



RI Office of Management and Budget

Performance Report

RI Department of Corrections

January 24, 2014

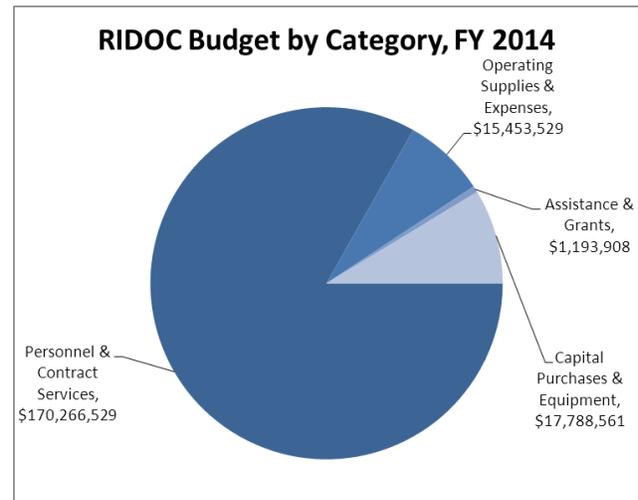
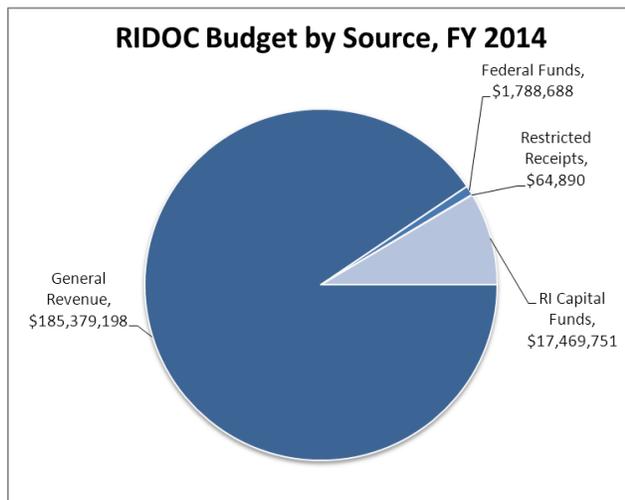
The mission of the Rhode Island Department of Corrections (RIDOC) is to contribute to public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of control and rehabilitative options for criminal offenders. In FY 2014, RIDOC has 1,419.0 authorized full-time equivalent (FTE) positions distributed among six main units: Central Management; Custody & Security; Institutional Support; Institutional-Based Rehabilitation and Population Management; Healthcare Services; and Community Corrections. RIDOC also provides staff resources and operational support to the Parole Board, which includes a full-time chairperson and six appointed members.

Corrections Budget – FY 2014

Expenditures for RIDOC in FY 2014 are primarily funded from general revenue (90.6 percent), with federal funds, restricted receipts and RI Capital Budget funds accounting for 9.4 percent. RIDOC’s largest category of expenditure is personnel and contract services (83.2 percent) followed by capital purchases (8.7 percent), operating expenses (7.5 percent) and assistance and grants (0.6 percent). The tables below illustrate budgeted expenditures in FY 2014.¹

Source	Amount	Percentage
General Revenue	\$185,379,198	90.6%
Federal Funds	\$1,788,688	0.9%
Restricted Receipts	\$64,890	0.0%
RI Capital Funds	\$17,469,751	8.5%
Total	\$204,702,527	100.0%

Category	Amount	Percentage
Personnel & Contract Services	\$170,266,529	83.2%
Operating Supplies & Expenses	\$15,453,529	7.5%
Assistance & Grants	\$1,193,908	0.6%
Capital Purchases & Equipment	\$17,788,561	8.7%
Total	\$204,702,527	100.0%

