



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items</b> - Dr. Greenberg</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – June 17, 2020</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> <li>- University Medical Directors Reports <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> </li> <li>- Summaries of CMHCC Joint Committee / Work Groups Activities</li> </ul>	<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 June 17, 2020 meeting – None</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the June 17, 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 Third Quarter Texas Department of Criminal Justice (TDCJ) Health Services Monitoring Report. There were no comments or discussion of these reports.</p> <p>The fourth consent item was the approval of the FY 2020 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 2020 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. John Burruss made a motion to approve all consent items, and Dr. Jeffrey Beeson seconded the motion which prevailed by unanimous vote.</p>



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<p><b>V. Medical Director's Updates (cont.)</b></p>	<p>Dr. Linthicum reported that on September 15, 2020 she and Mr. Bryan Collier, TDCJ Executive Director participated in a virtual meeting of the House Corrections Committee. They were asked by Chairman James White to provide a comprehensive overview of the agencies effort in combating the COVID-19 pandemic. That meeting is now online in the archives on the Texas Legislative website, House Corrections Committee page. (Link below)  <a href="https://tlchouse.granicus.com/MediaPlayer.php?view_id=13&amp;clip_id=18625">https://tlchouse.granicus.com/MediaPlayer.php?view_id=13&amp;clip_id=18625</a></p> <p>Dr. Linthicum shared that she felt it went very well and there was adequate time provided. Chairman White was complimentary to the agency and the university partners for all their efforts.</p> <p>Dr. Linthicum reported that several advocacy groups have submitted questions as a result of the webinar. They are in the process of answering those questions through the TDCJ Chief of Staff's office. Those answers will be submitted to Chairman White and he will post them under the House Corrections Committee webpage.</p> <p>Dr. Linthicum answered, yes there is an extensive tele-psychiatry and tele-medicine program in place. She then deferred to Dr. Joseph Penn, University of Texas Medical Branch (UTMB) Director for Mental Health Services to explain in more detail.</p> <p>Dr. Penn answered that all units listed do have tele-psychiatry and tele-medicine in place. The issue has been that many of the units were on lockdown due to COVID-19. It is difficult when they are on medical isolation or medical restriction to have them brought for these services. Therefore, the unit mental health staff don Personal Protective Equipment (PPE) and go cell-side to see patients. They are continuing to provide access to care and continuity of care despite COVID-19.</p>	<p>Ms. Erin Wyrick asked about the offenders on the five units who were not observed due to travel restrictions, under the mental health monitoring section. She asked if there have been alternative methods put in place.</p>	

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<p><b>V. Medical Director's Updates (cont.)</b></p>	<p>Dr. Linthicum shared that they have done more testing than any other department of corrections in the country or the state of Texas. To date 200,000+ tests of offenders and staff have been performed. The Research Department has issued documents that are on the TDCJ website that get into the exact numbers. The TDCJ Command Center was activated in March and is still in place. They are starting to see case rates flatten and decrease. The numbers in community and free world hospitals have reduced by about half. They were averaging about 32 offenders off-site daily and now the average is about 14-15 daily. There have been about 566 admissions to the TDCJ hospital from March through August related to COVID-19. There have been several offenders able to participate in clinical trials with Remdesivir and with convalescent plasma.</p> <p>Dr. Linthicum shared that between UTMB and Texas Tech University Health Sciences Center (TTUHSC) combined there has been more than 300 additional hospital admissions between March and August into community hospitals. Overall, the total number of positive cases in the offender population is about 7,000 plus.</p> <p>Dr. Linthicum reported there are several strategies that are being utilized for testing. UTMB and TTUHSC order tests for all symptomatic, clinical testing. Early on, TDCJ entered into a partnership with the Texas Department of Emergency Management (TDEM) and were able to procure testing kits that use a saliva-based test and they began mass testing across the state of Texas. Several months ago, the Joint Medical Directors, in consult with Dr. Philip Keiser, began looking at units where there is a high concentration of elderly offenders and where they see high case rates and high fatality rates. They implemented a nursing home based testing strategy at those units. This has been ongoing for about four to six weeks and they are seeing very positive results. Mr. Collier also met with the Joint Medical Directors, the Correctional Institutions Division (CID) Director, the Chief of Staff and leadership from the strike teams to try to develop a testing strategy or surveillance model for the agency going forward.</p>	<p>Dr. Parker Hudson asked if Dr. Linthicum could give a brief update on COVID-19 in the prisons.</p>	

