

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 15, 2021

Chairman: Robert D. Greenberg, M.D.

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Diego De la Mora, M.D., Preston Johnson, Jr., Erin Holt, John Burruss, M.D., Cynthia Jumper, M.D., Jeffrey Beeson, D.O., Michelle Erwin

CMHCC Members Absent: Philip Keiser, M.D.

Location: Zoom Webinar and Teleconference – (877) 226-9790, Access Code: 9971711

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Dr. Robert 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 were instructed to register prior to the meeting and would be allowed a three-minute time limit to express comments. There were no public members registered to address the committee or offer public comment.</p>		
<p>II. Recognitions and Introductions - Dr. Greenberg</p>	<p>Dr. Greenberg welcomed and thanked everyone for being in attendance. He then moved on to recognitions and introductions. Hearing none, Dr. Greenberg next moved on to agenda item III, Approval of Consent Items.</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 – June 16, 2021 	<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 June 16, 2021 meeting – Dr. Cynthia Jumper, Dr. Jeffrey Beeson and Dr. Philip Keiser.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 16, 2021 meeting. Dr. Greenberg asked if there were any corrections, deletions or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p>		

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<p>III. Approval of Consent Items (cont.)</p> <ul style="list-style-type: none"> - Dr. Greenberg <ul style="list-style-type: none"> - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - Summaries of CMHCC Joint Committee / Work Groups Activities <p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Rebecca Waltz 	<p>The third consent item was the approval of the Fiscal Year (FY) 2021 Third Quarter TDCJ Health Services Monitoring Report.</p> <p>The fourth consent item was the approval of the FY 2021 Third 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 2021 Third 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 presented the Financial Report on Correctional Managed Health Care (CMHC) for the Third Quarter of FY 2021, 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 it is projected throughout the year and is revised each quarter.</p>	<p>Dr. Burruss asked if the projections listed are adjusted based on actual costs throughout the year, or if they are based on what is budgeted at the beginning of the fiscal year and carried forward.</p>	<p>Dr. John Burruss made a motion to approve all consent items, and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports (cont.) - Ms. Waltz</p>	<p>Ms. Waltz answered there is a summary of the population and expenditures and the resulting cost per day from FY2017 forward on page 83 of the agenda book. Ms. Waltz noted that each year the cost has increased.</p> <p>Ms. Waltz answered that on average health care costs rise around four to five percent each year. In looking at the cost per inmate per day, the population would be the denominator of the calculation, which may decrease, but the expenditures don't necessarily decrease which drives the cost per day. The increase is driven by the rising cost of health care in general, and the over 55 population.</p>	<p>Dr. Greenberg asked how the cost per inmate per day compares to previous years.</p> <p>Mr. Preston Johnson asked if the cost per inmate per day from the 4-year average to current, which reflects approximately a 25% cost increase, is typical or if it is due to something specific.</p> <p>Mr. Johnson stated that with COVID-19 restrictions, he would have expected to see costs down as opposed to up.</p> <p>Dr. Owen Murray answered that while there was a decline in outpatient and specialty care, they saw an increase in hospitalizations and inpatient care.</p> <p>Dr. Lannette Linthicum shared that over the course of the pandemic at the unit level, nursing staff completed over 6 million encounters. The facility workload dramatically increased during the pandemic, and in fact other disciplines assisted with the rounding that was required throughout the pandemic.</p> <p>Dr. Denise DeShields pointed out that on the graph on page 82 of the agenda book, even though the total population decreased dramatically, the population of inmates over 55, who typically tax the system more, didn't decrease.</p>	

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<p>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 Third Quarter Report - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2021 Third Quarter TDCJ Medical Director's Report.</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. Linthicum answered yes, they are tracked through the Office of Health Services Monitoring. There is a schedule of which audits are due at which facilities each fiscal year. Operational Review Audits, which are statutorily required, occur once every three years at each unit. These audits are conducted on-site. Every unit also goes through a reaccreditation audit through the American Correctional Association every three years, which are also conducted on site. In addition, the Quality Improvement Quality Management (QIQM) Program, requires all units to report quality of care indicators monthly, including access to care. A unit report card is maintained for each facility which is followed and is also discussed in the Joint QIQM Meeting. Anytime there is a pattern identified, additional measures are put in place. This can be in the form of weekly monitoring or a special audit.</p> <p>Dr. Linthicum reported they are struggling through an unprecedented nursing vacancy rate. They recently had a meeting to brainstorm and come up with some items to mitigate this nursing crisis. They are looking at the medical assistant model for outpatient clinics to see if that model can be incorporated into outpatient ambulatory clinics.</p>	<p>Dr. Jeffrey Beeson asked if there is a mechanism in place to track the units that are showing up frequently as being required to submit corrective action plans.</p>	

