



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 12, 2025

10:00 a.m. (CST)

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 12, 2025

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Chair's Report
 - Annual UTMB CMC Conference-September 17, 2025, Moody Gardens, Galveston, Texas discussion
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, March 5, 2025
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Restrictive Housing Mental Health Monitoring
 4. University Medical Directors Reports
 - Texas Tech University Health Sciences Center
 - The University of Texas Medical Branch
 5. Summary of CMHCC Joint Committee / Work Group Activities
- V. Update on Financial Reports

- VI. Medical Directors Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division Fiscal Year 2025 Second Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Texas Department of Criminal Justice (TDCJ) Heat Mitigation Measures
 - Presented by:**
Eric Guerrero, Director, Correctional Institutions Division (CID), Texas Department of Criminal Justice (TDCJ)
 -
 - Administrative Directive (AD-10.64) "Excessive and Extreme Temperature Conditions in the TDCJ"
 -
 - Chris Black Edwards, Deputy Director, Health Services Division, Texas Department of Criminal (TDCJ)
 -
 - Correctional Manage Health Care Policy (D-27.2) "Heat Stress"
- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
March 5, 2025

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Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p> <p>III. Chair's Report - Dr. Greenberg</p>	<p>Dr. Patel is the vice president of behavior health at TeleMed2U, principal investigator at Biobehavioral Research of Austin, and a psychiatrist at Specialty Clinic of Austin.</p> <p>Dr. Patel is a member of the Texas Society of Child and Adolescent Psychiatry, Texas Medical Association, Travis County Medical Association, and the American Academy of Child and Adolescent Psychiatry. Dr. Patel received a Bachelor of Science in Business Administration and Decision Information Science from the University of Florida and a Doctor of Medicine from the Saba University School of Medicine.</p> <p>Dr. Greenberg next moved on to agenda item III, Chair's Report.</p> <p>Dr. Greenberg informed the committee that the September 17, 2025, CMHCC is currently scheduled on the same day as the UTMB CMC 2025 Conference. Dr. Greenberg inquired if the committee should consider the following: changing the date of the September 2025 CMHCC meeting; or hold the meeting at the site of the UTMB CMC 2025 Conference which will be at Moody Gardens Galveston Island in Galveston TX.</p> <p>Dr. Greenberg asked if any committee members have a problem with the location change to Galveston, TX for the September 2025 CMHCC meeting.</p>	<p>Dr. Owen Murray added that UTMB currently has rooms reserved at the state rate and should the committee decide to hold the CMHCC meeting in Galveston, reservations could be made through Jill Thompson. Dr. Murray also stated the committee could hold the meeting at one of the conference rooms if needed.</p>	<p>Hearing no concerns, Dr. Greenberg stated the committee could discuss additional information at a later date closer to the meeting.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities <p>V. Update on Financial Reports</p> <ul style="list-style-type: none"> - Rebecca Waltz 	<p>The third consent item was the approval of the Fiscal Year FY2025 First Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY2025 First Quarter University Medical Director’s Reports.</p> <p>The fifth consent item was the approval of the FY2025 First Quarter summary of the CMHCC Joint Committee/Work Group Activities.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the First Quarter of FY 2025, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 42. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Ms. Waltz and opened the floor for questions.</p> <p>Ms. Waltz explained that CMHC is on a two-year state budget cycle. Ms. Waltz stated during the first year of the cycle, CMHC is able to request money from the future years to cover the current year cost. She stated moving into the Legislative session a supplemental appropriation bill is requested.</p>	<p>Dr. Greenberg asked Ms. Waltz if she could explain how the budget shortfall is managed.</p>	<p>Dr. Lannette Linthicum made a motion to approve all consent items and Dr. John Burruss seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports (cont.) - Rebecca Waltz</p>	<p>Ms. Waltz stated the shortfall is then communicated to the Legislature and should be in the supplemental once it's published. Ms. Waltz stated once CMHC will then receive the funding to finish out the rest of the biennium.</p> <p>Mr. Ron Steffa, TDCJ, Chief Financial Officer answered stating both UTMB and TTUHSC in the Legislative Appropriation request have a component to maintain current service levels given increased cost projection. Mr. Steffa stated in this biennium the inmate population is also projected to increase. Mr. Steffa stated historically Legislature have not fully funded the projected cost to maintain therefore, there is a "structural deficit" going in that if your projections are correct, you will be short that difference. Mr. Steffa explained from a Legislatures perspective, medical care is provided at a certain rate, this is the amount that is needed given the current expenditure levels. Mr. Steff further explained, if the funding was not approved then the expectation would be to reduce the expenditures for the remainder of the biennium.</p>	<p>Dr. Divyansu Patel asked what would happen if the CMHC did not receive the funding.</p> <p>Dr. Patel then asked if the CMHC Physicians who provide care for the inmates are employed by the universities or are they contracted employees.</p> <p>Dr. Denise DeShields answered stating part of UTMB and TTUHSC staff are university providers, in addition the universities have some contract providers.</p>	
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2025 First Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz then called on Dr. Lannette Linthicum to present the FY2025 First Quarter TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2025 First Quarter Report (cont.)</p> <ul style="list-style-type: none"> - Texas Tech University Health Sciences Center - Dr. Denise DeShields 	<p>The Medical Director’s Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the TTUHSC Medical Director’s Report.</p> <p>Dr. Greenberg inquired about the First Quarter FY25 TTUHSC Medical Directors report. Dr. Greenberg stated the October 2024 numbers for the Medical Encounters and Dental Encounters are lower as compared to the numbers reported in September 2024 and November 2024.</p>	<p>Dr. DeShields Associate VP & MC Medical Officer, TTUHSC Managed Care responded stating the numbers are accurate however, in September 2024, TTUHSC identified issues that resulted in a temporary disruption to some computer systems and applications. Dr. DeShields added that TTUHSC’s investigation confirmed that a cybersecurity event caused the technology issues.</p> <p>Dr. Linthicum stated the TTUHSC Managed Care Continuity of Operations Plan (COP) was implemented, and the operations were managed throughout the incident and can assure that COC was provided to the inmates.</p> <p>Dr. DeShields shared that their disciplines were affected however, the Mental Health encounters did not show a significant decrease because many of their Mental Health providers work remotely and continued to have access to Citrix and Electronic Health Record (EHR).</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2025 First Quarter Report (cont.)</p> <ul style="list-style-type: none"> - Texas Tech University Health Sciences Center - Dr. Denise DeShields 	<p>Dr. Greenberg shared that he wanted to assure that Continuity of Care (COC) was provided to the inmates during the event and would like the explanation added to the CMHCC minutes to assure that the event and drop in the October 2024 Medical Encounters and Dental Encounters were addressed.</p> <p>Dr. DeShields next reported that TTUHSC with a collaborative effort with the Department of Psychiatry and Managed Care, TTUHSC has been approved for a Forensic Psychiatry Fellowship. Dr. DeShields acknowledged Dr. Michael Rayel, TTUHSC Regional Medical Director, Mental Health Services for his role and tireless effort in the completion the application to acquire the fellowship.</p> <p>Dr. DeShields informed the committee that the Forensic Fellowships is funded through the Texas Legislature through the consortium to provide fellowship programs at 13 different residencies programs across the State.</p> <p>Dr. DeShields stated starting the end of FY2025 through the FY2026, TTUHSC will have up to two fellows that will rotate through the onsite Montford facility in Lubbock, TX and will also provide some tele-health services at the Bill Clements Unit in Amarillo, TX.</p>	<p>Dr. DeShields further explained that they utilized their IT downtime procedures which are in their Correctional Managed Healthcare Policy. Dr. DeShields stated they were able to manage the patients accordingly.</p> <p>Dr. Linthicum added that TDCJ, TTUHSC and UTMB all came together as partners to help assist during the event.</p> <p>Dr. Jumper responded stating COC was provided to the patients during the event.</p> <p>Dr. Linthicum commented that TDCJ monitored COC during the event.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2025 First Quarter Report (cont.)</p> <ul style="list-style-type: none"> - Texas Tech University Health Sciences Center - Dr. Denise DeShields - University of Texas Medical Branch - Dr. Owen Murray <p>VII. Texas Department of Criminal Justice Disease Management Guideline and Clinical Pharmacist programs - Dr. Stephanie Zepeda</p>	<p>Dr. DeShields added that the fellows will be involved in the evaluations of the patients, civil commitments, involuntary hospitalizations, authorization of compelled medications, however, the fellows will not do any of their forensic work on any of the TDCJ facilities.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Owen Murray to present the UTMB Medical Director’s Report.</p> <p>Dr. Murray thanked TDCJ Director, Mr. Bryan Collier, TDCJ Chief Operations Officer, Mr. Bobby Lumpkin and TDCJ Chief Financial Officer, Mr. Ron Steffa for their testimonies during the start of the Legislative session. Dr. Murray stated Mr. Collier did an exceptional job framing to all the Legislatures, Senators and the House what the cost per member per day is and for getting them centered back on the \$20.00 cost per member per day. Dr. Murray explained when compared nationally CMHC is at the bottom 15 of the States in terms of the cost per day. Dr. Murray further explained that the Healthcare Effectiveness Data and Information Set (HEDIS) metrics along with other quality indicators show that CMHC is not only delivering good care at a good cost, but the patients are also getting a level of quality care that’s consistent with the community.</p> <p>In conclusion, Dr. Murray again thanked the efforts that the TDCJ goes through to represent what everyone does on the university side of CMHC and in the Health Services Division (HSD).</p> <p>Dr. Greenberg thanked Dr. Murray and then called Dr. Stephanie Zepeda to provide an overview of the Correctional Managed Health Care Disease Management Guidelines (DMGs) and Clinical Pharmacist programs.</p>	<p>Dr. Linthicum added that the fellows will not perform any work involving the TDCJ population due a conflict of interest. The services will not involve anything involving forensics only therapeutic.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Texas Department of Criminal Justice Disease Management Guideline and Clinical Pharmacist programs (cont.) - Dr. Stephanie Zepeda</p>	<p>Dr. Zepeda began the presentation by explaining that DMGs are systematically developed tools, based on current professional knowledge, that assist practitioners in making decisions about health care for specific clinical circumstances. There are 55 DMGs that address acute and chronic conditions, and cover medical, dental, and behavioral health conditions. Dr. Zepeda explained the statutory requirement to provide disease management services for the TDCJ population. CMHCC is authorized by Chapter 501, Subchapter E of the Texas Government Code and is responsible for developing and approving a managed health care plan and “disease management services” including: patient self-management education, provider education, evidence-based models and minimum standards of care, standardized protocols and participation criteria, and physician-directed or physician-supervised care. Dr. Zepeda stated CMHCC may appoint subcommittees to assist with these functions including the Joint Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is responsible for the development of the drug formulary, drug use policies and procedures, and DMGs.</p> <p>Dr. Zepeda explained that DMGs focus on disease-based drug therapy and an evidence-based approach to therapy with a goal to promote consistent, cost-effective care that has been tailored to meet the specific needs of the TDCJ patient population. Dr. Zepeda stated that DMGs are typically developed for conditions that are: frequently encountered, high-risk, problem prone and that are high cost. To evaluate performance, Dr. Zepeda stated there are established systems to determine if DMGs have the desired impact on care and patient outcomes through the routine analysis of data: validation through medication use evaluation (MUE) and monitor ongoing performance through facility scorecard and clinical dashboards.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Texas Department of Criminal Justice Disease Management Guideline and Clinical Pharmacist programs (cont.) - Dr. Stephanie Zepeda</p>	<p>Dashboards are used to measure provider acceptance of specific recommendations taken from DMGs by tracking outcomes on an ongoing basis using health care analytics obtained from the electronic health record (EHR) in comparison to an external benchmark (e.g., Healthcare Effectiveness Data and Information Set (HEDIS). Lastly, DMGs are reviewed and revised at least every five years or sooner if there is emergence of new information warranting early review and updates to medical literature and guidelines. Medications are also assessed during annual drug category reviews that may prompt a revision to the DMGs.</p> <p>Next, Dr. Zepeda provided an overview of Clinical Pharmacy Services. She stated UTMB CMC Pharmacy is responsible for drug procurement and distribution to the TDCJ prison units. Clinical pharmacy services are provided by UTMB and TTUHSC within their respective sectors. Services are led by Pharmacy Clinical Practice Specialists that have advanced skills and training required to perform advanced roles. Patients may be enrolled in a clinic through various mechanisms, such as generating a patient registry for a target disease from EHR data, scheduling patients if they meet the criteria, and referring them to Disease Therapy Management (DTM) clinics. Additionally, this process is integrated into standard EHR workflow for referrals to specialty clinics.</p> <p>Dr. Zepeda reported that Pharmacists also perform targeted medication reconciliation for patients discharging from an infirmary or moving from one infirmary to another. The purpose of medication reconciliation is to compile and verify a complete and accurate list of a patient's medications during care transitions to prevent medication errors such as omissions, duplications, dosing errors, and drug interactions. Dr. Zepeda reported on non-formulary medication consulting services, stating pharmacists review requests for non-formulary medications submitted by providers through the EHR non-formulary module. She stated the goal is to optimize access and ensure the appropriate use of non-formulary medications.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Texas Department of Criminal Justice Disease Management Guideline and Clinical Pharmacist programs (cont.) - Dr. Stephanie Zepeda</p>	<p>Dr. Zepeda provided cost-saving data for non-formulary medications in FY24 as follows: Prescriptions for non-formulary medications accounted for 2.7% of prescription volume and 21.9% of prescription cost. Over the past five years, FY24 savings amounted to approximately \$16.8 million.</p> <p>Lastly, Dr. Zepeda provided information regarding specialty medication management. She stated the specialty medication team closely tracks and monitors certain patients receiving high-risk specialty medications, which treat complex, rare, and/or difficult-to-manage conditions. These medications require special handling, administration, and monitoring.</p> <p>Dr. Greenberg thanked Dr. Zepeda and opened the floor for questions.</p> <p>Dr. Zepeda responded by stating she is very concerned which led her to send a budgetary fiscal note to Dr. Murray about the tariff issue.</p> <p>Dr. Zepeda explained that the current U.S. Administration is weighing a 10% tariff against China, a 25% tariff against Mexico and Canada. Dr. Zepeda stated she expects this tariff to hit the drug budget which will have an impact and escalate the cost of drugs across the United States. She went on to explain that 91% of our products are generic drugs and a lot of those raw ingredients come from China. The active ingredients that manufacture, bring to their factories to make the drugs comes from China. Dr. Zepeda stated she is not only concerned that it is going to drive up cost but it's going to cause a drug shortage in the U.S. and across the world.</p>	<p>Dr. Jumper thanked Dr. Zepeda for completing the DMGs. Dr. Jumper stated, the DMGs are so helpful to make sure that everyone is uniform in how patients are treated.</p> <p>Dr. Murray asked Dr. Zepeda if she could explain the possible impact of some of the tariff's potential on the drug budget moving forward.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IX. Adjourn</p>	<p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for June 12, 2025, in Conroe, Texas.</p> <p>The meeting was adjourned at 11:33 a.m.</p>		

