CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 5, 2017

Chairperson: Margarita de la Garza-Grahm, M.D.

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP, Cynthia Jumper, M.D., Ben Raimer, M.D., F. Parker Hudson III, M.D., John Mills, D.O., Tamela Griffin

CMHCC Members Absent: Elizabeth Anne Linder, Ed.D., Harold Berenzweig, M.D., Mary Annette Gary, Ph.D.

Partner Agency Staff Present: Oscar Mendoza, Beckie Berner, Toni Moore, Ron Steffa, Eidi Millington, M.D., Alice Castleberry, PsyD, Chris Black-Edwards, RN, Lorie Davis, Myra Walker, RN, Teresa Winegar, Texas Department of Criminal Justice; Olugbenga Ojo, M.D., Marjorie Kovacevich, Ryan Micks, Owen Murray, D.O., Joseph Penn, M.D., Anthony Williams, Monte Smith M.D., Stephanie Zepeda, PharmD, Kelly Coates, David Connaughton, Billy Horton, D.D.S., Jessica Khan, M.D., University of Texas Medical Branch (UTMB); Barbara Beadles, M.D., Will Rodriguez, Brian Tucker, D.D.S., Lindsey Tubbs, Texas Tech University Health Sciences Center (TTUHSC)

Others Present:

Location: UTMB Conroe Operations Offices, 200 River Pointe Dr., Suite 200, Conroe, Texas 77304

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Dr. Margarita de la Garza-Grahm	Dr. Margarita de la Garza-Grahm called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:02 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. Dr. de la Garza-Grahm acknowledged that all wishing to offer public comment must be registered and would be allowed a three minute time limit to express comments. There was no public comment. Dr. de la Garza-Grahm thanked and welcomed everyone for being in attendance. She then moved onto recognitions and introductions.		
II. Recognitions and Introductions	Dr. de la Garza-Grahm reported that there were several recognitions and introductions. She introduced and welcomed two new CMHCC members, Dr. F. Parker Hudson and Dr. John Mills.		

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II. Recognitions and Introductions (Cont.) - Dr. Margarita de la Garza-Grahm	Dr. Hudson received a Bachelor's of Science degree in genetics and cellular biology from the University of Georgia. He attended medical school at the University of Pennsylvania School of Medicine where he also completed his medical residency in internal medicine and pediatrics. Additionally, he received a Masters of Public Health degree in epidemiology and specialized in adult infectious diseases at the University of North Carolina Gillings School of Global Public Health. Dr. Hudson has been honored as an assistant professor of Internal Medicine and Infectious Diseases at the Dell Medical School at the University of Texas in Austin. He practices and teaches at Dell Seton Medical Center and within Community Care in Austin. Dr. Mills received a Bachelor's of Science degree with honors in medical technology, a Masters of Science degree in anatomy, and a Doctor of Osteopathic Medicine degree from Michigan State University. Dr. Mills also received a Masters of Public Health degree from the University of Michigan. He completed his residency at the United States Air Force School of Aerospace Medicine, Brooks Air Force base in San Antonio, Texas. Dr. Mills is a member and past president of the American Osteopathic Board of Preventive Medicine and a lifetime member of the United States Army Society of Flight Surgeons and the Vietnam Helicopter Pilots Association. Among his many professional honors and awards, Dr. Mills was designated as the "founding father" of Correctional Medicine by the American Osteopathic College of Occupational and Preventive Medicine in 2010 and a Distinguished Fellow in 2013. Currently, he is an associate professor and medical director of Correctional Programs at the University of North Texas Health Science Center in Fort Worth. He also served with the United States Army from 1967-1970 and 1987-1989 where he was decorated with 27 air medals, including the Distinguished Flying Cross and the Meritorious Service medal. Dr. de la Garza-Graham next called on Dr. Cynthia Jumper on behalf of Dr. Denise DeShields to recognize the retirement of Dr. Brian Tucker, Dental Director at TTUHSC on December 31, 2017.	Dr. de la Garza-Grahm asked Dr. Hudson if he wanted to tell the committee more about himself. Dr. Hudson stated that Dr. de la Garza-Grahm summed up his professional background. Dr. Hudson thanked the committee and said that it is a privilege and honor to be here to serve the state as a relatively new arrival. Dr. de la Garza-Graham welcomed Dr. Mills. Dr. de la Garza-Grahm also thanked Dr. Mills for his service and asked Dr. Mills if he wanted to speak. Dr. Mills stated that it was an honor to be here.	

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II. Recognitions and Introductions (Cont.) - Dr. Cynthia Jumper on behalf of Dr. Denise DeShields	Dr. Jumper informed the committee that Dr. DeShields was unable to attend the meeting. Dr. DeShields wrote a heartfelt commentary that Dr. Jumper read to the committee. Dr. DeShields wrote that today we celebrate the illustrious 27 year career of Dr. Brian Tucker, Texas Tech CMHC Dental Director. Dr. Tucker completed his undergraduate studies at West Texas State where he obtained a Bachelor's of Science in Biology and a Bachelor's of Science in Nursing. He began his career as an operation room technician and then became an operation room nurse. He subsequently attended the Baylor College of Dentistry and came to Texas Tech and CMHC after 11 years in private practice on March 26, 1990. He was not only instrumental in opening the Clements Unit in Amarillo but all Texas Tech units as he traveled tirelessly across the vast expanses of West Texas. Over the past 27 years, Dr. Tucker's management of the Texas Tech Dental Program has been flawless as evidence by the dental access to care 1, 2, and 3 with nearly perfect scores. He also established an elaborate metric based productivity and reporting system, and improved the quality of dental care that has been provided to the offenders in West Texas. He was a positive force on the Joint Dental Working Group, leading the group to establish their charter, as well as being a champion for the electronic health record and the implementation of digital dental radiology. Dr. Tucker has constantly and passionately championed for quality, timely, and accessible dental care throughout his tenure. However, Dr. Tucker was more than a dentist. He is a constant advocate for positive change and for quality improvement, a crusader for always doing what is right in all disciplines and not only dental. He has always been an active, prepared, and informed participant in regional and statewide Pharmacy and Therapeutics, Infection Control, Policy and Procedure, System Leadership, and Peer Review Committees. He is not only a talented educator, providing several presentations at National Commission on Correctional Health Care (NCCHC),		

