Approved 3-3-86
Date

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs.

The meeting was called to order by Senator Edward F. Reilly, Jr. at
Chairperson

11:00 a.m./p~~xx~~on February 28, 19 86 in room 254-E of the Capitol.

All members were present ~~except~~

Committee staff present: Emalene Correll, Legislative Research
Russ Mills, Legislative Research
Mary Torrence, Assistant Revisor of Statutes
Sharon Efird, Secretary

Conferees appearing before the committee:

Senator Anderson moved the minutes of the meeting on February 25, 1986, be approved. Seconded by Senator Martin. Motion carried.

Senator Reilly distributed copies of the Performance Audit Report of Inmate Health Care prepared by the Legislative Division of Post Audit (Attachment #1).

The Subcommittee on SB 539 - amendments to real estate brokers' and salespersons' license act - was asked to make its report. The chairman, Senator Martin, suggested the Committee wait for discussion of the measure until next week when the written Subcommittee Report would be available. The Subcommittee Report on SB 539 will be heard Tuesday, March 4, 1986; other reports on SB 538 - real estate recovery revolving fund, and SB 594 - no private right of action under real estate licensure act, will be Friday, March 7, 1986.

Senator Reilly asked if there were any amendments to SB 557 or SB 558, discussed at yesterday's meeting. Senator Daniels made a conceptual motion that the restriction in SB 557, of providing transportation only within the state for an inmate who has served his maximum sentence be removed. Seconded by Senator Martin. The motion failed. A division was requested; the motion failed on a vote of 5 to 3.

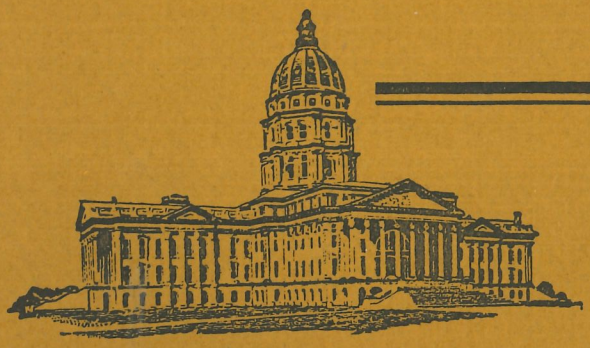
Senator Arasmith moved that SB 557 be reported favorable for passage. Seconded by Senator Martin. Motion carried.

Senator Morris made a conceptual motion that SB 558 be amended to allow transportation services to be contracted out only when more cost effective transportation methods are not available within the Department. Seconded by Senator Martin. The motion carried and the amendment was adopted.

Senator Martin moved to report SB 558 favorable, as amended. Seconded by Senator Anderson. Motion carried.

Senator Reilly distributed a proposal concerning improvement districts, requested by the Lakeside Village property owners association located near Lake Perry. (Attachment #2) The bill would allow certification of at least 50 rather than 100 persons residing in such an improvement district. Senator Martin moved the proposal be introduced after redrafting to stipulate application to only the Lakeside Village improvement district in Jefferson County. Seconded by Senator Arasmith. Motion carried.

The meeting was adjourned.



PERFORMANCE AUDIT REPORT

Inmate Health Care

A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas

July 1985

Legislative Post Audit Committee

Legislative Division of Post Audit

THE LEGISLATIVE POST Audit Committee and its audit agency, the Legislative Division of Post Audit, are the audit arm of Kansas government. The programs and activities of State government now cost about $3 billion a year. As legislators and administrators try increasingly to allocate tax dollars effectively and make government work more efficiently, they need information to evaluate the work of governmental agencies. The audit work performed by Legislative Post Audit helps provide that information.

As a guide to all their work, the auditors use the audit standards set forth by the U.S. General Accounting Office and endorsed by the American Institute of Certified Public Accountants. These standards were also adopted by the Legislative Post Audit Committee.

The Legislative Post Audit Committee is a bipartisan committee comprising five senators and five representatives. Of the Senate members, three are appointed by the President of the Senate and two are appointed by the Senate Minority Leader. Of the Representatives, three are appointed by the Speaker of the House and two are appointed by the Minority Leader.

Audits are performed at the direction of the Legislative Post Audit Committee. Legislators or committees should make their requests for performance audits through the Chairman or any other member of the Committee.

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Representative William W. Bunten
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Senator Joe Warren

LEGISLATIVE DIVISION OF POST AUDIT

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PERFORMANCE AUDIT REPORT

Inmate Health Care

OBTAINING AUDIT INFORMATION

This audit was conducted by Leo Hafner, Senior Auditor, and Cindy Denton and Allan Foster, Auditors, of the Division's staff. If you need any additional information about the audit's findings, please contact Mr. Hafner at the Division's offices.

TABLE OF CONTENTS

INMATE HEALTH CARE

Summary of Legislative Post Audit's Findings

What is the composition and cost of the current inmate health care delivery system at Kansas State Industrial Reformatory and Kansas Correctional Vocational Training Center? The health care delivery systems include small clinics at each institution and medical personnel to staff those clinics. Services of private health care practitioners are used when treatment is needed that cannot be supplied in the clinics. In fiscal year 1985, there were 25.5 employee positions allocated to physical and mental health care at the two institutions. Additionally, the institutions contracted for the part-time services of several private practitioners. The direct cost of providing health care in fiscal year 1984 was about $984,000, or about $629 per inmate at the Reformatory and $1,137 at the Training Center. In addition to direct medical costs, the auditors estimate that about $41,000 was spent for transportation and security when inmates were taken off site for medical care.

What are the medical needs of inmates at these two institutions? The medical needs of inmates are many and varied. The majority of inmate needs are treated on site. Specific numbers and types of on-site medical services were difficult to assess because complete and consistant records have not been maintained at the institutions over time. But it appears that most on site medical treatments are for more routine ailments such as headaches, colds, aches, pains, cuts, and abrasions. Medical treatments provided outside the institutions were assessed by examining bills from medical providers. Hospitals and physicians are the two most frequently used off-site providers. Orthopedic surgeons were the most frequently used type of physician.

Are there alternatives to the present system of providing inmate health care that might be more effective or less costly? Alternative methods for providing health care to inmates range from turning the entire system over to a private health care contractor, to tightening up the current system. In recent years, a number of states have decided to contract all or part of their correctional medical services. Those that have, told the auditors the level of care provided under such an arrangement is good but not always less expensive. It appears that many of the cost cutting measures employed by private contractors, such as negotiating fees and bringing more private health care providers inside the institutions to provide services, could be instituted by the Department of Corrections. Also, some savings may result from performing some x-rays and lab tests at the institutions instead of sending inmates outside the facilities. Before adjustments are made to the current systems of providing health care, the Department will need to establish a consistent system of management information so that it can make the best decisions on the level and types of health care to provide.

INMATE HEALTH CARE

At its March 18, 1985, meeting, the Legislative Post Audit Committee directed the Legislative Division of Post Audit to conduct a performance audit of inmate health care delivery systems at the Kansas State Industrial Reformatory and the Kansas Correctional Vocational Training Center. The audit addresses three main questions.

1. **What is the composition and cost of the current inmate health care delivery system at Kansas State Industrial Reformatory and Kansas Correctional Vocational Training Center?**

2. **What are the health care needs of inmates at these two institutions?**

3. **Are there alternatives to the present system of providing inmate health care that might be more effective or less costly?**

To answer these questions, the auditors visited both institutions and examined general staffing and expenditure trends over the past five years. They also gathered detailed information for fiscal years 1983, 1984, and 1985 to provide a profile of the types of medical services used by inmates. The auditors also discussed contracting for prison health care with two firms that specialize in the field, and they contacted other states to learn what their experiences had been with contracted health care.