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<p><b>V. Medical Director's Updates (cont.)</b></p>	<p>Dr. Linthicum reported they are in the process of working with epidemiologists at UTMB and Dr. Keiser as a consultant to come up with a model for agency testing going forward.</p> <p>Dr. Linthicum reported that the current number of active offender cases overall is 995, that is down 49% compared to a week ago and represents .8% of the offender population. During the most recent 7 days there were 54 new offender positives which is down from 745 the previous seven days. Dr. Linthicum shared that there are approximately 7,000 offenders that are state ready, meaning they are ready to come into the system from county jails. It is the hope of the executive director that they can start intake from the county jails and bring this population in by the end of the year. An agreement was made with the Texas State Jail Commission requiring the counties to perform extensive screening of the individuals that are entering the system. They will be screened again when they are received and quarantined for 14 days prior to them moving out onto the facilities.</p> <p>Dr. Linthicum reported that they are discussing the upcoming flu season. They have more than 113,000 doses of this year's flu vaccine. Last year about 66% of the offenders accepted the flu vaccine. They are hoping to have a better percentage this year. Some departments of corrections are incentivizing their offender population to try to increase participation. There will be a campaign and information will be posted on the units. The first batches are due to begin shipping out to the units next week.</p> <p>Dr. Linthicum answered that they are doing fantastic. The CMHCC and the university partners had the wherewithal after the H1N1 pandemic to stockpile PPE. TDEM also provides PPE weekly to help sustain the system needs. The exact numbers were presented yesterday on the virtual meeting. They have been able to provide the universities with gowns and the Manufacturing and Logistics Division is producing cloth masks for offenders and staff.</p>	<p>Dr. Greenberg asked how the system is doing with PPE.</p>	

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<p><b>V. Medical Director’s Updates (cont.)</b></p> <ul style="list-style-type: none"> <li>- <b>Texas Tech University Health Sciences Center</b></li> <li>- Dr. Denise DeShields</li> <li>- <b>University of Texas Medical Branch</b></li> <li>- Dr. Monte Smith</li> </ul>	<p>Dr. Greenberg thanked Dr. Linthicum and then called on Dr. Denise DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields stated that she had nothing further to report.</p> <p>Dr. Greenberg thanked Dr. DeShields and then called on Dr. Monte Smith to present the report for UTMB.</p> <p>Dr. Smith reported that COVID-19, as would be expected, has impacted the staff. As of yesterday, 206 staff members had tested positive. 200 have recovered and are back to work. Sadly, they have lost three staff members to COVID-19. Trends toward hospitalizations in free world hospitals and the TDCJ hospital have improved.</p> <p>Dr. Smith reported that they are nearing single digits for offenders at offsite hospitals for COVID-19 related illness. At Hospital Galveston there are 20. Dr. Smith offered kudos to Dr. Owen Murray for leading the pandemic response for UTMB Correctional Managed Care (CMC). He held bi-weekly conference calls with CMC front line staff initially, now calls are being held weekly, and Dr. Murray presents items related to the ongoing pandemic response and gets feedback directly from front line staff.</p>	<p>Mr. Bobby Lumpkin shared that they are producing the cloth masks at several locations in the garment factories across the state. They have produced close to a million cloth masks and still have about half a million in stock. They have also produced medical grade gowns and packaged hand sanitizer. The PPE inventories are very strong.</p> <p>Dr. Linthicum requested the committee recognize correctional nursing in both UTMB and TTUHSC. During the time between March and August they made close to three million encounters in the medical restriction and medical isolation areas during the pandemic. Early in the course of the pandemic rounds began being made twice daily in both areas and additional duties were added on. They have done an exceptional job.</p>	<p>Stock numbers provided post meeting and reflect data for September 16, 2020:</p> <ul style="list-style-type: none"> <li>N95 masks – 545,731</li> <li>Surgical masks – 909,184</li> <li>Cotton masks – 385,208</li> <li>produced: 1,224,261</li> <li>Gowns: 294,265</li> <li>Pairs of gloves: 5,245,525</li> <li>TDCJ only: 3,372,500</li> <li>Face shields: 295,342</li> <li>Goggles: 54,505</li> <li>Safety glasses: 5,949</li> </ul>



