The Department is committed to addressing challenges to production for the various medical services. Ensuring that health and mental health appointments are offered to individuals in our custody is essential and we believe in the importance of affording such a vital service. The Department strives to improve the accuracy and consistency of data collected in addition to initiating new projects aimed toward improving the ability of the Department to address gaps and minimize barriers to access for scheduled services.

Below are the Department's update to the Board's 2018 Access to Care Report Recommendations.

1. Substantive Areas of Concern Identified via Data Analysis

i. Develop a plan to track and address barriers to DOC production, the main cause of non-completed appointments.

The Department remains committed to affording medical care to everyone in our custody. To that end, the Department has continued its practice of tracking production and non-production for scheduled medical appointments. At the end of each business day, DOC clinic captains communicate reasons for non-production to on-the-ground Correctional Health Services (CHS) staff so as to facilitate appointment rescheduling. During the weekends, the tour commanders and steady weekend officers email CHS Operations regarding any issues related to production in real time. DOC Health Affairs sends monthly aggregate production and non-production reports to facility leads and senior leadership which enables the Department to monitor this metric and identify relevant trends. In support of accurate and timely data collection DOC Health Affairs and Facility Operations continue to provide instruction and training to clinic staff. The Department is in the beginning phases of tracking clinic production through RFID scanners. These scanners, which read RFID chips in wristbands worn by individuals in the Department's custody, will allow for real-time clinic production tracking. RFID scanners have been placed in all clinical settings across the Department.

Over the past year, the Department has worked diligently to improve access to medical care. In partnership with Correctional Health Services (CHS), the Department opened a mini-clinic in AMKC. This mini-clinic has assisted the Department in improving access to sick call and enables production to clinic with less movement across the facility.

ii. Examine reasons for the relatively high number and rate of non-completion for Mental Health services. This review should include identifying reasons for the relatively high rates of CHS rescheduling.

Producing individuals with mental health concerns for mental health appointments remains a unique challenge. Over the past year, the Department has increased steady officers at certain mental health and escort posts so as to increase compliance in medical appointment production, including an increase of 30 additional mental health posts and 10 additional mental health posts at AMKC. Further, DOC Health Affairs liaises with the facility tour commander and CHS tour supervisor in order to immediately resolve certain issues in real time, such as providing medical care for an individual who has reached out to 311 or making every effort to produce a high priority individual for their appointment. Although the Department no longer is notified of an individual's

appointment type when they are called to clinic, the Department remains committed to supporting the mental health needs of all individuals in our custody.

The Department defers to CHS for questions related to scheduling and cancellations.

iii. Improve access to on- and off-island specialty appointments. This should involve conducting a detailed process review, clarification of policies related to patient refusals, and identification of strategies to address factors thought to be related to patient refusals such as overbooking, lengthy wait times, waiting area space and conditions, approach to scheduling patients with special security designations, and transportation challenges.

Over the past year, DOC Health Affairs has continued to track, monitor, and produce reports related to on-and-off-island specialty clinics appointments. The Department and CHS have continued to discuss issues related to patient refusals as well as the terminology and tracking of those refusals. The Department has recently adopted new definitions for four distinct forms of refusals – "production refusal," which is to be used when an individual refuses to be escorted to the clinic for an appointment; "verified refusal," which is to be used when an individual refuses to participate in an appointment via a face-to-face encounter with a member of CHS' staff; "walkout," which is to be used if an individual is produced to clinic but leaves before an appointment without having any direct interaction with CHS staff; and "left without being seen," which is to be used if an individual is produced to clinic but leaves before an appointment and does have direct interaction with CHS staff. The Department will continue to work with CHS to further define shared terminology and build a cohesive data dictionary.

The Department continues to experience challenges regarding the waiting space at Bellevue Hospital. The current waiting space does not have enough holding cells to safely separate individuals of differing security classifications. The Department has received SCOC approval to address this issue by constructing several small holding cells in place of the two larger holding cells. Construction on this project is scheduled to begin August 2019 and completion of this project is anticipated by February 2020. This critical safety enhancement will enable the Department to more readily transport and produce individuals to their off-island appointments.

Although the Department makes every effort to produce individuals for their appointments, overcrowded waiting areas and the potential mixing of individuals with certain security classifications remains a serious concern. The Department has continued to discuss scheduling concerns with CHS at the facility level, through daily huddles and monthly warden meetings, as well as in regular interagency leadership conversations. The Department defers to CHS to provide an update on these topics.

iv. Implement policies and training to minimize health and mental health appointment conflicts with court, school, or other known conflicts with services and programs.