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II. Recognitions and Introductions (Cont.) - Dr. Cynthia Jumper on behalf of Dr. Denise DeShields	but a lifelong student as he is currently completing a Masters of Science in Health Administration. Dr. Tucker has embraced the concept of institutional succession in his final months, and he has orchestrated a smooth transition on dental leadership to his Regional Dental Directors, one of whom, Dr. Cecil Wood, will succeed him. Dr. Tucker embarks on a new adventure, and he is looking forward to an active retirement with his wife Becky and spending more time with his grandchildren. He will now spend more time traveling the highways and byways in his converted van, boating, fishing, mentoring children and grandchildren, and telling fish tales. We can all rest assure that the fish tales told by Dr. Tucker will be accurate, precise, well researched, and delivered with unparalleled passion. Congratulations Dr. Tucker on your retirement and an exceptional career. Dr. Cynthia Jumper then called on Dr. Lannette Linthicum to recognize the retirement of Dr. Brian Tucker.		
- Dr. Lannette Linthicum	Dr. Linthicum announced that Dr. Tucker has been such an integral part of the correctional managed health care team and does not know what they will do without him. Dr. Linthicum informed the committee that Dr. Hirsch, TDCJ Dental Director, was unable to attend. Dr. Hirsch prepared a statement for Dr. Tucker's retirement, and Dr. Linthicum read the statement to the committee.		
- Dr. Lannette Linthicum on behalf of Dr. Manuel Hirsch	Dr. Hirsch wrote that "I would be forever remorseful if I were given the opportunity to say a few words about Dr. Tucker and did not take the advantage. Although prior commitments prevent me from being present, I wanted to express the admiration that I have for a leader in the dental profession. A leader that I will always associate with the statement, "Don't worry about who gets the credit? Let's get it done." If I had to use a single word to describe Dr. Tucker, it would be integrity. Integrity is defined in the dictionary as the quality of being honest and having strong moral principles. In the 10 years that		

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II. Recognitions and Introductions (Cont.) - Dr. Lannette Linthicum on behalf of Dr. Manuel Hirsch	I have worked with Dr. Tucker, I have had the opportunity to learn to appreciate his genuine honesty. Dr. Tucker's father was a professional educator and this is the approach Dr. Tucker takes on many issues that are discussed. He never gives the quick answers that is expected. Rather, he gives us directions to pursue the answers with book titles, websites, and journals. He follows up until you have formulated your own conclusions and answers. My feeling was did Dr. Tucker not have the answers supported with a strong moral conviction? His goal was to help you solidify your own conclusions. His thirst for knowledge is contagious. He encourages continuing education by sharing his knowledge of upcoming events, and his detailed notetaking at the conventions kept me engaged as I knew that he would call later to discuss the details. The fact that he is receiving an MBA at the same time he is retiring says a lot about his lifetime commitment to learning and development. Endurance has to be associated with Dr. Tucker as a marathon runner and a triathlon participant. Retirement will not interfere with his determination as he prepares to run the Oklahoma City Marathon again in the Spring with his son. His monumental efforts can motivate the couch potato in all of us. Dr. Tucker's compassion for his family, his wife Becky, sons, his little dog Lillie, and the grandchildren who are his marathon cheering section saying "Go fast Papa!" makes you want to find more time to spend with your own family. Dr. Tucker has touched so many lives in so many positive ways and it has truly been an honor to consider him as a friend." Dr. Linthicum announced and presented a certificate of appreciation to Dr. Tucker on behalf of TDCJ Health Services Division in recognition of 27 years of dedicated service to the TDCJ offender health care program. Dr. Linthicum also presented a plaque to Dr. Tucker on behalf of TDCJ that recognized his outstanding service, commitment, and support to the health care program of TDCJ.		
- Dr. Lannette Linthicum			

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II. Recognitions and Introductions (Cont.) - Dr. Brian Tucker	Dr. Linthicum then called on Dr. Tucker to give his parting words to the committee. Dr. Tucker thanked the committee for the opportunity to end things well and say goodbye. He appreciated the effort and the time people have made to say wonderful things in recognition of his retirement. Dr. Tucker stated that he loved getting to know so many people that are brilliantly talented and dedicated to a mission. A mission to take care of people that are created in God's image, and to find ways to do what they can with limited resources to do a very difficult job. He went on to say that he has been inspired by the leadership of many of the people in the committee, and the dedication is admirable and will always be remembered. Dr. Tucker also stated that he has enjoyed learning from the new challenges that came up every day, and he found the new challenges very rewarding. Developing ways to make the program better has brought him a lot of satisfaction, and the building of the dental program in West Texas was his contribution to further Texas Tech CMC. Like a handoff in a relay race as people did good work before him, he took the handoff for a while. Dr. Tucker stated that he is now ready to hand it off, and he feels confident that he is handing it off to people who are able and willing to carry on an honorable task. Dr. Linthicum next called on Dr. Billy Horton, UTMB CMC Dental Director, and Dr. Owen Murray to recognize the retirement of Dr. Brian Tucker.		
- Dr. Billy Horton	Dr. Horton announced to the committee that he has had the pleasure to work with Dr. Tucker for approximately 9 to 10 years, and he had known Dr. Tucker before they began working together. The dental department in CMC is the best in the state because of what Dr. Tucker has done in the leadership that he has provided. Dr. Horton shared with the committee that he has enjoyed working with Dr. Tucker, listening to stories about his family and grandchildren, and he will be missed. Dr. Horton praised Dr. Tucker for being a good man and dentist and that people		

