

2011 Program Report Card: Managed Health Care Systems - DOC

Quality of Life Result: All Connecticut residents have a higher quality of health and wellness.

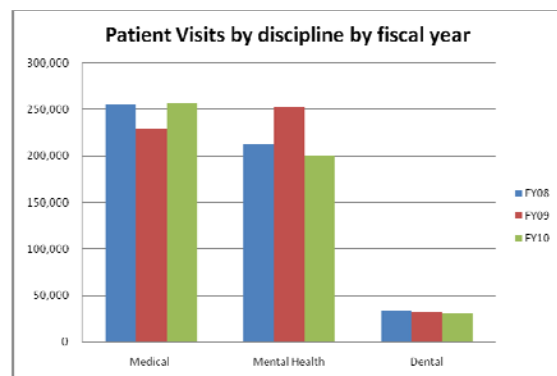
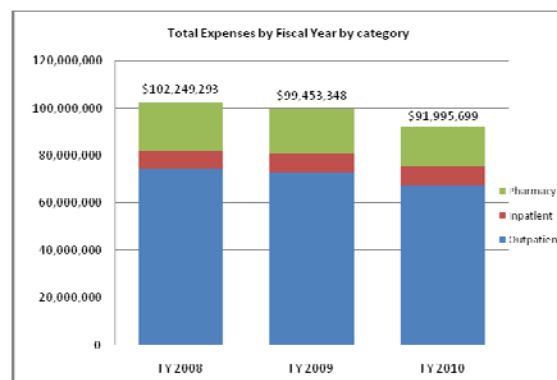
Contribution to the Result: Provide compassionate and clinically appropriate health care to inmates within the Department of Correction facilities and halfway houses to meet the State's constitutional obligation to provide competent healthcare to the incarcerated population, whether sentenced or unsentenced. These services are resource sensitive and promote a safe, secure and healthy environment that supports successful reintegration into the community.

Actual SFY 10 Total Program Expenditures: \$92,924,408 *State Funding:* \$91,995,699 *Federal Funding:* \$928,709 *Other Funding:* \$
Estimated SFY 11 Total Program Expenditures: \$98,623,998 *State Funding:* \$98,623,998 *Federal Funding:* \$N/A *Other Funding:* \$

Partners: Department of Correction, Department of Mental Health and Addiction Services, Judicial Branch, Parole, Department of Public Health, Department of Children and Families, Department of Social Services, Federally Qualified Community Health Centers, Nursing Homes, National Institute of Health

Performance Measure 1:

Overall cost to provide inmate medical services over the past three years and the number of inmate visits to clinicians within the seventeen DOC facilities.



Story behind the baseline:

In virtually all categories incarcerated populations have general medical and psychiatric disease prevalence rates significantly greater than those found in the community. HIV/AIDs, tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, and hypertension are among the serious illnesses

overrepresented in this population. Cost for inmate care services represents the cost for staff at each facility, including salaries, overtime and other contractual obligations. It also includes the cost of medications, inpatient hospitalization at John Dempsey Hospital and outside hospitals as well as outpatient specialty services (orthopedics, oncology, radiology, etc.). Costs also include laboratory tests, dialysis treatments and medically indicated specialized equipment (prosthetics, continuous tube feeding pumps, wound care devices, etc.). Over the last two years significant progress has been made in reducing costs through reallocation of staff, reducing overtime as vacancies are filled, a review of prescribing practices to reduce medication usage, lower pharmaceutical costs with the implementation of 340b pricing that resulted in \$885,000 savings in FY'10 and approximately \$1,000,000 year to date FY'11. These efforts have resulted in lower costs in spite of increasing medical inflation between 4-5%.

At seventeen Department of Correction facilities Correctional Managed Health Care staff provide daily intake assessments, treat a variety of illnesses, handle medication administration and at nine facilities provide onsite 24/7 infirmary care. Total visits to professional staff include inmates seen by nurses at nurse sick call, by medical prescribers at MD sick call, in chronic care clinics such as diabetes, pulmonary, infectious disease and optometrists and podiatrists, as needed. They also receive services from psychiatrists, psychologists and social workers to address mental health issues. Dental visits include oral surgery and routine and specialized dental procedures. These services are all provided in the DOC facilities and do not include outpatient visits for outside specialty case such as ophthalmology, radiology, oncology and cardiology, etc.

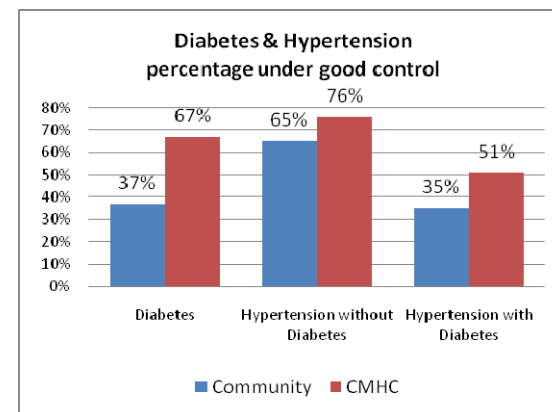
The number of visits over the past three years has varied only slightly indicating a continuation of the level of service while overhead and pharmaceutical costs continue to be reduced through improved efficiency and practice.

