State of Delaware
Adult Correction Healthcare Review Committee

Annual Report
Calendar Year
2025

Laura Cooney-Koss, PsyD
Chair

State of Delaware
Adult Correction Healthcare Review Committee

MEMORANDUM

TO: The Honorable Matthew Meyer, and

Members of the General Assembly

FROM: Adult Correction Healthcare Review Committee, Criminal Justice Council staff, and

Laura Cooney-Koss, PsyD.
Chair, Adult Correction Healthcare Review Committee

DATE: December 30, 2025

SUBJECT: Adult Correction Healthcare Review Committee - 2025 Annual Report

cc: Terra Taylor, Commissioner, Delaware Department of Correction
Paul Shavack, Chief of Staff, Delaware Department of Correction

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We are pleased to present to you the sixteenth Annual Report of the Delaware Adult Correction Healthcare Review Committee ("ACHRC or Committee"). This report, prepared by the Committee in accordance with 11 *Del. C.* § 6518 (v), provides a summary of the accomplishments and work product of the Committee this past year, observations and recommendations of the Committee, and the Committee's future goals and plans.

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I. Background

This is the sixteenth Annual Report of the ACHRC. Established by 11 *Del. C.* § 6518 in 2009 and revised by House Bill 173 in 2019 and House Bill 7 in 2021. The Committee was created to serve "in an advisory capacity to the Governor, the General Assembly, and the Commissioner of the Department of Correction (DOC) on all matters in Delaware's adult correction system relating to the provision of inmate healthcare services, the review of all inmate deaths and autopsies relating to those deaths, the construction of healthcare contracts that provide inmate healthcare services, and the review of all statistics relating to inmate healthcare. The Committee shall not be considered a public body as defined by 29 *Del. C*. § 10002(c)." 11 Del. C. §6518 (m).

In April 2023, House Bill 52 was signed into law that modified the membership of the ACHRC. The Bill restored the Delaware licensed psychiatrist position at the request of the Committee.

II. Committee Members

The nine voting members of the Committee appointed by the Governor and confirmed by the Senate are:

1. Janet P. Kramer, MD, CCHP, a Delaware licensed physician.
2. Mandell Much, PhD, a Delaware licensed forensic psychologist.
3. Laura Cooney-Koss, PsyD, a Delaware licensed psychologist.
4. Ashley Istenes, RN, a Delaware licensed registered nurse.
5. Lisa Schwind, a member of the Delaware State Bar.
6. Wm. James Harrison, MHS, an expert in the field of substance abuse treatment.
7. Sandra J Nolan, PhD, RN AHN-BC, any additional healthcare professional who by virtue of training, education, and specialization holds expertise in correctional healthcare.
8. Bernice Edwards, an individual representing a non-profit that is serving the families of inmates or the inmates themselves, or a local civil rights organization.
9. Mustafa Mufti, MD, a Delaware licensed psychiatrist;

As per the revision in HB 52 (changes are underlined):

(c) The Committee shall consist of 9 voting members, appointed by the Governor, and confirmed by the Delaware State Senate which shall include all the following: (1) A Delaware licensed physician. (2) A Delaware licensed forensic psychologist. (3) A Delaware licensed psychologist. (4) A Delaware licensed registered nurse. (5) A member of the Delaware Bar. (6) An expert in the field of substance abuse treatment. (7) Any additional healthcare professional who by virtue of training, education, and specialization holds expertise in correctional healthcare. (8) An individual representing a non-profit that is serving the families of inmates or the inmates themselves, or a local civil rights organization. (9) A Delaware licensed psychiatrist.

(d) The Committee shall also consist of the following 3 nonvoting ex-officio members: (1) The Chief of the Bureau of Healthcare, Substance Abuse, and Mental Health Services. (2) Chairperson of the House Corrections Committee. (3) Chairperson of the Senate Corrections and Public Safety Committee.

