



OREGON DEPARTMENT OF CORRECTIONS



PRIDE



STRENGTH



RESPECT



PROTECT



SERVE

WAYS & MEANS

PUBLIC SAFETY SUBCOMMITTEE PHASE 2 PRESENTATION 2017-19

COLETTE S. PETERS, DIRECTOR



2015-17 BUDGET UPDATE

- Initial Undesignated Reduction = \$15 M
 - SB 5504 (2015) Budget Report
- Agency Actions = \$6.8 M
 - \$4.3 M in Personal Services & Services/Supplies Reductions (travel, maintenance, PC lifecycle delays, etc.)
 - \$0.5 M in Programming Cuts
 - \$1.5 M in Inmate Work Program adjustments
 - \$0.5 M in Distribution Inventory Draw-Down
- Legislative Actions = \$6 M (SB 5508, 2017)
- Current Projected Deficit = \$2.2 M



CURRENT SERVICE LEVEL REVIEW

- 2017-19 ARB CSL = \$1.772 B (All Funds)
 - Base budget was \$1.683 B
 - Essential packages were \$89.5 M
- Increases are created through essential packages adjusting for:
 - Standard and extraordinary inflation
 - Adjustment for future vacancies
 - Prison and Community Corrections caseload adjustments
 - Phase in/out of one-time budget actions
 - Adjustments for state government service charges
 - Funding shifts and technical adjustments



AGENCY BUDGET OVERVIEW

2017-19 Governor's Budget

Division	General Fund	Other Funds	Federal Funds	Total Funds	Pos	FTE
Operations	819,621,989	14,817,782	-	834,439,771	3,391	3,370.00
Health Services	263,061,459	623,330	3,344,392	267,029,181	590	575.64
Central Administration	85,816,537	2,165,147	969,382	88,951,066	174	172.26
Administrative Services	58,358,634	8,173,241	-	66,531,875	250	248.49
Community Corrections	262,434,855	6,953,405	-	269,388,260	74	74.33
Offender Mgmt & Rehab	75,253,349	6,154,468	-	81,407,817	207	205.61
Debt Service	115,077,804	-	1,038,513	116,116,317	-	-
Capital Improvement	2,723,694	500,000	-	3,223,694	-	-
Capital Construction	-	43,493,534	-	43,493,534	-	-
Total	1,682,348,321	82,880,907	5,352,287	1,770,581,515	4,686	4,646.33



AGENCY BUDGET OVERVIEW

	General	Other	Federal	Total		
Department of Corrections Budget	Fund	Funds	Funds	Funds	Positions	FTE
2017-19 Base Budget	1,636,590,101	39,926,860	6,748,620	1,683,265,581	4,508	4,480.48
Essential Packages						
Vacancy Factor Adjustment (Pkg 010)	22,092,609	240,030	-	22,332,639		
Phase In/Phase Out Adjustment (Pkg 020)	(3,626,956)	(242,490)	(300,551)	(4,169,997)		
Inflation/State Gov't Service Chg (Pkg 030)	28,177,477	1,016,067	37,668	29,231,212		
Caseload Adjustments (through Oct '16) (Pkg 040)	36,061,526	657,000	-	36,718,526	97	88.98
Fund Shifts (Pkg 050)	1,083,915	-	(1,083,915)	-		
Technical Adjustments (Pkg 060)	-	-	-	-	31	33.93
Total Essential Packages	83,788,571	1,670,607	(1,346,798)	84,112,380	128	122.91
2017-19 Current Service Level	1,720,378,672	41,597,467	5,401,822	1,767,377,961	4,636	4,603.39
Policy Option Packages						
FCC Ruling Impact (Pkg 101)	3,000,000	(3,000,000)	-	-		
Technology Infrastructure (Pkg 104)	1,134,051	12,985,000		14,119,051		
Capital Renewal (Pkg 105)	1,194,580	32,550,000		33,744,580		
Financial Services Enhancements (Pkg 113)	-	287,704		287,704	2	2.00
Total Policy Option Packages	5,328,631	42,822,704	-	48,151,335	2	2.00
Other						
Inflation Reduction	(18,782,741)	(819,335)	(37,668)	(19,639,744)		
Caseload Reductions	(21,628,817)	(657,000)		(22,285,817)	(97)	(88.98)
OSPM Added Back	17,464,212			17,464,212	81	74.26
PCS to Misdemeanor	(19,134,818)			(19,134,818)		
5% Community Corrections Reduction	(13,419,331)			(13,419,331)		
DAS Charges & IT Moves	(3,852,989)	(62,929)	(11,867)	(3,927,785)	(2)	(2.00)
DRCI (May 2016 E-Board Actions)	9,139,932			9,139,932	33	29.10
OSP BHU	6,855,570			6,855,570	33	28.56
Other	(43,358,982)	(1,539,264)	(49,535)	(44,947,781)	48	40.94
Governor's Balanced Budget	1,682,348,321	82,880,907	5,352,287	1,770,581,515	4,686	4,646.33



GOVERNOR'S BUDGET TARGETED INVESTMENT AREAS

- 2017-19 Policy Option Packages
 - Program backfill = \$3 M GF (0.00 FTE)
 - Capital Investment:
 - Inmate banking system = \$0.5 M OF (0.00 FTE)
 - VoIP phone system = \$12.2 M OF (0.00 FTE)
 - Capital Renewal = \$32.5 M OF (0.00 FTE)
- 2017-19 Other Investments
 - DRCl Shift/Expansion = \$9.1 M GF (29.10 FTE)
 - Behavioral Health Unit = \$6.8 M GF (28.56 FTE)
 - OSPM Reactivated = \$17.5 M GF (74.26 FTE)



CAPITAL INVESTMENT INMATE BANKING SYSTEM

- TAG system runs inmate banking and provides commissary management
 - Installed in 1999; no updates since 2002
 - Still running parts of the system on Windows XP
 - Printers won't work without taping magnets to toner
 - Not scalable for any future enhancements



