



Challenges in Health Care Delivery: Juvenile Corrections in Texas

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Access to affordable, high-quality health care is the subject of the latest political debate in the U.S. This debate also holds center stage for juvenile corrections officials across the nation. Rehabilitation of youths and their successful community reintegration are fundamental goals in juvenile corrections. Achieving these goals can be greatly facilitated by providing comprehensive health care services to ensure that each youth achieves his or her best physical and mental health in order to participate in rehabilitation, with the ultimate goal of reintegration into society as future productive citizens. The challenge, however, is balancing the demands of quality health care with the realities of ever-increasing medical costs and shrinking budgets.

The juvenile correctional system in Texas is facing the same health care dilemmas as the federal government: balancing health care costs while enhancing access and providing comprehensive high-quality health care for everyone, in this case, each youth at the Texas Youth Commission. It is compounded further by a shortage of health care professionals willing to provide health care in correctional facilities, often in locations away from major metropolitan centers.

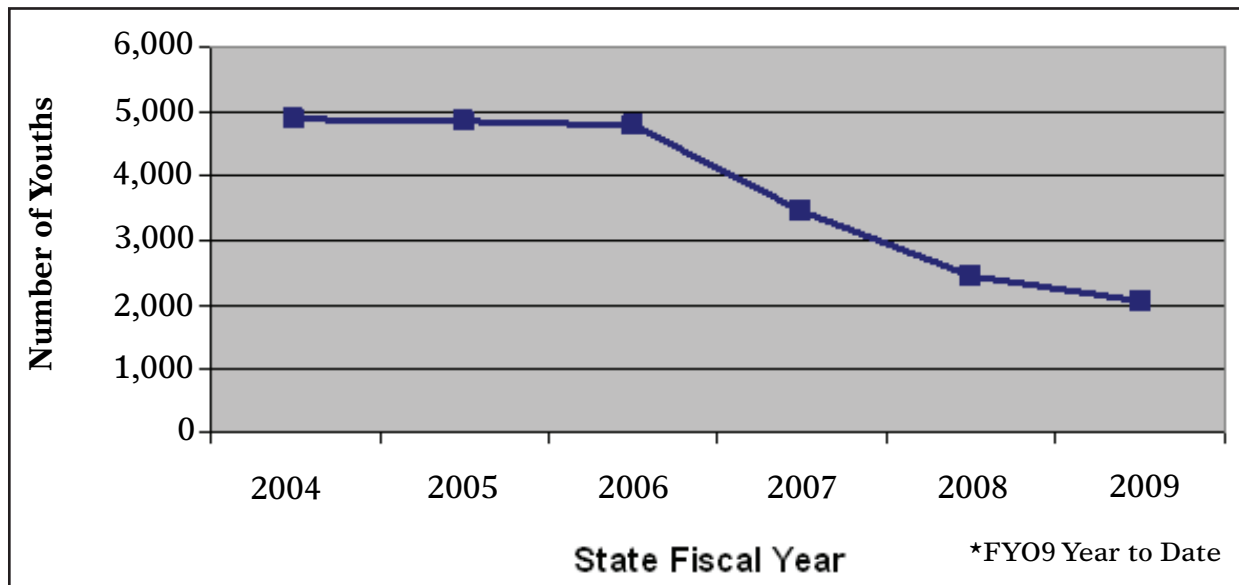
Texas Youth Commission

The roots of the juvenile justice system in Texas originated in the 1850s when the Texas Legislature passed laws to exempt children under age 13 from criminal prosecution in certain situations and authorized a separate facility to house children. Since the mid-1800s, there have been many changes in the form, function and mission of the Texas juvenile justice system, and in 1983, the format of the current system was christened as the Texas Youth Commission (TYC) by the Texas Legislature.

In 2007, widespread allegations of abuse, neglect and flaws in the application of the agency's treatment programming led the Texas Legislature to mandate sweeping reforms that have fundamentally transformed TYC. These reforms culminated in: the creation of a new general treatment program called CoNEXTions; the formation of the Release Review Panel to ensure youths are not held in TYC for a period longer than deemed beneficial to the rehabilitation process; the reduction of the maximum age of confinement from 21 to 19; the elimination of misdemeanor commitments to TYC; the reduction of residential populations; and the adoption of a parents' bill of rights.

