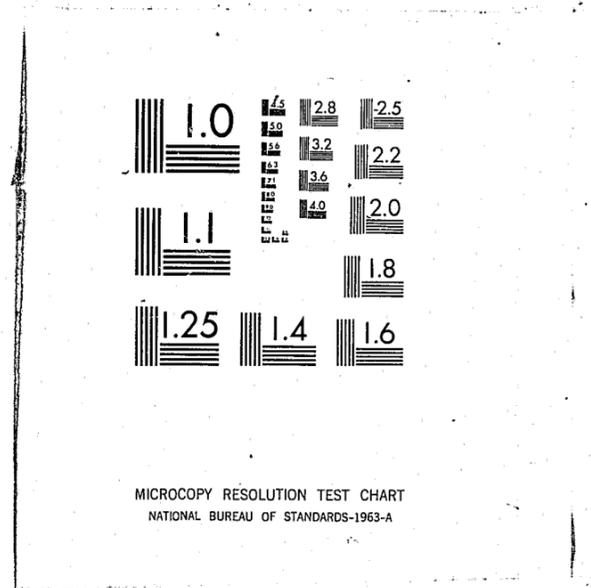


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FIRST EVALUATION REPORT

ON THE  
JAILS' PROGRESS IN  
IMPLEMENTING AMA STANDARDS

AMA Program to Improve Medical Care  
and Health Services in Jails

January 1981

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Dup.

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NCJRS

AUG 28 1979

ACQUISITION

## I. INTRODUCTION

In May of 1979, the American Medical Association (AMA) received a grant (#79-MU-AX-0008) from the Law Enforcement Assistance Administration to conduct a program to improve medical care and health services in jails. The initial grant was awarded for a one year period and provided \$1,239,320 in federal funds. With the ten percent match from participating state medical societies, the operating budget for this program totaled \$1,344,080.

From June of 1975 through May of 1979, the AMA had operated a highly successful pilot project to improve jail health care, which was also funded by LEAA. Under the pilot effort, models for health care delivery were devised, standards for three types of correctional institutions (jails, prisons and juvenile facilities) were developed and tested, an accreditation program for jail health systems was launched and a clearinghouse for correctional health care was established.<sup>1/</sup>

The major thrust of the new LEAA grant was to transfer the successful aspects of the pilot effort to new jails in additional states. The AMA proposed to do this by utilizing the existing mechanism of working through state medical societies. Fifteen of the sixteen prior participants<sup>2/</sup> were asked to continue in the new program and by September 1979, five more had been added.<sup>3/</sup> The final

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<sup>1/</sup> See B. Jaye Anno and Carlton A. Hornung, "Health Care in Jails: An Evaluation of the American Medical Association's Pilot Projects" Evaluation and Health Professions, vol. 3, No. 4, December 1980 (365-384) and B. Jaye Anno and Allen H. Lang, Final Evaluation Report on the American Medical Association's Program to Improve Health Care in Jails (Year Three), Silver Spring, MD: B. Jaye Anno Associates (June 1979).

<sup>2/</sup> They included the original six state medical societies (Georgia, Indiana, Maryland, Michigan, Washington and Wisconsin) plus those in the following states: Illinois, Massachusetts, Nevada, N. Carolina, Ohio, Oregon, Pennsylvania, S. Carolina and Texas. The District of Columbia Medical Society was not asked to continue because it has only one jail in its province.

<sup>3/</sup> California, Florida, Mississippi, Oklahoma and Puerto Rico.

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three states of Hawaii, New York and North Dakota were added in November, bringing the total number of participating medical societies to twenty-three.

Each of the medical societies (except Hawaii which only has four jails) was expected to select a minimum of ten jails to work with. The primary criterion for selection was the jails' evidence of deficiencies in their health care delivery systems and need for technical assistance to effect improvements. Other criteria such as jail size and geographic distribution were considered as well.

Once the sites had been selected, the medical society staffs (designated as "State Project Coordinators" or "SPC's") were expected to: 1) identify the deficiencies in health care delivery at each of their jail sites, 2) develop action plans for each site to remedy these deficiencies, and 3) provide technical assistance (TA) to each site--including additional on-site visits, provision of resource materials, identification of medical resources and conducting training sessions for jail staff--to help jails to implement AMA standards.<sup>4/</sup>

The AMA's role was to assist the state medical societies through: 1) providing special training to SPC's on delivering technical assistance, 2) disseminating materials on how to improve jail health care systems, 3) coordinating the states' efforts and monitoring their progress, and 4) measuring the success of the states' efforts in terms of the extent of improvements which occurred in the health care delivery systems of participant jails.<sup>5/</sup>

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<sup>4/</sup> American Medical Association, A National Program to Improve Medical Care and Health Services in Correctional Facilities: An AMA Proposal to Provide Technical Assistance to LEAA, Chicago: Jan. 30, 1979, pp.42-48.

<sup>5/</sup> Ibid, pp.30-41.

The AMA submits quarterly reports to LEAA which account for AMA and state society activities and remark on the results of AMA monitoring of the state societies' progress. This report, however, represents the first evaluation of the jails' progress in implementing standards.<sup>6/</sup> It covers the period from June of 1979 through April of 1980.

## II. METHODOLOGY

Two types of information about the participant jails were gathered. The first was descriptive data, which were obtained from "Application(s) for Technical Assistance" that each jail completed upon entering the program. The second consisted of a pre/post study of the jails' health care delivery systems.

In regard to the latter, the primary instrument used to measure change was the self-survey<sup>7/</sup> each jail completed two times during the year. As each jail entered the program, staff members were asked to complete a self-survey questionnaire designed to determine which standards (or parts of standards) the jail was presently complying with. In other words, these initial self-surveys served as the baseline measure of each jail's existing health care delivery system.

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<sup>6/</sup> Throughout this report, the term "standards" refers specifically to those contained in the following document: American Medical Association, Standards for Health Services in Jails, Chicago: July 1979.

<sup>7/</sup> See American Medical Association, "Self-Survey Questionnaire for the Evaluation of Health Services in Jails," Chicago: August 1979.

Insofar as possible, state medical society staff were asked to verify the responses given by their jails on the initial self-surveys to ensure a more accurate portrayal of the existing delivery systems. Verification consisted of making telephone calls or site visits to each jail and discussing the AMA standards with the facility personnel completing the self-survey questionnaires to make sure that they understood what constituted compliance with each standard. Corrections were made on the initial self-surveys as necessary and the "verified" questionnaires were then sent to the AMA.

Follow-up information regarding jails' compliance with AMA standards was obtained in two ways. For those jails applying for accreditation in Round I,<sup>8/</sup> verification of the actual number of standards met was available from the reports of the states' on-site survey teams and the official recommendations regarding accreditation made by the AMA's Advisory Group on Accreditation<sup>9/</sup> Those jails which did not apply for accreditation in Round I were asked to complete a second self-survey by April of 1980, which reflected the number of standards the jails complied with at the end of the year. Insofar as possible, the state medical society staffs were asked to again verify the responses from their jails which had not participated in an official on-site accreditation survey.

The purpose of obtaining pre/post measures of compliance with AMA standards was to determine the extent of improvements which had occurred in the

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<sup>8/</sup> The AMA has operated an accreditation program of jail health care systems since August of 1977. Initially, the accreditation effort was part of the prior LEAA grants, but it was not included in the new grant. Hence, the AMA decided to continue accrediting jails with its own funds, and the first Round of Accreditation under this new system was completed in February 1980. To be awarded accreditation for two years, a jail must meet all of the applicable "Essential" standards and 85% of the remaining applicable ones. For one year accreditation, the jail must meet all of the applicable "Essential" standards, but only 70% of the remaining ones.

<sup>9/</sup> This is a five member panel appointed by the AMA's Board of Trustees, which consists of three physicians, a representative of the National Sheriffs' Association, and an ex-offender. This group reviews the data from jails applying for accreditation and makes recommendations regarding whether certificates should be awarded.

health care systems at each of the participating sites. Thus, each jail was given a score representing the number of standards it complied with before becoming involved in the AMA program and a score representing the number of standards it complied with by the end of the year.

In calculating the compliance scores, no attempt was made to weight the relative value of the standards. Instead, each standard simply counted as one point. If a standard had more than one element in it that needed to be complied with (as most of the standards do), then each element was given a fractional value -- which was usually derived by dividing the value of the total standard (i.e., "one") by the number of elements it has within it.<sup>10/</sup>

In a few of the cases of standards with multiple elements, a crude weighting of the elements within a standard seemed necessary. This was done whenever compliance with certain elements in a standard was contingent upon a prior element being complied with. For example, Standard #116 requires first aid kits to be onhand. If they are, it further requires that the responsible physician approve the contents, number, location and procedures for inspection. Obviously, a jail could not comply with these latter elements unless it had first aid kits. It could have first aid kits, though, and not comply with the remaining elements. Thus, in these cases, the most important elements were weighted as .5 (i.e., half of the maximum value of "one" for the standard as a whole) and the remaining elements were assigned equal fractional values of the other .5 points.<sup>11/</sup>

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<sup>10/</sup> For example, Standard #105 requires written policies and procedures for forty-eight different areas. Thus, compliance with any of the forty-eight elements was given a value of .021 (i.e., 1 divided by 48 = .021).

<sup>11/</sup> Weighting within a standard occurred for numbers #110, #116, #128, #140, #142 and #154. For all other standards, elements within a standard received equal fractional values.

Since the maximum value a jail could receive for complying with any given standard was "one", it follows that the maximum pre or post score a jail could receive was sixty-nine (because there are sixty-nine AMA standards).<sup>12/</sup>

### III. RESULTS

This section is divided into two parts. Part A provides a descriptive profile of the participating jails and Part B reviews the extent of progress made by the jails in implementing standards.

It should be noted that this report covers 221 jails in nineteen states. Jails in Hawaii, New York and North Dakota are not covered in this report, because these three medical societies did not join the AMA program until November of 1979. Hence, there was insufficient time for them to complete both an initial and an updated self-survey for each of their facilities.

The jails in Puerto Rico are also not included, because this project experienced difficulties in becoming operational.<sup>13/</sup> Progress there was also slowed due to the necessity of translating the AMA standards, survey instruments and other materials into Spanish.

The progress of these four projects will be accounted for in the next report.

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<sup>12/</sup> It should be noted that if a standard was "not applicable" for a given jail, that standard was scored as if the jail were in compliance.

<sup>13/</sup> See "AMA Quarterly Progress Reports to LEAA" for periods Oct. 1 - Dec. 31, 1979 and Jan. 1 - Mar. 31, 1980.

#### A. Characteristics of the Participant Jails

From the information contained in the "Applications" which each jail submitted upon entering the program, it is possible to draw a profile of the participating jails' characteristics. These data are presented as a background from which the jails' progress may more easily be viewed.

It should be remembered that what follows is a description of the jails at the time they entered the program. Thus, while some characteristics (such as jail size) were expected to remain fairly constant between the time the jails entered the program and the time of their second self-surveys, others such as those reflecting the availability of health care staff and services, were expected to increase. While changes in health care staffing are not reported, increases in the types of services provided are reflected in Part B below outlining the extent of the jails' improvement.

