



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Lannette Linthicum, MD, FACP, CCHP-A

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 11, 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
 1. CMHCC 2026 meeting dates
 2. Discuss Facilities Tours
- IV. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, September 17, 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 Fourth Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Presentation given on Electronic Health Records (Guardian) and Inmate Medical Project (Securus).

Presented by:

Melanie Roberts, PharmD, MBA
AVP, Health Informatics & Quality
UTMB Correctional Managed Care

Toby Boyett, MHA, CHCIO, FHIMSS
AVP, Information Technology - CMC Technical Operations

- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 17, 2025

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CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 17, 2025

- Chairman:** Robert D. Greenberg, M.D.
- CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Cynthia Jumper, M.D., John Burruss, M.D., Julia Hiner, M.D., Divyansu Patel, M.D., Phillip Keiser, M.D.
- CMHCC Members Absent:** Michelle Erwin, Brian Edwards, M.D., Kris Coons
- Partner Agency Staff Present:** Chris Black-Edwards, Ashley Adkins, Emily Cleveland, Ron Steffa, Gloria Moore, Rachelle White, Eric Miller, Angie McCown, Lois Marion, Rhonda Hughes, Texas Department of Criminal Justice (TDCJ); Travis Armstrong, Will Rodriguez, Lindsey Tubbs, Denise DeShields, M.D., Jonathan Milton, Texas Tech University Health Sciences Center (TTUHSC); Anthony Williams, Monte Smith, M.D., Marjorie Cisneros, Kelly Coates, University of Texas Medical Branch (UTMB); Chairman Eric Nichols, Jill Durst, Texas Board of Criminal Justice (TBCJ)
- Others Present:** Tammica Motley, Dr. Bobby Vincent
- Location:** Moody Gardens, 1 Hope Blvd, Galveston, TX 77554

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Dr. Robert Greenberg</p> <p>II. Recognitions and Introductions - Dr. Greenberg</p>	<p>Dr. Robert Greenberg called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present, and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Greenberg acknowledged that all wishing to offer public comment must be registered and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p> <p>Dr. Greenberg welcomed and thanked everyone for being in attendance.</p> <p>Dr. Greenberg asked if there were any recognitions or introductions.</p> <p>Deputy Director, Chris Black-Edwards recognized Ms. Gloria Moore, noting that this was her final meeting after 20 years of service with the Texas Department of Criminal Justice (TDCJ), including 16 years working closely in her office. She described her as an integral part of the team. The Committee</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p> <p>III. Chair's Report - Dr. Greenberg</p>	<p>joined in expressing gratitude for her many contributions and extended best wishes for her retirement.</p> <p>Dr. Lannette Linthicum recognized Dr. Brian Edwards. Dr. Brian Edwards is an assistant professor at Texas Tech University Health Science Center, El Paso, where he also serves as the program director of the Internal Medicine Residency Program. He is board certified by the American Board of Internal Medicine. He's also a fellow of the American College of Physicians. Dr. Brian Edwards received his Bachelor of Science in Chemistry with Environmental Science from the University of Western Ontario and a Master of Science in Chemistry from McMaster University. He received his Doctor of Medicine from Wayne State University School of Medicine. Additionally, he completed his residency in internal medicine at Wayne State University School of Medicine at the Detroit Medical Center.</p> <p>Dr. Lannette Linthicum stated: On behalf of his service to this committee and his continued service, we would like to present you with a plaque. It has your name, Brian P. Edwards, MD, FACP, Member Correctional Managed Health Care Committee, for outstanding service, commitment, and support. to the Correctional Managed Healthcare Committee from 2022 to 2025.</p> <p>Dr. Lannette Linthicum also acknowledged that Dr. Julia Hiner's term had expired but noted that she too would continue to serve until successors were appointed.</p> <p>Dr. Greenberg next moved on to agenda item III, Chair's Report.</p> <p>Dr. Greenberg presented proposed meeting dates for 2026, based on prior circulation and limited responses. The following schedule was adopted:</p> <ul style="list-style-type: none"> - Wednesday, March 4, 2026 - Thursday, June 25, 2026 - Wednesday, September 16, 2026 - Thursday, December 17, 2026 		<p>Plaque was presented and accepted.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Chair's Report - Dr. Greenberg</p> <p>IV. Approval of Consent Items</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 12, 2025 	<p>December was noted as later than usual but selected to avoid conflicts earlier in the month.</p> <p>Dr. Greenberg further suggested that the Committee consider holding facility tours in conjunction with scheduled meetings. He explained that such tours, including one previously conducted in Huntsville, provided valuable insight into operations and helped contextualize committee discussions. Because the item was not listed on this agenda, it was deferred for inclusion on the next meeting agenda for consideration.</p> <p>Dr. Greenberg next moved on to agenda item IV, approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from September 17, 2025, meetings were noted as absent with excuses: Dr. Jumper and Chris Koons.</p> <p>The second consent item on the agenda was the approval of the minutes from the September 17, 2025, CMHCC meeting.</p> <p>Dr. Greenberg opened the floor for any corrections or comments. Dr. DeShields noted several corrections. On page 6, the minutes incorrectly state that she made a motion to approve a consent item; the motion was actually made by Dr. Cindy Jumper. On page 70, under the P&T Committee section, Dr. Coley's name was misspelled and should be corrected to "Coley Duncan."</p> <p>Dr. Greenberg pointed out an error on page 63 in the UTMB Medical Director report: the figure listed under midlevel practice (568,000) should be corrected to 55,820. He also raised concerns about the average daily census figures on pages 58 and 64, specifically questioning the high number of admissions (755,820) compared to the lower daily census. Dr. DeShields agreed to review the data.</p>	<p>Members supported exploring facility-based meetings with tours.</p>	<p>Facility tours will be added to next agenda.</p>

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<p>- Approval of CMHCC Meeting Minutes (continued) – June 12, 2025</p>	<p>On page 49, Dr. Greenberg noted that audits were not conducted due to staffing vacancies and asked about the implications if the position remains unfilled.</p> <p>Dr. Greenberg asked if the universities could audit each other.</p>	<p>Dr. Linthicum explained that the audits had not been completed because the position responsible is a statewide master’s level psychologist and is vacant. This individual, previously a contract employee, was tasked with conducting audits across all 102 units in the system every six months, with support from other mental health clinicians.</p> <p>Health Services Deputy Director, Chris-Black Edwards added that applications for the position are currently under review, and there is hope it will be filled soon. Dr. Linthicum reiterated that once the vacancy is filled, audit activities should resume.</p> <p>Dr. Linthicum responded that while it was a good question, universities cannot audit themselves. Although universities may assist in some areas, monitoring in question involves oversight of their own operations, particularly in areas such as access to care and restrictive housing.</p> <p>She explained that the psychologist responsible for these audits not only reviews clinical practices but also engages with correctional officers to gather observations about inmate behavior. This includes identifying signs such as lack of grooming or hygiene, which may indicate mental health concerns. The psychologist then relays these findings to the university providers and the mental health clinicians assigned to those areas, ensuring that concerns raised by correctional staff are addressed.</p> <p>Dr. Linthicum emphasized the importance of this role, especially given the conditions in restrictive housing, where inmates are confined for 23 hours a day. If the position remains</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Approval of CMHCC Meeting Minutes (continued) – September 17, 2025 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Linthicum added that the Reentry and Rehabilitative Programs (RRD) also conducts rounds in restrictive housing areas. Their focus is on the spiritual well-being of the inmates, and they serve as an additional support system. She noted that the RRD staff are very helpful in providing information and alerting health services staff when inmates appear to be acting out of the ordinary.</p> <p>Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year FY2025 Third Quarter (TDCJ) Health Services Monitoring Reports.</p> <p>The fourth consent item was the approval of the FY2025 Third Quarter University Medical Director’s Reports.</p> <p>The fifth consent item was the approval of the FY2025 Third Quarter summary of the CMHCC Joint Committee/Work Group Activities.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg asked if there were any other comments on the consent agenda? If not, entertain a motion to approve with pending corrections.</p>	<p>unfilled, the only alternative would be to hire a locum psychologist, which can be just as challenging as filling the permanent role.</p> <p>Health Services Deputy Director, Chris-Black Edwards noted that there are mandatory rounds conducted for the restrictive housing population. Dr. Linthicum confirmed that nursing staff also participate in these rounds. While these measures provide a limited safety net, the psychologist’s role remains essential for focusing on behavioral health needs in these settings.</p>	<p>Motion: A motion to approve the Consent Agenda with corrections was made by Dr. Patel, seconded, and carried unanimously.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Update on Financial Reports -Ashley Adkins</p>	<p>Dr. Greenberg called on Ms. Ashley Adkins to present the financial report.</p> <p>Ms. Adkins presented the Correctional Managed Health Care (CMHC) Financial Report for the third quarter of FY 2025, as submitted to the Legislative Budget Board (LBB), in accordance with the General Appropriations Act, Article V, Rider 42. Full details of the report are available in Tab B of the CMHCC agenda book and on the CMHCC website.</p> <p>She provided an overview of the third quarter financials. On page 78, the report outlines the initial appropriation for the fiscal year, broken down by strategy and university partner. Page 79 highlights a 2.7% increase in the average inmate population during the third quarter. Notably, the population of inmates over 55 continues to rise, with a nearly 6% increase over the prior year. Although this group represents a smaller portion of the total population, they account for over half of the reported hospitalization costs.</p> <p>Mental health caseloads also increased. Psychiatric inpatients rose by approximately 2.2% over FY 2024, while the outpatient population increased by 4.5%.</p> <p>On page 80, year-to-date expenditures through May 31 are detailed. Unit psychiatric care (Strategy C1) accounts for more than half of total costs, with \$413.4 million spent. Hospital and clinical care totaled \$335.4 million, representing just over 4% of total costs. Pharmacy expenditures reached \$72 million, or 8.7% of the total. Key pharmaceutical categories include HIV, Hepatitis C, and psychiatric medications.</p> <p>The cost per inmate per day increased nearly 10% from the previous year, rising from \$19.91 in FY 2024 to \$21.84 in FY 2025.</p> <p>Pages 81 through 84 cover the Hospital Galveston renovations, which are being funded through a one-to-one cost-sharing agreement between TDCJ and UTMB. Each entity will contribute \$30 million.</p>		

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<p>V. Update on Financial Reports (cont.) - Ashley Adkins</p>	<p>Lastly, Ms. Adkins reported that TDCJ received a 5% pay raise in FY 2024 and an additional 5% in FY 2025. Approximately \$18 million will be needed to sustain this funding through FY 2026 and FY 2027.</p> <p>Dr. Greenberg thanked Ms. Adkins and opened the floor for questions.</p> <p>Dr. Greenberg asked for an update regarding the modular infirmary.</p> <p>Dr. John Burrus asked if staffing was in place at the Bell unit.</p> <p>Dr. Greenberg asked how hard or easy will it be to staff the unit.</p>	<p>Dr. Linthicum reported that preliminary meetings have taken place with the TDCJ Facilities Division regarding the development of modular infirmaries. Health Services Deputy Director, Chris-Black Edwards, participated in these discussions along with members of UTMB operational support.</p> <p>Dr. Linthicum answered stating staffing was proposed, they have a fiscal note and receive the funding to staff the unit. The unit will be in the UTMB sector.</p> <p>Dr. Linthicum responded, stating according to UTMB, the Cleveland area is an area they can recruit in.</p> <p>During the meetings, the group discussed the design of the buildings and noted that planning is still in the early stages. The specific locations for the modular infirmaries have not yet been finalized. Dr. Linthicum emphasized that the construction process will take time as planning continues.</p> <p>Mr. Ron Steffa stated that once the design phase is complete, construction of the modular infirmaries is expected to take approximately two years to complete.</p>	

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<p>VI. Medical Director’s Updates TDCJ Health Services Division FY 2025 Second Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Adkins then called on Dr. Lannette Linthicum to present the FY2025 Third Quarter TDCJ Medical Director’s Report.</p> <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>Report will focus on the monitoring activities of the Health Services Division during the Third Quarter Fiscal Year (FY) 2025 (June, July and August 2025).</p> <p>Dr. Linthicum began by explaining that the Correctional Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care, and investigate health care complaints.</p> <p>Dr. Greenberg thanked Dr. Linthicum and opened the floor for questions.</p>	<p>Dr. Burruss inquired about any changes in vaccine availability within TDCJ as the fall flu and COVID-19 season approaches.</p> <p>Dr. Linthicum responded that all inmates are screened to identify those at high risk, particularly individuals with comorbidities. These individuals are prioritized for vaccination, followed by the general population.</p> <p>Health Services Deputy Director, Chris-Black Edwards added that education is a key component of their approach. Staff provide information during chronic care visits, post educational materials, and consistently remind inmates that vaccination is the best way to protect themselves.</p> <p>Dr. Linthicum also noted the strong working relationship with the Department of State Health</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2025 Third Quarter Report (cont.) - Dr. Lannette Linthicum</p> <p>-Texas Tech University Health Sciences Center - Dr. Denise DeShields</p>	<p>Dr. Greenberg. Any other questions for Dr. Linthicum - none Dr. Greenberg then called on Dr. Denise DeShields to present the TTUHSC Medical Director's Report.</p> <p>Dr. Denise DeShields provided an update on the Dalby Unit, a new facility located in Post, Texas. The unit is scheduled to open early January. Weekly meetings are ongoing, with support from Health Services.</p> <p>Recruitment efforts are set to begin in October, with staff hiring planned for December. The unit will operate with 24-hour nursing coverage.</p> <p>Dr. Greenberg thanked Dr. DeShields for the update and asked if there were any questions for Dr. DeShields.</p>	<p>Services (DSHS), with quarterly meetings held across various DSHS areas to coordinate efforts.</p> <p>In addition, Dr. Linthicum expressed concern about the potential spread of screw worms into Texas. She emphasized the importance of educating correctional officers, particularly those working in units with farm operations, to monitor this issue closely.</p> <p>Dr. Burruss asked what steps the prison population could take to reduce their risk. Dr. Linthicum responded that the Manufacturing and Logistic (MAL) Director would need to be involved and that a meeting should be scheduled to address this further.</p> <p>Dr. Greenberg inquired about the number of beds at the Dalby Unit. Dr. DeShields responded that the facility has a total capacity of 1,976 beds. Mr. Ron Steffa confirmed that only half of those beds are expected to be filled by January.</p> <p>Mr. Steffa explained that meetings are ongoing with Jason Clark, Justin Brock, and others to coordinate the phased population increase. In January, approximately 636 inmates are expected to be assigned to the Dalby Unit, with an additional 600-plus inmates anticipated in both February and March. This would bring the total to around 1,300 inmates during the first quarter of the year.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates TDCJ Health Services Division FY 2025 Third Quarter Report (cont.) - Dr. Lannette Linthicum</p> <p>--University of Texas Medical Branch - Dr. Owen Murray</p> <p>VII. Biennial Review and adoption of the Inmate Health Services Plan -Dr Owen J. Murray</p>	<p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Murray to present the UTMB Medical Director's Report.</p> <p>Dr. Murray reported that there wasn't much to report, and that Mr. Steffa would be presenting a presentation.</p> <p>Dr. Greenberg. Any other questions for Dr. Murray-none</p> <p>Dr. Murray then presented the Inmate Health Services Plan to the committee.</p> <p>He explained that the update was brief and focused solely on routine immunizations. Minor revisions were made on page 11, including limiting a few vaccines and ensuring that age-appropriate immunizations are available for individuals under the age of 19. Dr. Murray emphasized that these were minimal changes and did not significantly alter the overall policy.</p> <p>Dr. Greenberg asked if there were any questions for Dr. Murray.</p>	<p>He noted that due to current population trends, additional housing areas may be added. As of now, the inmate population stands at approximately 139,406. Projections from Andy Barbee and others suggest that the population could grow to 144,000 by January 2026, an increase of nearly 4,000 inmates.</p> <p>Dr. Greenberg then asked when the last time Texas Tech opened a unit, noting that it had been quite some time.</p> <p>Dr. Greenberg noted that infection rates continue to rise across various areas. He also reported a current shortage of penicillin, which is impacting treatment efforts. During the quarter, 420 individuals required treatment or retreatment, and 228 cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) were reported.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. CMC-Legislative Appropriation Request (LAR): (cont.): an Update Presented by: -Mr. Ron Steffa</p>	<p>Mr. Steffa then addressed infirmary capacity issues, TDCJ received \$22.8 million to expand capacity through bed conversions or modular buildings. This is expected to reduce reliance on community hospitals and lower associated costs. Accordingly, the budget for community hospital care was reduced to reflect anticipated savings. Mr. Steffa also discussed UTMB's assessment of Hospital</p>	<p>approximately 384 beds for mental health treatment services, with 116 beds being non treatment. The remaining beds will be allocated for support staff such as maintenance, food service, and laundry workers, as well as for behavioral and disciplinary management needs.</p> <p>The unit will operate with on-site multidisciplinary treatment teams, including psychiatrists, doctoral-level psychologists, and mental health clinicians. The model is based on a mental health day hospital approach, with the goal of stabilizing patients within the unit and reducing the need for inpatient readmissions.</p> <p>Staffing is considered feasible in the Cleveland area, and coordination meetings are planned with stakeholders, including Mr. Lumpkin.</p> <p>The team is also exploring potential accreditation through the National Commission on Correctional Health Care (NCCHC) under the 2025 mental health standards. Planning and re-engineering efforts are currently underway.</p> <p>Dr. Greenberg inquired about the status of the Bell Unit. Dr. Linthicum responded that Warden Adam Gonzalez has been appointed as the warden of the Bell Unit. She noted that Mr. Gonzalez previously served as the warden at the Bill Clements Unit in Amarillo. Dr. Linthicum further stated that individuals interested in touring the Bell Unit may contact Warden Gonzalez directly via email to coordinate a visit.</p>	

