

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (cont.) - Dr. Greenberg</p> <p>III. Approval of Consent Items - Dr. Greenberg</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – September 16, 2020 - Approval of TDCJ Health Services Monitoring Report 	<p>Dr. Greenberg recognized Texas Tech University Sciences Center (TTUHSC) Correctional Managed Care (CMC) for receiving full telehealth accreditation by the Utilization Review Accreditation Commission (URAC) through November 1, 2023.</p> <p>Mr. Will Rodriguez thanked Dr. Greenberg and added that they are proud to have received this certification. The accreditation process was ongoing for about three years. One item they measured is the telehealth outcomes compared to face-to-face outcomes. This certification proves the efficacy of the telehealth program in a time where telehealth has become a standard mode of practice.</p> <p>Dr. Owen Murray recognized the Radford and Patricia Croker Rehabilitation and Reintegration Program (RPCRR) and the Crain Developmental Disabilities Program (DDP) for being awarded the Interdisciplinary Team Award at the 2020 Texas Occupational Therapy Association (TOTA) Annual Awards Ceremony.</p> <p>Dr. Greenberg next moved on to agenda item III Approval of Consent Items.</p> <p>Dr. Greenberg stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences from the September 16, 2020 meeting – Dr. Philip Keiser</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the September 16, 2020 meeting. Dr. Greenberg asked if there were any corrections, deletions or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year (FY) 2020 Fourth Quarter Texas Department of Criminal Justice (TDCJ) Health Services Monitoring Report. There were no comments or discussion of these reports.</p>		

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<p>III. Approval of Consent Items (cont.) - Dr. Greenberg - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities</p> <p>IV. Update on Financial Reports - Rebecca Waltz</p> <p>V. Medical Director’s Updates -TDCJ – Health Services Division FY 2020 Fourth Quarter Report - Dr. Lannette Linthicum</p>	<p>The fourth consent item was the approval of the FY 2020 Fourth Quarter University Medical Director’s Reports. There were no comments or discussion of these reports.</p> <p>The fifth consent item was the approval of the FY 2020 Fourth Quarter summary of the CMHCC Joint Committee/Work Group Activities. There were no comments or discussion of these reports.</p> <p>Dr. Greenberg then called for a motion to approve the consent items.</p> <p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz reported on statistics for the Fourth Quarter of FY 2020, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Ms. Waltz answered that pre-COVID a spend forward request was made using projections based on expenditures at the time. The actual amount that was needed was less which reflects a decrease in expenses.</p> <p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2020 Fourth Quarter TDCJ Medical Director’s Report.</p>	<p>Dr. Greenberg asked what impact COVID-19 has had on the budget overall.</p>	<p>Dr. John Burruss made a motion to approve all consent items, and Dr. Lannette Linthicum seconded the motion which prevailed by unanimous vote.</p>

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<p>V. Medical Director's Updates (cont.) - Dr. Linthicum</p> <p>- Texas Tech University Health Sciences Center - Dr. Denise DeShields</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p>	<p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director's Report is a summary of those activities and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p> <p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported COVID-19 statistics for the TTUHSC sector. Since the beginning of the pandemic, they have had 852 symptomatic positive inmates, 148 of those required hospitalization (17%), 31 of those patients required ventilator support and they have had 29 COVID-19 deaths. They have had 194 employees test positive, 18 of which are currently active and there has been one employee death. Dr. DeShields stated that she appreciates the recognition of the frontline staff.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that there will be no impact to staffing due to the closure and idling of these units. There are vacancies across comparable facilities that they will move employees to. Dr. Murray reported that although there has been a decline in the overall inmate population, the inmate population over 55 has not really changed. There has been a decrease in cost with COVID-19 restrictions in place since they are not doing the normal offsite elective work. However, the biggest cost drivers have not changed, which is the over 55 population.</p>	<p>Dr. Linthicum added that TDCJ is closing the Scott Unit and idling the Gurney and Neal Units. Staff from those units will be relocated to other units in the area. The expectation of the duration for the idle units is about six months.</p>	

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<p>V. Medical Director's Updates (cont.)</p>	<p>Dr. Murray stated that he appreciates the recognition being given to the frontline staff. Appreciation is something we can never give anybody enough of, and certainly those people who are out on these facilities caring for these patients will find this extremely meaningful.</p>	<p>Dr. DeShields reported that there will be no impact to staffing due to idling. The 21 employees from the Neal Unit have been moved to the Clements Unit and will be moved back after Neal reopens.</p> <p>Dr. Greenberg asked if they could think of a way to get the Resolution of Appreciation out to the frontline staff. Under normal circumstances, it would be presented formally at a CMHCC meeting.</p> <p>Dr. Linthicum answered yes, the Joint Medical Directors will come up with a way to present them. She stated that when they first discussed this recognition, staff had completed over 3 million encounters. They will get some updated encounter numbers.</p> <p>Justin Robison agreed to get current encounter numbers.</p> <p>Dr. Hudson asked if there were any updates regarding access to the COVID-19 vaccine for the staff.</p> <p>Dr. Linthicum answered the Joint Medical Directors put together a multidisciplinary COVID-19 Vaccine Committee. Each unit had to be registered twice, once with the Centers for Disease Control and Prevention (CDC) and once with Department of State Health Services (DSHS). All registrations were received and all but 12 have been accepted to date.</p>	

