



Alaska Department of Corrections



FY2015
House Finance Sub-Committee
Department of Corrections
Inmate Health Care

February 4, 2014

Inmate Health Care (IHC) has a statutory obligation to provide medical care to offenders who are placed in the custody of the Alaska Department of Corrections.

IHC accounts for 13% of the Department of Corrections budget.

IHC arranges for and administers medically necessary health care to all offenders in the Department's custody. The daily average of the offender population in FY2013 was:

- 4,977 inmates in custody in 13 facilities across Alaska
- 765 offenders housed in 8 Community Residential Centers
- 70 offenders in 15 contract jails

Inmate Health Care is made up of 197 staff and 41 professional service contracts that ensure services are provided to prisoners using a standard of medically necessary care in accordance with court decisions, legislation, accepted correctional and health care standards, and DOC policies and procedures.

Accessing Care in Custody

- Initial health screens
 - Suicide screening
 - Places TB tests
 - Mental status exams
 - Takes vital signs
 - Assesses current injuries
 - Provides care
 - Reviews prescriptions
 - Gathers medical history & records
- Accessing Care
 - Nurses triage requests
 - Appointment for Nurse or Provider Sick Call
 - Emergencies
- Ambulatory Care
 - Nurse Sick Call
 - Provider Sick Call
 - Medical Segregation
 - Outside Referrals
 - Mental Health
 - Dental
- Release planning
 - Medications
 - Housing
 - Services
 - Benefits

Top 10 Reasons Inmates Seek Medical Treatment

1. Pain
2. Sexually transmitted disease testing & treatment
3. Skin problems
4. Injuries
5. Chronic disease management
6. Orthopedic/musculoskeletal complaints
7. Dental complaints
8. Gastrointestinal issues
9. Drug & alcohol withdrawal
10. Upper respiratory infections, asthma, flu

Two Basic Truths About Inmate Health Care

- The cost of care is rising
- The specific needs for care are unpredictable

Since 2001, medical care costs in
Anchorage have increased by 63.0%,
compared to 52.1% nationwide

(Alaska Economic Trends, July 2013)

Top 10 most expensive inmate medical treatment categories

1. Nephrology (kidney disease/renal failure, dialysis, autoimmune disease)
2. Oncology (cancer)
3. Orthopedics (musculoskeletal trauma--hand, back, legs, knees)
4. Obstetrics/Gynecology (pregnancy, women's health)
5. Otolaryngology (ENT/Ear, Nose, Throat) (disorders of the head & neck, facial fractures, orbital fractures)
6. Radiology (x-ray radiography, ultrasounds, CTs, MRIs)
7. Gastroenterology (colonoscopies, anemia, Crohn's disease)
8. Cardiology (coronary artery disease, heart failure, pacemakers, stress tests)
9. Endocrinology (diabetes, hypertension, hypothyroidism)
10. Pulmonology (asthma, COPD, sleep studies/CPAP machines)

Basic health care costs for women will continue to rise along with the number of inmates in our jails & prisons.

Annual growth of inmate population: 2.6%

Annual growth of female population: 6%

- Women's Services Social Worker
 - Office of Children's Services Liaison
 - Community Resource Coordination
 - Domestic Violence & parenting education
 - Fetal Alcohol Spectrum Disorder prevention education
- Trauma Informed Care
- In-Custody Municipal Breast & Cervical Health Clinics
- Mobile Mammogram
- Medical Social Work Assistance

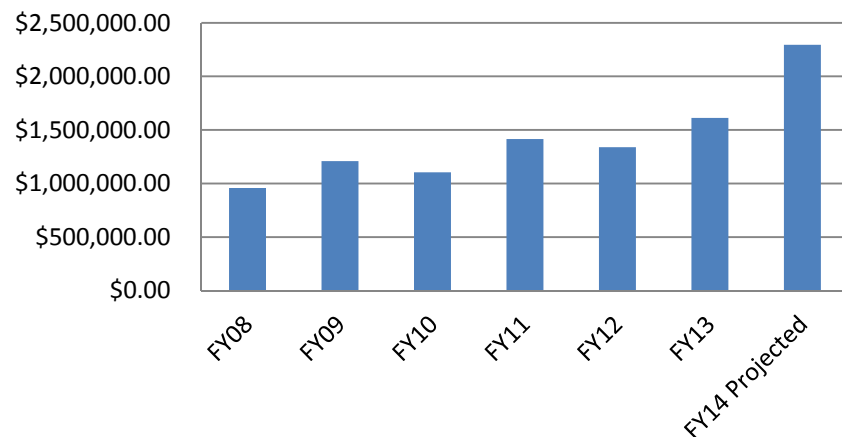
Inmates are in poor health relative to the general population and represent an exceptionally ill and complex patient population.