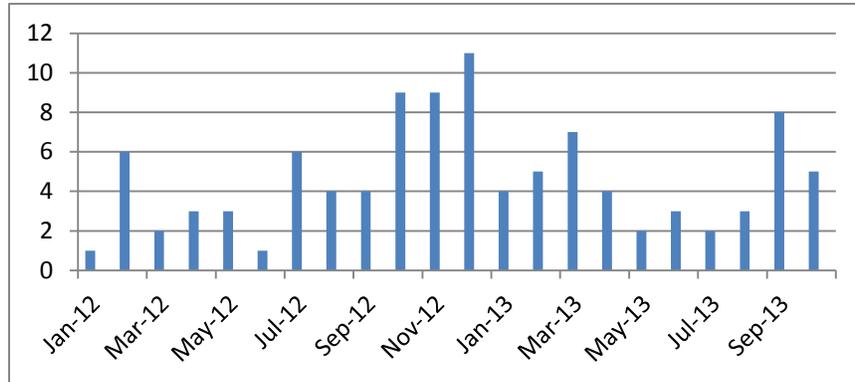


¹ Figures for RIDOC’s funding sources and budget categories are from the FY 2014 budget, as enacted (2013 R.I. Pub. Laws , Ch. 144).

INMATE CLASSIFICATION

This measure assesses any delays in the inmate classification process and the transfer of classified inmates to the sentenced facilities, as defined under RI General Laws 42-56-29.

Figure A: Number of Inmates Not Classified Within 120 Days of Sentencing



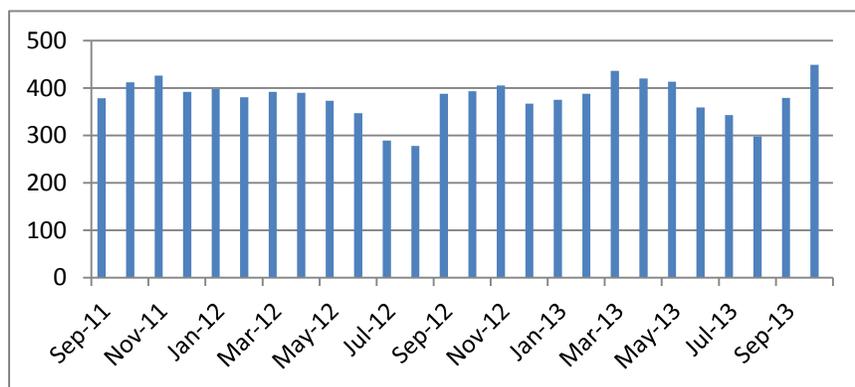
Key Points:

- RIDOC was previously involved in a federal lawsuit over the conditions of inmate confinement. It was noted that newly sentenced inmates were being held for long periods of time at the Intake Service Center before they were classified and sent to a sentenced facility.

EDUCATION SERVICES

This measure reflects the level of program participation for education programs in RIDOC. These programs are intended to prepare inmates for reintegration into the community with improved skill sets.

Figure B: Number of Inmates Enrolled in Academic Programming



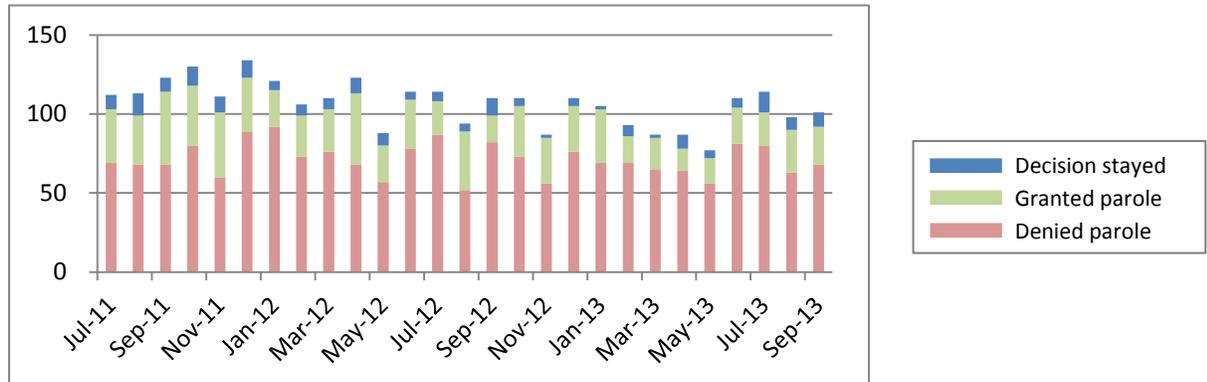
Key Points:

- All inmates with educational attainment of “some high school” or “less than ninth grade” are determined to have an educational need because they lack a diploma.
- As of September 2013, 1,089 sentenced inmates did not have a high school diploma or a GED. Of those, 379 (34.8 percent) were enrolled in academic programming.

