

Health Care Costs

Vermont Department of Corrections

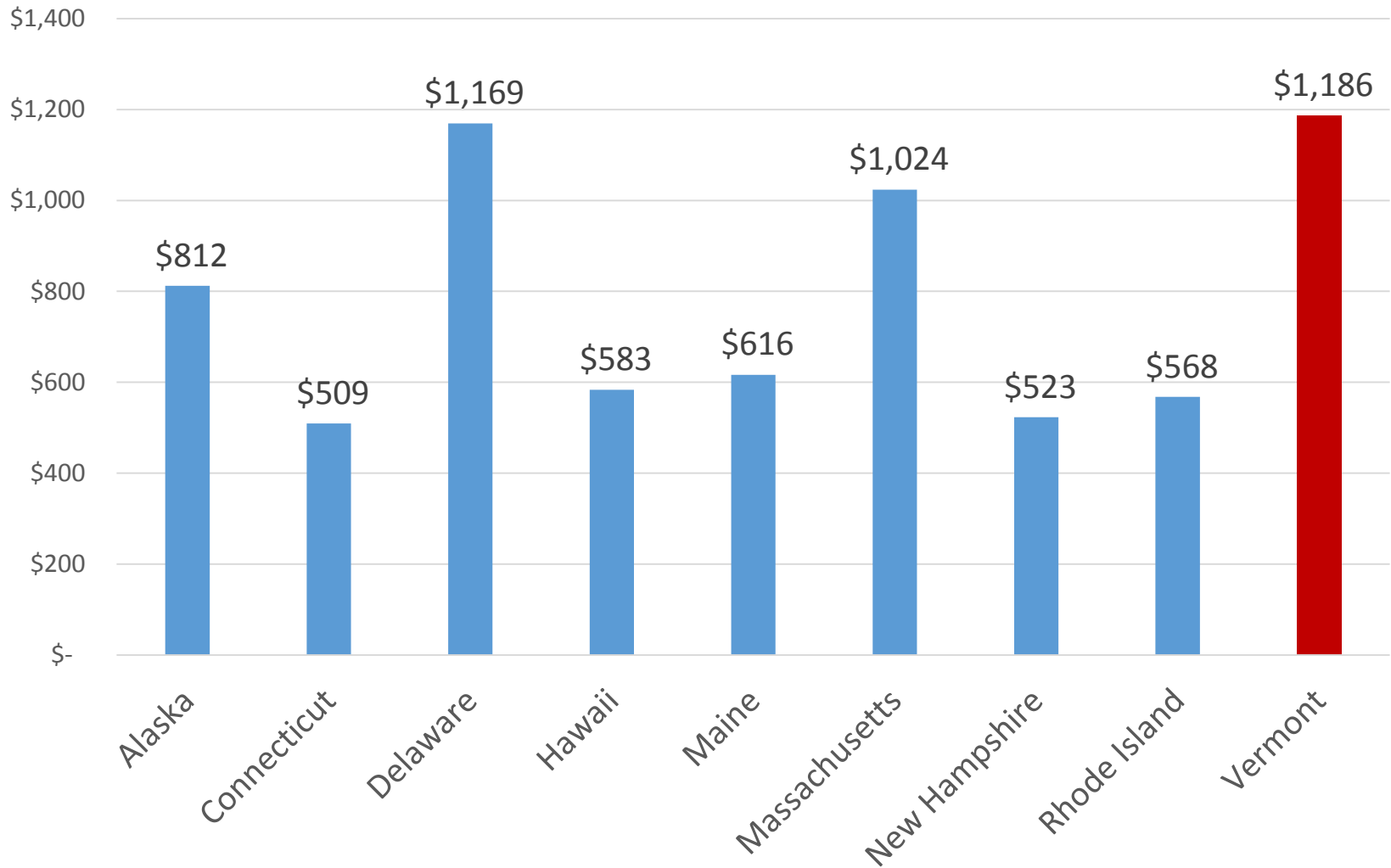
February 21, 2019



Vermont DOC health care costs are high

- FY 2018 spending - \$21 million for health care for an average population of approximately 1,500 inmates
- \$1,186 per inmate per month
- 63 percent higher than a reference group of comparable systems