In the subsections which follow, the jails are discussed in the aggregate. Breakdowns by state are provided in the charts in Appendix A.

##### 1. Type of Facility and Administrative Structure

Of the 221 jails, 209 or 95% are county-operated facilities. The remaining twelve are municipal institutions.

In 83% of the jails (N=183), the person legally responsible for the facility is a sheriff. In other instances, this responsibility is held by "Jail Administrators", "Directors of Corrections", "Wardens" or "Chiefs of Police". Pennsylvania is the only state where none of the jails are responsible to the local sheriff's department (see Appendix A, Chart I).

##### 2. Age and Renovations

The age range of the jails spans 226 years. The oldest was built in 1754 (a Pennsylvania jail) whereas the newest was completed in 1980 (a California facility). About a fourth of the jails (27.6%) were built within

the last ten years and another 35.7% were built between 1941 and 1970. However, over a third of the facilities are more than forty years old and a full 10% are a hundred years old or more. South Carolina has the newest facilities (seven out of ten were constructed within the past ten years) whereas Massachusetts has the oldest ones (its "newest" jail was built in 1906). Additional breakdowns may be found in Chart II, Appendix A.

About half of the jails (N=101 or 46%) reported that major renovations had occurred since the facility was built, and of these, 78% indicated that the improvements had happened within the past ten years (see Chart III, Appendix A). The types of renovations were revealing, however (see Chart IV). About 26% of the 101 jails reported adding or remodeling cells, 30% reported adding or remodeling administrative offices, and 35% reported adding or remodeling both cells and administrative offices. Only 4 of the jails indicated they had added or remodeled rehabilitation centers and none of the facilities reported adding or remodeling medical sections.

##### 3. Jail Size and Locale

The jails that were selected to serve as participant sites represent a good mix of both size and locale at both the aggregate level and within each state. Table I on the next page summarizes the number, size and locale of the jails selected in nineteen states.

As indicated in Table I, 32.6% of the 221 jails were small, 56.1% were medium-sized and 10.4% were large-sized facilities. A full 60% of the jails were located in rural areas (i.e., serving a population of 100,000 or less), while 24.0% were classified as suburban jails and only 10.9% as urban. Most of the states had at least one jail in each size category and most had at least one jail in each of the various locales.

TABLE I

## Number, Size and Locale of Participant Jails by State

STATE	Total# of jails	Number of Jails by Size*				Geographic Locale**			
		Small	Medium	Large	Unknown	Rural	Suburban	Urban	Unknown
GA	(N=12)	5	7	-	-	11	1	-	-
IN	(N=15)	10	5	-	-	13	1	-	1
MD	(N=11)	1	8	1	1	8	1	2	-
MI	(N=10)	5	5	-	-	8	2	-	-
WA	(N=12)	2	9	1	-	7	4	1	-
WI	(N=16)	7	8	1	-	11	4	1	-
IL	(N=11)	4	6	1	-	5	5	-	1
MA	(N=10)	1	8	1	-	1	4	3	2
NV	(N=11)	8	1	1	1	8	1	-	2
NC	(N=10)	2	8	-	-	7	3	-	-
OH	(N=16)	3	11	2	-	6	5	5	-
PA	(N=11)	-	10	1	-	1	7	1	2
SC	(N=10)	5	5	-	-	9	1	-	-
TX	(N=10)	4	4	2	-	6	2	2	-
OR	(N=10)	3	6	1	-	6	3	-	1
CA	(N=12)	-	6	6	-	3	3	5	1
FL	(N=12)	1	7	4	-	4	5	3	-
MS	(N=12)	4	8	-	-	11	-	-	1
OK	(N=10)	7	2	1	-	7	1	1	1
TOTALS	(N=221)	72 (32.6%)	124 (56.1%)	23 (10.4%)	2 (10.9%)	132 (59.7%)	53 (24.0%)	24 (10.9%)	12 (5.4%)

\* Size designations were based on the categories used by LEAA in its jail surveys. "Small" jails have average daily populations (ADPs) of 20 or fewer inmates; "medium-sized" jails have ADPs of 21 to 249 inmates; and "large" jails have ADPs of 250 or more inmates.

\*\* Geographic locale designations were based on the general population size of the area served by the jail. Boundaries were arbitrarily set as follows:

Rural = population size of up to 100,000;

Suburban = population size of 101,000 - 500,000;

Urban = population size of over 501,000.

The actual population range for these jails was 1,000 to 7,000,000.

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In an aggregate sense, the emphasis on small and medium-sized jails in rural areas is in keeping with the national picture. A 1972 LEAA survey determined that, of the 3,921 adult jails in the country which hold individuals for forty-eight hours or longer, 74% were small-sized jails, 23% were medium-sized and only 3% were large-sized facilities.<sup>14/</sup> Additional breakdowns are provided in Charts V and VI, Appendix A.

#### 4. Inmate Population Size Statistics<sup>15/</sup>

The AMA standards use different delimiters to define small, medium and large-sized jails (ADPs of less than 50, 50-200 and over 200 respectively). Using these categorizations, 53% of the jails are small 32% are medium-sized and 14% are large facilities. Chart VI gives these breakdowns along with the jails' rated capacities.

Interestingly, only 8% (N=18) of all the jails reported overcrowding. Almost half of the states had no overcrowded facilities as participants and of the remainder, only Maryland and Massachusetts reported more than two overcrowded jails.

In terms of total admissions over the past year, 32.1% (N=71) admitted less than 1,000 inmates, 47.1% (N=104) booked from 1,000 to 4,999, 14.9% handled from 5,000 to 19,999 inmates and 5% admitted 20,000 or more. Annual admissions ranged from a low of 16 to two California jails with over 100,000 each (see Chart VII).

<sup>14/</sup> LEAA, "Survey of Inmates of Local Jails: Advance Report," Washington, D.C.: U.S. Department of Justice, National Criminal Justice Information and Statistics Service (1972), p.13.

<sup>15/</sup> Since the jails joined the program in 1979, most statistics were gathered for 1978 (the first full year prior to participation).

In all, the 212 jails where complete data were available reported handling almost 1.1 million inmates over the course of a year. As expected, the overwhelming majority of the inmates held in the participant jails were adult males (84.6%). Adult females accounted for 13% of the total admissions with the remaining 2.4% consisting of juveniles. Of the latter group, about two-thirds were male and a third were female (see Table II below).

Table II

	Total Admissions in Prior Year	
	N	%
Adult Males	928,266	84.6
Adult Females	142,656	13.0
Juvenile Males	18,418	1.7
Juvenile Females	8,091	0.7
Totals (N=212 Jails)	1,097,431	100

Only one of the jails had no adult male admissions (a women's institution in Ohio) and only 14 (6.3%) had no adult females during the prior year. While the adult statistics were not unusual, it was somewhat surprising to note that almost two-thirds of the facilities incarcerated at least some juveniles over the course of a year. Additional breakdowns are provided in Charts VIII, IX, X and XI, Appendix A.

The average daily intake for the jails ranged from none to 449 inmates per day. Over half of the participants (51%) admitted five or fewer per day and another 32% booked from 6 to 20 inmates daily (see Chart XII).

Per usual, length of stay data were the most difficult to obtain. Many facilities still do not keep these statistics and hence, the data provided were often estimates rather than actual figures. The aggregate length

of stay picture for the 206 jails providing information is given in Table III below.

Table III

Average Inmate Length of Stay Profile (N=206 jails)

Less than 24 hours:	$\bar{X}$ = 32.5%
One day to one week:	$\bar{X}$ = 25.5%
One to two weeks:	$\bar{X}$ = 15.9%
Longer than two weeks:	$\bar{X}$ = 27.5%

While these results are somewhat unreliable--many are estimates and in 11% of the jails providing data, the total of the four LOS categories did not equal 100%--they suggest that the majority of inmates are released within the first fourteen days. It should be noted that the AMA standards do not require the health appraisal to be completed on inmates until the fourteenth day. Hence, presumably, most inmates are still not being examined by medical personnel nor tested for communicable diseases.

Massachusetts, Pennsylvania, Illinois and Maryland appeared to have the highest percentage of inmates staying longer than two weeks, whereas Indiana and Wisconsin seemed to have the largest percentage staying less than one day. Additional LOS breakdowns are provided in Charts XIII - XVI, Appendix A.

5. Availability of Health Care Facilities and Personnel

The "Application for Technical Assistance" contains several questions relating to the availability of health care facilities and personnel. The jails' responses to these items are profiled below. It should be remembered that these results reflect the status at the time they enrolled in the AMA program. Hence, they indicate the extent of the jails' need for improvements.

Of the 221 jails requesting technical assistance, 42.5% had no medical examining room and 71% had no medical bed space (see Chart XVII, Appendix B). As expected, there was a positive relationship between jail size and the availability of medical facilities.

To some extent, the same was true of the availability of health care staff, although somewhat more of the small jails reported having the services of at least one health professional. On an aggregate basis, not quite a third of the facilities (29.4%) had no medical staff serving the inmates and about a third (31.2%) did not have a responsible physician or a medical authority to oversee the health care system (see Chart XVIII, Appendix B). The lack of health care staff appeared to be the most acute in the state of Oklahoma. Also, the states of Georgia, Mississippi, Nevada, South Carolina and Wisconsin all had about half of their participant jails without any medical staff.

Of the 154 jails reporting the availability of health care staff, the types of staff and the median number of hours provided by each type are shown in Table IV below.

Table IV

Type of Staff	% of Jails Reporting Availability	Median Number of Hours Per Month Available	
			Range
Physicians	92.9% (N=143)	16	1 - 2,000
Nurses	55.8% (N=86)	160	2 - 25,000
Physician Assistants	21.4% (N=33)	60	4 - 960
Other (e.g. dentist, mental health worker, etc.)	34.4% (N=53)	25	2 - 10,000
N = 154 Jails			

As indicated in Table IV, the most usual type of staff available was a physician, followed by nurses and physician assistants (PA's). In half of the jails reporting physician services though, the doctor provided health care for four hours or less per week. A little more than half of the jails provided nursing services, but in half of these instances, the nurse was part-time (less than 160 hours per month). Only a fifth of the jails had physician assistants and in half of these cases, the PA's worked 60 hours a month or less. Breakdowns by state on these three variables are given in Appendix B, Charts XIX, XX and XXI respectively.

The jails were also asked to indicate the availability of other types of health professionals. As seen in Table IV, only about a third of the facilities with any health care staff reported the presence of health professionals other than doctors, nurses or PA's. The breakdowns contained in Chart XXII (Appendix B), reveal that only 8% of the jails with staff had the services of a psychiatrist/psychologist and less than 5% had the services of a dentist. Other types of health professionals were also poorly represented.

Further, the number of hours per month provided by the other health professionals was very low. These breakdowns are given in Chart XXIII.

When the types of health care staff available and the number of hours provided per month are viewed together, it can be seen that a number of the jails appear to have been underserved. This point is shown more clearly in subsection 6 below, which examines the availability of various types of health care services.

