2017-18 STATEWIDE STUDY ON JAIL HEALTHCARE DELIVERY

Presented by:

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Partnering with Virginia Association of Regional Jails (VARJ) & Virginia Sheriffs' Association (VSA).

Gaps in extant research:

- Jails vs. prisons;
- Jail "system" only in loosest sense;
- No central databank;
- No baseline of knowledge.

Once you've seen one Virginia jail… you've seen one Virginia jail.

Prison healthcare so bad it wou
shut down on outside, say doct

Doctors tell of understaffed services, with patients missing
hospital appointments due to clerical errors or lack of esco

335

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3 inmate deaths over 72 hours prompt investigation at Richmond ja il

POSTED 1:51 PM, JULY 16, 2015, BY SCOTT WISE AND S

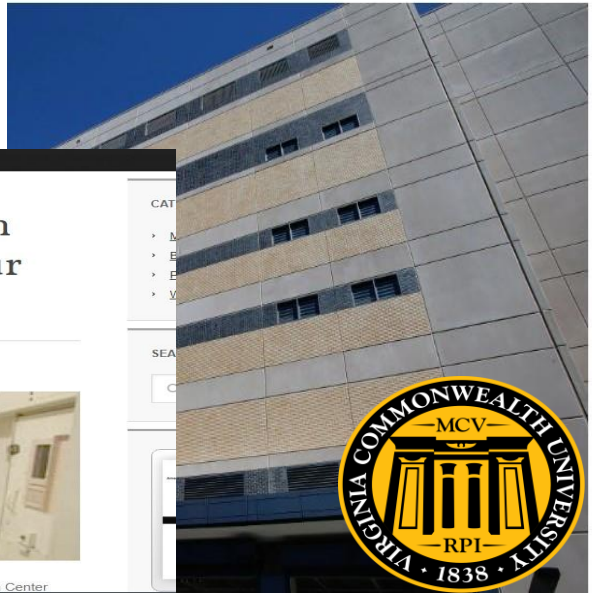
Inmate dies in Richmond jail infirmary

IER Richmond Times-Dispatch Dec 21, 2016

POLITICS 04/19/2017 09:26 am ET | **Updated** Apr 19, 2017

Prisons And Jails Are Forcing Inmates To Pay A Small Fortune Just To See A Doctor

The fees are designed to discourage inmates from seeking
have dangerous consequences.



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THE TRAGEDY OF DEBBIE DALEY

Inside the twisted world of for-profit prison health care.

JOHN H. TUCKER · JUL 6, 2017

Jail Conditions Are Bad In Virginia: What About Your State?

BY PETE EARLEY

Tweet | G+

The conditions that I found on the ninth floor of the Miami Dade Detention Center

VIRGINIA COMMONWEALTH UNIVERSITY · MCV · RPI · 1838

OBJECTIVE: Systematically establish a detailed, nuanced baseline of data about what healthcare delivery actually looks like from one Virginia jail to the next.

Similarities, differences in healthcare services by jail size, administration, organizational model, location, inmate population factors, etc….?

JAIL INMATES	PRISON INMATES
Bell v. Wolfish (1979)	*Estelle v. Gamble* (1976)
Regional Jails or Sheriffs' Offices	Department of Corrections
mostly pretrial detainees or short-term postconviction inmates	all convicted felons
dynamic average daily inmate population	static daily inmate population
high population turnover	low inmate population turnover
high number of inmate annual admissions	low number of inmate annual admissions
short lengths of stay	long lengths of stay
uncertainty of length of stay	certainty of length of stay
Jail admission directly from community	prison admission from Jail
limited if any medical records	medical records from Jail
crisis care common	chronic care common
acute medical & mental health problems common	acute medical and mental health problems less common
alcohol/drug intoxication & withdrawal common	alcohol/drug intoxication & withdrawal less common
poorly controlled health issues due to lack of healthcare in community	more stability in control of health issues due to more access to healthcare in facilities

The Inmate Patient.

antecedent health disparities;
history of poor healthcare & nutrition;
higher risk lifestyles;
much higher rates of physical & mental illness;
substance abuse;
faster aging;
safety considerations.

