Appropriations Subcommittee Work Session 03/26/19

Budget

Q: Provide Detail of the budget request for each FY

A: See Spreadsheet

Q: Provide a breakout of IMS line item

A: $73,512,245 FY19 IMS Appropriation

$94,174,880 FY19 IMS Total Projected End of Year Expenditure

- PS: $52,176,070 FY19 IMS PS Projected End of Year Expenditure
- OE: $41,998,811 FY19 IMS OE Projected End of Year Expenditure

Q: Provide DOC's Expenditure History

A: 10-year history - See Spreadsheet

Projections - See Spreadsheet

Workers Compensation

Q: What is the rate of return back to work from Workers Comp

A: 99%

Q: How many staff are out on Workers Comp

A: 164

Q: What is the average length of WC leave

A: DOC Inmate Medical Services 9 days per month, All other DOC departments 5 days per month

Q: In Gov. Lamont's proposed budget earmarks over $4 million in additional funding for Worker's compensation claims in 2020. The 2018 report by state auditors found that for 19 out of 40 employees audited, employee evaluations were either incomplete, untimely, or not on file. In three instances, compensatory time was not pre-approved, and that documentation to support overtime was either missing or not properly completed for five out of 10 employees audited. Additionally, the audit found workers compensation claims lacked appropriate supporting documentation, union leave time was improperly reported in certain instances, and timesheets and sign-in sheets were missing or unsigned in certain instances.

Now that DOC has acquired an additional 600 medical provider employees, what procedures or protocols are in place to ensure proper accounting of workers' compensation claims?

A: Our centralized Worker's Compensation team has a strong foundation of standard work as such we do not expect any issues with workers compensation management.

Facilities

Q: Provide a list of open facilities

A: See Spreadsheet

Q: What is the annual General Fund cost per facility

A: See Spreadsheet

Q: Provide information regarding Units closing – savings / use – when slated for closure; where will staff go; cost of closed buildings (mothballed)

A: BCC / Madison Unit – closed effective 3/22

- Savings: $730,446

NCI and MYI units will be closed by 6/30 – pending population count remaining level or decreasing

- Staff from all closing units will be absorbed into existing vacancies at the facility or to facilities in close proximity
- Agreements will be established with labor unions
- Savings: NCI $1,930,210
  MYI $1,280,330

Q: Provide a list of closed/mothballed facilities/units

A: See Spreadsheet

Q: When were they closed and what were the savings associated w/ their closure

A: See Spreadsheet

Q: What are the future plans for these facilities/units

A: None at this time

Q: Do the facilities belong to the DOC?

A: DOC facilities are owned by the State of Connecticut but are controlled by DOC

Q: Can you use closed facilities to generate revenue?

A: For security reasons, no.

Q: What is the closure/mothballing process

A: Facilities systems are secure, shut down and or set to the lowest resource level required to maintain the integrity of the facility.

DUTIES AND RESPONSIBILITIES:

1. The Plant Facility Engineer 2 shall:
   - A. Ensure all heating unit thermostats are maintained at 50°.
   - B. Add a dialer system to call re: trouble alarm.
   - C. Secure/close all exterior doors and windows.

Air Conditioning
- A. Turn all a/c thermostats up to 78°.

Ventilation
- A. Turn off all fans including bathroom exhaust fans.
- B. Secure/close all openings/air dampers where possible.
- C. Develop PM to occasionally turn system on to air out building and check equipment.

Plumbing
- A. Turn off all water with the exception of make-up water to the heating plant.
- B. Fill all traps with a mineral oil/biodegradable glycol.
- C. Turn off all water heaters.
- D. Pump all grease interceptors inside and outside of the building.

Electricity
- A. Turn off all lighting with the exception of emergency and night lighting.
- B. Generator – to be maintained as if the facility was occupied … all PM's to continue.

Security Systems
- A. Turn off all security systems. UPS' to be powered down.
- B. Body Alarms – collect all body alarms and store at the District 1 Electronics shop.
- C. Radios – collect all radios and chargers and store at the District 1 Electronics shop.

Staff
- A. To be reassigned to other facilities as needed. Meet with Human Resources to coordinate.

Vehicles
- A. Redistribute throughout the District.

Keys
- A. All keys to remain in key boxes.
- B. Change locks on main and exterior doors.

Tools & Equipment

A. Conduct tool inventories and tools to remain in a secured area at the facility.

Television – Coordinate with Central Office Engineering

A. Cancel Digital TV account with vendor.

Phones – Coordinate with Central Office Telecom

A. Eliminate unnecessary phone circuits and leave voice mail message on main number redirecting the caller.

Paints/Oils/Hazardous Waste

A. As soon as possible contact one of the Central Office Environmental Analysts to schedule a hazardous material/waste walk-through. Areas to review during the walk-through include:

- Kitchen
- Laundry
- Voc Ed Shops
- Industries
- Maintenance
- Medical/Dental
- Supply Warehouse
- Grounds
- Tanks

B. Remove to Warehouse for storage, disposal and/or surplus.

C. After all hazardous material/waste has been removed contact the Central Office Environmental Analyst to schedule a follow-up walk-through.

Tagged Equipment

A. To remain in assigned location until otherwise advised/authorized to move.

PM's

A. To be developed as a weekly and monthly inspections of:
HVAC system, water system, electricity – lighting, exercise gates, buildings & grounds.

