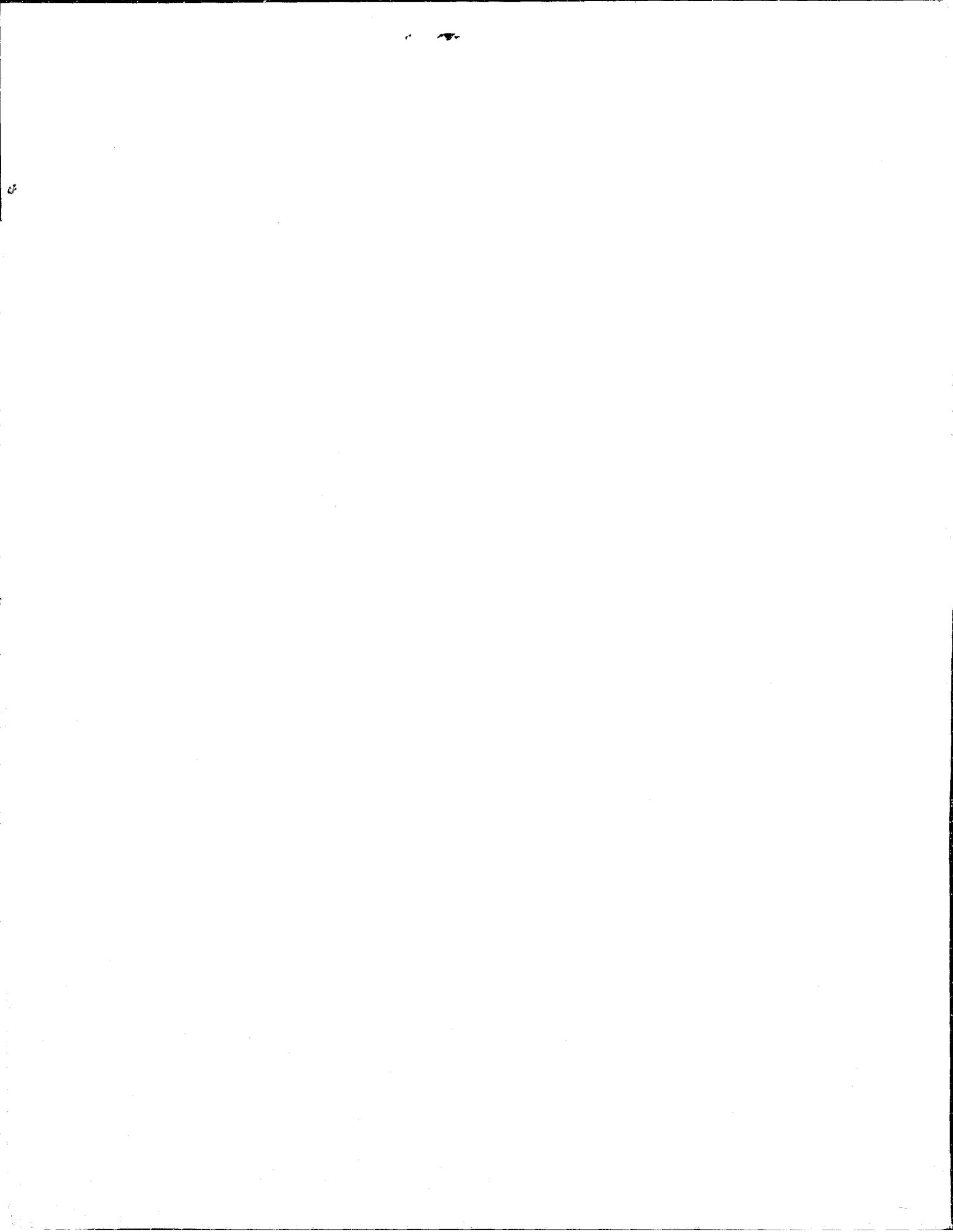


# HEALTH CARE IN CORRECTIONAL INSTITUTIONS

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## **TRAINER'S HANDBOOK**

OFFICE OF DEVELOPMENT, TESTING,  
AND DISSEMINATION  
NATIONAL INSTITUTE OF LAW ENFORCEMENT  
AND CRIMINAL JUSTICE  
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION  
UNITED STATES DEPARTMENT OF JUSTICE



Office of Development, Testing, and Dissemination  
National Institute of Law Enforcement  
and Criminal Justice  
Law Enforcement Assistance Administration  
United States Department of Justice

HEALTH CARE IN CORRECTIONAL INSTITUTIONS

TRAINER'S HANDBOOK

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THE EXECUTIVE TRAINING PROGRAM  
IN ADVANCED CRIMINAL JUSTICE PRACTICES

Introduction

The Executive Training Program in Advanced Criminal Justice Practices is a nationwide training effort that offers states and local jurisdictions the opportunity to learn about improved criminal justice procedures and put them into operation. The Executive Training Program is sponsored by the National Institute of Law Enforcement and Criminal Justice (NILECJ), the research center of the Law Enforcement Assistance Administration, United States Department of Justice.

The National Institute supports wide-ranging research in the many legal, sociological, psychological, and technological areas related to law enforcement and criminal justice. It also follows through with the essential steps of evaluating research and action projects and disseminating information on them to encourage early and widespread adoption.

The Executive Training Program is one of the Institute's priority efforts at transferring research results to actual application in police departments, courts, and correctional institutions across the country. In this program, top criminal justice administrators and other decisionmaking officials of courts, corrections, and police agencies in each state are selected to participate in workshops and other training activities held across the country. The aim of the Executive Training Program is to help states and local jurisdictions develop the capacity to use new procedures derived from research findings or designed and developed by the Institute's Office of Development, Testing, and Dissemination through its Exemplary Projects Program and Program Models publication series.

Goals

The primary goal of the Executive Training Program is to enable criminal justice executives and policyshapers to bring about adoption of improved court, corrections, and police practices identified or developed by the National Institute.

As LEAA's research, evaluation, and technology transfer arm, the Institute works to devise improved methods to control crime and strengthen the criminal justice system and to train law enforcement and criminal justice personnel to use these more promising approaches.

To introduce the new practices throughout the nation, the Institute's Executive Training Program:

- Informs influential policymakers about new practices and their potential for improving the criminal justice system, and

- Gives them the knowledge and skills needed to apply these methods in their jurisdictions.

### Approach

Techniques that have been shown to work or that promise improved effectiveness or efficiency are presented to key criminal justice executives and decision-making officials in Training Workshops, Field Test Training, Follow-On Training, and Special National Workshops. Eight topics have been identified by the National Institute for training sessions that began in late 1976 for selected senior staff and officials of state and local agencies.

The Executive Training Program was designed, and is conducted and managed, by University Research Corporation (URC), a national training organization based in Washington, D.C. Some portions of the training are conducted under URC's supervision by consulting firms experienced in criminal justice training.

### Program Activities

Three types of activities are being carried out under the program to facilitate the transfer of advanced practices to local jurisdictions.

#### 1. Training Workshops

Eight Workshop series are being presented across the country. Each Workshop runs for about three days. It is devoted to one topic, and is open to 60 top criminal justice policymakers from throughout the geographical area of the Workshop presentation. At the first four Workshop series, participants learned new techniques for programs on:

- Managing Criminal Investigations
- Juror Usage and Management
- Prison Grievance Mechanisms
- Rape and Its Victims

Beginning in September 1977, Workshops are being presented around the country on:

- Managing Patrol Operations
- Developing Sentencing Guidelines
- Health Care in Correctional Institutions
- Victim/Witness Services

Nationally known experts assist in developing training and present portions of the Training Workshops. URC curriculum designers, trainers, and logistics, evaluation, and media staff are working with the National Institute, the criminal justice experts, and researchers from Exemplary Projects or Program Models to ensure clear presentation of concepts and appropriate guidelines for implementation. Participants receive individual program planning guides, self-instructional materials, handbooks, and manuals. Certificates, acknowledging the competence of participants to implement the new procedures, are awarded at the

conclusion of training. In cases of special need, local training support may be provided after the participants begin the implementation process in their jurisdictions.

The training topics were selected from among the most promising models developed under NILECJ auspices, including models derived from:

- Research Results - Improved criminal justice practices identified through research findings.
- Exemplary Projects - Projects that show documented success in controlling specific crimes or that have demonstrated measurable improvement in criminal justice service.
- Program Models - Syntheses of the most advanced techniques, including operational guidelines, that can be followed in locales throughout the country.

Following each Training Workshop, up to six days of follow-on training are available, on a regional basis, to assist local agencies in direct application of skills learned in these executive training events.

## 2. Field Test Training

Each year, workshop topics may be selected for field testing in up to 10 jurisdictions. During 1976, "field test" sites were selected to implement projects in Managing Criminal Investigations and Juror Usage and Management.

The Executive Training Program will provide assistance to three Neighborhood Justice Center (NJC) test sites in Atlanta, Kansas City, and Los Angeles. A Neighborhood Justice Center is a community-based project that seeks to resolve conflicts between people who have a continuing relationship and who generally lack resource to the courts. The Centers will recruit and train community people to apply the techniques of mediation and arbitration to disputes. ETP will be responsible for assisting these three project sites prepare grant applications; for conducting a seminar for the project staffs at the beginning of the test period; for providing 30 days of follow-on training assistance to each center during the start-up period; and for conducting NJC Directors' conferences during the course of the contract.

The field tests focus national attention on the new procedures and evaluate their effectiveness and transferability to other jurisdictions throughout the country. The communities selected are those considered most likely to be able to carry out model projects.

Representatives from the test sites, selected by specialists most familiar with the new procedures to be implemented, receive Field Test Training designed to:

- Prepare test site staff to operate or implement their projects,
- Identify needs for follow-on training, and
- Determine the most effective format for Training Workshops in the procedures.

Participants have clearly defined and specifically outlined implementation plans when they return to their jurisdictions. Each site also receives 30 days of follow-on training over an 18-month period. It is designed to provide ideas and recommendations for tailoring the program to local needs. The training helps local groups develop the capacity to solve their own problems and to share ideas and experiences with other field test projects.

### 3. Special National Workshops

Special National Workshops are the third part of the Executive Training Program. They are held for criminal justice policymakers on significant topics selected by the National Institute. The first Workshops focused on:

- Argersinger v. Hamlin - This 1972 U.S. Supreme Court decision, mandating that counsel be provided for all defendants who faced the possibility of incarceration, has had a major impact on the court system. The presentation focused on this decision and the problems associated with the delivery of legal counsel to indigent defendants.
- Update '77 - This Workshop brought mayors and county chairpersons from across the nation to Washington, D.C. to discuss the role of the local elected executives in planning and developing programs in law enforcement and criminal justice. LEAA/NTJECJ Program Models, research findings, Exemplary Projects, and other resources were discussed as potential solutions to problems faced by these chief executives.
- Determinate Sentencing - A great deal of attention has recently been focused on the determinate or "fixed" sentence concept. This Workshop provided an in-depth analysis of this trend and its effect on both the judicial and correctional systems at the national and state levels. Current legislation and laws in California, Indiana, and Maine were discussed in detail together with related issues that affect police, prosecution, courts, and corrections.

Other Special National Workshops, in the planning stage, include: Stochastic Modeling (data analysis techniques for law enforcement planners and analysts); Plea Bargaining; Diversion; Mental Health in Corrections; and Update '78.

Recommendations for problem-solving are provided by criminal justice experts and others who have already dealt with these problems or whose theoretical and analytical contributions can be helpful in the implementation effort.

### Results

The Office of Development, Testing, and Dissemination of the National Institute anticipates that the Executive Training Program will equip criminal justice executives to return to their communities with the knowledge and skills to improve delivery of criminal justice services and thus help to shape a safer environment. It also offers participants a personal benefit--the chance to enhance their own skills and career potential.

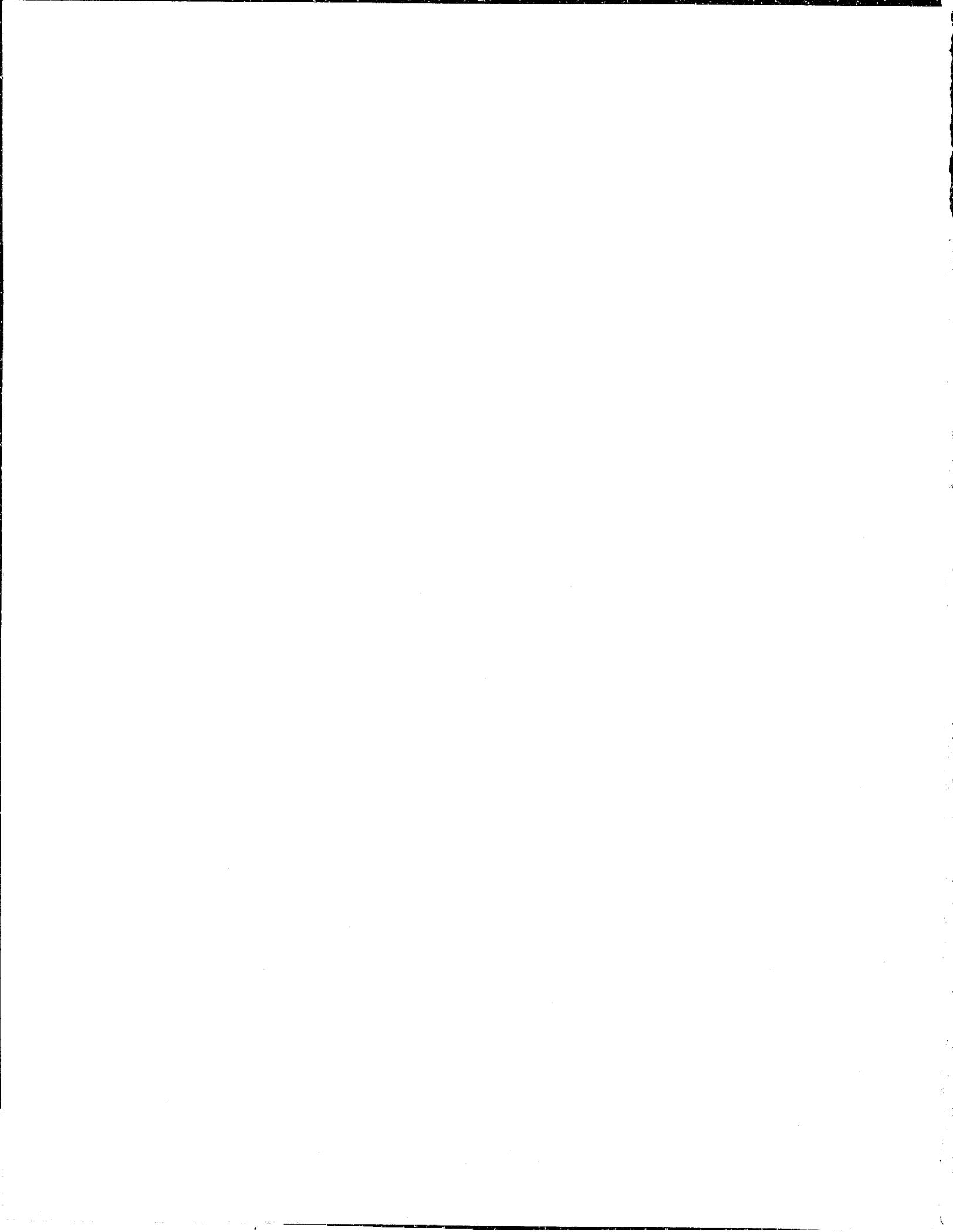
### About ODTD

The Office of Development, Testing, and Dissemination (ODTD) is responsible for distilling research, transforming the theoretical into the practical, and identifying programs with measurable records of success that deserve widespread application. In selected instances, ODTD may also provide financial and technical assistance to adapt and test these practices in several communities. The result is that criminal justice professionals are given ready access to some of the best field test programs or those experimental approaches that exhibit good potential.

ODTD has developed a structured, organized system to bridge: (1) the operational gap between theory and practice; and (2) the communication gap between researchers and criminal justice personnel scattered across the country. ODTD's comprehensive program provides:

- Practical guidelines for model criminal justice programs
- Training Workshops for criminal justice executives in selected model programs
- Field tests of important new approaches in different environments
- International criminal justice clearinghouse and reference services for the entire criminal justice community.

To perform these tasks, ODTD operates through three interdependent divisions--Model Program Development, Training and Testing, and Reference and Dissemination--whose functions serve as a systematic "thoroughfare" for identifying, documenting, and publicizing progress in the criminal justice field.



## ABOUT THE AUTHORS

### Norma B. Gluckstern

Ms. Gluckstern, Ed.D., is a correctional specialist and psychologist at University Research Corporation and an adjunct faculty member in the Institute of Criminal Justice at the University of Maryland, where she teaches courses on the treatment of juvenile offenders and adults in the community. She is also a faculty member of the Psychology Department at Catholic University in Washington, D.C., and has supervised teachers of special education who are working with dropout and delinquency prone adolescents. For the past four years, she has worked in collaboration with Berkshire County (Mass.) House of Corrections as Director of a project to develop management models for jails, and has recently been awarded a grant from the National Institute of Corrections to evaluate the Berkshire County project. She is co-author of four video-based training manuals in communication skills as well as author of a number of articles in the field of corrections and psychology.

### Margaret A. Neuse

Ms. Neuse, M.A., M.P.H., has worked for seven years in the health services delivery field. She received her Masters in Public Health from Tulane University's School of Public Health and Tropical Medicine with specialization in Family Health and Population studies. As a health educator and researcher, she worked in clinic programs in El Salvador, Haiti, and Louisiana. Since joining URC in 1974, she has provided training and technical assistance to international, state, and local health care programs in self-evaluation procedures to be used in the assessment and improvement of a variety of services. The services have included family planning, primary medical care, dental care, and health education. In addition to her work with health care programs and their administrators, she has also worked with correctional administrators and evaluators while providing training on management-oriented evaluation procedures for corrections, a workshop series conducted under a grant with ODTD/LEAA in 1975-76.

### Jay K. Harness, M.D.

Dr. Jay K. Harness is currently the Director of the Office of Health Care of the Michigan Department of Corrections. He is also the founder of the Washtenaw County Jail Medical Facility in Ann Arbor, Mich., and Prison Projects. Both programs, under the auspices of the University of Michigan Interns-Residents Association, use fully licensed and resident physicians from University Hospital to provide full-time medical care to inmates of

the Washtenaw County Jail as well as some services to the State Prison of Southern Michigan at Jackson and the Detroit House of Corrections, women's division, in Plymouth. Dr. Harness has served as a consultant to Michigan Governor William Milliken's Committee on Health Care in the Michigan State Correctional Institutions. Key to Health for a Padlocked Society was published as a result of his work on that committee. He is also a member of the AMA's Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions and a faculty member of the University of Michigan's Department of General Surgery.

#### Ralph W. Packard

Ralph W. Packard, M.S., has worked in corrections for eighteen years, starting as a line officer, with the last four years spent in developing a model for correctional change. He is currently Director of the Model Education Program at the Berkshire County House of Corrections, a program developed in collaboration with the University of Massachusetts. In addition, he is responsible for the training of the correctional staff. He has lectured at the University of Alabama, University of Massachusetts, Berkshire Community College, Holyoke Community College, and Boston University. He has also presented a paper on corrections counseling for the past two years for the American Personnel and Guidance Association and the American Psychological Association and he is presently a principal investigator of a Pre-Release Center in Berkshire County that is funded through LEAA.

#### Cecil Patmon

Cecil Patmon, M.A., is a medical services administrator with the Department of Corrections in Illinois. His responsibilities are for the overall medical services administration, including budgeting, personnel policies, staffing and training for local institutions. He also provides consultant services in program development and implementation for facility administrators. Previously he has worked in planning and implementing new programs in the health service areas. As a public relations director for a hospital he has experience in fund-raising, community relations and communications. Mr. Patmon has served as faculty advisor for the University Without Walls program in Chicago State University and has been responsible for training high school dropouts for jobs in medical service delivery systems.

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## HEALTH CARE IN CORRECTIONAL INSTITUTIONS

### Workshop Agenda

#### DAY I

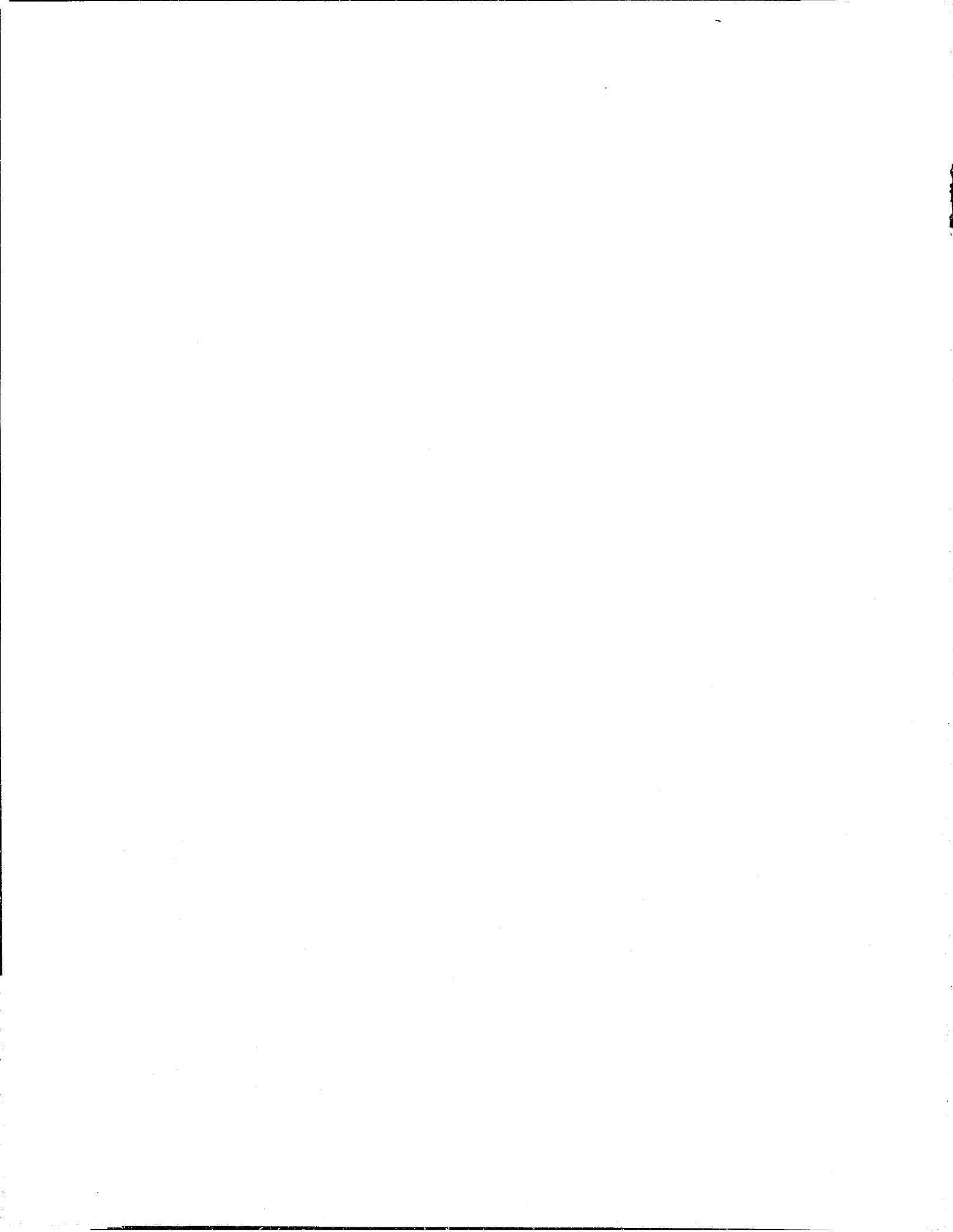
1:00 p.m. - 1:30 p.m.	Session 1: Introduction and Overview of the Workshop
1:30 p.m. - 2:45 p.m.	Session 2: The Health Care Delivery System in Corrections
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 5:30 p.m.	Session 3: Using Standards and Assessing Their Implications for Health Care Delivery in Corrections

#### DAY II

9:00 a.m. - 9:45 a.m.	Session 4: Support Services Needed for Effective Health Care Delivery
9:45 a.m. - 11:00 a.m.	Session 5: Implications of Using Standards for Personnel and Available Options
11:00 a.m. - 12:15 p.m.	Session 6: Management of Health Care Delivery in Corrections
12:15 p.m. - 1:15 p.m.	Lunch
1:15 p.m. - 2:30 p.m.	Session 7: Review of the Health Care Delivery System: Service Delivery and Management-- Changes Being Made, Options to Consider
2:30 p.m. - 2:45 p.m.	Break
2:45 p.m. - 5:15 p.m.	Session 8: Implementing Change in the Correctional Institution

#### DAY III

9:00 a.m. - 11:30 a.m.	Session 9: Impacting on External Influences
11:30 a.m. - 12:30 p.m.	Session 10: Developing Action Plans
12:30 p.m. - 1:00 p.m.	Session 11: Wrap-Up



Session 1

DAY I

1:00 - 1:30 p.m.

---

INTRODUCTIONS AND OVERVIEW OF THE WORKSHOP

---

Goals of the Session

At the end of the session, the participants will have a greater understanding of:

- The mandate and structure of NILECJ and the ETP Workshops
- The rationale for selecting Health Care in Correctional Institutions as a Workshop topic
- The development process used for the curriculum design
- The goals and objectives of the Workshop and the agenda
- The materials distributed at registration.

Rationale

The general purpose of the Workshop is to increase the awareness of state and local decisionmakers about the problems and needs that affect health care delivery in corrections. Both the experts in the field who served as consultants and the practitioners who responded to the needs assessment questionnaire indicated the importance of obtaining the support of decisionmakers if improvements in health services are to be implemented. The Workshop sessions will help them assess health care delivery, identify deficiencies, and suggest alternatives that may help meet those deficiencies. At the same time, attention will be given to the problems and issues that are unique to the delivery of health care in correctional settings.

Method

Large group presentation

Materials/Logistics

Meeting room, large enough for 60 to 70 people

Theater-style seating arrangement with table at the front

Participant's Handbook, Manual, and other introductory materials

Chart with goals and objectives.

CONTENT	METHOD
<p><u>General Purpose of Workshop</u></p> <p>A welcome is extended to participants and appreciation expressed for their interest in coming to the Workshop on Health Care in Correctional Institutions. The general purpose of the Workshop is to increase the awareness of the state and local decision-makers, who affect health care delivery in corrections, about the problems and needs; in doing this, the Workshop will address ways to assess health care delivery, identify deficiencies, and improve practices. Particular emphasis will be placed on the processes for bringing about change in the correctional environment. External factors that affect corrections will also be discussed.</p>	<p>Lead trainer makes brief presentation.</p>
<p><u>The Executive Training Program</u></p> <p>The topic Health Care in Correctional Institutions is one of many developed for the Executive Training Program in Advanced Criminal Justice Practices (ETP). ETP is funded by the National Institute of Law Enforcement and Criminal Justice, whose Office of Development, Testing, and Dissemination attempts to identify new and innovative programs and approaches in criminal justice practices that will improve the effectiveness and efficiency of the police, courts, corrections, and law enforcement related community activity. As part of its work, NILECJ researches and evaluates programs, conducts special studies, and when appropriate innovations are found, provides training to the relevant agencies.</p>	<p>Lead trainer speaks briefly; refers participants to the more detailed information in their Handbooks.</p>

CONTENT	METHOD
<p><u>Emergence of the Correctional Health Care Topic</u></p> <p>The topic of health care in Correctional Institutions has come to the forefront of concern for people involved in corrections. The courts, professional organizations, and health care administrators from within corrections have been applying pressure to get improvements and changes made.</p> <p>NILECJ's concern and interest have also been growing for a number of years. NILECJ funded the development of the Prescriptive Package, which is one of the resource documents for this Workshop. Other projects are also being funded to improve health services delivery in corrections. (References can be made if appropriate.)</p>	<p>Lead trainer speaks briefly.</p> <p>Lead trainer holds up Prescriptive Package.</p>
<p><u>Development of the Workshop Design</u></p> <p>In developing this Workshop program, the help of many consultants and practitioners in the field was enlisted. Their input helped delimit and focus the Workshop so that the material covered will be responsive to many of the needs in the field, both medical and correctional. However, dental and mental health have had to be excluded in the discussions.</p>	<p>Lead trainer continues presentation.</p> <p>Lead trainer refers participants to consultant list and author list in introduction to the Handbook.</p>
<p>Introduce trainers and describe their backgrounds and expertise.</p> <p><u>A Needs Assessment</u></p>	<p>Lead trainer refers participants to Manual for materials on dental and mental health.</p>
<p>Approximately 40 health care administrators (sheriffs and state-level officials) as well as a sprinkling of legislators and governors' aides were asked to assess their health care system and describe what they felt were the problems. They were also asked what they felt they would like to get out of a Workshop such as this one. This Workshop is designed so that as many of these needs as possible can be addressed. However, given the limited</p>	<p>Lead trainer refers to needs assessment summary and data in Handbook, Session 1.</p>

CONTENT	METHOD
<p>amount of time, not all of them can be included.</p> <p>Considerable review and analysis of the literature in the fields of health care delivery in corrections, management, and change strategy were also used in working out the Workshop content and approach. Many of the relevant articles and materials are available to you in the Handbook, the Manual, and other materials distributed to you.</p> <p>In August 1977, a pilot Workshop was conducted and many changes in the Workshop design and content suggested by those original participants were incorporated, so you are benefiting from a tested curriculum.</p> <p><u>Rationale for Participant Selection</u></p> <p>As noted earlier, the purpose of this Workshop is to increase the awareness of decisionmakers about the needs and key issues that affect the delivery of adequate health services in correctional institutions. For this reason we have requested the participation of:</p> <ul style="list-style-type: none"> <li>● Health care administrators</li> <li>● Correctional administrators</li> <li>● Legislators and executive officers</li> <li>● Others.</li> </ul> <p>All of these actors must be involved if health care services are to be improved. While each has different roles to play in promoting these improvements, all must have a common understanding of the issues and problems as well as an appreciation of the need to interact and cooperate in the solution.</p>	<p>Lead trainer refers to any materials distributed in addition to the Prescriptive Package, Handbook, and Manual.</p>

CONTENT	METHOD
<p data-bbox="133 262 479 304"><u>Goals of the Workshop</u></p> <p data-bbox="133 325 803 619">The first goal is to increase the participants' knowledge regarding issues and topics that affect the planning, organizing, and implementing of adequate health care services in corrections. More specifically, participants will increase their knowledge in the following areas as the topics are covered in the course of this Workshop:</p> <ul data-bbox="186 651 803 1753" style="list-style-type: none"> <li data-bbox="186 651 803 745">● Legal issues: court cases, implications of court orders, judicial intervention</li> <li data-bbox="186 777 803 871">● Standards proposed by professional organizations--adaptation, use, selection</li> <li data-bbox="186 903 803 1102">● Services needed--range, type, and number; what determines service needs--how much, how many services should be provided; and how to develop a definition of "adequate services"</li> <li data-bbox="186 1134 803 1333">● Options available for staffing, funding, facilities; related problems posed by legal and other restrictions, the correctional environment, and the community</li> <li data-bbox="186 1365 803 1564">● Options available regarding management of health care services; related problems posed by the correctional environment, use of community resources, and so forth</li> <li data-bbox="186 1596 803 1753">● Available and potential resources; problems with access to and use of resources --national, regional, state, and local.</li> </ul>	<p data-bbox="852 336 1432 441">Lead trainer explains briefly; refers participants to the goals listed in their Handbook, Session 1.</p>

CONTENT	METHOD
<p>The second goal is to increase the knowledge and skills of participants in the use of a framework for systematically assessing the delivery of health care in correctional settings, for identifying needed changes and the implications of standards, and for developing approaches for implementing needed changes. More specifically, by the end of the Workshop participants will be able to:</p> <ul style="list-style-type: none"> <li>● Specify the key components of a health care delivery system</li> <li>● Apply a process for specifying service and resource needs and use it to assess their present services and resources as well as the implications of proposed standards for those services</li> <li>● Apply a process for specifying management needs and use it to assess present management practices</li> <li>● Develop and apply criteria for assessing available options for service delivery and health care management</li> <li>● Identify service delivery/management deficiencies that should be corrected</li> <li>● Apply strategies for bringing about needed changes that will address obstacles encountered in the correctional setting and the external political environment.</li> </ul> <p><u>Workshop Objective</u></p> <p>At the end of the Workshop, participants will identify at least one change they plan to implement related to improving health care in corrections. Some changes that might be identified are:</p>	<p>Lead trainer refers to goals and objective chart.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● More study of present services and management to better define problems or areas needing improvement</li> <li>● Identification of the steps and strategies in meeting known deficiencies</li> <li>● Identification of steps that will generate more support for action to improve health care delivery in corrections.</li> </ul>	
<p><u>Description of Curriculum</u></p> <p>The Workshop has two parts:</p> <ol style="list-style-type: none"> <li>(1) Assessment of service delivery and management</li> <li>(2) How to implement needed changes in the corrections environment and affect the external environment.</li> </ol> <p>Explain briefly the four major topic areas: service delivery, management, implementing change in corrections, and making available external resources.</p>	
<p><u>Transition</u></p> <p>We will now go into more detail on what the motivations are for improving health care delivery in corrections, what we are talking about when we say health care delivery system, and how to approach the assessment of service delivery.</p>	<p>Lead trainer asks for questions and responds appropriately.</p> <p>Lead trainer introduces the trainer for Session 2.</p>

## THE NEEDS ASSESSMENT SURVEY

In order to develop a meaningful curriculum for the participants at the Training Workshops for Health Care in Correctional Institutions, a needs assessment survey was conducted. Administrators, specifically health care administrators in corrections, were interviewed by telephone. In addition, three state legislators, who are interested in or involved with this aspect of corrections were interviewed. The findings are based on a sample of 37 respondents.

The main concerns reported by persons working the field are:

- Development and implementation of standards
- Court orders and rulings (legal implications)
- Alternative models for service delivery
- Alternative models for acquisition and use of resources.

These findings are also supported by two "mini-surveys" of different populations. We mailed a shorter version of the telephone survey questionnaire to sheriffs' departments. Ten offices responded. We also received 19 responses from participants (mostly corrections administrators) at an earlier Prison Grievance Mechanisms Workshop.

NEEDS ASSESSMENT FOR  
DELIVERY OF HEALTH SERVICES IN CORRECTIONS

Summary of Data

Introduction

During the week of April 10, 1977, telephone interviews were conducted with professionals involved in the administration of health services in corrections on a statewide basis. Twenty-eight officials from 24 states were contacted and interviewed. In addition, nine other persons returned questionnaires by mail. The data summarized below are based on 37 respondents from 28 states.

Professions of persons interviewed:

Corrections Administrator	9
Health Care Administrator (M.D.)	7
Health Care Administrator (Non-M.D.)	15
Legislator	3
Other	3
Total	<u>37</u>

Present Status of Health Care Systems

- Seven (or about one-fifth) of the respondents stated that their system was under a court order to improve care and more than one-third said that they are under a threat of suit or court order.
- Eight (approximately 25 percent) of those interviewed stated that their systems are not using any standards, and over 50 percent stated that standards for health care services have not been established for their systems.

Direct Services

- Half of the persons sampled stated that their systems do not have periodic reassessment of inmate's health status.
- The survey respondents indicated that there are deficiencies in other services, such as health education.
- The majority of respondents said that their systems do have mental health services, but more than one-third of them felt that these services are inadequate.

### Support Services

- The three areas involving support services that the respondents considered to be flawed are: (1) complete, uniform records system, (2) a system for uniform transmittal of information, and (3) a mechanism for insuring continuity of care.

### Resources

- More than half of the persons interviewed indicated that there is a lack of sufficient facilities, personnel, and funds to meet health care needs.

### Knowledge and Skills

- Most of the persons interviewed felt that they possessed at least adequate knowledge of most of the field as well as administrative skills.
- The three areas where one-third or more of the respondents felt that they did not have adequate knowledge are:
  - Court orders and rulings;
  - Alternative models for service delivery; and
  - Alternative models for acquisition and use of resources.
- One-fourth of the respondents felt that they did not have adequate skills to develop a plan for improved health care delivery, to manage health services, and to facilitate change.

### Responses to Open-Ended Questions

1. Question: Of the areas mentioned above, which do you think are most important for your job?

The following areas are representative of the responses given:

- Assessing and identifying deficiencies in the health care system
- Learning alternative models
- Developing an operational plan
- Managing services
- Monitoring
- Evaluating services.

2. Question: What do you think you need to know more about in order to improve the delivery of health care?

The responses listed below are groupings of the actual answers;

- Defining "adequate" medical care
- Developing formal standards and procedures
- Learning about alternative delivery systems (models)
- Managing systems
- Knowing what is happening in the community in health care delivery, locally as well as nationally.

