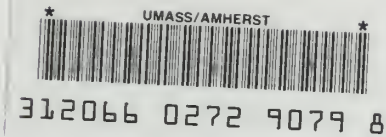


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**DEPARTMENT OF CORRECTION  
HEALTH SERVICES DIVISION**

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**DEPARTMENT OF CORRECTION  
HEALTH SERVICE DIVISION**

**OVERVIEW**

The Massachusetts Department of Correction's Health Services Division is responsible for the delivery of health care to the entire state inmate population. This includes medical, dental and mental health care, and forensic mental health services. We provide a public health based community standard of care. In addition to the 10, 500 inmates in state facilities and the 300 inmates at the Bridgewater State Hospital, the division provides for some of the medical and dental needs of nearly 700 state inmates housed in county and out of state facilities and contract pre-release programs.

Since January, 1992 the Health Services Division has contracted with a private vendor to deliver health care services. The Division has awarded contracts to two different vendors in three competitive bidding processes. The most recent bidding process occurred last year and resulted in the Department's awarding of the latest three year agreement, with three years optional renewal to Correctional Medical Services (CMS).

The current Correctional Medical Services (CMS) contract, effective September 1, 1998, calls for a guaranteed prison rate of \$7.76 per inmate, per day and a Bridgewater State Hospital rate of \$92.39 per inmate, per day. Additionally, CMS has subcontracted with the University of Massachusetts Medical School (UMMS) for the provision of mental health services to the prisons and to Bridgewater State Hospital. In the past, UMMS has provided the Department with several recommendations for improvements in the quantity and quality of mental health services. This new subcontract agreement that CMS/UMMS has entered into has provided the Department with further mental health service enhancements.

Pharmacy services, which has historically been part of the contract for health care services, was not included in the most recent CMS contract. The Department signed a three year cost reimbursable contract for the provision of pharmacy services with the Massachusetts State Office of Pharmacy Services (SOPS).

The Health Services Division includes monitoring staff and support services for equipment purchases and repairs, medical payments and general office services. The monitoring staff includes regional administrators and independent consultants who are responsible for monitoring and evaluating the quality of health services that is provided by CMS.

One of the most notable achievements of the Department and the Health Services Division, in a joint effort with CMS, is the recognition and awarding of accreditation by a national accrediting organization, the National Commission on Correctional Health Care, to all operating Department facilities. This marks the first time a standard of quality for correctional health care has been measured in the system. Additionally, BSH will be seeking official accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which is a key priority and long time objective of the Department.

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**OBJECTIVES**

- ▶ To ensure that the contractual medical provider, provides medical services that include medical, dental, laboratory, hospitalization/inpatient care which includes primary, secondary, and tertiary levels, outpatient/medical clinic care, physician specialty and all other health cares services;
  
- ▶ To deliver high quality health care services that:
  - ~ are within community standards;
  - ~ are operated by contractual staff who are licensed, registered, certified and professionally trained;
  - ~ can be audited against established audit standards;
  - ~ complies with Department of Public Health CMR; Department of Correction 600 Health Services Policies; American Correctional Association (ACA) standards; National Commission on Correctional Health Care (NCCHC) standards and, in the case of Bridgewater State Hospital, with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards; and
  - ~ are provided in a humane manner with respect to the rights of all inmates;
  
- ▶ To work cooperatively with CMS/UMMS in order to attain JCAHO accreditation at Bridgewater State Hospital;
  
- ▶ To operate the health services program in a cost effective manner with full reporting and accountability to the Department of Correction utilizing a managed care model with community standard quality assurance and utilization management program;
  
- ▶ To ensure that the contractual medical provider maintains complete and accurate records of care. collect and analyze health care statistics on a regular basis, and forward same to the Department of Correction Health Services Division, according to contractual reporting requirements:

and
  
- ▶ To offer a comprehensive program for continuing staff education, training for correctional staff, as well as inmate health education;

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**SERVICE IMPROVEMENTS 1992 - PRESENT**

**Medical Services:**

- ▶ Twenty-four hour, seven day RN coverage at 13 out of 23 facilities;
- ▶ Seven day nursing coverage at most minimum security facilities;
- ▶ Staffing for two new infirmaries, for a total of four, Souza-Baranowski Correctional Center, MCI-Shirley, MCI-Framingham and Southeastern Correctional Center with 24-hour nursing coverage, full time MD, including weekend MD coverage;
- ▶ Three dietitians;
- ▶ New medication formulary;
- ▶ On-site dialysis at MCI-Shirley for ten inmates;
- ▶ Most medical specialist provide on-site direct care at major facilities, this results in fewer outside trips into the community;
- ▶ Replacement of x-ray, mammography, optometry, ophthalmology and dental equipment at most facilities;
- ▶ Ten Negative Air Pressure Isolation Rooms in four facilities for TB and other infectious disease monitoring; and
- ▶ Provide community standard of practice for treatment of HIV/AIDS and Hepatitis C.