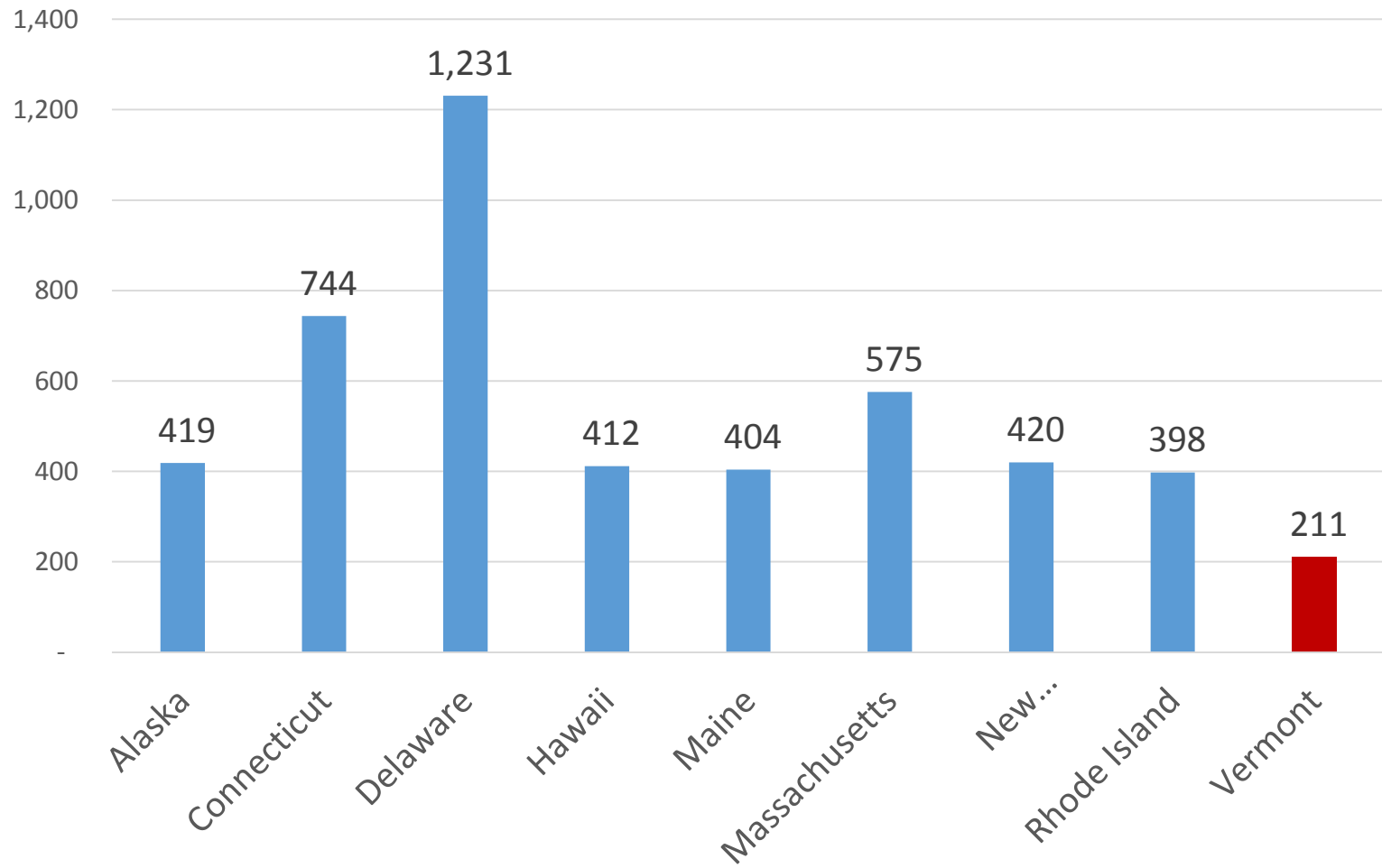
Inmate Health Care Cost per Month – Peer States



