“SHIFT HAPPENS”

A NATIONAL POLICY SHIFT & IMPACT FOR HEALTH CARE MANAGEMENT OF COUNTY JAILS

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OVERVIEW

- OFFENDER CHANGES
- HEALTH CARE ISSUES
- CURRENT STATE
- FUTURE VISION
- FUTURE LITIGATION IMPACTS
- PLANNING FOR THE FUTURE
- Q & A
OFFENDER CHANGES

- Population profile changes in county facilities
  - Prison populations to jails
  - Longer sentences
  - Aging population
  - Increased healthcare needs
- ADA issues increasing
- Specialty care
- Hospice & palliative care
HEALTHCARE ISSUES

- Cost of care
- Facility limitations
- Integrated records
  - Medical
  - Administrative
- Patient information gathering
CURRENT STATE

• Access to care limited by county facility and operational resources
• Healthcare facilities: closed due to lack of funding or cannot staff the facilities
• Clinical staffing: difficult to recruit, retain, or not available
• Litigation resulting in court intervention & loss of control
• Difficulty coordinating health care and incarceration management
CURRENT STATE

• Costs born by counties
• Physical plant: old, outdated, lacking infrastructure for telemedicine, appropriate exam space or specialty care
• Not meeting licensing and related performance standards
• Personal liability of elected officials
FUTURE VISION

• Ongoing analysis and management of care needs of the population
  – Proactive vs. reactive
• Healthcare facilities: designed to meet the needs of the population
  – Right facility, right mission
FUTURE VISION

• Clinical services: built to provide continuum of care while in custody and in the community
  – Reduce recidivism
  – Provide proper treatment
  – Reduce acute care needs and cost
• Physical plant; designed to provide care efficiently, access to care integration with community resources, and on-site services
FUTURE VISION

• Medication model that meets the needs of the population and custody operations
• Use treatment to reduce resource needs
FUTURE LITIGATION IMPACTS

• Level of care provided based on length of stay
• Level of care provided based on physical plan limits
• Access to care: Limited by needs, not results
• Pharmacy: Medication stocked and distributed
• ADA compliance / standard
• Meeting licensing & other performance standards
• Community transition & reintegration
• General condition of confinement based on longer sentences
  • Out of cell time
  • Rehabilitation programs
• Recreational programs
• Access to services
AFFORDABLE CARE ACT

• Shifts pre-disposition detainees to Medicaid eligible
• Provides cost shift from county general to federal sources
  – 60% of inmates are pre-disposition
  – 90% of inmates are not insured
  – Access to care provided for those who have highest interaction with criminal justice system
AFFORDABLE CARE ACT

ISSUES

• Getting eligible participants enrolled
  – Capturing and sharing data
  – Staffing to support capture
  – Integrating IT systems
  – Jail environment
  – Managing eligibility change
AFFORDABLE CARE ACT - OPPORTUNITIES

• Cost shift from general fund to Medicaid
• Develop alternatives to traditional disposition to keep eligibility
  – Medical parole
  – Alternative placement and sentencing options
  – Skilled nursing
  – Treatment facility
  – Substance abuse rehab
• Improve information sharing between service providers
• Lower health care need inside institutions
PLANNING FOR THE FUTURE

• Develop systems that maximize Medicaid eligibility
• Early enrollment (at booking)
• Alternative sentencing to maintain eligibility
• IT systems that can share case and medical information
• Develop case management techniques for interagency efficiency
PLANNING FOR THE FUTURE

• Design facilities that consider the needs of your population
  – Security
  – Clinical access and delivery
  – Medical health and substance abuse treatment
  – Condition of confinement
  – Re-entry back to the community
  – Interagency case management
PLANNING FOR THE FUTURE

• Results of good planning
  – If designed correctly, can save in the long term
  – Can reduce litigation exposure
  – Better working environment for staff
  – Better living environment for inmates
  – Better public safety
  – Better re-integration back to the community