

Custody Staff: Health Care Delivery

2019 Report to the Legislature

As required by **ESHB 1109 Operating Budget Sec 222(2)(e)**

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Executive Summary

The 2019 Legislature appropriated \$3,314,000 of the general fund—state appropriation for fiscal year 2020 and \$3,014,000 of the general fund—state appropriation for fiscal year 2021 to provide solely for the Department of Corrections (DOC) to increase custody staffing in its prison facilities to support the increased needs of health care delivery for incarcerated individuals.

DOC requested a total of 97.9 FTEs and \$15,185,520 in the 2019-21 biennial budget to fund critical custody staffing requirements related to the increasing health care and mental health care needs of incarcerated individuals. The request was made due to increases in off-site medical transports, community hospital watches, and one-on-one watches and supervisory needs in mental health living units. DOC's prisons have also been impacted by aging populations, hospital closures and reductions in services, an increased need for and location of specialty care providers and an increase in community violators with acute medical needs that our contracted jails decline to house.

DOC is required to track and report to the Legislature by November 15, 2019 on the changes in DOC's overtime usage related to this funding.

In 1990, the average age of incarcerated individuals was 33.3; this number has been on a steady incline. As of March 31, 2018, the average age was 38.8. Additionally, we are seeing an increase in the number of individuals with chronic conditions.

The DOC Custody Staffing Model does not provide adequate staffing for actual off-site medical transports, community hospital watches, one-on-one watches and mental health living unit needs.

In 2018, DOC contracted with the CGL Management Group to provide a comprehensive review of its staffing models. This review was required by the legislature with budget proviso language. CGL reviewed all aspects of custody operations and found critical staffing shortages in several areas. Examples include:

- Transportation: The most significant area where understaffing exists in DOC is in off-site transportation. At every facility visited, CGL validated a shortage of transport staff to meet the daily demands. The result of this shortage has the following negative impacts on a facility:
 - Excessive overtime and extra post establishment to meet transport needs.
 - Closing of other posts to accommodate transport needs.
 - Closing of program activities to divert custody staff to transport functions.
 - Requirements for medical staff to triage cases and prioritize off-site trips for those incarcerated individuals who need treatment.

- Supervision in Community Hospitals: As DOC’s incarcerated population ages, the demand for medical services and off-site hospital admissions increases. The number of staff dedicated to supervising incarcerated individuals in community hospitals is insufficient to meet current needs. Staff performing community hospital watches as well as those performing off-site transports must be permanent, weapons-qualified staff. On call staff cannot be used for these duties.
- Close Observation/Suicide Watch: The management of individuals with serious mental health needs is a growing concern for correctional systems across the country. When individuals are in crisis, custody staff must be assigned to provide either intermittent or constant supervision. CGL’s observations found the number of staff prescribed by the current staffing model for mental health watches is insufficient to meet the need.

Staffing Allocations

DOC requested 97.9 FTEs to increase custody staffing for External Transportation Officers, Community Hospital Watch Officers, Close Observation Unit Officers and Mental Health Living Unit Sergeants. DOC received 41 FTEs for FY20 and 41 for FY21.

Based on a review of each prison’s health care-related custody overtime usage, DOC allocated the funded resources as shown in the table below.

Facility	Total FTEs	Positions
Airway Heights Corrections Center (AHCC)	15.5	Hospital Watch – Two (2) 24/7 posts Transportation – Two (2) two-person teams
Coyote Ridge Corrections Center (CRCC)	2.3	Transportation - One (1) two-person team
Monroe Correctional Complex (MCC)	8.2	Hospital Watch - 24/7 coverage Transportation - One (1) two-person team
Stafford Creek Corrections Center (SCCC)	2.4	Transportation - One (1) two-person team
Washington Corrections Center for Women (WCCW)	7.9	Hospital Watch - 24/7 coverage Transportation - One (1) two-person team
Washington State Penitentiary (WSP)	2.4	Transportation - One (1) two-person team

At the end of July 2019, after the allocation decisions were made, facilities were notified of their new positions. DOC’s process for establishing and filling new positions takes time: Facilities must develop position descriptions and update organizational charts before submitting the information to the Human Resources Classification Unit (HRCU). The HRCU is responsible for reviewing all position descriptions to ensure they meet the requirements of the job class being requested. Once approved, the facility must then complete a Position Action Request and route for approving signatures, the final signature coming from the Prisons Budget Manager who verifies funding.

Additionally, per the Collective Bargaining Agreement, new positions must be posted for bid for seven (7) days; assignments of staff to the positions are typically made within two (2) weeks of bids being awarded.

As of October 16, 2019, 24 of the total 36 positions had been filled. MCC, WCCW and WSP in particular have been experiencing a significant number of custody vacancies that, along with the new positions, must also be filled. Aggressive recruitment and retention efforts have resulted in a significant number of new employees being hired and sent to DOC’s six-week training academy; therefore, we anticipate being able to fill the remaining positions by the end of December. AHCC and SCCC had been operating unfunded project transportation positions for more than a year due to the extensive medical needs of their incarcerated population. The transport FTEs provided to both of these facilities simply funded these positions and no reduction in overtime usage is anticipated.