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

 Date

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Consent Item

TDCJ Health Services Monitoring Reports

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TEXAS DEPARTMENT OF
CRIMINAL JUSTICE

Health Services Division

Quarterly Monitoring Report

**Second Quarter, Fiscal Year 2025
(December 2024, January and February 2025)**

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Rate of Compliance with Standards by Operational Categories
Second Quarter, Fiscal Year 2025
December 2024 - February 2025

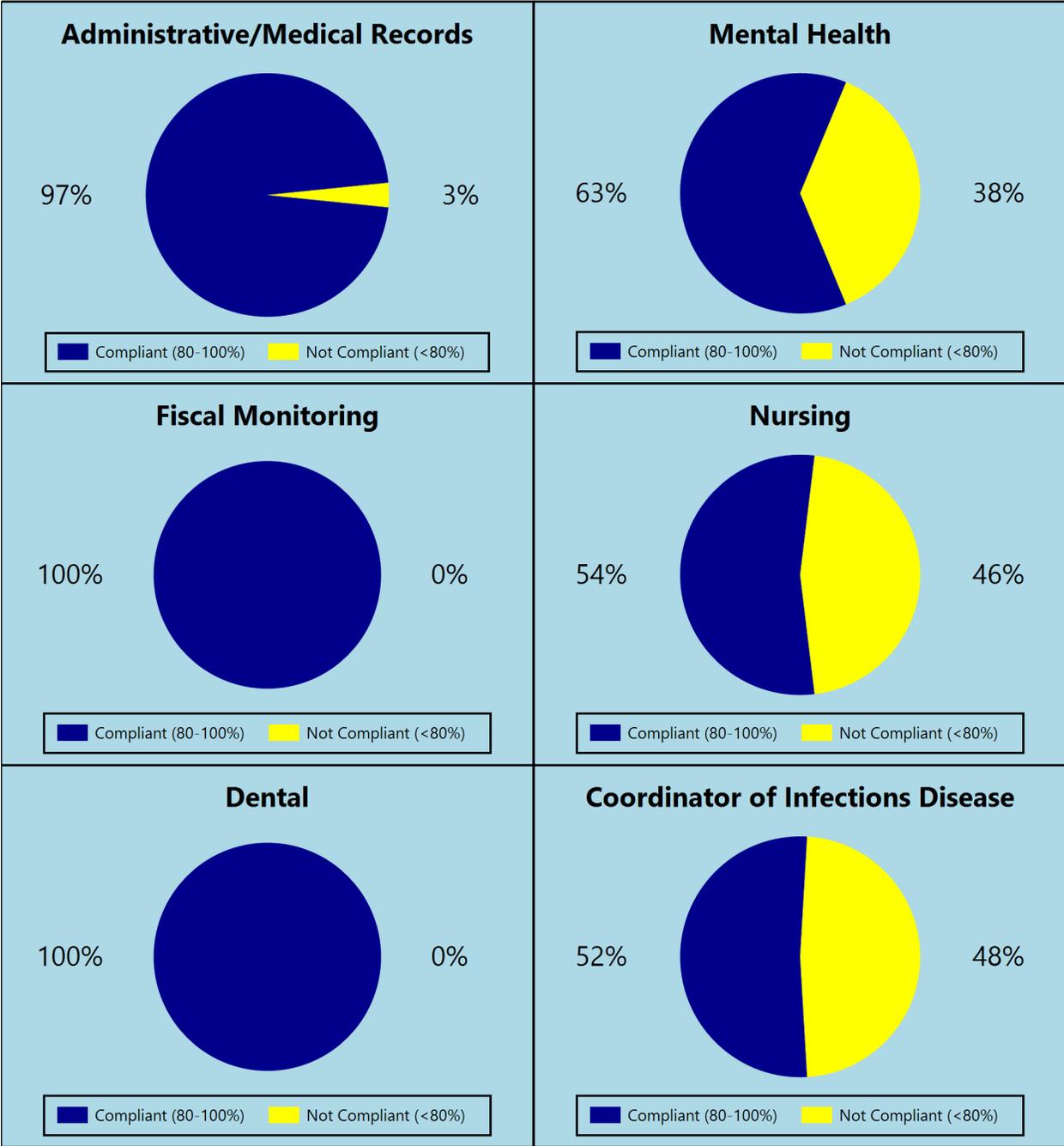
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Michael	31	30	97%	13	13	100%	27	24	89%	11	11	100%	16	13	81%	4	4	100%
San Saba	30	30	100%	13	13	100%	24	22	92%	9	9	100%	14	14	100%	4	4	100%
Wynne	31	30	97%	13	13	100%	22	21	95%	11	10	91%	16	16	100%	6	6	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for

MICHAEL FACILITY

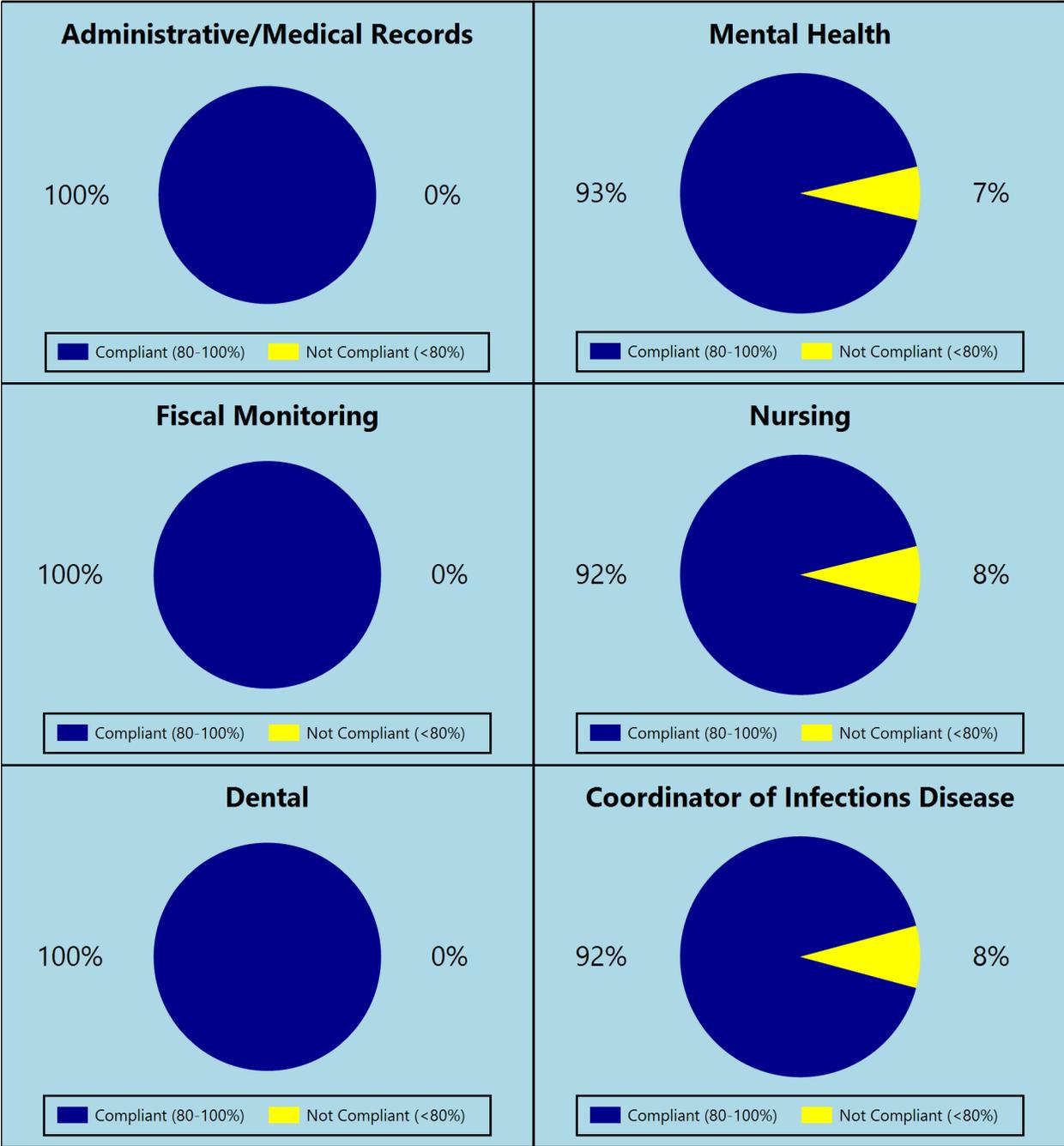
December 04, 2024



Compliance Rate By Operational Categories for

SAN SABA FACILITY

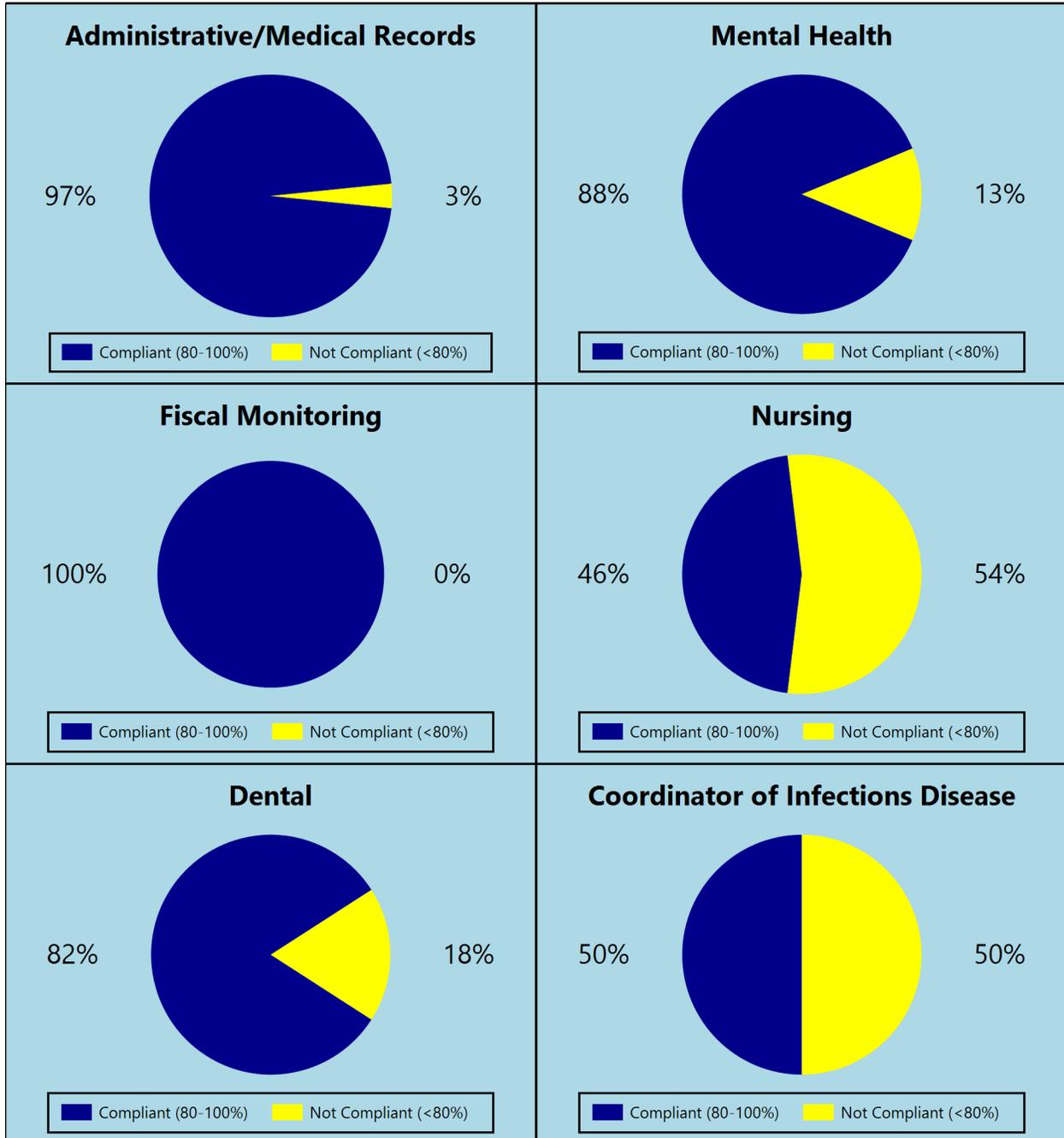
February 11, 2025



Compliance Rate By Operational Categories for

WYNNE FACILITY

January 08, 2025



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended Feb 28, 2025**

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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Beto	10	100	0	0
Ellis	10	100	0	0
Estelle (GP)	10	100	0	0
Powledge	10	100	0	0
Bell	10	90	1	0
Coffield	10	90	0	1
Estelle (ECB)	10	90	1	0
Luther	10	90	1	0
Michael	10	90	0	1
Polunsky	10	90	0	1
San Saba	10	80	2	0
Boyd	10	70	3	0
Pack	10	60	3	1

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

Total # of inmates in audit.