PAROLE BOARD

The Parole Board conducts monthly hearings where members evaluate eligible inmates for possible release on parole into the community. The Parole Board may grant parole, deny parole, or stay (postpone) a decision.

Figure C: Total Number of Parole Board Hearings



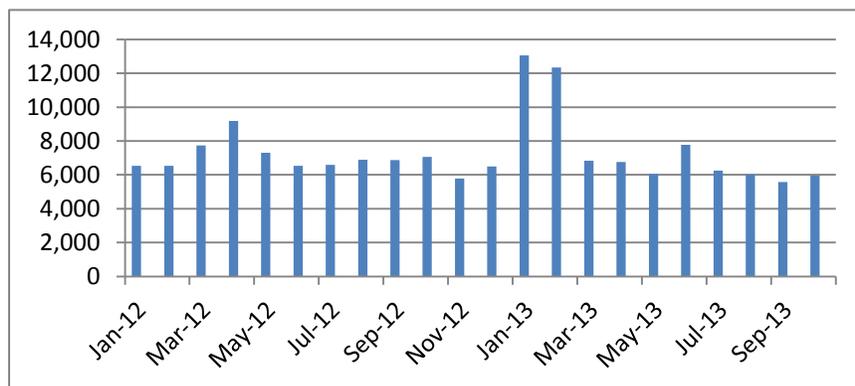
Key Points:

- The Parole Board is authorized by statute (R.I.G.L. § 13-8-1 et seq.) to consider the early release of incarcerated offenders who have been sentenced to be imprisoned for a period of more than six months and who have served not less than one-third of the term for which they have been sentenced.
- In FY 2012, 28.8 percent of hearings resulted in the granting of parole. In FY 2013, this number dropped 4.4 percentage points to 24.4 percent.

VICTIM NOTIFICATION SYSTEM

RIDOC uses the voluntary Victim Notification System (VINES) to inform victims about the status of certain offenders. Victims may inquire about a particular individual through the phone line (877-RI4-VINE) or the VINES website (www.vinelink.com).

Figure D: Number of Inquiries into VINES



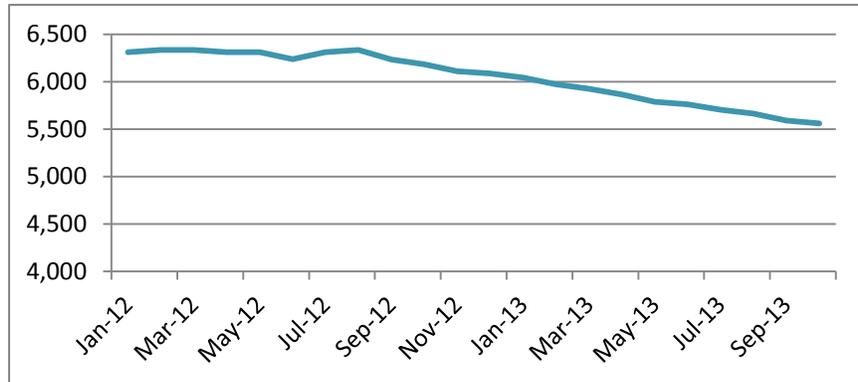
Key Points:

- VINES provides registered users notice of a particular inmate's release upon completion of sentence, upcoming parole hearings, inmate escape, return from escape, death, transfer to transitional housing, qualification for work release, transfer to an out-of-state-facility, and furlough.
- The January and February 2013 volumes reflect attempts by non-registered entities to access the VINES system. In March 2013, RIDOC implemented protocols to stop such entities from accessing the system.

