

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-02 DYC 24 Hour Medical Coverage

Dept. Approval By:

Melissa Wavelet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:

Eric R. Schmit 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$60,664,226	\$0	\$60,423,782	\$1,990,931	\$4,109,471
FTE		36.0	0.0	36.0	16.1	38.0
Total of All Line Items Impacted by Change Request						
GF		\$43,199,251	\$0	\$42,958,807	\$1,990,931	\$4,109,471
CF		\$970,867	\$0	\$970,867	\$0	\$0
RF		\$10,921,311	\$0	\$10,921,311	\$0	\$0
FF		\$5,572,797	\$0	\$5,572,797	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$32,736,387	\$0	\$32,736,387	\$142,689	\$309,160
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Health, Life, And Dental						
GF		\$22,142,423	\$0	\$22,142,423	\$142,689	\$309,160
CF		\$543,180	\$0	\$543,180	\$0	\$0
RF		\$6,909,927	\$0	\$6,909,927	\$0	\$0
FF		\$3,140,857	\$0	\$3,140,857	\$0	\$0
Total		\$404,087	\$0	\$404,087	\$1,946	\$4,578
FTE		0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration - Short-Term Disability						
GF		\$273,968	\$0	\$273,968	\$1,946	\$4,578
CF		\$8,271	\$0	\$8,271	\$0	\$0
RF		\$74,665	\$0	\$74,665	\$0	\$0
FF		\$47,183	\$0	\$47,183	\$0	\$0

	Total	\$10,526,999	\$0	\$10,526,999	\$51,207	\$120,475
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0
General	GF	\$7,138,906	\$0	\$7,138,906	\$51,207	\$120,475
Administration - Amortization	CF	\$210,806	\$0	\$210,806	\$0	\$0
Equalization	RF	\$1,978,665	\$0	\$1,978,665	\$0	\$0
Disbursement	FF	\$1,198,622	\$0	\$1,198,622	\$0	\$0
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	Total	\$10,417,342	\$0	\$10,417,342	\$51,207	\$120,475
01. Executive Director's Office, (A)	FTE	0.0	0.0	0.0	0.0	0.0
General	GF	\$7,064,543	\$0	\$7,064,543	\$51,207	\$120,475
Administration - S.B. 06-235	CF	\$208,610	\$0	\$208,610	\$0	\$0
Supplemental Equalization	RF	\$1,958,054	\$0	\$1,958,054	\$0	\$0
Disbursement	FF	\$1,186,135	\$0	\$1,186,135	\$0	\$0
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	Total	\$6,579,411	\$0	\$6,338,967	\$1,743,882	\$3,554,783
11. Division of Youth Corrections, (B) Institutional Programs - Medical Services	FTE	36.0	0.0	36.0	16.1	38.0
	GF	\$6,579,411	\$0	\$6,338,967	\$1,743,882	\$3,554,783
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

CF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	If Yes, see attached fund source detail.
RF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request				
Interagency Approval or Related Schedule 13s:	None				



Cost and FTE

- The Department of Human Services requests \$1,990,931 total funds/General Fund for FY 2017-18 for 16.1 FTE and \$4,109,471 total funds/General Fund for 38.0 FTE for FY 2018-19 and ongoing to provide increased coverage for medical services for all Division of Youth Corrections (DYC) State-operated facilities, including providing psychiatric services in the eight State-operated detention facilities.
- This is an increase of 30.3% over the FY 2016-17 appropriation.

Current Program

- The Department provides twenty-four hours per day, seven-days per week supervision and care for juveniles in the detention and commitment system residing in ten State-owned and operated facilities.
- Services include but are not limited to medical, dentistry, and psychiatric services.

Problem or Opportunity

- Under the Department's current funding, nursing resources are only available five-days per week, eight hours per day. The 2014 Office of the State Auditor (OSA) performance audit identified multiple areas for improvement in regard to medical services.
- Psychiatric services are unavailable for detained juveniles in eight DYC facilities.
- The Department is pursuing accreditation by the National Commission on Correctional Health Care (NCCCHC), which requires a significantly greater degree of on-site medical coverage than currently available.

