



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Introductions (cont)</b> - Dr. Greenberg</p> <p><b>III. Public Comment</b></p> <p><b>IV. Chair's Report/ Facility Tours &amp; Future Meeting Locations</b> -Dr. Greenberg</p>	<p>Dr. Linthicum introduced Ron Hudson as the new TDCJ Chief of Operations.</p> <p>Dr. Greenberg advised the agenda for today would be in a different order starting with public comments.</p> <p>Jennifer Toon, Executive Director and Co-founder of Lioness, along with Marcie Simmons, expressed concerns about conditions affecting women in custody within TDCJ and UTMB facilities. Issues cited included hygiene, limited access to water during extended medical transport, and related health and safety risks. They requested that these matters be investigated.</p> <p>Dr. Greenberg thanked the speakers and reminded attendees that the Committee does not deliberate on public comment, and that the concerns will be investigated and appropriate action taken as warranted.</p> <p>Reminder that 2026 CMHCC meetings are in the minutes, and the next meeting is March 4, 2026.</p> <p>The consent agenda (Tab A) was presented. A correction was noted regarding a prior report reference.</p>	<p>Dr. Greenberg discussed the possibility of future facility tours and/or meetings in locations that would support tours. Options discussed included Regional Medical Facilities and specialized units. Logistics and associated costs were noted. Dr. Greenberg asked if there were units or areas that needed to be considered. Discussion on different units to be considered followed. Dr. Linthicum explained the differences between the facilities and their operations, including Skyview and the Scott Unit, formerly known as Jester IV. Dr. Linthicum stated there were several choices depending on what areas they are wanting to</p>	

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<p><b>V. Approval of Consent Items</b></p> <ul style="list-style-type: none"> <li>- Approval of CMHCC Meeting Minutes – September 17, 2025</li> <li>- Approval of Excused Absences</li> </ul> <p><b>VI. Presentation: Guardian Integrated Medical System (Guardian IMS) Presented by</b></p> <p>-Toby Boyett and Melanie Roberts</p>	<p>Approved</p> <p>Guardian was previously named PEARL Guardian EHR is being built with the future in mind. It will embrace appropriate AI applications and allow for leveraging of IT resources between the three agencies. The Committee received a presentation on the Guardian Integrated Medical System (Guardian IMS), described as a rebuilt and modernized version of the current Pearl EHR. Mr. Boyett reviewed Pearl history, prior consideration of other EHR options, and the rationale for rebuilding Pearl as the most practical approach for our correctional system. Guardian was described as an umbrella effort that includes integration/consolidation of related systems, including UTMB-related updates focused on the enterprise health record modernization effort and contract/budget context.</p> <p>Pharmacy and medication administration was discussed as a partner-collaborative project across all three agencies. Auditability was discussed as part of the system build/implementation considerations. Discussion included potential integration/engagement strategies using Securus/tablet functionality, noting partner consultation (including Texas Tech). Quarterly expenditure reporting was referenced (pages described as showing quarterly totals of expenditure). Grievance/performance reporting was referenced, including master contract performance measure</p>	<p>focus on. Dr. Greenberg stated where and when would be discussed.</p> <p>Dr. Denise DeShields stated: The Guardian project was described as having launched in collaboration with partners, including Texas Tech and TDCJ health services. System improvements were discussed (flexibility/usability), with Texas Tech referenced as a key partner/stakeholder in the work</p>	

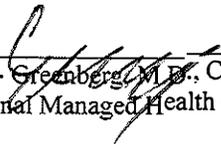
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<p><b>VII. Update on Financial Reports</b> -Ashley Adkins</p>	<p>discussion and grievance statistics (as discussed in the report).</p> <p>The project timeline included a planned go-live in August 2027.</p> <p>All attendees were given paper presentations.</p> <p>Dr. Greenberg called on Ms. Ashley Adkins to present the financial report.</p> <p>Ms. Adkins presented the Financial Report on Correctional Managed Health Care (CMHC) for the Fourth Quarter of FY 2025, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 42. Details of Ms. Adkins' report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>A financial report was presented, including population indicators, hospital and pharmacy cost summaries, cost per inmate day, and quarterly expenditure totals. The report included projected expenditures and a projected shortfall, as presented, and discussed supplemental appropriation information. Discussion included pharmacy cost pressures and the impact of 340B changes.</p> <p>Financial/budget reporting included discussion of funding mechanics and the relationship of the contract budget to TDCJ appropriations. A fiscal-year shortfall was discussed as approximately \$9.6 million. Combined expenditure/shortfall discussion referenced a difference/variance stated as approximately \$230.6 million. Hospital clinical care totals were stated as approximately \$453.3 million. Pharmacy totals were stated as approximately \$54.1 million. Audit considerations were referenced during the financial discussion.</p>		



