

KDOC Medical Contract Presentation to House Corrections and Juvenile Justice

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Health Care and Mental Health Services

Corizon Health, Inc.

- Contract awarded in January 2014 with an 18-month initial term and four two-year renewal options.
 - Final renewal option expires June 30, 2023
 - FY 2019 contract - \$68.8 million
- 100% compliance with all ACA health care and life/safety standards in 2017

498.2 FTE including:	
Physicians	8.4
Nurse Practitioners	11.9
Dentists	11.2
Master's Level Psychologists (RDUs)	10
Psychiatrists	7.9
RNs	130
LPNs	65
Mental Health Professionals	69
Forensic Psychologists	3
Discharge Planners	11
Addiction Counselors (KJCC)	3
Sex Offender Treatment Specialists (KJCC)	2

Contract Monitoring: KUMC

- University of Kansas Medical Center (KUMC) staff monitor health care services to ensure health care meets constitutional level of medical care
- Health care must be provided in same manner as any person would receive at the family medicine clinic at KUMC
- Oversight and management includes:
 - Grievance process
 - Health care peer review
 - Audits
- FY 2019 Contract - \$1,882,271

Performance Outcomes

- Monthly reviews conducted to ensure Corizon is meeting outcomes established in the contract to include:
 - Conducting initial and periodic health assessments
 - Conducting sick call
 - Segregation rounds
 - Special needs/chronic care treatment planning
 - Provision of specialty service