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)										
Fiscal Year 2025	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
December	175	169	10	5.92%	10	5.92%	0	0	0.00%	0
January	207	205	11	5.37%	9	4.88%	1	2	1.46%	1
February	194	158	38	24.05%	34	24.05%	4	4	2.53%	0
Totals:	576	532	59	11.09%	53	10.90%	5	6	1.32%	1

PATIENT LIAISON PROGRAM (PLP)										
Fiscal Year 2025	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
December	1,122	944	12	1.27%	12	2.54%	12	2	0.21%	0
January	1,341	1,105	3	0.27%	3	0.36%	1	0	0.00%	0
February	1,227	1,170	14	1.20%	14	2.22%	12	0	0.00%	0
Totals:	3,690	3,219	29	0.90%	29	1.68%	25	2	0.06%	0
GRAND TOTAL=	4,266	3,751	88	2.35%						

*QOC= Quality of Care

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

December 2024

Reportable Condition	Reports			
	2024 This Month	2023 Same Month	2024 Year to Date*	2023 Year to Date*
Chlamydia	3	6	92	13
Gonorrhea	1	0	6	53
Syphilis	273	271	3798	4225
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	1	0	2
Hepatitis C, total and (acute [‡])	79	137	1570	1829
Human immunodeficiency virus (HIV) +, known at intake	270	243	3,251	2,442
HIV screens, intake	4,204	3,847	53,086	56,426
HIV +, intake (newly identified)	10	37	451	490
HIV screens, offender- and provider-requested	725	362	5,736	3,428
HIV +, offender- and provider-requested	0	0	0	1
HIV screens, pre-release	2,550	2,364	32,003	24,567
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	34	18
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	73	52	940	780
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	36	26	409	338
Occupational exposures of TDCJ staff	9	6	125	98
Occupational exposures of medical staff	1	1	20	35
HIV chemoprophylaxis initiation	5	3	64	55
Tuberculosis skin test (ie, PPD) +, intake	85	88	916	804
Tuberculosis skin test +, annual	72	42	584	240
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	0	6	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	4	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	4	44	14
Tuberculosis cases under management	78	27		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	56	11	8,680	8,509
Peer education participants	2,955	3,021	35,271	49,463
Alleged assaults and chart reviews	95	80	1303	1147
Bloodborne exposure labs drawn on offenders	49	47	567	526
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

January 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	6	6	6	6
Gonorrhea	1	0	1	0
Syphilis	362	307	362	307
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	115	172	115	172
Human immunodeficiency virus (HIV) +, known at intake	209	229	209	229
HIV screens, intake	3,265	3,686	3,265	3,686
HIV +, intake (newly identified)	7	32	7	32
HIV screens, offender- and provider-requested	614	362	614	362
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,850	2,113	2,850	2,113
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	1	0	1
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	68	60	68	60
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	43	27	43	27
Occupational exposures of TDCJ staff	10	8	10	8
Occupational exposures of medical staff	0	4	0	4
HIV chemoprophylaxis initiation	3	4	3	4
Tuberculosis skin test (ie, PPD) +, intake	75	65	75	65
Tuberculosis skin test +, annual	64	19	64	19
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	1	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	1	1
Tuberculosis cases under management	60	22		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	19	1	8,699	8,510
Peer education participants	3,055	1,319	38,326	50,782
Alleged assaults and chart reviews	101	94	101	94
Bloodborne exposure labs drawn on offenders	49	43	49	43
New Zero-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.

* 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

February 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	3	12	9	18
Gonorrhea	0	0	1	0
Syphilis	302	339	664	646
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	97	135	212	307
Human immunodeficiency virus (HIV) +, known at intake	190	204	399	433
HIV screens, intake	3,120	4,939	6,385	8,625
HIV +, intake (newly identified)	8	41	15	73
HIV screens, offender- and provider-requested	538	660	1,152	1,022
HIV +, offender- and provider-requested	0	0	0	0
HIV screens, pre-release	2,465	3,023	5,315	5,136
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	1	0	2
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	58	73	126	133
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	17	78	44
Occupational exposures of TDCJ staff	15	9	25	17
Occupational exposures of medical staff	1	1	1	5
HIV chemoprophylaxis initiation	4	6	7	10
Tuberculosis skin test (ie, PPD) +, intake	64	64	139	129
Tuberculosis skin test +, annual	33	23	97	42
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	0	5	1
Tuberculosis cases under management	64	16		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	5	10	8,704	8,520
Peer education participants	3,186	1,374	41,512	52,156
Alleged assaults and chart reviews	122	107	223	201
Bloodborne exposure labs drawn on offenders	70	60	119	103
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 2nd Quarter of Fiscal Year 2025, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 470 hospital discharge and 60 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	28	2	7.14%	0	N/A	1	3.57%	0	N/A	1	3.57%
January	36	1	2.78%	0	N/A	0	N/A	0	N/A	0	N/A
February	20	0	N/A	0	N/A	2	10.00%	0	N/A	2	10.00%
Total/Average	84	3	3.57%	0	N/A	3	3.57%	0	N/A	3	3.57%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	100	4	4.00%	0	N/A	0	N/A	8	8.00%	6	6.00%
January	116	2	1.72%	1	0.86%	4	3.45%	3	2.59%	8	6.90%
February	100	4	4.00%	0	N/A	2	2.00%	1	1.00%	7	7.00%
Total/Average	316	10	3.16%	1	0.32%	6	1.90%	12	3.80%	21	6.65%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	28	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	32	4	12.50%	2	6.25%	1	3.13%	0	N/A	1	3.13%
Total/Average	70	4	5.71%	2	2.86%	1	1.43%	0	N/A	1	1.43%
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	138	6	4.35%	0	N/A	1	0.72%	8	5.80%	7	5.07%
January	180	3	1.67%	1	0.56%	4	2.22%	3	1.67%	8	4.44%
February	152	8	5.26%	2	1.32%	5	3.29%	1	0.66%	10	6.58%
Total/Average	470	17	3.62%	3	0.64%	10	2.13%	12	2.55%	25	5.32%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
January	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	30	1	3.33%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within / Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	30	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
December	20	1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
January	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	60	1	1.67%	0	N/A	0	N/A	0	N/A	0	N/A

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

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

	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Dec-24				
Michael	60	0	0	0

	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Jan 25				
Wynne	51	1	0	7

	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Feb-25				
San Saba	21	0	0	0

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

Audit Tools	December	January	February	Total
Total number of units audited	1	1	1	3
Total numbered property	60	51	21	132
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Second Quarter FY-2025**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Ellis	December 2-4, 2024	100%	98.4%
Stevenson	December 9-11, 2024	100%	98.4%
Hutchins	January 13-15, 2025	100%	99.5%
Clemens	February 3-5, 2025	100%	97.7%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Lynaugh/Ft. Stockton	January 20-22, 2025	100%	98.2%

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 001-CR23 – ACTIVE

Researcher: Nancy Rodriguez

Proponent: University of California, Irvine

Project Title: The Sources and Consequences of Prison Violence

IRB #: HB-2020-6063

IRB Expiration Date:

Project Begin Date: 04/12/2023

Project Status: COLLECTION

Project Completion Date: N/A

Progress Report Due Date: 01/24/2024

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

Project Number: 002-CR23 – ACTIVE

Researcher: Scott Cunningham

Proponent: Baylor University

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

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 06/01/2023

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited:

Project Number: 003-CR23 – ACTIVE

Researcher: Rachel Crawley

Proponent: Prison Fellowship Ministries

Project Title: Warden Exchange Program Evaluation

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 06/01/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited:

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 202-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1997)

IRB #: 12.06.05

IRB Expiration Date: 07/19/2023

Project Begin Date: 04/25/2006

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 01/10/2024

Units Visited: Bridgeport Unit, Young Unit

Project Number: 221-RL02 – ACTIVE

Researcher: Vicki Wilmer

Proponent: NORC at the University of Chicago

Project Title: National Longitudinal Study of Youth (1979)

IRB #: 12.06.05

IRB Expiration Date: 07/19/2023

Project Begin Date: 04/25/2006

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 01/10/2024

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

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 510-AR07 – ACTIVE

Researcher: Rachel Casper

Proponent: Research Triangle Institute

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

IRB #: MOD00001636

IRB Expiration Date: 09/05/2023

Project Begin Date:

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 03/01/2024

Units Visited: N/A

Project Number: 587-AR09 – ACTIVE

Researcher: Marcus Boccaccini

Proponent: Sam Houston State University

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

IRB #: FY2009-032

IRB Expiration Date: 06/01/2023

Project Begin Date: 10/14/2009

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/06/2023

Units Visited: N/A

Project Number: 686-AR13 – ACTIVE

Researcher: Jeffrey Bouffard

Proponent: Iowa State University

Project Title: Criminal Decision Making Among Adult Felony Inmates

IRB #: 2013-10-12362

IRB Expiration Date: 10/12/2014

Project Begin Date: 04/11/2014

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/12/2023

Units Visited: Holliday Unit

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 723-AR15 – ACTIVE

Researcher: David Pyrooz

Proponent: University of Colorado

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

IRB #: STUDY00001971

IRB Expiration Date: 12/11/2020

Project Begin Date: 04/08/2016

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 11/17/2023

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

Project Number: 783-AR18 – ACTIVE

Researcher: Jessica Le

Proponent: Justice System Partners

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

IRB #: IRB00000446

IRB Expiration Date: 12/07/2023

Project Begin Date: 06/06/2018

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 02/03/2024

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

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 785-AR18 – ACTIVE

Researcher: Erin Orrick

Proponent: Sam Houston State University

Project Title: Correctional Officer Attrition

IRB #: FY2018-38251

IRB Expiration Date: 08/20/2021

Project Begin Date: 10/01/2018

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 04/05/2023

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

Project Number: 841-AR21 – ACTIVE

Researcher: Kevin Knight

Proponent: Texas Christian University

Project Title: Justice Community Opioid Innovation Network (JCOIN)

IRB #: 1920147AM8

IRB Expiration Date: 05/12/2023

Project Begin Date: 07/15/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 09/27/2023

Units Visited: N/A

Project Number: 852-AR22 – ACTIVE

Researcher: Michael Cavanaugh

Proponent: University of Houston-Downtown

Project Title: The Change Agent Evaluation

IRB #: 2022

IRB Expiration Date: 03/02/2024

Project Begin Date: 08/10/2022

Project Status: Data Collection

Project Completion Date: N/A

Progress Report Due Date: 11/10/2023

Units Visited: Wynne Unit

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 867-AR23 – ACTIVE

Researcher: Beatriz Amalfi

Proponent: Sam Houston State University

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

IRB #: 2023-30

IRB Expiration Date: 03/02/2026

Project Begin Date: 03/21/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 12/21/2023

Units Visited: N/A

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 615-RM10 – ACTIVE

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

Project Number: 825-RM21 – ACTIVE

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

Project Number: 846-RM22 – ACTIVE

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

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q2 FY2025**

Project Number: 855-RM22 – ACTIVE

Researcher: Ayman Youssef

Proponent: University of Texas Medical Branch

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

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 12/5/2022

Project Status: Publication Process

Project Completion Date: N/A

Progress Report Due Date: 12/19/2023

Units Visited: N/A

Project Number: 860-RM23 – ACTIVE

Researcher: April McDougal

Proponent: University of Texas Medical Branch

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

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date: 02/28/2023

Project Status: Data Analysis

Project Completion Date: N/A

Progress Report Due Date: 11/28/2023

Units Visited: N/A

COMPELLED PSYCHOACTIVE MEDICATION AUDIT
2nd Quarter FY 2025
Audits Conducted in December 2024, January 2025, and February 2025

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	December 2024	0	0	NA	NA	NA
Montford	December 2024	9	9	9	100%	NA
Skyview	December 2024	15	15	15	100%	NA
Wayne Scott	December 2024	8	8	7	88%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January 2025	0	0	NA	NA	NA
Montford	January 2025	9	9	9	100%	NA
Skyview	January 2025	8	8	8	100%	NA
Wayne Scott	January 2025	5	5	5	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February 2025	0	0	NA	NA	NA
Montford	February 2025	7	7	7	100%	NA
Skyview	February 2025	8	8	8	100%	NA
Wayne Scott	February 2025	16	16	16	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

2nd Quarter of 2025

Reporting months– December 2024, January 2025, and February 2025

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Beto	24	20	10	4	50%
Byrd	37	20	19	17	95%
Dominguez	25	20	10	5	50%
East Texas	22	20	18	2	90%
Formby	35	20	10	15	50%
Garza West	34	20	4	14	20%
Gist	31	20	20	11	100%
Glossbrenner	37	19	19	18	100%
Halbert	27	20	19	7	95%
Holliday	24	20	18	4	90%
Hutchins	37	20	12	17	60%
Johnston	15	11	11	4	100%
Kyle	0	0	NA	NA	NA
Lindsey	34	20	20	14	100%
Lychner	27	20	12	7	60%
Middleton	32	19	12	13	63%
Plane	32	20	3	12	15%
Sanchez	22	19	16	3	84%
Sayle	17	7	2	10	29%
Travis	36	18	16	18	89%
Woodman	21	19	18	2	95%

GRAND TOTAL	569	372	269	197	
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- Inmates entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms/complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
- If the Inmate was transferred from the intake unit within 14 days of identification, the chart is excluded from the sample of charts requiring an MHE.