**Mental Health Services:**

- ▶ Increase in psychiatry from 4.5 FTE to 10 FTE in the prison system and 5 additional psychiatrist at Bridgewater State Hospital;
- ▶ Expanded mental health services to provide on-site coverage for evening and weekends;
- ▶ Creation of special mental health Residential Treatment Units (RTU) at MCI-Framingham and Old Colony Correctional Center;
- ▶ Establishment of new Doctoral level Ph.D. Psychologist positions at maximum and medium security sites;
- ▶ Expanded medication formulary that mirrors the Department of Mental Health and Department of Public Health formulary; and
- ▶ Increased weekly segregation rounds by Mental Health clinicians from one to three visits.

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**INTERAGENCY COLLABORATION**

The Department of Correction (DOC) historically has maintained a close relationship with the Department of Public Health. The Department of Public Health (DPH) has been instrumental in the Department of Correction's development of the TB program, HIV program, and Hepatitis C program. DPH has made itself available via information and manpower assisting the Department of Correction in handling outbreaks of infectious disease (i.e. pertussis, measles, etc.) and the DPH State Lab has provided important laboratory analysis and studies regarding HIV and STD's. Lastly, the DPH Lemuel Shattuck Hospital provides for a thirty bed correctional unit.

The Department of Correction is involved in ongoing collaboration with the Department of Mental Health (DMH). A joint committee has been formed to foster interagency understanding and identification of common issues. Highlights of this relationship include: a recent NIC grant for joint DOC/DMH training, an 85% acceptance rate for mentally ill inmates who are referred for DMH continuing care services, the development of a DMH forensic transition team which meets with inmates and mental health staff prior to an inmate's release to develop the most comprehensive treatment plan possible and to assure continuity of care as inmates move back to community.

As a part of release planning, the Department of Correction has entered into an interagency agreement with both the DMH and the Parole Board to facilitate the parole and release planning for mentally ill inmates. This partnership allows for the most comprehensive and effective parole plans to be developed for inmates who are eligible for parole and who have been diagnosed with a mental illness. This is an important public safety effort and provides for supervision, post release, of an offender's ability to comply with the release plan and medical and mental health treatment options.

DOC has also contracted with the State Office of Pharmacy Services (SOPS) to provide pharmaceutical services to the inmates in the state prison system. This contract broadens the formulary, particularly in the area of mental health medications, and increases the clinical pharmacist role in assessing the use, appropriateness, ordering, and delivering of pharmaceuticals to our population.

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**MENTAL HEALTH SERVICES**

The Department of Correction's contractual agreement with CMS includes a partnership with UMASS Medical School, Department of Psychiatry, to provide mental health services at all institutions including Bridgewater State Hospital. This partnership has improved the mental health services that are offered to the approximately 10,448 (8/99) inmates. Of this population 1,652 or 16.8% are currently open mental health cases and 1,153 inmates, or 11% of the total population is on some form of psychotropic medication. At MCI-Framingham, the systems' only female institution, 255 of 653, or 39% of the population are open mental health cases. Also at MCI-Framingham 236 inmates, or 36 % of the total population receive some type of psychotropic medication.

The scope of services includes individual and group therapy, psychiatry, residential treatment units and inpatient hospitalization. Additionally, the Psychiatric Formulary has been expanded to include most of the most recent and effective medications used in the treatment of mental illness. These include anti-psychotic medications such as Zyprexa, Risperidal and Seroquel as well as the selective serotonin reuptake inhibitors (SSRI) class of anti-depressants including Zoloft, Paxil and Prozac.

The staffing matrix includes: 9.0 FTE psychiatrists for prison population (appx. 1:128 staffing ratio), an increase from the 4.5 FTE's in the prior agreement; 10.0 FTE psychiatrists for BSH (appx.1:30 staffing ratio), an increase of 5.0 FTE's from the prior agreement; 1.0 FTE Ph.D. psychologist at each of the 10 major secure institutions to provide testing and evaluative services (there was no provision for doctoral level psychologists in the prior agreement); and 78 FTE mental health professionals (all state licensed), an increase from the 52 FTE's in the prior agreement. This provides on-site coverage at each of the major institutions from 8am-9pm Monday through Friday and from 9am-5pm on Saturday. Additionally, on-call coverage is provided by both psychiatry and mental health professionals 24 hours a day.

