



Corrections and
Community Supervision

The Department of Corrections and Community Supervision

Health Services Overview

June 28, 2017

**Presented by Assistant Director of
Correctional Nursing Services,
Robin Riordan, RN BSN**

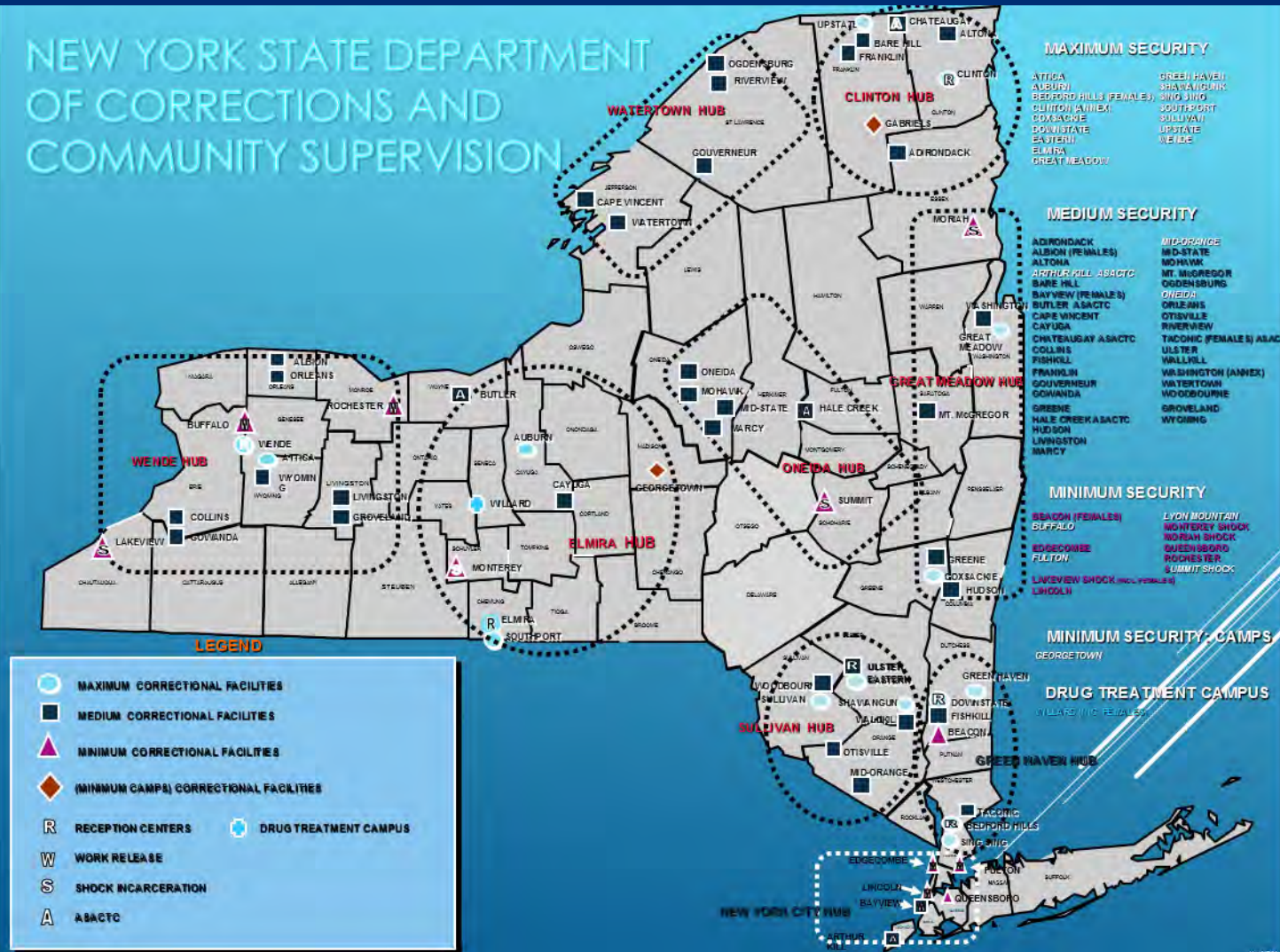
DOCCS – Health Services overview

- 54 prisons housing about 53,000 individuals
- Four receptions sites:
 - classified by health, mental health and
 - security needs
- 36,000 inmates released from DOCCS facilities who are under supervision by parole throughout seven regional offices.