CAPITAL INVESTMENT VOIP PHONE SYSTEM

- Statewide initiative
- One-time investment in installation and equipment





CAPITAL INVESTMENT CAPITAL RENEWAL – ROOFS

- Faithful & Gould
- Roof replacement at:
 - EOCI (Pendleton)
 - OSCI (Salem)
 - OSP (Salem)
 - SCI (Salem)
 - SRCI (Ontario)
- \$12.3 M OF
- Exceeded expected service life

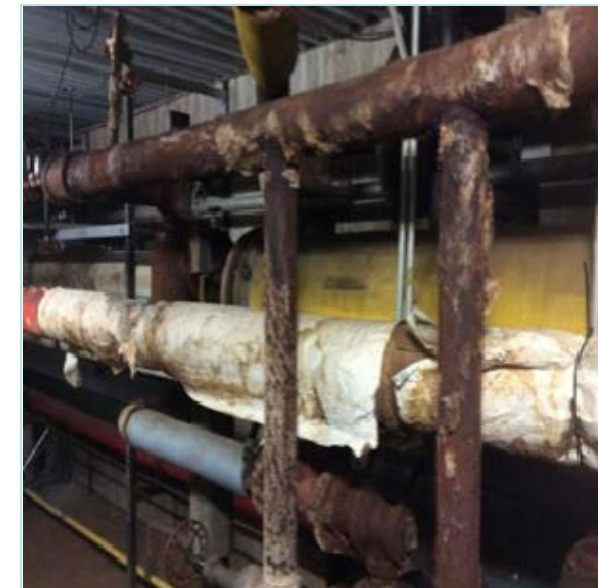




CAPITAL INVESTMENT CAPITAL RENEWAL – HVAC/ELECTRICAL

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- Replace elements, heat pumps, A/C, coolers, chillers, etc. at:
 - CCCF (Wilsonville)
 - Central Warehouse (Salem)
 - CRCI (Portland)
 - EOCl (Pendleton)
 - OSP (Salem)
 - SRCl (Ontario)
 - TRCl (Umatilla)
- \$12.2 M OF
- Exceeded expected service life





CAPITAL INVESTMENT CAPITAL RENEWAL – SECURITY SYSTEMS

- Replace cameras, biometric hand scanners, gate control motors, etc.
- \$3.9 M OF





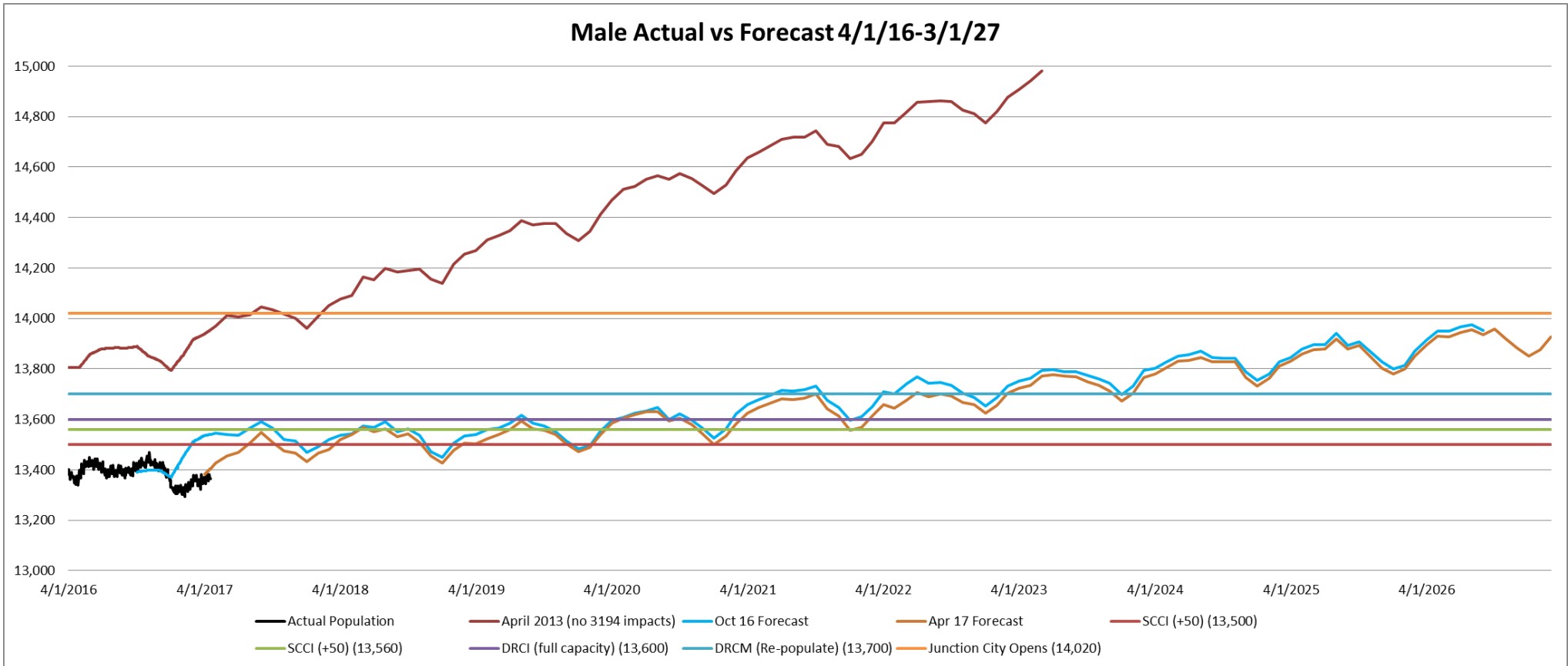
AGENCY CONSIDERATIONS

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- Maintenance and repairs
 - Non-capitalized items
 - \$3.9 M GF
- Prison Rape Elimination Act Compliance
 - \$3.5 M GF (4.00 FTE)
- Staff Wellness
 - \$12.8 M GF (68.00 FTE)

