CORRECTIONS AGENCY COLLABORATIONS WITH PUBLIC HEALTH

Special Issues in Corrections *September 2003*

LIS, Inc.

U.S. Department of Justice
National Institute of Corrections
Information Center
Longmont, Colorado

National Institute of Corrections

Morris L. Thigpen
Director

Susan M. Hunter
Chief, Prisons Division

Madeline Ortiz
Correctional Program Specialist

National Institute of Corrections
Prisons Division
320 First Street N.W.
Washington, D.C. 20534
(800) 995-6423
(202) 307-3106

NIC Information Center
1860 Industrial Circle
Longmont, Colorado 80501
(800) 877-1461
(303) 682-0213

http://www.nicic.org

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Introduction

Corrections and public health agencies have a mutual interest in addressing inmates' medical and mental health problems. Health care costs constitute a significant portion of state corrections agencies' budgets, in part because inmates have disproportionately higher rates of infectious diseases and mental illness than the general population. Because most of these inmates will eventually return to their communities, public health agencies are recognizing the importance of providing ongoing care to inmates and developing methods to ensure continuity of care intended to diminish the spread of diseases in the community. Public health agencies often have the resources to assist corrections in preventing the transmission of disease and providing needed treatment for inmates. A recognition of these shared goals has resulted in a growing number of corrections-public health collaborations at all levels of corrections.

The National Institute of Corrections (NIC) Information Center initiated a project in June 2003 to explore corrections-public health collaborations now under way. The study focused on partnerships providing medical and mental health care for prison inmates during their term of incarceration and/or in preparation for their release. This report of findings discusses the prevalence and scope of collaboration agreements and shares corrections agency perspectives on their effectiveness.

Project Method

For purposes of this research, corrections-public health collaborations are considered to be partnerships that involve state or local public health agencies, public hospitals, and/or publicly funded medical schools. Collaborations can range from an agreement by one agency to provide services for another, to an initiative jointly funded and administered by each of the participating agencies, to direct funding assistance from one agency to another.

To gather information for this study, NIC mailed a written survey instrument to departments of corrections (DOCs) in the 50 states, the District of Columbia, the U.S. territories and protectorates, selected large municipal governments, and the federal governments of the U.S. and Canada. NIC received responses from 49 jurisdictions, including 43 state DOCs, the U.S. Bureau of Prisons, the Correctional Service Canada, and agencies in Cook County (Chicago), Illinois; Philadelphia, Pennsylvania; New York City; and the District of Columbia.

Survey findings are presented in the following pages. A companion piece in Appendix A indicates the public health agencies that are partnering with corrections in each responding jurisdiction, the populations served by each collaborative arrangement, and whether the collaborative services are provided in prison, at transition, or both.

Barbara Krauth, Analyst. Special Issues in Corrections is prepared by staff of LIS, Inc., NIC Information Center contractor, in cooperation with the U.S. Department of Justice, National Institute of Corrections, under contract no. J1C0-110. The contents of this document do not necessarily reflect the views or policies of the National Institute of Corrections. Send inquiries to Connie Clem, Senior Editor, NIC Information Center, 1860 Industrial Circle, Suite A, Longmont, Colorado, 80501; (800) 877-1461.

Background: Who Provides Inmate Health Care?

The survey asked respondents to indicate whether inmate health care services are provided entirely by the corrections agency, by a paid outside contractor, or by the corrections agency in combination either with an outside contractor or with a public health agency. Results for this question are presented in Table 1, page 3.

- The majority of corrections agencies (38 of the responding DOCs) contract with a private provider for all or some aspects of inmate health care services:
  - In 11 responding DOCs, private contractors provide all inmate health care services.
  - In 19 DOCs, the corrections agency and private contractors jointly provide services.
  - In eight (8) DOCs, inmate health care services are delivered through the combined efforts of the DOC, outside contractors providing specialized care, and public health agencies.
- Five (5) responding DOCs reported an arrangement in which a public health agency provides all inmate health care services:
  - In Texas, the DOC contracts with the legislatively created Correctional Managed Health Care Committee, which subcontracts with two state medical schools to provide inmate health care services in all but 12 facilities. The remaining 12 facilities are operated by private contractors, which also are responsible for providing inmate medical care.
  - The University of Connecticut Health Center in Farmington supplies comprehensive managed health care to the state's prison inmates, including medical, mental health, dental, and ancillary services.
  - The Massachusetts DOC contracts with a publicly funded medical school to provide all inmate health care.
  - In South Dakota, the state's Department of Health provides all prison inmate health care, and the Department of Human Services provides all mental health care.
  - In Cook County, Illinois, all inmate health care services are provided by Cermak Health Services of Cook County, a county agency.
- In four (4) reporting jurisdictions, the DOC itself provides all inmate health care.
- One (1) DOC, in New York City, has an arrangement in which the city's Department of Health and Mental Hygiene pays an outside contractor to provide all jail inmate health care services. The agency is a major partner in that it oversees the work of the private provider and provides the Department of Corrections with updates and health alerts.