Residential Treatment Units have been developed and are in operation at two sites with one more scheduled to open. These units function as an intermediate level of care between general population and psychiatric hospitalization. These units target inmates who have been chronically unable to function in general population due to mental illness. They provide an intensive treatment experience with the goal of re-integrating the inmate back into general population, lower security or the community.

The Department also has a pro-active approach to suicide prevention including annual training for all staff with direct inmate contact on signs and symptoms of mental illness, referral process to mental health and suicide prevention policies and strategies. In addition mental health rounds in segregation are conducted three times per week.

Lastly, the Department has entered into interagency agreements to foster sharing of information with regard to inmates who are eligible parole/release and diagnosed with a mental illness.

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**MEDICAL SERVICES**

Effective September 1, 1998 the Department of Correction Health Services Division entered into an agreement with Correctional Medical Services (CMS) to provide a community standard of medical care for approximately 10, 700 inmates housed in our state facilities. CMS is responsible for making all decisions with respect to the type, timing and level of services needed by inmates including the determination of whether an inmate is in need of clinic care, hospitalization, admission to a clinic, referral to an outside specialist or otherwise needs specialized care. They must ensure that continuity of care is maintained by assuring the proper flow of patient health information between the facility and other Department facilities or health care providers.

Levels of health care provided include self care, first-aid, emergency care, clinic care, infirmary care, and hospital care. These levels of care may be provided either on-site, off-site in the community or at another Department facility. All treatment provided is performed in accordance with Massachusetts General Laws, and the regulations of the following organizations/agencies: MA Boards of Registration in Medicine; MA Boards of Registration in Dentistry; MA Boards of Registration in Nursing; MA Boards of Registration in Pharmacy; MA Boards of Registration of Psychologists; MA Boards of Registration in Optometry; MA Boards of Registration of Dispensing Opticians; MA Boards of Registration in Physical Therapy; MA Boards of Registration in Podiatry; MA Boards of Registration of Social Workers; Massachusetts Department of Public Health; Massachusetts Department of Mental Health; and any other applicable Federal or State Agency.

All inmates are medically screened (which includes a dental screening and TB testing) prior to placement in the general population. New commitments, parole violators, inmates returned from escape, and when indicated, inmates returned to higher custody from sites that do not have a health services unit (HSU) receive a complete physical examination within seven days of admission to the facility. Thereafter inmates receive complete periodic physical examinations within a specific time schedule that is determined by the inmate's age. Additionally, a qualified health care professional discusses with the inmate results of the examination, its implication, and suggestions for further diagnoses and/or treatment.

The Department considers access to sick call as an inmate's right and not a privilege. Therefore, each facility has written procedures for processing inmate health requests which includes how often and during what hours sick call is held at a facility. All sick call requests are processed and the inmate seen by a RN or MD within twenty-four (24) hours or by the next regularly scheduled work day. All sick call slips must be sorted and triaged by a RN or MD as soon as possible, and not more than twenty-four (24) hours or by the next regularly scheduled work day.

Specialty consultations are available to each facility through on-site clinics, specialty clinics at the Lemuel Shattuck Hospital (LSH), other Department Health Service Units, or outside consultants. The specialty clinics include, but are not limited to, Orthopedic, General Surgery, ENT, Endocrinology, Dermatology, Optometry, Optomology, Cardiology, Physical Therapy, OB-GYN, Podiatry, Radiology, Infectious Disease, and Mammography.

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**STATISTICAL INFORMATION**

- ▶ As of October 6, 1999:
  - ~ 369 inmates tested positive for HIV or a total of 3.41% of the total population;
  - ~ 199 of those who tested positive for HIV also tested positive for HCV (Hepatitis C virus); or
  - ~ 53.93% of the known HIV positive population is co-infected with HCV;
  
- ▶ A blind unlinked HCV Seropositivity study was conducted between January 1999 - March 1999 samples were collected at the time of intake into the DOC facilities:
  - ~ 864 inmates were tested, 540 inmates were male and 306 were female;
  - ~ 274 were HCV positive or 31.7% of the 864 inmates;
  - ~ 155 HCV positive inmates were male or 28.7%; and
  - ~ 119 HCV positive inmates were female or 38.9%;
  
- ▶ There are 4877 inmates on prescription medications, 288 of these inmates are on HIV medication;
  
- ▶ 45% of the pharmacy budget is devoted to HIV/AIDS medication, for services to less than 3% of the Departments population;
  
- ▶ 1, 153 or 11% of the population is on some form of psychotropic medication; and
  
- ▶ SOPS fills 19,000 prescriptions a month, this translates to each inmate receiving an average of 1.8 prescriptions.