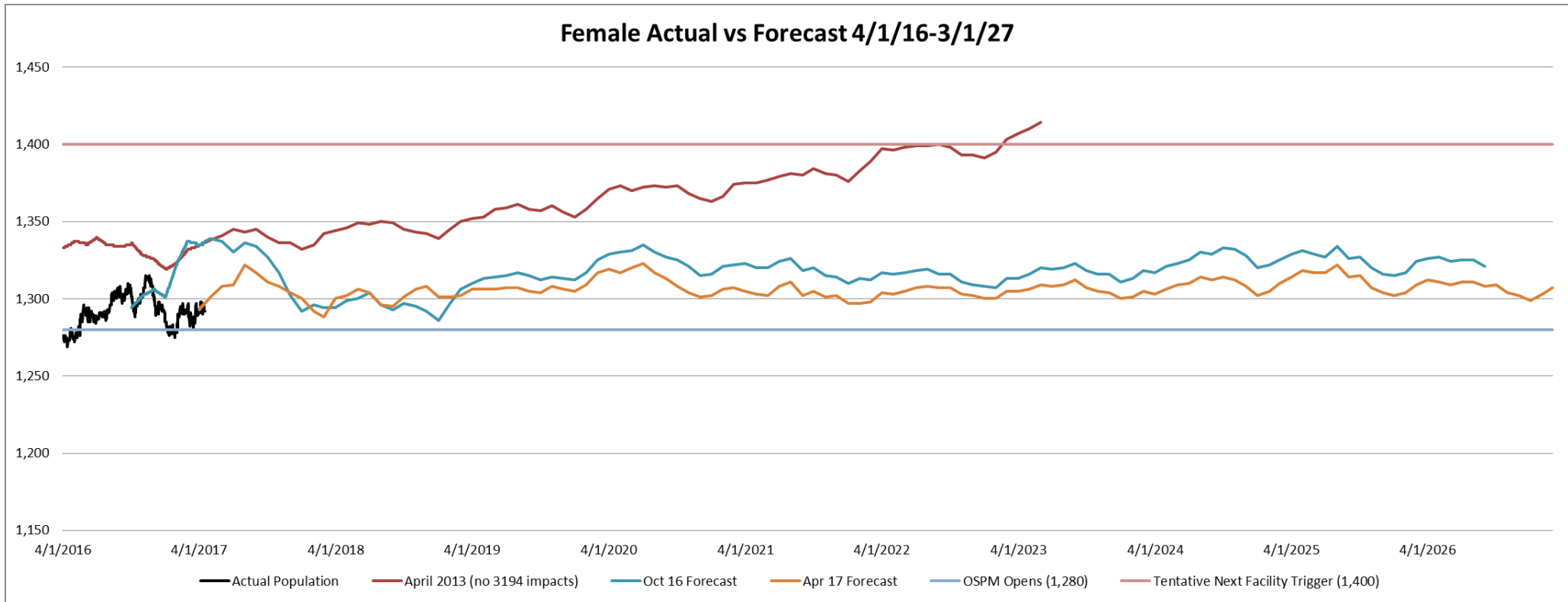


MALE POPULATION FORECAST





FEMALE POPULATION FORECAST





COUNTY PROGRAMS FOR WOMEN

LANE COUNTY
MARION COUNTY
MULTNOMAH COUNTY
JACKSON COUNTY





- Roof replacement (main structure)
- Kitchen sanitary sewer improvements
 - Replacing failed piping
- Paving improvements
 - Repaving parking lot
- Shower improvements
 - Applying new shower floor and wall coatings
- Cameras and programming
 - Installing cameras and program controls





BEHAVIORAL HEALTH SERVICES

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- Behavioral Health Unit Improvements:
 - Transitioned Intermediate Care Housing
 - Remodeled programming space
 - Added structured programs
 - Made physical changes to the BHU environment
 - Changed the daily schedule to increase out-of-cell time
 - Recruited new medical, mental health, and security staff
 - Secured architectural and engineering contracts to build the modular structure
 - Removed window louvers
 - Brought in new recreation equipment
 - Expanded the unit library





SB 843 WORKGROUP

- SB 843 (2013)
 - Created a workgroup to address rising health care costs within DOC
- HB 4157 (2014)
 - Established the continuation of the workgroup
- Legislature's charge:
 - Produce the greatest value for DOC's health care expenditures
 - Consolidate health care functions as appropriate
 - May be integrated into other initiatives in the state to reduce health care costs



HEALTH SERVICES COST-SAVING INITIATIVES

- Prepay for pharmacy
- CCCF dialysis
- Increase in on-site medical providers
- New TPA contract



FUTURE COST-SAVING INITIATIVES

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- Telehealth
- Dropship medical supplies
- Professional medical recruiter to fill prescriber positions and reduce contractor costs
- Prepay for medical stores purchases
- Finalize implementation of Wasp medical equipment inventory, repair, and replacement system
- Therapeutic Levels of Care Committee for medical equipment



LOOKING FORWARD

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- Continuing CORE
- Destination 2026
- Agency Initiatives
 - Staff Wellness
 - Optimizing Special Housing
 - Workforce Planning
 - Leadership Development



OREGON DEPARTMENT OF CORRECTIONS

Appendix



Work Release/Re-Entry Issue Brief



DOC and DRO Memorandum of Understanding



SB 843 Workgroup Report





Issue Brief

OREGON DEPARTMENT OF CORRECTIONS

Work Release Programs

Overview

The Oregon Department of Corrections (DOC) is responsible for the care and custody of more than 14,600 adults statewide. About 93 percent of all adults in custody will eventually be released from prison and return to Oregon communities.

State law allows DOC to establish and administer work release programs, which are designed to provide evidence-based treatment, employment preparation, and intensive release planning and preparation. To participate in work release programs, eligible adults in custody are transferred to county-operated facilities for a period of several months prior to their DOC release date. During this time, individuals participate in alcohol and drug treatment, mental health treatment, education, and/or transition planning.