The impact of the 2007 reforms on the TYC residential population can be seen in Figure 1. From 2004 through the third quarter of fiscal year 2009, the residential population at TYC institutions was effectively cut in half, from 4,883 youths in fiscal year 2004 to 2,057 at the end of the third quarter of fiscal year 2009.

Figure 1. Residential End of Year Youth Population, TYC Fiscal Years 2004 – 2009



Legislative reforms mandated that the make-up of the youth population be changed dramatically. Misdemeanant commitments to TYC stopped in 2008. The commitment profile for new commitments in fiscal years 2004 and 2008 are shown in Table 1. Besides a reduction in the total number of new commitments, the primary differences are an increase in the percentage of violent offenders and a substantial decrease in the percentage of general offenders.

Table 1. Commitment Profile for New Commitments, 2004 and 2008

Category	Fiscal Year 2004		Fiscal Year 2008	
	Number	Percentage	Number	Percentage
Sentenced Offender	176	7%	105	7%
Type A – Violent Offender	114	5%	84	5%
Type B – Violent Offender	548	22%	516	33%
Chronic Serious Offender	44	2%	25	2%
Controlled Substances Dealer	27	1%	21	1%
Firearms Offender	82	3%	49	3%
General Offender	1,535	61%	782	49%
TOTAL	2,526		1,582	

TYC currently operates 12 secure facilities in 10 locations and nine halfway houses across the state (see Figure 2).

TYC Health Care

TYC contracts with the University of Texas Medical Branch Correctional Managed Health Care (UTMB CMC) to provide all medical, dental and psychiatric care at TYC institutions. UTMB CMC also arranges for health care at TYC halfway houses. UTMB CMC has been the main provider of most medical and dental services for TYC for more than a decade. In 2008, UTMB CMC also began providing psychiatric services utilizing both psychiatrists and mid-level providers. General psychology and specialized treatment services are still provided through TYC staffing. The TYC Health Services Division is charged with monitoring access to care and the quality of health care delivery,

and ensuring that cost-effective services are provided by UTMB CMC.

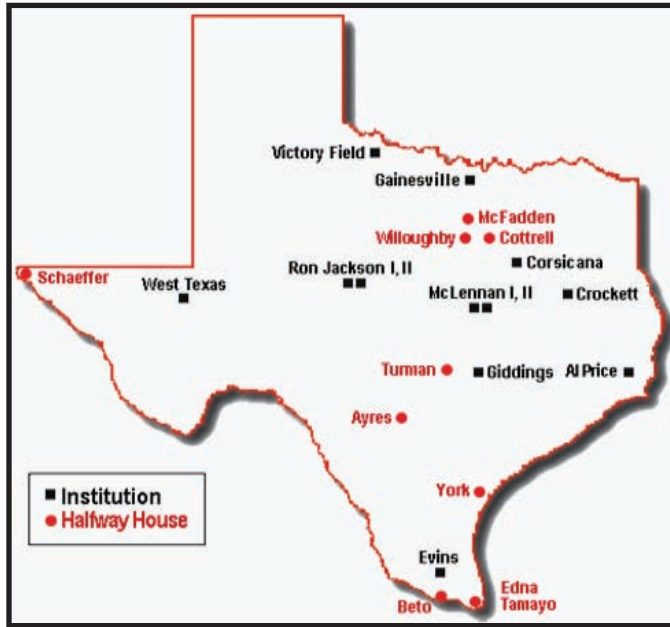
Under the current contract, UTMB CMC is responsible for all on-site care at the institutions — primary, acute, preventive, convalescent medical, dental and psychiatric care, including telepsychiatry and optometry services. Medical and dental services are available eight hours per week at most facilities and 40 hours per week at intake units. Nursing services are available 16 hours per day at most facilities and 24 hours per day at intake units and specialized mental health treatment units, and nurses are on call 24/7 at all facilities. A health care provider is also available on call 24/7 at all facilities.

