

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**December 8, 2015**

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

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D., Elizabeth Anne Linder, Ed.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN, Ben Raimer, M.D.

**CMHCC Members Absent:** Mary Annette Gary, Ph.D.

**Partner Agency Staff Present:** Bryan Collier, Bill Stephens, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Rebecka Berner, Darnel Durand, MD, Chris Black-Edwards, Linda Knight, Ph.D.; Texas Department of Criminal Justice; Stephen Smock, Anthony Williams, Owen Murray, DO., Monte Smith, DO., Joseph Penn, MD., Gary Eubank, Lauren Sheer, Jessica Khan, MD, Marjorie Kovacevich, Olugbenga Ojo, M.D., Susan Morris, MD, Kelly Coates, Clay Watson, MD., UTMB; Denise DeShields, M.D., TTUHSC

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 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.</p>		
<p><b>II. Recognitions and Introductions</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.</p> <p>Dr. de la Garza-Graham called upon Dr. Linthicum and Dr. Murray who recognized Lauren Sheer, Legislative Director, of the University Texas Medical Branch for her advocacy, tireless efforts and outstanding service presented during the Legislative Session.</p>		
<p><b>III. Approval of Consent Items</b></p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> <li>o Approval of Excused Absences</li> </ul>	<p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p> <p>Dr. de la Garza-Graham noted approval of excused absence for Dr. Raimer due to a scheduling conflict.</p>		

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<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of CMHCC Meeting Minutes – September 22, 2015</li> <li>○ Approval of TDCJ Health Services Monitoring Report</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>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on September 22, 2015.</p> <p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director’s Reports.</p> <p>Dr. de la Garza-Graham stated the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>	<p>Dr. Harold Berenzweig noted a marked decrease in the number of HIV screenings on the monthly activity report and asked if it may be due to the fluctuation in those entering and leaving the system.</p> <p>Dr. Lannette Linthicum replied, that the intake numbers usually remain constant and asked Chris Black-Edwards to make note to check the fluctuation shown in the numbers.</p>	<p>Dr. Ben Raimer made a motion to approve the consent items and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>
<p><b>IV. Update on Financial Reports</b></p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in</p>		

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities was \$542.1 million dollars.</p> <p>The report also shows expenditures broken down by strategies.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 53.5% percent, for a total of \$306.2 million dollars.</p> <p>Hospital and clinical care accounts for 37.2% of total expenditures at a cost of \$216.9 million. This strategy showed the greatest shortfall at \$44.1 million dollars for FY 2015.</p> <p>Pharmacy services makes up 10.3 % of total health care expenditures at a cost of \$59.8 million dollars.</p> <p>As of the Fourth Quarter of FY 2015, the average service population is 148,978. This is a slight decrease from the FY 2015 Second Quarter.</p> <p>The overall service population has remained stable with an average daily census of 148,569 for FY 2015.</p> <p>The offender population age 55 and over had a slight increase with an average daily census of 16,069. This population makes up about 10.8 % of the overall population and accounts for 40.7 % of total hospital cost.</p> <p>The average mental health inpatient census is 1,865 of the total service population. The average mental health outpatient census is 22,634 of the total service population.</p> <p>The average health care cost is \$10.75 per offender, per day, which is a 5.3% percent increase from FY 2014 which was \$10.21.</p> <p>Ms. Maresh reported that \$11.6 million dollars in FY 2015</p>		

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>funding was used to cover shortfalls of FY 2014 bringing the total shortfall to \$35.7 million during the Third Quarter.</p> <p>The total shortfall for FY 2015 was \$40.8 million when accounting for the \$11.6 million dollar spend forward that was used from FY 2015 funding to cover the FY 2014 shortfall, bringing the total shortfall to \$52.4 million dollars.</p> <p>Ms. Maresh further reported that \$83,870 in excess offender health care fees were collected in 2015 and a supplemental appropriation of \$42.5 million dollars was approved for TDCJ to spend along with an additional \$5 million dollars in additional resources bringing the shortfall to \$4.9 million dollars.</p>	<p>Dr. Linthicum referenced that the greatest deficit is in the hospital strategy, and inquired if it was known if the cost was related more to hospital or emergency room cost.</p> <p>Dr. Linthicum asked that Dr. Olugbenga Ojo research the total number of funds that had been spent on stem cell transplants, so that it could be determined how it is impacting the hospital strategy.</p> <p>Dr. Linthicum inquired on how many stem cell transplants had been completed on patients during the biennium.</p> <p>Dr. Ojo responded that about seven stem cell transplants had been completed within the biennium, and one was in the completion process bringing the total to eight.</p> <p>Charlene responded that she would provide a breakdown of the cost to the committee.</p> <p>Dr. de la Garza-Grahm requested a report be given on patients who have had stem cell transplants and what criteria is used to determine if they qualify, as well as what signifies a</p>	

