



## Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #234

### **Institutional Health Service Unit Expansions (Corrections -- Adult Corrections)**

[LFB 2017-19 Budget Summary: Page 141, #10]

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#### **CURRENT LAW**

The Department of Corrections operates health services units at all 20 adult institutions and two of the correctional centers. Funding for institutional health service unit staffing totals \$40.0 million and 375.9 positions.

#### **GOVERNOR**

***Columbia Correctional Institution Health Services Unit.*** Provide \$773,200 GPR and 5.0 GPR positions for a new health services unit to be opened in January, 2019 (construction will be completed in November, 2018). Staffing would include 4.0 nurse clinicians and 1.0 advanced practice nurse.

***Oshkosh Correctional Institution Health Services Unit.*** Provide \$1,274,200 GPR and 28.95 GPR positions in 2018-19 for a new health services unit and long-term care addition to be opened in January, 2019 (construction will be completed July, 2018). Staffing would include 5.25 correctional officers, 7.40 nurse clinicians, 9.40 nursing assistants, 3.3 licensed practical nurses, 1.0 medical program assistant, 1.0 program support supervisor, 1.0 social worker, and 0.60 advanced practical nurse.

***Taycheedah Correctional Institution Infirmary.*** Provide \$1,096,800 GPR in 2017-18 and \$2,035,400 GPR in 2018-19 and 29.55 GPR positions annually to staff and operate a new infirmary opening in January, 2018. Staffing would include 5.25 correctional officers, 7.40 nurse clinicians, 9.40 nursing assistants, 3.3 licensed practical nurses, 1.0 medical program assistant, 1.0 program support supervisor, 1.0 facilities maintenance specialist, 0.6 social worker, and 0.60 advanced practical nurse.

## DISCUSSION POINTS

1. The bill would provide funding and staffing for two new health services units and a new infirmary at Corrections' Columbia, Oshkosh and Taycheedah facilities.

### *Columbia Correctional Institution Health Services Unit*

2. Funding for construction of the new health services unit at Columbia Correctional Institution was approved in the 2013-15 capital budget, originally scheduled to begin in October, 2016, with estimated completion in November, 2018. The new unit will expand capacity from the current 4,300 square foot unit to a new 14,300 square foot unit. The expansion includes a secure waiting area, examination rooms, offices for medical and psychiatry health care professionals, medical and clinical record storage areas, secure medication and supply rooms, a dental suite, multi-purpose therapy rooms, a radiology room, lab space, and an officer station.

3. Funding and staffing would allow the new unit to operate 24 hours per day, seven days per week: "Due to the aging population and the large number of inmates with complete health care needs, DOC believes that there is benefit to expanding hours of operation to meet health care needs, improve inmate patient outcomes, and decrease liability." The current health services unit operates from 6:00 am to 10:30 pm on weekdays and from 6:00 am to 6:00 pm on weekends, with a nurse and physician on-call during overnight hours. Corrections indicates that over 600 inmates at Columbia have chronic illnesses, including Human Immunodeficiency Virus (HIV), seizures, hepatitis C, hypertension, diabetes, high cholesterol, and asthma.

4. Additional staffing would be provided for \$773,200 beginning in October, 2018, including 4.0 nurse clinicians and 1.0 advanced practice nurse, as well as overtime funding for a 24/7 correctional officer post. Corrections indicates the funding would allow the prison "better responses to emergencies, restraint checks, and clinical monitoring (continuity of care through ongoing clinical assessments) as well as being able to provide round-the-clock vital sign checks, triage, follow-up care, and medication administration...to experience cost avoidance by utilizing their own facilities for patients under observational status as well as reduced overtime associated with officer vigils."

5. It should be noted that while construction was initially estimated to begin in October, 2016, construction is now projected to begin in September, 2017, due to a delay in construction bids. Since the new unit is now projected to open in December, 2018, instead of November, funding in the bill could be modified by -\$71,000 GPR as a result. [Alternative A2]

### *Oshkosh Correctional Institution Health Services Unit*

6. The 2013-15 capital budget also approved funding for an addition to Oshkosh Correctional Institution's health services unit, adding 17,075 square feet. Construction is projected to begin in August, 2017, with an estimated completion in August, 2018. The addition will include a new clinic and long-term care addition with more space for exams, procedures, psychology appointments, x-rays, physical therapy, and office functions. The long-term care addition will accommodate 34 more palliative care beds, 17 new patient beds, seven double-occupant rooms, and

three single-occupant rooms:

"A modern HSU building will allow DOC to meet the medical, dental, therapeutic, and mental health needs of the OSCI inmate population by providing sufficient workspace for all medical disciplines. DOC believes the OSCI population, and the Division of Adult Institution's (DAI) population as a whole, will continue to age going forward, which will further increase the need for expanded health services to inmates...

