



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

March 4, 2026

10:00 a.m. (CST)

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

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## **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

March 4, 2026

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. Feedback in response to Lioness Advocacy Group's public comment from December 2025 meeting.
  2. Moving the Wednesday, September 16, 2026 committee meeting to Moody Gardens on Wednesday, October 21, 2026 to coincide with the UTMB CMC Conference.
  3. Discuss Facilities Tours.
- IV. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, December 11, 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

CMHCC Agenda (Continued)

March 4, 2026

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- V. Update on Financial Reports
- VI. Medical Directors' Updates
  - 1. Texas Department of Criminal Justice
    - Health Services Division Fiscal Year 2025 First Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. Presentation given on 340B and a Pharmacy Services Overview
  - Presented by:**
    - Stephanie Zepeda, Pharm.D.**
    - Associate Vice President
    - Pharmacy Services
    - Correctional Managed Care
- VIII. Public Comments
- IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
December 11, 2025

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**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

December 11, 2025

- Chairman:** Robert D. Greenberg, M.D.
- CMHCC Members Present:** Lannette Linthicum, M.D., FACP, CCHP-A, Cynthia Jumper, M.D., John Burruss, M.D., Julia Hiner, M.D., Divyansu Patel, M.D., Phillip Keiser, M.D., Kristen Coons; Brian Edwards, M.D., Susana Penate
- CMHCC Members Absent:** Michelle Erwin, Ex Officio Member
- Partner Agency Staff Present:** Chris Black-Edwards, Ashley Adkins, Ron Steffa, Rachelle White, Angie McCown, Lois Marion, Will Rodriguez, Denise DeShields, M.D., Texas Tech University Health Sciences Center (TTUHSC), Monte Smith, M.D., Kelly Coates, University of Texas Medical Branch (UTMB); Jill Durst, Texas Board of Criminal Justice (TBCJ); Ron Hudson; Toby Boyett; Justin Robison; Jennifer Gonzales; Eric Guerrero
- Others Present:** Jennifer Toon, Executive Director and Co-Found of Lioness; Marcie Simmons, Lioness
- Location:** UTMB Conroe Operations Office, 200 River Pointe Dr., Suite 200, Conroe Texas 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b> - Dr. Robert Greenberg</p> <p><b>II. Recognitions and Introductions</b> - 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.</p> <p>Dr. Greenberg welcomed and thanked everyone for being in attendance.</p> <p>Dr. Greenberg asked if there were any recognition or introductions. Dr. Greenberg noted the large number of attendees and asked everyone to introduce themselves. Members of the CMHCC from UTMB, Texas Tech, HHSC, and public members introduced themselves, along with TDCJ leadership from Health Services, the Correctional Institutions Division, and other executive staff. Leadership and staff from UTMB CMC and TTUHSC CMC, including clinical directors, nursing leaders, information services, and quality staff, also introduced themselves. CMHCC program staff from TDCJ Health Services were recognized as well.</p>		



<p><b>V. Approval of Consent Items</b></p> <ul style="list-style-type: none"> <li>- Approval of CMHCC Meeting Minutes – September 17, 2025</li> <li>- Approval of Excused Absences</li> </ul> <p><b>VI. Presentation: Guardian Integrated Medical System (Guardian IMS)</b> Presented by -Toby Boyett and Melanie Roberts</p>	<p>Approved</p> <p>Guardian was previously named PEARL Guardian EHR is being built with the future in mind. It will embrace appropriate AI applications and allow for leveraging of IT resources between the three agencies. The Committee received a presentation on the Guardian Integrated Medical System (Guardian IMS), described as a rebuilt and modernized version of the current Pearl EHR. Mr. Boyett reviewed Pearl history, prior consideration of other EHR options, and the rationale for rebuilding Pearl as the most practical approach for our correctional system. Guardian was described as an umbrella effort that includes integration/consolidation of related systems, including UTMB-related updates focused on the enterprise health record modernization effort and contract/budget context.</p> <p>Pharmacy and medication administration was discussed as a partner-collaborative project across all three agencies. Auditability was discussed as part of the system build/implementation considerations. Discussion included potential integration/engagement strategies using Securus/tablet functionality, noting partner consultation (including Texas Tech). Quarterly expenditure reporting was referenced (pages described as showing quarterly totals of expenditure). Grievance/performance reporting was referenced, including master contract performance measure</p>	<p>focus on. Dr. Greenberg stated where and when would be discussed.</p> <p>Dr. Denise DeShields stated: The Guardian project was described as having launched in collaboration with partners, including Texas Tech and TDCJ health services. System improvements were discussed (flexibility/usability), with Texas Tech referenced as a key partner/stakeholder in the work</p>	
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<p><b>VII. Update on Financial Reports</b> -Ashley Adkins</p>	<p>discussion and grievance statistics (as discussed in the report).</p> <p>The project timeline included a planned go-live in August 2027.</p> <p>All attendees were given paper presentations.</p> <p>Dr. Greenberg called on Ms. Ashley Adkins to present the financial report.</p> <p>Ms. Adkins presented the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth Quarter of FY 2025, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 42. Details of Ms. Adkins' report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>A financial report was presented, including population indicators, hospital and pharmacy cost summaries, cost per inmate day, and quarterly expenditure totals. The report included projected expenditures and a projected shortfall, as presented, and discussed supplemental appropriation information. Discussion included pharmacy cost pressures and the impact of 340B changes.</p> <p>Financial/budget reporting included discussion of funding mechanics and the relationship of the contract budget to TDCJ appropriations. A fiscal-year shortfall was discussed as approximately \$9.6 million. Combined expenditure/shortfall discussion referenced a difference/variance stated as approximately \$230.6 million. Hospital clinical care totals were stated as approximately \$453.3 million. Pharmacy totals were stated as approximately \$54.1 million. Audit considerations were referenced during the financial discussion.</p>		
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<p><b>Medical Director’s Updates TDCJ Health Services Division FY 2025 Fourth Quarter Report (cont.)</b> - Dr. Lannette Linthicum</p>	<p><b>compelled/enforced medications</b> (referencing <b>four</b> in the discussion), and an <b>intake mental health evaluation audit</b>.</p> <p>Dr. Linthicum also discussed care transition and discharge monitoring, including health services liaison coordination and discharge auditing. She referenced discharge audit work, including review of <b>infirmiry discharges</b> (noting <b>62</b> reviewed) with deficiencies identified, and emphasized monitoring for appropriate discharge processes such as vital signs/documentation, appropriate unit placement, and whether individuals were <b>readmitted within one week</b> as part of evaluating premature or problematic discharges.</p> <p>The Office of Mental Health Monitoring was referenced in relation to behavioral health delivery monitoring. Monitoring of restricted housing was discussed, including the position responsible for monitoring restricted housing which is currently vacant. Monitoring/audit activity was referenced, including findings and corrective actions requested as part of oversight processes. Inmate peer education participation was referenced, noting 1,010 inmates attending peer education classes. Hospital discharge auditing activity was referenced, noting 515 hospital discharge audits conducted (with additional breakdown mentioned in the discussion). Contract ownership/continuity was discussed, noting that if the contract were to end, responsibility and funding would revert back to TDCJ.</p> <p>Joint Morbidity &amp; Mortality (M&amp;M) Committee activity was referenced, including a discussion noting 153 deaths reviewed as part of joint committee work. Behavioral health monitoring was discussed in the context of identifying and responding to suicide-risk concerns, including the need to notify staff immediately when high-risk issues are identified. The Office of Mental Health Monitoring was referenced in relation to behavioral health delivery oversight</p>		
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<p><b>Medical Director’s Updates TDCJ Health Services Division FY 2025 Fourth Quarter Report (cont.)</b> - Dr. Lannette Linthicum</p>	<p>Dr. Linthicum also discussed care transition and discharge monitoring, including health services liaison coordination and discharge auditing. She referenced discharge audit work, including review of <b>infirmiry discharges</b> (noting <b>62</b> reviewed) with deficiencies identified, and emphasized monitoring for appropriate discharge processes such as vital signs/documentation, appropriate unit placement, and whether individuals were <b>readmitted within one week</b> as part of evaluating premature or problematic discharges.</p> <p>In addition, UTMB’s role in records and contract structure was discussed. UTMB was described as the designated custodian of the medical record statewide, with TDCJ identified as the record owner; it was further noted that if the master contract were ever to end, record responsibility would revert to TDCJ so healthcare delivery functions could continue.</p>		
<p><b>VII. Texas Tech University Health Sciences Center</b> - Dr. Denise DeShields</p>	<p>Financial/budget context discussed during the meeting included a review of population indicators and cost drivers, with a focus on hospital clinical care and pharmacy costs, quarterly expenditure totals, and projected expenditure pressures. Pharmacy cost pressures and the impact of 340B-related changes were referenced as part of the budget discussion by Dr. DeShields.</p>		
<p><b>VIII. UTMB Medical Director’s Report</b> -Dr. Owen Murray</p>	<p>Dr. Greenberg requested Dr. Murray’s report; Dr. Murray indicated that his updates had already been addressed during the discussion on the 340B program.</p>		
<p><b>IX. Additional Updates</b></p>	<p>None</p>		

<b>X. Adjournment</b> <b>Dr. Robert Greenberg</b>	With no further business, Dr. Greenberg stated the agenda was complete and the meeting was adjourned at 12:00 PM.		

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

\_\_\_\_\_  
Date

## Consent Item

# TDCJ Health Services Monitoring Reports

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**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION***

***Quarterly Monitoring Report***

**First Quarter, Fiscal Year 2026  
(September, October, and November 2025)**

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**Rate of Compliance with Standards by Operational Categories**  
**First Quarter, Fiscal Year 2026**  
**September November 2025**

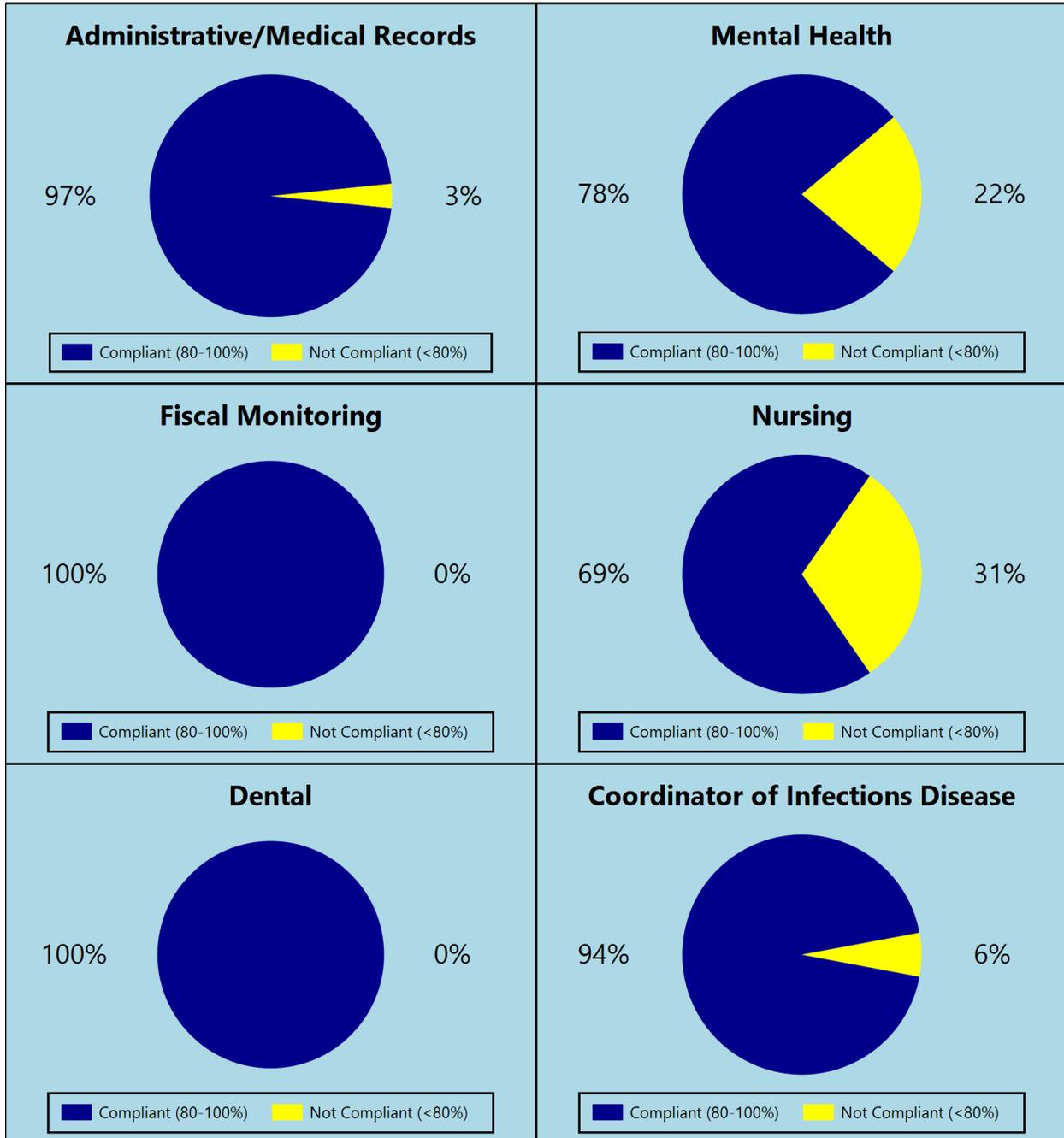
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Clements	89	87	98%	31	31	100%	40	40	100%	19	19	100%	52	52	100%	15	15	100%
Cole	31	31	100%	13	13	100%	26	25	96%	9	9	100%	14	14	100%	6	6	100%
Ferguson	33	32	97%	13	13	100%	23	23	100%	11	11	100%	16	16	100%	5	5	100%
Gurney	31	31	100%	15	15	100%	20	17	85%	11	11	100%	13	13	100%	7	7	100%
Hughes	31	30	97%	15	15	100%	37	37	100%	10	10	100%	19	19	100%	5	5	100%
Hutchins	31	30	97%	15	15	100%	38	36	95%	11	11	100%	16	15	94%	6	6	100%
Lychner	33	33	100%	15	15	100%	31	29	94%	11	11	100%	16	16	100%	6	6	100%
Middleton	33	32	97%	15	15	100%	27	24	89%	10	10	100%	16	16	100%	4	4	100%
Moore, C	31	31	100%	13	13	100%	29	29	100%	10	10	100%	2	1	50%	5	5	100%
Murray	31	31	100%	15	15	100%	28	26	93%	10	10	100%	16	16	100%	4	4	100%
Robertson	33	32	97%	13	13	100%	19	18	95%	11	11	100%	16	16	100%	5	5	100%

*n* = number of applicable items audited.

