

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**September 26, 2013**

**Chairperson:** Margarita de la Garza-Graham, M.D.

**CMHCC Members Present:** Cynthia Jumper, M.D., Harold Berenzweig, M.D., Ben Raimer, M.D., Craig Brown, M.D. (sitting in for Kyle Janek, M.D.)

**CMHCC Members Absent:** Lannette Linthicum, M.D.

**Partner Agency Staff Present:** Bryan Collier, Ron Steffa, William Stephens, Charlene Maresh, Robert Williams, M.D., George Crippen, Paula Reed, Marsha Brumley, Texas Department of Criminal Justice; Owen Murray, M.D., Anthony Williams, Stephen Smock, Lauren Sheer, UTMB, Denise DeShields, M.D., TTUHSC; Janice Harris Lord, Texas Board of Criminal Justice

**Others Present:**

**Location:** Frontiers of Flight Museum, 6911 Lemmon Ave., Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> <b>- Margarita de la Garza-Graham</b>	Dr. de la Garza-Graham called the CMHCC meeting to order at 9:00 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.		
<b>II. Recognitions and Introductions</b> <b>- Margarita de la Garza-Graham</b>	Dr. de la Garza-Graham thanked everyone for being in attendance. Dr. de la Garza-Graham introduced Dr. Craig Brown who sat in for Dr. Kyle Janek, and William “Bill” Stephens, newly appointed Director, Correctional Institutions Division, TDCJ.  Dr. de la Garza-Graham acknowledged that no one had registered to provide public comment.	Bryan Collier also gave a brief introduction and overview of Mr. Stephens’ tenure with the Texas Department of Criminal Justice.	
<b>III. Approval of Consent Items</b> <b>- Margarita de la Garza-Graham</b>	<ul style="list-style-type: none"> <li>○ Approval of Excused Absences</li> <li>○ Approval of CMHCC Meeting Minutes – June 18, 2013</li> </ul> Dr. de la Garza-Graham noted that Dr. Ben Raimer was absent during the June 18, 2013, CMHCC meeting due to a scheduling conflict.  Dr. de la Garza-Graham stated next on the agenda is the approval of the Minutes from the meeting held on June 18, 2013: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director’s Report; and the		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Reports</li> <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul> <p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Charlene Maresh</li> </ul>	<p>Summary of Joint Committee Activities.</p> <p>Dr. de la Garza-Graham asked if the committee would like to review and approve each item separately or approve as a whole and if there were any amendments or objections to the proposed consent item?</p> <p>Dr. de la Garza-Graham called on Ms. Maresh to present the financial report.</p> <p>Charlene Maresh reported on statistics for the Third Quarter of FY 2013, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 55.</p> <p>Ms. Maresh explained that the TDCJ staff worked closely with the LBB, the Governor's office, the House Appropriations Committee and the Senate Finance Committee to determine the format to use for submitting the financial data. This financial report is in the approved format.</p> <p>Ms. Maresh explained that the report indicates a high level summary of funding and expenditures as follows:</p> <p>Funding received by the universities is \$358.1 million and the total expenditures were \$380.5 million, resulting in a shortfall of \$22.5 million. Since the universities are not expected to operate at a loss, quarterly reconciliation payments are submitted to the universities to make up that difference.</p>		<p>Dr. Ben Raimer made a motion for the items to be approved by consent agenda as found in Tab A of the agenda book. Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care makes up the majority of the costs at 57.1 percent, for a total of \$217.2 million. 84 percent is for unit care and 16 percent is for psychiatric care.</p> <p>Hospital and clinical care accounts for 33.4% of total expenditures at a cost of \$127.1 million, which is greatest part of the projected shortfall in health care costs.</p> <p>Pharmacy services makes up 9.5 % of total health care expenditures at a cost of \$36.2 million. \$27.5 million of that number is drug cost alone.</p> <p>The average service population is 148,794 which is a slight decrease from FY 2012.</p> <p>The offender population age 55 and over continues to grow with an increase of 3.5% from FY 2012. The average daily census is 14, 107, making up 9.5% of total service population and accounts for 37.4 percent of total health care cost.</p> <p>The Human Immunodeficiency Virus (HIV) population average daily census is 2, 229, making up 1.5% of the total population.</p> <p>The average daily inpatient census is 105.</p> <p>The average outpatient visits are 5, 533.</p> <p>The average mental health inpatient census is 1,740.</p> <p>The average mental health outpatient census is 19,142.</p> <p>The funding and expenditures for the Correctional Health Care Committee staff is \$379,551.</p> <p>The combined expenditures for UTMB and TTUHSC as well as the annual projected expenditures provided by universities through the Fourth Quarter of FY 2013 is \$511 million, with a projected shortfall of \$32.7 million.</p>		



