

**PROGRAM DESCRIPTION**

**Department** Corrections **HB Section(s):** 09.200  
**Program Name** Offender Healthcare

**Program is found in the following core budget(s):** Offender Healthcare and Equipment

	Offender Healthcare & Equipment					Total:
GR:	\$167,905,234					<b>\$167,905,234</b>
FEDERAL:	\$0					<b>\$0</b>
OTHER:	\$0					<b>\$0</b>
<b>TOTAL :</b>	<b>\$167,905,234</b>					<b>\$167,905,234</b>

**1a. What strategic priority does this program address?**

Reducing Risk and Recidivism

**1b. What does this program do?**

The Medical Services section oversees the comprehensive medical care provided by the contract vendor. This is a managed-care system, which stresses healthcare education, disease prevention, immediate identification of health problems, and early intervention to prevent more debilitating chronic health problems. Medical units are staffed with licensed healthcare professionals at every correctional center and 2 transition centers, and provide care ranging from a regular sick call to extended or infirmary care. The following ancillary medical services are provided at all correctional centers only, unless otherwise specified:

- X-rays
- Blood draws and other laboratory analysis
- Dental care
- Optometric care
- Audiology screenings
- Physical therapy
- Telemedicine

The medical contract monitoring staff ensure offenders receive medical care that is equivalent to care provided in the community and that all mandates of the contract are fulfilled. The goal is to return offenders to the community as medically stable as possible, so they may become productive, law abiding citizens.

Comprehensive mental health services improve offender health and stability, which contribute to both institutional security and overall offender functioning while incarcerated and contribute to offender success and community safety upon release.

Sex offender treatment and assessment provide evidence-based therapeutic interventions and ongoing assessment to reduce risk to reoffend and promote safer communities upon release.

Mental health services include:

- Psychiatric intake and treatment
- Psychiatric medication management and monitoring
- Individual psychotherapy
- Group therapy
- Activity therapy
- Case management and discharge planning
- Crisis intervention and management
- Sex offender treatment and assessment

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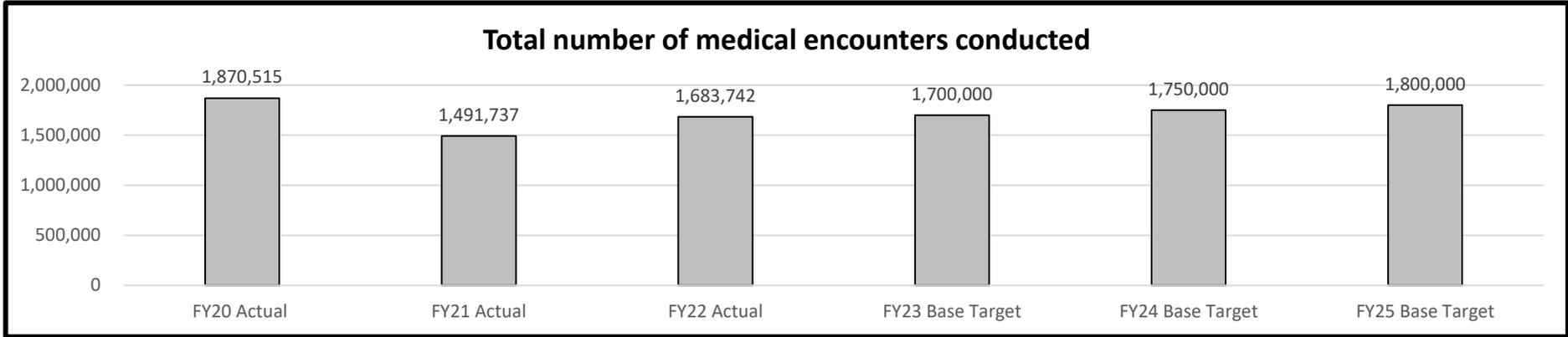
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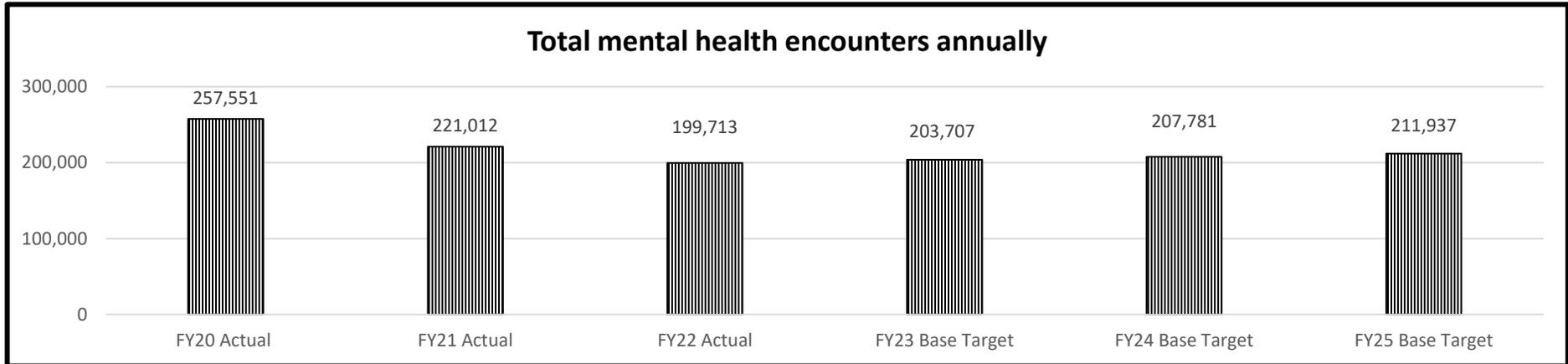
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2a. Provide an activity measure(s) for the program.