In general, the auditors found that the direct cost of providing medical care at the two institutions was about $984,000 in fiscal year 1984. This represented a cost per inmate of about $629 at the Reformatory, and $1,137 at the Vocational Training Center. Indirect costs for the security and transportation of inmates taken to off-site medical services added an estimated $41,000 to those costs in fiscal year 1984. Overall about three-fourths of the medical needs in terms of cost are supplied inside the institution, and the remaining one-fourth are treated in the community.

In fiscal year 1985, there were 25.5 medical staff positions at the two institutions. In addition, the institutions had contractual or semi-contractual arrangements with four private health care providers to provide services on site.

The medical needs of inmates are many and varied. The auditors found it difficult to gain a precise picture of the total needs of the inmates because records have not been consistently maintained on all services provided. Many of the needs of inmates are of a more routine nature, such as colds, cuts, burns, dental examinations, and the like. These types of needs tend to be taken care of by the medical staff inside the institutions. More complex treatments such as surgeries, x-rays, and broken bones tend to be treated off site.

Alternatives to the current method of providing health care range from turning the complete program over to private health care contractors to tightening up on existing methods so that the maximum level of necessary health care can be provided at the least cost. States that have contracted for their prison medical services are generally supportive of the concept, but indicate that it is not always the least expensive approach. The institutions could possibly generate some savings without contracting by applying some of the same concepts that private health contractors apply. The findings in these areas are discussed in the sections that follow.

What is the Composition and Cost of the Current Health Care Delivery System at Kansas Industrial Reformatory and Kansas Correctional Vocational Training Center?

To determine the composition and cost of the current health care delivery system, the auditors examined the types of services being provided to inmates from the institutions and the staffs involved in providing those services. They examined the components of cost related to each category of service, and looked at trends over several fiscal years.

The Inmate Health Care Delivery Systems Consist of Both On-Site and Off-Site Services

The auditors found that medical services are provided on site at each of the institutions by medical staff who are State employees and by private health care practitioners who provide services at the institution on a contractual or semi-contractual basis. Off-site services are provided by private practitioners who treat inmates in their offices or in hospital facilities.

Vocational Training Center: Sick call is held at the Vocational Training Center twice daily seven days a week. The morning sick call is from 7:45 a.m. to 9:30 a.m., and the evening sick call is from 6:00 p.m. to 7:30 p.m. The institution physician is on hand during the morning sick call period, four days a week, and is on call 24 hours seven days a week. A team of three nurses staff the clinic in separate shifts 16 hours per day seven days a week. In addition, the institution has contracted with a dentist and his assistant to come to the institution to treat inmates twice a week for approximately three hours each time. The services of a pharmacist are also contracted for two hours each week. In addition to sick call times, medications are administered by the staff four times daily to all inmates in need of medication.

Industrial Reformatory: Sick call is held at the Industrial Reformatory from about 5:00 a.m to approximately 7:00 a.m. Monday through Friday. Medications are also administered to inmates during this time. On Saturday and Sunday there is no sick call, although medications are still administered during the usual time period. An evening medication period has also been established beginning at 5:30 p.m. seven days a week. Inmates can make additional medical complaints known during this evening period.

The institution physician spends 30.5 hours a week in the clinic on Mondays, Tuesdays and Thursdays, and is on call at other times. The main core of clinical staff (Physician's Assistant, Psychologists, Dentist, and the Clerical personnel) are in the clinic between the hours of 7:30 a.m. and 4:00 p.m. Monday through Friday. The head nurse who conducts the morning sick call works from 5:00 a.m. to 1:30 p.m. Six other nurses provide coverage in the clinic 24 hours a day seven days a week. On the 11:00 to 7:00 a.m. shift weekdays and on all shifts during weekends the clinic is staffed solely by a single nurse.

In addition to the staff mentioned above, the institution has also developed arrangements with an outside consulting psychiatrist and an optometrist who comes to the clinic to treat inmates. The psychiatrist is paid a set fee to provide two hours of on-site work every two weeks in addition to being available for phone consultation one hour per week. The optometrist is paid a fee for each examination he conducts.

On-Site services are generally provided in self-contained clinical departments at each facility. The majority of inmate health care needs are determined and taken care of during what are called "sick call" periods at the institutions. It is during these time periods that inmates make their health care needs known to medical staff.

The medical services at each of the institutions are provided in self-contained clinical facilities. At the Industrial Reformatory, the clinic is housed in a separate, two-story building inside the compound, which is isolated from the regular housing units.

At the Training Center a small clinical area is set aside in part of the main administration building. Each clinic contains examination areas, small dental offices, space for "lay-in" patients, small pharmacies, and office areas. The profile on the previous page provides brief information about each clinic's hours and staffing levels.

Staff available for providing on-site medical care has remained relatively stable, while inmate populations have increased. For fiscal year 1985, a total of 25.5 employee positions were allocated to provide health care services for the more than 1,500 inmates at the two institutions. Of those positions, 6.5 were at the Vocational Training Center and 19 were at the Industrial Reformatory. The tables below show the personnel providing medical services at the two institutions over the past five years.

Summary of Staffing Patterns

	Industrial Reformatory Fiscal Year					Training Center Fiscal Year				
	81	82	83	84	85	81	82	83	84	85
Physical Health Personnel										
Physicians	2	2	2	2	2(b)	.5	.5	.4	.4	.5
Dentists	1	1	1	1	1	.5	.5	.5	(a)	(a)
Dental Assistants					.5					
Nurses	6	6	6	6	6	2	2	2	2	3
Pharmacists	.5	.5	.5	.5	.5	(a)	(a)	(a)	(a)	(a)
Support Personnel										
Administrators					1					
Clerical	3	3	3	3	3					
Mental Health Personnel										
Psychiatrist					(a)					
Psychologists	3	3	3	2	3	1	1	1	1	1
Clinical Chaplains	2	2	2	2	2	1	1	1	1	1
Counselors and Social Workers (c)	1	1	1	1		2	1	1	1	1
TOTAL	18.5	18.5	18.5	17.5	19.0	7.0	6.0	5.9	5.4	6.5
Average Daily Inmate Population	891	913	1,003	1,203	1,301	165	200	206	199	212

(a) These provider categories are staffed with contracted personnel who are not State employees.
(b) One of these positions is a physician's assistant.
(c) Social Workers assigned to living units at KCVTC are not included.

As the table shows, the total number and type of employees involved in providing medical care has remained relatively constant over the last five fiscal years. During that same time period, average daily populations at the Reformatory and the Training Center have gone up 46 percent and 28 percent respectively.

The Medical Staff at the Reformatory and the Training Center Are Smaller Than Minimum Staff Sizes Recommended By Some Standards

The auditors reviewed minimum staffing guidelines established by the U.S. Department of Justice for the federal prison system to determine how the size of the medical staffs at the two institutions compared with minimum suggested standards. According to Federal Bureau of Prisons officials, at the time the federal standards were published in 1981, the largest populations in federal prisons were about 950 inmates. There are no figures for institutions as large as the Reformatory which had an average daily population of 1,301 in fiscal year 1985. However, the recommended minimum staff size for an institution of 950 inmates provides an interesting comparison with the staff at the Reformatory. The table below compares the guidelines, broken down by staff positions, with the staff positions at the Reformatory and the Vocational Training Center.