ADULT PROBATION

In addition to the 3,200 inmates located on the grounds of the Pastore Center, RIDOC oversees more than 25,000 adult probation offenders that are based in the community.

Figure E: Number of Offenders on Probation



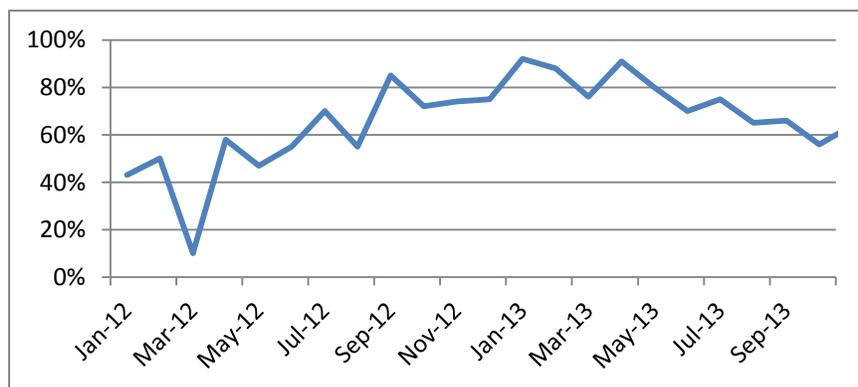
Key Points:

- The number of offenders on probation affects caseload ratios, measured by the average number of offenders overseen by one probation officer.
- RIDOC has had a history of high caseloads but has brought averages down over the last several years. A reduction in the number of offenders as well as caseload management techniques has moved some offenders to lower levels of supervision when appropriate.

FIELD VISITS

In addition to the individuals on probation and parole, RIDOC oversees the Community Confinement program.

Figure F: Percentage of Home Confines Receiving at Least One Field Visit per Month



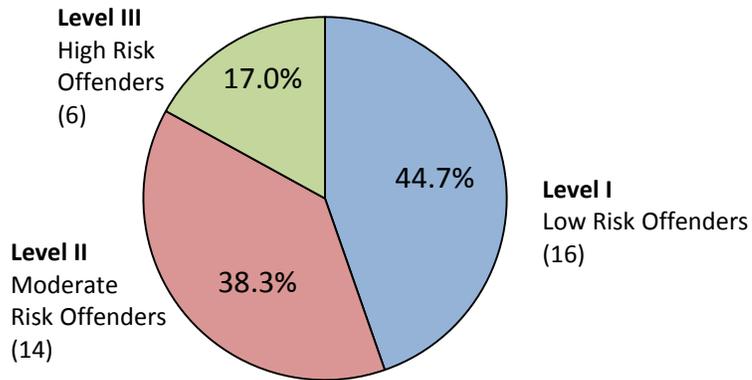
Key Points:

- Community Confinement is a community-based program that provides an alternative to placement in the Adult Correctional Institutions (ACI). The District, Superior and Family Courts may order home confinement for selected inmates who pose a manageable risk to the community and require structured supervision.
- RIDOC expects that more frequent visits to home confinées will ensure compliance with conditions set by the Court.

SEX OFFENDER CLASSIFICATION

The Sex Offender Board of Review examines those inmates convicted of sex offenses who are being released from RIDOC. The Board assigns a level that determines statutory notification requirements.

Figure G: Classification Levels of Rhode Island Sex Offenders Reviewed (July 2013 – September 2013)