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<p>VIII. CMC-Legislative Appropriation Request (LAR) (cont.): an Update Presented by: -Mr. Ron Steffa</p>	<p>Galveston, which identified approximately \$259 million in needed repairs and renovations. The Legislature approved \$30 million for TDCJ, and UTMB agreed to match that amount, resulting in a \$60 million investment now being coordinated under a formal agreement.</p> <p>The committee reviewed a budget comparison for FY 2024–2025 versus FY 2026–2027, covering unit, hospital, clinic, and pharmacy strategies. For FY 2024–2025, the projected supplemental need is \$336 million, pending final fourth-quarter results. The system’s total need for the recently completed biennium was approximately \$1.8 billion. Mr. Steffa noted a structural budget gap, as projected funding for FY 2026–2027 is slightly below what is expected to have been spent in FY 2024–2025.</p> <p>In response to Dr. Murray’s question, Mr. Steffa clarified that current projections are about \$35 million above supplemental appropriation. This variance is attributed to early session estimates not accounting for cost increases in the third and fourth quarters. By statute, any shortfall will be carried forward and covered by the next biennium’s appropriations, ensuring full reimbursement to the universities.</p> <p>Mr. Steffa acknowledged the State’s frequent use of supplemental appropriations and explained that any carryforward is typically small and reflects normal projection variance.</p> <p>He expressed appreciation to the Legislature and the Legislative Budget Board (LBB) for increasing UTMB’s base funding, which helps mitigate the larger deficit. TTUHSC is also expected to have supplemental needs due to patient acuity and an aging population.</p> <p>Mr. Steffa introduced a handout titled “2026–2027 Biennial Overview” and reviewed the contract update. Geographic service areas remain unchanged, though several unit status adjustments were noted, including the Gurney/Post Unit coming online. Although funding for the Dalby (Post unit)</p>	<p>Dr. Murray asked about the projections.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. CMC-Legislative Appropriation Request (LAR) (cont.): an Update Presented by: -Mr. Ron Steffa</p> <p>IX. Public Comments - Dr. Greenberg</p> <p>X. Adjournment</p>	<p>was requested for the full biennium only half was received, and a short fall is anticipated to be addressed through a future supplemental request. Contract strategies align with the General Appropriations Act, with no structural changes. Contracts for the new biennium have been routed, signed, and implemented.</p> <p>Mr. Steffa stated that updates include: formalized time-tracking for employees not fully dedicated to the CMHC contract; an annual TDCJ–university review of the HEAT scoring system for medically vulnerable inmates; the operation of the Bell Unit in Cleveland, TX, as an outpatient mental health facility; and the opening of the Dalby facility located in Post, TX will be the Texas Tech sector.</p> <p>Dr. Greenberg asked if there were any additional comments on the CMHC Legislative Appropriations Request (LAR) update. Hearing none, he entertained a motion to approve.</p> <p>Dr. Greenberg thanked Mr. Steffa and opened the floor for questions.</p> <p>No questions posed.</p> <p>Dr. Greenberg noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting.</p> <p>The meeting was adjourned at 11:15 a.m. Dr. Greenberg made the motion and seconded by Dr. Murray.</p>	<p>Dr. Murray made the motion, which was seconded by Dr. Linthicum. The motion was approved.</p>	

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

Date

Consent Item

TDCJ Health Services Monitoring Reports

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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

Health Services Division

Quarterly Monitoring Report

**Fourth Quarter, Fiscal Year 2025
(June, July, and August 2025)**

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Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2025
June 2025 - August 2025

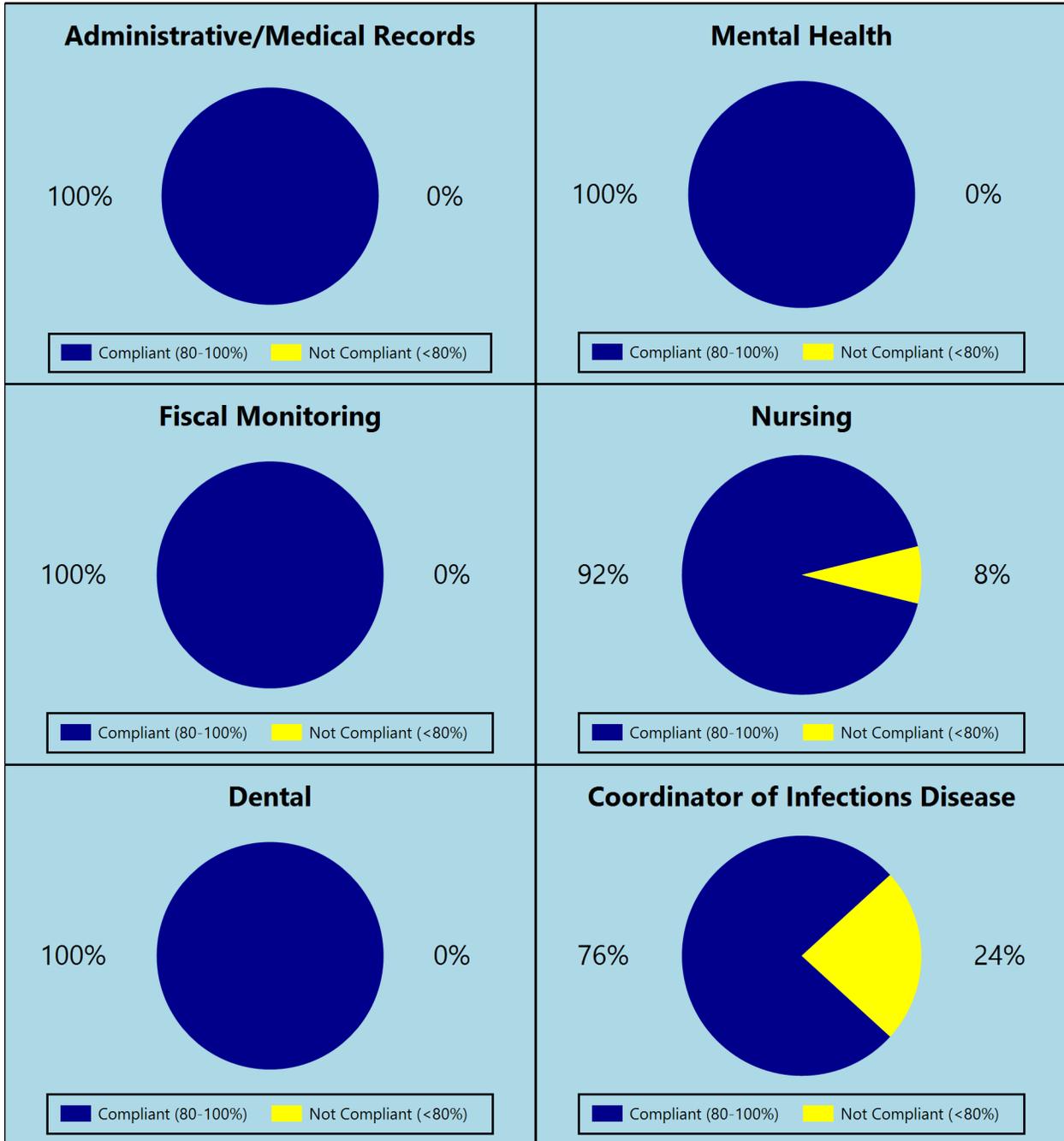
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Bartlett	31	31	100%	13	13	100%	17	17	100%	11	11	100%	11	11	100%	6	6	100%
Byrd	33	33	100%	15	15	100%	32	31	97%	12	12	100%	3	3	100%	5	5	100%
Cotulla	33	33	100%	13	13	100%	20	20	100%	6	6	100%	14	14	100%	4	4	100%
Gist	30	30	100%	15	15	100%	33	30	91%	12	12	100%	16	16	100%	5	5	100%
Hodge	32	31	97%	13	13	100%	27	27	100%	10	10	100%	14	14	100%	6	6	100%
LeBlanc	30	30	100%	13	13	100%	21	19	90%	11	11	100%	14	14	100%	4	4	100%
Luther	32	31	97%	13	13	100%	32	25	78%	9	9	100%	14	14	100%	5	5	100%
Skyview	33	33	100%	11	9	82%	27	25	93%	2	2	100%	40	39	98%	5	5	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for