6. Availability of Health Care Services

In order to determine the jails' need for technical assistance, it was important to obtain an indication of the types of health care services then available. The extent of basic services is reflected in Table V below and breakdowns by state are given in Chart XXIV, Appendix B.

Table V

Types of Health Care Services Available

Type	Ongoing Services	Emergency Only Services	No Services	Missing Data
Medical Care	55.7%	42.1%	-	2.3%
Mental Health Care	36.2%	61.5%	1.4%	0.9%
Dental Care	16.3%	82.8%	0.5%	0.5%
N = 221 jails				

As indicated in Table V, a little over half of the jails reported the availability of at least some on-going medical services. However, almost two-thirds of the jails indicated that only emergency mental health services were available and over four-fifths stated that they provided no on-going dental care.

The facilities were also asked to identify the types of medical services they provided. Almost three-fourths of the 221 jails (71.4%) stated they performed some type of medical screening on new admissions to their facilities. Of the 158 jails providing this service, screening was performed by medical personnel in 34.2% of the cases, by correctional personnel in 55.7% of the jails and by a combination of personnel in 7.6% of the instances. The screening was usually done at booking (37.3% of the cases) or before the inmate was admitted to the cell block (20.9% of the time). Breakdowns by state are available in Chart XXVI.

It was of interest, too, to know how many of the jails conducted regularly scheduled sick call and the level of staff providing this service. Two-thirds of the facilities (68.3%) said they conducted regular sick call, but in only half of the jails was sick call held with medically trained personnel. Chart XXVII (Appendix B) shows that on an aggregate basis, sick call was provided most often by physicians (17.2%), followed by nurses (14.5%) and then by a combination of physicians and other medical personnel (13.1%). In 18.1% of the facilities, sick call was conducted solely by correctional personnel and as noted above, about a third of the jails had no sick call.

Of the jails holding sick call, most reported that it occurred on a daily basis (see Chart XXVIII).

Finally, the jails were asked to indicate the availability of detoxification services. Only a little more than a third (36.7%) stated they provided medically supervised alcohol detoxification and about the same number (33.5%) said they provided medically supervised drug detoxification (see Chart XXIX for breakdowns by state).

7. Legal Status of Jail Participants

While this information neither helped nor hindered AMA's acceptance of a jails' application for TA, it was of interest to learn whether the jails were or had been under suit for failure to provide adequate health care. A third of the jails indicated they had been sued within the past five years for this reason and a fourth stated that they were currently under suit. Florida, California, Ohio and Texas had the highest proportions of participant jails under suit at the time they entered the AMA program. Additional breakdowns may be found in Chart XXX, Appendix B.

B. Extent of the Jails' Improvement

Part A provided a description of the jails participating in the AMA program and gave an impression of the availability of health care in these facilities at the time they applied for technical assistance. However, simply asking the jails what health care services they provide is an imprecise measure of their baseline delivery systems. The fact that a facility says it holds regular sick call or does medical screening upon admission does not necessarily mean that these services are provided in a manner that would satisfy compliance with the respective AMA standards.

A more exact measure of the status of the jails' pre-program health care delivery systems was obtained by determining which standards (or parts of standards) the jails met initially. These data were extracted from the facilities' responses to the self-survey questionnaire and were subsequently verified by the SPCs. A second self-survey administered some months later provided a "post" picture of the jails' health care delivery systems.

In order to determine how much progress had been made, each of the jails was given a score which represented the number of standards complied with initially and a score representing the number of standards complied with by the end of the program year.<sup>16/</sup> These two scores were then compared to determine the extent of gains in standards compliance.

1. Pre/Post Standards Compliance

Table VI (see next page) gives the average gain in the number of standards complied with for the jails within each state and the rankings of the states in terms of the extent of improvements made. Columns B and C represent the average number of standards complied with by the jails in each state on a pre and post basis respectively. Column D shows the average gain

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<sup>16/</sup> See pages 4-6 for more information on how these scores were derived.

TABLE VI Average Pre/Post Standards Compliance Scores & Rankings of Improvement by State							
STATE	A Number of Jails	B "Pre" Baseline Mean-All Standards	C "Post" Baseline Mean-All Standards	D Mean Difference in Compliance Post/Pre	E Baseline Rank: Low to High	F "Average Improvement Per Jail" Rank: High to Low	G "Average Improvement Per Jail Quota" Rank: High to Low
GA	(N=12)	30.82	54.87	24.05	5	1	1
IN	(N=15)	25.69	38.85	13.16	1	3	3
MD	(N=11)	42.10	51.71	9.61	14	7	7
MI	(N=10)	27.30	36.73	9.43	3	8	9
WA	(N=12)	36.24	44.36	8.12	10	10	8
WI	(N=16)	27.15	29.67	2.52	2	18	15
IL	(N=11)	35.31	39.54	4.23	9	13	13
MA	(N=10)	46.46	50.48	4.02	16	14	14
NV	(N=11)	32.58	42.47	9.89	7	6	6
NC	(N=10)	29.97	41.05	11.08	4	4	5
OH	(N=16)	42.19	57.99	15.73	15	2	2
PA	(N=11)	57.85	56.07	-1.78	19	19	19
SC	(N=10)	38.29	45.58	7.29	12	11	12
TX	(N=10)	41.04	43.99	2.95	13	17	18
OR	(N=10)	33.92	42.92	9.00	8	9	11
CA	(N=12)	47.76	50.83	3.07	18	16	16
FL	(N=12)	46.75	53.57	6.82	17	12	10
MS	(N=12)	37.84	48.37	10.53	11	5	4
OK	(N=10)	32.09	35.54	3.45	6	15	17
TOTAL	(N=221) Jails	$\bar{X}$ = 37.28 (N=217)	$\bar{X}$ = 45.50 (N=217)	$\bar{X}$ = 8.22 (N=217)	-	-	-

TABLE VI continued

STATE	H Number of Jails Showing Any Improvement		I Number of Jails Withdrawing as of 4/80	J Number of Jails Accredited as of 4/80 *
	N	%		
GA (N=12)	11	100	1	-
IN (N=15)	15	100	-	-
MD (N=11)	11	100	-	-
MI (N=10)	10	100	-	-
WA (N=12)	12	100	-	-
WI (N=16)	14	93	1	-
IL (N=11)	9	82	-	-
MA (N=10)	9	90	-	-
NV (N=11)	11	100	-	-
NC (N=10)	10	100	-	-
OH (N=16)	15	100	1	1
PA (N=11)	5	45	-	-
SC (N=10)	10	100	-	-
TX (N=10)	9	90	-	-
OR (N=10)	9	100	1	-
CA (N=12)	12	100	-	-
FL (N=12)	12	100	-	1
MS (N=12)	12	100	-	-
OK (N=10)	8	80	-	-
TOTAL	204	94	4	2

\*It should be noted that this column refers only to these 221 jails joining the program in the Fall of 1979. Obviously, a number of other jails have been accredited in the past.

in the number of standards complied with by state.

Focusing on Column D, it is evident that gains were made in at least some jails in all states except Pennsylvania. The most dramatic improvements were made by the jails in Georgia, which averaged the equivalent of 24 more standards complied with on a post basis! These gains are even more impressive when it is recognized that the Georgia jails were among the worst in terms of their initial compliance levels (see Column E).

The standards gains in Ohio, Indiana and North Carolina were also highly significant. In fact, allowing for variances in the experience of the SPCs, the extent of improvements needed and the types of standards implemented, all of the states can be said to have performed satisfactorily except Pennsylvania. This was the only state where the status of the participant jails' health care systems declined over time. Since the Pennsylvania jails had the best health care systems to begin with (see Column E) and because AMA staff's impressions of the performance of the Pennsylvania project staff was very good, these results did not make sense.

A telephone call to the Pennsylvania SPC provided a satisfactory explanation of this seeming decline in the jails' status. Part of Pennsylvania's negative score was indeed due to real declines in the number of standards complied with by the jails on a pre/post basis. Between the time of the two self-surveys, four of the Pennsylvania facilities lost either their physicians or nurses and one jail lost its warden. The loss of health care personnel, in particular, would seriously affect standards compliance.

In addition, the SPC stated that she applied a much tighter interpretation of compliance at the time of the update surveys (when she was more experienced) than she did at the initial verifications (when she was "green and naive".) This meant that jails which overstated their initial compliance were not "found out" until subsequent site visits had been made. If the

"post" picture is taken as a more accurate view of the status of the Pennsylvania jails, then it is anticipated that the next update survey will demonstrate that progress has, indeed, been made.

Column E rankings reflect the jails' baseline level of compliance with the AMA standards when compared with the other states. The state with jails complying with the fewest number of standards initially is ranked number "1" and the one with jails complying with the most standards initially is ranked number "19". These rank orders are reversed in Column F. Here, "1" indicates the state with the jails showing the most improvement and "19" the least.

Obviously, the Column F rankings were made on the basis of the actual number of jails each state has enrolled in the program, but it was also of interest to determine what their rankings would be if the number of jails they were supposed to have enrolled was taken into account. All states were expected to work with a minimum of ten jails. Since some states did not enroll their quota of jails and others worked with more than the required number, these differences in workload needed to be reflected in the overall rankings of improvement by state. Thus, for each state, the average pre/post difference in standards compliance (Column D) was multiplied by the actual number of jails enrolled. This total was then divided by the expected quota for each state.

As Column G indicates, workload considerations resulted in some changes in the states' overall rankings of improvement. In general, states which had fewer than the required number of jails dropped in the overall rankings, whereas rankings for those states which had more than the expected number of jails improved. The "average improvement per jail quota" rankings are considered to be a fairer measure of the comparative state progress than

those given in Column F.

Column H simply shows the number of jails within each state which made any improvements in their health care systems over the course of the year. On an aggregate basis, 94% of the 217 jails remaining in the program showed improvements.<sup>17/</sup> In fact, except for Pennsylvania, all of the states had at least 80% of their sites showing some positive changes and even in Pennsylvania, improvements were effected by five of the eleven sites.

2. Pre/Post Differences in Standards Compliance  
by Value and Type

In addition to computing pre/post compliance scores, it was of interest to determine the kinds of standards which had been implemented by the jails. The AMA's standards can be categorized in different ways. For example, the standards can be differentiated by their "value" (either "Important" or "Essential")<sup>18/</sup> as well as by their "type" (either "Administrative" or "Service" related).<sup>19/</sup>

Table VII (see next page) shows the results of jail pre/post gains classified by value and type. A comparison of Columns A and B indicates that in all of the states, more "Important" standards were complied with than "Essentials". It should be noted, though, that in

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<sup>17/</sup> As shown in Column J, Georgia, Wisconsin, Ohio and Oregon each had one jail which withdrew from the program between the time of the pre and post surveys.

<sup>18/</sup> The "value" of each standard is designated in the AMA Standards for Health Services in Jails document. Of the 69 standards, a third (N=23) are deemed "Essential" and two thirds (N=46) are identified as "Important".

