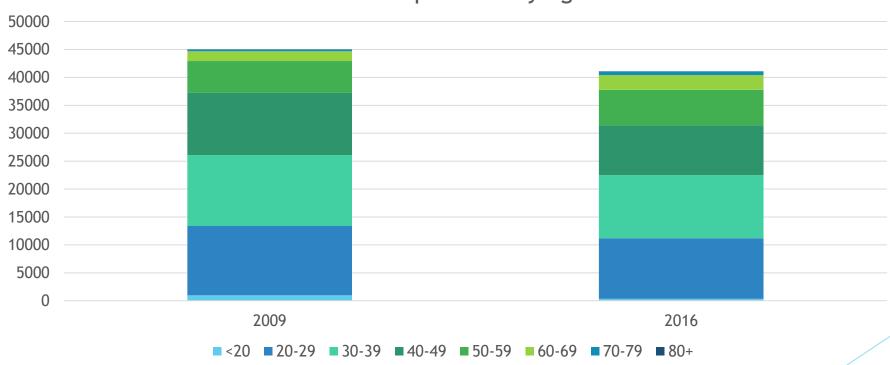
MDOC Healthcare Update

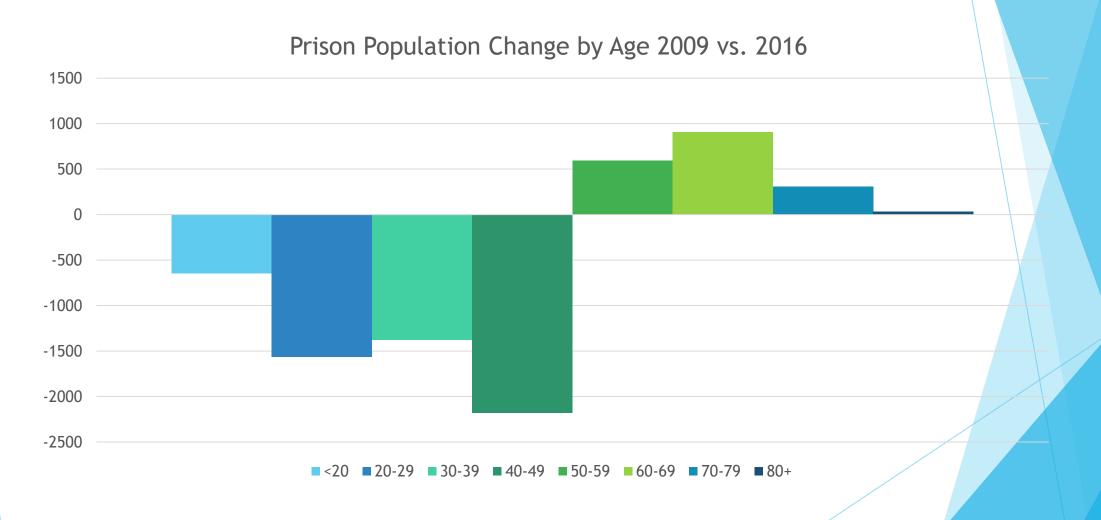
October 18, 2017

Prisoner Age Demographics

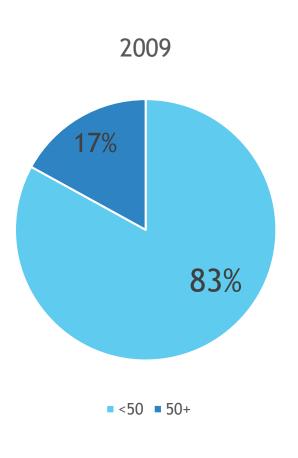


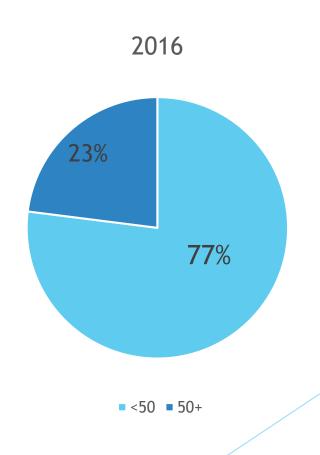


Prisoner Age Demographics



Prisoner Age Demographics





Medically Frail Population

- A recent population survey found that roughly 850 prisoners were medically fragile.
- The needs of this population are higher than those of the general population for physical and/or mental health.
- The conditions displayed within this group include late-stage cancers, dementia, Alzheimer's, polydipsia and others.
- Not all of the prisoners in the medically frail population have a "terminal" diagnosis, but for most, their need for treatment will continue throughout their time with the MDOC and in the community if they are eventually released.
- Many of these prisoners are not eligible for parole due to their sentences.