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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>	<p>Dr. Zepeda explained the formulary design model. Factors considered include clinical efficacy, safety, therapeutic need, scientific evidence, clinical guidelines, standards of medical practice, other treatment options and cost effectiveness. Duplication of the same basic drug type or products is avoided and use of generic equivalents and biosimilar agents are used whenever possible. A formulary tier system has been established as part of the formulary design.</p> <p>Dr. Zepeda next explained disease management guidelines or DMGs. There are currently 48 DMGs that address acute and chronic conditions and both medical and behavior health issues. A complete listing is located at the end of the presentation. DMGs are tools developed for practitioners that outline the recommended treatment approach for a variety of illnesses with the goal of improving patient outcomes and providing consistent, cost effective care. DMGs are based on national guidelines and current medical literature and are tailored to meet the specific needs of the patient population served. DMGs are reviewed at regular intervals and may be reviewed sooner due to the emergence of new information warranting an update. DMGs are typically developed for high risk, high volume or problem prone diseases encountered in the patient population. The DMGs serve as guidelines and do not take the place of sound clinical judgment, nor are they intended to strictly apply to all patients.</p> <p>Dr. Zepeda reported that some recent action items of the P&amp;T Committee include approval of the use of biosimilar agents; filgrastim (Neupogen®) and infliximab (Remicade®), approval of new treatment guidelines; suspected opioid overdose and pregnancy wellness, and expanding the list of antibiotics available at infirmaries to support transition of care from hospitals. In 2020, the P&amp;T Committee reviewed and/or revised 12 DMGs, completed 10 drug category reviews, completed 2 medication use evaluations and approved formulary changes which resulted in \$70,000 in savings.</p>		

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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>	<p>Dr. Zepeda next gave an overview of pharmacy services. The UTMB CMC Pharmacy provides drug distribution to both sectors, UTMB and TTUHSC. However, clinical pharmacy services are provided by both UTMB and TTUHSC within their respective sectors. The central pharmacy is located in Huntsville, Texas and operates as a mail order pharmacy and delivers medications on the next business day. The pharmacy dispenses 4.3 million prescriptions annually which is down from previous years. The average cost per prescription is \$11.75, \$9.97 formulary and \$117.32 non-formulary. The utilization of generics is 92%. Non-formulary medications account for 16.5% cost and 1.7% volume.</p> <p>Dr. Zepeda reported that the UTMB Huntsville Central Pharmacy dispenses all outpatient prescriptions. Medications are repackaged into suitable unit dose packaging. Medications for chronic conditions are typically provided as a 30-day supply. Pharmacists perform an in-depth review prior to dispensing to ensure safe and effective use of medications. In addition to dispensing, the pharmacy also offers clinical pharmacy services. Pharmacists work directly with physicians, other health professionals and patients to ensure that the medications contribute to the best possible health outcomes. P&amp;T Committee consulting prioritizes the use of cost-effective agents to minimize cost and promote positive health outcomes. Pharmacists also provide medication therapy management services to make sure the best medication is prescribed.</p> <p>UTMB participates in the federal 340B Drug Pricing Program which requires manufacturers to provide covered entities with discounts on covered outpatient drugs. SB 347, regular Session, 2001 required a good faith effort to qualify TDCJ patients for 340B pricing through UTMB's status as a disproportionate share hospital. By serving a disproportionate share of low-income patients, UTMB meets criteria to access 340B pricing, which it passes on to TDCJ leading to significant savings.</p>		