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<p>VI. Overview of the CMHCC Joint Mental Health Working Group and an Overview of TTUHSC CMC Behavioral Health Services (cont.) - Dr. Marks</p>	<p>Dr. Marks began with an overview of the Joint Mental Health Working Group (JMHWG). The JMHWG members are appointed biennially by the Joint Medical Directors. The JMHWG was established to ensure a strategic statewide approach to mental health services. Dr. Marks stated she is new to the role of committee chair and that the group is actively engaged in collaborative efforts.</p> <p>Dr. Marks reported the JMHWG meets bimonthly and is charged with development of mental health treatment and management guidelines, as well as the development of mental health initiatives; ensuring alignment with clinical practice guidelines of the American Psychiatric Association, American Psychological Association, American Counseling Association, and American Correctional Association, and making recommendations for policy changes as needed; reviewing and making recommendations to the CMHCC Joint Policy and Procedure Committee on all mental health policies and procedures; identifying and addressing opportunities for coordination and collaboration across state agencies; identifying strategies to improve and strengthen access to mental health programs and services and enhancing statewide service coordination.</p> <p>Dr. Marks next reported on the behavioral health services in the TTUHSC sector. The Texas Tech sector provides quality comprehensive mental health and psychiatric services to approximately 20% of the inmates incarcerated in TDCJ facilities. They serve 23 units and approximately 28,000 male inmates. Behavioral services provided include inpatient, outpatient, crisis management, sheltered housing and special programs. They have 537 inpatient beds and 468 special programs and crisis management beds. There are approximately 6,500 inmates on the behavioral health caseload.</p>		

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<p>VI. Overview of TTUHSC CMC Behavioral Health Services (cont.) - Dr. Marks</p>	<p>Dr. Marks next reported on the scope of inpatient, outpatient and special programs. They provide crisis management and 24 hour / 7 days a week on-call psychiatric services, diagnostic and psychiatric evaluations, multidisciplinary treatment teams, psychotropic medication management, individual and group psychotherapy and educational services. COVID-19 has impacted group therapy, but individual therapy is ongoing. Dr. Marks reported they are seeing more inmates with dual diagnosis, with both behavioral health and medical needs.</p> <p>Dr. Marks reported outpatient behavioral health services include intake behavioral health assessments, psychosocial evaluations, sick call request triaging and assessments, safety assessments, Prison Rape Elimination Act (PREA) referrals and assessments, referrals to inpatient, crisis management and special programs and psychotropic medication management by a psychiatrist or an advanced practice provider. The average outpatient encounters were down from 5,632 at the end of FY19 to 4,579 at the end of FY20. Outpatient psychotropic medication is up from 4,194 at the end of FY19 to 4,230 at the end of FY20. The outpatient census continues to increase from 6,526 at the end of FY19 to 6,823 at the end of FY20.</p> <p>Dr. Marks next reported on the special programs at the Clements Unit. The Clements Unit has 14 crisis management inpatient beds, Chronically Mentally Ill - Sheltered Housing (CMI-SH) which has 78 beds, the Program for the Aggressively Mentally Ill Offender (PAMIO) which has 246 beds, and the Chronically Mentally Ill Treatment Program (CMI-TP) which has 130 beds. These programs are consistently at or near bed capacity.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn thanked Dr. Marks and shared that she has done a great job in her new role as Chair of the JMHWG. Dr. Penn reported UTMB CMC provides quality mental health and psychiatric care, access to care, continuity of care and comprehensive mental health and psychiatric services to approximately 80% of the inmates incarcerated in TDCJ facilities.</p> <p>Dr. Penn reported the scope of services provided in the UTMB sector. They offer a full range of outpatient, crisis management, inpatient and special programs. The majority of the inmate population served is male. The total female population just over 12,200, which is a 9/1 ratio. Crisis management and on-call psychiatric services are available 24 hours a day, 7 days a week. Mental health screening and triage are available at 78 facilities upon request or referral. There are 20 intake facilities where all inmates are triaged upon arrival into TDJC custody, after which the inmates are moved to a facility where the services they require are available. The census from October 2020 was 19,833 on the outpatient caseload, 17,329 of those inmates are on psychotropic medication(s) and are followed by a psychiatric provider. That is approximately 90% of the outpatient caseload on psych meds. The inpatient census was 981.</p> <p>Dr. Penn reported on routine services offered in the UTMB sector. Intake assessments and referrals as needed, outpatient psychiatric evaluations and treatment, psychotropic medication management, psychological testing, individual and group psychotherapy, restrictive housing mental health rounding, education about psychiatric illness and its management and skills building, case management services, mental health observation status, suicide and violence risk assessments which are clinical, not forensic and PREA generated mental health referrals.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn next reported specialty services offered in the UTMB sector. Crisis management and treatment tracks, the Developmental Disabilities Program (DDP), neurocognitive disorder program and the Treatment and Relapse Prevention Program (TARPP) case management program. Specialty services unique to UTMB are death row inmates, services for female inmates, gender dysphoria evaluations and a Youthful Offender Program (YOP).</p> <p>Dr. Penn reported on the weekend review of inmates on Constant and Direct Observation (CDO). This is a telehealth program initiated in December 2016 on seven units. Inmates on CDO are assessed via telehealth and a determination is made as to whether or not the inmate needs to remain on CDO. The program has since been expanded to include 22 units. In 2019, 1,686 assessments were completed, and 879 inmates (52.1%) were released from CDO.</p> <p>Dr. Penn reported on suicide risk screening of Pre-Hearing Detention (PHD) Placements and after Offender Protection Investigations (OPI) reviews. The PHD program was initiated in December 2017 as a pilot at 3 units and was expanded to all TDCJ facilities in May 2019. Since then, staff have averaged 2,327 screenings per month. They have identified an average of 226 offenders monthly that require a full suicide risk assessment with an average of 22 then being referred for transfer to crisis management or CDO. The OPI program was initiated in December 2018 as a pilot at 3 units. Inmates are screened for suicide risk prior to being returned to regular housing after the unit concludes an OPI. The process has since been expanded to all units effective May 2019. A monthly average of 877 screenings have been completed with 294 identified as in need of a full suicide risk assessment.</p> <p>Dr. Penn reported on the specialized group therapy programming on trauma for female inmates. This program was initiated in spring 2018 at several female units. The plan is to expand this program to other female units. They see a lot of female inmates with major trauma issues.</p>		