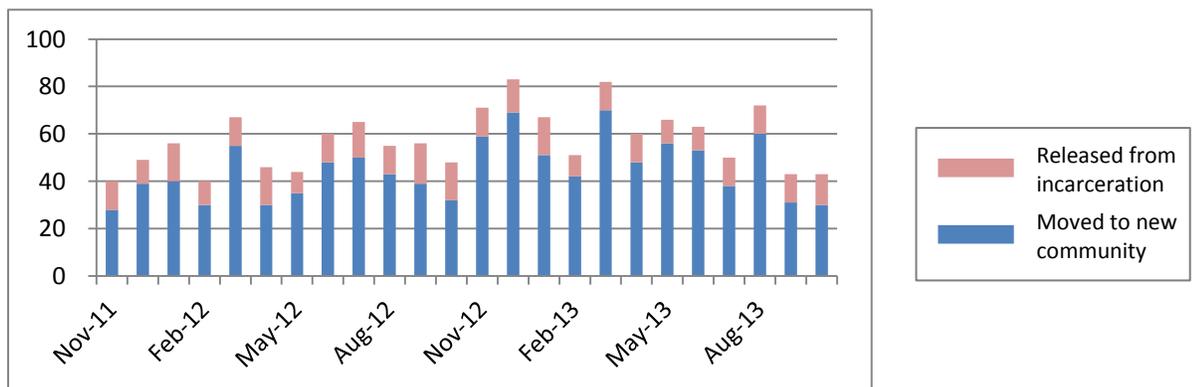
Key Points:

- According to Rhode Island statute, the level assigned by the Board is associated with an offender’s risk level and indicates what type of communication with the public is required upon release.

SEX OFFENDER COMMUNITY NOTIFICATIONS

Notifications indicate the number of sex offenders determined to be a Level II or Level III, and information is sent to local police departments. Notifications help make the public aware when offenders move into their community.

Figure H: Number of Sex Offender Community Notifications Completed



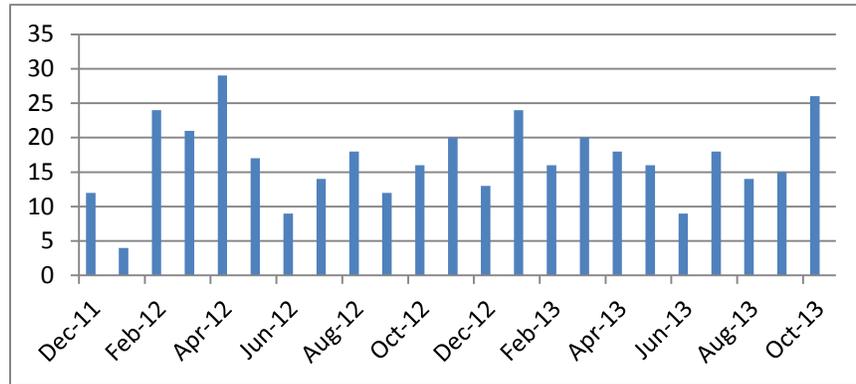
Key Points:

- In addition to these notifications, a listing of Rhode Island Level II and Level III sex offenders is available at <http://www.paroleboard.ri.gov>
- In the past, RIDOC tracked only community notifications for individuals being released from incarceration (shown in red). In November 2011, RIDOC began tracking notifications for offenders moving from one community to another (shown in blue).

INMATE FIGHTING

Alongside other data, this measure can reflect inmate climate within the institutions. RIDOC seeks to maintain a safe environment and minimize violence.

Figure I: Number of Inmate-on-Inmate Fights



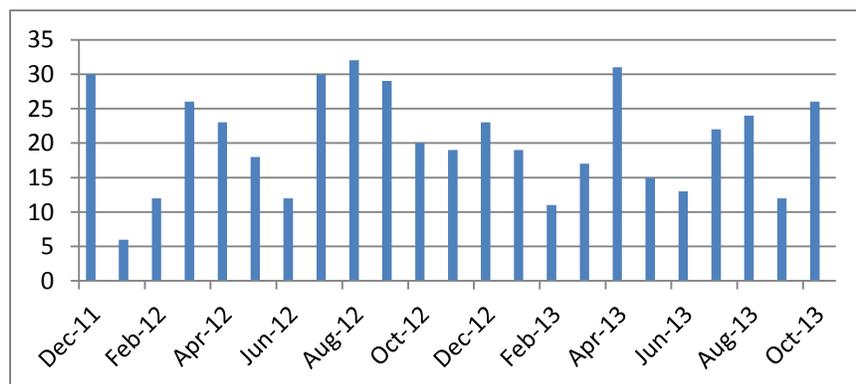
Key Points:

- RIDOC works to minimize the likelihood of violence through prison management techniques, including identifying gang or other enemy issues and classifying inmates to the appropriate level of security.
- Between January and September 2012, RIDOC reported 148 inmate-on-inmate fights. In the same nine-month period in 2013, RIDOC reported 150, and increase of 1.4 percent.