- Compared to other Americans of the same age, prisoners are:
 - 31% more likely to have asthma
 - 55% more likely to have diabetes
 - 90% more likely to have a heart attack
 - 100%-300% more likely to have a serious mental illness
 - Nearly 50% report having current medical problems other than colds or viruses
 - As much as 80% of the offender population has a substance abuse disorder
 - 65-75% of female prisoners at Highland Mountain Correctional Center (HMCC) report having been sexually victimized.

Pharmaceutical Costs

- Medications
 - Projected 42% increase in physical health care pharmaceutical costs from FY13 to FY14

Physical Health Care Medication Costs



Physical Health Care Medication Costs

FY08	\$958,693.90
FY09	\$1,210,181.92
FY10	\$1,105,422.14
FY11	\$1,416,225.20
FY12	\$1,339,712.93
FY13	\$1,611,841.82
FY14 Projected	\$2,295,133.18

Prescriptions Filled Annually	
FY11	59,889
FY12	57,736
FY13	66,444
Projected FY14	89,562

10 Most Expensive Medications	Treatment Use	FY13 Expenditure
Truvada (200-300mg)	HIV	\$214,000.22
Exjade	Sickle Cell	\$118,807.58
Humira	Rheumatoid arthritis	\$78,758.24
Albuterol	Asthma, COPD, etc..	\$64,027.04
Abilify	Schizophrenia, bipolar disorder	\$60,118.70
Enbrel	Rheumatoid arthritis, psoriatic arthritis	\$57,885.48
Interferon	Multiple sclerosis	\$55,834.37
Reyataz	HIV	\$52,110.16
Advair	Asthma, COPD, etc..	\$46,032.53
Annual Total:		\$747,574.32

Our inmate population is aging

- Studies have found the average 50-year old prisoner's body has deteriorated more rapidly than that of the average 50-year-old non-convict.
 - Limited access to health care earlier in life
 - Drug & alcohol abuse
 - Physical abuse, assaults, injuries
 - Physical & psychological hardships of prison life tend to compound pre-existing conditions
- ADOC houses 82 offenders age 65+
- 82% of these offenders have 10 years or more to serve on their sentences.

Planning and budgeting for inmate health care is complicated by constant changes in the inmate population.

- 39,203 bookings & 34,000 releases
- New diagnoses
- Acute injuries
 - 584 inmates transported to the ER in FY2013

We continue to experience a high number of catastrophic health care cases each year.

• Elbow abscess	\$35,000	• Acute respiratory distress	
• Femoral artery clot	\$133,000	• w/septic shock	\$135,000
• Head injury	\$40,000	• Hip surgery	\$156,000
• GI bleed	\$144,000	• Chest pain	\$60,000
• Appendectomy	\$97,000	• Pacemaker placement	\$250,000
• Dialysis w/complications	\$775,000	• Fractured jaw	\$65,000
• Gall stones	\$30,000	• Heart Attack	\$151,000
• Liver failure	\$226,000	• Prostate surgery	\$21,000
• Seizures	\$84,000	• Acute renal failure	\$112,000
• Acute drug intoxication	\$86,000	• Pulmonary embolism	\$41,000
• Pneumonia	\$54,000	• Stroke	\$104,000
• Gunshot wound	\$63,000	• Suicide Attempt	\$75,000
• Brain tumor	\$550,000		

What a Difference a Year Can Make

Pregnancy		
	First 6mo FY13	First 6mo FY14
In-Custody Deliveries	6	8
Deliveries Cost	\$73,926	\$319,618

Cancer		
	First 6mo FY13	First 6mo FY14
Inmates Dx w/Cancer	14	31
Undergoing Tx	8	13
Cancer Tx Cost	\$416,366	\$820,647

Anchorage Hospitalizations		
	FY13 Total	First 6mo FY14
	\$3,671,799	\$3,124,390

Looking Forward

Medical Segregation Unit Efficiencies

The medical segregation unit located at the Anchorage Complex allows us to take on more complex needs patients at lower cost.