Laura Cooney-Koss, PsyD served as Chair of the Committee. In addition to the appointed members of the Committee, other non-voting participants include Deputy Attorneys General ("DAG") Abigail de Uriate, Esquire, served as counsel for the Committee; DAG Michael Gordon, Esquire served as counsel for the DOC; Nicole Hartman, served as counsel for CJC; Michael Records, Chief of Bureau of Healthcare, Substance Abuse and Mental Health Services at DOC; Carolyn Ianni, MD, Medical Director of the DOC; Vanessa Bennifield, PsyD, Behavioral Health Treatment Director; Susan Conley, APRN, ACNS-BC then replaced by Victoria Bryant, Director of Medical Treatment Services; and Anneke Cerri, Behavioral Healthcare Services for the DOC. Kim Kirk is the Criminal Justice Council staff assigned to the Committee.

During 2021 and 2022, the Chairperson of the House Corrections Committee and the Chairperson of the Senate Corrections and Public Safety Committee were voting members of the Committee however this provision expired in 2023. Senator Ray Seigfried and Representative Larry Lambert are assigned legislators to the Committee.

III. Committee Charge

The Committee is tasked with advising the Commissioner of the DOC along with the Governor and the General Assembly on all matters in

Delaware's adult correctional system relating to the provision of inmate healthcare services, the review of all inmate deaths and autopsies relating to those deaths, the construction of healthcare contracts that provide inmate healthcare services, the review of all statistics relating to inmate healthcare, and any matters relating to adult inmate healthcare that the Committee considers reasonable and worthwhile, including assuring the resolution of identified problems and enhancing the efficient utilization of resources.

Certain State agencies and contractors providing medical services to inmates must provide information requested by the Committee. Additionally, the Committee may request the appearance of any contractor providing medical and behavioral health services to an inmate under the direction of the DOC at a Committee meeting to provide information to the Committee. Another highlight notes that the Committee is not a public body, and Committee members must abide by federal and state laws regarding the privacy of protected health information and provides penalties for violations of the privacy of such information. 11 *Del. C.* § 6518 (v) requires the Committee to report to the Governor, the General Assembly, and the Commissioner of the DOC each year regarding the status of inmate healthcare services in Delaware.

IV. Committee Work Product – Reports Reviewed During the

The Committee held ten (10) formal meetings during the 2025 year, to fulfill the legislative mandate of providing oversight of the healthcare services provided in the DOC. For ease of scheduling, the ACHRC continued working smoothly and consistently met virtually. The members are able to meet virtually since this is a non-public entity. The Criminal Justice Council (CJC) assisted the members and maintained the schedule including notifications of meetings and information sharing. Below is a summary of the meeting highlights and major accomplishments of the Committee during the past year.

A. Review and Monitoring of DOC Health Services by the ACHRC

The Committee continues to review monthly hospital reports, mortality reports, health services practices, outcomes, and utilization with the goal of advising the Commissioner on health service areas that meet best practice standards and those that need improvement. The Committee also discusses news articles, any pending lawsuits, and inmate grievances and provides input regarding the DOC medical provider contract.

Reports Reviewed

Below are the number of cases the ACHRC reviewed for January through November. The data for December is still being compiled therefore cannot be included in this report.

	Emergency Room Runs	Hospital Inpatient	Morbidity & Mortality reviewed	Autopsies reviewed	Deaths	Critical cases reviewed	Naloxone deployments
Total	554	490	1	0	2	0	89
In Depth Review	75	82					

Disease	Total
STD	214
Ectoparasites	5
Meningitis	0
MRSA	20
Active TB	0
Flu	28

Disease	Average Cases Per Month on the tracking log
Hep A	0
Hep B	4
Hep C	29
HIV/AIDS	34

COVID 19

COVID incidents have greatly improved, and positive COVID cases have continued to significantly decrease. COVID testing was first available

3/15/21. ACHRC members discuss successes and areas of concern when needed and continue to make recommendations in medical situations.

2023 Season	Number of COVID Cases
Covid Winter Dec 24- Mar 25	48
Spring Mar 25- June 25	0
Summer June 25- Sep 25	3
Fall Sep 25- Nov 25	2

Grievances

The ACHRC members continue to discuss and review grievances including what information they would like to receive from DOC regarding the grievances. DOC has outlined the process for medical and behavioral health grievances with the group. Grievances are initially heard at the facility level but are then transferred to the Bureau if the individual appeals the facility's decision. Review of the grievances has helped the Bureau identify system level issues with specific staff/contractors and/or within a specific facility. It was recognized that there is an attempt to resolve the grievance in each stage of the process and the individual has an opportunity to communicate understanding and degree of satisfaction. Some grievances get resolved, however, the incarcerated individual still pushes the item, so leadership learns about the issue. DOC examines all grievances. Medical and other grievances are all submitted through the same process.

