



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>II. Recognitions and Introductions (Cont.)</b> - Dr. Burrow</p>	<p>Dr. Burrow next introduced Dr. Jeffrey Beeson, Chief Medical Officer, Medical Education, University of North Texas Health Sciences Center. Dr. Beeson was appointed by the Governor to the seat formerly held by Dr. John Mills. Dr. Beeson has not yet completed his new member orientation and is attending as a member of the public and not a voting member.</p> <p>Dr. Burrow welcomed Derrelynn Perryman, Texas Board of Criminal Justice and thanked her for her attendance.</p> <p>Dr. Burrow and Dr. Lannette Linthicum presented Dr. Margarita de la Garza-Graham with a plaque recognizing her many years of dedicated service to the CMHCC. Dr. Linthicum stated that we wanted to take this opportunity to recognize and honor the former Chair of the Correctional Managed Health Care Committee, Dr. Margarita de la Garza-Graham. Dr. de la Garza-Graham served as Chair of the committee from 2011 until 2018. Under Dr. de la Garza-Graham the committee made many positive strides in the correctional managed health care program, brought many services to the patient population and there have also been many trials that she helped navigate. Dr. Linthicum explained that the chair of the committee is also the chair of the Joint Medical Directors. The Chairman guides the three medical directors, who are responsible for the implementation of the program on a day to day basis, through any conflicts or clinical disputes. Dr. Linthicum stated that Dr. de la Garza-Graham has done an outstanding job with the committee and has been a wonderful public servant, not just to the State of Texas but to our patients; the offenders in the Texas Department of Criminal Justice. Dr. Linthicum stated that today it is our great honor to recognize her.</p> <p>Dr. de la Garza-Graham thanked Dr. Burrow, Dr. Linthicum and the committee. She stated that the reason that the program has national recognition is due to all of you.</p>		



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<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Approval of TDCJ Health Services Monitoring Report</li> </ul> <p>University Medical Directors Reports</p> <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> <ul style="list-style-type: none"> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul> <p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Rebecca Waltz</li> </ul>	<p>The third consent item was the approval of the TDCJ Health Services Monitoring Report and there were no comments or discussion of these reports.</p> <p>The fourth consent item was the approval of the University Medical Directors Report. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the summaries of CMHCC Joint Committee/Work Groups Activities. There were no comments or discussion of these reports.</p> <p>Dr. Burrow then called for a motion to approve the consent items.</p> <p>Dr. Burrow next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz reported on statistics for the Third Quarter of Fiscal Year (FY) 2019, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 46.</p> <p>Ms. Waltz reported that the overall offender service population has decreased 0.6% from FY 2018. The offender population age 55 and over had a 4% increase with an average daily census of 18,706 through the Third Quarter of FY 2018 compared to 19,454 through the Third Quarter of FY 2019. This population represents about 13.2% of the total population, but accounts for 48.3% of the hospitalization costs.</p>		<p>Dr. Jumper made a motion to approve all consent items, and Dr. Hudson seconded the motion which prevailed by unanimous vote.</p>

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<p><b>IV. Update on Financial Reports (Cont.)</b> - Ms. Waltz</p>	<p>Ms. Waltz reported that unit and psychiatric care expenses represent the majority of health care cost at \$295.1 million or 52.7% of total expenses. Hospital and clinical care accounted for \$211.2 million or 37.7%. Pharmacy services were at \$54.1 million or 9.6% of the total expenses.</p> <p>Ms. Waltz reported that the cost per day per offender had a 6.4% increase from FY 2018 to FY 2019. The cost per offender per day through the Third Quarter FY 2019 was \$13.92 compared to \$13.08 through the Third Quarter FY 2018.</p> <p>Ms. Waltz reported unit and psychiatric care revenues of \$280.5 million and expenditures of \$295 million, which for the Third Quarter of FY 2019 resulted in a \$14.5 million shortfall in this strategy. Ms. Waltz reported on hospital and clinical care revenues of \$144 million and expenditures of \$211 million leaving a shortfall of \$67 million in this strategy. Ms. Waltz reported on managed health care pharmacy revenues of \$47.5 million and expenditures of \$54 million leaving a shortfall of \$6.5 million in this strategy.</p> <p>Ms. Waltz reported that the combined total for FY 2019 with projections leaves a total shortfall of approximately \$20 million. This total reflects the spend forward of 79.5 million that was requested to cover the FY 2018 shortfall, the FY 2018 ending balance/shortfall of 5.7 million and the FY 2019 Supplemental Appropriation SB500 of \$190 million.</p>		
<p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies</b>  - Dr. Lannette Linthicum</p>	<p>Dr. Burrow thanked Ms. Waltz and then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Correctional Health Care Personnel Vacancies.</p> <p>Dr. Linthicum reported that the Physician IV - Deputy Division Director position is currently on hold.</p> <p>The Director II position in the Office of Public Health is on hold. The position duties are being covered by current staff.</p> <p>Dr. Linthicum reported that interviews will be held soon for the Director III – Director, Nursing Administration position.</p>		