Compliance Rate By Operational Categories for

**CLEMENTS FACILITY**

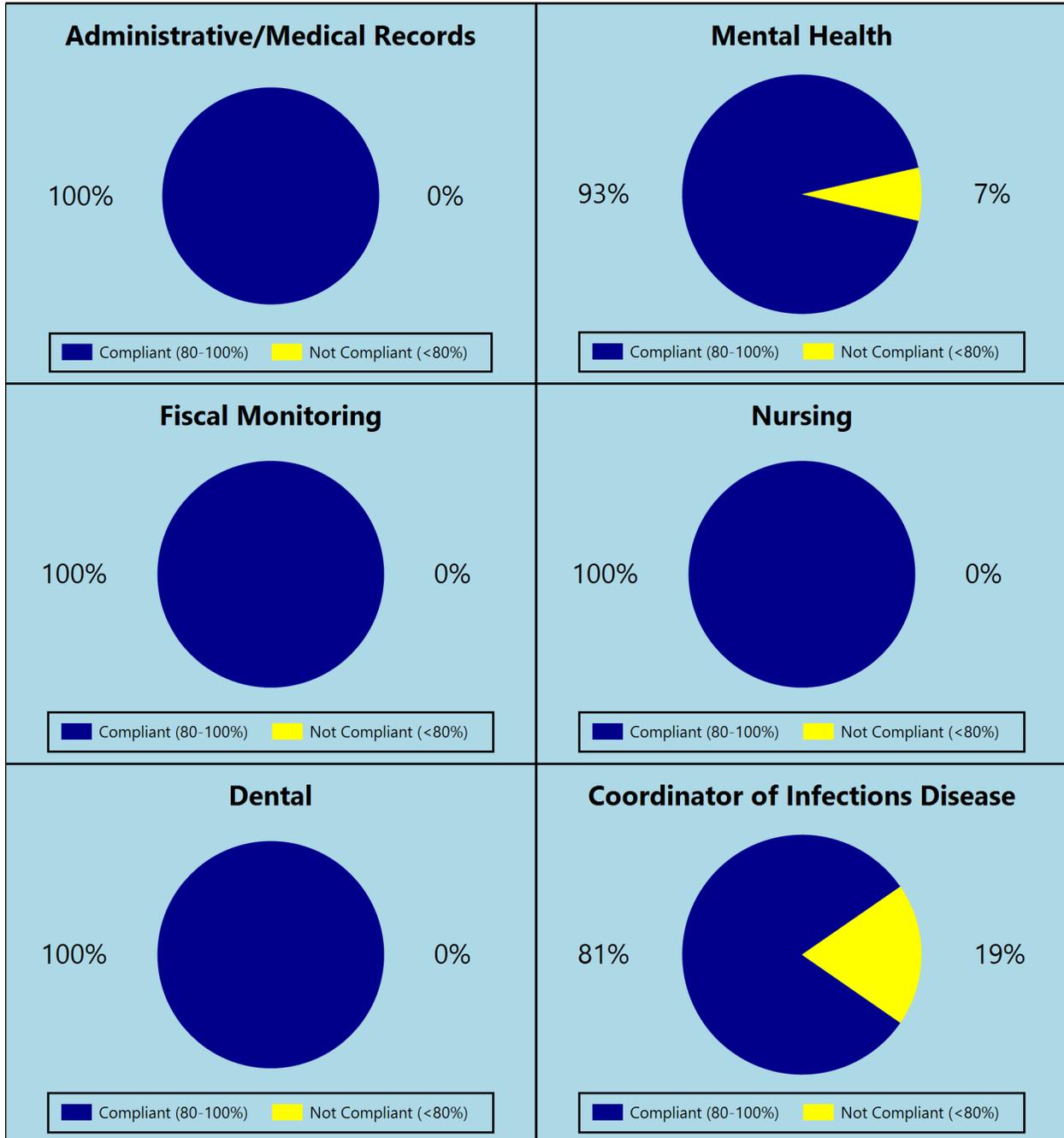
**October 21, 2025**



Compliance Rate By Operational Categories for

**COLE FACILITY**

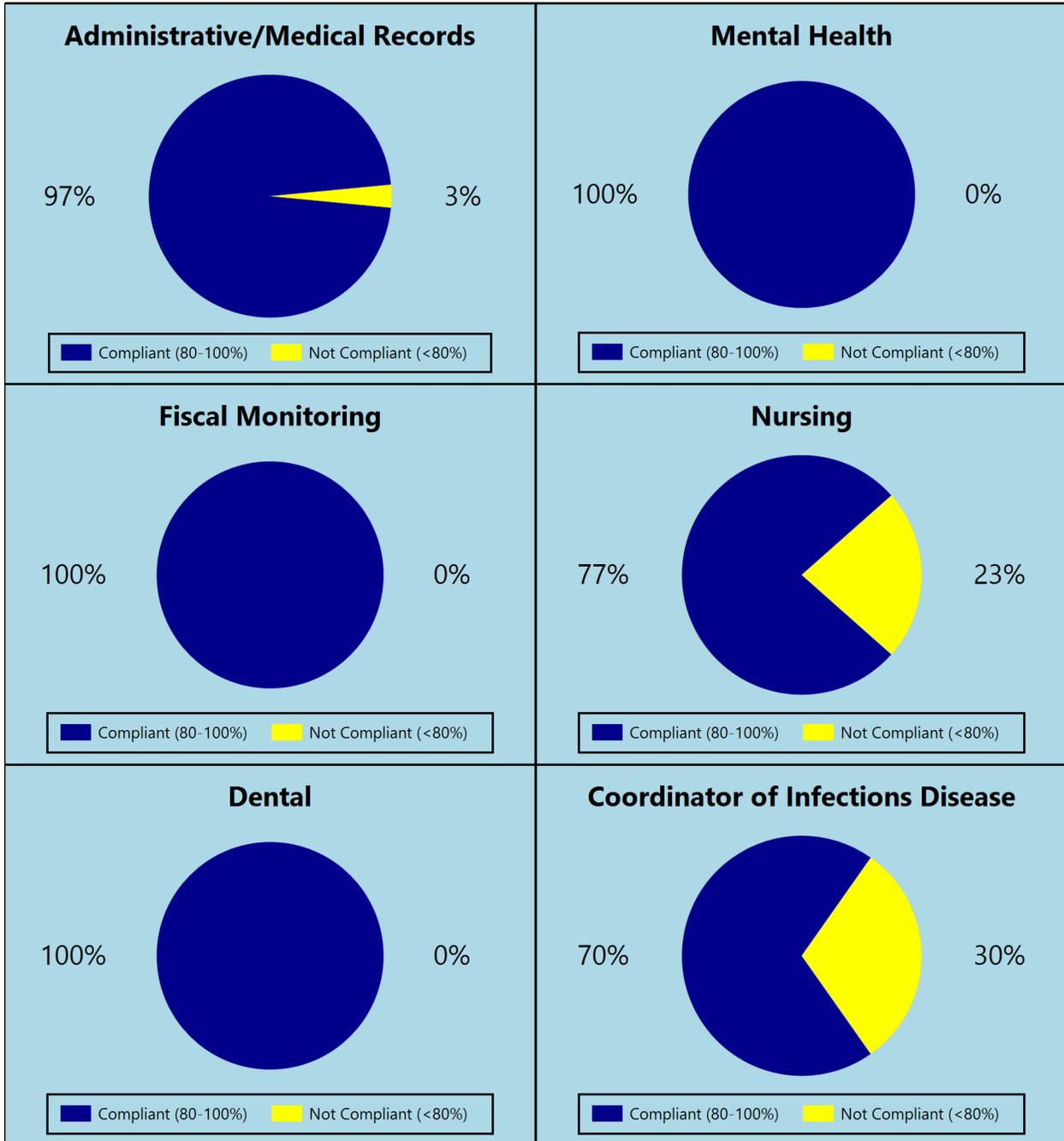
**October 8, 2025**



Compliance Rate By Operational Categories for

**FERGUSON FACILITY**

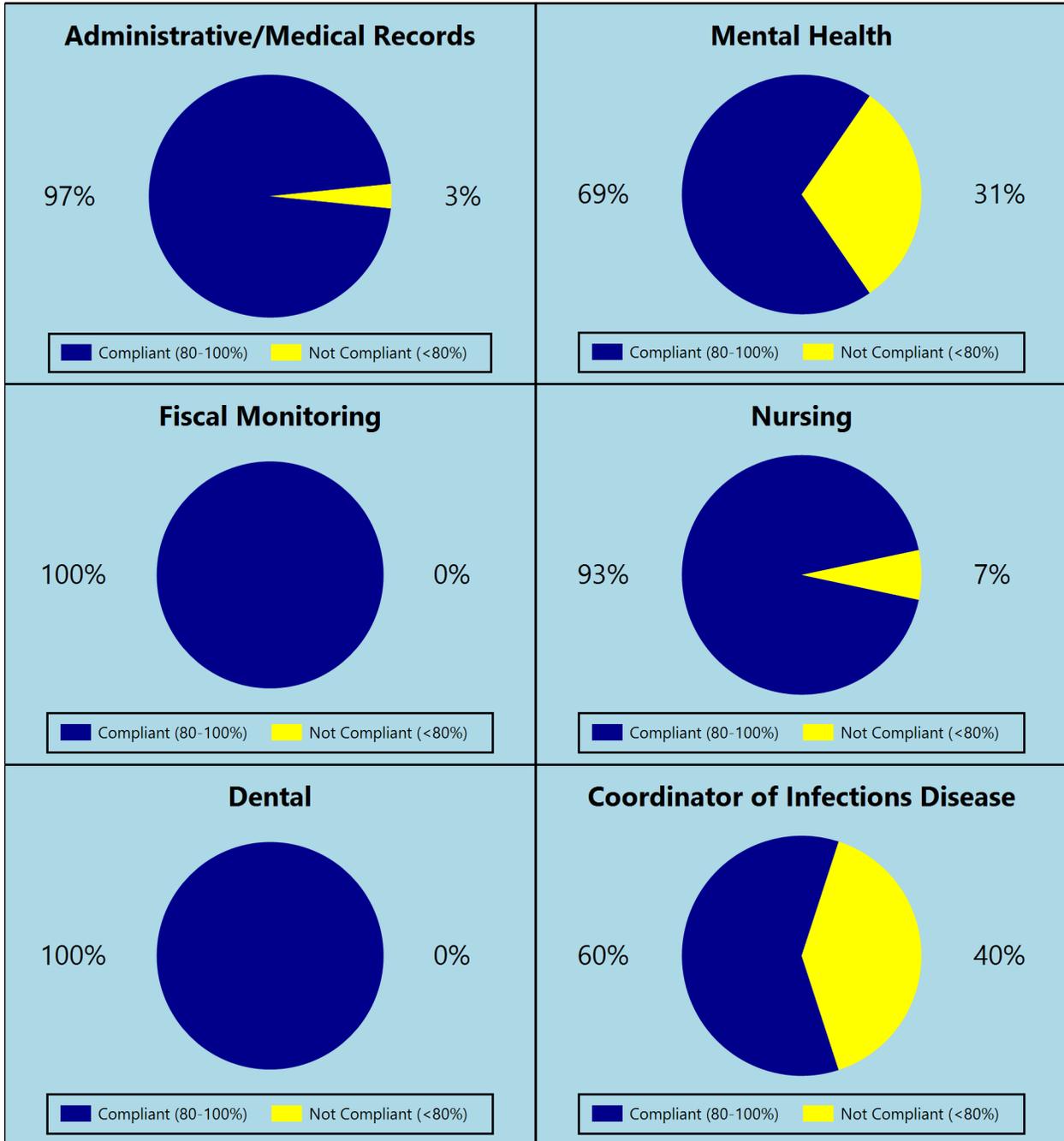
September 22, 2025



Compliance Rate By Operational Categories for

**GURNEY FACILITY**

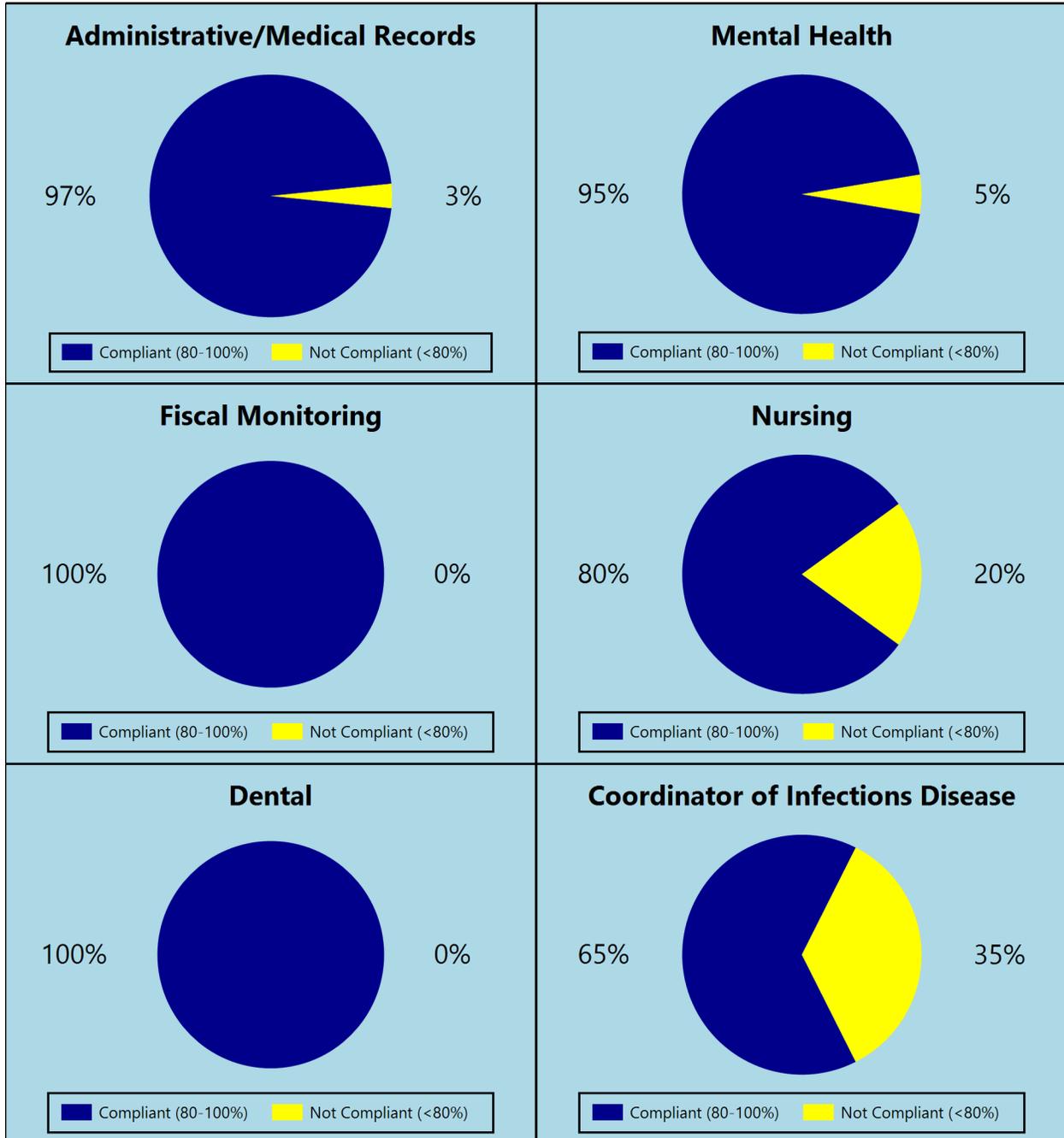
**November 12, 2025**



Compliance Rate By Operational Categories for

**HUGHES FACILITY**

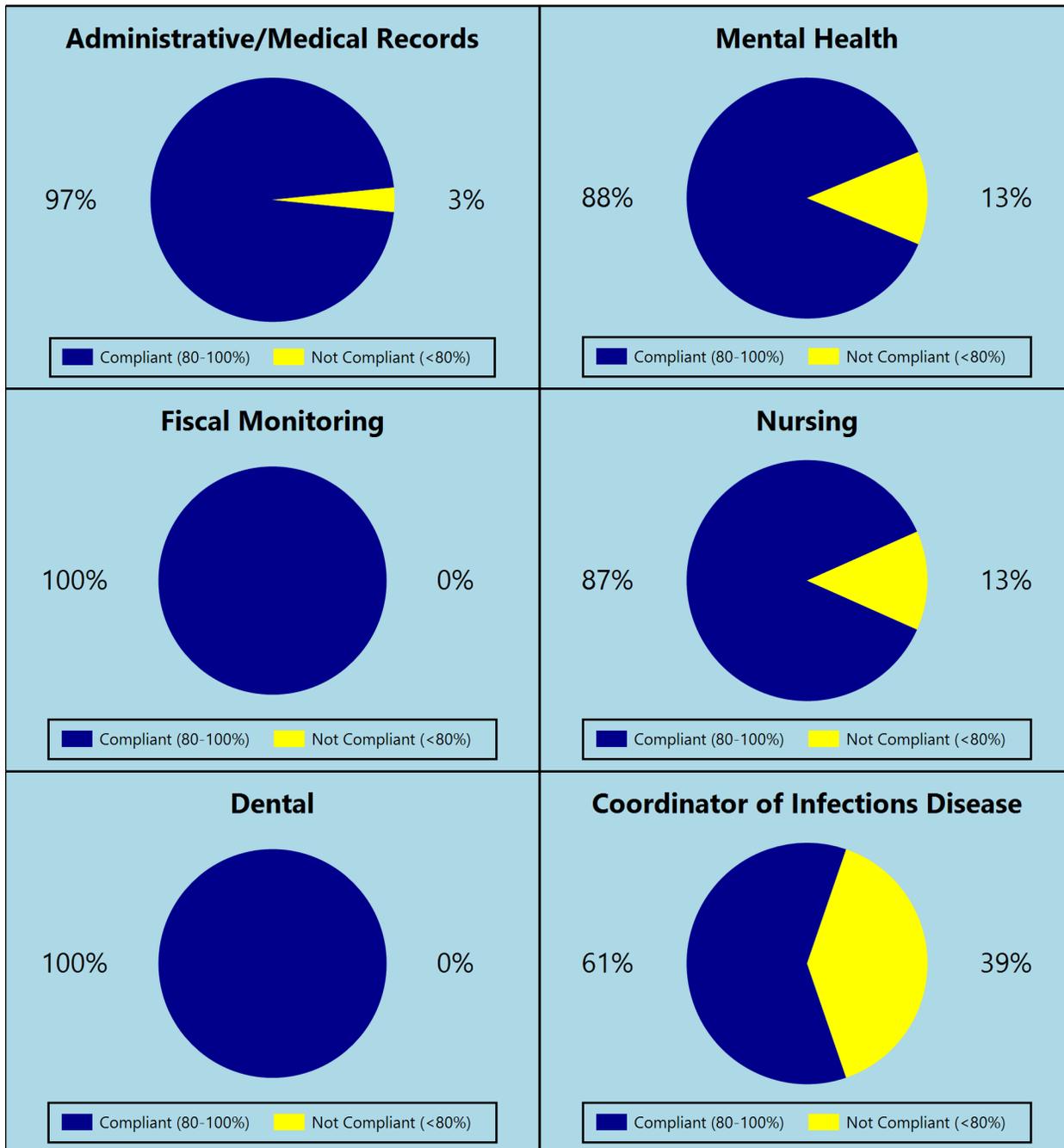
**November 4, 2025**



Compliance Rate By Operational Categories for

**HUTCHINS FACILITY**

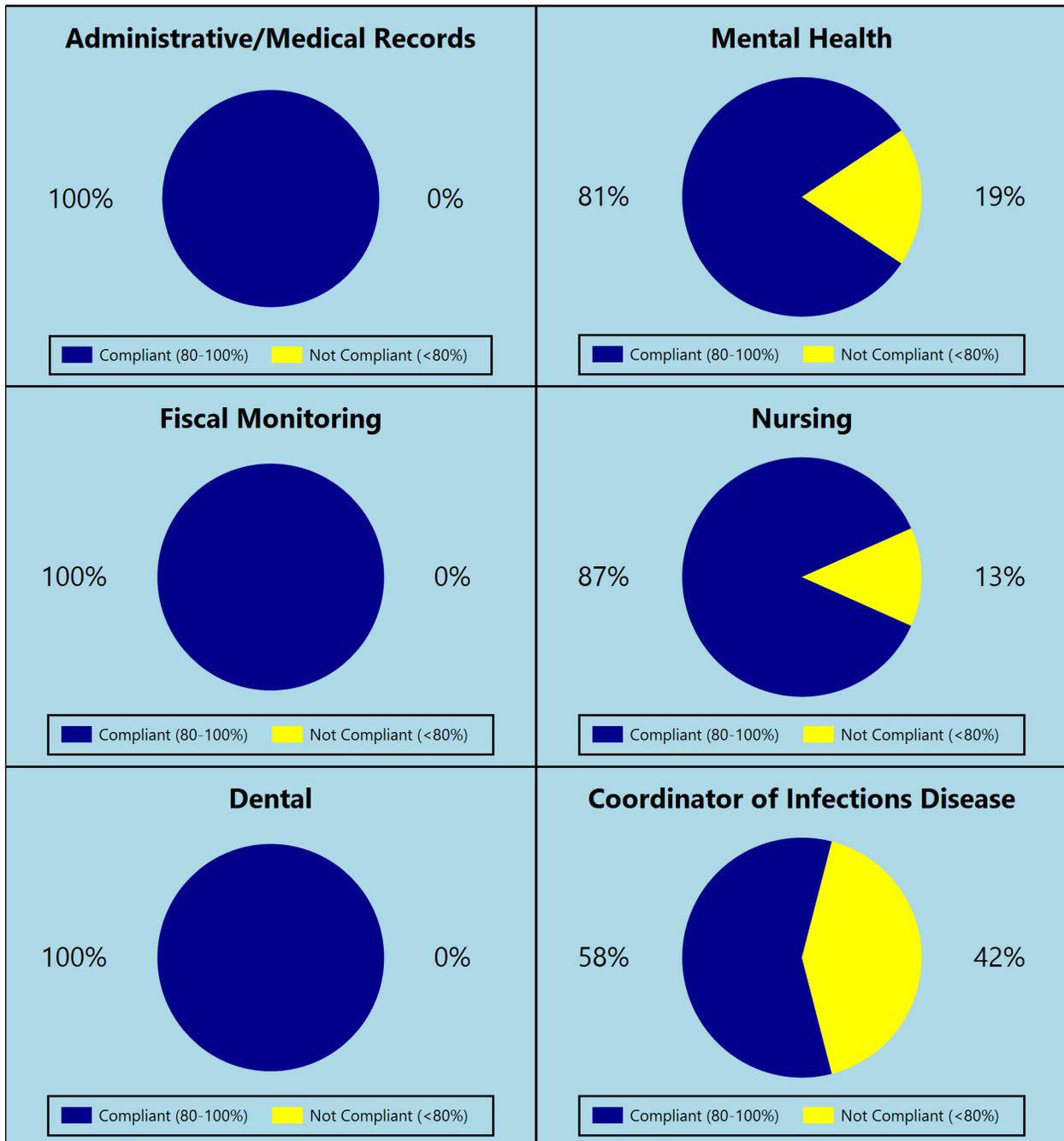
October 7, 2025



Compliance Rate By Operational Categories for

**LYCHNER FACILITY**

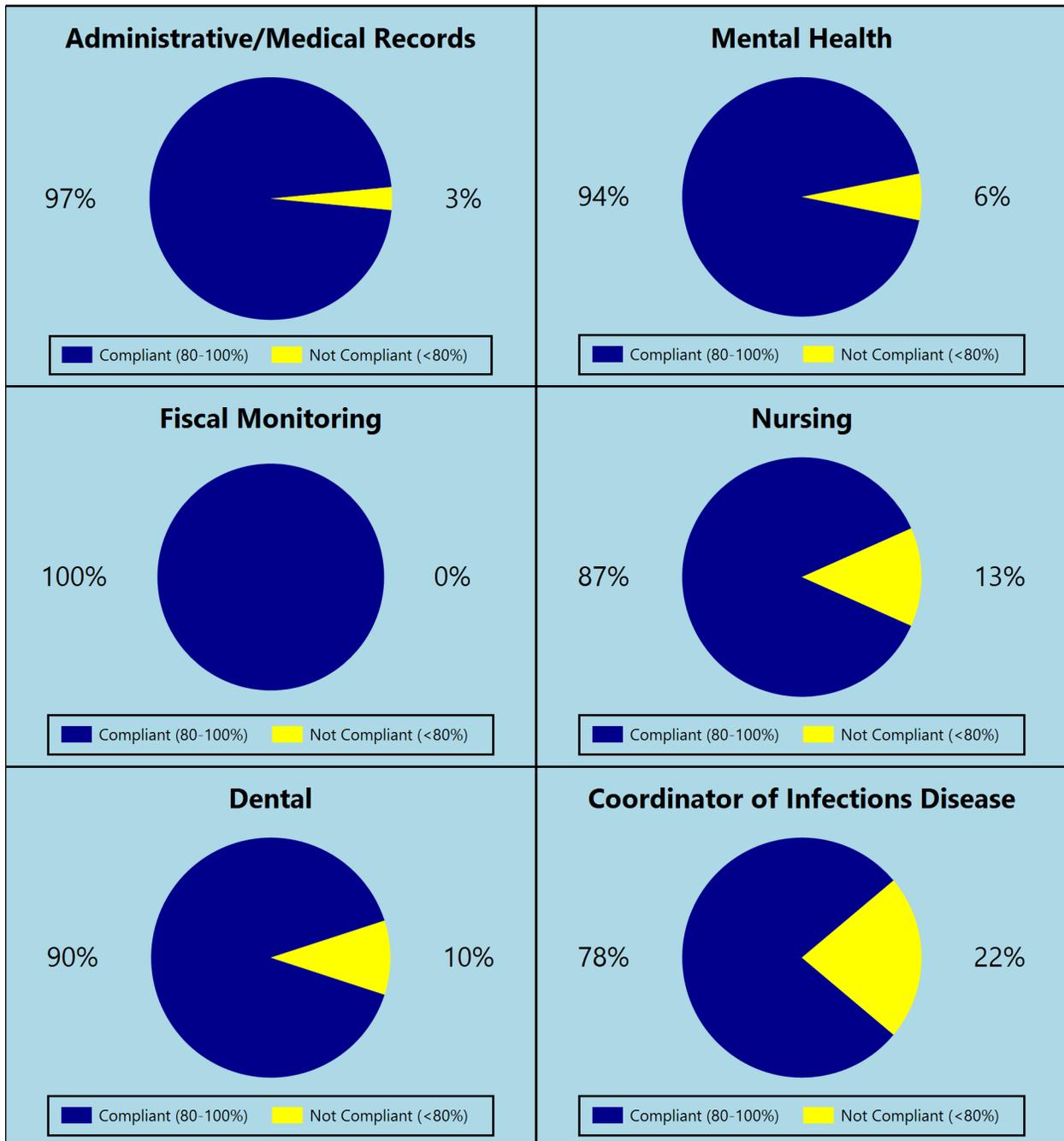
**November 6, 2025**



Compliance Rate By Operational Categories for