Health Care Challenges at TYC

Cost. The challenges of providing high-quality health care in a juvenile correctional setting are many and varied. The overriding challenge currently at TYC is balancing the provision of quality care with increasing budget constraints. The Texas Legislature in fiscal year 2007 mandated a reduction in the number of youths committed to TYC and also adjusted the operating budget proportionately. The cost of providing health care to the youths, however, has continued to rise. As shown in Table 2, the cost of medical and dental services has tripled during a six-year period primarily because of increased on-site, around-the-clock access to health care service providers along with the general inflation of medical costs. In addition, a requirement that only registered nurses (RNs) should provide sick call services, implementation of a clinical case management program, and increased Q&A activities meant increased staffing of RNs at all facilities, leading to a higher cost structure. The cost of psychiatric services was fairly consistent from fiscal years 2004 through 2008 (plus or minus \$0.10), but jumped significantly from fiscal year 2008 to fiscal year 2009. This is the time period during which UTMB CMC began providing psychiatric services. Part of the additional expense shown for fiscal year 2009 includes a concerted

effort by TYC to provide a psychiatric evaluation for newly committed youths with a length of commitment of a year or longer, with prior psychiatric history or treatment, or who receive a referral after an initial psychological assessment. It also reflects the administrative overhead associated with increased supervision and quality assurance of psychiatric services.

Figure 2. Location of TYC Institutions and Halfway Houses



Prior to fiscal year 2006, TYC contracted for medical and dental services based on a capitation model, a set price per youth per day with the contracted provider. However, the contracting mechanism changed to a “fee for service” in the last few years. Currently TYC negotiates a contract for health care services based on its budget and anticipated annual cost and assumes fiscal responsibility for all health care expenses above the negotiated contract.

TYC provides on-site, in-person psychiatric services, as well as telepsychiatry services for youths. On-site psychiatric services are provided at TYC intake facilities and those facilities that offer services for acute or high-risk

youths with significant mental health diagnoses. Telepsychiatry fills a very important gap at facilities located in rural and other medically underserved areas, provides increased availability of psychiatric services for both scheduled and unscheduled time slots, and serves youths with less serious mental health needs. Telepsychiatry allows youths access to psychiatrists in the most cost-efficient manner, allowing the psychiatrists to spend more time with patients than traveling to remote facilities. Telepsychiatry is primarily used at selected TYC sites for youths with stabilized mental health issues, youths on maintenance medication, and youths who have regularly scheduled in-person appointments with psychologists or other members of the mental health treatment team.

For the first quarter of fiscal year 2009, 72.5 percent (n = 1,231) of the psychiatric appointments at TYC were conducted on-site. The remaining psychiatric services (n = 467 appointments) were delivered via telepsychiatry. Clinical personnel at the facility usually assist the psychiatrists by providing relevant clinical information during these telepsychiatry appointments.

An initiative for the upcoming fiscal year will involve a collaborative effort between TYC, UTMB CMC and child psychiatry consultants to refine and develop a youth-specific medication formulary. Approximately one-third of the TYC youth population is on psychotropic medications. Psychotropic medications account for more than 90 percent of the overall health services formulary budget. When implemented, the youth formulary guidelines will balance treatment efficacy with cost efficiency, the intent being to lower the overall medication costs while adhering to national and community standards as recommended by treating psychiatrists.

TYC is also in the process of implementing an agencywide, cross-program initiative to reduce staff and youth injuries. From January 2009 through June 2009, medical services conducted more than 7,000 medical assessments for potential injuries due to program activities, restraints, recreation, youth-on-youth incidents and self-harm. The vast majority of the assessments concluded there were either no injuries or only minor injuries, but the impact on service provision and the utilization of infirmary staff on injury assessment is substantial. A visit to an emergency room or a need for radiology and/or an eventual orthopedic consultation adds to already escalating health care costs.

