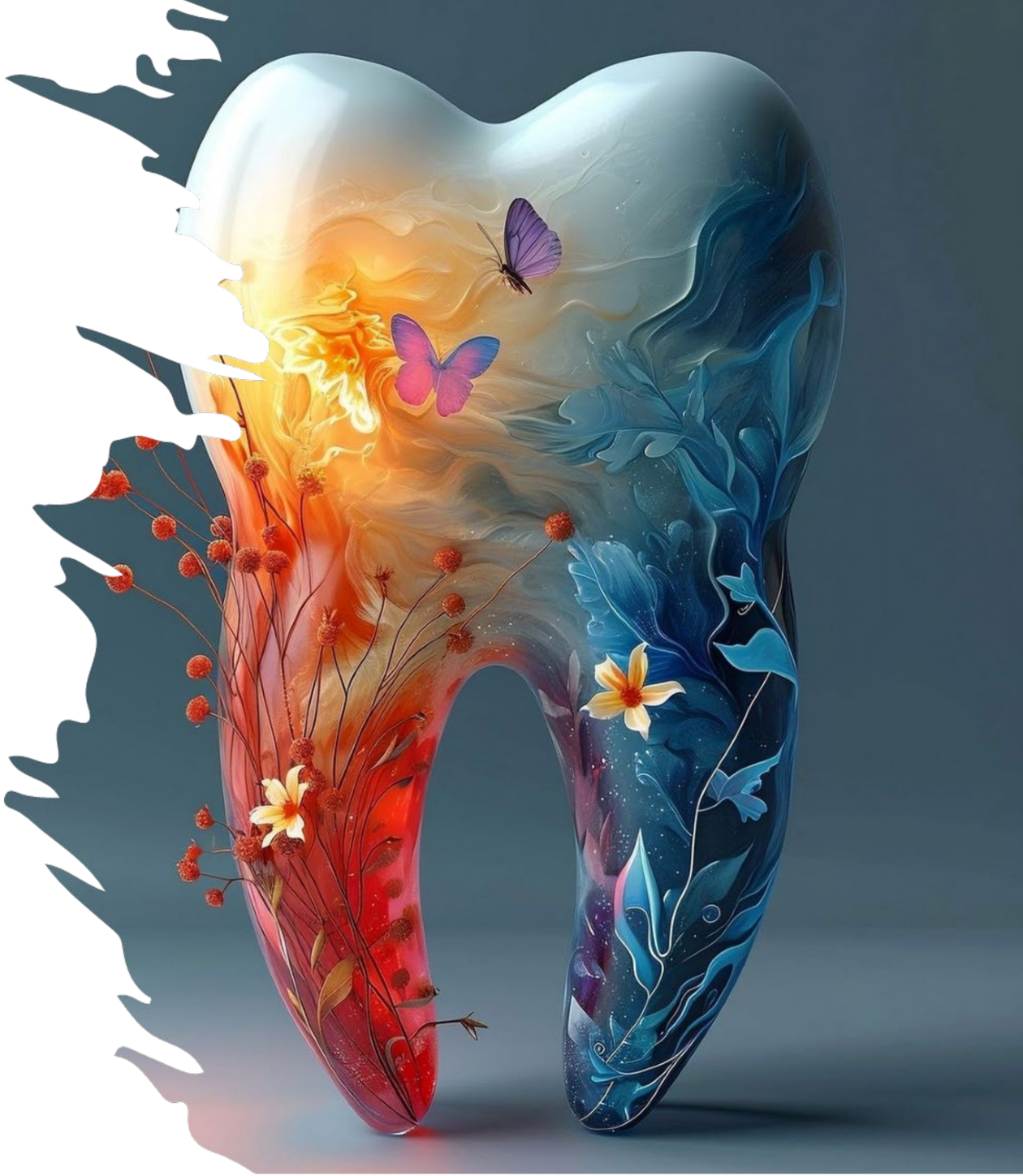
Department of Corrections
WASHINGTON STATE