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II. Recognitions and Introductions (Cont.) - Dr. Owen Murray	can learn from him. Dr. Horton thanked Dr. Tucker and wished him the best. Dr. Owen Murray said that everyone has hit all of the highlights of Dr. Tucker's career. Dr. Murray recalls being new to the Pharmacy and Therapeutics Committee meeting, and Dr. Tucker eloquently spoke about a drug and its interactions. Dr. Tucker was not speaking about a dental drug. Dr. Murray remembered leaving the meeting asking if Dr. Tucker was the Texas Tech Medical Director, but he found out that Dr. Tucker was the Texas Tech Dental Director. Dr. Murray agreed with Dr. Horton that the dental program at TDCJ has a lot to do with the energy and efforts of Dr. Tucker. From a technology perspective, Dr. Tucker has always pushed the dental program at TDCJ to the electronic health record. Dr. Murray told the committee that Dr. Tucker had envisioned the electronic health record before it was ever embraced, and that you do need advocates for technology whether if it is for digital radiology or electronic health records. Dr. Murray thanked Dr. Tucker for pushing the committee in the right direction to go back to the Legislature to ask for those funds that happened with Dr. Tucker's continued advocacy. Dr. Murray said that the people who are being left in charge can be very thankful for the program that Dr. Tucker has left, and the investments that Dr. Tucker has helped to promote the Legislature to make in the program, as well as all the time and energy that Dr. Tucker has spent. Dr. Murray thanked Dr. Tucker and wished him the best.		
- Dr. Margarita de la Garza-Grahm	Dr. de la Garza-Grahm next called on Dr. Jumper to introduce the new Texas Tech staff member.		
- Dr. Cynthia Jumper on behalf of Dr. DeShields	Dr. Jumper introduced Ms. Lindsey Tubbs who will be the new Chief Financial Officer for Texas Tech Correctional Health Care effective January 2018. Ms. Tubbs started the position last month. She has been currently working with Mr.		

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II. Recognitions and Introductions (Cont.) - Dr. Cynthia Jumper on behalf of Dr. DeShields	Jerry Hoover to get integrated for a smooth transition. Mr. Hoover will be the consulting CFO for Texas Tech until his retirement in March 2018. Mr. Hoover has been Texas Tech CFO for approximately 20 years. Dr. Jumper stated that Ms. Tubbs has worked in the private sector in healthcare and in the academic sector, and she was the senior managing administrator for internal medicine at Texas Tech. Dr. Jumper has worked with Ms. Tubbs closely as she performed all of the financial duties in operating the business office. Ms. Tubbs has a lot of years of experience in budgeting within a bureaucracy. Ms. Tubbs has a good background. She received a degree from Texas Tech, as well as an MBA from Texas Tech in healthcare. She is very prepared for this position as she has already been in Amarillo and Lubbock. Dr. Jumper welcomed Ms. Tubbs and said that Texas Tech is looking forward to working with her.		
- Dr. Margarita de la Garza-Grahm	Dr. de la Garza-Grahm next called on Dr. Linthicum to introduce Dr. Alice Castleberry.		
- Dr. Lannette Linthicum	Dr. Linthicum introduced Dr. Alice Castleberry, the new TDCJ Director of the Office of Mental Health Monitoring and Liaison. Dr. Linthicum informed the committee that Dr. Castleberry is a PsyD, and asked Dr. Castleberry to tell the committee more about her background.		
- Dr. Alice Castleberry	Dr. Castleberry informed the committee that she has been licensed since 2004 and has worked in Texas at various inpatient and outpatient settings. She has also worked in the state hospital system primarily focused on both forensic and clinical areas. She is looking forward to learning more about the correctional setting and thanked the committee.		
- Dr. Margarita de la Garza-Grahm	Dr. de la Garza-Graham moved onto agenda item III approval of consent items.		

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III. Approval of Consent Items - Dr. Margarita de la Garza-Grahm - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – September 20, 2017 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports - TTUHSC - UTMB - Summaries of CMHCC Joint Committee/ Work Groups Activities	Dr. de la Garza-Grahm stated that the following five consent items would be voted on as a single action: The first consent item was the approval of excused absences-hearing none; she moved onto the second consent item. The second consent item was the approval of the CMHCC meeting minutes from the September 20, 2017 meeting. Dr. de la Garza-Grahm asked if there were any corrections, deletions or comments-hearing none; Dr. de la Garza-Grahm moved onto the third consent item. The third consent item was the approval of TDCJ Health Services Monitoring Report and there was no comments or discussion of these reports. The fourth consent item was the approval of the University Medical Directors Report. There were no comments or discussion of these reports. The fifth consent item was the approval of the summaries of CMHCC Joint Committee/Work Groups Activities. There was no comments or discussion of these reports. Dr. de la Garza-Grahm then called for a motion to approve the consent items.		Dr. Raimer made a motion to approve all consent items, and Dr. Jumper seconded the motion which prevailed by unanimous vote.
IV. Update on Financial Reports - Ron Steffa	Dr. de la Garza-Grahm next called on Mr. Ron Steffa to present the financial report. Mr. Steffa reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2017, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47.		

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IV. Update on Financial Reports (Cont.) - Ron Steffa	Unit and psychiatric care expenses represent the majority of health care cost at $351 million or 52 percent of total expenses; hospital and clinical care accounted for $250 million or 37 percent; and pharmacy services were at $68.8 million or 10 percent of the total expenses. The average daily census within the incarceration setting had a slight decrease compared to the Fourth Quarter of FY 2016 by 0.3%. The offender population age 55 and over had a 5.4% increase with an average daily census of 16,825 through the Fourth Quarter of FY 2016 compared to 17,727 through the Fourth Quarter of FY 2017. Mr. Steffa reported on the unit and psychiatric care revenues of $360 million and $351 million of expenditures giving a surplus of $9.3 million in the strategy. The unit and psychiatric care expenses represent the majority of total health care costs at $351 million or 52%, hospital and clinical care at $250 million or 37%, and pharmacy services at $68.8 million or 10% of total expenditures. Mr. Steffa reported on hospital and clinical care revenues of $213 million and expenditures of $250 million leaving a shortfall of $37.5 million in the strategy. Managed health care pharmacy revenues of $63 million and expenditures of $68.8 million leaving a shortfall of $5.6 million in the strategy. Mr. Steffa next reported on the details for the combined summary for both universities. For the year in totality, there was a shortfall of $33.7 million for FY 2017. FY 2017 spend forward to cover the shortfall in FY 2016 were received, and the LBB approved to move FY 2017 monies to cover FY 2016 monies in the amount of $48 million. Excess health care fees were collected above the required amount totaling $265 thousand. The requested supplemental of $80 million was applied leaving a net difference to date of $1.5 million. The UTMB final FY 2017 Hospital Cost Reconciliation report will	Dr. Linthicum asked Mr. Steffa if the amount totaling $265 thousand was the health care services cost fee. Mr. Steffa responded yes. The annual health care fee charged to the offenders required to be collected is $2 million which is a part of the appropriations. Any amount above that is appropriated to us to offset health care costs.	

