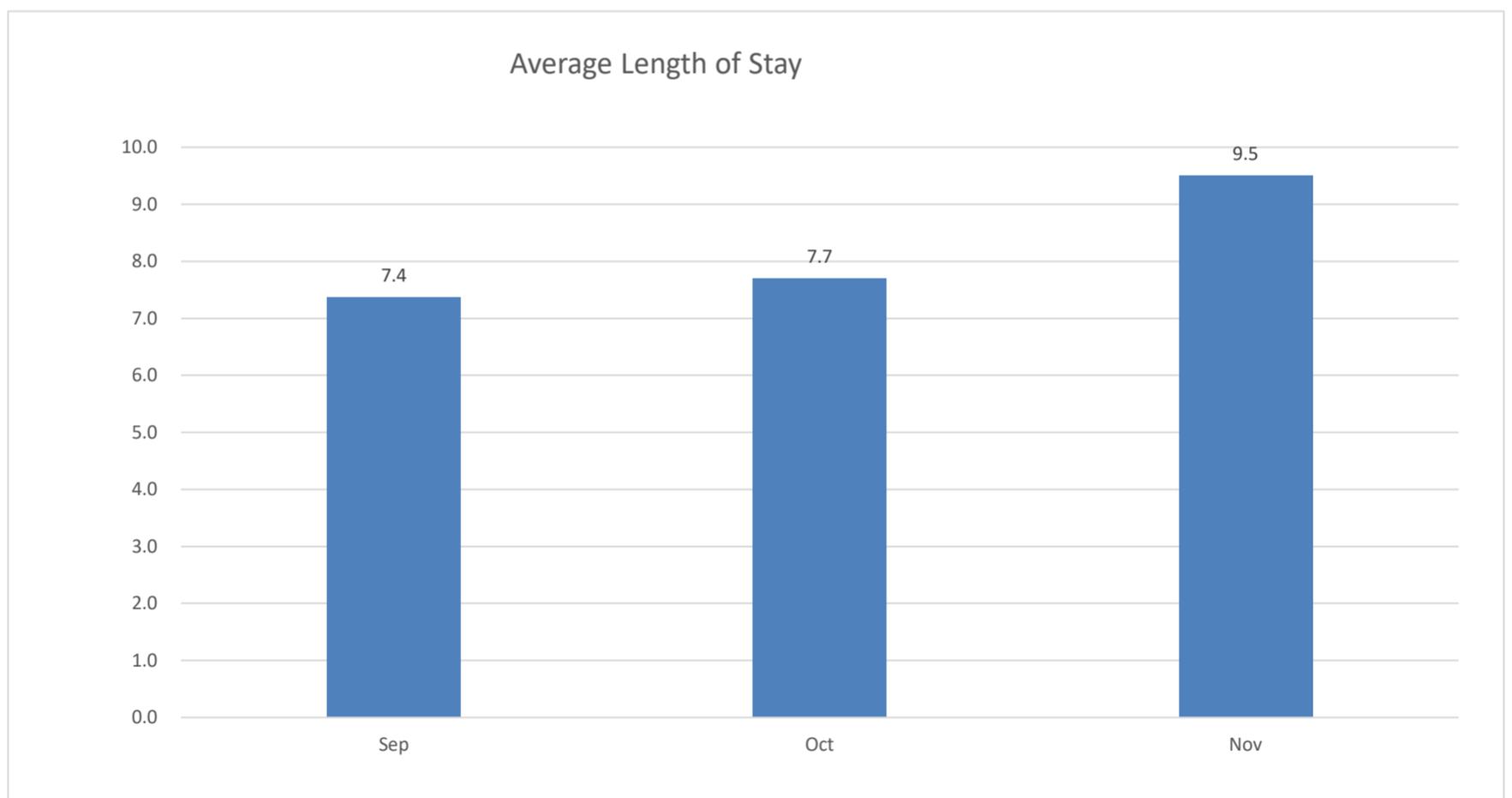


**Encounters by Type**



***Medical Director's Report (Page 2):***

FY 25	Sep	Oct	Nov	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>				
Average Daily Census	76.6	72.3	66.0	<b>71.6</b>
Number of Discharges	309	335	272	<b>305</b>
Average Length of Stay	7.4	7.7	9.5	<b>8.2</b>
Number of Clinic Visits	7,504	8,962	6,196	<b>7,554</b>
<b><i>Mental Health Inpatient Facilities</i></b>				
Average Daily Census	957.07	961.94	973.44	<b>964.15</b>
DDP Census	624.93	635.49	642.10	<b>634.17</b>
<b><i>Telemedicine Consults</i></b>	<b>7,869</b>	<b>9,314</b>	<b>6,823</b>	<b>8,002.00</b>



## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

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**Correctional Managed Health Care Joint  
Committee/Work Group Activity  
Summary for March 5, 2025, CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

**System Leadership Council**

Chair: Dr. Owen Murray

Purpose: This group's membership consists of discipline directors in medical, nursing, mental health, dental and allied health care staff appointed by the Joint Medical Directors. This group is charged with implementation of the CMHCC Quality Improvement/Quality Management (QI/QM) Plan. The purpose of this plan is to provide a streamlined, integrated, clinically driven state-of-the-art Quality Improvement Program, which adds value to the quality of health care services provided to the Texas Department of Criminal Justice (TDCJ) offenders. The plan demonstrates that quality will be consistently/continuously applied and/or measured and will meet or exceed regulatory requirements. The CMHCC strongly endorses and has administrative oversight for implementation of the plan. The agents of the CMHCC and the TDCJ Health Services Division will demonstrate support and participation for the plan. The committee meets on a quarterly basis.

**Meeting Date: February 13, 2025**

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
  - A. Access to Care – Dental Services
  - B. Access to Care – Mental Health Services
  - C. Access to Care – Nursing Services
  - D. Access to Care – Medical Staff
  - E. Sick Call Verification Audit – SCRVA
- IV. FY2024 SLC Indicators
  - A. Dental: Total Open Reminders with Delay >60 Days
  - B. Mental Health: Restrictions Audit
  - C. Nursing: Annual TB Screening (Indicator #2), Sputum Culture Conversion (Indicator #4)
  - D. Support Services: Inpatient/Outpatient Physical Therapy
  - E. Clinical Administration: Missed Appointments (No Shows)
  - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
  - A. CMHCC Updates
  - B. CMHC Pharmacy Report
    - Pharm. Drug Therapy Management Audit
    - Pharm. HCV Treatment Monitoring Clinic Audit
  - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
  - A. ATC Accuracy Evaluation
  - B. Nurse Protocol Audits
  - C. Nursing QA Site Visit Audits
  - D. Mental Health ATC Accuracy Evaluation
- VII. Adjournment
  - SLC 1<sup>st</sup> Quarter FY 25 and SLC 4<sup>th</sup> Quarter FY 24 were combined.

**Joint Policy and Procedure Committee**

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

Co-Chair: Rebecca Ramirez

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

**Meeting Date: January 16, 2025**

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

None

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

A-01.1	A-02.1	A-02.2	A-03.1	A-04.1	A-04.2	A-08.9	A-08.10
C-18.1	C-19.1	D-27.1	E-31.1	E-31.3	E-34.1	E-34.2	E-34.3
E-36.1	E-36.2	F-46.1	G-51.1	G-53.1	G-51.4	G-51.5	G-52.2
H-61.1*	H-60.4	I-66.1*	I-68.1	I-68.2	I-68.3		
*Indicates Attachment(s) Included in the Policy							

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

POLICY #	POLICY NAME	SUBMITTED BY
D-27.2	HEAT STRESS	DR. ZEPEDA
D-27.3	PHOTOSENSITIVITY	DR. ZEPEDA
E-32.1	RECEIVING, TRANSFER AND CONTINUITY OF CARE SCREENING	DR. ZEPEDA

Adjourn – The Next Meeting is Scheduled for April 10, 2025, at 1:00 p.m.