Grounds

A. Maintain grounds with inmate crews from the nearest facilities.

B. Only plow the snow on the main entry roads and around the facilities fire lanes and walkways.

C. Maintain lawns to ensure the grounds are kept to DOC standards.

2. Fire Safety

A. All sprinkler and fire alarms to remain active until or otherwise authorized to shutdown.
B. Add a dialer to call for trouble alarms.
C. Notify insurance company of closure.
D. Continue Pest Control Policy.
E. Continue with existing pm schedule

3. Telecom Unit
   A Work with PFE 2 and Fire Safety Unit to add phone lines for dialers.
   B. Coordinate with the PFE 2 the elimination of all unnecessary phone lines and circuits. .
   C. Leave voice mail message on main number redirecting the caller.

Q: What are the carrying costs of closed/mothballed facilities/units

A: Closed facilities must be maintained and the building envelopes secured.

Costs include:
- Heating/Cooling
- Building Maintenance
- Grounds Maintenance
- Security

Closed Facility Costs for FY19 include:
- $358,948 Enfield FY19
- $22,159 Gates FY19

Q: Can the Sewer allotment for York CI/Gates CI be reduced or released? If not, why?

A: No. The state must retain that allotment in order to ensure that there is sufficient capacity available should the inmate population increase. The state paid the municipality for sewer treatment plant upgrades to accommodate the prisons in Niantic.

Staffing

Q: What is DOC's Staffing Compliment/ By Classification

A: See Spreadsheet

Q: What is DOC's staffing trend

A: 10-year history - See Spreadsheet

Q: Positions-how do we balance new hires against retirements?

A: We are continually monitoring both the number of declared retirements as well as those officers who are eligible to retire. Those two numbers are included in the fiscal analysis that is prepared for OPM to gain approval for each Academy class. Fortunately, our officer workforce is highly predictable. We are able to predict with a high degree of accuracy the number of retirements and the number of hires that need to be made to

backfill those retirements for 12 months and beyond. Ideally we would gain approval for an annual plan and schedule classes regularly throughout the year to maintain staffing at the desired 90% level.

Q: What are the # projected retirements?

A: We currently project that 149 Correction Officers will retire in calendar year 2019. 55 Correction Officers have retired so far calendar year.

Retirement History.

Fiscal Year	Officer Retirements	Captain/ Lieutenant Retirements	Lieutenant Retirements	Other HD Retirements	Other Non-HD Retirements	Other Retirements	Total
2008	168	24				73	**265**
2009	143	21				37	**201**
2010	233	53				57	**343**
2011	233	34				100	**367**
2012	183	46				102	**331**
2013	169	29				76	**274**
2014	282	56		112	10		**460**
2015	318	56		123	27		**524**
2016	176	39		131	34		**380**
2017	132		19	89	19		**259**
2018	142		20	60	13		**235**

Q: How many staff are projected to retire in the next year, in 2, 3 and 4 years

A: All staff eligible for retirement:

- 2020 – 751
- 2021 – an additional 152
- 2022 – an additional 105
- 2023 – an additional 120

COs eligible for retirement:

- 2020 – 239
- 2021 – an additional 50
- 2022 – an additional 58
- 2023 – an additional 61
- Trend - 75% of eligible CO's retire

Medical staff eligible for retirement:

- 2020 – 94
- 2021- an additional 11
- 2022 – an additional 15
- 2023 – an additional 10

Q: What is DOC's Position count – authorized vs filled

A: 174 approved for refill, 6,088 filled positions

Q: How many positions does DOC need

A: Inclusive of our current staff (6,088) we are looking to fill all of the positions noted above (225) as well as maintain the corrections officers staffing at 90% staffing plan (331) – total of 6,644.

In addition to our current staff we are requesting
- Custody - 395
- Maintenance - 14
- Addiction services - 8
- Inmate medical - 84
- Administration - 18
- Programs and Treatment - 17
- Food Services - 5

Q: How many CO positions is the DOC currently trying to fill?

A: 225, proposed and approved for refill in all DOC departments, locations below. There are 331 Correction Officer vacancies in Core CT.

Q: **How many are for inmate medical?**

A: 6,088 filled positions, 605 DOC Inmate Medical Services

Q: How has CJTS affected DOC?

A: While we have been able to absorb and incorporate the former CJTS employees into DOC there continues to be some cultural acclimation in many cases the additional employees were added costs that were not contemplated by our budgeted projections

Q: How many CJTS staff transitioned to DOC

A: 51

Q: Where were the CJTS staff placed

A: Bridgeport 2, Cheshire 7, Corrigan-Rad 4, Robinson 2, District 1, Garner 2, Hartford 4, MWCI 4, MYI 10, MYI/York 1, New Haven 2, Northern 1, Osborn 3, WCCI 1, York 6

Q: What was the cost of the transition (payroll)

A: Unburdened, approximately $350,000

Q: What is the current CO staffing level (where are we in relation to the 90%

A: 88% per operations 3/6/19

Q: How many classes are needed to maintain the 90%

A: 2 to 3 depending on class size

Q: How many classes are planned

A: 2 to 4

Q: Please provide a complete Staffing Report

A: See Spreadsheet

Inmate Population

Q: What is the current Inmate Population

A: As of 03/25/19:
- Total: 13,288
- Unsentenced: 3,798
- Sentenced: 9,490

Q: What was the Average Inmate Population by FY

A:

FISCAL YEAR AVERAGES			
FY	Accused/ Other Status Count	Sentenced Status Count	Total Facility Population Count
2019	3,915	9,477	13,392
2018	3,802	10,042	13,844
2017	3,803	10,981	14,784
2016	3,918	11,875	15,793
2015	4,018	12,329	16,348
2014	4,230	12,587	16,817
2013	4,275	12,399	16,674
2012	4,114	13,188	17,302

2011	4,249	13,773	18,022
2010	4,272	14,219	18,491
2009	4,292	14,912	19,204
2008	4,388	15,094	19,482

FY19 data is as of 03/25/19

Q: What is percent of the inmate population are reoffenders

A: Of the 21,629 intakes in calendar 2018, here is the breakdown of new offenders vs. reoffenders.