B. Recognition of Accomplishments and Meeting Highlights

It must be highlighted that DOC continues to receive national recognition. The Department objectively reviews practices and strives to implement innovative approaches to healthcare. The Committee would like to highlight and applauds DOC for the numerous cases where staff performed life saving measures quickly and efficiently for individuals that may have likely died in the community. These measures span everything from CPR to deployment of naloxone. ACHRC continues to be impressed with the professionalism within the department and the DOC's eagerness to improve processes.

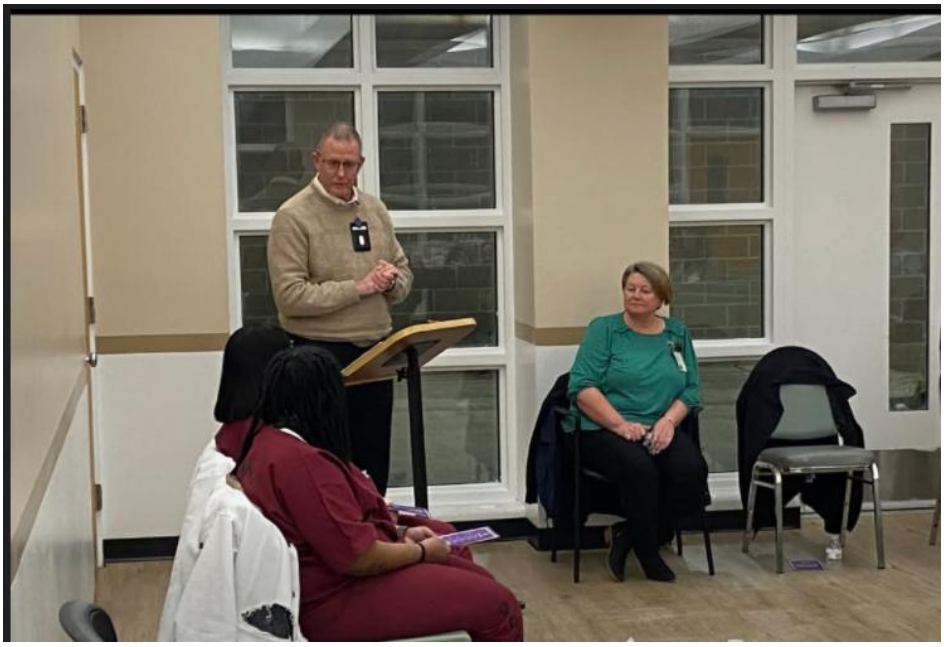
Patient Companion and Peer Specialist Programs

The Patient Companion Project was developed for qualified and selected offenders who are then trained to provide personalized assistance to other offenders/patients who are unable to provide care for themselves. The functions of this program include companionship, emotional support, activities of daily living (ADLs) (feeding, hygiene, dressing, walking) and comfort measures. The training consists of classroom hours and 80 hours of on-the-job training with healthcare staff in the infirmary. The Patient Companion also learns about proper skin care, and signs and symptoms of distress. Individuals provide companionship during the dying process and care for those with cognitive impairment. The participants are evaluated for the retention of the information learned and graded. Graduation occurs after training, and all the competencies have been successfully completed. Participants are eligible for a state CNA certification license which may lead to employment in the community. This program continues to receive national recognition and has been highlighted in various news reports. DOC has expanded this project to include Howard R. Young Correctional Institution, James T. Vaughn Correctional Center, Sussex Correctional Center, and now Baylor Women's Correctional Institution, beginning in December. In 2025, the Patient Companion Project began a partnership with DelTech in Sussex County, due to the desire to add the service to the infirmary area and an additional housing unit at SCI. This partnership will expand to DelTech Wilmington campus in early 2026. Twelve (12) Companions graduated from the program this year, and family members, DOC staff, and ACHRC members were in attendance to show support. There are currently sixteen (16) Care Companions employed at all Level-5 facilities combined. There has been a total of over 66,364 hours of Companion Care since 2021, including 39,505 hours at JTVCC, 16,948 hours at HRYCI, and 9,911 hours at SCI.