<sup>19/</sup> For purposes of this report, the standards were also classified by type. The 29 "Service" standards were identified as follows: Numbers 107, 116, 117, 134, 136, 137, 140-158 and 160-163. The remaining 40 standards were classified as "Administrative", since they involved issues such as staff training and qualifications and written documentation matters.

TABLE VII

Average Difference in Pre/Post Compliance Scores by Value and Type of Standards by State

STATE	A Difference in Pre/Post Compliance with Essential Standards		B Difference in Pre/Post Compliance with Important Standards		C Difference in Pre/Post Compliance with Admin- istrative Standards		D Difference in Pre/Post Compliance with Service Standards	
	Mean Gain	Rank (High to low)	Mean Gain	Rank (High to low)	Mean Gain	Rank (High to low)	Mean Gain	Rank (High to low)
GA (N=11)	8.54	1	15.51	1	14.80	1	9.25	1
IN (N=15)	4.68	3	8.49	3	7.90	3	5.26	3
MD (N=11)	3.19	9	6.42	7	6.32	7	3.29	9
MI (N=10)	3.29	8	6.14	8	6.60	4	2.83	11
WA (N=12)	3.43	6	4.69	10	6.03	8	2.09	12
WI (N=15)	1.22	17	1.30	18	1.93	17	0.59	18
IL (N=11)	2.11	13	2.13	13	2.81	13	1.42	15
MA (N=10)	1.95	14	2.08	14	2.21	14	1.81	13
NV (N=11)	3.39	7	6.51	5	6.54	5	3.35	8
NC (N=10)	3.87	5	7.21	4	5.74	9	5.34	2
OH (N=15)	5.78	2	9.95	2	10.92	2	4.81	5
PA (N=11)	-0.58	19	-1.20	19	-1.33	19	-0.45	19
SC (N=10)	3.04	10	4.25	12	3.67	12	3.60	7
TX (N=10)	1.57	16	1.38	17	1.78	18	1.18	16
OR (N= 9)	2.50	11	6.50	6	4.01	10	5.00	4
CA (N=12)	1.14	18	1.93	15	2.08	15	0.99	17
FL (N=12)	2.45	12	4.37	11	3.90	11	2.92	10
MS (N=12)	4.52	4	6.01	9	6.35	6	4.18	6
OK (N=10)	1.83	15	1.62	16	2.00	16	1.46	14

TOTAL  
(N = 217)

TABLE VII cont.  
Average Difference in Pre/Post Compliance Scores by Value and Type of Standards by State

STATE	E Difference in Pre/Post Compliance with All Standards			F Pre/Post Time Interval in Days	
	Mean Gain	Jail Quota Rank (High to low)	Rank (Low to High)	Mean Gain	Range
GA (N=12)	24.05	1	10	153.55	137-173
IN (N=15)	13.16	3	16	170.1	86-226
MD (N=11)	9.61	7	1	94.4	9-152
MI (N=10)	9.43	9	17	171.2	140-188
MA (N=12)	8.12	8	19	184.1	98-260
WI (N=15)	2.52	15	6	123.4	76-186
IL (N=11)	4.23	13	15	168.5	125-196
MA (N=10)	4.02	14	8	133.3	64-195
NV (N=11)	9.89	6	9	140.5	107-198
NC (N=10)	11.08	5	7	131.6	89-180
OH (N=15)	15.73	2	11	156.0	77-192
PA (N=11)	-1.78	19	4	117.5	65-223
SC (N=10)	7.29	12	5	117.6	90-169
TX (N=10)	2.95	18	13	162.8	135-213
OR (N=9)	-9.00	11	2	101.3	41-145
CA (N=12)	3.07	16	3	101.7	72-169
FL (N=12)	6.82	10	12	157.3	78-182
MS (N=12)	10.53	4	14	163.9	100-214
OK (N=10)	3.45	17	18	174.9	135-266
TOTAL (N=217)	$\bar{X}=8.22$			144.1 days	R= 7 to 266

all of the states except Oregon (and Pennsylvania), the pre/post gains in "Essential" standards met (Column A) represented at least a third of the overall gains (Column E). This is consistent with the fact that a third of all the standards are designated as "Essentials" and also demonstrates that significant gains occurred over time in implementing the key standards.

A comparison of Columns C and D reveals that, in terms of type, the largest gains were made in the number of "Administrative" standards implemented. Again, this is consistent with the fact that there are more "Administrative" standards than "Service" ones, although it should be noted that except for jails in the states of Massachusetts, North and South Carolina, Oregon, Florida and Oklahoma, the proportions of "Service" standards implemented were somewhat under-represented.

What is important about Table VII is that it clearly shows that improvements were made in the number of "Essential" and "Service" standards complied with in each state.<sup>20/</sup> In other words, not all of the pre/post gains resulted from jails writing up new procedures. New health care services were begun as well.

Finally, Column F of Table VII shows the average time interval between the pre and post jail surveys by state. This variable helps explain some of the differences in the states' performances. Those states with the shortest time intervals between the two surveys could be expected to have shown the least improvement. A comparison of the state rankings by time interval (Column F) with their overall performance rankings (Column E) indicates that this was basically true.

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<sup>20/</sup> It should be recognized that the term "Essential" is a value label whereas "Service" is a label of type of standard. Thus, these categories are not mutually exclusive, and in fact, most of the "Essential" standards are also "Service" standards.

The average time span between the two surveys for all the facilities was about five months, but in some states (Maryland, Oregon and California) it was as little as three months and in others (Washington, Michigan, Indiana and Oklahoma) it was almost six. These differences in time interval do help to account for differences in overall performance in many cases.

#### IV. SUMMARY AND CONCLUSIONS

From the results described above, it is clear that the jails participating in the AMA's program were in need of technical assistance to upgrade their health care systems. It is also clear that during the time period of June 1979 through April 1980, significant improvements occurred in the overwhelming majority of participant sites.

This is just the first evaluation report, though, so it remains to be seen whether the gains in standards implemented discussed in this report can be sustained and even increased over time. The states are now completing their second up-dates of their jails' progress by readministering the self-survey questionnaires and a report on these findings can be expected by March. The final report detailing the extent of the jails' improvement over their two years of program participation will be submitted this summer.

#### APPENDIX A: BREAKDOWN OF JAIL CHARACTERISTICS BY STATE

- Chart I: Type of Official Legally Responsible for Facility by State
- Chart II: Year Facility was Built by State
- Chart III: Date of Last Major Renovation
- Chart IV: Type of Renovations and Date by State
- Chart V: Population of Area Served by Facility by State
- Chart VI: Jail Capacity, Average Daily Population and Overcrowding by State
- Chart VII: Number of Total Admissions for Last Year
- Chart VIII: Number of Adult Male Admissions Last Year
- Chart IX: Number of Adult Female Admissions Last Year
- Chart X: Number of Juvenile Male Admissions Last Year
- Chart XI: Number of Juvenile Female Admissions Last Year
- Chart XII: Average Daily Intake of Facilities by State
- Chart XIII: Percent of Inmates Staying Less than 24 hours by State
- Chart XIV: Percent of Inmates Staying One day to One week by State
- Chart XV: Percent of Inmates Staying One to Two weeks by State
- Chart XVI: Percent of Inmates Staying Longer Than Two weeks by State

CHART I  
Type of Official Legally Responsible for Facility by State

STATE	Sheriff	Jail Administrator	Director of Corrections	Warden	Chief of Police
GA (N=12)	12	-	-	-	-
IN (N=15)	15	-	-	-	-
MD (N=11)	8	-	2	1	-
MI (N=10)	10	-	-	-	-
WA (N=12)	10	-	2	-	-
WI (N=16)	15	-	1	-	-
IL (N=11)	10	-	1	-	-
MA (N=10)	9	1	-	-	-
NV (N=11)	11	-	-	-	-
NC (N=10)	9	1	-	-	-
OH (N=16)	14	-	2	-	-
PA (N=11)	-	-	-	11	-
SC (N=10)	4	3	2	-	1
TX (N=10)	10	-	-	-	-
OR (N=10)	8	-	1	-	1
CA (N=12)	10	-	1	-	1
FL (N=12)	10	1	1	-	-
MS (N=12)	9	-	-	1	2
OK (N=10)	9	-	-	-	1
<b>TOTAL</b> (N=221)	183 (82.8%)	6 (2.7%)	13 (5.9%)	13 (5.9%)	6 (2.7%)

CHART II  
Year Facility Was Built by State

STATE	Before 1850	1851-1880	1881-1910	1911-1940	1941-1970	1971-1980	Missing Data	Range
GA (N=12)	-	-	-	4	4	4	-	1921 - 1979
IN (N=15)	-	1	-	1	5	7	1	1854 - 1979
MD (N=11)	1	2	4	-	2	2	-	1847 - 1975
MI (N=10)	-	-	-	1	8	1	-	1932 - 1975
WA (N=12)	-	-	1	1	6	4	-	1906 - 1978
WI (N=16)	-	-	-	4	9	3	-	1925 - 1979
IL (N=11)	-	1	1	2	3	4	-	1869 - 1979
MA (N=10)	3	5	2	-	-	-	-	1800 - 1906
NV (N=11)	-	1	2	1	2	5	-	1876 - 1977
NC (N=10)	-	-	1	3	4	2	-	1906 - 1975
OH (N=16)	-	3	1	5	5	2	-	1854 - 1977
PA (N=11)	1	4	1	1	1	3	-	1754 - 1979
SC (N=10)	-	-	-	-	3	7	-	1945 - 1978
TX (N=10)	-	-	-	6	2	2	-	1913 - 1979
OR (N=10)	-	-	1	2	4	3	-	1900 - 1979
CA (N=12)	-	-	2	2	6	2	-	1895 - 1980
FL (N=12)	-	-	-	1	7	3	1	1930 - 1976
MS (N=12)	-	1	-	2	4	5	-	1880 - 1979
OK (N=10)	-	-	-	4	4	2	-	1932 - 1978
TOTAL (N=221)	5 (2.3%)	18 (8.1%)	16 (7.2%)	40 (18.1%)	79 (35.7%)	61 (27.6%)	2 (0.9%)	1754 to 1980
X = 1943								

CHART III  
Renovations and Date by State

STATE	Any Major Renovations?			Date and Last Major Renovation				Missing Data	Total
	No	Yes	Missing	Within Past 10 years	11 to 20 years ago	21 to 30 years ago	Over 30 years ago		
GA (N=12)	8	3	1	3	-	-	-	-	3
IN (N=15)	10	4	1	3	-	-	-	1	4
MD (N=11)	5	6	-	5	-	-	1	-	6
MI (N=10)	6	4	-	4	-	-	-	-	4
WA (N=12)	10	2	-	2	-	-	-	-	2
WI (N=16)	9	7	-	4	1	-	-	2	7
IL (N=11)	5	6	-	5	-	1	-	-	6
MA (N=10)	5	5	-	2	2	-	1	-	5
NV (N=11)	5	6	-	5	-	1	-	-	6
NC (N=10)	7	3	-	2	1	-	-	-	3
OH (N=16)	3	13	-	12	-	1	-	-	13
PA (N=11)	4	7	-	6	-	-	1	-	7
SC (N=10)	7	3	-	2	1	-	-	-	3
TX (N=10)	5	5	-	4	1	-	-	-	5
OR (N=10)	6	4	-	4	-	-	-	-	4
CA (N=12)	5	7	-	6	-	1	-	-	7
FL (N=12)	4	8	-	7	-	-	-	1	8
MS (N=12)	8	4	-	1	-	1	1	1	4
OK (N=10)	6	4	-	2	2	-	-	-	4
TOTAL (N=221)	118 (53.4%)	101 (45.7%)	2 (0.9%)	79 (78.2%)	8 (7.9%)	5 (5.0%)	4 (4.0%)	5 (5.0%)	101 (100%)