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

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

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**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.**

Managed Care

TTUHSC MANAGED CARE

Correctional Health Care MEDICAL DIRECTOR'S REPORT

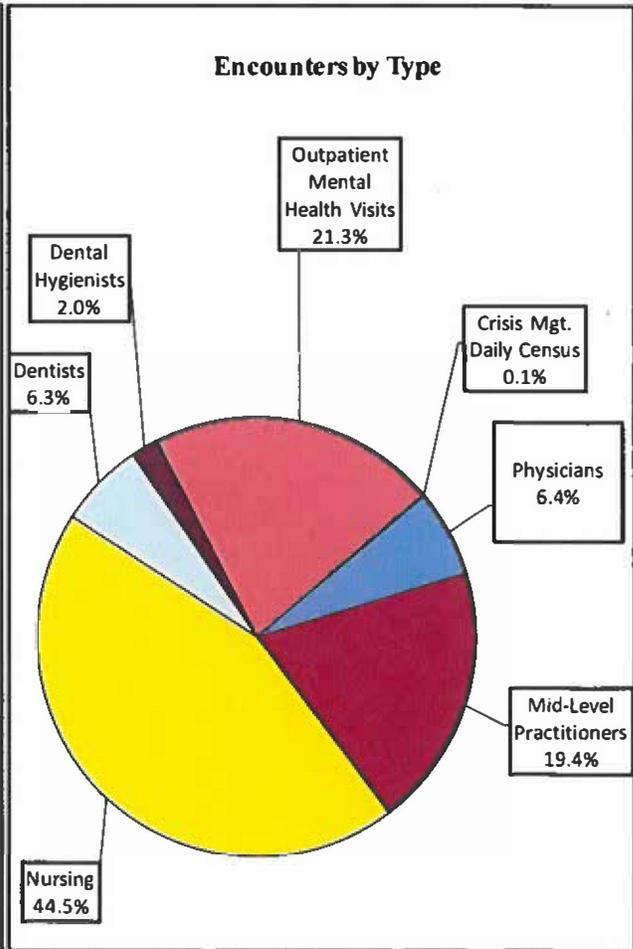
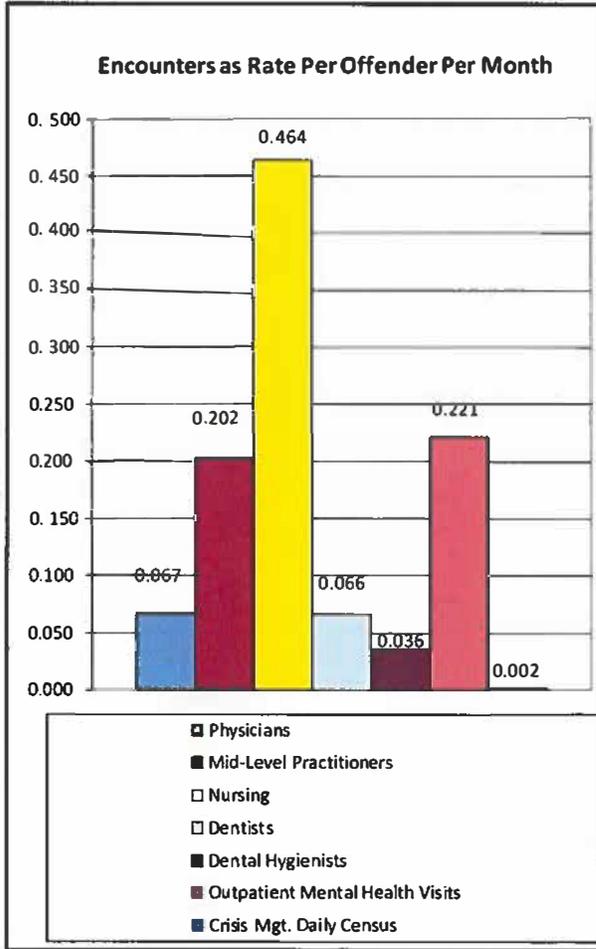
**2nd Quarter
FY2025**

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2nd Quarter FY25

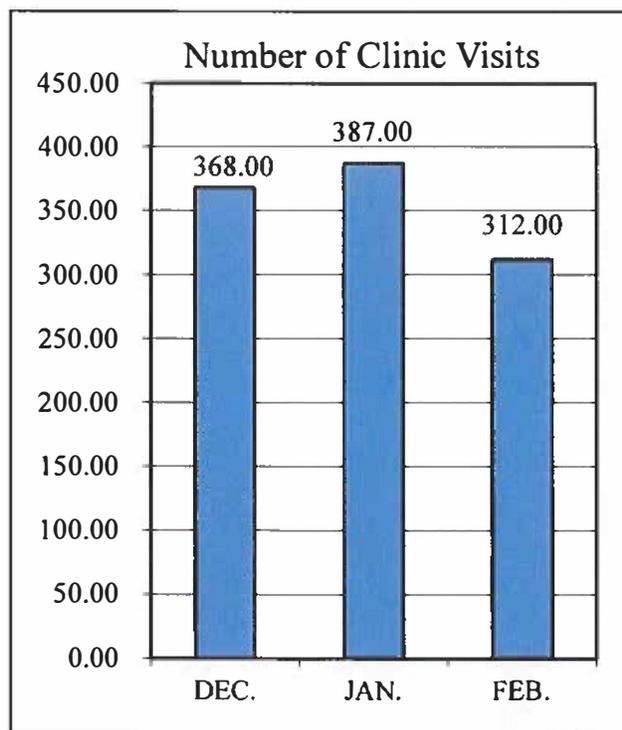
Medical Director's Report:

	DEC.		JAN.		FEB.		Qtly Average	
Average Population	27,754.00		27,942.00		28,103.00		27,933.00	
	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Medical encounters								
Physicians	1,728	0.062	2,175	0.078	1,694	0.060	1,866	0.067
Mid-Level Practitioners	5,596	0.202	6,637	0.238	4,680	0.167	5,638	0.202
Nursing	13,062	0.471	14,808	0.530	10,994	0.391	12,955	0.464
Sub-total	20,386	0.735	23,620	0.845	17,368	0.618	20,458	0.732
Dental encounters								
Dentists	1,768	0.064	2,133	0.076	1,600	0.057	1,834	0.066
Dental Hygienists	584	0.021	669	0.024	501	0.018	585	0.036
Sub-total	2,352	0.085	2,802	0.100	2,101	0.075	2,418	0.087
Mental health encounters								
Outpatient Mental Health Visits	5,721	0.206	7,134	0.255	5,692	0.203	6,182	0.221
Crisis Mgt. Daily Census	27	0.001	31	0.005	36	0.001	31	0.002
Sub-total	5,748	0.207	7,165	0.256	5,728	0.204	6,214	0.222
Total encounters	28,486	1.026	33,587	1.202	25,197	0.897	29,090	1.042



2nd Quarter FY25*Medical Director's Report (Page 2):*

	DEC.	JAN.	FEB.	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	169.00	171.00	175.00	171.67
Number of Admissions	442.00	526.00	707.00	558.33
Number of Clinic Visits	368.00	387.00	312.00	355.67
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	359.00	356.00	354.00	356.33
PAMIO/MROP Census	337.00	355.00	374.00	355.33
<i>Telemedicine Consults</i>				
	1890	2,335	2,420	2,215.00



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

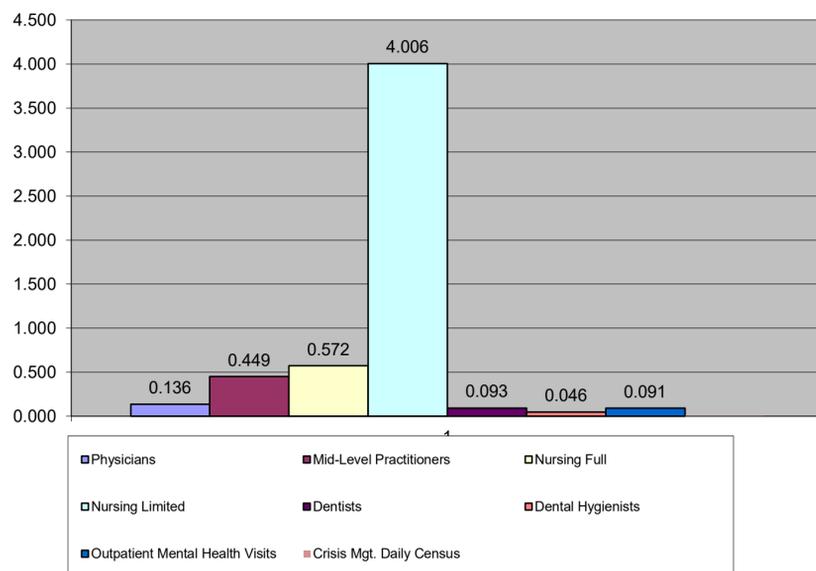
**Second Quarter
FY 2025**

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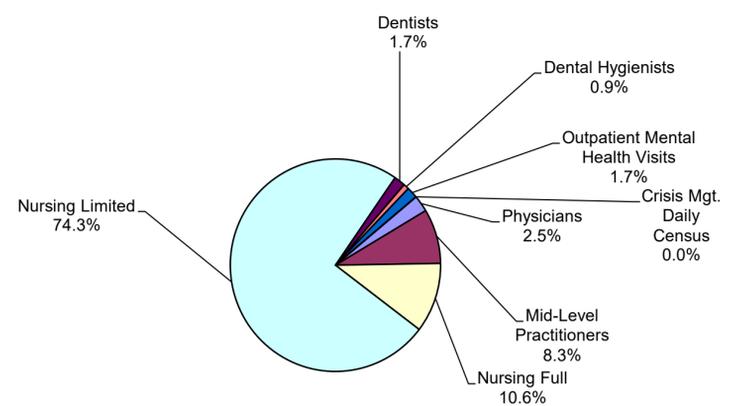
Medical Director's Report:

FY 25 Second Quarter	Dec		Jan		Feb		Qtly Average	
Average Population	111,827		111,399		111,068		111,431	
	Number	Rate Per Inmate						
Medical encounters								
Physicians	13,924	0.125	16,127	0.145	15,543	0.140	15,198	0.136
Mid-Level Practitioners	43,854	0.392	54,932	0.493	51,200	0.461	49,995	0.449
Nursing Full	61,867	0.553	67,547	0.606	61,853	0.557	63,756	0.572
Nursing Limited	424,794	3.799	457,300	4.105	457,141	4.116	446,412	4.006
Sub-total	544,439	4.869	595,906	5.349	585,737	5.274	575,361	5.163
Dental Encounters								
Dentists	9,216	0.082	11,454	0.103	10,570	0.095	10,413	0.093
Dental Hygienists	1,864	0.017	2,302	0.021	11,177	0.101	5,114	0.046
Sub-total	11,080	0.099	13,756	0.123	21,747	0.196	15,528	0.139
Mental Health Encounters								
Outpatient Mental Health Visits	9,315	0.083	10,627	0.095	10,637	0.096	10,193	0.091
Crisis Mgt. Daily Census	69	0.001	73	0.001	70	0.001	71	0.001
Sub-total	9,384	0.084	10,700	0.096	10,707	0.096	10,264	0.092
Total encounters	564,903	5.052	620,362	5.569	618,191	5.566	601,152	5.395

Encounters as Rate Per Offender Per Month

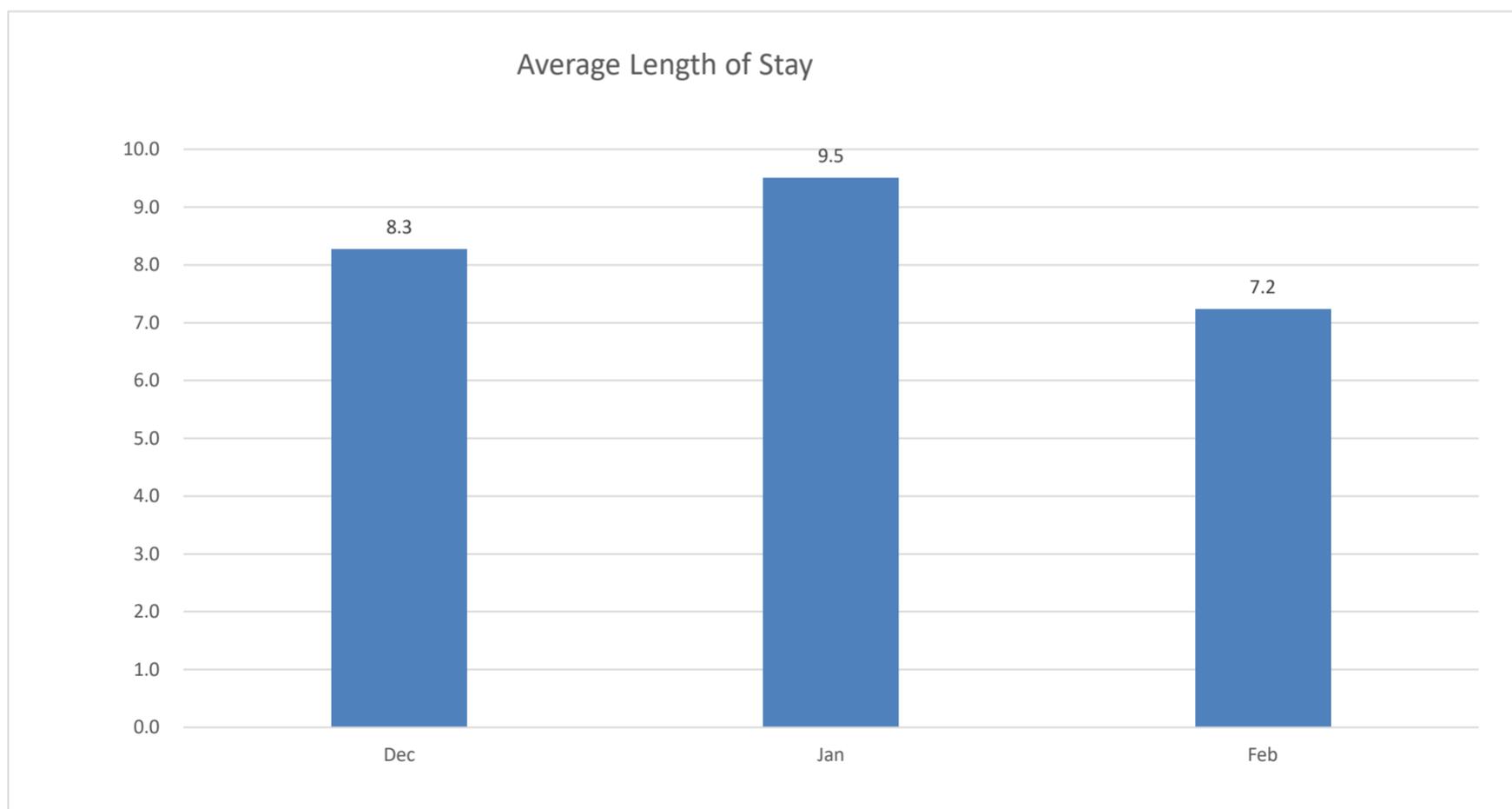


Encounters by Type



Medical Director's Report (Page 2):