We will likely continue to see a rise in encounters. This is not based on the population, but the health of the population. There was a 12.8% increase from FY21 to FY22.



Even though the population is decreasing, the need for mental health services by the resident population is remaining stable or increasing.

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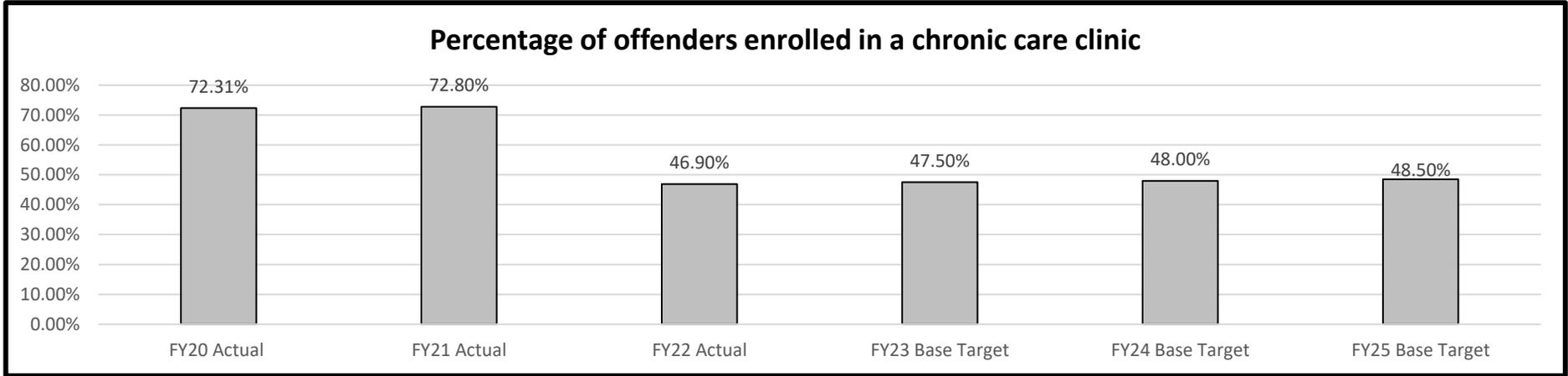
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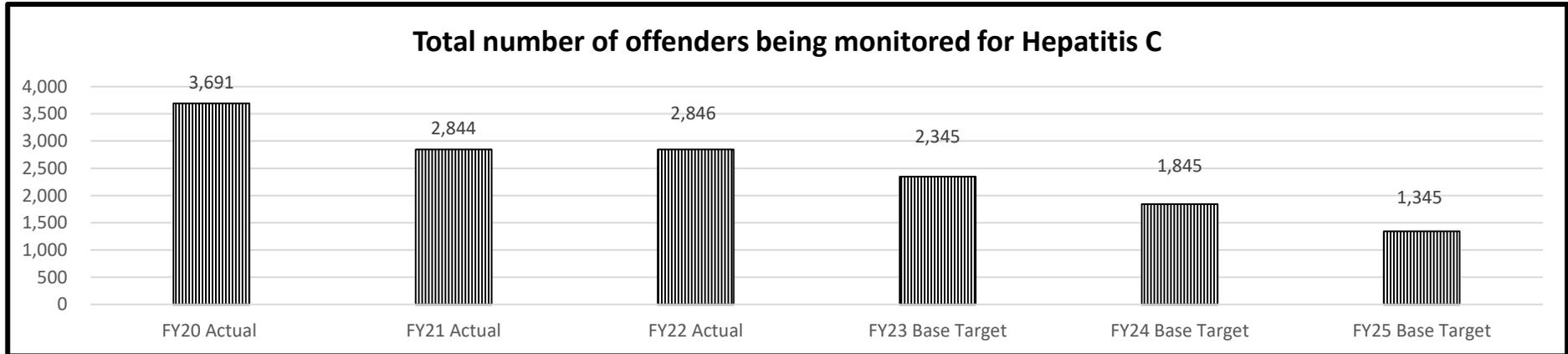
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**2b. Provide a measure(s) of the program's quality.**