BARTLETT FACILITY

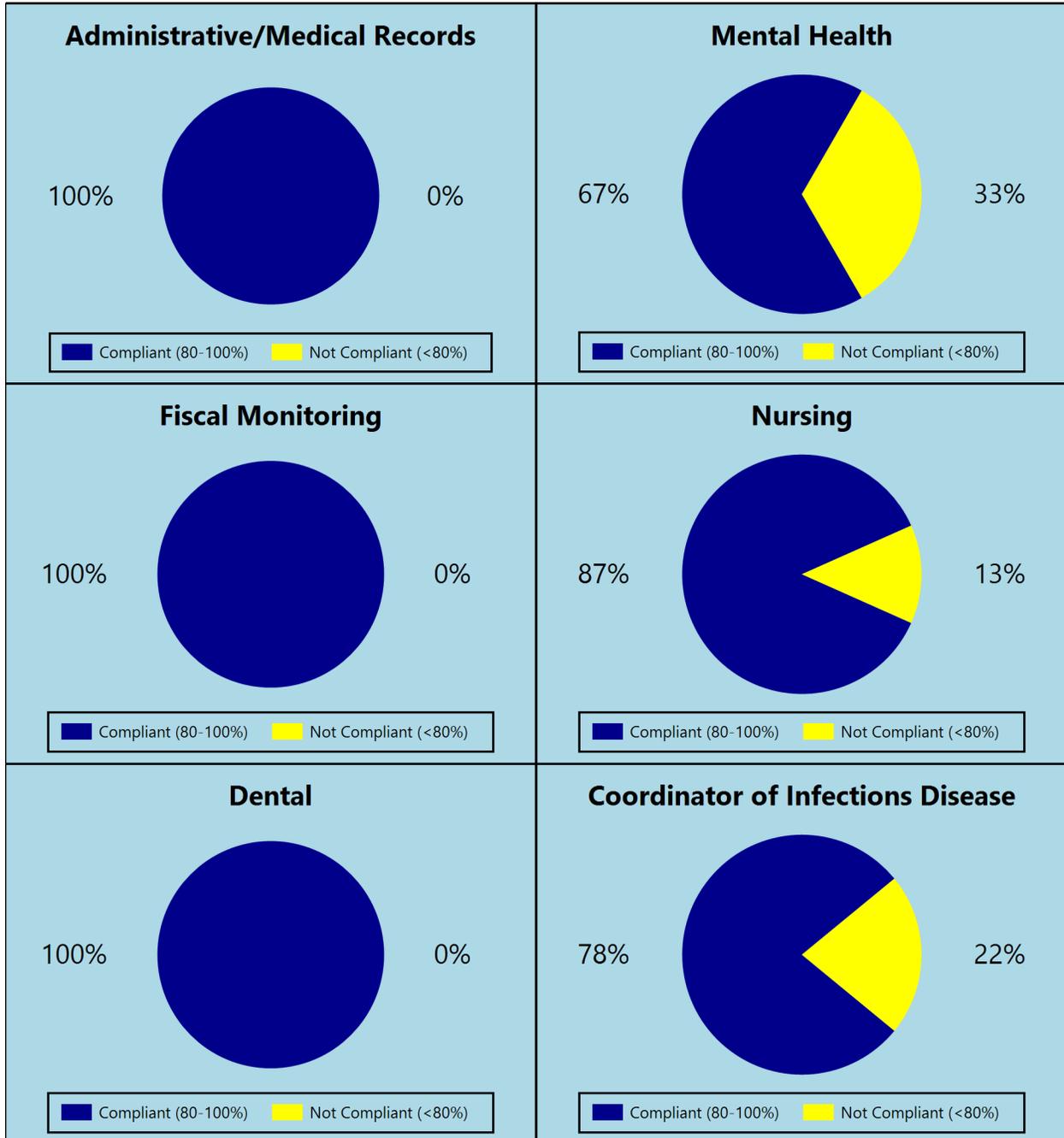
July 16, 2025



Compliance Rate By Operational Categories for

BYRD FACILITY

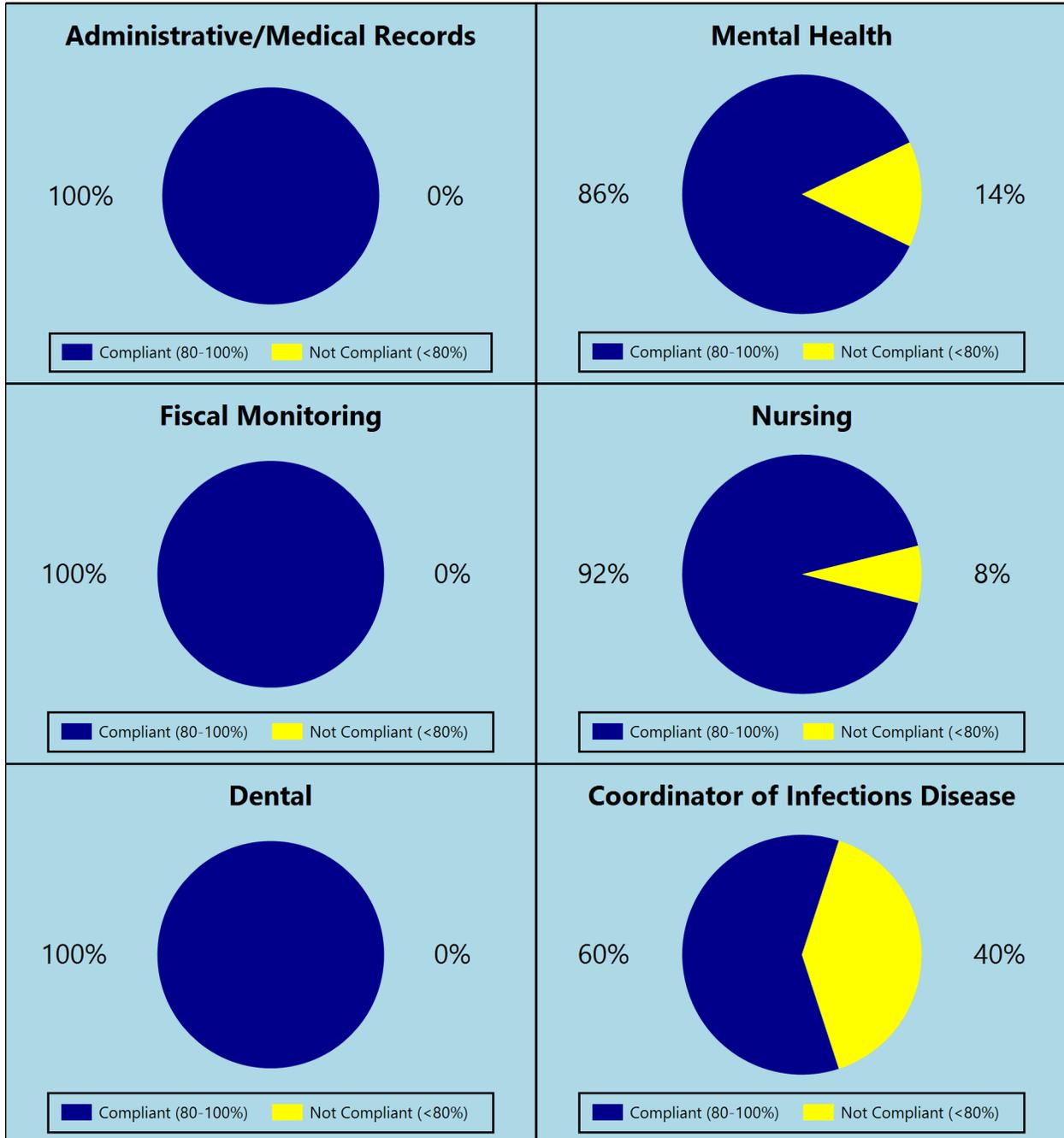
August 7, 2025



Compliance Rate By Operational Categories for

COTULLA FACILITY

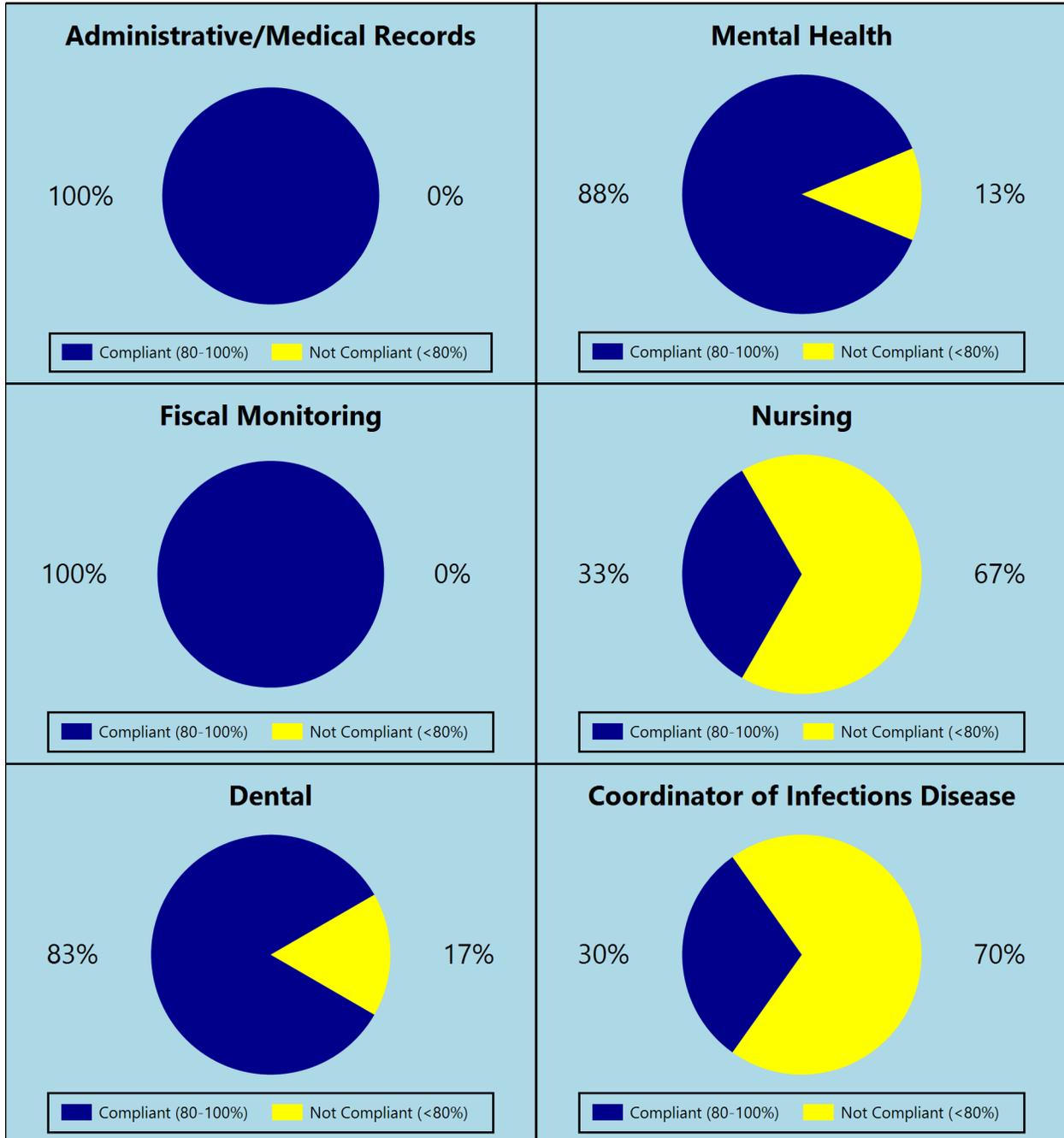
August 5, 2025



Compliance Rate By Operational Categories for

GIST FACILITY

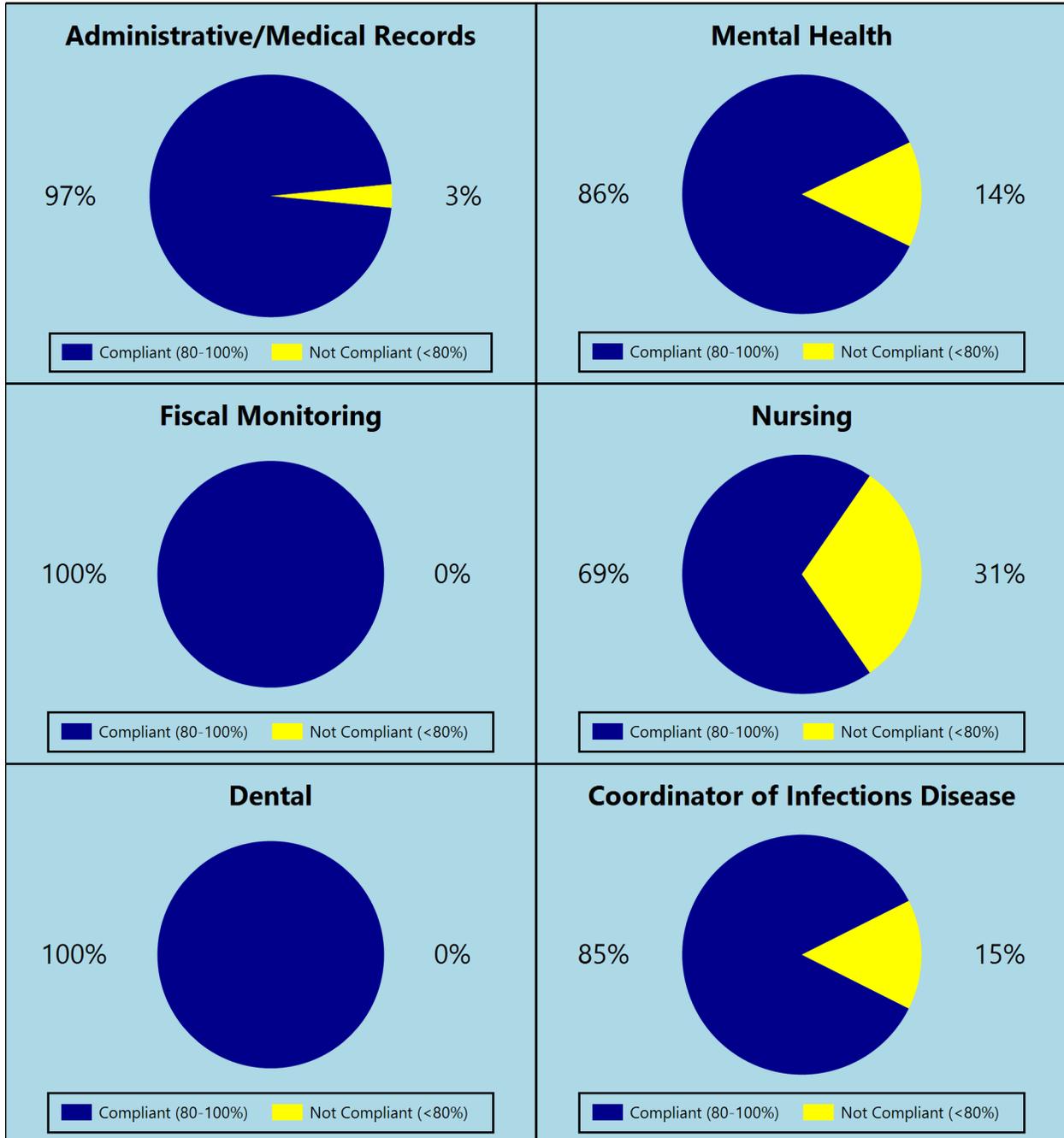
July 9, 2025



Compliance Rate By Operational Categories for

HODGE FACILITY

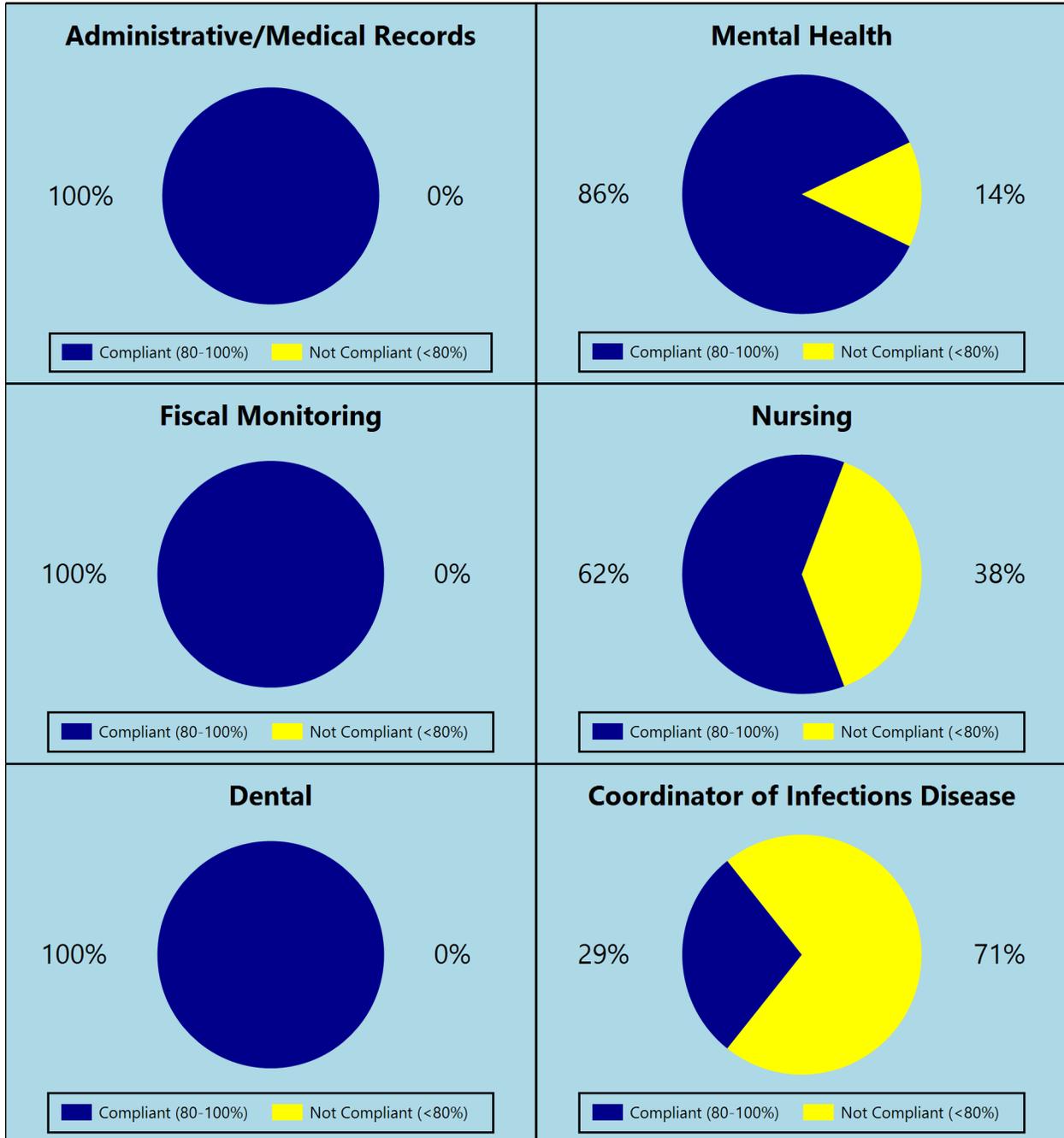
June 11, 2025



Compliance Rate By Operational Categories for

LEBLANC FACILITY

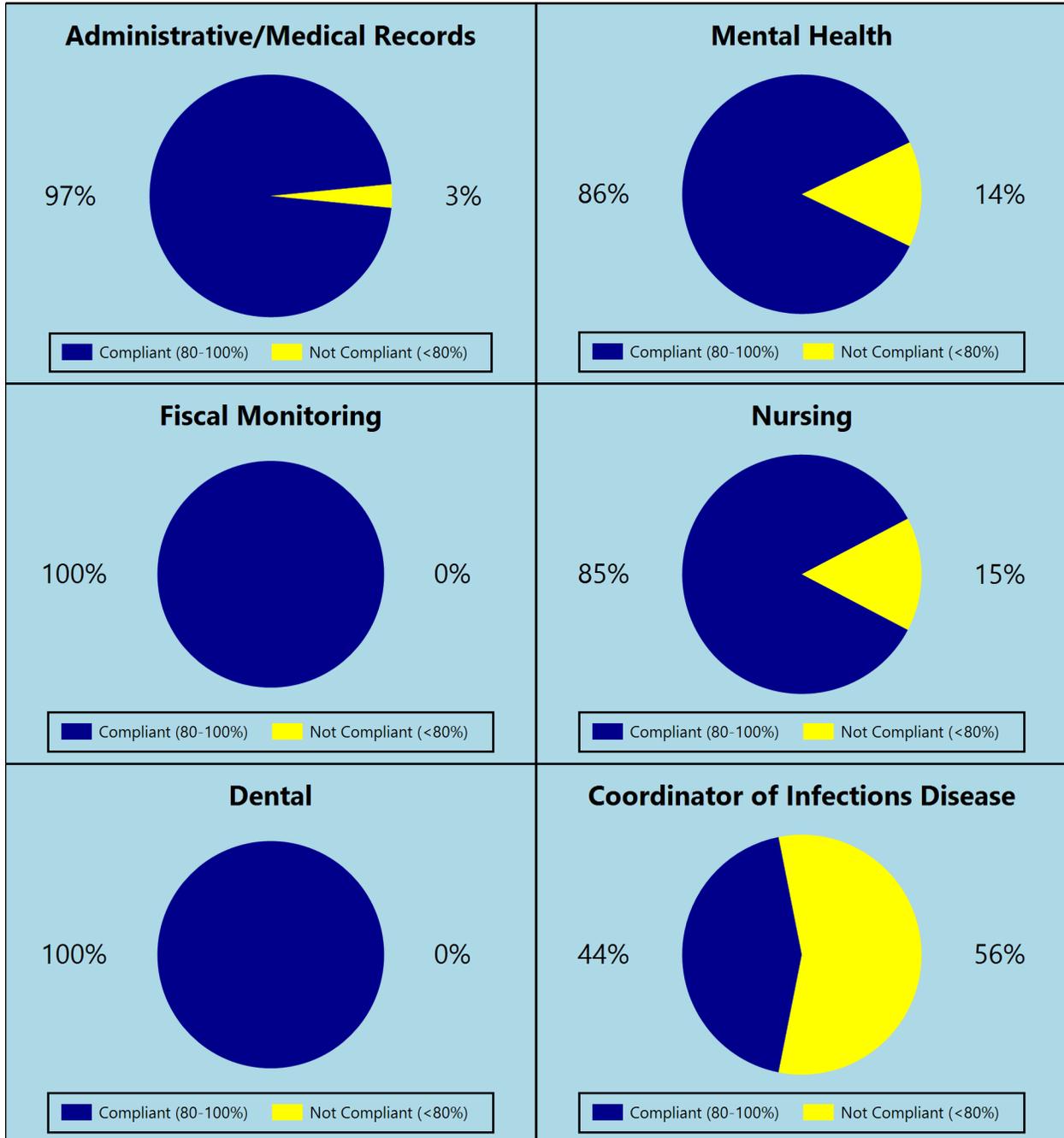
July 8, 2025



Compliance Rate By Operational Categories for

LUTHER FACILITY

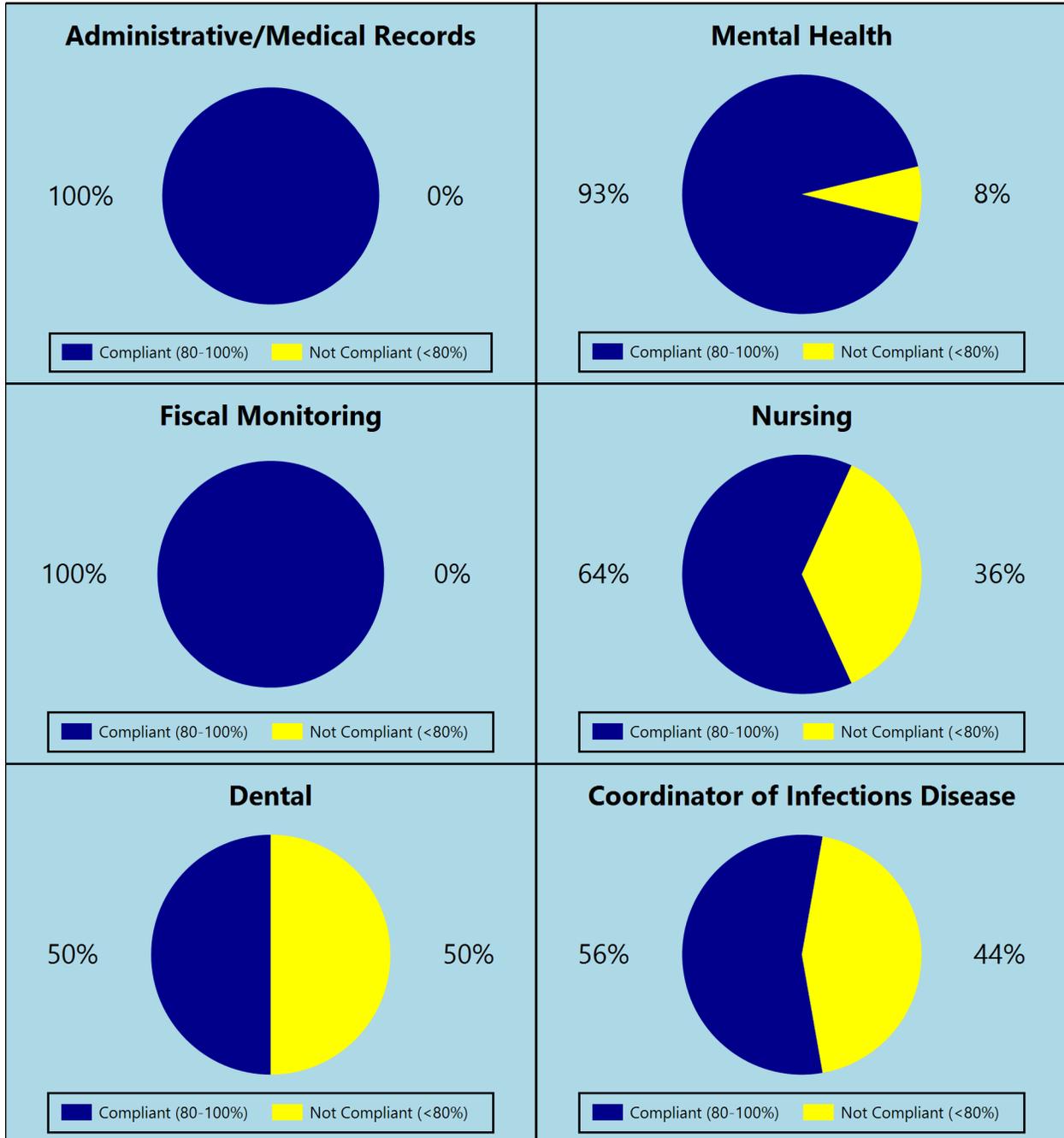
June 17, 2025



Compliance Rate By Operational Categories for

SKYVIEW FACILITY

June 10, 2025



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

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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Inmates receiving treatment but not within timeframe	Inmates identified as needing definitive care**
Halbert	10	100	0	0
Travis County	10	100	0	0
Wynne	10	100	0	0
Hamilton	10	90	1	0
Huntsville	10	90	0	1
Kyle	10	90	0	1
Bartlett	10	80	1	1
Dominguez	10	80	2	0
Coleman	10	50	2	3
Briscoe	10	50	2	3

* 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*
June	204	194	29	14.95%	18	14.95%	11	11	9.79%	8
July	232	233	29	12.45%	19	9.87%	4	10	6.01%	4
August	213	235	36	15.32%	25	12.34%	4	11	7.23%	6
Totals:	649	662	94	14.20%	62	12.24%	19	32	7.55%	18

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*
June	1,614	1,034	7	0.68%	7	1.26%	6	0	0.00%	0
July	1,760	1,281	19	1.48%	18	2.50%	14	1	0.16%	1
August	1,675	1,334	22	1.65%	21	2.32%	10	1	0.07%	0
Totals:	5,049	3,649	48	1.32%	46	2.08%	30	2	0.08%	1
GRAND TOTAL=	5,698	4,311	142	3.29%						