Comparing Minimum Staffing Guidelines for Federal Prisons With Staffing Levels at the Two Institutions

Position	Suggested Minimum Guidelines for Prisons With 950-Inmate Capacity	KSIR	Federal Suggested Minimum Guidelines for Independent Facilities, Minimum Security	KCVTC
Physician	3	2	0 (b)	.5
Psychiatrist	1	.04(c)	0 (b)	0
Dentist	2	1	1	.15(c)
Dental Assistant	1	.5	0	0
Hosp. Admin. Officer	1	1	1	0
Asst. Hosp. Admin. Officer	1	0	0	0
Health Records	3	3	1	0
Physician Asst.(a)	10	6.5	4	3.2(c)
Total	22	14.04(d)	7	3.85(d)

(a) Includes Lab and X-ray Technicians, Pharmacists, and Nurse Practitioners.

(b) Federal officials indicate that the '0' shown in these two categories does not indicate a lack of these sorts of providers. Instead the positions are usually staffed with contracted personnel.

(c) Includes contracted personnel.

(d) Total staff shown here is different than shown in the table on page 3 due to the elimination of psychologists and clinical chaplain positions which the federal government does not classify as medical staff, and due to the inclusion of contracted providers.

As the table shows, the Reformatory, with an average daily population of 1,301, had fewer medical staff in all categories except health records personnel and administrative officers than federal minimum standards would suggest for a facility with a capacity of 950 inmates. The Vocational Training Center is in a similar situation. It is below suggested levels in the administrative officer, health records, physician assistant, and dental categories.

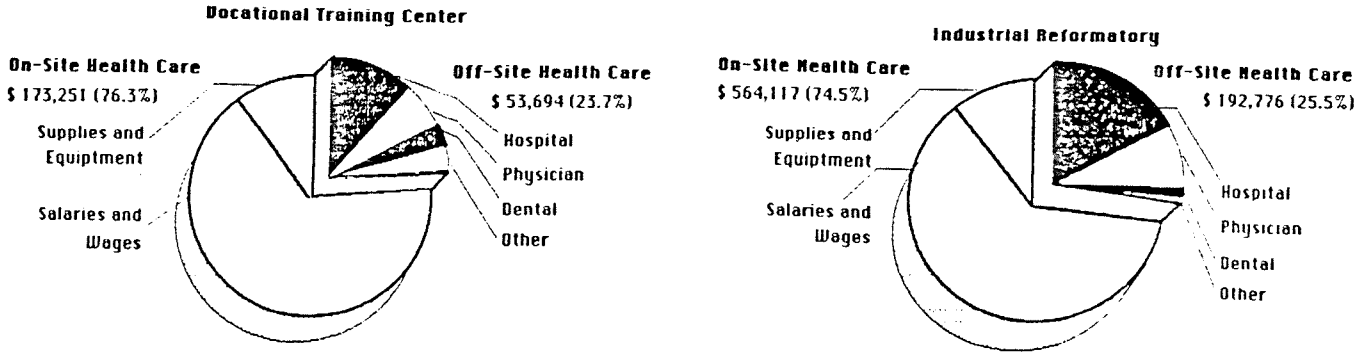
The use of contracted employees at the Reformatory and the Training Center is limited. In addition to the in-house medical employees, the institutions have contracted with private practitioners to provide medical care on site. The Reformatory contracts with a psychiatrist to come to the institution two hours every two weeks. The psychiatrist also consults by telephone one hour per week. The Reformatory also uses the services of an optometrist, who is not under contract but who does come to the institution two hours one day a week to see patients. The optometrist is compensated on a fee-for-service basis. The Training Center has contracted with a dentist to visit the facility twice a week for three hours each visit, and with a pharmacist for two hours a week at the institution.

Off-site services are provided by private practitioners when more specialized expertise or equipment is needed. When services are needed that are not generally available inside the institution, inmates are transported to nearby medical providers and facilities to receive treatment. Items such as x-rays, examinations by specialists such as dermatologists or neurologists, and surgeries are done outside the institution. When this occurs, correctional officers transport the inmates in State vehicles to the appropriate medical provider. Correctional officers also guard non-minimum security prisoners who stay in the hospital overnight. Depending on the custody level of the inmate, one or two correctional officers accompany an inmate to off-site medical services.

The Cost of Providing Inmate Health Care Is Both Direct and Indirect

Direct costs for providing inmate health care generally include the salaries of medical staff, payments to private health care practitioners, and

Total Direct Health Care Costs
Fiscal Year 1984



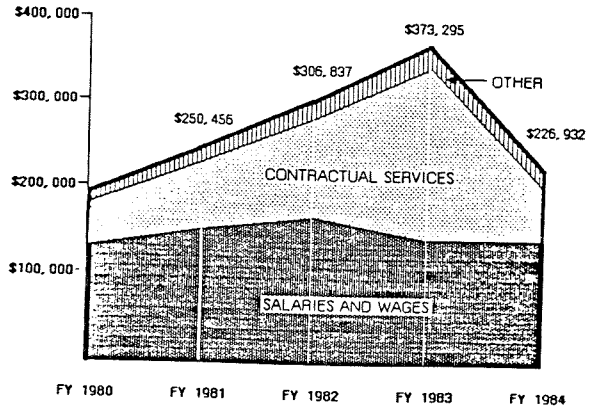
supplies and equipment used in the institutional clinics. In fiscal year 1984, about three-fourths of direct costs were incurred on site and one-fourth of direct costs were incurred off site. The figures on the previous page show these relationships at each institution.

Indirect costs are expenditures from funds other than inmate health care funds for employees or services that partially benefit the clinical services departments. Examples of indirect costs include a portion of the utilities and upkeep of prison facilities, and a portion of administrative salaries, guard salaries, and the like.

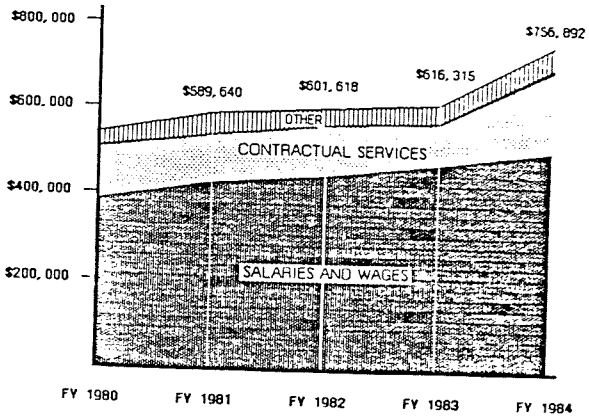
Direct Medical Costs Have Risen In Recent Years, But By Less Than the Inflation Rate

Total direct costs of providing health care services for inmates at the two institutions rose about 33 percent between fiscal years 1980 and 1984, or from $738,214 to $983,824. Annual increases during that period averaged 7.5 percent. The rate of increase during that period was slightly less than the eight percent average increase in the medical cost component of the consumer price index for cities in the north central United States with populations between 75,000 and 385,000. The figures below show the direct costs of providing medical care at each institution over the last five completed fiscal years as determined by the auditors.

CORRECTIONAL VOCATIONAL TRAINING CENTER DIRECT MEDICAL COSTS



STATE INDUSTRIAL REFORMATORY DIRECT MEDICAL COSTS



As the figures show, the two largest direct cost components at both institutions have been salaries for medical staff and related clerical positions and contractual services, which primarily consist of hospital and private physician charges. In fiscal year 1984, salaries accounted for 64 percent of total direct medical expenditures at the Training Center and 67 percent at the Industrial Reformatory. The greatest fluctuation in direct costs has been in the category of contractual services. This is particularly true at the Training Center where contractual services rose sharply through fiscal year 1983 and then fell significantly in fiscal year 1984.