Program Eligibility

To be eligible for work release programs, an adult in custody must meet specific criteria outlined in statute and Oregon Administrative Rules, including being:

- Statutorily eligible for work release (pursuant to ORS 137.750)
- At least 18 years of age at the time of entry into the program
- Classified as minimum custody (pursuant to OAR 291-104)
- Eligible for “unfenced” work assignment (pursuant to OAR 291-082) or eligible for “community” work assignment (pursuant to OAR 291-082) and approved for work release by the department
- Clear of any Level I or Level II major misconduct within the 12 months prior to work release program entry (OAR 291-105)

- Clear of any detainers that would preclude release to post-prison supervision or parole following successful completion of the work release program.

Program Participation

During the work release period, the adult in custody is transferred from a DOC facility to an Oregon county facility where he/she participates in work release programs and services. Depending on the custody and eligibility status of the participating inmate, some may be in the community during the day looking for work or participating in programs as part of the county’s release program.

While participating in work release programs, individuals remain under the legal custody of DOC. If a participant is not compliant with the work release program, he/she will be returned to DOC.

Work Release Contracts

In collaboration with county community corrections agencies, DOC has developed contracts to assign eligible adults in custody to work release/re-entry programs developed and operated by county community corrections agencies and/or sheriffs’ offices. Counties must be compliant with the Prison Rape Elimination Act (PREA) in order to contract with DOC for work release programs. PREA is a federal law that seeks to eliminate sexual abuse and sexual harassment in correctional settings.

As of January 2017, DOC has contracts with Lane County and Marion County to provide work release opportunities for eligible adults in custody releasing to those counties. DOC is also in discussions with Jackson County and Multnomah County about potential programs.

Lane County Re-Entry Program

The Lane County Re-Entry Program serves up to 38 individuals (32 males and 6 females) at the Lane County Community Corrections Center (LCCCC) in Eugene. Services include evidence-based treatment, employment preparation, work release, and transitional planning to eligible inmates who are within 60 days of their release to Short-Term Transitional Leave (STTL) or post-prison supervision (PPS).

All DOC inmates participating in the Lane County program access services at Sponsors, Inc. – a non-profit agency located off-site from the LCCCC. Sponsors operates a Re-entry Resource Center and provides re-entry services designed to address specific criminogenic needs including pre-release reach-ins, case planning, Moral Recognition Therapy, education, employment services, intensive case management, mentoring, and transportation. In addition, and through a contract with Emergence Addictions and Mental Health Services, Sponsors provides participants with out-patient alcohol and drug treatment and mental health services.

Marion County Work Release Program

The Marion County program serves up to 20 incarcerated women at its Transition Center in Salem. The program provides targeted re-entry services to women who have 30 to 180 days until release to STTL or PPS, and whose county of record is Marion.

Marion County provides evidence-based treatment, employment preparation, and transitional planning services based on assessments of the individual's criminogenic risks and needs.

Because of its facility design, Marion County also serves women who are non-work release eligible. These women are required to stay on-site at all times.

Jackson County Work Release Program

Jackson County's Work Center will be the location for a work release program designed to serve up to 20 incarcerated women who are 60 to 180 days to STTL or PPS, and whose county of record is Jackson. Individuals will be assessed to identify the re-entry services and work release opportunities that best meet identified needs. ■

**The mission of the
Oregon Department of Corrections
is to promote public safety by holding
offenders accountable for their actions
and reducing the risk of future
criminal behavior.**



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**Memorandum of Understanding Between the Oregon Department of Corrections
and Disability Rights Oregon**

Following Disability Rights Oregon's (DRO) review of the conditions of confinement at the Behavioral Health Unit of Oregon State Penitentiary, extensive internal review, and consultations with DRO, the Oregon Department of Corrections (ODOC) has committed to make the following changes to its management of adults in custody in the Behavioral Health Unit. ODOC has consulted with an expert retained by the Oregon Department of Justice and worked hard to create its own innovative plan to improve conditions on the Behavioral Health Unit, which is described in this Memorandum of Understanding.

ODOC believes that its planned improvements to the Behavioral Health Unit are reasonable, possible, and will improve outcomes for adults in custody assigned to the unit, though it does not concede that these changes are legally required or that its prior management of the unit violated the law. DRO commends ODOC for the changes that are planned and those that have already been made to improve conditions in the Behavioral Health Unit.

1. ODOC is committed to and will make good-faith efforts to reach the goal of adults in custody assigned to the Behavioral Health Unit receiving an average of 10 hours of structured time and 10 hours of unstructured time outside their cells each week. The 20 hours of time out of cell will not include time devoted to applying restraints, restrained escorts to activities, or securing adults in custody to program chairs.
 - a. The structured time will include classes and treatment programs that are intended to treat the adult in custody's underlying illness and improve his chances for success in and out of the correctional system.
 - b. The unstructured time out of cell will include, but not be limited to, free time for physical exercise, out-of-cell meals, phone calls, playing games, playing musical instruments, and other constructive and enriching self-directed recreational activities.
 - c. ODOC will make good-faith efforts to ensure that each individual adult in custody's time out of cell does not fall significantly below 20 hours per week. These efforts will include consideration of a change to the individualized treatment plan, as discussed in paragraph 4 of this memorandum.
2. ODOC will make good-faith efforts to hire and retain sufficient Behavioral Health Services staff so that the Behavioral Health Unit will have qualified mental health professionals present on site, 13.5 hours each day (6:30 a.m. to 8:00 p.m.), excluding holidays. It is ODOC's intention to provide coverage seven days a week, excluding holidays. During overnight shifts, ODOC believes that mental health emergencies may be appropriately managed by staff consultation with an on-call physician, psychiatric nurse practitioner, or physician's assistant.
3. ODOC will ensure that each adult in custody in the Behavioral Health Unit has reasonable access to a psychiatric provider, as medically indicated.