FY 25	Dec	Jan	Feb	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	84.8	87.0	80.0	83.9
Number of Discharges	318	284	310	304
Average Length of Stay	8.3	9.5	7.2	8.3
Number of Clinic Visits	6,880	7,019	8,066	7,322
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	949.74	960.85	960.12	956.90
DDP Census	642.06	643.74	642.29	642.70
<i>Telemedicine Consults</i>	6,794	8,431	7,634	7,619.67



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 June 12, 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: May 8, 2025

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
 - A. Access to Care – Dental Services
 - B. Access to Care – Mental Health Services
 - C. Access to Care – Nursing Services
 - D. Access to Care – Medical Staff
 - E. Sick Call Verification Audit – SCRVA
- IV. FY2025 SLC Indicators
 - A. Dental: Total Open Reminders with Delay >60 Days
 - B. Mental Health: Restrictions Audit
 - C. Nursing: Annual TB Screening (Indicator #2), Sputum Culture Conversion (Indicator #4)
 - D. Support Services: Inpatient/Outpatient Physical Therapy
 - E. Clinical Administration: Missed Appointments (No Shows)
 - F. Joint Medical/Pharmacy: Indicator-Hepatitis C
- V. Standing Issues
 - A. CMHCC Updates
 - B. CMHC Pharmacy Report
 - C. Hospital Galveston Report
- VI. Miscellaneous/Open for Discussion Participants
 - A. ATC Accuracy Evaluation
 - B. Nurse Protocol Audits
 - C. Nursing QA Site Visit Audits
 - D. Mental Health ATC Accuracy Evaluation
- VII. Adjournment

Joint Policy and Procedure Committee

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

Co-Chair: Rebecca Ramirez

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

Meeting Date: April 10, 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-05.1	A-06.1	A-06.2	A-07.1*	A-08.1*	A-08.2*	C-19.2*	C-20.1
D-28.2	D-28.3	D-28.4	E-31.2*	E-34.4*	E-34.4	E-34.5	E-35.1
E-36.3	E-37.1*	E-37.2	E-37.3	E-37.4	E-37.5	F-47.1*	F-48.1
G-51.8*	G-51.9*	G-51.10	G-52.4*	H-60.2*	I-68.4*	I-69.1	

*Indicates Attachment(s) Included in the Policy

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

POLICY #	POLICY NAME	SUBMITTED BY
E-35.2	MENTAL HEALTH EVALUATION	TONYA CAMPBELL
E-36.4	DENTAL PROSTHODONTIC SERVICES	BILLY HORTON
G-51.6	REFERRAL OF AN INMATE FOR ADMISSION INTO A BEHAVIORAL HEALTH FACILITY	TONYA CAMPBELL
G-51.7	BEHAVIORAL HEALTH TREATMENT FOR SUBSTANCE ABUSE FELONY PUNISHMENT FACILITY INMATES	TONYA CAMPBELL
G-52.3	ADMISSION TO THE TDCJ MENTAL HEALTH THERAPEUTIC DIVERSION PROGRAM (MHTDP)	TONYA CAMPBELL
H-60.1	HEALTH RECORDS - ATTACHMENT C. – ONLY	BEN LEEAH

Adjourn – The Next Meeting is Scheduled for July 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: March 27, 2025

- I. Approval of the Minutes from 1.16.2025 P&T
- II. Reports from Subcommittees
 - A. DMG Triage - Dr. Munch
 - 1. Rhinitis DMG
 - 2. Gastrointestinal Pathways DMG
 - 3. Fecal Occult Blood Testing Patient Education
 - B. Psychiatry-Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports
 - B. Pharmacy Clinical Activity Report (FY25 YTD Through Feb 2025)
 - C. Drug Recalls (Through 3.11.2025)
 - D. Utilization Reports (FY YTD Through Jan 2025)
 - 1. HIV Utilization
 - 2. HCV Utilization
 - 3. HBV Utilization
 - 4. Psychotropic Utilization
 - E. Non-formulary Deferral Reports (Dec 2024-Feb 2025)
 - 1. UTMB Sector
 - 2. Texas Tech Sector
 - F. FDA Advisories (2025.01.22)
- IV. Old Business
 - A. Oxybutynin Medication Use Evaluation
- V. New Business
 - A. Respiratory Drug Category Review
 - B. Losartan Formulary Addition Recommendation
- VI. Policy Revisions:
 - A. Policies with revisions

05*05	Pharmacy and Therapeutics Committee
10*30	Ordering Stock Medication
10*40	Medication Procurement After Hours
15*10	Store of Pharmaceuticals
75*30	Medication Safety

B. Policies without revisions

05*10	Non-Formulary Medications
05*15	Additions to Medication Formulary
10*05	Prescribing and Ordering Medications

10*10	Automatic Stop Orders for Drugs
10*20	Investigational Drugs within Correctional Managed Care (CMC) Facilities
10*25	Medications Restricted to Specific Protocols for Use
10*45	Total Parenteral Nutrition
10*50	Critical Medications Dispensed upon Hospital Galveston Discharge
15*05	Medication Area Security
15*15	Transfer of Medication
15*25	Medication Security During Courier Transfer

C. Tabled policy

75*20	Record Retention
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VII. Drug Shortages (As of 03.12.2025)

VIII. Miscellaneous

A. Proton Pump Inhibitor Consent Form

IX. 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: April 10, 2025

Standing Reports:

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

Old Business:

B-14.10 - Table 02/13/2025

New Business:

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

B-14.12	B-14.13.1	B-14.13.2	B-14.13.3	B-14.14	B-14.15	B-14.16	B-14.17	B-14.18
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THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION:

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.10	Tuberculosis	Michelle Munch & Dr. Zepeda Candance Gore & Jill Campbell

Adjourn – The next meeting is scheduled for August 14, 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: May 6, 2025

- I. Call to Order
 - A. Minutes Confirmation
 1. Review of previous meeting minutes March 26, 2025
- II. Dr. Armita Bushong
 - A. CMHC Policy E36.6- Periodontal Disease
 - B. Dental Care and Pregnancy
 - C. Organizational Efficiency & Communications & Responsiveness to Change to Improve Outcomes
- III. Dr. Billy Horton
 - A. Vacancy Report
 - B. CMHC Policy E 36.6
 - C. HIV, Diabetes, Diabetes, and Pregnancy Wellness DMGs
 - D. Kegans Unit
 - E. Prosthetic Note Wizards
- IV. Dr. Chad Fendley
 - A. TTUHSC updates on staffing
 - B. ATC and reminders
 - C. Updates on Rudd and Neal repopulation
 - D. Dalby Unit in Post
 - E. Centralized Scheduling

- V. Dr. Pam Myers, UTMB Dental Hygiene Program Manager
 - A. RDH Note Wizard Revisions
- 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: June 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 February 2025:

There were 143 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2024, January and February 2025, of those 143 deaths, there were 0 cases referred to a peer review committee.

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

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: May 8, 2025

- I. Call to Order

- II. Approval of minutes Confirmation
 - A. Review 02.2025 Minutes

- III. Old Business:
 - A. CMHC Policy H-60.1 section V. Co-signature
 - B. Nursing Compact Licensure

- IV. New Business:
 - A. CMHC Policy E-42.02 Missed Clinic Appointment: No-Show exclusions
 - B. Draft-Chemo Consent Form
 - C. FY 2026 FLC Indicator: Urgent/Emergent Care Record documentation
 - D. EHR Sexual Assault Wizard template

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

Financial Report on Correctional Managed Health Care



Quarterly Report FY2025 Second Quarter

September 2024 – February 2025

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Second Quarter Financial Report on Correctional Managed Health Care

Overview

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

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

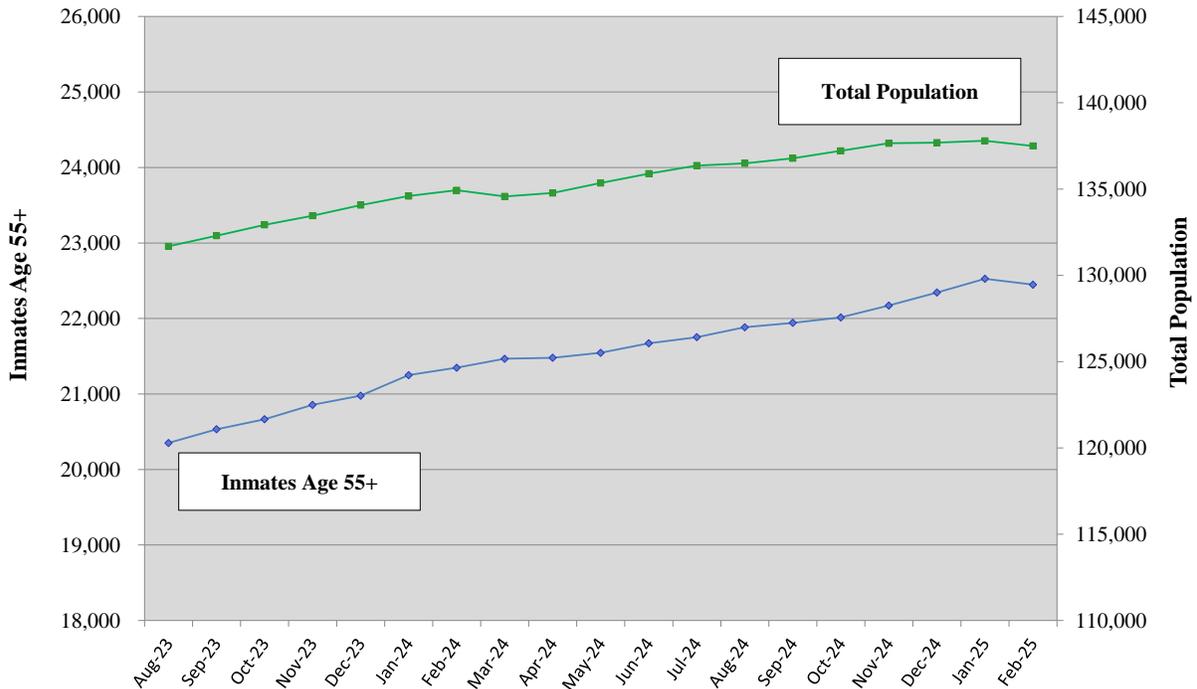
Population

- Overall inmate service population has increased 2.8% from FY2024
 - Average daily census through 2nd quarter
 - FY2024: 133,713
 - FY2025: 137,440

- Inmates aged 55 or older population has increased 6.2% from FY2024
 - Average daily census through 2nd quarter
 - FY2024: 20,938
 - FY2025: 22,241
 - While comprising about 16.2% of the overall service population, these inmates account for 51.7% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2025 average number of psychiatric inpatients through 2nd quarter is 1,741 which increased 1.2% from FY2024.
 - FY2025 average number of psychiatric outpatients through 2nd quarter is 35,650 which increased 5.2% from FY2024.