3. Question: What do you perceive to be the greatest problems in the delivery of health care services in your system institutions?

The responses concentrated on the following areas:

- Finances
- Recruitment and retention of qualified medical personnel--problems included:
  - Salary structure and benefits
  - Use of paraprofessionals
  - Attitudinal bias against female medical professionals in male institutions
  - Differences in philosophy between medical and correctional
- Delivery of appropriate health/medical services in a correctional setting involving:
  - Consolidation of services for the whole system,
  - More extensive use of resources available in the community.

4. Question: What topics do you think should be addressed in a workshop on health services in corrections?

The respondents mentioned:

- Development and implementation of standards
- Recruitment and retention of qualified personnel
- Budgeting
- Accreditation of health care facilities (By whom? What standards are appropriate?)
- Licensing/credentialing of paraprofessionals
- Effective presentations to the legislature and local community to gain their support
- Needs assessments for specific institutions
- Planning in corrections and differentiation of corrections from other systems
- Relative advantages and disadvantages of institutional versus community health care for inmates
- Use of outside resources.

### Mini-Surveys

#### 1. Sheriffs' Departments

In order to determine whether there are any significant differences in how correctional administrators working on a statewide level and those working in local jails perceive the needs of health care delivery, a questionnaire was sent to the local sheriffs' departments. Ten offices, representing departments in 10 different states, responded.

Two offices stated that their systems are under court order to improve care and another two stated that they are under a threat of court order. Two respondents also stated that they do not have standards or guidelines for health care delivery. Three respondents felt that their support services for health care are inadequate and three indicated that the resources available for health care delivery are inadequate.

The respondents suggested the following topics for a workshop on health care delivery in corrections:

- Rights and responsibilities of corrections for health care delivery
- Civil Rights in reference to health care for offenders
- Federal regulations on health care delivery in corrections
- Medical management of special care categories
- Mental health care
- Communicable diseases and treatment in the correctional setting
- Development of funding resources
- Use of inmates as paramedics
- Interpersonal relations between medical and correctional staff.

## 2. Workshop Questionnaire

A short questionnaire was distributed to the participants at one of the Prison Grievance Mechanisms Workshops. Nineteen persons working in the correctional setting responded to this questionnaire.

Four of these respondents stated that their present health program does not include dental and mental health care. Ten noted that their systems do not have standards or goals for health care delivery. And four indicated that their system is presently under a court order that affects the health care delivery system they operate.

The respondents suggested the following issues for discussion at a workshop on health care delivery in corrections:

- Medical standards
- Implications of court orders
- Design plans
- Goal setting techniques
- Implementation of health care programs
- Relationships between inmates and medical staff
- Methods of delivery

- Alternative approaches
- Resources for psychiatric services
- Exposure to other systems
- Techniques for solving problems relating to health care delivery.

(Chart)

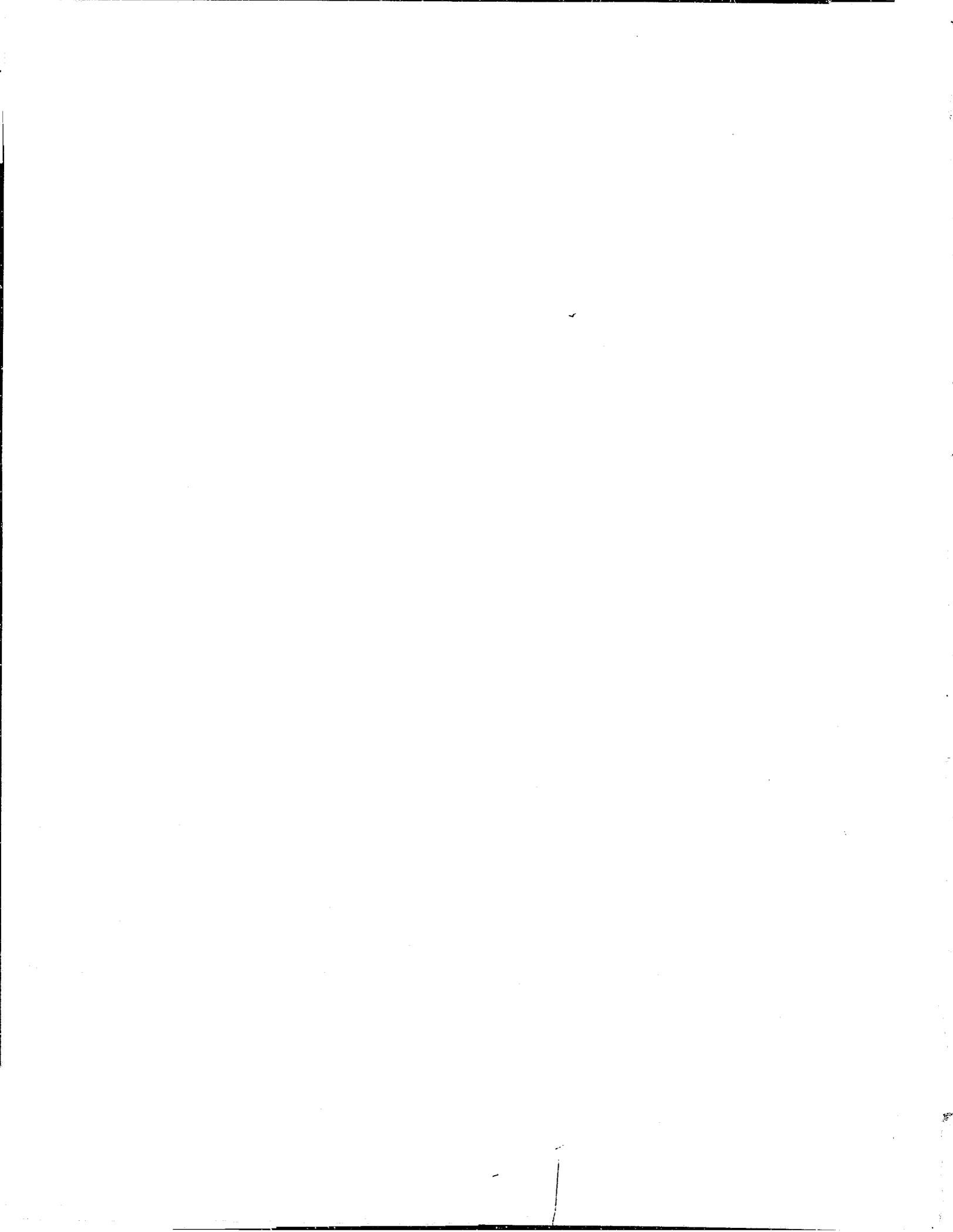
## HEALTH CARE IN CORRECTIONAL INSTITUTIONS

### WORKSHOP GOALS AND OBJECTIVE

To increase participants' knowledge of issues relating to the delivery of adequate health services in corrections.

To increase participants' knowledge and skills in assessing and planning for needed changes.

At the end of the Workshop, each participant will identify one change he or she plans to implement that will help to improve the delivery of health care in corrections.



Session 2

DAY I

1:30 - 2:45 p.m.

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THE HEALTH CARE DELIVERY SYSTEM IN CORRECTIONS

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Goals of the Session

At the end of the session, participants will be able to identify:

- At least three components of the health care delivery system
- External factors that affect the health care delivery system in corrections
- At least three services that are part of the health care system
- At least three concerns of the courts that pertain to correctional health care
- At least three professional groups that have developed standards for health care in corrections
- At least one implication of the involvement of courts and professional groups in the future of correctional health services.

Rationale

Before proceeding into discussions of some of the specific problems that affect health care delivery in corrections, we must establish a common base of understanding so that Workshop participants can communicate with each other and with us in a meaningful way. For the purposes of this Workshop, such a common base will include information regarding what health care delivery means and what the impetus for change is. Forces for change have included the courts and professional organizations, such as the AMA, the APHA, and the ACA. They are now developing standards and exerting pressure aimed at improving inmate health care.

## Method

Large-group discussion

## Materials/Logistics

Meeting room, large enough for 60 to 70 people

Theater-style seating arrangement with table at the front

Participant's Handbook, with sample charts, etc.; checklist with services and resources

Charts of the following:

Systems framework

Health care services and resources checklist

Supreme Court interpretations of the Eighth Amendment

Examples of violations of the Eighth Amendment

Professional organizations involved in setting standards

Problems with present standards

Future trends: Courts and standards.

CONTENT	METHOD
<p><u>Introduction</u></p> <p>First, spell out the purpose of this session and its relationship to the rest of the workshop. This session is intended to discuss:</p> <ul style="list-style-type: none"> <li>● Why we are here--the motivation for interest in health care in corrections and the role of the courts, professional groups, and their implications for change.</li> <li>● The health care delivery system we are talking about. Using a simple framework, we will look at the key relationships in this system so that all participants will have a common base from which to discuss the system.</li> <li>● How we can approach the assessment of health care delivery in corrections, given the implications of court orders and standards, and what will the assessments mean in terms of change?</li> </ul>	<p>Trainer presents and writes out or refers to the three purposes already written on a flip chart.</p>
<p><u>Why the Interest in Health Care in Corrections</u></p> <p>Only during the last few years has great attention been given health care in corrections. Generally, those looking at correctional health care delivery has assessed it as inadequate in quality, quantity, accessibility, continuity, and efficiency.</p>	<p>Trainer presents.</p>
<p><u>The Health Care Delivery System--An Overview</u></p> <p>Usually, we look at health care services delivery and similar programs in terms of activities. An activity chart can be useful, but is limited because it does not show the inter-relationships or their key components.</p>	

CONTENT	METHOD
<p>In looking at health care delivery, we find it useful to look at it in the framework of a system. We will use a relatively simple systems framework to illustrate the key interrelationships among components and functions and external influences on the system.</p> <ul style="list-style-type: none"> <li>● According to this systems framework, health care delivery can be seen as a means-end chain. That is, various resources, such as personnel, facilities, supplies, clients (inmates), etc. (and funds) are combined in various ways (activities) to produce certain services (or patients/inmates served). The services provided are intended to have certain outcomes, such as, in the health care field, a decrease in morbidity (illness) or lower mortality.</li> <li>● As shown, the delivery of services is managed--that is, various resources, processes, and services are generated to keep the delivery of services operating smoothly. The outputs of management can affect the availability of resources and activities, and thus affect the services and the outcomes of the systems.</li> <li>● External influences on the health care delivery system include those internal to the corrections environment, for example, institution culture, attitudes, and policies, and those external to the corrections system, such as state and local laws, court orders, and so forth. Those influences can affect the management as well as the services delivery of the health care system.</li> </ul>	<p>Trainer refers to framework chart.</p> <p>Trainer demonstrates relationships of resources to outputs to outcomes; trainer gives examples for each component.</p> <p>Trainer shows the relationship of system management to services delivery on the framework chart.</p> <p>Trainer shows how relationship is represented on the framework chart.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● The system components are interactive; for instance, when changes are made in the number and range of services delivered, they will affect not only the activities and resources used to produce those services, but potentially the management and the external influences on the system as well. Any change in one part will produce pressures to return the system to equilibrium.</li> <li>● This is a simple framework that will help us analyze our own systems. However, we are not conducting a complete (complex) "systems analysis." To do a complete systems analysis would require more time than is available and greater analytical skills than we can develop in a workshop of this sort. Rather, we will be touching the surface, giving you the basics from which to move ahead into a complete systems analysis.</li> </ul>	<p>Trainer demonstrates interaction.</p>
<p><u>Delivery of Services</u></p> <p>As noted in the opening session, we will focus here on the delivery of services.</p> <p>There are some components of service delivery which should be explained, especially for those who are not health care specialists.</p> <p>The first components that should be examined are the services themselves. There are many services that need to be provided for health or medical care, and there are several ways to group them and one is outlined. Briefly, the services can be divided under three major headings--direct, preventive, and support services.</p>	<p>Trainer refers participants to <u>check list</u> (in Handbook) with list of services and then defines the key terms used, such as, ambulatory. At this point, the trainer may become more informal in the manner of presentation. Rather than go through the list of services, one by one, the trainer may have the participants read through the list and raise any questions they have. Trainer should</p>

CONTENT	METHOD
<p>I. Direct Services</p> <p>A. Ambulatory Care</p> <p>1. Primary care</p> <ul style="list-style-type: none"> <li>a. entrance screening</li> <li>b. entrance examination</li> <li>c. sick call</li> <li>d. OTC medication</li> <li>e. segregation block visits</li> <li>f. periodic health examinations</li> </ul> <p>2. Secondary care</p> <ul style="list-style-type: none"> <li>a. specialty clinics (on-site)</li> <li>b. follow-up/acute and chronic care</li> <li>c. physical therapy</li> <li>d. referrals</li> </ul> <p>3. Emergency care</p> <ul style="list-style-type: none"> <li>a. first aid on-site</li> <li>b. ambulance</li> <li>c. on-call coverage</li> </ul> <p>B. Inpatient Care</p> <p>1. Infirmary</p> <ul style="list-style-type: none"> <li>a. diagnostic</li> <li>b. minor acute care</li> <li>c. convalescence</li> <li>d. chronic care</li> <li>e. isolation</li> </ul> <p>2. Hospital</p> <ul style="list-style-type: none"> <li>a. major diagnostic</li> <li>b. major acute care</li> <li>c. major surgery</li> <li>d. major medical care</li> <li>e. major psychiatric care</li> </ul> <p>II. Preventive Services</p> <p>A. Infection and disease control</p> <p>B. Sanitation and routine inspection</p>	<p>go over some of the definitions, however. The trainer may also want the participants to go through the list and check off those services they have available for their inmates. Interaction could then be generated regarding which "should be" provided.</p>

CONTENT	METHOD
<p>C. Dietary systems (nutrition and therapeutic)</p> <p>D. Intake physicals and routine health screening</p> <p>E. Health education</p> <p>F. Periodic examinations</p>	
<p>III. Support Services</p> <p>A. Medical record</p> <p>B. Pharmacy (on/off-site)</p> <ol style="list-style-type: none"> <li>1. Formulary</li> <li>2. Medication distribution procedures</li> </ol> <p>C. X-Ray and fluoroscopy (on/off-site)</p> <p>D. Physical, occupational therapy</p>	
<p>Various activities may be used to deliver these services. For example, some specialty care, such as kidney dialysis, or diagnostic care, such as mammography, might be done through referrals from the institution to a hospital. Then the treatment process for the institution would include examining inmates, dispensing medications, and so on. For some activities, there are accepted norms about their conduct. For others, there are numerous alternatives to be considered--some more feasible than others in the corrections setting.</p>	
<p>The activities selected affect and are affected by the resources. Resources for health care services involve the following major categories:</p> <ul style="list-style-type: none"> <li>● Personnel (explain types)</li> <li>● Facilities</li> <li>● Equipment (e.g., X-rays, examination tables, etc.)</li> </ul>	<p>Trainer refers to charts and checklist (in Handbook) with list of resources.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Supplies (including a pharmacy)</li> <li>● Money (which buys the above)</li> <li>● Methods</li> </ul> <p>There are some general alternatives that can be considered in deciding how to access and use these resources (especially personnel):</p> <ul style="list-style-type: none"> <li>● Contract for on or off-site personnel, facilities, services;</li> <li>● Salaried versus contractual arrangements;</li> <li>● Full-time or part-time arrangements; and</li> <li>● Centralized versus decentralized personnel and services.</li> </ul>	
<p><u>The Role of Courts in Standard Setting</u></p> <p>As a result of legal actions, decisions have come from the courts, which have ordered improvements. Two types of legal actions are used by inmates seeking redress for denial of medical care: civil rights action that are brought under Section 1983 of Title 42 of U.S. Codes and tort action alleging medical malpractice. (We will focus mainly on court decisions resulting from civil rights actions because inmate malpractice suits are governed by each state's laws and are similar in nature to any other malpractice suit.)</p> <p>In order to bring a civil rights action under Section 1983, it is necessary for the injured party or parties to allege a violation of one or more of their constitutional rights. In suits attacking medical conditions within a correctional facility, the Eighth Amendment's prohibition against cruel and unusual punishment is most often cited as the right violated.</p>	<p>Trainer should not get into "chapter and verse" presentation of the cases. Use anecdotes to spice up the presentation and clarify relevant points.</p>

CONTENT	METHOD
<p><u>Federal Court Interpretation of the Eighth Amendment</u></p> <ul style="list-style-type: none"> <li>● The cruel and unusual punishment clause of the Eighth Amendment embodies "broad and idealistic concepts of dignity, civilized standards, humanity and decency...." <u>Jackson v. Bishop</u>, 404 F.2d 571, 579 (1968)</li> <li>● Punishments which are incompatible with the "evolving standards of decency that mark the progress of a maturing society" are contrary to the Eighth Amendment. <u>Trop v. Dulles</u>, 356 U.S. 86, 101 (1958)</li> <li>● Punishments which "involve the unnecessary and wanton infliction of pain" violate the Eighth Amendment. <u>Gregg v. Georgia</u>, 96 S.Ct. 2909, 2925 (1976) (plurality opinion)</li> </ul> <p>Following these and similar rulings, the Supreme Court in 1976 established a rationale when it stated:</p> <p style="padding-left: 40px;">These elementary principles establish the government's obligation to provide medical care for those whom it is punishing by incarceration. <u>Estelle v. Gamble</u>, 97 U.S. 285, 290 (1976)</p> <p>The courts have identified particular elements and levels of care that must be provided. We will discuss these a bit later. Also, they are described more fully in the Manual.</p> <p>The courts have also placed some limitations on what the Eighth Amendment guarantees in terms of medical care.</p>	<p>Trainer refers to chart with one or more excerpts from court decisions.</p>

CONTENT	METHOD
<p>In a Section 1983 action, not every complaint regarding medical care will be sufficient to state a violation of civil rights or a constitutional right. In determining whether a constitutional right is involved or at issue, "courts will not attempt to second-guess licensed physicians as to the propriety of a particular course of treatment for a given prisoner-patient." (<u>Thomas v. Pate</u>, 493 F.2d 151, 158). On the other hand, the complaint need not allege that prison officials consciously sought to inflict pain on a prisoner by withholding treatment. (<u>Runnels v. Rosendale</u>, 499 F.2d 773)</p> <p>In the 1976 case already cited, the Supreme Court further set forth a standard by which cases of this nature are to be judged. The Court said:</p> <p style="padding-left: 40px;">...deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain...' proscribed by the Eighth Amendment." [<u>Estelle v. Gamble</u>, 97 S.Ct. 285, 291 (1976)]</p> <p>The justice further said that this "deliberate indifference" may be "manifested by prison doctors in their response to the prisoner's needs or by prison guards in intentionally denying or delaying access to medical care or intentionally interfering with the treatment prescribed." (<u>Estelle v. Gamble</u>, supra at 291)</p> <p>Among the examples of "deliberate indifference" that the Court has cited are:</p> <ul style="list-style-type: none"> <li>● Denial of treatment</li> </ul>	<p>Trainer refers again to chart with "rulings" and examples.</p> <p>Trainer refers to chart with examples of violations.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Failure to provide the treatment prescribed</li> <li>● Delay in providing treatment</li> <li>● Inadequate treatment</li> </ul> <p>There have been rulings made on other aspects of medical care as well. For example, courts have said:</p> <ul style="list-style-type: none"> <li>● Expense of providing proper medical care is not an excuse for not providing it.</li> <li>● Inmates have a right to rehabilitative treatment.</li> <li>● In cases of unwanted treatment, that is, where there is uncontroverted evidence that treatment has been proffered but refused by an inmate, no constitutional deprivation has occurred.</li> </ul> <p>(We cannot go into the nuances and details of all these decisions. They are outlined for you in Appendix I of the Manual and you may want to read them or discuss them further with someone with legal training.)</p>	<p>Depending on time, the Trainer may wish to cite some cases in which claims of deliberate indifference were dismissed.</p>
<p><u>Health Care Standards</u></p> <p>Professional organizations, both medical and correctional, have grown aware of the inadequacies of health care delivery in correctional institutions. Their attention was drawn partially by the court actions, by LEAA, as well as by concern for the health status of the inmate population.</p> <p>Until three or four years ago, there were only two professional organizations that had made any efforts of note in this direction: the 1966 edition of the American Correctional Association's (ACA) <u>Manual of Correctional Standards</u> included a chapter on "Health and</p>	<p>Trainer refers to chart with list of standard-setting organizations.</p>

CONTENT	METHOD
<p>Medical Services," as did the National Sheriffs Association's (NSA) <u>Manual on Jail Administrations</u> which was published a few years later. But the materials relating to health care were relatively short and the guidelines they offered were not specific.</p> <p>Recently, there has been an increase in both the number and type of professional organizations involved in setting health care standards for corrections and in the number and specificity of the standards themselves. For example:</p> <ul style="list-style-type: none"> <li>● In 1973, the National Advisory Commission on Criminal Justice Standards and Goals (NACCJSC) released its <u>Report on Corrections</u>, which included sections on "Healthful Surroundings" and "Medical Care" in a chapter on "Rights of Offenders"</li> <li>● In 1974, the NSA replaced its <u>Manual on Jail Administration</u> with a series of seven handbooks, almost all of which contained sections relating to some aspect of health care delivery in jails.</li> <li>● In 1976, the American Public Health Association (APHA) published the first set of standards devoted solely to health services in correctional institutions.</li> </ul> <p>Three other major standard-setting efforts which are currently underway are:</p> <ul style="list-style-type: none"> <li>● The American Medical Association (AMA) has developed standards for medical care and health services in jails.</li> </ul>	

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● The Commission on Accreditation for Corrections (CAC) is in the process of setting standards on all facets of corrections. Those developed for short- and long-term institutions will include sections on health care delivery.</li> <li>● The National Conference of Commissioners on Uniform State Laws has established a "Special Committee on Uniform Corrections Code" (SCUCC) which is currently drafting a medical section to be included in its proposed Uniform Corrections Act.</li> </ul>	
<p>All three of these most recent standard-setting efforts are being funded in whole or in part by the Law Enforcement Assistance Administration (LEAA) or its research arm, the National Institute of Law Enforcement and Criminal Justice. All three also contain some mechanisms for "enforcement" of their recommendations. Standards of the AMA, at the jail level, and of the CAC, at the prison level, are designed to serve as the base for voluntary accreditation programs, whereas the SCUCC medical section will be incorporated in a piece of model legislation for corrections.</p>	
<p><u>What are Standards?</u></p> <p>The term "standard" implies more than a simple statement of policy. It is stronger and more specific than a "guideline" or a "recommendation." The use of the term "standards" also implies that there is general agreement as to their content and that they can be used as a basis for comparison. In the words of the NACCJSC, "<u>When clearly formulated and precisely stated in measurable terms, they [standards] can</u></p>	<p>Trainer refers to chart with definitions of standards.</p>

CONTENT	METHOD
<p><u>serve as the basis for objective evaluation of programs as well as development of statutes and regulations relating to correctional services."</u> In essence then, a standard is a principle with teeth.</p> <p>The purposes of standards are:</p> <ul style="list-style-type: none"> <li>● To promote awareness of a problem area previously ignored;</li> <li>● To provide models for institutional self-measurement; and</li> <li>● To facilitate corrective chance (i.e., to upgrade existing health care facilities and services).</li> </ul> <p>Clearly, for standards to be effective, some additional mechanism must be provided for their implementation.</p> <p><u>Format and Content of Standards</u></p> <p>The format and content of the sets of standards we will review vary widely. Some focus on jails only, some are more operational manuals.</p> <p>There are a number of problems with the standards that have been developed by the various professional groups to date. In the first place, they are not comparable with respect to format, depth, and breadth of content. No one set of standards has yet emerged as the definitive guidelines for health care delivery systems in jails and/or prisons.</p> <p>Second, all of the standard-setting efforts to date (including those that have not yet been completed) do not provide any technical assistance sections which indicate how a facility can go about upgrading its health care system to meet the standards.</p>	<p>Trainer informs participants that the Manual contains an extensive discussion of standards.</p> <p>Trainer refers to list of problems on chart.</p>

CONTENT	METHOD
<p>Third, the language employed in many of the sets of standards is ambiguous and subject to individual interpretation.</p> <p>Fourth, if standards are to be meaningful mandates, they must not only be clearly stated but subject to objective verification as well. In other words, they must be measurable so that compliance or non-compliance can be gauged. This is not the case.</p> <p>Fifth, it is difficult if not impossible to design one set of standards that will be equally applicable to large, long-term institutions and small, short-term jails as well.</p> <p>Finally, as noted elsewhere, standards in and of themselves are not an effective source of change. Without some additional mechanism to gauge or force compliance, there is nothing to ensure that standards will be implemented by correctional institutions.</p>	
<p><u>The Future--Accreditation</u></p>	
<p>The AMA standards have already been tested in the 30 pilot sites as part of an ongoing program to improve health care in <u>jails</u>. At its national conference on <u>jail health care</u> in August 1977, the AMA accredited several of the health care delivery systems involved in its pilot tests. Since that time, the AMA has begun to accredit health care facilities in other jails across the country.</p>	<p>Trainer refers to chart with future trends.</p>
<p>At the <u>prison</u> level, the standards being developed by the CAC are also designed to lead to an accreditation program. It is not known when accreditation of correctional institutions will begin, however.</p>	
<p>Federal policymakers (at LEAA) have said that they will endorse only one set of standards. While they cannot force</p>	

CONTENT	METHOD
<p>others to adopt the standards selected, adherence can be effectively controlled by withholding Federal funds from institutions and agencies that choose not to comply. Accreditation seems to be the wave of the future for corrections.</p> <p>At the moment, the most probable outcome is that the CAC will adopt the AMA standards in lieu of developing its own health care section for jails. When the CAC begins accrediting short-term institutions, those that have already received accreditation for their health care delivery systems from the AMA will be given credit for this part of evaluation by the CAC.</p> <p>NILECJ has also funded a standard-setting program which is designed to lead to model legislation in the nature of a uniform corrections code. Whether the SCUCC's section on medical care will be compatible with other sets of established standards is a matter of speculation.</p> <p>Many states are also developing their standards for health care in corrections and other aspects of corrections programs. Professional standards (APHA, etc.) are frequently (and logically) the starting point for these efforts. These general, national-level standards must be made more specific and applicable for the particular states.</p> <p>The courts too, are looking for guidance, and it seems likely that if a particular set of standards on health care is officially recognized, these standards will also be the ones mandated by most, if not all, of the courts.</p> <p>Both the courts and professional organizations with their interest in accreditation are pressuring institutions and systems to upgrade their health care services. In addition,</p>	

CONTENT	METHOD
<p>many systems, in a response to these outside pressures, are hiring health care administrators who are dedicated to improving services and providing adequate and humane medical treatment to inmates. In turn, these administrators are now pressuring for changes from within corrections.</p> <p><u>Transition</u></p> <p>The changes being recommended involve both the services delivered and their management. To bring about these changes will require working within a correctional institution and system for change while making available resources from the outside.</p>	<p>Trainer now entertains questions from audience.</p>

HEALTH CARE SERVICES

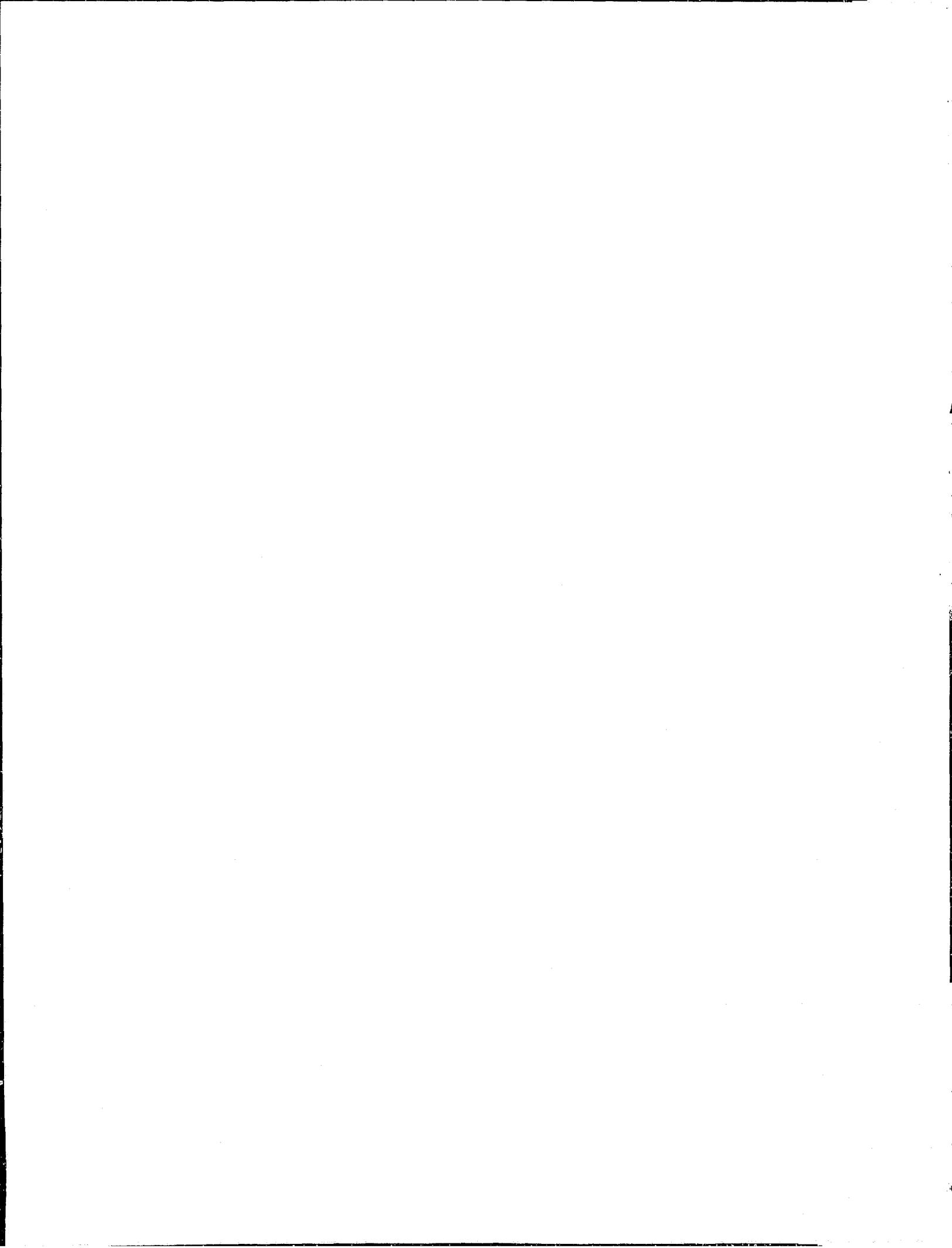
CHECKLIST

SERVICES	STATUS		
	Needed	Available	Comments
I. DIRECT SERVICES			
A. Ambulatory Care			
1. Primary Health Care Services			
a. Entrance screening**			
b. Entrance examinations**			
(1) Vital signs			
(2) Medical history			
(3) Physical exam			
(4) Laboratory work-up			
(5) Vision screening			
(6) Mental health exam**			
(7) Treatment plan			
(8) Referrals**			
c. Sick call - daily**			
(1) Diagnostic services-- physical, lab as needed			
(2) Treatment plan			
(3) Prescription of drugs			
d. Over-the-counter (OTC) medication			

\*\* Affected by provisions in various professional groups' proposed standards.  
See B. Jaye Anno's discussion in Chapter III of the Manual.

SERVICES	STATUS		
	Needed	Available	Comments
e. Segregation block visits			
(1) Diagnostic services			
(2) Treatment			
(3) Referrals			
2. Secondary Care Services			
a. Specialty clinics			
b. Follow-up acute and chronic care			
c. Physical therapy			
d. Referrals			
3. Emergency Care**			
a. First aid on-site			
b. Ambulance			
c. On-call coverage, 24-hour			
d. Referrals**			
B. Inpatient Care			
1. Infirmary Care**			
a. Diagnostic services (e.g., lab, physical, X-ray)			
b. Minor acute care			
c. Convalescence			
d. Chronic care			
e. Isolation**			

SERVICES	STATUS		
	Needed	Available	Comments
2. Hospital Care**			
a. Major diagnostic			
b. Major acute care			
c. Major surgery			
d. Major medical care			
e. Major psychiatric care			
II. PREVENTIVE SERVICES			
A. Infection and disease control			
B. Sanitation inspection			
C. Dietary services			
D. Intake physicals and routine screening			
E. Health education			
F. Periodic health examinations (see entrance examination)			
III. SUPPORT SERVICES (for primary and secondary care)			
A. Medical			
B. Pharmacy			
1. Formulary			
2. Medication distribution procedures**			
C. X-ray and fluoroscopy			
D. Physical therapy			
E. Occupational therapy			
F. Orthopedic appliance laboratory			



EXTERNAL INFLUENCES

CORRECTIONS

HEALTH CARE  
MANAGEMENT

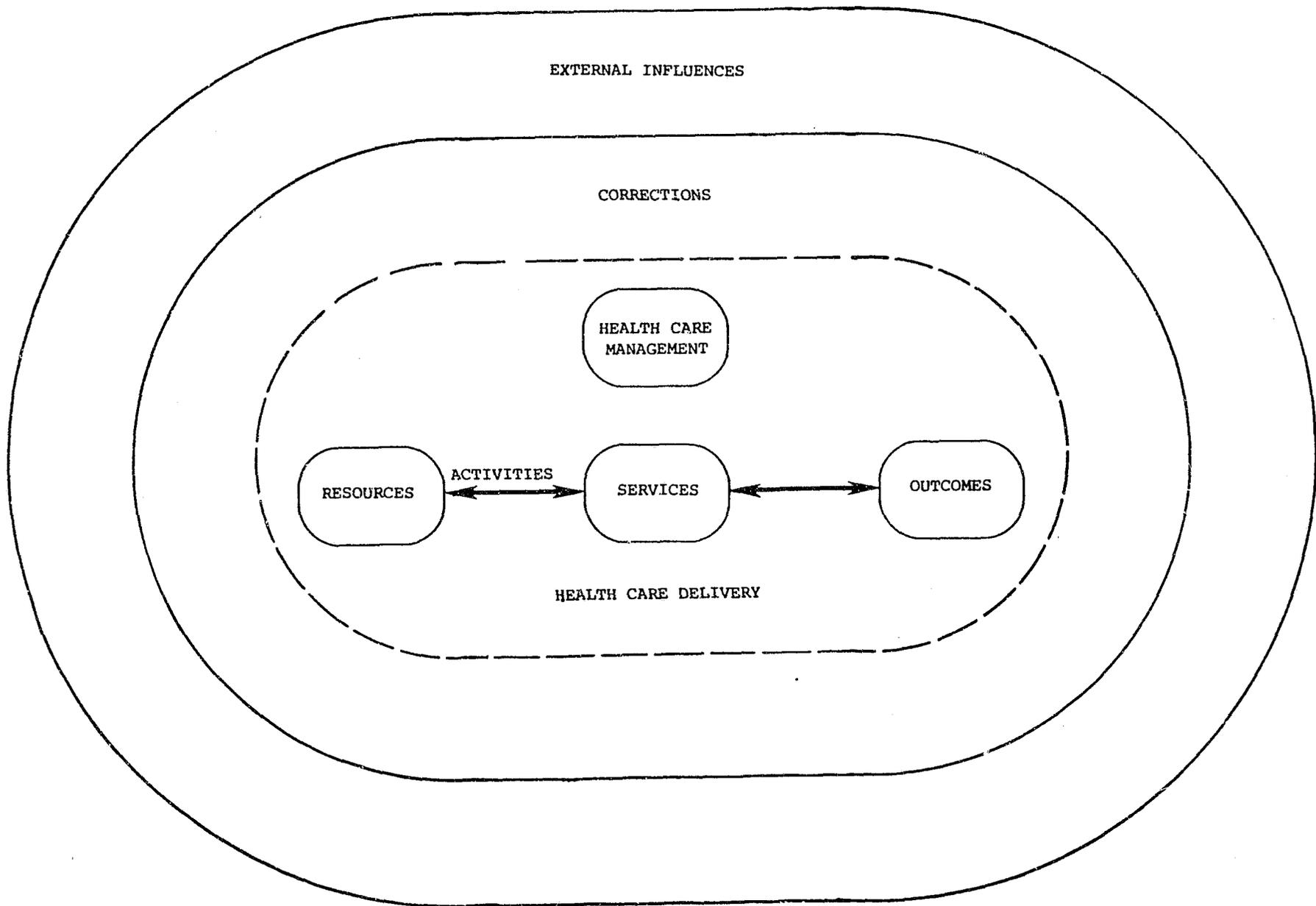
RESOURCES

ACTIVITIES

SERVICES

OUTCOMES

HEALTH CARE DELIVERY



HEALTH CARE SERVICES RESOURCES

CHECKLIST

RESOURCES	STATUS		Comments
	Needed	Available	
I. FACILITIES			
A. Ambulatory Care Area			
1. Examining Rooms			
2. Treatment Rooms			
B. Infirmary			
C. Hospital			
D. Pharmacy			
E. Medical Records Storage			
II. EQUIPMENT AND SUPPLIES**			
III. PERSONNEL			
A. Administrative			
Health Care Administrator			
B. Medical			
Physician			
Physician Assistant (extender, MEDEX, etc.)			
Nurse practitioner			

\*\* Affected by provisions in various professional groups' proposed standards. See B. Jaye Anno's discussion in Chapter III of the Manual.