*QOC= Quality of Care

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

June 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	8	12	52	55
Gonorrhea	0	1	2	2
Syphilis	320	251	2906	1815
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	164	127	872	944
Human immunodeficiency virus (HIV) +, known at intake	213	258	1,331	1,508
HIV screens, intake	6,080	4,653	26,831	28,581
HIV +, intake (newly identified)	12	39	56	256
HIV screens, offender- and provider-requested	676	278	3,709	2,816
HIV +, offender- and provider-requested	0	0	1	0
HIV screens, pre-release	2,290	2,928	15,409	17,471
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	4	0	13
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	90	74	444	452
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	42	34	227	162
Occupational exposures of TDCJ staff	5	11	68	66
Occupational exposures of medical staff	1	4	10	12
HIV chemoprophylaxis initiation	2	9	29	30
Tuberculosis skin test (ie, PPD) +, intake	82	109	441	466
Tuberculosis skin test +, annual	112	31	409	200
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	4	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	1	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	4	19	15
Tuberculosis cases under management	74	38		
Peer education programs [¶]	1	0	91	91
Peer education educators [∞]	15	7	70	8,576
Peer education participants	3,133	3,162	18,632	14,013
Alleged assaults and chart reviews	127	94	687	593
Bloodborne exposure labs drawn on offenders	60	33	334	268
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

July 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	4	10	56	65
Gonorrhea	1	1	3	3
Syphilis	364	244	3625	2097
Hepatitis A	1	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	163	113	1035	1060
Human immunodeficiency virus (HIV) +, known at intake	228	227	1,559	1,735
HIV screens, intake	5,430	4,679	32,261	33,260
HIV +, intake (newly identified)	7	47	63	303
HIV screens, offender- and provider-requested	780	506	4,489	3,322
HIV +, offender- and provider-requested	0	1	1	1
HIV screens, pre-release	2,496	2,969	17,905	19,810
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	0	7	0	20
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	75	83	519	535
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	51	44	278	206
Occupational exposures of TDCJ staff	7	12	75	78
Occupational exposures of medical staff	2	1	12	13
HIV chemoprophylaxis initiation	3	8	32	38
Tuberculosis skin test (ie, PPD) +, intake	52	65	493	531
Tuberculosis skin test +, annual	68	71	477	271
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	1	1	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	6	7	25	22
Tuberculosis cases under management	78	44		
Peer education programs [¶]	1	0	91	91
Peer education educators [∞]	6	12	76	8,588
Peer education participants	3,161	3,948	21,793	17,961
Alleged assaults and chart reviews	143	114	830	707
Bloodborne exposure labs drawn on offenders	57	50	391	318
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

August 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	7	8	68	69
Gonorrhea	0	0	4	5
Syphilis	315	307	4,342	2,487
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	55	91	1,090	1,151
Human immunodeficiency virus (HIV) +, known at intake	288	278	1,847	2,013
HIV screens, intake	4,674	4,490	36,935	37,750
HIV +, intake (newly identified)	8	54	71	357
HIV screens, offender- and provider-requested	650	480	5,139	3,802
HIV +, offender- and provider-requested	0	0	1	1
HIV screens, pre-release	2,504	2,865	20,409	22,675
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	4	3	4	23
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	45	79	564	614
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	34	47	312	253
Occupational exposures of TDCJ staff	12	9	87	87
Occupational exposures of medical staff	6	0	18	13
HIV chemoprophylaxis initiation	7	2	39	40
Tuberculosis skin test (ie, PPD) +, intake	68	64	561	595
Tuberculosis skin test +, annual	53	50	530	321
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	7	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	1	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	2	28	24
Tuberculosis cases under management	63	61		
Peer education programs [¶]	0	0	91	91
Peer education educators [∞]	7	4	83	8,592
Peer education participants	3,369	4,559	25,162	22,520
Alleged assaults and chart reviews	132	149	962	856
Bloodborne exposure labs drawn on offenders	79	60	470	378
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."

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

Health Services Utilization Review Hospital and Infirmiry Discharge Audit

During the 4th Quarter of Fiscal Year 2025, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 515 hospital discharge and 62 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	21	1	2.00%	0	N/A	0	N/A	0	N/A	0	N/A
July	20	2	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
August	22	1	4.55%	0	N/A	0	N/A	0	N/A	1	4.55%
Total/Average	63	4	6.35%	0	N/A	0	N/A	0	N/A	1	1.59%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	123	9	7.32%	0	N/A	1	0.81%	0	N/A	11	8.94%
July	114	6	5.26%	0	N/A	0	N/A	1	0.88%	8	7.02%
August	126	5	3.97%	0	N/A	3	2.38%	1	0.79%	7	5.56%
Total/Average	363	20	5.51%	0	N/A	4	1.10%	2	0.55%	26	7.16%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	27	2	7.41%	0	N/A	0	N/A	0	N/A	0	N/A
July	30	9	30.00%	0	N/A	3	10.00%	0	N/A	0	N/A
August	32	6	18.75%	0	N/A	1	3.13%	0	N/A	0	N/A
Total/Average	89	17	19.10%	0	N/A	4	4.49%	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	171	12	7.02%	0	N/A	1	0.58%	0	N/A	12	7.02%
July	164	17	10.37%	0	N/A	3	1.83%	1	0.61%	8	4.88%
August	180	12	6.67%	0	N/A	4	2.22%	1	0.56%	8	4.44%
Total/Average	515	41	7.96%	0	N/A	8	1.55%	2	0.39%	28	5.44%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	3	30.00%
July	12	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	32	0	N/A	0	N/A	0	N/A	0	N/A	3	9.38%
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
August	10	3	30.00%	0	N/A	0	N/A	0	N/A	1	10.00%
Total/Average	30	4	13.33%	0	N/A	0	N/A	0	N/A	1	3.33%
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with		Lacked Documentation ⁵ (Cases with Deficiencies)	
June	20	0	N/A	0	N/A	0	N/A	0	N/A	3	15.00%
July	22	1	4.55%	0	N/A	0	N/A	0	N/A	0	N/A
August	20	3	15.00%	0	N/A	0	N/A	0	N/A	1	5.00%
Total/Average	62	4	6.45%	0	N/A	0	N/A	0	N/A	4	6.45%

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

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

Jun-25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Skyview	106	0	0	1
Hodge	43	0	0	2
Luther	39	0	0	8

Jul 25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Gist	31	0	14	0
LeBlanc	36	0	0	0
Bartlett	22	0	1	1

Aug-25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Byrd	17	9	0	19
Cotulla	15	0	0	0

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

Audit Tools	June	July	August	Total
Total number of units audited	3	3	2	8
Total numbered property	188	89	32	309
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Michael	June 2-5, 2025	100%	98.7%
Dominguez	June 9-11, 2025	100%	99.0%
Estes	June 16-18, 2025	100%	99.8%
Wainwright	July 7-9, 2025	100%	98.8%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Robertson	June 23-26, 2025	100%	99.1%
Sanchez	July 14-16, 2025	100%	99.3%

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q4 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 – Q4 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 – Q4 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 – Q4 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 – Q4 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 – Q4 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 – Q4 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 – Q4 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

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q4 FY2025**

Project Number: 893-RM24 – ACTIVE

Researcher: Ashton Davis

Proponent: University of Texas Medical Branch

Project Title: Does Retrograde Intramedullary Nailing of the Femur Cause Ipsilateral Femoral Neck Fracture?

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 894-RM24 – ACTIVE

Researcher: Touka Banaee

Proponent: University of Texas Medical Branch

Project Title: Ocular Manifestations of Fungemia in Incarcerated and Civilian Populations

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 897-RM24 – ACTIVE

Researcher: Hari Movva

Proponent: University of Texas Medical Branch

Project Title: Adherence to Guidelines for Screening of Extrahepatic Metastasis in Hepatocellular Carcinoma: A TDCJ Quality Improvement Study

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q4 FY2025**

Project Number: 901-RM24 – ACTIVE

Researcher: Rocksheng Zhong

Proponent: University of Texas Medical Branch

Project Title: Epidemiology of Mental Illness and Cognitive Disorders in Correctional Healthcare

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 903-RM24 – ACTIVE

Researcher: Mahnur Haider

Proponent: University of Texas Medical Branch

Project Title: Prevalence of Hepatocellular Carcinoma in the Texas State Prison Population

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 904-RM24 – ACTIVE

Researcher: Peter Cram

Proponent: University of Texas Medical Branch

Project Title: Acute Coronary Syndrome and Acute Heart Failure in the Incarcerated Population

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Office of Strategic Initiatives and Modernization (OSIM)**Medical Director Report – Q4 FY2025**

Project Number: 906-RM24 – ACTIVE

Researcher: Audrey Nath

Proponent: University of Texas Medical Branch

Project Title: Examination of Epilepsy Care Among the Patients within the Texas Department of Criminal Justice (TDCJ)

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 907-RM24 – ACTIVE

Researcher: Alexa Kanbergs

Proponent: University of Texas Medical Branch

Project Title: Cancer in an Incarcerated Population

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

Project Number: 915-RM25 – ACTIVE

Researcher: Veronica Kwarteng-Amaning

Proponent: University of Texas Medical Branch

Project Title: Implementation of Chlorhexidine Gluconate (CHG) Catheter Lumen Cleansing to Prevent Catheter Associated Blood Stream Infections (CLABSI)

IRB #: 45 CFR EXEMPT

IRB Expiration Date:

Project Begin Date:

Project Status:

Project Completion Date:

Progress Report Due Date:

Units Visited:

COMPELLED PSYCHOACTIVE MEDICATION AUDIT
4th Quarter FY 2025
Audits Conducted in June 2025, July 2025, and August 2025

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	June 2025	0	0	NA	NA	NA
Montford	June 2025	8	7	7	88%	NA
Skyview	June 2025	13	13	13	100%	NA
Wayne Scott	June 2025	14	14	14	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July 2025	1	1	1	100%	NA
Montford	July 2025	15	15	15	100%	NA
Skyview	July 2025	11	11	11	100%	NA
Wayne Scott	July 2025	10	10	10	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August 2025	3	3	3	100%	NA
Montford	August 2025	6	6	6	100%	NA
Skyview	August 2025	15	15	15	100%	NA
Wayne Scott	August 2025	14	14	14	100%	NA

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

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

4th Quarter of 2025

Reporting months– June 2025, July 2025, and August 2025

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Byrd	30	20	19	10	95%
Dominguez	35	20	5	8	25%
East Texas	25	20	19	5	95%
Formby	30	20	16	10	80%
Garza West	37	20	18	17	85%
Gist	31	19	19	12	100%
Glossbrenner	39	17	16	22	94%
Gurney	28	20	3	8	15%
Halbert	40	20	18	20	90%
Holliday	25	20	15	5	75%
Hutchins	24	20	8	4	40%
Johnston	16	15	15	1	100%
Lindsey	40	20	12	20	60%
Lychner	44	20	19	24	95%
Middleton	40	20	18	20	90%
Plane	25	20	14	5	70%
Sanchez	23	20	16	3	80%
Sayle	38	20	19	18	95%
Travis	29	20	18	9	90%
Woodman	22	20	20	2	100%

GRAND TOTAL	621	391	307	223	
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1. 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.
2. 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

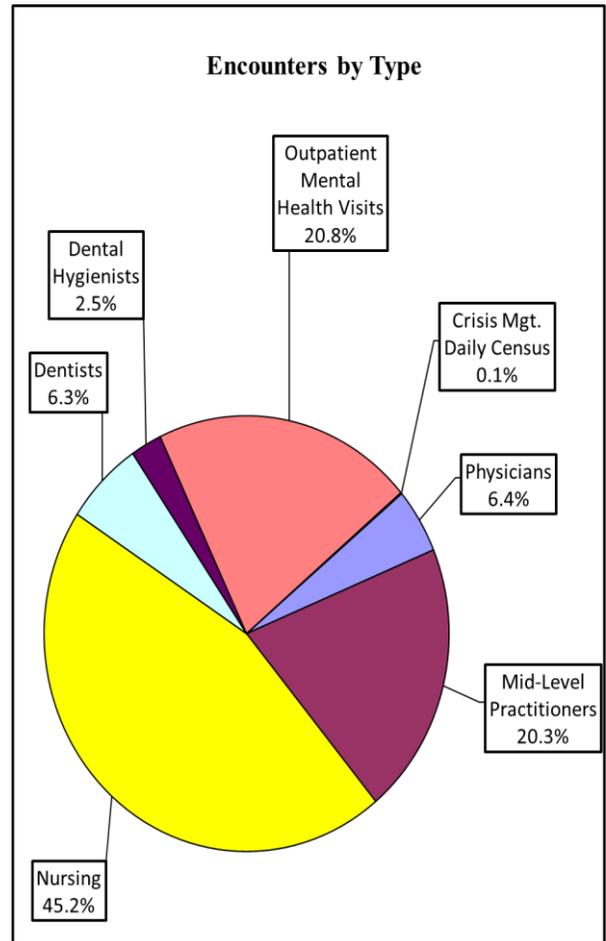
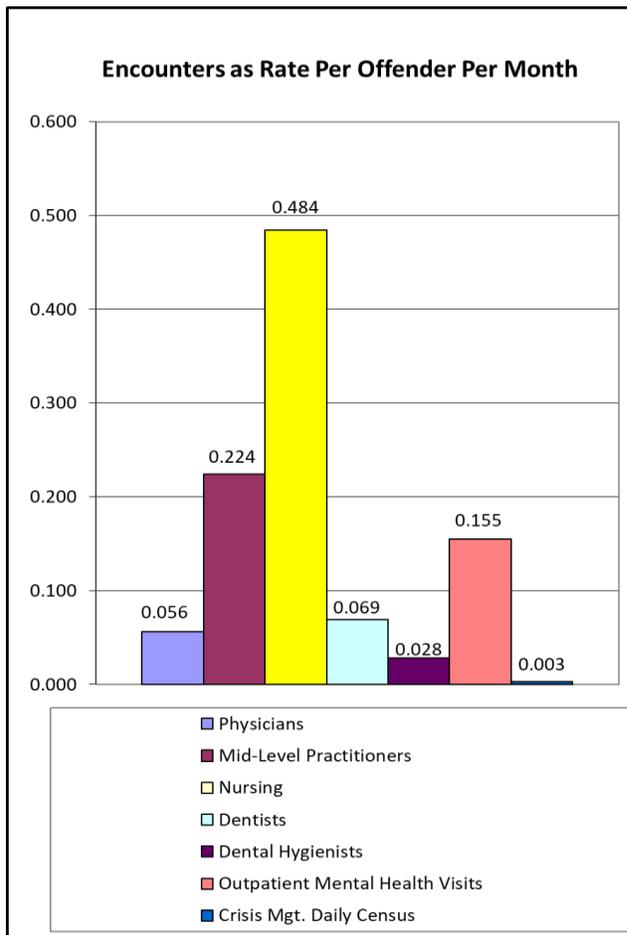
4th. Quarter
FY2025

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4th Quarter FY25

Medical Director's Report:

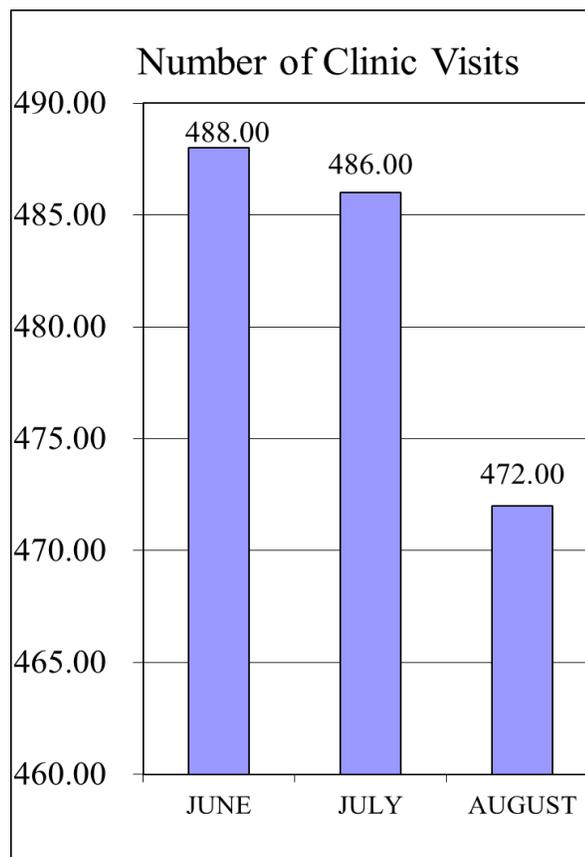
	JUNE		JULY		AUGUST		Qtly Average	
Average Population	28,913.00		29,229.00		29,358.00		29,166.66	
	Number	Rate Per Offender						
Medical encounters								
Physicians	1,669	0.058	1,778	0.061	1,560	0.053	1,669	0.056
Mid-Level Practitioners	6,431	0.222	7,124	0.244	7,472	0.255	7,009	0.224
Nursing	15,015	0.519	16,521	0.565	15,377	0.524	15,638	0.484
Sub-total	23,115	0.799	25,423	0.870	24,409	0.831	24,316	0.834
Dental encounters								
Dentists	2,055	0.071	2,363	0.081	2,083	0.071	2,167	0.069
Dental Hygienists	826	0.029	858	0.029	895	0.030	860	0.028
Sub-total	2,881	0.100	3,221	0.110	2,978	0.101	3,027	0.097
Mental health encounters								
Outpatient Mental Health Visits	6,800	0.235	7,534	0.258	7,257	0.247	7,197	0.155
Crisis Mgt. Daily Census	37	0.001	30	0.004	28	0.001	32	0.003
Sub-total	6,837	0.236	7,564	0.259	7,285	0.248	7,229	0.156
Total encounters	32,833	1.136	36,208	1.239	34,672	1.181	34,571	1.094



4th Quarter FY25

Medical Director's Report (Page 2):

		JUNE	JULY	AUGUST	Qtly Average
<i>Medical Inpatient Facilities</i>					
	Average Daily Census	165.00	174.00	182.00	173.67
	Number of Admissions	523.00	632.00	506.00	553.67
	Number of Clinic Visits	488.00	486.00	472.00	482.00
<i>Mental Health Inpatient Facilities</i>					
	Average Daily Census	394.00	393.00	427.00	404.67
	PAMIO/MROP Census	407.00	408.00	429.00	414.67
<i>Telemedicine Consults</i>					
		2483	2,606	2,513	2,534.00