NEW OFFENDERS 4,883
REOFFENDERS 14,222

The rest of the intakes (2,524) were community supervised returns.

Q: Provide a 10 year look-back of the inmate population

A: 10-year history - See Spreadsheet

Q: What is the inmate population projection

A: OPM Projections - Criminal Justice Population Forecast Report: www.ct.gov/opm

Q: Pregnancies / deliveries – hospital use

A: As of 03/25/19 there are currently 12 pregnant women in DOC's custody.

There were 22 births from 7/18/18 to present.

Q: How is Domestic violence / Sexual trauma handled

A: Information is gathered via assessments upon admission to identify appropriate housing; gender-specific programs; medical and mental health care

Identification

Q: Explain the numbers included in the budget for identification. Is that per year or for total for two years? Who has this information?

A: The Governor's Budget Proposal calls for DOC to receive $229,000 in FY20 and $229,000 in FY21.

In FY18 the agency utilized $40,197 in Correctional General Welfare funds for 1,906 forms of ID for indigent inmates and an additional 1,783 forms of ID were secured with Inmate personal funds of $51,806 (a total $92,003) for an average of $24.94 per inmate.

In FY18 10,588 inmates discharged from DOC custody. We estimate that approximately 85% of the inmates in our custody annually require ID.

With regards to our ID Procurement process there currently is not a DOC budget that is allocated for Identification. We utilize the Inmate Welfare Fund for all indigent offenders for birth certificates, marriage certificates/divorce decrees (women only due to name change issues) and non-driver state IDs. We have an MOU with Social Security Administration in which each Social Security replacement card is at no cost, however there are timeframes in place that we must follow in accordance with the MOU in order to obtain the cards. If an offender has money on his/her inmate accounts, they are responsible to pay for their ID replacement request. The only time DOC monies are used is during the rare circumstance an ID is lost (by the agency). At that time, Programs and Treatment investigate which facility lost the ID(s) and that specific facility is charged for the ID reimbursement utilizing its budget.

Inmate Medical and Mental Health

Staffing

Q: How many positions are in the inmate medical unit

A: As of April 2018 we had 555 assigned facility FTE positions excluding central office. As of March 2019 we have 502 assigned FTE positions in CORE excluding central office.

April 2018 we had 555 assigned facility FTE positions excluding central office.

Q: How many positions is the inmate medical unit short

A: Inmate medical services has 53 positions to fill to get to April 2018 levels as of this writing.

Q: How many vacancies are in the inmate medical unit

A: There were 47 CMHC positions vacant in April 2018.

As of this writing, we have seventy-eight positions for HSU somewhere in the hiring process from position approval to offer.

Q: When does DOC anticipate those positions being filled

A: Many factors affect this, from getting the positon is approved timely, to posting, to interview, to offer. We would like a full staff complement within four months. There are many things that affect this from applicant numbers (or lack of) to salary and benefits. We are competing for health workers with other systems from within the state.

Q: What was CMHC's staffing compliment/How many staff did CMHC have

A: As of April 2018 CMHC had 592 assigned facility FTE positions excluding central office

Q: How does CMHC's staffing compare to DOC IMS

A: DOC would like to complement our staff to the April 2018 levels at minimum with a plan to staff at a higher value to ensure inmates receive care mirroring community standards.

Q: What is the ratio of providers to inmates

A: Medical Providers (MD, DO, APRN, PA) currently at 23 (including agency APRNs). Census at writing is 13,320. Ratio 579 inmates per medical provider. Studies in the community show a range of 1200-1900 patient per primary care provider. Current NCCHC standards do not specify an inmate to provider ratio.

Q: What is the ratio of Nurses to inmates

A: As of this writing we have 309 nurses and a census of 13,320. Ratio is 43 inmates/nurse. CT DOC does not have the ability to count those inmates in active care vs. those not utilizing health services. Standards in the hospital community are 1:6 for medical/surgical units and 1:4 for step down units. LTC facilities staff at 0.47 nursing hours/patient/day.

Q: It is our understanding that the DOC has been without a medical director since June of 2018. Under the proposed budget is a medical director position contemplated?

A: A Chief Medical Officer has been hired. A start date is to be determined.

<u>CMHC Budget</u>

Q: What was CMHC's budget

A: CMHC's annual budgets for FY08 through FY18 were as follows:

	IMS Funding	Average FY Total Inmate Population	Sentenced	Unsent
FY18	81,470,158	13,844	10,042	3,802
FY17	80,477,630	14,784	10,981	3,803
FY16	86,746,265	15,793	11,875	3,918
FY15	85,967,101	16,348	12,329	4,018
FY14	88,513,923	16,817	12,587	4,230
FY13	77,429,399	16,674	12,399	4,275
FY12	91,025,952	17,302	13,188	4,114
FY11	93,517,442	18,022	13,773	4,249
FY10	95,097,144	18,491	14,219	4,272
FY09	103,194,273	19,204	14,912	4,292
FY08	107,244,982	19,482	15,094	4,388

Patient Care

Q: What is the referral process – PPT: What is the referral process for inmates to receive specialty services

A: the referral process is as follows:

1. Provider submits request for specialty services in UCONN portal and assigns priority based on medical scenario.
2. Priority is reviewed and adjusted with provider if necessary.
3. Transport, Facility, Target Date decided. Pre-appointment items gathered.
4. Clinic Dates and Appointments are assigned and scheduled.
5. Central Transport Unit coordinated.
6. Inmate taken to clinic or outpatient service.