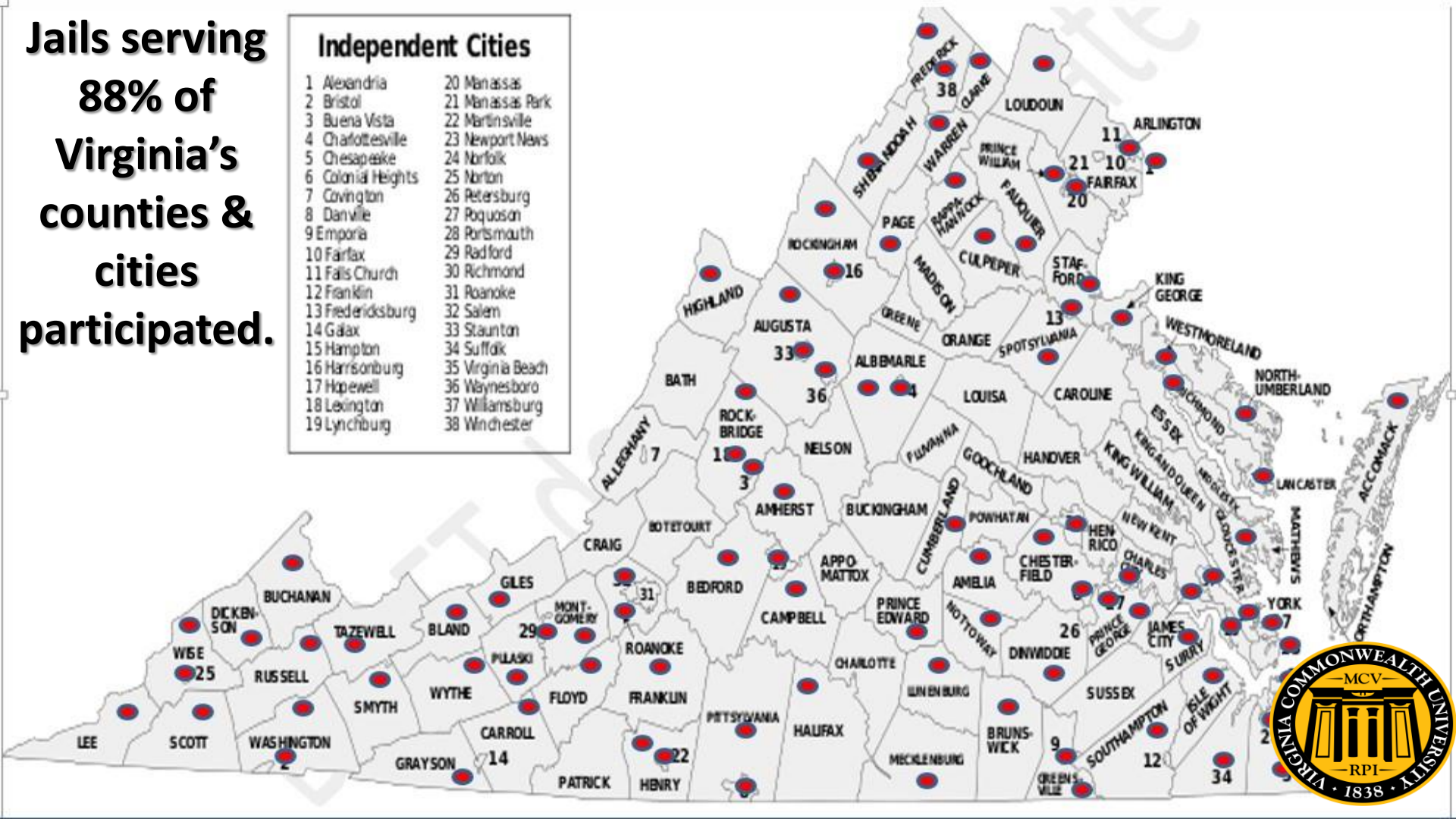
Individuals who become incarcerated are some of the unhealthiest people in the United States.

Between July 18, 2017 and August 4, 2017, all jails were invited to participate in the study.

In-depth, 60-question mixed methods online survey + optional semi-structured follow-up interviews.

PARTICIPANT TYPE	# Invited	# Respondents	Response Rates
Jail-responsible Sheriffs' Offices (Sheriffs)	37	21	57%
Regional Jail Authorities (Administrators)	22	21	95%
Total	59	42	**71%**

Jails serving 88% of Virginia's counties & cities participated.



Survey Question Domains

- Facility characteristics
- Healthcare expenditures for FY16;
- Clinic space & staffing;
- Medical screening & services;
- Challenges in healthcare delivery.