### **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Cole Duncan

**Purpose:** This group's membership consists of physicians, nurses, clinicians, dentists, and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation, selection, procurement, distribution, control, use, and other matters related to medications within the health care system. This group further serves to support educational efforts directed toward the health care staff on matters related to medications and medication use. Disease management guidelines are reviewed annually and updated as needed by the CMHCC Joint Pharmacy and Therapeutics Committee. All changes to consensus guidelines published by the Centers of Disease Control and Prevention and the National Institutes of Health or other nationally recognized authorities are considered. In addition, CMHCC Joint Pharmacy and Therapeutics Committee reviews adverse drug reaction reports, drug recalls, non-formulary deferral reports and reports of medication errors. Clinical pharmacists present reviews of drug classes to the committee for education and consideration of new updates to the formulary. Clinical pharmacists also periodically conduct medication usage evaluations. Finally, this group reviews and evaluates all pharmacy and therapeutic policies and procedures annually. This group meets on a bi-monthly basis.

**Meeting Date: January 16, 2025**

- I. Approval of the Minutes from previous P&T
- II. Reports from Subcommittees
  - A. DMG Triage - Dr. Munch
    - 1. Gout DMG
    - 2. HF DMG
      - a. Digoxin Patient Education (retire)
    - 3. Nonformulary Conversation Chart
  - B. Dental Subcommittee
    - 1. Urgent Management of Dental Pain and Intraoral Swelling DMG
  - C. Psychiatry-Dr. Patel
    - 1. Major Depressive Disorder DMG
    - 2. Chronic Psychosis DMG
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (none)
  - B. Pharmacy Clinical Activity Report
  - 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
    - 1. UTMB Sector
    - 2. Texas Tech Sector
  - F. FDA Advisories
- IV. Quarterly Reports
  - A. Quarterly Audit Report
  - B. Special Reports-
    - 1. Quarterly Medication Error Reports
      - a. UTMB Sector
      - b. TT Sector-FY24Q4 Revised & FY25Q1
    - 2. Pharmacy Dispensing Errors
    - 3. Top 50 Medications and Top 10 Non-Formulary Drugs by Cost and Volume
      - a. TDCJ
      - b. UTMB Sector
      - c. TT Sector
    - 4. Pharmacy Diabetes Clinic Report
      - a. UTMB Sector
      - b. TT Sector
    - 5. Pharmacy Warfarin Clinic Report
      - a. UTMB Sector
      - b. TT Sector
    - 6. Pharmacy CKD Clinic Report
      - a. UTMB Sector
    - 7. Pharmacy HTN Clinic Report
      - a. UTMB Sector
      - b. TT Sector
    - 8. Pharmacy Medication Reconciliation
      - a. UTMB Sector-FY24 & FY25Q1
    - 9. Specialty Medication Interventions

- a. UTMB Sector
  - 10. IV Conservation Interventions
- V. Old Business
- VI. New Business
  - A. EENT Category Review
  - B. Electrolyte Category Review
  - C. Oxybutynin MUE
- VII. Policy Revisions:
  - A. Policies with revisions

75*30	Medication Safety
1-10	Pharmacy Preparedness Plan

- B. Policies without revisions (none)
- C. Tabled policy

75*20	Record Retention
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- VIII. Drug Shortages
- IX. Miscellaneous
- X. Adjournment

**Joint Infection Control Committee**

Co-Chair: Chris Black-Edwards, RN, BSN  
 Co-Chair: Dr. Amber Van Den Raadt, MD, DO

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

**Meeting Date: February 13, 2025**

Standing Reports:

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

Old Business:

October 10, 2024, Committee Meeting

New Business:

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

B-14.1	B-14.2	B-14.3	B-14.06					
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## THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION:

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.04	Prevention of Hepatitis B Virus ( HBV) Infections in TDCJ Facilities	Candance Gore
2	B-14.04 Attachments A - F	Prevention of Hepatitis B Virus ( HBV) Infections in TDCJ Facilities	Stephanie Zepeda
3	B-14.05	Occupational Exposure Counseling and Testing for TDCJ and CMHC Employees	Candance Gore
4	B-14.07	Immunizations	Candace Gore & Stephanie Zepeda
5	B-14.07 Attachment A - D	Immunizations	Candance Gore
6	B-14.07 Attachment E	Immunizations	Candace Gore & Stephanie Zepeda
7	B-14.10	Tuberculosis	Candace Gore, Jill Campbell, Jodie Teaf & Dwayne Springer
8	B-14.11	Human Immunodeficiency Virus ( HIV) Infection	Stephanie Zepeda , Candance Gore

Adjourn – The next meeting is scheduled for April 10, 2025 at 10:30 a.m.

### **Joint Dental Work Group**

Chair: Dr. Billy Horton

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

### **Meeting Date: January 21, 2025**

- I. Call to Order
  - A. Minutes Confirmation
    1. Review of previous meeting minutes November 13, 2024
- II. Dr. Armita Bushong
  - A. CMHC Policy E36.6- Periodontal Disease Program
  - B. Periodontal Disease Patients
  - C. Continue with Periodontal Disease Program
- III. Dr. Billy Horton
  - A. Bartlett and Gurney Update
  - B. Kegans
  - C. Garza
  - D. Aging Report
  - E. Vacancy Report

- F. HSD 4-TXPL Consent
- G. Dental DMG
- H. E 36.8
- IV. Dr. Chad Fendley
  - A. TTUHSC updates on staffing
  - B. ATC and reminders
  - C. Antibiotic DMG
  - D. E 36.6
- V. Dr. Pam Myers, UTMB Dental Hygiene Program Manager
- VI. Kevin Hayden, TTUHSC Dental Hygiene Coordinator
- VII. Sector Updates
  - A. TDCJ
  - B. UTMB
  - C. TX Tech
- VIII. Round the table
- IX. Adjournment – Next Meeting: March 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 November 2024:**

There were 152 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October and November 2024, of those 152 deaths, **one** was referred to a peer review committee.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>1</b>

### **Joint Nursing Work Group**

Chair: Justin Robinson, RN, MSN

Purpose:

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

**Meeting Date: February 13, 2025**

Old Business:

- None to review

New Business:

- HSM-13 Intake History & Health Screening-Draft Revisions/CTS Training
- CMHC Policy H-60.1 section V. Co-signature
- Nursing Compact Licensure
- CMHC Policy E-32.1-Draft revisions tabled from P&P Committee
- Urgent/Emergent Care Record, AED download, Code Blue Form

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

# **Financial Report on Correctional Managed Health Care**



## **Quarterly Report FY2025 First Quarter**

**September 2024 – November 2024**

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## First Quarter Financial Report on Correctional Managed Health Care