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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2013 Third Quarter Report</b></li> <li>- Robert Williams, MD</li> <li>○ Operational Review Audit</li> </ul>	<p>Dr. DeShields further reported that the Medical Director position that will be housed at the Dalhart Unit is also still vacant; this too, is a challenging position and is difficult to fill due to the geographical location. They are continuing to advertise through recruitment agencies.</p> <p>Hearing no further discussions, Dr. de la Garza-Graham then called on Dr. Robert Williams to provide the Medical Director's Update for TDCJ.</p> <p>Dr. Williams began by explaining that the deficiencies reported during operational reviews have been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Third Quarter of FY 2013, (March, April and May), operational review audits (ORAs) were conducted on ten facilities: Clements, Ferguson, Gist State Jail, Havins, Hodge, Johnston, LeBlanc, Lindsey State Jail, Neal and West Texas Intermediate Sanction Facility.</p> <p>Dr. Williams summarized the 11 items found to be most frequently scoring below 80 percent compliance in the ten ORAs.</p>	<p>Dr. de la Garza-Graham asked a question about Item 5.251; what percent of the Hemocult cards tested positive?</p> <p>Dr. Williams deferred the question to the university directors.</p> <p>Dr. Murray responded that this is difficult to determine in that cards are given to offenders; however, they may not return the cards. It becomes a symptom based presentation when the offenders may advise they have blood in their stool or dark stools. Dr. Murray will investigate where the results are entered in the electronic medical record (EMR). It is not like lab results where a system-wide query can provide a total number. Dr. Murray further noted that the cards are hand entered. Getting an accurate number will require several changes to how this data is collected and entered into the EMR.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> </ul>	<p>Dr. Williams next reported that the same ten units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Williams explained that Dental Quality Review audits were conducted at the following eighteen facilities: Briscoe, Clemens, Cotulla, Gist, Goodman, Henley, Hightower, Kegans, LeBlanc, Lychner, Ney, Plane, Ramsey, Scott, Stiles, Stringfellow, Terrell, and Torres.</p> <p>Dr. Williams summarized the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Williams then noted that during the Third Quarter of FY 2013, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 3,960 correspondences. The PLP received 2,081 correspondences and Step II Medical Grievance received 1,879. There were 544 Action Requests generated. The percentage of sustained Step II medical grievances from UTMB was 13 percent and eight percent for TTUHSC.</p>	<p>Janice Harris Lord stated to Dr. Williams that she has been bothered by the number of medical grievances that are submitted. She has noticed a significant increase in sustained Step II Medical Grievances.</p> <p>Ms. Lord asked Dr. Williams if that is coincidental, or if this represents a trend, and to please explain?</p> <p>Dr. Williams noted that when the Annual Offender Health Services Fee was initiated, a significant number of grievances pertained to that issue. Many of those have been sustained as the staff are learning to adjust to the guidelines. There was a lot of misinformation and misinterpretation early on regarding the policy. The dramatic incline of sustained grievances has more to do with the Annual Offender Health Services Fee.</p> <p>Ms. Lord stated that she had requested an audit regarding the \$100 fee.</p> <p>Dr. Williams advised that an Internal Audit is currently in process.</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Chronic Disease Audit: Chronic Heart Disease</li> <li>○ Office of Public Health</li> </ul>	<p>Dr. Williams added that 49 Sick Call Request Verification Audits were conducted on 46 facilities. A total of 369 indicators were reviewed and only three of the indicators fell below 80 percent compliance.</p> <p>Dr. Williams next noted that TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Congestive Heart Failure (CHF). A total of 232 charts were audited which represents 39 percent of the 595 offenders with CHF.</p> <p>Dr. Williams explained that the audit is divided into two categories. There are five common questions relative to all seven disease audits and there are six disease specific questions.</p> <p>Dr. Williams reported that there were 703 cases of HIV identified for the Third Quarter FY-2013. 18,207 offenders were tested at intake, and 125 were positive. 