Forms of Corrections-Public Health Collaboration

All but two of the DOCs responding to the survey reported that they are engaged in collaborative work with public health agencies. Many collaborations focus on the entire inmate population, and others on a special population of inmates, such as women inmates or inmates who are HIV-positive. There is significant variation in the types of partner agencies, the partners' level of involvement in service provision, and the timing of the services provided.

Types of partner agencies. DOCs nationally are engaged in collaborative work with public health agencies at the state, local, and federal levels. Many have partnerships with more than one organization at different levels of government, each with a different target audience and purpose.

Table 1. Responsibility for Delivery of Inmate Health Care

	DOC Only	Contractor Only	Public Health Agency Only	DOC and Contractor	DOC, Contractor, and Public Health	Public Health and Contractor
Alabama		✓				
Alaska	(No survey response)					
Arizona	✓					
Arkansas				✓		
California				✓		
Colorado					✓	
Connecticut			✓			
Delaware		✓				
D.C.		✓				
Florida				✓		
Georgia				✓		
Hawaii				✓		
Idaho		✓				
Illinois	(No survey response)					
Indiana				✓		
Iowa	(No survey response)					
Kansas		✓				
Kentucky	✓					
Louisiana					✓	
Maine				✓		
Maryland		✓				
Massachusetts			✓			
Michigan					✓	
Minnesota				✓		
Mississippi		✓				
Missouri		✓				
Montana	(No survey response)					
Nebraska				✓		
Nevada					✓	
New Hampshire				✓		
New Jersey		✓				
New Mexico	(No survey response)					
New York	✓					
North Carolina	(Not answered)					
North Dakota					✓	
Ohio					✓	
Oklahoma				✓		
Oregon				✓		
Pennsylvania				✓		
Rhode Island				✓		
South Carolina				✓		
South Dakota			✓			
Tennessee					✓	
Texas			✓			
Utah	✓					
Vermont	(No survey response)					
Virginia				✓		
Washington	(No survey response)					
West Virginia		✓				
Wisconsin					✓	
Wyoming				✓		
U.S. BOP				✓		
Canada				✓		
Cook County, IL			✓			
New York City						✓
Philadelphia		✓				

- **State agency collaborations.** The majority of formal public health collaborations reported by state DOCs are with state-level public health agencies. Thirty-nine (39) states report a total of at least 90 collaborations with state-level public agencies. (This is in addition to the six [6] jurisdictions in which all inmate health care is provided through a public health entity, such as a state public health agency, hospital, or medical school.) Similarly, the District of Columbia has cooperative arrangements with several bureaus under the D.C. Department of Health and the Department of Mental Health Services.

  A few DOCs described health-related services provided through arrangements with state agencies other than public health agencies. Examples include partnerships with the Delaware Center for Justice, the Oregon Youth Authority, and the Pennsylvania Department of Public Welfare.

- **Local agency collaborations.** Five state DOCs (in Colorado, Maine, North Carolina, Ohio, and Wisconsin) reported collaborative arrangements with county public health agencies. The DOCs in Cook County and Philadelphia generally partner with other county agencies, although Cook County also has a collaborative agreement with the U.S. Centers for Disease Control.

- **Federal agency collaborations.** Seven DOCs (in Arizona, California, Maryland, Oregon, Texas, Wisconsin, and Cook County) cited collaborative arrangements with Federal agencies. These chiefly include the Centers for Disease Control, the Social Security Administration, and Medicaid. The collaborative arrangements reported by the U.S. Bureau of Prisons and the Correctional Service Canada all involve work with other federal entities.

- **Multi-level collaborations.** Three state DOCs (in Arizona, California, and New York) are engaged in collaborations that involve two or more partners at the state, county, and/or federal levels.

Role played by the partner agency. Collaborative arrangements also differ in how directly the public health agency is involved in providing inmate health care. In some partnerships, the public health agency does provide direct care to inmates. In others, the public health agency disburses funds to the DOC, which then uses these funds to contract with private, not-for-profit groups for the services or to provide services in-house with DOC staff.

When services occur. Collaborations with public health may focus on in-prison inmate health services, services related to transition and release, or both. Those described by survey respondents included:

- Transition/release services—31 collaborations;
- In-prison services—44 collaborations; and
- Both transition and in-prison services—59 collaborations.

Collaborative arrangements serving the general inmate population most often focus on in-prison services alone (24 instances reported, by 15 DOCs). More collaborations for the general population focus on both in-prison and transition services (14 examples) than on transition services alone (3 examples).

Collaborations serving special populations are more likely to include both in-prison and transition-focused care:

- For HIV-positive inmates, respondents in 19 DOCs identified a total of 23 partnerships providing services both in-prison and at transition. Nine (9) partnerships provide transition-focused services only, and four (4) provide only in-prison services.
- Of the 15 collaborative arrangements for inmates with TB, eight (8) provide services both in-prison and at transition, four (4) are in-prison programs, and three (3) focus on transition.
- For mentally ill populations, there is a greater emphasis on transition programming. While respondents identified 12 collaborations that provide both transition and in-prison services to the mentally ill, they reported nearly as many (9)

transition-focused programs, and only four (4) in-prison collaborations.

Collaborative Services for Specific Inmate Populations

Table 2, below, summarizes the total number of public health collaborations reported by DOCs for several major segments of their inmate populations. Collaborations most often focus on the general population, HIV-positive inmates, and mentally ill inmates.