Multiple Patient Companions have re-entered the community and have started the process of securing interviews in the field. This includes an individual that is actively seeking employment with the Delaware Division of Health and Social Services for a Health Program Representative as a community liaison.

Companions are making a difference and very supportive, especially for people reaching end of life. DOC also has numerous wellness and care

measures in place for the companions themselves. Hospice also takes care of people, families, the DOC family, and companions. Susan Conley regularly follows up with the Companions, and the chaplain ministry reaches out as well. Hospice is helping with education and end of life training for the Companions.



Bureau of Healthcare, Substance Abuse, and Mental Health Services Chief Michael Records (left) and DOC Director of Community Health Susan Conley (right) with two Patient Care Companion graduates at their July graduation.

Since its launch in January 2022, the Delaware DOC Certified Peer Program—developed in partnership with DSAMH and the Mental Health Association (MHA)—has expanded its reach and strengthened its impact across Level 5 facilities. Certified Peers, individuals with lived experience of mental illness or substance use, receive training to provide recovery support, facilitate groups, assist with de-escalation, and reduce staff burden while promoting inmate well-being. Since its initial implementation, the program has expanded across multiple facilities and advanced a standardized certification pipeline that includes training, supervised experience, and certification examination. The program has now been successfully implemented at Howard R. Young, Sussex Correctional Institution, James T. Vaughn Correctional Center, and Baylor Women's Correctional Institution. Program efforts in 2025 focused on peer training and certification, foundational behavioral health education, suicide-prevention capacity

building, and documentation of reentry outcomes to inform subsequent QI measurement and implementation.

A total of fifteen (15) Peers completed training, and twelve (12) of those individuals have passed their Certified Peer certification exams. As of the end of 2025, eight (8) Certified Peers have been released from custody and were employed, many in community-based recovery support or related behavioral health roles.

DOC Healthcare Provider

VitalCore remains very responsive to requests and sustains deliverables as the contractor for DOC. DOC provides ACHRC with updates on staffing and progress at each meeting. DOC also facilitated a presentation by VitalCore key staff, which included the Chief Operating Officer of Prisons, Vice President of Operations - Delaware, facility psychiatrist, and facility licensed psychologist. VitalCore provided an overview of programming offered at Level-4 and Level-5 facilities and noted that they continue to monitor needs within the community to determine gaps in programming and treatment. As is true nationally, the struggle for consistent staffing and the difficulty in hiring remains a concern. However, staffing rates are consistently higher than other states' with VitalCore contracts. Staffing fluctuates to some degree however the contractor continues to maintain staffing rates around 87% of capacity on the medical side and 81% on the behavioral health side. Efforts are made to fill vacant critical leadership positions quickly. Committee members, especially those who work or teach in healthcare, promote internship opportunities and careers in correctional healthcare, and work to establish correctional career pathways with universities. DOC coordinates with Widener University to seek clinical post-doctoral candidates. The current contract with VitalCore expires in June 2026.

Accreditations

DOC continued to move forward with the National Commission of Correctional Health Care (NCCHC) and American Correctional Association (ACA) surveys, reports, and evaluations. DOC provides updates to ACHRC at each meeting regarding facilities that have achieved accreditation or reaccreditation, and ACHRC communicates any concerns or recommendations for improvement to the accreditation process. The DOC facilities, including the Administration Building and Training Academy, go through the process of accreditation. Delaware DOC adheres to the process

and diligently completes all requirements in a timely manner, as required to maintain established standards. DOC tracks the process which is outlined in the table below.