4. ODOC will individually assess each adult in custody on the Behavioral Health Unit. ODOC will devise an individualized treatment plan of realistic and attainable goals for each adult in custody, with a focus on transferring to a less restrictive environment. The individualized treatment plan will identify the adult in custody's individual target behaviors, the skills needed to reach the adult in custody's goals, and how both mental health and security partners can help develop and reinforce those needed skills.
5. The individualized treatment plan described in paragraph 4 will contain a crisis prevention plan, which will be shared with security partners. The crisis prevention plan will contain any known "triggers" for the adult in custody and any known methods for both the adult in custody and ODOC to avoid those triggers.
6. The Behavioral Health Unit treatment team, consisting of a multidisciplinary team of both security and Behavioral Health Services staff, will monitor the adult in custody's individualized treatment plan on an ongoing basis. The treatment team's ongoing review will include any new incidents with respect to individual adults in custody, including misconduct, uses of force, behavioral concerns, and self-injurious behavior.
7. ODOC will take steps to expand the physical area occupied by the Behavioral Health Unit. The goal of this expansion is to create space on the Behavioral Health Unit for programming and visits with Behavioral Health Services staff, including confidential consultations whenever appropriate, and improve Behavioral Health Services staff's ability to prevent and respond to crisis in a timely manner.
8. ODOC will (and has already begun to) improve the training of security and clinical staff on the Behavioral Health Unit in dealing with adults in custody with mental illness, including interviewing techniques, medication side effects, and crisis intervention.
9. ODOC will (and has already begun to) structure early morning medication, meal, shower, and recreation schedules in a way that encourages adults in custody on the Behavioral Health Unit to participate in recreation and showering. ODOC will monitor the responses of the adults in custody to these changes to determine their effectiveness in furthering the goals described in paragraph 1 of this memorandum.
10. ODOC will (and has already begun to) acquire and maintain an improved and updated library of books readily available to adults in custody on the Behavioral Health Unit.
11. ODOC will (and has already begun to) acquire and maintain improved recreational and athletic equipment to offer a wider and more enriching variety of activities to adults in custody on the Behavioral Health Unit.
12. ODOC will (and has already begun to) make significant physical improvements on the Behavioral Health Unit to allow each adult in custody daily exposure to natural light, air, and a view of the outdoors and to improve the overall milieu, safety, and utility of the Behavioral Health Unit for adult in custody treatment and rehabilitation.

13. ODOC will acquire and install individual television sets in the Behavioral Health Unit cells. These television sets will be used for both programming provided and controlled by ODOC and entertainment that, when appropriate, is selected by the adult in custody.
14. ODOC will (or has already begun to) implement and track the following data in the Behavioral Health Unit:
 - a. The actual hours of availability and adult in custody usage of structured and unstructured out-of-cell activity;
 - b. Unusual Incident Reports in the Behavioral Health Unit, which include all uses of force and cell extractions;
 - c. Occasions when an adult in custody's behavior that would otherwise justify intervention with force is deescalated due to the intervention of staff, including any time where a cell extraction is threatened but not employed ("suit up");
 - d. Disciplinary Reports issued to adults in custody in the Behavioral Health Unit;
 - e. The frequency of group therapy sessions;
 - f. The number and duration of suicide watches and the number of instances of serious self-injurious behavior;
 - g. The frequency and duration of an adult in custody's water being turned off to the cell ("dry cell status");
 - h. The length of adult in custody placement in the Behavioral Health Unit; and
 - i. The hours of relevant training provided to security and Behavioral Health Services staff working in the Behavioral Health Unit.
15. ODOC will provide DRO with periodic reports regarding the data identified in paragraph 14. ODOC will also provide DRO relevant supporting documentation if requested to the extent that the disclosure is allowed by law. ODOC will provide DRO with the above reports and supporting documentation on a quarterly basis, disaggregated monthly, for 48 months from the date of this memorandum, unless DRO serves as legal counsel in litigation against ODOC regarding conditions of confinement in the Behavioral Health Unit.
16. ODOC has committed to working with the expert retained by the Oregon Department of Justice to develop its plan for the Behavioral Health Unit and monitor the implementation of its plan. ODOC acknowledges and agrees to the communication plan with the expert that is separately set forth in the stipulations between DRO and the Oregon Department of Justice.
17. If, after reviewing the periodic reports discussed in paragraph 15 of this memorandum, DRO believes that ODOC's plan is not progressing at a reasonable pace or is failing to

produce the desired effect, DRO will contact ODOC and the Oregon Department of Justice to explore the collaborative development of an improvement plan with the assistance of the Oregon Department of Justice's expert.

18. To achieve the best outcome for the Behavioral Health Unit, ODOC is committed to an ongoing review of the Behavioral Health Unit. This ongoing review may involve modifications to the plan set forth above. If at any time within the next 48 months ODOC determines that changes to this plan are necessary for any reason, it shall promptly notify DRO of the need for modifications and provide DRO with the opportunity for input on any pending or anticipated changes to this plan.

ODOC commits to make good faith efforts to accomplish these above changes and to achieve these results. However, this memorandum shall not be enforceable in court and does not constitute a contract or other enforceable promise. ODOC's commitment to these aims includes a commitment to take reasonable steps to obtain funding, when needed, from the Oregon Legislative Assembly to accomplish this plan. If adequate funding is not authorized, ODOC will assess which of these goals, if any, it will pursue. While ODOC welcomes comment and cooperation from DRO, ODOC maintains that it has ultimate discretion to determine the time and the manner in which these changes and goals are pursued.

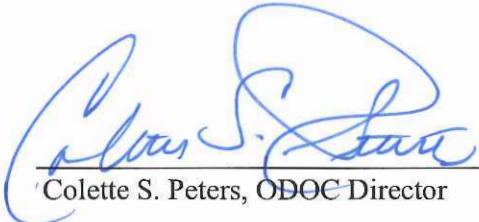
DRO understands this memorandum to reflect ODOC's intent and appreciates its commitment. However, this memorandum does not extinguish or alter the capacity of any adult in custody or other entity to redress alleged violations of law, nor of DRO's capacity to serve as legal counsel in such a case. DRO welcomes the commitments described above and looks forward to seeing the intended goals realized.