RESOURCES	STATUS		
	Needed	Available	Comments
Emergency Medical Technician			
Nurse - Registered Nurse (R.N.)			
Licensed Practical Nurse (L.P.N.)			
Aide (orderly, attendant)			
C. Allied Health Personnel			
Medical technologist			
Laboratory technician			
Pharmacist			
Medical record librarian			
Medical records clerk			
Dietician			
Nutritionist			
Physical therapist			
Sanitarian			
D. Dental Care			
Dentist			
Dental hygienist			
Dental assistant			
E. Psychiatric Care			
Psychiatrist			
Psychologist			
Social worker (psychiatric)			

SUPREME COURT INTERPRETATIONS OF THE EIGHTH AMENDMENT:  
HEALTH CARE IMPLICATIONS

AMENDMENT VIII. Excessive bail or fines and cruel punishment prohibited. Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

Health-Related Rulings on the Eighth Amendment

Punishments which are incompatible with the "evolving standards of decency that mark the progress of a maturing society" are repugnant to the Eighth Amendment.

Trop v. Dulles 356 U.S. 86,  
101 (1958)

Punishments which "involve the unnecessary and wanton infliction of pain" violate the Eighth Amendment

Gregg v. Georgia 96 S.Ct. 2909,  
2925 (1976) (Plurality opinion)

Standard for Assessing Eighth Amendment Compliance

". . .deliberate indifference to the serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain' proscribed by the Eighth Amendment."

Estelle v. Gamble 97 S.Ct. 285,  
291 (1976)

"This is true whether the 'deliberate indifference' is manifested by prison doctors. . .or by prison guards. . ."

Estelle v. Gamble, supra 291

(Chart)

EXAMPLES OF VIOLATION OF THE EIGHTH AMENDMENT

- Denial of treatment
- Failure to provide treatment prescribed
- Delay in providing treatment
- Inadequate treatment
- Expense of providing proper medical care is not an excuse for not providing it

(Chart)

PROFESSIONAL ORGANIZATIONS INVOLVED IN SETTING STANDARDS

- ACA - American Correctional Association  
4321 Hartwick Road  
College Park, Maryland 20740  
phone: (301) 864-1070
- NSA - National Sheriffs' Association  
1250 Connecticut Avenue  
Suite 320  
Washington, D.C. 20036
- NACCJSG - National Advisory Commission on  
Criminal Justice Standards and Goals  
633 Indiana Avenue, N.W.  
Washington, D.C. 20531  
phone: (202) 376-3762
- APHA - American Public Health Association  
1015 18th Street, N.W.  
Washington, D.C. 20036  
phone: (202) 467-5094
- AMA - American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610  
phone: (312) 751-6013
- CAC Commission on Accreditation for Corrections  
6110 Executive Boulevard  
Rockville, Maryland 20850  
phone: (301) 770-3097
- SCUCC - National Conference of Commissioners  
on Uniform State Laws--Special Committee  
on Uniform Corrections Code  
645 North Michigan Avenue  
Chicago, Illinois 60611  
phone: (312) 321-9710

(Chart)

DEFINITIONS OF STANDARDS

"When clearly formulated and precisely stated in measurable terms, standards can serve as the basis for objective evaluation of programs as well as development of statutes and regulations relating to correctional services."

NACCJSC

A standard is a "principle with teeth."

(Chart)

PROBLEMS WITH PRESENT STANDARDS

1. Not comparable in content or format
2. No assistance given as to how standards can be met
3. Ambiguous language, subject to individual interpretations
4. Not measurable
5. Not equally applicable to small and large, short-term and long-term institutions
6. No mechanism to enforce or measure compliance

(Chart)

FUTURE TRENDS: COURTS AND STANDARDS

1. Accreditation
2. Use of standards by courts
3. Legislation of standards

(Chart)

Standards ?

Minimum

vs.

Adequate

vs.

Quality & Quantity

vs.

Optimal

SESSION 3

DAY I

3:00 - 5:30 p.m.

---

USING STANDARDS AND ASSESSING THEIR IMPLICATIONS  
FOR HEALTH CARE DELIVERY IN CORRECTIONS

---

Goals of the Session

At the end of the session, the participants will be able to:

- Give examples of components of a health care delivery program
- List the steps involved in systematically assessing the implications of standards for health care delivery
- Given the use of a standard in the delivery of health services, identify the implications for resources
- Identify implications of standards on resource needs and how changes in management and/or environmental factors (e.g., correctional and political environments and the community) will affect health care delivery.

Rationale

The process of setting and adapting standards for the correctional system or institution and identifying health care service needs are key issues in delivering health care in corrections--issues identified during the needs assessment phase. This session addresses these issues by providing an approach both for analyzing health care delivery and for assessing the available standards and their implications. Other issues which affect the delivery of services will also be discussed during the presentation and group work.

Methods

Small group discussions, small group presentations, and individual exercise.

Materials/Logistics

Break-away rooms, large enough for at least 15 participants

Worksheets

Newsprint

Magic markers

Background material on systems framework

Charts: systems framework and steps in process of applying framework  
to assessing implications of standards.

CONTENT	METHOD
<p data-bbox="414 262 511 289" style="text-align: center;">PART 1</p> <p data-bbox="349 325 576 357" style="text-align: center;"><u>Introductions</u></p> <p data-bbox="170 394 820 520">The trainer introduces the session by briefly explaining that the session has two parts. Also, review the goals of the session.</p> <p data-bbox="170 556 787 714">The first part of the session is designed to help participants and trainers to get to know each other and start to share their experiences, successes, and problems.</p> <p data-bbox="170 751 820 846">Trainer subdivides the group, so that participants are with others in the group they do not know.</p>	<p data-bbox="844 394 1485 489">Trainer may want to write and post the goals of the session on newsprint and refer to them at this time.</p> <p data-bbox="844 525 1518 682">The trainer may also want to have each person introduce him or herself <u>briefly</u> to the group. Then, the trainer should assist group members to divide up, either into pairs, three's, or four's.</p> <p data-bbox="844 718 1469 844">For 15 to 20 minutes, the participants should interview each other in order to get the following items of information:</p> <ul data-bbox="917 877 1453 1297" style="list-style-type: none"> <li>• Who they are (where from, job title).</li> <li>• What their successes have been in delivering health care services in corrections.</li> <li>• What their problems are in delivering health services.</li> <li>• What their expectations are (what they would like to get out of the workshop).</li> </ul> <p data-bbox="844 1333 1453 1428">(Trainer may want to list these items on newsprint also for the participants to refer to during the discussions.)</p>

CONTENT	METHOD
<p>Trainer asks the subgroups to reconvene and asks the members of the subgroups to introduce each other to the larger group.</p> <p>When introductions of participants are complete, the trainer should introduce him or herself and conclude this part of the session.</p> <p>If the trainer is comfortable in doing so, he or she may make a linkage directly to the next part of the session, drawing from the problems and expectations identified during the preceding discussion by the participants. Otherwise, the linkage introducing Part 2 may be used.</p>	<p>The trainer may want to write down any pertinent items that come up, particularly specific expectations of group members.</p> <p>If specific expectations are raised, the trainer should be sure to address these, identifying which expectations may not be met in the Workshop, and noting the most appropriate time for dealing with those which can be addressed in the Workshop.</p>

CONTENT	METHOD
<p data-bbox="412 241 509 264" style="text-align: center;">PART 2</p> <p data-bbox="289 306 669 365" style="text-align: center;"><u>Explanation and Practice With Systems Framework</u></p> <p data-bbox="207 420 526 447"><u>Introduction/Linkage</u></p> <p data-bbox="207 485 829 1026">As mentioned in the previous session, we are going to be considering health care services and their management in the context of corrections, which is, in turn, affected by external influences. During this session we will be concentrating our attention on services delivery; however, there will be no way we can ignore how management, corrections, and external influences affect the outcomes, services, activities, and resources available. These interrelationships are what the "overview" chart attempts to portray--interrelationships we must keep in mind throughout the Workshop and our discussions.</p> <p data-bbox="207 1066 829 1642">In preparing for this Workshop, we talked to a number of practitioners in the fields of health care and corrections. A number of concerns came out of these discussions--one was how to demonstrate to others what the resource needs are; another was how to explain the difficulties of providing health care services in the correctional environment; and another was how to use and assess the standards which are now being promulgated by the professional organizations involved with health care and corrections. Another need which emerged from our conversations was for a common framework for discussing these issues and for looking at health care services.</p> <p data-bbox="207 1682 797 1743"><u>Rationale for Using Systems Framework and Focusing on Standards</u></p> <p data-bbox="207 1780 797 1839">To develop a common set of terms and a common framework for looking at</p>	<p data-bbox="878 489 1479 674">Trainer should demonstrate interrelationships on the systems framework charts. Trainer may also want to refer participants to Chapter IV in the Manual for more review of the framework.</p> <p data-bbox="954 1068 1471 1096">Trainer makes brief presentation.</p>

CONTENT	METHOD
<p>health care, we have selected a modified systems analysis approach. As the major focus for the application of the framework, we have selected the use and assessment of present standards. The concern with how to use standards and respond to them is a real one. As pointed out in the last session, it is highly likely that the courts and the legislatures are going to be looking to these standards for guidance in legislation and rulings. Whether we like it or not, standards will probably affect how health care services are delivered in corrections and we need to be prepared to respond to them and have reasons to back up whatever our response is.</p> <p>Standards can be seen as a weapon or a tool. Most of us are now in a position to have them still serve as a tool--if we are informed about them and their implications and are willing to develop from those now available our own set, which are responsive to needs and problems.</p> <p><u>The Systems Framework</u></p> <p>The systems framework looks at health care services as a system with interrelated components. <u>Resources</u>, such as personnel, time, <u>supplies</u>, and so forth, are combined in various <u>activities</u>, such as filling out forms, taking blood samples, and providing medications, to produce certain <u>services</u>, such as entrance exams. The services are provided in order to produce certain outcomes or changes in the persons receiving the services--changes in health status, or the group of persons receiving the services.</p> <p>This systems framework shows a means-end chain, with resources being used to carry out activities which produce services which are intended to have specific outcomes. Another way</p>	<p>Trainer demonstrates flow on system chart and gives definitions and examples of terms.</p> <p>Trainer refers participants to sample framework in Participant's Handbook.</p>

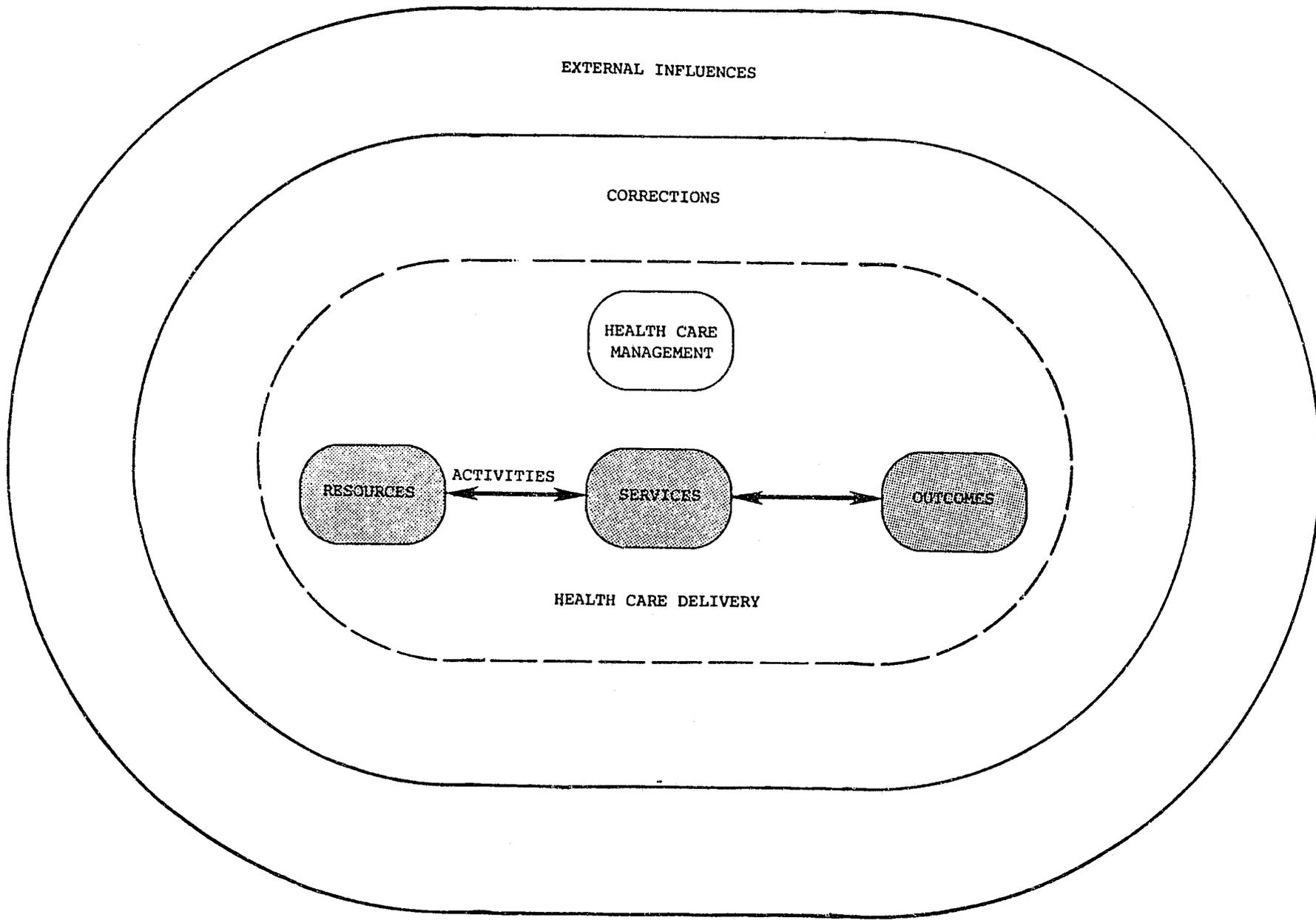
CONTENT	METHOD
<p>to describe the components is to note that outcomes explain the "why" of services, "services" show the "what," and resources/activities show the "how."</p> <p>As an example we can look at a TB case finding . The outcomes of a TB case finding would be "to reduce the spread of communicable disease, i.e., TB," and "to improve the health status of inmates with treatable illness."</p> <p>The services needed to achieve these outcomes would include:</p> <ul style="list-style-type: none"> <li>● skin test and reading;</li> <li>● X-ray and reading; and</li> <li>● treatment.</li> </ul> <p>The activities would include such things as making sure the inmates come down to have the skin test, and so forth. The resources needed would include specific items of equipment, types of personnel, and supplies.</p> <p>Review definitions to be sure that participants are clear on distinctions. (At this point, the trainer may also want to bring up for discussion different perspectives on the appropriate outcomes for health care in corrections and how these will affect services and resources.)</p>	<p>Trainer should go through one example, writing example components on newsprint. Trainer may want to start example and have members of the group volunteer ideas/examples.</p> <p>(Questions may be raised at this point regarding the difference between activity and services; in effect, there is not always a great deal of difference. However, services can be looked at as to what the inmate patient actually receives, while activities are all the things which are done to deliver it; in correctional settings, activities involved in delivering a service often multiply because of security.)</p>
<p><u>Exercises in Application of Systems Framework</u></p> <p>Ask participants to turn to the systems framework exercise in their Handbook and complete it. Allow approximately 10-15 minutes for this.</p>	<p>Trainer should instruct participants to review the exercise worksheet and the preceding framework charts. Depending on group and participants, the trainer may want to vary instructions at the top of the sheet; that is, the trainer may want to ask participants to start with outcomes and work back to resources, particularly, if the participants are thinking</p>

CONTENT	METHOD
<p>Trainer asks one or more participants to share their completed work with the group.</p> <p>Trainer processes discussion of exercise.</p>	<p>about planning a health care program. The trainer may also want some participants to work together.</p> <p>While participants are filling out the worksheet, the trainer should "float" to answer questions and make sure participants are applying the terms correctly and understand the logic of the framework.</p> <p>When all participants have completed the framework for at least one program or service, the trainer should reconvene the group and ask for one or two volunteers (or ask specific participants) to go through the program they considered, describing categories of the components according to the framework. Trainer should lead discussion regarding areas of confusion or issues which are raised by participants.</p>
<p><u>Uses of the Systems Framework Analysis</u></p> <p>Trainer reviews the applications of systems analysis, which include:</p> <ul style="list-style-type: none"> <li>● Identifying service and resource needs</li> <li>● Developing a basis of comparison of what they have with what they need</li> <li>● Having a mechanism for helping to set priorities.</li> </ul> <p>(Trainer should next describe how the framework can be used to assess standards and identify their implications for resources. Trainer should review the status of standards in relation to the system framework.)</p> <p>Most standards cover what services should be provided, and the types or range of services that should be available. They do not usually explain</p>	<p>Trainer should explain briefly.</p> <p>Trainer presents.</p>

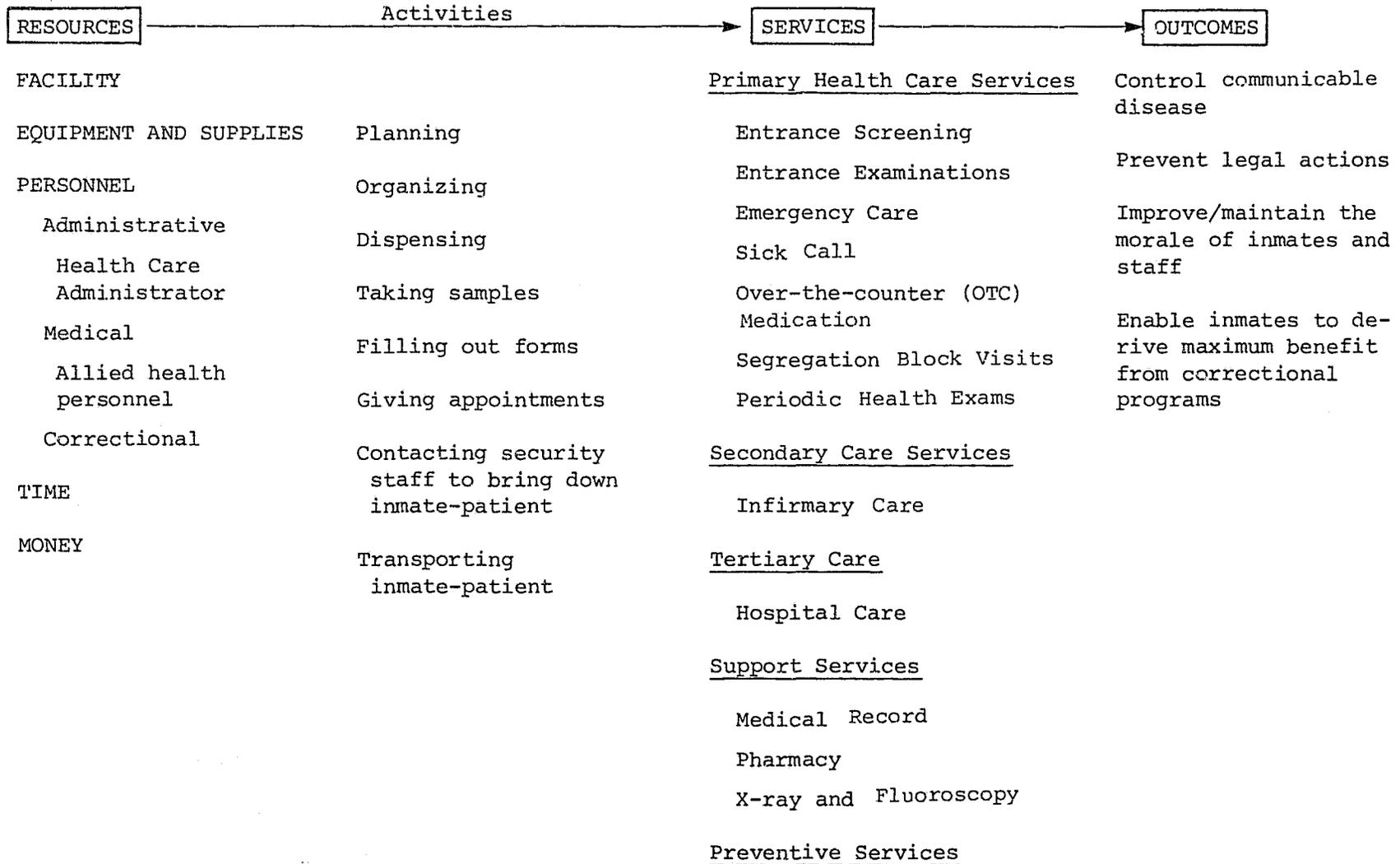
CONTENT	METHOD
<p>how many or the timing of services-- e.g., that initial screening should be within 72 hours of incarceration. As noted on the checklists (refer participants to checklists from Session 2), not all possible services are covered by the standards now available.</p> <p>Other problems with standards were pointed out in Session 2:</p> <ul style="list-style-type: none"> <li>• They are <u>not measurable</u>--they do not tell you how many services and what they should look like; they do not give much in the way of explanation of "quality" of the services; some of the language is ambiguous.</li> <li>• They are not equally applicable to small and large, short-term and long-term institutions.</li> <li>• They are not comparable in language or format.</li> <li>• They do not provide much assistance in explaining what you can do to meet the standards.</li> <li>• They still do not have "teeth" --there are no mechanisms for enforcement.</li> <li>• They generally focus on services, or on resources, or activities, not on outcomes.</li> </ul> <p>To use standards, you must figure out the implications of their use for health services in your correctional institutions. To apply them in assessing your health services delivery, you need to fill in the missing pieces of the systems framework and ensure that they meet an important criterion:</p>	<p>Trainer may want to write down some of these problems on newsprint.</p>

CONTENT	METHOD
<p>Standards should be measurable, that is, you should be able to determine whether you have met them or not; and another person should be able to come to the same conclusion.</p> <p>To apply a standard, you must follow a series of steps that will ensure that the standards will meet the criterion. This will help you identify the implication of the standard for activities and resources. The five steps are the following:</p> <ul style="list-style-type: none"> <li>● First, check the relevance of the standard for achieving the outcomes of health care delivery for your institution.</li> <li>● Second, identify services covered by the standard; list range of services and identify number of services needed (in specific time period). As part of this second step, take into consideration at least the following: <ul style="list-style-type: none"> <li>--Court and legal requirements;</li> <li>--Professional opinion (to refine range and quality of services);</li> <li>--Past experience;</li> <li>--Projections for future inmate population; and</li> <li>--Other similar institutions' experience (to identify number of services needed).</li> </ul> </li> <li>● Third, identify the options available for delivering services and resources. In this case, take into consideration at least the following: <ul style="list-style-type: none"> <li>--Experience of similar institutions, literature, expert opinions, personal experience;</li> <li>--Any restriction made in the standard;</li> <li>--Relevant legal and other restrictions; and</li> </ul> </li> </ul>	<p>Trainer should review steps and how they follow the logic of the framework on the chart with the steps and/or the chart with the framework. Trainer may want to illustrate with the example in Chapter IV of the Manual or a similar example.</p>

CONTENT	METHOD
<p>--All resources available.</p> <ul style="list-style-type: none"> <li>● Fourth, check the feasibility of each option listed.</li> <li>● Finally, select the most appropriate option and calculate resources needed. Here take into consideration at least the following: <ul style="list-style-type: none"> <li>--Ability of option to deliver the number, type, and timing of services needed;</li> <li>--Availability of resources for that option and feasibility of getting them; and</li> <li>--Cost of the option.</li> </ul> </li> </ul>	<p>The trainer should conclude this session with a summary and a preview of Day II. Participants should be asked to read one of the case studies and review Chapters I through V of the Manual, especially Chapter V.</p>

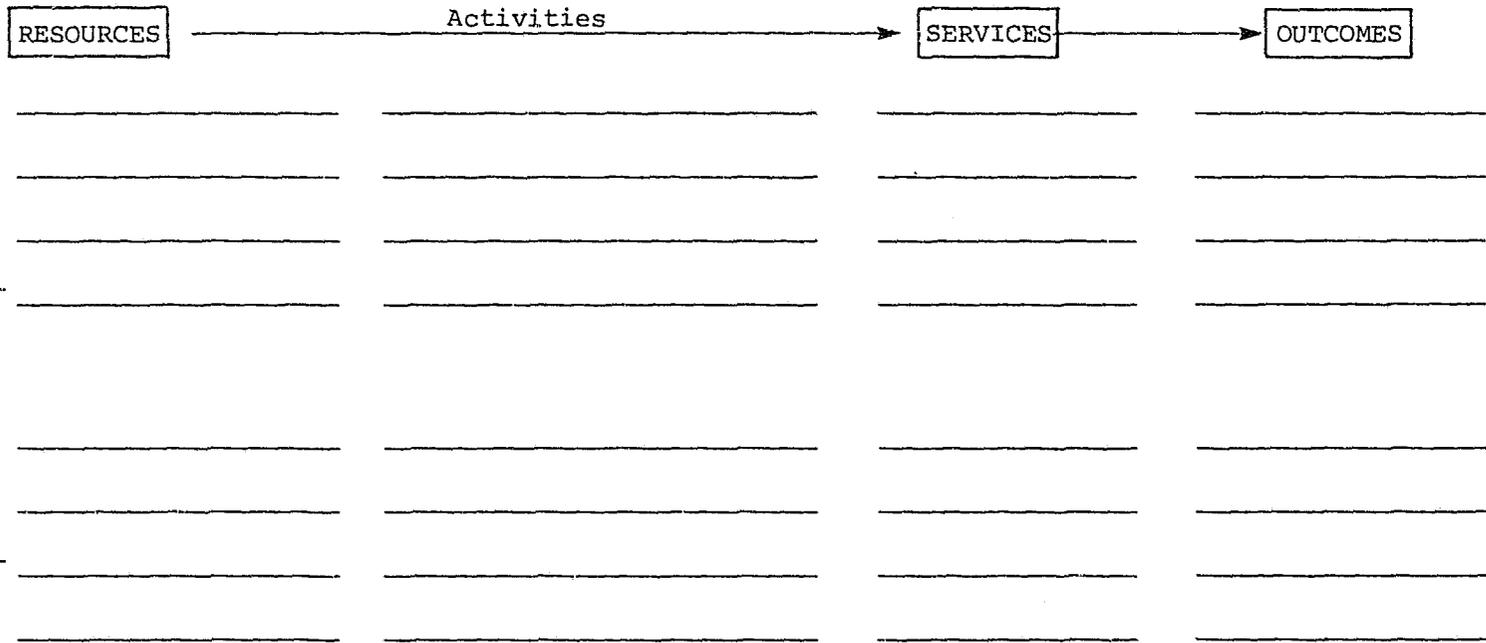


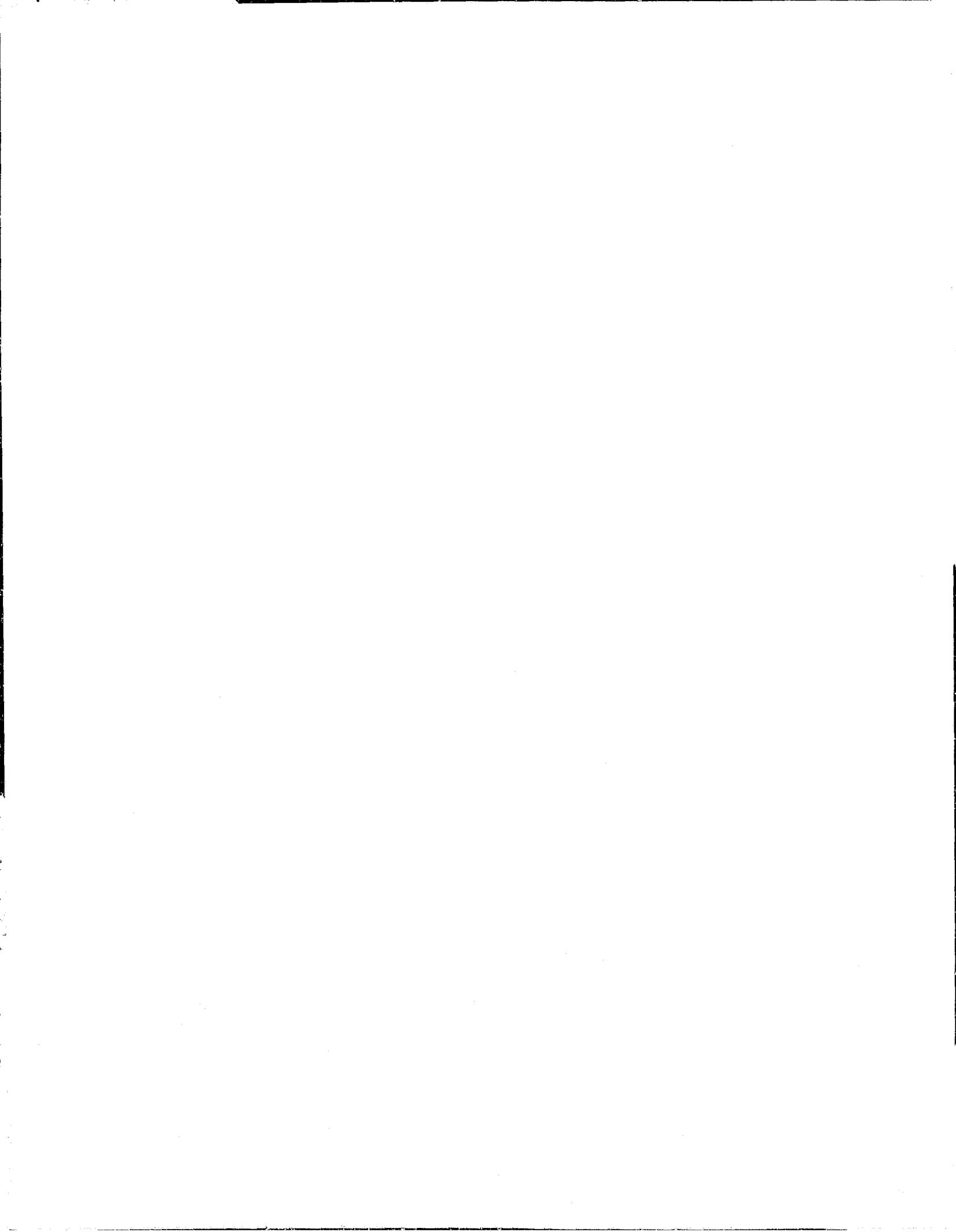
CORRECTIONAL HEALTH SERVICES: SYSTEMS FRAMEWORK



SYSTEMS FRAMEWORK EXERCISE

Take any health care program with which you are familiar, either as a provider of care or as a consumer. Starting with RESOURCES, identify the most important RESOURCES, ACTIVITIES, SERVICES, AND OUTCOMES of the program. If you have time, do the same for one other program with which you are familiar.





(Chart)

STEPS IN USING STANDARDS AND ASSESSING  
THEIR IMPLICATIONS

1. Check the relevance and consistency of the standard for achieving the outcomes of health care delivery for your institution(s).
2. Identify services covered by the standard; list range of services and identify number of services needed (in specific time period).
3. Identify options available for delivering services and resources that might be used. Check feasibility of each option listed.
4. Select the most appropriate option; calculate resources needed.



Session 4

DAY II

9:00 - 9:45 a.m.

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SUPPORT SERVICES IN CORRECTIONAL HEALTH CARE

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Goals of the Session

At the end of the session, the participants will be able to:

- List at least two support services needed for the effective delivery of health care services
- Identify at least one option for delivery of support services so that appropriate standards are met
- Identify at least one implication of standards for resources needed in the delivery of support services.

Rationale

To the nonmedical staff, support services, such as medical records, pharmacy, and laboratory, may not seem to have particular importance. Yet, all those involved in the delivery of health care in corrections and the making of decisions regarding services must understand the importance of these services for maintaining a high quality of care. They need to know what these services are, how they are affected by the correctional environment, the effects of inadequate support services, and how the implementation of standards for these services may affect resource needs.

Methods

Large-group presentation; large-group discussion.

Materials/Logistics

Meeting room large enough for at least 60 people

Overhead projector

Charts of standards applied to medical record and pharmacy and another on the Problem-Oriented Medical Record (POMR).