CHART IV  
Type of Renovation by State

STATE	<u>Added or Remodeled Cells</u>	<u>Added or Remodeled Admin. Offices</u>	<u>Added or Remodeled Both Cell and Admin. Offices</u>	<u>Added or Remodeled Rehab. Center</u>	<u>Added or Remodeled Medical Section</u>	<u>Missing Data</u>	<u>Not Applicable</u>
GA (N= 3 )	1	1	1	-	-	-	9
IN (N= 4 )	2	1	1	-	-	-	11
MD (N=6 )	2	2	1	1	-	-	5
MI (N=4 )	-	-	1	2	-	1	6
WA (N=2 )	-	2	-	-	-	-	10
WI (N= 7 )	2	2	2	-	-	1	9
IL (N= 6 )	3	2	1	-	-	-	5
MA (N= 5 )	-	-	5	-	-	-	5
NV (N= 6 )	4	1	1	-	-	-	5
NC (N= 3 )	1	2	-	-	-	-	7
OH (N=13)	3	5	5	-	-	-	3
PA (N= 7 )	1	2	4	-	-	-	4
SC (N=3 )	-	1	2	-	-	-	7
TX (N= 5 )	-	3	1	-	-	1	5
OK (N=4 )	1	1	-	1	-	1	6
CA (N=7 )	1	-	4	-	-	2	5
FL (N=8 )	4	3	1	-	-	-	4
MS (N=4 )	1	-	3	-	-	-	8
OK (N=4 )	-	2	2	-	-	-	6
TOTAL (N=101)	26 (25.7%)	30 (29.7%)	35 (34.7%)	4 (4.0%)	0	6 (5.9%)	120

CHART V

## Population of Area Served by Facility by State

STATE	<u>1,000 to 50,000</u>	<u>51,000 to 100,000</u>	<u>101,000 to 250,000</u>	<u>251,000 to 500,000</u>	<u>501,000 to 1,000,000</u>	<u>Over 1,000,000</u>	<u>Missing Data</u>
GA (N=12)	6	5	1	-	-	-	-
IN (N=15)	9	4	1	-	-	-	1
MD (N=11)	3	5	1	-	2	-	-
MI (N=10)	6	2	2	-	-	-	-
WA (N=12)	6	1	3	1	-	1	-
WI (N=16)	5	6	3	1	1	-	-
IL (N=11)	2	3	3	2	-	-	1
MA (N=10)	1	-	2	2	3	-	2
NV (N=11)	8	-	-	1	-	-	2
NC (N=10)	1	6	1	2	-	-	-
OH (N=16)	5	1	4	1	5	-	-
PA (N=11)	-	1	4	3	-	1	2
SC (N=10)	6	3	1	-	-	-	-
TX (N=10)	3	3	1	1	2	-	-
OR (N=10)	5	1	2	1	-	-	1
CA (N=12)	-	3	2	1	3	2	1
FL (N=12)	4	-	4	1	3	-	-
MS (N=12)	9	2	-	-	-	-	1
OK (N=10)	6	1	-	1	1	-	1
TOTAL	85	47	35	18	20	4	12
	(38.5%)	(21.3%)	(15.8%)	(8.1%)	(9.1%)	(1.8%)	(5.4%)
	$\bar{X} = 210,341$		$\bar{R} = 1,000 \text{ to } 7,000,000$				

CHART VI  
Jail Capacity, Average Daily Population and Overcrowding by State

STATE	Rated Capacity of Facilities by State					Average Daily Population of Facilities by State					# of Facilities Reporting Overcrowding		
	20 or <	21-49	50-200	Over 200	Missing Data	20 or <	21-49	50-200	Over 200	Missing Data	Yes	No	Missing
GA (N=12)	2	3	6	1	-	5	3	3	1	-	-	12	-
IN (N=15)	3	5	7	-	-	10	3	2	-	-	1	14	-
MD (N=11)	-	4	6	1	-	1	5	2	2	1	4	6	1
MI (N=10)	1	6	3	-	-	5	3	2	-	-	-	10	-
WA (N=12)	-	3	6	3	-	2	5	2	3	-	-	12	-
WI (N=16)	3	5	7	1	-	7	5	3	1	-	-	16	-
IL (N=11)	1	2	7	1	-	4	1	5	1	-	-	11	-
MA (N=10)	1	-	7	1	1	1	-	7	2	-	3	6	1
NV (N=11)	3	6	-	1	1	8	1	-	1	1	-	10	1
NC (N=10)	-	2	7	1	-	2	4	4	-	-	-	10	-
OH (N=16)	-	6	7	3	-	3	5	6	2	-	2	14	-
PA (N=11)	-	1	4	6	-	-	2	6	3	-	1	10	-
SC (N=10)	1	3	6	-	-	5	2	3	-	-	-	10	-
TX (N=10)	-	3	4	3	-	4	1	3	2	-	1	9	-
OR (N=10)	-	4	5	1	-	3	2	4	1	-	2	8	-
CA (N=12)	-	-	5	7	-	-	-	6	6	-	1	11	-
FL (N=12)	-	1	7	4	-	1	-	7	4	-	2	10	-
MS (N=12)	1	3	8	-	-	4	3	5	-	-	1	11	-
OK (N=10)	-	6	2	2	-	7	-	1	2	-	-	10	-
TOTAL (N = 221)	16 (7.2%)	63 (28.5%)	104 (47.1%)	36 (16.3%)	2 (0.9%)	72 (32.6%)	45 (20.4%)	71 (32.1%)	31 (14.0%)	2 (0.9%)	18 (8.1%)	200 (90.5%)	3 (1.4%)

CHART VII  
Number of Total Admissions for Last Year

STATE	< 500	500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000-19,999	20,000 or >	Missing
GA (N=12)	4	2	1	3	2	-	-	-
IN (N=15)	2	5	4	4	-	-	-	-
MD (N=11)	1	3	5	1	-	1	-	-
MI (N=10)	1	3	4	2	-	-	-	-
WA (N=12)	-	2	4	2	2	1	1	-
WI (N=16)	4	5	4	2	1	-	-	-
IL (N=11)	2	4	2	2	-	-	1	-
MA (N=10)	2	2	4	2	-	-	-	-
NV (N=11)	3	4	3	-	-	-	1	-
NC (N=10)	-	1	2	4	1	2	-	-
OH (N=16)	-	3	6	3	4	-	-	-
PA (N=11)	1	3	5	1	1	-	-	-
SC (N=10)	-	2	6	1	1	-	-	-
TX (N=10)	2	-	2	2	1	2	1	-
OR (N=10)	-	3	3	1	2	-	1	-
CA (N=12)	-	-	-	2	3	2	5	-
FL (N=12)	1	-	1	6	-	3	1	-
MS (N=12)	1	2	5	1	1	-	-	2
OK (N=10)	1	2	2	2	2	1	-	-
TOTAL (N=221)	25 (11.3%)	46 (20.8%)	63 (28.5%)	41 (18.6%)	21 (9.5%)	12 (5.4%)	11 (5.0%)	2 (0.9%)

CHART VIII  
Number of Adult Male Admissions Last Year

STATE	< 500	500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000-19,999	over 20,000	Missing
GA (N=12)	5	2	-	4	1	-	-	-
IN (N=15)	2	8	3	2	-	-	-	-
MD (N=11)	1	3	6	-	1	-	-	-
MI (N=10)	2	2	4	2	-	-	-	-
WA (N=12)	-	4	3	2	2	-	1	-
WI (N=16)	4	4	6	2	-	-	-	-
IL (N=11)	2	4	3	1	-	-	1	-
MA (N=10)	2	3	3	2	-	-	-	-
NV (N=11)	5	3	2	-	-	-	-	1
NC (N=10)	-	1	3	3	2	1	-	-
OH (N=16)	1*	5	4	1	2	1	-	2
PA (N=11)	1	3	6	-	1	-	-	-
SC (N=10)	-	2	6	1	1	-	-	-
TX (N=10)	2	2	-	2	2	1	1	-
OR (N=10)	1	3	3	1	1	1	-	-
CA (N=12)	-	-	-	3	2	2	5	-
FL (N=12)	1	-	3	4	-	2	1	1
MS (N=12)	2	3	2	1	-	-	-	4
OK (N=10)	1	1	3	1	2	1	-	1
TOTAL (N=221)	32 (14.5%)	53 (24.0%)	60 (27.1%)	32 (14.5%)	17 (7.7%)	9 (4.1%)	9 (4.1%)	9 (4.1%)

\* This facility had no male admissions

CHART IX  
Number of Adult Female Admissions Last Year

STATE	None	Less than 50	50-99	100-199	200-499	500-1,199	1,200-4,999	5,000 or more	Missing
GA (N=12)	1	5	1	-	1	3	1	-	-
IN (N=15)	-	3	7	2	3	-	-	-	-
MD (N=11)	2	3	2	3	-	-	1	-	-
MI (N=10)	-	2	3	4	-	1	-	-	-
WA (N=12)	-	1	3	1	4	1	2	-	-
WI (N=16)	-	6	2	5	3	-	-	-	-
IL (N=11)	1	2	2	1	3	1	-	1	-
MA (N=10)	5	2	1	1	1	-	-	-	-
NV (N=11)	1	4	3	1	1	-	-	-	1
NC (N=10)	1	1	1	-	4	2	1	-	-
OH (N=16)	2	4	2	3	1	1	-	1	2
PA (N=11)	-	2	3	3	1	2	-	-	-
SC (N=10)	-	2	1	2	2	2	1	-	-
TX (N=10)	-	2	-	2	3	1	2	-	-
OR (N=10)	-	1	3	2	2	1	1	-	-
CA (N=12)	1	-	-	1	2	2	3	3	-
FL (N=12)	-	2	1	-	3	2	3	-	1
MS (N=12)	-	4	1	1	2	-	-	-	4
OK (N=10)	-	2	1	3	2	-	1	-	1
TOTAL (N=221)	14 (6.3%)	48 (21.7%)	37 (16.7%)	35 (15.8%)	38 (17.2%)	19 (8.6%)	16 (7.2%)	5 (2.3%)	9 (4.1%)