Plus open-ended comment fields & in-person interviews.

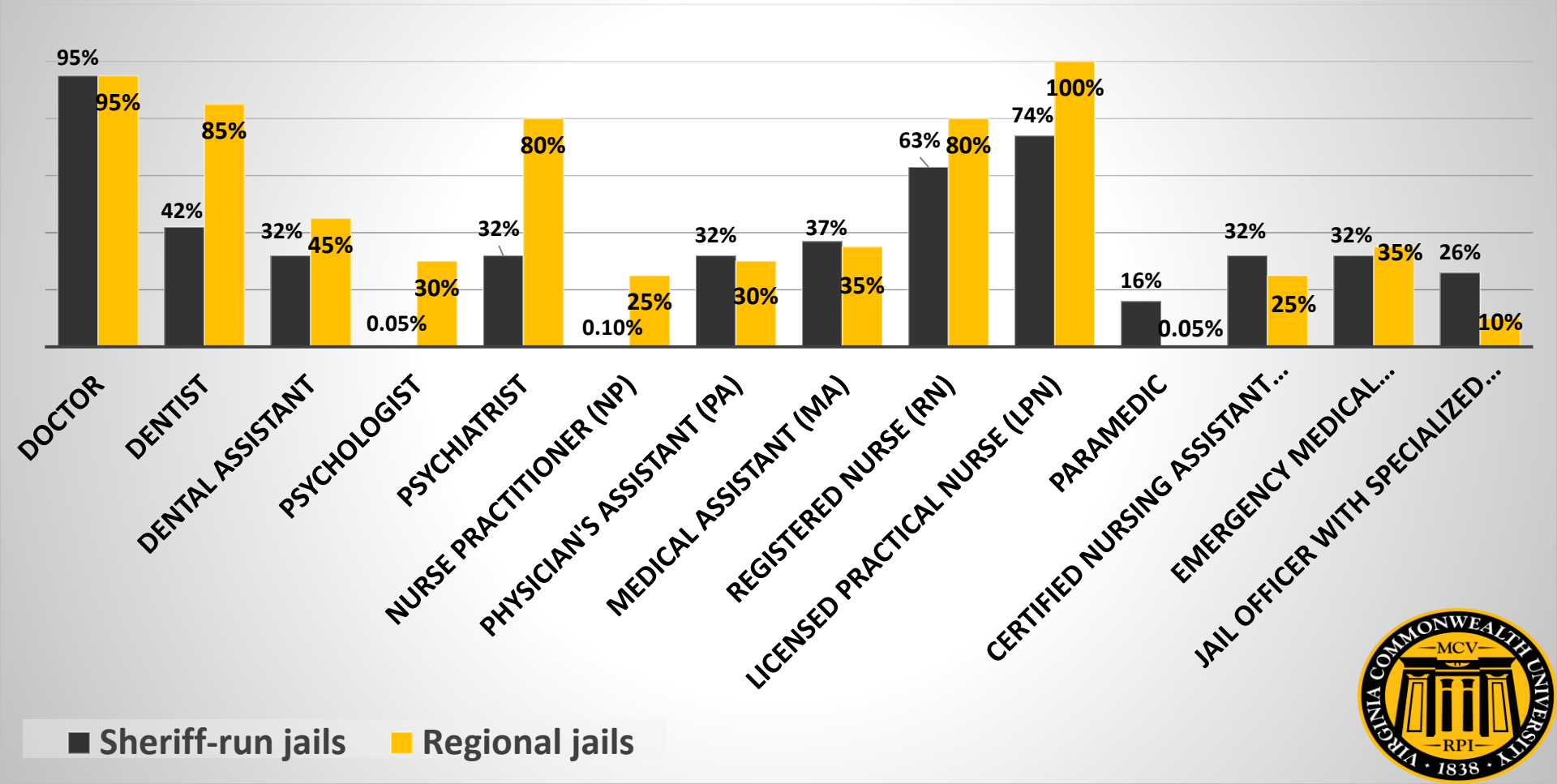
KEY FINDINGS: Expenditures.

- Most reporting jails spending over $1 million annually on inmate healthcare are regional jails.
- Per diem expenses ranged from less than $10 to over $30 per inmate.
- Nearly all reporting jails require inmate co-payments for certain medical services.

KEY FINDINGS: Staffing & Clinics.