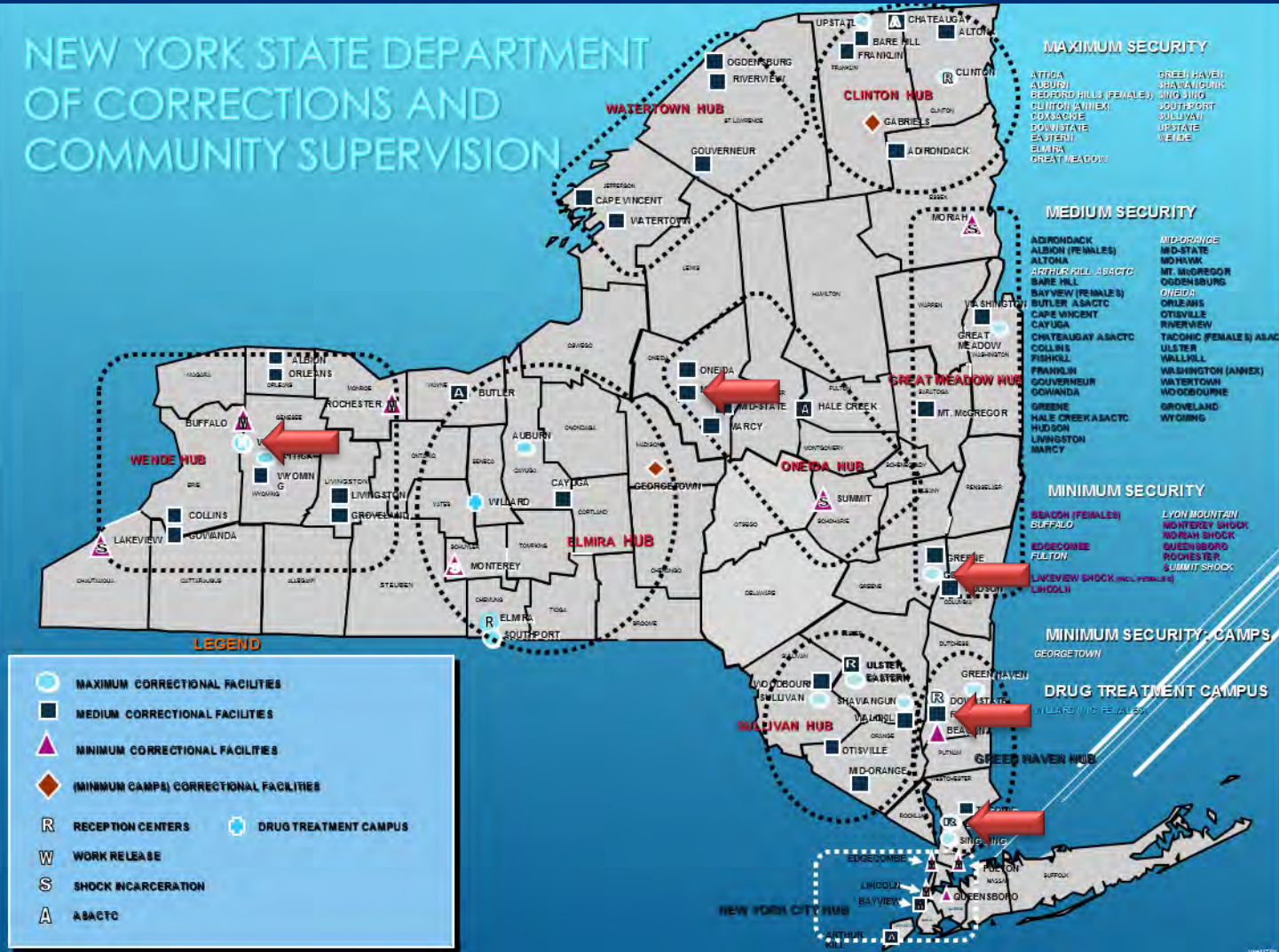
Correctional Health Care:

- Constitutional mandate
- Global budget
- Mandatory enrollment
- Relative long term enrollment
- Work with finite number of providers
- Utilization review

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Levels of Health Care Presence:

- Health presence in all facilities
 - Differing levels in spectrum of care
- Minimum security facilities have ambulatory care, eight hours per day
- Some facilities have infirmaries provide 24-hour nursing care
- Five Regional Medical Units provide sub-acute care
- Acute hospitalization in secure units of medical centers
- Specialized Healthcare Programs