DOC
Dental Care



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Dr. Michelle Clark

Chief of Dentistry

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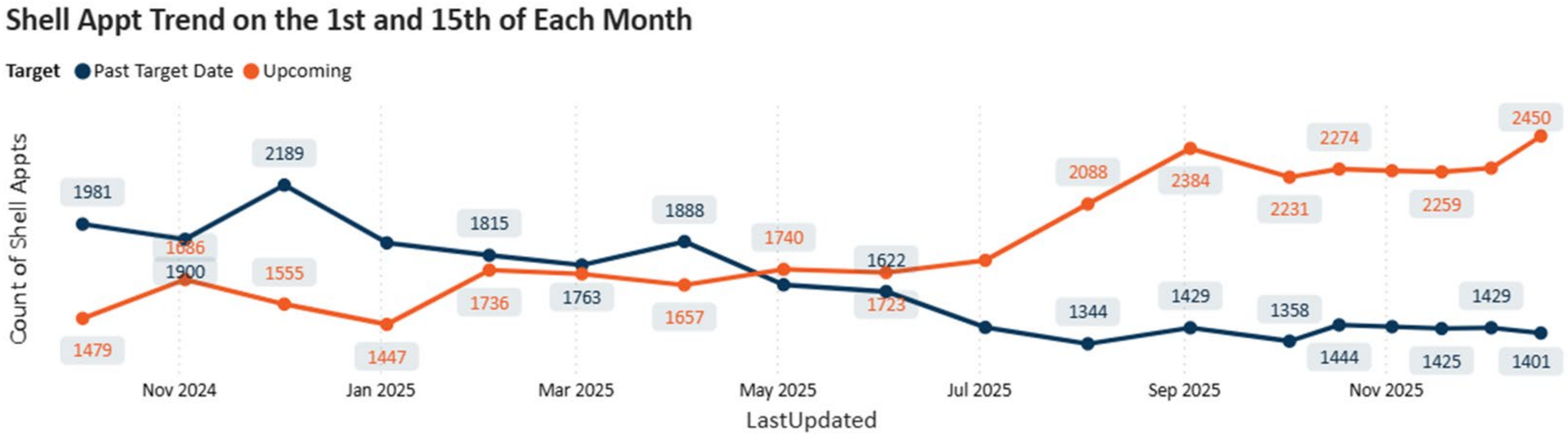
doc.wa.gov