Q: How does this differ from what was in place before?

A: Prior the transition, specialty services were either authorized or denied by a utilization review panel consisting of providers. After the transition, specialty service requests are submitted by the providers, priorities are assigned, and services are scheduled. Services medically necessary are no longer denied.

A: Are patients receiving the specialty care that they need?

A: Yes, the list of scheduled specialty services continues to grow. We are starting to encounter a back log as the limitation has become provider availability.

Q: Is the care provided in DOC facilities comparable to care provided by Connecticut mental health facilities, nursing homes, long-term care facilities, DMHAS, DVA, etc…

A: The care provided in DOC facilities is comparable to care provided in Connecticut mental health facilities, nursing homes, long-term care facilities, DMHAS, DVA, etc. Acute and Chronic Primary care is performed in-house while specialist services are provided by outside entities.

Q: Who oversees standards of care for DOC

A: Right now the standards of care are oversought by the treating providers. Once our CMO starts, care will be oversought by the medical authority within.

A: What is NCCHC

Q: National Commission of Correctional Health Care. They are an accrediting body.

A: How has care improved since the transition from UCONN to DOC: Have we improved the care/health of the inmates since DOC took over inmate medical?

A: The following changes have been or are being implemented:

- Electronic Health Record implemented

- Patient Prioritization and Transportation initiated (replacing the former utilization review committee)
- Improved the organizational structure
- Identified efficiencies through the agency's LEAN process
    - Implemented a triage system for sick call

Q: In 2017, the contract between DOC and UCONN for the provision of medical care to inmates was terminated. What changes are there now that inmate medical services are being provided directly by DOC instead of a contractor?

A: Currently, the agency is seeking an entity to contract with for specialty health care services via RFP. The largest change is the elimination of the utilization review committee – charged with deciding who will get care based on medical necessity and cost. Out providers now order specialty services based upon medical necessity alone and that care is scheduled through the PPT system.

Q: How do those changes lend themselves to cost savings, if any?

A: It is apparent that those changes do not lend themselves to cost savings. DOC provides health care based on medical necessity in a fee for service model and no longer is associated with a capitated health service plan. In short, our inmates are getting more and better care. We are on course to spend 95MM for FY2019.

A: What is the agency's policies and procedures regarding pregnancy, prenatal care, obstetrics/delivery, post-delivery care, etc.

A: The CT DOC has two policies on pregnancy, G 7.01 Perinatal Care and G 9.01 Pregnancy Counseling

Q: This budget proposes millions of dollars cuts in 2019 and in 2020 to inmate medical services.

Just this morning news broke of another inmate lawsuit, this time from a woman who gave birth in jail cell toilet. How does this proposal reflect this administration's commitment to inmate's constitutional medical rights?

A: This proposal will limit the medical services offered. Health care costs have risen every year since 1960 when CMS started tracking cost. Over the last 15 years, Health care costs have risen an average of 5.44% per year. In 2016 the average annual cost per person surpassed $10,000 to a figure of $10,345. DOC spent $5,923 per inmate on health care services in FY2018 – and that figure includes salaries for the staff.

Q: RFP/How much will DOC be paying for the services under the RFP

A: DOC is currently negotiating with vendors for the provision of Laboratory Services, TeleMedicine Services and Pharmacy Services. As negotiations are just getting under way a cost project has not yet been completed.

RFPs

DOC received 3 proposals in response to the Inmate Medical Services RFP and 6 proposals in response to the Pharmacy Services RFP.

The received proposals for both RFPs were reviewed and evaluated by the evaluation committee.

The evaluation summaries and evaluation committee recommendations were submitted to the Commissioner for final review and acceptance.

The Commissioner signed off on the evaluation committees' recommendations for Laboratory Services, TeleMedicine and Pharmacy Services. Based on the limited response the agency received from its Inmate Medical Services RFP the Commissioner has decided that the issuance of a new RFP for Inmate Medical Services is warranted.

Letters were sent out on 03/14/19 (via mail and via email) to all of the RFP respondents.

Those selected for negotiations were sent letters inviting them to begin contract negotiations. Those not selected for negotiations were sent letters informing them of such. The following table identifies which vendors received invitations to negotiate and which ones received letters informing them that they were not selected to negotiate a contact at this time.

The three entities selected to enter into negotiations have been notified. Responses accepting this invitation have been received by all three vendors.

Contracts staff are setting up meeting with those entities selected to negotiate. These meetings will take place once draft contracts have been prepared and approved.

Contract development teams are being established that include content/subject matter experts from Inmate Medical as well as other appropriate areas.