The provisions of this memorandum are understood to apply to the Behavioral Health Unit at the Oregon State Penitentiary. Conditions in other facilities or other housing units are not addressed by this memorandum.

Signed this 8th of January, 2016.



Bob Joondeph, DRO Executive Director



Colette S. Peters, ODOC Director



Workgroup on Corrections Health Care Costs

Report to the Interim Committee of the Legislative Assembly

December 31, 2014

WORKGROUP ON CORRECTIONS HEALTH CARE COSTS

Members

Director Colette S. Peters

Oregon Department of Corrections, Chair

Chief Financial Officer Kelly Ballas

Oregon Health Authority, Vice Chair

Senator Alan Bates

Appointed by the Senate President

Senator Jackie Winters

Appointed by the Senate President

Representative Bill Kennemer

Appointed by the Speaker of the Oregon House of Representatives

Representative Jennifer Williamson

Appointed by the Speaker of the Oregon House of Representatives

Director Fariborz Pakseresht

Oregon Youth Authority Member

Washington County Sheriff Patrick Garrett

Appointed by Governor Kitzhaber

Multnomah County Chief Deputy District Attorney Chuck Sparks

Appointed by Governor Kitzhaber

Oregon Criminal Defense Lawyers Association Board Member Celia Howes

Appointed by Governor Kitzhaber

Oregon Health and Science University Doctor Norwood Knight-Richardson

Appointed by Governor Kitzhaber

AOCE Labor Representative Carl Miller

Appointed by Governor Kitzhaber

AFSCME Labor Representative Mary Botkin

Appointed by Governor Kitzhaber

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Introduction

In 2013, the Legislature sponsored Senate Bill 843, which created a workgroup to address rising health care costs within the Oregon Department of Corrections (DOC). Under the direction of the Governor, the Workgroup on Corrections Health Care Costs was tasked with recommending legislation to be introduced in the 2014 Interim Session of the

Legislative Assembly to establish appropriate mechanisms to significantly lower the health care costs of the DOC. In March 2014, House Bill 4157 established the continuation of SB 843 to allow the Workgroup to finalize its exploration and recommendations to be delivered prior to the 2015 Regular Session.

The Legislature's Charge to the Workgroup

The Legislature asked the Workgroup to prioritize legislative concepts that:

- Produce the greatest value for the department's health care expenditures;
- Consolidate health care functions as appropriate; and
- May be integrated into other initiatives in the state to reduce health care costs.

The Workgroup was represented by bipartisan membership from the House and

Senate; the directors or designees of the DOC, the Oregon Health Authority (OHA), and the Oregon Youth Authority (OYA); as well as six members appointed by the Governor who have expertise in health care, health care costs, and corrections, including one member from a labor organization representing corrections officers, and one county sheriff.

This report summarizes the original efforts and recommendations of the Workgroup in addition to the further exploration of each recommendation.

The Workgroup's Process

Initial Report and Subsequent Meetings

The initial SB 843 Workgroup report was completed and submitted in January 2014. It contained background on the legal and constitutional history pertaining to correctional health care, as well as a wide-ranging assessment of national and local trends. The DOC also provided a comprehensive list of actions already in place and explained how those actions impacted the cost of providing correctional health care in Oregon.

Following the passage of HB 4157, the Workgroup scheduled further meetings every six weeks for the specific purpose of reviewing each of the initial recommendations and proposed next steps. The meeting agendas contained follow-up items from previous meetings, new testimony, and clarifying information on the recommendations slated for discussion that month.

A breakdown of each meeting agenda follows.

Workgroup Meetings

The Workgroup resumed meeting in April 2014. The public meeting format and rules were observed with all meetings recorded and made available publicly. All meeting presentations, materials, and recorded minutes are available on the DOC website at: http://www.oregon.gov/doc/Pages/corrections_HC_costs_WG.aspx

A summary of the five 2014 meetings are provided as follows.

- **Meeting 1**
April 14, 2014 – Salem, Oregon

Agenda Items:

1. Overview of the initial report submitted.
2. Review of the following recommendations and next steps:
 - a. Implement an Electronic Health Records system that best fits the needs of the department.
 - b. Conduct a nutritional review of food and associated costs.
 - c. Explore providing healthier food options through commissary and associated impacts to health care as well as the safety and security of prisons.
 - d. Explore the prison-to-community connection for all aspects of health care.
 - e. Create a case management program with health classifications and clinical guidelines.
 - f. Introduce legislative remedies for HB 2087 to enable suspension vs. termination of Medicaid eligibility.

- **Meeting 2**
June 9, 2014 – Salem, Oregon

Agenda Items:

1. Follow-up to inquiries from the April 14 meeting.
2. Review of the following recommendations and next steps:
 - a. Explore early mental health intervention to prevent incarceration, including mental health courts for both DOC and OYA populations.
 - b. Consider proposed legislation to prohibit insurance companies from terminating insurance coverage while individuals are incarcerated in state prison and county jails.
 - c. Consider legislatively-mandated exercise programs.

- **Meeting 3**
July 28, 2014 – Salem, Oregon

Agenda Items:

1. Follow-up to inquiries from the June 9 meeting.
2. Review of the following recommendations and next steps:
 - a. Analyze possible Early Parole Release restructure.
 - b. Explore health incentive programs for adults in custody.
 - c. Track and measure health care coverage upon release.

- **Meeting 4**
September 8, 2014 – Salem, Oregon

Agenda Items:

1. Follow-up to inquiries from the July 28 meeting.
2. Review of the following recommendations and next steps:
 - a. Analyze possible Early Parole Release restructure.
3. Draft overview of the final report.

- **Meeting 5**
October 20, 2014 – Salem, Oregon

Agenda Items:

1. Workgroup background review.
2. Meetings-to-date review.
3. Recommendations and next steps review.
4. Overview of the final report.