CHART X  
Number of Juvenile Male Admissions Last Year

STATE	None	Less than 50	50-99	100-199	200-499	500 or more	Missing
GA (N=12)	8	4	-	-	-	-	-
IN (N=15)	-	2	6	3	4	-	-
MD (N=11)	6	5	-	-	-	-	-
MI (N=10)	2	7	1	-	-	-	-
WA (N=12)	5	3	1	2	1	-	-
WI (N=16)	-	7	2	2	4	1	-
IL (N=11)	4	6	-	1	-	-	-
MA (N=10)	8	2	-	-	-	-	-
NV (N=11)	2	1	3	2	1	1	1
NC (N=10)	5	5	-	-	-	-	-
OH (N=16)	4	6	1	4	-	-	1
PA (N=11)	9	2	-	-	-	-	-
SC (N=10)	-	2	4	4	-	-	-
TX (N=10)	7	1	2	-	-	-	-
OR (N=10)	1	1	1	2	3	2	-
CA (N=12)	10	1	-	-	1	-	-
FL (N=12)	3	5	2	1	-	-	1
MS (N=12)	1	4	3	-	-	-	4
OK (N=10)	1	5	2	-	1	-	1
TOTAL (N=221)	76 (34.4%)	69 (31.2%)	28 (12.7%)	21 (9.5%)	15 (6.8%)	4 (1.8%)	8 (3.6%)

CHART XI  
Number of Juvenile Female Admissions Last Year

STATE	None	Less than 50	50-99	100-199	200-499	500 or more	Missing
GA (N=12)	11	-	1	-	-	-	-
IN (N=15)	-	11	3	-	1	-	-
MD (N=11)	6	5	-	-	-	-	-
MI (N=10)	3	7	-	-	-	-	-
WA (N=12)	7	5	-	-	-	-	-
WI (N=16)	1	10	2	2	1	-	-
IL (N=11)	5	5	-	1	-	-	-
MA (N=10)	9	1	-	-	-	-	-
NV (N=11)	2	4	4	-	-	-	1
NC (N=10)	5	5	-	-	-	-	-
OH (N=16)	7	6	1	1	-	-	1
PA (N=11)	11	-	-	-	-	-	-
SC (N=10)	-	8	2	-	-	-	-
TX (N=10)	7	3	-	-	-	-	-
OR (N=10)	2	3	3	-	1	1	-
CA (N=12)	12	-	-	-	-	-	-
FL (N=12)	9	2	-	-	-	-	1
MS (N=12)	2	6	-	-	-	-	4
OK (N=10)	3	5	-	1	-	-	1
TOTAL (N=221)	102 (46.2%)	86 (38.9%)	16 (7.2%)	5 (2.3%)	3 (1.4%)	1 (0.4%)	8 (3.6%)

CHART XII  
Average Daily Intake of Facilities by State

STATE	2 or less	3 - 5	6 - 10	11 - 20	21 - 50	51 - 100	101 - 450	Missing Data
GA (N=12)	6	1	1	4	-	-	-	-
IN (N=15)	3	6	4	-	-	-	-	2
MD (N=11)	5	2	2	-	2	-	-	-
MI (N=10)	4	4	2	-	-	-	-	-
WA (N=12)	2	4	3	-	2	1	-	-
WI (N=16)	4	5	3	2	-	1	-	1
IL (N=11)	2	3	3	2	-	-	1	-
MA (N=10)	2	4	2	1	-	-	-	1
NV (N=11)	5	1	2	-	-	1	-	2
NC (N=10)	-	5	1	2	2	-	-	-
OH (N=16)	2	5	4	4	-	-	-	1
PA (N=11)	3	4	3	1	-	-	-	-
SC (N=10)	1	6	1	2	-	-	-	-
TX (N=10)	2	2	-	2	2	-	1	1
OR (N=10)	2	3	2	2	-	1	-	-
CA (N=12)	-	-	1	4	3	1	3	-
FL (N=12)	-	2	2	3	3	1	-	1
MS (N=12)	2	5	3	1	-	-	-	1
OK (N=10)	3	3	2	-	2	-	-	-
TOTAL (N=221)	48 (21.7%)	65 (29.4%)	41 (18.6%)	30 (13.6%)	16 (7.2%)	6 (2.7%)	5 (2.3%)	10 (4.5%)
	$\bar{X} = 14.7$		Range = 0 - 449					

CHART XIII  
Percent of Inmates Staying Less than 24 Hours by State

STATE	None	10% or <	11 - 25%	26 - 50%	51 - 75%	76% or >	Missing Data
GA (N=12)	-	1	4	4	3	-	-
IN (N=15)	-	2	2	5	4	2	-
MD (N=11)	-	2	-	5	1	-	3
MI (N=10)	-	2	-	3	3	1	1
WA (N=12)	-	3	2	6	1	-	-
WI (N=16)	-	3	1	5	4	2	1
IL (N=11)	-	3	5	3	-	-	-
MA (N=10)	1	7	1	-	1	-	-
NV (N=11)	-	1	3	6	-	1	-
NC (N=10)	-	3	3	2	2	-	-
OH (N=16)	2	5	2	4	-	-	3
PA (N=11)	1	7	1	-	-	-	2
SC (N=10)	-	5	2	1	-	2	-
TX (N=10)	-	3	3	-	3	1	-
OR (N=10)	-	1	1	3	3	1	1
CA (N=12)	1	2	1	5	2	1	-
FL (N=12)	-	5	1	2	3	-	1
MS (N=12)	-	5	3	-	1	1	2
OK (N=10)	-	1	2	4	2	1	-
TOTAL (N=221)	5 (2.3%)	61 (27.6%)	37 (16.7%)	58 (26.2%)	33 (14.9%)	13 (5.9%)	14 (6.3%)

$\bar{X}$  = 32.5%

Range= 0 - 95%

CHART XIV  
Percent of Inmates Staying One Day to One Week by State

STATE	None	10% or <	11 - 25%	26 - 50%	51 - 75%	76% or >	Missing Data
GA (N=12)	-	2	7	2	1	-	-
IN (N=15)	-	6	4	5	-	-	-
MD (N=11)	-	3	3	2	-	-	3
MI (N=10)	-	4	3	1	-	1	1
WA (N=12)	-	1	7	3	1	-	-
WI (N=16)	-	3	4	7	1	-	1
IL (N=11)	-	2	5	3	1	-	-
MA (N=10)	1	5	3	1	-	-	-
NV (N=11)	-	3	1	6	1	-	-
NC (N=10)	-	2	4	3	1	-	-
OH (N=16)	-	1	3	4	5	-	3
PA (N=11)	-	7	2	-	-	-	2
SC (N=10)	-	1	4	3	1	1	-
TX (N=10)	-	5	3	2	-	-	-
OR (N=10)	-	3	2	2	2	-	1
CA (N=12)	-	5	4	2	1	-	-
FL (N=12)	-	3	7	1	-	-	1
MS (N=12)	-	2	4	4	-	-	2
OK (N=10)	-	1	1	5	1	1	1
TOTAL (N=221)	1 (0.4%)	59 (26.7%)	71 (32.1%)	56 (25.3%)	16 (7.2%)	3 (1.4%)	15 (6.8%)
		$\bar{X} = 25.5\%$	Range = 0 - 95%				

CHART XV  
Percent of Inmates Staying One to Two Weeks by State

STATE	None	10% or <	11 - 25%	26 - 50%	51 - 75%	76% or >	Missing Data
GA (N=12)	1	5	6	-	-	-	-
IN (N=15)	-	8	5	2	-	-	-
MD (N=11)	-	4	4	-	-	-	3
MI (N=10)	-	5	3	1	-	-	1
WA (N=12)	-	4	6	1	1	-	-
WI (N=16)	-	10	5	-	-	-	1
IL (N=11)	-	4	3	3	1	-	-
MA (N=10)	1	6	3	-	-	-	-
NV (N=11)	1	4	4	1	1	-	-
NC (N=10)	-	2	5	3	-	-	-
OH (N=16)	1	6	3	2	2	-	2
PA (N=11)	-	5	3	1	1	-	1
SC (N=10)	-	5	5	-	-	-	-
TX (N=10)	-	5	3	2	-	-	-
OR (N=10)	-	6	2	-	1	-	1
CA (N=12)	1	4	6	1	-	-	-
FL (N=12)	-	7	1	3	-	-	1
MS (N=12)	1	2	5	2	-	-	2
OK (N=10)	-	3	6	-	-	-	1
TOTAL	6	95	78	22	7	0	13
N = 221)	(2.7%)	(43.0%)	(35.3%)	(10.0%)	(3.2%)		(5.9%)

$\bar{X} = 15.9\%$  Range = 0 - 70%

CHART XVI  
Percent of Inmates Staying Longer Than Two Weeks by State

STATE	None	10% or <	11 - 25%	26 - 50%	51 - 75%	76% or >	Missing Data	Estimates total to 100%?		
								No	Yes	Missing Data
IA (N=12)	-	5	2	4	1	-	-	-	12	-
IN (N=15)	-	7	4	4	-	-	-	1	14	-
MD (N=11)	-	2	2	1	1	2	3	-	8	3
MI (N=10)	-	4	2	3	-	-	1	2	7	1
WA (N=12)	-	4	4	3	1	-	-	-	12	-
WI (N=16)	-	9	4	1	-	1	1	4	11	1
IL (N=11)	1	2	4	1	2	1	-	4	7	-
MA (N=10)	-	1	1	-	6	2	-	-	10	-
NV (N=11)	1	6	2	1	1	-	-	1	10	-
NC (N=10)	-	2	6	2	-	-	-	2	8	-
OH (N=16)	-	4	4	4	1	-	3	-	13	3
PA (N=11)	-	-	-	1	5	3	2	-	9	2
SC (N=10)	-	4	4	1	-	1	-	2	8	-
TX (N=10)	-	3	4	1	2	-	-	1	9	-
OR (N=10)	-	4	4	1	-	-	1	3	6	1
CA (N=12)	-	3	7	-	1	1	-	1	11	-
FL (N=12)	-	2	3	4	1	1	1	2	9	1
MS (N=12)	-	2	3	4	1	-	2	-	10	2
OK (N=10)	-	6	1	3	-	-	-	1	8	1
TOTAL (N=221)	2 (0.9%)	70 (31.7%)	61 (27.6%)	39 (17.6%)	23 (10.4%)	12 (5.4%)	14 (6.3%)	24 (10.8%)	182 (82.4%)	15 (6.8%)

$\bar{X}$  = 27.5%      Range = 0 - 100%

APPENDIX B: CHARACTERISTICS OF THE JAILS: HEALTH CARE SYSTEMS

- Chart XVII: Types of Medical Facilities Available in Jails by State
- Chart XVIII: Availability of Health Care Staff by State
- Chart XIX: Number of Physician Hours Per Month by State
- Chart XX: Number of Nurse Hours Per Month by State
- Chart XXI: Number of Physician Assistant Hours Per Month by State
- Chart XXII: Types of Others Providing Health Care by State
- Chart XXIII: Number of Hours Per Month for Others Providing Health Care by State
- Chart XXIV: Types of Health Care Services Offered by the Jails by State
- Chart XXV: Who Performs This Screening?
- Chart XXVI: When is Receiving Screening Performed?
- Chart XXVII: Level of Staff Performing Sick Call by State
- Chart XXVIII: Number of Jails Holding Regular Sick Call and Frequency
- Chart XXIX: Types of Detoxification Services Offered by the Jails by State
- Chart XXX: Legal Status of Jails