Table 2. Number of Corrections-Public Health Collaborations by Target Population

General population (male only or for both men and women)	**40** (25 DOCs)
General population women	**1**
HIV-positive	**36** (31 DOCs)
Mentally ill	**24** (19 DOCs)
STDs	**19** (19 DOCs)
Tuberculosis	**15** (14 DOCs)
Hepatitis C	**12** (12 DOCs)
Youthful offenders (under age 18)	**7** (7 DOCs)
Other populations	**17**

"Other" populations cited by respondents as having special collaborative services include hospice patients, elderly/disabled inmates, mentally retarded and developmentally disabled inmates, inmates with chronic disease or special care needs, inmates with communicable diseases, women offenders generally and women with breast or cervical cancer specifically, offenders in violation seeking special prison placement, domestic violence offenders and victims, and probation/parole offenders. One DOC reported a health care collaboration focused on providing education for corrections staff on HIV and TB.

General population inmates. Twenty-five (25) DOCs are involved in public health collaborations serving the general population. (DOCs in which public health agencies provide or direct all inmate health care are not included in this total, unless the DOC reported specific collaborative partnerships.) Almost all of these collaborations provide services to both men and women inmates.

Public health collaborative services provided for the general population most often focus on education, prevention, and testing for communicable diseases:

- Minnesota—The Department of Health provides education to the general inmate population on the prevention of STDs and HIV.
- Hawaii—The Department of Health's TB Branch provides screening X-rays and sputum lab tests for all inmates.
- District of Columbia—The HIV/AIDS Administration of the D.C. Department of Health operates the "Comprehensive HIV/AIDS Prevention & Intervention Program," providing education for both inmates and staff on infectious diseases and health precautions.
- California—The Department of Health Services provides intake testing for HIV, hepatitis B and C, and sexually transmitted diseases.

Several DOCs, such as agencies in Oklahoma, Virginia, and Wisconsin, rely on public university hospitals for substantial general population inmate care, such as specialized clinics, hospitalization, and emergency room services. Dental care is provided to the general population through collaborations in at least two states:

- Nebraska—Dental students go to corrections institutions as part of their clinical rotations.
- Wisconsin—The state has two arrangements: Northeast Wisconsin Technical College provides dental hygiene services, and the Marquette University Dental School provides dental care by supervised students.

Inmates with AIDS/HIV. Thirty-one (31) responding DOCs identified 36 public health collaborations benefitting the HIV-positive population. Services include clinical care, counseling, discharge planning for medical follow-up, a 30-day supply of medications (often through Ryan White CARE Act funding), partner notification, and education on self-care.

- Florida—A Department of Health grant supports five pre-release counselors to provide continuity of care for 30 days following release.
- Massachusetts—The Department of Public Health provides grant funding for testing and counseling. The State Laboratory provides blind zero-prevalence testing for HIV infection.
- California—The Pacific AIDS Education and Training Center provides education for corrections staff on HIV as well as ongoing consultations.
- New York—The Department of Health's AIDS Institute collaborates with the DOC in developing clinical care guidelines.

Mentally ill inmates. Twenty-four (24) collaborative efforts on behalf of mentally ill prison inmates were reported by 19 DOCs. They commonly provide transition services, including referrals to community providers and case management, medications at discharge, addiction treatment, and inpatient and outpatient care.

- Missouri—The Department of Mental Health provides inpatient care and staff for a prison-based "step-down" unit for the chronically mentally ill.
- Nebraska—The University of Nebraska, Lincoln, provides clinical psychology graduate students to work as Licensed Mental Health Practitioners for about $1.50 per hour less than the DOC's costs for staffing the same services in-house.
- Ohio—On intake, the Department of Mental Health facilitates the acquisition of mental health treatment records from pre-incarceration providers.
- Georgia—The TAPP Program (Transition and Aftercare for Probationers and Parolees) is a joint initiative of the DOC and the Georgia Department of Human Resources, Mental Health Division. The Mental Health Division provides case managers to assist probationers and parolees with mental illness in transitioning to the community. They help these individuals with housing, employment, medical and mental health care, and other services.
- Utah—The Utah State Hospital helps with Board of Pardon recommendations.

Inmates with sexually transmitted diseases. DOCs reported 19 examples of collaborative services to inmates with STDs. Services range from counseling and education to transition services, including referrals to community providers. Some public health collaborations also include contact tracing, treatment, and reporting.

- Massachusetts—The Department of Public Health provides grant funding for an STD clinic in the women's prison.
- Philadelphia—The Philadelphia Prison System and the city Department of Health collaborate to ensure that infected individuals are treated. Testing for gonorrhea and chlamydia are provided for all incoming inmates, and treatment for infected inmates is initiated within 24 hours of positive test results.

Inmates with tuberculosis infection. Fifteen (15) public health collaborations for the control of TB were described. Services include surveillance, containment tracking, provision of medications, transition services, contact investigations, education, and referrals to county health departments.

- California—The DOC is working with Los Angeles County and the U.S. Centers for Disease Control to develop a collaborative database for ongoing surveillance, inmate medical information, and tracking until the care for TB is completed or resolved.