Direct medical costs at the Vocational Training Center have recently declined. Officials at the Training Center explained that the significant drop in costs was due to a change in personnel and a corresponding change in philosophy. Before fiscal year 1984, the Center's primary physician was a psychiatrist who was not able to treat many of the inmates' everyday medical problems. Many inmates who might have been treated in the clinic were sent to local emergency rooms or to local doctors' offices for treatment. During fiscal year 1984, the psychiatrist was replaced by a general practitioner, who is able to treat most inmates in the Center's clinic. The doctor and the head nurse at the Training Center have also apparently made an effort to reduce office visits to off-site physicians and to reduce elective surgeries.

Significant cost increases at the Reformatory have generally been the result of increased prison populations. Over the past five fiscal years, direct expenditures for medical care at the Industrial Reformatory have risen just over 39 percent, from about $543,000 to almost $757,000. The rise in expenditures at the Industrial Reformatory has been rather gradual except between 1983 and 1984, when expenditures increased at a nearly 23 percent annual rate. The larger expenditure increase in that year is attributable to a 20 percent increase in the average daily population at that institution in 1984.

Costs on a per-inmate basis are higher at the Training Center than at the Reformatory. On a cost-per-inmate basis, direct medical expenditures at the Vocational Training Center have been two-to-three times as high as at the Industrial Reformatory over the last five fiscal years. The figure below illustrates those costs.

Direct Medical Costs Per Inmate

	1980	1981	1982	1983	1984
KSIR	$ 653	$ 662	$ 659	$ 614	$ 629
KCVTC	$1,404	$1,518	$1,534	$1,812	$1,137

Because personnel costs tend to be the primary medical expense at both institutions, the number of medical staff in relation to the number of inmates has a big impact on per-inmate costs. In fiscal year 1984 the Reformatory had 17.5 personnel positions directly related to providing health care to inmates. This was about three times the size of the staff employed by the Training Center. However, the average inmate population at the Reformatory that year was 1,203 compared with 199 at the Training Center. As a result, the staff-to-inmate ratio at the Reformatory was 1 to 69, compared with a much higher ratio of 1 to 37 at the Vocational Training Center.

Ratio of Medical Staff to Inmates

	1981	1982	1983	1984
Reformatory	48 to 1	49 to 1	54 to 1	69 to 1
Training Center	24 to 1	33 to 1	35 to 1	37 to 1

In some respects, differing costs per inmate result from economies of scale at the larger institutions, which have a larger population over which to spread basic costs. However, in some cases the lower costs per inmate may result from excess workloads and medical needs that are not always being met on a timely basis. These issues are discussed later in the section addressing inmate health care needs.

Indirect Costs Add to The Total Cost of Providing Inmate Health Care

In addition to the direct costs of providing medical care (staff salaries, fees for medical services performed outside prison walls, costs of equipment and drugs) there are additional indirect costs that can be assigned to medical care. For example, a portion of the salaries of prison administrators or a portion of the costs of operating and maintaining the buildings could be allocated to health care. Likewise, a portion of the utility costs of the institution could be assigned to the clinic. However, it is unlikely that any of these costs would change significantly with any sort of restructuring in the method of delivering medical care.

There are, however, some indirect costs that could be significantly impacted by changes in the system of delivering medical care. Those costs are security and transportation for prisoners who must be taken outside the institution to receive medical attention. Because these items are never billed to the clinics at the institutions, they don't show up in the accounting records as direct costs. They are, however, a significant part of the cost of providing health care. To the extent that more services can be provided within the institution, these costs can be reduced significantly.

To determine the magnitude of these indirect transportation and security costs at the two institutions, the auditors examined the number of times prisoners were taken outside the facilities to receive medical treatment. They also determined the average length of a medical trip outside the prison, the salary costs of correctional officers who must accompany inmates on these trips, and the associated cost of transporting the inmate in a state vehicle.

They estimate that for fiscal year 1984, indirect transportation and security costs for Reformatory inmates taken to off-site medical services were about $37,900, or about five percent of direct costs in that year. At the Training Center, these costs totalled only about $3,000, or about 1.3 percent of direct costs. The percentage at the Reformatory is higher because about 76 percent of its inmates are classified as medium security or higher. For these inmates, it is the institution's policy to always send two correctional officers with them when they go off-site. The Training Center, on the other hand, is entirely minimum security. As a result, only one correctional officer accompanies inmates off site, resulting in a lower indirect wage cost.

What Are The Health Care Needs of Inmates At The Industrial Reformatory and The Vocational Training Center?

To obtain an indication of overall inmate health care needs, the auditors examined the services provided by medical staff employed within the institu

tions, as well as the services provided by private health care practitioners outside the institutions. In general, specific types of care provided inside the institutions are difficult to document because health care records are transferred with the inmates and the institutions have not maintained a comprehensive historical record of sick calls and other health services provided. Nonetheless, the auditors were able to determine that the majority of services are provided inside the institutions. Most tend to be of a more routine nature. Non-routine needs requiring specialized expertise or equipment are generally provided off site. These areas are discussed more fully in the sections that follow.

Specific Inmate Health Care Services Provided On Site Are Difficult to Assess Because of a Lack of Uniform Historical Records

For fiscal year 1984, the auditors attempted to review the on-site services provided at the Training Center and the Reformatory to determine the following:

--how many inmates requested treatment
--how many inmates requesting treatment needed treatment
--what were the most frequent health care problems of inmates
--what treatments were provided
--where and when the treatments were provided
--who provided the treatment

The auditors were hampered in this effort by a lack of uniform and complete historical data on sick calls and the health treatments provided to inmates at each institution. While much of this data has recently been recorded at the Training Center, records at the Reformatory did not provide a complete record of inmates showing up for sick calls, their ailments, the number treated, and the number requiring no treatment. Even at the Training Center, the auditors were told that data on every inmate coming into the clinic is not necessarily recorded.

The most complete record of health care treatment exists in individual inmate medical files. However, to access information from these files would require an extensive review of all inmate files to determine which inmates received medical treatment during a specified period. This approach proved unsatisfactory because of time constraints and because the medical files are transferred with the inmates when they leave the institution. As an alternative approach, the auditors reviewed logs of clinical activities to gain some insight into the numbers of inmates visiting the institution clinics and their general medical needs.

Clinical Records and Daily Hospital Logs Provide Some Indication of the Level and Types Of Inmate Health Care Needs Treated On Site

At the Training Center, each health care employee (nurses, doctor, dentist) keeps a daily log of the inmates they see, which includes the inmate's initial complaint, whether or not treatment was provided, and any referrals to other health care providers. At the Reformatory, the hospital security officer

maintains a daily hospital record showing the names of inmates coming to the clinic, the time they arrived at and left the clinic, and the person the inmate came to see. This record does not provide information about the inmates ailment or about subsequent referrals. The auditors collected data from available clinical records for two recent months to provide an indication of the volume of inmates coming into the clinics. In addition, because the Training Center had information available, the auditors reviewed the types of ailments for which the inmates requested treatment.

For March and April 1985, hospital records at the Reformatory show that inmates made about 1,800 visits a month to the clinic. There were 1,797 visits to the clinic in March 1985 and 1,810 visits in April. These visits account for inmates being referred to clinical personnel during sick call periods and for inmates coming to the clinic to fulfill a standing appointment. The majority of those visits fell into two categories: inmates coming to see the doctor, and inmates coming for medications. The table below shows clinical visits for each month broken down by the destination shown on the hospital log. As the table shows, most inmates coming into the clinic are seen by the nursing staff or the doctor.