CHART XVII  
Types of Medical Facilities Available in Jails by State

STATE	Medical Examining Room			Medical Bed Space		
	No	Yes	Missing Data	No	Yes	Missing Data
GA (N=12)	8	4	-	11	1	-
IN (N=15)	6	8	1	10	4	1
MD (N=11)	7	4	-	9	2	-
MI (N=10)	4	6	-	10	-	-
WA (N=12)	2	10	-	7	5	-
WI (N=16)	13	3	-	14	2	-
IL (N=11)	5	6	-	7	3	1
MA (N=10)	2	8	-	4	6	-
NV (N=11)	6	5	-	10	1	-
NC (N=10)	5	5	-	8	2	-
OH (N=16)	6	10	-	10	6	-
PA (N=11)	-	11	-	4	7	-
SC (N=10)	6	4	-	8	2	-
TX (N=10)	2	8	-	5	5	-
OR (N=10)	4	6	-	8	1	1
CA (N=12)	-	12	-	5	7	-
FL (N=12)	2	10	-	7	4	1
MS (N=12)	8	4	-	11	1	-
OK (N=10)	8	2	-	9	-	1
TOTAL N=221)	94 (42.5%)	126 (57.0%)	1 (0.5%)	157 (71.0%)	59 (26.7%)	5 (2.3%)

Chart XVIII

STATE	Number of Jails With Any Medical Staff Serving the Inmates			Number of Jails Having a Responsible Physician or a Medical Authority		
	None	At Least One	Missing Data	No	Yes	Missing Data
GA (N=12)	5	7	-	5	7	-
IN (N=15)	3	11	1	4	11	-
MD (N=11)	2	9	-	-	10	1
MI (N=10)	4	6	-	6	4	-
WA (N=12)	3	9	-	4	8	-
WI (N=16)	9	7	-	9	7	-
IL (N=11)	3	7	1	4	7	-
MA (N=10)	-	10	-	1	9	-
NV (N=11)	5	6	-	2	9	-
NC (N=10)	3	7	-	3	7	-
OH (N=16)	3	13	-	6	10	-
PA (N=11)	-	11	-	-	11	-
SC (N=10)	5	5	-	5	5	-
TX (N=10)	2	8	-	2	8	-
OR (N=10)	2	8	-	2	8	-
CA (N=12)	-	12	-	-	12	-
FL (N=12)	1	11	-	2	10	-
MS (N=12)	7	5	-	6	6	-
OK (N=10)	8	2	-	8	2	-
TOTAL	65 (29.4%)	154 (69.6%)	2 (0.9%)	69 (31.2%)	151 (68.3%)	1 (0.5%)

Chart XIX  
Number of Physician Hours Per Month by State

STATE	None	1 - 10 hrs	11 - 21 hrs	21 - 40 hrs	41 - 80 hrs	81 - 160 hrs	over 160 hrs	Missing Data
IA (N=7)	-	3	1	2	-	-	-	1
IN (N=11)	2	4	2	-	-	-	-	3
ID (N=9)	-	2	2	1	1	1	-	2
IL (N=6)	2	2	1	-	-	1	-	-
IA (N=9)	-	6	1	1	-	-	1	-
VI (N=7)	-	5	1	1	-	-	-	-
IL (N=7)	-	3	2	1	-	-	1	-
MA (N=10)	-	-	3	3	2	1	-	1
NV (N=6)	-	3	-	-	-	1	-	2
NC (N=7)	2	3	1	-	1	-	-	-
OH (N=13)	1	2	6	2	1	-	-	1
PA (N=11)	-	1	2	5	1	2	-	-
SC (N=5)	-	2	2	1	-	-	-	-
TX (N=8)	1	-	3	2	-	-	-	2
OR (N=8)	1	3	2	-	-	2	-	-
CA (N=12)	1	2	1	2	1	3	2	-
FL (N=11)	1	2	3	1	2	1	1	-
MS (N=5)	-	1	-	1	1	-	-	2
OK (N=2)	-	-	-	1	1	-	-	-
TOTAL N=154	11 (7.1%)	44 (28.6%)	33 (21.4%)	24 (15.6%)	11 (7.1%)	12 (7.8%)	5 (3.2%)	14 (9.1%)

Chart XX  
Number of Nurse Hours Per Month by State

STATE	None	1 - 10 hrs	11 - 40 hrs	41 - 80 hrs	81 - 160 hrs	161 - 320 hrs	321 or >	Missing Data
GA (N= 7.)	5	1	-	-	-	-	-	1
IN (N=11)	9	-	1	-	1	-	-	-
MD (N= 9.)	6	-	-	1	1	1	-	-
MI (N= 6 )	3	2	1	-	-	-	-	-
WA (N= 9 )	5	-	2	1	-	-	1	-
WI (N= 7 )	5	1	-	-	-	-	1	-
IL (N= 7 )	1	2	-	1	2	-	1	-
MA (N=10)	5	-	-	-	2	3	-	-
NV (N= 6 )	2	2	-	-	-	-	1	1
NC (N= 7 )	3	-	1	-	1	2	-	-
OH (N=13)	8	1	-	-	1	3	-	-
PA (N=11)	3	1	1	1	1	-	4	-
SC (N= 5)	2	2	1	-	-	-	-	-
TX (N=8 )	2	-	-	1	1	1	2	1
OR (N=8.)	1	2	-	-	2	1	2	-
CA (N=12)	-	-	-	1	4	1	6	-
FL (N=11)	2	-	-	-	2	2	5	-
MS (N= 5)	4	-	1	-	-	-	-	-
OK (N= 2)	2	-	-	-	-	-	-	-
TOTAL (N=154)	68 (44.2%)	14 (9.1%)	8 (5.2%)	6 (3.9%)	18 (11.7%)	14 (9.1%)	23 (14.9%)	3 (1.9%)

Chart XXI  
Number of Physician Assistant Hours Per Month by State

STATE	None	1 - 10 hrs	11 - 40 hrs	41 - 80 hrs	81-160 hrs.	161-320 hrs.	Over 320 hrs.	Missing Data
GA (N=7)	6	-	-	-	-	-	-	1
IN (N=11)	9	1	-	-	-	-	-	1
MD (N=9)	6	-	1	-	1	-	1	-
MI (N=6)	5	-	-	-	1	-	-	-
WA (N=9)	7	1	-	-	-	-	1	-
WI (N=7)	7	-	-	-	-	-	-	-
IL (N=7)	6	-	-	-	-	-	1	-
MA (N=10)	9	1	-	-	-	-	-	-
NV (N=6)	5	1	-	-	-	-	-	-
NC (N=7)	6	-	-	1	-	-	-	-
OH (N=13)	10	-	-	-	-	1	2	-
PA (N=11)	5	2	1	-	1	2	-	-
SC (N=5)	4	1	-	-	-	-	-	-
TX (N=8)	7	-	-	-	-	-	-	1
OR (N=8)	8	-	-	-	-	-	-	-
CA (N=12)	9	-	-	-	2	1	-	-
FL (N=11)	8	1	1	-	1	-	-	-
MS (N=5)	3	1	1	-	-	-	-	-
OK (N=2)	1	-	-	1	-	-	-	-
TOTAL (N=154)	121 (78.6%)	9 (5.8%)	4 (2.6%)	2 (1.3%)	6 (3.9%)	4 (2.6%)	5 (3.2%)	3 (1.9%)

Chart XXII  
Types of Others Providing Health Care by State

STATE	None	Trained Correctional Officer	Medical Records Aide	Psychiatrist or Psychologist	Dentist	Emergency Medical Technician	Other Para- Professional	Emergency Room or Clinic	Missing Data
GA (N= 7)	6	-	-	-	-	-	-	1	-
IN (N=11)	9	-	-	-	-	2	-	-	-
MD (N=9)	7	-	-	1	1	-	-	-	-
MI (N= 6)	4	-	-	-	-	-	-	2	-
WA (N= 9)	6	1	-	-	1	1	-	-	-
WI (N= 7)	6	-	-	1	-	-	-	-	-
IL (N= 7)	4	-	-	1	-	2	-	-	-
MA (N=10)	7	-	-	1	-	1	-	1	-
NV (N= 6)	3	-	-	2	-	-	-	-	1
NC (N= 7)	6	-	-	-	-	1	-	-	-
OH (N= 13)	7	-	-	1	-	-	2	2	1
PA (N=11)	5	-	-	1	2	1	-	1	1
SC (N= 5)	2	1	-	-	-	-	-	1	1
TX (N=8)	7	-	-	-	1	-	-	-	-
OR (N=8)	3	-	-	1	-	-	1	1	2
CA (N=12)	7	-	-	3	-	-	-	-	2
FL (N= 11)	8	-	-	-	1	1	-	1	-
MS (N=5)	4	-	-	-	-	-	-	-	1
OK (N= 2)	-	-	-	-	1	-	-	1	-
TOTAL (N=154)	101 (65.6%)	2 (1.3%)	0	12 (7.8%)	7 (4.5%)	9 (5.8%)	3 (1.9%)	11 (7.1%)	9 (5.8%)

Chart XXIII  
Number of Hours Per Month for Others Providing Health Care by State

STATE	None	1 - 10 hrs	11 - 20 hrs	21 - 40 hrs	41 - 80 hrs	81 - 160 hrs	Over 160 hrs	Missing Data
GA (N=7)	6	1	-	-	-	-	-	-
IN (N=11)	9	-	-	-	1	-	-	1
MD (N=9)	7	1	-	1	-	-	-	-
MI (N=6)	4	1	1	-	-	-	-	-
WA (N=9)	6	-	-	1	1	-	1	-
WI (N=7)	6	-	1	-	-	-	-	-
IL (N=7)	4	-	2	-	-	-	1	-
MA (N=10)	7	-	-	1	-	1	1	-
NV (N=6)	3	2	-	-	1	-	-	-
NC (N=7)	6	-	-	-	-	-	1	-
OH (N=13)	7	4	-	1	-	1	-	-
PA (N=11)	5	3	2	-	-	-	1	-
SC (N=5)	2	1	-	1	1	-	-	-
TX (N=8)	7	-	-	-	-	-	-	1
OR (N=8)	3	3	-	-	-	1	1	-
CA (N=12)	7	-	2	-	1	-	2	-
FL (N=11)	8	-	-	1	1	-	1	-
MS (N=5)	4	-	1	-	-	-	-	-
OK (N=2)	-	1	-	-	-	-	1	-
TOTAL (N=154)	101 (65.6%)	17 (11.0%)	9 (5.8%)	6 (3.9%)	6 (3.9%)	3 (1.9%)	10 (6.5%)	2 (1.3%)

