

An Academic County Jail Health Program

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Topics

- Who we are
- Getting into the corrections world
- What we do
- The good
- The difficult
- The future

The Medical School (UIC-R)

- Regional campus of U of Illinois at Chicago
 - NW Illinois; 85 miles west of Chicago
- Community-based school
- M2-M4 medical students: 50-55/year
- Longitudinal family medicine clerkship in ambulatory primary care
- Family medicine residency

Dept of Family & Community Medicine

- Education: medical students, family medicine residents, MPH graduate students
- Clinical: 3 student teaching offices and a residency teaching office
- Research
- Community health: faculty as medical directors and/or clinicians at county health depts, school-based health centers, adolescent substance abuse facility, methadone maintenance program. Students & residents involved.

Corrections Health

- Why?
 - Service
 - Educational opportunities
 - Financial
- Where?
 - Adult jail
 - Juvenile detention center
- Total inmates: 700 adults; 40 juveniles

How did it happen

- Pre-bid (7/03-6/04)
 - Laying the groundwork
 - Self-education
 - Previous contract with non-local for-profit company
- Bid (7/04)
 - Finances: in-jail vs out-of-jail
 - Estimating med costs (and worrying about it)
- Post-bid (8/04-12/04)
 - Additional contracts; planning for transition
- Implementation (1/05)
 - Transition, provider meetings, hiring

Services

- Primary care: FNP and MD
- Mental health: community mental health program (sub-contract)
- Dental: private dentist (sub-contract)
- Pharmacy: national contract
 - Restricted formulary
 - HIV meds supplied by local HIV program
 - Some chronic mental health meds supplied by mental health provider
- Screening: STIs and HIV (WCHD, Crusader Clinic); Health ed (WCHD)

Staffing

- Nursing: RNs and LPNs; MA; CNAs
- Secretary
- Primary care providers:
 - 1.3 FTE FNPs
 - .3 Family physician including medical director

Medical care

- Acute and chronic care
- Mental health med prescribing
- Required 14-day exams
- Health education
 - Case management of pregnant women (WCHD)

Finances

- Yearly risk contract with a global budget
- Sub-contracts: mental health (1.5 FTE LCPCs), dentist (0.2 FTE), meds (national corrections pharmacy contract)
- Psychiatry consultant (2 hrs/week)
- About \$1.8 million/year

Challenges

- The space: new facility (7/07)
- Nurse staffing !!!!!!!!!!!
- Med costs !!
- Working with corrections !!!!
- Academic/State bureaucracy !!!

Positives

- Increase in medical (1.2FTE to 1.6FTE) and mental health services (.4 to 1.5 FTE)
- Expanded formulary, albeit controlled
- Provision of prenatal care in the jail
- Link to residency service at the local hospital
 - Decrease in 'no-doc' patients; quicker discharge
- Easier referral to specialists thru local contacts
- Improved quality of care (decrease in inmate complaints)

Positives

- Active involvement of corrections dept in problem solving (monthly provider meeting)
- Successful advocacy for funding to expand mental health services for juveniles and adults
- Financials
- New programs
 - Methadone program
 - ATI evaluation
 - IDOC telemedicine

Negatives

- Staffing stress
- Financial stress

Medical Education

- M4 elective: 2 week block
 - First student in 3/06
 - Four students this year
 - Large variety of activities
 - Medical, mental health, juvenile, dental, mental health court, booking
 - Highly rated
 - Journal comments
- R3 community medicine rotation

From Correction's Perspective

- \$ Saved: shorter hospital stays, more services in jail, decreased # of transports
- Dramatic decrease in inmate complaints to the court
- Corrections dept more involved in health services discussions

Sheriff's Quote

- *“There’s a local connection. It's local people taking care of local issues. It's the best thing we've done for inmate health in the 39 years I've been with the sheriff's department.”*

– Winnebago County Sheriff Richard Myers
Rounds, Winter 2006

Ongoing and future challenges

- New jail opened July, 2007
 - Increase # of inmates
 - Different care strategy
- ACA accreditation target: Jan, 2009
- Ongoing staffing struggles
- Increasing medical student/resident involvement
- Work with other organizations to develop more diversion & post-incarceration programs