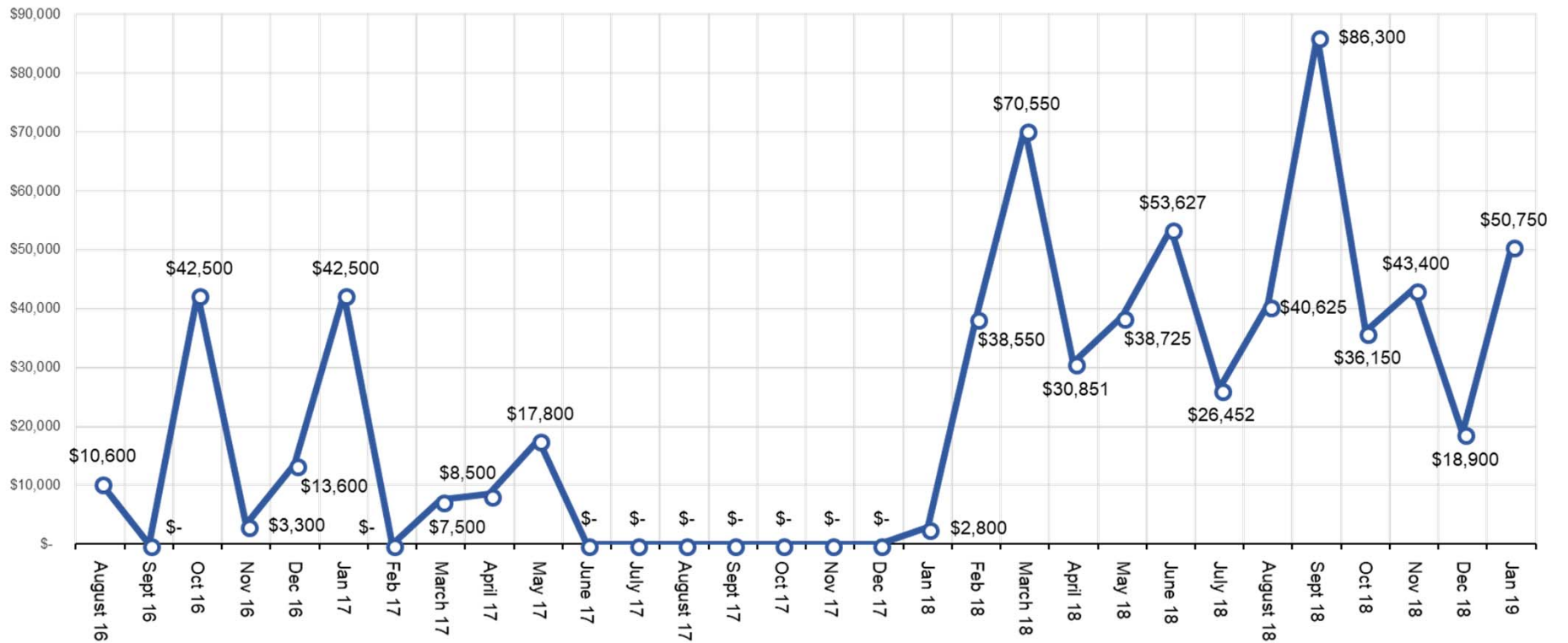
Performance Outcomes

Calendar Year 2018 Performance Guarantees

	Number Audits	Compliant	Non-Compliant	% Compliant
Intake Health Assessment	36	3	33	8.3%
Periodic Health Assessment	30	6	24	20.0%
Sick Call	21	2	19	9.5%
Special Needs / Chronic Care	15	1	14	6.7%
Specialty Services	4	4	0	100.0%
RDU Evaluations	3	1	2	33.3%
Mental Health Special Needs / Treatment Planning	16	2	14	12.5%
Mental Health Sick Call	13	5	8	38.5%
Mental Health Groups	63	43	20	68.3%

Performance Outcomes

Performance Penalties, FY 2017 – FY 2019 YTD



Staffing Challenges

Low unemployment rates and competition for health care staff

- Increased overtime
- Increased use of PRN staffing
- Administrators covering shifts
- Employee burnout
- Increase in offsite appointments

Staffing Challenges

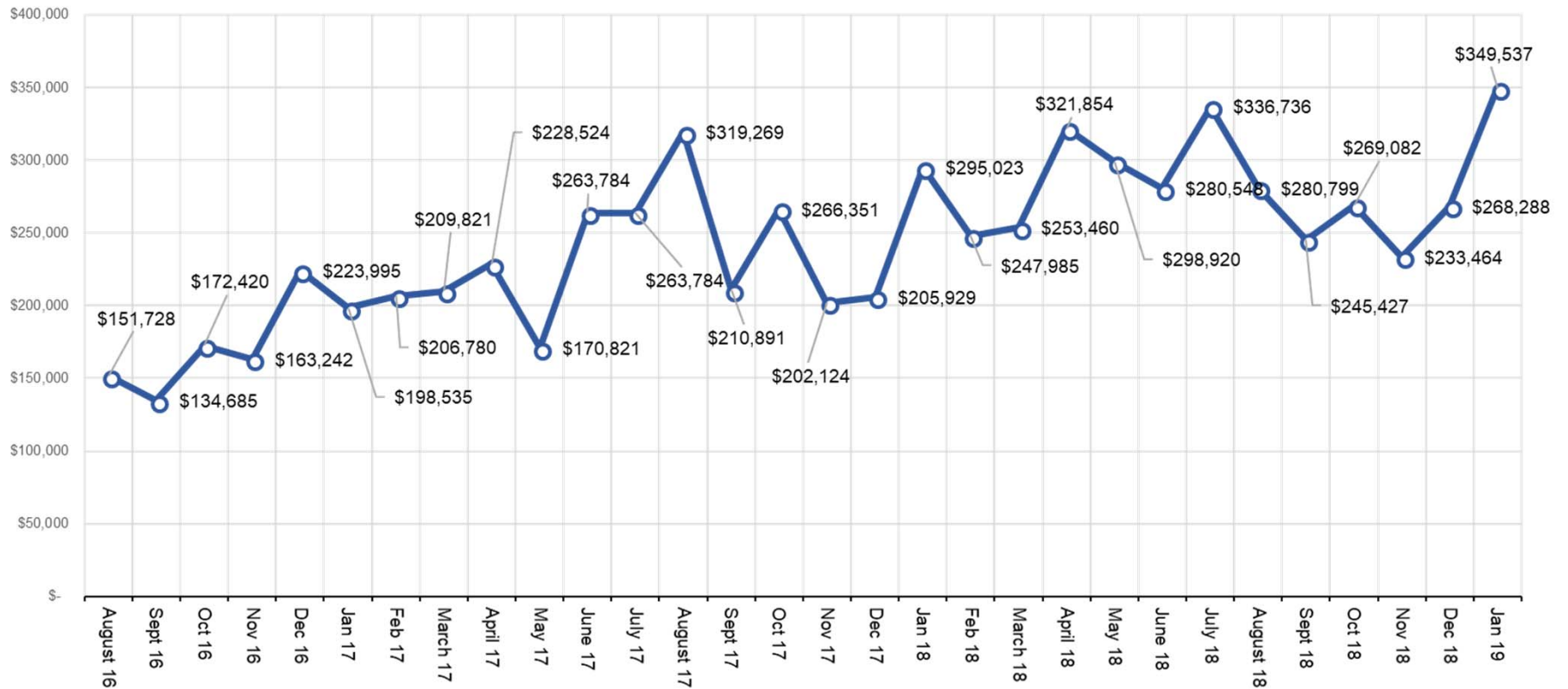
Average vacancy rate of 13.3% since July 30