DOC will be able to eliminate the use of swing beds (hospital beds in rural communities that can 'swing' from acute care to skilled care depending on need) by male inmates. Inmates will be sent to the new OSCI HSU instead of swing beds...The OSCI HSU addition will allow for better preventative care for inmates. Inmates' chronic conditions, such as HIV, diabetes, and hypertension, will be less likely to worsen while they are incarcerated. By preventing chronic conditions from becoming worse while inmates are incarcerated and preventing expensive hospital visits, DOC should be able to reduce medical costs as DAI's inmate population continues to age."

7. Staffing for the Oshkosh unit would include: 5.25 correctional officers, 7.40 nurse clinicians, 9.40 nursing assistants, 3.3 licensed practical nurses, 1.0 medical program assistant, 1.0 program support supervisor, 1.0 social worker, and 0.60 advanced practical nurse. It should be noted that while the Department requested funding for the new unit for the full fiscal year, the bill would provide a half year of funding, beginning in January, 2019. The Administration indicates the reduced funding was to allow lower expenditures in the fiscal year. If the Committee wished to provide funding to begin in August, 2018, the projected completion date of construction, the bill could be modified by \$878,200 GPR in 2018-19. [Alternative B2]

8. Corrections indicates that without the additional staffing: "it will be forced to utilize additional health agency (contracted) staff and LTEs...The utilization of agency and LTE staff would reduce the benefits of opening the HSU addition, as agency and LTE staff provide less continuity of care to patients due to their high turnover and they are often less experienced than FTE staff."

### ***Taycheedah Correctional Institution Infirmary***

9. The bill would provide \$1,096,800 GPR in 2017-18 and \$2,035,400 GPR in 2018-19 and 29.55 GPR positions annually for a new infirmary at the Taycheedah Correctional Institution. Staffing would include: 5.25 correctional officers, 7.4 nurse clinicians, 9.4 nursing assistants, 3.3 licensed practical nurses, 1.0 medical program assistant, 1.0 program supervisor, 1.0 facilities maintenance specialist, 0.6 social worker, and 0.6 advanced practical nurse. Construction of the 25-bed, 11,300 square foot infirmary is due to be completed in December, 2017. Funding assumes the infirmary will open in January, 2018.

10. Similar to the Columbia and Oshkosh health service units, Corrections notes the infirmary will provide "a greater level of care than the current HSU allowing some inmates who still need some specialized care to not go to the hospital or to leave the hospital earlier and receive less costly care in the Infirmary. The facility will also be able to help treatment of chronic conditions such as diabetes and high cholesterol so that these conditions do not become severe requiring costly

treatment and trips to the hospital."

## ALTERNATIVES

### A. *Columbia Correctional Institution Health Services Unit*

1. Approve the Governor's recommendation to provide \$773,200 GPR and 5.0 GPR positions in 2018-19 to operate the new health services unit.

ALT A1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$773,200	5.00	\$0	0.00

2. Modify the Governor's recommendation by -\$71,000 GPR in 2018-19 associated with the new health services unit opening in December, 2018 instead of November.

ALT A2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$702,200	5.00	-\$71,000	0.00

3. Delete the provision.

ALT A3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$0	0.00	-\$773,200	- 5.00

### B. *Oshkosh Correctional Institution Health Services Unit*

1. Approve the Governor's recommendation to provide \$1,274,200 GPR and 5.0 GPR positions in 2018-19 to operate the new health services unit.

ALT B1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$1,274,200	28.95	\$0	0.00

2. Provide \$878,200 GPR in 2018-19 associated with opening the new health services additions in August, 2018, rather than January, 2019.

ALT B2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$2,152,400	28.95	\$878,200	0.00

3. Delete provision.

ALT B3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$0	0.00	-\$1,274,200	- 28.95

**C. Taycheedah Correctional Institution Infirmary**

1. Approve the Governor's recommendation to provide \$1,096,800 GPR in 2017-18 and \$2,035,400 GPR in 2018-19 and 29.55 GPR positions annually to staff and operate a new infirmary opening in January, 2018

ALT C1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$3,132,200	29.55	\$0	0.00

2. Delete the provision.

ALT C2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$0	0.00	-\$3,132,200	- 29.55

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