



SB 843 Correctional Health Care Costs Work Group

November 25 2013

SB 843 Workgroup



Information Requests

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- Cost Avoidance in other States
- Financial Impact of California's Receivership (Health Care costs and Litigation Costs)
- Agency Comparison of Health Care Costs (OYA, OHA and DOC)
- Measurement Methods of AICs Insurance Enrollment During Incarceration and upon Release.



Cost Avoidance in Other States

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- Washington and California reported several strategies that include:
 - ▣ Health Utilization Management and automated data in WA
 - ▣ 1,700 bed health facility in Stockton, CA
 - ▣ Medical Classification Models with staffing analysis
 - ▣ Quality Management Team led by Dr. Barnett in CA



Financial Impact of Receivership in California (Health Care costs and Litigation Costs)

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- In 2005, receiver found a back log of patients awaiting treatment. Spending rises due to patient's visits to health care providers.
- In 2009
 - California contracts with Third Party Administrator and contract/offsite care costs recede to "pre-receivership" levels
 - Centralized Utilization Management and HMO Model implemented. Costs recede
 - Staff costs rise
 - Litigation costs continue



Agency Comparison of Health Care Costs (OYA, OHA and DOC)

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- Oregon Youth Authority
 - \$1,162 Per Youth Per Month
- Oregon Department of Corrections
 - \$ 570 Per Adult in Custody per Month
- Oregon Health Plan
 - \$268 Per Member Per Month



Measurement Methods of Insurance Enrollment

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- ❑ DOC is developing a tracking system
- ❑ DOC is actively working with Oregon Health Authority on processes for accessing Medicaid for outpatient medical stays
- ❑ DOC is developing a process to ensure AIC's are enrolled prior to releasing out into the community



Questions

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PEW Report Verification Review

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- Brief Background
- Verification Review and Findings
- Why the Difference?



Verification Review

	2013 PEW Report				Verification Review			
	Original DOC Healthcare Expenditures Submitted	Inflated for comparison	PEW Healthcare Cost Per Inmate		Actual DOC Total Healthcare Expenditures	Inflated for comparison	Average Daily Population	Healthcare Cost Per Inmate
FY2001	\$14,222,000	\$19,370,000	\$1,769		\$35,573,749	\$48,415,872	10,950	\$4,422
FY2008	\$82,523,000	\$82,523,000	\$6,094		\$74,156,894	\$74,156,894	13,766	\$5,387
		Change:	245%				Change:	22%



Verification Review

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- Why the difference?
 - 2001:
 - May not have included mental health or pharmacy?
 - May not have included all fund types?
 - 2008:
 - May have been fiscal year confusion?

- We are confident that DOC's current survey methodology prevents issues going forward.



Questions

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Junction City Overview

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- DOC Prison – 700,000 sq. ft.
 - Minimum
 - Approximately 532 Beds
 - Medium
 - Approximately 1,263 Beds

- DHS Mental Health Facility – 479,000 sq. ft.
 - Approximately 360 Beds



Special Needs Housing at JC

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MH day treatment	80 beds
MH infirmary	96 beds
MH suicide prevention	10 beds
MH co-occurring disorder	80 beds
MH special housing – DSU, IMU, behavioral mgmt.	80 beds
MH housing	80 beds
Medical infirmary	40 beds
Long term/geriatric	175 beds
Alcohol & Drug treatment	100 beds
High custody	90 beds
General population	432 beds
Minimum Residential programming	108 beds
Minimum MH transition unit	100 beds
Minimum General Population unit	325 beds
Total	1,795 beds



Junction City Prison

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- Junction City Expenses to Date
 - \$10.7M in 2007-09 for off-site infrastructure (sewer/water, electrical, storm drainage, wetlands, etc.) and facility design.
 - \$44.7M in 2009-11 for site development, wetland credits, water & sewer design & construction, road construction, engineering consultants, right-of-way, rail crossings, etc.
- To Complete Phase 1 (minimum)
 - \$89.2M for design completion, site infrastructure, facility construction and Construction staffing.



Oregon State Penitentiary Minimum

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- Total cost for a conversion into a medical infirmary – approximately \$15.M
- 20,000 square feet of renovation
- Approximately 53 beds



Questions





Work Group Recommendations

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- ❑ Electronic Health Records that best fits the needs of the department
- ❑ Nutritional review of food and associated costs. Provide healthier food choices through commissary
- ❑ Track and measure health care coverage upon release
- ❑ Early Mental health intervention to prevent incarceration (Reference to Governor's 10- year plan)



Recommendations (cont.)

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- Proposed legislation to prohibit insurance companies terminating insurance coverage to those incarcerated.
- Review health care impact regarding unlimited canteen and how change may impact safety and security of prisons
- Legislatively mandated exercise programs
- Geriatric release



Questions