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<p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p>Dr. Denise DeShields</p> <p>- Dr. Owen Murray</p>	<p>Dr. Linthicum reported that the Program Supervisor VI, Health Services Administrator position has been filled. Debra Jones was hired and started September 1, 2019.</p> <p>Dr. DeShields reported that they have a critical vacancy at the Robertson Unit in Abilene that is for the Unit Medical Director. Dr. DeShields also noted that while not critical vacancies, they continue to vigorously recruit for two psychiatrist positions at the Montford Unit. These are key positions.</p> <p>Dr. Murray reported that UTMB has 8 Physician I-II, 7 Mid-Level Practitioners (PA and FNP) and 9 Psychiatrist position vacancies. Dr. Murray shared that they recently lost the Beto Unit physician due to his passing. He stated that a challenge they are facing is that the current crop of physicians are retirement age and it is challenging to get younger physicians interested in working in corrections.</p> <p>Dr. Murray reported that Sam Houston State University is opening a Doctor of Osteopathic Medicine program just south of Conroe. He has spoken to the president and the program director and their intent is to try to get some of the students interested in not just prisons, but also some of the geographically challenged areas in Texas on the primary care side. He stated that hopefully we can insert ourselves in that training mission like we do at Hospital Galveston.</p>	<p>Dr. Hudson asked for clarification on what the definition of a critical position is.</p> <p>Dr. DeShields answered that for TTUHSC it would be positions at the medical directors level and management positions.</p> <p>Dr. Linthicum answered that these are leadership positions that are critical to day to day operations. These positions provide oversight and guidance to our field staff.</p> <p>Dr. Burrow shared that there is a rural psychiatry residency program in north Texas opening.</p>	