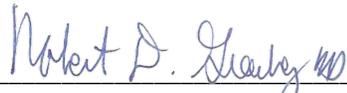
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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn next explained TARPP. This is a case management program developed to ensure inmate patients with SMI receive a continuum of care throughout the system. The goal is to reduce relapse, decompensation and risk of recidivism. The program provides case management and tracking regardless of where inmates are housed or their custody level. It is available to both males and females. The target population is inmates with SMI who require case management, ongoing monitoring and continuity of care including discharge planning.</p> <p>Dr. Penn reported the mental health caseload numbers have increased year after year. 2020 saw a decrease, which is attributed to significantly reduced county jail intakes due to the pandemic.</p> <p>Dr. Penn reported the UTMB sector has several behavioral health units. The Skyview Unit is located in Rusk and has 562 beds and houses both males and females. Skyview offers crisis management, diagnostic & evaluation (D&E) and the following programs: acute care, partial remission psychotic, chronic psychotic, mood disorders and impulse control. The Jester IV Unit is in Richmond and is a mostly male unit offering 550 beds. The Jester IV Unit offers the same services and programs as the Skyview Unit in addition to a neurocognitive disorders program. The Mountain View Unit is in Gatesville and offers crisis management and has 20 female beds.</p> <p>Dr. Penn reported on civil commitments. The civil commitment process is lengthy. Up to 2016, civil commitments were made from Skyview. As of April 2016, civil commitments began at Jester IV in addition to Skyview for UTMB and Montford for Texas Tech.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn explained the DDP. The mission of the DDP is to provide opportunities to inmates with developmental disabilities to acquire those skills necessary to enable them to function more successfully within the least restrictive environment. DDP inmates are provided with access to a variety of services designated to improve their functioning and address situational and adjustment issues and co-morbid mental health conditions. They take as many patients as they can in this program. The target population is those who need to be in sheltered housing. It is available to male and female inmates with intellectual and other developmental disabilities that require further evaluation, testing and treatment services. It has structured programming including individual and group therapy, education and vocational training. The goal is to assist DDP clients in improving their adaptive behavioral skills in order to live a more productive and successful life upon their release from the DDP and TDCJ. The male DDP is at the Hodge Unit and the capacity is 645. The female DDP is at the Crain unit and the capacity is 106. The Crain Unit DDP also offers an Occupational Therapy Program.</p> <p>Dr. Penn explained the Mental Health Therapeutic Diversion Program (MHTDP). The mission statement of the MHTDP is to effectively and efficiently provide for the mental health needs of restrictive housing inmates identified as requiring such services with the goal of assisting them to achieve the optimal level of functioning in a therapeutic setting so they can successfully transition into a less restrictive housing assignment.</p> <p>Dr. Penn reported the MHTDP for the female population is at the Murray Unit in Gatesville. It began in February 2019 and currently has a capacity of 44, which in the future will increase to 100. The MHTDP offers treatment programs including: individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn reported the MHTDP for male inmates is at the Hughes Unit in Gatesville and the Michael Unit in Tennessee Colony. MHTDP at the Hughes Unit began September 2014 and the capacity is 420, which includes 100 chronic mentally ill (CMI) beds. The treatment plans offered include: individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment. The same treatment plans are offered at the Michael Unit which has 420 capacity and began in August 2016. As of October 2020, there have been 9 successful completions at the Murray Unit, 437 at the Michael Unit and 728 at the Hughes Unit.</p> <p>Dr. Penn explained the rationale for telepsychiatry in the correctional environment. There is a national and statewide shortage of psychiatrists and mental health professionals, with the additional challenge of recruiting staff to units typically in rural and/or remote locations. It allows for improved use of psychiatric provider time, increases psychiatry specialty consultation and the “hub” model fosters collegial group practice interactions and clinical supervision of psychiatric nurse practitioners and physician assistants. There is cost savings as it reduces travel expenses for staff and programs and lowers the cost of transport which requires 2:1 ratio of security staff to inmate for offsite psychiatric services.</p> <p>Dr. Penn reported current challenges for the UTMB sector. The number of inmates with mental disorders and SMI entering the system continues to increase. The severity of mental illness among inmates is significantly more complex than it was a decade ago. Additional behavioral health unit inpatient space and step-down sheltered housing is needed for SMI patients. Recruitment and retention of qualified psychiatric and mental health staff continues to be a concern. The majority of inmates diagnosed with a SMI also suffer from a chronic medical condition such as Asthma, Diabetes, Hepatitis C, Hypertension or Seizure Disorder. The growing and aging population of more serious medical and psychiatric comorbidities suggest a need for additional med/psych capacity. The self-mutilating and self-harming patient population is increasing and poses unique challenges.</p>		

