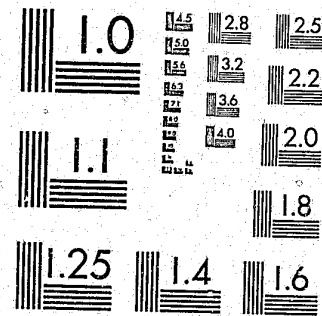


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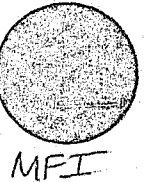
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FINAL EVALUATION REPORT  
ON THE  
JAILS' PROGRESS IN  
IMPLEMENTING AMA STANDARDS

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FINAL EVALUATION REPORT

ON THE  
JAILS' PROGRESS IN  
IMPLEMENTING AMA STANDARDS

AMA Program to Improve Medical Care  
and Health Services in Jails

February 1982

Submitted by: B. Jaye Anno, Ph.D.  
Director  
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U.S. Department of Justice  
National Institute of Justice

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## 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. In June of 1980, a supplemental award of \$950,000 was made to the AMA which ultimately extended the program through September 1981. With the ten percent match from participating state medical societies and the AMA, the operating budget for this program totaled \$2,388,525.

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>

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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 the 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).

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 next three states of Hawaii, New York and North Dakota were added in November, 1979 bringing the total number of participating medical societies to twenty-three. In June of 1980, Texas dropped out of the program, but was promptly replaced by Colorado in August of that year.

Each of the medical societies (except Hawaii which has only 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.

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<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, North Carolina, Ohio, Oregon, Pennsylvania, South 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.

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 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>

During the course of the grant, the AMA submitted quarterly reports to LEAA which accounted for AMA and state society activities and remarked on the results of AMA monitoring of the state societies' progress. Additionally, in January 1981,

<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: January 30, 1979, pp. 42-48.

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

the first evaluation of the jails' progress in implementing standards was submitted.<sup>6/</sup> It covered the period from June of 1979 through April of 1980. This report represents the final assessment of the jails' progress and covers the period from June of 1979 through May of 1981 (the date the states' subcontracts terminated).

## 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 each 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. Up-date self-surveys were then administered at approximately six month intervals.

<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 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 self-surveys as necessary and the "verified" questionnaires were then sent to the AMA.

Final follow-up information regarding the jails' compliance with AMA standards was obtained in two ways. For <sup>8/</sup> those jails applying for accreditation in various Rounds, 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

<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 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 was a five member panel appointed by the AMA's Board of Trustees, which consisted of three physicians, a representative of the National Sheriffs' Association, and an ex-offender. This group reviewed the data from jails applying for accreditation and made recommendations regarding whether certificates should be awarded.

jails which did not apply for accreditation during the course of the grant were asked to complete a final self-survey by May of 1981, which reflected the number of standards the jails complied with at the end of the second 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 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 each of the measurement periods.

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 did), 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 had with in 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

<sup>10/</sup> For example, Standard #105 required 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).

certain elements in a standard was contingent upon a prior element being complied with. For example, Standard #116 required first aid kits to be on hand. If they were, it further required 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>

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

### III. RESULTS

This section is divided into three parts. Part A provides a descriptive profile of the participating jails, Part B reviews the extent of progress made by the jails in implementing standards and Part C examines the success of the subcontract to provide special workshops in two states to improve mental health in jails.

<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.

<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.

It should be noted that this report covers 265 jails in twenty-four states. Jails in Colorado, Hawaii, New York, North Dakota and Puerto Rico are covered for the first time in this report,<sup>13/</sup> whereas the progress of jails in the other nineteen states is updated from the prior report.

#### A. Characteristics of the Participant Jails

From the information contained in the "Applications" which each jail submitted upon entering the program, it was 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 final 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, which outlines the extent of the jails' improvement.

<sup>13/</sup> See B. Jaye Anno, First Evaluation Report on the Jails' Progress in Implementing AMA Standards, Chicago: American Medical Association, January 1981, p. 6 for an explanation regarding why they were not included in the first report.

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 265 jails, 239 or 90% were county-operated facilities, twelve were municipal institutions and the remaining fourteen were operated by the state or central government (i.e., those sites in Hawaii and Puerto Rico).

In 80% of the jails (N=211), the person legally responsible for the facility was a sheriff. In other instances, this responsibility was held by "Jail Administrators," "Directors of Corrections," "Wardens" or "Chiefs of Police." Pennsylvania, Hawaii and Puerto Rico were the only areas where none of the jails were the responsibility of the local sheriff's department (see Appendix A, Chart I).

#### 2. Age and Renovations

The age range of the jails spanned 226 years. The oldest was built in 1754 (a Pennsylvania jail) whereas the newest were completed in 1980 (one in California and one in Colorado). A little more than a fourth of the jails (28%) were built within the last ten years and another 34% were built between 1941 and 1970. However, over a third of the facilities were more than forty years old and almost 10% were a hundred years old or more. South Carolina had the newest facilities (seven out of ten were constructed within the past ten years) whereas Massachusetts had the oldest ones (its "newest" jail was built in 1906). Additional breakdowns may be found in Chart II, Appendix A.

Almost half of the jails (N=122 or 46%) reported that major renovations had occurred since the facility was built, and of these, 80% 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 22% of the 122 jails reported adding or remodeling cells, 33% reported adding or remodeling administrative offices, and 35% reported adding or remodeling both cells and administrative offices. Only five 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 represented a good mix of 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 twenty-four areas.

As indicated in Table I, 33% of the 265 jails were small, 55% were medium-sized and 11% were large-sized facilities. A full 58% of the jails were located in rural areas (i.e., serving a population of 100,000 or less), while 23% were classified as suburban jails and only about 11% 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
HI	(N=4)	-	4	-	-	3	-	1	-
NY	(N=10)	1	6	3	-	2	5	3	-
ND	(N=10)	10	-	-	-	10	-	-	-
PR	(N=10)	-	6	3	1	1	-	-	9
CO	(N=10)	5	5	-	-	6	4	-	-
TOTALS	(N=265)	88	145	29	3	154	62	28	21
	100%	(33.2%)	(54.7%)	(10.9%)	(1.1%)	(58.1%)	(23.4%)	(10.6%)	(7.9%)

\*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.

In an aggregate sense, the emphasis on small and medium-sized jails in rural areas was in keeping with the national picture. A 1972 LEAA survey determined that, of the 3,921 adult jails in the country which held 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 by size and locale are provided in Charts V and VI, Appendix A.

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

The AMA standards used different delimiters to define small, medium and large sized jails than the definitions used by LEAA. Under the AMA definitions, small jails had average daily populations (ADP's) of less than 50 inmates, medium-sized had ADP's of 50-200 and large jails had ADP's of over 200. Using these categorizations, 52% of the jails were small, 32% were medium-sized and 14% were large facilities. Chart VI gives these breakdowns along with the jails' rated capacities.

Interestingly, only 10% (N=27) of all the jails reported overcrowding. Half of the states had no overcrowded facilities as participants and of the remainder, only four areas reported more than two overcrowded jails. Note, though, that all four of the Hawaiian facilities and at least half of those in Puerto Rico were overcrowded.

<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 most of the jails joined the program in 1979, most statistics were gathered for 1978 (the first full year prior to participation). In the case of Hawaii, New York, North Dakota and Colorado though, which did not join the program until late 1979-1980 and Puerto Rico, which collected data late, most statistics were for 1979.



In terms of total admissions over the past year, 34% (N=90) admitted less than 1,000 inmates, 45% (N=118) booked from 1,000 to 4,999, 15% handled from 5,000 to 19,999 inmates and only 4% admitted 20,000 or more. Annual admissions ranged from a low of 15 in one North Dakota jail to two California jails with over 100,000 each (see Chart VII for breakdowns by state).