Structural Cost Drivers

- System size and structure
- Unified jail/prison system
- Demographics

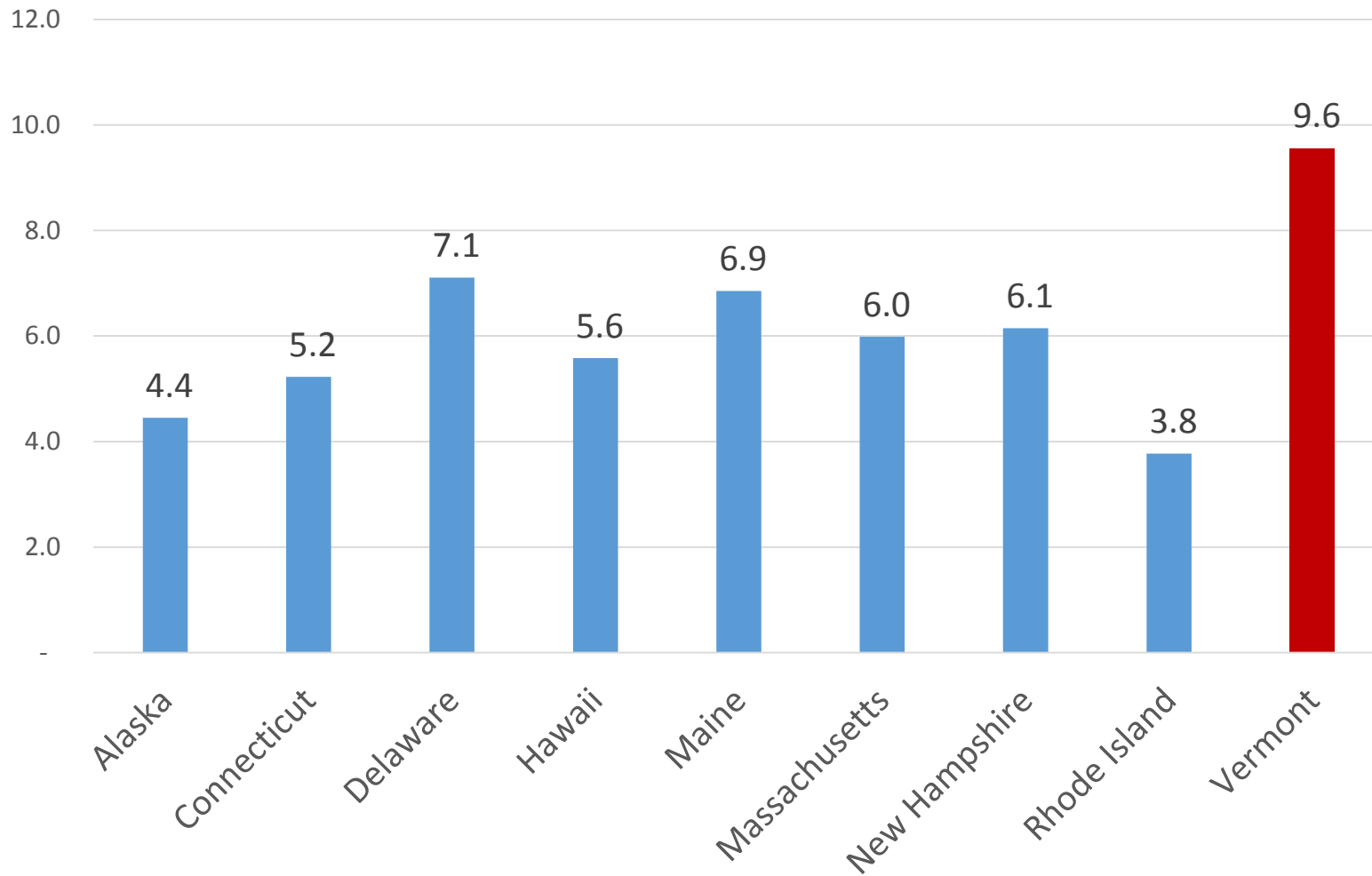
Average Facility Population



Policy Cost Drivers

- Staffing
- Administration
- System Design

Health Care Staff per 100 Inmates



Nurse Staffing – Vermont & Massachusetts

VDOC Nurse Staffing			
	FY 2018 ADP	Nursing FTE	Inmates per Nurse
Chittenden	139	13.70	10.15
Marble Valley	132	9.00	14.67
Northeast	214	9.85	21.73
Northern State	411	11.05	37.19
Northwest	218	10.40	20.96
Southern	337	21.50	15.67
Average	1,451	75.50	19.22