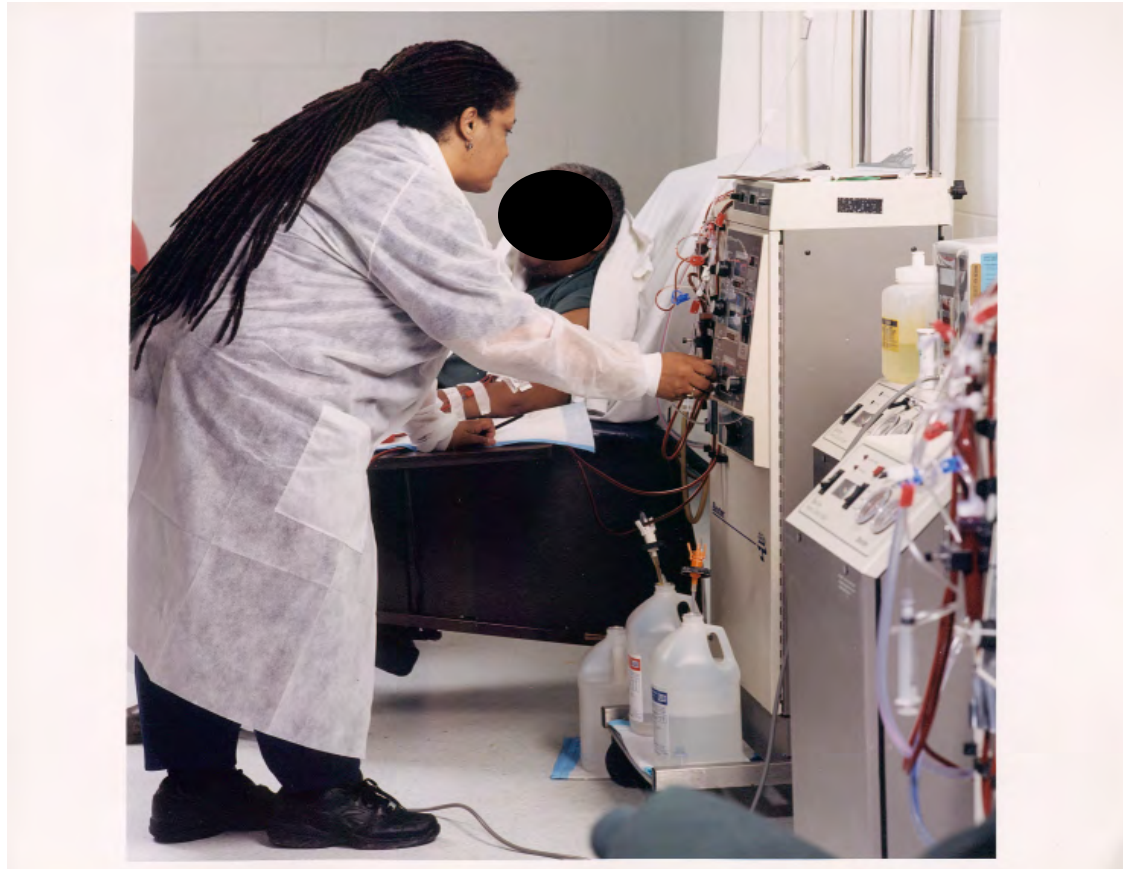
One of 5 DOCCS Regional Medical Units- Wende:



Hospice in RMUs:



Dialysis in DOCCS Facilities:



Services provided each year (all figures estimates) :

- More than one million primary care visits
- More than 6,000 ER visits
- More than 120,000 Specialty Care Provider encounters

Unique Challenges of the Correctional Health Care System:

- Constitutional entitlement
- Primary business is secure housing
- Trips for health care produce disruption, costs and security concerns
- On average, incoming prisoners are in poorer health than the general public
- Health care is able to be manipulated

Primary care by NYS Employees:

- Physicians
- Nurse Practitioners and Physician Assistants
- Nurses
- Pharmacists
- X-ray
- Dental
- Mental Health (NYS Office of Mental Health (OMH))

Collaboration with the NYS Department of Health:

- HIV/AIDS continuity program
- Hepatitis C continuity program
- Environmental Health
- 2009 law gives DOH oversight of DOCCS HIV/AIDS and Hepatitis C care; both agencies building on history of collaboration

