

A close-up photograph of a silver stethoscope resting on a stack of medical files. The files are organized into folders with blue and white tabs. The stethoscope's chest piece is prominent in the foreground, and its tubing loops over the files. The background is slightly blurred, emphasizing the stethoscope and the papers.

HEALTH CARE SECTION

By Ahavah Revis

In this special health care section, which will be a mainstay for future issues, *Correctional News*, wants to explore the real challenges and intricacies faced by medical providers behind the walls.

Prison inmates are the only Americans with a constitutional right to health care, and the cost to deliver it is on the rise. Spending on medical care for state prisoners totaled \$3.3 billion, or 12 percent of operating expenditures in 2001, according to the Bureau of Justice Statistics. One in 10 state inmates receive psychotropic medications and one in eight are in mental health counseling.

Correctional News wants to feature industry players, from nurse managers to dentists, on what works, and what doesn't, and how best to treat this ubiquitous issue — inmate health care.

Wexford Health Meets Correctional Health Care Challenges

Private correctional health care services firm Wexford Health is helping some states manage their correctional health care services in the face of tight budgets while providing preventive care, says the company.

Wexford Health provides medical and mental health care to every prison

in Illinois, Mississippi and West Virginia and to some facilities in Ohio and Maryland. It has been operating in Illinois since 1992, and this year was re-awarded a five-year contract to continue its services there with an option to extend the contract for another five years.

While the firm does not directly contract with the Federal Bureau of Pris-

ons, it does take care of federal inmates housed in state facilities and jails, said Darius Holmes, Wexford Health's senior vice president of strategic development.

Twenty states have completely privatized their correctional health care services, of which Illinois, Mississippi and West Virginia are a part, while eight operate under a blended model in which private correctional health care companies provide health care services in some of the state's facilities, while the state manages the rest of the facilities itself. Some states, such as Georgia and Texas, use university hospital systems to provide care to inmates, while 17 states manage all correctional health care services themselves.

Holmes says that Wexford Health has encountered two main challenges in providing health care in a correctional setting — security and budget pressures.

"Health care is second to security" in a correctional setting, said Holmes. "The facility is in place to make sure the public is protected from inmates and that employees are protected," posing a challenge to medical staff because they cannot do things such as inform inmates about when and where they have an outside appointment, he says. And during special security situations, such as lockdowns, inmates are unable to go to the medical unit for their appointments, which requires staff to go to the housing units to see patients instead.

This makes it important for Wexford Health to provide as many services on-site as possible, because transporting patients endangers public safety, as well as raises costs due to transportation costs and the need to pull two officers from the facility to accompany an inmate to his appointment, says Holmes. If an inmate is admitted to a hospital, officers must remain with the inmate at the hospital around the clock until he or she is transported back to the prison or jail, Holmes added.

During these tight economic times, Wexford Health is being tasked with providing greater value to its clients at a lower cost, says Holmes.

"All of the states and companies have very tight budgets, and we are constantly being challenged to provide services with less," he said.

The company also offers discounts to clients through its preferred provider networks.

But Wexford Health's challenges

don't stop there, says Holmes. The company has implemented an intake system to identify inmates with chronic conditions, such as diabetes and HIV, the mentally ill and older inmates with age-related ailments in order to provide them with the proper care from the start, says Holmes.

"The first and most important thing with chronic conditions is to identify the condition when the inmate enters the system," said Holmes. "So we set up an elaborate intake system where we enroll them in a chronic illness clinic, and we follow procedures to make sure they get the appropriate treatment for their condition. We use evidence-based medicine and do testing, then see the patient in the appropriate chronic care setting before they have an episode. This way we can keep patients out of the hospital by doing a lot of preventive medicine," he said.

Older inmates pose their own unique challenges. They are the fastest-growing segment of prison and jail populations due to longer and tougher sentences, says Holmes, and they require "a lot more medical attention" than do many other inmates.

Because of physical impairments, they may also be more vulnerable to predatory inmates, says Holmes, so they are screened and identified during the intake process for closer medical supervision, as well as carefully housed in order to avoid being placed with inmates who may try to hurt them.

In addition, says Holmes, some states have begun identifying certain correctional facilities as elderly facilities and housing only elderly patients there, which Wexford Health has embraced. "[Wexford Health] can focus training to better serve that population," said Holmes. "It has worked very well for states."

While each inmate population poses its own challenges for inmate care, mentally ill inmates pose the greatest challenge, says Holmes. Wexford Health identifies inmates with mental health care needs at intake and immediately refers them to mental health staff for diagnosis and for the design of a treatment plan.

"We use a combined approach with psychology, psychiatry, nursing and security — a multidisciplinary approach," said Holmes. "It all goes back to the intake process to get them into the appropriate line of care."

Juvenile health care, on the other hand, poses a different challenge.

"Most kids don't feel the need for medical care, especially for preventive medical care, so we try to hire nurses with a certain expertise to take care of injuries resulting from fights or from sports injuries," said Holmes. "We take care of kids on an as-needed basis."

Wexford Health also educates juvenile offenders on the pros and cons of various health-related behaviors, but "some will listen, some won't, just like any teenagers," said Holmes.



Holmes

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