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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>	<p>Dr. Zepeda next went over pharmacy expenditures. The largest contributor to the increase in cost in recent years is the increased use of specialty medications, particularly those used to treat chronic Hepatitis C. Pharmacy costs, including the FY20, projection reflects 10.1% of total health care costs. The cost per offender per day for FY20 is projected to be \$1.49 per offender per day. The projected FY20 number of prescriptions filled is down from FY19. The projected FY20 number of prescriptions per patient per day is also down from FY19.</p> <p>Dr. Zepeda next went over the major cost drivers for the pharmacy, HIV, chronic Hepatitis C, vaccines, psychotropic agents, antineoplastic agents and dialysis agents. Dr. Zepeda shared that the CMC Pharmacy operates at cost. All savings revert to the State. Non-drug costs are more than 2.5 times lower in cost compared to dispensing fees paid by Texas Medicaid. The UTMB dispensing fee is \$2.97 compared to \$7.93 for Texas Medicaid.</p> <p>Dr. Zepeda reported cost savings initiatives. In addition to leveraging the 340B program, UTMB utilizes its clinical expertise, formulary management program, contracting strategies and distribution capabilities to drive additional savings. Dr. Zepeda shared the FY20 annual savings per program; Participation in the 340B drug program saved \$92.9 million by providing substantial discounts, non-formulary consults saved \$5.4 million, drug sourcing saved \$2.2 million, wholesaler cost discounts saved \$3.8 million, 340B sub-ceiling price for high cost drugs saved \$10.3 million and avoidable drug waste through reclamation saved \$6.7 million.</p> <p>Dr. Zepeda concluded her presentation by going over some of the pharmacy operational challenges. Rising drug use and costs due to the aging population, increased acuity from infectious diseases such as HIV and Hepatitis C and use of expensive specialty medications. The Pharmacy's overcrowded workspace creates physical and mental distractions leading to errors and reduced productivity. Replacement and repair of cutting-edge equipment and technology is inconsistent due to of fiscal constraints.</p>		

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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>	<p>Dr. Zepeda continued, limited resources (e.g., IS resources) and fiscal constraints makes it difficult to keep up with legislative and regulatory changes, as well as the implementation of best practices. Workload is excessive and exceeding the benchmark of 500 and reaching over 700 orders per pharmacist per day which jeopardizes patient safety. Continued attempts by manufacturers and payers to limit the benefit and scope of the 340B program.</p> <p>Dr. Zepeda answered that in the last legislative session new positions were funded for the universities, of those positions they were given a couple new resources for the pharmacy. Leadership has been very supportive and have assisted as resources become available. They were recently approved to add additional space to the pharmacy.</p>	<p>Dr. Greenberg asked about the pharmacy being understaffed and there not being enough space and if there is something that the committee can do to advocate for relief of these issues.</p> <p>Dr. Linthicum shared that these items are usually addressed by each university's submission of their legislative appropriations request. They look at their entire system and prioritize their needs. This is then presented to TDCJ Business and Finance in preparation of the agencies budget request to legislature.</p> <p>Dr. Greenberg stated that in looking at the challenges and noting that these issues may result in errors, that is concerning. He would hope that these issues are highly prioritized by the university medical directors. Medication errors can be a big source of negative patient outcomes.</p> <p>Ms. Waltz stated that UTMB did provide an exceptional item request for new pharmacy positions. That will be included in the agency legislative appropriations request.</p>	

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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>	<p>Dr. Zepeda answered that they have sortation devises. It performs the pharmacist final check and sorts down to shipping destination. In terms of filling, they have looked at technology. The problem is the marketed items would not meet the need for the population served, it would only meet the low volume. And, because the technology changes so rapidly, they would need an ongoing commitment for capital.</p> <p>Dr. Zepeda shared that there are items that they would like to acquire. They would like to automate the parole and discharge process. These use a traditional pharmacy vile for a 30-day supply of discharge medications. But again, these items are not one time purchases they require ongoing commitments for capital.</p> <p>Dr. Zepeda answered they are used throughout the system. There are also non-formulary procedures in place for the newer agents.</p> <p>Dr. Zepeda answered yes, and she will send out this information after the meeting for inclusion in the minutes.</p>	<p>Dr. Burruss asked if the pharmacy utilizes robotic assistance, as that can be of assistance with space issues.</p> <p>Dr. Burruss asked if they utilize long acting injectable anti-psychotics as part of the formulary. And are they distributed mainly to the inpatient units or throughout the system.</p> <p>Dr. Burruss asked if it is possible to break out the cost and show what percentage this represents for the total cost.</p> <p>Dr. Greenberg asked what the significance of that would be and if there could be additional cost savings.</p> <p>Dr. Burruss answered that in their system these are some of the most expensive prescriptions that they use, and he is curious about that specific cost.</p> <p>Dr. Greenberg asked if there might be a potential cost savings measure by switching from injectables to orals.</p>	<p>Information provided post meeting:  UTMB Sector: 32%  6,791 prescriptions  86% or 5,811 prescriptions were for the older typical LAI antipsychotics (fluphenazine decanoate &amp; haloperidol decanoate)  Texas Tech Sector: 26%  3,143 prescriptions  94% or 2,967 prescriptions were for the older typical LAI antipsychotics (fluphenazine decanoate &amp; haloperidol decanoate)</p>