- Florida—A grant from the Florida Department of Health provides specially trained TB nurses and support for a statewide TB program to monitor testing. The grant also provides for case investigation, aftercare planning, and linkages with the county upon release.

Inmates with hepatitis. Twelve (12) public health collaborations were reported that focus on inmates with hepatitis. Services provided by public health agencies include testing, counseling, transition planning, immunizations, and prevalence studies.

- North Dakota—The Department of Health provides hepatitis A and B vaccinations for inmates under the age of 18.

- Tennessee—The Hepatitis Interagency Council was established by state statute in 2002 to provide advisory recommendations to the Tennessee DOC concerning the prevention of hepatitis in prisons and the delivery of health services to inmates with hepatitis.

Youthful offenders. Public health collaborations focusing on youthful offenders (defined in the survey as prison inmates under age 18) were active in seven (7) DOCs. They typically provide immunizations, health education, testing for communicable diseases, disease tracking, and specialty health services.

Women inmates. Only one state DOC (Rhode Island) identified a collaborative project that serves general population women: the state's Department of Health provides clinical services and referrals. Three DOCs described collaborative arrangements that serve special populations of women offenders:

- Missouri's collaboration with the Department of Health and Aging Services provides services to women inmates with breast or cervical cancer.

- The Wisconsin DOC has a collaborative arrangement with a state mental health institute for women who are mentally ill.

- As noted on page 6, the Massachusetts DOC receives grant funding from the state Department of Health for a STD clinic in the women's facility.

Accountability and Control within Collaborative Health Care Efforts

Agencies use several methods for monitoring the health care provided via collaborative agreements between corrections and public health, although a few noted that the monitoring is "informal." Several DOCs reported that they use multiple approaches to ensuring accountability. Seven agencies reported that they do not currently have any formal control measures in place.

Performance is most often monitored by the corrections agency, the public health agency, or both:

- Oversight both by the corrections agency's medical director or designee and by the public health agency's director or designee was reported by 17 DOCs.

- In seven (7) DOCs, performance accountability is handled by only the DOC's medical director.

- One (1) DOC relies on oversight by the director of the public health agency.

Several DOCs cited independent audits by groups such as the Joint Commission on Accreditation of Healthcare Organizations, the American Correctional Association, a state school of medicine, and a state office of contract monitoring.

Other accountability methods cited include offender satisfaction surveys, internal protocols and directives, medical records audits by DOC staff, and establishment of joint responsibility for specific aspects of the Memorandum of Understanding.

Agency Observations on Collaboration

There is nearly universal agreement among survey respondents that their agencies' collaborations with public health agencies are very valuable. DOCs reported satisfaction both with the cost-effectiveness and quality of care resulting from such collaborations. Some respondents cited the importance of collaborating with public health to ensure continuity of care in the community, others pointed to specific health care benefits to the in-prison population, and still others focused on the cost savings derived from such arrangements.

Positive results. Examples of positive comments from DOC respondents follow.

- Alabama: "We have a close working relationship with public health, which saves hundreds of hours otherwise provided by the medical vendor."
- Massachusetts: "Department of Public Health grant-funded positions enable the DOC to offer services that would be difficult to provide without these dollars. Also, many DOC protocols (e.g., for HIV and HCV [hepatitis C virus] treatment) have been developed with the assistance of the Massachusetts Department of Health, providing for quality of care."
- Michigan: "The quality has been sufficient to obtain accreditation of inpatient and outpatient programs. It has been praised by outside consultants as a premier correctional mental health system."
- Arkansas: "It is difficult to assign a dollar amount, but collaboration has allowed us to do more as a DOC than we could do alone. The pass-through of CDC funds has allowed installation of UVF lights, which has an impact on airborne diseases."
- Rhode Island: "Public health agencies often bring with them the potential for external funding and grants and often provide services at or below market [costs]."
- Minnesota: "Educational materials are provided by the Department of Health and other organizations at no cost or are paid for through a grant. The only cost to the DOC is for staff time."
- Mississippi: "The collaborative effort [on TB] between the Department of Health and the DOC has been most effective. Most cases are caught at the latent stages of TB and constantly tracked to ensure that they do not progress to the active stage. With the efforts of the Department of Health in the community, any follow-up after release is assured…."
- Ohio: "Our comprehensive contractual relationship with Ohio State University ensures the provision of high quality, cost effective care for our inmate population. Access to all required medical specialty care is readily available and enhanced by the use of telemedicine."
- Utah: "The collaboration ensures up-to-date treatment techniques for STDs and TB."
- New York: "Corrections is doing public health in our community. Dealing with public health issues while inmates are incarcerated is more efficient than finding them in the community later."
- The Maryland DOC cited the following specific results:
  - Duplication of lab tests, specialty consultations for chest X-ray, and treatment options would have been additional expenses to the contractor for TB cases.
  - Audits and epidemiological data show significant improvement in the number of correctional TB outbreaks and the number of cases of TB.
  - A decrease in the state's ranking for STDs such as syphilis was aided by the DOC's work with the U.S. Centers for Disease Control and the state health department. Outcome measures show the significant contribution of DOC efforts to a decrease in rates of syphilis in Baltimore.