CONTENT	METHOD
<p><u>Introduction/Transition</u></p>	
<p>In the earlier sessions, we have been discussing direct services to inmates, such as physical exams and sick call, as well as how those services can be analyzed in terms of a systems framework. This framework gives us both a common basis for discussing the components of health care and their interrelationships and also helps us to consider what the implications of the implementation of various standards might be for the activities and resources for correctional health care.</p>	<p>Trainer makes brief presentation.</p>
<p>The same systems framework can be applied to support services. Standards have been developed for several support services and there are a number of options available to health care managers regarding how those standards might be met.</p>	<p>Trainer may want to refer to systems framework chart presented in earlier sessions.</p>
<p>Support services can affect profoundly the quality of care provided to inmates. Among support services we would include the following:</p>	
<ul style="list-style-type: none"> <li>● Medical records</li> <li>● Pharmacy</li> <li>● Laboratory</li> <li>● X-ray and other radiological services</li> <li>● Physical therapy</li> <li>● Occupational therapy</li> <li>● Orthopedic appliance laboratory</li> <li>● Electrocardiographic laboratory.</li> </ul>	
<p>We will focus our attention on two-- medical records and pharmacy--because these support services are particularly troublesome and important in the correctional setting.</p>	

CONTENT	METHOD
<p><u>Medical Records</u></p> <p>Good medical records are important for:</p> <ul style="list-style-type: none"> <li>● Maintaining the continuity of care from institution to institution and from practitioner to practitioner within an institution;</li> <li>● Legal actions--medical records are legal documents showing what was done for a patient, when, and by whom; and</li> <li>● Ensuring high quality care for the inmate-patient.</li> </ul> <p>Just as in direct services, there are standards now available for assessing medical records--and, just as for direct services, these standards are vague. They mainly use adjectives to describe what the record should be like, but do not specify the element of a medical record that has those characteristics.</p> <p>For example, the APHA standard notes that the records should be:</p> <ul style="list-style-type: none"> <li>● "complete"</li> <li>● "current"</li> <li>● "accurate"</li> <li>● "transferrable"</li> <li>● "easily audited"</li> </ul> <p>among other things. However, the standard does not tell us what the record should, in fact, look like, or what resources will be needed to have records that can be described using these adjectives.</p> <p>At present, the medical records of many systems are inadequate. The manager has several options available to improve upon this standard. Some systems have adopted a record system similar to the</p>	<p>Trainer briefly presents, illustrating from transparency or chart, the outcomes and services covered by the APHA medical records standard.</p> <p>Trainer should encourage participants to react to the standard and raise questions and opinions.</p> <p>Trainer may want to illustrate point regarding inadequacy of records with a "war story."</p>

CONTENT	METHOD
<p>military. Others are adopting a record system based on the Problem-Oriented Medical Record system.</p> <p>Essentially, the Problem-Oriented Medical Record requires a common format and approach for patient care. At each visit by a patient, the following parts are completed:</p> <ul style="list-style-type: none"> <li>● Data base (includes vital signs, observations, etc.)</li> <li>● Problem list--the provider notes which problems the patient had, and numbers them according to the problem list</li> <li>● Plan--the provider outlines a plan for treatment of the problems</li> <li>● Progress notes--the provider identifies in each: subjective complaints of the patient; objective findings of the provider; assessment of the problem; and plan for continuing diagnostic, therapeutic, and health education activities related to the problem.</li> </ul> <p>In helping you to meet these standards, a medical records librarian, someone skilled in the development and implementation of medical records, can be invaluable. Money and time, as well as skilled personnel are also needed to maintain an adequate medical records system.</p> <p>Problems in developing and keeping a good medical record system in corrections (which also affect resources and the records) include:</p> <ul style="list-style-type: none"> <li>● The confidentiality of the information must be maintained, which means that not everyone can and should have access to the records. Often inmates are used for some aspects of records-keeping but this jeopardizes the confidentiality of the information.</li> </ul>	<p>Trainer may want to ask group for options they are using and problems they have had with medical records.</p> <p>Trainer illustrates these points with chart or transparency on the POMR.</p> <p>Trainer may want to leave time for questions, elaboration of ideas at this point.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Transfer of records either from institution to institution or when the inmate is released for referrals.</li> </ul> <p>Whatever standards you select for medical records and whatever approach you use in meeting those standards, analysis using the systems framework can help you.</p> <p><u>Pharmacy</u></p> <p>The importance of pharmacy services is obvious; a major aspect of patient treatment is the prescribing and dispensing of appropriate medications.</p> <p>Again, the systems framework can assist us in analyzing and assessing this service. The services needed are prescription, administration of medications at the appropriate time and dose, and documentation of administration. The delivery of pharmacy services create particular problems in the corrections environment. These problems include:</p> <ul style="list-style-type: none"> <li>● Maintenance of the security of the drugs--inmates frequently will try to get unauthorized access to drugs, which can lead to drug dealing and drug abuse.</li> <li>● Limited range and types of drugs available</li> <li>● Poor preservation of drugs</li> <li>● Prescription of drugs by nonmedical personnel (often correctional personnel), particularly mood-altering drugs</li> <li>● Poor records of who has received how much of what drugs.</li> </ul> <p>Procedures or processes for dispensing and keeping drugs must be carefully worked out. The resources needed to do this include personnel with professional background and knowledge and skills in the</p>	<p>Trainer should briefly review systems framework application.</p> <p>Trainer illustrates how APHA pharmacy standard is analyzed according to the system framework, with the transparency or chart.</p> <p>Trainer entertains questions or suggestions regarding approaches to the delivery of these services from participants.</p>

CONTENT	METHOD
<p>dispensing and keeping drugs, namely, pharmacists and medical personnel, as well as adequate facilities, time, records, etc., to maintain the processes; generally, these needs will generate a need for some more money.</p>	
<p>Different systems and institutions have developed ways to provide these services to meet standards. Your needs will dictate which options are most appropriate for your system and institutions.</p>	<p>Trainer may want to discuss other support services (such as dietary services) and/or respond to any additional questions from participants.</p>
<p><u>Summary</u></p>	
<p>Support services and the implications of standards being applied to them can be looked at in the same way as direct services. The systems framework is a tool in accomplishing support service assessments.</p>	
<p>The importance of these services cannot be ignored. To ensure their adequacy, often specialized staff, time, and other resources will be needed.</p>	
<p><u>Transition</u></p>	
<p>Make transition as appropriate for session to follow.</p>	<p>Trainer concludes session and makes appropriate transition to next session.</p>



SYSTEMS FRAMEWORK: APPLICATION TO STANDARD FOR PHARMACY (APHA)



Pharmacists

Secure storage area

Physically separate pharmacy

Health care personnel  
or  
Trained non-health care personnel

Legally authorized health care personnel

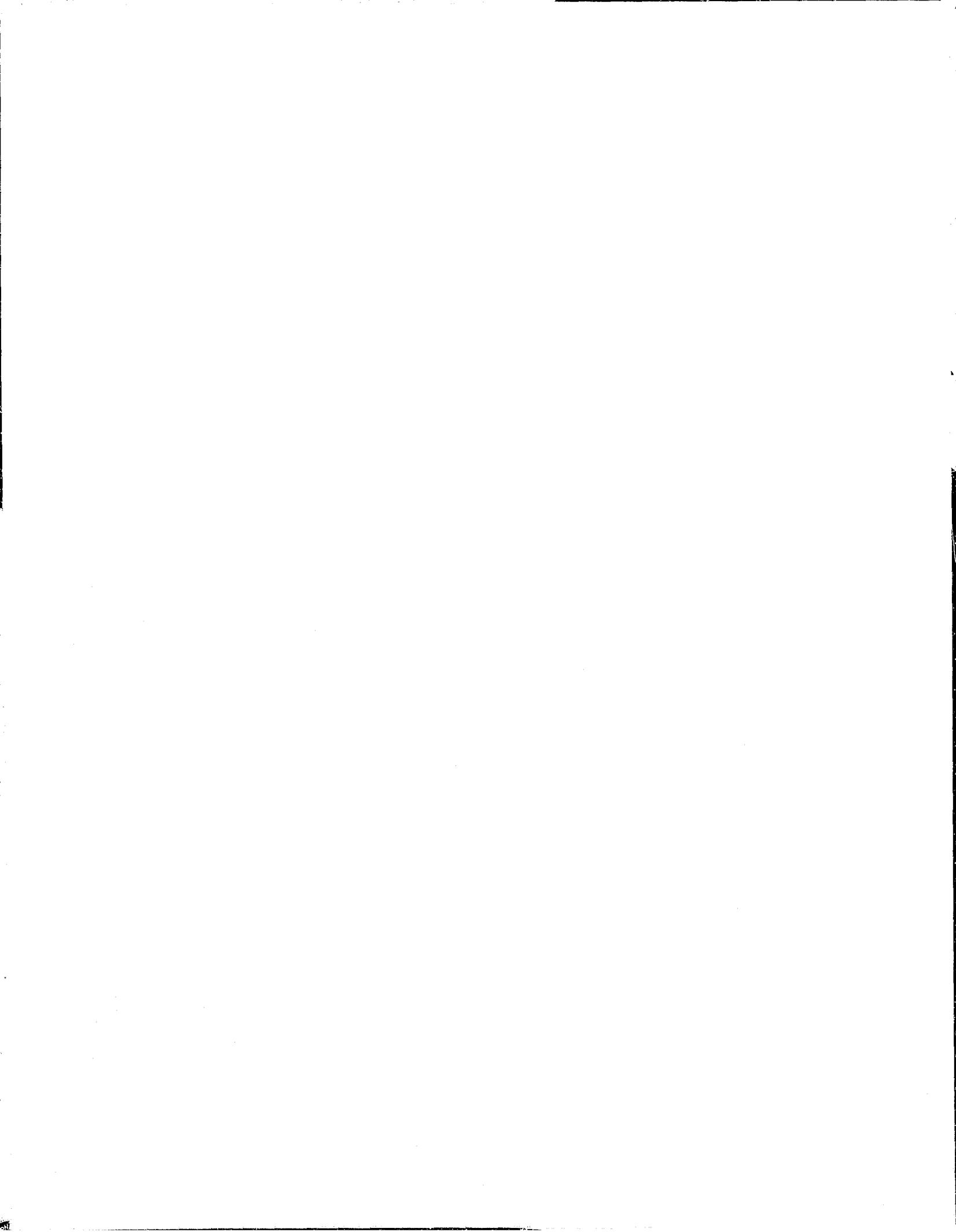
OTC medications in commissary (should have specific rules for dispensing)

Administration of all other (non-OTC) medication

Documentation of administration

Prescription of medication

- To aid in diagnosis, prevention, management of many health problems

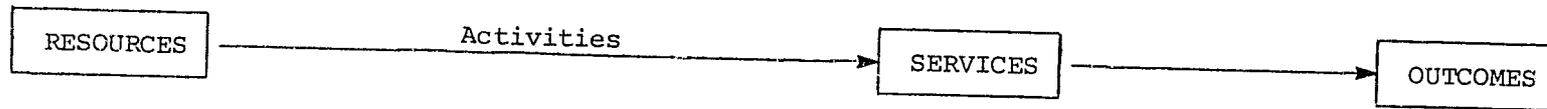


**CONTINUED**

**1 OF 3**

SYSTEMS FRAMEWORK: APPLICATION TO STANDARD FOR MEDICAL RECORD (APHA)

(Chart)



Health record--all inmates

Record should be

- "complete"
- "current"
- "accurate"
- "transferrable"  
(go with inmate)
- "confidential"
- "one unit"
- "standardized"
- "easily audited"

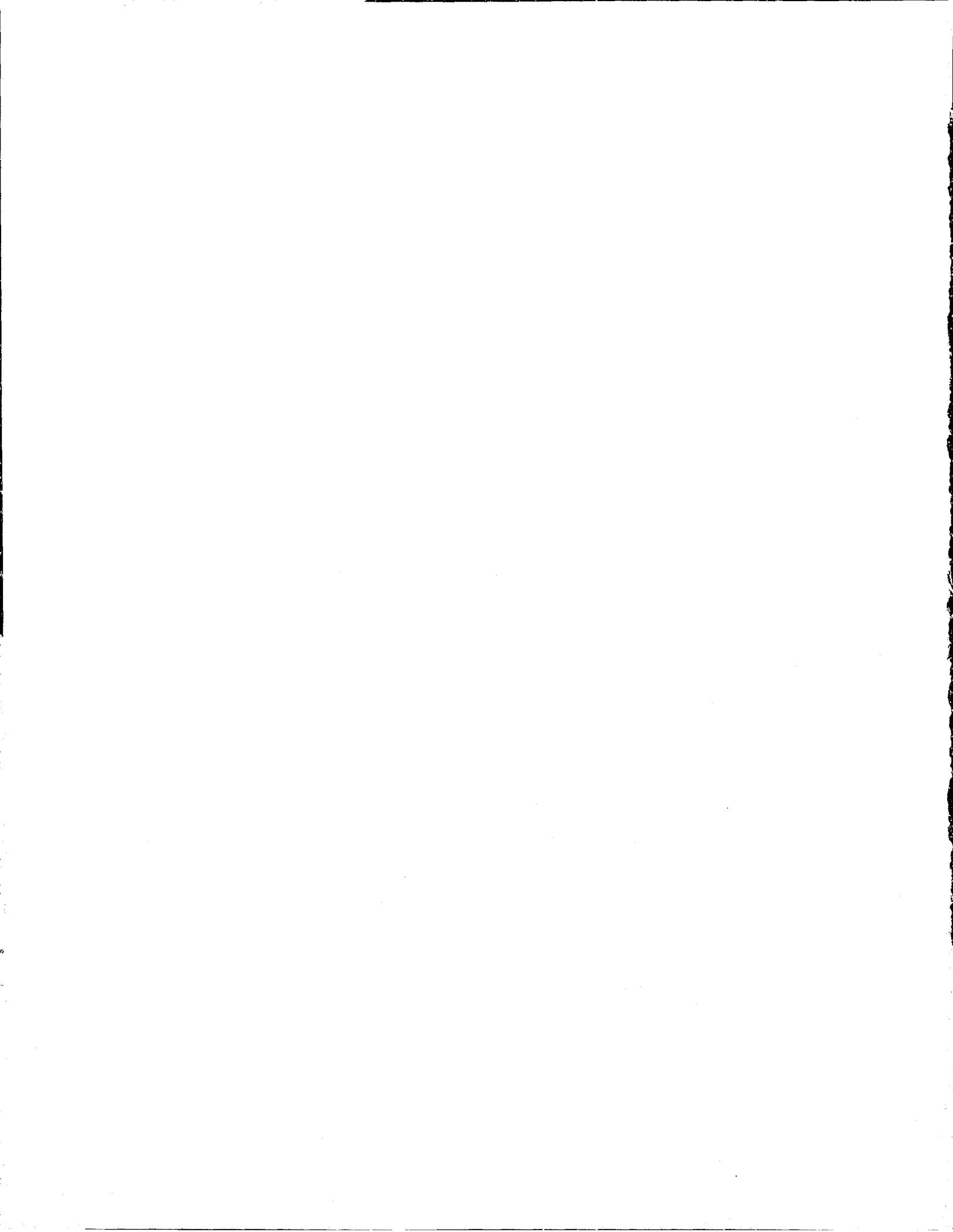
- Supports continuity of care
- Transfers information on health status from one health care provider to another
- Documents health care encounters and events



(Chart)

ELEMENTS OF THE PROBLEM-ORIENTED MEDICAL RECORD

1. Data Base
2. Problem List
3. Plan (for treatment)
4. Progress Notes
  - Subjective
  - Objective
  - Assessment
  - Plan



Session 5

DAY II

9:45 - 11:00 a.m.

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IMPLICATIONS OF USING STANDARDS FOR PERSONNEL AND AVAILABLE OPTIONS

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Goals of the Session

At the end of the session, the participants will be able to:

- Identify the implications of implementing a standard on personnel resources
- Identify at least two options for recruiting and using personnel that will improve health care services.

Rationale

The problems of recruiting and retaining personnel plague most health care administrators and other correctional decisionmakers as well. This Session builds on the analytical framework provided in Session 3 by applying it to a particular case and assessing specifically the implications of using standards on staffing. The case study will be the mechanism not only for applying the framework but also for raising some of the key issues that arise in the area of personnel and related service delivery issues.

Method

Small group work on case study and discussion.

Materials/Logistics

Break-away room, large enough for at least 15 participants  
Case study materials with instructions (one for jail, one for prison)  
Worksheets  
Newsprint  
Magic markers  
Charts: systems framework and steps in the process of applying framework to assessing implications of standards (same ones used in Session 3).

CONTENT	METHOD
<p><u>Linkage</u></p> <p>In Session 3, we had an opportunity to work with a framework that provides a way for pulling apart health care delivery and examining each of the components and the interrelationships. By analyzing health care delivery in this way, we can begin to identify what the deficiencies and gaps are in the available standards as well as in our own systems. It also provides a way for assessing the implications of standards for resources. In this session we will apply the framework to a case study and focus our attention on the issues and options available for personnel resources.</p>	<p>Trainer makes a brief presentation, illustrating points on systems framework chart.</p>
<p><u>Introduction to the Case Study</u></p> <p>The purpose of the case study is to give the participants practice in applying the systems framework to standards. They will identify the implications of standards on activities and resources, as well as think through the available options for meeting standards, such as using different mixes of resources or activities. They will also be able to assess the appropriateness of standards when they are given or promulgated. This is the point at which managers need to be creative. Also, the case study will help to illustrate the difficulties in specifying standards for resources, especially personnel, and help to get into some of the issues related to resources in correctional health care, such as:</p> <ul style="list-style-type: none"> <li>● How to get and keep personnel</li> <li>● The need for additional resources if standards are to be met.</li> </ul> <p>Trainer explains that the product of the case study is to be a set of recommendations regarding what personnel (how many and what types) should be recruited and how they might be recruited.</p>	<p>The trainer gives a brief explanation.</p> <p>The trainer should explain the purpose of the case study; he or she may want to list these on newsprint.</p> <p>The trainer will divide the group into small groups of four to six people, being careful to make sure that each small group has at least one medical person in it. All subgroups should work on the same case.</p>

CONTENT	METHOD
<p>Small groups will work together on developing the recommendations. Each group is to use the worksheets in the Participant's Handbook.</p> <p>Follow the steps set out but complete only steps 3, 4, and 5. First, you should review the services needed and the outcomes identified. Then in step 3, identify the possible options, that is, combinations of personnel/services for delivering the needed services. The options suggested are only a starting point. You may develop your own. Then discuss each.</p> <p>Subgroups work on case study. Approximately 45 minutes will be needed for group work.</p> <p>Trainer has groups present recommendations.</p> <p><u>Discussion Questions</u> (select and use as appropriate):</p> <ul style="list-style-type: none"> <li>● What considerations affected your recommendations?</li> <li>● How did you assess the appropriateness of the options? What criteria did you use?</li> <li>● What other considerations might add to staffing costs? What might you do to attract and keep professional health care staff?</li> <li>● What are the pros and cons of using paraprofessional staff? Physician assistants and nurse practitioners? Inmates?</li> <li>● What is the feasibility of having specific standards which apply to all institutions in a system? How specific can and should standards be?</li> </ul>	<p>The trainer should review the case study instructions. (If participants have not had time to read the case study, the trainer should allow time for this.) The trainer should review the expected product and may want to list key points on newsprint. The trainer should also point out that the options suggested in the case study are just a starting point to help the group think about possible options.</p> <p>Trainer should facilitate, as needed, and answer any questions. The trainer should avoid allowing the groups to depend on him or her.</p> <p>Trainer facilitates discussion of recommendations using the corresponding questions or others.</p>



## CASE STUDY I

### Introduction

You are the members of a multi-disciplinary task force charged by the warden of the Horizon Center Correctional Institution (HCCI) with the task of making recommendations to correct the deficiencies in the health services being delivered to inmates. The institution is under threat of a court order from Judge Hamilton if the health services are not improved.

### Current Status of Problem

The Horizon Center Correctional Institution is a state institution for 2,000 male inmates located in the semi-rural county of Riverside. In a preliminary survey of health services, one of the major deficiencies cited was the lack of any physical examinations for incoming inmates. The team conducting the survey noted that this could permit the spread of communicable diseases among the inmates and the staff. The team has recommended that all inmates be examined within 48 hours of entering the institution following the American Public Health Association standards for the examination.

### The Assignment

At this meeting of the task force, you are to develop recommendations to present to the warden regarding the staffing for the conduct of entrance examination. (You are to focus on personnel only, not the other resources needed.) The recommendations should include suggestions on:

- How many and what types of personnel
- How the new personnel might be recruited
- Expected cost for staffing

To develop these recommendations, you should complete the worksheet, using information from the memorandum that follows and your own experience.



# HCCI

## Horizon Center Correctional Institution

MEMORANDUM

DATE: September 19, 1977

TO: Marcia Templehof, R.N., HCCI Health Assessment Task Force Liaison

FROM: Carolyn Lee, R.N.

SUBJECT: Study of Resources and Options Regarding Entrance Examinations

I am sorry for the delay in submitting this report with the information you requested for the task force. However, it has been more difficult than I anticipated to pull all of the information together.

Incoming Inmates

The monthly data on incoming inmates for July 1976 to June 1977 for HCCI:

	<u>HCCI</u>
July 1976	55
August 1976	60
September 1976	70
October 1976	75
November 1976	70
December 1976	80
January 1977	75
February 1977	75
March 1977	85
April 1977	65
May 1977	60
June 1977	70
TOTAL	<u>840</u>

Average Number Incoming  
Inmates Per Month = 70

The Director of Records has informed us that in the coming year we will be receiving about the same numbers as last year.

### Time Needed to Conduct Exams

After consulting with a number of doctors and clinics, the following seems to be the average amount of time needed to complete the different portions of the examination:

Vital signs (e.g., temperature, blood pressure, and pulse)	5 minutes
History taking	15 minutes
Physical exam (all systems)	20-30 minutes
Lab tests--taking samples analysis	This varies; I could not get a meaningful average; this would not be done in HCCI.
Vision testing	5-10 minutes
Mental health screening	This is done by the Division of Screening and Treatment
Total time (in-house) per entering inmate	50-75 minutes

### Who Should Conduct Exams

Under some circumstances (such as in a private physician's practice) the doctor would do all aspects of the entrance exam. However, the only part of the exam which requires physician's training is the physical exam; other trained medical personnel such as R.N.'s, L.P.N.'s, or physician assistants could take vital signs, draw blood samples, and take the history. This would make the processing of patients more efficient. Even inmates could be trained to do parts of the exam, such as the vision test.

### Resources Available

As you know, we now have available for health care delivery the following personnel:

2 Physicians, half-time	1 lab technician, half-time
2 R.N.'s, full-time	1 pharmacist, half-time
2 L.P.N.'s, full-time	2 inmates are responsible for janitorial and some secretarial duties
1 Nurse's aide, full-time	

The full-time work week is 40 hours. Those personnel, who are employed part-time at HCCI state that they are giving as much of their time as they can to the institution. All are fully occupied by sick call, follow-up of problem patients, and taking care of the 10-bed infirmary for minor ailments. We are definitely going to need additional personnel if we are to conduct the entrance physicals.

I have done a general assessment of what other medical and health care resources might be available to us. The closest town, Greenhaven, is six miles away and has a population of about 10,000 and the entire county has a population of about 25,000. There are about 15 doctors, three or four practice pediatrics, and three practice obstetrics. There is a small 50-bed hospital, which all the doctors use. There is only one physician "group" -- two internists, one

pediatrician, one ob-gyn, and one surgeon, all of whom have offices in the same building and refer to each other. Other medical resources include: the Red Cross, the Grey Ladies and Candy Strippers (volunteers who work at the hospital), the Lions Club (which offers free eye exams), the public health nurse, the school nurse, R.N.'s, L.P.N.'s, and other health care personnel who are not working, and several herbalists and palm-readers who offer cures for various ailments. We can also consider hiring and training people from the community.

In thinking about how we might staff for the delivery of the entrance exams, I reviewed some of the suggested approaches presented in an AMA pamphlet "Models for Health Care Delivery in Jails." I have listed below those that seem applicable for our institution.

- Option 1: Contract with a group practice.
- Option 2: Contract with the hospital to deliver the services.
- Option 3: Hire just enough staff to add this service to those already available.
- Option 4: Develop our own health maintenance type of organization or provide comprehensive services not only to our inmates but also, perhaps, to the local community and other correctional institutions.
- Option 5: Use a nurse from the county health department (if one is available).

These are just some ideas; we will need to review them and consider others at our next meeting.

#### Wages and Salaries

I reviewed the typical wages/salaries of medical care personnel in this area.

Physicians	About \$35/hour
Physician Assistants	About \$8/hour
R.N.'s	About \$8/hour
L.P.N.'s	About \$5/hour
Nurses' Aides	About \$3.50/hour
Lab Technicians	About \$5/hour
Inmates	About \$2/hour
Correctional Officers	About \$6/hour

As you can see, the salaries of the health care personnel at the HCII are slightly lower than in the community--averaging about a dollar or two difference.

## STANDARD FOR THE ENTRANCE EXAMINATION \*

The initial evaluation shall take place in an area that is conducive to the encounter.

The patient shall be comfortable and clothed in garment suitable for the examination.

The initial medical assessment shall include:

1. Measuring of the blood pressure, respiratory rate, temperature, and pulse.
2. Inquiry about:
  - a. Headache, recent head injury and loss of consciousness;
  - b. Use of prescribed medicines;
  - c. Chronic health problems, such as heart disease, hypertension seizure disorders, asthma, sickle cell disease, diabetes mellitus, and tuberculosis;
  - d. Regular use of barbiturates, sedatives, opiates, alcohol, and non-prescribed drugs;
  - e. Unusual bleedings or discharge;
  - f. Recent fever or chills;
  - g. Unusual pains and recent injury;
  - h. Allergy to medication and other substances;
  - i. Lacerations, bruises, abscesses, ulcers and itchiness.
3. A visual inspection for signs of trauma, recent surgery, abscesses, open wounds, parenteral drug use, jaundice, pediculosis and communicable disease.
4. Observation and evaluation of consciousness, awareness of surroundings and events, and appropriateness of personal interactions as well as height and weight and gross body composition.
5. Physical assessment of:
  - a. Head-defects, contusions, lacerations and dried blood;
  - b. Ears-gross hearing loss, blood/discharge;
  - c. Nose-blood and other discharges, recent injury;
  - d. Eyes-bruises, jaundice, gross movements, pupil reactivity;
  - e. Chest-labored or unusual breathing, penetrating wounds;

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\*  
Abstracted from Standards for Health Services in Correctional Institutions, American Public Health Association, Washington, D.C., 1976, pp. 3-8.

- f. Abdomen-tenderness, signs of blunt injury, surgical scars;
  - g. Genitalia-discharge, lesions, lice;
  - h. Extremities-sign of drug use, hyperpigmentation of anticubital fossae, abscesses, deformity, "tracks ."
6. Implantation of tuberculosis skin test where not contra-indicated.\*\*
  7. Obtaining urine for the detection of glucose, ketones, blood protein and serum for serology.

The procedures necessary to complete the evaluation shall include:

1. Inquiry about:
  - a. Prior significant illnesses and hospitalization;
  - b. Familial and domiciliary diseases of significance such as diabetes mellitus, hypertension, tuberculosis, and hepatitis;
  - c. Immunization status;
  - d. Current symptoms and abnormalities in the nervous, gastrointestinal, respiratory, auditory, integumentary, endocrine, cardiovascular, ophthalmic, musculoskeletal, and blood forming systems.
2. Physical inspection and examination of organs and structure of head, neck, chest, abdomen, genitalia, rectum, and extremities with particular emphasis and comment about the presence or absence of abnormalities suggested by the previously obtained history.
3. Mental health screening and evaluation that shall:
  - a. Be conducted by a health worker sensitive to the crisis state in which the new prisoner is liable to be;
  - b. Include as a minimum, the following elements of personal history: mental illness, mental health treatment, education, work, social, sexual, family, drug and alcohol use; and assessment of coping mechanisms and ego strengths; and any indication by the prisoner of a desire for help;
  - c. Be documented in writing in a standardized fashion;
  - d. Include explanation to the new prisoner of the mental health services available and procedure(s) for application.

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\*\*Note: The importance of quickly diagnosing and treating venereal diseases and TB cannot be overemphasized. This is not only true for the inmate's protection, but also for the protection of all inmates, the staff, and the outside community.

4. Collective specimens for hepatitis screening, white blood cell count, hematocrit, and other indicated laboratory tests.
5. Vision testing with Snellen Chart and auditory testing with a reliable standard.
6. Immunization with Td in current needle users.

WORKSHEET FOR USING STANDARDS AND ASSESSING THEIR IMPLICATIONS

1. Check relevance of standards and outcomes.

Outcomes: To control and limit communicable disease within the institution. To identify current inmate health care problems.

Relevant? - Yes

2. List services needed (or additional services needed) to achieve outcomes. Calculate volume of services (number of services needed in relevant time period, e.g., one examination per inmate per year, or 2,000 examinations).

<u>Type Service</u>	<u>Number</u>	<u>Type Service</u>	<u>Number</u>
<u>Vital signs</u>	<u>840</u>	<u>Vison exams</u>	<u>840</u>
<u>Histories</u>	<u>840</u>	<u>Mental health exams</u>	<u>not applicable</u>
<u>Physical exam</u>	<u>840</u>	_____	_____
<u>Lab tests</u>	<u>840</u>	_____	_____

3. List possible options for delivery of service(s) (e.g., use of in-house resources, outside resources, staffing configurations, etc.).

OPTION A

OPTION B

<u>Staff Person</u>	<u>Services to be Provided</u>	<u>Staff person</u>	<u>Services to be Provided</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



WORKSHEET FOR USING STANDARDS AND ASSESSING THEIR IMPLICATIONS

1. Check relevance of standard to outcomes.

Outcome: \_\_\_\_\_  
 \_\_\_\_\_

Relevant? - \_\_\_\_\_

2. Identify services covered by standard list, range of services, and volume (number of services needed in relevant time period, e.g., one examination per inmate per year, or 2,000 examinations.)

<u>Type Service</u>	<u>Number</u>	<u>Type Service</u>	<u>Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List possible options for the delivery of service(s) (e.g., use of in-house resources, outside resources, staffing configurations, etc.).

OPTION A

OPTION B

<u>Staff Person</u>	<u>Services to be Provided</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Staff Person</u>	<u>Services to be Provided</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



## CASE STUDY II

### CASE STUDY: EXCELSIOR COUNTY JAIL

#### Introduction

You are the members of a multi-disciplinary, community task force charged by the sheriff of Excelsior County, who is the chief law enforcement officer and responsible for operating the Excelsior County Jail (ECJ), with the task of making recommendations to correct the deficiencies in the health services delivered to the jail inmates. The sheriff is under pressure to upgrade the health services from the local medical society and Judge Grady who sits in the county court.

#### Current Status of the Problem

The Excelsior County Jail serves as a lock-up for the small police departments in the county that lack detention facilities. The facility also holds people awaiting trial in Superior Court, which is in session three times a year (May-June, August-September, and October-November), and those sentenced for a year or less. The average total daily census ranges between 70 and 80. In a preliminary survey of the health services and facilities, the team noted that communicable diseases could be spread among the inmates and staff due to the lack of admissions screening, daily sick call, and procedures to respond to emergencies or illnesses that occur on weekends or non-sick call hours. The team has recommended that the jail provide these services, following the guidelines provided in LEAA's Prescriptive Package on correctional health care and the American Public Health Association report.

#### The Assignment

At this meeting of the task force, you are to develop recommendations to present to the sheriff regarding the staffing for the conduct of admissions screening, sick call, and 24-hour emergency coverage. (You are to focus on personnel only, not the other resources needed.) The recommendations should include suggestions on:

- How many, and what types of personnel
- How the new personnel might be recruited
- Expected cost for staffing

To develop these recommendations, you should complete the worksheet, using the information collected and presented in the memorandum that follows and from your own experience in corrections and health services delivery.



### Time Needed for Services (Screening, Sick Call, Emergencies)

As you suggested, I consulted a number of physicians to get an estimate of how long the screening would take. The following is an average of the times given.

Brief history: 3-5 minutes  
Vital signs (temperature, BP, pulse): 3-5 minutes  
Review of systems: 5 minutes  
Total time per inmate: 11-15 minutes

For sick call, the same times would be needed per inmate.

### Expected Numbers for Sick Call

You have collected data on incoming inmates from Jack Woods, and they would be those receiving screening. I checked with the jail in Carrollton and the medical staff say that approximately 10 percent of the inmates show up for sick call every day. Therefore, we can probably expect about seven or eight per day.

### Resources Available

As you know, the medical resources currently available in the jail are rather limited. They have one physician who comes in twice a week for two hours to conduct sick call. He is also on-call for all medical emergencies, but he has an active practice on the outside, so sometimes another physician has to be called, or the hospital used for emergencies. The part-time physician also maintains the records, provides referrals for specialty care, and conducts immunization clinics.

The other jail employees include:

Sheriff  
Deputy master  
Shift supervisor  
3 senior officers  
Part-time director of education and treatment  
Supervisor of work release  
13 correctional line officers

The correctional staff maintain the sick call log and dispense all prescribed medication. They also provide all transportation and security at the hospital. While the community of Supreme, a town of 18,000, does not have a wealth of medical resources, there are the following:

Excelsior Medical Center--county hospital  
Hawthorne Hospital--private  
25 physicians covering all specialities  
Civic groups, such as the Lions Club which offers free services, eye  
clinics, and the Red Cross  
School nurse and two public health nurses

There are also a number of trained nurses, R.N.'s and L.P.N.'s, and former medical technicians (U.S. Army) who are now living here but not working, at least not in their professions.

#### Options for Staffing

In order to provide screening, daily sick call, and improved emergency coverage we will need either to get new personnel or train others on the staff to conduct the screening. I have pulled the following suggestions for approaches to staffing from the AMA pamphlet "Models for Health Care Delivery in Jails." We will need to review them and adapt them or come up with our own at our next meeting.

- Option 1. Jail A, a small facility, meets the medical care needs of the inmates by providing for access between the inmates and their personal physicians at the inmates' expense. Indigent inmates and those without a personal physician are being taken care of by contractual arrangement with a local community hospital. The care is rendered in the physicians' private offices or the local health agencies (hospital, laboratories, etc.). The jailers, through training from the physicians, are able to "screen" all incoming prisoners and provide a medical "triage" on all requests to see a doctor. (Triage means the sorting out and classifying of illnesses to determine priority of need and proper place of treatment.)
- Option 2. Jail B contracts with a local physician to act as the medical officer. His duties include arranging for the provision of all medical care rendered within and without the institution and all dental care as needed. Basic primary care is delivered at the institution while all other care is usually delivered at a local hospital where the jail medical officer is on the staff.
- Option 3. Jail C has contracted with a group practice, or public or private clinic, to provide 24-hour, seven day-a-week emergency and acute medical services. The contract includes receiving screening, health data collection, and physical examination of every newly admitted inmate within 24 hours of arrival at the jail. The contract also provides that in-hospital or special services will be arranged by the contracted group or clinic when these services are needed.

Salaries

The average current hourly rates for this area for the types of people discussed above are:

Physician	\$25/hour
Physician Assistants	\$8/hour
R.N.	\$8/hour
L.P.N.	\$5/hour
Medical Technician	\$5/hour
Correctional Officer	\$6/hour
Inmate	\$2/hour

## STANDARD FOR PERFORMANCE\*

### The Preliminary Screening for Admission

For his own protection, for the protection of other inmates, and for the protection of the correctional institution, a preliminary health evaluation should be made immediately upon the arrival of a new inmate-- before he is permitted to enter the inmate population. As many as possible of the following points should be checked:

- Does the new arrival report pain, bleeding, or any other symptoms suggesting need for emergency service? Are there any visible signs of trauma or illness requiring immediate care?
- Does the new arrival have a fever, a sore throat, swollen glands, jaundice, or other evidence of an infection which might spread through the institution?
- Does his general appearance suggest the likelihood of head lice, body lice, public lice, or other parasites?
- Does he appear to be under the influence of alcohol, barbiturates, heroin, or any other drug? Is he exhibiting withdrawal signs, or at risk of developing them?
- Is he so excited or elated, so depressed and withdrawn, or so disoriented as to suggest the possibility of suicide or assault on others?
- Is he carrying medication, or does he report being on any medication which should be continuously administered or available-- medication for arthritis, asthma, diabetes, seizure disorders, gastric or duodenal ulcer, heart disease, high blood pressure, psychiatric problems, etc.?
- Is he on a special diet for any of the above (or other) conditions?
- Has he recently been hospitalized or seen a physician for any illness?

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Brecher, Edward M. and Della Penna, Richard D., Prescriptive Package: Health Care in Correctional Institutions, National Institute of Law Enforcement and Criminal Justice, Washington, D.C., 1975, pp. 8-9.

- Is he allergic to any medications or other substances?
- Does he have an unusual, recently acquired headache?
- Has he fainted lately or has he had any recent head injury?

A medical record folder should be prepared for each inmate on admission, and the pertinent findings of the screening examination, both positive and negative, should be the first entries in his permanent medical record.

The urgency of the preliminary screening varies from institution to institution and from inmate to inmate. It is most important in local detention facilities (jails) which receive most of their inmates directly off the street--and it is precisely in such institutions that screening on admission is most difficult and most likely to be neglected.

One purpose of the screening on admission is to *identify very ill persons who should not be admitted at all* but should be transferred at once to a hospital, mental hospital, or other facility. In some cases, the police officer, marshal, or deputy sheriff who brings the person to the institution may be instructed to take him instead to the other appropriate facility. If this is not possible, the correctional institution itself must promptly make the transfer instead of admitting the new arrival to the inmate population.

If the new arrival is moderately ill on admission, or if he is intoxicated, he should be sent to the institution's infirmary rather than the general population. If he is in need of continuing medication, his medication should be taken from him but arrangements must be promptly made for dispensing appropriate doses through the institution's regular dispensing procedures. The purpose of the screening on admission, in short, is not merely to make a paper record but to see that the immediate health care needs uncovered in the course of the screening are promptly met. A substantial body of litigation arises out of failure to identify and promptly care for medical needs present at the time of admission.

The preliminary screening on admission need not be performed by a physician. Indeed, one of the major distinctions between horse-and-buggy medicine and the modern practice of medicine is the use of physician's assistants, nurse-practitioners, medical technical assistants (MTA's) and other "physical extenders" to perform duties which the physician does not have time for and which would otherwise not be performed at all--thus leaving the physician free for duties consonant with his level of skills and training. The screening should always be performed by a member of the health care (not correctional) staff.

STANDARDS FOR PERFORMANCE \*

1. REGULAR AMBULATORY CARE SERVICES (SICK CALL)

Principle: Every correctional institution should make provision for those persons treated on an ambulatory basis who have special health requirements such as limitations of activity. The disability due to illness generally occurs at a low threshold because of the highly structured and impersonal nature of institutional settings. Thus, there are many health problems which can be exacerbated by activity that is either too limited or too strenuous. Therefore, in making housing, duty or any activity assignments, on either a temporary or permanent basis, allowance for special health requirements should be made.

Public Health Rationale: The myriad health problems (some with and some without organic base) which arise must be evaluated and accurately treated as soon as they arise in order to prevent the unhappy sequelae from untended disease.

Satisfactory Compliance:

1. Each correctional institution shall demonstrate:
  - a. That a regular ambulatory care schedule is provided;
  - b. That a qualified provider of medical care or providers of medical care, are in the institution during the scheduled period, and are providing medical services;
  - c. That there exists a mechanism whereby inmates can seek health services directly without explicit or implicit obstruction. Health officials shall develop a means whereby inmates may continue to have full access to treatment even when the inmate is not in the general population for whatever reason.
2. The frequency and duration of ambulatory care services shall be determined by the size of the institution, and the particular health requirements of the population.

2. EMERGENCY SERVICES

Satisfactory Compliance:

1. Each correctional institution shall have a written plan for emergency procedures. The plan shall include the range of services available within the institution and shall be integrated with existing regional emergency medical care resources.

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Standards for Health Services in Correctional Institutions, American Public Health Association, Washington, D.C. 1976, pp. 9-10 and 12-13.

2. All health staff persons shall be well trained in the provision of first aid and emergency care measures and cardiopulmonary resuscitation. In institutions where health staff is not available twenty-four hours a day, there shall always be on duty at least one correctional officer who has completed the equivalent to the primary American Red Cross First Aid course.
3. Emergency equipment and supplies consistent with the written emergency procedure and commensurate with the service capability of the institution shall be available and readily accessible. First aid supplies shall be located in all areas such as the kitchen and work areas where accidents are likely to occur.
4. Medical criteria alone shall dictate whether or not an inmate shall be transferred out of the facility to a civilian health center for emergency care. Security requirements shall not unreasonably delay the arrival or departure of emergency vehicles used in transfers.
5. Each institution shall include in its emergency procedures specific guidelines for transfer and provision for medical care in the event of fire, riot, or disaster.

