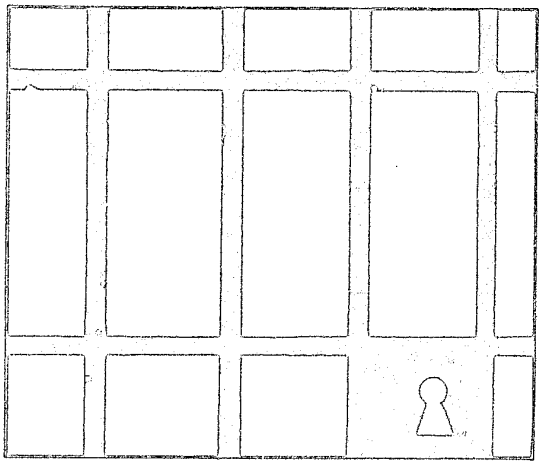
PROCEEDINGS

2nd National Conference on Medical Care and Health Services in Correctional Institutions



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RECEIVING SCREENING - AN ADMINISTRATIVE AND OPERATIONAL VIEW *

When we first think of receiving screening as part of the reception processing of an inmate committed to our institutions, we must assuredly think of the benefits related to such a process.

The benefits to the inmate are obvious:

1. He has an opportunity to make known his medical complaints to a staff that has the ability to act on them.
2. He is exposed to a source for beginning to realistically solve the medical problems he is experiencing.
3. He feels more comfortable and in control of his "personal being", therefore contributing to an improved environment at the institution.

The benefits to the jail are less obvious (especially to the custodial staff) but surely not less important.

1. You have a complete profile of an inmate.
2. You can experience the option of being able to plan a treatment process for the inmate rather than having to react to a "crisis" medical situation.
3. You can often have the time necessary to consider more appropriate and usually less expensive treatment modes for the inmates individual problems.

Administratively and operationally, though, there are advantages and disadvantages associated with the implementation of any treatment program or part of a treatment program in a correctional setting. Some of the most obvious area effected would be in staffing (both medical personnel and security staff), in budgeting, in the medico-legal area, and in possessing the resources to act upon the medical needs of inmates that are uncovered during the receiving screening.

These are some of the areas that I would like to speak to you about, presenting the problems, and I hope, some solutions and then having the benefit of your discussion and questions afterward. In my presentation, I will have to ask your indulgence and understanding, in that in my experience, I will be relating to a viewpoint from administering a correctional institution that houses, at present, over 600 inmates, both felons and misdeameanants, both pre-trial detainers and convicted prisoners, both men and women, and that has a medical staff of 9 licensed nursing personnel and 4 administrative and security personnel. Also, to achieve a proper prespective, I must say that in Richmond we experience no lack of resources in that we are located less than 2 miles from the Medical College of Virginia, certainly one of the Virginia State Penitentiary Hospital and its medical clinics and that, at worst, I'm sure our position is enviable to some of you seated here.

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*Presented by Andrew Winston, Sheriff, City Jail, Richmond, Virginia.

Now, moving along to the first area of receiving screening that I would like to present to you, staffing and budget. Our screening program has been in effect now for over 2 years. When we initiated the program we found that in extra staffing only 1 additional nursing position and 1 extra security officer were necessary to do the 125 to 150 screenings weekly, without placing too much of a burden on the existing medical staff. The majority of the screening are performed in the evening. The staff sees all newly committed inmates of that day before they are moved from the classification area. An extensive medical history is taken from the inmate, a PPD Tuberculin Test is given, and his blood pressure and weight is taken, as well as notes made as to whether the inmate wears glasses, and any other pertinent information that may be necessary in the future medical treatment of the inmate. All of this information is collected within 8 hours of the inmates commitment to the institution. Of course, the single most important budgeting factor in this type program is the staffing requirements. In jails without a medical staff, space, equipment, and other factors will greatly increase the cost of a screening program and this should be taken into consideration, but in the Richmond Jail our overall cost of slightly less than $2.00 per day per inmate increased only slightly. Training for a "lay-staff", which will be doing a screening, should also be taken into consideration in the budgetary requirements for a program. An excellent resource for this might be State Departments of Correction or, as in Ms. Parker's case, the state or local medical society. Other organizations that might be of help, although not specifically targeted a correctional setting, may be your local Red Cross or some of the local organizations, such as Rescue Squads or other volunteer groups that can offer any training input in a medical context. Still though, the jail supervisory staff will have to see that any medical knowledge gained from outside sources is put to the best possible use in the correctional setting.