In all, the 258 jails where complete data were available reported handling almost 1.2 million inmates over the course of a year. As expected, the overwhelming majority of the inmates held in the participant jails were adult males (83.8%). Adult females accounted for 12.7% of the total admissions with the remaining 3.5% consisting of juveniles. Of the latter group, about three-fourth were male and one-fourth were female (see Table II below).

TABLE II  
Total Admissions in Prior Year

	N	%
Adult Males	990,077	83.8
Adult Females	150,557	12.7
Juvenile Males	30,516	2.6
Juvenile Females	10,044	0.9
Totals (N=258 Jails)	1,181,194	100.0

Only two of the jails had no adult male admissions (a women's institution in Ohio and one of the Puerto Rican facilities) and only 16 (6.2%) had no adult females during the prior year. While the adult statistics were

not unusual, it was somewhat surprising to note that 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. Half of the participants (50%) admitted five or fewer per day and another 33% 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 243 jails providing complete information is given in Table III below.

TABLE III  
Average Inmate Length of Stay Profile (N=243 Jails)

Less than 24 hours:	$\bar{X}$ = 32.8%
One day one week:	$\bar{X}$ = 26.3%
One to two weeks:	$\bar{X}$ = 15.9%
Longer than two weeks:	$\bar{X}$ = 26.5%

While these results were somewhat unreliable (many were estimates and in about 9% of the jails providing data, the total of the four length of stay (LOS) categories did not equal 100%) they suggested that the majority of inmates were 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, many inmates are still not being examined by medical personnel nor

tested for communicable diseases.

Puerto Rico and Hawaii, followed by 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" contained 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 reflected the jails' status at the time they enrolled in the AMA program. Hence, they indicate the extent of the jails' need for improvements.

Of the 265 jails requesting technical assistance, 42% had no medical examining room and 70% 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, somewhat more than a fourth of the facilities (26.8%) had no medical staff serving the inmates and not quite a third

(29.4%) had no responsible physician nor 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 Colorado, Georgia, Mississippi, Nevada, North Dakota, South Carolina and Wisconsin all had about half of their participant jails without any medical staff.

Of the 191 jails reporting the availability of at least one health care staff member, the types of staff and the median number of hours provided by each type are shown in Table IV.

TABLE IV

Type of Staff	% of Jails Reporting Availability	Median Number of Hours Per Month Available	
		#	Range
Physicians	82.2% (N=157)	16	1 - 2,000
Nurses	52.9% (N=101)	160	2 - 25,000
Physician Assts.	19.9% (N=38)	110	4 - 960
Other (e.g., dentist, mental health worker, etc.)	28.8% (N=55)	35	2 - 10,000
TN=191 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 over 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 about half of these cases, the PA's worked 80 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, less than 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 medically 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	Percentage of Jails Providing:			
	Ongoing Services	Emergency Only Services	No Services	Missing Data
Medical Care	58.1%	39.6%	-	2.3%
Mental Health Care	36.2%	60.8%	1.5%	1.5%
Dental Care	16.9%	81.9%	0.4%	0.8%

N=265 Jails

As indicated in Table V, about three-fifths of the jails reported the availability of at least some on-going medical services. However, almost the same number 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. Not quite three-fourths of the 265 jails (70.6%) stated they performed some type of medical screening on new admissions to their facilities. Of the 187 jails providing this service, screening was performed by medical personnel in 39% of the cases, by correctional personnel in 50% of the jails and by a combination of personnel in about 9% of the instances. The screening was usually done at booking (38% of the cases) or before the inmate was admitted to the cell block (21% 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 (67.1%) said they conducted regular sick call, but in only about 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%), followed by nurses (15%) and then by a combination of physicians and other medical personnel (13%). In 17% 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 (36.2%) stated they provided medically supervised alcohol detoxification and about the same number (33.2%) 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 technical assistance, it was of interest to learn whether the jails were or had been under suit for failure to provide

adequate health care. Over 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 provided was an imprecise measure of their baseline delivery systems. The fact that a facility said it held regular sick call or did medical screening upon admission did not necessarily mean that these services were 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 initial self-survey questionnaire and were subsequently verified by the State Project Coordinators. "Up-dated" self-surveys, administered at approximately six month



intervals, provided a "post" picture of the jails' health care delivery systems.

In order to determine how much progress had been made at various time intervals, each of the jails was given a score which represented the number of standards complied with initially and scores representing the number of standards complied with at other measurement times. <sup>16/</sup> These scores were then compared to determine the extent of gains in standards compliance over time.

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 over time. 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 in the number of standards complied with by state.

Focusing on Column D, it is evident that gains were made by the jails in all twenty-four project areas, but the magnitude of the increases in the number of standards complied with differed by state. Some of these differences can be accounted for by:

- a. differences in the number of jails worked with by a given state (i.e., the fewer the number of jails worked with, the greater the chance for a larger mean gain -- see Column A);

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<sup>16/</sup> See pages 4-7 for more information on how these scores were derived.

TABLE VI

## Average Pre/Post Standards Compliance Scores by State

A	B	C	D	E	F	G	H
# of Jails	"Pre" (Baseline) Mean - All Standards (N=69)	"Post" Mean - All Standards*** (N=69)	Mean Difference In Compliance Post/Pre	Mean Pre/Post Time Interval In Days	# of Jails Dropped (by June 1981)	# of Jails Accredited (by July 1981)	Jails Showing Any Improvements %
STATE							
GA (N=11)*	30.82	60.08	29.26	515.0	1	2	11 100
IN (N=15)	25.69	42.44	16.75	540.4	-	3	15 100
MD (N=11)	42.10	50.24	8.14	507.3	-	1	10 91
MI (N=10)	27.30	46.44	19.14	537.8	2	2	8 80
WA (N=12)	36.24	54.28	18.04	576.3	1	-	12 100
WI (N=15)*	27.15	38.51	11.36	532.3	-	2	14 93
IL (N=11)	35.31	48.14	12.83	577.3	-	2	9 82
MA (N=10)	46.46	65.75	19.29	435.6	-	6	10 100
NV (N=11)	32.58	53.80	21.22	480.5	-	3	11 100
NC (N=10)	29.97	44.92	14.95	451.1	1	1	8 80
OH (N=15)*	42.19	63.60	21.41	300.9	2	10	14 93
PA (N=11)	57.85	63.40	5.55	522.5	1	3	11 100
SC (N=10)	38.29	55.83	17.54	512.6	-	4	8 80
TX (N=1)**	35.56	65.00	29.44	458.0	-	1	1 100
OR (N=9)*	33.92	52.60	18.68	460.1	-	5	9 100
CA (N=12)	47.76	58.88	11.12	504.4	-	2	12 100
FL (N=12)	46.75	54.58	7.83	666.1	-	1	12 100
MS (N=12)	37.84	56.64	18.80	525.0	-	3	12 100
OK (N=10)	32.09	38.80	6.71	589.0	-	-	10 100
SUB TOTAL (N=208)							

\*One jail in each state dropped out before any self-surveys were completed. Hence, they could not be included in either the pre or post data sets.

\*\*The Texas Medical Association dropped out of the program after the first year. However, one jail continued to participate for the full two year period.

TABLE VI  
Average Pre/Post Standards Compliance Scores By State

A	B	C	D	E	F	G	H
# of Jails	"Pre" (Baseline) Mean - All Standards (N=69)	"Post" Mean - All Standards*** (N=69)	Mean Difference In Compliance Post/Pre	Mean Pre/Post Time Interval In Days	# of Jails Dropped (by June 1981)	# of Jails Accredited (by July 1981)	Jails Showing Any Improvement # %
STATE							
HI (N=4)	28.30	31.53	3.23	362.2	-	-	4 100
NY (N=10)	48.81	59.93	11.12	347.2	1	2	9 90
ND (N=10)	43.49	52.64	9.15	462.6	-	1	9 90
PR (N=10)	40.11	62.03	21.92	476.4	-	-	10 100
CO (N=10)	40.62	55.60	14.98	258.8	-	2	10 100
SUBTOTAL (N=44)							
TOTAL (N=252)	37.93	53.08	15.15	489.1	9	56	239 94.8

\*\*\* "Post" means were calculated on the total number of jails participating in any given state, including those 9 jails which dropped out of the program (see Column F).