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IV. Update on Financial Reports (Cont.) - Ron Steffa	be ready to report between January and February 2018 timeframe to show the final results for the end of the year. Mr. Steffa next reported on the TDCJ CMHC annual trending data FY 2011-FY 2017 giving 7 years of information by the strategies as they are found in the General Appropriations Act. The unit and psychiatric care between FY 2016 and FY 2017 on the unit side was a 7% increase and a 3.8% increase for psychiatric. The hospital and clinical care annual trending showed the changes over the years for West Texas Regional Medical Facility (RMF), Hospital Galveston, and Community Hospitals. Comparing FY 2016 and FY 2017 showed a decrease in overall costs for community hospitals at approximately 3.4%, Hospital Galveston increased slightly to 4.3%, and West Texas RMF decreased slightly at 3.5%. Overall, there was a cost increase in hospital and clinical care of 1.5%.	Dr. Linthicum asked Mr. Steffa does the other $2 million go back to general revenue. Mr. Steffa responded no. The amount of $2 million is included in the appropriations. Dr. Linthicum asked Mr. Steffa if he could explain to the two new CMHCC members that West Texas RMF is not in fact a hospital but a part of the Montford Unit. Mr. Steffa responded yes. The West Texas RMF technically is not a hospital; however, the West Texas RMF has a higher level of acuity of services that they provide. It historically has been funded in the hospital strategy. We are appropriated through the General Appropriations Act. Monies for correctional managed care is in the three strategies: unit and psychiatric care, hospital and clinical care, and pharmacy services. West Texas RMF is a unit based facility that is funded in the hospital strategy. Dr. Linthicum clarified that West Texas RMF is a part of the Montford Unit. Mr. Steffa agreed with Dr. Linthicum adding that West Texas RMF is unique in that perspective. Dr. Mills asked Mr. Steffa if a better breakdown could be given to explain the $72.7 million for	

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IV. Update on Financial Reports (Cont.) - Ron Steffa		community hospitals to show which units the patients came from with patient demographics. Dr. Linthicum responded yes. There are quarterly meetings with each university. UTMB does daily hospital reports that details how many patients are offsite every day. UTMB has provider network of approximately 148 hospitals that they cover. Texas Tech provider network covers approximately 49 hospitals. Dr. Linthicum further added that a list of hospitals that are utilized can be provided as well as snapshots of how many patients are seen offsite at community hospitals. Dr. Mills stated that his concern is about if anything can be done to make sure that the inmates who are at risk for being hospitalized move closer to university facilities. Dr. Linthicum stated there is a utilization review management system in place. Dr. Ojo, Chief Medical Officer at Hospital Galveston, and his staff work closely with the provider network to move patients in, preferentially to the prison hospital in Galveston when it is necessary. Dr. Linthicum stated that there is a similar utilization review management system in West Texas with Dr. DeShields and her staff where patients are moved to access the university medical center in Lubbock. Dr. Linthicum added that attention is paid closely to this issue. Dr. Linthicum further added that the financial compensation for these hospitals were outlined in statute. Dr. Linthicum asked Mr. Steffa to explain about Rider 47. Mr. Steffa responded yes. Rider 47 is in the General Appropriations Act that specifies for	

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IV. Update on Financial Reports (Cont.) - Ron Steffa		community hospitals that payments shall be at 100% of their Medicare rate unless an exception has been requested and approved by the Legislative Budget Board (LBB). There are some hospitals that have requested a rate above 100% when that went into effect. Mr. Steffa stated that the universities that contracted with the hospitals had negotiated rates. When Rider 47 came into place, those rates went to 100% of Medicare for those hospitals that were not accepting this. The universities then looked for alternate hospitals. The hospitals said no and that they would not accept 100% of Medicare. They looked for an alternative hospital to see if one was available that would accept 100% of Medicare. If so, we would go with that hospital. In some cases, the distance of the hospital would cause additional travel. However, it was deemed that it would be necessary to contract for those services at those hospitals. A request was made to the LBB for them to approve over the 100% of the Medicare rate. The hospitals are reimbursed at the Medicare rate or at their approved percent of Medicare. Mr. Steffa explained that this is done on the reimbursement side. The utilization review management system looks at the volume and determines where the patients go as well as utilizing Hospital Galveston that UTMB has. Dr. Raimer stated that one of the things that UTMB has tried to do over the years is to take patients with certain chronic diseases who require immediate hospitalizations, whether someone is on chemotherapy, have chronic liver disease, or have congested heart failure. First, we try to group these patients into clusters at units that have expertise in taking care of their	

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IV. Update on Financial Reports (Cont.)		diseases at a higher level. Secondly, we try to move them close to a hospital if they need to be hospitalized. Dr. Raimer informed the committee that one practice that both medical directors, Dr. DeShields and Dr. Murray, have done is relegate to the individual units and the regional medical centers more training and expertise in their staff. Some are performing paracentesis on patients with liver failure to keep these patients out of the hospital. Dr. Raimer stated that we have been trying to continue this practice. It is a good opportunity to look at some of the areas that were suggested and with Dr. Mills experience in Corrections to see if there are other opportunities for improvement. Many improvements are being done as much as possible at the local units to keep patients from being transferred offsite because of the security issues. We have worked really well with TDCJ when the offenders are offsite in a non-secure facility, and the security requirements of a correctional officer increases quickly. We try to send as many patients as we can to the regional medical facilities or to Hospital Galveston where it is secure. Dr. Linthicum stated that a medical hub system was created for offenders. Every unit has a medical mission, and we know the level of care that each unit can provide. We create centers of clinical excellence on various units. The regional medical facilities are the centers for providing a multitude of services. In addition to that, we have created medical hubs where offenders are actually diverted for evaluation. The offenders are physically triaged and assessed, and a decision is made whether or not to send them to an emergency room. Through	