**MIDDLETON FACILITY**

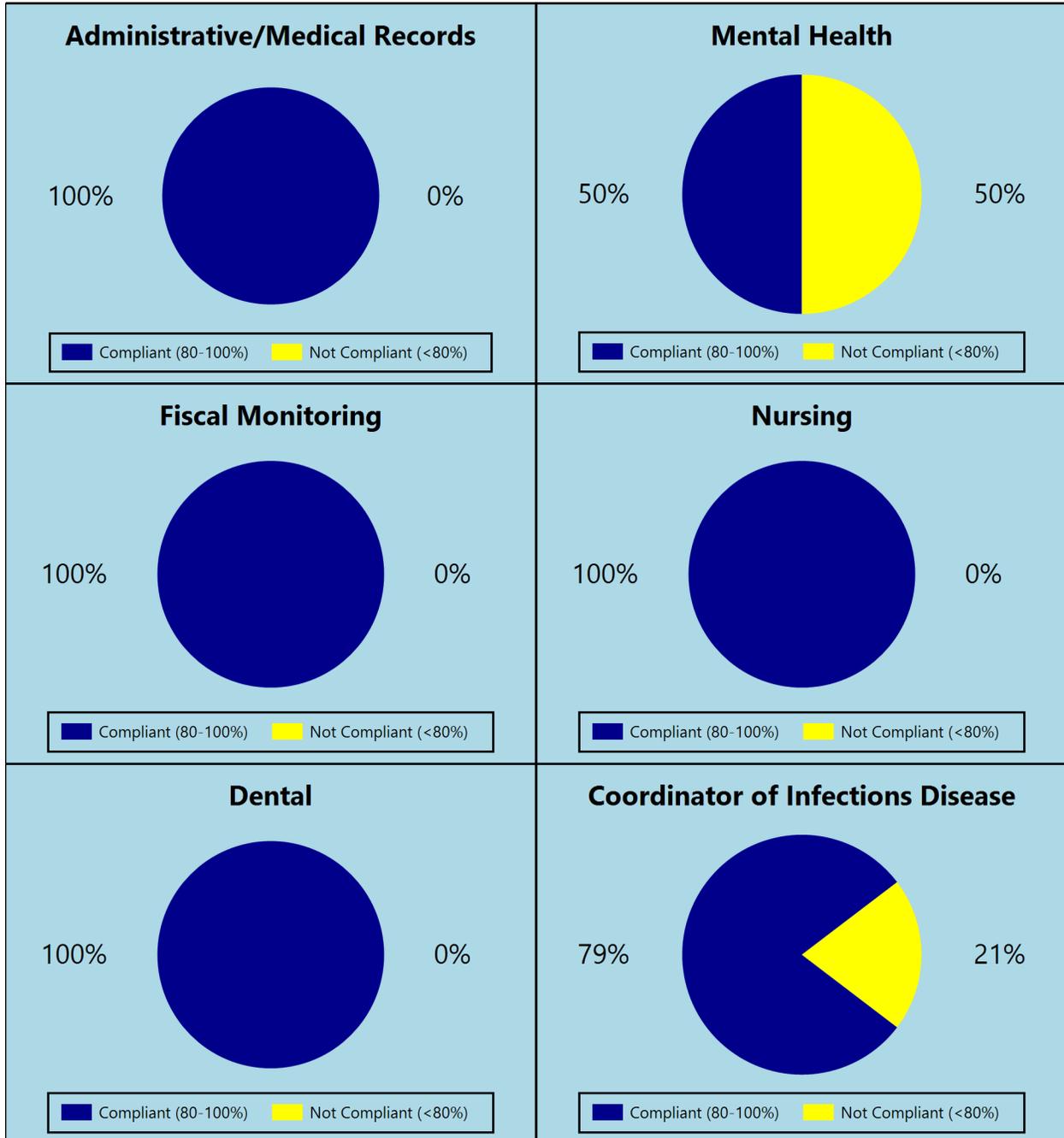
**September 9, 2025**



Compliance Rate By Operational Categories for

**MOORE (C) FACILITY**

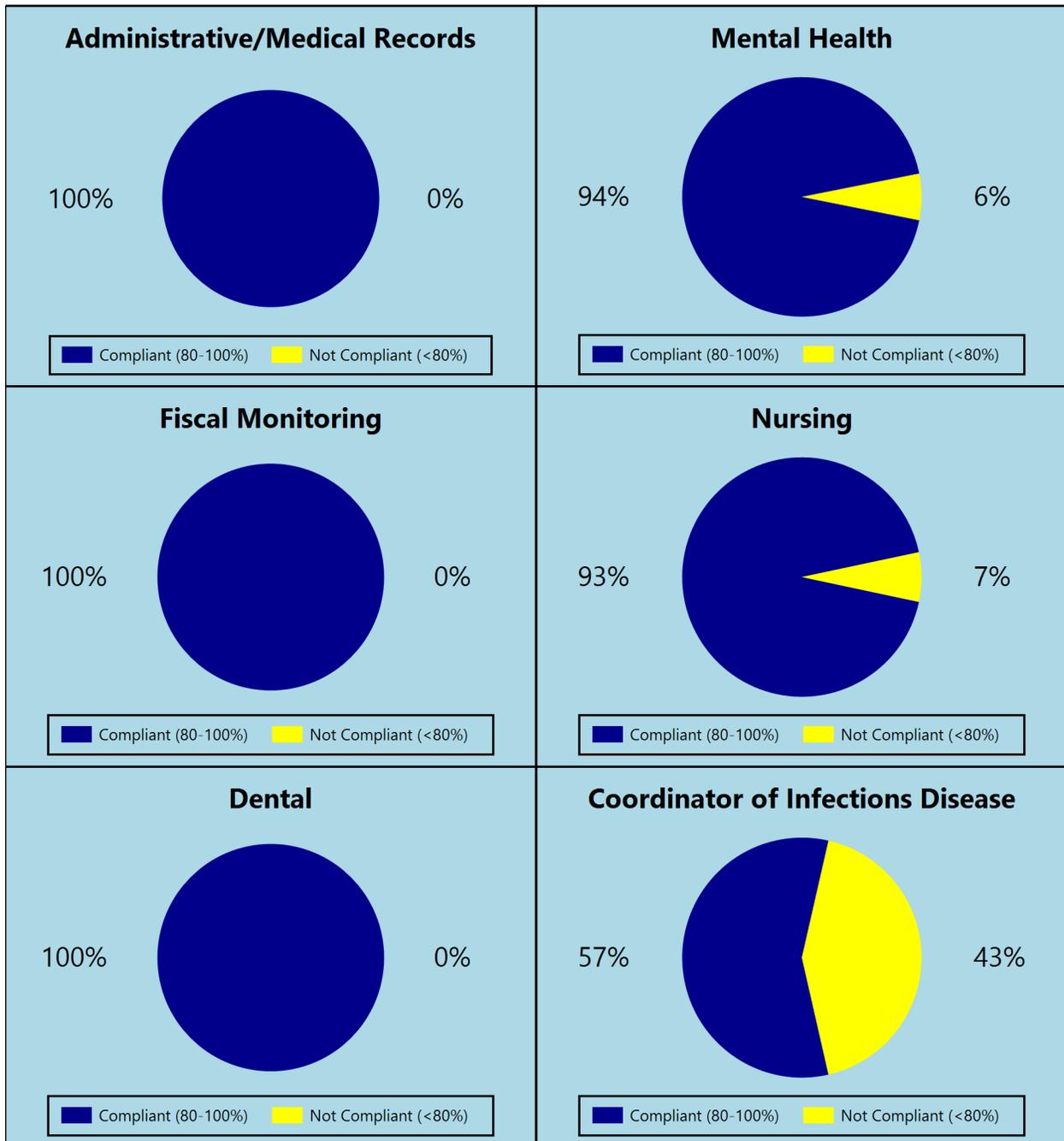
October 8, 2025



Compliance Rate By Operational Categories for

**MURRAY FACILITY**

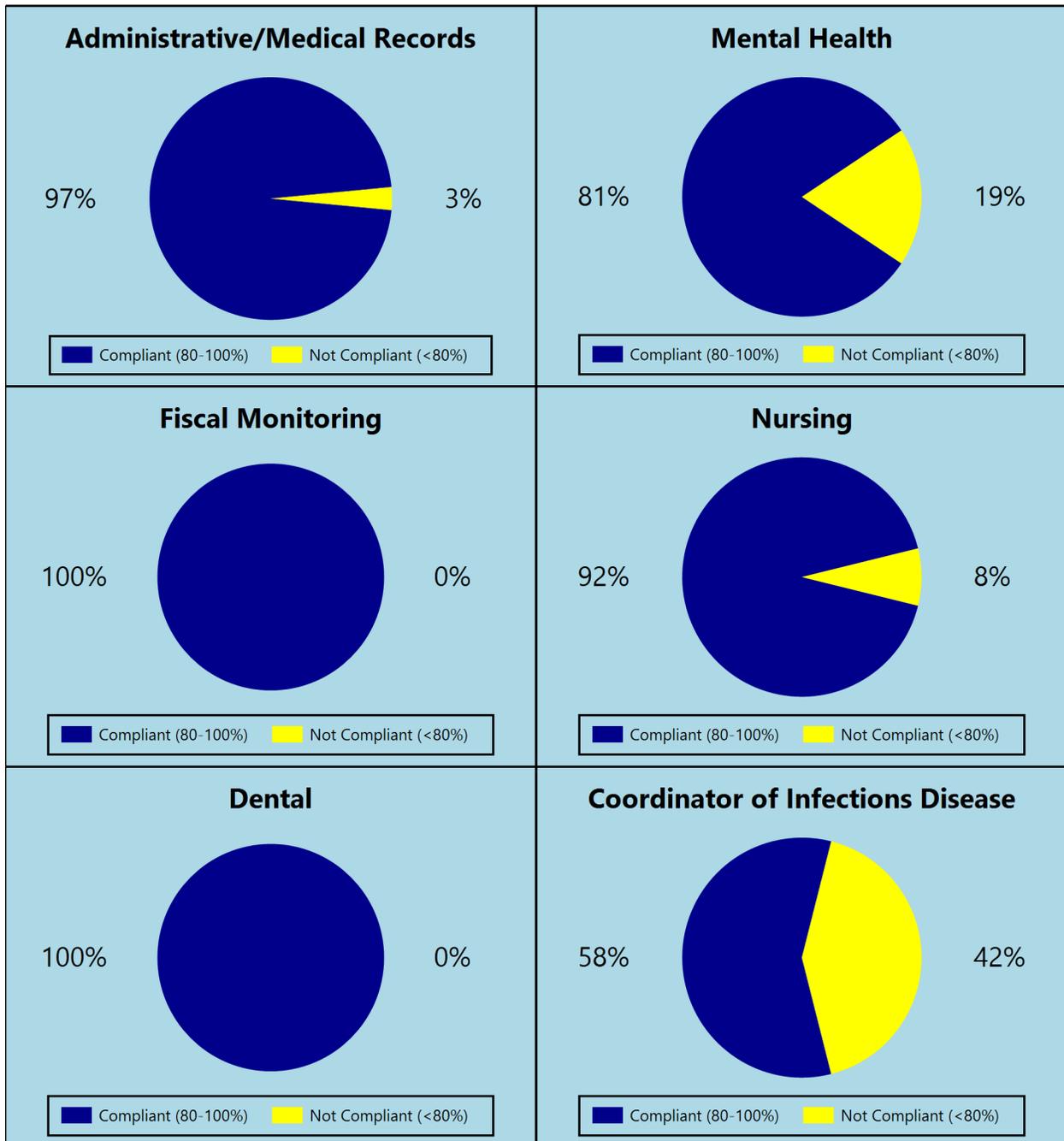
**November 3, 2025**



Compliance Rate By Operational Categories for

**ROBERTSON FACILITY**

**September 10, 2025**



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended November 30, 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**
<b>B. Moore</b>	10	100	0	0
<b>Bradshaw</b>	10	100	0	0
<b>East Texas</b>	10	100	0	0
<b>Goodman</b>	10	100	0	0
<b>Polunsky</b>	10	100	0	0
<b>Torres</b>	10	100	0	0
<b>Duncan</b>	10	90	1	0
<b>Lewis GP</b>	10	90	1	0
<b>Ney</b>	10	80	2	0
<b>Diboll</b>	10	70	1	2
<b>Lewis HS</b>	10	60	1	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