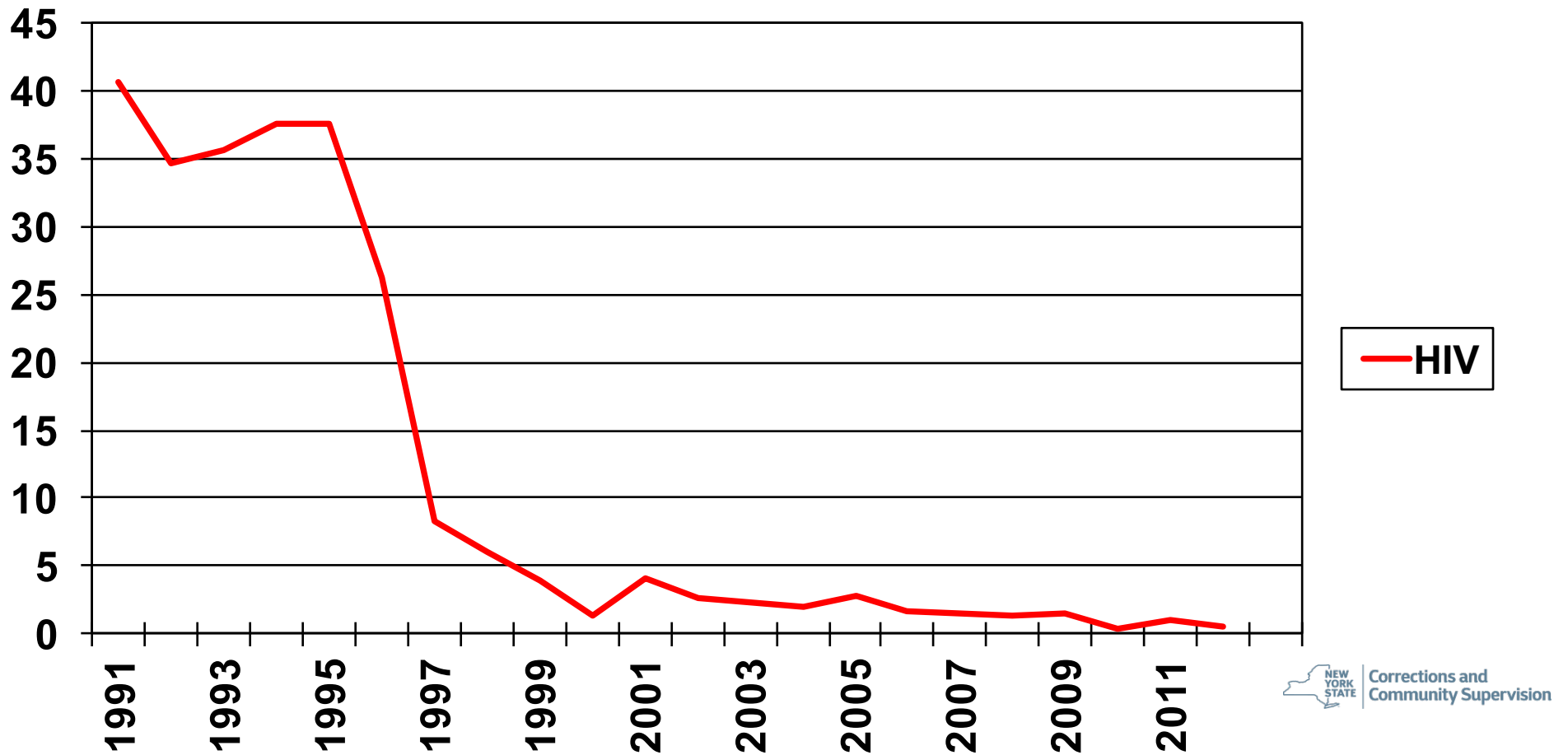
Major Disease Issue: HIV

- DOCCS has one of the largest HIV/AIDS practices in the country
- In collaboration with DOH (AIDS Institute) we have developed a complete system of care, primary care treatment guideline, Criminal Justice Initiative with community-based organizations, and quality management system.
- In collaboration with Albany Medical Center, we've developed a "Center for Excellence in Correctional HIV Care" that includes written material, mini-residencies, satellite and network broadcast educational programs for staff. HIV care system has been recognized for excellence.