Recommendations and Next Steps

SB 843 Workgroup

Final Recommendation Matrix

Recommendation	<i>Recommendation Status:</i>	<i>Implementation Status:</i>	<i>Legislative Request:</i>
An Electronic Health Records system that best fits the needs of the department.	Adopted	Underway	Policy Package
Legislative remedies for HB 2087 to enable suspension vs. termination of Medicaid eligibility.	Adopted	Underway	Legislative Concept
Create a case management program with health classifications and clinical guidelines.	Under consideration	Under consideration	None
Prison-to-community connection for all aspects of health care.	Adopted	Complete	Policy Package
Nutritional review of food and associated costs.	Under consideration	Under consideration	None
Explore providing healthier food options through commissary and associated impacts to health care, as well as the safety and security of prisons.	Some implemented, others under consideration	Some implemented, others under consideration	None
Proposed legislation to prohibit insurance companies from terminating insurance coverage while individuals are incarcerated in county jails.	Re-assess in the future	None	None
Legislatively-mandated exercise programs.	Continue w/voluntary	Complete	None
Ongoing analysis for possible Early Parole Release restructure by this workgroup.	Further conversation warranted	None	None
Health incentive programs for adults in custody.	Adopted	Underway	None
Track and measure health care coverage upon release.	Adopted	Complete	None
Identify the benefits and issues with potentially performing mandatory Hepatitis C testing for all adults in custody at Intake.	Under consideration	Under consideration	None
Legislative effort to research recruiting health care providers in rural parts of the state. DOC, OYA, and OHA have facilities across the state and would benefit from this.	Under consideration	Under consideration	None
Investigate the benefits and issues of allowing tattooing for adults in custody.	Under consideration	Under consideration	None

After presenting the initial recommendations in the first report, the following are updates on the status of each item.

- **Implement an Electronic Health Records system that best fits the needs of the department.**

The department is moving forward with this recommendation. A consulting firm is assisting the agency in clearly defining its needs and will help in developing a statement of work that will anchor a request for proposals (RFP), which includes consideration for communicating with other agencies and systems within the community. The RFP is anticipated to be completed during the first quarter of 2015. The department has also submitted a policy option package with its 2015-17 Agency Request Budget that asks for \$3 million in initial start-up leased service costs. This funding request was carried forward in the Governor's Balanced Budget, which was released Dec. 1, 2014.

Recommendation: Adopted.
Implementation: Underway.
Legislative Action: Policy Package.

- **Introduce legislative remedies for HB 2087 to enable suspension vs. termination of Medicaid eligibility.**

In concert with the OHA and the Department of Justice, the DOC submitted a legislative concept for consideration during the 2015 Session. The language was drafted and the concept submitted in July 2014.

Recommendation: Adopted.
Implementation: Underway.
Legislative Action: Legislative Concept.

- **Create a case management program with health classifications and clinical guidelines.**

This recommendation is currently being explored and can be accomplished within the department's resources, but may require additional staff. DOC Health Services currently has approximately 50 vacancies across numerous classifications. These vacancies were created through a combination of difficulties in recruitment in rural areas and vacancy savings by temporarily deferring the hiring of employees.

Recommendation: Under consideration.
Implementation: Under consideration.
Legislative Action: None.

- **Explore the prison-to-community connection for all aspects of health care.**

Discussion in this area focused primarily on the importance of uninterrupted public assistance for adults in custody transitioning into the community. The department is currently applying for Medicaid on behalf of the adults in custody that are preparing for release. A policy option package requesting 1.00 full time employee, valued at \$200,000, has been submitted from the DOC Offender Management and Rehabilitation Division to accommodate the volume of activity required to make this program a continued success.

Recommendation: Adopted.
Implementation: Complete.
Legislative Action: Policy Package.

- **Conduct a nutritional review of food and associated costs.**

In December 2013, the department asked the Association of State Correctional Administrators (ASCA) to come to Oregon

and review the cost of its food services program to see if there was room for improvement. Upon reviewing eight key areas, ASCA concluded that DOC is operating a successful food service operation and that there was no efficacy for outsourcing the food services program. Several recommendations included the adoption of two master cycle menus instead of four, and an analysis of whether the current baseline budget was realistic in comparison to the budget allocation. A determination of health care costs avoided because of this change would include establishing a baseline of current health care costs and review and analysis of costs in the future.

*Recommendation: Under consideration.
Implementation: Under consideration.
Legislative Action: None.*

- **Explore providing healthier food options through commissary and associated impacts to health care, as well as the safety and security of prisons.**

The department shared information on menu modifications that mark heart-healthy choices, broadcasting heart-healthy snack videos, developing and providing carbohydrate counts, distributing nutrition articles in the inmate newsletters, developing gender-appropriate caloric menus, and removing fryers from institution kitchens. Limitations to commissary have the potential to negatively impact safety and security of the prisons, which can actually have a negative budget impact.

*Recommendation: Some implemented, others under consideration.
Implementation: Underway, with further consideration to some recommendations.
Legislative Action: None.*

- **Explore early mental health intervention to prevent incarceration, including mental health courts for both DOC and OYA populations.**

This recommendation is concurrently being addressed by the Specialty Court Subcommittee of the Public Safety Task Force, and this Workgroup has agreed to defer continued study of this concept to that subcommittee.

*Recommendation: Addressed elsewhere.
Implementation: Addressed elsewhere.
Legislative Action: None.*

- **Proposed legislation to prohibit insurance companies from terminating insurance coverage while individuals are incarcerated in state prison and county jails.**

Born out of House Bill 4110 (2014), this recommendation was reviewed by the department in the context of applying the concept to the entire prison population, not just pre-trial custody (as HB 4110 does with the counties as passed).

DOC looked to the counties for direction on how they plan to implement the bill, but counties were still grappling with how to proceed. This concept would require the department to create a new unit assigned with the task of providing billing services – something with which DOC has no experience. It would also require an Electronic Health Record system in order to “code” medical interactions properly. Finally, the staffing and apparatus required to track individual insurance plans, track family premium payments, and assess billing in the context of pharmaceutical formularies would be substantial. At this point, the Workgroup recommended delaying this until the counties

have had a chance to implement HB 4110 and then reassess the viability of moving forward.