- Community prevention in the form of outbreak investigations and contract tracing of medication adherence have saved the city and state health departments money.
- Having common goals, open communications, and direct contact with the funding agency has created a mutually beneficial endeavor for all involved.

Other perspectives. A small number of respondents noted either minor reservations about current collaborations with public health or inadequate data for determining their value:

- Idaho: "There have been no financial benefits, but quality of care has improved."
- Wyoming: "The collaboration is only 10 months old and is currently budget-neutral."
- Tennessee: "Contracts are on a cost-plus basis and therefore more costly. However, the quality of services is generally high."
- Maine: "Quality assurance components are not yet developed."

Barriers to Collaboration

A survey question asked respondents in DOCs that are not working collaboratively with public health to identify the main barriers to a closer working relationship. Because only two of the responding DOCs reported no partnerships with public health, very few DOCs provided their views on this question.

Factors that were cited focused on the following:

- The need to identify public health officials interested in these efforts and to discuss opportunities with them.
- The differences between agency missions.
- The lack of a decision by the DOC to initiate discussions with public health.

Proposed Forum Topics

Survey respondents were asked to identify topics important to be addressed in NIC's planned forum on corrections-public health collaboration. Their recommendations follow.

Continuity of care. Concerns related to continuity of care were very often cited by survey respondents. Specific administrative and operational issues included:

- Community linkages for HIV, TB, and STD treatment;
- Discharge planning for HIV-positive inmates;
- Community linkages for mental health care; and
- Cooperative comprehensive case management.

Hepatitis C. More than 10 DOC respondents noted concerns specifically related to hepatitis, particularly hepatitis C:

- Hepatitis C screening, immunization, and treatment coordination with public health;
- The need for public health information on hepatitis C, especially in Spanish; and
- Sharing of costs between collaborating agencies for vaccinations and treatment for hepatitis C.

Other patient care issues. Many DOC respondents requested attention to specific issues in health care and disease control:

- Treating and managing communicable diseases;
- Emergency plans and procedures for airborne infections in places of confinement;
- Managing chronic diseases;
- Prevention, education, and early intervention;
- Alternatives to emergency room care;
- Access to mental health services;

- The need for resources, including videos, designed for inmates and addressing self-care and increased awareness of HIV/AIDs and STDs;
- The need for involvement of public health in providing services such as education or support groups for HIV-positive inmates;
- How to sell the value of peer education to top administrators;
- Suicide prevention; and
- Programs for high-risk visitors.

Planning and management of inter-agency collaborations. Respondents raised a number of issues critical to effective collaboration:

- "Where should we start?"
- "What legislative approaches are useful?"
- Identifying public health issues in corrections and areas lending themselves to collaboration;
- Cataloging successful collaborative programs;
- Identifying potential providers;
- Developing written agreements to facilitate collaboration and establishing agreements with clear deliverables;
- Establishing monitoring tools using the resources of both of the partner agencies;
- Maintaining a balance between cost containment and quality of care with a growing inmate population;
- Developing performance standards;
- Comprehensive case management;
- Establishing communications through an inter-departmental committee;
- The importance of data sharing;
- Surveillance and epidemiology for infectious diseases in corrections settings;
- The need for corrections staff to access nation-wide public health databases on STDs and TB; and
- Interactions between collaborative programs and other functions within the facility or system, such as security, education, and special programs.

Resource issues. Several topics were suggested that relate to the funding and staffing of collaborative corrections-public health ventures:

- "Who pays—the DOC or the public health agency?"
- How community agencies obtain funding and the need to change laws to allow correctional use of those funds;
- The need for a list of the types of funds that are available to corrections through public health agencies;
- How to pay for lab testing, immunizations, and other programs that are available in the real world community;
- Leveraging health care purchasing power: cross-state coalitions, interagency shared services, and capitated services price indexing;
- Information about grants management and the data collection formats most often used for Federal and state grants;
- How to get help with technical grant applications;
- Cost containment strategies.

Conclusion

Results of this study offer an initial map of the ways corrections and public health agencies are working together to achieve related goals. Findings suggest considerable diversity in the purpose and scope of these collaborations and give agencies a window into new ideas being implemented. The evaluative comments from respondents make clear that though corrections-public health collaborations take work, the results can be very beneficial to both agencies, to inmates and released offenders, and to communities at large.

Appendix A.
Overview of Corrections-Public Health Collaborations

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
Alabama										
Alabama Dept. of Public Health			✓	✓		✓	✓			
Alaska	(No survey response)									
Arizona										
State, county and federal agencies		✓		✓	✓	✓		✓		
Arizona Dept. of Health		✓			✓					
Arkansas										
Arkansas Dept. of Health			✓			✓	✓		✓	
California										
Vaccines for Children Program	✓									Youthful offenders
Federal-Pacific AIDS Center & Curry National TB Center			✓							Corrections staff
Los Angeles County & U.S. Centers for Disease Control		✓							✓	
California Dept. of Health Services, Office of AIDS			✓			✓	✓			
California Dept. of Health Services, Office of AIDS		✓		✓						
Colorado										
Colorado Dept. of Public Health	✓			✓						
Colorado Mental Health Inst. at Pueblo/University Hospital	✓				✓					
Denver County Health and Hospital	✓			✓						
Connecticut										
Connecticut Dept. of Public Health, Project TLC		✓				✓				
Connecticut Dept. of Mental Health, Addiction Treatment		✓			✓					
Delaware										
Delaware Dept. of Public Health			✓			✓				
Delaware Center for Justice			✓			✓				
Delaware Dept. of Public Health			✓				✓			
Delaware Dept. of Public Health			✓					✓		

Note: Table summarizes public health collaborations as reported by corrections agencies but excludes collaborative arrangements with private agencies. In some instances, corrections agencies reported arrangements with primary care providers as collaborations, but others did not.

