

National Commission on Correctional Health Care Accreditation

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Issue

This report discusses the potential costs and implications of the Connecticut Department of Correction (DOC) pursuing National Commission on Correctional Health Care accreditation.

The Office of Legislative Research is not authorized to give legal opinions and this report should not be considered one.

Summary

[The National Commission on Correctional Health Care](#) (NCCHC) is a nonprofit organization whose mission is to “improve the quality of health care in jails, prisons, and juvenile confinement facilities.” NCCHC accredits facilities through an external review process, based on compliance with NCCHC-set standards in a number of areas.

NCCHC offers the following types of accreditation:

1. Facility Health Services (Jails, Prisons, and Juvenile Confinement Facilities);
2. Mental Health Services in Correctional Facilities; and
3. Opioid Treatment Programs (OTPs) in Correctional Facilities.

NCCHC does not accredit states or agencies, but instead accredits individual facilities for compliance with the relevant standards. According to DOC, certain DOC facilities are currently accredited for their OTP programs (run by outside vendors). These include programs operated by the following:

1. Community Health Resources (CHR) (six sites),
2. Recovery Network of Programs (RNP) (Bridgeport Correctional Center), and
3. APT foundation (New Haven Correctional Center).

For OTP programs, NCCHC is [approved as an accrediting body](#) by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Accreditation from an approved entity is a prerequisite for an OTP program to get SAMHSA-certified (see OTP Certification heading [here](#)).

OLR cannot project the extent to which DOC facilities pursuing additional accreditation would impact the quality of health care in DOC facilities. A 2025 research paper, based on a randomized controlled trial of 44 small to medium jails throughout the country, found that NCCHC accreditation was associated with reduced mortality, improved patient care, and reduced recidivism ([The Hidden Health Care Crisis Behind Bars: A Randomized Trial to Accredit U.S. Jails](#), Marcella Alsan and Crystal Yang, NBER Working Paper No. 33357). The results of that research cannot necessarily be generalized to Connecticut facilities, due to the challenges and complexity of the correctional health care system and uncertainty over the specific features of DOC's health care system that might change were one or more facilities to gain accreditation. Impacts may vary by facility. To the extent accreditation results in a decrease in Connecticut's inmate population due to reduced recidivism, DOC may see a proportional marginal savings.

Some commentators note that NCCHC accreditation may reduce the risk of a state being subject to lawsuits, or found liable in those lawsuits, for alleged inadequate medical care for incarcerated individuals. For example, as noted on NCCHC's [website](#), in a 2020 class action lawsuit, a federal judge in Idaho noted that the defendants' NCCHC accreditation (along with their adherence to an agreed-upon compliance plan), "while not determinative, constitute substantial evidence of adequate medical care." At this time, the potential savings to Connecticut from any reduction in liability risk is indeterminant.

Should DOC require additional medical, correctional, or administrative staff to meet accreditation standards, there is a potential cost to the state for these additional positions. For a recent example of how a similar jurisdiction has estimated these costs, see [SB 5388](#) of the Washington State Legislature's 2025-26 legislative session and the [fiscal note](#) on the original bill, which would have

required Washington’s Department of Corrections to seek NCCHC accreditation at its correctional facilities. The final version of the bill did not require NCCHC accreditation.

NCCHC Accreditation Process Overview

For each category, accreditation is based on compliance with NCCHC’s applicable standards. Each accreditation includes standards organized in general categories, such as governance and administration, health promotion and safety, patient care and treatment, and medical-legal issues.

NCCHC’s most recent editions for the standards are as follows: (1) [health services in jails and prisons \(2026\)](#), (2) [juvenile facilities \(2022\)](#), (3) [mental health services \(2026\)](#), and (4) [OTP \(2016\)](#).

According to [NCCHC](#), after a facility applies for accreditation and pays the application fee,¹ NCCHC sends it a self-survey questionnaire (and a related guide) to help determine the facility’s compliance with the standards. The self-survey is not returned to NCCHC, but is intended to help the facility prepare for the accreditation process. Later, survey teams conduct an on-site survey (often 10-12 months after the application’s submission). The survey typically takes two to three days. Survey teams include a physician and are customized to the facility’s programs. The [teams](#) “review patient health records as well as policies and procedures; interview health staff, correctional officers and inmates; and tour the facility.” NCCHC’s accreditation committee then determines whether the facility has sufficiently met the standards. Within eight weeks after the survey, NCCHC notifies the facility of the accreditation decision. [According to NCCHC](#), once accredited, facilities must submit annual updates to NCCHC and additional on-site visits occur approximately every three years.

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¹ On average, the estimated initial accreditation fees per facility range from \$5,000 to \$10,000. There are currently 13 operational correctional facilities in Connecticut.