Kansas Industrial Reformatory
Summary of Clinical Visits

Health Care Provider or Service	March 1985	April 1985
Medications/Nursing Staff	549	667
Doctor	543	533
Psychologists	192	176
Dentist	158	113
Optometrists	40	40
Psychiatrist	1	0
Physicals	43	16
Lay-Ins	5	11
Misc. or Unidentifiable	266	254
TOTAL	1,797	1,810

According to clinical personnel, these numbers greatly understate the number of inmates seen by the nursing staff. In addition to the visits shown above, nurses are responsible for sick calls and daily medication periods. Records of the number of inmates coming to sick call were not available for the months shown above. However, at the auditors' request, the Reformatory did count inmates coming to sick call during the month of May. During that month, 1,254 inmates showed up for sick call. In addition, the institution estimates that 100 to 150 individual medications must be prepared and distributed to inmates at each sick call and medication period.

Clinical records at the Training Center show that inmates made an average of about 700 visits a month to the clinic during March and April 1985. The following table summarizes these records by the type of health care personnel providing the service.

Vocational Training Center
Summary of Clinical Visits

	March 1985	April 1985
Doctor	153	201
Dentist	69	78
Nursing Staff	415	464
Total	637	743

As the table shows, the nursing staff handled most clinic visits. Those patients referred to the doctor tended to have more serious ailments or items which may have needed further diagnoses. In addition to the clinic visits shown here, it is estimated that the nurses distribute about 85 medications per day.

Most inmates visiting the clinic at the Training Center were treated for relatively routine ailments. Using April 1985 as a test month, the auditors reviewed the types and frequency of ailments recorded on the clinical records kept by the nursing staff. The table below summarizes some of the more common reasons for coming to the clinic.

Vocational Training Center
Reasons Inmates Came to the Clinic
April 1985

Medical Complaint	Number
Headache	70
To Talk	46
Colds and Congestion	41
Stomach Aches and Cramps	29
Cuts and Abrasions	17
Vital Signs Checked	15
Eye Problems	14
Itching Skin	12
Teeth and Gums	12
Ear Aches and Infections	10
Hurt Knees	10
Burns	6
Athletes Foot	5
Miscellaneous	177
TOTAL	464

As the table shows, the most frequent symptoms treated at the clinic include headaches, colds and congestion, and stomach cramps The items included in the miscellaneous category covered the range from wheezing and blisters to lumps on breasts and chest pains.

Health Care Needs Met Outside the Institution Tended To Be More Serious or To Require Additional Medical Expertise

The auditors reviewed billing from health care providers for fiscal years 1983 and 1984. In general, they found that the most frequent needs met outside the institutions can generally be grouped into about six need areas: hospital, physician office visits, radiology and x-ray, lab work, optical and dental. The use of each of these services is discussed below.

Off-site hospital services used by inmates at the two institutions were generally in three areas—inpatient stays, surgeries, and emergency room services. The figure below shows the number of times inmates at each institution used the various types of hospital services during fiscal years 1983 and 1984.

Summary of Hospital Usage

	Reformatory		Training Center	
	FY83	FY84	FY83	FY84
Surgeries	17	15	28	4
Inpatient Stays (a)	27	21	38	6
Emergency Room	21	15	215	43

(a) Includes surgeries.

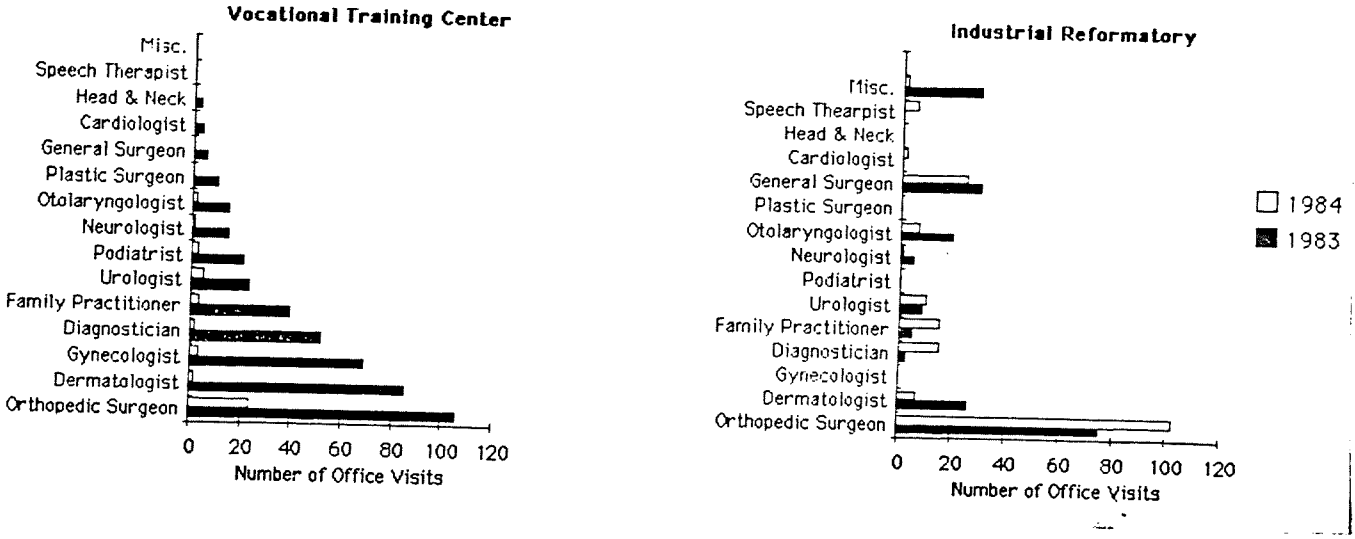
During fiscal year 1984, hospital stays by Reformatory inmates averaged nearly nine days apiece. At the Training Center inpatient stays averaged six days each. Most inpatient stays involved surgeries. These surgeries included such procedures as a colonoscopy, an appendectomy, and a gall bladder operation.

As the figure shows, use of hospital services at both institutions decreased between fiscal year 1983 and 1984. The largest declines occurred at the Training Center. It had 38 inpatient stays in fiscal year 1983 compared with only six in fiscal year 1984. Surgeries and emergency room treatments dropped significantly as well, at least partly because the Training Center hired a general practitioner in fiscal year 1984.

Inmates at the two institutions made a total of 240 office visits to off-site physicians during fiscal year 1984. Those visits were made to 15 different types of specialists. The figures on the next page summarizes these office visits to physicians during fiscal years 1983 and 1984. The figure on the following page demonstrates the frequency of visits to each type of specialist in those years.

The greatest demand for off-site physicians at both institutions appears to be for orthopedic surgeons. In fiscal year 1984, nearly 53 percent of the total office visits outside the institutions were to orthopedic surgeons for such needs as broken bones, fractures, and related injuries. Other categories of physicians

Office Visits to Specialists



with a relatively high number of visits were general surgeons, urologists, diagnosticians, and family practitioners. These categories accounted for about 30 percent of the total office visits in fiscal year 1984.

Off-site office visits to physicians decreased from 1983 to 1984 as well. At the Training Center, visits to off-site physicians in 1984 were only about one-eighth of what they were in 1983, dropping from 465 to 60. Some of the categories that showed the biggest decrease in use were orthopedic surgeons dropping from 106 to 24 visits, dermatologists dropping from 86 to two visits, and gynecologists dropping from 69 to four visits. The decrease at the Reformatory was slight, dropping from 234 visits to 228.

Billings for x-rays in fiscal year 1984 indicate that there were a total of 231 non-surgical x-rays taken for inmates at the two institutions. About 55 of those x-rays were for Training Center inmates and about 176 were for inmates at the Reformatory. In addition to the x-rays themselves, radiologist services were indicated in 153 instances for reading x-rays in fiscal year 1984.