WORKSHEET FOR USING STANDARDS AND ASSESSING THEIR IMPLICATIONS

1. Check relevance of the standard to the outcome.

Outcome: To control and limit communicable diseases within the institution--to prevent unnecessary illness among the staff and inmates.

Relevant? - Yes \_\_\_\_\_

2. Identify services covered using the standard list and identifying the range of services and volume (number of services needed in relevant time period, e.g., one examination per inmate per year, or 2,000 examinations).

<u>Type Service</u>	<u>Number</u>	<u>Type Service</u>	<u>Number</u>
Brief history	<u>73/month</u>	Emergency	<u>?</u>
Vital signs	<u>73</u>	_____	_____
Review of systems- physical	<u>73</u>	_____	_____
Sick Call	<u>7-8/day</u>	_____	_____

3. List options for the delivery of service(s) (e.g., use of in-house resources, outside resources, staffing configurations, etc.).

OPTION A

OPTION B

<u>Staff Person</u>	<u>Services to be Provided</u>	<u>Staff Person</u>	<u>Services to be Provided</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



WORKSHEET FOR USING STANDARDS AND ASSESSING THEIR IMPLICATIONS

1. Check relevance of standard to outcomes.

Outcome: \_\_\_\_\_

\_\_\_\_\_

Relevant? - \_\_\_\_\_

2. Identify services covered using the standard list and identifying the range of services and volume (number of services needed in relevant time period, e.g., one examination per inmate per year, or 2,000 examinations).

<u>Type Service</u>	<u>Number</u>	<u>Type Service</u>	<u>Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List possible options for the delivery of service(s) (e.g., use of in-house resources, outside resources, staffing configurations, etc.)

OPTION A

OPTION B

<u>Staff Person</u>	<u>Services to be Provided</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Staff Person</u>	<u>Services to be Provided</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Session 6

DAY II

11:00 a.m. - 12:15 p.m.

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MANAGEMENT OF HEALTH CARE DELIVERY OF CORRECTIONS

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Goals of the Session

At the end of the session, the participants will be able to:

- Identify two or three of the types of decisions that need to be made in managing the implementation of health care standards in corrections
- Identify the knowledge and skills and the actors who are needed to make appropriate management decisions regarding correctional health care standards
- Identify the roles, responsibilities, and the appropriate communication networks needed to ensure that decisions are made effectively, particularly those decisions identified above
- Identify at least one change that they would make in the management decisionmaking process for health care services in their institution or system. (Optional)

Rationale

Experts and practitioners have expressed concern about the management of health care in corrections and particularly the implementation of standards. They have asked how they can ensure that the most effective decisions regarding standards are made given the frequently competing interests in the correctional environment. All decisionmakers who affect health care delivery in corrections, not just the health administrators, need to have a common understanding of how to analyze the decisionmaking function of management, what organizational structures and processes can be developed to facilitate effective decisionmaking, and the attendant costs and problems. Other issues which affect the management of health services in corrections will also be discussed during the exercises and group work.

## Methods

Small group presentation, individual or small group work using management assessment worksheets, and discussion.

## Materials/Logistics

Four meeting rooms, large enough for at least 15 people

Charts: Systems Framework, Roles of Management, Communication Networks

Newsprint

Magic markers

Health Care Decisionmaking Assessment Sheet for each participant.

CONTENT	METHOD
<p><u>Introduction</u></p> <p>In the preceding sessions, we discussed and practiced an approach, the systems framework, which can be used to assess health care services delivery, identify a system's needs, and examine the implications of proposed standards. The framework can also help you identify the information needed to make these assessments.</p> <p>We now want to focus our attention on the management of health care delivery, and more particularly, on the decision-making process, a critical part of health care management. We have selected to approach the management of health care services from the decisionmaking perspective because it also allows us to focus on some of the key issues with which administrators and professionals said they were concerned during the needs assessment.</p> <p>There have been many and varied descriptions of what managers should and actually do. Some of these talk about functions, some about approaches to organization, some about the roles of managers. Clearly, describing management is difficult because the functions and roles overlap. Also, to date, most management studies have been conducted for industrial and commercial enterprises, but many are applicable to the public sector (although there are some key differences).</p>	<p>(If there is approximately two hours of additional time available and there is interest in the decisionmaking processes and communications networks associated with them, this session may include the network exercise outlined in the Appendix. The exercise would precede the small group work on the Health Care Decisionmaking Assessment Sheet.)</p> <p>Trainer makes brief presentation. The trainer uses the systems framework chart to illustrate the transition from the preceding sessions to this session, and to review the information covered.</p>

CONTENT	METHOD
<p>The decisionmaking process of management is central to what managers do, according to Henry Mintzberg, whose article on the work of managers is reprinted in your Manual. Health care managers in corrections will have many important decisions to make: decisions about the initiation of new programs, the upgrading of old ones, about the implementation of standards (which ones at what performance levels), and so forth. Most of these decisions will require the involvement of others, those who will be responsible for implementing the decisions and who will be affected by them. How the decisions are made and who is involved will influence the effectiveness and success of health care programs.</p>	
<p><u>Analyzing Decisionmaking</u></p>	
<p>The decisionmaking process can be analyzed in much the same way as health care services delivery. The services of management are "decisions," and there are different activities managers engage in to reach those decisions, and various resources utilized in those activities. The principal resources are people.</p>	<p>Trainer should refer the participants to the Manual's illustration of how decisionmaking can be analyzed.</p>
<p>Mintzberg classifies the managers' activities under three groups of roles:</p>	
<ul style="list-style-type: none"> <li>● <u>Interpersonal roles</u>--these derive directly from the manager's formal authority and involve basic interpersonal relationships: <ul style="list-style-type: none"> <li>--The performance of ceremonial duties</li> <li>--As a leader, is normally responsible for hiring and firing staff; the manager is also involved with motivating staff and influencing them in various ways</li> <li>--The manager makes contacts with people outside his or her vertical chain of command; the role is devoted to building up contacts and the manager's own external information system.</li> </ul> </li> </ul>	<p>Trainer should refer to chart with Mintzberg's Roles of Management, if appropriate. Trainer may use own discretion in deciding the level of detail appropriate for the description of the three groups of roles.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● <u>Informational roles</u>--closely related to interpersonal roles. As a leader and a liaison, the manager has access to sources of information which he or she then processes: <ul style="list-style-type: none"> <li>--The manager "scans the environment for information, interrogates his liaison contacts and his subordinates, and receives unsolicited information...." Much of the information gathered is verbal, such as gossip, hearsay, and so forth.</li> <li>--The manager passes some of this information directly to subordinates, who do not have access to it.</li> <li>--The manager shares some information with people outside the immediate organization.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>● <u>Decisional roles</u>--the information gathered and disseminated in the informational roles is not an end in itself, but rather a basic input to decisionmaking: <ul style="list-style-type: none"> <li>--The manager seeks to improve the unit and adapt to changing conditions.</li> <li>--The manager must act to respond to situations which cannot be ignored here, change is beyond the manager's control.</li> <li>--The manager determines who gets what and authorizes the decisions of others in the unit before they are implemented. Often, the manager is faced with complex choices.</li> <li>--Managers often have to work out or negotiate different decisions among competing parties.</li> </ul> </li> </ul>	
<p>These three roles are interactive; that is, when managers are making decisions they make them on the basis of information they have received as a result of acting in their information and interpersonal roles.</p>	

CONTENT	METHOD
<p>There are many mechanisms (activities) which the manager can use to ensure that the appropriate resources (people) are involved in the appropriate roles and communications channels. These activities include such things as group meetings, task forces, interviews, and so on.</p>	<p>Trainer should use examples of activities from the Manual and make linkage with the activities and roles described above.</p>
<p><u>Exercise Using Decisionmaking Assessment Sheet</u></p>	<p>Trainer refers participants to the Participant's Handbook, with blank Health Care Decisionmaking Assessment Sheet and the example.</p>
<p>To examine and discuss decision-making in correctional health care further, we will now use a tool, a Health Care Decisionmaking Assessment Sheet. It is intended to help you look at some of the decisions you, as managers must make, who should be involved in those decisions, their roles and responsibilities in those decisions, and then, the activities you can undertake to ensure that those roles and responsibilities are carried out.</p>	<p>Trainer should go over example sheet, stressing that it is only an example.</p>
<p>Working alone or in small groups, participants should:</p>	<p>Trainer should then explain the exercise and its purpose and assist the participants in deciding how they want to work--alone or in small groups.</p>
<ul style="list-style-type: none"> <li>● Identify decisions (two to four) they will need to make in the near future regarding health care in corrections, and write them in the space at the top of the worksheet</li> <li>● Identify and list all of the actors who should be involved in those decisions</li> <li>● Identify, with the appropriate letter(s), the role(s) of the actors in each decision in the appropriate space.</li> </ul>	<p>Trainer should allow at least 20 minutes for participants to work through the assessment sheet.</p>
<p>Participants are then asked to share with the rest of the small group the decisions they have identified as important, the actors, and their roles.</p>	<p>Trainer should "float" to make certain that participants are working and understand the task.</p>
<p>After each example or all the examples are given, the trainer should facilitate discussion and may use one or all of the following discussion questions:</p>	<p>Trainer should then ask participants to present one or more examples. Trainer should record at least one on newsprint or chalkboard.</p>
<p>After each example or all the examples are given, the trainer should facilitate discussion and may use one or all of the following discussion questions:</p>	<p>Trainer may want to list responses to some questions, if appropriate.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Who should be involved in complex and simple problem-solving, or decisionmaking?</li> <li>● Why were the persons listed identified as important for making that decision?</li> <li>● What are their appropriate roles and responsibilities?</li> <li>● How can you be certain that they will carry out those roles and responsibilities? How can you ensure their cooperation? Involvement?</li> <li>● What communications networks are most appropriate for the types of participation in decisionmaking you would like?</li> <li>● What are the appropriate roles of: correctional officers, inmates, health care administrators, health care providers, outside agencies?</li> <li>● What problems do you encounter in correctional health care decision-making?</li> <li>● What compromises can and cannot be made with correctional decision-making?</li> <li>● What conclusions can we draw about management decisionmaking and the resources and activities used? Are there any implications for management structure or processes?</li> </ul>	<p style="text-align: center;">Trainer should explain chart with networks if this question is used. (See Appendix for description.)</p>
<p><u>Conclusion</u></p> <p>We have been through an exercise which has raised some of the key issues which affect management and more specifically the management of health care in corrections. We have looked at the roles and responsibilities of the various actors and how to structure health care management so those roles are carried out in decisionmaking.</p>	<p style="text-align: center;">Trainer summarizes discussion and exercise as concisely and completely as possible.</p>

CONTENT	METHOD
<p>The decisions and the resources and activities needed in management of health care are influenced profoundly by the correctional environment. Security is an issue which affects all aspects of health care delivery and management and the demands and problems of security affect decisionmaking for health care.</p>	
<p>To make appropriate decisions, then, in managing correctional health care, the knowledge and skills of many different types of people are needed: health care administrators, inmates, correctional officers, and so on. Decisionmaking takes place within the decisionmaking structure of the institutions, as a whole.</p>	<p>Trainer should emphasize the need for information resources--that is, people with specific knowledge and skills to contribute to decisions (health care administrators, inmates); the effect of different activities used in making available the relevant resources; and how specific organizational structures and leaders will affect whether those networks are used.</p>
<p>New options are being tried out in some systems--for example, in Michigan, where health care administrators are answerable to the health care administrator in the state's department of corrections and he answers to the commissioner. Roles are now being developed for medical societies and others to ensure ongoing monitoring of health care.</p>	<p>Trainer may want to use other examples or refer to examples given by participants earlier in the session.</p>
<p>We have discussed and used a process for assessing management needs--a process which is applicable whether you are a manager of a county jail or of a whole correctional/state system. Some additional things to consider are:</p>	
<ul style="list-style-type: none"> <li>● What decisions/products/services of management are needed?</li> <li>● What resources are needed to make those decisions--for example, in terms of knowledge and skills? What resources are available or need to be made available?</li> <li>● What activities can be used to ensure that resources/actors are used in the most efficient and productive way?</li> </ul>	<p>Trainer should refer to the systems framework to illustrate process.</p>

CONTENT	METHOD
<p>A key thing to remember is that just as health care services cannot be delivered by those who don't know anything about health services or medicine, neither can management of those services be conducted effectively by someone who knows nothing about how to manage health care services. And the management processes and structure need to support the use of knowledgeable/skilled people at appropriate times. Frequently, decisionmaking will require the use of groups; the manager will need skills to lead such groups effectively.</p> <p><u>Transition</u></p> <p>In the next session, other alternatives now being tried in management of health care and the delivery of services will be discussed and presented in a film.</p>	

EXTERNAL INFLUENCES

CORRECTIONS

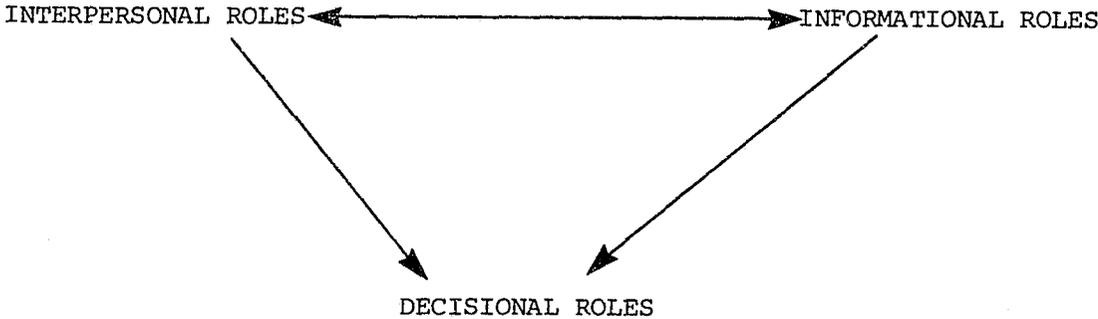
HEALTH CARE  
MANAGEMENT



HEALTH CARE DELIVERY



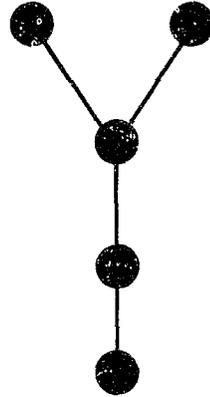
ROLES OF MANAGEMENT



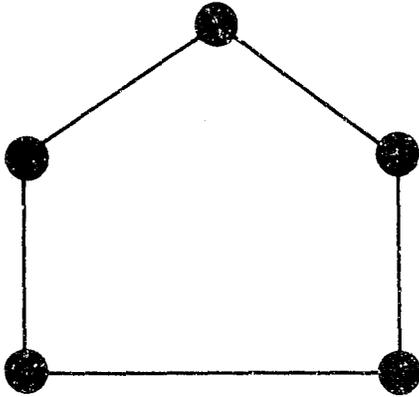
COMMUNICATIONS NETWORK CHART



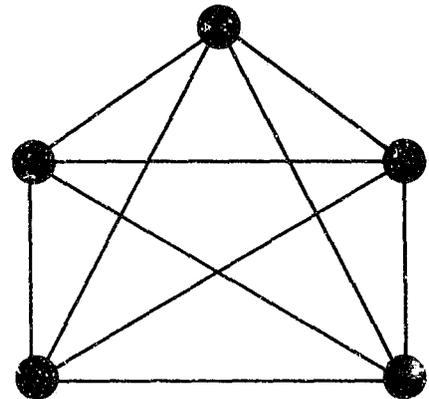
CHAIN



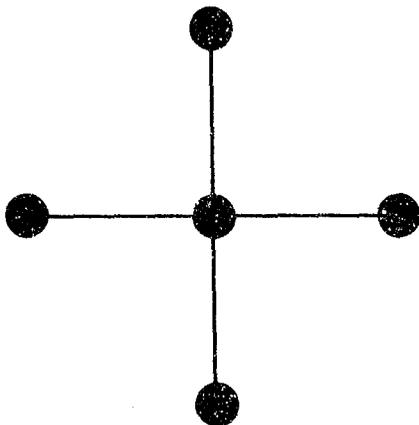
"Y"



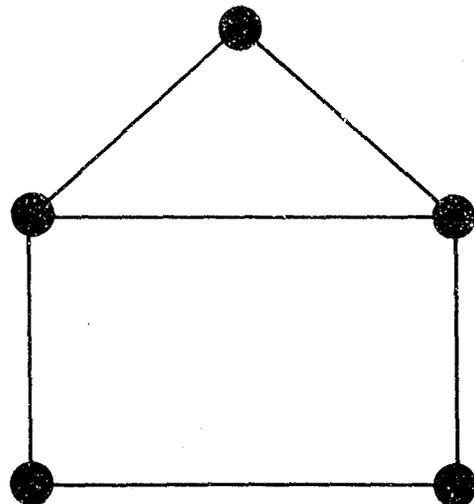
CIRCLE



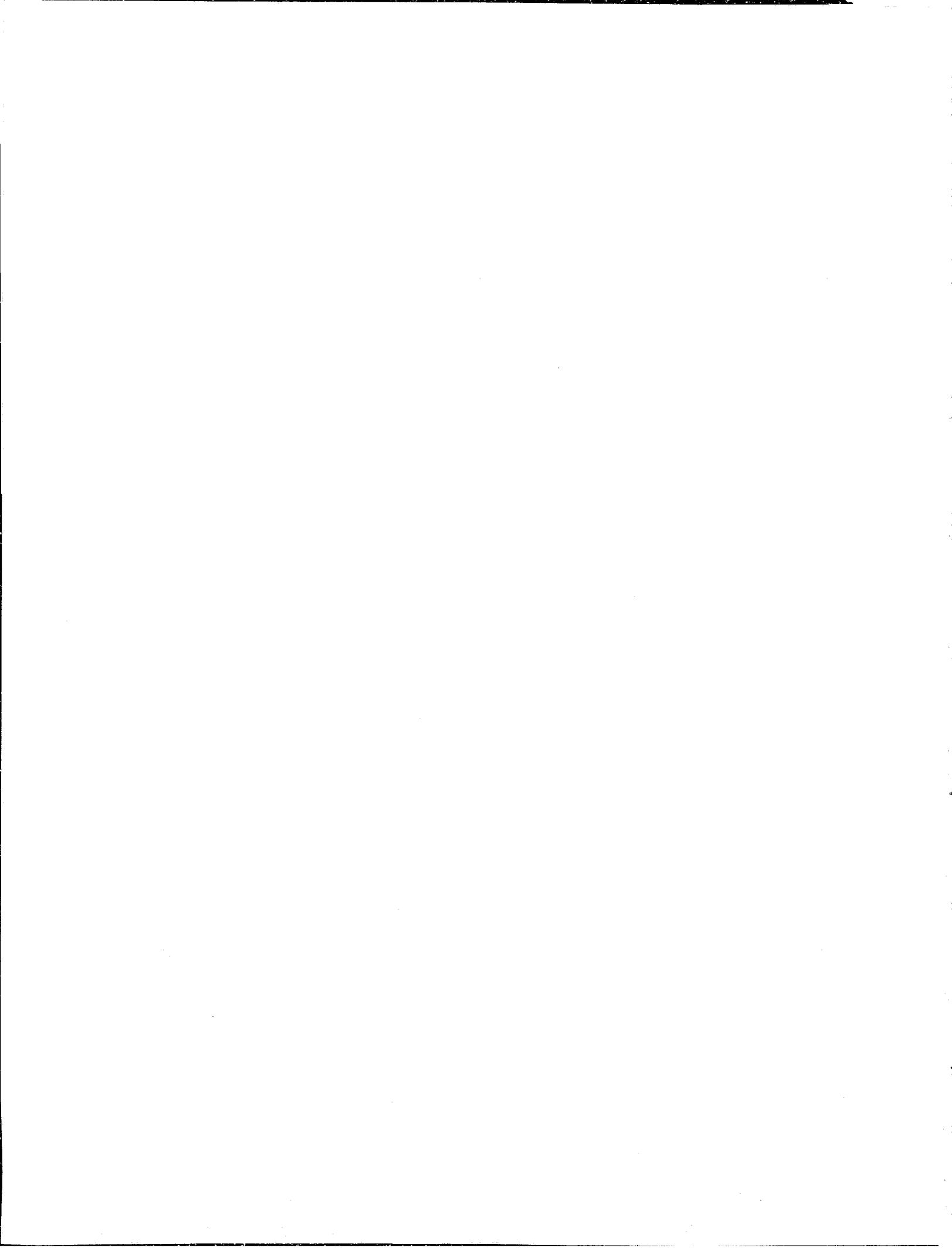
ALL CHANNEL



WHEEL



SQUARE WITH TRIANGLE



E X A M P L E

HEALTH CARE DECISIONMAKING ASSESSMENT SHEET

Instructions: Identify the important decisions that must be made in managing health care services delivery in an institution(s) or system. Write these across the top of the matrix below. In the left-hand column, list the actors, the knowledge, or skills that are available or needed to make those decisions. Then identify the roles of each actor in the decisionmaking process by writing the appropriate letter(s) in the boxes of the matrix. Roles include the following:

- A - Input: giving and sharing information and advice
- B - Review: critiquing ideas and programs
- C - Approval: giving permission and regulating
- D - Implementation: carrying out plans and other decisions.

D e c i s i o n s

Actors (knowledge skills)--correctional officers, health care staff, inmates, outside agencies, etc.	Selecting standards for services	Identifying procedures for delivery of services	Identifying problems with services	Developing solutions to problems	Assigning responsibilities to staff
Health Care Administrator	A, C, D	A, B, C, D	A, C	A, B, C, D	A, B, C, D
Physician	A, C, D	A, B, C, D	A, C	A, C, D	C
Nursing Staff	A, D	A, D	A, D	A	A, D
Medical Society	A	A	B	A	---
Correctional Officers	---	A	A	A	A, D
Corrections Administration	A	B	A, C	A, B	A, B, C
Inmates	A	A	A	A	---

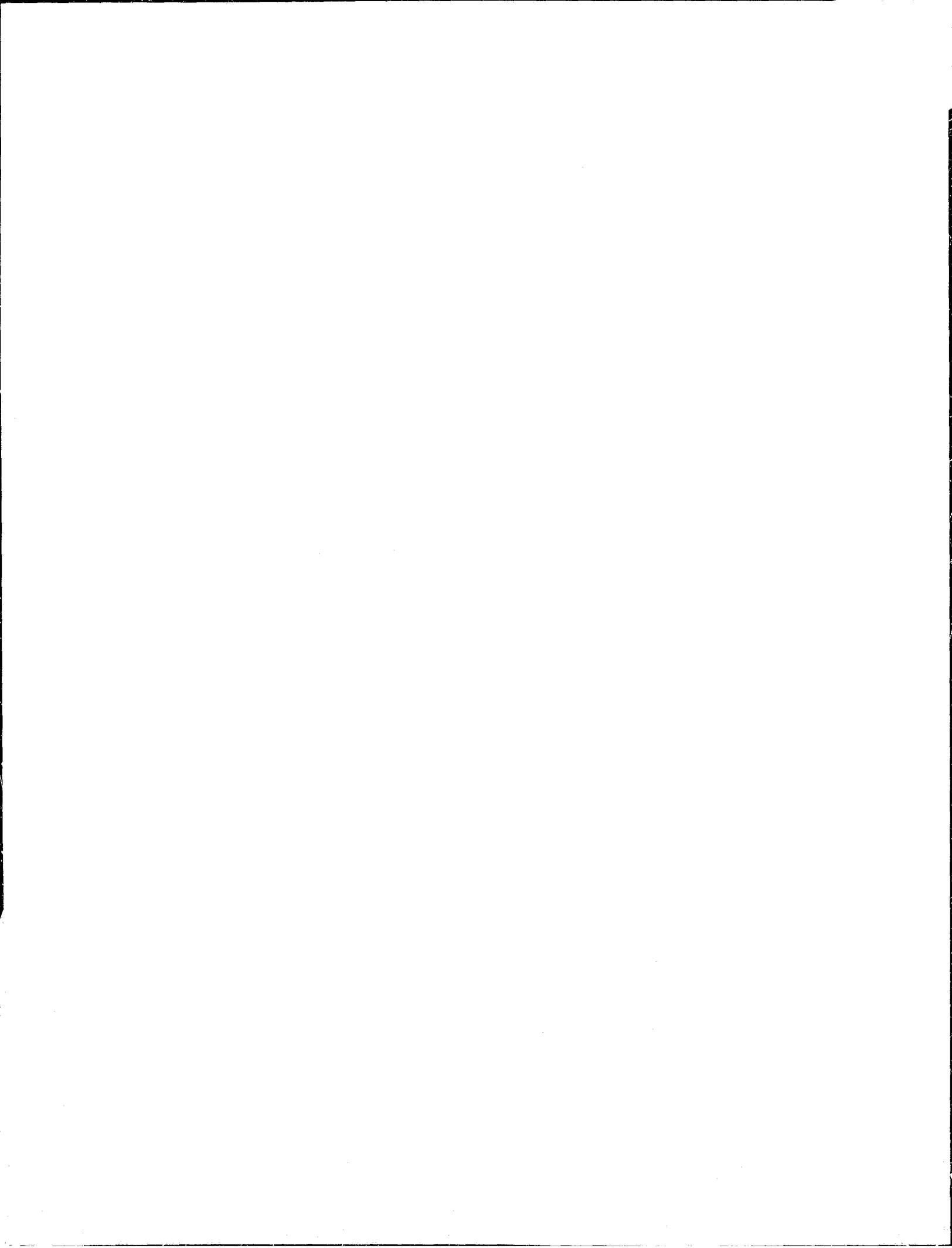
HEALTH CARE DECISIONMAKING ASSESSMENT SHEET

Instructions: Identify the important decisions that must be made in managing health care services delivery in an institution(s) or system. Write these across the top of the matrix below. In the left-hand column, list the actors, or the knowledge or skills that are available or needed to make those decisions. Then identify the roles of each actor in the decisionmaking process by writing the appropriate letter(s) in the boxes of the matrix. Roles include the following:

- A - Input: giving and sharing information and advice
- B - Review: critiquing ideas and programs
- C - Approval: giving permission and regulating
- D - Implementation: carrying out plans and other decisions.

D e c i s i o n s

Actors (knowledge skills)--correctional officers, health care staff, inmates, outside agencies, etc.						



Session 7

DAY II

1:15 - 2:30 p.m.

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REVIEW OF THE HEALTH CARE DELIVERY SYSTEM:  
SERVICE DELIVERY AND MANAGEMENT  
CHANGES BEING MADE, OPTIONS TO CONSIDER

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Goals of the Session

At the end of the session, the participants will be able to identify at least one more option that might be applicable to their own health care system.

Rationale

Before correctional health care delivery can be changed or standards implemented, those who will implement those changes need to know what options are available--what has been tried, how problems can be addressed, and so on. Many people expressed interest in learning about alternatives during our planning sessions and needs assessment interviews. Changes are being tried, including changes in recordkeeping, facilities, use of resources, and more. A film highlights some of these alternatives. Following the film, alternatives can be discussed with an expert who has attempted to implement some of these changes.

Method

Large group presentation with film showing.

Materials/Logistics

Meeting room large enough for 60 to 70 people  
Projector and screen  
Film.

CONTENT	METHOD
<p><u>Introduction</u></p> <p>Part of the assessment that needs to be done in order to identify areas where your health care delivery needs improvement is to learn what options are available for the delivery and management of those services. And, in order to assist you in finding options, we will present a film that illustrates a variety of options that are now being employed in delivery of health care in corrections.</p> <p>Following the film presentation, we will open the session up to questions and discussion regarding some of the options you have seen on the film and alternatives that you might like to use in your own system. We will also try to answer any questions you might have regarding health care in corrections.</p>	<p>Film presentation.</p> <p>Trainer refers participants to Chapter VI of the Manual for further information on the film options. Names and addresses of some film participants are in the Handbook.</p> <p>Trainer points out the film was developed to highlight options in the delivery and management of health services, such as staffing patterns, facilities, and the use of community resources such as a Lions Club or the National Guard.</p> <p>Trainer also specifically refers to Chapter VII of the Manual which addresses the issue of funding at the federal level.</p> <p>Trainer will focus discussion according to regional needs; consequently trainer running this session should be an expert in the field with a broad range of knowledge in the area of correctional health care delivery systems.</p>

Session 8

DAY II

2:45 - 5:15 p.m.

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IMPLEMENTING CHANGE IN THE CORRECTIONAL INSTITUTION

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Goals of the Session

At the end of the session, participants will be able to:

- Relate needed changes discussed in the previous workshop session to change strategies and techniques presented in this session
- Identify at least three of the possible obstacles (or resistances) to change exhibited by correctional staff and management
- Identify at least three possible techniques for lowering resistance to change
- Identify at least one approach for getting change accepted by correctional staff and management, and feel comfortable about using it.

Rationale

Respondents to the needs assessment questionnaire and other experts said that, in many cases, they know what the implications of standards are and what has to be changed, but the problem lies in how to implement changes in the correctional setting. Decisionmakers who will be involved in the implementation of changes for the correctional health services need to know about theories of change, characteristics of successfully implemented changes, and how theories can be applied. During this session we will present some practical guidelines and provide opportunities to practice applying them. Follow-up discussions will then look at other issues that affect the implementation of change in the correctional setting.

Methods

Case study, small group presentation, discussion.

## Materials/Logistics

Four break-away rooms, large enough for at least 15 participants

Case study materials with instructions

Newsprint

Magic markers

Charts:

Systems framework, conditions needing change, changes most likely to be resisted, successful change strategies, planning change, tactics in implementing change, and paraphrasing.

Listings of topics and arguments for effective listening

Paraphrasing observation sheets

Case studies

Group decisionmaking observation forms.

CONTENT	METHOD
<p data-bbox="191 275 386 302"><u>Introduction</u></p> <p data-bbox="191 342 820 884">In the preceding sessions, we have been concerned with assessing the delivery of health care services, the managing of health care services in corrections, and identifying changes needed to improve services and management. The impetus for identifying and making changes in health care in corrections is coming from the courts, professional groups, and innovators who are making changes in many correctional systems. In this session, we will concern ourselves with how to implement change, that is, how to bring about the improvements which will help achieve the desired outcomes of health care in corrections.</p> <p data-bbox="191 926 820 1241">Many of the respondents to the needs assessment survey, who were involved with administering health and correctional programs, indicated that they knew what changes were needed but often were frustrated by resistances they encountered in the correctional environment as well as the obstacles they encountered outside of the correctional environment.</p> <p data-bbox="191 1283 820 1661">They saw that the implementation of change in health services may be hindered by <u>internal</u> factors, such as communications between staff and inmates, and factors <u>external</u> to the correctional setting--legislators or the community. the process by which an administrator implements change will be the topic of the next two sessions. This session will deal with the internal factors affecting the implementation of change.</p> <p data-bbox="191 1703 820 1892">When we change internal operations to improve health care delivery or management, there are implications for those who work in the institutions, for frequently, these changes affect staff on a personal level by changing their</p>	<p data-bbox="857 342 1474 401">Brief presentation and discussion, use systems chart to illustrate.</p> <p data-bbox="857 443 1474 527">Trainer will direct participants to Chapter VIII of the Manual for more discussion on change.</p> <p data-bbox="857 926 1430 984">Trainer can refer to summary of needs assessment.</p>



CONTENT	METHOD
<p>example, correctional staff and medical personnel should be interdependent with regard to access.</p> <ul style="list-style-type: none"> <li>● There is a need to open up the communication system--for example, inmates and medical staff, medical staff and correctional staff.</li> <li>● There is a need for better planning--for example, meeting standards.</li> <li>● There is a need for change in the motivation of the work force--for example, retaining medical personnel.</li> <li>● There is a need for adaptation to a new physical environment --for example, moving to a new correctional facility.</li> </ul> <p>In spite of the fact that the necessary conditions for change are present, there is a high probability that the change will be resisted.</p>	
<p><u>Resistance to Change</u></p> <p>Although the concept of corrections by definition <u>is</u> change--when we correct we attempt to alter, to adjust, and so on--there is as high a probability that correctional staff will resist change as any other group. Two common reasons are: (1) resistance is not usually directed at technological change but social change, that is, the change in the human relationships that generally accompanies technical change; (2) resistance is usually created because of certain blind spots and attitudes of staff. Some examples of patterns that incorporate both these reasons and can stand in the way of change are:</p>	<p>Brief presentation and discussion.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Communication patterns--how medical staff relate to inmates how correctional staff and medical staff relate; how inmates relate to medical staff</li> <li>● The way work is done--established roles and responsibilities, procedures, or the rules of the game</li> <li>● Organizational culture--the closed system, group norms.</li> </ul>	<p>Trainer refers to chart--changes are most likely to be resisted when they affect us personally.</p>
<p><u>Characteristics of Successful Change Strategies</u></p> <p>Now that we have looked at some of the possible conditions needing change and resistances to change, let's analyze the characteristics leading to successful change efforts. Most successful efforts in bringing about change in an organization have some if not all of these characteristics:</p> <ul style="list-style-type: none"> <li>● A comprehensive, planned program involving the whole system (particularly difficult for public agencies).</li> <li>● The top of the organization is aware of and committed to the program and to the management of it.</li> <li>● The change is related to the organization's mission.</li> <li>● It is a long-term effort (again, difficult for public agencies).</li> <li>● It focuses on changing attitudes and/or behavior and/or performance of people.</li> <li>● Emphasis is on working with groups rather than individuals.</li> <li>● A diagnosis of the situation in need of change is carefully made.</li> </ul>	<p>Trainer refers to the chart describing characteristics of successful change efforts and relates film and other Workshop examples to the chart.</p> <p>(Trainer may wish to leave out discussion on characteristic of successful change and incorporate into the discussion to follow on tactics in implementing change since there is a great deal of overlap between these two areas.)</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Use of structural change <u>as</u> required, such as change in roles, functions, or physical facility.</li> </ul> <p><u>Steps in Planning Change</u></p> <p>From the theories and studies of change and from studying the particular problems related to the HCCI topic, we have developed a series of <u>steps</u> and <u>tactics</u> which need to be considered when implementing any change which affects the internal correctional setting.</p> <p>Step 1 - Be very clear about what the change is and why you want to make it.</p> <p>Step 2 - Identify whether and where resistance to the change may exist. (Don't expect resistance--often the expectation of resistance will create resistance.)</p> <p>Step 3 - Develop a plan to overcome resistances.</p> <p>The following are suggested tactics in implementing change:</p> <ul style="list-style-type: none"> <li>● Present your case using understandable terms to which the staff can relate.</li> <li>● Get the top managers committed to the change problem.</li> <li>● Make everyone aware of the problems and need for the change.</li> <li>● Use groups in making decisions about implementation.</li> <li>● Make change tentative. Implementing a change on a trial basis helps to unfreeze</li> </ul>	<p>Brief presentation and discussion.</p> <p>Trainer refers to chart outlining the steps in planning change.</p> <p>Trainer refers to the chart outlining tactics in implementing change, relating it when possible to examples which have developed during the Workshop.</p>

CONTENT	METHOD
<p>attitudes and enables employees to test their own reactions to the new situation.</p> <ul style="list-style-type: none"> <li>● Provide in-service training to staff, if necessary.</li> <li>● Other</li> </ul> <p><u>Discussion Questions</u></p> <p>In order to create change in your organization, what kind of a relationship with your staff do you establish? How do you introduce new programs or ideas? How do you handle resistance to change? Where do you get the greatest resistance to change? How open are you to staff input? How do the inmates participate in the change effort? What other strategies or tactics have you evolved besides those listed on the chart? Are there certain problems associated with some of the change strategies and tactics?</p> <p><u>Summary</u></p> <p>Assumptions that underlie the approach to change that we presented are related to the nature and function of organizations and include the following:</p> <ul style="list-style-type: none"> <li>● The building blocks of organizations are groups, not individuals.</li> <li>● The reduction of inappropriate group competition to a more collaborative condition should result in more effective and efficient operations.</li> <li>● People tend to support what they help develop; furthermore, people affected by change must be allowed active participation and a sense of ownership in planning and implementing change.</li> </ul>	<p>Trainer may use these questions to stimulate discussion or make up an appropriate list. Trainer may also want to outline answers on newsprint.</p> <p>Trainer summarizes the presentation and discussion.</p>