USE OF FORCE ON INMATES

Alongside other data, this measure can reflect inmate climate within the institutions. RIDOC seeks to maintain a safe environment and minimize violence.

Figure J: Number of Instances Requiring Immediate Use of Force



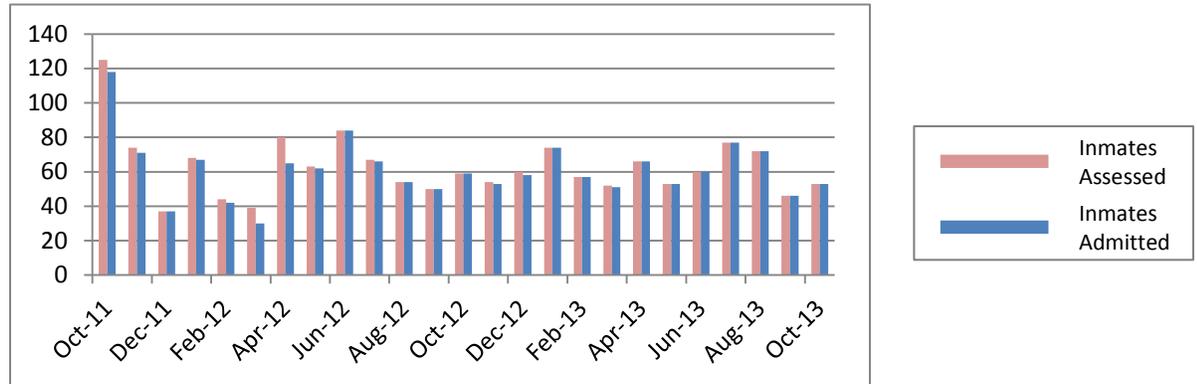
Key Points:

- The use of force within RIDOC’s institutions is guided by the Department’s use of force policy and U.S. Supreme Court requirements. Under these terms, correctional officers may use only the amount of force necessary to restore order.
- Between January and September 2012, 188 instances required immediate use of force, compared to 164 in the same period of 2013, a decrease of 12.8 percent.

SUBSTANCE ABUSE

Comprehensive substance abuse assessments analyze an inmate's need for treatment services. This measure, when considered along with risk and need data, ensures that treatment slots are being used appropriately for those in need.

Figure K: Number of Inmates Receiving Substance Abuse Assessment and Treatment



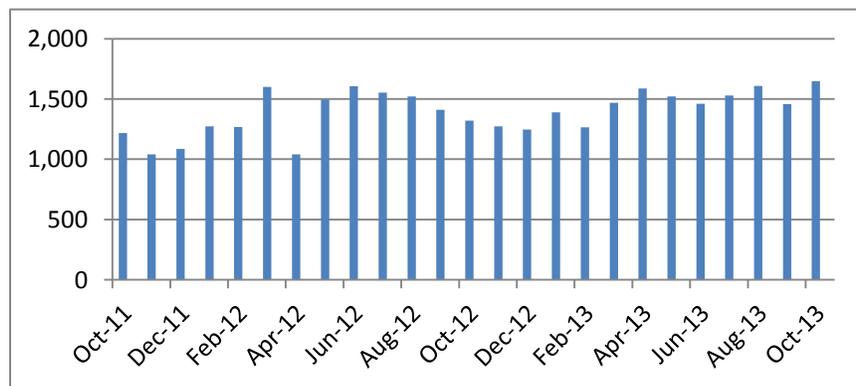
Key Points:

- Between October 2011 and September 2013, of the 1,515 inmates assessed as needing substance abuse services, 1,472 (97.2 percent) were admitted for treatment.

PHYSICIAN ENCOUNTERS

RIDOC provides medical services to inmates via department staff and contracted providers.