	ACA			PREA			NCCHC - medical	
Facility	**Last Audit**	**Accreditation Granted**	**Due**	**Last date done**	**Due**	**Facility**	**Last date done**	**Due**
MCCC	Nov 11-12, 2020	3/30/2021	N/A	Jan 28-30, 2019	N/A	**MCCC**	N/A	N/A
HRYCI	Sept 9-11, 2020	3/30/2021	Fall 2026	Jul 15-17, 2022		**HRYCI**	May 4-5, 2021	Fall 2026
PCCC	Jun 10-11, 2024	8/17/2024	Summer 2027	Jun 19, 2024	2027	**PCCC**	May 6-7, 2021	
SCI	Sept 27-29, 2021	1/8/2022	Fall/ Winter 2026	Mar 6-8, 2023	Mar 9-11, 2026	**SCI**	May 17-18, 2021	Fall/ Winter 2026
SCCC	Oct 12-15, 2021	1/8/2022	Fall/ Winter 2026	Mar 3, 2023	Mar 12-13, 2026	**SCCC**	May 19-20, 2021	Fall/ Winter 2026
BWCI	Jun 12-14, 2024	8/17/2024	Summer 2027	Jun 17, 2024	2027	**BWCI**	Jun 3-4, 2021	Summer 2027
HD Plant	Dec 5-6, 2023	8/17/2024	Winter 2026	Jun 18, 2024	2027	**HD Plant**	Jun 3-4, 2021	Fall 2026
CCTC	Oct 10-11, 2022	Hearing will be at Winter 2023ACA Conference	Fall 2025	Jun 13-14, 2022	2025	**CCTC**	Mar 13-14, 2023	Mar 1, 2026
JTVCC	Nov 8-10, 2021	8/6/22	Fall/ Winter 2026	Jul 13-15, 2022	2025	**JTVCC**	Jun 2, 2022	Dec 2025

Continuity of Care

The Committee routinely discusses various types of medications along with best practices and evidence-based medicine. Scholarly articles with emerging studies and data are often shared among ACHRC members and discussed during the meetings. Members share local and community trends and perspectives.

ACHRC continues to monitor and discuss patient care. Improvements are suggested at the meetings and the Department ensures follow-up internally and with the provider. All enhancements to the policies and practices are reported back to the members at the next meeting. The Committee addressed topics including efficient record keeping and documentation, administration of medication, complexities on treating individuals on detentioner status, and average response time for medical & behavioral health call requests.

Substance Use Disorder (SUD) Management

ACHRC discusses the identification and treatment of individuals with substance use disorders as well as national trends in improving treatment options for individuals under DOC supervision. Narcan kits have been distributed within the DOC facilities for use immediately and are now provided to individuals leaving the facilities to hopefully decrease the overdose fatalities.

While medication assisted treatment (MAT) has been deemed an evidence-based practice, personal opinions on the use of MAT can hinder progress and administration of MAT. The Committee discusses the complexities of MAT and ways training may be increased to address and ensure the use of MAT in the DOC facilities. The group will continue to explore implementing training knowing it can be challenging due to shift work and staff shortages.

DOC has successfully implemented MAT programs at all facilities. DOC mirrored best practices for the medication pass and trained correctional officers, medical staff, and individuals at the facility. On average, 16% of the total DOC is on MAT week-to-week. Several DOC staff have presented nationally on DDOC-MAT efforts and successes. This process has yielded significant time savings and increased satisfaction as well as the number of individuals served.

V. Observations and Recommendations

The mission of the Committee as stated in the legislative mandate is to advise on all matters in Delaware's adult correctional system relating to the provision of inmate healthcare services. Based on the reports reviewed and the items discussed during the meetings, ACHRC has made the following observations and continues to propose recommendations[1]:

1. ACHRC will research and identify the cost of care for patients with severe mental health challenges and that have self-directed violence - including security, medical, mental health, and all ancillary costs involved to determine an annualized dollar amount.

    a. ACHRC will work to explore standards of care and associated costs to manage these patients and reduce critical events and burden on staff . Once associated costs are determined, securing required funding may also be explored to address issues and needs.

2. We know about 1/3 of individuals in Delaware with opioid overdose deaths had contact with DOC.

    a. Monitor MAT options and secure additional funding for MAT and SUD treatment expansion within DOC.