11,578 offenders were tested prior to release and none tested positive.</p>	<p>Ms. Lord asked if we know what percentage of offenders can actually pay the fee?</p> <p>Dr. Williams stated that approximately 50 percent of offenders are indigent. TDCJ does not expect to collect the annual health services fee from them. The medical staff determines whether or not the visit is an offender initiated visit. They are not deciding if the fee is to be charged. That information is transmitted from the EMR to the TDCJ mainframe computer. The TDCJ mainframe is programmed to determine indigent status, how much is in the account, and how much to charge.</p> <p>Ms. Lord stated she wasn't sure that it's worth the effort, but that will later be determined.</p> <p>Dr. de la Garza-Graham asked if these were new cases.</p> <p>Dr. Williams explained that they were newly identified cases, and that by the time HIV is identified, it is already chronic. Dr. Williams further noted that they may have been newly received offenders.</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>	<p>There were 16 new Acquired Immunodeficiency Syndrome (AIDS) cases identified during the Third Quarter FY 2013.</p> <p>271 cases of suspected Syphilis were reported in the Third Quarter FY 2013. 20 of those required treatment or retreatment.</p> <p>189 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2013.</p> <p>Dr. Williams advised that there was an average of 18 Tuberculosis (TB) cases under management for the Third Quarter FY 2013.</p> <p>Dr. Williams next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. During the Third Quarter FY 2013, 26 training sessions were held and 243 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 236 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 49 bloodborne exposure baseline labs were drawn on exposed offenders, and there were zero conversions as a result of sexual assault.</p> <p>Dr. Williams noted that the Willacy Unit received a four day training which included the Wall Talk Training. 111 facilities have active peer education programs. 146 offenders trained to become peer educators. 20,414 offenders attended classes presented by educators.</p>	<p>Dr. de la Garza-Graham asked if all TB patients are housed on one unit?</p> <p>Dr. Williams explained that when patients are still potentially communicable, they are kept in respiratory isolation. There are approximately 30 units throughout the system that have respiratory isolation cells. Once patients have been treated for two weeks and have had three negative sputum culture tests, they are returned to their unit. The remainder of their treatment is done as an outpatient.</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li data-bbox="107 228 401 253">○ Mortality and Morbidity</li> <li data-bbox="107 380 401 436">○ Office of Mental Health Monitoring &amp; Liaison</li> <li data-bbox="107 1235 449 1292">○ Office of Health Services &amp; Liaison</li> </ul>	<p data-bbox="489 228 1131 345">Dr. Williams reported that there were 108 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2013. Of those 108 deaths, ten were referred to peer review committees for further review.</p> <p data-bbox="489 380 1131 469">Dr. Williams provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Third Quarter of FY 2013:</p> <p data-bbox="489 505 1131 651">Administrative Segregation (Ad Seg) audits were conducted on 21 facilities. 3,889 offenders were observed, 954 of them were interviewed and two offenders were referred to the university providers for additional services. All 21 facilities were 100 percent compliant.</p> <p data-bbox="489 686 1131 865">Four inpatient mental health facilities were audited with respect to compelled medications: Clements, Jester IV, Montford and Skyview. All four facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication and for documenting the required criteria in the medical record.</p> <p data-bbox="489 901 1131 1018">There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were seven facilities that did not meet 80 percent compliance.</p> <p data-bbox="489 1053 1131 1200">Dr. Williams added the OMHM&amp;L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. 11 offenders were reviewed and all 11 were allowed to participate.</p> <p data-bbox="489 1235 1131 1325">The Office of Health Services Liaison (HSL) conducts a random audit of 10 percent of EMR of offenders discharged from hospitals and infirmaries.</p> <p data-bbox="489 1360 1131 1443">Dr. Williams explained that each audit determines if vital signs were recorded on the day the offender left the discharge facility; if the receiving facility had medical</p>		