Daily Bed Cost	
General Population	\$ 159
Medical Segregation	\$ 420
Contract Hospital	\$ 2,244
Extended Care Facility	\$ 2,550

Aggressive contract negotiations

- Negotiated a 50% discount rate for kidney dialysis with a second clinic
- Negotiated a 40% discount rate at a hospital outside Anchorage
- In negotiations with a 3rd hospital that could not only provide for a 40% hospital rate discount, but also 32% for medevac services

Taking advantage of technological advancements

- Electronic Health Care Record
 - Better tracking of the delivery of health care services
 - Increase staff efficiency
 - Reduce medical errors and service duplication
 - Improve utilization management
 - Reduce transportation costs
- Telehealth
 - Video conferencing when inmates need to see medical specialists, like cardiologists and neurologists

Utilizing Alternative Staffing Resources

- Inter-Department Resource Sharing
 - Pharmacist Relief Services
- Memoranda of Agreement to provide training sites for medical students
 - University of Alaska Anchorage School of Nursing (LPNs, RNs, ANPs)
 - WWAMI (psychiatry residents)
 - University of Washington (Physicians Assistants)
- Masters level practicum sites for psychology and social work students

Focusing on Preventive Care

- Nursing and provider education
- Exercise programs
- Dietary changes
- HIV/STD/Pregnancy screening and education
- Vitamin D
- Recommendations of the US Preventive Health Service Task Force
- Assist in securing benefits prior to release



Alaska Department of Corrections



Behavioral Health Care

Mission Statement

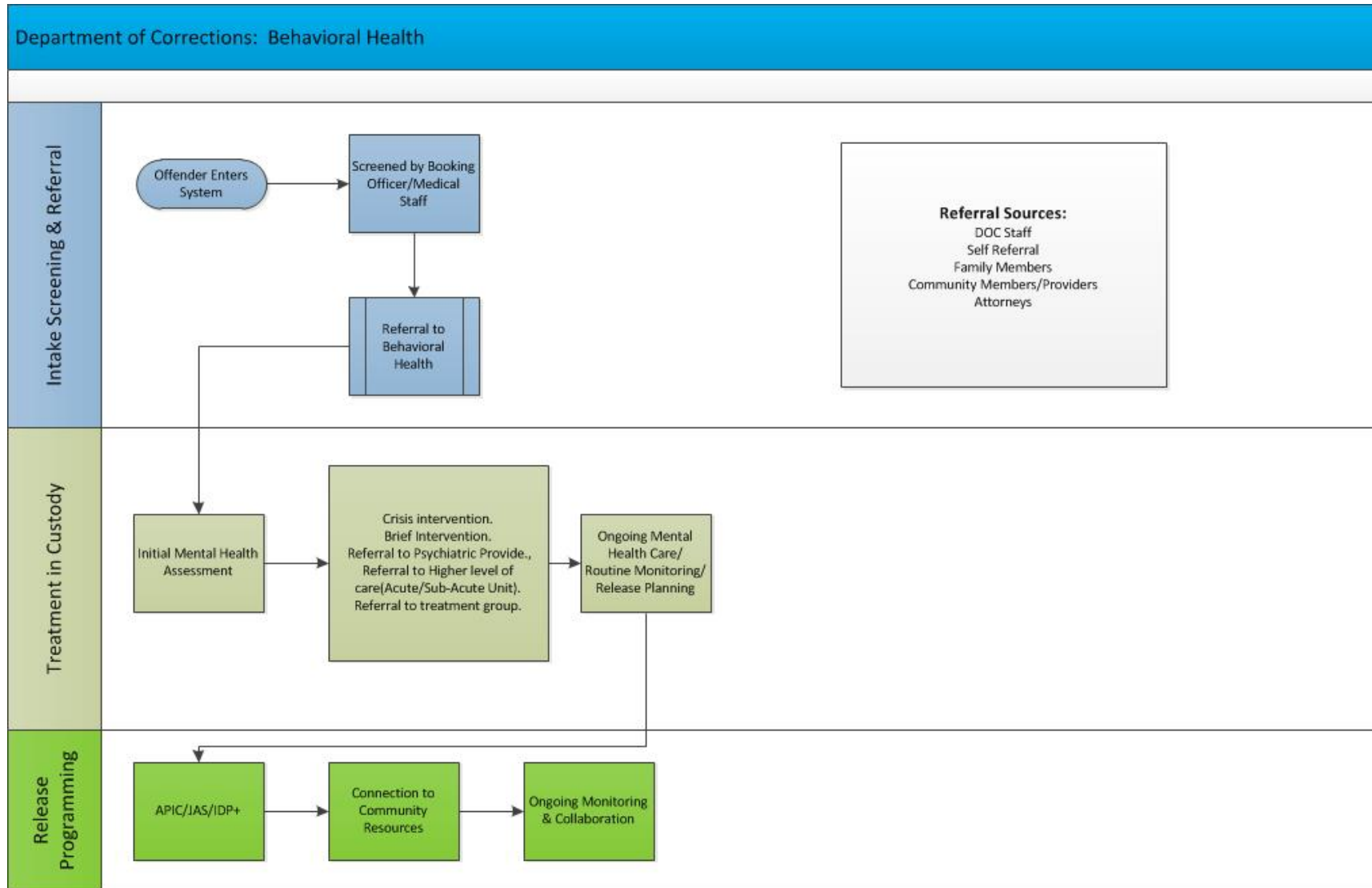
Provide essential Behavioral Health services to the offender population through the utilization of evidence based practices.