Recommendation: Assess in the future.

Implementation: None.

Legislative Action: None (at this time).

- **Consider legislatively-mandated exercise programs.**

DOC conducted a survey of all states and major municipalities and found that no prison system that responded had implemented a mandatory exercise program due to custody considerations and the cost of staff and implementation. The department provides many voluntary exercise options, and a sample list of these activities was provided to the Workgroup, and is provided as Appendix A to this report.

Recommendation: Continue with voluntary.

Implementation: Complete.

Legislative Action: None.

- **Analyze possible Early Parole Release restructure.**

The Board of Parole has adopted administrative rules governing early medical release as required by statute and lacks statutory authority to amend these rules. Expansion of early medical release by virtue of certain initiated sentencing measures, such as Measure 11, would require legislation to pass by a supermajority of both houses due to Oregon Constitutional constraints. Such legislation is not recommended by the Workgroup.

Recommendation: Further conversation warranted.

Implementation: None.

Legislative Action: None.

- **Explore health incentive programs for adults in custody.**

The department is actively growing the Chronic Disease Self-Management Program (CDSMP) across the state, utilizing the Stanford University-based curriculum to provide peer-based training to those with chronic health issues. Participation is a major incentive as it allows for a greater level of autonomy, creativity, and self-actualization within a prison setting for those involved.

Also discussed was the agency's use of an outcome-based organizational transformation initiative called CORE (Correctional Outcomes through Research and Engagement). It is through CORE that the department can begin looking for health incentive options in the context of what can be measured for success and improvement.

Recommendation: Adopted.

Implementation: Some in place now, more being considered.

Legislative Action: None.

- **Track and measure health care coverage upon release.**

As discovered during the discussion around prison-to-community connections, the department is currently applying for Medicaid on behalf of releasing adults in custody. Tracking and measurement tools are in place, and 85 percent of releasing adults in custody under 65 years of age are currently found eligible for benefits prior to release.

Through a collaboration of efforts, DOC and OHA have worked tirelessly to determine Oregon Health Plan (OHP) eligibility and enroll qualified adults in custody. These efforts include:

- Implementing House Bill 2087 (2013), which allows correctional facilities,

including DOC, to apply for medical assistance for adults in custody who are hospitalized outside of a correctional facility. This leverages federal law that allows for federal financial participation for adults in custody who are hospitalized for a period of more than 24 hours. This impacts approximately 25 adults in custody per month.

- Coordinating pre-release OHP eligibility determinations for adults in custody so that OHP enrollment can take place as soon as possible after release. This helps ensure that released offenders have access to health care after release, thereby reducing a risk factor for recidivism. The DOC releases approximately 350 offenders with OHP eligibility per month.

More information about OHA's work on OHP inmate eligibility can be found at:

<http://www.oregon.gov/OHA/healthplan/pages/inmate-project.aspx>.

Recommendation: Adopted.
Implementation: Complete.
Legislative Action: None.

- **Identify the benefits and issues with potentially performing mandatory Hepatitis C testing for all adults in custody at Intake.**

The Workgroup learned that DOC currently provides Hepatitis C testing only on a voluntary basis. It was suggested that there may be benefits to mandatory testing, so the Workgroup recommended that the DOC investigate the potential benefits and issues with changing its current approach.

Recommendation: Under consideration.
Implementation: Under consideration.
Legislative Action: None.

- **Legislative effort to research recruiting health care providers in rural parts of the**

state. DOC, OYA, and OHA have facilities across the state and would benefit from this.

The Workgroup heard testimony that recruiting, especially in rural areas, is a serious challenge for DOC. This is also the case for other public entities trying to recruit medical professionals in Oregon. The Workgroup recommends the establishment of a workgroup consisting of representatives from DOC, the Department of Administrative Services, OYA, OHA, Rural Health, and the State Treasurer's Office charged with exploring incentives to include, but not limited to, loan forgiveness and repayment, as well as the review of salaries for individuals willing to work in rural areas. It was recommended that, as agencies move forward with creating marketing and recruiting strategies, legislative assistance may be beneficial in moving these efforts forward.

Recommendation: Under consideration.
Implementation: Under consideration.
Legislative Action: Possible, if beneficial.

- **Investigate the benefits and issues of allowing tattooing for adults in custody.**

With known issues of diseases transmitted by tattoo needles in the community, the Workgroup was interested in the potential impact of allowing sanctioned tattooing, including tattoo removal, for adults in custody. It was recognized that this is a complex issue that impacts not only policy, but operational realities in a prison environment. The Workgroup recommended that the DOC investigate these issues and take action accordingly.

Recommendation: Under consideration.
Implementation: Under consideration.
Legislative Action: None.

Appendix A: Voluntary exercise programs conducted at DOC

The DOC Operations Division provided testimony during the June 9, 2014 Workgroup meeting that, according to a survey conducted by DOC's Government Efficiencies and Communication Office, no other states have reported the use of a mandatory exercise program. Although Oregon's DOC also does not use mandatory exercise programs, there are several voluntary exercise activities conducted within the institutions that are frequently used by adults in custody. It is important to understand that the list below is a sample of the more organized exercise activities; adults in custody also exercise on their own, sometimes in their cells and sometimes on the yard, depending on the individual and the activity.

Half Marathons	Sand Volleyball
Five-on-Five Basketball	Senior Basketball
Balance for Mind And Body	Senior Softball
Basketball A&B League	Soccer – Indoor
Cardio	Soccer – Outdoor
Chess	Softball
Dodge Ball	Strongman Competitions
Flag Football	Touch Football
Handball	Volleyball
Horse Shoe Tournaments	Weightlifting
Insanity*	Weightlifting For Disabled Adults in Custody
Intermural Sports	Work Out Videos
Kickball	Yoga
Pickle Ball	
Running Program	

NOTES:

- "Insanity," similar to the P-90X Insanity, is a DVD workout system.