Average offender population June 16-30, 2022 was 23,358. At the end of FY22, 10,964 offenders were enrolled in chronic care . This does not include mental health chronic care. In FY22, this measure changed to measuring number of offenders only. One offender could be enrolled in multiple chronic care clinics. i.e.. if 1 offender enrolled in 3 chronic care clinics, this offender is still only counted once. Due to health of offender population, we would expect this to continue to increase.



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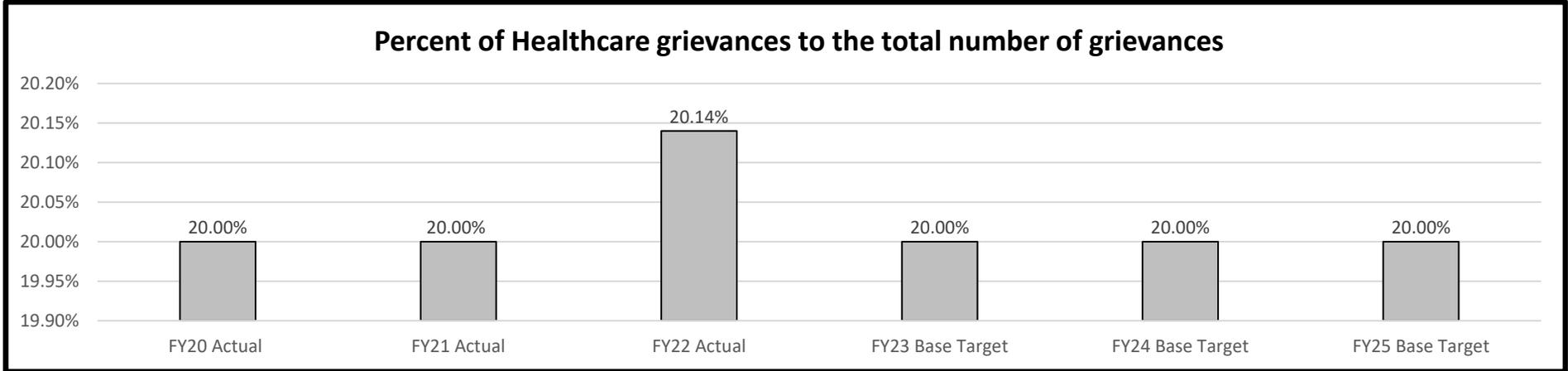
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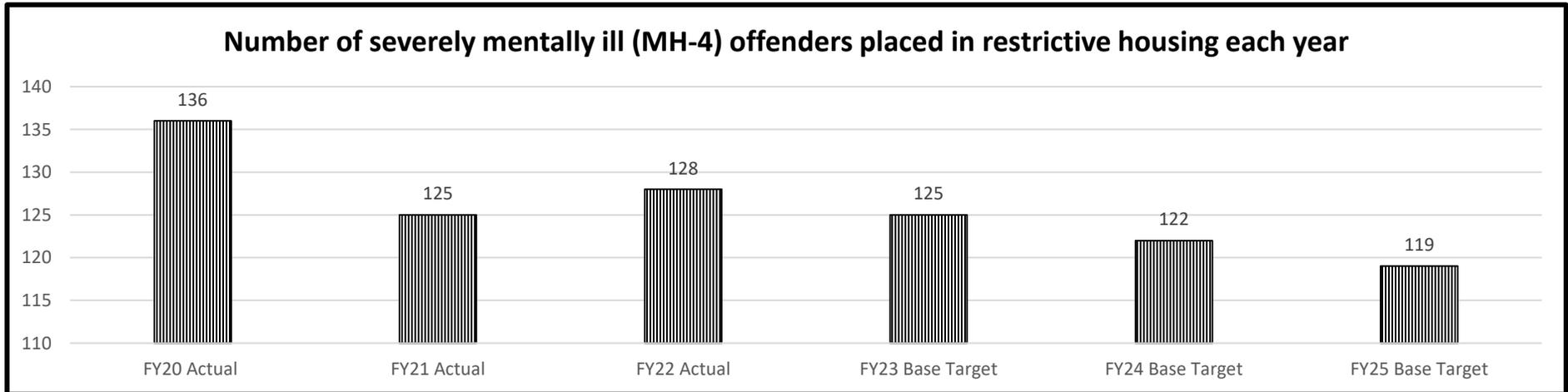
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**2c. Provide a measure(s) of the program's impact.**



This has been consistent for the previous three fiscal years. FY22 medical grievances filed was 1,726; FY22 total department grievances filed was 8,568.