    Progress – DOC continues to provide MAT at all facilities. DOC has increased the use and deployment of Narcan kits to individuals. DOC continues to respond to the needs of individuals in creative ways such as the use of virtual options and peer counselors.

    b. Continue using canines to detect illegal substances and prevent them from being brought into the facilities.
    c. Develop response(s) to many known and suspected overdoses of unknown substances.

[1] Progress has been added to observations and recommendations from the previous year report as well as progress made during the year for new items.

3. Continue transparency regarding the medical care and treatment of incarcerated individuals. DOC has established an anonymous email and phone line for DOC staff and contracted healthcare staff to report any concerns related to health care services. DOC/Bureau of Healthcare, Substance Abuse and Mental Health Services often receives correspondence about health care from multiple sources. DOC/the Bureau also tracks and addresses each matter. Concerns may also be forwarded to the DOC Public Relations staff. DOC must receive consent from the individual in custody prior to discussing anything with other parties or communicating with family.

    a. Establish regular updates on the status and availability of health care and sending the updates to the public, staff, and inmates.

    Progress – This remains a priority and will continue to be addressed. Any correspondence CJC received was forwarded to the ACHRC, DOC and the DOC Public Relations staff. The Committee discusses all matters brought to the attention of the group which range from items such as access to healthcare, information sharing and timeliness including test results, access to additional services including commissary, and general health and living conditions. ACHRC will continue to work with DOC regarding communication to the public, loved ones/family members and the incarcerated individuals themselves.

    Communication on the policies and procedures is critical. The Commissioner has worked hard with media relations, and it is difficult to show DOC has good healthcare and change public perceptions. Increasing awareness and promoting the positive DOC efforts would be helpful. It was noted that focusing on how corrective actions have been made by DOC with difficult situations and any proactive measure taken would be helpful to communicate publicly.

4. Overall staff and nursing vacancies pose challenges as well as difficulties in recruiting and retaining staff exist.

    a. Develop additional ways to increase recruitment of health care staff and secure additional training opportunities.

    Progress – Committee members continue to promote internship

opportunities and careers in correctional healthcare, and work to establish correctional career pathways with universities.

5. Critical moments such as initial incarceration, anniversaries, holidays, and individuals receiving long sentences pose a risk for incarcerated individuals and may impact behavior and mental health.

    a. DOC should explore implementing an assessment for critical events and risk factors.
    b. If any mental health and/or substance use disorder assessments are completed prior to incarceration, improvements must be made around information sharing with DOC.

        Progress - the courts have begun sharing critical information with DOC, including unfavorable sentencing. This information prompts mental health checks for those individuals.

6. ACHRC recommended surveying individuals' patient care feedback as they are released from the emergency room and/or hospitalization and re-enter DOC facilities. DOC was receptive to implementing a patient care hospital survey upon re-entry.

    a. Patient care surveys now administered by DOC upon re-entry to DOC facilities.
    b. Aggregate survey scores and narrative responses will be provided to ACHRC for review at each meeting – Committee would like to discuss negative feedback specifically and identify potential patterns, if any.

        Progress – Generally, initial survey data suggests that hospitalized individuals are having a positive experience with receiving healthcare in community.

The ACHRC will continue to monitor progress on recommendations and include additional items as needed.

VI. Concerns

Staff Shortages and Hiring

Delaware, along with the rest of the nation, has been impacted by staff shortages. The struggle for consistent staffing and the difficulty in hiring remain a concern. This is true for both DOC and the contracted provider at numerous levels. However, staffing has remained consistent at 85-87% weekly and has seen improvement over the last year. Delaware consistently has a higher staffing rate than other states with VitalCore contracts. The agencies continue to boost recruitment and offer incentives. ACHRC will continue to monitor this challenge in 2026 and help in all possible ways.

Autopsies

Obtaining medical autopsies has been a challenge for the DOC for many years. Currently, the DOC may wait more than six months to obtain an autopsy on an uncomplicated inmate case. Because the Committee is tasked with reviewing the circumstances behind inmates' deaths, the inability to obtain autopsies in a timely fashion is discouraging and prevents the Committee from carrying out its charge.