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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li>   <li>- Capital Assets Monitoring</li>   <li>- Dental Quality Review Audit</li>   <li>- Office of Professional Standards</li>   <li>- Grievances and Patient Liaison Correspondence</li> </ul>	<p>Dr. Linthicum explained that ORAs look at compliance with policies and procedures promulgated by this committee, compliance with contractual terms and compliance with accreditation expected practices and performance based standards as they relate to healthcare and any local, state or federal laws that are applicable. The compliance threshold is 80%. Dr. Linthicum referenced the 8 items found to be most frequently below the 80% compliance threshold and noted that corrective actions have been requested on all these items.</p> <p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 10 facilities listed above for ORAs during the Third Quarter of FY 2019 and all 10 facilities were within the required compliance range.</p> <p>Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 25 facilities. Dr. Linthicum referenced the 5 items found to be most frequently below the 80% compliance and noted that corrective action plans have been requested on these items. Dr. Linthicum noted that items that are found deficient are discussed in the Joint Dental Directors meetings and if needed, are elevated to the Joint Medical Directors.</p> <p>Dr. Linthicum explained that the Health Services Division houses an Office of Professional Standards. Within that office are four functions: the family hotline, Step II medical grievance, the sick call verification audit and the patient liaison program.</p> <p>Dr. Linthicum reported that during the Third Quarter of FY 2019, the Patient Liaison Program (PLP) and Step II Medical Grievance Program received 4,867 correspondences. The PLP received 3,700 correspondences and Step II Grievance received 1,167. There were 241 Action Requests generated. Dr. Linthicum explained that 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.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Grievances and Patient Liaison Correspondence</li>   <li>- Quality Improvement (QI) Access to Care Audit</li>   <li>- Office of Public Health</li> </ul>	<p>Dr. Linthicum explained that the grievance process in TDCJ is a two-step process. Step I grievances are answered at the unit level, Step II grievances are elevated to the division level. The Step II grievance staff review the original grievance and render a decision. After answered by the appropriate division the offender may move on to litigation if he or she is not satisfied. Dr. Linthicum reported that in the contract there are performance measures related to medical grievances. The overall combined percentage of sustained Step II Medical grievances was 7.29%. Performance measure expectation is six percent or less. Individually, UTMB was 8.89% and TTUHSC was 1.78%.</p> <p>Dr. Linthicum reported that there were 22 Sick Call Request Verification Audits conducted on 20 facilities. The difference in the number of audits versus the number of facilities is that some facilities have an extended cell block (ECB) on site and those ECB's are audited separately. A total of 156 indicators were reviewed and 5 of the indicators fell below 80% compliance threshold representing 3%. Corrective actions were requested.</p> <p>Dr. Linthicum reported that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). This office conducts surveillance on 11 infectious conditions that are reported into DSHS including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), Tuberculosis as well as the data for occupational exposures to bloodborne pathogens.</p> <p>HIV testing is classified into one of four categories: intake, provider requested, offender requested or pre-release. There is mandatory state law which requires intake and pre-release HIV testing. During the Third Quarter, there were 13,582 intake HIV tests performed. Of those tested, 74 offenders were newly identified as having HIV infection. During the same time period, there were 10,109 pre-release tests performed with 0 found to be HIV positive. For this quarter, 7 new AIDS cases were identified.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Office of Public Health</li> </ul>	<p>There were 475 cases of Hepatitis C identified for the Third Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in the TDCJ.</p> <p>Dr. Linthicum reported 457 cases of suspected Syphilis. 180 cases 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.</p> <p>Dr. Linthicum reported that 445 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported and 124 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported for the Third Quarter FY 2019.</p> <p>Dr. Linthicum reported that there was an average of 20 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Third Quarter FY 2019.</p> <p>Dr. Linthicum next reported that the Office of Public Health employs a Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the Third Quarter FY 2019, there were 204 chart reviews of alleged sexual assaults. Dr. Linthicum reported that there were 55 deficiencies found this quarter and corrective actions have been requested. 52 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum reported that during the Third Quarter FY 2019, 4 units received a 3-day training which included the Wall Talk Training and a 2-day training that included the Somebody Cares Training in the Peer Education Program.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Office of Public Health</li>   <li>- Mortality and Morbidity</li>   <li>- Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum reported as of the close of the Third Quarter of FY 2019, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 57 offenders were trained to become peer educators and 20,831 offenders attended the classes presented by peer educators.</p> <p>Dr. Linthicum reported that the Morbidity and Mortality Committee is a joint committee consisting of the three partners: UTMB, Texas Tech and TDCJ. Dr. Ojo and Dr. Millington are the co-chairs. 61 deaths were reviewed during the months of March, April and May 2019. Of those 61 deaths, one was referred to peer review.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Third Quarter of FY 2019.</p> <p>Dr. Linthicum reported that Restrictive Housing audits were conducted on 14 facilities. 2,628 offenders were observed, 2,259 were interviewed and 3 offenders were referred to the university providers for further evaluation. In addition to monitoring the mental health status of restrictive housing offenders, the OMHM&amp;L auditors also assess access to care (ATC) for mental health and availability of the 911 tool. Access to Care (ATC) for mental health indicator four was met at 100% at 4 of 15 audits, 10 of 15 were N/A and 1 of 15 was 86%. For ATC indicator five, 5 of 15 audits were 100% compliant and 10 of the 15 audits were N/A. For indicator number six, 4 of 15 audits were 100% compliant, 10 of 15 were N/A and 1 of 15 was 86%.</p> <p>Dr. Linthicum reported that the OMHM&amp;L also monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. Compelled psychoactive medication is only done on inpatient facilities and there is a strict protocol in place. For the Third Quarter FY 2019, 79 instances of compelled psychoactive medication administration occurred.</p>		