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IV. Update on Financial Reports (Cont.) - Ron Steffa		that process, approximately 70-75% of offenders are actually returned to their units of assignment and never go offsite.	
	Mr. Steffa continued the report on the hospital and clinical care costs. Between FY 2016 and FY 2017, there was a decrease in volume in community hospitals of approximately 4% overall. Mr. Steffa reported on the annual trending data for pharmacy. Between FY 2016 and FY 2017, there was an increase of approximately 6.9% for pharmaceuticals and a 3.1% increase for pharmaceuticals operations. Mr. Steffa next reported on the annual trending data for the average daily population that served. The average daily population has decreased between FY 2011 to FY 2016 to approximately 6,500 offenders or 4.2% in the population being served. Mr. Steffa noted that for next year the East Texas Treatment Facility would be added to the UTMB contract that was health care provided through the contract with a private vendor. There will be an increase in the population because of this additional facility being on the Correctional Managed Health Care. Mr. Steffa reported on the cost per day charts that showed pharmaceuticals cost per patient per day increase of 7.6% between FY 2016 and FY 2017. Overall, cost per day increased to 5.1% of $12.55 in FY 2017.	Dr. Linthicum stated that we have a lot of specialized populations and centers of clinical excellence where offenders are cohorted in order to deliver services more effectively and to access tertiary care more efficiently. Dr. Murray stated that trending down is good as it relates to the population decrease seen in FY 2016. However, one of the points of discussion today have been the growth of offenders aged 55 and older. Mr. Steffa responded that a decrease has not been seen specifically in the age group 55 and older. As that age group continues to grow, it is suspected at some point to plateau and level off. However, it has been growing for a while. Dr. Linthicum added that the facilities closed did not have many geriatric offenders. The reason why the population decreased is because four units were closed this past Legislative Session.	

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IV. Update on Financial Reports (Cont.)		Dr. Raimer asked Dr. Linthicum what area of cancer care has seen a fairly dramatic rise in cost. Dr. Linthicum responded the standard of care has changed as it relates to cancer medications and treatments. There were four transplants at one time this year and stem cell transplants continue to rise. Dr. Murray responded that age is driving more patients to having a diagnosis of cancer. The treatment has changed. More and more the standard of care is moving towards stem cell transplants and other forms of therapy that historically have not been covered in the benefit plan. The total number of stem cell transplants through the last fiscal year is approximately 6, and this number keeps rising. Dr. Linthicum added that almost every month an offender has been sent to MD Anderson for a stem cell transplant. Dr. Murray stated that looking at the trend in pharmaceuticals, cancer is becoming a chronic disease given some of the newer drugs. Some of the newer drugs have great promises and great results, but they also have great costs being chronic medications. The trend in spending in terms of pharmaceutical cost and hospital care, given that there is not going to be a change in the age demographics is still an issue that we all have to continue to address. More detailed information will need to be given about the growth of some of the disease states, and the related costs.	

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IV. Update on Financial Reports (Cont.)		Dr. Raimer suggested that at some point when dealing with an increasing number of transplants, it would be good to go to the entity providing the transplants to ask for a discount on the prices. Dr. Linthicum stated that MD Anderson is used exclusively for transplants but unsure about Texas Tech. Texas Tech probably uses UMC for transplants, but they have a smaller number. Dr. Jumper stated that Texas Tech used to perform transplants at UMC and had a good cost break. Texas Tech closed their stem cell unit because of two competing transplant programs in Lubbock. The numbers were small. The larger stem cell transplant programs in Lubbock has stayed in the private sector, and Texas Tech has approached this private vendor several times. The staff says yes but the medical directors says no. They are not willing to do stem cell transplants on TDCJ offenders; therefore the offenders are being transferred to the UTMB sector. Dr. Jumper also stated that they will try to go back to the private sector in Lubbock to see if they will take TDCJ patients again. Dr. Murray stated that UTMB does not always get Texas Tech high acuity patients because the cost of care is less expensive there. UTMB was going to shift from MD Anderson to a West Texas provider but it did not materialize. UTMB always shop around for the next best deal and it would be helpful to get better rates from MD Anderson.	

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IV. Update on Financial Reports (Cont.)		Dr. Raimer stated that we tend to lump all cancers into the older people aged 55 and older. A number of patients this year have been ages less than 50 who had leukemia and some of these cancers are shifted to the younger people. Dr. Linthicum agreed with Dr. Raimer, and she added that there has been a number of younger leukemia and lymphoma patients.	
V. Summaries of Critical Correctional Health Care Personnel Vacancies - Dr. Lannette Linthicum	Dr. de la Garza-Grahm then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Correctional Health Care Personnel Vacancies. Dr. Linthicum informed the committee that she would introduce key health care staff throughout the presentation to Dr. Hudson and Dr. Mills. Dr. Linthicum first introduced Chris Black-Edwards RN, BSN TDCJ Chief Nursing Officer to update the committee on vacancies in her department. Dr. Linthicum reported on the Investigator II position in the Patient Liaison Program at the Stiles unit and asked Ms. Black-Edwards what was the status of this positon.	Ms. Black-Edwards gave the report on vacant positions in her department. She updated the committee on which positions had been interviewed and are in the clearance process awaiting a background check. Dr. Linthicum stated that the Hilltop Unit was shut down during the hiring freeze, and Texas Tech stepped in to assist with the correspondences. Dr. Linthicum also stated that the Patient Liaison Program answers all patient health care complaints whether it comes from third-parties, patient advocacy groups, inmate families, lawyers, and legislators. These are the positions that interview the offenders and review the medical records in order to respond to the complaints. Ms. Black-Edwards responded that the positon is closed. The applications are being reviewed and interviews will be scheduled.	