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<p>V. Medical Director's Updates (cont.) - Dr. Linthicum</p>	<p>Dr. Linthicum answered yes, and many of the facilities are in counties or areas of the state that are designated as medically underserved areas and as health professional shortage areas. In addition, most facilities are not in metropolitan areas where you have a greater ability to recruit, but in these medically underserved areas. They are also facing the issue of an aging workforce and long-term employee retirements. They are focusing first on the nursing shortage, who as first responders drive the system.</p> <p>Dr. Linthicum answered that the TDCJ Command Center keeps the numbers current on the TDCJ website.</p>	<p>Dr. DeShields reported that there is currently a nationwide nursing dilemma. They are trying to be innovative to solve this issue. Unfortunately, there are a limited number of persons who are looking for nursing positions.</p> <p>Dr. Murray reported that salary is driving the market and funding for increases was not received. In addition to that, they used to be able to fill in at least some of the vacancies with agency nurses which is no longer the case.</p> <p>Mr. Johnson asked about mental health becoming a concern when looking at staffing shortages.</p> <p>Dr. DeShields added that they experienced an approximately 35% vacancy rate in mental health and that puts an enormous burden on an already taxed system. While nursing is the primary focus right now, mental health is not far behind.</p> <p>Dr. Beeson asked about the current COVID-19 numbers.</p> <p>Dr. Beeson asked how offsite deaths or deaths at community hospitals are handled.</p>	

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<p>V. Medical Director's Updates (cont.) - Dr. Linthicum</p> <p>- University of Texas Medical Branch - Dr. Owen Murray</p>	<p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Murray to present the report for the University of Texas Medical Branch (UTMB).</p> <p>Dr. Murray reported that all of the early work by the partnering agencies has paid off with the current surge and delta variant. The delta variant has been taxing freeworld hospitals and they have not added significantly to that burden with this surge. They have continued providing education and offering the COVID-19 vaccine.</p>	<p>Mr. Johnson asked if the acceptance rates for the COVID-19 vaccine have improved.</p> <p>Dr. Linthicum answered that on the TDCJ side they have not had a significant increase in the rates among employees. They have continued with the educational campaign. At this time weekly rapid testing is being done, in addition to the mitigation measures already in place.</p> <p>Dr. DeShields reported that they are seeing an increase in inmate vaccination rates.</p>	
<p>VI. Biennial Review and Adoption of the Inmate Health Services Plan - Dr. Murray</p>	<p>Dr. Greenberg thanked Dr. Murray for his report and then called on him to begin the presentation of the Biennial Review and Adoption of the Inmate Health Services Plan.</p> <p>Dr. Murray reported that Inmate Health Services Plan was developed collectively between the three partner agencies in 2003. It provides a broad definition of the services that are provided and to some extent the services that are not provided. It gives a framework for providers, the legislature and the public in terms of what health services are really being delivered to the inmate population that are cared for.</p> <p>Dr. Murray reported each biennium the plan is reviewed, revisions are made, as needed and it is brought before the CMHCC to review and consider adopting. The revisions that were made to the plan this biennium are the removal of the word offender and replacement with inmate, Fecal Immunochemical Testing, Mammogram and Pelvic Exam & Pap Smear were updated to reflect policy change.</p>		