### Overview

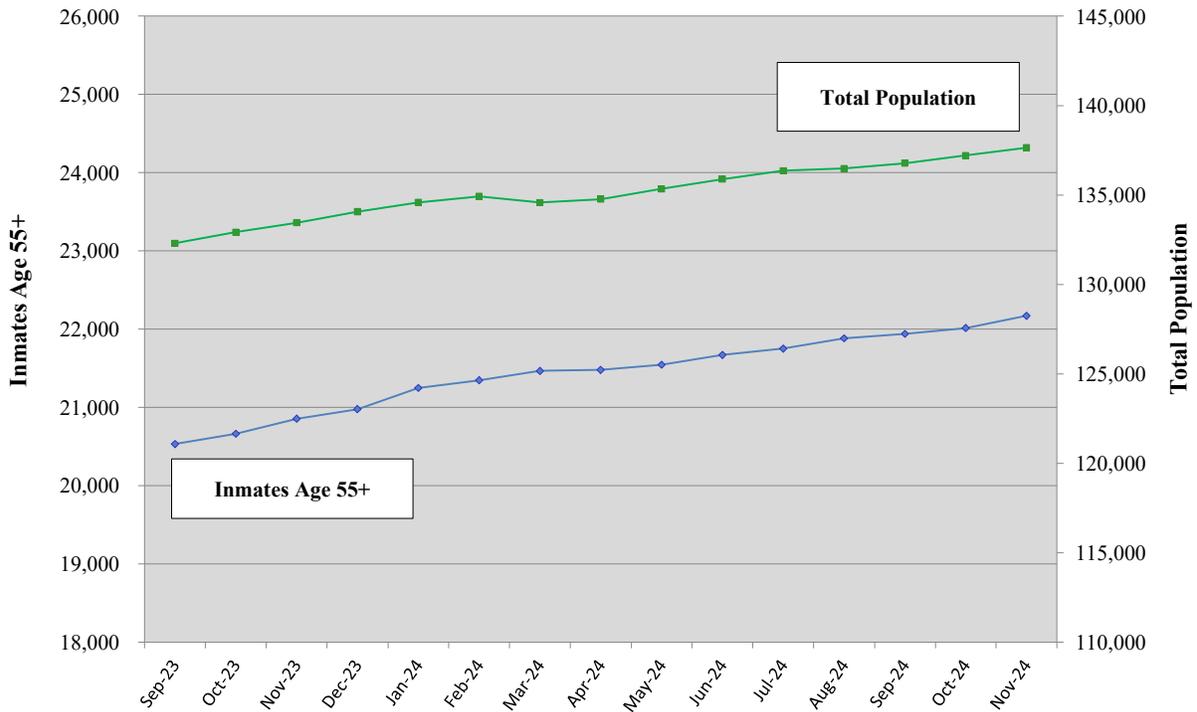
- Pursuant to the FY2024-25 General Appropriations Act, Article V, Rider 42, 88<sup>th</sup> Legislature, Regular Session 2023
- FY2025 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$406.6M
  - Strategy C.1.9, Hospital and Clinical Care, \$294.9M
  - Strategy C.1.10, Pharmacy Care, \$79.5M

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

## Population

- Overall inmate service population has increased 3.3% from FY2024
  - Average daily census through 1<sup>st</sup> quarter
    - FY2024: 132,894
    - FY2025: 137,218
  
- Inmates aged 55 or older population has increased 6.6% from FY2024
  - Average daily census through 1<sup>st</sup> quarter
    - FY2024: 20,685
    - FY2025: 22,043
  - While comprising about 16.1% of the overall service population, these inmates account for 49.7% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2025 average number of psychiatric inpatients through 1<sup>st</sup> quarter is 1,702, which decreased 2.1% from FY2024.
  - FY2025 average number of psychiatric outpatients through 1<sup>st</sup> quarter is 35,703 which increased 6.5% from FY2024.

### CMHC Service Population



## Health Care Costs

- Total expenditures through 1<sup>st</sup> quarter, FY2025: \$265.6M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$138.2M or 52.0% of total expenses
  - Hospital and Clinical Care - \$103.3M or 38.9% of total expenses
  - Pharmacy Services - \$24.1M or 9.1% of total expenses
    - HIV-related drugs: 34.6% of total drug costs
    - Hepatitis C drug therapies: 19.5% of total drug costs
    - Psychiatric drugs: 4.5% of total drug costs
    - All other drug costs: 41.4% of total drug costs
- Cost per inmate per day increased 6.8% from FY2024 to FY2025
  - Cost per inmate per day through 1<sup>st</sup> quarter FY2025:
    - FY2024: \$19.91
    - FY2025: \$21.27

## Comparison of Total Health Care Costs

	FY21	FY22	FY23	FY24	FYTD 25 1st Qtr
<b>Population</b>					
UTMB	96,514	96,521	103,295	109,692	111,686
TTUHSC	24,282	24,214	24,638	24,951	25,533
<b>Total</b>	<b>120,796</b>	<b>120,735</b>	<b>127,933</b>	<b>134,643</b>	<b>137,218</b>
<b>Expenses</b>					
UTMB	\$627,901,731	\$643,994,605	\$717,213,452	\$835,108,953	\$227,028,967
TTUHSC	\$122,657,653	\$129,276,857	\$137,866,090	\$146,154,728	\$38,595,447
<b>Total</b>	<b>\$750,559,384</b>	<b>\$773,271,463</b>	<b>\$855,079,543</b>	<b>\$981,263,682</b>	<b>\$265,624,414</b>
<b>Cost/Day</b>					
UTMB	\$17.82	\$18.28	\$19.02	\$20.80	\$22.34
TTUHSC	\$13.84	\$14.63	\$15.33	\$16.00	\$16.61
<b>Total</b>	<b>\$17.02</b>	<b>\$17.55</b>	<b>\$18.31</b>	<b>\$19.91</b>	<b>\$21.27</b>

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

<b>Method of Finance</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 18,700,925	\$ 82,662,841	\$ 101,363,766
EMR Revenue Deferred to FY2024*	\$ -	\$ 498,399	\$ 498,399
State Reimbursement Benefits	\$ 3,159,561	\$ 16,672,627	\$ 19,832,188
Other Misc Revenue	\$ 243	\$ 31,290	\$ 31,533
<b>C.1.8. Total Method of Finance</b>	<b>\$ 21,860,729</b>	<b>\$ 99,865,157</b>	<b>\$ 121,725,886</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 11,329,875	\$ 62,196,538	\$ 73,526,413
State Reimbursement Benefits	\$ 591,939	\$ -	\$ 591,939
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 11,921,814</b>	<b>\$ 62,196,538</b>	<b>\$ 74,118,352</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 3,597,936	\$ 16,211,531	\$ 19,809,467
State Reimbursement Benefits	\$ 28,997	\$ 577,794	\$ 606,791
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 3,626,933</b>	<b>\$ 16,789,325</b>	<b>\$ 20,416,258</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 37,409,475</b>	<b>\$ 178,851,021</b>	<b>\$ 216,260,496</b>

<b>Method of Finance Summary</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
TDCJ Appropriation	\$ 33,628,736	\$ 161,070,910	\$ 194,699,646
State Reimbursement Benefits	\$ 3,780,497	\$ 17,250,421	\$ 21,030,918
Other Misc Revenue	\$ 243	\$ 31,290	\$ 31,533
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 37,409,475</b>	<b>\$ 178,851,021</b>	<b>\$ 216,260,496</b>

<b>Expenditures</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
C.1.8. Unit & Psychiatric Care	\$ 23,757,087	\$ 114,420,687	\$ 138,177,774
C.1.9. Hospital & Clinical Care	\$ 11,618,240	\$ 91,712,912	\$ 103,331,152
C.1.10. Managed Health Care - Pharmacy	\$ 3,220,121	\$ 20,895,368	\$ 24,115,488
<b>TOTAL EXPENDITURES</b>	<b>\$ 38,595,447</b>	<b>\$ 227,028,967</b>	<b>\$ 265,624,414</b>

<b>DIFFERENCE</b>	<b>\$ (1,185,972)</b>	<b>\$ (48,177,946)</b>	<b>\$ (49,363,918)</b>
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<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 18,700,925	\$ 82,662,841	\$ 101,363,766
EMR Revenue Deferred to FY2024*	\$ -	\$ 498,399	\$ 498,399
State Reimbursement Benefits	\$ 3,159,561	\$ 16,672,627	\$ 19,832,188
Other Misc Revenue	\$ 243	\$ 31,290	\$ 31,533
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 21,860,729</b>	<b>\$ 99,865,157</b>	<b>\$ 121,725,886</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 9,138,057	\$ 67,703,590	\$ 76,841,648
Benefits	\$ 2,740,120	\$ 18,760,640	\$ 21,500,759
Other Operating Expenses	\$ 1,450,426	\$ 9,022,482	\$ 10,472,908
Professional Services	\$ 1,039,051	\$ -	\$ 1,039,051
Contracted Units/Services	\$ 3,306,201	\$ -	\$ 3,306,201
Travel	\$ 72,954	\$ 437,138	\$ 510,092
Capitalized Equipment	\$ 216,674	\$ 874,831	\$ 1,091,505
<b>Subtotal, Unit Care</b>	<b>\$ 17,963,483</b>	<b>\$ 96,798,681</b>	<b>\$ 114,762,163</b>
<b>Psychiatric Care</b>			
Salaries	\$ 3,474,767	\$ 11,993,893	\$ 15,468,660
Benefits	\$ 860,526	\$ 2,888,617	\$ 3,749,143
Other Operating Expenses	\$ 33,923	\$ 70,713	\$ 104,636
Professional Services	\$ 882,761	\$ -	\$ 882,761
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 27,352	\$ 53,493	\$ 80,845
<b>Subtotal, Psychiatric Care</b>	<b>\$ 5,279,329</b>	<b>\$ 15,006,716</b>	<b>\$ 20,286,045</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 514,275</b>	<b>\$ 2,615,291</b>	<b>\$ 3,129,566</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 23,757,087</b>	<b>\$ 114,420,687</b>	<b>\$ 138,177,774</b>
<b>DIFFERENCE</b>	<b>\$ (1,896,358)</b>	<b>\$ (14,555,530)</b>	<b>\$ (16,451,888)</b>