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V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.) - Dr. Lannette Linthicum	Dr. Linthicum reported on the Nurse II position in the Office of Health Services Monitoring. Dr. Linthicum reported that there is an Investigator III position vacant in the Office of Professional Standards at the Huntsville location. Dr. Linthicum reported that the Deputy Division Director in Health Services is a physician position that is currently posted. Dr. Linthicum reported that there are two vacant Health Specialist V positions in the Office of Mental Health Monitoring and Liaison and asked Ms. Teresa Winegar, Manager III about the status of these positions. Dr. Linthicum reported that the Program Supervisor V position will support the correctional managed health care committee. That position has been hired and is here with us today, Ms. Renee Warren. The Director II position in the Office of Public Health is a Registered Nurse position. This positon is currently on hold. However; Ms. Black-Edwards is currently serving in this capacity.	Ms. Black-Edwards stated that interviews were conducted last week, and a candidate would be presented to Dr. Linthicum after the meeting. Ms. Black-Edwards stated that an interview is pending and will be scheduled soon. Ms. Winegar stated that there are two applicants and interviews are in the process of being scheduled.	
- Dr. Cynthia Jumper on behalf of Dr. DeShields	Dr. Jumper reported that Texas Tech had one critical vacancy which was the Medical Director at the Smith Unit. The position was filled, and the new hire started October 1.		
- Dr. Owen Murray	Dr. Murray reported that he will first discuss the filled positions for the new CMHCC members. Dr. Murray introduced Dr. Monte Smith, UTMB CMC Medical Director for Inpatient Operations, Dr. Joseph Penn, UTMB CMC Mental Health Director, Ms. Marjorie Kovacevich, UTMB CMC Associate Vice President of Inpatient Services, Dr. Olugbenga Ojo, UTMB CMC Chief Medical Director at Hospital Galveston, Dr. Stephanie Zepeda, UTMB CMC Associate Vice President for Pharmacy Services, Kelly Coates, UTMB CMC Associate Vice President for Clinical Support Services, Mr. David		

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V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.) - Dr. Owen Murray	Connaughton, UTMB CMC Chief Financial Officer, Mr. Ryan Micks UTMB CMC Director of Legislative Affairs, Dr. Billy Horton, UTMB CMC Dental Director, Dr. Jessica Khan, UTMB CMC Infectious Disease Physician, and Mr. Anthony Williams, UTMB CMC Associate Vice President of Outpatient Services. Dr. Murray reported that UTMB vacancies remain unchanged, and the senior leadership staff positions remain stable.		
VI. Medical Director's Updates - **TDCJ – Health Services Division FY 2017 Fourth Quarter Report** -Dr. Lannette Linthicum	Dr. de la Garza-Grahm then called on Dr. Linthicum to present the TDCJ Medical Director's Report. Dr. Linthicum began by explaining that the TDCJ Medical Director's report focuses on the Fourth Quarter FY 2017 (June, July and August 2017). During this quarter, Operational Review Audits (ORAs) were conducted at the following 9 facilities: Formby, Hobby, Kegans Intermediate Sanction Facility (ISF), Marlin, Montford (PSYCH/RMF), Pack, Polunsky, Wallace, and Wheeler. Dr. Linthicum referenced the 6 items found to be most frequently below the 80 percent compliance, and corrective actions have been requested on all of these items.		
- Capital Assets Monitoring	Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 9 facilities listed above for ORA's during the Fourth Quarter of FY 2017 and all 9 facilities were within the required compliance range. The Capital Assets Monitoring Program continues to do very well.		
- Dental Quality Review Audit	Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 11 facilities. Item 20 was the item found to be the most frequently below the 80 percent threshold. Item 20 requires that if panoramic radiographs were taken during in-processing (intake) that they be currently available at the facility. Corrective actions were requested. Dr. Linthicum explained that there are 24 intake units and on a yearly basis there are approximately 70,000 intakes a year.	Dr. de la Garza-Graham asked Dr. Linthicum to explain the meaning of the 80 percent threshold level to the new CHMCC members. Dr. Linthicum responded the 80 percent threshold was arbitrarily set by the Correctional Managed Health Care Committee at the inception of the program. The goal threshold is of course 100 percent compliance level. However, UTMB, Texas Tech, and TDCJ	

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VI. Medical Director's Updates (Cont.)		agreed that 80 percent compliance level would be acceptable or satisfactory. Corrective actions are requested if the threshold falls below the 80 percent compliance range.	
- Grievances and Patient Liaison Correspondence	Dr. Linthicum introduced Ms. Myra Walker, BSN, RN, TDCJ Chief of the Office of Professional Standards Patient Liaison Program. Dr. Linthicum then reported that the Office of Professional Standards operates the Family Hotline, the Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Fourth Quarter, the PLP and the Step II Medical Grievance received 4,389 correspondences. The PLP received 3,094 correspondences and Step II Grievance received 1,295. There were 248 Action Requests generated. The percentage of sustained Step II Medical grievances from UTMB was seven percent and eight percent for TTUHSC.		
- Quality Improvement (QI) Access to Care Audit	There were 18 Sick Call Request Verification Audits conducted on 17 facilities. A total of 153 indicators were reviewed and 9 of the indicators fell below 80 percent compliance. Corrective actions were requested.		
- Office of Public Health	Dr. Linthicum continued by explaining that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). During the Fourth Quarter, there were 16,600 intake HIV tests performed. Of those tested, 197 offenders were newly identified as having HIV infection. During the same time period, there were 9,193 pre-release tests performed with none found to be HIV positive. For this quarter, 13 new AIDS cases were identified. There were 624 cases of Hepatitis C identified for the Fourth Quarter FY 2017. 124 cases of suspected Syphilis were reported. 66 cases required treatment or retreatment.		

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VI. Medical Director's Updates (Cont.) - Office of Public Health	216 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2017. Dr. Linthicum reported that there was an average of 20 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2017. Dr. Linthicum next reported that the Office of Public Health employs a Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the Fourth Quarter FY 2017, there were 182 chart reviews of alleged sexual assaults. There were 38 deficiencies found this quarter and corrective actions have been requested. 50 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault. Dr. Linthicum reported that during the Fourth Quarter FY 2017, 6 units received a 5 day training which included the Wall Talk Training and the Somebody Cares Training in the Peer Education Program. In the month of July 2017, one unit received a three day training which included the Wall Talk Training. As of the close of the Fourth Quarter of FY 2017, 99 of the 105 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 47 offenders were trained to become peer educators, and 20,456 offenders attended the classes presented by peer educators.		
- Mortality and Morbidity	Dr. Linthicum reported that the Morbidity and Mortality committee is a joint committee consisting of the three partners: UTMB, Texas Tech and TDCJ. Dr. Ojo and Dr.		

