

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 17, 2025

Chairman: Robert D. Greenberg, M.D.

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Cynthia Jumper, M.D., John Burruss, M.D., Julia Hiner, M.D., Divyansu Patel, M.D., Phillip Keiser, M.D.

CMHCC Members Absent: Michelle Erwin, Brian Edwards, M.D., Kris Coons

Partner Agency Staff Present: Chris Black-Edwards, Ashley Adkins, Emily Cleveland, Ron Steffa, Gloria Moore, Rachelle White, Eric Miller, Angie McCown, Lois Marion, Rhonda Hughes, Texas Department of Criminal Justice (TDCJ); Travis Armstrong, Will Rodriguez, Lindsey Tubbs, Denise DeShields, M.D., Jonathan Milton, Texas Tech University Health Sciences Center (TTUHSC); Anthony Williams, Monte Smith, M.D., Marjorie Cisneros, Kelly Coates, University of Texas Medical Branch (UTMB); Chairman Eric Nichols, Jill Durst, Texas Board of Criminal Justice (TBCJ)

Others Present: Tammica Motley, Dr. Bobby Vincent

Location: Moody Gardens, 1 Hope Blvd, Galveston, TX 77554

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

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

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

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

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

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

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

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

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

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

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

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


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

12-11-2025

Date