Consequences of Problem

- Direct care staff will continue to be the primary response to medical issues when medical staff are not present - evenings, overnight and weekends. Trained direct-care staff will continue to administer medications to juveniles when no medical staff is present. Both factors present high liability for the Department.

Proposed Solution

- The Department requests \$1,990,931 total funds/General Fund and 16.1 FTE in FY 2017-18 to increased medical services in the ten State-owned and operated facilities and provide psychiatric services in the eight detention facilities beginning January 2018.
- As a result medical professionals would be present to address routine and emergent medical needs for all youth in State-operated facilities twenty-four hours per day, seven-days per week at eight facilities where youth are not admitted during sleeping hours.

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COLORADO
Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-02
Request Details: *DYC 24 Hour Medical Coverage*

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	FTE
DYC 24 Hour Medical Coverage	\$1,990,931	\$1,990,931	16.1

Problem or Opportunity:

The Department of Human Services requests \$1,990,931 total funds/General Fund and 16.1 FTE for FY 2017-18 and \$4,109,471 total funds/General Fund and 38.0 FTE for FY 2018-19 and ongoing to provide increased coverage for medical care at all Division of Youth Corrections (DYC) State-operated facilities. DYC provides twenty-four hour per day, seven-day per week supervision and care for juveniles in the detention and commitment system. This includes medical, dentistry, and psychiatric services on an emergency basis in ten State-operated facilities. However, on-site medical resources are not available seven-days per week, and only average eight hours per day in these facilities. There is higher risk of inadequate care during crises when no medical professional is on-site, also presenting a higher medical liability to the Department. In addition, with current resources, key components of care cannot be efficiently delivered seven-days per week, including executing physician orders and medication administration by medical personnel.

Twenty-four hour per day medical services are necessary in detention facilities based upon the flow and timing of admissions and the types of conditions presented. Juveniles are arrested at all times of the day or night, and therefore presented for admission at any time. Examples of the conditions of juveniles upon admission include but are not limited to: detoxing from heroin or methamphetamine, insulin dependent diabetics, or juveniles with seizure disorders. Currently line staff are the only on-site resources for these juveniles when they arrive after hours. Staff are responsible for the identification of medical issues, having the skill to know what symptoms to be aware of and then they must rely upon on-call medical professionals for guidance. Intakes that occur during the night mean that juveniles are admitted, and soon after they are put to bed. If an issue arises that does not meet the need for emergency services, there are no medical staff on-site to provide any type of treatment nor are there staff available to respond to the facility.

The Department currently provides the medical services outlined below to juveniles in the ten State-operated facilities, both committed and detained, eight-hours per day, five-days per week.

Figure A provides a comprehensive comparison of this request and the DYC Detention Mental Health request, to clearly identify the differences between the two requests.

Figure A: Comparison of the DYC 24 Hour Medical Coverage and DYC Detention Mental Health Requests

	R-02-DYC 24 Hour Medical Coverage	R-03-DYC Detention Mental Health
Population Served by the Request	1) Serves juveniles in both DYC detention and commitment facilities. 2) Includes services at ten State-operated facilities.	1) Serves juvenile in only DYC detention facilities. 2) Includes services at eight detention State-operated facilities.
Services Provided	1) Expansion of the number of days and hours medical coverage is provided. 2) Psychiatric services include assessing youth who may need psychotropic medications, prescribing medications if required, and providing on-going follow-up.	1) This request includes an expansion licensed mental health providers who provide direct services. These services include crisis intervention, brief individual counseling, brief family counseling, psychoeducational group facilitation, clinical consultation for direct care staff, Prison Rape Elimination Act (PREA) interviews, suicide precaution monitoring assessments and oversight, coordination of psychiatric hospitalization and development and oversight of special management programs.
Service Availability	Expand medical coverage from Monday-Sunday for 12 hours per day at commitment facilities and 24 hours for detention facilities. In addition, on-site psychiatry coverage on Monday-Friday from 8:00 am to 5:00 pm.	Contract additional licensed mental health providers from Monday-Friday for 10 hours per day.
Contracted or State FTE	1) State FTE Mid-Level Provider - 1.9 FTE, annualized to 4.5FTE Nurses - 14.2 FTE, annualized to 33.5 FTE 2) Contracted Psychiatry - 99 hours per week for eight detention facilities.	1) Contracted Mental health staff - 10 hours per day at eight detention facilities.