- b. differences in the average number of standards complied with initially (i.e., the lower the pre mean in a given state, the more room there was for the jails to improve-- see Column B); and
- c. Differences in the average length of time the various states worked with their jails (i.e., the longer the mean interval between the pre and post surveys, the greater the chance for a larger mean gain -- see Column E).

Thus, on this basis, the gains in a state like Ohio become even more impressive, considering the relatively high level of initial compliance ( $\bar{X}=42.19$  standards), the comparatively large number of jails worked with ( $N=15$ ) and the relatively short time period of participation in the program ( $\bar{X}=300.9$  days or about 10 months). On the other hand, the gains made by the jails in Hawaii are even more disappointing than they first appear, considering the low level of initial compliance ( $\bar{X}=28.3$  standards), the small number of jails worked with ( $N=4$ ) and the time period these jails had to implement change (almost a full year).

On an aggregate basis though, the 252 participant jails <sup>17/</sup> performed very well. They implemented an

<sup>17/</sup> Of the original 265 jails, four dropped out of the program after completing only an application. Since there were neither pre nor post measures of their compliance with AMA standards, these four facilities had to be eliminated from this analysis. In addition, after the first program year, the Texas Medical Association decided that it could not handle the workload of its jail project and did not renew its contract. Thus, post data were only available for one of the original ten

average of 15 additional standards in about 16 months. Aside from the initial 13 facilities explained in footnote 17, by June of 1981, only nine more jails had dropped out of the program: <sup>18/</sup> Further, about a fifth of the jails had attained AMA accreditation of their health care services (see Column G). More importantly, however, 95% of the 252 participants showed increases in the number of standards complied with over time <sup>19/</sup> (see Column H). All of the states had at least 80% of their sites showing some positive changes on a pre/post basis. <sup>20/</sup>

Texas jails (the one that went on to become accredited). The progress made by all ten Texas facilities while they were participants, was noted in the initial progress report (see Anno, January 1981, *supra* at note 13). The elimination of the four jails where there were no data and nine of the ten Texas facilities reduced the overall "N" to 252.

<sup>18/</sup> It should be noted though, that these nine "failures" were included in calculating the extent of progress made.

<sup>19/</sup> Even if this "success rate" is calculated against the original base of 265 participants, the proportion of jails showing any improvements is still over 90%.

<sup>20/</sup> As noted previously, the magnitude of the average change by state is given in Column D.



## 2. Pre/Post Difference 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>21/</sup> as well as by their "type" (either "Administrative" or "Service" related). <sup>22/</sup>

Table VII (see next page) shows the results of the average pre/post gains in standards complied with for the jails in a given state, classified by value. A comparison of Columns C and F indicates that in all of the states, more "Important" standards were complied with than "Essentials." It should be noted, though, that in all of the states except four (North Carolina, Pennsylvania, Hawaii and New York), the pre/post gains in "Essential" standards met (Column C) represented about a third of the overall gains (see Column D of Table VI). This is consistent with the fact that a third of all the

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<sup>21/</sup> The "value" of each standard was designated in the AMA's Standards for Health Services in Jails (1979) document. Of the 69 standards, a third (N=23) were deemed "Essential" and two-thirds (N=46) were identified as "Important."

<sup>22/</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 of Standards by State\*

STATE	A	B	C	D	E	F
	ESSENTIAL STANDARDS (N=23)			IMPORTANT STANDARDS (N=46)		
	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Compliance Over Time	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Com- pliance Over Time
GA (N=11)	9.45	19.80	10.35	21.37	40.28	18.91
IN (N=15)	8.02	13.91	5.89	17.67	28.53	10.86
MD (N=11)	14.22	16.96	2.74	27.88	33.28	5.40
MI (N=10)	9.24	15.71	6.47	18.06	30.73	12.67
WA (N=12)	12.42	19.52	7.10	23.82	34.76	10.94
WI (N=15)	8.31	12.58	4.27	18.84	25.93	7.09
IL (N=11)	11.34	16.02	4.68	23.97	32.12	8.15
MA (N=10)	15.63	22.22	6.59	30.82	43.53	12.71
NV (N=11)	11.26	17.74	6.48	21.31	36.06	14.75
NC (N=10)	9.81	13.81	4.00	20.16	31.11	10.95
OH (N=15)	14.16	21.63	7.47	28.03	41.97	13.94
PA (N=11)	19.86	21.06	1.20	37.99	42.34	4.35
SC (N=10)	11.33	19.11	7.78	26.96	36.72	9.76
TX (N=11)	12.68	22.08	9.40	22.88	42.92	20.04
OR (N=9)	12.11	17.53	5.42	21.81	25.06	13.25
CA (N=12)	16.12	19.96	3.84	31.63	38.92	7.29
FL (N=12)	16.03	18.48	2.45	30.72	36.10	5.38
MS (N=12)	11.66	19.01	7.35	26.18	37.63	11.45
OK (N=10)	9.50	12.48	2.98	22.59	26.32	3.73
SUB TOTAL (N=208)						

TABLE VII  
Average Difference in Pre/Post Compliance Scores by Value of Standards by State\*

STATE	A	B	C	D	E	F
	ESSENTIAL STANDARDS (N=23)			IMPORTANT STANDARDS (N=46)		
	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Compliance Over Time	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Com- pliance Over Time
HI (N=4)	9.57	10.40	.83	8.73	21.13	2.40
NY (N=10)	17.90	20.07	2.17	30.91	39.86	8.95
ND (N=10)	14.41	17.62	3.21	29.08	35.02	5.94
PR (N=10)	12.96	20.37	7.41	27.16	41.66	14.50
CO (N=10)	12.75	18.87	6.12	27.88	36.73	8.85
SUBTOTAL (N=44)						
TOTAL (N=252)	12.52	17.77	5.25	25.41	35.31	9.90

\*The sum of the mean gains for essential and important standards for any given state equals the total mean gain shown in Column D, Table VI. Small differences in these totals are due to rounding.

AMA standards were designated as "Essentials." In other words, the majority of the states were implementing essential standards at a rate proportionate to their occurrence in the AMA Standards document.

With respect to the type of standards implemented, a comparison of Columns C and F of Table VIII (see next page), reveals that the largest gains were made in the number of "Administrative" standards implemented. Again, this is consistent with the fact that there were more "Administrative" standards than "Service" ones, although it should be noted that except for jails in the states of Illinois, Oregon and Colorado and those in Puerto Rico, the proportions of "Service" standards implemented were somewhat under-represented.

What is important about Tables VII and VIII is that they clearly show that improvements were made in the number of "Essential" and "Service" standards complied with in each state. <sup>23/</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.

C. Results of the Mental Health Subcontract

As part of the overall program to improve jail health care, LEAA representatives were interested in a demonstration project designed to improve mental health services in jails. The subcontractor designated by LEAA to carry out this project was Training Associates.

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<sup>23/</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.