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<b>IV. Update on Financial Reports (Cont.)</b>		<p>successful outcome at the next meeting.</p>	
<b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b>	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called upon Dr. Linthicum to begin the presentation of the Critical Personnel Vacancies.</p>	<p>Dr. Murray mentioned that Dr. Markowitz had previously discussed the criteria and changing criteria standards of care and cost associated with stem cell research.</p> <p>Dr. de la Garza-Graham asked if Dr. Markowitz could provide the committee with an update on stem cell research and associated cost.</p>	
<ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> </ul>	<p>Dr. Linthicum reported that the position of Health Specialist V within the Office of Mental Health remained vacant and the position would be reposted.</p>		
	<p>Dr. Linthicum noted that there were no qualified applicants for the position of Director II, Office of Public Health so the position posting had been extended.</p>		
	<p>Dr. Linthicum reported that interviews had been conducted for the position of Investigator III, located at the Hilltop Unit and that the selected applicant was in the clearance process.</p>		
<ul style="list-style-type: none"> <li>- Dr. Denise DeShields</li> </ul>	<p>Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p>		
	<p>Dr. DeShields reported that the medical director's position at the Jordan/Baten Facility was vacant and advertisement through internet, local, regional, military and national publications had been used to advertise the position. Dr. DeShields announced that an applicant had been secured for the position and scheduled to start January of 2016.</p>		
	<p>Dr. de la Garza-Graham then called on Dr. Murray to report on UTMB's critical vacancies.</p>		
	<p>Dr. Murray reported that UTMB psychiatrist position had</p>		

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<b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b>	<p>been vacant since Spring of 2015. Dr. Nyack who was the former full time psychiatrist in the position had remained on with the UTMB but at a part time status. Dr. Murray announced that Dr. Abram had been selected, and accepted the position of full-time psychiatrist and would be providing services at the Jester III Facility and throughout the UTMB sector. Dr. Murray further reported that Dr. Nyack would also be staying with UTMB in a part-time role to provide mentorship to Dr. Abram.</p> <p>Dr. Murray further reported that Dr. Clay Watson would be replacing Dr. Jessica Khan as virologist beginning December 7, 2015. Dr. Murray reported that Dr. Watson would be working with Dr. Khan on a transition timeline.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p>		
<b>VI. Medical Director's Updates</b>	<p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Fourth Quarter of FY 2015, (June, July, August), Operational Review Audits (ORAs) were conducted on nine facilities: Eastham, Estes, Goodman, Henley, Hightower, Huntsville, Sayle, West Texas Intermediate Sanction Facility (WTISF), and Carol Young. There were also ORAs closed during this quarter for twelve facilities: Bartlett, Baten, Bradshaw, Bridgeport Pre-Parole Transfer (PPT), Diboll, Duncan, Hightower, Hilltop, Billy Moore, Mountain View, Sayle and Woodman. Dr. Linthicum referred to the nine items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 10 facilities: Byrd, Dominguez, Gist, Holliday, Woodman, Gurney, Hutchins, Lychner, Middleton, and Plane. Dr. Linthicum noted there were no items found below 80 percent compliance.</p>		
<ul style="list-style-type: none"> <li>- Dr. Owen Murray</li> </ul>			
<ul style="list-style-type: none"> <li>- Lannette Linthicum, MD</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2015 Fourth Quarter Report</b></li> </ul>			
<ul style="list-style-type: none"> <li>○ Operational Review Audit</li> </ul>			
<ul style="list-style-type: none"> <li>○ Capital Assets Monitoring</li> </ul>			
<ul style="list-style-type: none"> <li>○ Dental Quality Review Audit</li> </ul>			

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Grievance and Patient Liaison Correspondence</li> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Office of Public Health</li> </ul>	<p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Fourth Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 4,587 correspondences. The PLP received 2,888 correspondences and Step II Medical Grievance received 1,699. There were 331 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were 11 percent and six percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 41 Sick Call Request Verification Audits conducted on 38 facilities. A total of 327 indicators were reviewed and 4 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 638 cases of Hepatitis C identified for the Fourth Quarter FY 2015. There were 16,483 intake tests and 100 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2015, 16,485 offenders had intake test and 130 were HIV positive. Five new Acquired Immunodeficiency Syndrome (AIDS) case was identified in the Fourth Quarter FY 2015 compared to four new AIDS cases identified during the Third Quarter FY 2015.</p> <p>201 cases of suspected Syphilis were reported in the Fourth Quarter FY 2015. Eight of those required treatment or retreatment.</p> <p>139 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 28 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2015.</p> <p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which</p>		