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<p><b>Medical Director's Updates TDCJ Health Services Division FY 2025 Fourth Quarter Report (cont.)</b> - Dr. Lannette Linthicum</p>	<p><b>compelled/enforced medications</b> (referencing <b>four</b> in the discussion), and an <b>intake mental health evaluation audit</b>.</p> <p>Dr. Linthicum also discussed care transition and discharge monitoring, including health services liaison coordination and discharge auditing. She referenced discharge audit work, including review of <b>infirmatory discharges</b> (noting <b>62</b> reviewed) with deficiencies identified, and emphasized monitoring for appropriate discharge processes such as vital signs/documentation, appropriate unit placement, and whether individuals were <b>readmitted within one week</b> as part of evaluating premature or problematic discharges.</p> <p>The Office of Mental Health Monitoring was referenced in relation to behavioral health delivery monitoring. Monitoring of restricted housing was discussed, including the position responsible for monitoring restricted housing which is currently vacant. Monitoring/audit activity was referenced, including findings and corrective actions requested as part of oversight processes. Inmate peer education participation was referenced, noting 1,010 inmates attending peer education classes. Hospital discharge auditing activity was referenced, noting 515 hospital discharge audits conducted (with additional breakdown mentioned in the discussion). Contract ownership/continuity was discussed, noting that if the contract were to end, responsibility and funding would revert back to TDCJ.</p> <p>Joint Morbidity &amp; Mortality (M&amp;M) Committee activity was referenced, including a discussion noting 153 deaths reviewed as part of joint committee work. Behavioral health monitoring was discussed in the context of identifying and responding to suicide-risk concerns, including the need to notify staff immediately when high-risk issues are identified. The Office of Mental Health Monitoring was referenced in relation to behavioral health delivery oversight</p>		

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<p><b>Medical Director's Updates TDCJ Health Services Division FY 2025 Fourth Quarter Report (cont.)</b> - Dr. Lannette Linthicum</p>	<p>Dr. Linthicum also discussed care transition and discharge monitoring, including health services liaison coordination and discharge auditing. She referenced discharge audit work, including review of <b>infirmity discharges</b> (noting 62 reviewed) with deficiencies identified, and emphasized monitoring for appropriate discharge processes such as vital signs/documentation, appropriate unit placement, and whether individuals were <b>readmitted within one week</b> as part of evaluating premature or problematic discharges.</p> <p>In addition, UTMB's role in records and contract structure was discussed. UTMB was described as the designated custodian of the medical record statewide, with TDCJ identified as the record owner; it was further noted that if the master contract were ever to end, record responsibility would revert to TDCJ so healthcare delivery functions could continue.</p>		
<p><b>VII. Texas Tech University Health Sciences Center</b> - Dr. Denise DeShields</p>	<p>Financial/budget context discussed during the meeting included a review of population indicators and cost drivers, with a focus on hospital clinical care and pharmacy costs, quarterly expenditure totals, and projected expenditure pressures. Pharmacy cost pressures and the impact of 340B-related changes were referenced as part of the budget discussion by Dr. DeShields.</p>		
<p><b>VIII. UTMB Medical Director's Report</b> -Dr. Owen Murray</p>	<p>Dr. Greenberg requested Dr. Murray's report; Dr. Murray indicated that his updates had already been addressed during the discussion on the 340B program.</p>		
<p><b>IX. Additional Updates</b></p>	<p>None</p>		

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

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

3/4/2026  
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 Date