TABLE VIII

Average Difference in Pre/Post Compliance Scores by Type of Standards By State\*

STATE	ADMINISTRATIVE STANDARDS (N=40)			SERVICE STANDARDS (N=29)		
	A	B	C	D	E	F
	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Compliance Over Time	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Compliance Over Time
GA (N=11)	16.04	34.36	18.32	14.78	25.72	10.94
IN (N=15)	14.29	24.71	10.42	11.40	17.73	6.33
MD (N=11)	22.46	28.51	6.05	19.64	21.73	2.09
MI (N=10)	13.72	26.89	13.17	13.58	19.55	5.97
WA (N=12)	19.13	30.88	11.75	17.11	23.40	6.29
WI (N=15)	13.66	21.23	7.57	13.49	17.28	3.79
IL (N=11)	18.53	26.05	7.52	16.78	22.09	5.31
MA (N=10)	23.89	37.17	13.28	22.57	28.58	6.01
NV (N=11)	16.75	29.81	13.06	15.83	23.99	8.16
NC (N=10)	16.28	25.40	9.12	13.69	19.52	5.83
OH (N=15)	21.77	36.72	14.95	20.42	26.88	6.46
PA (N=11)	31.49	35.80	4.31	26.35	27.60	1.25
SC (N=10)	19.30	30.75	11.45	19.00	25.08	6.08
TX (N=1)	19.50	38.75	19.25	16.06	26.25	10.19
OR (N=9)	19.03	29.80	10.77	14.89	22.80	7.91
CA (N=12)	26.76	35.02	8.26	21.00	23.86	2.86
FL (N=12)	25.88	30.62	4.74	20.87	23.96	3.09
MS (N=12)	19.31	31.92	12.61	18.53	24.72	6.19
OK (N=10)	17.18	21.78	4.60	14.90	17.02	2.12
SUB TOTAL (N=208)						

TABLE VIII.  
Average Difference in Pre/Post Compliance Scores by Type of Standards By State\*

STATE	A	B	C	D	E	F
	ADMINISTRATIVE STANDARDS (N=40)			SERVICE STANDARDS (N=29)		
	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Compliance Over Time	"Pre" Mean Compliance Score	"Post" Mean Compliance Score	Mean Gain In Compliance Over Time
HI (N=4)	14.66	16.96	2.30	13.64	14.57	.93
NY (N=10)	26.16	34.42	8.26	22.65	25.52	2.87
ND (N=10)	21.74	28.63	6.89	21.75	24.01	2.26
PR (N=10)	23.04	35.40	12.36	17.07	26.63	9.56
CO (N=10)	21.86	30.82	8.96	18.76	24.78	6.02
SUBTOTAL (N=44)						
TOTAL (N=252)	20.15	30.03	9.88	17.78	23.05	5.27

\*The sum of the mean gains for administrative and service standards for any given state equals the total mean gain shown in Column D, Table VI. Small differences in these totals are due to rounding.

Training Associates' proposal called for holding statewide workshops in two of the AMA program states. The purpose of these workshops was to bring together jail and mental health personnel from the same communities, who would discuss their problems in delivering mental health services to jail inmates and then design an action plan to correct existing deficiencies. Besides conducting these two workshops, Training Associates was also to deliver technical assistance to the jails to help them implement their action plans.

Two of the states with jails participating in the AMA's program (Michigan and Mississippi) were selected for this special mental health effort. Three-day workshops were held in both states in November 1980, and according to the subcontractor's report, the workshops were well-received by most participants.<sup>24/</sup> By June of 1981, however, few of the jails had made any substantial progress in implementing their action plans.<sup>25/</sup>

A follow-up questionnaire designed to determine the extent of action plan implementation at various jails was responded to by less than half of the original 67 workshop participants. Of the 33 respondents, only nine indicated that any significant changes in the

<sup>24/</sup> See Carole Morgan, "Summary Report on Mental Health Services for Jails Workshops" Carmel, California: Training Associates, December 1980.

<sup>25/</sup> See Carole Morgan, "Mental Health Services for Jails Final Report" (June 1981) and "Addendum to Final Report Mental Health Services for Jails" (August 1981), both by Training Associates, Carmel, California.

delivery of mental health services had occurred. While these results were disappointing, it should be noted that very little technical assistance was provided to the participating jails. No on-site visits were made to any of the communities and telephone assistance was provided to only seven of the 31 counties. Hence, the failure of this special project to demonstrate any substantial results may well have been due to faulty implementation rather than faulty conceptualization. A fairer test might bring more promising results.

#### IV.. SUMMARY AND CONCLUSIONS

From the preceeding discussion of evaluation findings, it is evident 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 over the course of the grant, substantial improvements occurred in the delivery systems of the overwhelming majority of participant sites. Of the original 265 jails, only 22 (8%) had dropped out of the program for some reason by June of 1981. Virtually all of the remaining jails (98%) were able to demonstrate improvements in their health care systems over time. Even if the dropped jails are included in the calculations, the proportion of project jails showing increases in the number of standards complied with is still over 90%.

The average number of additional standards implemented in any given jail was just over 15 in an average time period of about 16 months. About a third of the gains were made in standards designated as "Essential" and "Service," indicating that the improvements were not just paper changes (e.g., writing up new policies and procedures), but included the provision of more adequate health care services as well.

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: RENOVATIONS AND DATE BY STATE
- Chart IV: TYPE OF RENOVATION 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
SUB TOTAL (N=221)	183	6	13	13	6

CHART I (Continued)  
TYPE OF OFFICIAL LEGALLY RESPONSIBLE FOR FACILITY BY STATE

STATE	Sheriff	Jail Administrator	Director of Corrections	Warden	Chief of Police	Missing
HI (N=4)	-	4	-	-	-	-
NY (N=10)	9	1	-	-	-	-
ND (N=10)	9	1	-	-	-	-
PR (N=10)	-	-	-	9	-	1
CO (N=10)	10	-	-	-	-	-
SUBTOTAL (N=44)	28	6	0	9	0	1
TOTAL (N=265)	211 (79.6%)	12 (4.5%)	13 (4.9%)	22 (8.3%)	6 (2.3%)	1 (0.4%)

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
SUB TOTAL (N=221)	5	18	16	40	79	61	2	1754-1980

CHART II (continued)  
YEAR FACILITY WAS BUILT BY STATE

STATE	Before 1850	1851-1880	1881-1910	1911-1940	1941-1970	1971-1980	Missing Data	Range
HI (N=4)	-	-	-	-	1	3	-	1962-1978
NY (N=10)	-	-	3	4	2	1	-	1898-1971
ND (N=10)	-	-	1	4	2	3	-	1898-1977
PR (N=10)	1	-	-	2	1	2	4	1849-1977
CO (N=10)	-	-	1	-	5	4	-	1907-1980
SUBTOTAL (N=44)	1	0	5	10	11	13	4	1849-1980
TOTAL (N=265)	6 2.2%	18 6.8%	21 7.9%	50 18.9%	90 34.0%	74 27.9%	6 2.2%	1754-1980 $\bar{X} = 1943$



CHART III  
RENOVATIONS AND DATE BY STATE

STATE	Any Major Renovations?			Date of Last Major Renovation					Totals
	NO	YES	MISSING	Within Past 10 Years	11 to 20 Years Ago	21 to 30 Years Ago	Over 30 Years Ago	Missing Data	
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
SUB TOTAL (N=221)	118	101	2	79	8	5	4	5	101

CHART III (continued)  
RENOVATIONS AND DATE BY STATE

STATE	Any Major Renovation?			Date of Last Major Renovation					Total
	NO	YES	Missing	Within Past 10 years	11 to 20 years ago	21 to 30 years ago	Over 30 years ago	Missing Data	
HI (N=4)	3	1	-	1	-	-	-	-	1
NY (N=10)	2	8	-	7	-	-	1	-	8
ND (N=10)	4	6	-	6	-	-	-	-	6
PR (N=10)	5	3	2	2	-	-	-	1	3
CO (N=10)	7	3	-	3	-	-	-	-	3
SUBTOTAL (N=44)	21	21	2	19	0	0	1	1	21
TOTAL (N=265)	139 52.5%	122 46.0%	4 1.5%	98 80.3%	8 6.6%	5 4.1%	5 4.1%	6 4.9%	122 100%

CHART IV  
TYPE OF RENOVATION BY STATE

STATE	Added or Remodeled Cells	Added or Remodeled Admin. Ofcs.	Added or Remodeled Both Cell & Admin. Ofcs.	Added or Remodeled Rehab. Center	Added or Remodeled Medical Section	Missing Data	Not Applicable
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
OR (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
SUB TOTAL (N=101)	26	30	35	4	0	6	120

