MINUTES

HOUSE APPROPRIATIONS SUBCOMMITTEE ON CORRECTIONS

DATE: October 18, 2017

The subcommittee meeting was called to order by Representative Pagel at 10:30 a.m.
Roll was taken: Present – Representatives Pagel, Yaroch, Afendoulis, VanSingel, Santana, and Durhal III
Absent – None

I. Approval of Minutes from Previous Subcommittee Meeting

A motion was moved by Representative Afendoulis to approve minutes from the subcommittee meeting held on October 11, 2017. Motion prevailed, a majority of members voting in the affirmative.

II. Integrated Physical and Mental Health Care Services

Dr. Jeffrey Bomber, State Medical Director, Corizon, appeared before the subcommittee to give an overview of recently integrated physical and mental health care services for prisoners. He provided members with a copy of his talking points.

Due to the severe shortage of psychiatrists in the country, the American Psychiatric Association has partnered with Medicare to provide training in integrated care throughout the nation. Integrated care is when primary care providers assume the care of patients with mental health disorders with support from consulting psychiatrists. The Department of Corrections has incorporated the integrated care program in the state's correctional facilities. Inmates are screened and evaluated, and then selected for entry into the program based on inclusion/exclusion criteria. Inmates are stratified into risk levels and populations, and are then transferred to the caseload of a primary care provider. Treatment teams meet weekly and communicate daily, and consist of case managers (qualified mental health care provider and R.N. case manager), psychiatrist, mental health unit chief, primary care provider, medical scheduler, nursing and custody staff. If an inmate's risk score increases, or if the treatment team believes an inmate needs to be returned to the care of a psychiatrist, then that inmate is returned. One of the benefits of this approach is that inmates will be accustomed to obtaining their mental health care through primary care providers, who are much more accessible in the community, upon parole.

Discussion ensued (questions and answers).

III. Department of Corrections Presentation

Kyle Kaminski, Reentry Administrator, and Lia Gulick, Health Care Administrator, appeared before the subcommittee to present information on care for elderly and medically frail prisoners and treatment of prisoners with Hepatitis C. They provided subcommittee members with copies of a PowerPoint presentation.

A. Elderly Population - While total prison population numbers are down, the number of older inmates is steadily increasing. The number of prisoners over age 50 has increased by 6% in the last 7 years and 23.4% of the current prison population is over age 50.
B. Medically and Mentally Frail - There are 850 prisoners right now that meet the criteria for being considered "medically frail". Their conditions include late-stage cancers, dementia, Alzheimer's, polydipsia, and others. Not all of these inmates are terminal, but their need for treatment will continue in the community if they are released, though many of them are not eligible for parole. The department works with an outside contractor to arrange parole plans and services for medically and mentally fragile offenders who are eligible for parole. Total expenditures for this program are roughly

$9.0 million per year. Support in the community varies widely and some communities lack the resources that would allow these high-need offenders to successfully return. Locating suitable placements is difficult and results in release delays. Lack of short-term inpatient crisis stabilization beds in communities results in offenders being returned to prison. All of these factors contribute to higher costs for the department.

C. Hepatitis C - Since 2013, a total of 584 prisoners have completed treatment, with a roughly 90% cure rate. Of this group, 487 were treated with more modern direct-acting antiviral medications with a cure rate of 97.3%. The first direct-acting antivirals used cost roughly $84,000 per prisoner; the average cost now is $47,942. This figure is expected to decline further due to availability of additional drugs. The department focuses resources on treating prisoners with metavir scores of F2, F3, and F4. There currently is litigation involving Medicaid-covered treatment for patients with metavir scores of F0. Depending on the outcome of the lawsuit, the department could be faced with having to treat all prisoners with Hepatitis C. As of last month, there were 2,767 prisoners with Hepatitis C, having varying metavir scores. In addition, the department takes in about nine new prisoners each month who are eligible for treatment. With the FY 2018 appropriation, and carryover of the unspent FY 2017 appropriation, the department will be able to treat at least 350 prisoners in FY 2018.

Discussion ensued (questions and answers).

IV. Announce Next Subcommittee Meeting

The next subcommittee meeting will be held on Wednesday, October 25, 2017. The meeting will be held in room 326 of the House Office Building. There will be a presentation from a former inmate.

V. Adjourn

There being no further business to come before the subcommittee, Representative Pagel adjourned the subcommittee meeting at 11:45 a.m.

Minutes respectfully submitted by Robin R. Risko, House Fiscal Agency