Timeline:

Date	Activity	Comments
03/27/19	Complete draft POS contract	Fiscal Services
04/1-4/19 - 04/11/19	Send Draft to Contracts Teams for Review and establish meeting date.	Fiscal Services, Contracts Team
04/12/19	Receive input from all reviewers	Fiscal Services
04/17/19	Incorporate reviewers input	Fiscal Services
04/22/19	Send finalized draft to contractors	Fiscal Services
05/06/19 - 05/24/19	Meet with contractors for negotiations (as needed)	Fiscal Services, Contracts Team, Contractors
05/6/19 - 05/31/19	Include DOC Legal and AG in contract review process as needed.	Fiscal Services, Contracts Team, DOC Legal, AG
05/31/19 - 06/05/19	Finalize draft contract with negotiated terms	Fiscal Services
06/06/19 - 06/30/19	Route contracts for signatures	Contractors, DOC Deputy Comm., OAG
07/01/19	Begin Implementation of New Services	

Next Steps:

- Confirm DOC Contract Team Members
- Continue Drafting Contracts
- Schedule internal meeting with Contract Team members to review Draft

TRANSITION AGREEMENTS:

UCHC was contacted on 03/13/19 and informed that DOC is seeking to extend all of the transition agreements currently in effect and expiring prior to 12/31/19 to be extended until 12/31/19, with the exception of the agreement for Pharmacy Services and the agreement for Labs, which will be extended until 06/30/19 – note we will be able to exit the agreement prior to that date if necessary and appropriate. We are reviewing with MIS the need to extend/continue the IT support contract with UCHC as this agreement should not be needed for the remainder of this calendar year.

2ND INMATE MEDICAL SERVICES RFP

Based on the limited response to the first RFP for Inmate Medical Services the decision was made to go back out to the marketplace with a new RFP. The first RFP limited compensation to Medicaid rates. This new RFP will ask respondents to provide pricing (what they would charge DOC for the requested services).

Due Diligence:

We received several letters of intent (to submit proposals) for the IMS RFP, however we only received IMS proposals from one proposer. In order to understand why we did not receive more proposals, Contracts staff contacted those organizations that submitted letters of intent but did not submit proposals and asked the simple question "why didn't you submit a proposal". Summaries of the answers received were as follows:

- Compensation at Medicaid rates insufficient to cover costs and make it worthwhile
- No provision to cover startup costs (i.e. for facility modifications for security)
- Inability to secure partnership agreements with area hospitals
- Apparent confusion that proposals must be for all services listed in the RFP
- Not the appropriate business model – the RFP should have been for the entirety of the agency's inmate medical program (both primary and specialty care) and compensated on a per capita basis (similar to how medical services were provided under the MOA with UCHC) not fee for service.

Drafting of the new RFP:

DOC Contracts staff met the morning of 03/15/19 to discuss the new RFP and reviewed a draft prepared by staff. Based on that review edits were proposed and will be incorporated into a new draft.

Proposed Timeline:

Draft Propose Procurement RFP #2 - 2019 Schedule and Next Steps:	
Activity	**Dates**
RFP Released	04/01/19
MANDATORY Letter of Intent Due	04/15/19

RFP Questions	04/19/19
Answers Released*	04/30/19
Proposals Due	05/17/19
Contract(s) Execution*	10/01/19

** Dates subject to change*

Next Steps:

- Continue to develop draft RFP with suggested changes made from 3/15/19 meeting.
- Circulate draft RFP for review and feedback.
- Update draft RFP with edits.
- Retain the services of the existing Evaluation Committee members to be available for the evaluation of the new proposals.
- Request IT to create specific email account for correspondence from respondents regarding RFP related activities.

Hospice

Q: How many inmates in Hospice care/How many have 6 months or less left to live

A: Hospice units are located at MWCI; OCI; and YCI
There is currently one inmate in hospice at MWCI, one at OCI and on at YCI

Pharmaceuticals

Q: How does UCONN purchase pharmaceuticals

A: DOC is not privy to the purchasing process at UCONN. Assumptions are that UCONN purchases pharmaceuticals much like any other hospital. They function as a retail pharmacy for CT DOT.

Consultant

Q: In September of 2018, State Auditors cited for the 2014 and 2015 fiscal years, the DOC "lacked a comprehensive quality control system to evaluate the health care provided to inmates". In response to that 2018 audit, the DOC said it had undertaken a comprehensive review of its delivery of medical services.

A: The consultant hired by DOC was A Health Adventure LLC, Greg Robinson. The cost of the consulting services was $600,000.

Use Disorders

Q: What types of use disorders does DOC treat

A: DOC has a strong Addiction Services Unit that provides assessments, and psychosocial and behavioral counseling for all types of substance use disorders, ranging from opioid use disorder to alcohol use disorder. On a monthly basis, our addiction counselors intake approximately 600 inmate patients, and treat more than 3500 annually.

Q: What are the use disorder treatments employed by DOC

A: DOC has both medications for addiction treatment and psychosocial and behavioral counseling for substance use disorder treatment. We have 4 ongoing therapeutic communities (called Tier 4) in our system (Osborn, Willard-Cybulski (DUI Program), York, and Carl Robinson; and many outpatient and intensive outpatient therapy programs that we run throughout the system. In addition, we assess every entering inmate-patient for a substance use disorder, and we offer brief intervention treatment (6-week program), return offender treatment, and specific treatment for our female population and 18 – 25 year olds. We have no Addiction Services presence at Garner and Northern.