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<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 11,329,875	\$ 62,196,538	\$ 73,526,413
State Reimbursement Benefits	\$ 591,939	\$ -	\$ 591,939
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 11,921,814</b>	<b>\$ 62,196,538</b>	<b>\$ 74,118,352</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 208,493	\$ 7,911,115	\$ 8,119,608
Community Provider Services	\$ 6,406,804	\$ 13,613,895	\$ 20,020,699
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,658,464	\$ 53,447,318	\$ 58,105,782
Estimated IBNR	\$ 32,907	\$ 14,285,981	\$ 14,318,888
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 11,306,668</b>	<b>\$ 89,258,309</b>	<b>\$ 100,564,977</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 311,572</b>	<b>\$ 2,454,603</b>	<b>\$ 2,766,175</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 11,618,240</b>	<b>\$ 91,712,912</b>	<b>\$ 103,331,152</b>
<b>DIFFERENCE</b>	<b>\$ 303,574</b>	<b>\$ (29,516,374)</b>	<b>\$ (29,212,800)</b>

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<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 3,597,936	\$ 16,211,531	\$ 19,809,467
State Reimbursement Benefits	\$ 28,997	\$ 577,794	\$ 606,791
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 3,626,933</b>	<b>\$ 16,789,325</b>	<b>\$ 20,416,258</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 475,719	\$ 2,635,059	\$ 3,110,779
Benefits	\$ 33,184	\$ 835,315	\$ 868,499
Other Operating Expenses	\$ 304,728	\$ 1,880,320	\$ 2,185,047
Pharmaceutical Purchases	\$ 2,305,866	\$ 15,015,904	\$ 17,321,770
Travel	\$ 1,680	\$ 5,065	\$ 6,745
Capitalized Equipment	\$ -	\$ (20,075)	\$ (20,075)
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 3,121,177</b>	<b>\$ 20,351,588</b>	<b>\$ 23,472,765</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 98,943</b>	<b>\$ 543,779</b>	<b>\$ 642,723</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 3,220,121</b>	<b>\$ 20,895,368</b>	<b>\$ 24,115,488</b>
<b>DIFFERENCE</b>	<b>\$ 406,812</b>	<b>\$ (4,106,042)</b>	<b>\$ (3,699,230)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
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**Key Population Indicators**

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2024</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>FY2025</u>
<b>Average Service Population</b>	<b>135,894</b>	<b>136,364</b>	<b>136,488</b>	<b>136,249</b>	<b>134,643</b>	<b>136,782</b>	<b>137,218</b>	<b>137,654</b>	<b>137,218</b>	<b>137,218</b>
<b>Population Age 55 and Over</b>	<b>21,672</b>	<b>21,752</b>	<b>21,884</b>	<b>21,769</b>	<b>21,286</b>	<b>21,942</b>	<b>22,014</b>	<b>22,172</b>	<b>22,043</b>	<b>22,043</b>
<i>Percent of Total Population</i>	<i>15.9%</i>	<i>16.0%</i>	<i>16.0%</i>	<i>16.0%</i>	<i>15.8%</i>	<i>16.0%</i>	<i>16.0%</i>	<i>16.1%</i>	<i>16.1%</i>	<i>16.1%</i>
<b>Key Treatment Populations, Month End</b>										
Patients receiving HIV Treatment	1,873	1,877	1,894	1,881	1,862	1,887	1,916	1,915	1,906	1,906
Patients receiving Hep C Treatment	613	537	521	557	573	503	488	444	478	478
Patients Receiving Dialysis Treatment	218	217	221	219	220	210	213	204	209	52
Age 55 and Over	120	122	118	120	121	112	109	111	111	111
Under 55	98	95	103	99	100	98	104	93	98	98
<b>Medical Inpatient Average Daily Census</b>										
UTMB-Hospital Galveston	119	109	123	117	116	121	132	130	128	128
UTMB Community Hospitals	66	63	60	63	56	68	74	81	74	74
TTUHSC Community Hospitals	10	8	8	8	10	9	11	8	10	10
<b>Medical Inpatient Average Daily Census</b>	<b>195</b>	<b>179</b>	<b>190</b>	<b>188</b>	<b>182</b>	<b>198</b>	<b>216</b>	<b>219</b>	<b>211</b>	<b>211</b>
<b>Medical Inpatient Discharges</b>										
UTMB-Hospital Galveston	263	272	347	882	3,710	309	335	372	1,016	1,016
UTMB Community Hospitals	353	250	252	855	3,311	352	365	351	1,068	1,068
TTUHSC Community Hospitals	51	61	53	165	679	59	51	57	167	167
<b>Medical Inpatient Discharges</b>	<b>667</b>	<b>583</b>	<b>652</b>	<b>1,902</b>	<b>7,700</b>	<b>720</b>	<b>751</b>	<b>780</b>	<b>2,251</b>	<b>2,251</b>
<b>Average Length of Stay (in days)</b>										
UTMB - Hospital Galveston	8.60	7.99	7.81	8.13	8.12	7.37	7.70	9.50	8.19	8.19
UTMB Community Hospitals	5.58	7.48	7.35	6.80	6.16	5.77	6.27	6.89	6.31	6.31
TTUHSC Community Hospitals	4.98	3.18	3.91	4.02	4.56	3.86	2.22	4.40	3.49	3.49
<b>Infirmary and Sheltered Housing Census, Month End</b>										
UTMB Infirmary	614	613	607	611	595	599	620	627	615	615
UTMB Sheltered Housing	615	631	636	627	619	633	635	637	635	635
TTUHSC Infirmary	166	166	157	163	156	162	164	162	163	163
<b>Infirmary and Sheltered Housing Census, Month End</b>	<b>1,395</b>	<b>1,410</b>	<b>1,400</b>	<b>1,402</b>	<b>1,371</b>	<b>1,394</b>	<b>1,419</b>	<b>1,426</b>	<b>1,413</b>	<b>1,413</b>
<i>Percent of Capacity Filled</i>	<i>94.6%</i>	<i>95.7%</i>	<i>95.0%</i>	<i>95.1%</i>	<i>93.3%</i>	<i>92.9%</i>	<i>94.5%</i>	<i>91.6%</i>	<i>93.0%</i>	<i>93.0%</i>
<b>Medical Outpatient Visits</b>										
UTMB Specialty Clinics and ER Visits	8,394	8,187	8,933	8,505	7,940	8,894	10,438	7,569	8,967	8,967
TTUHSC Community Outpatient and ER Visits	3,754	4,380	4,178	4,104	3,923	3,608	1,270	4,200	3,026	3,026
<b>Medical Outpatient Visits</b>	<b>12,148</b>	<b>12,567</b>	<b>13,111</b>	<b>12,609</b>	<b>11,864</b>	<b>12,502</b>	<b>11,708</b>	<b>11,769</b>	<b>11,993</b>	<b>11,993</b>
<b>Mental Health Inpatient Average Census</b>										
UTMB Psychiatric Inpatient	952	940	952	948	955	957	962	973	964	964
TTUHSC Psychiatric Inpatient	720	846	841	802	767	736	746	733	738	738
<b>Mental Health Inpatient Average Census</b>	<b>1,672</b>	<b>1,786</b>	<b>1,793</b>	<b>1,750</b>	<b>1,723</b>	<b>1,693</b>	<b>1,708</b>	<b>1,706</b>	<b>1,702</b>	<b>1,702</b>
<b>Mental Health Outpatient Caseload, Month End</b>										
UTMB Psychiatric Outpatient	28,414	28,483	28,508	28,468	27,759	28,584	28,609	28,590	28,594	28,594
TTUHSC Psychiatric Outpatient	6,413	6,797	6,898	6,703	6,607	7,022	7,158	7,147	7,109	7,109
<b>Mental Health Outpatient Caseload, Month End</b>	<b>34,827</b>	<b>35,280</b>	<b>35,406</b>	<b>35,171</b>	<b>34,366</b>	<b>35,606</b>	<b>35,767</b>	<b>35,737</b>	<b>35,703</b>	<b>35,703</b>

