# Multnomah County

## Program # 40028D - Corrections Health - Inverness - 54 beds Dorm 16&17

Priority:SafetyProgram Offer Type:Existing OperatingRelated Programs:60022D

**Program Characteristics:** 

# **Executive Summary**

Corrections Health services at the Inverness Jail (MCIJ) for Dorms 16 and 17 provide 24-hour evaluation and treatment of emergency and serious medical, dental, and mental health care needs for 54 clients.

# **Program Description**

Corrections Health staff is on site 24 hours a day, 7 days a week for emergency response, evaluation and treatment, suicide prevention, isolation of patients with communicable diseases, stabilization of chronic disease conditions, medication management, high risk pregnancy, and drug and alcohol withdrawal. Infirmary care in the jail keeps clients out of the hospital and supports public safety and cost effective care.

Clinical services for 54 clients in Dorms 16 and 17 at MCIJ include medical and dental exam rooms, pharmacy, drug room, xray, lab, diagnostic and treatment supplies, and orthopedics and Ob/Gyn clinics. Nurses evaluate, treat, and educate inmates. Mental health staff responds to crisis situations, conducts mental health evaluations, and makes plans for release. Nurses also oversee the health care of 50-100 in-transit inmates who arrive daily from other jurisdictions and stay overnight at MCIJ.

Infrastructure for health care at MCIJ includes program-wide administration and day-to-day supervision to assure quality of care, as well as physicians, dental, pharmacy, and nursing staff, medical records, and clinic and office support services which are required for full care delivery.

# **Program Justification**

Corrections Health works with the Health Department, Sheriff's Office, Corrections counselors, chaplains, courts, families, and outside care agencies to identify and stabilize health needs of clients. As illnesses are stabilized through intervention from medical, dental, and mental health staff, the clients are able to actively participate in educational and training programs and in their own legal proceedings, which helps decrease recidivism. Medical staff interfaces with all public safety entities along the continuum of incarceration. Identification of communicable diseases provides a safe environment for everyone working or living in the jail. Providing on-site health care helps protect the outside community by identifying and treating the dangerously mentally ill and those diagnosed with communicable diseases. In addition, stabilizing serious health conditions reduces high cost hospital care.

Deaths and adverse health outcomes in jail result in lawsuits against the county. Corrections Health community-based, accredited health care reduces financial risk to the county.

## **Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Number of requests for health care evaluated by a nurse per month	507	500	500	550
Outcome	Number of clinical visits for medical, dental and mental health care per month	348	357	357	400
Quality	Number of clients sent to the hospital by ambulance each year	17	6	6	8
Efficiency	Average number of clients each nurse cares for per shift	300	300	300	332

## **Performance Measure - Description**

Access to care is assured by nurses evaluating health complaints in a timely and skilled manner. (continued in significant changes)

Lead Agency: Program Contact: Health Department BURROW Gayle F

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## Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and State law. When an individual is arrested and incarcerated, the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the U.S. Constitution's 8th Amendment and the 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State laws (ORS 169.076) further delineate standards for local correctional facilities.

## **Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$0	\$0	\$120,747	\$0
Contracts	\$0	\$0	\$16,642	\$0
Materials & Supplies	\$0	\$0	\$14,687	\$0
Internal Services	\$0	\$0	\$9,065	\$0
Capital Outlay	\$0	\$0	\$1,500	\$0
Subtotal: Direct Exps:	\$0	\$0	\$162,641	\$0
Administration	\$0	\$0	\$2,586	\$0
Program Support	\$0	\$0	\$11,553	\$822
Subtotal: Other Exps:	\$0	\$0	\$14,139	\$822
Total GF/non-GF:	\$0	\$0	\$176,780	\$822
Program Total:	\$0		\$177,602	
Program FTE	0.00	0.00	1.15	0.00
Program Revenues				
Fees, Permits & Charges	\$0	\$0	\$2,500	\$0
Intergovernmental	\$0	\$0	\$0	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$822
Total Revenue:	\$0	\$0	\$2,500	\$822

## **Explanation of Revenues**

Clients are charged a co-pay fee for the health care they receive in jail and they are billed for any health care received out of jail while still in custody. Health care cannot be denied for inability to pay.

## **Significant Program Changes**

## Last year this program was:

Cont from Performance Measurement Desc.

On-site clinical services are less costly than care in a doctor's office out of the jail. Up-to-date on-site clinics with diagnostic, x-ray, lab, and treatment equipment decrease costs and increases health outcomes.

Preventing emergencies is the goal of quality care. Having professional, licensed medical staff evaluating clients is key to proper treatment of illness.

Nurse to client ratio is based on multiple factors including physical plant, classification, length of stay, and type of housing (i.e., infirmary, male or female, disciplinary, general