Consent Item

University Medical Director's Report

The University of Texas Medical Branch

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

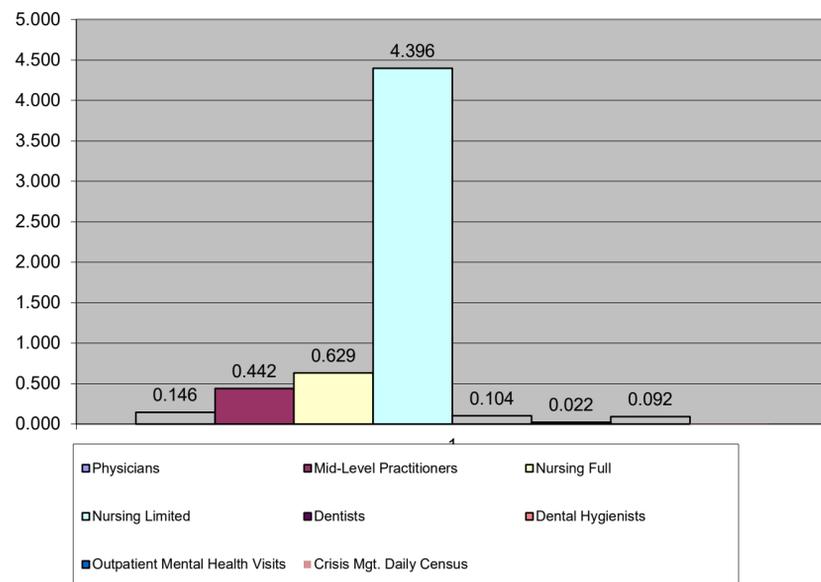
**Fourth Quarter
FY 2025**

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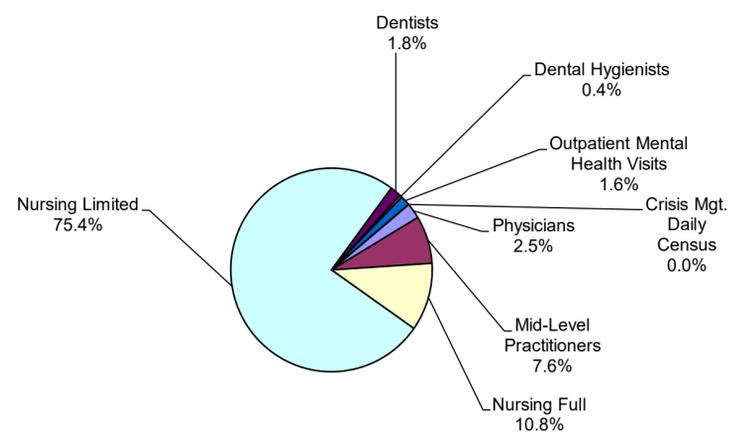
Medical Director's Report:

FY 25 Fourth Quarter <i>Average Population</i>	Jun		Jul		Aug		Qtly Average	
	112,839		113,430		113,719		113,329	
	Number	Rate Per Inmate						
Medical encounters								
Physicians	16,852	0.149	17,511	0.154	15,223	0.134	16,529	0.146
Mid-Level Practitioners	49,466	0.438	53,147	0.469	47,497	0.418	50,037	0.442
Nursing Full	69,707	0.618	73,709	0.650	70,587	0.621	71,334	0.629
Nursing Limited	487,535	4.321	526,044	4.638	481,110	4.231	498,230	4.396
Sub-total	623,560	5.526	670,411	5.910	614,417	5.403	636,129	5.613
Dental Encounters								
Dentists	11,759	0.104	13,043	0.115	10,580	0.093	11,794	0.104
Dental Hygienists	2,391	0.021	2,737	0.024	2,381	0.021	2,503	0.022
Sub-total	14,150	0.125	15,780	0.139	12,961	0.114	14,297	0.126
Mental Health Encounters								
Outpatient Mental Health Visits	10,261	0.091	10,752	0.095	10,360	0.091	10,458	0.092
Crisis Mgt. Daily Census	69	0.001	70	0.001	71	0.001	70	0.001
Sub-total	10,330	0.092	10,822	0.095	10,431	0.092	10,528	0.093
Total encounters	648,040	5.743	697,013	6.145	637,809	5.609	660,954	5.832

Encounters as Rate Per Offender Per Month

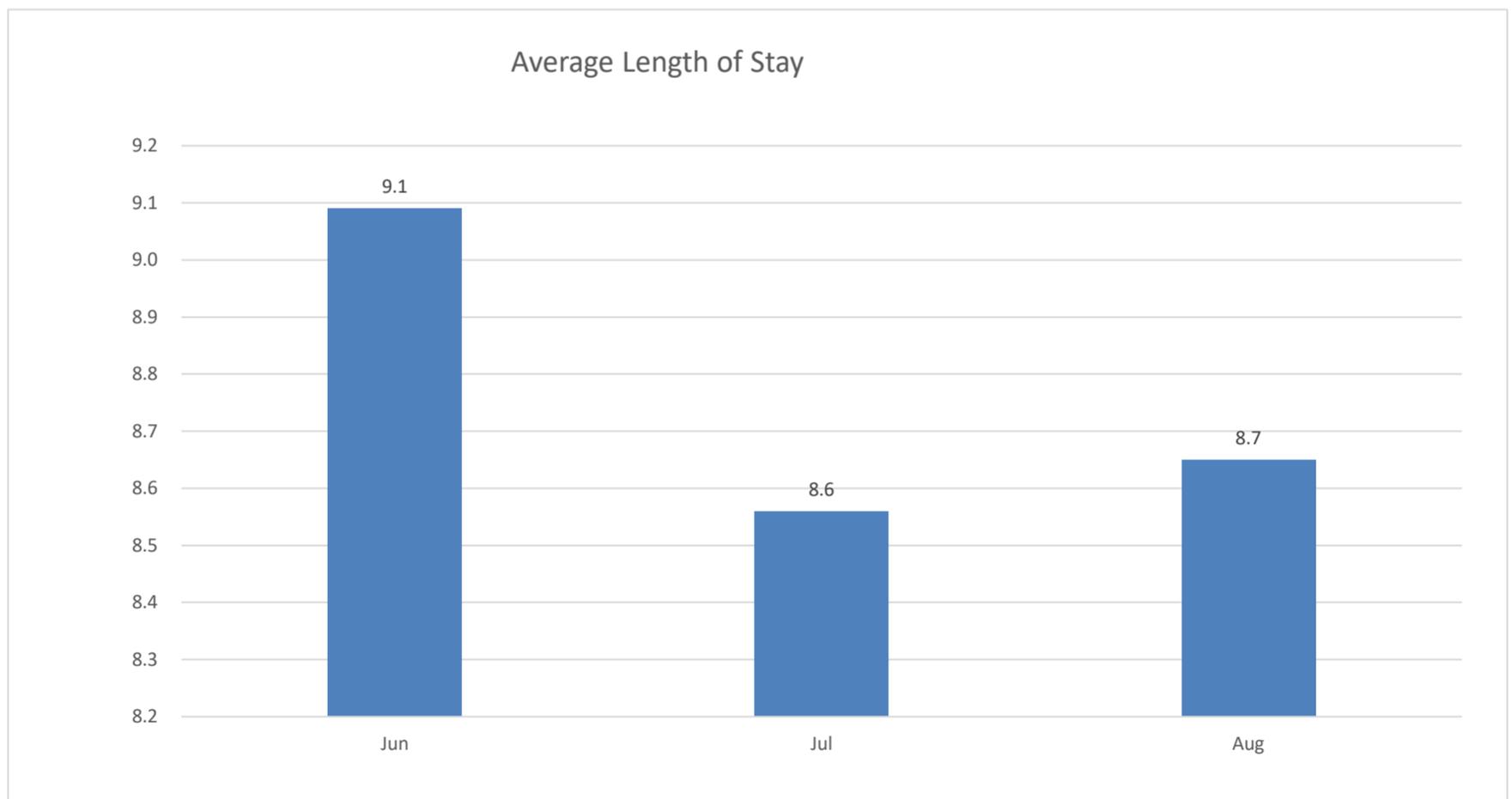


Encounters by Type



Medical Director's Report (Page 2):

FY 25	Jun	Jul	Aug	Qtly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	88.8	88.6	99.9	92.4
Number of Discharges	293	321	358	324
Average Length of Stay	9.1	8.6	8.7	8.8
Number of Clinic Visits	8,264	8,895	8,748	8,636
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	957.98	955.04	977.32	963.45
DDP Census	655.13	654.65	664.48	658.09
<i>Telemedicine Consults</i>	7,345	8,882	7,748	7,991.67



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 November 13, 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 ensure 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: November 13, 2025

- I. Call to Order
- II. Approval of Minutes
- III. Reports from Champions/Discipline Directors
 - A. Access to Care – Dental Services
 - B. Access to Care – Mental Health Services
 - C. Access to Care – Nursing Services
 - D. Access to Care – Medical Staff
 - E. Sick Call Verification Audit – SCRVA
- IV. 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: October 9, 2025Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

None

New Business:

None

Old Business:

None

New Business

FY26 (Co – Chair) - Melanie Roberts

FY26 Committee Meeting Dates

January 8, 2026 July 9, 2026

April 9, 2026 October 8, 2026

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

A-09.1	A-10.1	A-10.1*	A-11.2	A12.1*	A-12.2	C-24.1	C-25.1	D-30.1	D-30.2	A-09.1	A-10.1
E-36.7	E-39.2	E-42.2*	E-42.3	E-44.1	E-44.2*	F-50.1	G-51.13	G-55.1	G-56.1	E-36.7	E-39.2
G-57.1	G-59.2*	G-59.3*	H-64.1*	H-65.1	I-66.2	I-66.3	I-67.1*	I-70.2*	I-71.2*	G-57.1	G-59.2*
* Indicates Attachment(s) included in the policy.											

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

POLICY #	POLICY NAME	SUBMITTED BY

Adjourn – The Next Meeting is Scheduled for January 08, 2026, at 1:00 p.m.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Coley Duncan

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists, and

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

Meeting Date: September 11, 2025

- I. Approval of the Minutes from July 2025 P&T
- II. Reports from Subcommittees
 - A. DMG Triage – Dr. Munch
 1. Formulary Substitutions for Commonly Prescribed Non-Formulary Medications
 2. Pregnancy Wellness
 3. Hepatitis B
 - B. Psychiatry – Dr. Patel
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (None)
 - B. Pharmacy Clinical Activity Report (FY25 Through July 2025)
 - C. Drug Recalls (Last Updated 8/21/25)
 - D. Utilization Reports (FY25 Through July 2025)
 1. HIV Utilization
 2. HCV Utilization
 3. HBV Utilization
 4. Psychotropic Utilization
 - E. Non-formulary Deferral Reports (June & July 2025)
 1. UTMB Sector
 2. Texas Tech Sector
 - F. FDA Advisories
- IV. Old Business
 - A. Policies with revisions

60-15	Requisition of Drugs by Imaging Services
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 - B. Action Request: Nonformulary Medications for Palliative/Comfort Care
 - C. Miscellaneous:
 1. Phenylephrine – Supply remains limited from manufacturers and current manufacturer supply cannot meet demand. Consider removing from Formulary.
 2. Formulary addition request: Miconazole 2% 7 day vaginal cream with disposable applicators
 3. Formulary removal request: Miconazole 100 mg vaginal suppositories. Shortage originally sent out on 8/12/24. Medication has been discontinued by manufacturer.
- V. New Business
 - A. Endocrine Category Review

- B. Antiviral Category Review
- C. Psychotropic and Central Nervous System Agents Category Review
- D. MUE: Influenza Vaccination and Factors Associated with Acceptance
- E. Action Item: Formulary Addition of Augmentin as a Prior Authorization Agent

VI. Policy Review Schedule

Policy Revisions

20-15

Controlled Substances Record Keeping

VIII. Drug Shortages (Through 8/21/2025)

IX. Miscellaneous

X. Adjournment

Joint Infection Control Committee

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

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

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

Meeting Date: October 9, 2025

Standing Reports:

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

Old Business:

None

New Business:

Schedule Dates for 2026 Infection Control Meeting Reminder:

February 12, 2026

April 9, 2026

August 13, 2026

October 8, 2026

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

B-14.31	B-14.40	B-14.41	B-14.42	B-14.50	B-14.60	B-15.01	B-16.01
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THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION.

#	POLICY #	POLICY NAME	SUBMITTED BY
1	B-14.05	Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees	Michelle Munch
2	B-14.52	Coronavirus Disease 2019 (COVID-19)	Michelle Munch (red) Jill Campbell (blue)
3	B-17.1	Ectoparasite Control	Erin Freeman

Adjourn – The next meeting is scheduled for February 12, 2026, at 10:30 a.m.

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: July 9, 2025

- I. Call to Order
 - A. Minutes Confirmation
 - B. Review of previous meeting minutes July 9, 2025
- II. Dr. Armita Bushong
 - A. CMHC Policy E36.7- Dental Clinic Operations Reports Dental Clinic Operations Reports
 - B. New Biennial Audits starting September: Audit Modifications & Findings
 - C. CMHC Policies to review for
 1. E36.1 Levels of Care has no L4 reminder or timeframe for prosthodontics. Would be good to track ongoing demand/waiting list for prosthodontic care much like L1, L2, L3 reminders that are reported in Quarterly meetings.
 2. E36.2 In-processing Inmates-Dental Examination, Classification, Education & Treatment
- III. Dr. Billy Horton
 - A. Vacancy Report
 - B. Reminder Graphs
 - C. Prosthetic Graphs
 - D. Sick Call Triage
 - E. Policy and Procedure
 - F. Lead Aprons

- IV. Dr. Chad Fendley
 - A. TTUHSC updates on staffing
 - B. ATC and reminders
 - C. Dalby Unit
 - D. Centralized Scheduling at TTUHSC
- V. Dr. Pam Myers, UTMB Dental Hygiene Program Manager
 - A. RDH Note Wizard Revisions
 - B. Update New RDH hire for Jester 3, etc.
- VI. Kevin Hayden, TTUHSC Dental Hygiene Coordinator
 - A. Hygiene openings
 - B. Hygiene note wizards update
- VII. SECTOR UPDATE
- VII. Adjournment – Next Meeting: December 2025

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Coley Duncan

Co-Chair: Dr. Benjamin Leeah

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

For the Three Months Ended August 2025:

There were **153** deaths reviewed by the Morbidity and Mortality Committee during the months of June, July, and August 2025, of those **153** deaths, there were **5** cases referred to a peer review committee.

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

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

Joint Nursing Work Group

Chair: Justin Robinson, RN, MSN

Purpose:

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

Meeting Date: November 13, 2025

- I. Call to Order
- II. Approval of minutes Confirmation
 - A. Review 08.2025 Minutes
- III. Old Business:
 - A. None
- IV. New Business:
 - A. SDO/nursing protocols Revision Initiative Candida auris
 - B. TDCJ Radios
 - C. Sharps Containers Emergency Response
 - D. Stamping/Writing "Provider Chart Review" on a SCR and returning it to the inmate
 - E. Code Sheets & Urgent/Emergent Documentation
 - F. Refusals
 - G. ORA Audits – Areas of Noncompliance
- V. Adjourn-The next meeting will be held February 12, 2026

Financial Report on Correctional Managed Health Care



Quarterly Report FY2025 Fourth Quarter

September 2024 – August 2025

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Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

- Pursuant to the FY2024-25 General Appropriations Act, Article V, Rider 42, 88th Legislature, Regular Session 2023
- 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

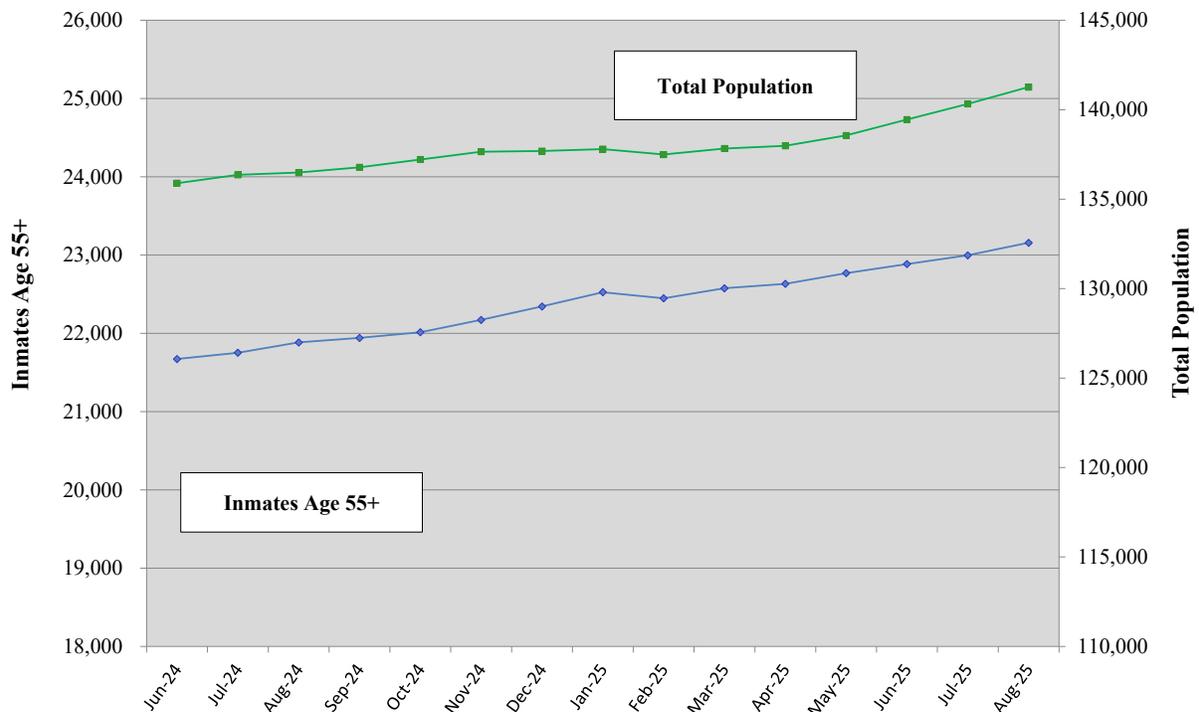
Population

- Overall inmate service population has increased 2.7% from FY2024
 - Average daily census through 4th quarter
 - FY2024: 134,643
 - FY2025: 138,339

- Inmates aged 55 or older population has increased 5.9% from FY2024
 - Average daily census through 4th quarter
 - FY2024: 21,286
 - FY2025: 22,539
 - While comprising about 16.3% of the overall service population, these inmates account for 53.4% of the hospitalization costs received to date.