The Department has continued to work with CHS to address conflicts between medical appointments and scheduled services and programs. When an appointment conflicts with school, for example, the escort officer finds the individual in his classroom and offers him the opportunity to be produced for his appointment or reschedule for a later date. If the individual chooses to have the appointment, the escort officer will produce him to the clinic and escort him back to his classroom following the completion of his medical services. If the individual chooses to forgo his

appointment, the escort officer returns to the clinic and alerts CHS staff, who then work on re-scheduling the individual based on their internal review process. When an individual is at court but they have a medical appointment deemed as a priority by CHS, officers will escort that individual to the clinic upon their return to our facilities.

That said, scheduling health and mental health appointments is a function solely managed by CHS and it is ultimately the decision of the individual whether or not they accept to attend their appointment.

2. Gaps in Identifying and Understanding Barriers to Access:

i. Identify and track underlying reasons for non-production, such as escorting, lockdowns, searches, scheduling conflicts, and other frequently occurring reasons identified by DOC.

The Department tracks barriers to production through its monthly report circulated to facility leadership and senior leadership. This report is sent to all facilities on a monthly basis and the metrics tracked are Not Produced, No Escort, Alarm, Tactical Search Operations and Lock-ins.

In addition, medical services and the corresponding movement are allowed by Department policy while there is a facility and/or housing area emergency lock-in. In the event of an emergency lock-in, the Department will continue to work with CHS to provide their facility staff members with adequate notification of the pending emergency lock-in. In May 2019, Central Operations Desk (COD) began including H+H Operations in their emergency lock-in email notification.

In 2018, the Department began tracking emergency lock-ins though the Incident Reporting System (IRS). As reported to the Board in April 2019, we are further updating this section of IRS to include a list of mandated services that may be affected by emergency-ins, including sick call.

ii. Identify and track underlying reasons for and time to rescheduling, such as CHS/DOC staff shortages.

As the entity responsible for scheduling, the Department defers to CHS to answer this question.

Though the Department does not specifically track the reasons for rescheduling it does track the number of CHS cancellations and the reasons for non-production in its internal monthly report on clinic production, as discussed in 1(i).

iii. Train both clinical and corrections staff to ensure consistency in data collection across facilities and service disciplines.

DOC Health Affairs conducts in-service training for all Clinic Captains and Deputy Wardens for Programs on data collection so as to maintain and improve the accuracy and consistency of our data. In 2018, DOC Health Affairs conducted 7 such trainings, including one for a class of Captains, two for a class of Assistant Deputy Wardens, two for a class of Deputy Wardens, and two for a class of new recruits. Refresher courses are also held on an as-needed basis and trainings are also provided to newly-assigned clinic staff.

Uniformed members of staff in facilities are also encouraged and reminded to review and share their collection of data with CHS counterparts in the clinics during their one-on-one meetings and in the daily huddles.

iv. Review best practices from jails with high rates of completed appointments, including North Infirmary Command, West Facility, and Rose M. Singer Center Jails.

The Department continues to review all clinic production trends, both positive and negative, across our facilities. However, due to the unique nature of the facilities, and the populations within them, there is no specific one-size-fits-all approach that can be gleaned from facilities that have higher rates of completed appointments. North Infirmary Command (NIC), and West Facility (WF), and Rose M. Singer Center (RMSC) have infirmaries and/or on-site specialty services within each facility. Individuals do not have to travel for their appointments, which may increase their compliance for treatment to be rendered. By eliminating their travel time, individuals in a facility with on-site specialty services may also experience fewer interruptions to services and programs they wish to attend.

3. Key Gaps in Monitoring Compliance with Standards:

The Department takes compliance with minimum standards and the provision of health services seriously and has taken steps to continue to monitor both. As this section relates to the CHS Access to Care Report, the Department defers to CHS to answer.

i. Develop new tracking and reporting protocols to assess compliance with Minimum Standards: (i) intake; (ii) sick call; (iii) timeliness of service delivery and completion; and (iv) substance use treatment services.

DOC Health Affairs currently tracks sick call on a daily basis, including the number of individuals who sign up for sick call, the number of individuals who attend sick call, and the number of individuals who walked out of sick call, and the number of completed sick call appointments. These reports are circulated to facility and senior leadership on a monthly basis.

ii. Set benchmarks and targets for access to care.

iii. Update the CHS access to care report to address gaps in current reporting to better inform future action plans.