CONTENT	METHOD
<p>Group decisionmaking helps to unfreeze attitudes. However, just because people participated in making a decision does not necessarily mean they will accept the change. Participation works only if it is based on a request for ideas and a recognition of the dependence on contributions. It is not a device to get somebody else to do what you want them to do.</p> <p><u>Paraphrasing: A Diagnostic Tool for Managers</u></p> <p>In this part of the session, we are going to engage in some tactics for bringing about change. The first strategy will be aimed at the interpersonal level; then we will work at the group level.</p> <p>At the interpersonal level, we have selected a particular skill of listening, called paraphrasing, because it is an effective technique for lowering resistance. Often, resistance is a product of feeling as if one is not being heard. <u>Paraphrasing makes you feel as if you have been heard; in addition, it slows down the action during confrontation situations.</u> Since it is a basic responsibility of supervisors or managers to listen intelligently and carefully to those with whom they work, this skill is very important.</p> <p>There are some specific ways in which we demonstrate listening or not listening:</p> <ul style="list-style-type: none"> <li>● A lawyer listens for contradictions, irrelevance, errors, weaknesses, etc. Frequently, those who work within the criminal justice systems as well as legislators listen in a similar manner. This is not an effective way, however, to create an environment which will encourage change by staff.</li> </ul>	<p>Ask if there are any questions.</p> <p>Brief presentation, introducing the paraphrasing topic.</p> <p>Trainer should try to relate the discussion to the management discussion (Session 4) and the charts on tactics and characteristics of successful change strategies and conditions possibly needing change.</p>

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Some managers use communications as if they are directing traffic--one-way communication. Such channeling of information down the hierarchy of command is frequently characteristic of the criminal justice communication pattern, (e.g., judges dealing with offenders or criminal justice personnel; correctional staff--medical or custodial--dealing with each other or with inmates).</li> <li>● A legislator may function in a similar manner when dealing with those seeking appropriations; however, since survival also depends on listening to his or her constituents, another form of listening is required--interactive listening or effective listening.</li> </ul> <p>Good listening skills can help alleviate areas of tension in the delivery of health care, provide for more effective delivery of health care, prevent certain abuses of the system by inmates, as well as foster better coordination and collaboration between medical and correctional staff. <u>A technique for interactive listening is paraphrasing.</u> The objectives of paraphrasing are:</p> <ul style="list-style-type: none"> <li>● To feedback to the person the <u>essence</u> of what has just been said</li> <li>● To provide a check on the accuracy of the perceptions of the listener</li> <li>● To lower resistance to change by allowing people to feel they are heard and by slowing down the action.</li> </ul>	<p>Brief presentation and discussion. Trainer refers to paraphrase chart.</p>

CONTENT	METHOD
<p data-bbox="207 247 625 277"><u>Definition of Paraphrasing</u></p> <p data-bbox="207 310 828 856">Paraphrasing is a special way of attending to another person which demands that you "give back" accurately to that person what he or she has said. Effective paraphrasing implies a willingness to get into another person's "frame of reference." In other words, the objective of paraphrasing is to feed back to the other person the essence of what has been said. This is usually done by listening carefully to the speaker's statements. If your paraphrasing is successful, it will often be rewarded with a "yes" or "right" and the person will usually continue to talk in more depth about the issue at hand.</p> <p data-bbox="207 898 544 928"><u>Paraphrasing Exercise</u></p> <p data-bbox="207 961 787 1024">The goals of the first exercise are:</p> <ul data-bbox="289 1056 828 1539" style="list-style-type: none"> <li>● To demonstrate an ability to listening through paraphrasing</li> <li>● To develop an understanding of the dynamics of being a good listener</li> <li>● To become aware of the barriers that effect listening in correctional settings</li> <li>● To use paraphrasing as an aide to decisionmaking</li> <li>● To learn a training technique.</li> </ul>	<p data-bbox="873 342 1372 405">Trainer should demonstrate paraphrasing.</p> <p data-bbox="873 447 1477 531">Trainer may also want to identify additional areas of barriers to effective listening, such as:</p> <ul data-bbox="954 573 1437 1077" style="list-style-type: none"> <li>● Lack of eye contact</li> <li>● Poor body posture</li> <li>● Poor verbal following</li> <li>● Intonation</li> <li>● Impatience</li> <li>● Distortions</li> <li>● Disinterest</li> <li>● Other (participants will be able to add to the list).</li> </ul> <p data-bbox="873 1119 1477 1276">For the exercise, the trainer forms groups of four--two participants will engage in dialogue and two participants will function as observers.</p> <p data-bbox="873 1318 1453 1539">The trainer refers participants to their Handbooks for suggested topics for discussion. Each group selects a topic. One participant will speak on behalf of the subject while the other will take the opposite view.</p> <p data-bbox="873 1581 1421 1665">Specifically, the trainer instructs each group of four to do the following:</p> <ol data-bbox="954 1707 1453 1896" style="list-style-type: none"> <li>1. Select a topic from the Participant's Handbook.</li> <li>2. One participant will take the "pro" side, and one the "con" side. The other two</li> </ol>

CONTENT	METHOD
	<p>will function as observers.</p> <ol style="list-style-type: none"> <li>3. Each speaker must paraphrase what he or she has heard before responding with his own view. This process is repeated each time a response is made by either speaker.</li> <li>4. A response cannot be made until the speaker feels the paraphrase accurately reflects his or her statement.</li> <li>5. The observers will provide the speakers with feedback on their paraphrasing. Dialogue should be completed within seven minutes; then allow five minutes for processing and feedback on the appropriateness and the effects of paraphrasing on the dialogue.</li> <li>6. Repeat the exercise, rotating roles, allowing the same time for feedback and processing.</li> </ol> <p>Trainer will explain to the participants that they are not bound by examples of arguments given in the Handbook. However, if they use the arguments, they should try to rephrase them, using their own words.</p> <p>The trainer will bring the entire group back together after the members of each small group have had time to play all the roles. The trainer will then ask the following questions:</p> <ul style="list-style-type: none"> <li>● What difficulties did they experience in each of the roles -- listener, observer, or speaker?</li> <li>● What barriers, if any, emerged to obstruct listening?</li> <li>● How did the barriers affect communication?</li> </ul>

CONTENT	METHOD
<p><u>Group Problem Solving (Using Listening Skills)</u></p> <p>We will now look at dealing with resistance to change at a group or organizational level by using a group problem-solving exercise.</p> <p>Group problem solving and decision-making are two of the most frequently used and effective tactics for implementing change and overcoming resistance.</p> <p>The goals of the exercise will be:</p> <ul style="list-style-type: none"> <li>● To explore intergroup problem solving as a means of changing behaviors and/or performance on the job</li> <li>● To recognize various listening behaviors that constrain effective group problem solving</li> <li>● To recognize one's own pattern of listening and being influenced by a group.</li> </ul> <p>The following exercise is designated to help you gain practice in the tactics of group problem solving. It uses listening and the skill of paraphrasing as necessary techniques, but not ones sufficient alone to bring about change.</p>	<ul style="list-style-type: none"> <li>● Why is it important to paraphrase correctly?</li> <li>● What does the exercise tell you about communication that would be helpful in management of health services or any other type of service?</li> </ul> <p>Trainer refers to the charts listing the steps and the tactics of implementing change successfully.</p> <p>Trainer will remind the group of the barriers to good listening that were identified in the previous exercise. In addition, he or she will identify group behaviors which are dysfunctional in group problem solving:</p> <ul style="list-style-type: none"> <li>● Not contributing</li> <li>● Employing tension reduction behaviors prematurely</li> <li>● Not valuing differences</li> <li>● Defensiveness</li> </ul>

CONTENT	METHOD
	<ul style="list-style-type: none"> <li>● Hidden angers</li> <li>● Stereotyping</li> <li>● Status</li> <li>● Physical environment</li> <li>● Past experience</li> <li>● Other</li> </ul> <p>For the exercise, the trainer divides the group into two groups. One case study is handed to one group and one to the other group.</p> <ul style="list-style-type: none"> <li>● The trainer will ask each participant to spend five minutes analyzing the case study according to the steps listed at the bottom of the case study.</li> <li>● The trainer will also relate the exercise back to all previous charts as well as pertinent data that has evolved during the Workshop.</li> <li>● After each person has analyzed the case, the participants will share their analysis and then come to a consensus on solving the problem. One person in each group will function as an observer. The trainer will hand out Observation Sheets for the observer to use as a feedback mechanism at the end of the exercise.</li> <li>● The trainer will reform the total group and process the exercise, relating it to the following questions: <ul style="list-style-type: none"> <li>How far did the group get in achieving its goal?</li> </ul> </li> </ul>

CONTENT	METHOD
<p><u>Concluding Remarks</u></p> <p>Results in implementing change come about when the need for change is properly diagnosed, the intervention strategy is well thought out, and action plans are reasonable. The tactics of group problem solving do not remove responsibility from the chief administrator, but they do mean that he or she believes that the quality of decisions and the quality of implementation of those decisions will be improved when the people being affected by the change participate in decision-making. Participation in group problem solving has not been a common practice in corrections. However, as chief administrators find themselves accountable to courts, standards, outside agencies, and the citizenry, the need for effective decisionmaking groups will evolve.</p>	<p>What were the moving forces in the group?</p> <p>Was there much variation between group decision and individual decisions, (i.e., tactics, action, needs and analysis of the need)?</p> <p>Was the group decision better than any individual decision?</p> <p>Were you swayed by the group or did you go along with their decision?</p>

EXTERNAL INFLUENCES

CORRECTIONS

HEALTH CARE  
MANAGEMENT

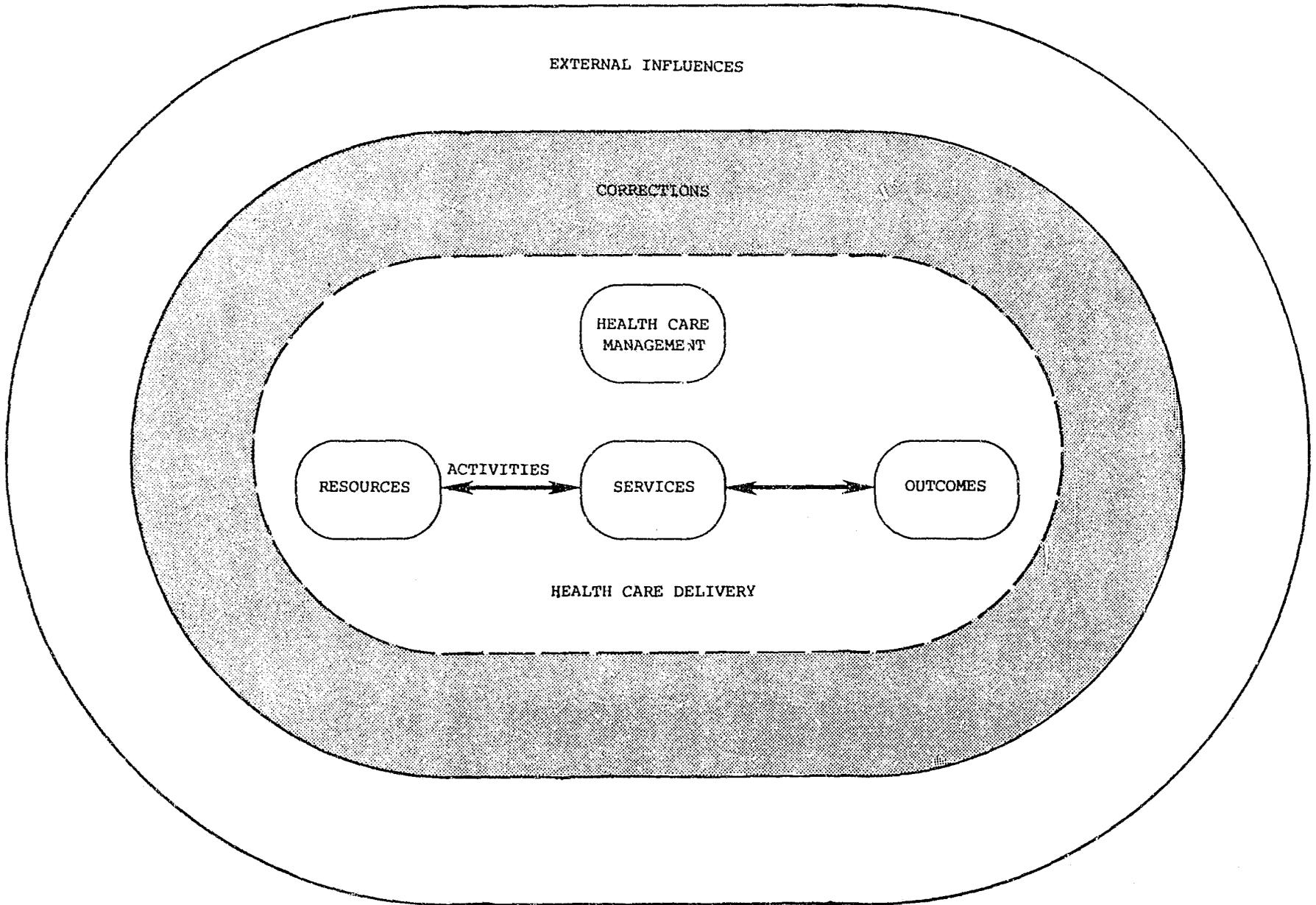
RESOURCES

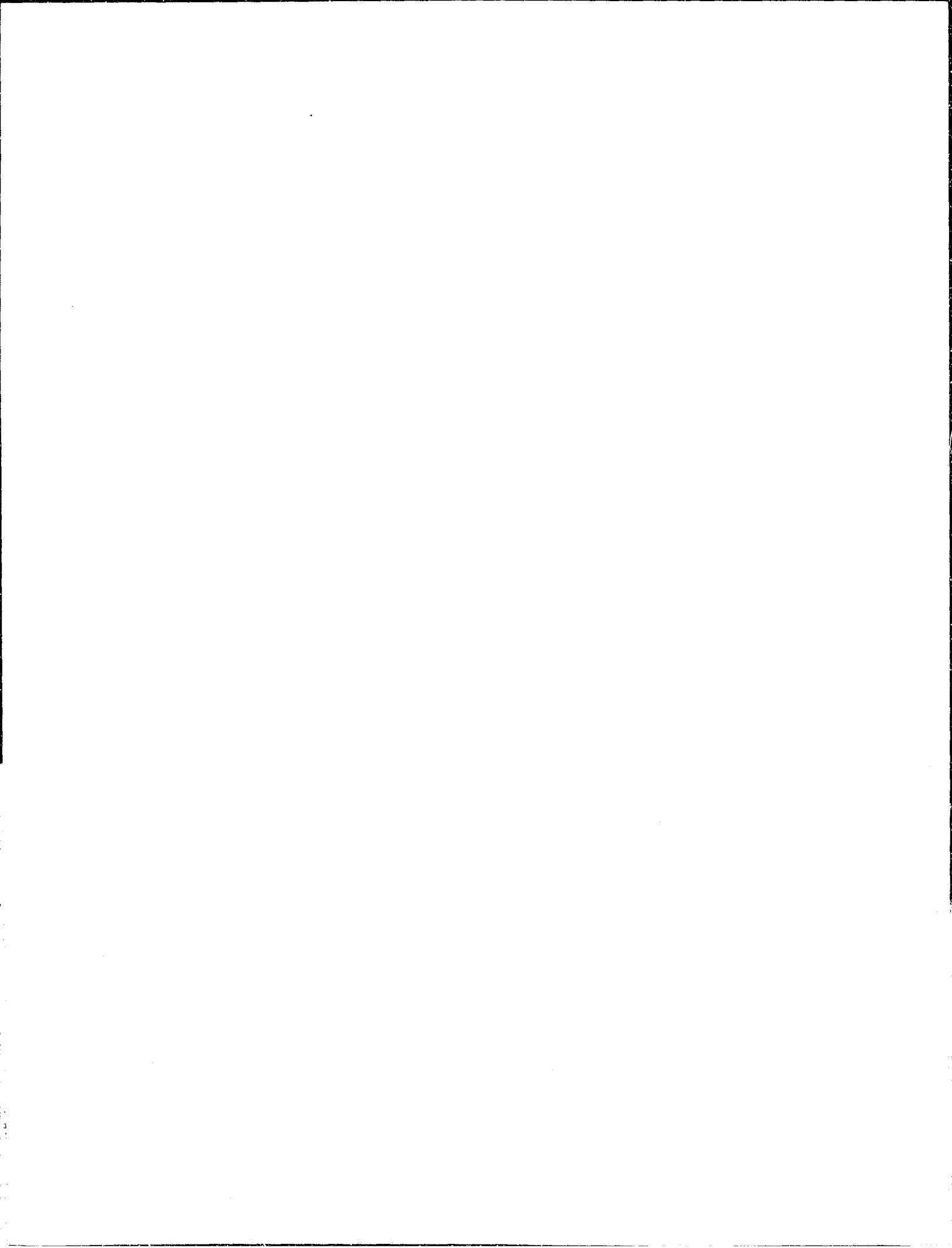
ACTIVITIES

SERVICES

OUTCOMES

HEALTH CARE DELIVERY





(Chart)

POSSIBLE CONDITIONS NEEDING CHANGE

1. Institutional responses to new norms--social, legal, professional
2. Organizational structure or roles
3. Intergroup collaboration
4. Communication
5. Planning
6. Staff motivation
7. Response to a new physical environment
8. Other

CHANGES ARE MOST LIKELY TO BE RESISTED  
WHEN THEY AFFECT US PERSONALLY

Communication Patterns

How medical staff and inmates relate

How correctional staff and medical staff relate

The Way Work is Done

Roles and responsibilities

Procedures

Rules of the game

Organizational Culture

Group norms--changing the way the system operates  
from closed to open

CHARACTERISTICS OF SUCCESSFUL CHANGE STRATEGIES

1. Comprehensive, planned program (difficult for public agencies)
2. Managers feel the need for change and are committed to the change
3. Relationship to the organization's mission
4. Long-term effort (difficult for public agencies)
5. Focus on changing attitudes, behavior, and performance
6. Stress on groups rather than individuals
7. Proper diagnosis of situation needing change
8. Structural change as required
9. Other

(Chart)

STEPS IN PLANNING CHANGE

- Step 1. Identify what the change is and why you want to make it.
- Step 2. Identify resistance to the change, if any. (Don't expect resistance--expectation could be self-fulfilling.)
- Step 3. Develop plan to overcome resistances.

(Chart)

TACTICS IN IMPLEMENTING CHANGE

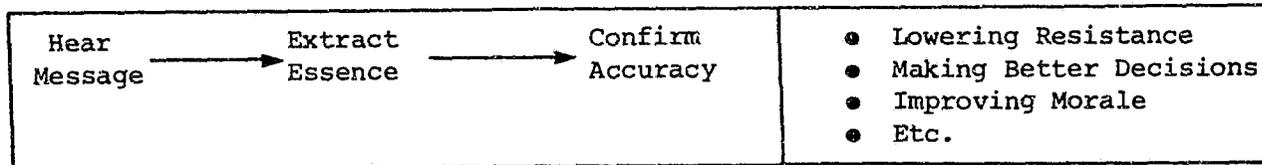
1. Present your case using understandable terms the staff can relate to.
2. Get the top managers committed to the change program.
3. Make everyone aware of the problems and the need for change.
4. Use groups to help make decision about implementation.
5. Make the changes tentative (helps unfreeze attitudes and lets staff test their own reactions).
6. Provide inservice training to staff if necessary.
7. Other.

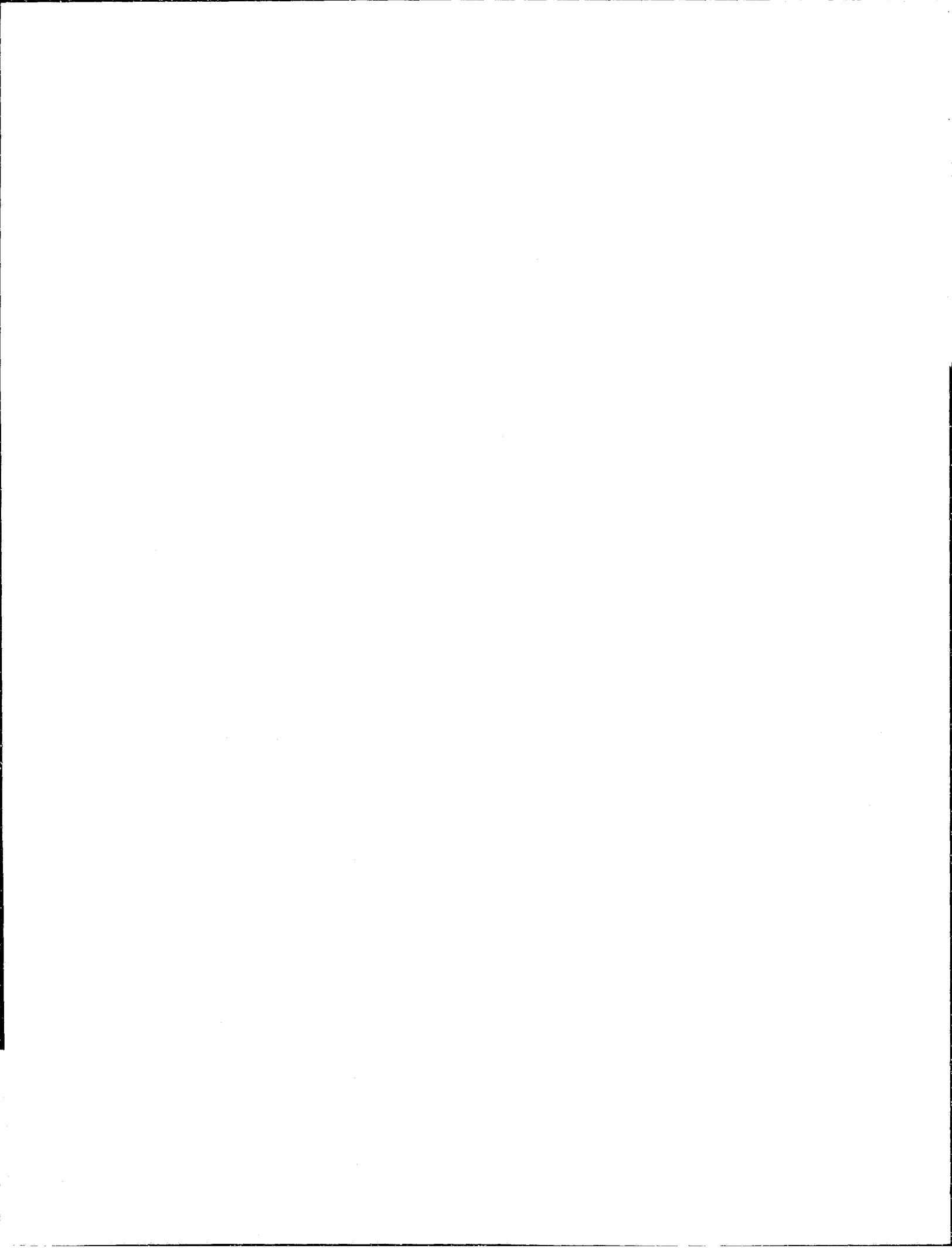
(Chart)

PARAPHRASING

EFFECTIVE DIALOGUE  
THROUGH PARAPHRASING

POSSIBLE OUTCOMES





POSSIBLE TOPICS AND SUGGESTED ARGUMENTS FOR EFFECTIVE LISTENING

1. The use of furloughs in responding to inmate health needs.

Pros:

Provide physical and mental change from institutional life

Release sexual tensions

Re-establish marital relationships

Facilitate community reintegration

Establish employment for release

Complete a successful furlough

Cons:

May contract venereal or other contagious diseases

May bring narcotics or other drugs into the institution

May create marital problems

May fail to return

May become frustrated from lack of job opportunities

May commit a crime while on furlough.

2. Prison is detrimental to both the physical and mental health of inmates; therefore, they should receive even better health care than the population at large.

Pros:

Reduce contagious diseases

Reduce staff and inmate exposure to inmates who show psychotic symptoms

Lower the possibility of infection and contagious diseases spreading to community

Create a humanitarian environment in the institution

Make a smoother-running facility.

Cons:

Cost of providing medical treatment

Requires additional segregation unit and more staff

Need sufficient personnel to provide adequate care

Coddle inmates when they should be punished; undermine correctional authority

Inmates become institutionalized.

POSSIBLE TOPICS AND SUGGESTED ARGUMENTS FOR EFFECTIVE LISTENING

3. Inmates assigned to solitary or segregated units need daily medical visits.

Pros:

Administration apprised daily of physical and mental condition of inmates

Comply with laws and court decisions reducing possibility of litigation

Give administrator and supervisors feedback on treatment given inmates by line staff

Allow medical staff to make recommendations in reference to inmate's health.

Cons:

Reduce punishment effect

Allow inmates a chance to abuse correctional and medical staff

Correctional staff feel that they are not trusted and are constantly monitored

Gives inmates opportunity to con their way back to population by feigning mental anguish or physical problem.

4. Inmates should have the right to consult with a private physician in order to monitor those who deliver health in a correctional setting.

Pros:

Would allow for a second opinion to community people

In some situations, would provide an indicator about the adequacy or inadequacy of health care

Could improve credibility of medical staff with inmates

Provide community interaction with correctional health staff.

Cons:

Corrections would have to pay additional costs

Would provide threatening atmosphere for health care staff

Inmate would use private consultation to relieve boredom and for opportunity to escape in some cases

Consultations would not be cost-effective.

POSSIBLE TOPICS AND SUGGESTED ARGUMENTS FOR EFFECTIVE LISTENING

5. Inmates should have an opportunity to have input into health care procedures.

Pros:

Involve inmate population in health care (ownership)

Improve delivery of services

Insure population needs are being met.

Cons:

Allow inmates to manipulate procedures

Alienate correctional staff

Restrict the quality of health care.

6. Correctional staff should be consulted about health delivery within the correctional system.

Pros:

Positive relationship between medical staff and correctional staff

Improve accessibility to inmates

Provide orientation for correctional staff.

Cons:

Reduce inmate's trust in using the system

Correctional administration would control medical department.

## Case Study I

### ACCESS TO MEDICAL CARE

An inmate in the Canterbury Prison told a correctional officer on Friday evening that he had the flu; he asked to see the doctor. With the pressure of other duties, the correctional officer neglected to record the request in the log. The doctor did not come in to the prison until Monday morning, when he was to conduct sick call. At that time the doctor saw the inmate, who had a very high fever and was delirious. The doctor sent the inmate to the hospital. Following his recovery, the inmate filed a grievance and threatened a law suit for what he felt was the indifference to his physical condition shown by the correctional staff.

Analyze this case following three steps:

- Step 1: What needs to be changed and why should a change be made?
- Step 2: Identify whether and where resistance to change might exist.
- Step 3: What action would you take and what tactics would you employ to overcome resistance?

## Case Study II

### A STUDY IN CONTINUITY

An inmate sentenced to 18 months in the Spencer County Jail was identified by the jail physician as having hemophilia (an hereditary condition which causes profuse bleeding). Special treatment was required for the inmate and preventive measures were implemented to prevent any possibility of injury. Later, after an investigation, the inmate was found to be a co-conspirator with four other inmates in a contraband ring operating in the institution. He was subsequently transferred to another facility at the other end of the state. Upon admission there, the inmate was medically screened and nothing was said about his condition. Two days later, he got into a fight and, as a result of an injury to his nose, hemorrhaged severely. He was rushed to the hospital and placed in intensive care.

The inmate's family subsequently threatened to sue on the basis of inhuman indifference. The second institution claimed that the inmate did not alert them about his condition. They stated further that the inmate's record file was not received until two days after his transfer from Spencer County Jail. Spencer County Jail authorities stated that when a group of inmates are transferred on short notice to break them up, it usually takes three to four days to compile records and other information on them from the various departments involved and forward the material to the next institution.

Analyze this case following three steps:

- Step 1: What needs to be changed and why should a change be made?
- Step 2: Identify whether and where resistance to change might exist.
- Step 3: What action would you take and what tactics would you employ to overcome resistance?

GROUP DECISIONMAKING OBSERVATION FORM

1. Is there a clear leader? \_\_\_\_\_  
\_\_\_\_\_
2. How is he or she trying to influence the decision? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did the group decide on a process for decisionmaking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Who was most influential in keeping the group focused on a task? How?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Did the group try to hear everyone's opinions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Did they succeed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session 9

DAY III

9:00 - 11:30 a.m.

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IMPACTING ON EXTERNAL INFLUENCES

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Goals of the Session

At the end of the session, the participants will be able to:

- Identify at least three of the steps in a series of steps that need to be completed (i.e., questions that need to be answered) before presenting a case to a community or political group
- Develop a strategy for presenting the case for simulated hearing
- Identify similarities and differences in presenting the case in a simulated situation and in front of other public policy agencies
- Identify at least three public policy agencies (e.g., legislature, governor's office, federal agency) that may affect correctional health care and that may be persuaded to support improvements for correctional health care.

Rationale

Many of the changes needed to improve correctional health care will require access to additional resources--more money, personnel, better facilities. Some changes will require legal and other actions involving agencies and institutions outside the correctional system. External agencies will have to become involved in enforcement if standards are to have "teeth." Gaining access to these institutions and influencing their decisions so that they are more responsive to the problems of health care delivery in corrections is a need identified by many practitioners and experts in the field. Affecting external institutions involves considerations similar to those applicable to implementing change within the correctional setting. However, all decisionmakers should be aware of some critical differences. These needs are addressed in this session by providing opportunities for practice in and discussion about approaching external institutions.

## Methods

Small group presentation, simulation, discussion.

## Materials/Logistics

Four break-away rooms, large enough for at least 15 participants

Simulation materials with instructions, roles, observer forms

Newsprint

Magic markers

Charts: systems framework and influencing attitudes (4).

CONTENT	METHOD
<p><u>Introduction</u></p> <p>The preceding session focused on internal change. It is also obvious that there are external considerations which must be taken into account. They will be the focus of this session.</p> <p>The participants in the criminal justice process will ultimately find it necessary either to participate in or to initiate change. This can be, and often is, a traumatic process, particularly for corrections since it has no constituency as such. It becomes our responsibility as public officials and administrators to educate our own constituency in the need for change. In order to accomplish this task, it is often necessary to <u>develop strategies which lead an unwilling public to demand change.</u></p> <p>The early and accurate identification of major public participants in the correctional process is extremely important to the success of any change strategy. For corrections these participants are: (1) the <u>community</u>, (2) <u>legislators</u>, (3) the <u>judiciary</u>, (4) the <u>executive</u> and (5) the <u>press</u>. In addition, for a public agency such as corrections, there are two factors which are proven obstacles to the development of external support for health care delivery:</p> <ul style="list-style-type: none"> <li>• The mission of the agency is not the delivery of health care services, but rather the containment of individuals assigned to the agency.</li> <li>• Change requires time, which is limited to the political term of the incumbent.</li> </ul> <p>These factors then will influence the approach you use. For instance, each desired change must be evaluated in terms of its impact on the agency's</p>	<p>Trainer first asks participants if they have any questions regarding the earlier sessions, and then begins a brief presentation and discussion. Questions as to the mission of corrections can be addressed in this session; however, there is a danger of becoming bogged down in "war stories." Control of the discussion will be necessary if the session is to be successfully completed.</p> <p>The trainer should also relate the discussion back to the first session on change in order to identify similarities and differences between strategies and tactics involved in internal and external change.</p>

CONTENT	METHOD
<p>mission and the estimated length of time necessary to implement the change.</p>	
<p><u>Public Management</u></p>	
<p>At this time, it might also be appropriate to point out that there are differences between public and private management in terms of change strategies. Some of the differences and certain distinctions between the two are:</p>	<p>Brief discussion of public management.</p>
<ul style="list-style-type: none"> <li>● The structure of the public agency dictates the appropriate route (e.g., legislation).</li> <li>● The corporate change agent is generally promoted from within while the public change agent may be elected to office or appointed.</li> <li>● There is generally a shorter time frame to accomplish objectives in the public agency.</li> <li>● Objectives of the public agency are subject to change while corporations have a profit motive as the constant objective.</li> </ul>	<p>Trainer again refers to change charts to point out limitation and strengths when developing change strategies, especially for corrections which lacks a constituency.</p>
<p>In spite of the fact that corrections suffers under two major handicaps--lack of constituency and political limitations--administrators of corrections and correctional health are in the position and are required to serve as advocates for inmate health care. Therefore, this session has been designed to develop some approaches for influencing public participants to meet the needs of health care of prisoners.</p>	<p>Trainer will also refer to Mintzberg's discussion of roles of a manager, pointing out the significance of the manager as an information disseminator in the external arena.</p>
	<p>Since discussion of the issue of politics can become quite animated, and there is the danger once again of becoming embroiled in "war stories," the trainer will be responsible for limiting the time involved in discussion in order to accomplish the goals of the entire session.</p>

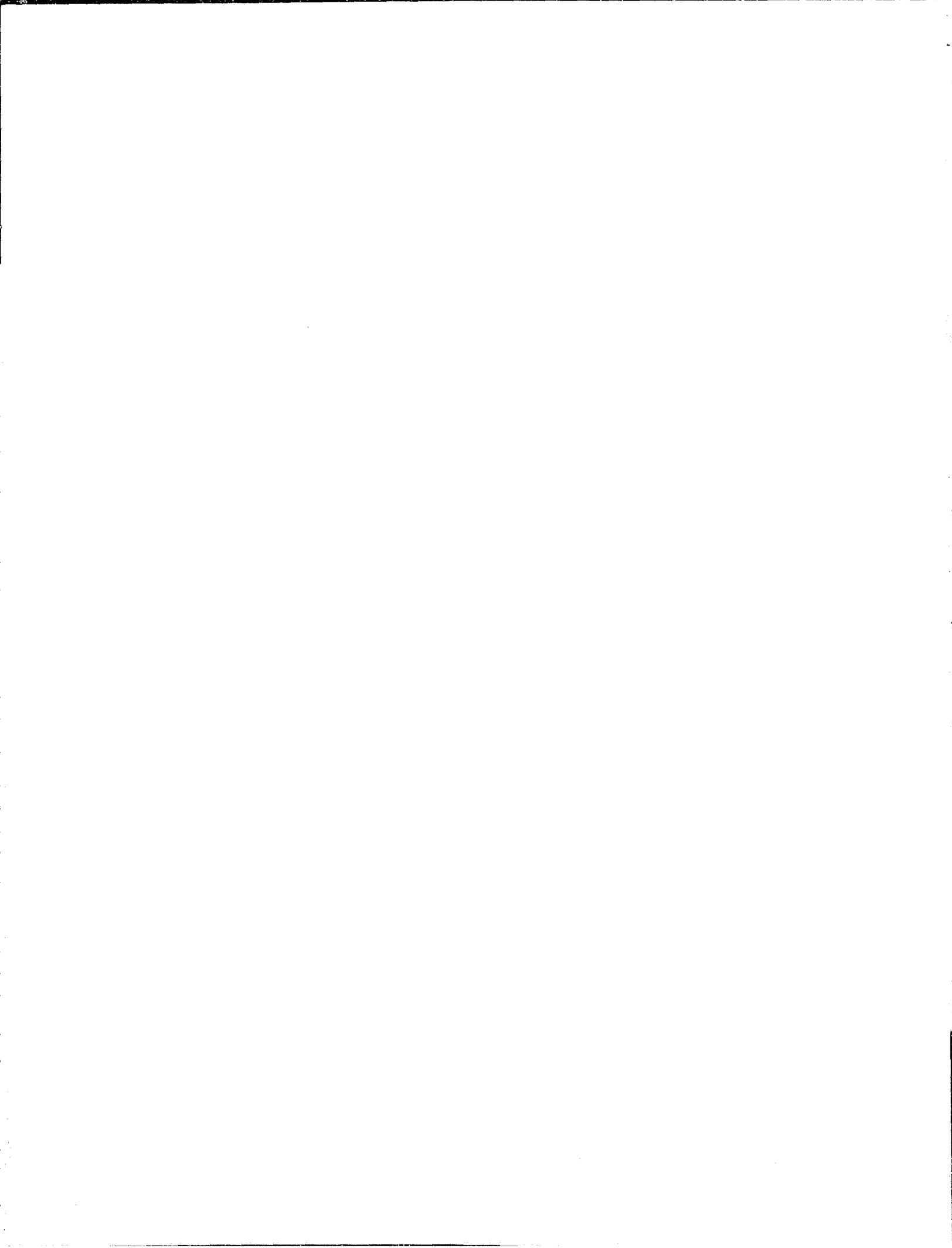
CONTENT	METHOD
<p><u>Influencing Attitudes</u></p>	
<p>In order to develop appropriate health care delivery, it is often necessary to change attitudes, reinforce support, and look for new funds.</p>	
<p>The approach we will discuss to this process is the following: Decide <u>who</u> is to present the case, <u>how</u> it will be presented, and to <u>what</u> audience it will be presented.</p>	<p>Trainer refers participants to their handbook for the outline, "Influencing Attitudes and Changing Behavior" and briefly discusses the check list with the group. Participants should be told that the check list <u>will</u> be used as a reference for the simulation exercise later.</p>
<p><u>Who</u> will present the material should be determined by:</p>	
<ul style="list-style-type: none"> <li>● Credibility of the persuader (expertise, trustworthiness, etc.)</li> <li>● Communicator's ability to articulate his views as well as to express and understand views of the audience being addressed</li> <li>● The audience's reaction to the communicator. (Frequently the reaction will determine what is thought of the message and will influence acceptance of the message.)</li> </ul>	
<p>How will the issues be presented? First, have all your facts and your needs documented and then consider the following approaches:</p>	<p>(Trainer may wish to start discussion around the issue of <u>what audience</u> will be involved in hearing the presentation rather than <u>who</u> and <u>how</u> presentation may be done. Rationale: Before you can decide <u>who</u> and <u>how</u> you make your presentation you will need to know what your audience will look like.)</p>
<ul style="list-style-type: none"> <li>● Present one side of the argument if: <ul style="list-style-type: none"> <li>--The audience is friendly,</li> <li>--Yours is the only position to be presented, or</li> <li>--You want immediate, though temporary, opinion change.</li> </ul> </li> </ul>	