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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>	<p>Dr. Zepeda stated that the numbers are relatively small, but she will send them out post meeting for inclusion in the minutes.</p>	<p>Dr. Burruss stated that the cost savings come from hospitalization costs. For those individuals who are hospitalized repeatedly. The drugs are more expensive but trying to reduce their use of high intensity services is where you may see a benefit.</p> <p>Dr. Penn stated this is a timely question. There is a significant burden of seriously mentally ill offenders in the system. They receive many individuals that in the past would have been in the state hospital. The issue of the long acting injectables is they are now using some of the newer agents. The American Psychiatric Association recently came out with a new practice guideline for the treatment of schizophrenia. They have moved, proactively to using more Clozaril. In the future, they will be looking at these issues with TTUHSC and TDCJ to determine what to do about these issues. One of the problems is when you move someone from an injectable back to oral a lot of the time compliance becomes an issue and the patient ends up in one of the inpatient facilities.</p> <p>Dr. Linthicum stated there are four units in the system with inpatient, psychiatric beds. The combined capacity is about 2,000 beds. Although, at the Clements Unit about 50 of their beds are used for crisis management and the remainder of those beds are program beds for the PAMIO and Chronically Mentally Ill programs. On the outpatient side there is about 25,000 individuals on the outpatient mental health caseload.</p> <p>Mr. Johnson asked if there are areas of concern that the committee needs to be aware of and perhaps, get ahead of.</p>	

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<p><b>VI. Update on the CMHCC Joint Pharmacy and Therapeutic Committee and an Overview of Pharmacy Services (cont.)</b>  - Dr. Zepeda</p>		<p>Dr. Linthicum answered that she is concerned with the upcoming legislative session and budgetary concerns related to adequately funding correctional health care. As you can see in looking at the financial report, they are already running a deficit just to finish out this fiscal year. All state agencies are being told that there will be further requests for reductions. Dr. Linthicum stated she is very concerned about how that will impact unit health care operations. Currently, there are about 10 units that are on an 8-hour schedule. That means that they only have medical coverage for 8 hours per day. That is certainly not optimal. The majority of the units are not staffed 24 hours a day, 7 days a week, they are on 12 to 16-hour days. With potential cuts to health care as a line item, that is a concern as to how they can continue to operate constitutionally and provide access to care.</p> <p>Mr. Johnson asked if there are things that the committee can do to help support the proposals.</p> <p>Dr. Linthicum stated that the committee does a lot by supporting the Joint Medical Directors and allowing them to bring forward their issues in this forum. It is important that all members understand the operational issues they are facing particularly the UTMB and TTUHSC representatives. Oftentimes, those universities are there during the session trying to send the same message and provide a united front in presentations to the legislature.</p>	
<p><b>VII. Public Comments</b>  - Dr. Greenberg</p>	<p>Dr. Greenberg thanked Dr. Zepeda 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>		

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<b>VIII. Adjourn</b>	<p>Dr. Greenberg next called for a motion to adjourn the meeting.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for December 9, 2020 in Conroe, Texas.</p> <p>The meeting was adjourned at 11:42 a.m.</p>		<p>Mr. Johnson made a motion to adjourn the meeting, and Dr. Beeson seconded the motion which prevailed by unanimous vote.</p>

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

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 Date 12/20/2020