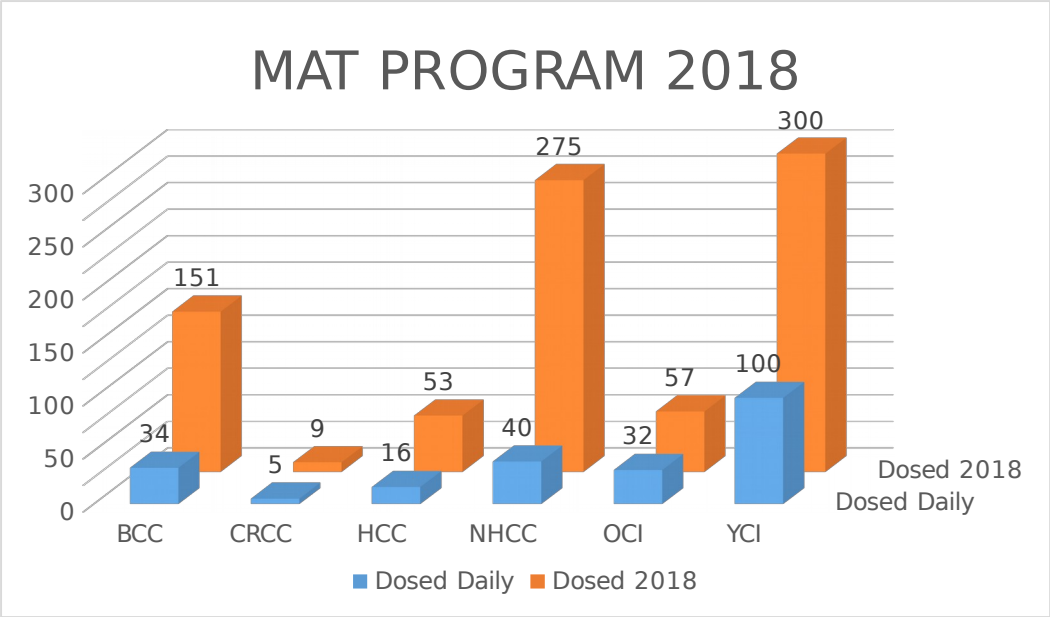
We also provide medication for addiction treatment (MAT) (methadone for maintenance, Subutex for managed medical withdrawal). We currently treat with these medicines at 6 facilities. Our MAT daily treatment population ranges from 200 to 225 inmate-patients.

Q: What is DOC's use disorder treatment system (i.e. contracted services, internally provided services, etc…)

A: Our substance use disorder counseling team members are all DOC employees. We have developed a very effective hybrid system for the delivery of medication. York, which treats approximately 80 – 100 patients daily is an independently functioning DEA licensed opioid treatment program (OTP). It is NCCHC (National Commission on Correctional Healthcare) accredited, and SAMHSA certified. It is bound by all of the regulatory structure that is applied to all OTPs. Our treatment model in all facilities but York utilizes contracted community OTPs to provide in-facility treatment including medication (methadone only), counseling, and re-entry services. Please see attached graphic for patient numbers treated at each facility.

Q: Why isn't Suboxone used

A: Historically, suboxone use has not been supported. It is a common contraband smuggled in from the outside. The Addiction Services Unit leadership is strongly in favor of introducing this commonly used community standard medication. When administered through an Opioid Treatment Program diversion will not be an issue.



Mental Health

Q: How many inmates are diagnosed as Chronically Mentally Ill

A: With a total population around 12,500 inmates, and around 3,600 having a Mental Health Score of MH5 (gravely and acutely mentally ill and potentially a danger to themselves and others), MH4 (having an ongoing need for increased levels of mental health care and relative isolation from general population), and MH3 (involved in ongoing, consistent, outpatient mental health care), around 28% of our current population inside of CTDOC receives ongoing mental health treatment.

Q: Is DOC covering female inmates' psychiatric services/ What is DOC doing to address PTSD/MH services for women

A: Recognizing that our women in custody have needs that are different than our male population, we currently provide an array of gender sensitive treatment programming at our one facility that serves as both a jail and a prison for our female population, York Correctional Institutions. This treatment includes programming for trauma related issues through several programs currently offered at York.

Q: What percentage of their sentence are they serving

A: Unfortunately, there is no way to give an accurate number. All persons in custody who are eligible for community release either by state statute or DOC Directive are afforded this opportunity regardless of their MH score.

Q: What happens when they are released EOS

A: When mentally ill inmates are released to the community, depending on the inmate, their special needs and vulnerabilities, and concerns over public safety, significant efforts, from regular facility discharge planning up to and including special decisions made by senior staff at Central Office, the needs of each individual inmate guide how they are discharged to the community.

Q: Are inmates discharged to shelters

A: Yes. Unfortunately, due the absence of state beds available for the mentally ill when they are at their end of sentence, people in custody with no resources, including no personal financial resources, no family or friends who can sponsor them, or other mechanisms to help them avoid going to shelters, people in custody are sometimes discharged to shelters. The actual number is hard to know because, to date, even if a connection for a person in custody is made for a shelter bed through a call to 211, it is hard to know if all of the individuals who make that connection actually go to that shelter bed.

Q: What is the discharge process for inmates with mental health issues/Discharge to HWH

A: Through careful consideration of a number of criteria, and through partnership with other state agencies and contracted providers, there is a thoughtful process for discharging individuals in custody who are mentally ill, who are appropriate for transferring to a half-way house. There is a need for more half-way house beds in the community. CTDOC has made efforts to take into account the needs of mentally ill parolees through our special Mental Health Parole Unit.

The discharge planning process begins as soon as an individual enters into CTDOC custody. Through partnership with other state agencies and contracted providers, continuity of care is maintained as best as possible as individuals transfer to the community. Only those individuals who discharge on parole would be potentially eligible to discharge to a half-way house.

Q: Are there enough HWH beds/placements available for discharging inmates with chronic mental health issues

A: No

Q: Are discharging inmates with chronic mental health issues receiving the care they need

A: Continuity of care is established for MH4s and MH3s for individuals returning to the community with the help of the CTDOC Health Services Unit Discharge Planners for individuals classifies as MH4s and by Correctional Counselors for most MH3s. For those individuals on Community Supervision who are identified as MH4, the Mental Health Parole Unit, in conjunction with discharge work completed by the facility Discharge Planners, will ensure that individuals are connected to the appropriate agencies for continuity of care once on community supervision.