Fewer x-rays were taken for inmates at both institutions in fiscal year 1984. At the Reformatory, the total number of non-surgical x-rays dropped from 215 in fiscal year 1983 to 176 in 1984. At the Training Center, the drop was from 178 to 55.

About 894 different lab tests were done for inmates at the Reformatory and the Training Center during fiscal year 1984. The total at the Training Center was 503; at the Reformatory it was 391. Almost half of the lab tests for the Training Center (224) were blood tests for hepatitis that had to be given to all inmates. The majority of lab tests are routine blood tests, urinalyses, tests for drugs in the system and the like. Between 1983 and 1984, the number of lab tests at the Reformatory increased from 278 to 391. At the Training Center, they decreased from 659 to 503.

The primary dental needs satisfied by off-site dentists were oral surgeries for extraction of impacted teeth. In fiscal year 1984, the Training Center sent inmates for off-site dental care on 26 occasions. The Reformatory used off-site dentists eight times. Another off-site dental service used is a dental laboratory, which was used to supply dentures or dental appliances for 93 inmates. There were more visits to off-site dentists at both institutions in 1984 than in 1983. At the Reformatory, office visits increased from three to eight. At the Training Center, the increase was from 21 to 26.

Off-site optical needs provided to inmates included 421 eye examinations. In fiscal year 1984, 87 inmates at the Training Center and 334 at the Reformatory received eye examinations. In addition, fiscal year 1984 billings for eyeglasses, lenses or replacement parts totaled 75 at the Training Center and 318 at the Reformatory.

Some Health Care Needs of Inmates Appear to Be Unmet By Either On-Site or Off-Site Providers

Officials at both institutions indicated they are having trouble meeting inmate dental needs. To help remedy this problem, the Training Center has increased the amount of time that the contracted dentist will be spending at the institution by two hours per week for fiscal year 1986.

The Reformatory appears to have a more severe problem. As of June 12, 1985, the Reformatory had a backlog of 362 requests for dental services that had not yet been met. A review of the staff dentist's work activity from January through May 1985 showed that he treated an average of seven to eight patients per day. At this rate, it would take nine to ten weeks to eliminate the current backlog if no new requests came in.

Some pending dental requests reviewed by the auditors in June 1985 dated back to August and September of 1984, indicating a much longer wait than nine or ten weeks. This occurs because inmates with severe problems, as determined by the sick call nurse, are scheduled for immediate treatment. These emergency cases tend to push back even further the treatment of more routine problems.

The auditors were not entirely certain that this entire backlog represented immediately needed services. They noted some requests for dental services were less pressing or were items that could be taken care of by nonmedical personnel. For example, one request for dental services indicated "I need a toothbrush." Others were requests to have teeth cleaned. It appears that the institution could use clerical personnel to review the backlog of pending dental requests in order to determine a level of priority for each request. Once a true backlog can be determined based on priority needs, the Reformatory can better assess the level of additional dental resources that might be needed.

Recommendation

The Industrial Reformatory should use clerical personnel to prioritize its requests for dental services. Those requests that can be resolved without the inmate seeing the dentist should be addressed and removed from the backlog of pending requests. Once a backlog of more pressing dental needs is determined, the institution should take appropriate steps to alleviate the backlog.

Are There Alternatives to the Present System of Providing Inmate Health Care That Might Be More Effective Or Less Costly?

The auditors considered several alternative approaches to the current methods of providing health care. These included contracting with private vendors for health care, monitoring off-site care, negotiating better rates with area physicians, and providing more services on site such as x-rays and lab tests. In general, the auditors found that contracting with private health care providers has been done successfully in several other states, but is not without problems. The care provided by private firms can be of higher quality but is often more expensive than state provided care. The auditors also found that efforts can be made internally to achieve some of the same types of cost savings achieved by private health care contractors. In addition, for some types of services it may be more cost effective to purchase the equipment that would enable clinical staff to take their own x-rays and do some of their own laboratory work. These findings are discussed more fully below.

Contracting For Health Care May Provide a Better Level of Service but May Not Always Be Less Expensive

Within the last 10 years many states have turned to contracting with private vendors for correctional health care. Some states have chosen this alternative because of court orders to improve their health care and meet American Medical Association or American Correctional Association standards. Others have chosen to contract in an effort to save money or because of their inability to attract and retain high quality staff.

The auditors contacted private correctional health care firms to learn how they operate and the range of services they provide. They also contacted other states that contract for all or part of their correctional health care services to determine what their experience has been.

The most common approach to contracting seems to be for a State to contract with a private vendor to provide the health care at one or more correctional facilities. This usually involves the vendor supplying aministrators and such medical personnel as physicians, nurses, dentists, pharmacists, and psychologists. The professional services provided vary according to the specifications in the contract. The arrangement with the vendor may be as simple as providing a single doctor or nurse, or as comprehensive as operating the entire state correctional health care system including doing all purchasing and billing.

Other states that contract for health care use a variety of contracting arrangements. The auditors contacted administrators in five states that contract for some portion of their correctional health care in order to assess what their experience has been. The following table summarizes some of the data collected from these states.

Summary of Contracted Health Care Services In Five States

State	Years of Experience with Contracting	Scope of Contract Care	Level of Service	Health Care Costs Fiscal Year 1984	Standards Met	Vendor
Illinois	6 years	13 Institutions	Medical staffing only. At some institutions the vendor provides the whole medical staff, at others only a few employees are provided. The medical administrator is always a state employee.	$1,400/inmate Statewide	ACA	Correctional Medical Systems Basal Health Care Systems Correction Health Systems Illinois Primary Health Care Network Abraham Lincoln Group
Alabama	7 years	All correctional facilities	Medical staffing, administration, and all support services.	Not Available	ACA AMA	Correctional Medical Systems
Georgia	7 years	All four major institutions	Medical staffing and administration at each institution.	$1,250/inmate Statewide	ACA AMA	Correctional Medical Systems
Maryland	3 years	All institutions	Medical staffing and administration.	$720/inmate in one region. $1,200/inmate in the other two regions.	None	Basal Health Care Systems PHP Health Care Systems
West Virginia	2 years	One 650 bed Medium Security Institution	Medical staffing, administration, and support services.	$870/inmate at that institution	None	PHP last year Czabo this year

As the chart shows, there is wide variety in the contracting arrangements used by these states. West Virginia contracts for health care in one medium security institution only. Alabama and Maryland contract for health care in all their institutions. The level of service ranges from contracting for only medical staff in Illinois, to contracting for staff, administration, and all support services in Alabama.

Illinois has the most complex contracting arrangement. It designs contracts so that the exact needs of the particular institution are met. If the existing health care in a particular institution is good but the institution is having trouble recruiting a doctor, it will contract for a doctor only. In some institutions the vendor supplies the entire medical staff. Unlike the other states, Illinois never contracts for administrators. To get he maximum benefit from competition, Illinois lets bids separately for each institution and contracts with many vendors, some of which are local firms.

Alabama makes more comprehensive use of contracting for correctional health care than any other state. It contracts with one vendor to operate the entire state correctional health care system. The vendor supplies all medical and administrative personnel for each institution and centrally handles all support services such as purchasing and billing. The only state involvement in the provision of health care is in monitoring the vendor.

Only one state reported that its inmate health care costs were lower after contracting for those services. The auditors attempted to obtain historical

information from all five states about their inmate health care costs before and after they started contacting for those services. However, the states only had current statewide cost figures. Nonetheless, when the auditors questioned these officials about the cost impact of contracting for inmate health care services, only one official reported having lower costs after contracting. Officials in three states reported that costs are about the same as before they started contracting for health care services, and one reported higher costs.