Medically Frail/Mentally Ill/Developmentally Disabled Populations

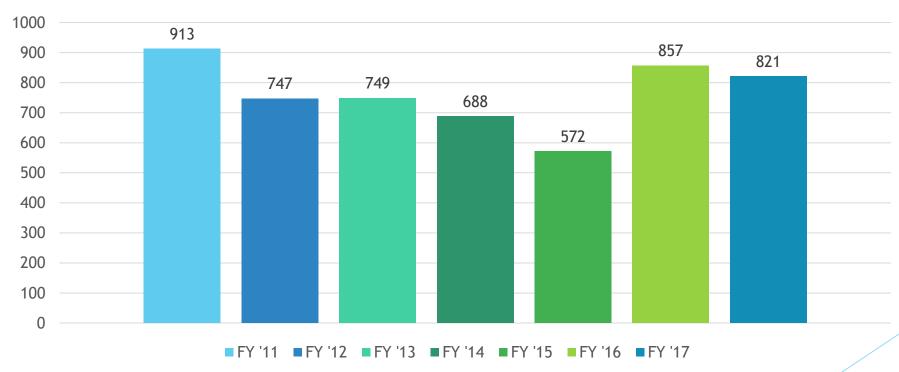
- ► The MDOC has taken steps to more effectively care for the medically fragile, mentally ill, and developmentally disabled prisoner populations, including:
 - ► The use of specialized units such as ASRP and RTP units to provide care for these prisoners outside of the general population.
 - ▶ The continued operation of the Duane Waters Health Center.
 - On-site dialysis treatment at DRC, WCC, and WHV.
 - On-site chemotherapy.

Medically/Mentally Frail Population

- The MDOC works with an outside contractor (PCS) to arrange parole plans and services for medically and mentally fragile offenders who are eligible for parole.
- Roughly 820 offenders will receive this special type of parole this year.
- Total expenditures for this program are roughly \$9m per year.
- ► This contract focuses on creating comprehensive parole/care plans for high needs offenders.

Parole Support for Prisoners with Serious Mental Illnesses





Challenges

- Many of these offenders exhibit complex mental and physical health needs.
- Supports in the community vary widely and some communities lack the resources that would allow these high needs offenders to successfully return.
- Locating suitable placements for certain offenders is difficult resulting in potential release delays.
- Lack of short-term inpatient crisis stabilization beds in the community results in offenders being returned to prison.
- Offenders are often perceived as being more "dangerous" than other members of the public experiencing a mental health crisis.

Are We Headed in the Right Direction?

- The prison population has declined significantly over the past few years, but it appears that the number of high needs prisoners is actually increasing in terms of both percentages and raw numbers.
- There are developing trends that indicate the challenge may be growing:
 - ▶ 49% of the Intake population are being called back for medical follow-ups.
 - Care conference numbers at Intake have roughly doubled since last year.
 - Intake is now averaging roughly 25 offenders per month that are immediately placed in crisis stabilization, RTP, or ASRP.

Hepatitis C Update

- ▶ 584 prisoners have completed treatment with a Direct-Acting Antiviral (DAA), with a roughly 90% cure rate.
- ▶ Of this group, 487 were treated with modern DAA's and the cure rate for this group is 97.3%.
- ▶ When DAA's first entered the market, the cost per prisoner was \$84,000+.
- Average cost per prisoner is now \$47,942 and this figure is expected to decline further.
- ► Treatment remains focused on F2-F4 prisoners.

Hepatitis C Update

- ► The MDOC will carryover \$10m in FY '17 appropriations for Hepatitis C treatment.
- ► The Legislature has provided \$6.7m in FY '18 funding for Hepatitis C treatment.
- Combined this will allow for the treatment of at least 350 prisoners this fiscal year.
- ► The MDOC continues to project 9 new prisoners that will be eligible for treatment each month or 108 cases in the F2-F4 stages.

Hepatitis C Update

Current Untreated Patient List by Stage

Stage	Patients
F4	28
F3	105
F2	270
F1	324
F0	1,871
Uncategorized	169