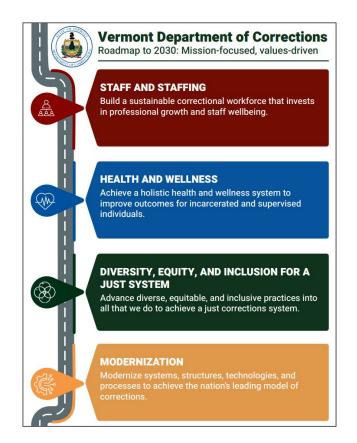


# Department of Corrections

DOC Health, Wellness, & Engagement 101

## **DOC Strategic Plan**





#### **Strategic Plan Goals**

#### STAFF AND STAFFING

Build a sustainable correctional workforce that invests in professional growth and staff wellbeing.

GOAL 1: Staff are empowered by a workplace cultivated to embrace and support the full spectrum of individual experience and identity.

GOAL 2: By 2030, staffing levels and staff retention are optimal and sustainable.

GOAL 3: Roles and processes are optimized to enhance staff engagement and operational efficiency.

GOAL 4: Opportunities for professional development and career growth are offered through a fair and transparent system.

GOAL 5: The Department provides opportunities and an environment that promotes staff health and wellness.

#### **HEALTH AND WELLNESS**

Achieve a holistic health and wellness system to improve outcomes for incarcerated and supervised individuals.

GOAL 1: The Department prioritizes health and wellness as a fundamental

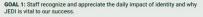
GOAL 2: The Department engages Vermont's community members to support health and wellness outcomes for the population we serve.

GOAL 3: Health and wellness systems and processes operate efficiently and

GOAL 4: The Department supports and fosters holistic wellness for those in its

#### DIVERSITY, EQUITY, AND INCLUSION FOR A JUST SYSTEM

Advance diverse, equitable, and inclusive practices into all that we do to achieve a just corrections system.



GOAL 2: The Department's systems, structural environment, policies and procedures are informed by trauma-informed practices, JEDI principles, and individuals with lived experience within the criminal justice system.

GOAL 3: Supervision, programs, and intervention services reflect the diverse needs of the people we serve.

GOAL 4: JEDI-responsive principles are embedded into all Department processes and retention efforts to equitably serve every staff member.

Modernize systems, structures, technologies, and processes to achieve the nation's leading model of GOAL 1: Vermont's correctional system employs modernized systems, structures, technologies, and processes.

GOAL 2: The Department cultivates meaningful partnerships to advance community engagement and restorative practices.

GOAL 3: Modernization is embedded within each strategic initiative and advances innovative, efficient, evidence-based, and data-driven solutions



## **Healthcare Contract**



#### **Contract Overview**

- Three-year contract with Wellpath began July 1, 2023
- Cost based on **per member per month** (PMPM)
  - Set amount multiplied by an average daily population, includes all costs such as staffing, services, pharmacy, equipment, specialty care, etc.
- Year 1 PMPM = **\$2,253.33** → **\$33.8** million
- Year 2 PMPM = **\$2,476.81** → **\$37.1** million
- Year 3 PMPM = **\$2,636.74** → **\$39.6** million

#### **Structure**

- Set using National Commission on Correctional Healthcare (NCCHC) standards as well as Vermont-specific standards, includes partnerships w/ VDH, DVHA, and AHS
- DOC philosophy is to hold our healthcare to the community standard of care
- Includes comprehensive healthcare services:
  - Clinic, infirmary level care, health, mental health, dental, on-site/off-site specialty

## **Healthcare Contract**



## Scope

- Average daily population: 1,300 people, 1,800 unique individuals in December
- Initial healthcare screenings per month: 300-400
- Initial health assessments per month: 100-200
- Sick calls per month: more than 3,000
- Provider interactions in December: 1,239
- Specialty visits a month: 100+
- Prescriptions dispensed per month: 6,500+

## **Healthcare Contract**



### **Monitoring**

- Constant reporting, tracking, and engagement with Wellpath on dozens of health metrics
- Robust monthly reports and data
- Quarterly quality control meetings with each facility as well as regional office
- Weekly clinical review meetings with DOC's Director of Nursing and Director of MH with clinical leadership from regional office
- Weekly contract management meetings with regional office leadership
- Thorough critical incident review process