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>										
Fiscal Year 2026	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	229	211	39	18.48%	30	18.01%	8	9	5.69%	3
October	180	282	28	9.93%	24	14.18%	16	4	2.48%	3
November	168	120	13	10.83%	13	14.17%	4	0	2.00%	0
<b>Totals:</b>	<b>577</b>	<b>613</b>	<b>80</b>	<b>13.05%</b>	<b>67</b>	<b>15.50%</b>	<b>28</b>	<b>13</b>	<b>3.10%</b>	<b>6</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>										
Fiscal Year 2026	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>		
					Percent of Total Action Requests Referred	QOC*	Percent of Total Action Requests Referred	QOC*		
September	1,672	1,695	47	2.77%	43	4.66%	36	4	0.47%	4
October	1,603	1,500	31	2.07%	31	4.00%	29	0	0.00%	0
November	1,150	1,039	23	2.21%	21	3.95%	20	2	0.38%	2
<b>Totals:</b>	<b>4,425</b>	<b>4,234</b>	<b>101</b>	<b>2.39%</b>	<b>95</b>	<b>4.25%</b>	<b>85</b>	<b>6</b>	<b>0.28%</b>	<b>6</b>
<b>GRAND TOTAL=</b>	<b>5,002</b>	<b>4,847</b>	<b>181</b>	<b>3.73%</b>						

\*QOC= Quality of Care

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

September 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	7	4	75	73
Gonorrhea	2	0	6	5
Syphilis	376	212	3,448	2,767
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	119	122	1209	1,273
Human immunodeficiency virus (HIV) +, known at intake	262	200	2,109	2,213
HIV screens, intake	5,116	4,836	42,051	42,586
HIV +, intake (newly identified)	12	33	83	390
HIV screens, offender- and provider-requested	585	567	5,724	4,369
HIV +, offender- and provider-requested	0	0	1	1
HIV screens, pre-release	2,347	2,360	22,756	25,035
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	5	24
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	65	88	629	702
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	48	44	360	297
Occupational exposures of TDCJ staff	5	5	92	92
Occupational exposures of medical staff	1	0	19	13
HIV chemoprophylaxis initiation	4	2	43	42
Tuberculosis skin test (ie, PPD) +, intake	72	51	633	646
Tuberculosis skin test +, annual	53	71	583	392
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	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)	5	5	33	29
Tuberculosis cases under management	58	65		
Peer education programs <sup>¶</sup>	1	0	92	91
Peer education educators <sup>∞</sup>	7	11	90	8,603
Peer education participants	3,174	3,294	28,336	25,814
Alleged assaults and chart reviews	141	121	1103	977
Bloodborne exposure labs drawn on offenders	78	61	548	439
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

October 2025

Reportable Condition	Reports			
	2025 This Month	2024 Same Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	2	8	77	85
Gonorrhea	1	0	7	5
Syphilis	320	224	3768	3,317
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	140	135	1349	1,408
Human immunodeficiency virus (HIV) +, known at intake	170	212	2,279	2,815
HIV screens, intake	3,706	3,043	46,292	45,629
HIV +, intake (newly identified)	9	14	92	404
HIV screens, offender- and provider-requested	526	790	6,250	5,159
HIV +, offender- and provider-requested	0	0	1	1
HIV screens, pre-release	2,501	2,365	25,257	27,400
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	5	8	29
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	80	98	709	800
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	33	36	393	333
Occupational exposures of TDCJ staff	7	13	99	105
Occupational exposures of medical staff	3	3	22	16
HIV chemoprophylaxis initiation	4	10	47	52
Tuberculosis skin test (ie, PPD) +, intake	60	115	693	761
Tuberculosis skin test +, annual	64	67	647	459
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	7	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	0	3	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	6	5	39	34
Tuberculosis cases under management	65	65		
Peer education programs <sup>¶</sup>	1	0	93	91
Peer education educators <sup>∞</sup>	6	8	96	8,611
Peer education participants	3,765	3,549	32,101	29,108
Alleged assaults and chart reviews	131	128	1234	1105
Bloodborne exposure labs drawn on offenders	71	33	619	472
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

November 2025

Reportable Condition	Reports			
	2025 This Month	2024 This Month	2025 Year to Date*	2024 Year to Date*
Chlamydia	0	4	77	89
Gonorrhea	0	0	7	5
Syphilis	242	208	4010	3,525
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	102	80	1,451	1,490
Human immunodeficiency virus (HIV) +, known at intake	247	166	2,526	2,981
HIV screens, intake	3,798	3,253	50,090	48,882
HIV +, intake (newly identified)	8	10	100	414
HIV screens, offender- and provider-requested	559	512	6,809	5,671
HIV +, offender- and provider-requested	0	0	1	1
HIV screens, pre-release	2,180	2,053	27,437	29,453
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	3	4	11	33
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	63	67	772	867
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	27	40	420	373
Occupational exposures of TDCJ staff	9	11	108	116
Occupational exposures of medical staff	0	3	22	19
HIV chemoprophylaxis initiation	7	7	54	59
Tuberculosis skin test (ie, PPD) +, intake	71	70	764	831
Tuberculosis skin test +, annual	85	53	732	512
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	7	4
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	3	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	7	41	41
Tuberculosis cases under management	61	70		
Peer education programs <sup>§</sup>	0	0	93	91
Peer education educators <sup>¶</sup>	10	13	106	8,624
Peer education participants	3,909	3,208	36,010	32,316
Alleged assaults and chart reviews	89	103	1323	1,208
Bloodborne exposure labs drawn on inmates	31	46	650	518
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.

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

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

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

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

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

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

During the 1st Quarter of Fiscal Year 2026, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of **551** hospital discharge and **61** infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	36	0	N/A	0	N/A	0	N/A	0	N/A
October	24	0	N/A	1	4.17%	0	N/A	1	4.17%	1	4.17%
November	40	4	10.00%	2	5.00%	3	7.50%	3	7.50%	3	7.50%
Total/Average	100	4	4.00%	3	3.00%	3	3.00%	4	4.00%	4	4.00%
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	123	6	4.88%	1	0.81%	0	N/A	2	1.63%
October	124	6	4.84%	0	N/A	1	0.81%	1	0.81%	42	33.87%
November	104	15	14.42%	0	N/A	7	6.73%	1	0.96%	6	5.77%
Total/Average	351	27	7.69%	1	0.28%	8	2.28%	4	1.14%	58	16.52%
<b>UTMB Hospital Galveston Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	36	0	N/A	0	N/A	0	N/A	0	N/A
October	40	3	7.50%	1	2.50%	2	5.00%	0	N/A	0	N/A
November	24	1	4.17%	1	4.17%	0	N/A	1	4.17%	0	N/A
Total/Average	100	4	4.00%	2	2.00%	2	2.00%	1	1.00%	0	N/A
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	195	6	3.08%	1	0.51%	0	N/A	2	1.03%
October	188	9	4.79%	2	1.06%	3	1.60%	2	1.06%	42	22.34%
November	168	20	11.90%	3	1.79%	10	5.95%	5	2.98%	9	5.36%
Total/Average	551	35	6.35%	6	1.09%	13	2.36%	9	1.63%	61	11.07%
<b>Texas Tech Infirmiry Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	11	0	N/A	0	N/A	0	N/A	0	N/A
October	10	2	20.00%	0	N/A	0	N/A	0	N/A	0	N/A
November	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	31	2	6.45%	0	N/A	0	N/A	0	N/A	0	N/A
<b>UTMB Infirmiry Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	10	0	N/A	0	N/A	0	N/A	0	N/A
October	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	30	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
		September	21	0	N/A	0	N/A	0	N/A	0	N/A
October	20	2	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
November	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average	61	2	3.28%	0	N/A	0	N/A	0	N/A	0	N/A

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

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
FIRST QUARTER, FISCAL YEAR 2026**

Sep-25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Ferguson</b>	39	0	0	1
<b>Middleton</b>	64	0	0	2
<b>Robertson</b>	97	0	0	2

Oct-25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Clements</b>	355	2	0	0
<b>Cole</b>	21	0	0	7
<b>Hutchins</b>	46	1	1	3
<b>Moore, C.</b>	30	0	0	1

Nov-25	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Gurney</b>	48	3	3	3
<b>Hughes</b>	100	0	1	0
<b>Lychner</b>	42	0	42	5
<b>Murray</b>	64	0	0	0

**CAPITAL ASSETS AUDIT  
FIRST QUARTER, FISCAL YEAR 2026**

<b>Audit Tools</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Total</b>
<b>Total number of units audited</b>	3	4	4	11
<b>Total numbered property</b>	200	452	254	906
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
First Quarter FY-2026**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Hilltop/O'Daniel	September 8-10, 2025	100%	98.7%
McConnell	September 15-17, 2025	100%	99.3%
Johnston	September 22-24, 2025	100%	99.3%
Kegans	Sept. 29 -Oct. 1, 2025	100%	99.0%
Lychner	October 1-3, 2025	100%	99.0%
Travis	October 1-3, 2025	100%	99.6%
Halbert	October 27-29, 2025	100%	99.1%
Byrd	November 17-19, 2025	100%	98.1%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Clements	November 3-5, 2025	100%	99.1%

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2026**

---

**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 – Q1 FY2026**

---

**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 – Q1 FY2026**

---

**Project Number: 510-AR07 – ACTIVE**

**Researcher:** Rachel Casper

**Proponent:** Research Triangle Institute

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

**IRB #:** MOD00001636

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

**Project Begin Date:**

**Project Status:** Data Collection

**Project Completion Date:** N/A

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

**Units Visited:** N/A

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**Project Number: 587-AR09 – ACTIVE**

**Researcher:** Marcus Boccaccini

**Proponent:** Sam Houston State University

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

**IRB #:** FY2009-032

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

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

**Project Status:** Publication Process

**Project Completion Date:** N/A

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

**Units Visited:** N/A

---

**Project Number: 686-AR13 – ACTIVE**

**Researcher:** Jeffrey Bouffard

**Proponent:** Iowa State University

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

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

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

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

**Project Status:** Publication Process

**Project Completion Date:** N/A

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

**Units Visited:** Holliday Unit

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2026**

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**Project Number: 723-AR15 – ACTIVE**

**Researcher:** David Pyrooz

**Proponent:** University of Colorado

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

**IRB #:** STUDY00001971

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

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

**Project Status:** Publication Process

**Project Completion Date:** N/A

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

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

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**Project Number: 783-AR18 – ACTIVE**

**Researcher:** Jessica Le

**Proponent:** Justice System Partners

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

**IRB #:** IRB00000446

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

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

**Project Status:** Data Collection

**Project Completion Date:** N/A

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

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

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2026**

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**Project Number: 785-AR18 – ACTIVE**

**Researcher:** Erin Orrick

**Proponent:** Sam Houston State University

**Project Title:** Correctional Officer Attrition

**IRB #:** FY2018-38251

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

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

**Project Status:** Data Analysis

**Project Completion Date:** N/A

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

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

---

**Project Number: 841-AR21 – ACTIVE**

**Researcher:** Kevin Knight

**Proponent:** Texas Christian University

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

**IRB #:** 1920147AM8

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

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

**Project Status:** Data Collection

**Project Completion Date:** N/A

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

**Units Visited:** N/A

---

**Project Number: 852-AR22 – ACTIVE**

**Researcher:** Michael Cavanaugh

**Proponent:** University of Houston-Downtown

**Project Title:** The Change Agent Evaluation

**IRB #:** 2022

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

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

**Project Status:** Data Collection

**Project Completion Date:** N/A

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

**Units Visited:** Wynne Unit

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2026**

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**Project Number: 867-AR23 – ACTIVE**

**Researcher:** Beatriz Amalfi

**Proponent:** Sam Houston State University

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

**IRB #:** 2023-30

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

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

**Project Status:** Data Analysis

**Project Completion Date:** N/A

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

**Units Visited:** N/A

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**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2026**

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**Project Number: 615-RM10 – ACTIVE**

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

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**Project Number: 825-RM21 – ACTIVE**

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

---

**Project Number: 846-RM22 – ACTIVE**

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

**Office of Strategic Initiatives and Modernization (OSIM)****Medical Director Report – Q1 FY2026**

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**Project Number: 855-RM22 – ACTIVE**

**Researcher:** Ayman Youssef

**Proponent:** University of Texas Medical Branch

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

**IRB #:** 45 CFR EXEMPT

**IRB Expiration Date:**

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

**Project Status:** Publication Process

**Project Completion Date:** N/A

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

**Units Visited:** N/A

---

**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 – Q1 FY2026**

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**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:**

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**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 – Q1 FY2026**

---

**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:**

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**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 – Q1 FY2026**

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**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:**

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**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

## 1st Quarter FY 2026

Audits Conducted in September 2025, October 2025, and November 2025

UNIT	Reporting Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
------	-----------------	--

		Reviewed	Applicable Instances	Compliant	Score	Corrective Action
Clements	September 2025	0	0	NA	NA	NA
Montford	September 2025	9	9	9	100%	NA
Skyview	September 2025	13	13	13	100%	NA
Wayne Scott	September 2025	10	10	10	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	October 2025	4	4	1	25%	Yes
Montford	October 2025	6	6	6	100%	NA
Skyview	October 2025	7	7	7	100%	NA
Wayne Scott	October 2025	8	8	8	100%	NA

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November 2025	1	1	1	100%	NA
Montford	November 2025	10	10	10	100%	NA
Skyview	November 2025	12	12	12	100%	NA
Wayne Scott	November 2025	11	11	11	100%	NA

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

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

## 1st Quarter of 2026

Reporting months– September 2025, October 2025, and November 2025

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Byrd	34	20	20	14	100%
Dominguez	30	20	19	10	95%
East Texas	28	20	14	8	70%
Formby	35	20	19	15	95%
Garza West	30	20	17	10	85%
Gist	24	20	20	4	100%
Glossbrenner	52	16	14	36	88%
Gurney	28	20	14	8	70%
Halbert	28	14	11	14	79%
Holliday	51	20	7	31	35%
Hutchins	29	20	16	9	80%
Johnston	17	14	14	3	100%
Lindsey	33	20	19	13	95%
Lychner	35	20	19	15	95%
Middleton	29	20	20	9	100%
Plane	28	20	11	8	55%
Sanchez	24	20	20	4	100%
Sayle	40	11	11	29	100%
Travis	33	20	20	13	100%
Woodman	23	20	20	3	100%
Byrd	34	20	20	14	100%

<b>GRAND TOTAL</b>	<b>631</b>	<b>375</b>	<b>325</b>	<b>256</b>	
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- Inmates entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms/complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
- If the Inmate was transferred from the intake unit within 14 days of identification, the chart is excluded from the sample of charts requiring an MHE.

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

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# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center

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TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.

Managed Care

# **TTUHSC MANAGED CARE**

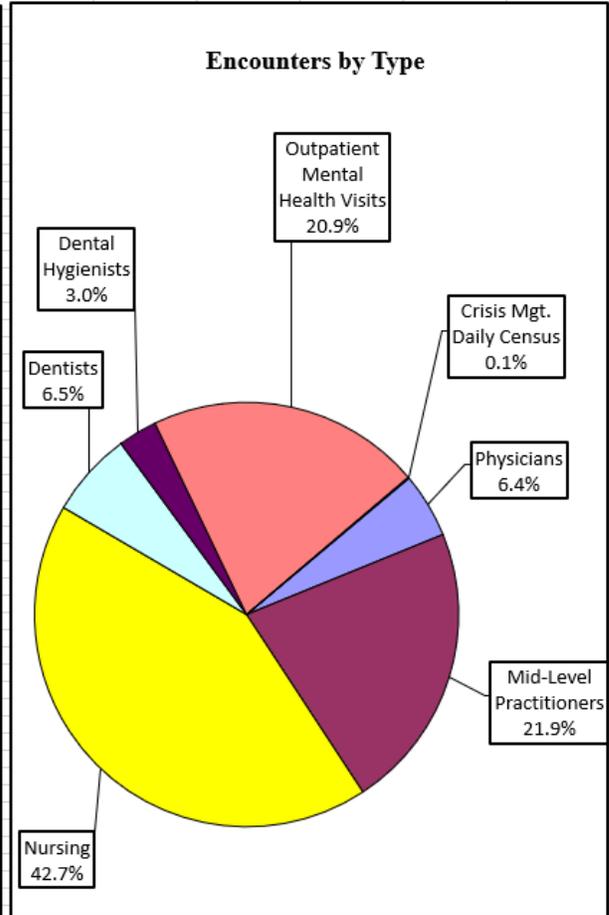
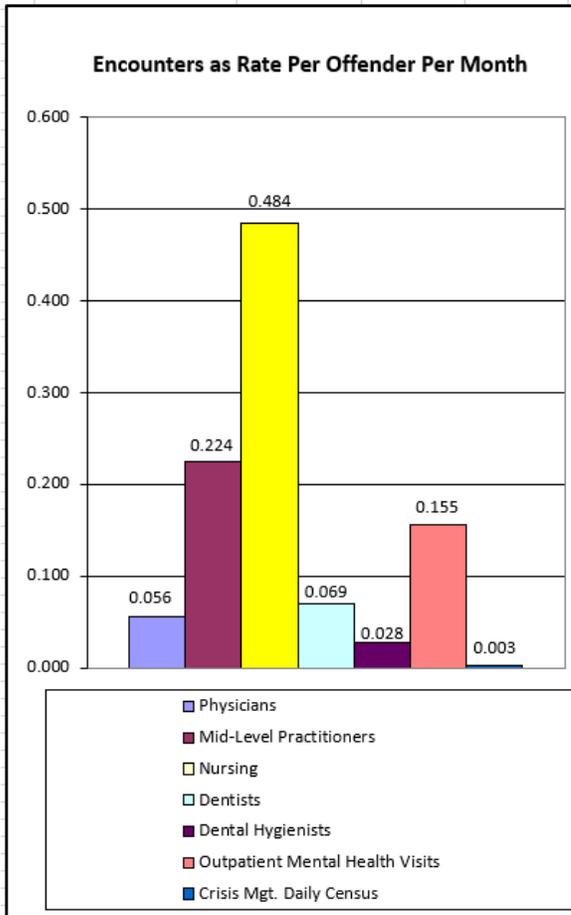
## Correctional Health Care MEDICAL DIRECTOR'S REPORT