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
District of Columbia										
D.C. Dept. of Health, Addiction Prevention and Recovery			✓	✓						
D.C. Dept. of Health, HIV/AIDS Administration			✓	✓						
D.C. Dept. of Health, Bureau of STD Control			✓	✓						
D.C. Dept. of Health, Bureau of TB Control			✓						✓	
D.C. Dept. of Mental Health Services			✓		✓					
Florida										
Florida Dept. of Health		✓				✓				
Florida Dept. of Health	✓								✓	
Georgia										
Georgia Division of Public Health		✓				✓				
Georgia Dept. of Human Resources, Mental Health		✓			✓					
Georgia Division of Public Health, STD/HIV Unit	✓						✓			
Hawaii										
Hawaii Dept. of Health, TB Branch	✓			✓						
Hawaii Dept. of Health, Communicable Diseases Division	✓							✓		
Idaho										
Idaho Dept. of Public Health			✓			✓			✓	
Illinois	(No survey response)									
Indiana										
Indiana Dept. of Health	✓					✓	✓	✓		
Iowa	(No survey response)									
Kansas										
Kansas Dept. of Health & Environment	✓					✓	✓	✓		
Larned State Hospital			✓		✓					
Kansas Dept. of Aging/Hospice			✓							Elderly/hospice patients
Kentucky	(No collaborations reported)									
Louisiana										
Louisiana State University Health Sciences Center			✓	✓						

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
Maine										
Maine Bureau of Health			✓			✓	✓	✓		
Maine Bureau of Developmental Services			✓		✓					
Hospice of Maine (county agency)			✓							Hospice patients
Maryland										
Maryland Dept. of Health and Mental Hygiene			✓	✓						Youthful offenders
Maryland AIDS Administration			✓			✓				
U.S. Centers for Disease Control & Maryland Dept. of Health			✓				✓			
Massachusetts										
Lemuel Shattuck Hospital	✓			✓						
Massachusetts Dept. of Public Health			✓			✓				
Massachusetts Dept. of Public Health	✓						✓			
Massachusetts Dept. of Public Health	✓							✓		
Michigan										
Michigan Dept. of Community Health			✓		✓					
Michigan Dept. of Community Health			✓			✓				
Minnesota										
Minnesota Dept. of Health			✓	✓						
Mississippi										
Mississippi Dept. of Health			✓						✓	
Missouri										
Missouri Dept. of Mental Health			✓		✓					
Missouri Dept. of Health and Senior Services		✓				✓				Women with breast or cervical cancer
University of Missouri; Columbia School of Medicine	✓			✓						
Montana	(No survey response)									
Nebraska										
University of Nebraska, Lincoln			✓		✓					
University of Nebraska Medical Center	✓			✓						

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
Nevada										
Nevada Dept. of Human Resources, Health Division			✓			✓				
Nevada Dept. of Human Resources, Health Division			✓					✓		
Nevada Dept. of Human Resources, Mental Health		✓			✓					
New Hampshire	(No collaborations reported)									
New Jersey										
New Jersey Dept. of Health		✓				✓				
New Mexico	(No survey response)									
New York										
New York Dept. of Health/AIDS Institute			✓	✓		✓				
New York Office of Mental Health			✓		✓					
State and county health departments	✓						✓			
North Carolina										
North Carolina HIV/SID Prevention and Care Branch			✓			✓				
University of North Carolina at Chapel Hill	✓					✓				
Community Health Services (Title III and Title IV)			✓			✓				
North Carolina HIV/SID Prevention and Care Branch	✓						✓			
North Carolina Tuberculosis Control Branch		✓							✓	
Local health departments			✓						✓	
North Dakota										
North Dakota State Health Dept.			✓	✓		✓	✓	✓		Youthful offenders
North Dakota State Hospital	✓			✓	✓					
North Dakota Dept. of Human Services, Division of Mental Illness and Alcohol			✓		✓					
Ohio										
Ohio State University Hospital	✓			✓						Advanced medical care
Ohio Dept. of Mental Health		✓			✓					
U.S. Social Security Administration		✓								Elderly/disabled
Ohio Dept. of Health		✓				✓			✓	

