Healthy and Safe Communities

Health Care Services-Improve Lives-Continuity of Care

2021-2023 Biennial Budget Request

The Department of Corrections (DOC) is dedicated to improving patient care and providing quality treatment for incarcerated individuals. Those in our prisons or serving community supervision sentences come from overwhelmingly poor communities, and disproportionately, communities of color. They have higher prevalence of infectious diseases, substance use disorders, and may struggle with chronic physical and mental health disorders that are often undiagnosed or untreated. It is essential that the medical and mental health needs are addressed for all those in our care and appropriate continuity of care is assured when an incarcerated individual releases to the community.

Improving Patient Health Care Outcomes (61.8 FTEs, $20.0M)

Quality Assurance & Care Navigation (24.6 FTEs, $5.4M)	**Behavioral Health Investment** (27 FTEs, $6.0M)	**Electronic Health Record** (4.9 FTEs, $1.3M)
Nursing Relief (5.3 FTEs, $1.3M)	**Hepatitis C Treatment** ($6.0M)	

Quality Assurance and Care Navigation

To better serve the incarcerated population and provided positive patient outcomes, DOC needs to implement an integrated health services model of care to ensure timely, efficient and effective delivery of quality services. Individuals entering prison overwhelmingly come from low income communities, have had less access to health care, and a higher incidence of acute health conditions as compared to the general public. Without the benefit of care integration across disciplines and comprehensive care management strategies, undiagnosed and inadequately treated conditions in DOC patients can negatively impact the individuals' physical and/or mental capacities, increase the complexity and cost of their care, and contribute to early mortality. (24.6 FTEs, $5.4M)

Nursing Relief (Critical Safety: Nursing Relief)

DOC is required to provide constitutionally mandated 24/7 health care services to incarcerated individuals and state law requires that licensed nursing personnel are available at all times. Currently, the agency is underfunded for current non-discretionary relief and holiday overtime. Nursing relief needs are attributed to legislatively authorized, legitimate absences of nursing staff from their designated work areas, which require coverage/backfill (relief) to cover duties and provide services. Without full funding for nursing relief and holiday overtime, the department will continue to overspend in salaries and benefits, as well as potentially provide insufficient care to the population it serves. This request aligns with the recommendations outlined in the legislatively mandated staffing report produced by CGL Management Group. (5.3 FTEs, $1.3M)

Hepatitis C Treatment

The Center for Disease Control and Prevention reports that there are approximately 2.4 million people (1 percent) living with the Hepatitis C Virus (HCV) in the United States, as compared to 9 percent of individuals incarcerated in Washington state prisons. This disease can cause severe liver damage, lead to liver cancer, and possibly death if left untreated. DOC cannot deny medically necessary health care to incarcerated individuals, yet the agency is unable to test and treat every patient with HCV exposure/infection that may require treatment without resources to do so. DOC seeks funding for medication to treat 159 patients more than the current funding supports. The additional funds would provide treatment for a total of 529 patients, matching the number currently in treatment in our prisons. DOC's vision is to ensure that all patients, regardless of ethnicity, race, or socio-economic status are screened, treated, and receive necessary follow-up care for Hepatitis C while under our care and as they reenter society upon release. If DOC does not receive additional funding for HEP C treatments DOC will continue to overspend. ($6.0M)

Corrections Behavioral Health Investment

DOC requires additional staffing to effectively address the behavioral health needs in its facilities and the community. Currently, the intake centers average 643 combined admissions per month. Of those, approximately 60-70% require a psychiatric assessment. The intake centers do not have the staffing to complete these assessments in a timely manner

upon admission. Additionally Caseloads for therapists and psychiatric services are unmanageable within DOC's facilities. Target caseloads for outpatient therapist services range from 80-90 patients and 10-20 for Residential Treatment Unit Services. Most therapists have caseloads over 100 for outpatient services, which results in less time with patients. Due to the high demand of psychiatric services, DOC has many overdue encounters for patients with psychiatric needs. A report completed in 2019 showed overdue encounters at 385 agency wide. Caseloads for therapists and psychiatrists require additional staffing to ensure favorable outcomes for the incarcerated population. In addition to facility needs, the community is lacking in resources for the supervised population. Community facilities need staff that have knowledge and ability to maintain relationships with community providers so they can support and direct patients to care after release. (27 FTEs, $6.0M)

Preparing for Electronic Health Records (Electronic Health Record System)

The DOC's current paper health record system poses serious administrative, security, financial, and physical risk to DOC staff, incarcerated individuals, and the State of Washington. The safety and well-being of incarcerated individuals are adversely impacted by the increased likelihood of errors in recording patient health history, ordering and administering medications, documenting care or treatment plans, requests for consultations or referrals to off-site providers – all which exposes the state to legal and financial liability. DOC's current paper charting system creates unmanageable volumes of health care paperwork, increases staff and space costs, making it difficult to have current patient information available as needed; and forwarding the patient's records to a community provider upon release is nearly impossible. Each month, DOC receives 400-500 new incarcerated individuals and releases about the same. Tracking the health records of these individuals is a manual process. The DOC population is highly mobile with individuals often transferring between several facilities during their incarceration. Physical charts and files must be stored, transported between facilities, pulled and delivered daily for provider appointments, and managed to ensure the safe keeping of protected health information. Without the implementation of an EHR, there is grave concern regarding a lack of access to timely information, record accuracy information security, and increased likelihood of physical records being lost or destroyed. (4.9 FTEs, $1.3M)