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**Key Budget Drivers (Cost)**

	June	July	August	4th Quarter	FY2024	September	October	November	1st Quarter	FY2025				
<b>Selected Drug Costs</b>														
HIV Medications	\$ 1,930,725	\$ 1,847,027	\$ 1,337,210	\$ 5,114,961	\$ 20,284,065	\$ 2,477,218	\$ 1,603,651	\$ 1,916,775	\$ 5,997,644	\$ 5,997,644				
Hepatitis C Medications	\$ 1,400,747	\$ 1,325,728	\$ 1,219,550	\$ 3,946,025	\$ 16,207,769	\$ 1,352,282	\$ 1,189,529	\$ 837,159	\$ 3,378,969	\$ 3,378,969				
Psychiatric Medications	\$ 229,154	\$ 262,052	\$ 220,793	\$ 711,998	\$ 2,937,127	\$ 281,705	\$ 271,485	\$ 229,293	\$ 782,484	\$ 782,484				
All Other Drug Costs	\$ 2,078,303	\$ 1,246,141	\$ 2,310,012	\$ 5,634,456	\$ 23,752,985	\$ 1,636,078	\$ 3,426,091	\$ 2,100,505	\$ 7,162,674	\$ 7,162,674				
<b>Total Drug Costs</b>	<b>\$ 5,638,929</b>	<b>\$ 4,680,947</b>	<b>\$ 5,087,565</b>	<b>\$ 15,407,441</b>	<b>\$ 63,181,946</b>	<b>\$ 5,747,283</b>	<b>\$ 6,490,756</b>	<b>\$ 5,083,732</b>	<b>\$ 17,321,770</b>	<b>\$ 17,321,770</b>				
<b>Dialysis</b>														
Age 55 and Over	\$ 398,895	\$ 386,412	\$ 404,330	\$ 1,189,637	\$ 4,701,186	\$ 413,601	\$ 435,302	\$ 389,937	\$ 1,238,841	\$ 1,238,841				
UTMB	\$ 355,579	\$ 343,096	\$ 361,014	\$ 1,059,689	\$ 4,159,022	\$ 358,205	\$ 379,906	\$ 334,541	\$ 1,072,653	\$ 1,072,653				
TTUHSC	\$ 43,316	\$ 43,316	\$ 43,316	\$ 129,948	\$ 542,164	\$ 55,396	\$ 55,396	\$ 55,396	\$ 166,188	\$ 166,188				
Under 55	\$ 332,453	\$ 332,184	\$ 354,063	\$ 1,018,700	\$ 4,135,549	\$ 358,372	\$ 363,622	\$ 351,758	\$ 1,073,752	\$ 1,073,752				
UTMB	\$ 273,976	\$ 262,367	\$ 286,271	\$ 822,614	\$ 3,426,517	\$ 298,836	\$ 313,806	\$ 300,626	\$ 913,268	\$ 913,268				
TTUHSC	\$ 58,477	\$ 69,817	\$ 67,792	\$ 196,086	\$ 709,032	\$ 59,536	\$ 49,816	\$ 51,132	\$ 160,484	\$ 160,484				
<b>Total Dialysis</b>	<b>\$ 731,348</b>	<b>\$ 718,596</b>	<b>\$ 758,393</b>	<b>\$ 2,208,337</b>	<b>\$ 8,836,735</b>	<b>\$ 771,974</b>	<b>\$ 798,924</b>	<b>\$ 741,695</b>	<b>\$ 2,312,593</b>	<b>\$ 2,312,593</b>				
<b>Offsite Hospital Services</b>														
Age 55 and Over	\$ 14,296,615	\$ 16,356,613	\$ 10,585,020	\$ 41,238,247	52.9%	\$ 173,155,605	52.4%	\$ 13,751,252	\$ 16,689,967	\$ 15,226,595	\$ 45,667,814	49.7%	\$ 45,667,814	49.7%
UTMB	\$ 14,296,615	\$ 16,356,613	\$ 10,585,020	\$ 41,238,247		\$ 163,295,519		\$ 13,235,243	\$ 16,367,245	\$ 14,419,863	\$ 44,022,351		\$ 44,022,351	
TTUHSC	\$ 905,280	\$ 1,372,390	\$ 160,774	\$ 2,438,444		\$ 9,860,086		\$ 516,008	\$ 322,722	\$ 806,733	\$ 1,645,463		\$ 1,645,463	
Under 55	\$ 11,769,821	\$ 13,989,073	\$ 10,973,365	\$ 36,732,259	47.1%	\$ 157,431,014	47.6%	\$ 14,359,546	\$ 18,396,420	\$ 13,495,260	\$ 46,251,227	50.3%	\$ 46,251,227	50.3%
UTMB	\$ 11,769,821	\$ 13,989,073	\$ 10,973,365	\$ 36,732,259		\$ 137,207,118		\$ 13,184,513	\$ 15,494,996	\$ 12,273,449	\$ 40,952,958		\$ 40,952,958	
TTUHSC	\$ 2,469,488	\$ 3,900,441	\$ 447,934	\$ 6,817,863		\$ 20,223,896		\$ 1,175,033	\$ 2,901,424	\$ 1,221,811	\$ 5,298,268		\$ 5,298,268	
<b>Total Offsite Hospital Services</b>	<b>\$ 26,066,436</b>	<b>\$ 30,345,685</b>	<b>\$ 21,558,385</b>	<b>\$ 77,970,506</b>		<b>\$ 330,586,619</b>		<b>\$ 28,110,798</b>	<b>\$ 35,086,387</b>	<b>\$ 28,721,855</b>	<b>\$ 91,919,041</b>		<b>\$ 91,919,041</b>	
<i>*TTUHSC Offsite Hospital Services report for 4th quarter was not available at time of submission.</i>														
<b>C.1.8. Salaries/Agency Nursing/Overtime</b>														
<b>UTMB</b>														
Salaries	\$ 20,539,245	\$ 20,637,657	\$ 21,013,381	\$ 62,190,282		\$ 239,997,519		\$ 21,655,971	\$ 22,158,308	\$ 22,416,826	\$ 66,231,106		\$ 66,231,106	
Agency Nursing	\$ 2,363,289	\$ 2,257,067	\$ 2,519,001	\$ 7,139,357		\$ 32,911,030		\$ 2,487,923	\$ 2,677,587	\$ 2,568,258	\$ 7,733,769		\$ 7,733,769	
Overtime	\$ 1,657,881	\$ 1,823,745	\$ 1,811,150	\$ 5,292,776		\$ 20,010,381		\$ 1,825,277	\$ 2,045,097	\$ 1,862,235	\$ 5,732,609		\$ 5,732,609	
<b>UTMB Total</b>	<b>\$ 24,560,414</b>	<b>\$ 24,718,468</b>	<b>\$ 25,343,532</b>	<b>\$ 74,622,414</b>		<b>\$ 292,918,930</b>		<b>\$ 25,969,171</b>	<b>\$ 26,880,992</b>	<b>\$ 26,847,320</b>	<b>\$ 79,697,484</b>		<b>\$ 79,697,484</b>	
<b>TTUHSC</b>														
Salaries	\$ 3,700,126	\$ 3,971,292	\$ 3,859,680	\$ 11,531,098		\$ 44,835,159		\$ 4,068,069	\$ 4,179,111	\$ 4,111,439	\$ 12,358,619		\$ 12,358,619	
Agency Nursing	\$ 358,343	\$ 311,231	\$ 425,239	\$ 1,094,812		\$ 4,419,965		\$ 159,269	\$ 451,488	\$ 382,430	\$ 993,187		\$ 993,187	
Overtime	\$ 82,695	\$ 69,576	\$ 95,804	\$ 248,074		\$ 818,000		\$ 76,559	\$ 78,515	\$ 99,131	\$ 254,205		\$ 254,205	
<b>TTUHSC Total</b>	<b>\$ 4,141,164</b>	<b>\$ 4,352,098</b>	<b>\$ 4,380,722</b>	<b>\$ 12,873,984</b>		<b>\$ 50,073,124</b>		<b>\$ 4,303,897</b>	<b>\$ 4,709,114</b>	<b>\$ 4,593,001</b>	<b>\$ 13,606,012</b>		<b>\$ 13,606,012</b>	
<b>Total C.1.8. Salaries/Agency Nursing/Overtime</b>	<b>\$ 28,701,578</b>	<b>\$ 29,070,567</b>	<b>\$ 29,724,254</b>	<b>\$ 87,496,399</b>		<b>\$ 342,992,054</b>		<b>\$ 30,273,068</b>	<b>\$ 31,590,106</b>	<b>\$ 31,440,321</b>	<b>\$ 93,303,495</b>		<b>\$ 93,303,495</b>	
<b>FTEs</b>														
UTMB	3,024.5	3,037.7	3,055.1	3,039.1		2,953.5		3,065.3	3,088.5	3,112.4	3,088.7		3,088.7	
TTUHSC	734.0	740.9	748.0	740.9		731.4		741.0	733.9	731.9	735.6		735.6	
<b>Total FTEs</b>	<b>3,758.5</b>	<b>3,778.6</b>	<b>3,803.1</b>	<b>3,780.0</b>		<b>3,684.8</b>		<b>3,806.3</b>	<b>3,822.4</b>	<b>3,844.3</b>	<b>3,824.3</b>		<b>3,824.3</b>	
<b>Key Occupational Categories, Percent Filled</b>														
<b>UTMB</b>														
Nursing	85.5%	86.1%	86.3%	86.0%		83.5%		86.4%	87.0%	87.7%	87.0%		87.0%	
Mental Health	80.2%	81.0%	81.6%	80.9%		77.7%		82.1%	82.9%	83.9%	83.0%		83.0%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	87.0%	87.5%	87.8%	87.4%		85.0%		86.0%	88.0%	88.8%	87.6%		87.6%	
Dental	91.4%	90.3%	88.7%	90.1%		89.8%		90.6%	92.7%	91.7%	91.7%		91.7%	
Pharmacy	92.5%	92.1%	92.6%	92.4%		91.2%		90.6%	92.0%	92.4%	91.7%		91.7%	
Other Positions	95.0%	97.1%	97.1%	96.4%		95.1%		97.9%	97.2%	98.6%	97.9%		97.9%	
<b>TTUHSC</b>	<b>71.6%</b>	<b>72.4%</b>	<b>73.0%</b>	<b>72.4%</b>		<b>71.6%</b>		<b>72.3%</b>	<b>71.6%</b>	<b>71.4%</b>	<b>71.8%</b>		<b>71.8%</b>	
Nursing	63.2%	63.9%	64.1%	63.7%		62.9%		62.8%	62.1%	62.1%	62.3%		62.3%	
Mental Health	72.8%	72.0%	74.3%	73.0%		71.1%		74.7%	72.4%	70.6%	72.6%		72.6%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	78.6%	80.4%	78.6%	79.2%		77.0%		76.8%	76.8%	76.8%	76.8%		76.8%	
Dental	84.4%	85.8%	85.7%	85.3%		85.0%		88.5%	88.5%	88.5%	88.5%		88.5%	
Pharmacy	98.5%	98.5%	99.3%	98.8%		99.9%		99.5%	99.5%	99.5%	99.5%		99.5%	
Other Positions	85.4%	86.7%	88.2%	86.8%		87.1%		87.5%	87.4%	87.4%	87.5%		87.5%	

