

Prisoner Healthcare



Bureau of Health Care Services

- Correctional health is critical to the health of our State
- Legal obligation to provide medically necessary evidence-based care that meets community standards
- The Bureau of Health Care Services employees 1,464 health care staff
 - Staff include health care, mental health, dental and substance abuse
 - Contracts with Corizon to provide primary physician, psychiatric, optometry care, pharmacy and a specialty care network for offsite services

Health Care System Overview

- BHCS provides medical, dental and behavioral health care to an average of 41,000 prisoners annually
- Duane L. Waters Health Center (DWHC) operates a 152-bed inpatient facility which houses prisoners whose medical needs cannot be met at an infirmary or ambulatory clinic
- BHCS provides pulmonary, endocrinology, infectious disease, cardiovascular, neurological, gastrointestinal, and other chronic care clinics to prisoners
- BHCS has 114 infirmary beds located in four facilities throughout the State
- Health care referrals are triaged according routine, urgent, and emergent, and seen according to policy guidelines

Health Care Challenges

- Meeting health care needs of the prisoner population is challenging
- Prisoner population is aging
- Prior to incarceration, most prisoners did not receive regular medical, mental health, optometry, or dental care
- When their health status is considered, prisoners are 10 years older than their chronological age
- Nation wide spending on correctional healthcare is putting serious pressure on state budgets
- Management of prisoner health care impacts:
 - Health and economic development of our communities
 - Public safety
 - Taxpayer pocketbooks

Mental Health System

Overview

- 22% of prison population is being treated for mental health issues
 - 9% have Serious Mental Illnesses such as schizophrenia, bipolar disorder, major depressive disorder, psychosis.
 - 13% have less serious mental health needs
- MDOC has a continuum of care to address the full range of prisoners' mental health needs
- Accredited by Council on Accreditation of Rehabilitation Facilities

Mental Health Continuum of Care

- Reception: All receive screening, appraisal and if appropriate a full mental health assessment
- Mental Health Inpatient – 220 beds (Woodland)
 - Crisis Stabilization
 - Acute Care
 - Rehabilitative Treatment Services
- Residential Treatment Programs (RTP) - (including Secure Status RTP) - 770 beds
- Adaptive Skills Residential Program- 250 beds

Mental Health Continuum of Care (cont.)

- Outpatient (including Secure Status Outpatient) - 8,000 prisoners
 - Prison based ambulatory assessment, counseling and psychiatric services
- Institutional mental health services (segregation rounding, individual and group sessions, parole board reports)
- Substance Abuse Services are provided utilizing multiple contracts for outpatient and residential services in prison and in the community
- Sex Offender Treatment services are provided by MDOC staff at five facilities. Services are provided in a treatment community environment
- Contract with Professional Consulting Services for re-entry services for prisoners with mental health issues being released into the community

Aging Prisoner Population

- MDOC is faced with a rapidly expanding older prison population with all the challenges involved in caring for a frail medical or frail elderly prisoner
- Healthcare costs within a prison setting are disproportionately higher for older prisoners
- Older prisoners have earlier onset and higher prevalence of chronic medical conditions than non-institutionalized adults of the same age
- These prisoners have chronic medical conditions that result in necessary off-site treatment for acute events related to their chronic illnesses

Aging Prisoner Population (cont.)

- In 2013, there were 8,457 prisoners 50 and older
- In February 2017, there are 9,084 prisoners in that age category, which equates to a 7.5% increase
- This population will continue to grow as 84% of the 50 and older prisoner subpopulation has not reached their Earliest Release Date (ERD) 5,186 or (57%) or they are serving a life sentence 2,488 or (27%)
- This represents an increase of 3% from 2013

Hepatitis C

- Hepatitis C is more prevalent in the prison population than the public due to high risk lifestyle choices.
- The MDOC screens and tests all prisoners at intake for Hepatitis C and places them into a registry based on the advancement of the disease.
- 2,230 untreated prisoners are currently on the registry (excludes 96 prisoners that have medical contraindications or have declined).
- The MDOC has focused treatment on prisoners at the F3 and F4 stage, but is seeking to expand to the F2 stage to be consistent with the community standard.

Hepatitis C Expenditures

- FY '14 - \$6.3m
- FY '15 - \$5.2m
- FY '16 - \$18.2m
- FY '17 - \$14.9m
- Requested FY '17 Supplemental - \$13.9m
- Requested FY '18 Base - \$11.7m

- The MDOC's goal is to reach a "maintenance stage" with treatment focused on incoming prisoners after treating the existing population.
- The Hepatitis C program remains dynamic due to changes in drug prices, the prison population, and the community standard of care.

Improved Efficiencies

- Pharmaceutical Management
 - 52.14% of the 42,000 prisoners covered by the healthcare contract receive at least one medication
 - The number of prisoners receiving over-the counter drugs has reduced by 17% from 2015 to 2016
 - Spending on atypical antipsychotic drugs per month fell from \$123,567 to \$101,555 from 2015 to 2016 (a decrease of 17%)
- Hep C
 - The use of direct active agents in the treatment of hep c has resulted in treatment of over 350 prisoners with a 98% cure rate
- Affordable Care Act
 - Medicaid benefits are applied for all paroling and discharging prisoners prior to returning to the community along with prisoners that are admitted into the hospital with approximately 95% meeting Medicaid criteria

BHCS Initiatives

- Integrating mental health and physical health care in line with community standards
- Focused management of high risk cases through weekly multi-disciplinary collaborative case management meetings
- Greater emphasis on standardization of care
- Exploring additional specialty services being provided onsite (oncology, orthopedic services)
- Piloting the expansion of telemed for chronic care visits
- Greater emphasis on standardization related to delivery of services within the ambulatory care units
- Piloting the use of vivitrol at DRC and WHV
- Exploring innovative ways to manage serious mental illness in segregation (secure treatment program ICF)
- Exploring access to 340B Pharmacy pricing