- Most reporting jails use contracted medical vendors.
- Reporting sheriff-run jails most often use CorrectCare Solutions; regional jails most often use Mediko.
- Most reporting jails have some type of qualified medical personnel on site 24/7.
- Few reporting jails have onsite infirmaries, most have dedicated medical housing, and some have both.

Personnel providing routine healthcare by jail type.



KEY FINDINGS: Intake & Screening.

- Most reporting jails perform initial medical & mental health screening at intake (inmate self-report); no jails take any longer than 72hrs past admission. Formal medical record established.

- Brief Jail Mental Health Screen (BJMHS) most common instrument.

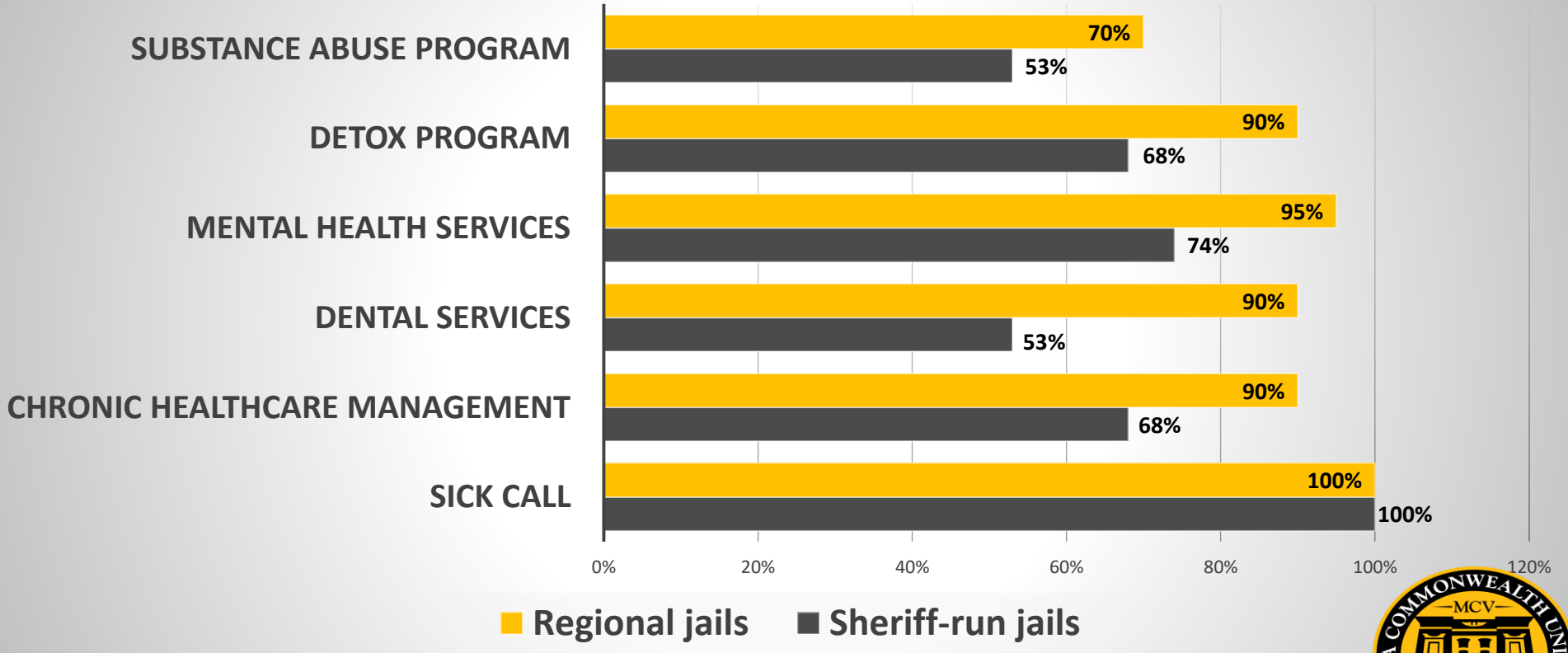
- Healthcare access explained verbally during intake; detailed in inmate handbook; additional paperwork; posted signage.

KEY FINDINGS: Health & Physical Assessment.

- Most reporting jails perform extensive H&P Assessments, usually within 72 hours but no later than 14 days from admission.