After the receiving screening has been performed, you must be prepared to act on the information gained from the screening. This leads us to the area of resources. Ill or injured inmates must be transported to a place where immediate medical attention can be given. This may be an emergency room or the local physician that provides medical care for the jail inmates. Inmates with medical problems of a less serious nature will have to be referred to the jail physician on his next visit, to a clinic or whatever medical authority is used by the jail. A guideline for the time-delay factor would be that it must be generally the same amount of time that it would normally take for a member of the community to make available to himself the same service. This has been an accepted practical "rule-of-thumb" to both the Courts and to local medical authorities. By my experience, acquiring the utilization of resources outside of the jail usually presents no serious problems. The services are present because they have been established for the uses of the community. There may be considerable "leg work" necessary in contacting the persons responsible for the services and in convincing these persons that, indeed, inmates incarcerated in your jail are members of the community too. But these are minor problems that time and a little effort can overcome. The real problem lies in getting the local physicians to participate in the jail "in-house" medical program. We have solved this

problem by contracting with the local hospital to have senior medical residents in internal medicine do a rotation at our jail as part of their residency requirement. In areas where there is no teaching hospitals, or isolated rural areas where there are only a couple of general medical practioners serving the entire community, the problem could be drastically critical. The community physicians will probably have little available time to contribute to a jail medical program, even though they will recognize the need and make an effort to help. It is in this area that our State Medical Societies can be so valuabe. Through these organizations, some physicians may be contacted who has some available time and an interest to help in your need for medical care for your inmates. This will definately help if there are populous areas within commuting distance of the institutions then, with several visits per week and a local physician who will take care of emergency situations, you will have the realistic beginnings of a medical service program. I might add that the beginning steps are the hardest. Once you have established your institution and have the basis for medical care, future contacts will be easier and, if the need arises for more medical coverage, the physicians that are providing services presently will make the pathway to more resources less resistive to you.

In discussing resources for medical service programs, both for in-house or outside of the institution, and especially in establishing a medical program or a receiving screening program, you must have both a receptive and interested local government to provide the most necessary factor involved: funding. No amount of need on your part can place the funds necessary into the municipal or county budget. You must successfully communicate these needs to both the governing body and to the community in general. Without community support and the influences this brings to bear on the locally elected officials, it is increasingly diffifult to initiate new medical programs in the correctional setting, especially jails and more specifically in jails where no court decisions have been handed down against the jail. Initially, the generation of community support must begin with the volunteer organizations involved in the institution. These may be offender aid groups or local clergy organizations. Making these groups aware of your problems, being frank and honest with them and sincerely asking for their help will be the initial impetus for vocalizing of these problems whenever the opportunity arises place the burdens of providing funds for jail programs where they belong and certainly where the action to provide these funds must begin.

In starting a receiving screening program and thereby accumulating medical data on your inmates, there are certain <u>legal aspects</u> to be considered. In respect to the screening itself the fact that you are aware that an inmate has a medical problem is important. Once you possess that

knowledge, you are bound legally, to take action on it. Although I feel ignorance has never been an accepted excuse for neglect, some rational relaxing of court decisions against jails have evolved from this. This cannot and will not be the case if the jail staff has foreknowledge of the medical situation and fails to initiate action to solve this problem within a reasonable time frame. There is also the problem of confidentiality of the medical information you possess. Even though no doctor may be involved in the receiving screening process, the information obtained, whether by a correctional officer or licensed medical personnel, carries the same confidentiality. This information must not be revealed except as is needed in administering the proper care and/or in the best interest of the inmate. This includes making proper housing assignments of inmates, carrying out treatment plans for the inmate, and then only the minimal information necessary to carry out the needed operation must be released. Also, certain individuals or agencies may be requesting the medical information you have obtained. Attorney, caseworkers, probation officers and the local health departments may be among these. When this information is released, it should only be with the receipt of a release form signed by the inmate and the form should clearly indicate that the release is for medical information.

In conclusion, the receiving screening of inmates is certainly a beneficial program for improved jail operation. It aids both the inmate and the jail staff. In jails with an existing medical service program it can be implemented with little additional cost or increased work load for the staff. Where no medical service program is in effect, the custodial staff can easily carry out the gathering of a medical history and the basics of a physical exam, although extra persnnel may be needed for this task and surely the space and equipment requirements will have to be considered. So there are no severe or drastic problems related to initiating a receiving screening program. However, this process, as with any treatment program in corrections, carries responsibilities. It places us in a position of acting on the information we possess. It requires us to seek out ways to solve the problems we encounter with regard to what is proper and adequate medical care. It places those persons responsible for funding our institutions in the position of having to accept the cost of reasonable medical care that is comparable to that which other members of the community have access to.

Certainly all of these things must be considered and dealt with. But, none of the advantages or disadvantages can cloud the issue of the fact that we must know, and have knowledge, and carry out our responsibilities to the persons that have been placed in our institutions and, at the same time, carry out our responsibility to the communities that we serve.

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