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p>	<p>Dr. Penn reported the final challenge he would like to share is, maintaining continuity of care and access to care during a pandemic with staff and family exposures and COVID-19 and non-COVID-19 illness, childcare needs, security shortages and unit lockdowns.</p> <p>Dr. Penn answered that inpatient is continually at capacity, he believes the outpatient caseload numbers will go back up and will continue to rise over the years. Dr. Penn shared that there is also a growing number of dually diagnosed patients with substance use issues which poses a further disease burden to mental health.</p> <p>Dr. Penn reported 70-80% have some mental health issue in addition to their substance use disorder.</p> <p>Dr. Penn shared that there is also a large population of sex offenders and many of these inmates also have co-occurring disorders, such as trauma from abuse. Dr. Penn stated that the facility staff do a tremendous job caring for the patient population. Not only in mental health, but in all aspects of patient care.</p>	<p>Dr. Greenberg asked what the anticipated capacity shortfall is when things return to “normal”.</p> <p>Dr. Linthicum shared that there are specialized units called Substance Abuse Felony Punishment Facility (SAFPF). There are several that are designated as special needs SAFPFs for both male and female inmates. UTMB provides behavioral health services to these SAFPF inmates. Many of these inmates are mental health patients with a co-occurring substance use disorder.</p> <p>Dr. Linthicum shared that TDCJ has expanded sheltered housing units for the female and male population. They are seeing a growing geriatric population due to old sentencing laws, i.e., the 3 strikes rule. It is also very difficult to get discharge plans for these inmates. They don’t have the support from the communities or their families.</p>	

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<p>VI. Overview of UTMB CMC Mental Health Services (cont.) - Dr. Penn</p> <p>VII. Public Comments - Dr. Greenberg</p> <p>VIII. Adjourn</p>	<p>Dr. Penn shared that they are trying to do everything they can for staff. They are trying not to burn out the existing staff, and recruit and fill vacancies in anticipation of the coming uptick that will occur when intake returns to “normal”.</p> <p>Dr. Greenberg thanked Dr. Penn and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. He asked if there was anyone on the line wishing to express comments. Hearing none, he next moved on to meeting adjournment.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for March 22, 2021 in Austin, Texas.</p> <p>The meeting was adjourned at 11:50 a.m.</p>	<p>Dr. Burruss commented that these programs are best practices and are hard to do in the best of circumstances. This is a demanding population, and he gives kudos to the programmatic interventions that go beyond medication. Dr. Burruss asked if it is likely that the pent-up demand in the county jails will unleash at some point.</p> <p>Dr. Linthicum answered yes, that is why they have idled rather than closed some units.</p>	



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

March 25, 2021

Date