Nearly all of the states reported higher quality health care with contractual services. Officials from four of the five states reported that the quality of care provided under contract is significantly higher in the institutions operated by private vendors. Currently three of the five states meet American Correctional Association standards and another is in the process of applying for certification. None of the states met the standards before contracting. Kansas does not meet these standards. In addition to quality of care, the most frequently mentioned positive aspect of contracting was that of not being tied to the civil service employment rules and salary schedules. Several officials mentioned that prior to contracting they had trouble attracting staff at the salaries they were able to pay, and had trouble firing unsatisfactory staff members.

Some Savings In Inmate Health Care Costs Can Be Achieved Internally Without Contracting With a Private Vendor

Marketing representatives from two private correctional health care firms told the auditors that the following factors enabled their firms to provide high quality service economically are that:

1. they provide more services on site, and closely monitor all off-site care
2. they negotiate prices with the off-site providers
3. they have flexibility in hiring and firing
4. they have flexibility in the salary and benefit packages they can offer

It appears that some of these techniques have already been applied at the Training Center. Additional use of these methods may result in savings at both institutions.

Monitoring off-site care has resulted in savings at the Training Center. For fiscal year 1984, total expenditures for medical care were lowered by nearly 40 percent over the previous year. This dramatic reduction was apparently the result of efforts of a new half-time physician and a new nurse. They instituted a policy of sending inmates off-site for care only when absolutely necessary, and of not allowing elective surgery of any kind. The following table shows the changes in some of the off-site visits.

Type of Service	Fiscal Year 1983	Fiscal Year 1984
Office Visit--Physician	465	60
Emergency Room Visit	215	43
Inpatient Hospital Stay	38	6
Surgery	28	4
Office Visit-Dentist	21	26
Total	767	139

As the table shows, office visits to physicians, emergency room visits, hospital stays, and surgeries all decreased significantly. The decrease in hospital and surgery charges shows the effect of the change in policy. The dramatic decrease in physician office visits and emergency room visits cannot be entirely attributed to the new policy. It is due in part to the fact that, for six months of fiscal year 1983, the physician at the Training Center was a psychiatrist who sent many inmates to off-site medical doctors for routine medical problems.

The results of the current staff's efforts to reduce office visits can be shown by comparing spending for physicians which was $46,777 in fiscal year 1982, the year before the psychiatrist came, and $32,369 in fiscal year 1984. This was a decrease of 31 percent. Clinical personnel told the auditors they felt the change in policy has not lowered the quality of care at the institution.

Negotiating fees and bringing more providers on site could save money. Private contractors who supply medical care indicate that one of the methods by which they achieve cost reduction is to negotiate prices with off-site medical providers. This approach appears to be particularly viable for the Reformatory which generates a significant volume of business for area health care providers. In fiscal year 1984, the Reformatory paid approximately $120,000 to local hospitals and $19,000 to local physicians for office visits. Even a 10 percent reduction in fees could result in a savings of nearly $14,000.

Additionally, money could be saved by bringing more physicians on-site. The auditors estimated that security and transportation costs for taking Reformatory inmates off-site to medical care were about $38,000 in fiscal year 1984. By contracting with frequently used physicians to come on site to treat inmates, transportation and security costs could be greatly reduced. For example, in fiscal year 1984, there were 103 office visits to orthopedic surgeons. A number of these visits were for non-emergency types of treatments such as removing casts. It appears that contracting with an orthopedic surgeon to come on site could greatly reduce the number of trips inmates need to make into the community.

Ensuring that medical personnel have the general training to serve the greatest number of inmate medical needs can reduce costs. The large increase in medical expenses at the Vocational Training Center in fiscal year 1983 could have been avoided by having a medical doctor at the institution instead of a psychiatrist. Expenditures for contractual services which include off-site physicians and hospitals increased by 70 percent in fiscal year 1983 in part

because the psychiatrist was unable to treat many of the inmates. In fiscal year 1984, when the psychiatrist was replaced by a medical doctor, expenditures for contractual services fell by about $138,000 or 69 percent.

The Reformatory may be able to reduce costs by performing routine x-rays and lab work on site. The following table shows the amounts spent by the Reformatory for non-surgical x-rays and radiologists in fiscal years 1983 and 1984.

	X-ray Charges	Radiologist Fees	Total
Fiscal Year 1983	$ 10,588	$ 1,061	$ 11,649
Fiscal Year 1984	$ 8,755	$ 2,719	$ 11,474

As the table shows, the Reformatory spends nearly $11,500 per year on having x-rays taken and read. In addition to the costs listed above, each time an inmate has to be sent out of the institution for an x-ray, at least one guard must accompany him. The auditors estimate that the cost of accompanying inmates to x-ray appointments was approximately $4,000 in fiscal year 1984. That brings x-ray costs up to approximately $15,500 per year.

The clinical administrator at the Reformatory estimates that x-ray equipment would cost between $10,000 and $25,000 depending upon the availability of used equipment. He also indicated that the current medical staff has the proper training to take and read routine x-rays. Space is available in the clinic building for an x-ray room; however, some construction expense would be involved to install lead shields in the walls. Additionally, there would be some costs for supplies such as x-ray film. Reformatory officials did not have estimates of these costs.

Based on the amounts spent for off-site x-rays each year and the cost of the equipment involved, it appears that buying x-ray equipment might pay for itself over several years. This area needs further study to determine how many of the x-rays are of the type that could be taken by existing personnel, what the construction and supply costs would be, and whether the additional work could be absorbed by the existing staff.

Another area of possible savings at the Industrial Reformatory is laboratory work. Each year the Reformatory spends about $5,000 on lab tests. Many of these tests are routine and could be analyzed at the institution if it had the necessary laboratory equipment. The staff estimates that the necessary equipment would cost between $8,000 and $10,000. One of the current staff members has the training required to conduct routine lab tests. While it is less clear that this would be cost effective, it also deserves further study.

Decisions on Further Actions May Need to Wait on Improved Information

During the course of the audit the auditors learned that much of the information kept on on-site health care services was segmented and inconsis-

tent from institution to institution. Records of off-site services were available from accounting information, but had not been assembled in a way that they could be reviewed to manage the medical program effectively.

The information assembled by the auditors for this audit has been provided to the Department of Corrections for its use in studying trends in health care services at the two institutions. It would appear that before major decisions can be made to change the current system for delivering health care, improvements in the system of recording information will have to take place. The Department will need to mandate a system of records that will be consistent at all institutions. Those records will need to include data that will allow administrators to monitor the use of specific on-site and off-site services. Once trends have been developed, it will be easier to determine what might be the most cost-effective approach to providing the service. It would appear that much of this improvement can be accomplished without substantial additional burden on the institutions' staff. Refining existing records and discontinuing those that may be duplicative or that are not currently providing useful management information would be the first major step in this effort.

Recommendations

To obtain the most effective health care for inmates at the lowest cost, the Department of Corrections should do the following:

1. Establish a uniform system for collecting inmate health care data at each institution that will provide useful management information on trends of inmate health care needs.

2. Institute a program to review the use of off-site medical services to ensure that only medically necessary services are used.

3. Negotiate rates with off-site medical providers especially those whose services are used frequently throughout the year.