1st. Quarter  
FY2026

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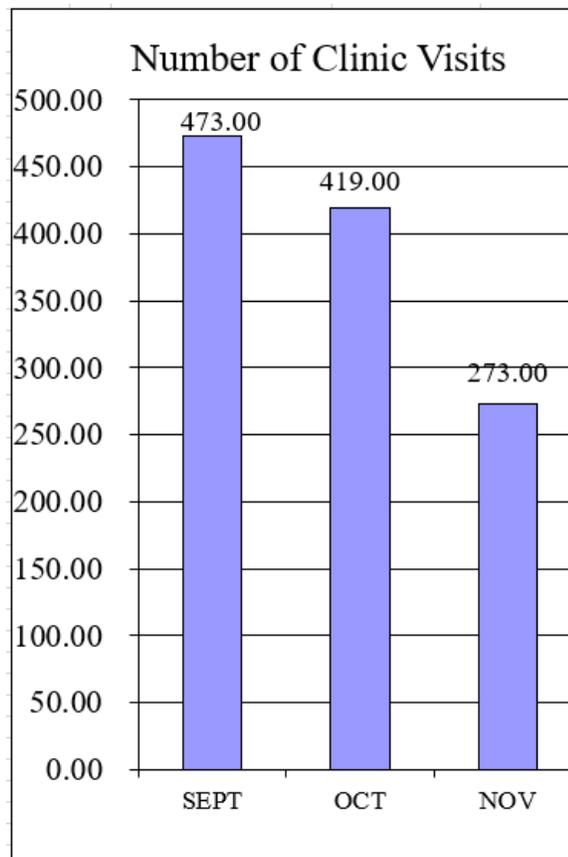
*Medical Director's Report:*

	SEPT.	OCT.	NOV.	Qtly Average
<b>Average Population</b>	<b>29,491.00</b>	<b>29,901.00</b>	<b>29,640.00</b>	<b>29,166.66</b>
	<b>Rate Per</b>	<b>Rate Per</b>	<b>Rate Per</b>	<b>Rate Per</b>
	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>
	<b>Offender</b>	<b>Offender</b>	<b>Offender</b>	<b>Offender</b>
<b>Medical encounters</b>				
Physicians	2,109	1,673	1,277	1,686
Mid-Level Practitioners	7,901	8,001	6,454	7,452
Nursing	14,395	15,854	13,277	14,509
<b>Sub-total</b>	<b>24,405</b>	<b>25,528</b>	<b>21,008</b>	<b>23,647</b>
<b>Dental encounters</b>				
Dentists	2,362	2,265	2,001	2,209
Dental Hygienists	1,128	1,113	792	1,011
<b>Sub-total</b>	<b>3,490</b>	<b>3,378</b>	<b>2,793</b>	<b>3,220</b>
<b>Mental health encounters</b>				
Outpatient Mental Health Visits	7,478	7,472	6,404	7,118
Crisis Mgt. Daily Census	28	28	23	26
<b>Sub-total</b>	<b>7,506</b>	<b>7,500</b>	<b>6,427</b>	<b>7,144</b>
<b>Total encounters</b>	<b>35,401</b>	<b>36,406</b>	<b>30,228</b>	<b>34,012</b>
	<b>1.200</b>	<b>1.218</b>	<b>1.020</b>	<b>1.094</b>



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

		SEPT	OCT	NOV	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>					
Average Daily Census		162.00	201.00	170.00	177.67
Number of Admissions		522.00	532.00	239.00	431.00
Number of Clinic Visits		473.00	419.00	273.00	388.33
<b><i>Mental Health Inpatient Facilities</i></b>					
Average Daily Census		369.00	404.00	358.00	377.00
PAMIO/MROP Census		408.00	412.00	384.00	401.33
<b><i>Telemedicine Consults</i></b>		2760	2,701	2,248	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**

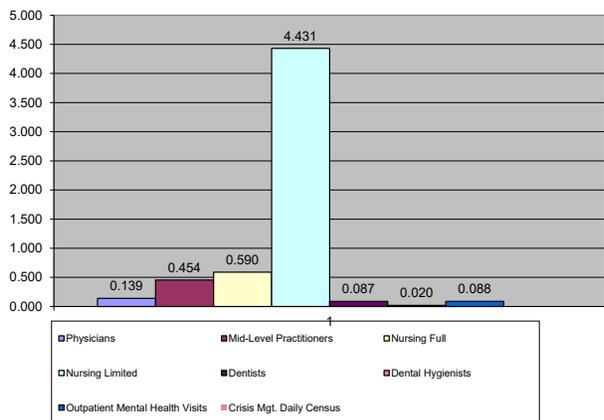
**First Quarter  
FY 2026**

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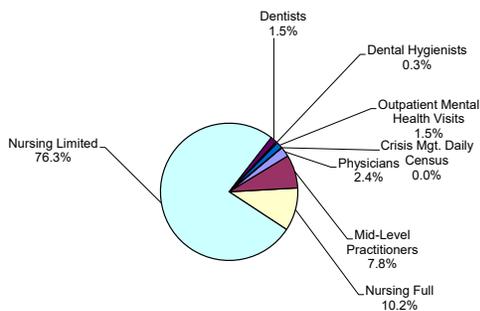
**Medical Director's Report:**

FY 26 First Quarter <i>Average Population</i>	Sep	Oct	Nov	Qtly Average				
	114,525	114,592	115,439	114,852				
	Number	Rate Per Inmate						
<b>Medical encounters</b>								
Physicians	15,200	0.133	19,191	0.167	13,466	0.117	15,952	0.139
Mid-Level Practitioners	51,500	0.450	64,341	0.561	40,578	0.352	52,140	0.454
Nursing Full	69,886	0.610	72,097	0.629	61,260	0.531	67,748	0.590
Nursing Limited	518,193	4.525	544,801	4.754	463,843	4.018	508,946	4.431
<b>Sub-total</b>	<b>654,779</b>	<b>5.717</b>	<b>700,430</b>	<b>6.112</b>	<b>579,147</b>	<b>5.017</b>	<b>644,785</b>	<b>5.614</b>
<b>Dental Encounters</b>								
Dentists	10,196	0.089	11,567	0.101	8,381	0.073	10,048	0.087
Dental Hygienists	2,319	0.020	2,666	0.023	1,747	0.015	2,244	0.020
<b>Sub-total</b>	<b>12,515</b>	<b>0.109</b>	<b>14,233</b>	<b>0.124</b>	<b>10,128</b>	<b>0.088</b>	<b>12,292</b>	<b>0.107</b>
<b>Mental Health Encounters</b>								
Outpatient Mental Health Visits	10,886	0.095	11,069	0.097	8,290	0.072	10,082	0.088
Crisis Mgt. Daily Census	67	0.001	67	0.001	69	0.001	68	0.001
<b>Sub-total</b>	<b>10,953</b>	<b>0.096</b>	<b>11,136</b>	<b>0.097</b>	<b>8,359</b>	<b>0.072</b>	<b>10,149</b>	<b>0.088</b>
<b>Total encounters</b>	<b>678,247</b>	<b>5.922</b>	<b>725,799</b>	<b>6.334</b>	<b>597,634</b>	<b>5.177</b>	<b>667,227</b>	<b>5.809</b>

**Encounters as Rate Per Offender Per Month**

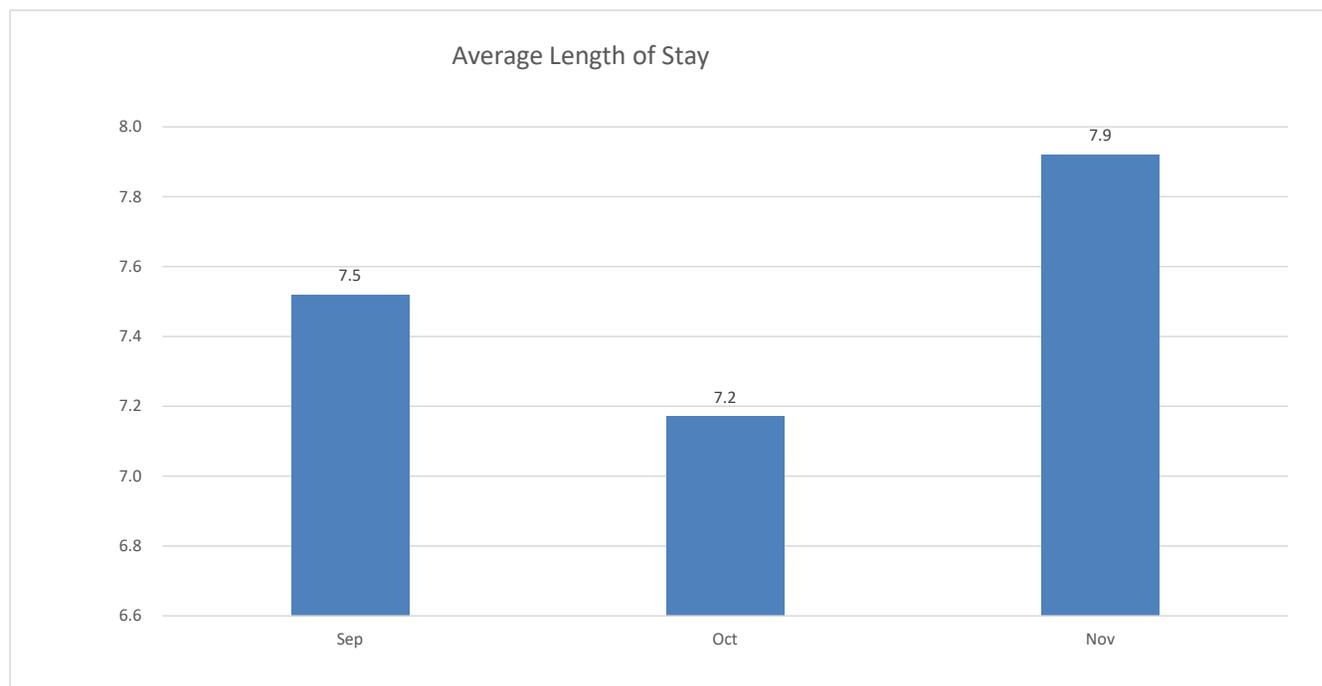


**Encounters by Type**



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

FY 26	Sep	Oct	Nov	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	98.7	98.4	96.1	<b>97.7</b>
Number of Discharges	394	425	364	<b>394</b>
Average Length of Stay	7.5	7.2	7.9	<b>7.5</b>
Number of Clinic Visits	8,320	8,753	9,956	<b>9,010</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	952.28	941.32	946.87	<b>946.82</b>
DDP Census	687.47	692.26	686.13	<b>688.62</b>
<b>Telemedicine Consults</b>	<b>8,341</b>	<b>9,064</b>	<b>6,312</b>	<b>7,905.67</b>



## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

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**Correctional Managed Health Care Joint  
Committee/Work Group Activity  
Summary for December 11, 2026, CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

**System Leadership Council**

Chair: Dr. Owen Murray

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

**Meeting Date: February 12, 2026**

- 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. FY2026 SLC Indicators
  - A. Dental: Total Open Reminders with Delay >60 Days
  - B. Mental Health: Restrictions Audit
  - C. Nursing: TB Monthly Monitoring (Indicator #2), Emergency Response (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: January 8, 2026**

Sub-Committee Updates:

None

Committee Updates:

None

Committee Referrals:

None

Old Business

New Business

Co-Chair Melanie B. Roberts  
FY 2026 Meeting dates: April 9, 2026  
July 9, 2026 and October 8, 2026

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

<b>A-01.1</b>	<b>A-02.1</b>	<b>A-02.2</b>	<b>A-03.1</b>	<b>A04.1</b>	<b>A-04.2</b>	<b>C-18.1</b>	<b>C-19.1</b>
<b>D-27.2***</b>	<b>D-27.3</b>	<b>E-31.1</b>	<b>E-31.3</b>	<b>E-32.1</b>	<b>E-32.1***</b>	<b>E-34.1</b>	
<b>E-34.3</b>	<b>E-36.1</b>	<b>E-36.2</b>	<b>F-46.1</b>	<b>G-51.3</b>	<b>G-51.3***</b>	<b>G-51.4</b>	<b>G-51.5</b>
<b>H-60.1</b>	<b>H-60.1***</b>	<b>H-60.4</b>	<b>I-66.1</b>	<b>I-68.1</b>	<b>I-68.2</b>	<b>I-68.32</b>	

\*Indicates Attachment(s) Included in the Policy

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

<b>POLICY #</b>	<b>POLICY NAME</b>	<b>SUBMITTED BY</b>
<b>A-08.9</b>	<b>THE CHRONIC MENTALLY ILL TREATMENT PROGRAM – CMI-TP)</b>	<b>Sharon Layne &amp; Bev Echols</b>
<b>A-08.10</b>	<b>THE PROGRAMS FOR THE AGGRESSIVE MENTALLY ILL INMATE (PAMIO)</b>	<b>Sharon Layne &amp; Bev Echols</b>
<b>E-34.2</b>	<b>PERIODIC PHUSICAL EXAMINATIONS</b>	<b>Erin Freeman</b>
<b>E-36.7</b>	<b>DENTAL CLINIC OPERATIONS REPORTING</b>	<b>Billy Horton</b>
<b>G-51.1</b>	<b>INMATES WITH SPECIAL NEEDS</b>	<b>Tabitha Spenser</b>
<b>G-52.2</b>	<b>CHRONIC MENTALLY ILL – SHELTERED HOUSING (CMI-SH)</b>	<b>Tabitha Spenser</b>
<b>H-60.1 Attachment C</b>	<b>APPROVED DENTAL ABBREVIATIONS</b>	<b>Billy Horton</b>
<b>H-60.2</b>	<b>INPATIENT HEALTH RECORDS</b>	<b>Rebecca Ramirez</b>
<b>I-67.1</b>	<b>COMPELLED PSYCHOACTIVE MEDICATION FOR MENTAL ILLNESS</b>	<b>Aida Mancha</b>

Adjourn – The Next Meeting is Scheduled for April 9, 2026, at 1:00 p.m.

**Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Cole Duncan

Purpose: This group’s membership consists of physicians, nurses, clinicians, dentists, and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation,

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

### **Meeting Date: January 8, 2026**

- I. Approval of the Minutes from November 2025 P&T
- II. Reports from Subcommittees
  - A. DMG Triage - Dr. Munch
  - B. SSTI DMG Subcommittee – Dr. Kumar
  - C. HTN DMG Subcommittee – Dr. Rascher and Dr. Truong
    1. Hypertension DMG
  - D. Psychiatry-Dr. Patel
    1. Acute Psychosis DMG
    2. Chronic Psychosis DMG
    3. Major Depressive Disorder DMG
- III. Monthly Reports
  - A. Adverse Drug Reaction Reports (None)
  - B. Pharmacy Clinical Activity Report (FY26 Through November)
  - C. Drug Recalls (Through 12.11.2025)
  - D. Utilization Reports (FY 25 Through September)
    1. HIV Utilization
    2. HCV Utilization
    3. HBV Utilization
    4. Psychotropic Utilization
  - E. Non-formulary Deferral Reports (October & November 2025)
    1. UTMB Sector
    2. Texas Tech Sector
  - F. FDA Advisories (None)
- IV. Quarterly Reports
  - A. Quarterly Audit Report (FY 26 Q1)
  - B. Special Reports –
    1. Quarterly Medication Error Reports (FY26 Q1)
      - a. UTMB Sector
      - b. TT Sector
    2. Pharmacy Dispensing Errors (FY26 Q1)
    3. Top 50 Medication and Top 10 Non-Formulary Drugs by Cost and Volume
      - a. TDCJ Sector

- b. UTMB Sector
- c. TT Sector
- 4. Pharmacy Diabetes Clinic Report (FY26 QI)
  - a. UTMB Sector
  - b. TT Sector
- 5. Pharmacy Warfarin Clinic Report (FY26 QI)
  - a. UTMB Sector
  - b. TT Sector
- 6. Pharmacy CKD Clinic Report (FY26 QI)
  - a. UTMB Sector
  - b. TT Sector
- 7. Pharmacy HTN Clinic Report (FY26 QI)
  - a. UTMB Sector
  - b. TT Sector

## V. Old Business

### A. Policies with revisions: Tabled from November meeting

15-10	Storage of Pharmaceuticals
25-10	Discharge Prescriptions
40-10	Administration & Distribution of Patient Medications
40-15	Distribution of Medications During Lockdown or Disaster
55-15	Therapeutic Interchange
75-05	Adverse Medication Reaction Reports
75-30	Medication Safety

### B. Policies without revisions tabled to the next meeting

40-20	Missing Medications
50-05	KOP Medication Distribution Program
50-10	Self-Administration of Medications
55-10	Drug Therapy Management by a Pharmacist
55-25	Disease Management Guidelines
60-05	Emergency Drugs
60-10	Requisition of Drugs by Emergency Medical Services
65-05	Credential Requirements for Administration of Medication
70-05	Representatives of Pharmaceutical Supplies and Related Companies
70-10	Drug Samples
75-10	Medication Errors

## VI. New Business

- A. Cardiovascular Category Review
- B. Electrolyte Category Review

## VII. Policy Revisions:

- A. Policies with revisions (None)
- B. Policies without revisions (None)

C. Recommendation to Retire Policy (None)

D. Tabled Policies

65-10	Therapeutic Optometrist and Optometric Glaucoma Specialist
75-15	Pharmacy Medication Storage Area Audits and Inspections
75-20	Record Retention

VIII. Drug Shortages (Through 12.11.25)

IX. Miscellaneous

A. Covid-19 Vaccine Recommendations & Flyer

X. Adjournment

### **Joint Infection Control Committee**

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

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

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

**Meeting Date: February 12, 2026**

#### Standing Reports:

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

#### Old Business: B-14.52 - New Discussion:

Due to recent CDC releasing updated guidance for contacts to COVID cases as well as removing universal vaccination recommendation.

