



NORTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY
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Adult Corrections Inmate Healthcare Update

DPS/Division of Adult Correction and Juvenile Justice

Justice and Public Safety Oversight Committee
October 12, 2017

Presentation

- ▶ Overview of inmate healthcare
- ▶ Inmate healthcare reorganization
- ▶ Discussion of specific items
- ▶ Q & A

Overview of adult inmate healthcare

- ▶ G.S. 148-19 establishes “health services” for DAC
- ▶ Mandates standards for health services to inmates
 - Establishes the following:
 - Outside medical facilities may be used if necessary
 - DPS shall seek cooperation with other agencies
 - A connection created between DPS/DAC, DHHS, and other state agencies for necessary assistance in the provision of inmate healthcare
 - That each inmate shall receive examinations after admission and that inmates’ work and other assignments shall be made with due regard to their physical and mental condition
 - That the Commission for MH, DD, and SAS shall adopt standards of delivery of MH and MR services to inmates by DPS/DAC



Overview of adult inmate healthcare

- ▶ System-wide adult inmate healthcare includes:
 - Medical
 - Psychiatry
 - Behavioral health, including SA (ACDP)
 - Dental
 - Pharmacy
 - 2 on-site health care facilities (CP and NCCIW)
- ▶ For FY 16-17:
 - Total expenditures of \$329.7M
 - Total FTEs of 2,232
- ▶ Current total inmate population (10/09/17) = 36,948



Effective May 1, 2017, reorganized under the direct oversight of Deputy Secretary

- ▶ **Why?** To broaden and sharpen the focus of attention on inmate healthcare to meet the new day:
 - Introduction of a changing inmate population – more aged, chronically ill, mentally ill, addicted, including those affected by the recent opioid epidemic – while healthcare resources remain stagnant and subject to severe budget constraints
 - Court-mandated community standard of healthcare
 - Major public health player
 - Improve efficiency, effectiveness, and responsiveness



Reorganization Strategy

“Incorporate a business-like inmate healthcare operation within a changing and more challenging correctional environment”

► **Goals:**

- To work closely and collaboratively with custody to maintain safety and security while providing quality inmate healthcare
- To effectively respond to changing demands of healthcare standards of care
- To improve and enhance healthcare operational efficiency and effectiveness, such as:
 - Recruiting and retaining healthcare professionals/position management
 - Developing and maintaining sustainable cost containment measures, such as minimizing costlier and less secure usage of outside providers and use of contracted healthcare services, etc., where feasible and appropriate

► **How?** To manage by compartmentalizing, adding structure, and refocusing major operational components of inmate healthcare

► **3 major professional-led inmate healthcare components:**

- Clinical
- Administrative
- Quality Assurance



#1 - How are correctional officers trained to assess inmate healthcare needs and what is the process?

► Background:

- Healthcare issues presented to CO's range from non-urgent to life-threatening
- CO's trained as facilitators of inmate healthcare requests, not assessors

► Info:

- Training involves
 - CPR and First Aid provided in BCO training
 - Employee orientation includes inmate healthcare needs response by CO's
 - Based on specific facility mission and staffing pattern, Standard Operating Procedures (SOP's) of that facility are discussed with CO's
- Non-urgent – assist with sick call process
 - =117,128 in FY 16-17
 - 84,036 (72%) handled by Nurses
 - 33,092 (28%) handled by Physicians, PA's, or Nurse Practitioners
- Life-threatening – administer first aid/CPR, call 9-1-1 and medical staff simultaneously



#2 - How are treatment determinations for internal and external providers made?

► **Background:**

- 110,174 healthcare “referrals” made in FY 16-17
- Decisions based on a balance of inmate medical acuity and custody requirements
- Outside specialists are used only when the medical specialty cannot be handled in-house

► **Info:**

- Generally, primary care provider at the facility manages routine medical care. Whenever specialty care is required, primary care provider initiates a referral to a specialist
- In-house specialty clinics at CP, NCCIW, or other facilities are considered first
- All referrals are processed and approved through the DPS Utilization Review (UR) Section (2 Physicians and 4 Nurses), designed to assure services are provided efficiently, cost effectively, and in accordance with recognized standards of care