Q: Under HIPPA, can supervisory staff (Custody) have information about an inmate mental health status/condition

A: Related to use of force questions and those in custody who are mentally ill, HIPAA does not apply in a correctional setting because the CTDOC is not a covered entity under HIPAA. Mental health information may be shared with appropriate DOC staff in furtherance of any legitimate penological interest.

Parole

Q: What is the OT reduction plan for Parole

A: In 2015 the Office of Labor Relations (OLR) entered into a bargaining agreement with NP-4 to pay overtime (OT) for any hours accrued after 480 hours of compensatory time earned. Prior to the 2015 OLR agreement, Parole Officers only earned compensatory time. Over the next several years, many Parole Officers accrued the requisite 480 hours to earn OT, which resulted in a significant increase in OT earnings in 2018. The Division of Parole and Community Services (P&CS) is currently projecting to end the fiscal year at $2,379,168 in overtime earnings for Parole Officers.

The majority of OT earnings in P&CS is discretionary with Parole Supervisor approval based on operational needs. Non-discretionary OT is contractually required and is earned as a result of after-hours on-call responsibilities. These responsibilities include telephone calls from the P&CS Answering Services, Police Departments and Parole Supervisors.

The following recommendations are intended to reduce OT expenditures by 1 million dollars while maintaining public safety:

Short Term:

- Recommend that the Board of Pardons and Paroles accept absconder violations in accordance with P&CS policy and in line with standards for criminal escapes from community release for warrants written by the CT State Police. In these cases, the warrant is written by the next business day with no attempts to locate required.

(Overtime generated by the P&CS Residential Unit for attempts-to-locate is significant.)

- Attempts-to-locate should only be authorized during normal business hours unless there is some actionable information indicating the subject may be at the suspected location or under exigent circumstances.
- During nonbusiness hours, Parole Officers should only be authorized to answer telephone calls from the P&CS Answering Service, Police Departments and a Parole Supervisor. Overtime should not be authorized for after-hours calls received directly from offenders or other Parole Officers.
- OT will continue to be authorized for extraditions for flying or driving trips.
- Mandatory trainings should be scheduled in advance beyond the contractually required two week notice so Parole Officers can adjust their schedules to align with training hours.
- Compliance checks should be scheduled in advance beyond the contractually required two week period so that Parole Officers can adjust their schedules to align with the compliance check operation.
- Officer-of-the-Day functions should be scheduled in advance beyond the contractually required two week period so that Parole Officers can adjust their schedules to work first shift.
- The scope of compliance checks, except for large residential programs, should be limited to unit or district staffing levels.
- After-hours call backs should only be authorized in the event of a community supervision emergency or under exigent circumstances related to public safety.
- On-duty staff should be deployed for all operational matters during scheduled first or second shift hours. This may require officers from other districts/units to be directed to provide assistance in other geographical areas.
- Reduce or eliminate second shift and weekend schedules.
- All overtime authorizations should be approved by the Director or Deputy Director of P&CS.

Long Term:

- Equip all Parole Offices with video conferencing equipment to remotely access all parole violation proceedings.

Q: What occurs when someone is paroled

A: The Division of Parole and Community Services releases and supervises offenders released to the community under the jurisdiction of both the Commissioner of Correction, the Board of Pardons and Paroles, and the Interstate Compact. Eligible offenders are released to approved sponsors or halfway houses based on eligibility, sponsor availability, and statutory release status. For example, individuals approved for Community Release are required to be initially placed in halfway houses in accordance with statutory requirements.

Once released, offenders are assessed using the Statewide Collaborative Offender Risk Evaluation System risk/need assessment. Levels of supervision are assigned based on this assessment and program referrals are made based on stipulations and criminogenic needs. During supervision, offenders meet with their parole officers at locations

throughout the state to discuss progress toward employment or other stipulated programs.

Parole officers provide continuous case management services to each offender on their caseload over the course of supervision based on assessed risk and needs. Levels of supervision are decreased or increased based on compliance and the presence or absence of dynamic risk factors, i.e., substance abuse, mental health, non-compliance.

Q: Explain the HWH process

A: Offenders are referred to all HWH's in the region that they have chosen while incarcerated. HWH has 72 hours to review and approve/deny a referral. If approved, offender is placed on a waitlist in the region of his/her choosing. Ideally, we try to place offenders in HWH 4 to 6 months prior to his/her VTP or EOS date. Once a bed becomes available, a release is sent to the facility and the offender is placed at the designated program on the specified date.

Q: What are the different types of HWHs

A: The majority of halfway house programs are work release for both male and female populations. Other program types include: inpatient substance abuse treatment, inpatient sex offender treatment, mental health (male)/mental health (female), and transitional housing.

Work Release- intended to house offenders that are searching for employment, employed or participating in GED or college courses. Length of stay between 90 and 120 days.

Inpatient Substance Abuse Treatment- used for offenders with substance issues while in the community. Length of stay is 30 days or more based on clinical recommendation.