#### New Business:

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

<b>B-14.1</b>	<b>B-14.2</b>	<b>B-14.3</b>	<b>B-14.4</b>	<b>B-14.4*</b>	<b>B-14.5</b>	<b>B-14.10</b>	<b>B-14.10**</b>
<b>B-14.11</b>							

:

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

#	POLICY #	POLICY NAME	SUBMITTED BY
<b>1</b>	<b>B-14.06</b>	<b>Management of Inmate Bloodborne Exposures</b>	<b>Kate Williams</b>

2	B-14.07	Immunization	Kate Williams
3	B-14.11 *	HIV – DMG	Michelle Munch
4	B-14.16	Skin and Soft Tissue Infection	Michelle Munch & Akshara Kimar
5	B-14.52	Coronavirus Disease 2019 (COVID-19)	Jill Campbell (Open Forum)

Adjourn – The next meeting is scheduled for April 9, 202 Microsoft Teams Meeting – and the Conroe Office Training Rooms A & B @10:30

### **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: February 12, 2026**

- I. Call to Order
  - A. Minutes Confirmation
    1. Review of previous meeting minutes of October 9, 2025
- II. Dr. Armita Bushong – CMHCC Policy Review
  - A. D-28.2 Sharp, Needle & Syringe Control
  - B. E-36.3 Recording & Scheduling Dental E-36.4 Dental Prosthodontic Services
  - C. E-36.4 Dental Prosthodontic Services – Attachment A, Attachment B
- III. Dr. Billy Horton
  - A. Vacancy Report
  - B. Reminder Graphs
  - C. Prosthetic Graphs
  - D. Periodontal Disease Program
  - E. New Employee Provider Training
- IV. Dr. Karen Street
  - A. TTUHSC updates on staffing
  - B. ATC and reminders
  - C. Dalby Unit
  - D. Centralized Scheduling at TTUHSC
  - E. Emergency BLS Policy
- V. Dr. Pam Myers, UTMB Dental Hygiene Program Manager

- A. Contingency Plan
- B. Reports Updated

VI. Kevin Hayden, TTUHSC Dental Hygiene Coordinator

- A. Hygiene Wizard Update
- B. Hygiene Staffing Update

VII. Sector Updates

- A. TDCJ
- B. UTMB
- C. TX Tech

VIII. Round the table

IX. Adjournment – Next Meeting: June 2025

**Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Coley Duncan

Co-Chair: Dr. Benjamin Leeah

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

There were 158 deaths reviewed by the Mortality and Morbidity Committee during the months of Sept., Oct. and Nov 2025, of those deaths there was 1 case referred to peer review committees.

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.

**MORBIDITY AND MORTALITY (CONTINUE)**

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

**Joint Nursing Work Group**

**Chair:** Justin Robinson, RN, MSN

**Purpose:**

This group’s membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Northern Geographical Service Area (GSA) Regional Chief Nursing Officer, the UTMB CMC Southern GSA Regional Chief Nursing Officer and the TTUHSC CMC Director of Nursing Services. This group is charged with the development of nursing management guidelines and programs. It reviews changes to the Nursing Scope of Practice Act for Registered Nurses and Licensed Vocational

Nurses and makes recommendations for policy/practice changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all nursing policies and procedures.

**Meeting Date: February 12, 2026**

- I. Call to Order
  
- II. Approval of minutes Confirmation
  - A. Review 11.2025 Minutes
  
- III. Old Business:
  - A. Chronic Care Refusal Form
  
- IV. New Business:
  - A. TDCJ AD-03.29 – Inmate Remains
  - B. Nurse Protocols/SDO's
  - C. SCR Process in Inpatient Areas
  - D. CMHC Infection Control Policy B-14.16, Skin & Soft Tissue Infection

Adjourn-The next meeting will be held May 14, 2026

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



## **Quarterly Report FY2026 First Quarter**

**September 2025 – November 2025**

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## First Quarter Financial Report on Correctional Managed Health Care

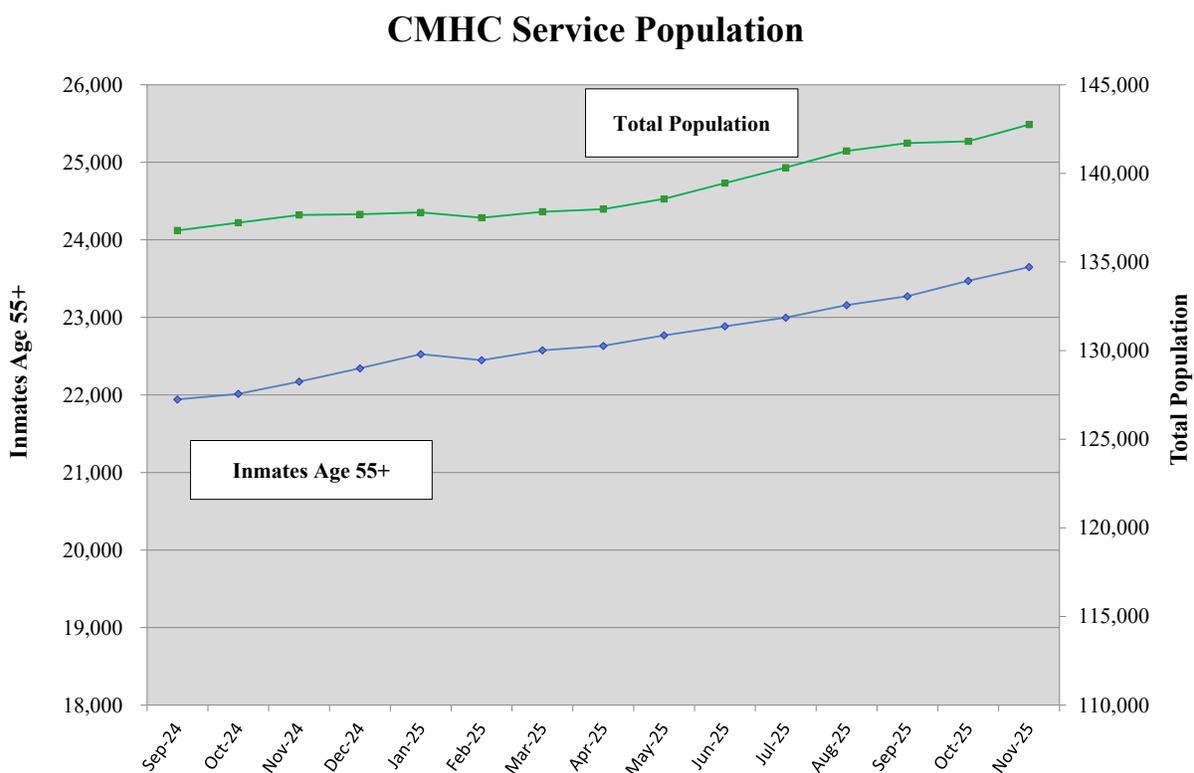
### Overview

- Pursuant to the FY2026-27 General Appropriations Act, Article V, Rider 42, 89<sup>th</sup> Legislature, Regular Session 2025
- FY2026 TDCJ Correctional Managed Health Care Appropriations:
  - Strategy C.1.8, Unit and Psychiatric Care, \$457.5M
  - Strategy C.1.9, Hospital and Clinical Care, \$377.8M
  - Strategy C.1.10, Pharmacy Care, \$98.3M

<b><u>Method of Finance Summary</u></b>	<b><u>FY2026</u></b>
<b>HB 1, Article V, TDCJ Appropriations</b>	
C.1.8. Unit and Psychiatric Care	\$ 457,539,539
C.1.9. Hospital and Clinic Care	\$ 377,812,398
C.1.10. Pharmacy Care	\$ 98,338,837
<b>TOTAL</b>	<b>\$ 933,690,774</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
C.1.8. Unit and Psychiatric Care	\$ 380,670,334
C.1.9. Hospital and Clinic Care	\$ 332,368,394
C.1.10. Pharmacy Care	\$ 83,907,557
<b>Subtotal UTMB</b>	<b>\$ 796,946,285</b>
<b>Texas Tech University Health Sciences Center</b>	
C.1.8. Unit and Psychiatric Care	\$ 76,869,205
C.1.9. Hospital and Clinic Care	\$ 45,444,004
C.1.10. Pharmacy Care	\$ 14,431,280
<b>Subtotal TTUHSC</b>	<b>\$ 136,744,489</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 933,690,774</b>
<b>TOTAL ALLOCATED</b>	<b>\$ 933,690,774</b>

## Population

- Overall inmate service population has increased 3.6% from FY2025
  - Average daily census through 1st quarter
    - FY2025: 137,218
    - FY2026: 142,090
  
- Inmates aged 55 or older population has increased 6.5% from FY2025
  - Average daily census through 1st quarter
    - FY2025: 22,043
    - FY2026: 23,465
  - While comprising about 16.5% of the overall service population, these inmates account for 50.1% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2026 average number of psychiatric inpatients through 1<sup>st</sup> quarter is 1,734 which increased 1.8% from FY2025.
  - FY2026 average number of psychiatric outpatients through 1<sup>st</sup> quarter is 36,489 which increased 2.2% from FY2025.



## Health Care Costs

- Total expenditures through 1st quarter, FY2026: \$287.3M
  - Unit and Psychiatric Care expenses represent the majority of total health care costs - \$139.9M or 48.7% of total expenses
  - Hospital and Clinical Care - \$123M or 42.8% of total expenses
  - Pharmacy Services - \$24.5M or 8.5% of total expenses
    - HIV-related drugs: 38.4% of total drug costs
    - Hepatitis C drug therapies: 22.5% of total drug costs
    - Psychiatric drugs: 5.4% of total drug costs
    - All other drug costs: 33.7% of total drug costs
- Cost per inmate per day increased 1.3% from FY2025 to FY2026
  - Cost per inmate per day through 1st quarter FY2026:
    - FY2025: \$21.93
    - FY2026: \$22.22

## Comparison of Total Health Care Costs

	FY22	FY23	FY24	FY25	FYTD 26 1st Qtr
<b>Population</b>					
UTMB	96,521	103,295	109,692	112,182	114,852
TTUHSC	24,214	24,638	24,951	26,157	27,238
<b>Total</b>	<b>120,735</b>	<b>127,933</b>	<b>134,643</b>	<b>138,339</b>	<b>142,090</b>
<b>Expenses</b>					
UTMB	\$643,994,605	\$717,213,452	\$835,108,953	\$946,848,283	\$247,254,007
TTUHSC	\$129,276,857	\$137,866,090	\$146,154,728	\$160,666,529	\$40,086,079
<b>Total</b>	<b>\$773,271,463</b>	<b>\$855,079,543</b>	<b>\$981,263,682</b>	<b>\$1,107,514,812</b>	<b>\$287,340,086</b>
<b>Cost/Day</b>					
UTMB	\$18.28	\$19.02	\$20.80	\$23.12	\$23.66
TTUHSC	\$14.63	\$15.33	\$16.00	\$16.83	\$16.17
<b>Total</b>	<b>\$17.55</b>	<b>\$18.31</b>	<b>\$19.91</b>	<b>\$21.93</b>	<b>\$22.22</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

<b>Method of Finance</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 19,164,650	\$ 94,906,850	\$ 114,071,500
EMR Revenue Deferred to FY2026*	\$ -	\$ 435,889	\$ 435,889
State Reimbursement Benefits	\$ 3,798,234	\$ 18,801,026	\$ 22,599,260
Other Misc Revenue	\$ 244	\$ 24,450	\$ 24,695
<b>C.1.8. Total Method of Finance</b>	<b>\$ 22,963,128</b>	<b>\$ 114,168,215</b>	<b>\$ 137,131,343</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 11,329,875	\$ 82,864,449	\$ 94,194,324
State Reimbursement Benefits	\$ 515,088	\$ -	\$ 515,088
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 11,844,963</b>	<b>\$ 82,864,449</b>	<b>\$ 94,709,412</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 3,597,936	\$ 20,919,418	\$ 24,517,354
State Reimbursement Benefits	\$ 26,013	\$ 213,724	\$ 239,737
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.10. Total Method of Finance</b>	<b>\$ 3,623,949</b>	<b>\$ 21,133,142</b>	<b>\$ 24,757,091</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 38,432,040</b>	<b>\$ 218,165,806</b>	<b>\$ 256,597,846</b>

<b>Method of Finance Summary</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
TDCJ Appropriation	\$ 34,092,461	\$ 198,690,717	\$ 232,783,178
Revenue Deferred to FY2026*	\$ -	\$ 435,889	\$ 435,889
State Reimbursement Benefits	\$ 4,339,334	\$ 19,014,750	\$ 23,354,084
Other Misc Revenue	\$ 244	\$ 24,450	\$ 24,695
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 38,432,040</b>	<b>\$ 218,165,806</b>	<b>\$ 256,597,846</b>

<b>Expenditures</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
C.1.8. Unit & Psychiatric Care	\$ 23,962,843	\$ 115,940,069	\$ 139,902,912
C.1.9. Hospital & Clinical Care	\$ 12,878,506	\$ 110,082,891	\$ 122,961,397
C.1.10. Managed Health Care - Pharmacy	\$ 3,244,730	\$ 21,231,047	\$ 24,475,777
<b>TOTAL EXPENDITURES</b>	<b>\$ 40,086,079</b>	<b>\$ 247,254,007</b>	<b>\$ 287,340,086</b>

<b>DIFFERENCE</b>	<b>\$ (1,654,040)</b>	<b>\$ (29,088,201)</b>	<b>\$ (30,742,241)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 19,164,650	\$ 94,906,850	\$ 114,071,500
EMR Revenue Deferred to FY2025*	\$ -	\$ 435,889	\$ 435,889
State Reimbursement Benefits	\$ 3,798,234	\$ 18,801,026	\$ 22,599,260
Other Misc Revenue	\$ 244	\$ 24,450	\$ 24,695
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 22,963,128</b>	<b>\$ 114,168,215</b>	<b>\$ 137,131,343</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 10,518,163	\$ 69,463,951	\$ 79,982,114
Benefits	\$ 3,278,705	\$ 19,989,379	\$ 23,268,084
Other Operating Expenses	\$ 1,607,611	\$ 7,260,985	\$ 8,868,595
Professional Services	\$ 1,359,260	\$ -	\$ 1,359,260
Contracted Units/Services	\$ 1,058,945	\$ -	\$ 1,058,945
Travel	\$ 86,965	\$ 532,636	\$ 619,600
Capitalized Equipment	\$ 12,374	\$ 727,927	\$ 740,301
<b>Subtotal, Unit Care</b>	<b>\$ 17,922,022</b>	<b>\$ 97,974,877</b>	<b>\$ 115,896,900</b>
<b>Psychiatric Care</b>			
Salaries	\$ 3,640,959	\$ 12,310,910	\$ 15,951,869
Benefits	\$ 920,529	\$ 3,000,208	\$ 3,920,736
Other Operating Expenses	\$ 51,886	\$ 123,397	\$ 175,283
Professional Services	\$ 874,088	\$ -	\$ 874,088
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 26,331	\$ 75,971	\$ 102,302
<b>Subtotal, Psychiatric Care</b>	<b>\$ 5,513,793</b>	<b>\$ 15,510,486</b>	<b>\$ 21,024,278</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 527,028</b>	<b>\$ 2,454,706</b>	<b>\$ 2,981,734</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 23,962,843</b>	<b>\$ 115,940,069</b>	<b>\$ 139,902,912</b>
<b>DIFFERENCE</b>	<b>\$ (999,715)</b>	<b>\$ (1,771,854)</b>	<b>\$ (2,771,568)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 11,329,875	\$ 82,864,449	\$ 94,194,324
State Reimbursement Benefits	\$ 515,088	\$ -	\$ 515,088
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 11,844,963</b>	<b>\$ 82,864,449</b>	<b>\$ 94,709,412</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 732,583	\$ 8,995,304	\$ 9,727,886
Community Provider Services	\$ 4,510,923	\$ 12,437,778	\$ 16,948,701
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,618,273	\$ 64,106,265	\$ 68,724,538
Estimated IBNR	\$ 2,705,156	\$ 21,761,047	\$ 24,466,203
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 12,566,934</b>	<b>\$ 107,300,394</b>	<b>\$ 119,867,328</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 311,572</b>	<b>\$ 2,782,498</b>	<b>\$ 3,094,069</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 12,878,506</b>	<b>\$ 110,082,891</b>	<b>\$ 122,961,397</b>
<b>DIFFERENCE</b>	<b>\$ (1,033,543)</b>	<b>\$ (27,218,442)</b>	<b>\$ (28,251,985)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 3,597,936	\$ 20,919,418	\$ 24,517,354
State Reimbursement Benefits	\$ 26,013	\$ 213,724	\$ 239,737
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 3,623,949</b>	<b>\$ 21,133,142</b>	<b>\$ 24,757,091</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 767,848	\$ 2,564,062	\$ 3,331,911
Benefits	\$ 34,205	\$ 850,606	\$ 884,811
Other Operating Expenses	\$ 110,668	\$ 633,742	\$ 744,410
Pharmaceutical Purchases	\$ 2,230,554	\$ 16,643,205	\$ 18,873,758
Travel	\$ 2,512	\$ 7,584	\$ 10,097
Capitalized Equipment	\$ -	\$ 606	\$ 606
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 3,145,787</b>	<b>\$ 20,699,805</b>	<b>\$ 23,845,592</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 98,943</b>	<b>\$ 531,242</b>	<b>\$ 630,185</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 3,244,730</b>	<b>\$ 21,231,047</b>	<b>\$ 24,475,777</b>
<b>DIFFERENCE</b>	<b>\$ 379,218</b>	<b>\$ (97,905)</b>	<b>\$ 281,313</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