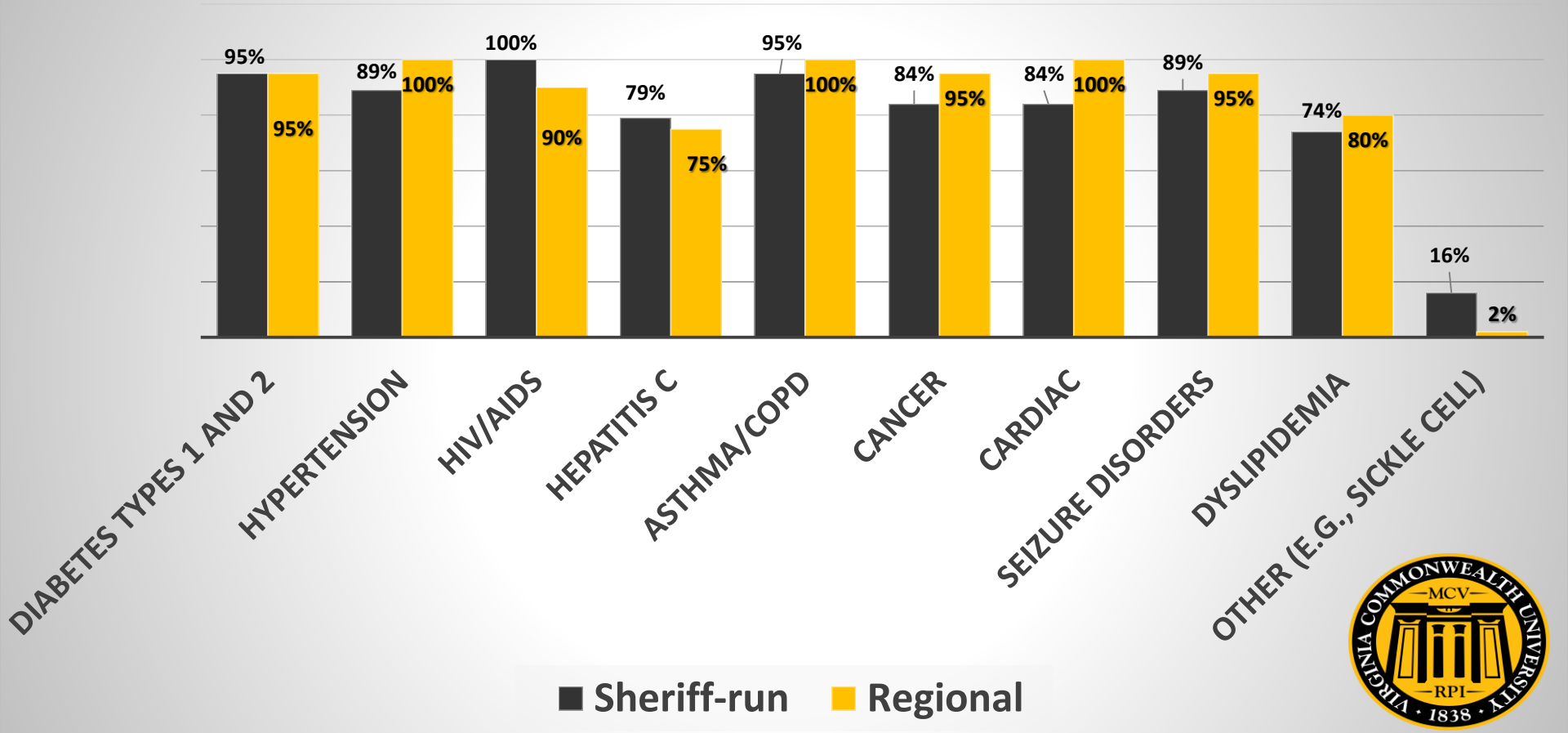
- In-depth medical information requested from inmate (self-report).

KEY FINDINGS: Routine Care.



All reporting jails provide "sick call."

KEY FINDINGS: Chronic healthcare services.



KEY FINDINGS: Transfer & Release.

- Nearly all reporting jails provide 7 or more days' worth of medication to inmates upon release or transfer.

- Most regional jails and a little over half of sheriff-run jails schedule follow-up community medical and mental health appointments.

KEY FINDINGS: Challenges & Grievances.