The DOC Medical Director met with the Chief Medical Examiner in early 2025 to discuss DOC's desire to obtain autopsy reports. Straightforward (i.e. natural death, absence of drugs/alcohol, and no observed trauma) cases should be completed within ninety days. However, if there is suspicion of homicide, accidental drug overdose, and/or suspicion of criminal activity, the Division of Forensic Science requires approval from Delaware Department of Justice before they can release the autopsy report. Multiple state agencies are waiting an extensive amount of time for autopsy reports in these cases.

Critical Moments and Transfers

Handling individuals at critical moments such as initial incarceration, anniversaries, holidays, and individuals receiving long sentences continues to be a reoccurring topic. ACHRC suggests DOC continue to explore by incorporating some best practices supported in literature and conduct additional screening to determine those critical points. It could be helpful to have mental health professionals on site and available at the Courthouse as well. ACHRC member will work with DOC to examine establishing a real time process for situations when an individual comes from Court to the facility

after receiving a lengthy prison sentence. Some individuals may be evaluated by a mental health professional either from the Dept. of Justice or Office of Defense Services, however that information is not transferred to DOC.

DOC is not made aware of additional risk factors such as preexisting mental health and/or SUD diagnosis in a timely fashion, if at all. Members recognize that even with DOC being fully staffed, it is difficult to increase assessments and monitoring for mental health. DOC medical staff is also not made aware of an individual's criminal charges or the severity of those charges which could impact a suicide, attempted suicide, and any self-harming behavior. Developing an inventory/checklist as a follow-up with cases could help. DOC maybe can conduct a group debriefing with newly incarcerated people, particularly ones with a SUD. ACHRC members offered to obtain additional resources such as an assessment for critical events and risk factors.

Another area of focus during the year was the DOC use of personal close observation (PCO) measures which include increasing the intensity of interventions and heightens the frequency of treatment visits for individuals. The Committee discussed facility housing options and the pros and cons of having someone in a single cell versus having a cellmate. ACHRC members suggest utilizing peers/patient companions to assist in addressing these types of needs within the Department when appropriate.

Increased Overdoses and Emerging Drugs in Facilities & Community

The Committee continues to discuss at length suspected overdoses. The Committee has concerns about emerging substances, including Medetomidine, within facilities and the number of overdoses. Additionally, the Committee has noted an increase in the number of overdoses related to unknown substances. ACHRC would like to receive information on the outcome of the suspected overdose investigations and how the individuals may have obtained the substance if determined. Members feel it would be beneficial to know if the suspected overdoses at the same facilities are connected in any way. It would benefit ACHRC in its mission to know what is happening and what security determines regarding these cases. This is something that seems to be trending and needs extra attention. The Committee recognizes and appreciates the many prompt successful resuscitations through Narcan and first-responder efforts made by DOC staff.

DOC continues to see a number of people coming into the facilities with wounds. There continues to be a surge in emerging drugs, including Tianeptime, Bromozolam, Medetomidine, and Nitazine, in the community.

These emerging drugs, in addition to an increase in withdrawals from unknown substances within the facilities, continues to be a concern.

Compassionate Release – Healthcare Facility Placement

The Committee discussed concerns surrounding barriers to community care with newly adopted compassionate release legislation. The DOC must coordinate care with nursing homes and long-term care facilities when an individual is medically paroled. Those facilities have complete discretion over patient acceptance. DOC has experienced barriers to securing placement for these individuals, delaying their parole. There are concerns that this will be exasperated under Senate Bill 10.

VII. Future Goals and Plans

The Committee is profoundly aware of the responsibility entrusted to it by the Governor and the Delaware Legislature. In 2026, the Committee will continue to monitor healthcare service reports from the DOC. In addition, Committee members will continue to review health service standards and service provisions to evaluate the quality of health services provided within the DOC.

The Committee intends to assist DOC in advocating for additional funds to care for incarcerated individuals. DOC has a duty to care for the individuals in their custody and as the population ages and becomes more ill, healthcare becomes more costly. Members will continue to advocate for more specialized management of inmates who require unique services, in addition to specialized trained staff at DOC to handle unique cases in the facilities. Furthermore, all Committee members continue to contribute to updates and discussions on current correctional healthcare services, best practices, and recommendations presented in healthcare service literature.