- Mental health caseloads:
 - FY2025 average number of psychiatric inpatients through 4th quarter is 1,762 which increased 2.3% from FY2024.
 - FY2025 average number of psychiatric outpatients through 4th quarter is 35,778 which increased 4.1% from FY2024.

CMHC Service Population



Health Care Costs

- Total expenditures through 4th quarter, FY2025: \$1,107.5B
 - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$556.9M or 50.3% of total expenses
 - Hospital and Clinical Care - \$453.3M or 40.9% of total expenses
 - Pharmacy Services - \$97.3M or 8.8% of total expenses
 - HIV-related drugs: 33.0% of total drug costs
 - Hepatitis C drug therapies: 21.0% of total drug costs
 - Psychiatric drugs: 4.8% of total drug costs
 - All other drug costs: 41.2% of total drug costs
- Cost per inmate per day increased 10.2% from FY2024 to FY2025
 - Cost per inmate per day through 4th quarter FY2025:
 - FY2024: \$19.91
 - FY2025: \$21.93

Comparison of Total Health Care Costs

	FY21	FY22	FY23	FY24	FYTD 25 4th Qtr
Population					
UTMB	96,514	96,521	103,295	109,692	112,182
TTUHSC	24,282	24,214	24,638	24,951	26,157
Total	120,796	120,735	127,933	134,643	138,339
Expenses					
UTMB	\$627,901,731	\$643,994,605	\$717,213,452	\$835,108,953	\$946,848,283
TTUHSC	\$122,657,653	\$129,276,857	\$137,866,090	\$146,154,728	\$160,666,529
Total	\$750,559,384	\$773,271,463	\$855,079,543	\$981,263,682	\$1,107,514,812
Cost/Day					
UTMB	\$17.82	\$18.28	\$19.02	\$20.80	\$23.12
TTUHSC	\$13.84	\$14.63	\$15.33	\$16.00	\$16.83
Total	\$17.02	\$17.55	\$18.31	\$19.91	\$21.93

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

Method of Finance	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 75,009,205	\$ 331,559,750	\$ 406,568,955
EMR Revenue Deferred to FY2025*	\$ -	\$ 1,866,702	\$ 1,866,702
State Reimbursement Benefits	\$ 13,727,524	\$ 69,814,800	\$ 83,542,324
Other Misc Revenue	\$ 2,154	\$ 87,503	\$ 89,657
C.1.8. Total Method of Finance	\$ 88,738,883	\$ 403,328,755	\$ 492,067,638
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 45,444,004	\$ 249,469,631	\$ 294,913,635
State Reimbursement Benefits	\$ 2,362,405	\$ -	\$ 2,362,405
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 47,806,409	\$ 249,469,631	\$ 297,276,040
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 14,431,280	\$ 65,024,273	\$ 79,455,553
State Reimbursement Benefits	\$ 121,787	\$ 2,339,007	\$ 2,460,794
Other Misc Revenue	\$ -	\$ 19,200	\$ 19,200
C.1.10. Total Method of Finance	\$ 14,553,067	\$ 67,382,480	\$ 81,935,547
TOTAL METHOD OF FINANCE	\$ 151,098,359	\$ 720,180,866	\$ 871,279,226

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 134,884,489	\$ 646,053,654	\$ 780,938,143
Revenue Deferred to FY2025*	\$ -	\$ 1,866,702	\$ 1,866,702
State Reimbursement Benefits	\$ 16,211,717	\$ 72,153,807	\$ 88,365,524
Other Misc Revenue	\$ 2,154	\$ 106,703	\$ 108,857
TOTAL METHOD OF FINANCE	\$ 151,098,359	\$ 720,180,866	\$ 871,279,226

Expenditures	TTUHSC	UTMB	Total
C.1.8. Unit & Psychiatric Care	\$ 94,926,483	\$ 461,924,181	\$ 556,850,664
C.1.9. Hospital & Clinical Care	\$ 51,782,998	\$ 401,565,943	\$ 453,348,941
C.1.10. Managed Health Care - Pharmacy	\$ 13,957,048	\$ 83,358,159	\$ 97,315,207
TOTAL EXPENDITURES	\$ 160,666,529	\$ 946,848,283	\$ 1,107,514,812

DIFFERENCE	\$ (9,568,170)	\$ (226,667,417)	\$ (236,235,586)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2025

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 75,009,205	\$ 331,559,750	\$ 406,568,955
EMR Revenue Deferred to FY2025*	\$ -	\$ 1,866,702	\$ 1,866,702
State Reimbursement Benefits	\$ 13,727,524	\$ 69,814,800	\$ 83,542,324
Other Misc Revenue	\$ 2,154	\$ 87,503	\$ 89,657
TOTAL METHOD OF FINANCE	\$ 88,738,883	\$ 403,328,755	\$ 492,067,638
Expenditures:			
Unit Care			
Salaries	\$ 40,572,916	\$ 271,140,247	\$ 311,713,163
Benefits	\$ 12,322,548	\$ 77,176,883	\$ 89,499,431
Other Operating Expenses	\$ 5,633,900	\$ 36,938,053	\$ 42,571,953
Professional Services	\$ 5,239,356	\$ -	\$ 5,239,356
Contracted Units/Services	\$ 6,945,933	\$ -	\$ 6,945,933
Travel	\$ 462,739	\$ 2,617,711	\$ 3,080,450
Capitalized Equipment	\$ 340,167	\$ 3,008,316	\$ 3,348,483
Subtotal, Unit Care	\$ 71,517,559	\$ 390,881,209	\$ 462,398,769
Psychiatric Care			
Salaries	\$ 13,742,795	\$ 48,620,853	\$ 62,363,648
Benefits	\$ 3,503,346	\$ 11,861,535	\$ 15,364,881
Other Operating Expenses	\$ 186,926	\$ 386,293	\$ 573,219
Professional Services	\$ 3,809,394	\$ 995	\$ 3,810,389
Contracted Units/Services	\$ -	\$ 123	\$ 123
Travel	\$ 103,710	\$ 264,275	\$ 367,985
Subtotal, Psychiatric Care	\$ 21,346,171	\$ 61,134,074	\$ 82,480,245
Indirect Expenditures (Shared Services)	\$ 2,062,753	\$ 9,908,897	\$ 11,971,650
TOTAL EXPENDITURES	\$ 94,926,483	\$ 461,924,181	\$ 556,850,664
DIFFERENCE	\$ (6,187,600)	\$ (58,595,425)	\$ (64,783,025)

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

C.1.9. HOSPITAL & CLINICAL CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 45,444,004	\$ 249,469,631	\$ 294,913,635
State Reimbursement Benefits	\$ 2,362,405	\$ -	\$ 2,362,405
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 47,806,409	\$ 249,469,631	\$ 297,276,040
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 2,172,275	\$ 32,696,571	\$ 34,868,845
Community Provider Services	\$ 29,344,069	\$ 99,655,710	\$ 128,999,779
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 19,011,518	\$ 238,463,527	\$ 257,475,045
Estimated IBNR	\$ 5,426	\$ 20,600,000	\$ 20,605,426
Subtotal, Hospital & Clinical Care	\$ 50,533,288	\$ 391,415,807	\$ 441,949,095
Indirect Expenditures (Shared Services)	\$ 1,249,710	\$ 10,150,136	\$ 11,399,846
TOTAL EXPENDITURES	\$ 51,782,998	\$ 401,565,943	\$ 453,348,941
DIFFERENCE	\$ (3,976,589)	\$ (152,096,312)	\$ (156,072,901)

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 14,431,280	\$ 65,024,273	\$ 79,455,553
State Reimbursement Benefits	\$ 121,787	\$ 2,339,007	\$ 2,460,794
Other Misc Revenue	\$ -	\$ 19,200	\$ 19,200
TOTAL METHOD OF FINANCE	\$ 14,553,067	\$ 67,382,480	\$ 81,935,547
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 2,726,207	\$ 10,113,877	\$ 12,840,084
Benefits	\$ 134,324	\$ 3,299,582	\$ 3,433,906
Other Operating Expenses	\$ 572,342	\$ 7,826,331	\$ 8,398,673
Pharmaceutical Purchases	\$ 10,103,171	\$ 59,941,986	\$ 70,045,157
Travel	\$ 24,144	\$ 32,538	\$ 56,682
Capitalized Equipment	\$ -	\$ 96,458	\$ 96,458
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 13,560,188	\$ 81,310,773	\$ 94,870,961
Indirect Expenditures (Shared Services)	\$ 396,860	\$ 2,047,386	\$ 2,444,246
TOTAL EXPENDITURES	\$ 13,957,048	\$ 83,358,159	\$ 97,315,207
DIFFERENCE	\$ 596,019	\$ (15,975,679)	\$ (15,379,660)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2025</u>
Average Service Population	137,218	137,661	137,834	137,984	138,562	138,127	139,451	140,328	141,267	140,349	138,339
Population Age 55 and Over	22,043	22,439	22,576	22,633	22,769	22,659	22,885	22,997	22,576	23,013	22,539
<i>Percent of Total Population</i>	<i>16.1%</i>	<i>16.3%</i>	<i>16.4%</i>	<i>16.4%</i>	<i>16.4%</i>	<i>16.4%</i>	<i>16.4%</i>	<i>16.4%</i>	<i>16.0%</i>	<i>16.4%</i>	<i>16.3%</i>
Key Treatment Populations, Month End											
Patients receiving HIV Treatment	1,906	1,923	1,885	1,900	1,902	1,896	1,904	1,923	1,881	1,903	1,907
Patients receiving Hep C Treatment	478	420	559	565	596	573	540	534	608	561	508
Patients Receiving Dialysis Treatment	209	213	213	209	208	210	204	201	217	207	210
Age 55 and Over	111	113	115	112	111	113	116	109	111	112	112
Under 55	98	100	98	97	97	97	88	92	106	95	98
Medical Inpatient Average Daily Census											
UTMB-Hospital Galveston	128	126	122	116	125	121	125	122	131	126	125
UTMB Community Hospitals	74	67	75	66	63	68	74	77	74	75	71
TTUHSC Community Hospitals	10	12	10	13	9	10	12	11	14	12	11
Medical Inpatient Average Daily Census	211	206	207	195	197	200	210	210	220	213	207
Medical Inpatient Discharges											
UTMB-Hospital Galveston	1,016	912	291	304	354	949	294	321	358	973	3,850
UTMB Community Hospitals	1,068	1,034	338	323	326	987	355	394	358	1,107	4,196
TTUHSC Community Hospitals	167	191	53	62	53	168	69	69	77	215	741
Medical Inpatient Discharges	2,251	2,137	682	689	733	2,104	718	784	793	2,295	8,787
Average Length of Stay (in days)											
UTMB - Hospital Galveston	8.19	8.33	8.48	8.02	7.63	8.04	9.06	8.56	8.65	8.76	8.33
UTMB Community Hospitals	6.31	6.03	6.89	6.07	6.02	6.33	6.20	6.02	6.40	6.21	6.22
TTUHSC Community Hospitals	3.49	4.56	4.55	4.81	4.13	4.50	6.49	5.12	4.48	5.36	4.48
Infirmiry and Sheltered Housing Census, Month End											
UTMB Infirmiry	615	666	662	661	665	663	663	679	714	685	657
UTMB Sheltered Housing	635	635	627	629	641	632	631	635	632	633	634
TTUHSC Infirmiry	163	166	159	168	167	165	163	167	163	164	165
Infirmiry and Sheltered Housing Census, Month End	1,413	1,467	1,448	1,458	1,473	1,460	1,457	1,481	1,509	1,482	1,455
<i>Percent of Capacity Filled</i>	<i>93.0%</i>	<i>94.2%</i>	<i>93.0%</i>	<i>93.6%</i>	<i>94.6%</i>	<i>93.7%</i>	<i>93.6%</i>	<i>95.1%</i>	<i>93.3%</i>	<i>94.0%</i>	<i>93.7%</i>
Medical Outpatient Visits											
UTMB Specialty Clinics and ER Visits	8,967	8,776	9,881	10,624	10,343	10,283	9,966	10,668	10,507	10,380	9,601
TTUHSC Community Outpatient and ER Visits	3,026	4,119	4,089	4,491	4,166	4,249	4,832	4,057	4,993	4,627	4,005
Medical Outpatient Visits	11,993	12,894	13,970	15,115	14,509	14,531	14,798	14,725	15,500	15,008	13,607
Mental Health Inpatient Average Census											
UTMB Psychiatric Inpatient	964	957	972	962	959	964	958	955	977	963	962
TTUHSC Psychiatric Inpatient	738	822	799	820	798	806	877	716	905	833	800
Mental Health Inpatient Average Census	1,702	1,779	1,771	1,782	1,757	1,770	1,835	1,671	1,882	1,796	1,762
Mental Health Outpatient Caseload, Month End											
UTMB Psychiatric Outpatient	28,594	28,283	28,099	28,290	28,296	28,228	28,378	28,402	28,673	28,484	28,398
TTUHSC Psychiatric Outpatient	7,109	7,314	7,203	7,421	7,476	7,367	7,684	7,623	7,883	7,730	7,380
Mental Health Outpatient Caseload, Month End	35,703	35,597	35,302	35,711	35,772	35,595	36,062	36,025	36,556	36,214	35,778

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

Key Budget Drivers (Cost)