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<p>VI. Biennial Review and Adoption of the Inmate Health Services Plan (cont.) - Dr. Murray</p> <p>VII. Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview - Mr. Ron Steffa</p>	<p>Dr. Murray continued other changes were grammatical and formatting.</p> <p>Dr. Greenberg thanked Dr. Murray and asked if anyone had any questions or comments about the Inmate Health Services Plan. Hearing none, Dr. Greenberg asked for a motion to approve the Inmate Health Services Plan</p> <p>Dr. Greenberg thanked Dr. Murray and then called on Mr. Ron Steffa to begin the presentation of the Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview.</p> <p>Mr. Steffa reported the presentation will focus on providing the CMHCC with an understanding of the key changes for the Correctional Managed Health Care (CMHC) FY2022-2023 biennium contracts between TDCJ and UTMB and between TDCJ and TTUHSC.</p> <p>Mr. Steffa reported the geographical areas of responsibility have not changed. They have experienced a decrease in the overall inmate population and have closed and idled some units.</p> <p>Mr. Steffa reported the funding for CMHC is appropriated to the TDCJ through the General Appropriations Act in three strategies. The three strategies are Unit and Psychiatric Care, Hospital and Clinic Care and Managed Health Care Pharmacy.</p> <p>Mr. Steffa explained the CMHC contract process. Any applicable changes in the government code or the rider are incorporated into the contracts and then each partner agency is given the opportunity to review and recommend changes to the contract.</p>		<p>Mr. Johnson made a motion to approve the Inmate Health Services Plan, Dr. Jumper second the motion, which prevailed by unanimous vote.</p>

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<p>VII. Correctional Managed Health Care Contract FY 2022-2023 Biennium: An Overview (cont.) - Mr. Ron Steffa</p>	<p>Mr. Steffa continued, after all of the changes are incorporated the contracts are distributed out and each entity establishes a review team and then upon approval, they are signed by each of the three entities.</p> <p>Mr. Steffa reported the changes to the contract for the biennium were minimal. The same level of services as prior contracts with changes to the biennial funding, supplemental appropriation and operational reviews which will incorporate more of a risk-based compliance approach.</p> <p>Mr. Steffa reported FY 2022-23 funding for CMHC totals \$1.36 billion, representing an increase from the FY 2020-21 biennial funding level. Additional funding was provided for maintaining operations in the amount of \$60 million, which is partial funding of the request, and \$21.5 million for information technology to be used to replace the electronic health record that is managed by UTMB, but is utilized by all three agencies.</p> <p>Mr. Steffa reported that UTMB is eligible for 340b pricing which provides a substantial savings to the state.</p>	<p>Dr. De la Mora asked if anyone has looked into other possibilities related to medication to lower costs. Specifically, the subscription-based model.</p> <p>Dr. Linthicum shared the subscription-based model is available as an expansion of the affordable care act. Texas has not opted into the programs expansions.</p> <p>Dr. Murray shared they do negotiate some pricing on quite a few medications. It is an area that has been thoroughly evaluated.</p>	

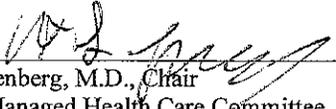
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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) - Ms. April Zamora</p>	<p>Dr. Greenberg thanked Mr. Steffa and then called on Ms. April Zamora to begin the presentation of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI).</p> <p>Ms. April Zamora began with the mission statement of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), “to provide a formal structure of criminal justice, health and human service and other affected organizations to communicate and coordinate on policy, legislative and programmatic issues affecting offenders with special needs”. Special needs includes clients with serious, chronic and pervasive mental illness, intellectual disabilities and those who are over 65.</p> <p>Ms. Zamora reported Texas is one of the first states having mandates for coordinating things for inmates with special needs. Texas is the only state with medical/mental health continuity of care legislation that does not require a release of information to be signed. Texas is one of the few states with targeted funds for juvenile and adult clients with special needs and with specialized juvenile and adult probation/parole caseloads. Texas is the most proactive state in regulatory, statutory, procedural and programmatic practices for clients with special needs.</p> <p>Ms. Zamora reported TCOOMMI is under the umbrella of the TDCJ Reentry and Integration Division. TCOOMMI was established in 1987 and is enabled by Health and Safety Code, Chapter 614. TCOOMMI provides juvenile continuity of care through a spectrum of probation case management, mental health diversion, Court resources and they also handle the wrongfully imprisoned persons program. They do prerelease screen and referral to aftercare treatment resources for those inmates that are referred from CID, SAFPP, local jails or other referral sources. They have compliance monitors that coordinate and implement continuity of care systems for their clients.</p>		