Primary Care

Primary care is provided under the direction of the Primary Care Provider contractor in order to effectively evaluate and treat the health needs of DYC juveniles, including consultation as needed, and on-call services by the appointed Medical Authority for detained and committed juveniles. This includes preventive services such as initial screening, routine immunizations, mandatory testing for general health welfare, and periodic physical assessments.

Services beyond basic primary care differ for detained and committed juveniles. Detained juveniles are limited to emergency services including ambulance and emergency room related services.

The following services for committed juveniles are arranged for detained youth on occasion, while there is no specific funding source the medical necessity requires intervention.

Services for Commitment Juveniles

1. Specialty Care - includes services to treat illness or injury that are requested by the Primary Care Provider. They are performed on an inpatient or outpatient basis.
 - a. Diagnostic services - lab work, radiology, etc.
 - b. Therapeutic services - range of treatment services, for example, chemotherapy, occupational therapy.
 - c. Surgical Services - hospital services, physician and anesthesia services.
2. Vision Care - periodic eye exams, refractions, glasses.
3. Hearing Care - examinations, bilateral hearing aids when applicable.
4. Dental Care - initial exams, extractions, cleanings, fillings, etc.

Hospital costs for detained juveniles are paid by General Fund as a payor of last resort. For committed juveniles, hospitalization costs not designated as inpatient are paid by General Fund. Costs for inpatient stays greater than twenty-three hours are paid by Medicaid funds. Juveniles who require urgent care are transported to the emergency room by DYC staff members. DYC facilities call 911 during emergencies. This shift in policy allowed the Department to realize savings, which it was able to redirect into providing

additional psychiatric services for committed youth. This utilization of funding allowed the Department to prevent additional expenditures, which would have been reflected in this request.

When necessary, the Department, utilizes General Fund designated for committed youth medical services to cover some detention medical expenses. This includes paying for psychotropic medications, covering emergency services, and covering other outside medical needs when there is no other source of funding.

Although the Department does not currently have the resources to provide all detained juveniles with psychiatric services, it does assist in obtaining psychiatric medications for youth that would be harmed by a break in medication routine. Juveniles admitted to one of the Department's juvenile detention facilities may present various scenarios related to psychiatric disorders and treatment histories. Juveniles may be admitted while concurrently receiving services from a community-based psychiatrist or a psychiatrist employed by a residential treatment facility. Such services often involve the prescription of psychotropic medications and monthly sessions to evaluate and monitor the effectiveness and potential side effects of the medication.

Once admitted to a State-operated facility, community-based psychiatrists are not able or willing to continue providing services. In most cases, there are several legitimate reasons that make service continuation impractical. Psychiatrists are unwilling to continue services when the juvenile may not be returning to the respective treatment facility where the doctor is employed or their practice does not allow them to travel to the facility. The result is that services stop, and juveniles no longer have access to medications and the appropriate follow-up care necessary. The Department's Division of Youth Corrections does not have the resources to acquire the services of psychiatrists who would be able to bridge the gap in services during detention stays for juveniles and ensure they are able to receive medications and follow-up care.

Juveniles may also arrive at admissions without a history of psychiatric intervention, yet quickly demonstrate behaviors that warrant a psychiatric assessment. The Department is currently not resourced to provide an assessment, and for those juveniles who will stay beyond the typical 15 or so days, appropriate follow-up care.

The delivery of health services for juveniles is predicated upon a constitutional right to care firmly established by the U.S. Supreme Court in *Estelle v. Gamble (1976)* (Fagan and Ax, 2011; Scott, 2005, 2010; Slate et al., 2013). The National Commission on Correctional Health Care (NCCHC, 2015) asserts through the access to care standard (Y-A-01) that juveniles should have access to care to meet their serious health needs. Unreasonable barriers to access to care should be removed, including "having an understaffed, underfunded, or poorly organized system with the result that is not able to deliver appropriate and timely care for patients' serious health needs" (p. 3).