CMHC Service Population



Health Care Costs

- Total expenditures through 2nd quarter, FY2025: \$531M
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$274.3M or 51.7% of total expenses
 - Hospital and Clinical Care - \$209.9M or 39.5% of total expenses
 - Pharmacy Services - \$46.8M or 8.8% of total expenses
 - HIV-related drugs: 34.1% of total drug costs
 - Hepatitis C drug therapies: 18.8% of total drug costs
 - Psychiatric drugs: 4.8% of total drug costs
 - All other drug costs: 42.3% of total drug costs
- Cost per inmate per day increased 7.2% from FY2024 to FY2025
 - Cost per inmate per day through 2nd quarter FY2025:
 - FY2024: \$19.91
 - FY2025: \$21.34

Comparison of Total Health Care Costs

	FY21	FY22	FY23	FY24	FYTD 25 2nd Qtr
Population					
UTMB	96,514	96,521	103,295	109,692	111,666
TTUHSC	24,282	24,214	24,638	24,951	25,774
Total	120,796	120,735	127,933	134,643	137,440
Expenses					
UTMB	\$627,901,731	\$643,994,605	\$717,213,452	\$835,108,953	\$452,388,998
TTUHSC	\$122,657,653	\$129,276,857	\$137,866,090	\$146,154,728	\$78,575,494
Total	\$750,559,384	\$773,271,463	\$855,079,543	\$981,263,682	\$530,964,492
Cost/Day					
UTMB	\$17.82	\$18.28	\$19.02	\$20.80	\$22.38
TTUHSC	\$13.84	\$14.63	\$15.33	\$16.00	\$16.84
Total	\$17.02	\$17.55	\$18.31	\$19.91	\$21.34

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

Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 37,196,345	\$ 164,417,298	\$ 201,613,643
EMR Revenue Deferred to FY2024*	\$ -	\$ 940,288	\$ 940,288
State Reimbursement Benefits	\$ 6,513,914	\$ 34,694,916	\$ 41,208,830
Other Misc Revenue	\$ 783	\$ 46,379	\$ 47,162
C.1.8. Total Method of Finance	\$ 43,711,041	\$ 200,098,881	\$ 243,809,923
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 22,535,246	\$ 123,709,598	\$ 146,244,844
State Reimbursement Benefits	\$ 1,171,019	\$ -	\$ 1,171,019
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 23,706,265	\$ 123,709,598	\$ 147,415,862
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 7,156,334	\$ 32,244,913	\$ 39,401,247
State Reimbursement Benefits	\$ 57,935	\$ 1,174,696	\$ 1,232,632
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.10. Total Method of Finance	\$ 7,214,269	\$ 33,419,610	\$ 40,633,879
TOTAL METHOD OF FINANCE	\$ 74,631,575	\$ 357,228,089	\$ 431,859,664

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 66,887,925	\$ 320,371,809	\$ 387,259,734
State Reimbursement Benefits	\$ 7,742,868	\$ 35,869,613	\$ 43,612,480
Other Misc Revenue	\$ 783	\$ 46,379	\$ 47,162
TOTAL METHOD OF FINANCE	\$ 74,631,575	\$ 357,228,089	\$ 431,859,664

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 47,440,831	\$ 226,812,915	\$ 274,253,746
C.1.9. Hospital & Clinical Care	\$ 24,366,995	\$ 185,524,400	\$ 209,891,395
C.1.10. Managed Health Care - Pharmacy	\$ 6,767,667	\$ 40,051,683	\$ 46,819,350
TOTAL EXPENDITURES	\$ 78,575,494	\$ 452,388,998	\$ 530,964,492

DIFFERENCE	\$ (3,943,918)	\$ (95,160,909)	\$ (99,104,828)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Second Quarter, FY2025

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 37,196,345	\$ 164,417,298	\$ 201,613,643
EMR Revenue Deferred to FY2024*	\$ -	\$ 940,288	\$ 940,288
State Reimbursement Benefits	\$ 6,513,914	\$ 34,694,916	\$ 41,208,830
Other Misc Revenue	\$ 783	\$ 46,379	\$ 47,162
TOTAL METHOD OF FINANCE	\$ 43,711,041	\$ 200,098,881	\$ 243,809,923
Expenditures:			
Unit Care			
Salaries	\$ 19,479,462	\$ 134,533,891	\$ 154,013,353
Benefits	\$ 5,861,052	\$ 38,228,297	\$ 44,089,349
Other Operating Expenses	\$ 3,224,014	\$ 17,370,816	\$ 20,594,830
Professional Services	\$ 2,324,357	\$ -	\$ 2,324,357
Contracted Units/Services	\$ 4,520,921	\$ -	\$ 4,520,921
Travel	\$ 187,766	\$ 1,035,414	\$ 1,223,180
Capitalized Equipment	\$ 317,000	\$ 1,241,250	\$ 1,558,250
Subtotal, Unit Care	\$ 35,914,571	\$ 192,409,668	\$ 228,324,240
Psychiatric Care			
Salaries	\$ 6,953,556	\$ 23,924,871	\$ 30,878,426
Benefits	\$ 1,757,064	\$ 5,863,626	\$ 7,620,691
Other Operating Expenses	\$ 88,344	\$ 148,819	\$ 237,163
Professional Services	\$ 1,651,747	\$ -	\$ 1,651,747
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 52,649	\$ 142,709	\$ 195,358
Subtotal, Psychiatric Care	\$ 10,503,360	\$ 30,080,025	\$ 40,583,385
Indirect Expenditures (Shared Services)	\$ 1,022,899	\$ 4,323,222	\$ 5,346,121
TOTAL EXPENDITURES	\$ 47,440,831	\$ 226,812,915	\$ 274,253,746
DIFFERENCE	\$ (3,729,790)	\$ (26,714,034)	\$ (30,443,823)

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C.1.9. HOSPITAL & CLINICAL CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 22,535,246	\$ 123,709,598	\$ 146,244,844
State Reimbursement Benefits	\$ 1,171,019	\$ -	\$ 1,171,019
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 23,706,265	\$ 123,709,598	\$ 147,415,862
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 608,746	\$ 13,577,610	\$ 14,186,356
Community Provider Services	\$ 14,004,510	\$ 38,884,208	\$ 52,888,718
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 9,105,236	\$ 113,329,903	\$ 122,435,139
Estimated IBNR	\$ 28,784	\$ 15,518,804	\$ 15,547,588
Subtotal, Hospital & Clinical Care	\$ 23,747,276	\$ 181,310,525	\$ 205,057,801
Indirect Expenditures (Shared Services)	\$ 619,719	\$ 4,213,875	\$ 4,833,594
TOTAL EXPENDITURES	\$ 24,366,995	\$ 185,524,400	\$ 209,891,395
DIFFERENCE	\$ (660,730)	\$ (61,814,802)	\$ (62,475,532)

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C.1.10. MANAGED HEALTH CARE - PHARMACY			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 7,156,334	\$ 32,244,913	\$ 39,401,247
State Reimbursement Benefits	\$ 57,935	\$ 1,174,696	\$ 1,232,632
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 7,214,269	\$ 33,419,610	\$ 40,633,879
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,311,036	\$ 4,970,136	\$ 6,281,172
Benefits	\$ 66,896	\$ 1,664,823	\$ 1,731,719
Other Operating Expenses	\$ 281,302	\$ 3,879,942	\$ 4,161,244
Pharmaceutical Purchases	\$ 4,903,595	\$ 28,664,797	\$ 33,568,392
Travel	\$ 8,039	\$ 11,708	\$ 19,747
Capitalized Equipment	\$ -	\$ (20,075)	\$ (20,075)
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 6,570,868	\$ 39,171,331	\$ 45,742,199
Indirect Expenditures (Shared Services)	\$ 196,799	\$ 880,352	\$ 1,077,152
TOTAL EXPENDITURES	\$ 6,767,667	\$ 40,051,683	\$ 46,819,350
DIFFERENCE	\$ 446,602	\$ (6,632,074)	\$ (6,185,471)

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Key Population Indicators

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2025</u>
Average Service Population	136,782	137,218	137,654	137,218	137,689	137,798	137,497	137,661	137,440
Population Age 55 and Over	21,942	22,014	22,172	22,043	22,344	22,526	22,448	22,439	22,241
<i>Percent of Total Population</i>	16.0%	16.0%	16.1%	16.1%	16.2%	16.3%	16.3%	16.3%	16.2%
Key Treatment Populations, Month End									
Patients receiving HIV Treatment	1,887	1,916	1,915	1,906	1,947	1,926	1,896	1,923	1,915
Patients receiving Hep C Treatment	503	488	444	478	397	405	459	420	449
Patients Receiving Dialysis Treatment	210	213	204	209	210	213	204	209	105
Age 55 and Over	112	109	111	111	114	113	111	113	112
Under 55	98	104	93	98	96	100	93	96	97
Medical Inpatient Average Daily Census									
UTMB-Hospital Galveston	121	132	130	128	129	125	122	126	127
UTMB Community Hospitals	68	74	81	74	71	61	70	67	71
TTUHSC Community Hospitals	9	11	8	10	12	14	11	12	11
Medical Inpatient Average Daily Census	198	216	219	211	212	200	203	206	208
Medical Inpatient Discharges									
UTMB-Hospital Galveston	309	335	372	1,016	319	283	310	912	1,928
UTMB Community Hospitals	352	365	351	1,068	364	323	347	1,034	2,102
TTUHSC Community Hospitals	59	51	57	167	71	67	53	191	358
Medical Inpatient Discharges	720	751	780	2,251	754	673	710	2,137	4,388
Average Length of Stay (in days)									
UTMB - Hospital Galveston	7.37	7.70	9.50	8.19	8.24	9.53	7.23	8.33	8.26
	5.77	6.27	6.89	6.31	5.98	5.86	6.26	6.03	6.17
TTUHSC Community Hospitals	3.86	2.22	4.40	3.49	3.97	3.70	6.00	4.56	4.03
Infirmary and Sheltered Housing Census, Month End									
UTMB Infirmary	599	620	627	615	670	665	662	666	641
UTMB Sheltered Housing	633	635	637	635	639	629	636	635	635
TTUHSC Infirmary	162	164	162	163	166	172	161	166	165
Infirmary and Sheltered Housing Census, Month End	1,394	1,419	1,426	1,413	1,475	1,466	1,459	1,467	1,440
<i>Percent of Capacity Filled</i>	92.9%	94.5%	91.6%	93.0%	94.7%	94.2%	93.7%	94.2%	93.6%
Medical Outpatient Visits									
UTMB Specialty Clinics and ER Visits	8,894	10,438	7,569	8,967	8,316	8,554	9,453	8,774	8,871
TTUHSC Community Outpatient and ER Visits	3,608	1,270	4,200	3,026	4,084	3,920	4,352	4,119	3,572
Medical Outpatient Visits	12,502	11,708	11,769	11,993	12,400	12,474	13,805	12,893	12,443
Mental Health Inpatient Average Census									
UTMB Psychiatric Inpatient	957	962	973	964	950	961	960	957	961
TTUHSC Psychiatric Inpatient	736	746	733	738	879	801	785	822	780
Mental Health Inpatient Average Census	1,693	1,708	1,706	1,702	1,829	1,762	1,745	1,779	1,741
Mental Health Outpatient Caseload, Month End									
UTMB Psychiatric Outpatient	28,584	28,609	28,590	28,594	28,518	28,283	28,049	28,283	28,439
TTUHSC Psychiatric Outpatient	7,022	7,158	7,147	7,109	7,192	7,379	7,371	7,314	7,212
Mental Health Outpatient Caseload, Month End	35,606	35,767	35,737	35,703	35,710	35,662	35,420	35,597	35,650

Based on data submitted by UTMB and TTUHSC

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Key Budget Drivers (Cost)