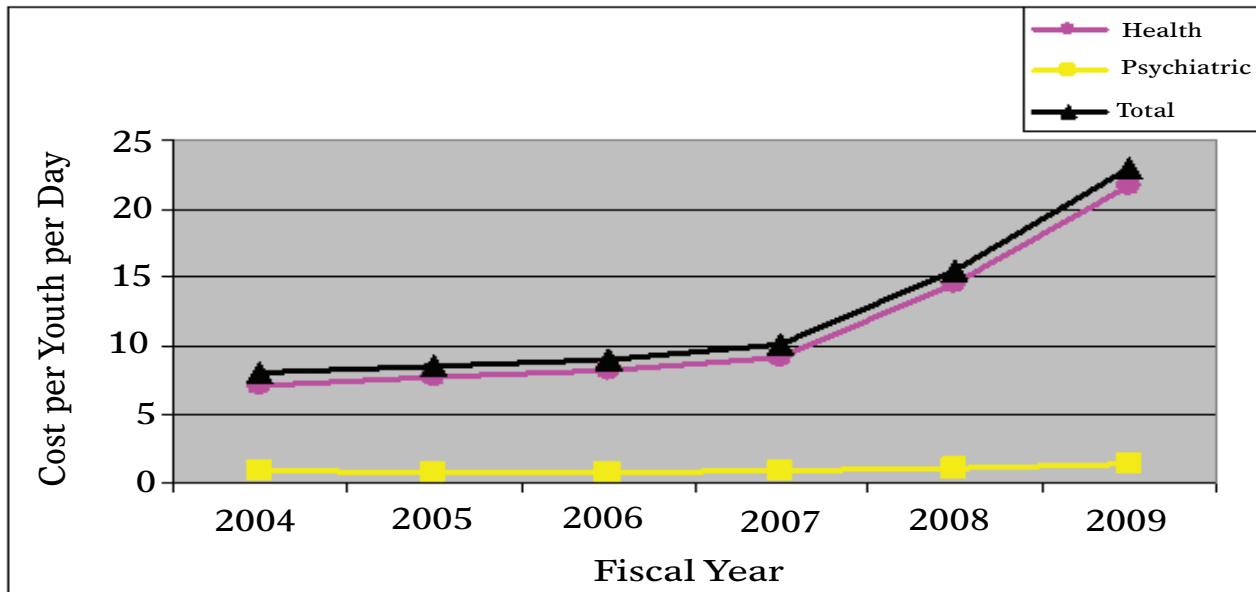
In addition, the downsizing of the agency’s youth population has led to a smaller budget, resulting in reduced staffing at both TYC and UTMB CMC. This reverses the trend in previous years to enhance TYC Health Services and UTMB CMC staff at facilities. With UTMB CMC, the direction had been to expand staff to include regional nurse educators and clinical case managers at every facility. These employees provide health education to students, coordinate complete patient care, and serve as a liaisons with family, medical providers and direct care staff on medical issues. In fiscal year 2010, UTMB CMC health care staff not involved in direct patient care will be reduced to meet budgetary requirements. At the same time, a shortage of qualified health care personnel is problematic in some areas, and recruitment and retention incentives continue to be a challenging priority in providing services at more remote locations.

Table 2. Cost of Care per Youth per Day, TYC Fiscal Years 2004 – 2009*

Fiscal Year	Medical/Dental (\$)	Psychiatric (\$)	Total (\$)
2004	7.15	0.91	8.06
2005	7.74	0.85	8.59
2006	8.25	0.84	9.09
2007	9.22	0.90	10.12
2008	14.53	1.05	15.58
2009*	21.60	1.36	22.96

*Costs shown for fiscal year 2009 are for the first three quarters.

Figure 3. Total Health Care Costs by Fiscal Year, TYC Fiscal Years 2004 - 2009*



*Costs shown for fiscal year 2009 are for the first three quarters.

Volume. The absolute volume associated with medical, dental and psychiatric care delivery is staggering, both for UTMB CMC to cover staffing and for TYC to monitor health care delivery. Table 3 summarizes selected access to care indicators for the youth population in fiscal year 2008.