In 2000, the Society for Adolescent Medicine recognized that juveniles entering incarcerated settings often lack comprehensive health care and have health needs that have been neglected. Among the population is an elevated incidence of engagement in high-risk behaviors, including, but not limited to, substance abuse, early sexual activity, violence, weapon use, and gang involvement. In addition to the aforementioned behaviors, incarcerated juveniles (Society for Adolescent Medicine, 2000, p. 73) have a high rate of incidence of certain medical conditions, including seizure disorders, respiratory disease, nutritional deficiencies, and orthopedic, skin, and dental problems. Juveniles also present as high risk for disorders that place them at risk for behavior problems resulting in the need for medical care, such as depression, and have an increased likelihood of accidental or self-harm.

Continuity of care suffers when medical personnel are not available seven-days per week, and the infrastructure is lacking to ensure access to care twenty-four hours per day when needed. Poor coordination can result, leaving the juvenile at risk of not having adequate follow-up care in the community.

The Society of Adolescent Medicine and the National Commission on Correctional Health Care (NCCHC) believes that medical personnel in correctional settings should take an active role in ensuring the unimpeded access to healthcare for all juvenile detainees, and as such, have endorsed the following (SAM, 2000; NCCHC, 2015):

- Correctional settings are obligated to provide unimpeded access to health care services.
- Medical and dental care must address emergent (life- or organ-threatening), acute (new onset), and chronic (pre-existing) conditions in juveniles.

Effective delivery of care cannot be accomplished within current resources. Office of Juvenile Justice and Delinquency Prevention (OJJDP, 1996) formally recognized the need for daily access to medical personnel for the purpose of evaluation and treatment.

The Office of the State Auditor (OSA) conducted a performance audit of the Department's Division of Youth Corrections' medication management practices in 2014 that resulted in the following central findings directly relevant to expanding medical care in the ten secure State-operated facilities:

1. Following established guidelines for medical and psychiatric care, including explicit guidelines for establishing psychiatric diagnoses and conducting baseline testing and monitoring of psychotropic medication use.
2. Ongoing maintenance of a registry (i.e., tracking system) of committed juveniles with asthma, diabetes, and other selected complex conditions, and a mechanism to monitor compliance with evidence-based practices for these conditions.
3. Conduct peer review of selected cases and assure that no one reviews his/her own care.
4. Execute a uniform means of documenting the execution of each prescriber order.
5. Ensuring that prescriber orders that are written in progress notes in Trails or on paper are executed.
6. Transcribing and executing physician orders within twenty-four hours.
7. Conducting direct observation of juveniles swallowing medications, including additional steps to use in cases where juveniles have been found "cheeking" medications.
8. Inventorying controlled substances that comply with Department policies and state and federal law by medical personnel.

The audit report states, "Youth in the juvenile justice system are a unique and vulnerable population. A youth entering a juvenile justice system may have acute or chronic mental health conditions, such as attention deficit/hyperactivity disorder or learning disability; a physical injury or limitation; a recent history of drug abuse; and/or other complex needs" (pg. 9). The audit reflects the types of issues faced by Division of Youth Corrections detention facilities. Juveniles are admitted at all hours of the day and night, weekday and weekend. They often present with a variety of medical issues that require the attention of a medical professional. More and more frequently, juveniles are admitted detoxifying from serious substances such as heroin and methamphetamine. In recent years, juveniles sometimes arrive at facilities having been released from a hospital, with a gunshot wound that requires ongoing medical attention. If a juvenile is admitted on a Friday evening or a Saturday morning, under the current nursing structure, they will not receive attention until the following Monday morning.

The OSA audit also identified the administration of medication as a major area of focus for committed juveniles. The same issues apply to detained juveniles. Currently, some staff are trained to administer medications.

The Department is working toward accreditation through the National Commission on Correctional Health Care (NCCHC). NCCHC provides the Department with assurance through an external peer review that the Division is meeting national standards of care for juveniles in confinement. The benefits include promoting an efficient and well-managed health care delivery system, continuous improvement strategies, ongoing recommendations for efficiencies, and provides an expert, independent assessment of the service delivery system, and finally, helps protect against adverse health events for juveniles, decreasing liability to the State. Accreditation through NCCHC will require expanded access to medical care. This will immediately impact the ability to provide more timely screening and evaluation services, access to nursing staff, increased access to sick call services, increased medication administration by qualified medical personnel, increased communication with facility staff, and evaluation of emergent health care needs twenty-four hours per day, seven-days per week. Providing expanded medical services as described in this request to all juveniles in NYC State-operated facilities will be a requirement for accreditation through the National Commission for Correctional Health Care.