**Key Population Indicators**

	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2025</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>FY2026</u>
<b>Average Service Population</b>	<b>139,451</b>	<b>140,328</b>	<b>141,267</b>	<b>140,349</b>	<b>138,339</b>	<b>141,710</b>	<b>141,808</b>	<b>142,753</b>	<b>142,090</b>	<b>142,090</b>
<b>Population Age 55 and Over</b>	<b>22,885</b>	<b>22,997</b>	<b>22,576</b>	<b>23,013</b>	<b>22,539</b>	<b>23,273</b>	<b>23,472</b>	<b>23,649</b>	<b>23,465</b>	<b>23,465</b>
<i>Percent of Total Population</i>	<i>16.4%</i>	<i>16.4%</i>	<i>16.0%</i>	<i>16.4%</i>	<i>16.3%</i>	<i>16.4%</i>	<i>16.6%</i>	<i>16.6%</i>	<i>16.5%</i>	<i>16.5%</i>
<b>Key Treatment Populations, Month End</b>										
Patients receiving HIV Treatment	1,904	1,923	1,881	1,903	1,907	1,871	1,840	1,881	1,864	1,864
Patients receiving Hep C Treatment	540	534	608	561	508	620	639	577	612	612
Patients Receiving Dialysis Treatment	204	201	217	207	210	213	217	210	213	53
Age 55 and Over	116	109	111	112	112	117	116	112	115	115
Under 55	88	92	106	95	98	96	101	98	98	98
<b>Medical Inpatient Average Daily Census</b>										
UTMB-Hospital Galveston	125	122	131	126	125	131	127	126	128	128
UTMB Community Hospitals	74	77	74	75	71	78	66	69	71	71
TTUHSC Community Hospitals	12	11	14	12	11	13	16	12	13	13
<b>Medical Inpatient Average Daily Census</b>	<b>210</b>	<b>210</b>	<b>220</b>	<b>213</b>	<b>207</b>	<b>221</b>	<b>208</b>	<b>207</b>	<b>212</b>	<b>212</b>
<b>Medical Inpatient Discharges</b>										
UTMB-Hospital Galveston	294	321	358	973	3,850	394	423	364	1,181	1,181
UTMB Community Hospitals	355	394	358	1,107	4,196	349	335	320	1,004	1,004
TTUHSC Community Hospitals	69	69	77	215	741	74	107	79	260	260
<b>Medical Inpatient Discharges</b>	<b>718</b>	<b>784</b>	<b>793</b>	<b>2,295</b>	<b>8,787</b>	<b>817</b>	<b>865</b>	<b>763</b>	<b>2,445</b>	<b>2,445</b>
<b>Average Length of Stay (in days)</b>										
UTMB - Hospital Galveston	9.06	8.56	8.65	8.76	8.33	7.52	7.21	7.92	7.55	7.55
UTMB Community Hospitals	6.20	6.02	6.40	6.21	6.22	6.67	6.05	6.48	6.40	6.40
TTUHSC Community Hospitals	6.49	5.12	4.48	5.36	4.48	4.76	5.45	4.92	5.04	5.04
<b>Infirmary and Sheltered Housing Census, Month End</b>										
UTMB Infirmary	663	679	714	685	657	750	738	748	745	745
UTMB Sheltered Housing	631	635	632	633	634	628	619	625	624	624
TTUHSC Infirmary	163	167	163	164	165	173	168	159	167	167
<b>Infirmary and Sheltered Housing Census, Month End</b>	<b>1,457</b>	<b>1,481</b>	<b>1,509</b>	<b>1,482</b>	<b>1,455</b>	<b>1,551</b>	<b>1,525</b>	<b>1,532</b>	<b>1,536</b>	<b>1,536</b>
<i>Percent of Capacity Filled</i>	<i>93.6%</i>	<i>95.1%</i>	<i>93.3%</i>	<i>94.0%</i>	<i>93.7%</i>	<i>95.8%</i>	<i>94.2%</i>	<i>94.6%</i>	<i>94.9%</i>	<i>2,327</i>
<b>Medical Outpatient Visits</b>										
UTMB Specialty Clinics and ER Visits	9,966	10,668	10,507	10,380	9,601	10,004	10,430	7,724	9,386	9,386
TTUHSC Community Outpatient and ER Visits	4,832	4,057	4,993	4,627	4,005	4,905	4,666	4,189	4,587	4,587
<b>Medical Outpatient Visits</b>	<b>14,798</b>	<b>14,725</b>	<b>15,500</b>	<b>15,008</b>	<b>13,607</b>	<b>14,909</b>	<b>15,096</b>	<b>11,913</b>	<b>13,973</b>	<b>13,973</b>
<b>Mental Health Inpatient Average Census</b>										
UTMB Psychiatric Inpatient	958	955	977	963	962	952	941	947	947	947
TTUHSC Psychiatric Inpatient	877	716	905	833	800	816	769	776	787	787
<b>Mental Health Inpatient Average Census</b>	<b>1,835</b>	<b>1,671</b>	<b>1,882</b>	<b>1,796</b>	<b>1,762</b>	<b>1,768</b>	<b>1,710</b>	<b>1,723</b>	<b>1,734</b>	<b>1,734</b>
<b>Mental Health Outpatient Caseload, Month End</b>										
UTMB Psychiatric Outpatient	28,378	28,402	28,673	28,484	28,398	28,699	28,877	29,030	28,869	28,869
TTUHSC Psychiatric Outpatient	7,684	7,623	7,883	7,730	7,380	7,168	7,807	7,887	7,621	7,621
<b>Mental Health Outpatient Caseload, Month End</b>	<b>36,062</b>	<b>36,025</b>	<b>36,556</b>	<b>36,214</b>	<b>35,778</b>	<b>35,867</b>	<b>36,684</b>	<b>36,917</b>	<b>36,489</b>	<b>36,489</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

**Key Budget Drivers (Cost)**

	June	July	August	4th Quarter	FY2025	September	October	November	1st Quarter	FY2026				
<b>Selected Drug Costs</b>														
HIV Medications	\$ 1,958,540	\$ 2,297,034	\$ 1,675,975	\$ 5,931,549	\$ 23,142,095	\$ 2,600,849	\$ 2,289,576		\$ 4,890,425	\$ 4,890,425				
Hepatitis C Medications	\$ 1,168,704	\$ 1,291,695	\$ 1,419,352	\$ 3,879,750	\$ 14,702,762	\$ 1,413,947	\$ 1,458,642		\$ 2,872,589	\$ 2,872,589				
Psychiatric Medications	\$ 256,001	\$ 334,546	\$ 320,910	\$ 911,456	\$ 3,359,321	\$ 333,096	\$ 359,852		\$ 692,948	\$ 692,948				
All Other Drug Costs	\$ 2,136,655	\$ 2,793,508	\$ 2,691,147	\$ 7,621,309	\$ 28,840,979	\$ 2,478,431	\$ 1,806,802		\$ 4,285,234	\$ 4,285,234				
<b>Total Drug Costs</b>	<b>\$ 5,519,900</b>	<b>\$ 6,716,783</b>	<b>\$ 6,107,383</b>	<b>\$ 18,344,065</b>	<b>\$ 70,045,157</b>	<b>\$ 6,826,323</b>	<b>\$ 5,914,872</b>	<b>\$ -</b>	<b>\$ 12,741,195</b>	<b>\$ 12,741,195</b>				
<b>Dialysis</b>														
Age 55 and Over	\$ 423,846	\$ 409,867	\$ 399,249	\$ 1,232,962	\$ 4,971,655	\$ 452,047	\$ 423,817	\$ 409,201	\$ 1,285,065	\$ 1,285,065				
UTMB	\$ 376,364	\$ 362,385	\$ 343,854	\$ 1,082,603	\$ 4,369,609	\$ 388,129	\$ 368,421	\$ 375,720	\$ 1,132,270	\$ 1,132,270				
TTUHSC	\$ 47,482	\$ 47,482	\$ 55,395	\$ 150,359	\$ 602,046	\$ 63,918	\$ 55,396	\$ 33,481	\$ 152,795	\$ 152,795				
Under 55	\$ 385,846	\$ 370,839	\$ 376,197	\$ 1,132,882	\$ 4,493,225	\$ 382,504	\$ 410,979	\$ 387,851	\$ 1,181,334	\$ 1,181,334				
UTMB	\$ 307,258	\$ 295,186	\$ 308,153	\$ 910,597	\$ 3,711,830	\$ 316,098	\$ 331,291	\$ 308,221	\$ 955,610	\$ 955,610				
TTUHSC	\$ 78,589	\$ 75,653	\$ 68,044	\$ 222,286	\$ 781,395	\$ 66,406	\$ 79,688	\$ 79,630	\$ 225,724	\$ 225,724				
<b>Total Dialysis</b>	<b>\$ 809,692</b>	<b>\$ 780,706</b>	<b>\$ 775,446</b>	<b>\$ 2,365,844</b>	<b>\$ 9,464,880</b>	<b>\$ 834,551</b>	<b>\$ 834,796</b>	<b>\$ 797,053</b>	<b>\$ 2,466,399</b>	<b>\$ 2,466,399</b>				
<b>Offsite Hospital Services</b>														
Age 55 and Over	\$ 16,118,620	\$ 17,656,858	\$ 17,588,980	\$ 51,364,458	52.2%	\$ 218,269,380	53.4%	\$ 19,430,970	\$ 17,835,510	\$ 15,129,802	\$ 52,396,282	50.1%	\$ 52,396,282	50.1%
UTMB	\$ 16,118,620	\$ 17,656,858	\$ 17,588,980	\$ 51,364,458		\$ 207,175,000		\$ 18,589,186	\$ 17,518,789	\$ 14,394,985	\$ 50,502,961		\$ 50,502,961	
TTUHSC	\$ 804,323	\$ 560,228	\$ 1,389,845	\$ 2,754,396		\$ 11,094,380		\$ 841,783	\$ 316,721	\$ 734,816	\$ 1,893,321		\$ 1,893,321	
Under 55	\$ 14,329,361	\$ 16,057,239	\$ 16,661,458	\$ 47,048,058	47.8%	\$ 190,268,741	46.6%	\$ 19,244,544	\$ 17,625,762	\$ 15,261,845	\$ 52,132,150	49.9%	\$ 52,132,150	49.9%
UTMB	\$ 14,329,361	\$ 16,057,239	\$ 16,661,458	\$ 47,048,058		\$ 169,548,584		\$ 17,782,119	\$ 16,759,648	\$ 14,241,121	\$ 48,782,888		\$ 48,782,888	
TTUHSC	\$ 1,318,383	\$ 1,237,322	\$ 1,954,703	\$ 4,510,408		\$ 20,720,157		\$ 1,462,425	\$ 866,114	\$ 1,020,724	\$ 3,349,262		\$ 3,349,262	
<b>Total Offsite Hospital Services</b>	<b>\$ 30,447,982</b>	<b>\$ 33,714,096</b>	<b>\$ 34,250,438</b>	<b>\$ 98,412,516</b>		<b>\$ 408,538,121</b>		<b>\$ 38,675,514</b>	<b>\$ 35,461,272</b>	<b>\$ 30,391,646</b>	<b>\$ 104,528,432</b>		<b>\$ 104,528,432</b>	
<b>C.1.8. Salaries/Agency Nursing/Overtime</b>														
<b>UTMB</b>														
Salaries	\$ 22,425,394	\$ 22,918,280	\$ 22,881,452	\$ 68,225,126		\$ 268,422,109		\$ 22,189,075	\$ 22,516,550	\$ 22,659,640	\$ 67,365,265		\$ 67,365,265	
Agency Nursing	\$ 2,335,587	\$ 2,690,217	\$ 2,237,330	\$ 7,263,134		\$ 29,272,683		\$ 2,634,214	\$ 2,876,093	\$ 2,875,888	\$ 8,386,195		\$ 8,386,195	
Overtime	\$ 1,822,414	\$ 1,916,557	\$ 1,932,715	\$ 5,671,686		\$ 22,066,308		\$ 1,932,273	\$ 2,072,719	\$ 2,018,408	\$ 6,023,401		\$ 6,023,401	
<b>UTMB Total</b>	<b>\$ 26,583,396</b>	<b>\$ 27,525,055</b>	<b>\$ 27,051,496</b>	<b>\$ 81,159,947</b>		<b>\$ 319,761,100</b>		<b>\$ 26,755,563</b>	<b>\$ 27,465,362</b>	<b>\$ 27,553,936</b>	<b>\$ 81,774,861</b>		<b>\$ 81,774,861</b>	
<b>TTUHSC</b>														
Salaries	\$ 4,565,912	\$ 4,716,463	\$ 4,542,246	\$ 13,824,621		\$ 53,195,261		\$ 4,653,177	\$ 4,702,577	\$ 4,544,331	\$ 13,900,085		\$ 13,900,085	
Agency Nursing	\$ 353,165	\$ 462,367	\$ 386,267	\$ 1,201,799		\$ 3,380,817		\$ 243,431	\$ 363,998	\$ 214,976	\$ 822,405		\$ 822,405	
Overtime	\$ 92,197	\$ 94,487	\$ 105,025	\$ 291,709		\$ 1,120,449		\$ 78,797	\$ 80,843	\$ 99,397	\$ 259,037		\$ 259,037	
<b>TTUHSC Total</b>	<b>\$ 5,011,273</b>	<b>\$ 5,273,316</b>	<b>\$ 5,033,538</b>	<b>\$ 15,318,128</b>		<b>\$ 57,696,528</b>		<b>\$ 4,975,405</b>	<b>\$ 5,147,418</b>	<b>\$ 4,858,704</b>	<b>\$ 14,981,527</b>		<b>\$ 14,981,527</b>	
<b>Total C.1.8. Salaries/Agency Nursing/Overtime</b>	<b>\$ 31,594,669</b>	<b>\$ 32,798,371</b>	<b>\$ 32,085,035</b>	<b>\$ 96,478,075</b>		<b>\$ 377,457,628</b>		<b>\$ 31,730,968</b>	<b>\$ 32,612,780</b>	<b>\$ 32,412,640</b>	<b>\$ 96,756,388</b>		<b>\$ 96,756,388</b>	
<b>FTEs</b>														
UTMB	3,168.7	3,174.7	3,126.6	3,156.7		3,135.4		3,138.9	3,106.8	3,132.9	3,126.2		3,126.2	
TTUHSC	769.1	770.1	771.6	770.3		750.9		770.0	759.5	759.0	762.8		762.8	
<b>Total FTEs</b>	<b>3,937.8</b>	<b>3,944.8</b>	<b>3,898.2</b>	<b>3,926.9</b>		<b>3,886.3</b>		<b>3,908.9</b>	<b>3,866.3</b>	<b>3,891.8</b>	<b>3,889.0</b>		<b>3,889.0</b>	
<b>Key Occupational Categories, Percent Filled</b>														
<b>UTMB</b>														
Nursing	89.3%	89.5%	88.1%	89.0%		88.3%		86.9%	86.0%	86.7%	86.5%		86.5%	
Mental Health	85.8%	85.7%	84.2%	85.2%		84.4%		84.2%	83.2%	84.4%	83.9%		83.9%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	91.5%	92.3%	91.3%	91.7%		89.8%		88.3%	87.6%	88.3%	88.1%		88.1%	
Dental	90.8%	92.2%	91.1%	91.4%		91.3%		89.1%	89.0%	90.6%	89.6%		89.6%	
Pharmacy	91.0%	91.9%	88.7%	90.5%		92.0%		88.2%	87.3%	87.8%	87.8%		87.8%	
Other Positions	96.4%	96.4%	97.1%	96.6%		97.1%		96.5%	94.8%	95.5%	95.6%		95.6%	
<b>TTUHSC</b>	<b>74.2%</b>	<b>74.3%</b>	<b>74.5%</b>	<b>74.4%</b>		<b>73.0%</b>		<b>71.5%</b>	<b>70.3%</b>	<b>70.0%</b>	<b>70.6%</b>		<b>70.6%</b>	
Nursing	67.2%	67.2%	68.1%	67.5%		65.0%		64.9%	64.3%	64.7%	64.6%		64.6%	
Mental Health	72.4%	72.4%	71.6%	72.2%		72.2%		70.4%	70.1%	67.5%	69.3%		69.3%	
Providers (Physician, Med. Director, Professor, Mid Level Practitioner)	79.0%	79.0%	79.0%	79.0%		76.3%		76.7%	77.1%	77.1%	77.0%		77.0%	
Dental	84.9%	84.9%	86.3%	85.4%		85.8%		80.7%	78.3%	75.7%	78.2%		78.2%	
Pharmacy	99.5%	99.5%	99.7%	99.5%		99.5%		99.7%	99.7%	99.7%	99.7%		99.7%	
Other Positions	87.8%	88.2%	86.9%	87.6%		87.7%		83.9%	80.8%	80.8%	81.8%		81.8%	

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/26/25
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 34,092,461				\$ 34,092,461	\$ 136,744,489
State Reimbursement Benefits	\$ 4,339,334				\$ 4,339,334	\$ 17,357,337
Other Misc Revenue	\$ 244				\$ 244	\$ 978
<b>TOTAL REVENUES</b>	<b>\$ 38,432,040</b>		\$ -	\$ -	<b>\$ 38,432,040</b>	<b>\$ 154,102,804</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 10,518,163				\$ 10,518,163	\$ 44,638,319
Benefits	\$ 3,278,705				\$ 3,278,705	\$ 14,589,585
Other Operating Expenses	\$ 1,607,611				\$ 1,607,611	\$ 7,935,443
Professional Services	\$ 1,359,260				\$ 1,359,260	\$ 5,437,040
Contracted Units/Services	\$ 1,058,945				\$ 1,058,945	\$ 4,799,181
Travel	\$ 86,965				\$ 86,965	\$ 347,859
Capitalized Equipment	\$ 12,374				\$ 12,374	\$ 799,496
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 17,922,022</b>		<b>\$ -</b>		<b>\$ 17,922,022</b>	<b>\$ 78,546,922</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,640,959				\$ 3,640,959	\$ 14,944,087
Benefits	\$ 920,529				\$ 920,529	\$ 3,884,721
Other Operating Expenses	\$ 51,886				\$ 51,886	\$ 207,544
Professional Services	\$ 874,088				\$ 874,088	\$ 3,496,354
Travel	\$ 26,331				\$ 26,331	\$ 105,322
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 5,513,793</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,513,793</b>	<b>\$ 22,638,028</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 23,435,815</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 23,435,815</b>	<b>\$ 101,184,950</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 732,583				\$ 732,583	\$ 2,930,332
Community Provider Services	\$ 4,510,923				\$ 4,510,923	\$ 38,925,938
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 4,618,273				\$ 4,618,273	\$ 18,549,090
Estimated IBNR	\$ 2,705,156				\$ 2,705,156	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 12,566,934</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,566,934</b>	<b>\$ 60,405,360</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 767,848				\$ 767,848	\$ 3,071,393
Benefits	\$ 34,205				\$ 34,205	\$ 136,820
Other Operating Expenses	\$ 110,668				\$ 110,668	\$ 442,672
Pharmaceutical Purchases	\$ 2,230,554				\$ 2,230,554	\$ 9,402,214
Travel	\$ 2,512				\$ 2,512	\$ 10,050
Capitalized Equipment	\$ -				\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 3,145,787</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,145,787</b>	<b>\$ 13,063,148</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 937,543</b>				<b>\$ 937,543</b>	<b>\$ 3,760,473</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 40,086,079</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 40,086,079</b>	<b>\$ 178,413,932</b>
<b>DIFFERENCE</b>	<b>\$ (1,654,040)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,654,040)</b>	<b>\$ (24,311,129)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/23/25
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 198,690,717				\$ 198,690,717	\$ 796,946,285
EMR Revenue Deferred to FY2025*	\$ 435,889				\$ 435,889	\$ 1,948,347
State Reimbursement Benefits	\$ 19,014,750				\$ 19,014,750	\$ 77,664,621
Other Misc Revenue	\$ 24,450				\$ 24,450	\$ 98,069
<b>TOTAL REVENUES</b>	<b>\$ 218,165,806</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 218,165,806</b>	<b>\$ 876,657,322</b>

