



Issue Brief

OREGON DEPARTMENT OF CORRECTIONS

Health Services

Overview

The Oregon Department of Corrections (DOC) is mandated by state and federal law to provide health care to all adults in custody (AICs). Most worthy of note are the Eighth Amendment to the United States Constitution; Article I, Section 16 of the Oregon Constitution; and applicable case law such as *Estelle v. Gamble*, 1976 and *Plata v. Brown*, 2001. Health care available to AICs must be comparable to the range and breadth of health care provided in the community. Properly trained and credentialed professionals must provide that care in appropriately equipped clinical settings. DOC Health Services provides medical, dental, behavioral health, and pharmacy services. The National Commission on Correctional Health Care accredits the department's institutional health clinics.

Medical Services

Medical issues within prison are similar to those that exist in the community – ranging from major to minor problems, acute illnesses or injuries – to ongoing care for chronic diseases, preventative health care, and end-of-life care. The nursing staff engage in more than 1,000 patient care contacts each day statewide, and the medical staff (Physicians, Nurse Practitioners, or Physician's Assistants) provide more than 250 on-site primary care appointments each day.

DOC Health Services provides extensive primary care on-site and provides appointments in the community with specialists such as cardiologists, surgeons, and gastroenterologists as needed. AICs are admitted to community hospitals when their level of care exceeds on-site capabilities. The department has five institutions with on-site infirmaries with approximately 76 infirmary beds statewide.

Dental Services

DOC has dental facilities in 11 institutions. AICs housed in facilities without dental clinics are transported as necessary to the nearest appropriate institution for their treatment needs. Licensed dentists and properly credentialed dental assistants operate all DOC dental clinics. Currently, there are approximately 18,707 dental encounters statewide in a calendar year.

Emergency dental treatment and relief of pain are always the first priority; however, other medically necessary dental services are available. These include preventative treatments, routine dental restoration, extractions, and fabrication of dental prostheses. The department prioritizes these medically necessary services based on clinical findings and the severity of the problem. Dental staff also refer AICs to specialists in the community when the services cannot be completed within a DOC dental facility (oral surgery for instance).

AICs have the option to self-pay for any elective treatment deemed to be of limited medical value. AICs may seek these optional services by utilizing OAR 291-124-0085, which allows AICs to purchase elective dental care directly from community providers. When utilizing this OAR, the AIC is responsible for all costs of treatment, escorts, and transportation. Also, there is an AIC co-pay for any fabricated dental prostheses as they become part of the AIC's listed property.

Behavioral Health Services

The goal of Behavioral Health Services (BHS) is to provide a range of evidence-based services to meet the needs of AICs who suffer from severe and persistent mental illness, developmental disabilities, and acute emotional or behavioral disturbance. BHS provides a range of mental health treatment and levels of care to AICs in need, including individualized case management. Staff target services to AICs with severe or persistent mental illness. Short-term services are also available to AICs who are not mentally ill, but who show high suicide potential, or who are experiencing other emotional distress.

Approximately 62 percent of all AICs would benefit from some level of mental health care. BHS provides ongoing services to approximately 42 percent of AICs in need of mental health care and/or to those with developmental disabilities. About 28 percent of AICs have a severe or high need for services.

In addition to mental health services, BHS oversees the substance use disorder (SUD) treatment programs provided in DOC. These programs include four SUD programs provided by contracted services providers in four DOC facilities and two programs provided directly by BHS staff. A co-occurring disorder program offered at Columbia River Correctional Institution in Portland targets individuals who have significant mental health issues in addition to a serious need for SUD treatment.

Pharmacy and Pharmacy Stores

The Pharmacy and Pharmacy Stores Unit provides medications, clinical supplies, and medical equipment in support of more than 500 health care professionals delivering health care to AICs throughout the state.

The Oregon Board of Pharmacy and the Federal Drug Enforcement Administration license and regulate DOC pharmacies and institutional medication rooms. Located in Salem and Ontario, DOC pharmacies prepare, package, and ship 42,000 prescriptions each month. Approximately 60 percent of prescriptions treat medical conditions, and approximately 40 percent treat mental health conditions.

A multidisciplinary Pharmacy and Therapeutics Committee establishes and regularly reviews the medication formulary. Pharmacists inspect institution medication rooms quarterly to ensure compliance with policy and regulation and to provide consultation to site managers. DOC purchases pharmaceuticals through a contracting consortium, whose members exist in all 50 states as well as some U.S. territories. This combined purchasing power and strict adherence to state purchasing guidelines ensure that medications are purchased under some of the best pricing levels available to state government entities in the nation. Made possible through the Public Health Services Act (Sec. 318), DOC has been able to register with the federal Health Resources and Services Administration (HRSA) to achieve 340B pricing on some of the most expensive pharmaceuticals that it purchases. Working in collaboration with the Oregon Health Authority (OHA), DOC has received limited in-kind services which allow this type of federal pricing on select medications.