4. Attempt to bring frequently used off-site physicians to the institutions to provide services.

5. Review the feasibility of purchasing x-ray and laboratory equipment for the Kansas State Industrial Reformatory.

APPENDIX A

Health Care Providers Currently Under Contract at the Institutions

		Compensation
Vocational Training Center		
Dentists	- Six Hours Per Week	$ 50 Per Hour
Pharmacist	- Two Hours Per Week	$250 Per Month
Industrial Reformatory		
Psychiatrist	- One Hour Per Week (average) Also available for phone consultation and emergencies	$750 Per Month
Optometrist	- Two Hours Per Week	Fee for Service Basis

APPENDIX B

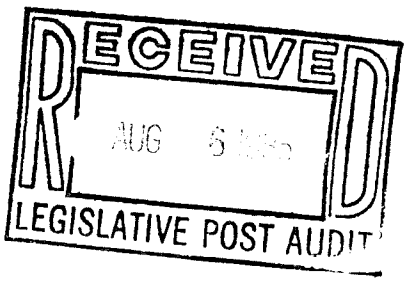
Agency Response

KANSAS DEPARTMENT OF CORRECTIONS

JOHN CARLIN — GOVERNOR • • MICHAEL A. BARBARA — SECRETARY

JAYHAWK TOWERS • 700 JACKSON • TOPEKA, KANSAS • 66603
• 913-296-3317 •

August 5, 1985



Meredith Williams
Legislative Post Audit
301 Mills Building
Topeka, Kansas

BUILDING MAIL

Dear Mr. Williams:

The Department of Corrections is in receipt of the draft of the performance audit of inmate health care delivery systems at the Kansas State Industrial Reformatory and the Kansas Correctional Vocational Training Center. We thank you for this informative report and the great amount of time and effort spent in gathering information and interpreting the data. During the course of the audit it became obvious that it would take more time gathering data than had been anticipated by both our staffs. The results, however, reflect a descriptive picture of volume of services provided and are comparable in scope to other state correctional systems.

In reviewing the report with staff, two concerns surfaced:

1. On page 17, second paragraph, it is noted that Kansas does not meet health care standards of the ACA, yet no comparison or examples are given anywhere in the report on how those standards could be met. In our original request we had asked for this comparison based on a needs assessment of the population.

2. On page 22, we disagree with the conclusion that major changes can be made in the Department's medical records keeping system without additional staff. Changes of the nature suggested will substantially increase the paperwork required. While we wholeheartedly agree that the Department's records need to be improved in order to better manage and control medical costs, it is not realistic to do this without additional staff.

There is also a concern that the final report only fulfills half of the Legislative Post Audit Scope Statement, specifically, Question #3 and Question #4 of the Statement are not answered. The Health Care Services data (Questions #1 and #2) are reported in general terms. However, an estimate of the needs of the population based on this data and specific recommendations on how to best address these needs were not done. We feel that this portion of the Scope Statement is needed to fulfill our request for a medical efficiency study.

Sincerely,

MICHAEL A. BARBARA
Secretary of Corrections

MAB:NKB:bw
cc: David Barclay, Assistant to Secretary
Richard A. Mills, Deputy Secretary of Corrections
Nadine K. Belk, Health Services Administrator

APPENDIX C

Legislative Post Audit Comments

The Department of Corrections' response to the audit report indicates several concerns about the degree to which questions are answered by the audit. Specifically, the Department indicates that there is no comparison with American Correctional Association standards nor any examples given as to how those standards could be met. Such an examination was not within the scope of the audit as approved by the Legislative Post Audit Committee. The scope statement approved by the Committee directed the auditors to examine the health care needs of inmates and the cost of providing for those needs as well as to review alternatives that may be less costly or more effective. The audit was not a compliance audit. Hence, the auditors did not attempt to make an assessment of the degree to which those standards were met, or to assess the desirability of meeting those standards. The auditors did review the standards for possible use as yardsticks for measuring medical staff sizes, however they found the standards to be primarily procedural in nature, and non-specific in recommending the size of medical staff.

The Department states that health care services data are reported in general terms. Although information about medical services provided to inmates is not shown in great detail in the actual report, prior to completion of the report, the auditors provided the Department with computer listings containing a great deal of detail on the use of services during fiscal years 1983, 1984, and 1985. Because this information could not be concisely displayed in the report or in an appendix, it was determined that the best option was to convey all the data to the Department for its internal use.

The Department was also concerned that the auditors did not provide them with an estimate of the needs of the population or specific recommendations on how to address those needs. Because the characteristics of the population at these institutions has not changed significantly, it is the auditors' opinion that the best estimation of future needs can be drawn from what services have been used in the past. As previously mentioned, the auditors did provide the Department with a great deal of information on specific off-site services used over the last three fiscal years. However, as the report points out, the largest portion of health care costs is incurred for on-site services. Unfortunately, this was the area where records were the weakest. Without such basic historical information as how many inmates are showing up for sick call, what their medical complaints are, and what treatment was provided, it is difficult to obtain a complete and accurate picture of what inmate medical needs have been or what they can be expected to be in the future. As a result, the best recommendation for addressing inmate medical needs is for the Department to establish a complete, accurate, and consistent set of records that will provide them with proper information that will allow them to manage the system. Only after reliable information is available, should the Department assess significant changes in the composition of its health care delivery

systems. In the mean time, the auditors made several recommendations the Department could pursue within the current framework of providing medical services that may result in less costly health care.

In regards to the recommendation that the Department establish a uniform system for collecting inmate health care data at each institution, the Department disagrees with the conclusion that major changes can be made to the record keeping system without adding additional staff. The auditors would comment that the changes may not necessarily need to be all that burdensome. The Training Center has already made good progress in beginning to keep meaningful records. Also, some current records which do not provide useful information could be eliminated, allowing the staff more time to keep more useful data. It would appear that the largest effort would be consumed in designing the system which would be a one-time effort.

5 RS 1541

SENATE BILL NO. _____

By Senator Reilly

AN ACT concerning improvement districts; relating to the organization thereof; amending K.S.A. 19-2757 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 19-2757 is hereby amended to read as follows: 19-2757. ~~That~~ It shall be the duty of the board of county commissioners incorporating any improvement district under the provisions of ~~this act~~ K.S.A. 19-2753 et seq., and amendments thereto to cause an entry to be made upon its records showing all of its declarations, findings, decisions and orders made pursuant to the preceding sections~~, which~~. The entry shall define the limits of the improvement district to be so incorporated in conformity to the description contained in the petition~~, and such entry shall~~. If the petition requesting the incorporation of the district was signed by residents of the district, the entry shall fix the time and place of holding the first election to choose such officers of such improvement district as are hereinafter required to be elected, and designate five ~~(5)~~ taxpayers residing within such district, three ~~(3)~~ to act as judges and two ~~(2)~~ to act as clerks of such election~~, and~~. If the petition requesting the incorporation of the district was signed by the owners of the property within the district not residents thereof, such entry shall contain the names of three ~~(3)~~ persons, selected by the board of county commissioners from a list of five ~~(5)~~ nominees presented by unanimous consent of all of the owners of all of the real property within the district, to serve as interim directors of such improvement district until directors are elected at an election held on the first Tuesday in March next following the first January in which the county election officer shall certify

(OVER)

Sen. Fed. & State Affairs Comm.
2/28/86 Attachment #2

Attachment #2

that ~~the~~ there are at least 50 qualified electors residing in such district ~~number one hundred (100) or more~~. Upon the receipt of such certification from the county election officer, the board of county commissioners shall fix the time and place for the holding of the election and designate judges and clerks therefor in the manner hereinbefore provided. All declarations, determinations, findings, decisions and orders of such board of county commissioners so entered of record shall be conclusive on all persons, so that no matter or fact so determined shall ever be disputed by anyone, and such record, or a properly authenticated copy thereof, shall be conclusive evidence in all courts of the matter therein recited and of the corporate existence of such improvement district.

Sec. 2. K.S.A. 19-2757 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.