C.1.8. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 69,463,951				\$ 69,463,951	\$ 281,899,124
Benefits	\$ 19,989,379				\$ 19,989,379	\$ 81,099,289
Other Operating Expenses	\$ 7,260,985				\$ 7,260,985	\$ 35,727,132
Professional Services	\$ -				\$ -	
Contracted Units/Services	\$ -				\$ -	
Travel	\$ 532,636				\$ 532,636	\$ 2,536,396
Capitalized Equipment	\$ 727,927				\$ 727,927	\$ 3,139,946
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 97,974,877</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 97,974,877</b>	<b>\$ 404,401,888</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 12,310,910				\$ 12,310,910	\$ 49,378,926
Benefits	\$ 3,000,208				\$ 3,000,208	\$ 12,033,800
Other Operating Expenses	\$ 123,397				\$ 123,397	\$ 494,095
Professional Services	\$ -				\$ -	
Travel	\$ 75,971				\$ 75,971	\$ 304,719
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 15,510,486</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,510,486</b>	<b>\$ 62,211,540</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 113,485,363</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 113,485,363</b>	<b>\$ 466,613,428</b>

C.1.9. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 8,995,304				\$ 8,995,304	\$ 36,280,931
Community Provider Services	\$ 12,437,778				\$ 12,437,778	\$ 140,154,263
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 64,106,265				\$ 64,106,265	\$ 261,148,318
Estimated IBNR	\$ 21,761,047				\$ 21,761,047	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 107,300,394</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 107,300,394</b>	<b>\$ 437,583,512</b>

C.1.10. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,564,062				\$ 2,564,062	\$ 11,046,646
Benefits	\$ 850,606				\$ 850,606	\$ 3,664,629
Other Operating Expenses	\$ 633,742				\$ 633,742	\$ 2,703,015
Pharmaceutical Purchases	\$ 16,643,205				\$ 16,643,205	\$ 73,398,484
Travel	\$ 7,584				\$ 7,584	\$ 30,725
Capitalized Equipment	\$ 606				\$ 606	\$ 1,037,432
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 20,699,805</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,699,805</b>	<b>\$ 91,880,931</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 5,768,446</b>				<b>\$ 5,768,446</b>	<b>\$ 23,763,088</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 247,254,007</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 247,254,007</b>	<b>\$ 1,019,840,959</b>
<b>DIFFERENCE</b>	<b>\$ (29,088,201)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (29,088,201)</b>	<b>\$ (143,183,637)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Inmate Health Care, pursuant to Agency Rider 42**  
**First Quarter, FY2026**

<b>Combined Total</b>						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 232,783,178	\$ -	\$ -	\$ -	\$ 232,783,178	\$ 933,690,774
Revenue Deferred to FY2025*	\$ 435,889	\$ -	\$ -	\$ -	\$ 435,889	\$ 1,948,347
State Reimbursement Benefits	\$ 23,354,084	\$ -	\$ -	\$ -	\$ 23,354,084	\$ 95,021,958
Other Misc Revenue	\$ 24,695	\$ -	\$ -	\$ -	\$ 24,695	\$ 99,047
<b>TOTAL REVENUES</b>	<b>\$ 256,597,846</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 256,597,846</b>	<b>\$ 1,030,760,126</b>

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 79,982,114	\$ -	\$ -	\$ -	\$ 79,982,114	\$ 326,537,442
Benefits	\$ 23,268,084	\$ -	\$ -	\$ -	\$ 23,268,084	\$ 95,688,874
Other Operating Expenses	\$ 8,868,595	\$ -	\$ -	\$ -	\$ 8,868,595	\$ 43,662,575
Professional Services	\$ 1,359,260	\$ -	\$ -	\$ -	\$ 1,359,260	\$ 5,437,040
Contracted Units/Services	\$ 1,058,945	\$ -	\$ -	\$ -	\$ 1,058,945	\$ 4,799,181
Travel	\$ 619,600	\$ -	\$ -	\$ -	\$ 619,600	\$ 2,884,255
Capitalized Equipment	\$ 740,301	\$ -	\$ -	\$ -	\$ 740,301	\$ 3,939,442
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 115,896,900</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 115,896,900</b>	<b>\$ 482,948,810</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 15,951,869	\$ -	\$ -	\$ -	\$ 15,951,869	\$ 64,323,013
Benefits	\$ 3,920,736	\$ -	\$ -	\$ -	\$ 3,920,736	\$ 15,918,522
Other Operating Expenses	\$ 175,283	\$ -	\$ -	\$ -	\$ 175,283	\$ 701,639
Professional Services	\$ 874,088	\$ -	\$ -	\$ -	\$ 874,088	\$ 3,496,354
Travel	\$ 102,302	\$ -	\$ -	\$ -	\$ 102,302	\$ 410,041
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 21,024,278</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 21,024,278</b>	<b>\$ 84,849,568</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 136,921,178</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 136,921,178</b>	<b>\$ 567,798,378</b>

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 9,727,886	\$ -	\$ -	\$ -	\$ 9,727,886	\$ 39,211,263
Community Provider Services	\$ 16,948,701	\$ -	\$ -	\$ -	\$ 16,948,701	\$ 179,080,201
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 68,724,538	\$ -	\$ -	\$ -	\$ 68,724,538	\$ 279,697,408
Estimated IBNR	\$ 24,466,203	\$ -	\$ -	\$ -	\$ 24,466,203	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 119,867,328</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 119,867,328</b>	<b>\$ 497,988,872</b>

<b>C.1.10. MANAGED HEALTH CARE PHARMACY</b>						
<b>EXPENDITURES:</b>						
Salaries	\$ 3,331,911	\$ -	\$ -	\$ -	\$ 3,331,911	\$ 14,118,038
Benefits	\$ 884,811	\$ -	\$ -	\$ -	\$ 884,811	\$ 3,801,450
Other Operating Expenses	\$ 744,410	\$ -	\$ -	\$ -	\$ 744,410	\$ 3,145,687
Pharmaceutical Purchases	\$ 18,873,758	\$ -	\$ -	\$ -	\$ 18,873,758	\$ 82,800,698
Travel	\$ 10,097	\$ -	\$ -	\$ -	\$ 10,097	\$ 40,774
Capitalized Equipment	\$ 606	\$ -	\$ -	\$ -	\$ 606	\$ 1,037,432
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 23,845,592</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 23,845,592</b>	<b>\$ 104,944,079</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 6,705,989</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,705,989</b>	<b>\$ 27,523,562</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 287,340,086</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 287,340,086</b>	<b>\$ 1,198,254,892</b>
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<b>DIFFERENCE</b>	<b>\$ (30,742,241)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (30,742,241)</b>	<b>\$ (167,494,766)</b>
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<b>Projected Uncollected Health Care Fees</b>						<b>\$ (847,000)</b>
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<b>FY2025 Remaining Balance</b>						<b>\$ (54,145,434)</b>
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<b>NET DIFFERENCE</b>	<b>\$ (30,742,241)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (30,742,241)</b>	<b>\$ (222,487,200)</b>
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**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
First Quarter FY 2026***

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

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# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY) 2026 (September, October, and November 2025), Operational Review Audits (ORAs) were conducted at the following **11** facilities: Clements (General Population, Extended Cell Block, Program for Aggressive Mentally Ill Offenders), Cole, Ferguson, Gurney, Hughes, Hutchins, Lychner, Middleton, C. Moore, Murray, and Roberson units.

- To be considered compliant, a facility must score 80% or better on an Operational Review question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **8** items found to be most frequently out of compliance in the Operational Review Audits conducted in the First Quarter of FY 2026:
  1. Item **6.450** requires follow-up serologies for Syphilis be obtained after completion of treatment as follows: (1) Primary or Secondary Syphilis and HIV negative at six and twelve months; (2) Primary or Secondary Syphilis and HIV positive at three, six, nine, twelve and twenty-four months; (3) Latent Syphilis and HIV negative at six, twelve and twenty-four months; (4) Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen and twenty-four months. The following **9** facilities were not in compliance with this requirement:
    - Cole (20%) – Corrective action plan received
    - Ferguson (63%) – Corrective action plan received
    - Gurney (33%) – Corrective action plan received
    - Hughes (14%) – Corrective action plan received
    - Hutchins (50%) – Corrective action plan received
    - Lychner (60%) – Corrective action plan received
    - C. Moore (56%) – Corrective action plan received
    - Murray (38%) – Corrective action plan received
    - Robertson (10%) – Corrective action plan received
  2. Item **6.040** requires all inmates receiving anti-tuberculosis medication at the facility have a HSM-19 completed. The following **7** facilities were not in compliance with this requirement:
    - Cole (57%) – Corrective action plan received
    - Hughes (71%) – Corrective action plan received
    - Hutchins (50%) – Corrective action plan received
    - Lychner (43%) – Corrective action plan received
    - C. Moore (80%) – Corrective action plan received
    - Murray (75%) – Corrective action plan received
    - Robertson (25%) – Corrective action plan received
  3. 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 **7** facilities were not in compliance with this requirement:
    - Ferguson (56%) – Corrective action plan received
    - Hughes (63%) – Corrective action plan received
    - Hutchins (50%) – Corrective action plan received
    - Lychner (62%) – Corrective action plan received
    - C. Moore (55%) – Corrective action plan received
    - Murray (67%) – Corrective action plan received
    - Robertson (25%) – Corrective action plan received

### OPERATIONAL REVIEW AUDIT (ORA) (CONTINUED)

4. Item **6.210** requires HIV positive inmates on the facility be seen in chronic care clinic every six months. The following **6** facilities were not in compliance with this requirement:
  - Ferguson (54%) – Corrective action plan received
  - Gurney (0%) – Corrective action plan received
  - Hughes (50%) – Corrective action plan received
  - Hutchins (58%) – Corrective action plan received
  - Lychner (75%) – Corrective action plan received
  - Murray (56%) – Corrective action plan received
  
5. 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:
  - Cole (67%) – Corrective action plan received
  - Ferguson (54%) – Corrective action plan received
  - Hughes (50%) – Corrective action plan received
  - Hutchins (65%) – Corrective action plan received
  - Lychner (25%) – Corrective action plan received
  - Robertson (67%) – Corrective action plan received
  
6. Item **6.030** requires all inmates receiving anti-tuberculosis medication at the facility be evaluated monthly by a provider or nurse. The following **5** facilities were not in compliance with this requirement:
  - Cole (57%) – Corrective action plan received
  - Hutchins (50%) – Corrective action plan received
  - Lychner (77%) – Corrective action plan received
  - Murray (75%) – Corrective action plan received
  - Robertson (75%) – Corrective action plan received
  
7. Item **6.220** requires a current Individual Treatment Plan for HIV positive inmates be documented in the medical record. The following **5** facilities were not in compliance with this requirement:
  - Ferguson (50%) – Corrective action plan received
  - Gurney (0%) – Corrective action plan received
  - Hughes (63%) – Corrective action plan received
  - Hutchins (58%) – Corrective action plan received
  - Lychner (75%) – Corrective action plan received
  
8. 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 HSM2. The following **5** facilities were not in compliance with this requirement:
  - Gurney (0%) – Corrective action plan received
  - Hughes (36%) – Corrective action plan received
  - Hutchins (29%) – Corrective action plan received
  - C. Moore (75%) – Corrective action plan received
  - Murray (62%) – Corrective action plan received

During the previous quarter, ORAs for **8** facilities had pending corrective action plans: Bartlett, Byrd, Cotulla, Gist, Hodge, LeBlanc, Luther, and Skyview units. During the First Quarter FY 2026, **5** were closed: Bartlett, Cotulla, Hodge, Luther, and Skyview units.

## CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer conducts onsite audits to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **11** facilities scheduled were within the required compliance range.

## DENTAL QUALITY REVIEW AUDIT

During the First Quarter of FY 2026 (September, October, and November 2025), Dental Quality Review audits were conducted at the following **10** facilities: B. Moore, Bradshaw, Diboll, Duncan, East Texas Treatment Facility (ETTF), Goodman, Lewis (General Population [GP] and Extended Cell Block [ECB]), Ney, Polunsky, and Torres. The following is a summary of the items found to be most frequently below 80 percent:

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **2** of the **10** facilities were not in compliance: Diboll (**70%**) and Lewis ECB (**60%**).

- **Item 2** assesses if records of inmates being transferred from one unit of assignment to another unit of assignment were reviewed within seven days of the inmate's arrival at the new unit of assignment per CMHC Policy E-32.1. **2** of the **10** facilities were not in compliance: Bradshaw (**78%**) and Goodman (**57%**).

- **Item 3** assesses if the Periodontal Screening and Recording (PSR) was documented on the In-Processing Exam Form (HSC-3). **1** of the **10** facilities was not in compliance: ETTF (**75%**).

- **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: Duncan (**73%**) and Lewis GP (**73%**).

- **Item 21** assesses if radiographs utilized in Comprehensive Treatment Plan (CTP) are of diagnostic quality, necessary for assessment and treatment planning. **2** of the **10** facilities were not in compliance: ETTF (**78%**) and Lewis ECB (**74%**).

- **Item 22** assesses if all inter-proximal radiographic findings are documented in the Comprehensive Treatment Plan (CTP). **1** of the **10** facilities was not in compliance: Lewis ECB (**58%**).

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2026 (September, October, and November 2025), the Patient Liaison Program (PLP) and the Step II Grievance Program received **5,002** correspondences. The PLP received **4,425** and Step II Grievance received **577**. There were **181** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) overall combined percentage of sustained inmate medical grievances closed in the First Quarter FY 2026 for the Step II medical grievances was **5%**. 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 **5%** and **4%** for TTUHSC for the First Quarter of FY 2026.

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

## QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the First Quarter of FY 2026, (September, October, and November 2025), the Patient Liaison Program nurses and investigators performed **10** Sick Call Request Verification Audits (SCRVA) on **9** 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 **90** indicators were reviewed at the **9** facilities and **4** of the indicators fell below the 80 percent compliance threshold, representing **4** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **9** facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from 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 First Quarter FY 2026, there were **12,620** intake HIV tests performed. Of those tested, **29** inmates were newly identified as having HIV infection. During the same time period, there were **7,028** pre-release tests performed with **0** found to be HIV positive. For this quarter, **7** new AIDS cases were identified.
- There were **361** cases of Hepatitis C identified for the First Quarter FY 2026. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **1,022** cases of suspected Syphilis were reported in the First Quarter FY 2026. **319** 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.
- **216** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2026. For the same time period, **113** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include inmates who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **62** TB cases (pulmonary and extra-pulmonary) under management for the First Quarter FY 2026. 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 **361** chart reviews of alleged sexual assaults performed for the First Quarter FY 2026. There were **111** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **180** exposed inmates. To date, **0** inmates have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- As of the close of the quarter, **91** facilities housing inmates had active peer education programs. During the First Quarter FY 2026, **56** inmates trained to become peer educators. This is a decrease from the Fourth Quarter FY 2025 report. During the First Quarter FY 2026, **10,672** inmates attended the classes presented by peer educators. This is an increase from the Fourth Quarter FY 2025.

## MORBIDITY AND MORTALITY

There were **158** deaths reviewed by the Morbidity and Mortality Committee during the months of September, October, and November 2025, of those **158** deaths, **1** was referred to a peer review committee.

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

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

## OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter FY 2026:

- The OMHM&L monitors all restrictive housing within the TDCJ Correctional Institutions Division (CID) and State Jails once every six months. During the First Quarter FY2026, no units were scheduled to be reported due to a restrictive housing monitor position vacancy.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to inmates to ensure all instances of compelled medications are appropriately documented. During the First Quarter FY 2026, a total of **91** instances of compelled psychoactive medication occurred. There were **5** instances at the Clements Unit, **25** instances at the Montford Unit, **32** instances at the Skyview Unit, and **29** instances at the Wayne Scott Unit. Skyview and Wayne Scott obtained a score of **100%** during the reporting months of September 2025, October 2025, and November 2025. Montford obtained a score of **100%** during the reporting months of September 2025, October, and November 2025. Clements had no applicable data to report during the month of September 2025, a score of **25%** during the month of October 2025, and a score of **100%** during the month of November 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. **15** of the **20** units scored 80% or better: Byrd, Dominguez, Formby, Garza West, Gist, Glossbrenner, Hutchins, Johnston, Lindsey, Lychner, Middleton, Sanchez, Sayle, Travis, and Woodman. **5** of the **20** scored below 80%: East Texas

Treatment Facility (ETTF), Gurney, Halbert, Holliday, 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 First Quarter of FY 2026, HSL conducted **551** hospital and **61** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the inmate left the hospital/infirmarary, if the receiving facility had medical services sufficient to meet the inmate's current needs, if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy, if the inmate required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge, and if discharge information was available in the inmate's EHR within 24 hours of the inmate arriving at the unit.
- Of the **551** hospital discharge audits conducted, **451** were from the UTMB Sector and **100** were from the TTUHSC sector. There were **107** deficiencies identified for UTMB and **18** identified for TTUHSC. Of the **61** infirmary discharge audits conducted **30** were from the UTMB sector and **31** were from the TTUHSC sector. There were **0** deficiencies identified from UTMB and **2** 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: Byrd, Clements, Halbert, Hilltop, Johnston, Kegans, Lychner, McConnell, O'Daniel, and Travis 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**