- RNs and Behavioral Health Professionals account for half of all openings

Facility	Authorized FTE	Average Vacancies	Vacancy Rate	% of Total
El Dorado	121.5	22.2	18.3%	34.7%
Ellsworth	27.0	2.2	8.2%	3.4%
Hutchinson	71.0	7.6	10.7%	11.9%
Lansing	94.9	14.2	15.0%	22.2%
Larned	19.8	0.6	3.0%	0.9%
Norton	25.9	1.2	4.7%	1.9%
Topeka	51.7	7.8	15.0%	12.1%
Winfield	24.4	3.5	14.2%	5.4%
Ks Juvenile	44.4	4.7	10.5%	7.3%
Total	480.46	63.9	13.3%	100.0%

Staffing Challenges

Staffing Deductions FY 2017 – FY 2019 YTD



Staffing Challenges

Compensation Initiatives

Incentive	Classification	Amount	Location	Commitment
Signing Bonuses	RN	\$7,000	El Dorado	1 year
	RN	\$3,000	Lansing, Hutchinson, Topeka, KS Juvenile	1 year
	LPN	\$3,500	El Dorado	1 year
	Substance Abuse Counselors	\$3,000	KS Juvenile	1 year
	Behavioral Health Professional	\$5,000	Statewide	1 year
	Psychologist	\$10,000	Statewide	2 years
Referral Bonuses	RN, LPN	\$800	Statewide	N/A
	Providers	\$5,000	Statewide	N/A
Market Increases	LPN, RN, X-ray techs	Varies	Hutchinson, Norton, El Dorado, Winfield	N/A
	Mental Health Positions	Varies	Statewide	N/A

Grievance Process

- Inmate seeks assistance from the Unit Team via a Form-9
- If not satisfied or no answer in 10 days, the inmate submits a written grievance form to the Warden
- If not resolved, the inmate may appeal to the Secretary of Corrections

Staffing Challenges

Grievance Summary

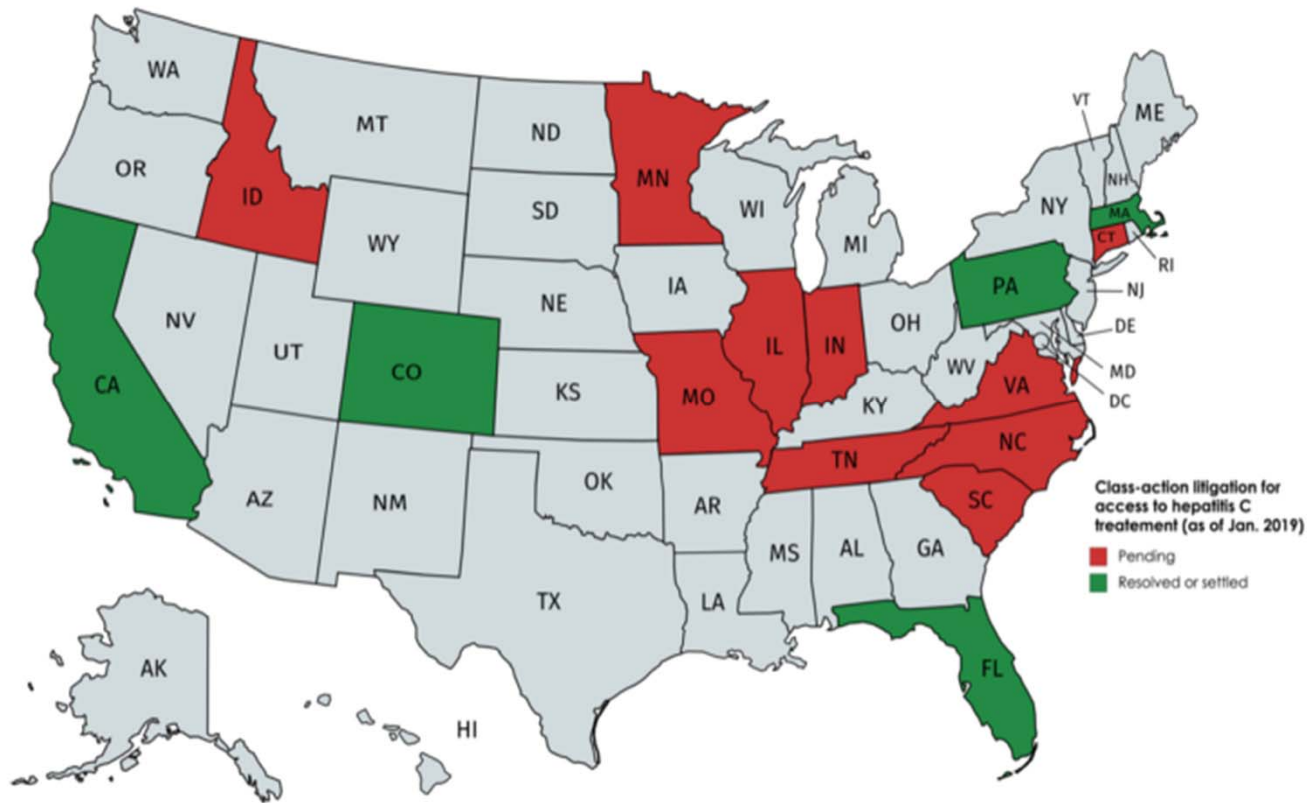
	FY 17	FY 18	FY 19 (2/15)
Total Formal Grievances Filed	247	300	148
Monthly Average Grievances Filed	22.0	26.5	22.3
Inmate Satisfied with Facility Response	150	185	102
Total Appealed to the Secretary	97	115	46
Monthly Average Appealed to the Secretary	8.75	10.1	6.7
KDOC Average Daily Population	9,760	9,907	10,052