By default, the Alaska Department of Corrections is the largest provider of mental health services in the State.

Behavior Health at a Glance

- 42% of DOC's offender population have an identified mental disability.
- 18% experience a severe and persistent mental illness.
- Behavioral Health has seen a 19% increase from FY09 to FY13 in the number of unique offenders served each year.
- Behavioral Health has seen a 14% increase from FY09 to FY13 in the total number of contacts each year.

Access to Behavioral Health Services

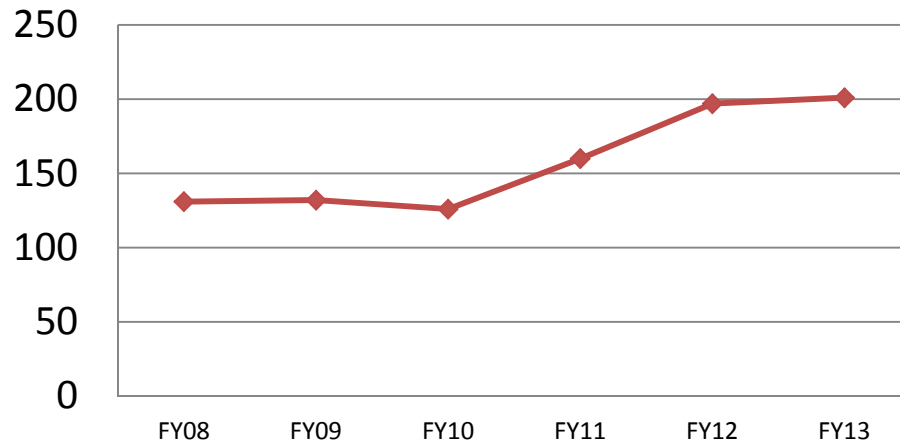


Behavioral Health Services

- Men's Acute Unit- 28 beds
- Women's Acute Unit- 15 beds
- Men's Sub-Acute Units-126 beds
- Women's Sub-Acute Unit- 40 beds
- Crisis Intervention
- Brief Interventions
- Dual Diagnosis Treatment
- Open Population Groups
- Psychiatric Services
- Psychiatric Nursing
- Release Planning