Major Disease Issue: HIV

- In 2013 an estimated 1,989 offenders were HIV positive, representing 3.7 % of the under custody offenders at the end of 2013.
- HIV/AIDS cases are declining due to new drugs
- 3.6% of male offenders estimated to be HIV positive
- 4.3% of female offenders estimated to be HIV positive
- The vast majority of HIV positive inmates are known to DOCCS medical staff. Among those known to DOCCS medical staff, virtually all (99%) are in-care.
- HIV Continuous Quality Improvement.

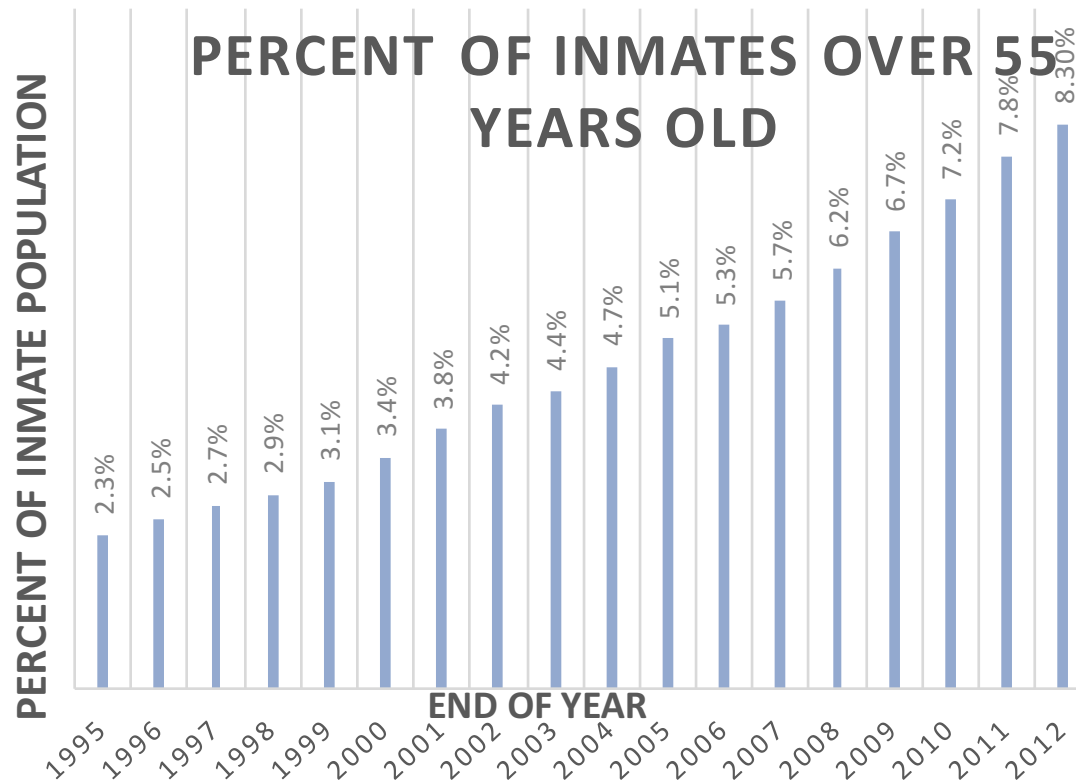
HIV-Related Death Rate in DOCCS (Rate per 10,000)