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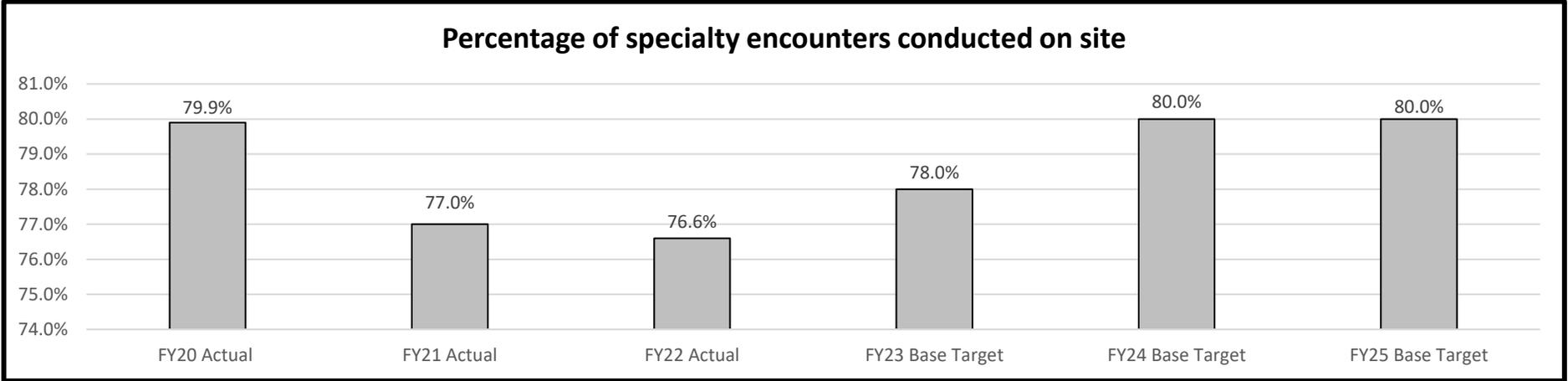
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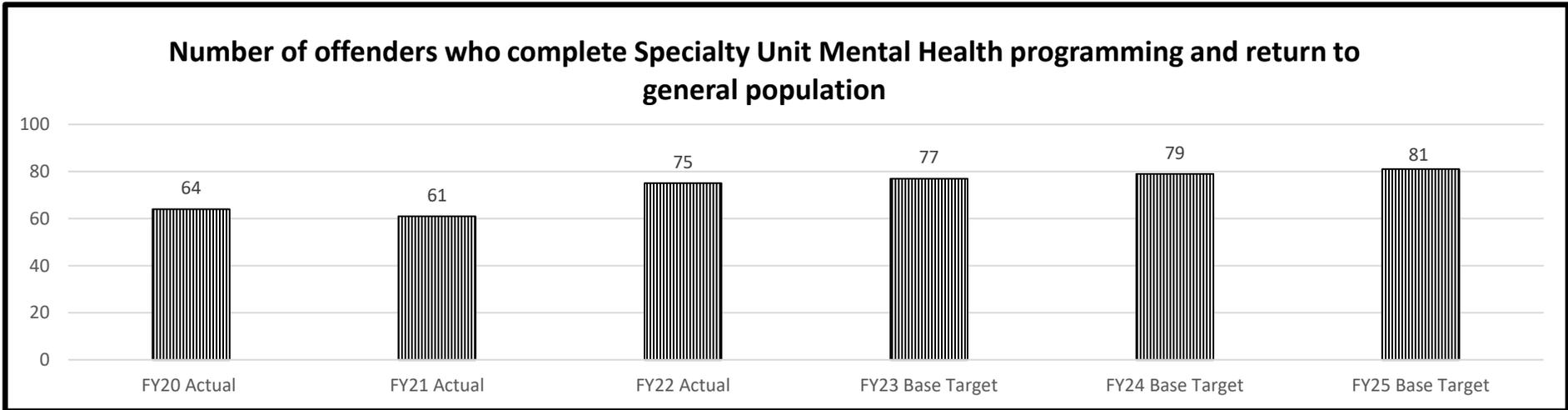
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**2d. Provide a measure(s) of the program's efficiency.**



Target number is based on moving toward more telemedicine utilization.