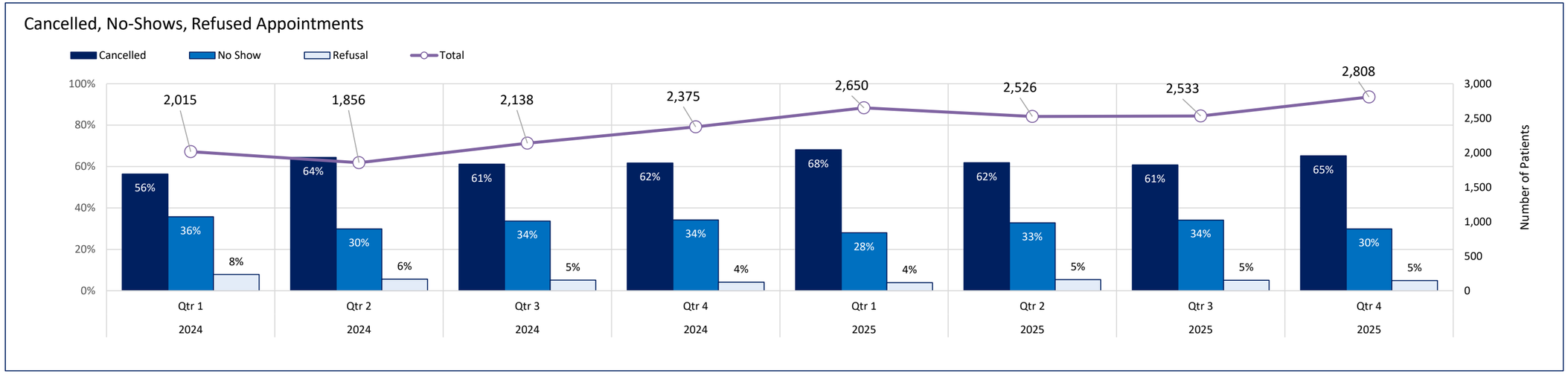
Dental Backlog

- Discuss monthly with facilities their metrics, specific barriers, and countermeasures.
- Monthly meetings with OCO
- Decreased the backlog by 63 % in the past year.
- 48% increase in scheduled appointments this past year



No Shows

- Average 273 no-shows per month in 2025
- 3,274 missed opportunities to treat patients in 2025 due to no-shows
- Patients can send a kite stating they no longer want dental treatment instead of not showing, so we can fill in that appointment spot with someone else from the queue.
- Piloting No- Show posters at facilities that will reiterate sending a kite and letting us know if the patient no longer wants any dental appointments.



Mobile Dental Clinic

The Mobile Dental clinic is fully staffed since September. The Mobile Dental Clinic provides dental services at Cedar Creek Corrections Center (CCCC) and Olympic Corrections Center (OCC). At CCCC we had 109 encounters and at OCC we had 57 encounters in 10 weeks of deployment.

Dental Clinics

- Airway Heights Corrections Center
  - Main HSB
- Clallam Bay Corrections Center
  - Main HSB
  - D Unit
- Coyote Ridge Corrections Center
  - Main HSB
  - Camp
- Monroe Correctional Complex
  - TRU
  - SRTC
  - MSU (Camp)
- Stafford Creek Corrections Center
  - Main HSB
  - IMU
- Washington Corrections Center
  - Main HSB
- Washington Corrections Center for Women
  - Main HSB
- Washington State Penitentiary
  - Main HSB
  - South Clinic
  - IMU South

Site visits and Audit

In November and December, I conducted site visits and audited the Dentists. I met with 5 patients for each Dentist.

At the appointment with each patient:

- checked recently completed work
- checked proper documentation and
- discussed with the patient’s their care that they are receiving within DOC.

After all the patient audits, I had a discussion with each Dentist and their Health Service Manager to discuss areas of improvement as well as areas of success. Overall, the patients appeared to be happy that they had the opportunity to voice their dental concerns.

What is an Emergency?

Emergency

- facial swelling that can appear under the jaw or side of face.
- Severe gum swelling
- Difficulty breathing or swallowing
- Jaw fracture
- Facial cuts
- Uncontrolled bleeding
- Locked jaw

*Declare a Medical Emergency

Urgent

- Exposed nerve
- Abscessed tooth with drainage
- Lost filling
- Cavities/mild pain
- Cracked/broken teeth
- Loose teeth

*Please send a kite to Dental

Routine

- Dental cleaning
- Fillings
- Dentures
- Bleeding gums
- Jaw clicking/popping
- Grinding teeth

*Please send a kite if not already in the queue

Submitted Questions

How does someone request emergent dental care, and what is the timeline when that request is made?

Patients can declare a Medical Emergency with a Dental Component 24/7 (should be seen once declared)

Nursing evaluates and treats patient based on standing order

http://insidedoc/forms/standard/13-660.docx

If symptoms are beyond the standing order, Nursing will consult with Dental during business hours and will consult with a Medical provider if after hours

Patient informed to Kite Dental and Nursing will e-mail the Dental department the Standing Order.

The dentist will determine the urgency of a patient based on the findings in the clinical evaluation and schedule them accordingly

How do people get regular dental care, and what does that look like?

Send kite requesting exam

At exam appointment a treatment plan is created

Dental schedules appointments based on treatment plan

Watch Callout for next appointment unless the provider states to send a kite

What are the situations that warrant sending someone out in town to get dental care?