The Pharmacy Stores Unit enters purchases, prepares, and distributes the wide range of patient care supplies, clinical equipment, durable medical goods, diagnostic machinery, and infirmary furniture used in each of the institutions. The unit also coordinates calibration and repair of sophisticated diagnostic and treatment equipment.

Health Services Budget

The Legislatively Approved Budget for Health Services for the 2021-23 biennium is as follows:

Medical	\$201,194,000
Dental	\$19,557,082
BHS	\$49,686,290
A&D	\$7,134,606
Pharmacy	<u>\$78,759,292</u>
TOTAL	\$356,331,270

The Governor's Balanced Budget for Health Services for the 2021-23 biennium is as follows:

Medical	\$185,029,687
Dental	\$16,444,675
BHS	\$38,411,219
A&D	\$13,455,856
Pharmacy	<u>\$65,627,031</u>
TOTAL	\$318,968,468

Medical Staffing

There are a variety of positions within Health Services ranging from Office Specialists to Pharmacy Technicians to Nurse Practitioners. Excluding vacancies, Health Services currently employs the following:

Medical	370.35 FTE
Dental	59.13 FTE
BHS	166.94 FTE
Pharmacy	<u>27.34 FTE</u>
TOTAL	623.77 FTE

Providing in-prison medical care

Most patient care is handled on-site, either in general population or (if significantly ill) in one of DOC's 76 infirmary beds, which have 24-hour nursing care. DOC handles a large volume of complex medical problems for male AICs in the aging infirmary at Oregon State Penitentiary (OSP) because of its proximity and ready access to extensive medical resources in the community.

Providing in-community medical care

When a medical service is not cost-effective to offer in a prison setting, DOC Health Services uses hospitals and specialists in the community as resources. Severe conditions and advanced diseases requiring hospital-level and sub-specialist care are generally handled in the community.

In fiscal year (FY) 2020, there were approximately 17,697 off-site medical encounters, compared to approximately 871,785 on-site medical encounters. Although fewer in frequency, off-site medical encounters cost the department significantly more than on-site medical encounters. Those 17,697 off-site encounters cost approximately \$31,789,334.

Historically, there are two to three AICs hospitalized in the community each day.

Terminal illness and hospice care

DOC has a state-accredited and nationally recognized prison hospice program at OSP, Coffee Creek Correctional Facility (CCCF), Eastern Oregon Correctional Institution (EOCI), Snake River Correctional Institution (SRCI), and Two Rivers Correctional Institution (TRCI). Hospice provides support and care for AICs in the last phases of an incurable disease, so they may live as fully and comfortably as possible. The program recognizes the dying process as a natural, normal part of the life cycle and focuses on maintaining quality of life. Following training, DOC AICs may participate as volunteer hospice workers

Special Issues of Elderly Adults in Custody

In Oregon, the total population and the proportion of elderly AICs are on the rise. Since 1995, the AIC population increased 70 percent, but the increase in AICs older than 50 was more than 200 percent. This growth is due in part to demographics, compounded by crime and sentencing trends that increase the number of AICs and their length of stay. Of Oregon's approximately 12,025 AICs, 3,107 are 50 years old or older.

Special issues of managing elderly AICs include higher costs of incarceration, health care, safe and appropriate housing, mental acuity care, and end-of-life care.

Elderly AICs generally have greater medical needs and higher medical costs than the general population.

Appropriate housing

Other than the medical and mental health infirmaries, there is no specialized housing for the elderly, frail, or physically impaired AIC population. A segment of the older population is healthy and does not require special housing. Those with few medical problems can be housed in general population, although some need specific accommodations for impairments in mobility, hearing, vision, speaking, and lessened physical stamina. Accommodations may include wheelchairs, job restrictions, and special diets. DOC provides these on a case-by-case basis.

A segment of the elderly population can be housed in specific cells in general population with AIC helpers who also live on the unit and provide up to full-time assistance. Some elderly AICs require "nursing home" level care, and these AICs reside in prison infirmaries throughout the state.

**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.**



**Colette S. Peters, Director
(503) 945-0927**

**Heidi Steward, Deputy Director
(503) 945-0927**

**Joe Bugher, Assistant Director
Health Services
(503) 378-5520**

**Oregon Department of Corrections
3723 Fairview Industrial Drive SE Suite 200
Salem, Oregon 97302
www.oregon.gov/doc**

DOC/OC: 3/2022