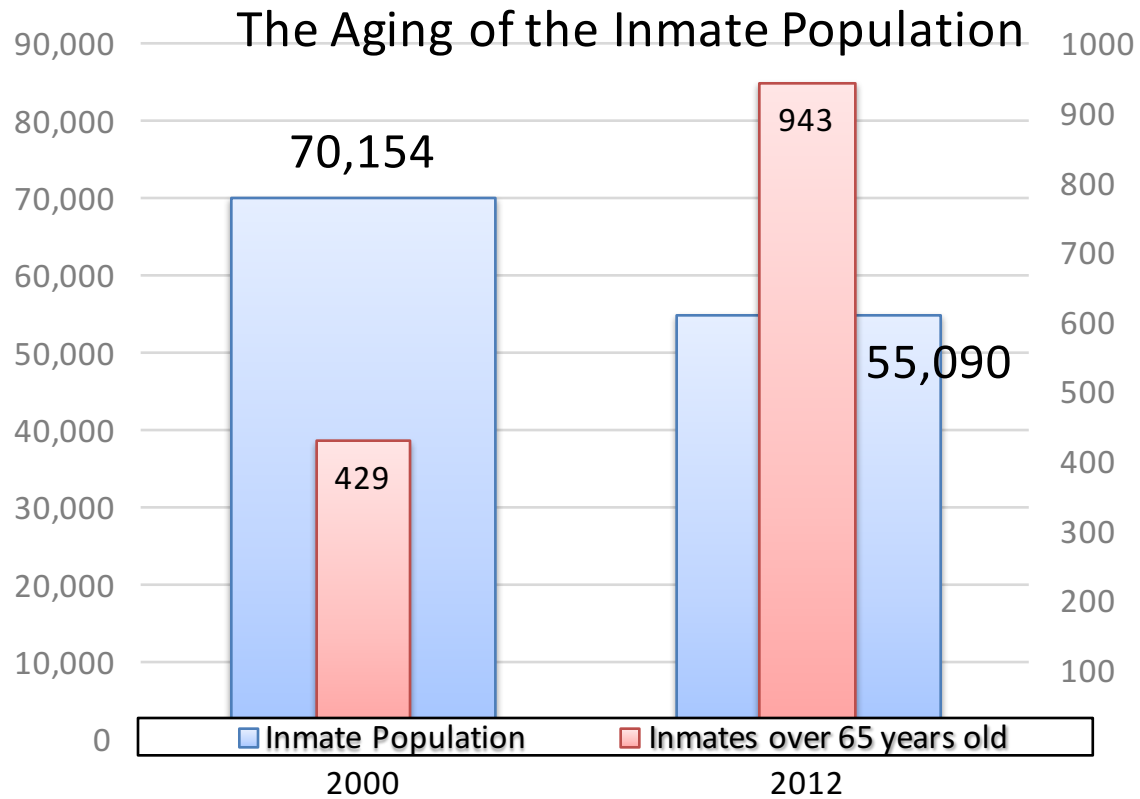
Major Health Issue: Aging Population

- We have an aging offender population with healthcare needs that represent the aging process.
- Increase in number of offenders over 50 (baby boomers account for 80 million people in our society)
- By 2050 Alzheimer's will be leading cause of death ... if no cure is found

Major Health Issue: Aging Population



Major Health Issue: Aging Population



Alzheimer's (UCI Fishkill Correctional Facility):

- 30-bed unit specialized in the health care of incarcerated individuals with cognitive impairment.
- Dementia
- Medical issues
- Psychological issues
- Discipline / Security
- Programming (merit time, etc.)
- Staff continuing education
- Coordinating efforts between medical, security, administration

Fishkill UCI:



Transition from prison to community:

- Most offenders are released into society and will become a part of our community
- DOCCS provides:
 - 30 day supply of medications given at discharge
 - HIV/AIDS continuity program
 - Hepatitis C continuity program
 - Discharge information
 - Mental health continuity in services

Pre And Post Discharge Planning Unit:

PRE –Discharge Planning Unit-Prior to Jan. 2016

- General population inmates were given two weeks supply of chronic medications and a Comprehensive Medical Summary (CMS) upon release.

POST –Discharge Planning Unit-After Jan. 2016

- General population inmates with chronic conditions are provided with 30 days of medications and a care plan to access services upon release, e.g. health home intake appointment, primary care appointments. They leave with a comprehensive medical history summary and durable medical equipment, if needed, etc.

Why have Discharge Planning?

- To provide links to needed Health Care Services- It's the right thing to do for the patient.
- There is growing awareness across the country of the high risk of recidivism for prisoners who are not given support services to enable successful re-entry to society. Evidence suggesting discharge planning reduces the likelihood that they will return to prison.
- To allow the individual access to good community health care, keeping New York State "Healthy".
- Individuals are enrolled prior to release into Medicaid/Medicare with activation of insurance upon release. Connection of the patient to Health Home Services and links to health care services in the community prevents individuals upon release from misusing our Health Care System, reduces Emergency/Urgent care Department visit.

Credits:

- A special thanks to our Deputy Commissioner Dr. Koenigsmann, for his vision and insightfulness in acknowledging the importance of having continuity of medical care for inmates returning to the community and for creating a Discharge Planning Unit to service the incarcerated general population.
- And a special thanks to Assistant Commissioner Smith and Director of Correctional Nursing Services Catherine Marra for their continued support and recognition of the staff's diligent efforts in ensuring appropriate links to the community for individuals releasing from the prison system.

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Thank you for your attention!