Cost Avoidance

The ability to hire 36 permanent staff, rather than paying staff overtime to conduct community hospital watches and provide medical transports, results in considerable cost avoidance. The simple calculation of cost avoidance totals 18.0 FTEs and nearly \$645,000 per Fiscal Year (FY). See table below.

Calculated Cost Avoidance, 36 Permanent Positions for Medical Transport and Community Hospital Watch

Job Class Title	Range	Step	FTE	Salary	Benefits	Ongoing Costs*	One-Time Costs**	Total
CORR & CUSTODY OFFICER 2, Straight Time	48	L	36.0	\$ 2,121,552	\$ 946,219	\$ 102,096	\$ 2,196	\$ 3,172,063
CORR & CUSTODY OFFICER 2, Overtime	43	L	(54.0)	\$ (3,182,326)	\$ (634,489)			\$ (3,816,815)
Total			(18.0)	\$ (1,060,774)	\$ 311,730	\$ 102,096	\$ 2,196	\$ (644,752)

However, DOC has been using unfunded project positions for two (2) medical transport teams at AHCC and one (1) team at SCCC; therefore, cost avoidance for those positions was already occurring. The adjusted calculation for cost avoidance is 15.0 FTEs and nearly \$527,000 per FY. See table below.

Calculated Cost Avoidance, 30 Permanent Positions for Medical Transport and Community Hospital Watch

Job Class Title	Range	Step	FTE	Salary	Benefits	Ongoing Costs*	One-Time Costs**	Total
CORR & CUSTODY OFFICER 2, Straight Time	48	L	30.0	\$ 1,767,960	\$ 788,516	\$ 95,406	\$ 2,196	\$ 2,654,078
CORR & CUSTODY OFFICER 2, Overtime	43	L	(45.0)	\$ (2,651,946)	\$ (528,745)			\$ (3,180,691)
Total			(15.0)	\$ (883,986)	\$ 259,771	\$ 95,406	\$ 2,196	\$ (526,613)

It should be noted that there are several factors that will cause actual cost avoidance to be less than the simple mathematical calculation. These factors include:

- **Program Closures.** A facility may opt to close a program area and redirect on-shift resources for medical transports or community hospital watches. This practice is not ideal and may result in unrest due to increased idleness; however, sometimes – especially at prisons with large numbers of vacant positions -- there are no staff available to work the overtime and program closures are necessary.

- **Extra Posts Less Than Eight (8) Hours.** Not all extra posts (unfunded activity above staffing levels) for medical transports or community hospital watches take a full shift. In these instances, the cost avoidance will be less than the simple calculation above.
- **Increasing Health Care Needs.** The health care needs of the incarcerated population have increased as a result of more individuals arriving at DOC with chronic conditions and an increase in the average age of incarcerated individuals. If these demographic trends continue, actual savings will be less than calculated savings due to an increase in services provided. Additionally, DOC is impacted by hospital closures and by reductions to specialty care services in some locations. As a result, incarcerated individuals may require longer transports to receive necessary care, which will increase the need for custody resources.
- **Vacancy Rate.** The calculation for cost avoidance assumes all positions are filled; cost avoidance is only achieved if the positions remain filled. The DOC has a history of high staff turnover in custody positions and difficulty recruiting in some locations such as MCC. However, given that the new positions will reduce the need for mandatory overtime, we may see increased morale resulting in greater employee retention.

The Human Costs of Overtime

Using dedicated staff on shift rather than staff working mandatory overtime to provide custody requirements related to incarcerated individual health care delivery achieves significant cost avoidance. Additionally, reducing the amount of overtime staff must work provides measurable benefit to our staff.

Ongoing and mandatory overtime causes real, tangible, and quantifiable harm to the people who do the work. The harm to staff begins with negative effects on sleep and accumulation of stress, potentially leading to increased rates of depression and anxiety, and a decrease in intellectual functioning.

The accumulation of problems with sleep, physiological functioning, and psychological functioning decrease the likelihood of operating facilities in a safe and secure manner. Staff managing these issues are significantly more likely to interact with their colleagues in a more irritable and aggressive fashion; they will do the same with incarcerated individuals. Mandatory overtime makes it more unpleasant and more dangerous to work in a facility. Working in an unpleasant and dangerous environment increases the rate of turnover leading to a vicious cycle we must address effectively to overcome.

Overtime Usage Analysis

In 2005, all DOC prisons began using the Automated Time and Labor Scheduling System (ATLAS) as the computerized database for Prison Custody Roster Management. This staff scheduling system

allows DOC to document the use of resources and drivers of overtime. Various ATLAS reports provide DOC with accurate data on which management decisions and requests for funding can be made.

The DOC will continue to utilize ATLAS as a means of monitoring and reporting. Once these new positions have been in place for six (6) months, DOC will have adequate data to calculate cost avoidance by showing the actual reduction in unfunded activity and overtime hours related to community hospital watches and medical transports at prisons statewide.

Next Steps

The DOC continues to lack adequate custody resources to meet the growing medical and mental health needs of the incarcerated population. These resources for non-discretionary work have been requested in a 2020 supplemental decision package and include staff for off-site medical transportation, community hospital watches, one-on-one watches and mental health housing units. The off-site medical transports, community hospital watches and one-on-one watches are already occurring, resulting in a large amount of unfunded, mandatory overtime. If DOC is able to establish permanent, funded positions, we will see significant cost avoidance, as described above.