

**CONNECTICUT DEPARTMENT OF CORRECTION
UNIVERSITY OF CONNECTICUT HEALTH CENTER
CORRECTIONAL MANAGED HEALTH CARE (CMHC) OVERVIEW
June, 2012**

A PUBLIC PARTNERSHIP

The Connecticut Department of Correction, in partnership with the University of Connecticut Health Center, is committed to providing:

- Reliable access to good health care
- Cost-effective services
- Efficient delivery
- Positive medical outcomes

Compassionate medical, mental and dental care coupled with clinically appropriate, time efficient and resource sensitive utilization of services promotes a safe, secure and healthy environment that supports opportunities for a successful re-integration into the community.

LEGAL CONTEXT

- The challenge of providing good, cost-effective health care to a complex population in a correctional environment is further complicated by evolving legal requirements.
 - U. S. Constitution
 - 8th Amendment prohibition against cruel and unusual punishment
 - the U. S. Supreme Court in *Estelle v. Gamble* deemed Correction officials' "deliberate indifference to serious medical needs" an 8th Amendment violation
 - General parameters
 - Right to access to care
 - Right to care that is ordered
 - Right to competent professional medical care
- Court orders/consent decrees mandate services (*West v. Manson*, *Doe v. Meachum*, *Roe v. Meachum*)

CMHC BACKGROUND

- Until over a decade ago, the Department of Correction (DOC) provided health services to inmates directly, using local hospitals and medical specialists as necessary.
- The correctional inpatient unit at UConn's John Dempsey Hospital opened in 1995 with 12 beds; currently there are 10 beds.
- The UConn Health Center assumed all health service provision (with the exception of addiction treatment) from the Department of Correction in November 1997.
- Health care includes medical, mental health, pharmacy, and dental services.
- Services are provided at 16 DOC facilities statewide, at 42 DOC-contracted halfway houses and at John Dempsey Hospital. Specialized services include:
 - Hospice programs at MacDougall/Walker, York and Osborn
 - Sex offender programs at six facilities
 - Specialized care clinics for inmates with chronic, significant medical conditions
 - Mental health services at all prisons and jails, with comprehensive mental health programs at Osborn, Northern, York, Manson Youth, and Garner
- As of June, 2012, services were provided by 748 full-time equivalent staff to an average of 17,590 incarcerated inmates and 1,003 inmates residing in halfway houses.
- CMHC is the largest state medical care provider.
- CMHC dispensed, delivered and administered over 11.2 million doses of medication over the last year.
- On an average day, CMHC sees 670 inmates at sick call, serves 127 inmates in infirmary beds and provides approximately 7 inmates with inpatient services at John Dempsey Hospital.
- In FY 2012, there were 17,629 inmate visits for care at specialty clinics in DOC facilities (orthopedic services, infectious diseases/HIV, optometry, and podiatry). Dentists had 27,981 inmate visits for services ranging from routine exams to oral surgery.
- Interferon-based therapy for the new 3 drug Hepatitis C costs approximately \$30,000 per patient per year. During June, 2012 an average of 8 patients were in Hepatitis C treatment.

- There are currently 16 inmates receiving on site dialysis treatment. Necessary treatment costs are approximately \$45,000 per patient per year.
- In FY 2012 there were 199,467 visits to social workers, psychologists and psychiatric nurse clinicians, including suicide risk assessments within the DOC facilities. In addition, there were 22,821 visits to psychiatrists and 16,090 visits to Advanced Practice Registered Nurses.
- CMHC's annual cost per inmate is \$4,735 to provide health and dental services to a population with significant health problems.
- The FY 2012 total expenses were \$86.9 million; the current projection for FY'13 is \$85.6 million.

CHALLENGES

- The inmate population has significant health problems and is proportionately sicker than the general population on virtually any measure of mental illness and chronic and communicable diseases. Tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, hypertension, schizophrenia, bipolar disorder and depression are overrepresented in this population versus the general population. Therapy options have expanded and the generally accepted standard of care has risen. Although the number of inmates with HIV/AIDS is declining, the cost of drug therapies for this population is an ever-increasing proportion of the CMHC pharmacy budget. The aging of this population also has implications for health care delivery.
- Distinguishing characteristics of the Connecticut correctional system include:
 - Jails (only 6 states run jails as well as prisons), which hold pre-trial offenders are expensive to run because of high intake costs (assessments, securing medical records, etc.), turnover, and special needs such as more intensive suicide prevention protocols. The Hartford jail alone averages over 45 intakes a day. Statewide, each of the 26,143 annual admissions requires a medical and mental health intake health screening. Generally, one out of five requires prompt medical or mental health intervention.
 - Connecticut has approximately 1,100 female inmates in jails and prisons. On average, health care services for female inmates cost over twice that of male inmates. Although they account for about 5% of the total inmate population, health care services for female inmates cost approximately two and half times that of male inmates.