CONTENT	METHOD
<ul style="list-style-type: none"> <li>● Present both sides of the argument if: <ul style="list-style-type: none"> <li>--The audience starts out disagreeing with you or</li> <li>--It is probable that the audience will hear the other side from someone else.</li> </ul> </li> <li>● There will probably be more opinion change in the direction you want if you explicitly state your conclusions rather than allow the audience to draw one.</li> <li>● Use emotional appeals or factual presentations, depending on your audience.</li> </ul>	
<p>Next, know your audience as <u>individuals</u>, and consider the following:</p>	
<ul style="list-style-type: none"> <li>● Successful persuasion takes into account the reasons underlying attitudes as well as attitudes themselves.</li> <li>● A person's opinions and attitudes are strongly influenced by groups to which he or she belongs or wants to belong.</li> <li>● Individual personality traits affect susceptibility to persuasion.</li> <li>● There are individuals who are highly malleable and who will be easily changed by an influence attempt; but they are equally susceptible to counter-communications.</li> </ul>	

CONTENT	METHOD
<p>Finally, know your audience as a <u>group</u> and consider the following:</p> <ul style="list-style-type: none"> <li>● The nature, or purpose, or tenets of the group.</li> <li>● A person is rewarded for conforming to the standards of the group and punished for deviating from them. (How does the group maintain conformity?)</li> <li>● People who are most attached to the group are probably least influenced by communication which conflicts with group norms.</li> <li>● Opinions which people make known to others are harder to change than opinions which people hold privately.</li> <li>● Audience participation (group discussion and decisionmaking) helps to overcome resistance.</li> <li>● Dissent from even one person can weaken the powerful effect of a majority opinion.</li> <li>● A minority of two people can influence the majority if they are consistent in dissent.</li> </ul>	
<p>In summary, once you have decided to lobby for improved health delivery, be careful to consider <u>who</u> will make the presentation, <u>how</u> it will be presented and who your <u>audience</u> is. But do not forget that listeners will ultimately base their evaluation on the soundness of your arguments and the constituency they represent.</p>	

CONTENT	METHOD
<p><u>Group Exercise</u></p> <p>We will use an exercise to simulate some approaches for impacting on external influences. This will be done through a simulation of a budget committee hearing held at the Correctional Center. The budget committee is made up of the legislative aides of the committee that will sanction or disapprove the budget increase. The committee is responsible for making recommendations to their respective legislators about whether a budget increase is justified and whether to support the entire increase, part of it, or none.</p>	<p>The trainer will assign roles to members of the group as follows:</p> <ul style="list-style-type: none"> <li>● One legislative group with six or seven members,</li> <li>● One Health Care Institutional Task Force, (i.e., a Warden, Correctional Officer, Health Care Administrator, citizen group, or trainer may allow the group to determine its own makeup),</li> <li>● Two observers from the media.</li> </ul> <p>The trainer instructs the group that contained in their handbooks are:</p> <ul style="list-style-type: none"> <li>● Background information on each of the legislators</li> <li>● Simulation materials--a health care memorandum to Warden McFee, a budget request, and observation forms for the observers from media.</li> </ul> <p>Trainer instructs the group that:</p> <ul style="list-style-type: none"> <li>● They have 30 to 40 minutes to meet to plan for the simulative hearing.</li> <li>● During the planning period they interact within groups.</li> <li>● The hearing will take 30 to 40 minutes and the chairperson of the legislative group will be expected to call the meeting to order as well as bring the hearing to a close.</li> <li>● Observers will have 30 minutes to develop criteria for evaluating the presentation of the Health Care Task Force at the end of presentation.</li> </ul>

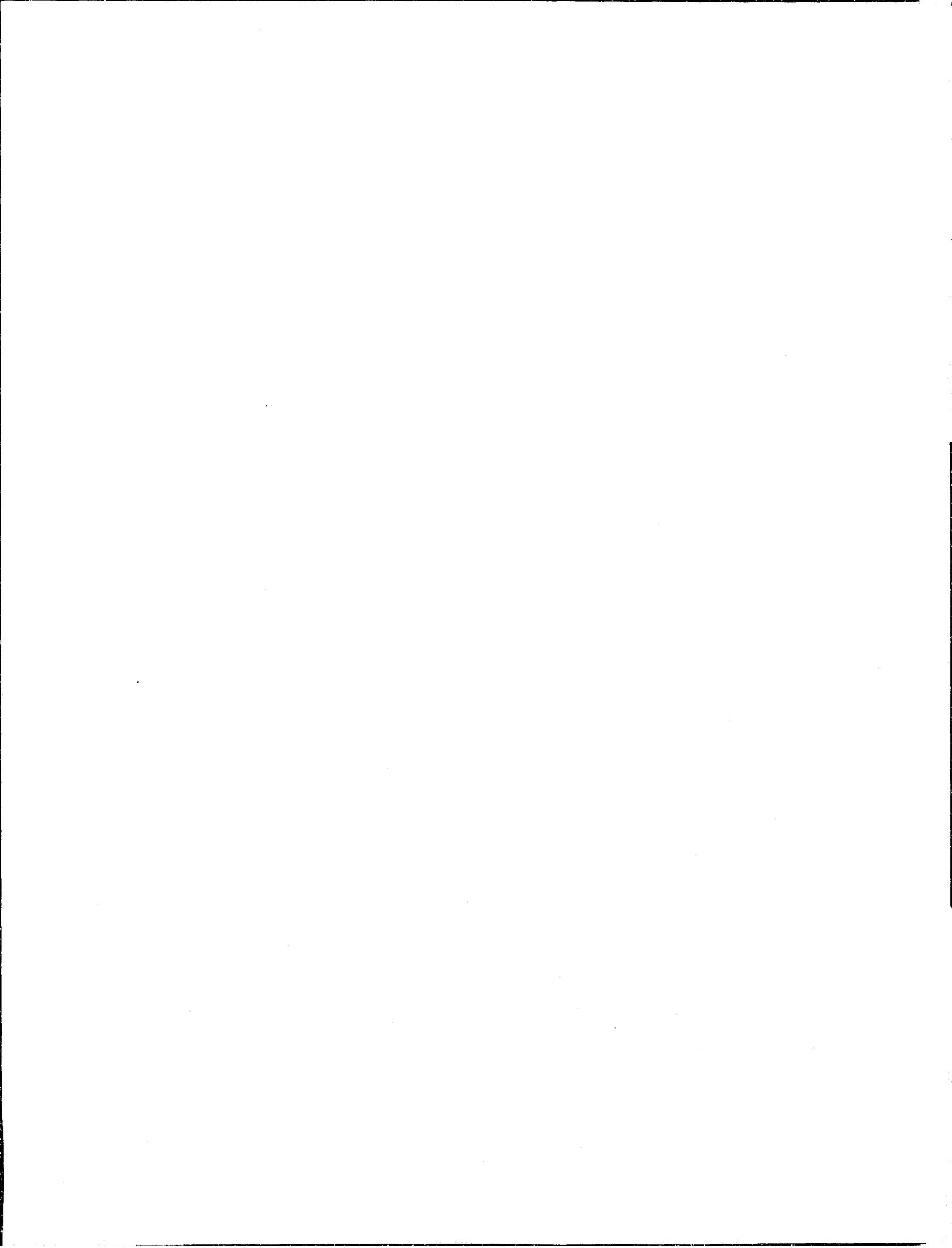
CONTENT	METHOD
<p>After the exercise, follow-up discussion should focus around such questions as:</p> <ul style="list-style-type: none"> <li>• What was effective?</li> <li>• What was ineffective?</li> <li>• How could the presentation be improved?</li> <li>• How might the same approach be applied to other hearings?</li> <li>• What other resources might be available other than those of the legislature?</li> <li>• How do you find out what is available?</li> <li>• How do you plan for and develop other constituencies for corrections, correctional health care?</li> </ul> <p><u>Summary and Transition</u></p> <p>In this section we have had the opportunity to look at the strategies and tactics necessary in advocating for improved health care resources. We have identified potential sources of new funding as well as analyzed some effective methods for increasing available resources. However, this session was only the end of a chain of events or activities that must take place if we are to improve or even maintain adequate health care. Those events or activities, you may recall, were described as (1) understanding health care delivery as a system, (2) setting goals for the system, (3) defining a framework for systematically identifying the resources and service needs of</p>	<ul style="list-style-type: none"> <li>• Thirty minutes will be allowed for feedback and discussion.</li> </ul> <p>Trainer then processes the exercise with group.</p>

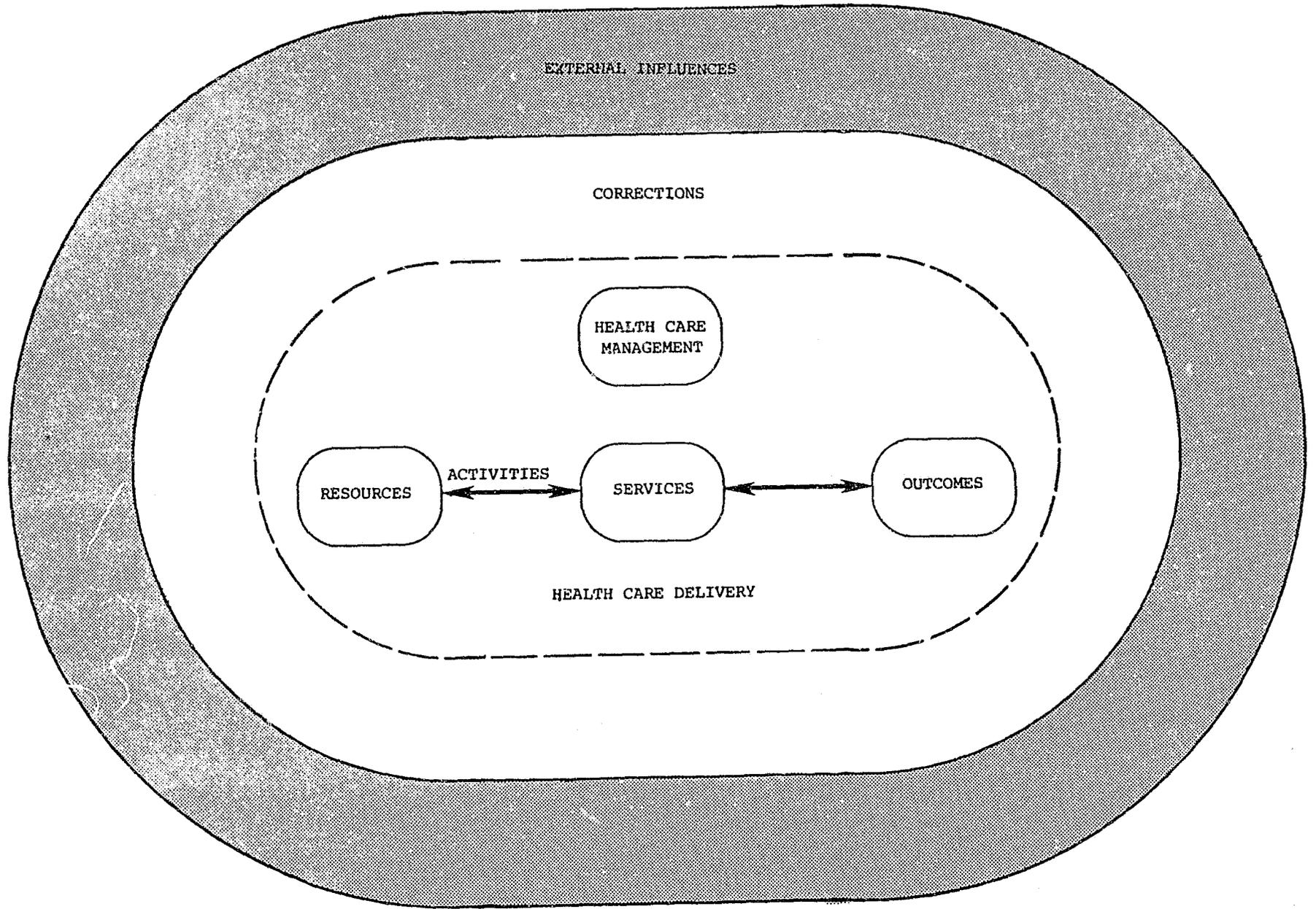


**CONTINUED**

**2 OF 3**

CONTENT	METHOD
<p>your system, (4) managing the system within the context of a correctional environment, (5) managing the conflicts that changing or improving health care practices frequently stimulate, and (6) dealing with the bottom line--how much will it cost and how much is the public willing to pay?</p> <p>In structuring the Workshop content in this manner, we were responding to the needs articulated by a cross-section of practitioners in the field. Also, in structuring the Workshop in a manner that would allow for active participation by the trainees, we felt we would maximize learning as well as allow you to have "fun." However, there is a final event that must take place, an event that we can only structure into the Workshop, but which you will have to do--make a commitment to taking action back home. The next session will give you an opportunity to think about such action.</p>	





## INFLUENCING ATTITUDES AND CHANGING BEHAVIOR

The approach to the process of persuasion outlined here and in the accompanying charts, is the following: Decide who is to present the case, how it will be presented, and to whom it will be presented.\*

- A. To decide who will present the material, consider:
  1. The credibility of the communicator (expertise, trustworthiness, etc.)
  2. The ability of the communicator to express some views that are held by the audience in addition to his or her own
  3. The charisma of the communicator as the audience perceives it.  
(The audience's acceptance of the message is frequently influenced by the reaction to the communicator.)
  
- B. How to present the issues is the second factor to address. In addition to the facts and documented needs, the following approaches should be considered:
  1. Present one side of the argument if:
    - a. the audience is generally friendly,
    - b. yours is the only position that will be presented, or
    - c. you want an immediate, but temporary, change in opinion.
  2. Present both sides of the argument if:
    - a. the audience starts disagreeing with you, or
    - b. the audience will hear the other side from someone else.  
(If both sides are presented, the one presented last will probably be the more effective of the two in swaying opinion.)
  3. State your conclusions explicitly, rather than allowing the audience to draw their own. Then the opinion change is most likely to go in the direction you want.
  4. Gear the approach to the audience, using varying techniques, such as emotional appeal, factual presentation, and so forth.

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\* Adapted from Zimbardo, Philip G., and Ebbesen, Ebbe B., Influencing Attitudes and Changing Behavior. Addison-Wesley: Reading, Mass., 1969.

C. Know your audience as individuals and consider the following:

1. In order to influence attitude change successfully, it is important to understand the underlying reasons for certain attitudes as well as the attitudes themselves.
2. Individuals are influenced by their group membership or affiliation.
3. Individual traits affect susceptibility to persuasion. Individuals whose opinions or attitudes are easily changed, will be equally influenced by a counter-communication.

D. Know your audience as a group and consider the following:

1. The group members are likely to respond in accordance to the nature, purpose or tenet of the group.
2. A person is rewarded for conforming to the standards of the group and is punished for deviating from them.
3. A person who is most attached to a group is probably most difficult to influence by communication that is in conflict with group norms.
4. Overtness or covertness of certain individuals within a group influences willingness to change opinions held privately.
5. Presence or absence of audience participation influences the outcome. (Group participation helps overcome resistance.)
6. Presence of dissent from even one other person weakens the majority opinion.
7. Intensity and consistency of dissent (even by a minority of two) influence direction.

(Chart)

INFLUENCING ATTITUDES AND CHANGING BEHAVIOR

- A. Determine who will present the information based on:
1. Credibility
  2. Ability to articulate audience views as well as personal views
  3. Audience perception of presentor.

(Chart)

## INFLUENCING ATTITUDES AND CHANGING BEHAVIOR

### B. How to present the issues:

1. Document all facts.
2. If audience is friendly, present your argument.
3. If audience is mixed, discuss both sides of the argument, giving your side last.
4. State conclusions explicitly.
5. Depending on audience, make presentation either emotional or factual.

(Chart)

INFLUENCING ATTITUDES AND CHANGING BEHAVIOR

- C. Knowing your audience: individual, successful persuasion takes into account:
1. Reasons underlying attitudes as well as the attitudes themselves
  2. Influence of group memberships
  3. Personality traits
  4. Susceptibility to influence.

INFLUENCING ATTITUDES AND CHANGING BEHAVIOR

- D. Knowing your audience: group decisions are influenced by:
1. Nature, purpose, or tenets of group
  2. How the group maintains conformity
  3. Strength of group's attachment to norms
  4. Overtness or covertness of individual opinions within group
  5. Presence or absence of group interaction (resistance)
  6. Presence of dissent even if only from one person
  7. Intensity and consistence of dissent, even by a minority of two.

M E M O R A N D U M

TO: Warden J. F. McFee  
FROM: Chairperson Clay, Budget Committee, State Legislature  
SUBJECT: Budget Hearing

This is to notify you that on January 7, the committee will be sending to your institution our Legislative Liaisons to discuss with you and your staff the increased health care budget which we have received from your institution. Although this may seem highly irregular to you, it is necessary because your institution has requested an increase far greater than any other in our system. Consequently, I, and the rest of the committee members, feel that it is necessary to investigate the matter in greater depth before acting on your request.

The liaisons will be responsible for making recommendations to our committee about whether the increase is justifiable and whether it is to be granted in full or in part for this coming fiscal year. The committee will, among other things, look to see if you have explored other means of funding and organized your health care services to minimize costs.

If you have any questions, please contact me before December 20, for I will be out of town after that until January 3.

## Fact Sheet

### HEALTH CARE BUDGET REQUEST FOR CORRECTIONAL CENTER

#### Background

The Correctional Center is a 2,600-man, maximum security correctional institution located in the most rural portion of the state. The population at the Center has increased by 800 over the last nine months. It is also the reception and classification center for the northern half of the state and, as such, processes an average of 3,000 men per year for assignments to other institutions.

#### Health Care

The medical unit, in the past, has functioned more or less as a dispensary. The institution is now under court order to improve all services for inmates at the institution, including health care services. The court order requires increased amounts of on-site coverage by health care professionals, the distribution of all medication by licensed personnel, and 24-hour nursing services.

In addition to the court order, one of the community hospitals was forced to close this last year as a result of reduced occupancy. There are only eight physicians within a 25-mile radius of the Center. Thus, the institution is attempting to increase its inpatient capability to provide more of the acute care previously provided by the community hospital.

#### Budget Summary

The proposed budget for FY '78 is outlined below and is compared with that of FY '77:

(in thousands of dollars)

	<u>FY '77</u>	<u>FY '78</u>
Personnel	506.6	890.6
Contractual Services	132.8	400.0
Commodities	54.0	70.0
Equipment	6.0	114.0
Telecommunications	2.4	3.1
Totals	701.8	1,477.7

Comments on the FY '77 Budget

The budget for last year included funding (under personnel) for the following positions:

2 Physicians  
2 Dentists  
1 Administrator  
1 Pharmacist  
1 Lab Technician  
1 X-ray Technician  
1 Director of Nursing  
2 R.N.s  
18 Medical Technician Aides  
2 Secretaries  
  
31 Total

As noted earlier, the health care unit was able to function primarily as a dispensary. Even for these services, there has been heavy dependence on inmates to assist in delivery of them.

Comments on FY'78 Budget Increases

With the requested budget increases, the Correctional Center will add the following positions:

1 Physician  
1 Dentist  
3 Physician Assistants  
3 Dental Aides  
1 Dental Hygienist  
1 Pharmacist  
5 R.N.s  
1 Medical Records Administrator  
6 Records and Clerical Staff  
1 Physical Therapist  
  
23 Total

The increased equipment allocation will enable the Center to purchase the following:

5 Dental Operations @ \$10,000	\$ 50,000
1 Image Intensifier @ \$30,000	30,000
1 Set of Physical Therapy Equipment @ \$10,000	10,000
1 Set Medical Records Shelving, etc., @ \$5,000	5,000
3 Exam Room Set-ups @ \$3,000	9,000
Desks, Typewriters, etc.	<u>10,000</u>
Total	\$114,000

These increases will allow the Correctional Center to meet its obligations under the court rulings. Under personnel are 23 new positions, including job titles such as physician assistants and dental aides, not previously used by the agency; the Director, in preliminary hearings, committed the agency to these. The contractual service increase represents expanding use of community resources, particularly for sophisticated diagnostic procedures.

With the increases, the objectives of the medical unit can be met. The unit will be able to provide necessary medical services to 2,650 residents on a 24-hours-a-day, seven-days-a-week basis. It will also have licensed physicians on call 24 hours a day; conduct sick call 40 hours a week; have dental services to treat 240 residents a month; have a new medical records system introduced and maintained by civilian staff; have a first aid room staffed to accommodate 1,800 visits a week; have sick call screening in segregation five days a week; have professional 24-hour nurse coverage; initiate specialty clinics; have piped oxygen into the wards; have multiphased screening provided to all incoming inmates; and have an expanded physiotherapy department.

WEIGHT OF CRITERIA  
AND RATING OF PRESENTATION

CRITERIA

COMMENTS

Place an "X" on number representing weight of criteria.  
Place an "O" (circle) around number rating the presentations.

Example - How knowledgeable were presenters? 10 9 8 7 6 X 4 3 2 1

Presenter seemed unsure of the data.

1. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

2. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

3. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

4. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

5. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

6. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

7. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1

8. \_\_\_\_\_ 10 9 8 7 6 5 4 3 2 1



You are representing Representative Day

Rep. Day comes from a blue-collar district saturated with heavy industry. He is known as a "law and order" advocate and is considered a fiscal conservative. There are no prisons in his district. Rep. Day is an active member of a local club.

You are representing Representative Moss

He is from a blue-collar district in the state's largest urban center. He feels the state is already spending too much in prisons and prisoner rehabilitation. He is vigorously opposed to building new prisons even in the face of reports on overcrowding. He believes that this country is coddling law breakers.

You are representing Representative Jones

He represents a wealthy district in the largest urban area of the state. This district is populated by the so-called kingpins of business and industry. There are no prisons in the district; however, there are a number of group homes for juveniles. Rep. Jones is considered to be a fiscal conservative. While a member of Congress, he sponsored amendments to the act excluding inmates from Medicaid and Medicare; they were defeated.

You are representing Representative Maghan

His district includes the poorest community in the state's largest urban area. There are no prisons in the district. Unemployment is twice the state average. He is considered a social reformer and is responsible for legislation to provide commercial insurance to prisoners.

You are representing Representative Clay

Rep. Clay has two prisons in his district including the one currently under review. He advocates increasing the prison's ability to provide all services within the institution to minimize the community contact with prisoners. Essentially, his is a rural district with very little industry and very high unemployment. Rep. Clay opposed a bill to provide commercial insurance to prisoners during the last term of legislature because, he said, his constituents are unable to afford such coverage.

You are representing Representative Flagg

Rep. Flagg's constituents are mostly farmers who have some of the most productive farms in the state. He is basically a liberal. There are two prisons in the district, but the prison revenue is not the basis for survival of the community. Due to location, it has been difficult to attract health care professionals into the district; consequently, there is a shortage.

Session 10

DAY III

11:30 a.m. - 12:30 p.m.

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DEVELOPING ACTION PLANS

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Goals of the Session

At the end of the session, the participants will have identified at least one of the following action plans:

- One change that they believe they can make in correctional health-related practices at home
- One new option or activity that they believe they can introduce in the existing correctional health-related practices at home
- An assessment of their existing health care systems to determine how effective the health care system is and to determine where new alternatives or improved practices could be introduced.

In addition, participants will identify potential resistances to the change and steps to affect these resistances.

Rationale

One goal of the Health Care in Corrections Institution Executive Training Program is to encourage participants to commence planning for implementation of new ideas for improving existing health care systems. In order to facilitate this goal, we have built into the Workshop an opportunity for you to think about some action you might wish to take when you leave, as well as to analyze such actions in terms of the potential resistances you may encounter.

Method

Small group interaction.

Materials/Logistics

Rooms for small group meetings  
Newsprint for each room  
Magic markers.

CONTENT	METHOD
<p>Individuals or groups from the same jurisdiction will work together identifying some action(s) they would like to take to improve their correctional health care delivery systems. Actions might include improving existing practices, innovating new options, or assessing their own system. In identifying the action that might be taken, it is important to remind the group to reflect on potential resistances they might encounter as well. Both Sessions 7 and 8 dealt with the managing of resistance to change; and they will have an opportunity to apply some of the techniques and strategies discussed earlier in implementing their action plans. The action plan form, which should be handed out, has been designed to help them wrestle with planning for change.</p>	<p>Trainers will start the session by explaining that one of the goals of the ETP program is to encourage participants to commence planning for implementation of new ideas for improving their system, in this case, health care delivery. Therefore, an opportunity has been built into the Workshop to allow participants to think about some action they might wish to take when they return home as well as to give them an opportunity to plan for successful implementation of a strategy, based on the learnings of Session 7 and 8. Trainers should refer participants to some of the materials in those sessions also.</p> <p>Trainers should then allow participants to work individually or in groups. Let the group decide what is most useful to them at this time.</p> <p>Trainer will explain that at the end of the session that participants should have identified some actions they plan to take when they go home. For example, a legislator might become involved in further meetings with the corrections medical administrators or meetings with other legislators regarding health care delivery problems. A medical administrator might begin to develop job descriptions which outline the responsibilities of the medical staff and the correctional staff. The jail administrator might want to collect more data so that service needs can be identified more specifically.</p> <p>Trainer will "float" and provide the participants with assistance, as needed. Trainer will close the Session by asking participants to share their plans with others in the group and gain some feedback and exchange of ideas.</p> <p>Trainer will instruct groups that the final session will be held in a large planary session.</p>

ACTION PLAN

Step I

- a. Clearly identify and describe the change you want.
  
- b. Clearly define the reason why you want to make the change.

Step II

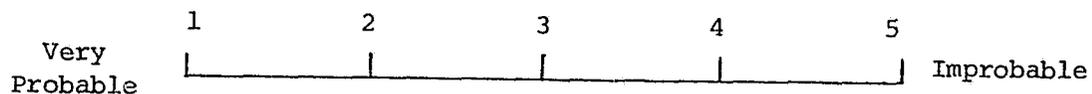
- a. Identify whether there will be resistance to the change(s).  
(Don't expect resistance by creating it.)
  
- b. Identify where the resistance will come from and the reason for the resistance.

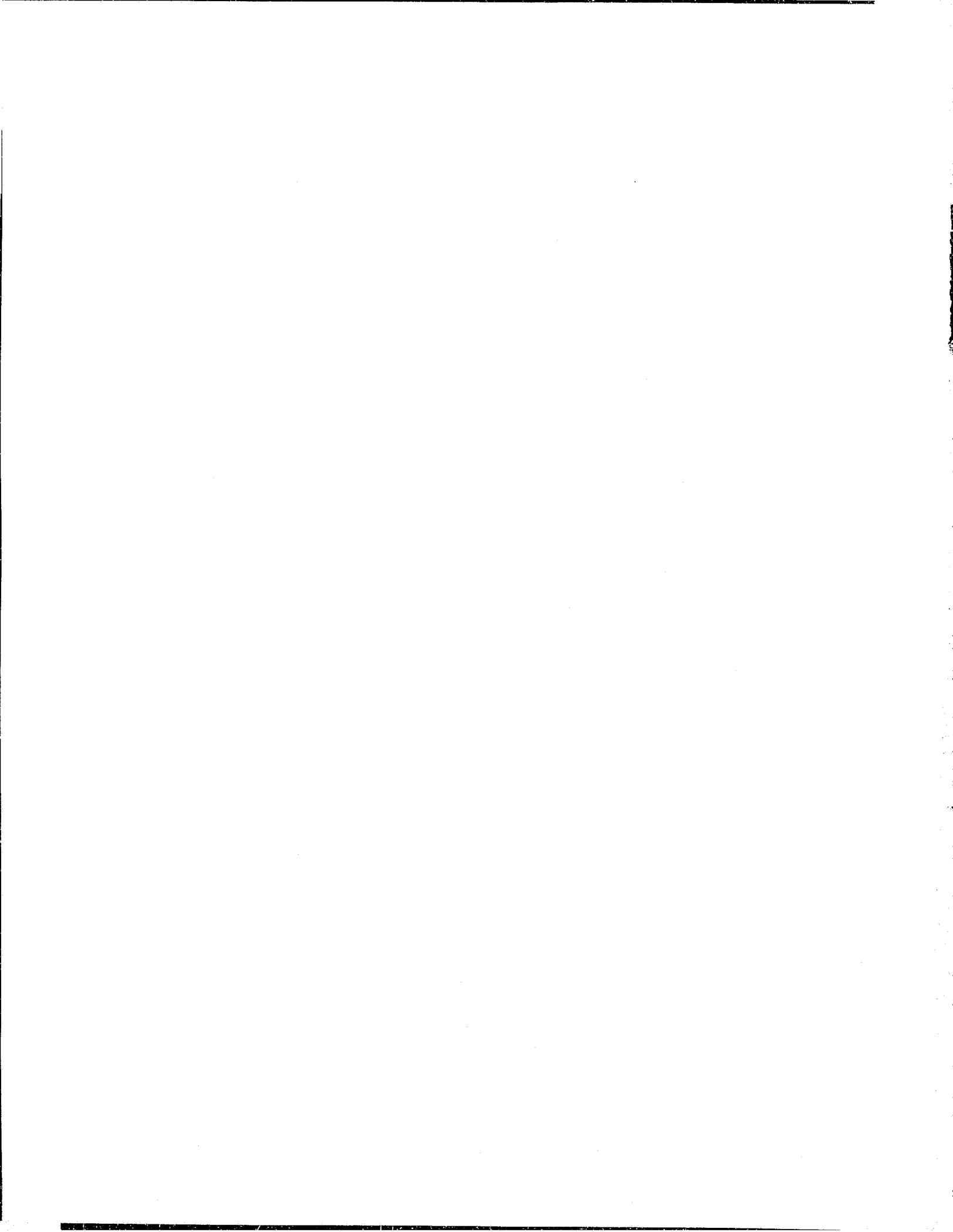
Step III

Identify strategies you might take to overcome resistance.  
(Refer to Session 7 and 8 when necessary.)

Step IV

Identify the degree of success you expect to have in  
accomplishing the desired change. (Circle one)





Session 11

DAY III

12:30 - 1:00 p.m.

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WRAP-UP

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Goals of the Session

To wrap up loose ends, answer final questions, and thank participants for their interest and attention.

Rationale

The purpose of this session is to bring a closure to the Workshop as well as to clear up administrative details.

CONTENT	METHOD
<p>Thank the participants: We hope the Workshop message will be carried home and that you will have been stimulated enough to make changes and improvements in your systems. In addition, we hope that you will take advantage of the opportunity to continue interacting in order to continue the dissemination of information about new options for health care delivery in corrections.</p>	<p>Lead trainer makes the presentation.</p>

## APPENDIX

### Session 6, Supplement (Approximately two hours)

#### Goals of the Session

At the end of this supplemental session, the participants will be able to:

- Identify two communication networks
- Identify two constraints to decisionmaking
- Identify two factors that aid decisionmaking.

#### Rationale

In any organization, some "networks" or avenues of communication are more conducive than others to allowing the decisionmaking process to occur effectively and efficiently. By providing practice in making decisions within prescribed channels, the exercises in this session will offer participants the opportunity to experiment with different kinds of networks, compare them, and analyze them in relation to their own decisionmaking needs.

#### Method

Small group exercises with observation and discussion.

#### Materials

Four break-away rooms with about 25 chairs in each  
Charts: Communication Networks and Systems Framework  
Observation forms  
Task handouts  
Newsprint  
Magic markers.

CONTENT	METHOD
<p><u>Introduction</u></p> <p>The resources and activities involved in decisionmaking will affect the quality of the decisions. There are a number of important factors to consider in looking at resources and how they are used or put together in the decisionmaking process. To illustrate some of these factors and give you a "controlled" experience in decisionmaking, we will now go through some exercises.</p> <p>Some of you will be assigned to communication networks which look like those on the chart. (Refer to communication network chart)</p> <p><u>Task 1</u> (Approximately 10 minutes)</p> <p>We will set up two networks. The rest of you will be observers.</p> <p>Network members can only talk to each other when seated in another member's "office"--the empty chair facing that member. Communications must be verbal; members can, however, take notes which they can use when speaking to others.</p> <p>Observers should follow the instructions on observation sheets and make sure that members of the networks follow the rules of the game.</p>	<p>Trainer makes brief presentation linking this supplementary session to Session 6.</p> <p>Trainer describes and gives examples of the networks using network chart. Then the trainer reorganizes chairs into two of the illustrated networks. Trainer assigns participants to the two networks. The trainer then gives the following rules:</p> <ol style="list-style-type: none"> <li>1. A participant can only talk with another participant when seated in his or her "office."</li> <li>2. Participants can only go to the offices of other participants with whom they have a "line relationship," as illustrated by lines on the chart.</li> </ol> <p>These rules <u>must</u> be followed in completing the tasks.</p> <p>Trainer should instruct observers to do the following:</p> <ol style="list-style-type: none"> <li>1. Keep track of the time needed to complete the tasks, by the network observed.</li> <li>2. Keep notes as indicated on the observation form regarding: <ul style="list-style-type: none"> <li>● Leadership</li> <li>● Decisionmaking process</li> <li>● Reactions to network.</li> </ul> </li> </ol>

CONTENT	METHOD
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The first task will be a very simple problem just to get you started. Each person in the network has been given a card with symbols on it. The members of the network are to identify which of the symbols they have in common. However, network members are only allowed to communicate verbally, and with those designated in the network outline.

Task 2 (Approximately 30 minutes)

The next task is a problem-solving task. Each member of the network has been given a different role or title and some information about the problem. Tell all members who has which role. The network is then to come up with a "solution" to the problem. There is no "right" answer. Network members are to follow the same rules as before. You have 20 minutes to come up with a solution.

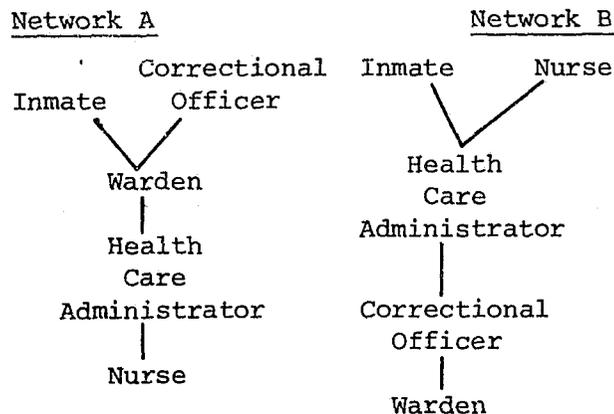
3. Make sure network participants follow the rules--observers should not participate in the tasks.

Trainer should go over the observation form with observers and answer any questions about it.

Trainer then presents first task. A set of papers with the various symbols should be distributed to each network, one to each member. When told to start, the participants should identify which symbol they all have in common. When they have done this, the network should notify the observers, who will record the time. It may take some time for the groups to get started. Unless one or more network(s) take more than five minutes to get going, no intervention should be made.

There will be no discussion of the task until the third problem is solved, or the trainer may decide to "process" briefly after the second problem.

The trainer presents the second task and discusses the problem described on the task handouts, copies of which are distributed to all the members in both networks. Each participant should receive a role description as well. The following are two possible role or network assignments. (An outline of the network should be available on newsprint).