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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) (cont.) - Ms. Zamora</p>	<p>Ms. Zamora reported they provide service coordination and benefit coordination for veterans. They do compensation and benefits exams and coordinate those with the VA. They do reinstatement applications for social security and Medicaid or Medicare for those who are eligible. They provide post release coordination and collaboration with clients and community supervision officers to include probation and parole.</p> <p>Ms. Zamora reported TCOOMMI funds a continuity of care program designed to provide a responsive system to serve justice involved individuals under community supervision with mental health services. Referrals are generated through a prerelease screening and identification process, and they refer to all 39 Local Mental Health Authorities (LMHAs).</p> <p>Ms. Zamora reported the TCOOMMI re-incarceration rate is 15.5%. Those in the TCOOMMI program are paired with a probation or parole partner and they are involved in the intensive case management program.</p> <p>Ms. Zamora answered that when looking at parole and probation clients, the base rate is 20.3%. When looking at TCOOMMI rates, they are those who have been diagnosed with a severe persistent mental illness, who have remained on the caseload for one year and have stayed engaged within their treatment protocol and did not return to TDCJ. If they end up in a county facility, they will try to work towards some sort of diversion program and reengage them into treatment.</p> <p>Ms. Zamora reported for assessment purposes they utilize the tools also used by the Health and Human Services Commission (HHSC). Adult Needs and Strengths Assessment (ANSA) for adults and for juveniles they utilize the Child and Adolescent Needs and Strengths (CANS). They also utilize the Texas Risk Assessment System (TRAS).</p>	<p>Dr. Greenberg asked what the baseline re-incarceration rate is for TDCJ. And, if that baseline rate includes county facilities or just TDCJ.</p>	

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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) (cont.) - Ms. Zamora</p>	<p>Ms. Zamora reported TCOOMMI continuity of care services for mental health can last 90 days unless they are able to authorize more. They pay for the medication costs post release and if they qualify for intensive case management, they can keep them in TCOOMMI programs for up to two years.</p> <p>Ms. Zamora reported on the collaborative efforts in TCOOMMI. They collaborate with UTMB and TTUHSC and TDCJ Health Services to coordinate continuity of care. They also have a criminal justice liaison in every parole office. These liaisons provide community case management and work on linking clients to skilled living facilities and other health care agencies.</p> <p>Ms. Zamora reported on the medical coordination services offered. Eligible inmates have significant or serious medical condition, terminal illness, physical disability and/or those who are elderly. They must be releasing from custody as parole approved, flat discharge, ISF or SAFPF. Typically planning begins approximately three months prior to release. They look at the electronic health record for the medical condition(s) to see if this is impacting daily living in three or more functional areas.</p> <p>Ms. Zamora reported on the Medically Recommended Intensive Supervision (MRIS) program. This program provides for early parole review and release of certain categories of inmates who are 65 and older, intellectually disable, long term care, mentally ill, physically handicapped and/or terminally ill. The purpose of the program is to release inmates, who pose minimal safety risk, from incarceration to more cost-effective alternatives.</p> <p>Ms. Zamora reported that inmates on death row, sentenced to life without parole, are already parole approved, are not US citizens, SAFPF inmates and ISF inmates are not eligible for MSRS. Inmates with a "3G" offense must meet criteria for long term care or terminally ill, and sex offenders must be "in a persistent vegetative state or being a person with an organic brain syndrome with significant to total mobility impairment".</p>		

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<p>VIII. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) (cont.) - Ms. Zamora</p> <p>IX. Public Comments - Dr. Greenberg</p>	<p>Ms. Zamora reported after referral for the MRIS program, eligible inmates are presented to the Board of Pardons and Paroles or the sentencing State Jail Judge. If approved TCOOMMI notifies the inmate, the unit medical staff and the referral source. After approval and notification continuity of care release planning is started. If the inmate is denied they remain in custody and may be eligible for review again under MRIS if their condition changes.</p> <p>Ms. Zamora answered they are assigned to a parole or probation officer after release and that will continue for the duration of their sentence. For those released to a nursing home or skilled care facility they will be monitored for the duration. If they are released to a family member, they are monitored by TCOOMMI for 90 days for stability. The family or parole officer could request additional coordination for anything that may be needed past that.</p> <p>Ms. Zamora answered definitely on the mental health side it has made a definitive difference, on the medical side it is harder to say since those measurements aren't kept.</p> <p>Dr. Greenberg thanked Ms. Zamora and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting. Dr. Greenberg next moved on to meeting adjournment.</p>	<p>Dr. Greenberg asked if released through the MRIS program, how long they are followed.</p> <p>Ms. Erin Holt asked if Ms. Zamora feels these programs have lessened the incarceration rate.</p>	

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X. Adjourn	<p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for December 8, 2021 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:44am.</p>		



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

 Date 12/8/2021