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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum</li> <li>- Accreditation</li>   <li>- Biomedical Research Projects</li>   <li>- <b>Texas Tech University Health Sciences Center</b></li> <li>- Dr. DeShields</li>   <li>- <b>University of Texas Medical Branch</b></li> <li>- Dr. Murray</li>   <p><b>VII. Biennial Review and Adoption of the Offender Health Services Plan</b></p> <ul style="list-style-type: none"> <li>- Joint Medical Directors</li> </ul> </ul>	<p>Dr. Linthicum reported that the ACA 149<sup>th</sup> Congress of Corrections was held in Boston, Massachusetts on August 1-6, 2019. During this conference, the following facilities were represented: Ellis, Stevenson, Hutchins, Lynaugh, Ft. Stockton, Clemens, Scott, Duncan, Wallace, Dalhart, Garza East, Garza West, Jester IV, Huntsville, Goree and Crain.</p> <p>Dr. Linthicum reported on the summary of active and pending biomedical research projects as reported by the TDCJ Executive Services. The CID has 21 active and 8 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects.</p> <p>Dr. Burrow thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields stated that she had nothing further to report.</p> <p>Dr. Burrow thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that Dr. Raimer has been appointed Interim President for UTMB to replace Dr. Callendar who took a position as President at Herman Memorial Hospital. Dr. Murray stated that Dr. Raimer will maintain his seat on the CMHCC.</p> <p>Dr. Burrow thanked Dr. Murray and then called on the Joint Medical Directors to provide an update on the Biennial Review and Adoption of the Offender Health Services Plan.</p> <p>Dr. Murray explained that the Offender Health Services Plan directs and defines the service levels that are agreed on by the committee relating to the care that is provided to offender patients. The only significant change made was to reflect the change from the \$100 health care services fee to the \$13.55 co-payment with a maximum of \$94.85 in a one-year period that was passed by legislature for the FY 2020-21 Biennium. The only other changes were formatting and grammatical in nature. The Joint Medical Directors met to discuss and were all in agreement.</p>		

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<p><b>VII. Biennial Review and Adoption of the Offender Health Services Plan (Cont.)</b>  - Joint Medical Directors</p>	<p>Dr. Murray answered that they receive input from Obstetrics and Gynecology.</p> <p>Dr. Linticum stated that there are specific recommendations for prison populations. Our population tends to be more high risk and they lack preventative health care services. At times, when they come in, it is the first time that they have even had a physical examination.</p> <p>Dr. Linticum answered that there has not been anything formal, but UTMB has epidemiologists that look at the data. Two Ph.D. level epidemiologists have begun doing quality studies for TDCJ and we will take this question under advisement.</p> <p>Dr. Linticum answered that to the extent that it is available, it is offered to all offenders.</p>	<p>Dr. Hudson asked how the female Pap smear screening age is determined.</p> <p>Dr. Hudson asked if anyone has looked at the data to see what the best screening interval is for our population.</p> <p>Dr. Hudson asked what percentage of the population is female.</p> <p>Ms. Lorie Davis answered that currently about 8%. There are approximately 12,000 females in the system.</p> <p>Dr. Hudson asked about the flu shot and who is eligible.</p> <p>Ms. Black-Edwards stated that our rates of infection are generally lower than free world rates.</p>	<p>Dr. Hudson made a motion to approve the adoption of the Offender Health Services Plan, and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