#3 - Update on Central Prison Healthcare Complex Utilization

► Background:

- CPHC is a regional correctional medical center and mental health facility
- Became operational beginning December, 2011
- Is staffed with 550 employees
- Provides in-patient care with:
 - 120 medical/surgical beds
 - 216 mental health beds
- Provides surgical and specialty clinic outpatient care
- Also has other medical support and ancillary services, including:
 - Dental
 - Physical Therapy
 - Dialysis
 - Lab
 - Pharmacy
 - Operating room
 - Dietary services
 - Biomedical services
 - Radiology
 - Emergency room
 - Respiratory
 - Medical records
 - Accounting
 - Risk Management
 - Housekeeping
 - Medical Supply
 - Human Resources



#3 - Update on Central Prison Healthcare Complex Utilization

MEDICAL

► Medical/Surgical Beds (as of 10/1/17)

- Total 120 beds
- 60 (50%) - Long-term care/skilled nursing-need DPS inmates
- 18 (15%) - Jail Safekeepers
- 42 (35%) - Medical for DPS inmates
 - Wound care
 - Post-op recovery
 - Other short-term medical recovery

► Noteworthy Items:

- 35% of beds being utilized for their primary purpose
- = Reduced utilization of in-house beds designed to minimize usage of outside medical beds, including “outside provider recovery” – staying in community hospitals longer because there’s “no room in the inn”
- Purpose for renovating old MH buildings at CP for long-term, skilled nursing care operations
 - Phase A - 46 beds - 1st Q of 2019
 - Phase B - 56 beds – timing TBD



#3 - Update on Central Prison Healthcare Complex Utilization

MEDICAL

ON-SITE SURGERY

- ▶ **Contracted with UNC Healthcare**
- ▶ **Surgery Types (listed by highest rate of utilization)**
 - Gastrointestinal
 - General Surgery
 - Podiatry
 - ENT
 - Orthopedics
- ▶ **Utilization Trends:**
 - FY 14-15 (partial) – 537
 - FY 15-16 – 1,093
 - FY 16-17 – 1,171 (+7%)
 - FY 17-18 (1st Q) – 315



#3 - Update on Central Prison Healthcare Complex Utilization

MEDICAL

ON-SITE CLINICS

- ▶ **Contracted with UNC Healthcare**
- ▶ **Clinic Types (listed by highest rate of utilization)**
 - Optometry
 - Podiatry
 - Infectious Disease – HIV and non-HIV
 - Orthopedic
 - General Surgery
 - ENT
 - Hepatology
 - Cardiology
 - Ophthalmology
 - Neurology
 - Orthotics
 - Nephrology
 - Audiology
 - Gastrointestinal
 - Visual fields
- ▶ **Utilization Trends:**
 - FY 14-15 – 10,749
 - FY 15-16 – 11,548 (+7.4%)
 - FY 16-17 – 12,994 (+12.5%)
 - FY 17-18 (1st Q) – 3,650



#3 - Update on Central Prison Healthcare Complex Utilization

MENTAL HEALTH

► Mental Health Beds (as of 10/1/17)

- Total 216 beds
- 144 (67%) - Inpatient DPS inmates
- 24 (11%) - Jail Safekeepers
- 24 (11%) - for TDU's
- 24 (11%) - off-line

► Noteworthy Items:

- MH ops continue to develop as a work-in-progress
- Utilizing innovative therapeutic mental health programs (TDUs and treatment mall)
- 6 of 7 MH units are operational
- Experiencing difficulty in recruiting necessary MH and custody staffing to operate off-line unit



#4 - Update on medical claims processing

▶ **Background:**

- Managed by the DPS Controller's Office
- Third party provider contracted beginning August, 2016 at an annual cost of \$1.5M
- Some claims are affected by Medicaid processing time

▶ **Info/Trends:**

- Performance of processing medical claims has dramatically improved during FY 2016-17
- All backlogged claims were cleared as of June 30, 2017
- Average turnaround time for claims (exclusive of Medicaid-affected claims):
 - FY 14-15 – 6-8 months
 - Today – 15 days
- Estimated savings from processing Medicaid for eligible inmates of \$9M for FY 16-17



Questions?