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/20/24
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 33,628,736				\$ 33,628,736	\$ 134,884,489
State Reimbursement Benefits	\$ 3,780,497				\$ 3,780,497	\$ 15,121,987
Other Misc Revenue	\$ 243				\$ 243	\$ 970
<b>TOTAL REVENUES</b>	<b>\$ 37,409,475</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 37,409,475</b>	<b>\$ 150,007,447</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 9,138,057				\$ 9,138,057	\$ 40,752,229
Benefits	\$ 2,740,120				\$ 2,740,120	\$ 12,219,884
Other Operating Expenses	\$ 1,450,426				\$ 1,450,426	\$ 6,301,704
Professional Services	\$ 1,039,051				\$ 1,039,051	\$ 4,356,202
Contracted Units/Services	\$ 3,306,201				\$ 3,306,201	\$ 6,634,395
Travel	\$ 72,954				\$ 72,954	\$ 291,818
Capitalized Equipment	\$ 216,674				\$ 216,674	\$ 866,695
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 17,963,483</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,963,483</b>	<b>\$ 71,422,927</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,474,767				\$ 3,474,767	\$ 13,899,069
Benefits	\$ 860,526				\$ 860,526	\$ 3,442,102
Other Operating Expenses	\$ 33,923				\$ 33,923	\$ 135,693
Professional Services	\$ 882,761				\$ 882,761	\$ 3,531,044
Travel	\$ 27,352				\$ 27,352	\$ 109,407
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 5,279,329</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,279,329</b>	<b>\$ 21,117,315</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 23,242,811</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 23,242,811</b>	<b>\$ 92,540,242</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 208,493				\$ 208,493	\$ 1,250,000
Community Provider Services	\$ 6,406,804				\$ 6,406,804	\$ 22,750,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,658,464				\$ 4,658,464	\$ 18,633,857
Estimated IBNR	\$ 32,907				\$ 32,907	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 11,306,668</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 11,306,668</b>	<b>\$ 42,633,857</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 475,719				\$ 475,719	\$ 1,902,877
Benefits	\$ 33,184				\$ 33,184	\$ 132,736
Other Operating Expenses	\$ 304,728				\$ 304,728	\$ 1,218,911
Pharmaceutical Purchases	\$ 2,305,866				\$ 2,305,866	\$ 9,223,464
Travel	\$ 1,680				\$ 1,680	\$ 6,720
Capitalized Equipment	\$ -				\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 3,121,177</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,121,177</b>	<b>\$ 12,484,709</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 924,790</b>				<b>\$ 924,790</b>	<b>\$ 3,709,323</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 38,595,447</b>				<b>\$ 38,595,447</b>	<b>\$ 151,368,131</b>
<b>DIFFERENCE</b>	<b>\$ (1,185,972)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,185,972)</b>	<b>\$ (1,360,684)</b>