CHART IV (continued)  
TYPE OF RENOVATION BY STATE

STATE	Added or Remodeled Cells	Added or Remodeled Admin. Ofcs.	Added or Remodeled Both Cell & Admin. Ofcs.	Added or Remodeled Rehab. Center	Added or Remodeled Medical Section	Missing Data	Not Appli- cable
HI (N=1)	-	-	1	-	-	-	3
NY (N=8)	1	7	-	-	-	-	2
ND (N=6)	-	2	3	-	-	1	4
PR (N=3)	-	-	3	-	-	-	7
CO (N=3)	-	1	1	1	-	-	7
SUBTOTAL (N=21)	1	10	8	1	0	1	23
TOTAL (N=122)	27 22.1%	40 32.8%	43 35.3%	5 4.1%	0 -	7 5.7%	143



CHART V  
POPULATION OF AREA SERVED BY FACILITY BY STATE

STATE	1,000 to 50,000	51,000 to 100,000	101,000 to 250,000	251,000 to 500,000	501,000 to 1,000,000	Over 1,000,000	Missing Data
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	-	X 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	-	Y -
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
SUB TOTAL (N=221)	85	47	35	18	20	4	12

CHART V - (continued)  
POPULATION OF AREA SERVED BY FACILITY BY STATE

STATE	1,000 to 50,000	51,000 to 100,000	101,000 to 250,000	251,000 to 500,000	501,000 to 1,000,000	over 1,000,000	Missing
HI (N=4)	2	1	-	-	1	-	-
NY (N=10)	2	-	4	1	1	2	-
ND (N=10)	5	5	-	-	-	-	-
PR (N=10)	1	-	-	-	-	-	9
CO (N=10)	6	-	2	2	-	-	-
SUBTOTAL (N=44)	16	6	6	3	2	2	9
TOTAL (N=265)	101 38.1%	53 20.0%	41 15.5%	21 7.9%	22 8.3%	6 2.3%	21 7.9%

Range = 1,000 to 7,000,000

CHAPTER 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	5	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	-
SUB TOTAL (N=221)	16	63	104	36	2	72	45	71	31	2	18	200	3

CHART VI (continued)  
JAIL CAPACITY, AVERAGE DAILY POPULATION AND OVERCROWDING BY STATE

STATE	Rated Capacity of Facilities by State					Average Daily Population by Facilities By State					# of Facilities Reporting Over-Crowding		
	20 or <	21-49	50-200	Over 200	Missing Data	20 or <	21-49	50-200	Over 200	Missing Data	No	Yes	Missing
HI (N=4)	1	2	1	-	-	-	3	1	-	-	4	-	-
NY (N=10)	-	2	4	4	-	1	2	4	3	-	-	10	-
ND (N=10)	4	4	2	-	-	10	-	-	-	-	-	10	-
PR (N=10)	-	-	5	3	2	-	-	5	4	1	5	3	2
CO (N=10)	1	3	5	1	-	5	-	5	-	-	-	10	-
SUBTOTAL (N=44)	6	11	17	8	2	16	5	15	7	1	9	33	2
TOTAL (N=265)	22 8.3%	74 27.9%	121 45.7%	44 16.6%	4 1.5%	88 33.2%	50 18.9%	86 32.4%	38 14.3%	3 1.1%	27 10.2%	233 87.9%	5 1.9%



## 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	-	-
SUB TOTAL (N= 221)	25	46	63	41	21	12	11	2

\* "Last Year" for these states was 1978.

CHART VII (continued)  
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
HI (N=4)	2	1	-	-	-	-	-	1
NY (N=10)	1	1	4	-	4	-	-	-
ND (N=10)	4	2	2	2	-	-	-	-
PR (N=10)	-	2	3	2	-	-	-	3
CO (N=10)	1	5	-	1	2	-	-	1
SUBTOTAL (N=44)	8	11	9	5	6	-	-	5
TOTAL (N=265)	33 12.4%	57 21.5%	72 27.2%	46 17.4%	27 10.2%	12 4.5%	11 4.2%	7 2.6%

\*"Last Year" for these states was 1979.

# 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
SUB TOTAL (N=221)	32	53	60	32	17	9	9	9

\*"Last Year" was 1978 for these states.

\*\*This facility had no male admissions.

CHART VIII (continued)  
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
HI (N=4)	2	1	-	-	-	-	-	1
NY (N=10)	2	1	3	2	2	-	-	-
ND (N=10)	4	3	2	1	-	-	-	-
PR (N=10)	1	1	3	1	-	-	-	4
CO (N=10)	1	5	1	1	1	-	-	1
SUBTOTAL (N=44)	10	11	9	5	3	-	-	6
TOTAL (N=265)	42 15.8%	64 24.2%	69 26.0%	37 14.0%	20 7.5%	9 3.4%	9 3.4%	15 5.7%

\*"Last Year" was 1979 for these states.



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
CA (N=12)	1	5	1	-	1	3	1	-	-
IN (N=15)	-	3	7	2	3	-	-	-	-
ID (N=11)	2	3	2	3	-	-	1	-	-
IL (N=10)	-	2	3	4	-	1	-	-	-
MA (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	-	-	-	-
IV (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
SUB TOTAL (N=221)	14	48	37	35	38	19	16	5	9

\*"Last Year" was 1978 for these states.

CHART IX (continued)  
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
HI (N=4)	-	2	1	-	-	-	-	-	1
NY (N=10)	-	3	-	2	2	2	1	-	-
ND (N=10)	-	6	-	2	2	-	-	-	-
PR (N=10)	2	2	1	-	-	1	-	-	4
CO (N=10)	-	3	3	-	1	2	-	-	1
SUBTOTAL (N=44)	2	16	5	4	5	5	1	-	6
TOTAL (N=265)	16 6.0%	64 24.2%	42 15.8%	39 14.7%	43 16.2%	24 9.1%	17 6.4%	5 1.9%	15 5.7%

\*"Last Year" was 1979 for these states.

CHART X  
NUMBER OF JUVENILE MALE ADMISSIONS LAST YEAR\*

STATE	None	Less than 50	50-99	100-199	200-499	500 or more	Missing
CA (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	1	-	-	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	-
IA (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
SUB TOTAL (N=221)	76	69	28	21	15	4	8

\*"Last Year" was 1978 for these states.

CHART X. (continued)  
NUMBER OF JUVENILE MALE ADMISSIONS LAST YEAR\*

STATE	None	Less than 50	50-99	100-199	200-499	500 or more	Missing
HI (N=4)	2	1	-	-	-	-	1
NY (N=10)	3	-	1	-	1	5	-
ND (N=10)	2	5	2	1	-	-	-
PR (N=10)	3	1	-	-	-	2	4
CO (N=10)	-	2	3	1	2	1	1
SUBTOTAL (N=44)	10	9	6	2	3	8	6
TOTAL (N=265)	86 32.5%	78 29.4%	34 12.8%	23 8.7%	18 6.8%	12 4.5%	14 5.3%

\*"Last Year" was 1979 for these states.



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
SUB TOTAL (N=221)	102	86	16	5	3	1	8

\*"Last Year" was 1978 for these states.

CHART XI (continued)  
NUMBER OF JUVENILE FEMALE ADMISSIONS LAST YEAR\*

STATE	None	less than 50	50-99	100-199	200-499	500 or more	Missing
HI (N=4)	2	1	-	-	-	-	1
NY (N=10)	3	3	1	1	2	-	-
ND (N=10)	3	7	-	-	-	-	-
PR (N=10)	5	1	-	-	-	-	4
CO (N=10)	-	7	-	1	1	-	1
SUBTOTAL (N=44)	13	19	1	2	3	0	6
TOTAL (N=265)	115 43.4%	105 39.6%	17 6.4%	7 2.6%	6 2.3%	1 0.4%	14 5.3%

\*"Last year" was 1979 for these states.