Family involvement and access to youth health care information. Historically, TYC has tried to be responsive to parents’ questions and concerns, particularly regarding medical care. Legislative reforms in 2007 created a new emphasis on family involvement at TYC. Included in the parents’ bill of rights is a provision for the parents’ rights to “meaningful participation in your child’s treatment, including medical treatment, behavioral health treatment, and education.” One proactive program developed during the past year is the Change of Medication Notification letter. Each time youths are prescribed a psychotropic drug or there is a substantial change to their medication regime, a letter is sent to their parents or guardians notifying them about the medication and providing a brief rationale for the treatment decisions.

Communication with contract provider. Communication between disciplines within the same organization can be challenging, and communication between an agency and agency contractors can present additional challenges. To help ameliorate communication issues between TYC and UTMB CMC, the Youth Health Services Leadership Council (YHSLC) was formed and meets regularly with representatives from each discipline (medical, dental, psychiatry, psychology) from each agency. The meetings typically include a session dedicated to quality assurance measures; a review of utilization statistics; establishment of policies, procedures and protocols updates; and corrective actions plans. One issue currently under discussion by YHSLC is the integration of mental health services.

Mental health services are currently split between two providers: UTMB CMC delivers psychiatric care at TYC institutions and TYC provides general psychological services, as well as specialized treatment services for sex offenders, violent offenders and chemically dependent offenders. A major challenge and recurrent topic at YHSLC meetings is the integration of these services and a comprehensive delivery of mental health services with the two provider groups. Some of the specific issues include ongoing and consistent communication between psychology and psychiatry, and making access to psychological documentation available in the electronic medical record which is maintained by UTMB CMC. Another important challenge is synchronizing communication between providers in different geographic areas of the state. Both TYC and UTMB CMC leadership is committed to improving and enhancing communication in order to integrate various components of treatment programs in a seamless manner.

Table 3. Selected Access to Health Care – Fiscal Year 2008 for all TYC Institutions

Indicator	Number of Appointments
Physician appointments	27,000 for year
Psychiatric appointments	7,815 for year
Dental appointments	8,600 for year
Nursing appointments	234,000 for year
Medication administration	692,000 for year
Total health care encounters	960,000 for year

Emergency preparedness. The emergence of the H1N1 influenza strain during the spring presented TYC with an opportunity to revisit and retool the agency's pandemic flu emergency preparedness plan. TYC was fortunate in that there was no major disruption with cases of H1N1 within its youth population. However, a review of the pandemic portion of the emergency preparedness plan revealed significant gaps that needed to be addressed. In general, the plan was geared toward the avian influenza, with most of the previously prepared pandemic flu materials mentioning avian flu specifically. In addition, decision points regarding the distribution of antivirals, closure of facilities to outside visitation, and other contingencies are currently under review.

Effective Care Into the Future

This article has highlighted just a few of the challenges faced by one agency delivering legally mandated health care to youths confined to various secured facilities. Cost-effective, evidence-based medicine is often difficult to implement in an environment where medical decisions are scrutinized by various interest groups. Aside from budgetary considerations, there are many other obstacles and challenges associated with delivering high-quality, comprehensive health care services in a juvenile correctional setting. Those other challenges may include policies and protocols of medication administration and youths rights;

youth refusal of medication or treatment plans; the impact of campus unrest on youth transportation to on-site health care appointments; off-site transportation of youths to specialty appointments; maintaining infirmaries in aging facilities; retention of qualified health care staff; and the burden of addressing administrative grievances and complaints. It is in many ways a reflection of the current national health care debate with an added dimension of individual rights versus the collective obligations of a society.

As governmental agencies continue to grapple with rising health care costs and lowered budgets, it is imperative that agencies around the country share best practices and innovative ideas regarding the delivery of effective health care services. This will assist many dedicated juvenile corrections professionals as they put their creativity and innovations into practice to find yet another way to stretch limited resources while still providing the youths in their care with the best possible opportunity for rehabilitation and successful reintegration into their communities.

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