

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 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 (53.6 FTEs, \$14.8M)

Quality Assurance & Care Navigation (24.6 FTEs, \$5.4M)	Nursing Relief (5.3 FTEs, \$1.3M)	Electronic Health Record (4.3 FTEs, \$1.6M)
Chronic Care Management (10.5 FTEs, \$3.5M)	Hepatitis C Treatment (\$3.0M)	Infectious Disease Management (8.3 FTEs, \$2.8M)

Integrated Health Care Management (Quality Assurance and Care Navigation, Chronic Care Management)

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)

Chronic Care Management

The state’s prisons are substantially impacted by the demands of caring for an aging chronically ill, underserved population, and their needs for a comprehensive and collaborative approach to healthcare. Without coordinated care across disciplines to maintain and manage the health status or successful recovery from illness or injury, vulnerable patients are at risk. Significant improvement of care integration and comprehensive care management strategies are needed in order to minimize undiagnosed and inadequate health care treatment. Many of those in our care have multiple health care needs (co-occurring conditions), and the severity of those conditions are often greater, due to lack of access to care prior to their incarceration. Enhanced and integrated management strategies will lead to better outcomes for those with chronic conditions that contribute to advanced-stage disease, disability, diminished physical and/or mental capacity and, in some cases, threaten life. Additional staffing is needed to support this endeavor. (10.5 FTEs, 3.5M)

Chronic Disease Cases (Top 5)

Category	FY2016	FY2017	FY2018	FY2019
Musculoskeletal	4,881	5,460	5,742	6,104
Cancer	2,151	1,824	1,880	1,863
Cardiovascular Disease	1,170	1,582	1,374	1,615
Chronic Liver Disease	275	681	686	681
Inflammatory Bowel Disease	268	289	309	277
Total Cases	8,745	9, 836	9,991	10,540
% Change	5%	12%	2%	5%

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. (\$3.0M)

Preparing for Electronic Health Records (Electronic Health Records 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. (4.3 FTEs, \$1.6M)

Infectious Disease Management

People entering prison have higher rates of infectious diseases as compared to the general population, and prison facilities are more susceptible to infectious disease outbreaks. DOC lacks the capacity to manage an emergency response during an outbreak or pandemic when these resources are needed most. DOC does not have staffing or other resources necessary to provide medical staff with needed infection prevention training, nor the ability to provide clinical oversight to the infection prevention nurses currently deployed statewide. Funding is needed to establish a more comprehensive infectious disease control program, including the development and implementation of science-based policies, programs, and infrastructure for onsite infectious disease control and prevention. This includes testing, education, and managing incarcerated individuals that are carriers of these diseases, and having a means to respond to outbreaks, as well as emerging and reemerging infectious disease threats. (8.3 FTEs, \$2.8M)