We expect roughly 25% of offenders in specialty mental health programs to return to general population in any given year. Mental health unit data should be fairly consistent year to year since program capacity is not expected to change.

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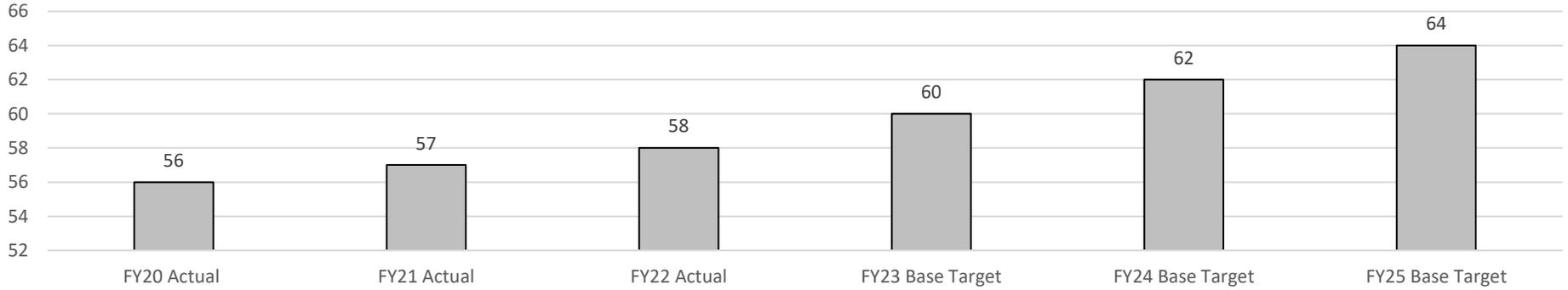
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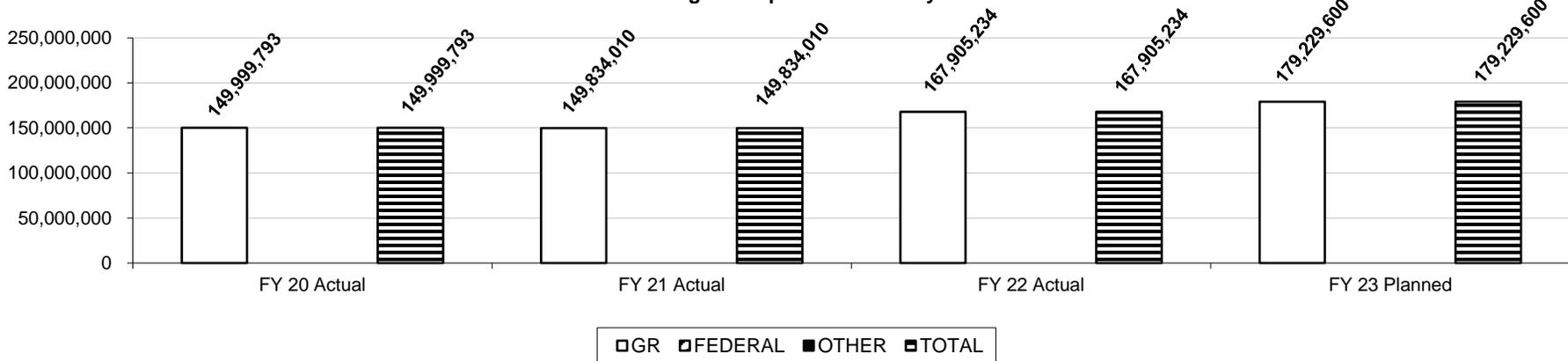
**Total involuntary mental health medication orders annually**



Onsite involuntary medication orders eliminate need for outcount to community hospital. This measure should increase slightly over time as mentally ill offenders increase as a percentage of total population.

**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

**Program Expenditure History**



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**4. What are the sources of the "Other " funds?**

N/A

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

US Constitution-8th and 14th Amendments, Chapters 217.230, 589.040, 559.115, and 632.483 RSMo.

**6. Are there federal matching requirements? If yes, please explain.**

No.

**7. Is this a federally mandated program? If yes, please explain.**

The 8th Amendment to the US Constitution protects against cruel and unusual punishment. The courts have deemed that improper healthcare for incarcerated offenders constitutes cruel and unusual punishment.