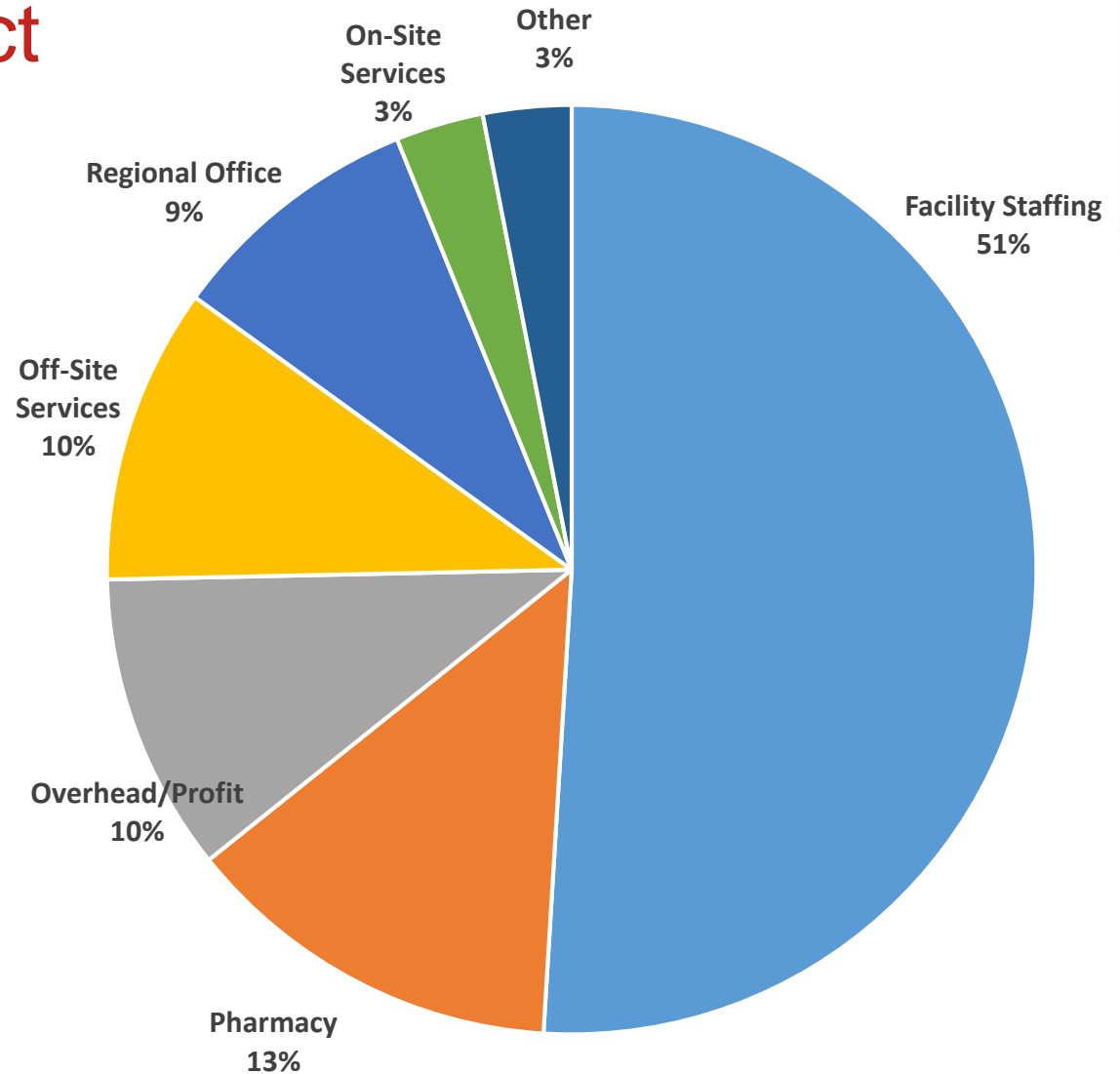
MADOC Nurse Staffing			
	FY 2018 ADP	Nursing FTE	Inmates per Nurse
Cedar Junction	747	19.20	32.24
Concord	696	11.20	62.14
Shirley	1,449	20.40	71.03
North Central	955	11.60	82.33
Old Colony	702	13.70	51.24
MASAC	203	21.80	9.31
Average	4,753	97.90	48.55

Administrative Costs

	Administrative Staff	Administrative Cost	Per Capita Administrative Cost	Administration Spending as a % of Total Program Cost
Alaska	8.0	\$ 882,600	\$ 15.96	2.0%
Connecticut	19.0	\$ 1,330,000	\$ 8.28	1.6%
Delaware	12.0	\$ 1,144,500	\$ 19.37	1.7%
Massachusetts	38.9	\$ 4,091,666	\$ 37.03	3.6%
New Hampshire	5.0	\$ 551,653	\$ 18.24	3.5%
Rhode Island	9.0	\$ 1,295,584	\$ 38.78	6.8%
Vermont	20.6	\$ 2,439,794	\$ 137.93	11.6%

Current Contract

- Capitated payment structure with performance incentives
- Detailed directives on policies, procedures, and service delivery requirements
- Fixed funding allocations for variable cost areas, profit, and overhead



Recommendations

1. Review facility staffing requirements and reduce current levels, consistent with best practices in other state correctional systems.
2. Reduce the number of regional office staff required by the contract by shifting responsibilities to VDOC Office of Health Services staff and consolidating related assignments into fewer positions.
3. Evaluate the current use of the system infirmary beds, and if warranted, centralize infirmary services in one or two facilities.
4. Consolidate health care services in a limited number of larger facilities with fully functioning health care programs.
5. Assess the long-term potential for reducing cost and improving system performance by replacing the current system of small, distributed facilities with a centralized correctional complex.