- **INMATES:**
  - Most reporting jails receive medical complaints from inmates, their attorneys, and their families.
  - Most typical complaints: jail will not coordinate specialist appointment, or jail will not provide needed medication.
- **MEDICAL STAFF:**
  - Most typical complaints: understaffing, lack of adequate time to complete rounds and paperwork.
  - Most pressing challenge as identified by staff: increasing rates of inmates with serious mental illness.

TAKEAWAY #1

Most reporting jails are in fact providing a surprisingly broad and comprehensive spectrum of healthcare services for routine, chronic, and communicable medical issues.

This includes the smaller reporting jails.

Much variation in how jails choose to do this.

Most reporting jails provide inmates with the right care at the right time.

All Virginia jails are alike… but no two are the same.

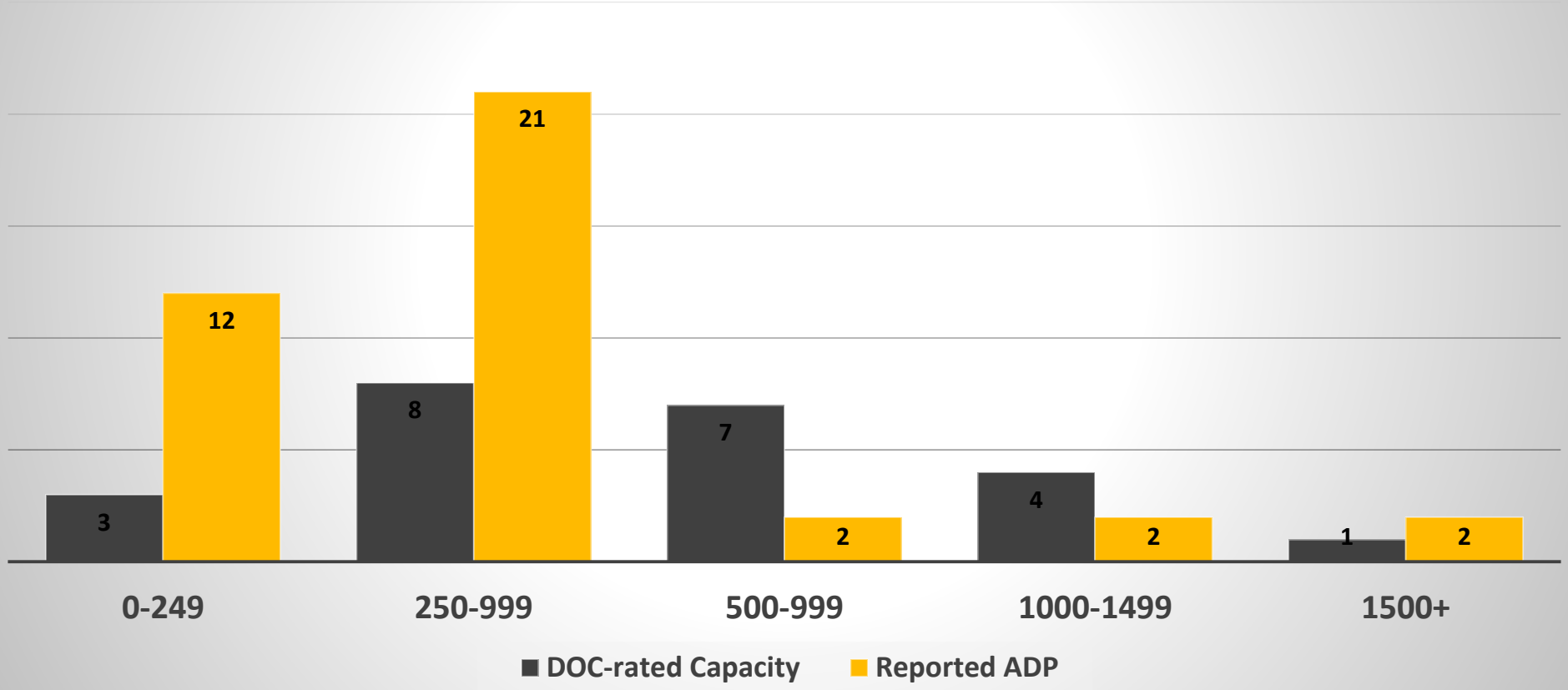
TAKEAWAY #2

Most reporting jails are providing a broad scope of healthcare services to some of society's most challenging individuals in some of the most challenging settings…