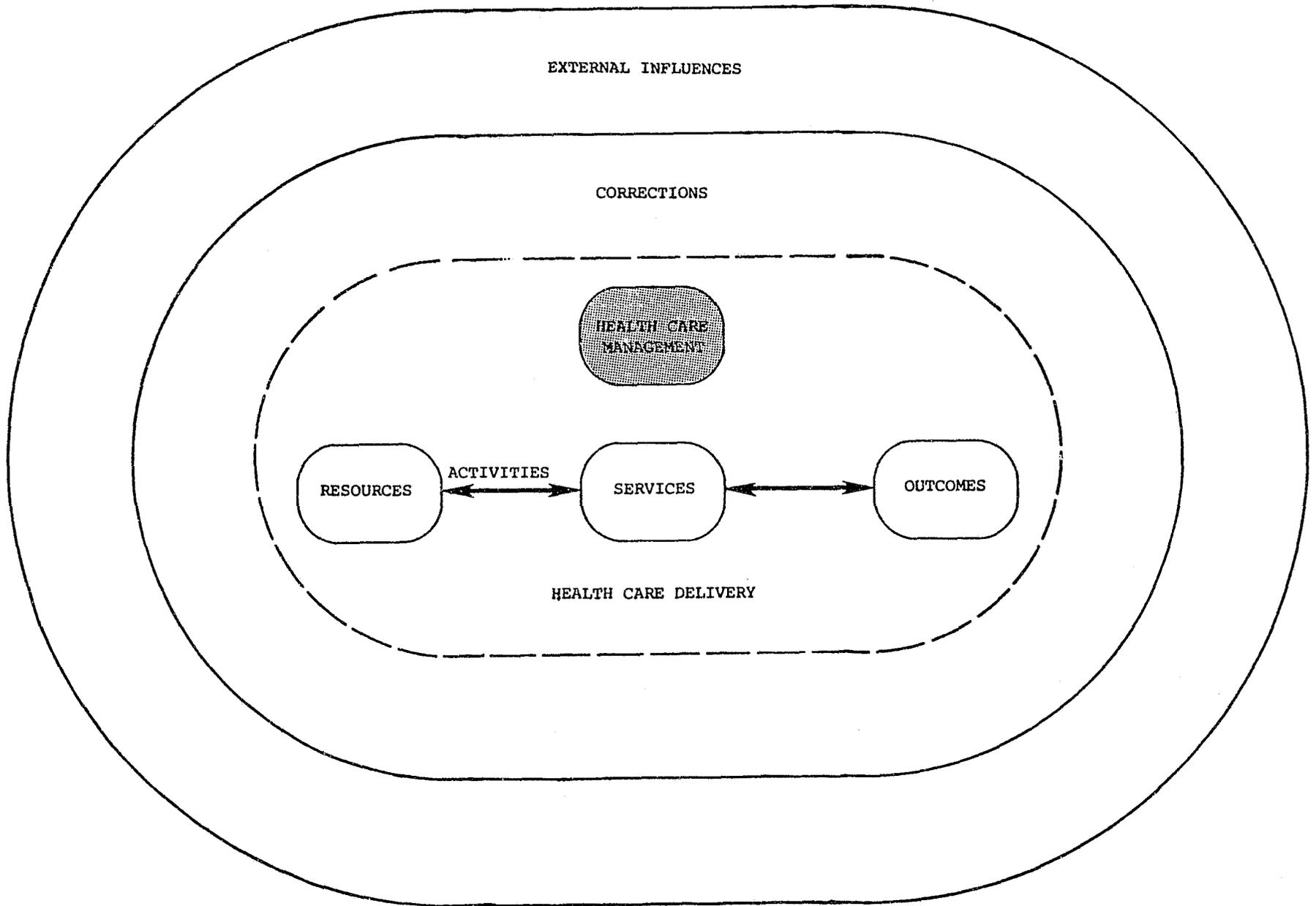


CONTENT	METHOD
<p><u>Task 3</u> (Approximately 30 minutes)</p> <p>The next task is another problem-solving task involving resource allocation. You are now in different networks for this task and you will be assigned roles. (Explain who has which role.) You are to come up with a "solution" to the problem; there is no right answer. Network members must follow the same rules as before. You have 20 minutes to come up with a solution.</p> <p><u>Wrap-up</u></p> <p>Now let us discuss your experience in the networks and analyze what the important factors are that affect decisionmaking.</p>	<p>Tell all network members the roles of the other members.</p> <p>Participants should be given some time to read over the information on their cards. Twenty minutes will be allowed for the groups to develop solutions to the problem. The same rules apply to the work of the networks.</p> <p>Observers should follow the same instructions as before.</p> <p>Trainer keeps time and stops group work after 20 minutes.</p> <p>Rearrange the networks. Suggested networks to use are the "wheel" and the "all-channel." At least one group should be in the all-channel network. The roles for the wheel should be assigned as shown below:</p> <pre> Nurse   Correctional Officer — Warden — Health Care Administrator   Inmate </pre> <p>The all-channel network may meet as a group; otherwise the same rules apply. Networks have 20 minutes to come up with a solution. Observers should follow the same instructions used in the second task.</p> <p>Trainer keeps time and stops group work after 20 minutes.</p> <p>Chairs are rearranged as they were before the exercises.</p>

CONTENT	METHOD
<p>Discussion questions:</p> <ul style="list-style-type: none"> <li>● How did the various members of each network feel about their participation in their network? How satisfied, in general, were the groups with their networks? Who felt highly involved and who felt left out? What are the implications?</li> <li>● Was there any relationship between the type of communication network and the length of time needed to solve the problems?</li> <li>● Was there any relationship between the types of communications networks and length of time needed to solve simple problems? Complex problems?</li> <li>● Did identifiable leaders emerge in any of the networks? If so, who were they, and can leadership emergence be predicted from the structure of the communication network? (Ask observers for their feedback )</li> <li>● What were the major differences between the simple and complex problems? What is the most efficient and effective way of approaching problems when different people have different information and knowledge or skills to bring to the problem?</li> <li>● Who should be involved in complex problem solving?</li> <li>● How can you influence communications channels? What type of networks are used in making management decisions? What are the appropriate roles of correctional officers, inmates,</li> </ul>	<p>Trainer facilitates discussion by raising appropriate questions.</p> <p>Trainer should ask observers for their reports.</p> <p>Trainer should make lists of responses where appropriate.</p> <p>Trainer should list responses, editing where needed.</p>

CONTENT	METHOD
<p>the health care administrator, and outside agencies.</p> <ul style="list-style-type: none"> <li>• What conclusions can we draw about management decisionmaking and the resources and activities used?</li> </ul> <p>Conclusions should include:</p> <ul style="list-style-type: none"> <li>• Different types of decisions may need different types of "networks" for effective and efficient decisions to be made. That is, simple decisions may use a simple type of network while complex decisions may require an interactive network.</li> <li>• To make an appropriate decision you have to have all the information needed--different people have different access and knowledge to that information. Their informational roles then, are critical to the decisional roles.</li> <li>• The actors in correctional health care management decision-making may vary according to the decision, and their roles may vary depending on the decisions, but of particular importance are health care administrators.</li> <li>• The effectiveness of the leader and the role the leader plays can also affect how appropriate decisions are made. The interpersonal roles then, also have a critical role in the decisional function.</li> </ul>	<p>If needed, trainer may want to add to the list.</p> <p>Trainer should emphasize the need for information resources--that is, people with specific knowledge or skills to contribute to decisions (health care administrators, inmates); the effect of different networks in making available the relevant resources; and how specific organizational structures and leaders will affect whether those networks are used.</p> <p>Particular emphasis should be given to the use of health care administration skills, how they differ from medical skills. Knowledge or skills in how to organize health services, set up mechanisms for dispensing drugs, and so forth, are not taught in medical school but are vital in setting up correctional health care services. Reference should be made to the appropriate sections of the Prescriptive Package.</p>

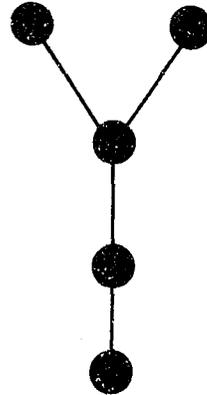




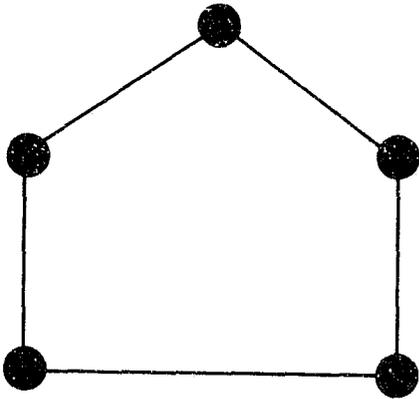
COMMUNICATIONS NETWORK CHART



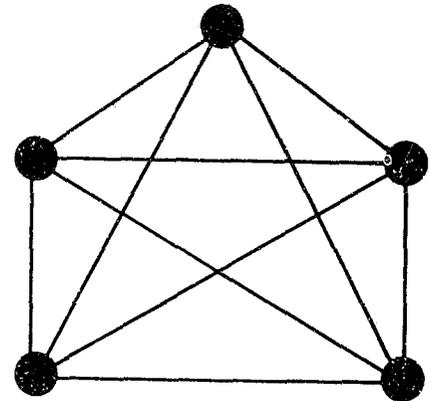
CHAIN



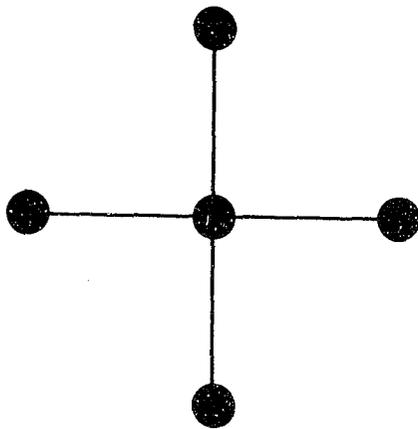
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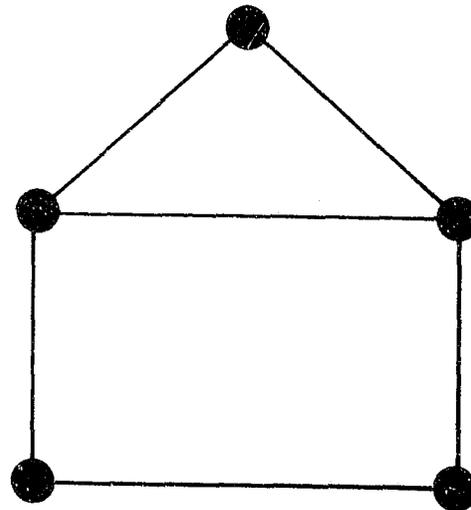
CIRCLE



ALL CHANNEL



WHEEL



SQUARE WITH TRIANGLE

OBSERVER FORM FOR NETWORK EXERCISE

TASK # \_\_\_\_\_

NETWORK \_\_\_\_\_

Instructions: Observe the group (network) and the group's performance of the task. Focus on how the group solves the problem, the roles of the members, and the decisionmaking process. During your observation, take notes as indicated by the items below.

1. Time

How long (in minutes) did the group take to complete the task: \_\_\_\_\_

\_\_\_\_\_

2. Leadership

How did the group accomplish the activity? \_\_\_\_\_

\_\_\_\_\_

Who influenced the decision process the most? How? \_\_\_\_\_

\_\_\_\_\_

3. Members Reactions to the Network

How satisfied were the members with their performance of the task? \_\_\_\_\_

\_\_\_\_\_

How satisfied were the members with their positions in the network? \_\_\_\_\_

\_\_\_\_\_

What were the members' responses to the network structure?

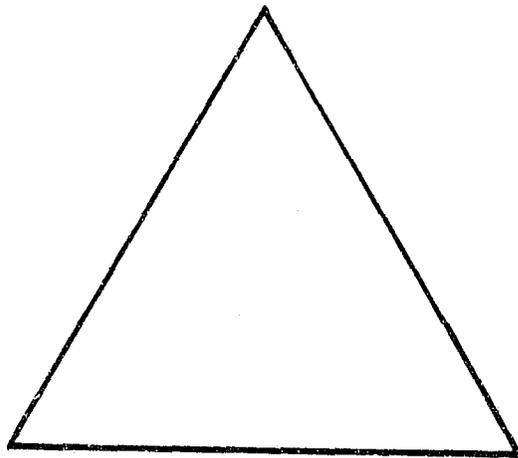
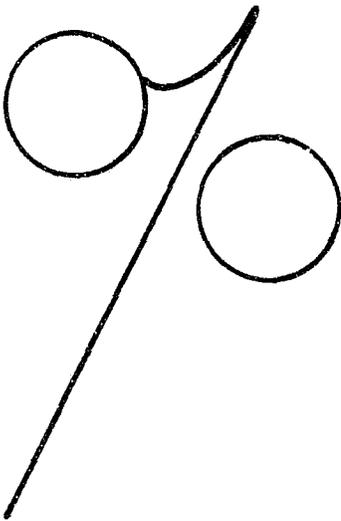
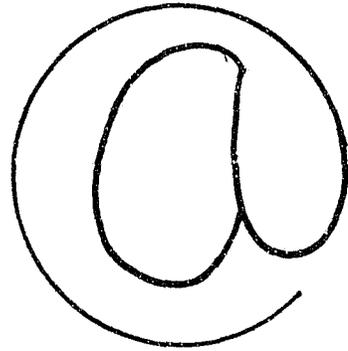
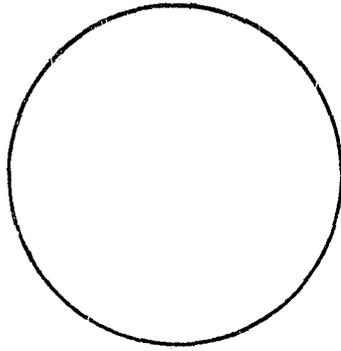
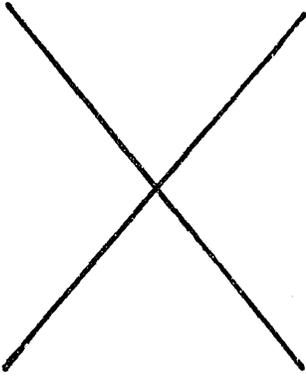
\_\_\_\_\_ Eager Participation      \_\_\_\_\_ Low Commitment      \_\_\_\_\_ Resisting  
\_\_\_\_\_ Lack of Enthusiasm      \_\_\_\_\_ Holding Back

4. General Comments: \_\_\_\_\_

\_\_\_\_\_

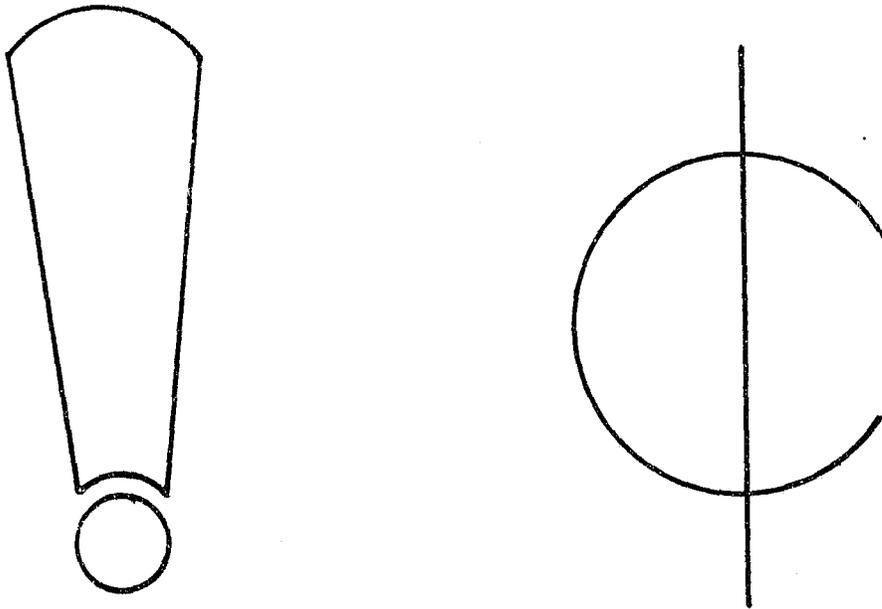
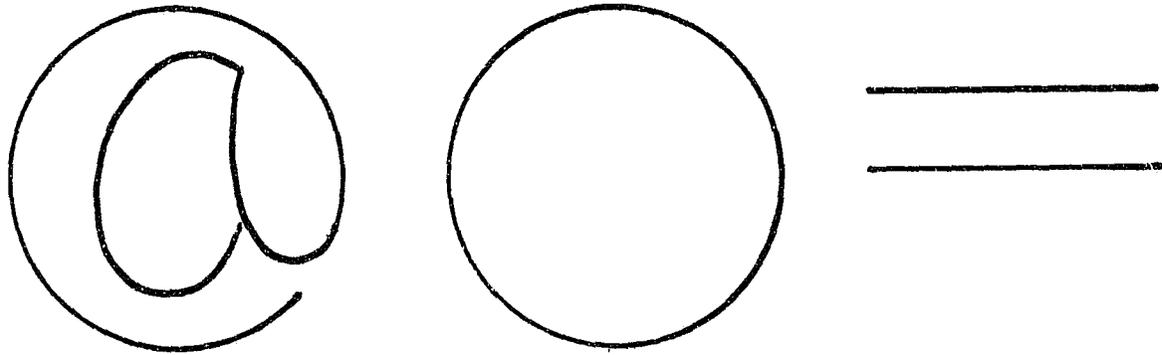
PROBLEM-SOLVING TASK 1

Identify the symbol that you and the other participants have in common.



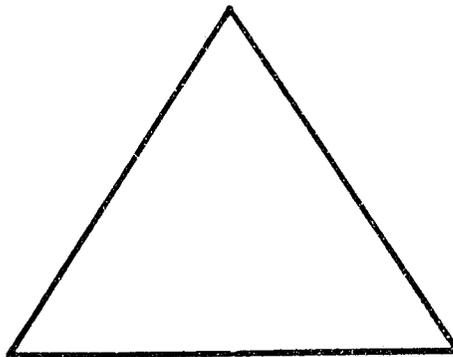
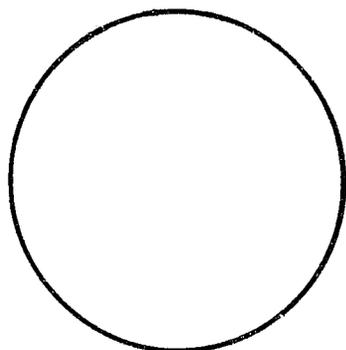
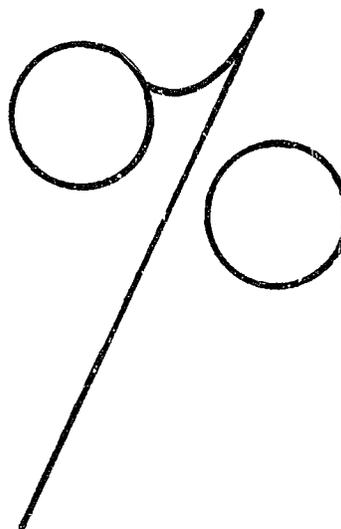
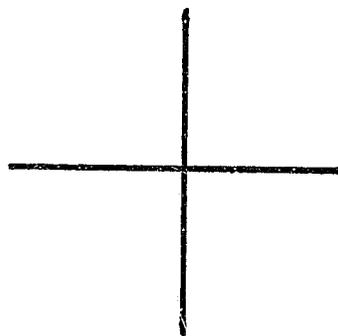
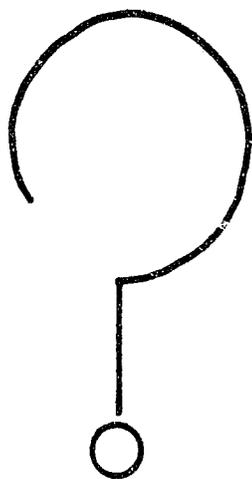
PROBLEM-SOLVING TASK 1

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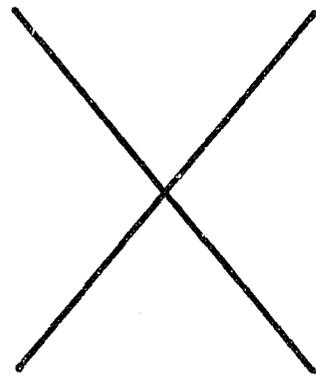
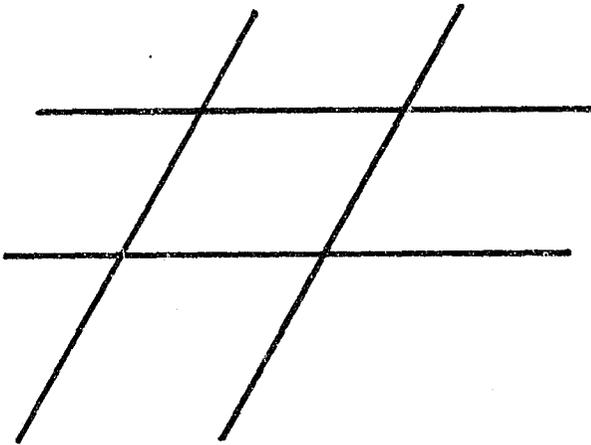
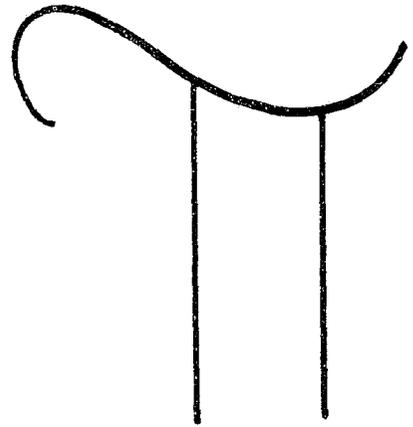
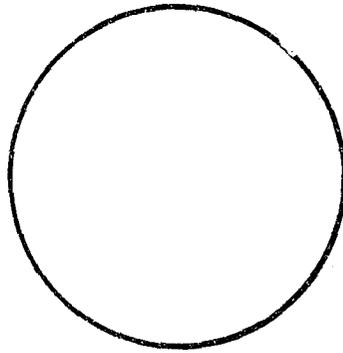
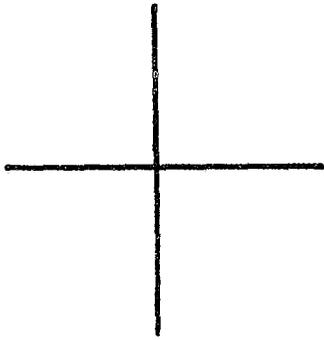
PROBLEM-SOLVING TASK 1

Identify the symbol that you and the other participants have in common.



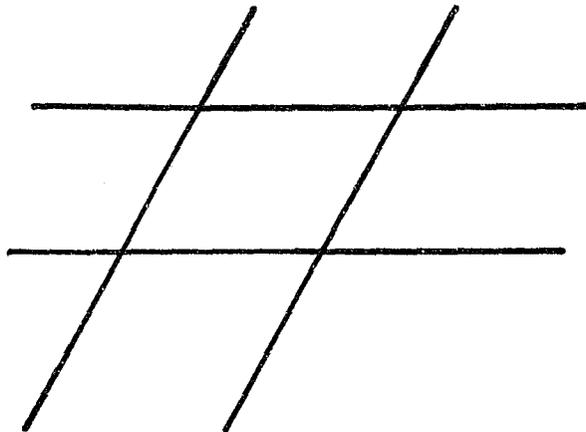
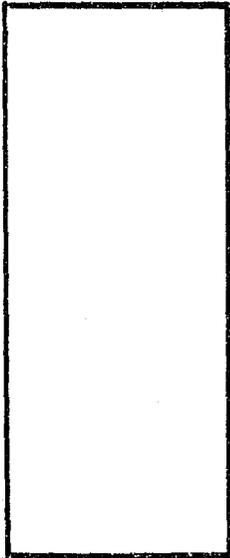
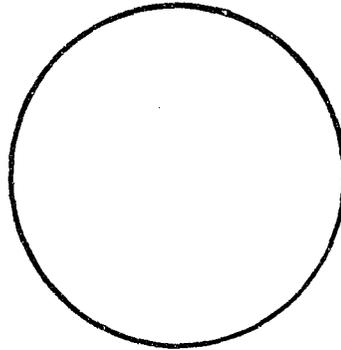
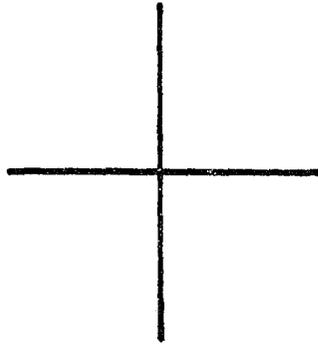
PROBLEM-SOLVING TASK 1

Identify the symbol that you and the other participants have in common.



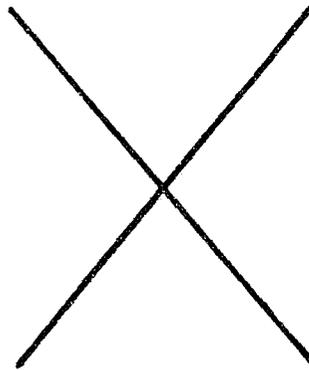
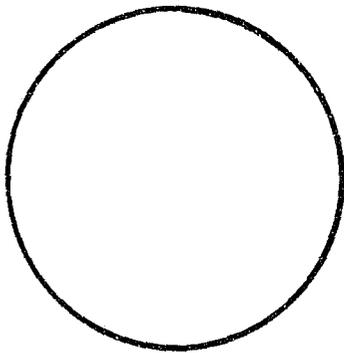
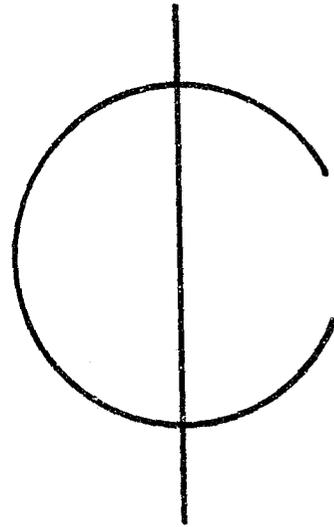
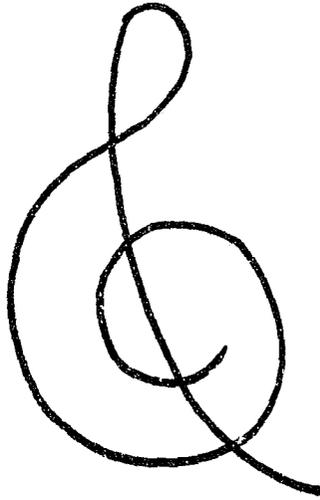
PROBLEM-SOLVING TASK 1

Identify the symbol that you and the other participants have in common.



PROBLEM-SOLVING TASK 1

Identify the symbol that you and the other participants have in common.



## PROBLEM-SOLVING TASK 2

### The Problem

A recurring problem in the delivery of health services in the Delgado Correctional Institution is a delay in treating inmates in the event of a medical emergency. Delays occur in bringing the inmate's condition to the attention of the medical personnel and in transferring inmates who require hospital care to the hospital. In the last month, one inmate almost died and required extended hospitalization because of delays in treatment. Everyone is concerned that the delays could cause even more serious harm.

### Your Task

It is the task of your group to identify a solution which would reduce delays in two areas. In the case of medical emergencies, you want to get inmates to the attention of medical staff in five minutes or less, rather than the 20 or more minutes it now takes; and you want to reduce the time it takes to get inmates to the hospital from some 45 or 60 minutes to 10 or 15 minutes at the most.

## WARDEN

You are the Warden of Delgado Correctional Institutional and are responsible for overseeing its operations and orchestrating all activities.

Your budget is extremely tight this year, and correctional officers are at a minimum. Any demands for special custody, such as transporting inmates to the hospital, will require that additional officers be called in. While this means paying overtime, it is cheaper than hiring more correctional officers, even on a part-time basis, since emergencies are infrequent, usually occur during the day, and just do not justify the additional expense of hiring more officers. However, a court suit, initiated because of a delay in treatment, could be even more expensive.

## CORRECTIONAL OFFICER

You are a Correctional Officer, responsible for keeping the Delgado Correctional Institution secure and orderly.

Sometimes you must delay taking an inmate to the health station because you must make sure your post is covered before the inmate is moved. This can mean calling for a correctional officer to come in on overtime, and some officers live 15 minutes from the institution. This or equally time-consuming arrangements must be made. Another problem is that inmates often fake illnesses--cramps, appendicitis, and so forth--just to relieve the boredom. When inmates are not really sick, you and your fellow officers are performing needless, extra work.

## NURSE

You are a Nurse, responsible for routine nursing duties in Delgado as well as for assisting in the delivery of emergency, 24-hour services.

You believe that part of the delay in getting emergency victims to treatment is that medical personnel are not allowed to go to the victim. The victim must be brought into the health station even when it may be injurious to the victim to be moved and even when it would be faster for a medical person to accompany a correctional officer to the victim. Furthermore, some correctional officers delay because they do not want to bother transporting victims and cause disruptions in their normal routines.

## HEALTH CARE ADMINISTRATOR

You are the Health Care Administrator and are in charge of managing the health care services and supervising the health care staff.

You see that one of the causes of the problem is that correctional officers do not know how to identify a medical emergency. The officers do not know what to look for or how to conduct a cursory examination of the inmate to ascertain whether the inmate is ill and in need of immediate care. Also, the procedures for getting the inmate to the hospital are cumbersome, in part because a physician has to certify that an emergency exists even though the nurses are able and trained to do so.

INMATE

You are an Inmate at Delgado Correctional Institution.

You believe that correctional officers would rather not be bothered taking inmates to the health station. The health station is a good distance away and inconvenient. The officers consider an inmate's sickness a burden on them. Also, the guards seem to feel that they have to follow the "sick call" procedures to the letter even when the ensuing delay in receiving treatment is dangerous to an inmate. Still it is the officers who decide whether an inmate is sick enough to call in a nurse. The officers also tend to think that all inmates are fakers.

### PROBLEM-SOLVING TASK 3

#### The Problem

A major dilemma faces the Warden of the Delgado Correctional Institution. He must decide how to spend \$100,000, recently made available for equipment. The Warden is faced with two high priority needs within the institution. The first need is for a new X-ray suite for the prison's infirmary. The approximate cost of this suite would be nearly \$100,000. The X-ray equipment is badly needed since the present X-ray unit is 19 years old and on its last legs. The Delgado Correctional Institution has a 90-bed infirmary and an inmate population of 3,000. There is a considerable amount of industry at the institution as well as many sporting activities. The institution also functions as a regional reception center. The demand on the X-ray equipment is extensive and the need for the new X-ray unit is quite apparent.

However, the Warden also has noted another high priority for the institution --namely, the building of a vocational training center building which would also cost approximately \$100,000. The vocational training building would be used to expand the number of vocational training programs for inmates. Despite the fact that there is industry at the institution, there are approximately 400 to 500 inmates who are currently unemployed and a vocational training center would allow them to be occupied.

#### Your Task

It is the task of your group to identify a solution to the Warden's dilemma. All pertinent facts should be gathered so that the Warden can decide if the \$100,000 should be spent on medical needs or institutional needs.

## WARDEN

You are the Warden of the Delgado Correctional Institution, responsible for overseeing its operations and orchestrating all activities within your institution.

The budget for your institution has traditionally been extremely tight. However, a lump sum of \$100,000 has become available for your immediate use. You are faced with a dilemma of deciding how that money should be spent. You realize that if an X-ray unit is not available at your institution, all inmates will have to be sent outside for evaluation. You are likewise worried about the number of unemployed inmates within your institution and the fact that their idleness leads to unrest within the institution. You are, therefore, faced with solving the dilemma about how to spend this money.

CORRECTIONAL OFFICER

You are a Correctional Officer, responsible for keeping the Delgado Correctional Institution secure and orderly.

You are particularly concerned about the large number of unemployed inmates since their idleness and boredom increase tension in the institution. Recently, a number of fights have broken out among inmates in the exercise yard and many of those involved seem to be the ones who are unemployed. Your only concern with the X-ray unit is that if the X-ray unit should close down, all inmates requiring X-rays would have to be transported to an outside medical facility. However, you doubt that this will happen, and, anyway, the transportation problems could be worked out more easily than problems now resulting from idleness.

## HEALTH CARE ADMINISTRATOR

You are the Health Care Administrator, in charge of managing health care services and supervising the health care staff at the Delgado Correctional Institution's infirmary.

Because of your desire to provide primary ambulatory care at your institution, you are particularly concerned that the institution have a modern, functioning, and complete X-ray unit. All of your efforts in recent months have been to upgrade the level of health care at the institution. Your volume of scheduled and unscheduled X-rays, including screening chest X-rays, is very high. You are concerned that if a new unit is not made available, you will have to send inmates requiring X-rays to an outside medical facility. And you believe that sending inmates out will increase costs over the long run, could result in delays in treatment, and possibly result in court suits by injured inmates.

## NURSE

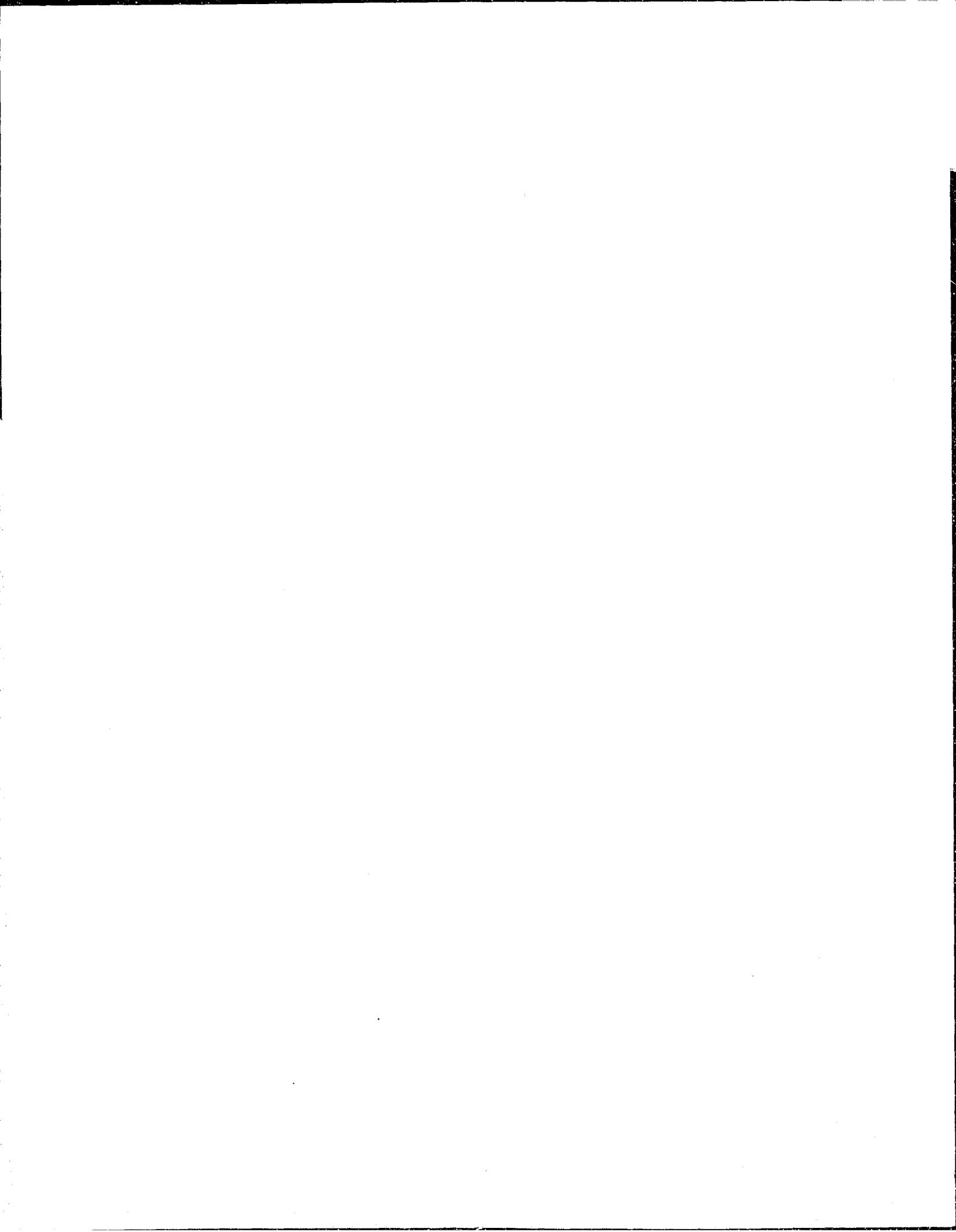
You are a Registered Nurse at the Delgado Correctional Institution. You are responsible for the supervision of all outpatient clinics as well as the emergency room within the infirmary.

You are well aware that the X-ray equipment currently in use in the infirmary is antiquated and may break down at any time. You are acutely aware that a break down of the sole X-ray unit will result in sending large numbers of inmates to the local community hospital for necessary X-rays. You believe that if high quality care is to be provided, X-ray services are needed. Besides, the nearby hospital already has more patients than it can handle, so inmates would certainly get poorer care.

## INMATE

You are an Inmate at the Delgado Correctional Institution.

You are one of the several hundred unemployed inmates at the institution and are anxiously hoping that job opportunities and training will become available. You are particularly hopeful that the Warden will be successful in building a new vocational training building so that you will be able to spend your time in the institution in constructive activities. In addition, you believe that being sent out for X-rays would probably not decrease the quality of health care you receive. Besides, a trip to the hospital would provide a break in the routine, and the nearby hospital is reputedly a very good one.



**END**