Patients are sent off-site when the complexity of the procedure is beyond the scope of the DOC dentist or the patient has multiple comorbidities that could complicate the procedure and/or outcome. The procedures that are sent offsite are procedures that are permitted within the DOC Health Plan.

How many dental care professionals are on staff at each facility?

Facility	AHCC	CBCC	CRCC	MCC	MDC	SCCC	WCC	WCCW	WSP	TOTALS
Dentist	2	1	2	2	1	2	3	2	3(1 vacant)	18(1 vacant)
Dental Hygienist	1	1 (vacant)	2 (1 vacant)	1 (vacant)	0	1	0	1	1	8(3 vacant)
Dental Assistants	3	2	4 (1 vacant)	3	1	4 (1 vacant)	4	3	4	28 (2 vacant)

Can we treat dental like medical?

Level 1 (Medically Necessary)

- Abscess (Incision and drainage)
- CBCT
- Complete Denture (per protocol)
- Partial Denture (per protocol)
- Denture Reline
- Root canals for front teeth (Per protocol)
- Full mouth debridement
- Infirmary Admission
- Jaw or Facial Fracture
- Occlusal Guard (per protocol)
- Oral Hygiene instructions
- Oral Malignancy (eval and treatment)
- Oral Surgery
- Prophy (cleaning)
- Restorations/Fillings
- Deep teeth Cleaning

Level 2 (Medically Necessary Care under Certain Circumstances)

- Dental Specialist
- Complete Denture (lost, destroyed, altered or otherwise unserviceable)
- Partial Denture
- Root canals for back teeth if history of radiation/treatment with bisphosphonates AND OMFS confirms an extraction is not appropriate. Also, those requiring Endodontist consultation
- Facial Bone fracture (except as authorized in Level 1
- Maxillofacial prosthetics
- TMJ/TMD

Level 3 (NOT Medically necessary and NOT authorized)

- Apicoectomy
- Fixed Prosthetics
- Cosmetic Dental Procedures
- Devices for snoring or sleep apnea
- Implants- Placement, completion, mechanical maintenance, or repair of dental implants.
- Oral Surgery for esthetic purposes
- Orthodontics
- Sedation in a DOC facility
- Whitening procedures

Are root canals offered? Are teeth being pulled instead? What discussion is being had with the resident to give them appropriate consent for the course of treatment?

Root Canals are offered for front teeth when
- oral hygiene is adequate
- there is enough remaining tooth structure
- sufficient bone support.

Root canals are offered for back teeth if
- there is a history of treatment with bisphosphonates for osteoporosis
- There is a history of radiation directed to, or passing through, the area where the tooth is located AND the Oncologist verifies dose AND Oral Maxillofacial Surgeon confirms the extraction is not an appropriate treatment.

If a root canal is not a viable option for the front teeth, then the treatment for the tooth would be an extraction. Since root canals for back teeth are not Level 1, the viable option for a tooth in which the pulp is inflamed or infected is extraction (besides the scenarios mentioned above). Similar to insurance, since root canals on back teeth are not covered, patients are also given the option of Patient Paid Healthcare.

Add different types of non-indigent toothpastes to the commissary. (Essential items on the commissary that are necessary for basic hygiene are labelled for indigent use and are debit able. DOC incurs that debt.)

Right now, there are only 2 toothpastes. Different chemical toothpastes work better for different people. Some people are sensitive to fluoride too and fluoride free toothpaste is better.
(Continued on next slide)

Add different type of non-indigent toothpastes (cont’d)

We have an opportunity to offer additional toothpaste options to the population through the Union Supply Package Program beyond what is available on commissary. The package program allows purchases from the incarcerated, as well as purchases from their friends and family. The April hygiene package should include options for additional toothpaste.

Add an electric toothbrush to the property package or make it possible for one to be purchased from Dental. This could potentially save DOC Dental operating costs in the long run. A model with a unique charger that can’t be used for unauthorized electronics can be used (we have outlets in our cells).

Due to security reasons, beyond just the charger, an electric toothbrush is not a feasible option.

Questions?

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