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<p><b>VII. Biennial Review and Adoption of the Offender Health Services Plan (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Joint Medical Directors</li> </ul> <p><b>VIII. Overview of Correctional Managed Health Care Contracts</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Ron Steffa</li> </ul>	<p>Dr. Linthicum answered, yes references are cited in the Disease Management Guidelines and the CMHC Policy and Procedure manual.</p> <p>Dr. Burrow thanked Dr. Murray, Dr. Linthicum and Dr. DeShields and then called on Dr. Linthicum and Ron Steffa to present an Overview of the Correctional Managed Health Care (CMHC) Contracts.</p> <p>Dr. Linthicum began by describing the contract process. She stated that the budget is allocated on a biennial basis. Each legislative session the budget for the next two years is received. The correctional managed health care program is a line item in the TDCJ overall budget. Once the funding is known, the three partner agencies get together and begin to review the contracts that are in place to see if it is necessary to update it including updates due to riders or legislation that has passed.</p> <p>Dr. Linthicum reported that the key changes to the contract include the liaison with the Bureau of Radiation Control. In the past, UTMB has performed this function statewide. The decision was made that Texas Tech would now perform this function for the units in the Texas Tech sector.</p> <p>Dr. Linthicum reported that the language regarding policy approval was changed to more accurately reflect the process. A clarification was made that policies are developed in accordance with procedures implemented by the Joint Correctional Managed Health Care Policy and Procedures Committee and are approved by the University Medical Directors and the TDCJ Division Director for Health Services. The previous wording made it seem that the Health Services Division Director was the final approval, but all of the medical directors have equal approval authority.</p> <p>Mr. Steffa next went over the comparison of the biennial funding level for FY 18-19 and FY 20-21 for CMHC as a whole and for TTUHSC and UTMB individually.</p>	<p>Dr. Jumper asked if there are references made to the evidence-based guidelines.</p>	

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<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>	<p>Mr. Steffa explained that the legislative session starts out at the previous biennial funding and any additional funding requests are considered exceptional items. For FY 20-21 funding for CMHC totals \$1.28 billion which is a decrease from the FY 18-19 biennial funding level; however, additional funding was provided for some exceptional items. Mr. Steffa reported \$160 million was approved to maintain operations, although; \$247 million was projected to continue to provide the current level of services. The supplemental request was approved for the FY 18-19 shortfall in the amount of \$190 million. Additional exceptional item requests are; capital equipment in the amount of \$2 million, sheltered housing beds at the Stiles Unit in the amount of \$4.7 million, Developmental Disabilities Program (occupational therapy program at the Hodge Unit) in the amount of \$452,500 and discharge prescriptions in the amount of \$743 thousand.</p> <p>Mr. Steffa explained that we had \$167 million added to the base budget; however, this is a decrease from the prior funding level when you include the supplemental. When you look at FY 18-19 funding of \$1.1 billion and include the supplemental of \$190 million it brings the total funding for FY 18-19 to \$1.3 billion. The projected shortfall for FY 18-19 is \$22 million which will carry forward to FY 20-21. A supplemental request is expected for FY 20-21. The legislature is aware of this and typically it has always been necessary, although it has grown over the past few biennia. It is known however, that the funding that has been given is not sufficient to cover the projected level of services. The projection for the FY 20-21 supplemental request is anticipated to be about \$140 million</p> <p>Mr. Steffa answered that the only information that they have at this point is that it will be an audit conducted by the State Auditor's Office. There has been no information about the scope or dates yet.</p> <p>Dr. Linthicum stated that the information will be forwarded out when it is received.</p>	<p>Dr. Jumper asked if there has been any information about the state audit.</p>	