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
IA (N=12)	6	1	1	4	-	-	-	-
IN (N=15)	3	6	4	-	-	-	-	2
ID (N=11)	5	2	2	-	2	-	-	-
IL (N=10)	4	4	2	-	-	-	-	-
WA (N=12)	2	4	3	-	2	1	-	-
VI (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	-	-	-
SUB TOTAL (N=221)	48	65	41	30	16	6	5	10

CHART XII - (continued)

## AVERAGE DAILY INTAKE OF FACILITIES BY STATE

STATE	2 or less	3 - 5	6 - 10	11 - 20	21 - 50	51 - 100	101 - 450	Missing
HI (N=4)	2	-	1	1	-	-	-	-
NY (N=10)	1	3	2	2	2	-	-	-
ND (N=10)	6	-	1	1	-	-	-	2
PR (N=10)	1	2	3	1	-	-	-	3
CO (N=10)	3	1	1	4	-	-	-	1
SUBTOTAL (N=44)	13	6	8	9	2	-	-	6
TOTAL (N=265)	61 23.0%	71 26.8%	49 18.5%	39 14.7%	18 6.8%	6 2.3%	5 1.9%	16 6.0%

Range = 0 - 449



**CONTINUED**

**1 OF 2**

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
AL (N=12)	-	1	4	4	3	-	-
AR (N=15)	-	2	2	5	4	2	-
CA (N=11)	-	2	-	5	1	-	3
CO (N=10)	-	2	-	3	3	1	1
GA (N=12)	-	3	2	6	1	-	-
IL (N=16)	-	3	1	5	4	2	1
IN (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	-
SUB TOTAL (N=221)	5	61	37	58	33	13	14

CHART XIII (continued)  
PERCENT OF INMATES STAYING LESS THAN 24 HOURS BY STATE

STATE	None	10% or <	11 - 25%	26 - 50%	51 - 75%	76% or >	Missing
HI (N=4)	-	2	1	1	-	-	-
NY (N=10)	-	1	4	4	1	-	-
ND (N=10)	-	2	1	2	3	2	-
PR (N=10)	-	3	1	-	-	-	6
CO (N=10)	-	5	4	-	-	-	1
SUBTOTAL (N=44)	-	13	11	7	4	2	7
TOTAL (N=265)	5 1.9%	74 27.9%	48 18.1%	65 24.5%	37 14.0%	15 5.7%	21 7.9%

$\bar{X} = 34.31$

CHART XIV  
PERCENT OF INMATES STAYING ONE DAY TO ONE WEEK BY STATE

STATE	None	10% or $\leq$	11-25%	26 - 50%	51 - 75%	76% or $>$	Missing Data
AL (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
SUB TOTAL (N=221)	1	59	71	56	16	3	15



CHART XIV (continued)  
PERCENT OF INMATES STAYING ONE DAY TO ONE WEEK BY STATE

STATE	None	10% or less	11 - 25%	26 - 50%	51 - 75%	76% or more	Missing
HI (N=4)	-	-	2	1	1	-	-
NY (N=10)	-	-	6	4	-	-	-
ND (N=10)	-	1	2	4	2	1	-
PR (N=10)	-	2	1	1	-	-	6
CO (N=10)	-	1	2	4	2	-	1
SUBTOTAL (N=44)	-	4	13	14	5	1	7
TOTAL (N=265)	1 0.4%	63 23.8%	84 31.7%	70 26.5%	21 7.9%	4 1.5%	22 8.3%

$\bar{X}=30.87$

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
SUB TOTAL (N = 221)	6	95	78	22	7	0	13

CHART XV (continued)  
PERCENT OF INMATES STAYING ONE TO TWO WEEKS BY STATE

STATE	None	10% or less	11 - 25%	26 - 50%	51 - 75%	76% or more	Missing Data
HI (N=4)	-	2	2	-	-	-	-
NY (N=10)	-	-	6	2	2	0	-
ND (N=10)	1	7	1	1	-	-	-
PR (N=10)	-	2	1	1	-	-	6
CO (N=10)	-	5	4	-	-	-	1
SUBTOTAL (N=44)	1	16	14	4	2	-	7
TOTAL (N=265)	7 2.6%	111 41.9%	92 34.7%	26 9.8%	9 3.4%	0 0%	20 7.5%

$\bar{X} = 15.93$

CHART XVI  
PERCENT OF INMATES STAYING LONGER THAN TWO WEEKS BY STATE

PERCENT OF INMATES STAYING LONGER THAN TWO WEEKS BY STATE								Estimates total to 100%		
STATE	None	10% or <	11-25%	26-50%	51-75%	76% or >	Missing Data	No	Yes	Missing Data
GA (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)	-	-	-	1	5	3	2	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
SUB TOTAL (N=221)	2	70	61	39	23	12	14	24	182	15



CHART XVI (continued)  
PERCENT OF INMATES STAYING LONGER THAN TWO WEEKS BY STATE

STATE	None	10% or less	11-25%	26-50%	51-75%	76 or >	Missing Data	Estimates total to 100%		
								Yes	No	Missing
HI (N=4)	-	-	2	1	-	1	-	1	3	-
NY (N=10)	-	1	8	1	-	-	-	2	8	-
ND (N=10)	1	8	1	-	-	-	-	-	10	-
PR (N=10)	-	-	-	2	-	2	6	-	4	6
CO (N=10)	-	4	5	-	-	-	1	1	9	-
SUBTOTAL (N=44)	1	13	16	4	0	3	7	4	34	6
TOTAL (N=265)	3 1.1%	83 31.3%	77 29.1%	43 16.2%	23 8.7%	15 5.7%	21 7.9%	28 10.6%	216 81.5%	21 7.9%

$\bar{X} = 26.52$

APPENDIX B: CHARACTERICS 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: AVAILABILITY OF RECEIVING 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		
	No	Yes	Missing Data
GA (N=12)	8	4	-
IN (N=15)	6	8	1
ID (N=11)	7	4	-
MI (N=10)	4	6	-
WA (N=12)	2	10	-
WI (N=16)	13	3	-
IL (N=11)	5	6	-
MA (N=10)	2	8	-
NV (N=11)	6	5	-
NC (N=10)	5	5	-
OH (N=16)	6	10	-
PA (N=11)	-	11	-
SC (N=10)	6	4	-
TX (N=10)	2	8	-
OR (N=10)	4	6	-
CA (N=12)	-	12	-
FL (N=12)	2	10	-
MS (N=12)	8	4	-
OK (N=10)	8	2	-
SUB TOTAL (N=221)	94	126	1

	Medical Bed Space		
	No	Yes	Missing Data
	11	1	-
	10	4	1
	9	2	-
	10	-	-
	7	5	-
	14	2	-
	7	3	1
	4	6	-
	10	1	-
	8	2	-
	10	6	-
	4	7	-
	8	2	-
	5	5	-
	8	1	1
	5	7	-
	7	4	1
	11	1	-
	9	-	1
	157	59	5

CHART XVII (continued)  
TYPES OF MEDICAL FACILITIES AVAILABLE IN JAILS BY STATE

STATE	Medical Examining Room				Medical Bed Space			
	No	Yes	Missing Data		No	Yes	Missing Data	
HI (N=4)	-	4	-		3	1	-	
NY (N=10)	2	8	-		6	4	-	
ND (N=10)	9	1	-		8	2	-	
PR (N=10)	1	9	-		4	6	-	
CO (N=10)	6	4	-		8	1	1	
SUBTOTAL (N=44)	18	26	0		29	14	1	
TOTAL (N=265)	112 42.3%	152 57.4%	1 0.4%		186 70.2%	73 27.5%	6 2.3%	



CHART XVIII

## AVAILABILITY OF HEALTH CARE STAFF BY STATE

STATE	Number of Jails With Any Medical Staff Serving the Inmates		
	None	At Least One	Missing Data
GA (N=12)	5	7	-
IN (N=15)	3	11	1
MD (N=11)	2	9	-
MI (N=10)	4	6	-
WA (N=12)	3	9	-
WI (N=16)	9	7	-
IL (N=11)	3	7	1
MA (N=10)	-	10	-
NV (N=11)	5	6	-
NC (N=10)	3	7	-
OH (N=16)	3	13	-
PA (N=11)	-	11	-
SC (N=10)	5	5	-
TX (N=10)	2	8	-
OR (N=10)	2	8	-
CA (N=12)	-	12	-
FL (N=12)	1	11	-
MS (N=12)	7	5	-
OK (N=10)	8	2	-
SUB TOTAL (N=221)	65	154	2