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2025</u>
Selected Drug Costs									
HIV Medications	\$ 2,477,218	\$ 1,603,651	\$ 1,916,775	\$ 5,997,644	\$ 1,401,490	\$ 2,433,741	\$ 1,617,806	\$ 5,453,038	\$ 11,450,682
Hepatitis C Medications	\$ 1,352,282	\$ 1,189,529	\$ 837,159	\$ 3,378,969	\$ 950,222	\$ 951,997	\$ 1,017,137	\$ 2,919,356	\$ 6,298,325
Psychiatric Medications	\$ 281,705	\$ 271,485	\$ 229,293	\$ 782,484	\$ 320,494	\$ 275,838	\$ 240,122	\$ 836,455	\$ 1,618,938
All Other Drug Costs	\$ 1,636,078	\$ 3,426,091	\$ 2,100,505	\$ 7,162,674	\$ 2,416,460	\$ 1,920,225	\$ 2,701,088	\$ 7,037,773	\$ 14,200,447
Total Drug Costs	\$ 5,747,283	\$ 6,490,756	\$ 5,083,732	\$ 17,321,770	\$ 5,088,666	\$ 5,581,802	\$ 5,576,154	\$ 16,246,621	\$ 33,568,392
Dialysis									
Age 55 and Over	\$ 413,601	\$ 435,302	\$ 389,937	\$ 1,238,841	\$ 421,182	\$ 452,863	\$ 364,633	\$ 1,238,678	\$ 2,477,519
UTMB	\$ 358,205	\$ 379,906	\$ 334,541	\$ 1,072,653	\$ 365,786	\$ 405,382	\$ 324,456	\$ 1,095,624	\$ 2,168,277
TTUHSC	\$ 55,396	\$ 55,396	\$ 55,396	\$ 166,188	\$ 55,396	\$ 47,481	\$ 40,177	\$ 143,054	\$ 309,242
Under 55	\$ 358,372	\$ 363,622	\$ 351,775	\$ 1,073,769	\$ 380,916	\$ 399,776	\$ 339,612	\$ 1,120,303	\$ 2,194,073
UTMB	\$ 298,836	\$ 313,806	\$ 300,643	\$ 913,285	\$ 330,594	\$ 341,540	\$ 275,692	\$ 947,825	\$ 1,861,111
TTUHSC	\$ 59,536	\$ 49,816	\$ 51,132	\$ 160,484	\$ 50,322	\$ 58,236	\$ 63,920	\$ 172,478	\$ 332,962
Total Dialysis	\$ 771,974	\$ 798,924	\$ 741,712	\$ 2,312,610	\$ 802,097	\$ 852,639	\$ 704,244	\$ 2,358,981	\$ 4,671,591
Offsite Hospital Services									
Age 55 and Over	\$ 13,751,252	\$ 16,689,967	\$ 15,226,595	\$ 45,667,814	\$ 17,625,871	\$ 16,742,794	\$ 18,697,684	\$ 53,066,349	\$ 98,734,163
UTMB	\$ 13,235,243	\$ 16,367,245	\$ 14,419,863	\$ 44,022,351	\$ 16,680,882	\$ 15,524,987	\$ 18,355,392	\$ 50,561,261	\$ 94,583,612
TTUHSC	\$ 516,008	\$ 322,722	\$ 806,733	\$ 1,645,463	\$ 944,989	\$ 1,217,808	\$ 342,292	\$ 2,505,088	\$ 4,150,551
Under 55	\$ 14,359,546	\$ 18,396,028	\$ 13,494,923	\$ 46,250,497	\$ 15,010,869	\$ 14,838,659	\$ 16,093,261	\$ 45,942,790	\$ 92,193,287
UTMB	\$ 13,184,513	\$ 15,494,604	\$ 12,273,111	\$ 40,952,229	\$ 13,152,177	\$ 12,526,249	\$ 14,775,616	\$ 40,454,041	\$ 81,406,270
TTUHSC	\$ 1,175,033	\$ 2,901,424	\$ 1,221,811	\$ 5,298,268	\$ 1,858,693	\$ 2,312,410	\$ 1,317,646	\$ 5,488,749	\$ 10,787,017
Total Offsite Hospital Services	\$ 28,110,798	\$ 35,085,995	\$ 28,721,518	\$ 91,918,311	\$ 32,636,740	\$ 31,581,453	\$ 34,790,946	\$ 99,009,139	\$ 190,927,450
<i>*TTUHSC Offsite Hospital Services report for 4th quarter was not available at time of submission.</i>									
C.1.8. Salaries/Agency Nursing/Overtime									
UTMB									
Salaries	\$ 21,655,971	\$ 22,158,308	\$ 22,416,826	\$ 66,231,106	\$ 22,957,712	\$ 23,168,115	\$ 20,661,733	\$ 66,787,561	\$ 133,018,666
Agency Nursing	\$ 2,487,923	\$ 2,677,587	\$ 2,568,258	\$ 7,733,769	\$ 2,428,558	\$ 2,154,683	\$ 2,194,814	\$ 6,778,055	\$ 14,511,824
Overtime	\$ 1,825,277	\$ 2,045,097	\$ 1,862,235	\$ 5,732,609	\$ 1,786,008	\$ 1,715,034	\$ 1,694,621	\$ 5,195,662	\$ 10,928,271
UTMB Total	\$ 25,969,171	\$ 26,880,992	\$ 26,847,320	\$ 79,697,484	\$ 27,172,278	\$ 27,037,832	\$ 24,551,168	\$ 78,761,278	\$ 158,458,762
TTUHSC									
Salaries	\$ 4,068,069	\$ 4,179,111	\$ 4,111,439	\$ 12,358,619	\$ 4,592,947	\$ 4,708,980	\$ 4,252,933	\$ 13,554,860	\$ 25,913,479
Agency Nursing	\$ 159,269	\$ 451,488	\$ 382,430	\$ 993,187	\$ 242,833	\$ 231,270	\$ (127)	\$ 473,975	\$ 1,467,162
Overtime	\$ 76,559	\$ 78,515	\$ 99,131	\$ 254,205	\$ 88,106	\$ 85,475	\$ 91,752	\$ 265,333	\$ 519,538
TTUHSC Total	\$ 4,303,897	\$ 4,709,114	\$ 4,593,001	\$ 13,606,012	\$ 4,923,885	\$ 5,025,726	\$ 4,344,558	\$ 14,294,168	\$ 27,900,180
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 30,273,068	\$ 31,590,106	\$ 31,440,321	\$ 93,303,495	\$ 32,096,163	\$ 32,063,558	\$ 28,895,726	\$ 93,055,446	\$ 186,358,941
FTEs									
UTMB	3,065.3	3,088.5	3,112.4	3,088.7	3,127.8	3,143.5	3,148.5	3,140.0	3,114.4
TTUHSC	741.0	733.8	731.8	735.5	741.7	746.3	743.7	743.9	739.7
Total FTEs	3,806.3	3,822.3	3,844.2	3,824.3	3,869.5	3,889.8	3,892.3	3,883.9	3,854.1
Key Occupational Categories, Percent Filled									
UTMB									
Nursing	86.4%	87.0%	87.7%	87.0%	88.1%	88.6%	88.7%	88.5%	87.8%
Mental Health	82.1%	82.9%	83.9%	83.0%	84.2%	84.2%	84.7%	84.3%	83.7%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	86.0%	88.0%	88.8%	87.6%	88.3%	89.3%	89.3%	89.0%	88.3%
Dental	90.6%	92.7%	91.7%	91.7%	91.1%	91.7%	90.9%	91.2%	91.4%
Pharmacy	90.6%	92.0%	92.4%	91.7%	93.1%	94.0%	93.3%	93.5%	92.6%
Other Positions	97.9%	97.2%	98.6%	97.9%	98.6%	97.2%	96.5%	97.4%	97.7%
TTUHSC	72.3%	71.6%	71.4%	71.8%	72.4%	72.8%	72.6%	72.6%	72.2%
Nursing	62.8%	62.1%	62.1%	62.3%	63.9%	64.4%	64.4%	64.3%	63.3%
Mental Health	74.7%	72.4%	70.6%	72.6%	72.2%	73.8%	72.2%	72.7%	72.6%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	76.8%	76.8%	76.8%	76.8%	78.6%	75.0%	73.2%	75.6%	76.2%
Dental	88.5%	88.5%	88.5%	88.5%	85.6%	85.9%	83.8%	85.1%	86.8%
Pharmacy	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%
Other Positions	87.5%	87.4%	87.4%	87.5%	86.9%	87.5%	88.4%	87.6%	87.5%

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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 03/21/25
REVENUE:						
TDCJ Appropriation	\$ 33,628,736	\$ 33,259,189			\$ 66,887,925	\$ 134,884,489
State Reimbursement Benefits	\$ 3,780,497	\$ 3,962,371			\$ 7,742,868	\$ 15,485,735
Other Misc Revenue	\$ 243	\$ 540			\$ 783	\$ 1,566
TOTAL REVENUES	\$ 37,409,475	\$ 37,222,100	\$ -	\$ -	\$ 74,631,575	\$ 150,371,790

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 9,138,057	\$ 10,341,404			\$ 19,479,462	\$ 41,758,924
Benefits	\$ 2,740,120	\$ 3,120,932			\$ 5,861,052	\$ 12,564,577
Other Operating Expenses	\$ 1,450,426	\$ 1,773,588			\$ 3,224,014	\$ 6,503,028
Professional Services	\$ 1,039,051	\$ 1,285,307			\$ 2,324,357	\$ 4,848,715
Contracted Units/Services	\$ 3,306,201	\$ 1,214,720			\$ 4,520,921	\$ 6,634,395
Travel	\$ 72,954	\$ 114,812			\$ 187,766	\$ 375,533
Capitalized Equipment	\$ 216,674	\$ 100,326			\$ 317,000	\$ 633,999
Subtotal, Unit Care Expenditures	\$ 17,963,483	\$ 17,951,089	\$ -	\$ -	\$ 35,914,571	\$ 73,319,171
Psychiatric Care Expenditures						
Salaries	\$ 3,474,767	\$ 3,478,788			\$ 6,953,556	\$ 13,907,111
Benefits	\$ 860,526	\$ 896,539			\$ 1,757,064	\$ 3,514,129
Other Operating Expenses	\$ 33,923	\$ 54,421			\$ 88,344	\$ 176,689
Professional Services	\$ 882,761	\$ 768,987			\$ 1,651,747	\$ 3,303,495
Travel	\$ 27,352	\$ 25,297			\$ 52,649	\$ 105,297
Subtotal, Psychiatric Care Expenditures	\$ 5,279,329	\$ 5,224,032	\$ -	\$ -	\$ 10,503,360	\$ 21,006,721
Total Expenditures, Unit & Psychiatric Care	\$ 23,242,811	\$ 23,175,121	\$ -	\$ -	\$ 46,417,932	\$ 94,325,892

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 208,493	\$ 400,253			\$ 608,746	\$ 1,217,492
Community Provider Services	\$ 6,406,804	\$ 7,597,706			\$ 14,004,510	\$ 23,009,019
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,658,464	\$ 4,446,772			\$ 9,105,236	\$ 18,210,472
Estimated IBNR	\$ 32,907	\$ (4,123)			\$ 28,784	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 11,306,668	\$ 12,440,607	\$ -	\$ -	\$ 23,747,276	\$ 42,436,983

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 475,719	\$ 835,317			\$ 1,311,036	\$ 2,622,072
Benefits	\$ 33,184	\$ 33,712			\$ 66,896	\$ 133,793
Other Operating Expenses	\$ 304,728	\$ (23,426)			\$ 281,302	\$ 562,603
Pharmaceutical Purchases	\$ 2,305,866	\$ 2,597,729			\$ 4,903,595	\$ 10,157,190
Travel	\$ 1,680	\$ 6,359			\$ 8,039	\$ 16,078
Capitalized Equipment	\$ -	\$ -			\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 3,121,177	\$ 3,449,691	\$ -	\$ -	\$ 6,570,868	\$ 13,491,736

Indirect Expenditures (Shared Services)	\$ 924,790	\$ 914,628			\$ 1,839,418	\$ 3,709,323
TOTAL EXPENDITURES	\$ 38,595,447	\$ 39,980,046			\$ 78,575,494	\$ 153,963,934
DIFFERENCE	\$ (1,185,972)	\$ (2,757,947)	\$ -	\$ -	\$ (3,943,918)	\$ (3,592,145)

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University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 03/26/2025
REVENUE:						
TDCJ Appropriation	\$ 161,070,910	\$ 159,300,899			\$ 320,371,809	\$ 646,053,654
EMR Revenue Deferred to FY2024*	\$ 498,399	\$ 441,889			\$ 940,288	\$ 1,845,514
State Reimbursement Benefits	\$ 17,250,421	\$ 18,619,192			\$ 35,869,613	\$ 67,127,493
Other Misc Revenue	\$ 31,290	\$ 15,088			\$ 46,379	\$ 93,526
TOTAL REVENUES	\$ 178,851,021	\$ 178,377,068	\$ -	\$ -	\$ 357,228,089	\$ 715,120,187

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 67,703,590	\$ 66,830,301			\$ 134,533,891	\$ 271,936,713
Benefits	\$ 18,760,640	\$ 19,467,658			\$ 38,228,297	\$ 77,268,042
Other Operating Expenses	\$ 9,022,482	\$ 8,348,334			\$ 17,370,816	\$ 34,588,390
Professional Services	\$ -	\$ -			\$ -	\$ -
Contracted Units/Services	\$ -	\$ -			\$ -	\$ -
Travel	\$ 437,138	\$ 598,276			\$ 1,035,414	\$ 2,087,989
Capitalized Equipment	\$ 874,831	\$ 366,419			\$ 1,241,250	\$ 6,926,310
Subtotal, Unit Care Expenditures	\$ 96,798,681	\$ 95,610,988	\$ -	\$ -	\$ 192,409,668	\$ 392,807,444
Psychiatric Care Expenditures						
Salaries	\$ 11,993,893	\$ 11,930,977			\$ 23,924,871	\$ 48,246,286
Benefits	\$ 2,888,617	\$ 2,975,009			\$ 5,863,626	\$ 11,824,440
Other Operating Expenses	\$ 70,713	\$ 78,106			\$ 148,819	\$ 300,104
Professional Services	\$ -	\$ -			\$ -	\$ -
Travel	\$ 53,493	\$ 89,216			\$ 142,709	\$ 287,783
Subtotal, Psychiatric Care Expenditures	\$ 15,006,716	\$ 15,073,309	\$ -	\$ -	\$ 30,080,025	\$ 60,658,614
Total Expenditures, Unit & Psychiatric Care	\$ 111,805,397	\$ 110,684,297	\$ -	\$ -	\$ 222,489,693	\$ 453,466,058

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 7,911,115	\$ 5,666,495			\$ 13,577,610	\$ 29,880,229
Community Provider Services	\$ 13,613,895	\$ 25,270,313			\$ 38,884,208	\$ 104,281,260
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 53,447,318	\$ 59,882,585			\$ 113,329,903	\$ 229,022,013
Estimated IBNR	\$ 14,285,981	\$ 1,232,823			\$ 15,518,804	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 89,258,309	\$ 92,052,216	\$ -	\$ -	\$ 181,310,525	\$ 363,183,502

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,635,059	\$ 2,335,077			\$ 4,970,136	\$ 10,042,695
Benefits	\$ 835,315	\$ 829,508			\$ 1,664,823	\$ 3,363,953
Other Operating Expenses	\$ 1,880,320	\$ 1,999,623			\$ 3,879,942	\$ 7,824,193
Pharmaceutical Purchases	\$ 15,015,904	\$ 13,648,892			\$ 28,664,797	\$ 64,696,085
Travel	\$ 5,065	\$ 6,643			\$ 11,708	\$ 23,611
Capitalized Equipment	\$ (20,075)	\$ -			\$ (20,075)	\$ 1,438,268
Total Expenditures, Managed Health Care Pharmacy	\$ 20,351,588	\$ 18,819,743	\$ -	\$ -	\$ 39,171,331	\$ 87,388,806

Indirect Expenditures (Shared Services)	\$ 5,613,674	\$ 3,803,776			\$ 9,417,449	\$ 21,650,820
TOTAL EXPENDITURES	\$ 227,028,967	\$ 225,360,031			\$ 452,388,998	\$ 925,689,186
DIFFERENCE	\$ (48,177,946)	\$ (46,982,963)	\$ -	\$ -	\$ (95,160,909)	\$ (210,568,999)