Hepatitis C

- Nationwide litigation
- Treatment is expensive but highly effective
 - \$25,000 for a 12-week regimen
 - \$1.5 million in contract for treatment
- Follow federal Bureau of Prisons Guidelines
 - Treatment prioritized based on fibrosis score
 - Opt-out testing implemented October 2018
 - Universal treatment is now the community standard

Hepatitis C

Class Action Litigation



Hepatitis C

Current Status

- 6,170 tested
- 591 require treatment – 9.6% infection rate
- 35 undergoing treatment and 25 completions
- 100 completions by end of FY 19

Mental Health Services

Transfer of Mentally Ill Inmates from Larned State Hospital (LSH)

- Transferred 60 male inmates in 2017
 - Added 4.8 FTE to the Corizon contract for Lansing with no additional funding
- Started the transfer of the remaining 30 male inmates in September
 - KDOC will be adding 3.2 FTE to the contract for El Dorado to manage this population with no additional funding
- Required placing general population inmates in contract beds
 - KDOC is reimbursed by LSH at a rate of \$40/day; current cost is \$45
 - Currently have 86 in contract beds

KANSAS DEPARTMENT OF CORRECTIONS

END

Corizon Health Inc. Contract Performance Outcomes

Specific Outcomes: Measure Monthly

A. Initial Health assessments – A health assessment must be conducted by a qualified health care professional within seven days of an offender’s admission to a KDOC facility.

Period Health Assessments – Health assessments are to be conducted for all healthy offenders under the age of 39 every five years, those age 39 to 50 every three years, and annually for offenders over age 50.

Sick call – Sick call is to be provided in a clinical setting five days a week at all KDOC facilities (seven days a week for juvenile facilities). Sick call requests are to be triaged daily within 24 hours of receipt and seen within 72 hours. Urgent care needs are to be addressed through emergency sick call. Referrals (when warranted) to a health care provider shall be completed within seven days of the sick call appointment. Referrals are required after a second complaint regarding the same concern.

Segregation medical services – Sick call is to be provided for inmates in segregation seven days per week. Segregation rounds are to be done by qualified health care professionals. Sick call shall be held in special clinic rooms in segregation whenever possible. Referrals (when warranted) to a health care provider shall be completed within seven days of the sick call appointment.

Special needs clinics/chronic care/special needs treatment planning – Contractor is required to provide a plan for inmates with special needs who require close medical supervision and/or multidisciplinary care. All GERD, diabetic, HIV, cardiac/HTN, seizure, asthma/COPD chronic are patients must be seen in chronic care clinics in accordance with NCCHC and ACA clinical guidelines. Other special needs patients requiring close medical supervision (hepatitis C, cancer patients, debilitated, pregnant, dialysis, and other cases as outlined by NCCHC standards) shall be seen as prescribed by the site health care professional. Any deviation from chronic care clinical guidelines shall be justified in the health care record. Special needs treatment plans shall be developed by a health care practitioner and updated at each chronic care/special needs visit.