Chart XXIV  
Types of Health Care Services Offered by the Jails by State

STATE	Medical Services			Mental Health Services				Dental Services			
	Ongoing	Emergency Only	Missing Data	Ongoing	Emergency Only	None	Missing Data	Ongoing	Emergency Only	None	Missing Data
IA (N=12)	4	8	-	3	8	1	-	-	12	-	-
IN (N=15)	9	5	1	1	14	-	-	2	13	-	-
MD (N=11)	6	5	-	4	6	-	1	2	9	-	-
MI (N=10)	5	5	-	4	6	-	-	-	10	-	-
WA (N=12)	6	6	-	4	8	-	-	1	11	-	-
WI (N=16)	5	11	-	5	11	-	-	-	16	-	-
IL (N=11)	7	3	1	3	8	-	-	1	10	-	-
MA (N=10)	8	2	-	5	5	-	-	5	5	-	-
NV (N=11)	2	9	-	3	8	-	-	-	11	-	-
NC (N=10)	4	6	-	4	6	-	-	1	9	-	-
OH (N=16)	11	4	1	4	11	1	-	3	13	-	-
PA (N=11)	10	1	-	9	2	-	-	6	5	-	-
SC (N=10)	3	7	-	3	7	-	-	2	8	-	-
TX (N=10)	8	2	-	3	7	-	-	3	7	-	-
OR (N=10)	5	5	-	6	4	-	-	-	10	-	-
CA (N=12)	11	-	1	10	1	1	-	6	5	1	-
FL (N=12)	10	2	-	6	5	-	1	2	9	-	1
MS (N=12)	7	4	1	3	9	-	-	1	11	-	-
OK (N=10)	2	8	-	-	10	-	-	1	9	-	-
TOTAL (N=221)	123 (55.7%)	93 (42.1%)	5 (2.3%)	80 (36.2%)	136 (61.5%)	3 (1.4%)	2 (0.9%)	36 (16.3%)	183 (82.8%)	1 (0.5%)	1 (0.5%)

STATE	Is Medical Screening Performed on New Admissions?		Chart XXV Who Performs This Screening?			
	No	Yes	Medical	Correctional	Medical and	Missing
			Personnel	Personnel	Correctional Personnel	
IA (N=12)	7	5	-	5	-	-
IN (N=15)	5	10	2	8	-	-
ID (N=11)	4	7	3	3	-	1
IL (N=10)	3	7	3	4	-	-
IA (N=12)	2	10	1	7	2	-
IL (N=16)	11	5	1	4	-	-
IL (N=11)	2	9	2	4	2	1
IA (N=10)	-	10	8	2	-	-
IV (N=11)	6	5	1	4	-	-
IC (N=10)	2	8	3	3	2	-
IH (N=16)	1	15	3	11	1	-
IA (N=11)	-	11	10	-	-	1
IC (N=10)	4	6	-	6	-	-
IX (N=10)	1	9	2	6	-	1
IR (N=10)	1	9	2	7	-	-
IA (N=12)	1	11	5	5	1	-
IL (N=12)	3	9	5	-	4	-
IS (N=12)	7	5	2	3	-	-
IK (N=10)	3	7	1	6	-	-
TOTAL (N=221)	63 (28.5%)	158 (71.4%)	54 (34.2%)	88 (55.7%)	12 (7.6%)	4 (2.5%)

Chart XXVI  
When is Receiving Screening Performed?

STATE	At Booking	When Admitted to Cell Block	Within 24 hrs.	Within 48 hrs.	Within 72 hrs.	After 4th day or more	Missing Data
GA (N= 5.)	5	-	-	-	-	-	-
IN (N=10)	6	-	1	-	-	-	3
MD (N=7.)	2	1	-	2	-	1	1
MI (N= 7 )	3	-	1	-	1	1	1
WA (N=10)	5	2	1	-	-	-	2
WI (N= 5 )	1	3	1	-	-	-	-
IL (N= 9.)	5	2	-	-	-	-	2
MA (N= 10)	-	-	1	4	2	-	3
NV (N= 5 )	3	1	1	-	-	-	-
NC (N= 8 )	-	6	-	-	-	1	1
OH (N=15)	4	7	3	-	-	-	1
PA (N=11)	-	-	3	2	3	2	1
SC (N=6.)	2	3	1	-	-	-	-
TX (N= 9 )	3	5	1	-	-	-	-
OR (N=9.)	7	1	1	-	-	-	-
CA (N=11)	6	-	3	-	1	1	-
FL (N= 9 )	4	1	-	3	-	-	1
MS (N=5 )	-	1	1	-	-	1	2
OK (N=7 )	3	-	1	-	-	2	1
TOTAL N=158)	59 (37.3%)	33 (20.9%)	20 (12.7%)	11 (7.0%)	7 (4.4%)	9 (5.7%)	19 (12.0%)

Chart XXVII  
Level of Staff Performing Sick Call by State

STATE	Physician	Nurse	Physician Assistant	Physician & Other Medical Staff	Physician & Correctional Staff	Correctional Officer	Booking Officer	Other Correctional Official	Missing Data	Regular Sick Call Not Held
GA (N=12)	3	-	-	-	-	1	-	2	-	6
IN (N=15)	-	-	1	2	-	2	-	5	1	4
MD (N=11)	5	-	1	-	-	2	-	-	-	3
MI (N=10)	2	2	1	-	-	2	1	-	-	2
WA (N=12)	1	3	-	1	1	-	-	-	-	6
WI (N=16)	1	3	-	-	1	1	-	-	-	10
IL (N=11)	2	-	-	3	-	3	-	1	-	2
MA (N=10)	4	3	-	1	-	-	-	-	1	1
NV (N=11)	-	1	-	1	-	2	-	-	-	7
NC (N=10)	2	2	-	1	-	1	-	1	-	3
OH (N=16)	5	3	-	1	-	1	-	-	-	6
PA (N=11)	4	-	1	5	-	1	-	-	-	-
SC (N=10)	2	-	-	1	-	1	-	2	-	4
TX (N=10)	1	2	-	2	-	3	-	1	-	1
OR (N=10)	1	5	-	1	-	-	-	-	-	3
CA (N=12)	1	4	2	5	-	-	-	-	-	-
FL (N=12)	-	4	-	5	-	1	-	-	-	2
MS (N=12)	4	-	-	-	-	3	-	1	-	4
OK (N=10)	-	-	-	-	1	2	-	-	1	6
TOTAL (N=221)	38 (17.2%)	32 (14.5%)	6 (2.7%)	29 (13.1%)	3 (1.4%)	26 (11.8%)	1 (0.4%)	13 (5.9%)	3 (1.4%)	70 (31.7%)

Chart XXVIII  
Number of Jails Holding Regular Sick Call and Frequency

STATE	Sick Call With Trained Personnel			Frequency of Sick Call							
	Holding	Not Holding	Missing Data	≤ Once a Week	Twice a Week	Three times a Week	Four times a Week	Five times a Week	Daily (7 Days)	As Needed	Missing Data or N/A
3A (N=12)	4	8	-	2	2	-	-	-	3	1	4
IN (N=15)	4	10	1	-	-	1	-	-	6	1	7
MD (N=11)	8	3	-	3	1	1	-	-	3	-	3
MI (N=10)	5	5	-	-	2	1	-	-	3	2	2
WA (N=12)	7	5	-	1	3	-	-	1	2	1	4
WI (N=16)	4	12	-	1	2	-	-	-	1	3	9
IL (N=11)	6	5	-	2	1	-	-	1	3	2	2
MA (N=10)	9	-	1	-	-	-	1	3	5	-	1
NV (N=11)	1	10	-	-	1	-	-	1	1	3	5
NC (N=10)	5	5	-	1	-	1	-	1	3	2	2
OH (N=16)	10	6	-	1	1	1	-	3	5	1	4
PA (N=11)	10	1	-	-	2	2	-	2	4	1	-
SC (N=10)	-	10	-	-	-	-	-	-	1	3	6
TX (N=10)	5	5	-	-	-	1	-	3	5	-	1
OR (N=10)	6	4	-	-	1	-	-	-	5	1	3
CA (N=12)	12	-	-	-	-	-	-	8	4	-	-
FL (N=12)	9	3	-	-	-	-	-	3	7	-	2
MS (N=12)	3	9	-	1	1	1	-	-	3	2	4
OK (N=10)	2	7	1	-	-	-	-	-	4	-	6
TOTAL (N=221)	110 (49.8%)	108 (48.9%)	3 (1.3%)	12	17	9	1	26	68	23	65

Chart XXIX  
Types of Detoxification Services Offered by the Jails by State

STATE	<u>Medically Supervised Alcohol Detoxification</u>			<u>Medically Supervised Drug Detoxification</u>		
	No	Yes	Missing	No	Yes	Missing Data
GA (N=12)	8	4	-	9	3	-
IN (N=15)	13	2	-	12	2	1
MD (N=11)	7	4	-	6	5	-
MI (N=10)	6	4	-	8	2	-
WA (N=12)	9	3	-	9	3	-
WI (N=16)	9	7	-	10	6	-
IL (N=11)	9	2	-	9	2	-
MA (N=10)	5	4	1	6	4	-
NV (N=11)	3	7	1	2	7	2
NC (N=10)	8	2	-	7	2	1
OH (N=16)	10	6	-	9	7	-
PA (N=11)	3	8	-	5	6	-
SC (N=10)	6	4	-	6	4	-
TX (N=10)	9	1	-	7	2	1
OR (N=10)	6	4	-	6	3	1
CA (N=12)	4	8	-	4	8	-
FL (N=12)	5	7	-	6	6	-
MS (N=12)	9	3	-	11	1	-
OK (N=10)	9	1	-	8	1	1
TOTAL (N=221)	138 (62.5%)	81 (36.7%)	2 (0.9%)	140 (63.3%)	74 (33.5%)	7 (3.2%)

Chart XXX  
Legal Status of Jails

STATE	Number of Jails Sued in the Past Five Years for Inadequate Health Care by State			Number of Jails Currently Under Suit for Inadequate Health Care by State	
	Not Sued	Sued	Missing Data	Not Under Suit (1-9)	Currently Under Suit
GA (N=12)	8	4	-	8	4
IN (N=15)	10	5	-	12	3
MD (N=11)	7	4	-	8	3
MI (N=10)	9	1	-	10	-
WA (N=12)	8	4	-	9	3
WI (N=16)	13	3	-	14	2
IL (N=11)	9	2	-	10	1
MA (N=10)	7	3	-	7	3
NV (N=11)	8	3	-	9	2
NC (N=10)	8	2	-	9	1
OH (N=16)	8	8	-	11	5
PA (N=11)	7	4	-	10	1
SC (N=10)	9	1	-	10	-
TX (N=10)	4	6	-	5	5
OR (N=10)	6	4	-	6	4
CA (N=12)	3	8	1	6	6
FL (N=12)	2	10	-	2	10
MS (N=12)	6	6	-	9	3
OK (N=10)	9	1	-	10	-
TOTAL (N=221)	141 (63.8%)	79 (35.7%)	1 (0.5%)	165 (74.7%)	56 (25.3%)

END