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2025</u>
Selected Drug Costs											
HIV Medications	\$ 5,997,644	\$ 5,453,038	\$ 2,418,938	\$ 1,473,594	\$ 1,867,332	\$ 5,759,864	\$ 1,958,540	\$ 2,297,034	\$ 1,675,975	\$ 5,931,549	\$ 23,142,095
Hepatitis C Medications	\$ 3,378,969	\$ 2,919,356	\$ 2,012,368	\$ 1,308,332	\$ 1,203,987	\$ 4,524,686	\$ 1,168,704	\$ 1,291,695	\$ 1,419,352	\$ 3,879,750	\$ 14,702,762
Psychiatric Medications	\$ 782,484	\$ 836,455	\$ 288,412	\$ 243,976	\$ 296,539	\$ 828,927	\$ 256,001	\$ 334,546	\$ 320,910	\$ 911,456	\$ 3,359,321
All Other Drug Costs	\$ 7,162,674	\$ 7,037,773	\$ 1,778,810	\$ 2,685,591	\$ 2,554,823	\$ 7,019,223	\$ 2,136,655	\$ 2,793,508	\$ 2,691,147	\$ 7,621,309	\$ 28,840,979
Total Drug Costs	\$ 17,321,770	\$ 16,246,621	\$ 6,498,527	\$ 5,711,493	\$ 5,922,680	\$ 18,132,700	\$ 5,519,900	\$ 6,716,783	\$ 6,107,383	\$ 18,344,065	\$ 70,045,157
Dialysis											
Age 55 and Over	\$ 1,238,860	\$ 1,238,678	\$ 425,066	\$ 426,662	\$ 409,428	\$ 1,261,156	\$ 423,846	\$ 409,867	\$ 399,249	\$ 1,232,962	\$ 4,971,655
UTMB	\$ 1,072,672	\$ 1,095,624	\$ 377,584	\$ 379,180	\$ 361,946	\$ 1,118,710	\$ 376,364	\$ 362,385	\$ 343,854	\$ 1,082,603	\$ 4,369,609
TTUHSC	\$ 166,188	\$ 143,054	\$ 47,482	\$ 47,482	\$ 47,482	\$ 142,445	\$ 47,482	\$ 47,482	\$ 55,395	\$ 150,359	\$ 602,046
Under 55	\$ 1,073,770	\$ 1,120,303	\$ 401,572	\$ 380,500	\$ 384,197	\$ 1,166,269	\$ 385,846	\$ 370,839	\$ 376,197	\$ 1,132,882	\$ 4,493,225
UTMB	\$ 913,286	\$ 947,825	\$ 327,033	\$ 307,481	\$ 305,608	\$ 940,122	\$ 307,258	\$ 295,186	\$ 308,153	\$ 910,597	\$ 3,711,830
TTUHSC	\$ 160,484	\$ 172,478	\$ 74,539	\$ 73,019	\$ 78,589	\$ 226,147	\$ 78,589	\$ 75,653	\$ 68,044	\$ 222,286	\$ 781,395
Total Dialysis	\$ 2,312,629	\$ 2,358,981	\$ 826,638	\$ 807,162	\$ 793,625	\$ 2,427,425	\$ 809,692	\$ 780,706	\$ 775,446	\$ 2,365,844	\$ 9,464,880
Offsite Hospital Services											
Age 55 and Over	\$ 45,667,814 49.7%	\$ 53,335,673 53.9%	\$ 18,639,919	\$ 25,529,798	\$ 20,977,322	\$ 65,147,039 58.2%	\$ 16,118,620	\$ 17,656,858	\$ 17,588,980	\$ 51,364,458 52.2%	\$ 218,269,380 53.4%
UTMB	\$ 44,022,351	\$ 50,561,261	\$ 16,868,412	\$ 24,138,293	\$ 20,220,225	\$ 61,226,930	\$ 16,118,620	\$ 17,656,858	\$ 17,588,980	\$ 51,364,458	\$ 207,175,000
TTUHSC	\$ 1,645,463	\$ 2,774,412	\$ 1,771,507	\$ 1,391,505	\$ 757,097	\$ 3,920,109	\$ 804,323	\$ 560,228	\$ 1,389,845	\$ 2,754,396	\$ 11,094,380
Under 55	\$ 46,250,497 50.3%	\$ 45,673,466 46.1%	\$ 17,155,688	\$ 13,410,664	\$ 16,219,960	\$ 46,786,313 41.8%	\$ 14,329,361	\$ 16,057,239	\$ 16,661,458	\$ 47,048,058 47.8%	\$ 190,268,741 46.6%
UTMB	\$ 40,952,229	\$ 40,454,041	\$ 14,755,227	\$ 11,577,342	\$ 14,761,687	\$ 41,094,257	\$ 14,329,361	\$ 16,057,239	\$ 16,661,458	\$ 47,048,058	\$ 169,548,584
TTUHSC	\$ 5,298,268	\$ 5,219,425	\$ 2,400,461	\$ 1,833,322	\$ 1,458,273	\$ 5,692,056	\$ 1,318,383	\$ 1,237,322	\$ 1,954,703	\$ 4,510,408	\$ 20,720,157
Total Offsite Hospital Services	\$ 91,918,311	\$ 99,009,139	\$ 35,795,607	\$ 38,940,462	\$ 37,197,283	\$ 111,933,352	\$ 30,447,982	\$ 33,714,096	\$ 34,250,438	\$ 98,412,516	\$ 408,538,121
C.1.8. Salaries/Agency Nursing/Overtime											
UTMB											
Salaries	\$ 66,231,106	\$ 66,787,561	\$ 22,474,342	\$ 21,931,910	\$ 22,772,064	\$ 67,178,316	\$ 22,425,394	\$ 22,918,280	\$ 22,881,452	\$ 68,225,126	\$ 268,422,109
Agency Nursing	\$ 7,733,769	\$ 6,778,055	\$ 2,474,323	\$ 2,384,084	\$ 2,639,319	\$ 7,497,726	\$ 2,335,587	\$ 2,690,217	\$ 2,237,330	\$ 7,263,134	\$ 29,272,683
Overtime	\$ 5,732,609	\$ 5,195,662	\$ 1,853,206	\$ 1,758,960	\$ 1,854,184	\$ 5,466,350	\$ 1,822,414	\$ 1,916,557	\$ 1,932,715	\$ 5,671,686	\$ 22,066,308
UTMB Total	\$ 79,697,484	\$ 78,761,278	\$ 26,801,871	\$ 26,074,955	\$ 27,265,567	\$ 80,142,392	\$ 26,583,396	\$ 27,525,055	\$ 27,051,496	\$ 81,159,947	\$ 319,761,100
TTUHSC											
Salaries	\$ 12,358,619	\$ 13,554,860	\$ 4,436,804	\$ 4,423,114	\$ 4,597,243	\$ 13,457,162	\$ 4,565,912	\$ 4,716,463	\$ 4,542,246	\$ 13,824,621	\$ 53,195,261
Agency Nursing	\$ 993,187	\$ 473,975	\$ 87,720	\$ 319,184	\$ 304,953	\$ 711,856	\$ 353,165	\$ 462,367	\$ 386,267	\$ 1,201,799	\$ 3,380,817
Overtime	\$ 254,205	\$ 265,333	\$ 107,636	\$ 93,363	\$ 108,204	\$ 309,202	\$ 92,197	\$ 94,487	\$ 105,025	\$ 291,709	\$ 1,120,449
TTUHSC Total	\$ 13,606,012	\$ 14,294,168	\$ 4,632,160	\$ 4,835,661	\$ 5,010,400	\$ 14,478,220	\$ 5,011,273	\$ 5,273,316	\$ 5,033,538	\$ 15,318,128	\$ 57,696,528
Total C.1.8. Salaries/Agency Nursing/Overtime	\$ 93,303,495	\$ 93,055,446	\$ 31,434,030	\$ 30,910,616	\$ 32,275,966	\$ 94,620,613	\$ 31,594,669	\$ 32,798,371	\$ 32,085,035	\$ 96,478,075	\$ 377,457,628
FTEs											
UTMB	3,088.7	3,140.0	3,156.1	3,158.0	3,155.0	3,156.4	3,168.7	3,174.7	3,126.6	3,156.7	3,135.4
TTUHSC	735.5	743.9	741.7	751.7	767.8	753.8	769.1	770.1	771.6	770.3	750.9
Total FTEs	3,824.3	3,883.9	3,897.9	3,909.7	3,922.8	3,910.1	3,937.8	3,944.8	3,898.2	3,926.9	3,886.3
Key Occupational Categories, Percent Filled											
UTMB	87.0%	88.5%	88.9%	89.0%	88.4%	88.8%	89.3%	89.5%	88.1%	89.0%	88.3%
Nursing	83.0%	84.3%	85.3%	85.1%	85.4%	85.2%	85.8%	85.7%	84.2%	85.2%	84.4%
Mental Health	87.6%	89.0%	90.3%	91.5%	91.0%	91.0%	91.5%	91.5%	91.3%	91.7%	89.8%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	91.7%	91.2%	90.9%	90.9%	90.9%	90.9%	90.8%	92.2%	91.1%	91.4%	91.3%
Dental	91.7%	93.5%	92.8%	93.3%	90.9%	92.3%	91.0%	91.9%	88.7%	90.5%	92.0%
Pharmacy	97.9%	97.4%	96.5%	96.7%	97.1%	96.4%	96.4%	96.6%	97.1%	96.6%	97.1%
Other Positions	91.0%	93.3%	93.0%	93.1%	94.2%	93.4%	93.4%	93.4%	92.3%	93.0%	92.7%
TTUHSC	71.8%	72.6%	72.4%	72.7%	73.1%	73.1%	74.2%	74.3%	74.5%	74.4%	73.0%
Nursing	62.3%	64.3%	65.2%	65.3%	66.9%	65.8%	67.2%	67.2%	68.1%	67.5%	65.0%
Mental Health	72.6%	72.7%	71.4%	70.1%	72.4%	71.3%	72.4%	72.4%	71.6%	72.2%	72.2%
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	76.8%	75.6%	71.4%	73.7%	75.5%	73.5%	79.0%	79.0%	79.0%	79.0%	76.3%
Dental	88.5%	85.1%	82.4%	84.5%	84.0%	84.0%	84.9%	84.9%	85.4%	85.4%	85.8%
Pharmacy	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.7%	99.5%	99.5%
Other Positions	87.5%	87.6%	87.1%	88.0%	89.1%	88.1%	87.8%	88.2%	86.9%	87.6%	87.7%

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

Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 33,628,736	\$ 33,259,189	\$ 33,998,281	\$ 33,998,282	\$ 134,884,489
State Reimbursement Benefits	\$ 3,780,497	\$ 3,962,371	\$ 4,109,130	\$ 4,359,719	\$ 16,211,717
Other Misc Revenue	\$ 243	\$ 540	\$ 271	\$ 1,100	\$ 2,154
TOTAL REVENUES	\$ 37,409,475	\$ 37,222,100	\$ 38,107,682	\$ 38,359,101	\$ 151,098,359

C.1.8. UNIT & PSYCHIATRIC CARE

EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 9,138,057	\$ 10,341,404	\$ 10,385,889	\$ 10,707,564	\$ 40,572,916
Benefits	\$ 2,740,120	\$ 3,120,932	\$ 3,227,119	\$ 3,234,377	\$ 12,322,548
Other Operating Expenses	\$ 1,450,426	\$ 1,773,588	\$ 1,152,110	\$ 1,257,777	\$ 5,633,900
Professional Services	\$ 1,039,051	\$ 1,285,307	\$ 1,321,576	\$ 1,593,423	\$ 5,239,356
Contracted Units/Services	\$ 3,306,201	\$ 1,214,720	\$ 1,191,824	\$ 1,233,188	\$ 6,945,933
Travel	\$ 72,954	\$ 114,812	\$ 115,822	\$ 159,151	\$ 462,739
Capitalized Equipment	\$ 216,674	\$ 100,326	\$ 23,167	\$ -	\$ 340,167
Subtotal, Unit Care Expenditures	\$ 17,963,483	\$ 17,951,089	\$ 17,417,507	\$ 18,185,479	\$ 71,517,559
Psychiatric Care Expenditures					
Salaries	\$ 3,474,767	\$ 3,478,788	\$ 3,380,475	\$ 3,408,765	\$ 13,742,795
Benefits	\$ 860,526	\$ 896,539	\$ 875,822	\$ 870,460	\$ 3,503,346
Other Operating Expenses	\$ 33,923	\$ 54,421	\$ 48,226	\$ 50,356	\$ 186,926
Professional Services	\$ 882,761	\$ 768,987	\$ 892,400	\$ 1,265,246	\$ 3,809,394
Travel	\$ 27,352	\$ 25,297	\$ 26,142	\$ 24,919	\$ 103,710
Subtotal, Psychiatric Care Expenditures	\$ 5,279,329	\$ 5,224,032	\$ 5,223,064	\$ 5,619,746	\$ 21,346,171
Total Expenditures, Unit & Psychiatric Care	\$ 23,242,811	\$ 23,175,121	\$ 22,640,572	\$ 23,805,225	\$ 92,863,730

C.1.9. HOSPITAL & CLINICAL CARE

EXPENDITURES:					
University Professional Services	\$ 208,493	\$ 400,253	\$ 608,846	\$ 954,683	\$ 2,172,275
Community Provider Services	\$ 6,406,804	\$ 7,597,706	\$ 9,027,894	\$ 6,311,666	\$ 29,344,069
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,658,464	\$ 4,446,772	\$ 4,898,849	\$ 5,007,432	\$ 19,011,518
Estimated IBNR	\$ 32,907	\$ (4,123)	\$ (24,575)	\$ 1,217	\$ 5,426
Total Expenditures, Hospital & Clinical Care	\$ 11,306,668	\$ 12,440,607	\$ 14,511,014	\$ 12,274,998	\$ 50,533,288

C.1.10. MANAGED HEALTH CARE PHARMACY

EXPENDITURES:					
Salaries	\$ 475,719	\$ 835,317	\$ 696,993	\$ 718,178	\$ 2,726,207
Benefits	\$ 33,184	\$ 33,712	\$ 33,712	\$ 33,715	\$ 134,324
Other Operating Expenses	\$ 304,728	\$ (23,426)	\$ 135,340	\$ 155,701	\$ 572,342
Pharmaceutical Purchases	\$ 2,305,866	\$ 2,597,729	\$ 2,167,803	\$ 3,031,773	\$ 10,103,171
Travel	\$ 1,680	\$ 6,359	\$ 5,840	\$ 10,265	\$ 24,144
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 3,121,177	\$ 3,449,691	\$ 3,039,688	\$ 3,949,631	\$ 13,560,188

Indirect Expenditures (Shared Services)	\$ 924,790	\$ 914,628	\$ 934,953	\$ 934,953	\$ 3,709,323
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TOTAL EXPENDITURES	\$ 38,595,447	\$ 39,980,046	\$ 41,126,227	\$ 40,964,807	\$ 160,666,529
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DIFFERENCE	\$ (1,185,972)	\$ (2,757,947)	\$ (3,018,545)	\$ (2,605,706)	\$ (9,568,170)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Inmate Health Care, pursuant to Agency Rider 42
Fourth Quarter, FY2025

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 161,070,910	\$ 159,300,899	\$ 162,840,922	\$ 162,840,923	\$ 646,053,654
EMR Revenue Deferred to FY2025*	\$ 498,399	\$ 441,889	\$ 488,477	\$ 437,937	\$ 1,866,702
State Reimbursement Benefits	\$ 17,250,421	\$ 18,619,192	\$ 17,749,428	\$ 18,534,766	\$ 72,153,807
Other Misc Revenue	\$ 31,290	\$ 15,088	\$ 28,781	\$ 31,543	\$ 106,703
TOTAL REVENUES	\$ 178,851,021	\$ 178,377,068	\$ 181,107,608	\$ 181,845,169	\$ 720,180,866

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 67,703,590	\$ 66,830,301	\$ 67,742,393	\$ 68,863,963	\$ 271,140,247
Benefits	\$ 18,760,640	\$ 19,467,658	\$ 19,395,132	\$ 19,553,454	\$ 77,176,883
Other Operating Expenses	\$ 9,022,482	\$ 8,348,334	\$ 9,208,111	\$ 10,359,126	\$ 36,938,053
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 437,138	\$ 598,276	\$ 770,912	\$ 811,386	\$ 2,617,711
Capitalized Equipment	\$ 874,831	\$ 366,419	\$ 730,900	\$ 1,036,166	\$ 3,008,316
Subtotal, Unit Care Expenditures	\$ 96,798,681	\$ 95,610,988	\$ 97,847,447	\$ 100,624,094	\$ 390,881,209
Psychiatric Care Expenditures					
Salaries	\$ 11,993,893	\$ 11,930,977	\$ 12,399,999	\$ 12,295,984	\$ 48,620,853
Benefits	\$ 2,888,617	\$ 2,975,009	\$ 3,003,580	\$ 2,994,329	\$ 11,861,535
Other Operating Expenses	\$ 70,713	\$ 78,106	\$ 165,226	\$ 72,372	\$ 386,416
Professional Services	\$ -	\$ -	\$ -	\$ 995	\$ 995
Travel	\$ 53,493	\$ 89,216	\$ 53,173	\$ 68,393	\$ 264,275
Subtotal, Psychiatric Care Expenditures	\$ 15,006,716	\$ 15,073,309	\$ 15,621,978	\$ 15,432,072	\$ 61,134,074
Total Expenditures, Unit & Psychiatric Care	\$ 111,805,397	\$ 110,684,297	\$ 113,469,425	\$ 116,056,166	\$ 452,015,284

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 7,911,115	\$ 5,666,495	\$ 10,400,333	\$ 8,718,628	\$ 32,696,571
Community Provider Services	\$ 13,613,895	\$ 25,270,313	\$ 30,248,105	\$ 30,523,396	\$ 99,655,710
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 53,447,318	\$ 59,882,585	\$ 65,982,991	\$ 59,150,633	\$ 238,463,527
Estimated IBNR	\$ 14,285,981	\$ 1,232,823	\$ 1,233,527	\$ 3,847,669	\$ 20,600,000
Total Expenditures, Hospital & Clinical Care	\$ 89,258,309	\$ 92,052,216	\$ 107,864,955	\$ 102,240,327	\$ 391,415,807

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,635,059	\$ 2,335,077	\$ 2,581,973	\$ 2,561,768	\$ 10,113,877
Benefits	\$ 835,315	\$ 829,508	\$ 812,095	\$ 822,664	\$ 3,299,582
Other Operating Expenses	\$ 1,880,320	\$ 1,999,623	\$ 1,989,378	\$ 1,957,011	\$ 7,826,331
Pharmaceutical Purchases	\$ 15,015,904	\$ 13,648,892	\$ 15,964,898	\$ 15,312,292	\$ 59,941,986
Travel	\$ 5,065	\$ 6,643	\$ 14,223	\$ 6,607	\$ 32,538
Capitalized Equipment	\$ (20,075)	\$ -	\$ -	\$ 116,533	\$ 96,458
Total Expenditures, Managed Health Care Pharmacy	\$ 20,351,588	\$ 18,819,743	\$ 21,362,567	\$ 20,776,876	\$ 81,310,773

Indirect Expenditures (Shared Services)	\$ 5,613,674	\$ 3,803,776	\$ 5,906,151	\$ 6,782,820	\$ 22,106,419
TOTAL EXPENDITURES	\$ 227,028,967	\$ 225,360,031	\$ 248,603,097	\$ 245,856,188	\$ 946,848,283
DIFFERENCE	\$ (48,177,946)	\$ (46,982,963)	\$ (67,495,489)	\$ (64,011,019)	\$ (226,667,417)

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

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 194,699,646	\$ 192,560,088	\$ 196,839,203	\$ 196,839,205	\$ 780,938,143
Revenue Deferred to FY2025*	\$ 498,399	\$ 441,889	\$ 488,477	\$ 437,937	\$ 1,866,702
State Reimbursement Benefits	\$ 21,030,918	\$ 22,581,562	\$ 21,858,558	\$ 22,894,485	\$ 88,365,524
Other Misc Revenue	\$ 31,533	\$ 15,629	\$ 29,053	\$ 32,642	\$ 108,857
TOTAL REVENUES	\$ 216,260,496	\$ 215,599,168	\$ 219,215,291	\$ 220,204,270	\$ 871,279,226

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 76,841,648	\$ 77,171,705	\$ 78,128,283	\$ 79,571,527	\$ 311,713,163
Benefits	\$ 21,500,759	\$ 22,588,590	\$ 22,622,251	\$ 22,787,831	\$ 89,499,431
Other Operating Expenses	\$ 10,472,908	\$ 10,121,922	\$ 10,360,220	\$ 11,616,903	\$ 42,571,953
Professional Services	\$ 1,039,051	\$ 1,285,307	\$ 1,321,576	\$ 1,593,423	\$ 5,239,356
Contracted Units/Services	\$ 3,306,201	\$ 1,214,720	\$ 1,191,824	\$ 1,233,188	\$ 6,945,933
Travel	\$ 510,092	\$ 713,088	\$ 886,734	\$ 970,536	\$ 3,080,450
Capitalized Equipment	\$ 1,091,505	\$ 466,745	\$ 754,067	\$ 1,036,166	\$ 3,348,483
Subtotal, Unit Care Expenditures	\$ 114,762,163	\$ 113,562,076	\$ 115,264,954	\$ 118,809,574	\$ 462,398,769
Psychiatric Care Expenditures					
Salaries	\$ 15,468,660	\$ 15,409,766	\$ 15,780,474	\$ 15,704,749	\$ 62,363,648
Benefits	\$ 3,749,143	\$ 3,871,548	\$ 3,879,402	\$ 3,864,788	\$ 15,364,881
Other Operating Expenses	\$ 104,636	\$ 132,527	\$ 213,451	\$ 122,728	\$ 573,342
Professional Services	\$ 882,761	\$ 768,987	\$ 892,400	\$ 1,266,241	\$ 3,810,389
Travel	\$ 80,845	\$ 114,513	\$ 79,315	\$ 93,312	\$ 367,985
Subtotal, Psychiatric Care Expenditures	\$ 20,286,045	\$ 20,297,341	\$ 20,845,042	\$ 21,051,818	\$ 82,480,245
Total Expenditures, Unit & Psychiatric Care	\$ 135,048,208	\$ 133,859,417	\$ 136,109,997	\$ 139,861,392	\$ 544,879,014

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 8,119,608	\$ 6,066,748	\$ 11,009,178	\$ 9,673,311	\$ 34,868,845
Community Provider Services	\$ 20,020,699	\$ 32,868,019	\$ 39,275,999	\$ 36,835,062	\$ 128,999,779
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 58,105,782	\$ 64,329,357	\$ 70,881,840	\$ 64,158,066	\$ 257,475,045
Estimated IBNR	\$ 14,318,888	\$ 1,228,701	\$ 1,208,952	\$ 3,848,886	\$ 20,605,426
Total Expenditures, Hospital & Clinical Care	\$ 100,564,977	\$ 104,492,824	\$ 122,375,970	\$ 114,515,325	\$ 441,949,095