RDU – Contractor is required to sufficient staffing at the RDUs (EDCF, TCF, and KJCC) needed to complete all RDU evaluations and reports within 14 days of intake.

Behavioral health receiving and transfer screening – Refer offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others to behavioral health professional staff for further evaluation. Mental health follow-up shall occur the same day, but no later than 24 hours of positive findings on the mental health section of the intake/transfer screening. For juveniles, the follow-up shall occur within one hour.

Mental health special needs, clinics/special needs treatment planning – Offenders with serious mental health needs shall be seen at a minimum of at least every 30 days, or more frequently as noted in the treatment plan, in mental health special needs clinics. Treatment plans shall be individualized, include short and long-term goals, the methods these goals will be pursued, and documented in the health care record.

Mental health sick call – Sick call shall be held in accordance with NCCHC and ACA standards. Sick call shall be held in a clinical setting five days per week. Sick call requests shall be triaged and any urgent care needs addressed through emergency sick call procedures. Referral (when warranted) to the psychiatric health care practitioner shall be completed within seven days of the sick call appointment.

Segregation services – Daily rounds in segregation at specified facilities are to be conducted Monday through Friday (EDCF, LCF, LCMHF, HCF, TCF, KJCC) and weekly at NCF, ECF, and WCF. More frequent mental health monitoring shall occur for offenders with serious mental disorders. Mental health segregation screenings are to be conducted by a qualified health care professional upon admission and within 24 hours by a mental health professional. The contractor is also required to develop transition plans for those at a high risk of returning to segregation and those in long-term segregation, make recommendations for alternative placement for offenders with mental illness and developmental disabilities, provide crisis intervention for high suicide risk offenders, and provide mental health sick call.

Group therapy and skills building – Group therapy shall be provided to reach the largest number of offenders to ensure continual and consistent contact with offenders who are at risk for behavioral issues related to their mental illness. Such groups include medication adherence, criminogenic risk factors, addictive behavior, trauma-informed interventions, managing stress and anger, and Thinking for a Change as well as dual diagnosis groups.

- **Penalties**

Failure to achieve at least 90% compliance with any of the above standards results in a penalty of \$100 per each offender. Any subsequent failure to achieve at least 90% compliance within six months of the initial finding shall result in a penalty of \$125 per offender. A third finding within six months shall result in a penalty of \$150 per offender. Fourth and subsequent findings may result in additional penalties under the performance guarantee clause of the contract.

B. Specialty services – Contractor is required to provide all specialty services required to meet the health care needs of the population, including but not limited to:

- Nephrology with dialysis services
- Optometry
- Audiology
- Oral surgery
- Chemotherapy
- Orthopedic medicine
- Physical therapy
- OBGYN services
- Colposcopy and LEEPS
- Cardiology/pulmonary/EKG
- Oncology
- Dermatology
- Immunology/endocrinology
- Ophthalmology/retinal scan
- ENT/allergy/rheumatology
- X-ray

- **Penalties**

Failure to achieve at least 90% compliance with any of the above standards results in a penalty of \$300 per each offender. Any subsequent failure to achieve at least 90% compliance with this standard within six months of the initial finding shall result in a penalty of \$400 per offender. A third finding within six months shall result in a penalty of \$500 per offender. Fourth and subsequent findings may result in additional penalties under the performance guarantee clause of the contract.

Staffing penalties – The actual cost of positions unfilled from the date of vacancy is deducted from the monthly invoice, excluding paid absences, to include sick, vacation, holiday, bereavement leave, and approved training/education for non-essential personnel; any paid and unpaid absences for essential positions for which those leave hours are not backfilled with either overtime, PRN staff, or temporary staff is considered unfilled hours and are deducted from the monthly invoice. Essential employees include: physicians, mid-level practitioners, RNs, LPNs, CMAs, and psychiatrists.

Performance guarantees – Should KDOC determine that services are at an unacceptable level (staffing falls below 15% of required staffing, failure to maintain accreditation, failure to provide care in accordance with ACA, NCCHC, and Performance Based Medical Standards (juvenile), etc.), contractor has 30 days to rectify the deficiency. If the issue is not resolved after thirty days, the contractor is subject to a penalty of \$2,000 per calendar day, per site, for each day that services are at an unacceptable level.

Standards of Care – Contractor is to provide services in accordance with ACA, NCCHC, and Performance Based Medical Standards (juvenile), and all prevailing professional practices as well as KDOC policy. All KDOC facilities must obtain and maintain ACA health care accreditation.