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VI. Medical Director's Updates (Cont.) - Office of Mental Health Monitoring & Liaison	Millington are the co-chairs. 113 deaths were reviewed during the months of June, July, and August of 2017. Of those 113 deaths, 6 were referred to peer review committees. 4 cases were referred to provider peer review and 2 cases were referred to nursing and provider peer review. Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter of FY 2017. Administrative Segregation (Ad Seg) audits were conducted on 16 facilities. 2,138 offenders were observed, 2,701 were interviewed, and one offender was referred to the university providers for further evaluation. Access to Care (ATC) for mental health ATC four and five were met at 100 percent at 15 of the 16 facilities. The OMHM&L also monitors all instances of compelled psychoactive medication to offenders to ensure that we have followed appropriate procedures for documentation purposes. Compelled psychoactive medications are only done at the outpatient psychiatric units. For the Fourth Quarter FY 2017, 53 instances of compelled psychoactive medication administration occurred. There were 11 instances at Montford, 32 at Skyview, 9 at Jester IV, and one at the Bill Clements unit. All units were 100 percent compliant. The Intake Mental Health Evaluation audit conducted by OMHM&L is designed to provide reasonable assurance that offenders coming in at intake are identified as having a potential mental health need and receive a Mental Health Evaluation within 14 days of identification. Audits were conducted at 28 intake facilities and 26 facilities identified incoming offenders in need of Mental Health Evaluations. 20 of the 26 facilities met or exceeded the 80 percent compliance for completing Mental Health Evaluations within 14 days of identified need.	Dr. Linthicum informed the committee that the corrections mental health population is constantly being talked about and that prisons are said to have become the de facto mental health hospitals. TDCJ has 2,000 inpatient psychiatric beds; 605 male offenders are cohorted on one unit that have developmental disabilities, 100 female offenders in the developmental disability program at the Crain unit, and approximately 24,000 offenders are on the outpatient mental health caseload. The mental health patients keep coming into the Texas criminal justice system. This is an area of diminishing resources and bed capacity.	

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VI. Medical Director's Updates (Cont.)		The last TDCJ inpatient psychiatric facility built was the Montford unit in 1995. In terms of going forward with the Legislative Action Plan, another inpatient psychiatric facility will have to be considered.	
- Office of the Health Services Liaison	Dr. Linthicum reported that the Office of Health Services Liaison (HSL) conducted 164 hospital and 43 infirmary discharge audits. UTMB had 45 deficiencies identified and 6 from TTUHSC identified for the hospital discharge audits. UTMB had 7 deficiencies identified and TTUHSC had 1 for the infirmary discharge audits.		
- Accreditation	Dr. Linthicum reported that the ACA Summer Congress of Corrections was held in St. Louis, Missouri on August 18-22, 2017. During this conference, the following facilities were represented: Byrd, Clements, Daniel, Formby/Wheeler, Jester Complex, Ramsey, Roach, Skyview/Hodge, Smith, and Wynne. TDCJ has the Golden Eagle Award which means that all aspects of the agency are fully accredited.		
- Biomedical Research Projects	Dr. Linthicum reported on the summary of active and pending biomedical research projects as reported by the TDCJ Executive Services. The CID has 28 active and 6 pending biomedical research projects. The Health Services Division has 8 active and 4 pending biomedical research projects.		
- **Texas Tech University Health Sciences Center**	Dr. de la Garza-Grahm thanked Dr. Linthicum then called on Dr. Jumper to present the report for TTUHSC.		
- Dr. Cynthia Jumper on behalf of Dr. Denise DeShields	Dr. Jumper reported that there were no updates on the percentage end.		
- **University of Texas Medical Branch**	Dr. de la Garza-Grahm thanked Dr. Jumper and then called on Dr. Murray to present the report for UTMB.		
- Dr. Owen Murray	Dr. Murray reported that there were no further updates.		

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VII. Disease Management Guideline and Policy Presentation Hepatitis C Chronic (Revision) - Dr. Stephanie Zepeda	Dr. Zepeda reported on the Hepatitis C Policy and Program. The Hepatitis C Workgroup is a multidisciplinary team with representatives from UTMB, Texas Tech, and TDCJ. The Hepatitis C disease management guideline was approved by the Joint Pharmacy & Therapeutics Committee in November. The rationale for policy changes is due to the FDA approval of the new oral direct acting antivirals (DAAs). National guidelines no longer recommend dual therapy with peginterferon plus ribavirin (PEG/RBV), PEG/RBV plus boceprevir or telaprevir, or PEG as part of an oral regimen with DAAs. The new therapies have a higher cure rate of approximately 95% for the healthier patients, shorter duration of treatment at 12 weeks instead of 6 to 12 months, and are better tolerated. However, the new therapies are more expensive. Chronic hepatitis C is a significant burden in the United States (U.S.). There is an increase in prevalence with an increase in age, and a substantially higher burden in the prison and jail population. The prevalence rates is 1-1.5% for the U.S. population and 12.3% for the TDCJ population. The genotype distribution mirrors the U.S. general population with the majority of patients having genotype 1. Chronic hepatitis C also has a significant economic burden. The American Association for the Study of Liver Diseases (AASLD) conducted a study that reported medical costs to double over the next 20 years, and the death rates to triple. The rationale for treatment is starting to be seen in the TDCJ population. In FY 2017, 12.8% of the TDCJ drug budget cost was approximately $6.9 million. This percent will continue to rise as the infrastructure for treating these complex patients continues to grow. Dr. Zepeda reported that treating hepatitis C protects the public. Patients in state prisons are expected to return to the community and over 67,000 offenders were released from TDCJ in FY 2016. Achieving a cure has been shown to prevent disease progression, development of hepatocellular carcinoma (HCC), deaths, and leads to long-term cost savings.	Dr. Linthicum stated that this is a diagnosed prevalence. A TDCJ seroprevalence study was conducted with the University of Texas Health Sciences Center at Houston, and the Texas Department of Health in 2001 that demonstrated 30% of the incoming offenders to TDCJ are infected with Hepatitis C. The 12.3% is the actual diagnosed prevalence rate.	