#### **Cost Controls**

- If Wellpath spends less than the budget, they return unspent funds
- If Wellpath spends more than the budget, they pay first 3% over, DOC pays the next 3% over, and over 6% both parties negotiate
- Payment incentives for performance metrics up to 3%
- Possibility to withhold liquidated damages
- Wellpath receives 10% administrative fee

## Intake & Screening





**Facility Admission** 

Security booking begins process



Initial Receiving Screening

Within 4 hours of booking



**Initial Health Assessment** 

Within 7 days of booking



Additional Mental Health & **Substance Use Assessment** 

Within 7 days of booking and as determined appropriate by screening & assessment



**Dental Examination** 

Within 30 days of admission

## **Common Illnesses**



- Opioid Use Disorder
- Gastrointestinal issues
- Respiratory/Pulmonary/Asthma
- Musculoskeletal issues
- Hypertension
- Neurological issues
- Hepatitis C
- Chronic pain

## MOUD at DOC



### **Background**

- Created via **Act 176 of 2018**
- Vermont **second state** after Rhode Island to offer buprenorphine across correctional facilities
- Only **375 of 876 state prisons today** provide medication for opioid use disorder

### **MOUD Program Today**

- **844 unique MOUD patients** in December
- 15 groups in December, and continue to increase groups across the state
- Turning Point peer recovery coaches in 5 of 6 correctional facilities
  - Integrating across Probation & Parole using Opioid Settlement Fund dollars

#### **Next Frontier**

- Injectable MOUD pilot for continuity into community without risk of diversion
  - Study in rural Maine jail system found those receiving injectable MOUD were nearly 3x as likely to continue treatment versus oral MOUD

## 1115 Waiver: Medicaid Reentry Project

#### **Kev Context**

- 1965 Social Security Act explicitly prohibits incarcerated individuals from receiving Medicaid except in rare cases
- Vermont received approval from Biden administration in 2024 to pursue 1115 waiver
- Initiative driven by AHS interdisciplinary team

### **Implementation**

- Beginning January 1, 2026, Medicaid restarts 90 days prior to sentenced individual's release
- All savings to be reinvested into health services
- Federal capacity building funds to modernize MMIS (DVHA claims processing system)



News in pursuit of truth

PUBLIC SAFETY

## **Vermont approved to** expand Medicaid coverage for people transitioning out of prison

The expansion, which would cover 90 days before release, is expected to take about a year and a half to design and implement.

By Ethan Weinstein July 2, 2024, 5:58 pm









# **Questions?**

## Contact



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# **Appendix**

# VISION

We create safety and

equity by seeing potential,

supporting change,

and serving communities.

# **MISSION**

We lead through innovation

We advance restorative justice practices

We support staff wellness

We create

rewarding

career

opportunities

We cultivate meaningful partnerships

We provide justice-involved individuals with opportunities for self-improvement

We ensure our facilities and field offices are safe, secure, and healthy

# **VALUES**

Accountability

We, individually and collectively, act in accordance with our mission and values in service to our vision.

Collaboration

We succeed when we have diverse and equitable partnerships that include our communities and the people in our care and custody.

Compassion

We treat everyone with respect and dignity and respond empathetically to people's lived experience.

Equity

We address systemic barriers that hinder opportunity and use fair and impartial decision-making.

Innovation

We use evolving research from diverse communities to identify, develop, and implement effective practices.

Integrity

We practice our values in an honest and transparent way.

Safety

We create an equitable culture of physical, emotional, and material wholeness.

## **System Challenges**



#### Staffing

• Vacancies, retention, state workforce demographics, overtime costs, physical workplace environment

#### **Health & Wellness**

- Serving physical/mental health needs of incarcerated individuals, particularly those detained awaiting trial
  - Lack of access/poor connection to medical care prior to justice-involvement
  - Sequelae of heavy substance use

#### **DEI & Justice**

- Remote hearings and court backlogs
- Lack of coordinated community reentry services and geographic disparities
- Paucity of community service providers, particularly for male-identifying individuals

#### Modernization

- Lack of WiFi and access to basic technology
- Lack of transitional housing stock/availability
- Deteriorating physical infrastructure
- Antiquated and highly manual data systems (OMS)