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 3,110,779	\$ 3,170,393	\$ 3,278,967	\$ 3,279,946	\$ 12,840,084
Benefits	\$ 868,499	\$ 863,220	\$ 845,807	\$ 856,380	\$ 3,433,906
Other Operating Expenses	\$ 2,185,047	\$ 1,976,197	\$ 2,124,718	\$ 2,112,711	\$ 8,398,673
Pharmaceutical Purchases	\$ 17,321,770	\$ 16,246,621	\$ 18,132,700	\$ 18,344,065	\$ 70,045,157
Travel	\$ 6,745	\$ 13,002	\$ 20,063	\$ 16,871	\$ 56,682
Capitalized Equipment	\$ (20,075)	\$ -	\$ -	\$ 116,533	\$ 96,458
Total Expenditures, Managed Health Care Pharmacy	\$ 23,472,765	\$ 22,269,433	\$ 24,402,255	\$ 24,726,507	\$ 94,870,961

Indirect Expenditures (Shared Services)	\$ 6,538,464	\$ 4,718,403	\$ 6,841,103	\$ 7,717,772	\$ 25,815,743
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TOTAL EXPENDITURES	\$ 265,624,414	\$ 265,340,078	\$ 289,729,324	\$ 286,820,995	\$ 1,107,514,812
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DIFFERENCE	\$ (49,363,918)	\$ (49,740,910)	\$ (70,514,034)	\$ (66,616,725)	\$ (236,235,586)
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Projected Uncollected Health Care Fees	\$ (756,612)
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FY2025 Spend Forward to FY2024 - LBB Approved	\$ (121,571,411)
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FY2024 Hospital Cost Report Reconciliation	\$ (10,294,199)
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FY2025 Supplemental Appropriation, HB 500	\$ 336,436,555
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NET DIFFERENCE	\$ (49,363,918)	\$ (49,740,910)	\$ (70,514,034)	\$ (66,616,725)	\$ (32,421,253)
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Benefit Adjustment FY2021-23	\$ (14,886,510)
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Benefit Adjustment FY2024-25	\$ (6,837,671)
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NET DIFFERENCE Including Benefit Adjustment	\$ (49,363,918)	\$ (49,740,910)	\$ (70,514,034)	\$ (66,616,725)	\$ (54,145,434)
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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Fourth 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 Fourth Quarter Fiscal Year (FY) 2025 (June, July, and August 2025), Operational Review Audits (ORAs) were conducted at the following **8** facilities: Bartlett, Byrd, Cotulla, Gist, Hodge, LeBlanc, Luther, and Skyview 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 Fourth Quarter of FY 2025:
 1. Item **6.450** requires follow-up serologies for Syphilis be obtained after completion of treatment as follows: (1) Primary or Secondary Syphilis and HIV negative at six and twelve months; (2) Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve and twenty-four months; (3) Latent Syphilis and HIV negative at six, twelve and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen and twenty-four months. The following **8** facilities were not in compliance with this requirement:
 - Skyview (0%) – Corrective action plan received
 - Hodge (40%) – Corrective action plan received
 - Luther (17%) – Corrective action plan received
 - LeBlanc (0%) – Corrective action plan received
 - Gist (23%) – Corrective action plan received
 - Bartlett (50%) – Corrective action plan received
 - Cotulla (29%) – Corrective action plan received
 - Byrd (0%) – Corrective action plan pending
 2. Item **6.210** requires HIV positive inmates on the facility to be seen in chronic care clinic every 6 months. The following **7** facilities were not in compliance with this requirement:
 - Skyview (20%) – Corrective action plan received
 - Hodge (80%) – Corrective action plan received
 - Luther (62%) – Corrective action plan received
 - LeBlanc (20%) – Corrective action plan received
 - Gist (69%) – Corrective action plan received
 - Bartlett (75%) – Corrective action plan received
 - Cotulla (50%) – Corrective action plan received
 3. 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 **6** facilities were not in compliance with this requirement:
 - Skyview (48%) – Corrective action plan received
 - Hodge (81%) – Corrective action plan received
 - Luther (81%) – Corrective action plan received
 - LeBlanc (52) – Corrective action plan received
 - Gist (61%) – Corrective action plan received
 - Cotulla (16%) – Corrective action plan received
 4. Item **6.080** requires TB-400 forms (Texas Department of State Health Services-Tuberculosis Elimination Division) be completed at the facility for all inmates receiving: (1) Tuberculosis chemoprophylaxis, (2) identification of a TB suspect case, (3) diagnosis of a case of active TB and (4) at termination/completion of TB therapy. The following **6** facilities were not in compliance with this requirement:

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Skyview (75%) – Corrective action plan received
 - Hodge (43%) – Corrective action plan received
 - Luther (0%) – Corrective action plan received
 - LeBlanc (13%) – Corrective action plan received
 - Gist (0%) – Corrective action plan received
 - Cotulla (17%) – Corrective action plan received
5. Item **6.220** requires a current Individual Treatment Plan for HIV positive inmates to be documented in the medical record. The following **6** facilities were not in compliance with this requirement:
- Skyview (60%) – Corrective action plan received
 - Luther (69%) – Corrective action plan received
 - LeBlanc (20%) – Corrective action plan received
 - Gist (75%) – Corrective action plan received
 - Bartlett (75%) – Corrective action plan received
 - Cotulla (75%) – Corrective action plan received
6. Item **6.340** requires APRI scores be calculated on the unit at least annually for all inmates diagnosed with HCV. The following **6** facilities were not in compliance with this requirement:
- Skyview (33%) – Corrective action plan received
 - Luther (45%) – Corrective action plan received
 - LeBlanc (29%) – Corrective action plan received
 - Gist (79%) – Corrective action plan received
 - Cotulla (70%) – Corrective action plan received
 - Byrd (50%) – Corrective action plan pending
7. Item **6.380** requires the pneumococcal vaccine be offered to the inmates on the facility who qualify as outlined in CMHC Policy B-14.07 and documented on the HSM-2. If the vaccination is refused is there a signed Refusal of Treatment Form (HSM-82). The following **6** facilities were not in compliance with this requirement:
- Skyview (67%) – Corrective action plan received
 - Hodge (65%) – Corrective action plan received
 - Luther (53%) – Corrective action plan received
 - LeBlanc (63%) – Corrective action plan received
 - Cotulla (75%) – Corrective action plan received
 - Byrd (80%) – Corrective action plan pending
8. 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 **5** facilities were not in compliance with this requirement:
- Skyview (80%) – Corrective action plan received
 - Hodge (73%) – Corrective action plan received
 - Luther (55%) – Corrective action plan received
 - LeBlanc (60%) – Corrective action plan received
 - Gist (36%) – Corrective action plan received
9. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **5** facilities were not in compliance with this requirement:
- Luther (0%) – Corrective action plan received
 - LeBlanc (0%) – Corrective action plan received
 - Gist (0%) – Corrective action plan received
 - Bartlett (67%) – Corrective action plan received

OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

- Cotulla (67%) – Corrective action plan received
10. Item **6.335** requires inmates with Hepatitis C on the facility be seen in chronic care clinic annually. The following **5** facilities were not in compliance with this requirement:
- Skyview (67%) – Corrective action plan received
 - Luther (58%) – Corrective action plan received
 - LeBlanc (57%) – Corrective action plan received
 - Gist (67%) – Corrective action plan received
 - Byrd (50%) – Corrective action plan pending

During the previous quarter, ORAs for **7** facilities had pending corrective action plans: Coleman, East Texas, Garza East, Halbert, Jester III, Johnston, and Lindsey units. During the Fourth Quarter FY 2025, **five** 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 **8** facilities scheduled were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2025 (June, July, and August 2025), Dental Quality Review audits were conducted at the following **10** facilities: Bartlett, Briscoe, Coleman, Dominguez, Halbert, Hamilton, Huntsville, Kyle, Travis County, and Wynne units. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within 7 days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1. **5** of the **10** facilities were not in compliance: Hamilton (78%), Travis County (77%), Kyle (65%), Wynne (30%) and Huntsville (0%).
- **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. **3** of the **10** facilities were not in compliance: Briscoe (50%), Wynne (33%) and Coleman (0%).
- **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 **10** facilities were not in compliance: Coleman (50%) and Briscoe (50%).
- **Item 20** assesses if the Ending Level in the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. **2** of the **10** facilities were not in compliance: Coleman (78%) and Travis County (33%).
- **Item 34** assesses if dental instruments, equipment and handpieces are cleaned and handled according to Correctional Managed Health Care policies. **2** of the **10** facilities were not in compliance: Dominguez (75%) and Coleman (0%).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2025 (June, July, and August 2025), the Patient Liaison Program (PLP) and the Step II Grievance Program received **5,698** correspondences. The PLP received **5,049** and Step II Grievance received **649**. There were **142** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

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

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)

Step II medical grievances was **4%**. Performance measure expectation is **6%** or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **4%** and **3%** for TTUHSC for the Fourth 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 Fourth Quarter of FY 2025, (June, July, and August 2025), the Patient Liaison Program nurses and investigators performed **15** Sick Call Request Verification Audits (SCRVA) on **15** 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 **129** indicators were reviewed at the **15** facilities and **0** of the indicators fell below the 80 percent compliance threshold, representing **0** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **15** facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from that facility. At each unit, OPS staff continued educating the medical staff.

The frequency of the SCRVA was changed in the Fourth Quarter of FY 2011. Units with an average composite score of 80 or above in each discipline will be audited 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 Fourth Quarter FY 2025, there were **16,184** intake HIV tests performed. Of those tested, **27** inmates were newly identified as having HIV infection. During the same time period, there were **7,290** pre-release tests performed with **0** found to be HIV positive. For this quarter, **4** new AIDS cases were identified.
- There were **382** cases of Hepatitis C identified for the Fourth Quarter FY 2025. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **1,076** cases of suspected Syphilis were reported in the Fourth Quarter FY 2025. **339** 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.
- **210** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2025. For the same time period, **127** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were

OFFICE OF PUBLIC HEALTH (CONTINUED)

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 **72** TB cases (pulmonary and extra-pulmonary) under management for the Fourth 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 **402** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2025. There were **143** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **199** 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 Fourth Quarter FY 2025, **88** inmates trained to become peer educators. This is an increase from the Third Quarter FY 2025 report. During the Fourth Quarter FY 2025, **9,668** inmates attended the classes presented by peer educators. This is an increase from the Third Quarter FY 2025.

MORBIDITY AND MORTALITY

There were **153** deaths reviewed by the Morbidity and Mortality Committee during the months of June, July, and August 2025, of those **153** deaths, **1** was referred to a peer review committee.

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

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

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth 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 Fourth 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 Fourth Quarter FY 2025, a total of **110** instances of compelled psychoactive medication occurred. There were **4** instances at the Clements Unit, **29** instances at the Montford Unit, **39** instances at the Skyview Unit, and **38** instances at the Wayne Scott Unit. Skyview and Wayne Scott obtained a score of 100% during the reporting months of

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

June 2025, July 2025, and August 2025. Montford obtained a score of 100% during the reporting months of July 2025 and August 2025, and a score of 88% in the reporting month of June 2025. Clements obtained a score of 100% during the reporting months of July 2025 and August 2025, and had no applicable data to report during the month of June 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 **20** intake facilities reviewed, **20** facilities identified incoming inmates in need of Mental Health Evaluations. **14** of the **20** units scored 80% or better: Byrd, East Texas, Formby, Garza West, Gist, Glossbrenner, Halbert, Johnston, Lychner, Middleton, Sanchez, Sayle, Travis, and Woodman. **6** of the **20** scored below 80%: Dominguez, Gurney, Holliday, Hutchins, Lindsey, and Plane. A corrective action plan is required of all units scoring below 80%.

OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of the Health Services Liaison (HSL) conducts a random audit of 10 percent of Electronic Health Records (EHRs) of inmates discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Fourth Quarter of FY 2025, HSL conducted **515** hospital and **62** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmarary, if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge, and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **515** hospital discharge audits conducted, **452** were from the UTMB Sector and **63** were from the TTUHSC sector. There were **73** deficiencies identified for UTMB and **5** identified for TTUHSC. Of the **62** infirmary discharge audits conducted **30** were from the UTMB sector and **32** were from the TTUHSC sector. There were **5** deficiencies identified from UTMB and **3** for TTUHSC.

ACCREDITATION

The ACA 2026 Winter Conference will be held in Long Beach, California on February 5-8, 2026, and the following facilities will be represented: Dominguez, Halbert, Henley, Hightower, Hilltop, Johnston, Kegans, Lychner, McConnell, Michael, O'Daniel, Plane, Robertson, Sanchez, Travis County State Jail, and Wainwright 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 – **14**
- Health Services Division Pending Monthly Research Projects – **0**

GUARDIAN PROJECT UPDATE

DECEMBER 2025

Agenda

- Recap of key events.
- What is Guardian?
- What has been done so far?
- What is happening next?
- What are risks to project success?

Recap of Key Events



Guardian Scope

The Guardian Integrated Medical Systems Project (Guardian), will revitalize the PEARL EHR. The scope includes:

1. Upgrading from the existing .Net Framework to .Net Core
2. Converting all visual C++ to visual C# with the latest visual studio package
3. Inclusion of some enhancements and backlog items

Guardian Key Accomplishments

Framework Upgrade from .Net to .Net Core

Guardian Architecture & Guidelines Developed

UI Themes Established

Security Standards & Tools

Screen Generator

Data Access Layer Tool & Standards

Document Image Server

Requirements Documentation

Automated Testing Scripts

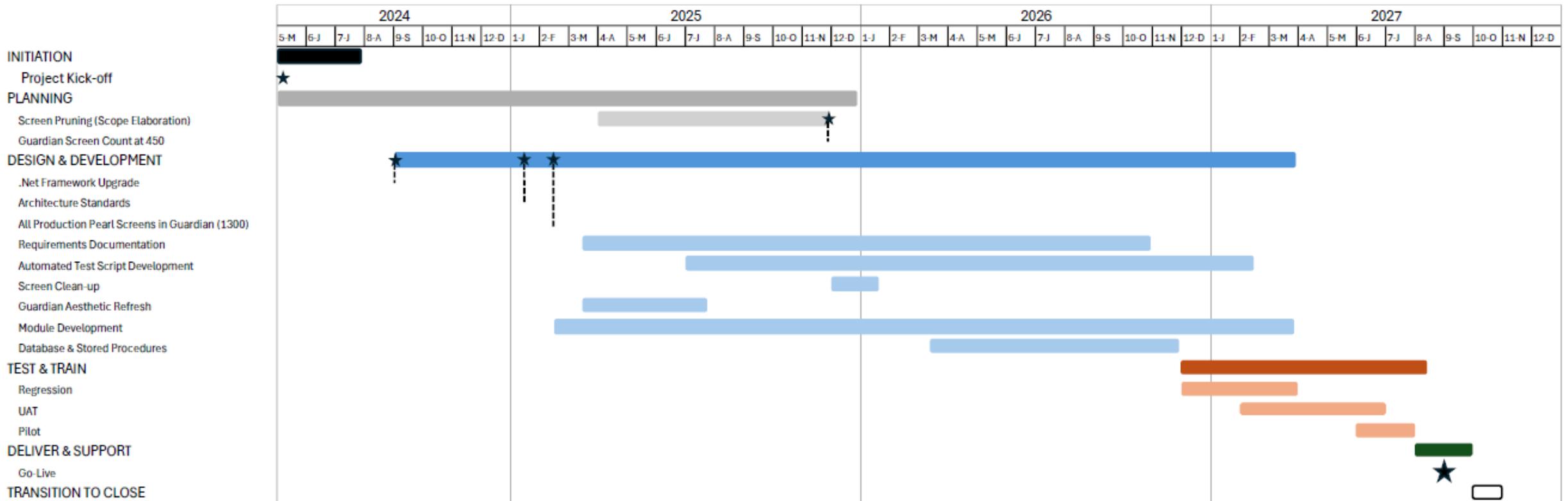
Icon Refresh

Control Panel: logging & session management

Development of Standard & Custom Controls

Designer Tool

Guardian Milestones



Complete

- Patient Search
- DotNetHelperControl
- ImageUtil
- Utils
- MimsUtil
- ImracControlLib
- Document Server (Image Server)
- Database Clean-up
- Screen Convertor Tool
- Data Access Layer Tool
- Data Mapping Tools
- Architecture Standards
- Security Standards
- Event Flow
- Enhanced Data Binding
- Chart Log
- Security Log
- Login screen
- All Pearl Screens in Guardian space (1300 screens)

In Process

- File Cache Service
- Screen Pruning (500 screens)
- Dialysis
- Documents (Image Server)
- Unfinished Documents
- Designer
- Security Dashboard
- Guidelines
- High Profile Patient
- High Risk MH
- Patient Notes
- Patient Summary
- Scanning
- User Access Policy
- Patient Alerts
- External Device Integration
- Vitals Module
- Roster Admin
- Roster Header Help
- Roster Limited Service
- Roster User Desktop
- Icon Refresh
- Automated Test Script Library

To Be Completed

User Maintenance	Appointments	Allergies
Facility Maintenance	Lab Results	Meds
Standard Times	Problems	Labs
Equipment Maintenance	Reminders	
Enterprise	Clinical Summary	
Location	Referrals	
Provider Daily Orders	Health Maintenance	
Limited Services	Inbox	
New Patient	Problem Categories	
Discharge	Patient	
Department/Room	About Pearl	
Registration Info	Batch Immunizations	
Med Reorder	Department Maintenance	
Immunizations	Check-in/out	
Non-Formulary	Register	
Functional Status	Restrictions & Passes	
Face Sheets	Forms	
Note Builder	Email	
Hospital List		
Chart		
Orders		

GUARDIAN RISKS

Maintaining Pearl code freeze to minimize shifting scope for Guardian.

Maintaining resource allocations to the project.

General complex nature of large scale “big bang” projects.

SECURUS UPDATE

DECEMBER 2025

-
- UTMB has engaged Securus to provide a Health Services App on the inmate tablets.
 - The first phase of the project involves providing on demand health education resources.
 - Phase two involves the roll out of electronic sick call submissions.
 - Anticipated benefits include:
 - timely access to care,
 - reduced administrative burden and improved efficiency,
 - enhanced health literacy, and
 - improved outcomes.