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
Ohio (continued)										
Ohio Dept. of Mentally Retarded/Developmentally Disabled & county boards		✓								Mentally retarded/ developmentally disabled
Oklahoma										
Oklahoma University Medical Center & Columbia/HCA	✓			✓						
Oregon										
Oregon Youth Authority			✓							Youthful offenders
Pennsylvania										
Pennsylvania Dept. of Health			✓						✓	
Pennsylvania Dept. of Public Welfare		✓								Elderly offenders
Pennsylvania Dept. of Public Welfare		✓								Hospice patients
Rhode Island										
Brown University Medical School			✓			✓				
Rhode Island Dept. of Health	✓			Men						
Rhode Island Dept. of Health			✓	Women						
South Carolina										
South Carolina Dept. of Health & Environmental Conditions			✓			✓	✓		✓	
South Dakota										
South Dakota Dept. of Health			✓	✓						
South Dakota Dept. of Health			✓			✓	✓	✓		
South Dakota Dept. of Human Services			✓		✓					
Tennessee										
Tennessee Community Service Agencies (state)	✓			✓						
Tennessee Dept. of Health & Dept. of Human Services	✓							✓		
Tennessee Dept. of Health	✓								✓	
Texas										
Correctional Managed Health Care Committee, University of Texas Medical Branch, & Texas Tech Health Science Center			✓	✓						
Texas Council on Offenders with Mental Impairments		✓			✓					Chronic disease or special care needs
U.S. Centers for Disease Control		✓								Communicable diseases

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
Utah										
Utah Dept. of Health and Human Services	✓						✓			
Utah State Hospital			✓		✓					
Utah Dept. of Health and Human Services & county health departments	✓								✓	
Vermont	(No survey response)									
Virginia										
Virginia Dept. of Health		✓				✓				
Virginia Commonwealth University School of Medicine & University of Virginia Hospitals	✓			In-patient						
Virginia Commonwealth University School of Medicine & University of Virginia Hospitals	✓			Tele-medicine						
Washington	(No survey response)									
West Virginia										
West Virginia Dept. of Health and Human Services	✓			✓						
West Virginia Dept. of Health and Human Services	✓			✓						
Wisconsin										
University of Wisconsin Hospital and Clinics	✓			✓						Youthful offenders
Wisconsin Dept. of Health & Family Services, Public Health	✓			✓						Youthful offenders
State Laboratory of Hygiene	✓			✓						Youthful offenders
Jackson County Health and Human Services	✓			✓						
U.S. Social Security Administration & Medicaid		✓								Special needs
Dane County Mental Health Department		✓			✓					
Public Health Nurses (county agency)		✓								In violation, seeking special prison placement
Dane County Public Health	✓			✓						
Outagamie County Health Department	✓			✓						
Northeast Wisconsin Technical College	✓			✓						
Bureau of Communicable Disease, Madison (state & county)			✓	✓						Communicable diseases
STATSCRIPT Pharmacy (state)		✓				✓				
Marquette University Dental School (state funding)	✓			✓						

	When Provided (P=in-prison, T=transition, B=both)			Populations Served						
	P	**T**	**B**	**General**	**Mentally Ill**	**HIV+**	**STDs**	**HepC**	**TB**	**Other**
Wisconsin (continued)										
University of Wisconsin Hospital and Clinics			✓			✓				
Winnegao Mental Health Institute			✓		✓					
Chicago School of Professional Psychology & Illinois School of Professional Psychology	✓				✓					
Racine County Domestic Violence Task Force			✓							Domestic violence offenders and victims
County public health agencies	✓						✓			
County public health agencies		✓		✓						
Wisconsin Dept. of Health & Family Services, Division of Care and Treatment Facilities			✓		✓	✓				
Wood County Jail: Wood County Unified Services		✓								Probation and parole
Wyoming										
Wyoming Dept. of Health, Mental Health Division		✓			✓					
U.S. Bureau of Prisons										
U.S. Veterans Administration	✓					✓				
Correctional Service of Canada										
Health Canada (federal agency)			✓			✓	✓	✓		
Health Canada, Division of Immunization	✓			✓					✓	
Cook County, Illinois										
CORE Center (county agency)			✓			✓				
U.S. Centers for Disease Control			✓						✓	
Chicago Board of Health		✓					✓			
New York City										
New York City Dept. of Health and Mental Hygiene			✓	✓						
Philadelphia Prison System										
Philadelphia Dept. of Public Health			✓			✓				
Interdisciplinary (county agency)		✓								Hospice patients
Totals	**43**	**31**	**59**	**41**	**24**	**36**	**19**	**12**	**15**	**24**

Appendix B. DOC Contacts on Corrections-Public Health Collaboration

Alabama
Dr. Roxi Cavanaugh
Director of Treatment
(334) 353-3874
rcavanaugh@doc.state.al.us

Arizona
Robert D. Jones, M.D.
(602) 364-2902
Docrobbie@aol.com

Arkansas
Max Mobley
Deputy Director
(870) 267-6360
max.mobley@mail.state.ar.us

California
Rosanne Campbell
Deputy Director, Health Care Services Division
(916) 323-0229
Rosanne.Campbell@corr.ca.gov

Colorado
Lou Archuleta
Acting Assistant Director of Clinical Services
(719) 226-4778
lou.archuleta@doc.state.co.us

Connecticut
Thomas J. Macura
Health Service Programs Director
(860) 692-7648
Thomas.Macura@po.state.ct.us