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<b>VI. Medical Director's Updates (Cont.)</b>	<p>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. During the Fourth Quarter FY 2015, one training session was held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 202 chart reviews of alleged sexual assaults. There was one deficiency found this quarter. 62 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.</p>		
	<p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 19,439 offenders attended classes presented by educators, this was a decrease from the Third Quarter FY 2015. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 131 offenders trained to become peer educators during the Fourth Quarter of FY 2015. This is an increase from offenders trained in the Third Quarter FY 2015.</p>		
<ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> </ul>	<p>Dr. Linthicum reported that there were 95 deaths reviewed by the Mortality and Morbidity Committee during the Fourth Quarter of FY 2015. Of those 95 deaths, 16 were referred to peer review committees for further review.</p>		
<ul style="list-style-type: none"> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Fourth Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 3,392 offenders were observed 2,845 were interviewed and 7 offenders were referred to the university providers for further evaluation. All facilities were 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on all 16 facilities.</p>		
	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 52 instances of</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Health Services &amp; Liaison</li> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> </ul>	<p>compelled psychoactive medication administration occurred. Montford, Skyview, Jester IV, were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Clements Unit fell out of compliance briefly in August but corrective action was taken to bring them back into compliance.</p> <p>There were 26 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 20 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum 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. 17 of the 20 offenders were reviewed and allowed to participate.</p> <p>Dr. Linthicum noted that the Baby and Mother Bonding Initiative (BAMBI) Program review had been turned over to the universities and moving forward they would be responsible for conducting these reviews.</p> <p>The Office of Health Services Liaison (HSL) conducted 185 hospital and 54 infirmary discharge audits. UTMB had eight deficiencies identified and TTUHSC had one deficiencies identified for the hospital discharge audits. UTMB had 26 deficiencies identified and TTUHSC had 28 deficiencies for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 11 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>• <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Owen Murray, DO</li> </ul> </li> </ul>	<p>Dr. DeShields had no additional clinical information to report for the Fourth Quarter.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray asked Dr. Linthicum to provide an update to the committee on their recent attendance at the State Capital for the Radford Crocker Memorial Act.</p> <p>Dr. Linthicum reported that in honor of House Bill (HB) 2189, the Radford Crocker Memorial Act, TDCJ and UTMB officials met with the Crocker family to honor the devoted works by Mr. Radford Crocker and the final passing of the bill.</p> <p>HB 2189 codifies the practice of providing a structured program and sheltered housing for offenders with developmental disabilities, the Developmental Disabilities Program (DDP) has been developed to help these types of offenders.</p> <p>Dr. Linthicum further reported that the act was passed on behalf of Mr. Crocker who spent a good deal of his life working with the disabled and mentally ill population in the health care field. His widow Ms. Crocker worked with Representative Tan Parker who sponsored the bill on the house side. Both Ms. Crocker and Representative Parker worked jointly with the agency and the bill passed.</p> <p>The Crocker Family would now like to work jointly with the Correctional Managed Health Care Program and help to develop the DDP to an even greater level than what it is now.</p> <p>Dr. Murray reported and thanked Dr. John Edward Sherwood for his participation in the touring of the Travis County State Jail and the Austin Mental Health HUB.</p>		

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<b>VI. Medical Director's Updates (Cont.)</b>	<p>Dr. Murray further reported that touring had also taken place with one of UTMB's executive vice presidents at the Hospital Galveston Facility and noted the degree of pathology and level of learning shown at the facility. The uniqueness of the Hospital Galveston migrates out showing what UTMB does in the medical and mental health fields. These fields have a major impact on the training that occurs at Hospital Galveston, without this the state would be without far fewer specialist and primary care doctors.</p>		
<b>VII. Hepatitis C in TDCJ: A Status Update</b>  - Jessica S. Khan, MD	<p>Dr. de la Garza-Grahm then called on Jessica Khan, Director of Virology, UTMB to provide the committee with an update on the status of Hepatitis C within the agency.</p> <p>Dr. Khan begin by explaining that she would be reporting on Hepatitis C within TDCJ using the data provided from the last 2 years.</p> <p>Dr. Kahn reported that in 2013, Hepatitis C had risen about 15 percent with 4.5 percent incident showing newly identified patients. Overall prevalence is approximately 12 percent, which is considered high when compared to National Prevalence of three to four percent. 471 cases of cirrhosis were reported these are patients who are at end stage liver disease, about 2.5 percent of offender population patients are at end stage liver disease clinics and 357 patients have been placed in treatment.</p> <p>Dr. Khan outlined the natural course of the disease by explaining that Hepatitis C is an acute infection that 15 to 40 percent will be able to resolve without help from anyone, about 60 to 85 percent will go into chronic infection and only a small percentage of about 15 percent will go into cirrhosis.</p>	<p>Dr. de la Garza-Grahm asked if only about 20 percent of Hepatitis C patients would require some type of treatment.</p> <p>Dr. Khan replied, that Hepatitis C is an infection that is not natural to have in the body, guidelines</p>	