Acute Unit Admissions FY08-FY13

HMCC Women's Acute Care Unit

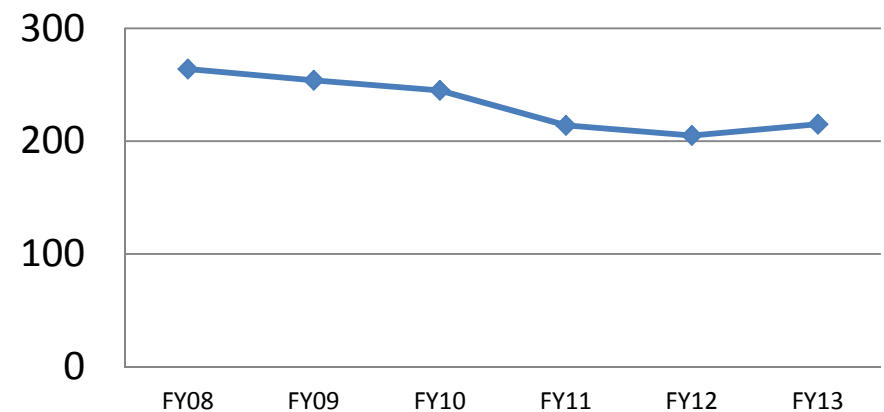


HMCC Women's Acute Unit
is a 15 bed unit

35% increase in admissions
from FY08 to FY13

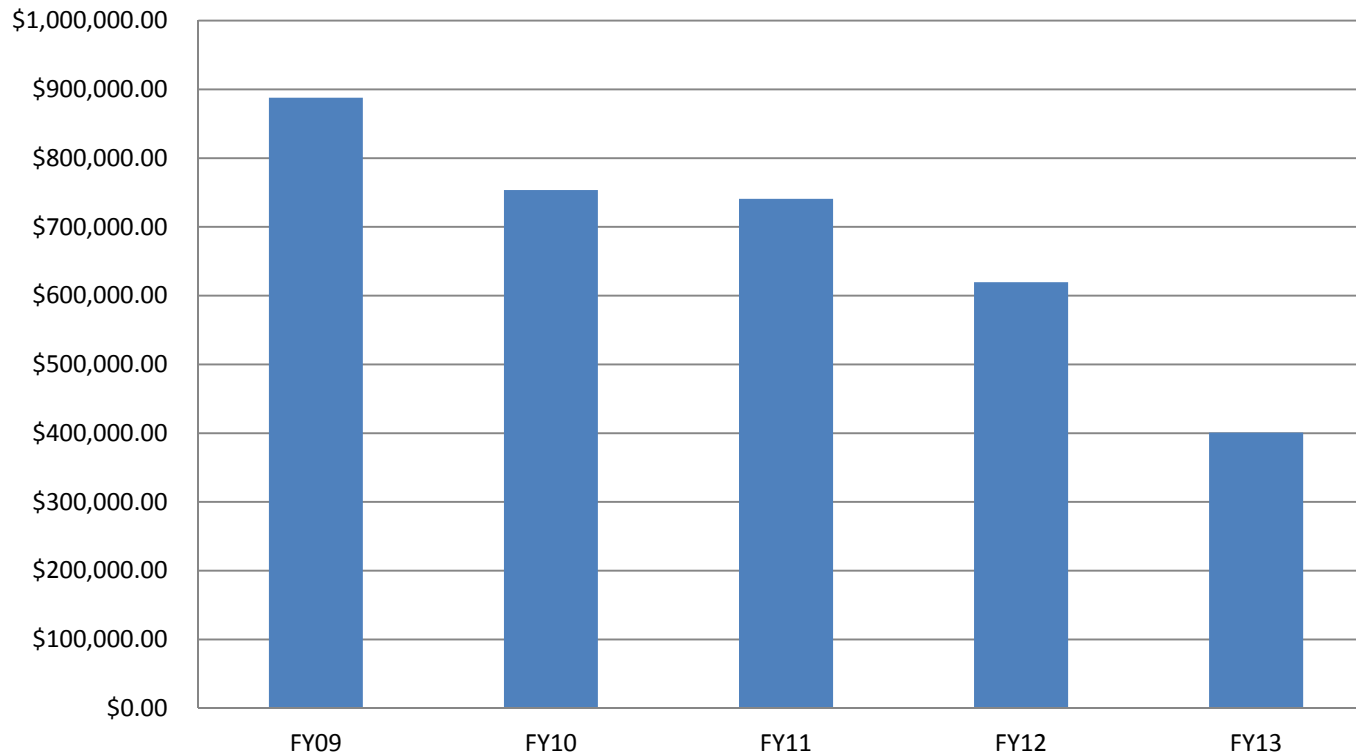
ACCW Men's Acute
Unit is a 28 bed unit

ACCW Men's Acute Care Unit



Psychotropic Medication Costs

Even with a 19% increase in the number of offenders served by Behavioral Health, we have been able to decrease our overall costs associated with medications by 56% .



Mental Health Release Programs

- Institutional Discharge Project Plus (IDP+)
 - Caseload of 90 offenders
 - On felony probation or parole
 - Severe & persistent mental illness with psychosis
 - Ordered to participate
- Jail Alternative Services (JAS)
 - Caseload of 60 offenders
 - Misdemeanants
 - Experience a significant mental disability
 - Voluntary participation
- Assess Plan Identify Coordinate (APIC)
 - Severe & persistent mental illness
- Mental Health Discharge Planner

Trends

- Offenders are coming into our system with more acute needs than ever before.
 - 60% increase in offenders diagnosed with psychotic disorders
- Increase in comorbidity of substance use and mental illness.
- Within the first year after release mentally ill offenders recidivate at nearly twice the rate of other offenders.
- Increase in the number of mentally ill female offenders.
 - Hope wing expansion. MHU at or over capacity
- Mentally ill offenders are incarcerated for longer periods of time than non-mentally ill offenders.
 - 50% longer for felonies
 - 150% longer for misdemeanors

Challenges

- Connecting offenders to substance abuse treatment services upon release
- Complicated and lengthy process to connecting offenders to entitlements
- Limitations associated with treating pretrial offenders
- Connecting offenders with safe, sober, housing upon release

Looking Forward

- Evidence based interventions
- Expansion of women's behavioral health services
- Increased continuity of care
- Electronic Health Record
- Mentally ill in segregation
- Culturally relevant mental health services

The End