Delaware
Kathy English
Bureau of Management Services
(302) 739-5601
kenglish@state.de.us

District of Columbia
Michael Dubose
(202) 671-2070
Michael.DuBose@dc.gov

Florida
Dr. Patrick Brown
Director of Health Services
(850) 922-6645
brown.patrick@mail.state.dc.fl.us

Georgia
William Kissel
(404) 657-8237
kisseb00@dcor.state.ga.us

Hawaii
Wesley Mun
Corrections Health Care Administrator
(808) 587-2536
Wesley.K.Mun@Hawaii.gov

Idaho
R.D. Haas
Medical Services Manager
(208) 658-2130
rhaas@corr.state.id.us

Cook County, Illinois
Johnny C. Brown
Chief Operating Officer, Cermak Health Services
(773) 869-5641

Indiana
Robert Ohlemiller
Deputy Commissioner
(317) 232-5711
Rohlemiller@coa.doc.state.in.us

Kansas
Viola Ann Riggin
Senior Contract Management
(785) 296-0045
Violar@kdoc.dc.state.ks.us

Kentucky
Doug Crall, M.D.
Interim Medical Director
(502) 564-2220
Doug.Crall@mail.state.ky.us

Louisiana
Johnny Creed
Assistant Secretary, Adult Services
(225) 342-9711

Maine
Denise Lord
Associate Commissioner
(207) 287-2711
Denise.Lord@maine.gov

Maryland
Richard Rosenblatt
Assistant Secretary for Treatment Services
(410) 339-5077
rrosenblatt@dpscs.md.state..us

Massachusetts
Susan J. Martin
Director, Health Services Division
(508) 279-8612
SueMartin@doc.state.ma.us

Michigan
Richard D. Russell
Administrator, Bureau of Health Care Services
(517) 373-3629
RUSSELRD@MICHIGAN.GOV

Minnesota
Nanette Schroeder
Health Services Director
(651) 603-0165
nschroeder@co.doc.state.mn.us

Mississippi
Joe Blackston, M.D.
(601) 359-5600

Missouri
Randee M. Kaiser
Division Director
(573) 526-6493
Rkaise01@mail.state.mo.us

Nebraska
Brian Marshall
Health Care Administrator
(402) 479-5637
bmarshall@dcs.state.ne.us

Nevada
Dr. Ted D'Amico
Medical Director
(775) 887-3392
damico@ndoc.state.nv.us

New Hampshire
Robert MacLeod
Director, Medical and Forensic Services
(603) 277-3707
rmacleod@nhdoc.state.nh.us

New Jersey
Richard Cevasco
Assistant Director
(609) 292-1142
richard.cevasco@doc.state.nj.us

New York
Lester N. Wright, M.D.
Deputy Commissioner/Chief Medical Officer
(518) 457-7073

New York City Department of Correction
Roger Parris
Deputy Commissioner
(212) 266-1120
roger.parris@doc.nyc.gov

North Carolina
Paula Y. Smith, M.D.
Director of Health Services
(919) 838-4000

North Dakota
Kathleen Bachmeier
Director, Medical Services
(701) 328-6232
kbachmei@state.nd.us

Ohio
Kay Northrup
Deputy Director, Health Care
(614) 728-1942
kay.northrup@odrc.state.oh.us

Oklahoma
Mike Jackson, M.D.
(405) 962-6145
mike.jackson@doc.state.ok.us

Oregon
Scott Taylor
Assistant Director
(503) 945-8876
(no email provided)

Pennsylvania
Catherine McVey
Director, Bureau of Health Care Services
(717) 731-7031
CMcVey@state.pa.us

Philadelphia Prison System
Roseanne Duzinski
Contract Administrator
(215) 685-7902
Roseanne.duzinski@prisons.phila.gov

Rhode Island
Scott A. Allen, M.D.
Medical Program Director
(401) 462-1115
scallen@doc.state.ri.us

South Carolina
John Davis
Acting Director, Health Services
(803) 896-2241
davis.john@doc.state.sc.us

South Dakota
Scott Bollinger
Director of Operations
(605) 773-3478
scott.bollinger@state.sd.us

Tennessee
Donna K. White
Director of Health Services
(615) 741-1000
Donna.K.White@state.tn.us

Texas
Lannette Linthicum, M.D.
Director, Health Services
(936) 437-3542
LannetteLinthicum@TDCJ.State.Tx.US

Utah
Richard Garden, M.D.
(801) 576-7099
rgarden@utah.gov

Virginia
Fred Schilling
(804) 674-3578, ext.1028
Schilling@Vadoc.state.Va.US

West Virginia
Kathryn Lucas
Director of Contractual Services
(304) 442-7213
klucas@mail.wvnet.edu

Wisconsin
James Greer
Director, Bureau of Health Services
(608) 240-5122
james.greer@doc.state.wi.us

Wyoming
Anne Cybulski-Sandlian
(307) 777-5818
Acybul@wdoc.state.wy.us

Federal Bureau of Prisons
Captain Newton E. Kendig, M.D.
Director, Health Services Division
(202) 307-3055

Correction Service Canada
Dr. Francoise Bouchard
1 (613) 992-1741
bouchardfr@csc-scc.gc.ca