Figure L: Number of Physician or Physician Assistant Encounters



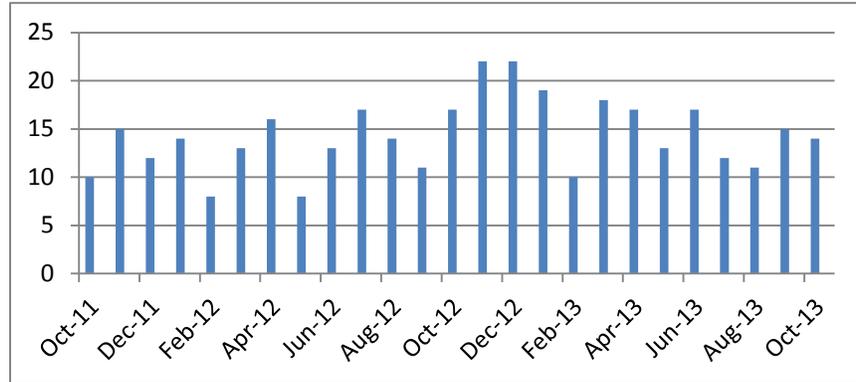
Key Points:

- RIDOC uses this measure to determine its responsiveness to the health needs of inmates. Early intervention by medical providers can reduce costs incurred through inmate hospitalization and emergency room usage.
- Between January and September 2012, RIDOC reported 12,768 physician encounters. That number climbed to 13,285 in the same nine-month period in 2013, an increase of 4.0 percent.

HOSPITAL ADMISSIONS

Hospital level care is a significant cost to RIDOC as it involves supervision and medical treatment costs. The department aims to reduce inmate hospitalization through early intervention when appropriate.

Figure M: Number of Hospital Admissions



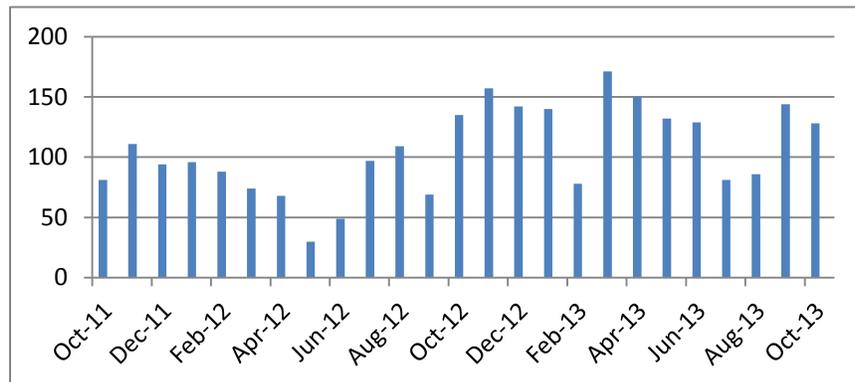
Key Points:

- RIDOC tracks this measure and analyzes patient data to determine the reason for any increases – whether from greater hospitalization by multiple inmates or intensive use by a few inmates.
- RIDOC reported 103 hospital admissions between January and September 2012. From January to September 2013, the number increased 28.2 percent to 132 admissions.

HOSPITAL DAYS

Variations in the number of hospital-level care days are partially indicative of the health of the inmate population. RIDOC aims to reduce inmate hospitalization through early intervention when appropriate.

Figure N: Number of Hospital Days



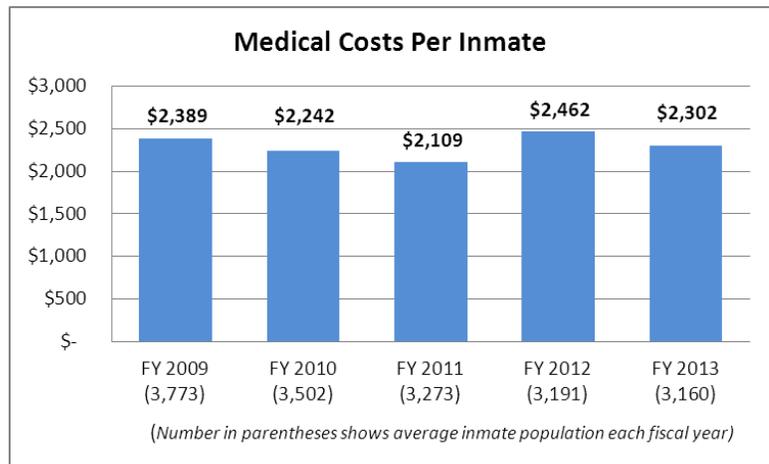
Key Points:

- RIDOC tracks this measure and analyzes patient data to determine the reason for any increases – whether from greater hospitalization by multiple inmates or intensive use by a few inmates.
- Inmates were hospitalized a total of 680 days between January and September 2012, and 1,111 days in the same nine-month period of 2013. RIDOC attributes the increase to intensive needs of a small number of individuals.

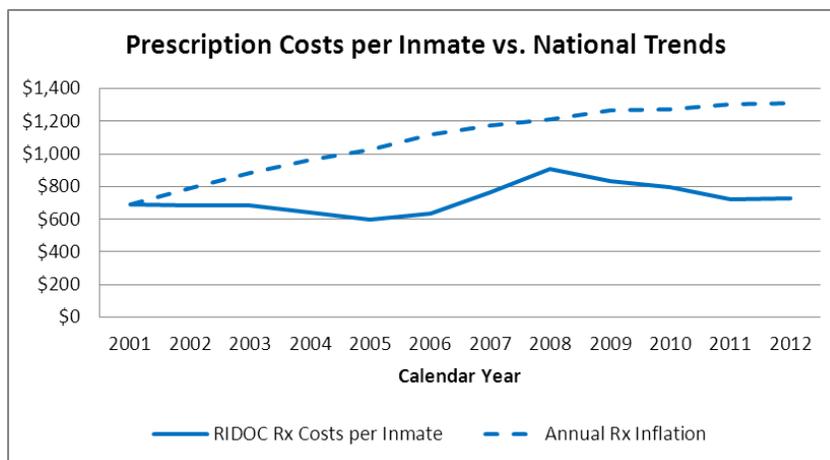
PERFORMANCE REVIEW

Managing Medical and Prescription Drug Costs

RIDOC is required to provide medical care for incarcerated persons in custody. In FY 2013, RIDOC spent \$7.3 million in direct medical expenditures for its inmate population, down from \$9.0 million in FY 2009. Because some of the reduction was due to a decline in the inmate census from 3,773 to 3,160, RIDOC uses costs per inmate to track medical expenditures. Medical costs per inmate have remained relatively steady – declining from \$2,389 in FY 2009 to \$2,302 in FY 2013 (see chart above).



Because pharmaceutical costs represent nearly a third of total medical expenses (\$2.3 million in FY 2013), RIDOC has worked to control cost growth through improved pharmacy benefit management. In 2003, the Healthcare Utilization Management Center (HUMC) at the University of Rhode Island’s College of Pharmacy was selected to manage RIDOC’s pharmacy in a competitive bidding process. In that role, HUMC has worked with RIDOC staff to review inmate prescription needs and formulary options, promote the use of generic medication when medically appropriate and cost-effective, eliminate excess inventory, and reduce medical waste.² Because of these efforts, RIDOC has kept per-inmate prescription cost growth below national trends. In 2001, RIDOC spent \$691 for prescription drugs per inmate per



year (PIPY). If RIDOC’s prescription drug costs had risen at national rates,³ the PIPY costs would have been \$1,309 in 2012, for total expenditures of \$4.2 million (see chart). However, RIDOC spent only \$725 PIPY in 2012 and had total prescription drug expenditures of \$2.3 million – representing \$1.9 million in avoided costs in that year.

² For additional information about HUMC’s partnership with RIDOC, see “An Innovative Approach to Pharmacy Management in a State Correctional System.” Rita M. Marcoux, Jason C. Simeone, Matthew Colavita and E. Paul Larrat. *Journal of Correctional Health Care*. 2012 18: 53. Originally published online 18 October 2011.

³ Drug cost growth historical data comes from Center for Medicare and Medicaid Services’ “National Health Expenditure Projections.” <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/tables.pdf>