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VII. Disease Management Guideline and Policy Presentation Hepatitis C Chronic (Revision) (Cont.) - Dr. Stephanie Zepeda	Dr. Zepeda next reported on the trend of TDCJ population with end stage liver disease. These are patients with ascites and hepatic encephalopathy. Hepatitis is the third leading cause of death in state prisons, and the majority of TDCJ patients have chronic hepatitis C. Dr. Zepeda reported on the trend of TDCJ liver cancer deaths. The trend continues to rise but there was a downtick in 2016. Dr. Zepeda next reported on the policy changes. Dr. Zepeda clarified how patients would be treated once therapy was finished and considered clinically cured. Patients that are asymptomatic would be discharged from the hepatitis C chronic care clinic. Patients with end stage liver disease, such as cirrhosis or abnormal liver function tests, will be kept in the hepatitis C chronic care clinic. These patients will also continue to be followed by the UTMB virology team. Dr. Zepeda reported that Epclusa is now used for all genotypes. However, Mavyret for chronic kidney disease stages 4 and 5, and Vosevi for patients who are treatment experienced are other agents that may be used. Both of these agents are significantly expensive and their use will be limited. Dr. Zepeda next reported on the cost of these drugs compared to the UTMB and Texas Tech sectors. UTMB incremental cost treating 400 patients for hepatitis C is approximately $8.7 million. This cost is a projection based on the assumption that these patients will receive 12 weeks of Epculsa therapy.	Dr. Linthicum asked Dr. Zepeda what will be done about the alert code for patients being discharged out of the of hepatitis C chronic care program. Dr. Jessica Khan responded that there is a new alert code that says hepatitis B or C result. Dr. Linthicum stated that an inquiry was received from Senate Finance regarding why Mavyret was not being used in TDCJ. It was explained that it was more expensive than the other agents. Dr. Linthicum also stated that UTMB uses 340B pricing versus Texas Tech, and asked Dr. Zepeda to clarify the pricing for the two new CMHCC members. Dr. Zepeda responded that UTMB qualifies for the federal 340B discount program through its eligibility as a disproportionate share hospital. This is one of the benefits of the relationship that Correctional Managed Health Care has with	

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VII. Disease Management Guideline and Policy Presentation Hepatitis C Chronic (Revision) (Cont.)		UTMB. Sub-ceiling 340B pricing is actively negotiated, and the Epculsa price is lower than the 340B price. The Epculsa price is a sub-ceiling contracted price that was negotiated by UTMB Pharmacy Services office. Dr. Linthicum stated that the 340B Epculsa price is outstanding compared to what other Department of Corrections are paying. Dr. Jumper stated that these costs are not incurred at Texas Tech because they do not treat them. 340B savings are maximized by UTMB, and Texas Tech does not incur these costs.	
- Dr. Stephanie Zepeda	Dr. Zepeda next reported on the patient management strategy. 18,399 patients have been identified with chronic hepatitis C. 4,554 patients meet priority criteria including F3-F4 fibrosis, co-infection with HIV, and, or extra-hepatic manifestations. The sickest patients are treated first and then other patients will be treated according to acuity. Dr. Zepeda continued to report on the patient management strategy. Patients will continue to be treated in the UTMB sector to maximize 340B savings. Patient caseload will be managed directly by the UTMB virology team through Dr. Khan. Patients receiving treatment are moved to centers of excellence where the nursing staff, and the primary care providers have been trained on how to manage these patients. The centers of excellence ensure that these patients are closely monitored, adherent to therapy in order to avoid resistance, and prevent therapy disruptions. The centers of excellence for male offenders are at Stiles, Jester III, and Dominguez unit. The centers of excellence for female offenders are at Young and Woodman unit. Dr. Zepeda next reported on the outcomes of the current hepatitis C program. In March 2017, the preferred DAA therapy changed with Epclusa replacing Harvoni. In September 2015, Correctional Managed Health Care began		

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VII. Disease Management Guideline and Policy Presentation Hepatitis C Chronic (Revision) (Cont.) - Dr. Stephanie Zepeda	the use of these new DAA oral regimens. 282 patients have been started on therapy. 105 patients are midcourse or awaiting outcome assessment 12 weeks after completing therapy. Through the Fourth Quarter of FY 2017, 177 patients are on therapy long enough to achieve cure. 18 patients are deceased, released, or discontinued treatment. 1 patient refused the final viral load at the end of treatment. 24 patients failed treatment. 134 patients approximately 84.8%, achieved cure.		
- Dr. Margarita de la Garza-Grahm	Dr. de la Garza-Grahm then called for a motion to approve the revisions of the Hepatitis C Policy and Program.		Dr. Jumper made a motion to approve the revisions of the Hepatitis C Policy and Program, and Dr. Raimer seconded the motion which prevailed by unanimous vote.
VIII. Public Comments - Dr. Margarita de la Garza-Grahm	Dr. de la Garza-Grahm noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments- hearing none; she then acknowledged Dr. Raimer to make an announcement to the committee.	Dr. Raimer announced that UTMB continues to work with the Legislative Delegation and others from Texas regarding the 340B pricing. There is a move by large pharma to remove the 340B program entirely which would cost UTMB approximately $119 million a year. This would be a huge increase to the Correctional Managed Health Care budget. The Governor's Office has been notified about this and UTMB has received help.	
	Dr. de la Garza-Grahm next acknowledged Dr. Jumper to make an announcement to the committee.	Dr. Jumper introduced Mr. Will Rodriguez, Texas Tech Senior Managing Director, and Dr. Barbara Beadles, Texas Tech Mental Health Director to the two new CMHCC members.	
IX. Adjourn	Dr. de la Garza-Grahm then called for a motion to adjourn the meeting.		Dr. Linthicum made a motion to adjourn the meeting, and Dr. Jumper seconded the motion which prevailed by unanimous vote.

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	Dr. de la Garza-Grahm thanked everyone for their attendance and adjourned the meeting. Dr. de la Garza-Grahm announced that the next CMHCC meeting is scheduled for March 20, 2018 in Dallas Texas. The meeting was adjourned at 11:33 a.m.		

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

3-20-18
Date