This request is focused solely on an increase in the times on-site medical services are available to detained and committed juveniles and on procuring contract psychiatric services for detained juveniles.

Proposed Solution:

The Department of Human Services requests \$1,990,931 total funds/General Fund and 16.1 FTE for FY 2017-18, to provide increased coverage for medical care at all NYC State-operated facilities. The requested funds are a 30.3% increase over the FY 2016-17 appropriation and annualizes to \$4,109,471 total funds/General Fund and 38.0 FTE in FY 2018-19 and ongoing.

Funding this request will result in twenty-four hours per day, seven-days per week medical coverage at the eight NYC detention facilities and twelve-hours per day coverage at the two NYC commitment only facilities and the provision of contracted psychiatric services to detained juveniles beginning January 2018. The implementation of these services is based on hiring all nurses and mid-level providers by January 2018. The nurses and mid-level providers would be State FTE positions, whereas the psychiatric services would be contracted positions. Table 1 provides a comparison of the current medical services available to the proposed medical service availability in the committed and detained facilities.

Table 1: Comparison of Current Medical Services Availability to Proposed Availability

	Current On-Site Medical Services		Proposed On-Site Medical Services	
	Committed	Detained	Committed	Detained
Days Per Week	5	5	7	7
Hours Per Day	8	8	12	24

Medical professionals will be present to address routine and emergent medical needs for juveniles during all hours. The staffing pattern will allow nursing staff to administer morning and evening medication passes, eliminating the need for trained direct-care staff to administer medications for the two primary

medication passes. In addition, the staffing pattern will provide medical attention for juveniles who are admitted to detention and are detoxing from substances such as heroin and methamphetamine.

The staffing pattern also includes:

- One Nurse V position who would have overall responsibility for the clinical operations at all facilities, reporting to the current operations position. Mid-level providers at each facility would report to this person, thus streamlining the supervisory structure and line of accountability for the delivery of health services. This represents a change from the current model of clinic oversight by the facility director and places the overall responsibility for medical care directly on the qualified professionals.
- One Nurse III to act as the lead for the NCCHC accreditation process in the initial year and ongoing. Maintaining NCCHC documentation for ongoing accreditation requires effort above and beyond the initial implementation of new policy and procedures. Accreditation is obtained by each facility. Each facility will require oversight specific to the standards, including maintenance of proper documentation, policy review and updates. The employee would be responsible for ongoing training, quality improvement processes, and regular auditing related to the accreditation process across ten facilities.

Support for the model includes recognition by the U.S. Department of Justice (1996) that an effective service delivery system requires the right organizational structure. This includes evolving from a model that is based in supervisory authority for medical personnel residing at each facility. The proposed model centralizes supervision, accountability, and liability for the delivery of health services, allowing for a physician serving as the single health authority oversight of medical personnel. Standards of care require that a responsible health authority have autonomy for medical decisions at each site, separate from facility administration. This allows adequate and appropriate delivery of care without interference from non-medical administrative staff. The model allows for the appropriate level of oversight regarding clinical decision-making.

In addition, increased funding will allow the Department to meet the psychiatric needs of juvenile detainees. The creation of a psychiatric component to detention mental health bridges the gap in services during a detention stay and provides initial assessment and treatment for juveniles who were not engaged with psychiatric services prior to admission. Elements of this service include continuing psychotropic medications for youth on such medication at admission, assessment of youth demonstrating behaviors that appear to warrant intervention, prescription of medication to youth who demonstrate clinical need, follow-up for youth who remain in detention longer than the 15-day average, and transition to community resources upon release.

Psychiatry services will include functions that cannot be performed by Masters level behavioral health specialists. These services include evaluating, treating and monitoring juveniles entering detention who require psychotropic medications. This includes overseeing scheduled testing for side-effects of medication, and assisting in any transition to community providers that may be necessary at discharge. Psychiatry services coordinate with contract behavioral health staff but are not in a position to provide the types of direct therapeutic services. These two functions complement one another but are not interchangeable. Masters level and doctoral level psychologists and social workers are not by licensure able to evaluate and prescribe medications.