Transitional Housing - houses offenders that (there is no set length of stay):
- have 30 days or less to EOS,
- are homeless
- have been reinstated/re-paroled and in need of immediate placement

Sex Offender- houses offenders convicted of sex related crimes

Mental Health- houses offenders with mental health concerns

Q: How many HWH contracts and beds are there

A: 17 Residential contracts for 33 programs provided by 14 service providers
1,168 Residential Beds

Q: How many Parolees currently in HWHs

A: 1,140

Turnover time is limited to 1-2 days for placements in open beds

Q: How is medical and MH treatment and medications handled for parolees

A: All medical/mental health services and medications are funded through Medicaid or private insurance and provided by community medical/mental health providers. Certain offenders receive mental health services through DMHAS or DOC funded mental health halfway houses.

A brief supply of medication or voucher is provided by the correctional facility at the time of release if required.

Q: Explain what we do w/ Community Support Services funds

A: Community Support Services funding is used to support CTDOC's Parole and Community Services network of service providers in the community. This includes both residential and non-residential programming and services. Residential programs are available to male and female offenders releasing to the community under CTDOC supervision. These programs provide offenders with opportunities to begin reintegration in a structured residential setting. Most often, offenders are assisted with obtaining employment and have the opportunity to develop a savings plan prior to living independently.

Nonresidential programs are also available to male and female offenders releasing to the community under CTDOC supervision, both those residing independently and those residing in contracted residential programs. These limited programs provide services to offenders stipulated to attend either domestic violence programming or out-patient sex offender treatment.

Education

Q: How many students (total) are there

A: 1,572 (as of 03/13/19)

Q: How many students under the age of 21 with special needs

A: Total number of students receiving special education services on 3/13/19: 167

Q: How many students under the age of 21 with diagnoses of autism / dyslexia

A: 1 with Autism, 0 with Dyslexia, 28 with Specific Learning Disability

Q: How many students had previously undiagnosed special needs

A: Students come to USD #1 with gaps in their learning from inconsistent school attendance and experience.

It is often discovered that the deficits in their performance are directly related to inconsistent school attendance and experience. As such, our students make significant academic gains in a short period of time as a result of consistent attendance and the strong supports provided by our programs. Additionally, there is often a reduction in the challenging and disruptive behaviors witnessed outside of our district because of the

structure and support our programs provide. Students receive support from a team of school psychologists, school counselors, school social workers, special and regular education teachers, and school administrators who meet students at whatever level they present academically, vocationally, and social emotionally. Their progress and needs are monitored daily and teams meet to discuss program and instructional modifications when they are needed. We offer several conduits to student success including a State of Connecticut High School Diploma, Credit Diploma, GED, and vocational programming. This allows students to experience many levels of success.

Q: How does DOC screen/diagnose for special needs:

This information is found on pages 6 and 7 of the attached USD #1 Special Education Policy and Procedures Handbook. This information is also provided below.

Referral Process: Before our district personnel refer a student to a Planning and Placement Team, alternative procedures and programs in regular education are explored and implemented where appropriate. Strategies and interventions should be documented. If the student's problems or difficulties persist, a prompt referral to a PPT is made.

A standard referral form is used to document all referrals to the Planning and Placement Team. This form is available in the Special Education Forms folder located on the x:drive under USD#1 All. Concerned parents and/or staff may complete the form. Once the form is completed, it is given to the school administrator or their designee. The completion of this referral form initiates the Planning and Placement Team process.

The district will provide written notice to parents (if applicable) and eligible students within five school days after the date of a referral to special education. The notice contains the following elements: Reason for notice; Source of the referral; Date of referral; A statement of parental rights to review and obtain copies of all records used as a basis for the referral, to be fully informed of all evaluation results, and to obtain an independent educational evaluation (IEE); Description of the general evaluation procedure to be used; Requirements for consent

Along with the referral notice, the district will send a full explanation of all procedural safeguards available to the parent or eligible student.

Academic Assessment and Enrollment of Identified Special Education Students: New identified Special Education students, interested in pursuing their education, should be academically assessed and enrolled in school within 5 school days upon entry to a correctional facility. Newly enrolled students should be informed of the various USD#1 educational program offerings through an initial interview and the Declaration of Choice form.

Identified Special Education students transferring from one USD#1 school site to another should be enrolled within 3 school days upon entry to the transferring facility. Every effort should be made by the principal or designee to communicate between USD#1 school sites to ensure educational services are uninterrupted. IEP programs of transferring students among USD#1 sites, should be followed as closely as possible until a PPT can be held. A PPT may not be necessary when an identified special education student

transfers from one USD#1 site to another. It is recommended that the IEP amendment process be utilized if changes are to be made to service hours.

Case Management: All identified special education students will be assigned a Case Manager. Case Managers are responsible for monitoring student progress, collaborating with teachers, and evaluating progress toward IEP goals and objectives. The Case Manger will conduct quarterly reviews. These reviews will evaluate academic progress within the classroom and on districtwide assessment data (if available). Case Managers are responsible for planning their students' PPTs and finalizing their students' IEPs.

Q: What does DOC do once we determine an inmate has a special need:

A: Once a student is determined to qualify for special education services, an Individual Education Plan (IEP) is developed. The student is then assigned a case manager and a school psychologist who will monitor the IEP. The education plan, including regular education services, remains with the student throughout his stay in USD#1. The specific disability identified in the plan and academic progress of the student is closely monitored and reviewed according to timelines set in the IEP. Review of the IEP is done a minimum of once a year, more frequently if needed. A student is tested to determine continued eligibility every three years. Upon completion of the triennial testing, continued eligibility for special education services is determined and a student's plan is continued or modified as needed.

Q: What are USD1 Special Education resources

A: USD#1 utilizes IDEA funding and the staff positions allotted to the district to support the special education program and students.

A: What are USD1 Special Education policies

Q: See the USD #1 Special Education Policy and Procedures Handbook.