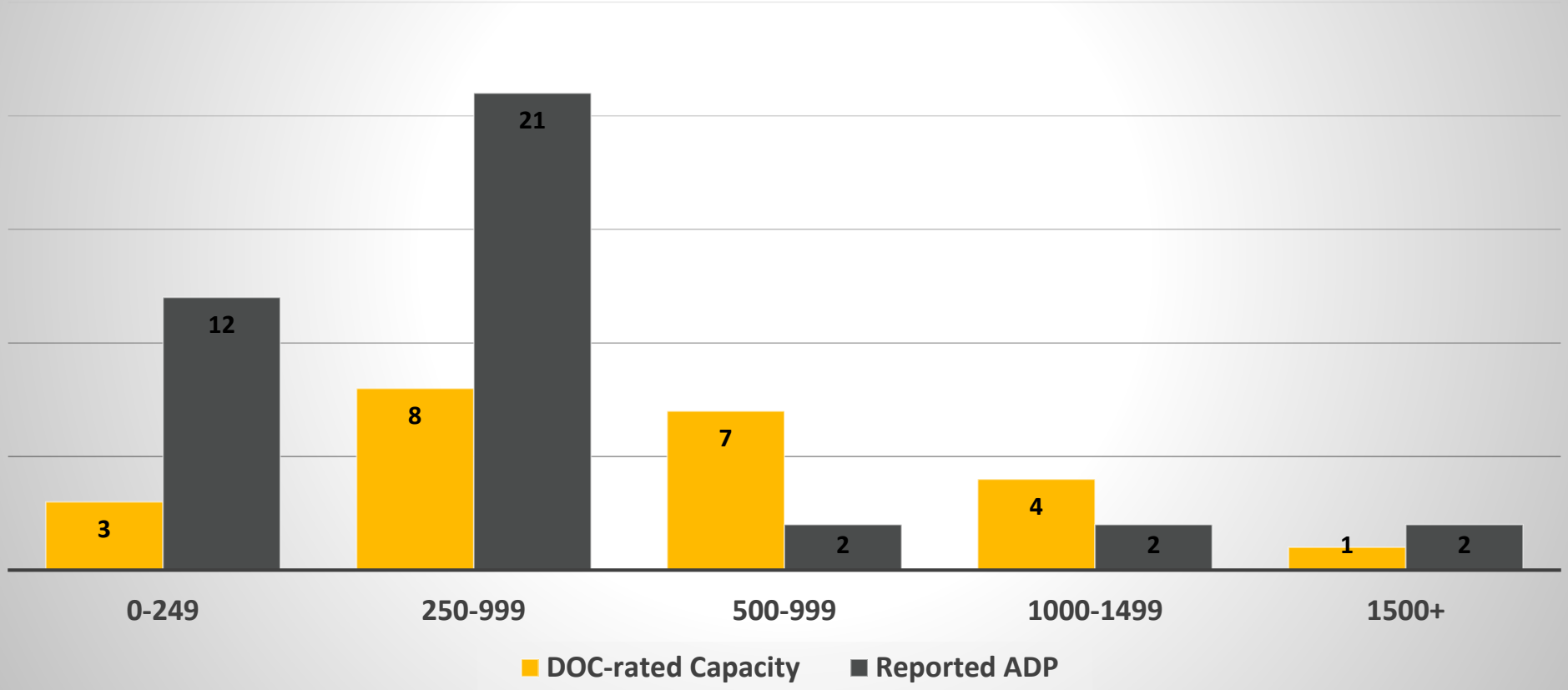
…while regularly operating close to, at, or above rated capacity.

Average overage: 158%.

Participating Sheriff-run Jails' rated capacities vs. reported ADP's.



Participating Regional Jails' rated capacities vs. reported ADP's.



TAKEAWAY #3

Quality-of-care measures for "ordinary average citizens" on the outside do not translate to jail setting. Accreditation is most common effort.

What is constitutionally satisfactory jail healthcare?

Timely access + qualified personnel + accurate recordkeeping + adequate space & housing + specialists when necessary.

PRELIMINARY RECOMMENDATIONS

Include jails in any & all discussions of community health & healthcare reform.

Health information exchange & continuity of care.

Full funding for forensic discharge planning for inmates with serious mental illness.

Downsizing jail populations.

Health insurance.

Telehealth services.

No "one-size-fits-all" approach in a correctional setting characterized primarily by diversity.

THANK YOU FOR YOUR ATTENTION!

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