Other Alternatives:

Option: Seven-days per week, twenty-four hours per day medical care in detention facilities, with no psychiatric services in year one. Psychiatric services added in year two.

FY 2017-18: Seven-day per week, twenty-four per day medical care for detention and commitment facilities. No psychiatric care for detainees.

Total Cost: \$1,557,806 General Fund and 16.1 FTE

FY 2018-19: Psychiatric services added for detainees.

Total Cost: \$4,109,471 General Fund and 38.0 FTE

Table 2 provides a comparison of the current request and an alternative option broken out by General Fund and FTE for FY 2017-18, FY 2018-19 and ongoing.

Table 2: Comparison of Alternatives

ALTERNATIVE	FY 2017-18		FY 2018-19 and Ongoing	
	FTE	General Fund	FTE	General Fund
Full Decision Item	16.1	\$1,990,931	38.0	\$4,109,471
Option – No Psychiatry Services in Year One	16.1	\$1,557,806	38.0	\$4,109,471

Anticipated Outcomes:

The Department anticipates the following outcomes as a result of expanded medical care in the Division of Youth Corrections:

1. Completed health assessments within 7 calendar days of admission.
2. Oral Screening within 7 calendar days of admission.
3. Oral examination within 60 days of admission.
4. Oral hygiene/preventative oral education within fourteen days of admission.
5. Access to care seven days per week, minimum of twelve hours per day.
6. Medical records reflective of a problem list.
7. Timely documentation (e.g., corresponding subjective objective assessment plan (SOAP) note within seventy-two hours of receiving sick slips).
8. Timely evaluation of all juveniles for injury after physical management.
9. Decreased medication errors.
10. Timely identification and provision of care for chronic disease management.
11. Physician orders executed within twenty-four hours.
12. Informed consent for every juvenile completed.
13. Psychiatric services for detained youth at the eight DYC detention facilities.

Assumptions and Calculations:

- A staffing plan was developed that allows for coverage twenty-four hours per day, seven-days per week at eight facilities and twelve-hours per day, seven-days per week at two facilities.
- Contracted psychiatry costs are estimated with a January 2018 implementation.
- Mid-level provider positions have been estimated using Department of Corrections (DOC) hiring salaries rather than minimum based upon the Department's experience in attracting mid-level providers to NYC secure facilities. The Department has experienced losing staff during the hiring process, based upon the DOC paying mid-level providers approximately \$1,000 per month above the base of the range.
- The Nurse V position is based on hiring in October 2017 in order to begin project planning, implementation and hiring plans for startup in January 2018. All other positions are estimated on a January hire date.
- Nurse Practitioners will act as the primary provider. Hours for these positions were minimized without compromising the quality of care. Refer to Table 4 for FTE calculation details.
- Shift differential for weekend, overnight and holiday for medical personnel are 14% for overnight shifts and 8% for weekend and holiday shifts. Refer to Table 5 for shift differential calculation details.
- Additional Physician oversight would be required and would be contracted at an additional cost of \$75,000 annually.

Table 3: Projected Psychiatric Hours Required at Each NYC Detention Facility

Facility	Capacity	Psychiatric Hours Required All hours projected at \$175 per hour	Projected Annual Contract Amount
Adams	30	10 hours per week	\$87,500
Gilliam	64	15 hours per week	\$131,250
Grand Mesa	27	10 hours per week	\$87,500
Marvin Foote	61	15 hours per week	\$131,250
Mount View	41	12 hours per week	\$105,000
Platte Valley	64	15 hours per week	\$131,250
Pueblo	28	10 hours per week	\$87,500
Spring Creek	51	12 hours per week	\$105,000
Total	366		\$866,250

Refer to Table 3 for the projected psychiatric hours required at each NYC detention facility. Calculations for the number of psychiatry hours per facility is based on the assumption that approximately 30% of the juveniles (based on capacity) will need direct service from a psychiatrist. These contracted psychiatry costs are estimated with a January 2018 implementation.