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<p><b>Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> </ul>	<p>services sufficient to meet the offender's current needs; if the medical record was reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. Also, the audit determines if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EMR within 24 hours of arriving at the unit.</p> <p>Of the 166 hospital discharges, 150 were from the UTMB Sector and 16 were from the TTUHSC sector. There were 24 deficiencies identified for UTMB and one identified for TTUHSC. There were 61 infirmity discharge audits conducted. 27 were from the UTMB sector and 34 were from the TTUHSC sector. There were eight deficiencies identified from UTMB and 14 for TTUHSC.</p> <p>Dr. Williams reported that there were ten units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Williams summarized pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>The Correctional Institutions Division has 27 active research projects and seven pending.</p> <p>Dr. Williams concluded his report stating that the Health Services Division has two active research projects and eight pending.</p> <p>Dr. de la Garza-Graham thanked Dr. Williams then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that she had no additional information to report other than what was presented in their report.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields then called on Dr. Murray to present the report for UTMB.</p>		

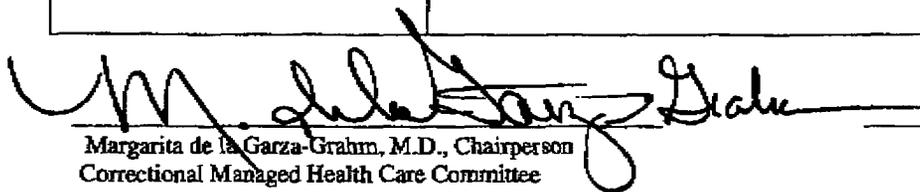
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<p><b>Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>University of Texas Medical Branch</b></li> <li>- Owen Murray, DO</li> </ul>	<p>Dr. Murray provided an update on a plan for Hepatitis C Virus (HCV) treatment. Dr. Murray advised that the UTMB has been working with the TDCJ's Correctional Institutions Division's (CID) Director to determine facility choices that would work as sites for offender patients to receive HCV treatment. It was determined that treatment locations should be so that security can handle all custody levels. The Darrington Unit was chosen as it is a maximum security facility that can handle all custody levels and it is close to Hospital Galveston. The facility selection needs to be one that will meet the patients as well as TDCJ's needs to limit the amount of patient transfers.</p>	<p>Dr. de la Garza-Graham asked Dr. Murray if the plan was to bring as many offenders as they can into one location.</p> <p>Dr. Murray responded that when HIV patients were congregated at the Stiles Unit, the idea was that it would be easier to train staff, deliver medications and stay on top of some of the consequences of that disease. Dr. Murray went on to say that UTMB figured out quickly that having 1400-1500 patients in one location, places a great demand on security resources and the ability to deliver medication.</p> <p>The plan is to start out slowly at the Darrington Unit then grow the treatment program accordingly. The three medical directors will meet in October to discuss treatment costs and other operational issues.</p> <p>Dr. de la Garza-Graham asked if there would be some type of protocol sheet and parameter in place to use.</p> <p>Dr. Murray responded that they have this method in place. Dr. Murray noted that it is important to ensure that case managers are in place at these facilities to monitor the offenders' compliance. The medications must be given three times per day and at certain times. The patients must be directly observed taking the medication.</p> <p>Dr. de la Garza-Graham next asked Dr. Murray if he is referencing case managers that are already in the system or additional staff that will be hired?</p> <p>Dr. Murray clarified that the case manager positions will be new positions. Without this process in place, therapy may continue longer than it needs to for patients. Discontinuing</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>		<p>therapy when it is no longer needed will save the State money and pay for the program itself.</p> <p>Dr. Murray further noted that HCV management has been discussed with Jerry McGinty, Chief Financial Officer, TDCJ. The legislature will need to be informed that this will be a sizable request for funding increase. Dr. Murray further emphasized that a system needs to be in place for when patients are not successful on the HCV treatment plan, that treatment can be discontinued as soon as possible. There would be no reason to continue treatment for those who do not respond to the treatment because there</p> <p>would be no value as well as excessive cost that could be avoided.</p> <p>Dr. Raimer stated that it is important to use this interim period as a time to educate legislative members and staff in advance for the need of additional funding for the HCV treatment program. He suggested hosting a symposium in Austin.</p> <p>Dr. de la Garza-Graham stated this would be an excellent idea and asked Dr. Ramier how does he propose we approach it?</p> <p>Dr. Raimer stated that the medical directors will be laying this out with the standards of care and mainly getting the respective administrators and this Committee to schedule a symposium for the legislative members in advance of the next legislative session, so legislators are not caught by surprise. He noted concern that if legislators are not advised of this cost in advance, it could effect funding for other cost drivers such as equipment and job salaries that may be ignored, so that they need to understand that is not a one time adjustment.</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>		<p>Dr. Murray also noted that there were already inquiries about HCV testing policies. The numbers are going to grow and the agency is turning over 75,000 patients a year, with a new group of patients that are coming in that are at risk. There will be patients leaving the system that have had treatment while incarcerated, and potentially come back with a new case of HCV.</p> <p>Dr. de la Garza-Graham asked who is going to coordinate the symposium; as the next legislative session will be here before you know it.</p> <p>Ms. Lord stated that she had a suggestion in that the TBCJ policies and guidelines say that the opportunity for this committee to report should be offered at every meeting. She said she didn't know if it had been offered and rejected, but there has not been a Health Care Committee meeting for more than a year. She stated she was pleased that there would be a Health Care Committee meeting at the next TBCJ meeting. Ms. Lord further stated that there is always staff from legislative offices at the TBCJ meetings taking notes, so if a report could be given at every TBCJ meeting that would be a good start.</p> <p>Dr. Murray continued by stating they are willing to help out in any way. UTMB CMC has a virologist that handles the HCV treatment and can provide an informative lecture.</p> <p>Dr. de la Garza-Graham asked if we should get the virologist to go to the TBCJ meeting.</p> <p>Dr. Murray stated that in the past when HIV was poorly understood, an education program was developed.</p> <p>Dr. Murray further advised that financial projection models need to be established to make an assessment of how many patients will</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>		<p>be treated over the next decade and the potential cost. Dr. Murray agreed to coordinate with TTUHSC to provide the data.</p> <p>Dr. Ramier stated that the CMHCC has a different role of merely advising and is responsible for the Offender Health Care Plan; therefore these new rules for HCV treatment will need to be incorporated. Dr. Raimer recommended that the CMHCC hear from Dr. Murray first before anything is done by TDCJ, possibly by the spring meeting. Dr. Raimer reiterated that the LBB will need to know about the forthcoming expenses.</p> <p>Bryan Collier added that TDCJ staff provides regular briefings to legislative office staff. As this unfolds, they will certainly include this as a financial concern for the upcoming legislative session, and they plan to educate those offices as well.</p> <p>Dr. DeShields added that the treatment of HCV is already listed in the Offender Health Services Plan.</p> <p>Dr. de la Garza-Graham stated that with the cost increase, this is something that the legislative staff will need to know.</p> <p>Dr. Murray asked if the committee would like to have a 15-20 minute presentation on HCV covering knowledge content with cost projections. He suggested bringing a virologist and Dr. Stephanie Zepeda, Director of Pharmacy along with anyone that TTUHSC or TDCJ would like include.</p> <p>Dr. de la Garza-Graham suggested that the CMHCC committee review the presentation prior to being presented to the TBCJ.</p> <p>Dr. Murray noted that he will try to have the</p>	