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

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 194,699,646	\$ 192,560,088	\$ -	\$ -	\$ 387,259,734	\$ 780,938,143
Revenue Deferred to FY2023*	\$ 498,399	\$ 441,889	\$ -	\$ -	\$ 940,288	\$ 1,845,514
State Reimbursement Benefits	\$ 21,030,918	\$ 22,581,562	\$ -	\$ -	\$ 43,612,480	\$ 82,613,228
Other Misc Revenue	\$ 31,533	\$ 15,629	\$ -	\$ -	\$ 47,162	\$ 95,092
TOTAL REVENUES	\$ 216,260,496	\$ 215,599,168	\$ -	\$ -	\$ 431,859,664	\$ 865,491,976

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 76,841,648	\$ 77,171,705	\$ -	\$ -	\$ 154,013,353	\$ 313,695,637
Benefits	\$ 21,500,759	\$ 22,588,590	\$ -	\$ -	\$ 44,089,349	\$ 89,832,620
Other Operating Expenses	\$ 10,472,908	\$ 10,121,922	\$ -	\$ -	\$ 20,594,830	\$ 41,091,418
Professional Services	\$ 1,039,051	\$ 1,285,307	\$ -	\$ -	\$ 2,324,357	\$ 4,848,715
Contracted Units/Services	\$ 3,306,201	\$ 1,214,720	\$ -	\$ -	\$ 4,520,921	\$ 6,634,395
Travel	\$ 510,092	\$ 713,088	\$ -	\$ -	\$ 1,223,180	\$ 2,463,522
Capitalized Equipment	\$ 1,091,505	\$ 466,745	\$ -	\$ -	\$ 1,558,250	\$ 7,560,309
Subtotal, Unit Care Expenditures	\$ 114,762,163	\$ 113,562,076	\$ -	\$ -	\$ 228,324,240	\$ 466,126,615
Psychiatric Care Expenditures						
Salaries	\$ 15,468,660	\$ 15,409,766	\$ -	\$ -	\$ 30,878,426	\$ 62,153,397
Benefits	\$ 3,749,143	\$ 3,871,548	\$ -	\$ -	\$ 7,620,691	\$ 15,338,569
Other Operating Expenses	\$ 104,636	\$ 132,527	\$ -	\$ -	\$ 237,163	\$ 476,793
Professional Services	\$ 882,761	\$ 768,987	\$ -	\$ -	\$ 1,651,747	\$ 3,303,495
Travel	\$ 80,845	\$ 114,513	\$ -	\$ -	\$ 195,358	\$ 393,081
Subtotal, Psychiatric Care Expenditures	\$ 20,286,045	\$ 20,297,341	\$ -	\$ -	\$ 40,583,385	\$ 81,665,335
Total Expenditures, Unit & Psychiatric Care	\$ 135,048,208	\$ 133,859,417	\$ -	\$ -	\$ 268,907,625	\$ 547,791,950

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 8,119,608	\$ 6,066,748	\$ -	\$ -	\$ 14,186,356	\$ 31,097,721
Community Provider Services	\$ 20,020,699	\$ 32,868,019	\$ -	\$ -	\$ 52,888,718	\$ 127,290,279
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 58,105,782	\$ 64,329,357	\$ -	\$ -	\$ 122,435,139	\$ 247,232,485
Estimated IBNR	\$ 14,318,888	\$ 1,228,701	\$ -	\$ -	\$ 15,547,588	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 100,564,977	\$ 104,492,824	\$ -	\$ -	\$ 205,057,801	\$ 405,620,485

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 3,110,779	\$ 3,170,393	\$ -	\$ -	\$ 6,281,172	\$ 12,664,767
Benefits	\$ 868,499	\$ 863,220	\$ -	\$ -	\$ 1,731,719	\$ 3,497,746
Other Operating Expenses	\$ 2,185,047	\$ 1,976,197	\$ -	\$ -	\$ 4,161,244	\$ 8,386,797
Pharmaceutical Purchases	\$ 17,321,770	\$ 16,246,621	\$ -	\$ -	\$ 33,568,392	\$ 74,853,276
Travel	\$ 6,745	\$ 13,002	\$ -	\$ -	\$ 19,747	\$ 39,689
Capitalized Equipment	\$ (20,075)	\$ -	\$ -	\$ -	\$ (20,075)	\$ 1,438,268
Total Expenditures, Managed Health Care Pharmacy	\$ 23,472,765	\$ 22,269,433	\$ -	\$ -	\$ 45,742,199	\$ 100,880,542

Indirect Expenditures (Shared Services)	\$ 6,538,464	\$ 4,718,403	\$ -	\$ -	\$ 11,256,867	\$ 25,360,143
TOTAL EXPENDITURES	\$ 265,624,414	\$ 265,340,078	\$ -	\$ -	\$ 530,964,492	\$ 1,079,653,120
DIFFERENCE	\$ (49,363,918)	\$ (49,740,910)	\$ -	\$ -	\$ (99,104,828)	\$ (214,161,144)
Projected Uncollected Health Care Fees						\$ (704,000)
FY2025 Spend Forward to FY2024 - LBB Approved						\$ (121,571,411)
NET DIFFERENCE	\$ (49,363,918)	\$ (49,740,910)	\$ -	\$ -	\$ (99,104,828)	\$ (336,436,555)



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Second 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 Second Quarter Fiscal Year (FY) 2025 (December 2024, January and February 2025), Operational Review Audits (ORAs) were conducted at the following **3** facilities: Michael, San Saba, and Wynne units.

- To be considered compliant, a facility must score 80% or better on an Operational Review question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **10** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2025:
 1. Item **4.190** requires caseload inmates, or other inmates identified as having a mental health condition, who are housed in disciplinary segregation, be seen by mental health staff or nursing staff each day. The following **3** facilities were not in compliance with this requirement:
 - San Saba (80%) – Corrective action plan received
 - Wynne (60%) – Corrective action plan received
 - Michael (0%) – Corrective action plan received
 2. Item **4.490** requires inmates who are prescribed anti-psychotic medications be reassessed a minimum of every 6 months by trained personnel using the Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. The following **3** facilities were not in compliance with this requirement:
 - San Saba (57%) – Corrective action plan received
 - Wynne (55%) – Corrective action plan received
 - Michael (41%) – Corrective action plan received
 3. Item **1.630** requires the facility have an overall health services staffing vacancy of no more than 12%. The following **2** facilities were not in compliance with this requirement:
 - Wynne (0%) – Corrective action plan received
 - Michael (0%) – Corrective action plan received
 4. Item **5.065** requires an order in the Electronic Health Record (EHR) for a therapeutic diet for each inmate that has a qualifying diagnosis. The following **2** facilities were not in compliance with this requirement:
 - Wynne (63%) – Corrective action plan received
 - Michael (71%) – Corrective action plan received
 5. Item **5.090** requires the daily cell side visits by nursing staff for inmates in disciplinary segregation be documented on Flow Sheet (HSN-46). The following **2** facilities were not in compliance with this requirement:
 - Wynne (54%) – Corrective action plan received
 - Michael (71%) – Corrective action plan received
 6. Item **5.155** requires intra-system medical transfers returning to the facility from an inpatient infirmary, or an inpatient psych facility, or returning inmates for whom there were changes in medication orders, treatment plan, housing assignment or disciplinary restrictions have their HSN-1 reviewed and documented by a physician or mid-level practitioner. The following **2** facilities were not in compliance with this requirement:
 - San Saba (78%) – Corrective action plan received
 - Wynne (75%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

7. Item **5.180** requires inmates with chronic illnesses have a documented Individual Treatment Plan within the minimum time frame required: (1) 6 months IDDM and NIDDM, (2) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia, and Seizure Disorders. The following **2** facilities were not in compliance with this requirement:
 - Wynne (71%) – Corrective action plan received
 - Michael (67%) – Corrective action plan received
8. Item **5.210** requires an 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 **2** facilities were not in compliance with this requirement:
 - Wynne (57%) – Corrective action plan received
 - Michael (79%) – Corrective action plan received
9. Item **6.010** requires screening for tuberculosis be performed on all inmates annually at the facility. The following **2** facilities were not in compliance with this requirement:
 - Wynne (71%) – Corrective action plan received
 - Michael (58%) – Corrective action plan received
10. Item **6.210** requires HIV positive inmates on the facility be seen in chronic care clinic every 6 months. The following **2** facilities were not in compliance with this requirement:
 - Wynne (31%) – Corrective action plan received
 - Michael (19%) – Corrective action plan received

During the previous quarter, ORAs for **2** facilities had pending corrective action plans: Dalhart and Plane units. During the Second Quarter FY 2025, **none** were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **3** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Second Quarter of FY 2025 (December 2024, January and February 2025), Dental Quality Review audits were conducted at the following **12** facilities: Bell, Beto, Boyd, Coffield, Ellis, Estelle (General Population [GP] and Extended Cell Block [ECB]), Luther, Michael, Pack, Polunsky, Powledge, and San Saba units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **2** of the **12** facilities were not in compliance: Boyd (70%) and Pack (60%).
- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1. **2** of the **12** facilities were not in compliance: Coffield (74%) and Ellis (74%).
- **Item 21** assesses if radiographs utilized in Comprehensive Treatment Plan (CTP) are of diagnostic quality, necessary for assessment and treatment planning. **2** of the **12** facilities were not in compliance: Powledge (70%) and San Saba (66%).
- **Item 22** assesses inter-proximal radiograph findings on CTP. **1** of the **12** facilities was not in compliance: Pack (59%).

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

- **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. **1** of the **12** facilities was not in compliance: Coffield (33%).
- **Item 24** assesses if radiograph showing all of the tooth to be extracted including any remaining clinical crown and all apices was performed prior to a dental extraction. **1** of the **12** facilities was not in compliance: San Saba (75%).
- **Item 26** assesses if the Eyewash Station is functional and readily accessible. **1** of the **12** facilities was not in compliance: Michael (0%).
- **Item 32** assesses if the bio-hazard container complies with Correctional Managed Health Care policies. **1** of the **12** facilities was not in compliance: Beto (75%).
- **Item 34** assesses if dental instruments, equipment and handpieces are cleaned and handled according to Correctional Managed Health Care policies. **1** of the **12** facilities was not in compliance: San Saba (75%).
- **Item 39** assesses if the Clinic Dental Manual is printed and updated. **1** of the **12** facilities was not in compliance: Boyd (50%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2025 (December 2024, January and February 2025), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,266** correspondences. The PLP received **3,690** and Step II Grievance received **576**. There were **88** 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 Second 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 **4%** and **0%** for TTUHSC for the Second 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 Second Quarter of FY 2025, (December 2024, January and February 2025), the Patient Liaison Program nurses and investigators performed **13** Sick Call Request Verification Audits (SCRVA) on **13** 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 **117** indicators were reviewed at the **13** facilities and **1** of the indicators fell below the 80 percent compliance threshold, representing **less than 1** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **13** facilities audited. There were **0** units with one or more discipline composite scores below 80. At each unit, OPS staff continued educating the medical staff.

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

OFFICE OF PUBLIC HEALTH

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

- The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider requested, inmate requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, inmates who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of inmates do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an inmate's release date. During the Second Quarter FY 2025, there were **10,589** intake HIV tests performed. Of those tested, **62** inmates were newly identified as having HIV infection. During the same time period, there were **7,865** pre-release tests performed with **0** found to be HIV positive. For this quarter, **1** new AIDS case was identified.
- There were **291** cases of Hepatitis C identified for the Second Quarter FY 2025. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **976** cases of suspected Syphilis were reported in the Second Quarter FY 2025. **354** 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.
- **199** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2025. For the same time period, **114** 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 Second 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 **318** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2025. There were **109** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **168** 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 Second Quarter FY 2025, **80** inmates trained to become peer educators. This is an increase from the First Quarter FY 2025 report. During the Second Quarter FY 2025, **9,196** inmates attended the classes presented by peer educators. This is a decrease from the First Quarter FY 2025.

MORBIDITY AND MORTALITY

There were **143** deaths reviewed by the Morbidity and Mortality Committee during the months of December 2024, January and February 2025, of those **143** deaths, there were **0** cases referred to a peer review committee.

MORBIDITY AND MORTALITY (CONTINUED)

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

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 Second Quarter FY 2025:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the Second 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 Second Quarter FY 2025, a total of **85** instances of compelled psychoactive medication occurred. There were **25** instances at the Montford Unit, **31** instances at the Skyview Unit, **29** 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 88% in the reporting month of December 2024, and a score of 100% during the reporting months of January 2025 and February 2025. Montford obtained a score of 100% during the reporting months of December 2024, January 2025, and February 2025. Clements had no applicable data to report during the months of December 2024, January 2025, and February 2025.
- The Intake Mental Health Evaluation Audit (MHE) conducted by the OMHM&L is designed to provide reasonable assurance that those inmates identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the **21** intake facilities reviewed, **20** facilities identified incoming inmates in need of Mental Health Evaluations. **11** of the **21** units scored 80% or better: Byrd, East Texas, Gist, Glossbrenner, Halbert, Holliday, Johnston, Lindsey, Sanchez, Travis, and Woodman. **9** of the **21** scored below 80%: Beto, Dominguez, Formby, Garza West, Hutchins, Lychner, Middleton, Plane, and Sayle. 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 Second Quarter of FY 2025, HSL conducted **470** hospital and **60** 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.

OFFICE OF THE HEALTH SERVICES LIAISON (CONTINUED)

- Of the **470** hospital discharge audits conducted, **386** were from the UTMB Sector and **84** were from the TTUHSC sector. There were **58** deficiencies identified for UTMB and **9** identified for TTUHSC. Of the **60** infirmary discharge audits conducted **30** were from the UTMB sector and **30** were from the TTUHSC sector. There were **0** deficiencies identified from UTMB and **1** for TTUHSC.

ACCREDITATION

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

BIOMEDICAL RESEARCH PROJECTS

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

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