This projection is supported in the literature where as high as 37% of youth entering detention report prior use of psychotropic medications and may need evaluation (Desai, Goulet, Robbins, Chapman, Migdole & Hoge, 2006; Flood, 2015). NYC data indicates on average 24-28% of youth are on at least one psychotropic medication. Psychiatrists also participate in Multi-Disciplinary Team (MDT) meetings and other staffing when needed. The use of 30% allows for fluctuation in the population and for other direct service time that is in addition to individual sessions.

Summary of Request:

Summary of Medical Costs	FY 2017-18	FY 2018-19
FTE Costs	\$1,584,021	\$3,279,794
Plus Shift Differential	\$34,063	\$68,127
Increase in Contracted Physician Services	\$37,500	\$75,000
Less Contracted Services Grand Mesa	(\$97,778)	(\$179,700)
Psychiatry Costs	\$433,125	\$866,250
Total Medical Costs	\$1,990,931	\$4,109,471

Summary of FTE	Full Year	Full Year
Mid-Level Provider (MLP)	1.88	4.5
Nurse I	13.13	31.5
Nurse V	0.42	1.0
Nurse III	0.67	1.0
Total FTE	16.1	38.0

Table 4: FTE Calculations

Expenditure Detail		FY 2017-18		FY 2018-19	
Personal Services:					
Classification Title	Monthly	FTE		FTE	
Mid Level Provider	\$7,194	1.9	\$161,866	4.5	\$388,476
PERA			\$16,429		\$39,430
AED			\$8,093		\$19,424
SAED			\$8,093		\$19,424
Medicare			\$2,347		\$5,633
STD			\$308		\$738
Health-Life-Dental			\$15,854		\$39,636
Subtotal Position 1, ## FTE		1.9	\$212,990	4.5	\$512,761
Classification Title	Monthly	FTE		FTE	
Nurse I	\$4,952	13.1	\$779,946	31.5	\$1,871,856
PERA			\$79,165		\$189,993
AED			\$38,997		\$93,593
SAED			\$38,997		\$93,593
Medicare			\$11,309		\$27,142
STD			\$1,482		\$3,557
Health-Life-Dental			\$110,981		\$253,670
Subtotal Position 2, ## FTE		13.1	\$1,060,877	31.5	\$2,533,404
Subtotal Personal Services		15.0	\$1,273,868	36.0	\$3,046,165
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	15.0	\$7,500	36.0	\$18,000
Telephone Expenses	\$450	15.0	\$6,750	36.0	\$16,200
PC, One-Time	\$1,230	36.0	\$44,280	-	
Office Furniture, One-Time	\$3,473	36.0	\$125,028	-	
Subtotal Operating Expenses			\$183,558		\$34,200
TOTAL THIS PAGE		15.0	\$1,457,426	36.0	\$3,080,365

Table 4: FTE Calculations (Continued)

Classification Title	Monthly	FTE		FTE	
Nurse V	\$6,722	0.7	\$53,803	1.0	\$80,664
PERA			\$5,461		\$8,187
AED			\$2,690		\$4,033
SAED			\$2,690		\$4,033
Medicare			\$780		\$1,170
STD			\$102		\$153
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 1, ## FTE		0.7	\$73,453	1.0	\$106,167
Classification Title	Monthly	FTE		FTE	
Nurse III	\$5,709	0.4	\$28,545	1.0	\$68,508
PERA			\$2,897		\$6,954
AED			\$1,427		\$3,425
SAED			\$1,427		\$3,425
Medicare			\$414		\$993
STD			\$54		\$130
Health-Life-Dental			\$7,927		\$7,927
Subtotal Position 2, ## FTE		0.4	\$42,691	1.0	\$91,362
Subtotal Personal Services		1.1	\$116,144	2.0	\$197,529
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	1.1	\$550	2.0	\$1,000
Telephone Expenses	\$450	1.1	\$495	2.0	\$900
PC, One-Time	\$1,230	2.0	\$2,460	-	
Office Furniture, One-Time	\$3,473	2.0	\$6,946	-	
Subtotal Operating Expenses			\$10,451		\$1,900
TOTAL THIS PAGE		1.1	\$126,595	2.0	\$199,429
TOTAL FTE EXPENSES 24 HR MEDICAL		16.1	\$1,584,021	38.0	\$3,279,794