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<p><b>Medical Director's Updates (Cont.)</b></p>		<p>presentation available for the December CMHCC meeting.</p> <p>Dr. Murray stated that there are no suggested changes to the Offender Health Services Plan by any of the three medical directors.</p> <p>Dr. de la Garza-Graham stated that it is strictly for review and does not need to be voted on unless the committee wants to.</p> <p>Dr. Murray further clarified that the only change would be the modification to the HCV treatment plan and implementation.</p>	
<p><b>VII. Review of Offender Health Services Plan</b></p>	<p>Dr. de la Garza- Graham stated that the Offender Health Services Plan is up for review only and does not need to be approved by the committee.</p>		
<p><b>VIII. Public Comments</b></p>	<p>Dr. de la Garza-Graham asked if anyone had anything to add.</p>		
<p><b>VIII. Public Comments</b></p>	<p>Dr. de la Garza-Graham then stated that the next agenda item is where the Committee provides an opportunity to receive public comments. Dr. de la Garza-Graham noted that there was no such request at this time.</p>		
<p><b>IX. Adjourn</b></p>	<p>Dr. de la Garza-Graham next noted that the next CMHCC meeting will be held on December 11, 2013 at 9:00 A.M.</p> <p>Dr. de la Garza-Graham asked if there were any other questions or comments. Hearing none, the meeting was adjourned at 9:53 A.M.</p>		

  
Margarita de la Garza-Graham, M.D., Chairperson  
Correctional Managed Health Care Committee

Date: 12-11-13