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/16/2024
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 161,070,910				\$ 161,070,910	\$ 646,053,654
EMR Revenue Deferred to FY2024*	\$ 498,399				\$ 498,399	\$ 1,258,319
State Reimbursement Benefits	\$ 17,250,421				\$ 17,250,421	\$ 67,127,493
Other Misc Revenue	\$ 31,290				\$ 31,290	\$ 125,505
<b>TOTAL REVENUES</b>	<b>\$ 178,851,021</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 178,851,021</b>	<b>\$ 714,564,971</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 67,703,590				\$ 67,703,590	\$ 271,558,357
Benefits	\$ 18,760,640				\$ 18,760,640	\$ 75,248,719
Other Operating Expenses	\$ 9,022,482				\$ 9,022,482	\$ 36,189,076
Professional Services	\$ -				\$ -	\$ -
Contracted Units/Services	\$ -				\$ -	\$ -
Travel	\$ 437,138				\$ 437,138	\$ 1,753,354
Capitalized Equipment	\$ 874,831				\$ 874,831	\$ 6,339,115
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 96,798,681</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 96,798,681</b>	<b>\$ 391,088,621</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 11,993,893				\$ 11,993,893	\$ 48,107,373
Benefits	\$ 2,888,617				\$ 2,888,617	\$ 11,586,212
Other Operating Expenses	\$ 70,713				\$ 70,713	\$ 283,628
Professional Services	\$ -				\$ -	\$ -
Travel	\$ 53,493				\$ 53,493	\$ 214,559
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 15,006,716</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,006,716</b>	<b>\$ 60,191,773</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 111,805,397</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 111,805,397</b>	<b>\$ 451,280,393</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 7,911,115				\$ 7,911,115	\$ 33,832,373
Community Provider Services	\$ 13,613,895				\$ 13,613,895	\$ 228,570,760
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 53,447,318				\$ 53,447,318	\$ 105,148,528
Estimated IBNR	\$ 14,285,981				\$ 14,285,981	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 89,258,309</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 89,258,309</b>	<b>\$ 367,551,661</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,635,059				\$ 2,635,059	\$ 10,569,194
Benefits	\$ 835,315				\$ 835,315	\$ 3,350,437
Other Operating Expenses	\$ 1,880,320				\$ 1,880,320	\$ 7,541,944
Pharmaceutical Purchases	\$ 15,015,904				\$ 15,015,904	\$ 67,574,589
Travel	\$ 5,065				\$ 5,065	\$ 20,318
Capitalized Equipment	\$ (20,075)				\$ (20,075)	\$ 1,438,268
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 20,351,588</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,351,588</b>	<b>\$ 90,494,751</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 5,613,674</b>				<b>\$ 5,613,674</b>	<b>\$ 23,122,426</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 227,028,967</b>				<b>\$ 227,028,967</b>	<b>\$ 932,449,230</b>
<b>DIFFERENCE</b>	<b>\$ (48,177,946)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (48,177,946)</b>	<b>\$ (217,884,259)</b>

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

<b>Combined Total</b>						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 194,699,646	\$ -	\$ -	\$ -	\$ 194,699,646	\$ 780,938,143
Revenue Deferred to FY2023*	\$ 498,399	\$ -	\$ -	\$ -	\$ 498,399	\$ 1,258,319
State Reimbursement Benefits	\$ 21,030,918	\$ -	\$ -	\$ -	\$ 21,030,918	\$ 82,249,481
Other Misc Revenue	\$ 31,533	\$ -	\$ -	\$ -	\$ 31,533	\$ 126,476
<b>TOTAL REVENUES</b>	<b>\$ 216,260,496</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 216,260,496</b>	<b>\$ 864,572,418</b>

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 76,841,648	\$ -	\$ -	\$ -	\$ 76,841,648	\$ 312,310,587
Benefits	\$ 21,500,759	\$ -	\$ -	\$ -	\$ 21,500,759	\$ 87,468,603
Other Operating Expenses	\$ 10,472,908	\$ -	\$ -	\$ -	\$ 10,472,908	\$ 42,490,780
Professional Services	\$ 1,039,051	\$ -	\$ -	\$ -	\$ 1,039,051	\$ 4,356,202
Contracted Units/Services	\$ 3,306,201	\$ -	\$ -	\$ -	\$ 3,306,201	\$ 6,634,395
Travel	\$ 510,092	\$ -	\$ -	\$ -	\$ 510,092	\$ 2,045,172
Capitalized Equipment	\$ 1,091,505	\$ -	\$ -	\$ -	\$ 1,091,505	\$ 7,205,810
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 114,762,163</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 114,762,163</b>	<b>\$ 462,511,548</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 15,468,660	\$ -	\$ -	\$ -	\$ 15,468,660	\$ 62,006,442
Benefits	\$ 3,749,143	\$ -	\$ -	\$ -	\$ 3,749,143	\$ 15,028,314
Other Operating Expenses	\$ 104,636	\$ -	\$ -	\$ -	\$ 104,636	\$ 419,321
Professional Services	\$ 882,761	\$ -	\$ -	\$ -	\$ 882,761	\$ 3,531,044
Travel	\$ 80,845	\$ -	\$ -	\$ -	\$ 80,845	\$ 323,966
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 20,286,045</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,286,045</b>	<b>\$ 81,309,087</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 135,048,208</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 135,048,208</b>	<b>\$ 543,820,635</b>

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 8,119,608	\$ -	\$ -	\$ -	\$ 8,119,608	\$ 35,082,373
Community Provider Services	\$ 20,020,699	\$ -	\$ -	\$ -	\$ 20,020,699	\$ 251,320,760
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 58,105,782	\$ -	\$ -	\$ -	\$ 58,105,782	\$ 123,782,385
Estimated IBNR	\$ 14,318,888	\$ -	\$ -	\$ -	\$ 14,318,888	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 100,564,977</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 100,564,977</b>	<b>\$ 410,185,517</b>

<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>						
<b>EXPENDITURES:</b>						
Salaries	\$ 3,110,779	\$ -	\$ -	\$ -	\$ 3,110,779	\$ 12,472,071
Benefits	\$ 868,499	\$ -	\$ -	\$ -	\$ 868,499	\$ 3,483,174
Other Operating Expenses	\$ 2,185,047	\$ -	\$ -	\$ -	\$ 2,185,047	\$ 8,760,856
Pharmaceutical Purchases	\$ 17,321,770	\$ -	\$ -	\$ -	\$ 17,321,770	\$ 76,798,053
Travel	\$ 6,745	\$ -	\$ -	\$ -	\$ 6,745	\$ 27,038
Capitalized Equipment	\$ (20,075)	\$ -	\$ -	\$ -	\$ (20,075)	\$ 1,438,268
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 23,472,765</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 23,472,765</b>	<b>\$ 102,979,460</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 6,538,464</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,538,464</b>	<b>\$ 26,831,749</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 265,624,414</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 265,624,414</b>	<b>\$ 1,083,817,361</b>
<b>DIFFERENCE</b>	<b>\$ (49,363,918)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (49,363,918)</b>	<b>\$ (219,244,943)</b>
<b>Projected Uncollected Health Care Fees</b>						<b>\$ (704,000)</b>
<b>FY2025 Spend Forward to FY2024 - LBB Approved</b>						<b>\$ (121,571,411)</b>
<b>NET DIFFERENCE</b>	<b>\$ (49,363,918)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (49,363,918)</b>	<b>\$ (341,520,355)</b>



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

***Lannette Linthicum, MD, FACP, CCHP-A***

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# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY) 2025 (September, October, and November 2024), Operational Review Audits (ORAs) were conducted at the following 2 facilities: Dalhart and Plane 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 First Quarter of FY 2025:
  1. Item **6.450** requires follow up serologies for Syphilis be obtained after completion of treatment as follows: (1) Primary or Secondary Syphilis and HIV negative at six and twelve months; (2) Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve, and twenty-four months; (3) Latent Syphilis and HIV negative at six, twelve, and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. The following facility was not in compliance with this requirement:
    - Plane (29%) – Corrective action plan pending
  2. 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 facility was not in compliance with this requirement:
    - Dalhart (0%) – Corrective action plan pending
  3. Item **6.040** requires inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following facility was not in compliance with this requirement:
    - Dalhart (50%) – Corrective action plan pending
  4. Item **5.251** requires documentation that 3 Hemocult cards or a FIT Kit was offered to inmates 50 years of age or greater within the required time frame of their annual date of incarceration. If not, is there a signed Refusal of Treatment (HSM-82). The following facility was not in compliance with this requirement:
    - Dalhart (81%) – Corrective action plan pending
  5. Item **5.210** requires annual physical exam for inmates 50 years of age or greater be documented in the medical record within 30 days of their annual date of incarceration. The following facility was not in compliance with this requirement:
    - Plane (80%) – Corrective action plan pending
  6. Item **5.085** requires Certificate of Rounds sheet have a Housing Roster attached with current date. The following facility was not in compliance with this requirement:
    - Plane (43%) – Corrective action plan pending
  7. Item **5.070** requires inmates have their medical record reviewed and a physical examination completed within the required time frame of placement in administrative segregation, prehearing detention or solitary. The following facility was not in compliance with this requirement:
    - Plane (79%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

