



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

California Correctional Health Care Services (CCHCS) provides the full spectrum of medical, dental, and mental health services – from health screenings to end-of-life care – to more than 120,000 adult inmates incarcerated in 35 prisons across the state. Almost a third of the patients in this population has been diagnosed with a serious mental illness; one in ten patients is considered high risk / clinically complex.

The bulk of California’s prison health care services are directly administered by more than 17,000 civil service employees. CCHCS has adopted the patient-centered health home model of care delivery, with each patient assigned to a care team responsible for either directly providing services or coordinating care. CCHCS patients frequently move from one facility to another at a system rate of 11,000 moves each month, making continuity of care a challenge.

CCHCS operates under a dual-reporting structure: Mental health and dental services fall under the California Department of Corrections and Rehabilitation (CDCR), while medical and many ancillary health services are governed jointly with a federal court-appointed Receiver. The division’s mission is to reduce avoidable morbidity and mortality and protect public health by providing inmates timely access to safe, effective and efficient care, and integrate delivery of medical care with mental health, dental, and disability programs. Health care service delivery is critical to CDCR’s rehabilitation mission: Inmates cannot successfully participate in rehabilitation programs if they are not in stable and relatively good health.

With a General Fund allocation of nearly \$3 billion per fiscal year, CCHCS has the highest cost per inmate of any U.S. state prison system. Any cost savings realized through improvement efforts would expand the State’s ability to fund social services, health services, and education programs.

What Prompted Prison Health Care to Turn to Data

Historically, the State of California has struggled to provide inmates with appropriate care for a number of reasons – the stigma associated with providing services to an inmate population, heavily bureaucratic practices, the inability to recruit and retain qualified staff – resulting in the successful filing of multiple class action litigation suits. In 2006, in the *Plata vs. Brown* case, the federal court declared California’s prison medical system unconstitutional, finding that on average there was one preventable patient death per week due to system failure, poor clinical practice, or both. The entire medical system was transferred out of State control to the hands of federal court receiver.

Under receivership, CCHCS initiated a series of innovative, large-scale reform efforts to achieve constitutionally-adequate care as quickly as possible, both to mitigate risks to patients and return medical services to State control. One of these large-scale reforms was the establishment of a statewide quality management system, including an innovative data analytics program.

Seven years later, CCHCS can report progress: The age-adjusted mortality rate for inmates has declined steadily since the beginning of the receivership in the categories that are amenable to disease management such as heart disease, diabetes and cardiovascular disease. Today the data analytics program, supported entirely by in-house analysts, rivals and sometimes exceeds what is offered by private sector health care organizations. CCHCS has made significant progress in implementing nationally-recognized improvement models, including root causes analysis, Lean, and Lean Six Sigma (the latter two in conjunction with Government Operations Agency initiatives).