Table 5: Shift Differential Calculations

Shift Relief Factor:			
Over nights	14%		14%
Weekend Holidays	8%		8%
Weekly hours estimate:			
MLP hourly salary	\$ 41.50	Nurse I hourly salary	\$ 28.57
Over nights	0	Over nights	448.00
Weekend hours per week	208.00	Weekend hours per week	240.00
Weekend:			
Shift Diff Cost MLP	\$ 647.46	Shift Diff Cost RN	\$ 514.25
at 52 Weeks	\$ 33,668	at 52 Weeks	\$ 26,741
Holiday		Holidays - hours total	2080
	\$ -	at Shift Diff	\$ 4,456.80
Over night			
Shift Diff Cost MLP	\$ -	Shift Diff Cost RN	\$ 62.72
at 52 Weeks	\$ -	at 52 Weeks	\$ 3,261.44
Total Shift Differential Costs	\$ 33,668		\$ 34,459
			\$ 68,127
Total Shift Differential Costs- Implementation Year			\$ 34,063

Table 6 shows the impact of this movement between the line items.

Table 6: Long Bill Line Item Summary

Table 6: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Health, Life, and Dental	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$32,736,387	\$22,142,423	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$142,689	\$142,689	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$32,879,076	\$22,285,112	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$166,471	\$166,471	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$33,045,547	\$22,451,583	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$33,045,547	\$22,451,583	\$543,180	\$6,909,927	\$3,140,857	\$0	\$0	\$0	0.0	

Table 6: Long Bill Line Item Summary (Continued)

Table 6: Long Bill Appropriation and Requested Funding for FY 2017-18 Through FY 2019-20										
Line Item: (1) Executive Director's Office, Short-term Disability	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$404,087	\$273,968	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$1,946	\$1,946	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$406,033	\$275,914	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$2,632	\$2,632	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$408,665	\$278,546	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$408,665	\$278,546	\$8,271	\$74,665	\$47,183	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement										
Line Item: (1) Executive Director's Office, Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,526,999	\$7,138,906	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$51,207	\$51,207	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,578,206	\$7,190,113	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$69,268	\$69,268	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,647,474	\$7,259,381	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,647,474	\$7,259,381	\$210,806	\$1,978,665	\$1,198,622	\$0	\$0	\$0	0.0	
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement										
Line Item: (1) Executive Director's Office, Supplemental Amortization Equalization Disbursement	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$10,417,342	\$7,064,543	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Requested Funding (or Spending Authority)	\$51,207	\$51,207	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$10,468,549	\$7,115,750	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2018-19 Annualization of Prior Year Funding	\$69,268	\$69,268	\$0	\$0	\$0	\$0	\$0	\$0	0.0	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,537,817	\$7,185,018	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
FY 2019-20 Total Requested Appropriation	\$10,537,817	\$7,185,018	\$208,610	\$1,958,054	\$1,186,135	\$0	\$0	\$0	0.0	
Line Item: (11) (B) Division of Youth Corrections, Institutional Programs, Medical Services										
Line Item: (11) (B) Division of Youth Corrections, Institutional Programs, Medical Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds	FTE	Notes
FY 2016-17 Appropriation (HB 16-1405)	\$6,579,411	\$6,579,411	\$0	\$0	\$0	\$0	\$0	\$0	36.0	
Requested Funding (or Spending Authority)	\$1,743,882	\$1,743,882	\$0	\$0	\$0	\$0	\$0	\$0	16.1	Shown on Schedule 13
FY 2017-18 Total Requested Appropriation	\$8,323,293	\$8,323,293	\$0	\$0	\$0	\$0	\$0	\$0	52.1	
FY 2018-19 Annualization of Prior Year Funding	\$1,810,901	\$1,810,901	\$0	\$0	\$0	\$0	\$0	\$0	21.9	Shown on Schedule 13
FY 2019-19 Total Requested Appropriation	\$10,134,194	\$10,134,194	\$0	\$0	\$0	\$0	\$0	\$0	74.0	
FY 2019-20 Total Requested Appropriation	\$10,134,194	\$10,134,194	\$0	\$0	\$0	\$0	\$0	\$0	74.0	