8. Item **4.475** requires inmates who are returning from an inpatient psychiatric facility be seen by a Qualified Mental Health Professional within 48 hours Sunday through Thursday and 72 hours Friday through Saturday. The following facility was not in compliance with this requirement:
  - Dalhart (73%) – Corrective action plan pending

During the previous quarter, ORAs for **12** facilities had pending corrective action plans: Estes, Goodman, Henley, Hightower, Huntsville, Jordan, Kyle, Moore (B), Sayle, Travis, Wainwright, and Young units. During the First Quarter FY 2025, **4** were closed: Goodman, Henley, Jordan, and Young units.

## CAPITAL ASSETS CONTRACT MONITORING

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

## DENTAL QUALITY REVIEW AUDIT

During the First Quarter of FY 2025 (September, October, and November 2024), Dental Quality Review audits were conducted at the following **14** facilities: Moore (B), Bradshaw, Crain, East Texas Treatment Facility (TF), Henley, Hightower, Hilltop, Hodge, Hughes, Murray, O'Daniel, Plane, Skyview, and Woodman units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 23** assesses if the periodontal charting and radiographic survey of remaining dentition was reviewed by the treating dentist, and if the periodontal treatment plan was updated within 30 days. **6** of the **14** facilities were not in compliance: B. Moore (67%), Skyview (67%), Hightower (50%), O'Daniel (33%), East Texas TF (0%) and Plane (0%).
- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1. **4** of the **14** facilities were not in compliance: East Texas TF (78%), Bradshaw (70%), Plane (44%) and Skyview (0%).
- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. **4** of the **14** facilities were not in compliance: Hodge (73%), Bradshaw (72%), Henley (60%) and East Texas TF (50%).
- **Item 16** assesses if individual tooth caries are documented on the CTP. **2** of the **14** facilities were not in compliance: East Texas TF (50%), and Crain (35%).
- **Item 3** assesses if the Periodontal Screening and Recording (PSR) was documented on the In-Processing Exam Form (HSC-3). **1** of the **14** facilities was not in compliance: East Texas TF (9%).
- **Item 5** assesses if the Periodontal Screening and Recording (PSR) was documented on the In-Processing Exam Form (HSC-3). **1** of the **14** facilities was not in compliance: East Texas TF (0%).
- **Item 6** assesses if the provisional periodontal type was noted on the dental In-Processing exam. **1** of the **14** facilities was not in compliance: East Texas TF (0%). \* No panoramic x-ray machine.
- **Item 7** assesses if missing teeth, caries or disease and abnormalities were charted on the appropriate Odontogram. **1** of the **14** facilities was not in compliance: East Texas TF (0%). \* No panoramic x-ray machine.
- **Item 18** assesses if tooth defects with number and surfaces are noted on the Odontogram of the HSD-4 form. **1** of the **14** facilities was not in compliance: East Texas TF (50%).

## DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **Item 28** assesses if infection control guidelines regarding the covering of objects within the field of operation are being maintained. **1** of the **14** facilities was not in compliance: Hodge (48%).

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2025 (September, October, and November 2024), the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,796** correspondences. The PLP received **3,253** and Step II Grievance received **543**. There were **110** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) overall combined percentage of sustained inmate medical grievances closed in the First Quarter FY 2025 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 **2%** and **5%** for TTUHSC for the First Quarter of FY 2025.

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

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the First Quarter of FY 2025, (September, October, and November 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 **2** of the indicators fell below the 80 percent compliance threshold, representing **1.2** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **23** facilities audited. There were **no** units with one or more discipline composite scores below 80. At each unit, OPS staff continued educating the medical staff.

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

## OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the First Quarter FY 2025, there were **4,836** intake HIV tests performed. Of those tested, **57** inmates were newly identified as having HIV infection. During the same time period, there were **6,788** pre-release tests performed with **0** found to be HIV positive. For this quarter, **10** new AIDS cases were identified.

## OFFICE OF PUBLIC HEALTH (CONTINUED)

- There were **337** cases of Hepatitis C identified for the First Quarter FY 2025. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **971** cases of suspected Syphilis were reported in the First Quarter FY 2025. **389** 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.
- **253** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2025. For the same time period, **120** 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 **67** TB cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2025. This number includes those diagnosed prior to entering TDCJ and still receiving treatment, and those who were diagnosed in TDCJ. Although TB numbers often fluctuate significantly from year to year, there has been an increase in the numbers of inmates under management for TB over the last few years.
- In FY 2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. This position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **352** chart reviews of alleged sexual assaults performed for the First Quarter FY 2025. There were **110** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **140** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- As of the close of the quarter, **91** facilities housing inmates had active peer education programs. During the First Quarter FY 2025, **32** inmates trained to become peer educators. This is an increase from the Fourth Quarter FY 2024 report. During the First Quarter FY 2025, **10,051** inmates attended the classes presented by peer educators. This is a decrease from the Fourth Quarter FY 2024.

## MORBIDITY AND MORTALITY

There were **152** deaths reviewed by the Morbidity and Mortality Committee during the months of September, October, and November 2024, of those **152** deaths, **1** was referred to a peer review committee.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	1
Nursing Peer Review	0
Provider and Dental Peer Review	0
<b>Total</b>	<b>1</b>

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter FY 2025:

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the First Quarter FY 2025, no units were scheduled to be reported due to a restrictive housing monitor position vacancy.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances of compelled medications are appropriately documented. During the First Quarter FY 2025, a total of **80** instances of compelled psychoactive medication occurred. There were **20** instances at the Montford Unit, **36** instances at the Skyview Unit, **24** instances at the Wayne Scott Unit, and **0** instances at the Clements Unit. Skyview obtained a score of 100% for each month in the reporting period. Wayne Scott obtained a score of 100% in both the reporting months of September 2024 and November 2024, and a score of 88% in the reporting month of October 2024. Montford obtained a score of 100% during the reporting month of September 2024, a score of 50% in the reporting month of October 2024, and a score of 73% during the reporting month of November 2024. Clements had no applicable data to report during the months of September 2024, October 2024, and November 2024.
- The Intake Mental Health Evaluation Audit (MHE) conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **21** intake facilities reviewed, **20** facilities identified incoming inmates in need of Mental Health Evaluations. **14** of the **21** units scored 80% or better: Byrd, Dominguez, East Texas, Gist, Glossbrenner, Halbert, Hutchins, Johnston, Lindsey, Lychner, Sanchez, Sayle, Travis, and Woodman. **6** of the **21** scored below 80%: Beto, Formby, Garza West, Holliday, Middleton, and Plane. 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 First Quarter of FY 2025, HSL conducted **486** hospital and **61** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmarary, 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 **486** hospital discharge audits conducted, **406** were from the UTMB Sector and **80** were from the TTUHSC sector. There were **119** deficiencies identified for UTMB and **25** identified for TTUHSC. Of the **61** infirmary discharge audits conducted **30** were from the UTMB sector and **31** were from the TTUHSC sector. There was **1** deficiency identified from UTMB and **13** for TTUHSC.

## ACCREDITATION

The ACA 2025 Winter Conference was held in Orlando, Florida on January 10-14, 2025, and the following facilities were 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:

**BIOMEDICAL RESEARCH PROJECTS (CONTINUED)**

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