Number of Jails Having a Responsible Physician or a Medical Authority		
No	Yes	Missing Data
5	7	-
4	11	-
-	10	1
6	4	-
4	8	-
9	7	-
4	7	-
1	9	-
2	9	-
3	7	-
6	10	-
-	11	-
5	5	-
2	8	-
2	8	-
-	12	-
2	10	-
6	6	-
8	2	-
69	151	1

CHART XVIII (continued)  
 AVAILABILITY OF HEALTH CARE STAFF BY STATE

STATE	Number of Jails With Any Medical Staff Serving the Inmates		
	None	At Least One	Missing Data
HI (N=4)	-	4	-
NY (N=10)	-	10	-
ND (N=10)	5	5	-
PR (N=10)	-	9	1
CO (N=10)	1	9	-
SUBTOTAL (N=44)	6	37	1
TOTAL (N=265)	71 26.8%	191 72.1%	3 1.1%

Number of Jails Having a Responsible Physician or a Medical Authority		
No	Yes	Missing Data
-	4	-
-	10	-
5	5	-
1	8	1
3	7	-
9	4	1
78 29.4%	5 69.8	2 0.7%

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
GA (N=7)	-	3	1	2	-	-	-	1
IN (N=11)	2	4	2	-	-	-	-	3
MD (N=9)	-	2	2	1	1	1	-	2
MI (N=6)	2	2	1	-	-	1	-	-
WA (N=9)	-	6	1	1	-	-	1	-
WI (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=8)	-	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	-	-	-
SUB TOTAL (N=154)	11	44	33	24	11	12	5	14

CHART XIX (continued)  
NUMBER OF PHYSICIAN HOURS PER MONTH BY STATE

STATE	None	1 - 10 hrs	11 - 21 hrs	21 - 40 hrs	41 - 80 hrs	80 - 160 hrs	over 160 hrs	Missing Data
HI (N=4)	-	2	-	-	1	-	-	1
NY (N=10)	-	2	1	2	4	1	-	-
ND (N=5)	4	1	-	-	-	-	-	-
PR (N=9)	-	-	1	5	2	1	-	-
CO (N=9)	3	1	4	-	-	-	-	1
SUBTOTAL (N=37)	7	6	6	7	7	2	0	2
TOTAL (N=191)	18 9.4%	50 26.2%	39 20.4%	31 16.2%	18 9.4%	14 7.3%	5 2.6%	16 8.4%



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	-	-	-	-	-	-	-
SUB TOTAL (N=154)	68	14	8	6	18	14	23	3

CHART XX (continued)  
NUMBER OF NURSE HCURS PER MONTH BY STATE

STATE	None	1 - 10 hrs	11 - 40 hrs	41 - 80 hrs	81 - 160 hrs	161 - 320 hrs	321 or more	Missing
HI (N=4)	1	-	-	-	-	1	-	2
NY (N=10)	4	-	-	-	1	1	4	-
ND (N=5)	-	-	1	-	-	-	-	4
PR (N=9)	3	-	2	-	1	2	1	-
CO (N=9)	5	-	1	1	1	1	-	-
SUBTOTAL (N=37)	13	-	4	1	3	5	5	6
TOTAL (N=191)	81 42.4%	14 7.3%	12 6.3%	7 3.7%	21 11.0%	19 9.9%	28 14.7%	9 4.7%

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	-	-	-
MS (N=5 )	3	1	1	-	-	-	-	-
OK (N=2 )	1	-	-	1	-	-	-	-
SUB TOTAL (N=154)	121	9	4	2	6	4	5	3

CHART XXI (Continued)  
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
HI (N=4)	1	-	-	-	-	-	-	3
NY (N=10)	7	1	-	-	1	1	-	-
ND (N=5)	4	-	-	-	-	-	-	1
PR (N=9)	5	-	-	-	1	3	-	-
CO (N=9)	8	-	-	-	1	-	-	-
SUBTOTAL (N=37)	25	1	-	-	3	4	-	4
TOTAL (N=191)	146 76.4%	10 5.2%	4 2.1%	2 1.0%	9 4.7%	8 4.2%	5 2.6%	7 3.7%



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	4	-	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	-
SUB TOTAL (N=154)	101	2	0	12	7	9	3	11	9

CHART XXII (continued)  
TYPES OF OTHERS PROVIDING HEALTH CARE BY STATE

STATE	None	<u>Trained Correctional Officer</u>	<u>Medical Records Aide</u>	<u>Psychiatrist or Psychologist</u>	<u>Dentist</u>	<u>Emergency Medical Technician</u>	<u>Other Para- Professional</u>	<u>Emergency Room or Clinic</u>	<u>Missing Data</u>
HI (N=4)	1	-	-	-	-	-	-	-	3
NY (N=10)	4	-	1	1	-	1	-	-	3
ND (N= 5)	3	-	-	-	-	1	-	-	1
PR (N= 9)	5	-	-	1	2	-	-	-	1
CO (N= 9)	4	1	-	1	-	2	-	-	1
SUBTOTAL (N= 37)	17	1	1	3	2	4	-	-	9
TOTAL (N= 191)	118 61.8%	3 1.6%	1 0.5%	15 7.9%	9 4.7%	13 6.8%	3 1.6%	11 5.8%	18 9.4%

## CHAPTER 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	-
SUB TOTAL (N=154)	101	17	9	6	6	3	10	2

CHART XXIII(continued)  
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
HI (N=4)	1	-	-	-	-	-	1	2
NY (N=10)	4	1	-	1	-	1	3	-
ND (N=5)	3	-	-	-	1	-	-	1
PR (N=9)	5	-	1	1	-	1	1	-
CO (N=9)	4	-	-	-	-	2	2	1
SUBTOTAL (N=37)	17	1	1	2	1	4	7	4
TOTAL (N=191)	118 61.8%	18 9.4%	10 5.2%	8 4.2%	7 3.7%	7 3.7%	17 8.9%	6 3.1%



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
GA (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	-	-
SUB TOTAL (n=221)	123	93	5	80	136	3	2	36	183	1	1

CHART XXIV (continued)  
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
HI (N=4)	4	0	-	2	2	-	-	1	3	-	-
NY (N=10)	9	1	-	7	3	-	-	2	8	-	-
ND (N=10)	2	8	-	-	9	1	-	-	10	-	-
PR (N=10)	7	2	1	2	6	-	2	4	5	-	1
CO (N=10)	9	1	-	5	5	-	-	2	8	-	-
SUBTOTAL (N=44)	31	12	1	16	25	1	2	9	34	0	1
TOTAL (N=265)	154 58.1%	105 39.6%	6 2.3%	96 36.2%	161 60.8%	4 1.5%	4 1.5%	45 16.9%	217 81.9%	1 0.4%	2 0.8%

CHART XXV  
AVAILABILITY OF RECEIVING SCREENING

STATE	Is Medical Screening Performed on New Admissions		Who Performs This Screening			Missing Data
	NO	YES	Medical Personnel	Correctional Personnel	Medical and Correctional Personnel	
GA (N=12)	7	5	-	5	-	-
IN (N=15)	5	10	2	8	-	-
MD (N=11)	4	7	3	3	-	1
MI (N=10)	3	7	3	4	-	-
WA (N=12)	2	10	1	7	2	-
WI (N=16)	11	5	1	4	-	-
IL (N=11)	2	9	2	4	2	1
MA (N=10)	-	10	8	2	-	-
NV (N=11)	6	5	1	4	-	-
NC (N=10)	2	8	3	3	2	-
OH (N=16)	1	15	3	11	1	-
PA (N=11)	-	11	10	-	-	1
SC (N=10)	4	6	-	6	-	-
TX (N=10)	1	9	2	6	-	1
OR (N=10)	1	9	2	7	-	-
CA (N=12)	1	11	5	5	1	-
FL (N=12)	3	9	5	-	4	-
MS (N=12)	7	5	2	3	-	-
OK (N=10)	3	7	1	6	-	-
SUB TOTAL (N=221)	63	158	54	88	12	4

