
MANAGEMENT AND ADMINISTRATION OF CORRECTIONAL HEALTH CARE

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Preface

This book is about correctional health care. It is about the practical issues that both providers and health administrators face and is intended to provide clinical and administrative guidance to those working in correctional facilities.

This book is not a technical treatise, and some of the opinions and guidelines expressed by the authors will undoubtedly change as more information becomes available and technology changes. We hope that this book will shed some light and provide a useful perspective to assist providers in making efficient and effective decisions.

The text touches on many topics and current trends in correctional health care. Part 1 provides a historical, moral, ethical, and legal perspective. Determining whether an action is ethical or unethical is not always as easy as determining whether it is legal or illegal. Determining that a constitutional violation has occurred is equally perplexing; the courts have not established a single standard that determines constitutional adequacy. Neither professional standards nor prevailing conditions at other comparable institutions have been adopted as definitive standards of care.

Part 2 covers physician guidelines that have been written by physician experts for correctional health care institutions. As managed care companies emphasize cost containment in the free world, we must also be aware of strategies designed to promote clinical effectiveness and cost containment in correctional health care. Contagious diseases have always been a significant problem for correctional facilities. Part 2 focuses on TB, STD, HIV, and hepatitis management. Preventing transmission of communicable diseases in correctional settings requires constant vigilance, as inmates are more likely than the general population to harbor serious illnesses and undetected health problems. Close and crowded living conditions, poor hygiene practices, and prior high-risk behaviors make inmates particularly vulnerable to communicable diseases. Correctional facilities have a unique opportunity to provide appropriate educational materials that may have an impact on the prevention and treatment of communicable diseases. Recently, there have been promising advances in the treatment of hepatitis C. Because the cost of the treatment is high, many departments of correction are weighing the benefits of early intervention with costly medications against reduced morbidity and mortality.

Investigators who have studied dental disease in correctional facilities have discovered high rates of dental disease as measured by the index of decay and missing and filled surfaces. The inmate population, including juveniles, typically has more decayed surfaces and fewer filled surfaces, indicating reduced access or use of dental care in the community prior to incarceration. An adequate dental program restores normal function, prevents deterioration, and maintains normal health. This is done by assessing restorative, preventive, and oral hygiene needs on admission and providing dental services to treat those needs. Timely care for acute dental needs and emergencies such as toothache, avulsed teeth, abscess, and facial fractures is also needed.

With longer sentences imposed and fewer inmates being granted parole, more of our inmates are growing old while incarcerated. With their frailties and histories of abuse and neglect, older prisoners are contributing to the increased cost of providing correctional health care. They present unique needs. Special housing units and specialized programs are among the strategies used to provide them with humane living conditions.

Telemedicine is one of the fastest growing technologies of the future. It can provide medical expertise to remote rural areas of the county, thus reducing the need for on-site specialists, improving access to care, decreasing transportation costs, and reducing or eliminating the risk of escape. Facilities that have tried telemedicine have generally found it to be very helpful and continue to discover new applications. With the high-resolution cameras now available, some very sophisticated diagnostic work can be accomplished through telemedicine.

Not only the elderly, but an increasing number of juveniles are found in correctional institutions and detention facilities. Youth in correctional facilities, especially females, represent a vastly underserved population with many health care needs. Teenage pregnancies are high risk, especially when compounded with drug use and stress. Many of the juveniles have mental health disorders, others have conduct disorders that are less responsive to treatment. Inadequate links between community mental health centers and juvenile detention facilities result in the incarceration of many youth who would be better served in a substance abuse rehabilitation center or mental health treatment center, were funding available.

Jails and prisons have also become the de facto housing for the mentally ill, especially in the case of the homeless population, as de-institutionalization of the mentally ill has run its course over the past few decades. In Part 3, current trends in correctional mental health are discussed along with national professional standards relevant to the treatment of mentally ill offenders. The use and cost of psychotropic medicine is increasingly a topic of concern for correctional institutions. As more inmates enter correctional institutions with mental health disorders, the cost of psychotropic medications has had severe budgetary impacts on correctional facilities. Jail diversion programs, a recent trend to divert inmates with misdemeanor charges from coming into the criminal justice system, have received wide support from the courts. Innovative mental health court programs have been found in Seattle, Ft. Lauderdale, and Vancouver, Washington.

Those of us who practice in correctional health care cannot help but be concerned about the numbers of our population who are incarcerated time and time again and the negative connotations that incarceration has in our society. Without rehabilitation, incarceration—like welfare—can foster dependency. Incarceration is a way of life for some people, with parents, relatives, and even whole families journeying through the criminal justice system. Correctional health services can provide opportunities for reducing violence and victimization and preventing future violence.

Part 4 discusses administrative issues relative to correctional facilities. If nursing recruitment and retention are not the primary issues in many correctional facilities in the United States, they are at least two of the major issues. Health care administrators are challenged as never before to find innovative ways of attracting and recruiting nurses. Spending for the health care of inmates has increased rapidly during the last several years. The need for effective management of health care services will become more pronounced especially as prison populations keep growing, aging, and new technologies and treatments emerge. Part 4 examines several strategies that managers in correctional institutions have adopted to control costs.

One method some state and county systems use to manage costs is to contract for comprehensive health care. While there have been pros and cons written about privatization of inmate health care, it is generally thought that the government is inherently inefficient and the private market more effective. Opponents of privatization assert that

profit-making incentives will lead to a sacrifice of the quality and perhaps the quantity of health care. Part 4 presents an outcome study designed to evaluate the effects of private health care before and after inmate health care was contracted to university hospitals in the State of Texas.

Jails and prisons are places of punishment, and health providers are healers. Providers choosing to work in correctional facilities have divergent philosophies from their correctional counterparts and even their patients. Men and women in confinement frequently bring their survival trade with them and adapt it to the prison environment. While much has been written about manipulation, health care providers in the criminal justice system are frequently the intended victims of their patients. This part also presents strategies by which health professionals can become more aware and, in the end, safer in the correctional environment.

Monitoring the quality of health care is more than just a concept; it is a legal and moral obligation. This obligation is fulfilled by quality assurance activities, accreditation, and peer review processes that monitor both facilities and providers. Correctional professionals must remain vigilant to prevent unnecessary delays or denials of medical care, and a quality assurance program is one method to monitor performance and improve patient outcomes.

Acknowledgments

This text could never be accomplished by a single person. Many authors have given generously of their time and skills to prepare the chapters in this book. Many chapters represent the life work and beliefs of the individual authors, about which they hold deep convictions. The chapters all have in common the theme of improving the health care of the incarcerated population. This text is only a beginning in the quest to address many of the complex issues that shape our practice in correctional health care.

I would like to offer my deepest gratitude to the authors of the individual chapters. I also give grateful acknowledgment to the following individuals for their work on this text: Deborah Launer, Editorial Director of Civic Research Institute, and Fran Stevens, copy editor.

Jacqueline Moore
October 15, 2002

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