Goal – Explore funding, technology, and placement opportunities to find a solution to improve the quality of services for people experiencing severe mental illness who have self-directed violence and are a danger to themselves and others.

The Committee will explore the process and timing of being able to receive a gross autopsy report. Currently the Division of Forensic Science completes the whole autopsy report and sends it as a complete package to DOC. A gross autopsy is a preliminary review while waiting for test results

and usually happens in the first few days of an incident. Laboratory reports many times take well over a month.

GOAL – Improve monitoring and response surrounding critical moments that impact incarcerated individuals.

a. ACHRC recommends providing additional one-on-one peer support for individuals with high risk for self-harm and repeat offenders of self-harm behavior. DOC has acknowledged the benefit of this and advised that security concerns would need to be addressed before implementation.

GOAL – Evaluate the overdose trends and increase appropriate responses and treatments accordingly.

GOAL – Evaluate the difficulties with provision of care for individuals that have committed sex offenses. This includes examining enhanced training opportunities and exploring training credentials for treatment providers.

GOAL - Continue to explore medication needs for DOC population, including appropriate treatments for ADHD.

Finally, the Committee is pleased with the cooperation and the efforts to resolve healthcare services concerns by the Commissioner of the DOC, the Bureau of Healthcare, Substance Abuse and Mental Health Services, and the staff of DOC. We are confident that such cooperation, time, and attention will continue as we work together to fulfill the mission of the Committee.

Respectfully submitting,

The Adult Correction Healthcare Review Committee December 30, 2025

Enclosure

APPENDIX A
Work Plan ACHRC
(House Bill 446)

Frequency of Meetings—Every one to two months but no less than four times a year

Reports expected for review at meeting:

- ✓ Critical Incident Reports involving injury to staff or inmates or public in DOC
- ✓ M/M Reports; Psychological autopsy when appropriate
  Mortality reports from deaths occurring between ACHRC meetings will be reviewed following the mortality review for that death.
- ✓ PREA and ADA grievances
- ✓ Health staff disciplinary reports
- ✓ Notification of NCCHC and ACA survey dates at each facility
- ✓ Reports from public sources on issues affecting health and safety in DOC
- ✓ Pending lawsuits and professional disciplinary actions filed with licensing boards
- ✓ Other information concerning the health and safety of inmates as it becomes available.
- ✓ Monthly summaries of health-related grievances from inmates, their families, and DOC health staff. This will include DOC plans for the resolution of frequently occurring health related grievances.

Reports expected for quarterly meetings (January, April, July, October):

- ✓ Sick call response time for medical and behavioral call requests.

Reports expected prior to each 6-month meeting (January and July) November and December will focus on report to the Governor and Legislature

- ✓ Quality Improvement reports from each facility
- ✓ Internal quality monitoring reports
- ✓ NCCHC and ACA yearly reports
- ✓ Inmate hospital admissions; infectious disease report; quarterly report on inmates in DPC
- ✓ Reports on federal or state inspections including but not limited to pharmacy, dietary, radiation medicine, infectious disease, and safety reports routinely conducted as per state licensing agency requirements.

- ✓ Status reports on numbers of inmates in chronic care clinics and cumulative diagnosis-for instance, insulin dependent diabetes, active TB, Hepatitis C with drug treatment, Hepatitis C without drug treatment; identified with major psychiatric diagnosis including addictions and numbers in specific treatment including counseling (group and/or individual), and those on psychiatric medications.
- ✓ Re-hospitalization rate of inmates who had been hospitalized in public or private psychiatric or general hospitals within 6 months of previous hospitalization.

Committee members may arrange to visit facilities after giving appropriate notice to the Warden and Chief of Health Services to observe the conduct of health services or to review practices and/or patient charts. If members wish to observe treatment or observe direct patient encounters, agreement by the patient will be first obtained**.**

Original Adopted October 26, 2009; Revision Adopted August 19, 2010; Revision Adopted November 18, 2011; Reviewed and Adopted without change December 2012; Reviewed and Adopted without change December 2013; Revision Adopted December 15, 2017.