CHART XXV (continued)  
AVAILABILITY OF RECEIVING SCREENING

STATE	Is Medical Screening Performed on New Admissions?		Who Performs This Screening?			
	NO	YES	Medical Personnel	Correctional Personnel	Medical and Correctional Personnel	Missing Data
HI (N=4)	-	4	4	-	-	-
NY (N=10)	4	6	2	2	2	-
ND (N=10)	5	5	2	2	1	-
PR (N=10)	3	7	7	-	-	-
CO (N=10)	3	7	4	2	1	-
SUBTOTAL (N=44)	15	29	19	6	4	0
TOTAL (N=265)	78 29.4%	187 70.6%	73 39.0%	94 50.3%	16 8.5%	4 2.1%



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
SUB TOTAL (N=158)	59	33	20	11	7	9	19

CHART XXVI (continued)  
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
HI (N=4)	-	1	-	1	2	-	-
NY (N= 6)	1	2	1	-	-	1	1
ND (N= 5)	2	1	-	-	1	1	-
PR (N= 7)	3	2	1	-	-	-	-
CO (N= 7)	6	-	1	-	-	-	-
SUBTOTAL (N= 29)	12	6	3	1	3	2	2
TOTAL (N= 187)	71 38.0%	39 20.9%	23 12.3%	12 6.4%	10 5.3%	11 5.9%	21 11.2%

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
SUB TOTAL (N=221)	38	32	6	29	3	26	1	13	3	70

CHART XXVII (continued)  
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
HI (N=4)	2	-	-	1	-	1	-	-	-	-
NY (N=10)	2	1	1	3	-	1	-	-	-	2
ND (N=10)	-	1	-	-	-	2	-	-	3	4
PR (N=10)	-	5	2	-	-	1	-	-	2	-
CO (N=10)	3	1	-	2	-	1	-	-	3	-
SUBTOTAL (N=44)	7	8	3	6	0	6	0	0	8	6
TOTAL (N=265)	45 17.0%	40 15.1%	9 3.4%	35 13.2%	3 1.1%	32 12.1%	1 0.4%	13 4.8%	11 4.2%	76 28.7%



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
GA (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
SUB TOTAL (N=221)	110	108	3	12	17	9	1	26	68	23	65

CHART XXVIII (continued)

## NUMBER OF JAILS HOLDING REGULAR SICK CALL AND FREQUENCY

STATE	<u>Sick Call With Trained Personnel</u>			<u>Frequency of Sick Call</u>							
	<u>Holding</u>	<u>Not Holding</u>	<u>Missing Data</u>	<u>≤ Once a Week</u>	<u>Twice a Week</u>	<u>Three Times a Week</u>	<u>Four Times a Week</u>	<u>Five Times a Week</u>	<u>Daily 7 Days</u>	<u>As Needed</u>	<u>Missing Data or N/A</u>
HI (N=4)	3	1	-	-	1	1	-	-	2	-	-
NY (N=10)	8	2	-	-	1	-	1	4	2	-	2
ND (N=10)	3	7	-	4	-	-	-	-	1	5	-
PR (N=10)	7	2	1	-	-	-	-	9	-	-	1
CO (N=10)	7	3	0	2	1	-	-	1	2	1	3
SUBTOTAL (N=44)	28	15	1	6	3	1	1	14	7	6	6
TOTAL (N=265)	138 52.1%	123 46.4%	4 1.5%	18	20	10	2	40	75	29	71

CHART XXIX  
TYPES OF DETOXIFICATION SERVICES OFFERED BY THE JAILS BY STATE

STATE	Medically Supervised Alcohol Detoxification		
	No	Yes	Missing Data
GA (N=12)	8	4	-
IN (N=15)	13	2	-
MD (N=11)	7	4	-
MI (N=10)	6	4	-
WA (N=12)	9	3	-
WI (N=16)	9	7	-
IL (N=11)	9	2	-
MA (N=10)	5	4	1
NV (N=11)	3	7	1
NC (N=10)	8	2	-
OH (N=16)	10	6	-
PA (N=11)	3	8	-
SC (N=10)	6	4	-
TX (N=10)	9	1	-
OR (N=10)	6	4	-
CA (N=12)	4	8	-
FL (N=12)	5	7	-
MS (N=12)	9	3	-
OK (N=10)	9	1	-
SUB TOTAL (N=221)	138	81	2

	Medically Supervised Drug Detoxification		
	No	Yes	Missing Data
9	3	-	-
12	2	1	-
6	5	-	-
8	2	-	-
9	3	-	-
10	6	-	-
9	2	-	-
6	4	-	-
2	7	2	-
7	2	1	-
9	7	-	-
5	6	-	-
6	4	-	-
7	2	1	-
6	3	1	-
4	8	-	-
6	6	-	-
11	1	-	-
8	1	1	-
140	74	7	-

CHART XXIX (continued)  
TYPES OF DETOXIFICATION SERVICES OFFERED BY THE JAILS BY STATE

STATE	Medically Supervised Alcohol Detoxification		
	No	Yes	Missing Data
HI (N=4)	4	-	-
NY (N=10)	3	7	-
ND (N=10)	7	3	-
PR (N=10)	8	1	1
CO (N=10)	6	4	-
SUBTOTAL (N=44)	28	15	1
TOTAL (N=265)	166 62.6%	96 36.2%	3 1.1%

	Medically Supervised Drug Detoxification		
	No	Yes	Missing Data
HI (N=4)	4	-	-
NY (N=10)	3	7	-
ND (N=10)	9	1	-
PR (N=10)	7	2	1
CO (N=10)	6	4	-
SUBTOTAL (N=44)	29	14	1
TOTAL (N=265)	169 63.8%	88 33.2%	8 3.0%



CHART XXX  
LEGAL STATUS OF JAILS

Number of Jails Sued in the Past Five  
Years for Inadequate Health Care by State

STATE	Not Sued	Sued	Missing Data
GA (N=12)	8	4	-
IN (N=15)	10	5	-
MD (N=11)	7	4	-
MI (N=10)	9	1	-
WA (N=12)	8	4	-
WI (N=16)	13	3	-
IL (N=11)	9	2	-
MA (N=10)	7	3	-
NV (N=11)	8	3	-
NC (N=10)	8	2	-
OH (N=16)	8	8	-
PA (N=11)	7	4	-
SC (N=10)	9	1	-
TX (N=10)	4	6	-
OR (N=10)	6	4	-
CA (N=12)	3	8	1
FL (N=12)	2	10	-
MS (N=12)	6	6	-
OK (N=10)	9	1	-
SUB TOTAL (N=221)	141	79	1

Number of Jails Currently Under Suit for  
Inadequate Health Care by State

Not Under Suit	Currently Under Suit
8	4
12	3
8	3
10	-
9	3
14	2
10	1
7	3
9	2
9	1
11	5
10	1
10	-
5	5
6	4
6	6
2	10
9	3
10	-
165	56

CHART XXX (continued)  
LEGAL STATUS OF JAILS

STATE	Number of Jails Sued in the Past Five Years for Inadequate Health Care by State		
	Not Sued	Sued	Missing Data
HI (N=4)	4	0	-
NY (N=10)	5	5	-
ND (N=10)	9	1	-
PR (N=10)	4	5	1
CO (N=10)	6	4	-
SUBTOTAL (N=44)	28	15	1
TOTAL (N=265)	169 63.8%	94 35.5%	2 0.7%

Number of Jails Currently Under Suit for Inadequate Health Care by State	
Not Under Suit	Currently Under Suit
4	-
7	3
10	-
6	4
6	4
33	11
198 74.7%	67 25.3%

**END**