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<p><b>VII. Hepatitis C in TDCJ: A Status Update (Cont.)</b></p>	<p>Dr. Khan further reported the goal of treatment is to reduce all causes of mortality such as liver cancer and end stage liver disease in which could require possible liver transplant. Factors that are considered for patients needing immediate treatment are those who have come into the system and are already on treatment for the disease and next would be patients who are cirrhotic. Patients who also have other life threatening conditions would require priority treatment because without treatment their condition can worsen and become more severe.</p> <p>Dr. Khan reported that tiers are used to help determine patients with Hepatitis C who require immediate treatment, and explained factors that are taken in consideration contradictory to their treatment such as medication that is contraindicated to be used with the treatment of medication.</p> <p>New drug treatments do not kill the virus they interfere with the virus's ability to make more of itself. Patients' immune system must still be functioning for the drug therapies to work. This is why drug therapies must be administered to the patient over a length of time taking about 3 to 6 months depending on the immune system and the amount of the virus still living within the patient's body.</p> <p>Dr. Khan reported that new drug therapies such as Harvoni had been introduced for use of patients with Hepatitis C and explained that centers of excellence have been set up for both female and male offender patient population. Hepatitis C medication is given as a direct observation so that patients can be monitored to assure there is no failure due to non-compliance. At this stage, patients are very sick so they are seen weekly and monitored by the virology department</p>	<p>recommend everyone is treated who contracts the disease, but the goal is to determine those who require immediate treatment. Trying to treat everyone with Hepatitis C would cause the healthcare systems to go bankrupt and manufacturers and pharmaceuticals would be unable to keep up with the demand, so it must be determined which patients require immediate treatment.</p>	

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<p><b>VII. Hepatitis C in TDCJ: A Status Update (Cont.)</b></p>	<p>bi-weekly or monthly as they become more stable and improvement is seen.</p> <p>New monitoring tools have also been put into the Electronic Medical Records (EMR) database working great with the tier classifying system. Information can be placed into the database and extracted to view patients whose condition and stage is worse than others.</p> <p>Dr. Khan explained high risk associated with cirrhotic patients. These patients have higher bleeding risk, experience hypotension and electrolyte imbalance which can cause them to become disoriented. Nutritional needs are a concern because patients require a higher protein diet. This also causes a higher need for nurses because patients must be closely monitored because with so many risks the patient's condition can decline suddenly.</p> <p>Dr. Khan reported that new education materials have been provided and the Hepatitis C page has been updated for nurses and providers. Nursing in-service is held to ensure nursing staff are familiar with the most current information and patient education materials.</p> <p>Dr. Khan further reported on new drug trials that may be able to be used on dialysis and renal patient, and new therapies also being tested that have the ability to change the livers DNA material so that the body no longer recognizes the Hepatitis C virus.</p>	<p>Dr. Sherwood asked to what extent is genetic influence on response being seen in the newer antivirals.</p> <p>Dr. Khan answered, not many. The medication is designed to interfere with the virus's ability to reproduce itself; however, some of the virus is still able to get around the drugs so treatment cannot be ruled 100 percent effective.</p> <p>Dr. de la Garza-Grahm asked if the percentage of patients could be determined who are cured of Hepatitis C when they leave the system, but relapse contracting the virus again.</p>	

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<b>VII. Hepatitis C in TDCJ: A Status Update (Cont.)</b>	<p>The Joint Medical Directors presented Dr. Khan with an award of appreciation for the devoted dedication she provided to the agency while serving as Director of Virology.</p>	<p>Dr. Khan replied, that the information is documented in the offenders chart that they were cured prior to leaving the system. However, the only way to determine if they have become re-infected is if they were to return back to the system.</p>	
<b>IX. Public Comments</b>	<p>Dr. de la Garza-Graham thanked Dr. Khan, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p> <p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		
<b>X. Adjourn</b>	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:04 a.m.</p>		

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

3/15/16  
Date: \_\_\_\_\_