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<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>	<p>Mr. Steffa answered that the State Auditor’s Office will decide. In the past the State Auditor’s Office has held entrance conferences.</p> <p>Dr. Linthicum stated that all components of the audit would have an entrance conference.</p> <p>Mr. Steffa answered no, they are not.</p> <p>Mr. Steff explained that the way the contract is structured is that they prepay in advance of the quarter. He referenced page 103 the ending balance in FY18 of \$5.7 million, which then carries forward. The carry forwards are shown as an expense in the next biennium.</p> <p>Mr. Steffa answered that is not something they have experienced, thankfully. Reconciliation occurs in February after the closed fiscal year. The funding has been enough with prepaying three months in advance, that they haven’t run out of funding for the universities before the session. There is a provision for a spend forward which allows funds to be borrowed from the second year to cover any shortfall in the first year.</p>	<p>Dr. Jumper asked who decides what the audit will include.</p> <p>Dr. Burruss asked if the agency is allowed to keep a cash reserve.</p> <p>Dr. Burruss asked then what happens if the appropriation is not enough.</p> <p>Dr. Jumper stated that the contract states that any unused funds revert back to the state. This has happened in the past; however, for the past four years they have been what they consider to be underfunded. The contract also states that state allocated educational funds cannot be used for correctional health care. So, there is some loaning of funds within the system until they are made whole at the end.</p> <p>Dr. Burruss stated that his concern would be what if there is an error on the amount projected for the supplemental and there is a need before the legislative session.</p>	

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<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>		<p>Dr. Murray shared that historically, the supplemental has always been funded. This session was a little different. UTMB did have to dip into their own funds which affects the main mission of the university which is its student population. It becomes difficult when that number gets that high to continue to justify taking those funds from training programs and other operational activities.</p> <p>Dr. Burruss stated that when you have very clear limits on what you can and can't do from a fundability of funds perspective, you could wind up with a serious liquidity problem. Especially as the deficits get bigger.</p> <p>Dr. Murray shared that there are bigger problems for the UT Health System as it effects their bond ratings. Having an entity like UTMB running these deficits creates bigger problems for UT Systems. So, it is not just uniquely a UTMB issue, it becomes a UT System issue. From an accounting perspective there is such a high likelihood that those funds will be coming in, that they are able to book those revenues as expected. It really becomes a cash flow issue in that eighth quarter of the biennium where the university is expected to use their own funds.</p> <p>Dr. Burruss shared that he read that Representative John Zerwas was named as Vice Chancellor for Health Affairs for UT Systems and asked if he is aware of how this all works.</p> <p>Dr. Jumper stated yes and so does the Chairman of the Board of Regents who was formerly on legislative finance committees.</p>	

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<p><b>VIII. Overview of Correctional Managed Health Care Contracts (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Linthicum and Mr. Steffa</li> </ul>	<p>Dr. Linthicum stated that the contract does pay in advance and there is also funding for graduate medical education.</p> <p>Dr. Linthicum stated that the partner agencies have articulated that before legislators to educate them.</p> <p>Mr. Steffa stated that if the 2021 supplemental numbers are lower than projected, there would still be a good way to go to get it back to the previous levels. Mr. Steffa noted that the universities also consistently work on cost containment.</p> <p>Dr. Linthicum stated that they do an outstanding job with cost containment. If you look at our cost per offender per day compared nationally to other departments of corrections, you can see that.</p> <p>Dr. Linthicum shared that the program has been in place for 25 years. It began in September of 1994 after the legislation took effect, but in fact in 1993 the transition was already taking place.</p>	<p>Dr. Murray stated that the legislators are aware of the issues and Dr. Raimer spends a lot of time with the Board of Regents and UT Systems explaining the politics and the financials of the contract from a historical perspective.</p> <p>Dr. Murray stated that there is no doubt the benefit of the patient base at Hospital Galveston for training experience. The concern is the growing deficit.</p> <p>Dr. Burruss stated that his intent in bringing up this discussion point is not to disparage the contract, but he wanted to put the potential challenge on the record.</p> <p>Dr. Jumper mentioned the PEW report which shows our rankings in this area.</p> <p>Dr. Murray stated that our model is looked at by other states and it is our commitment to this model that allows us to be as cost effective as we are.</p>	



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<b>IX. Adjourn</b>	<p>Dr. Burrow next called for a motion to adjourn the meeting.</p> <p>Dr. Burrow thanked everyone for their attendance and adjourned the meeting. Dr. Burrow announced that the next CMHCC meeting is scheduled for December 4, 2019 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:25 a.m.</p>		<p>Dr. Jumper made a motion to adjourn the meeting, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>



Rodney O. Burrow, M.D., Chairperson  
Correctional Managed Health Care Committee

12-21-19

Date