Proposed actions to turn the curve:

Continually review the allocation of resources among facilities as the inmate population changes, to ensure that appropriate triage is taking place and waiting lists are reasonable. Look to expand the use of 340b pricing for medications, implement consistent utilization review procedures and policies, look for opportunities to work with the Department of Correction and parole to release those inmates more suitable for nursing home care and those with severe conditions better served in the community.

Performance Measure 2:

Improved control of chronic diseases such as diabetes and hypertension as compared to those in the community (community data from the Agency for Healthcare Research and Quality).



Story behind the baseline:

Diabetes among inmates is better controlled than the average community groups (as measured by Hemoglobin A1c percentage). Hypertension (high blood pressure) is under better control for inmates with and without diabetes than for those in the community. These outcomes along with disease management education will hopefully translate into continued disease control when inmates are released into the community.

Proposed actions to turn the curve:

Expand chronic care clinics to more facilities within the Department of Correction and seek more ways to provide patient health care information to assist inmates with self care interventions. Work with custody and continue efforts to develop disease management groups to review dietary and lifestyle changes to assist in promoting good health. Encourage community providers to track results post release.

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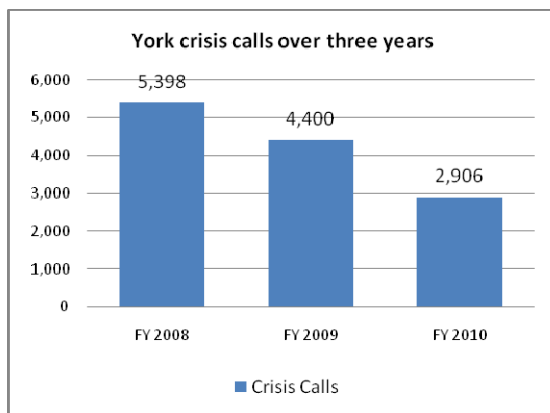
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Performance Measure 3:

Number of mental health crisis calls at the state's women's facility, York Correctional Institute (YCI)



Story behind the baseline:

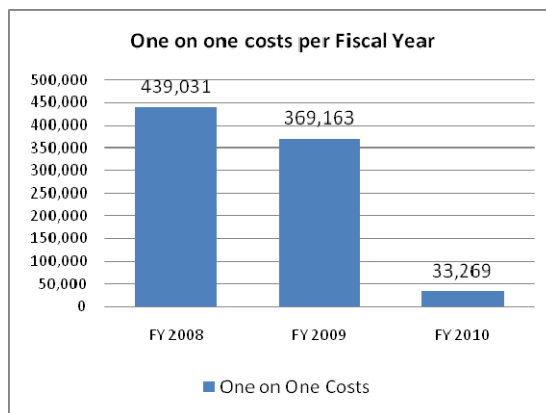
Over the last several years, a number of initiatives were begun at YCI to improve the mental health program and reduce the number of crisis calls from women. These initiatives included working the custody staff to resolve women's issues, such as roommates, which do not require mental health staff intervention. Also, an expansion of mental health programming, including behavior therapy and peer group support groups, have been added at YCI. The focus of these efforts has been to provide practical solutions to address conflict resolution and provide ongoing support. Mental health staff are teaching the women alternatives to handle conflict in a non violent manner. These skills create a safer environment during incarceration and assist in reducing potential re-incarceration; it is believed that some of York's recent reduction in census (18%; well above the national norm) results from these efforts.

Proposed actions to turn the curve:

YCI works closely with discharge planning staff and DHMAS to ensure ongoing support in the community for mentally ill offenders. It is suggested that funding peer support positions in the community could reduce re-incarceration rates yielding a substantial payback on that investment. Expansion of behavioral therapy efforts at the male facilities could yield the same benefits and provide increased safety and more effective use of staff.

Performance Measure 4:

Cost of providing one on one custody observation of inmates deemed at risk of harm to themselves



Story behind the baseline:

Costs to provide one on one observation of inmates who voiced suicidal intention were rising dramatically. A review of the use of one on ones and the effectiveness was conducted by the Chief of Psychiatry. Prescribers were re-trained in the appropriate assessment of suicide risk and the appropriate use of one-on-ones and were provided alternatives to address inmate/patient safety. Ongoing review of the one-on-one orders helped enlighten staff and change practice. The result has been a significant reduction in cost without an increase in inmate risk. Current services reviews of suicides and attempted suicides continue to inform practices.

Proposed actions to turn the curve:

Continue to monitor the appropriate use of one on one observation; continue to conduct case reviews of completed suicides and of attempted suicides to determine the proper actions to avoid these outcomes, including staff training and improved collaboration with custody on observing risk behavior and reporting of potential trigger events (phone calls, death in family, high bond, sentencing, etc.)