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**THE FUTURE STRATEGIES OF LAW
ENFORCEMENT OF LARGE COUNTY
JAILS IN PROVIDING FOR INMATES
WITH HIV/AIDS BY THE YEAR 2000**

144642

U.S. Department of Justice
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by

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COMMAND COLLEGE CLASS XVI

PEACE OFFICER STANDARDS AND TRAINING (POST)

SACRAMENTO, CALIFORNIA

APRIL, 1993

This Command College Independent Study Project is a FUTURES study of a particular emerging issue in law enforcement. Its purpose is NOT to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future--creating it, constraining it, adapting to it. A futures study points the way.

The views and conclusions expressed in the Command College project are those of the author and are not necessarily those of the Commission on Peace Officer Standards and Training (POST).

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Abstract

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INTRODUCTION

What strategies will law enforcement use to provide for HIV/AIDS inmates in a large county jail by the year 2000? A futures study has been done on this issue and other closely related questions. How will the costs for providing medical care and housing be handled? How will increasing numbers of HIV/AIDS inmates affect the retention and recruitment of corrections staff? What directions will be taken regarding mandatory testing for HIV/AIDS for all inmates? These are only a few of the critical future questions that are raised in examining future law enforcement strategies in dealing with HIV/AIDS situations.

For the purpose of discussion in this article, a large county jail is defined as a facility or system that houses more than 1,000 inmates. Any particular scenario or examples will be identified as the situation dictates.

The Acquired Immunodeficiency Syndrome (AIDS), virus has been present in society for some time now, but law enforcement and corrections in particular are still struggling with future strategies. Jails and prisons that exist today probably did not include this issue in the initial facility planning and construction. The incarceration of HIV/AIDS inmates in these older, more traditional jails has caused management nightmares.

The costs associated with providing maximum security housing for AIDS inmates in the future will be critical. Not only do trends indicate an upward spiral in the number of HIV positive inmates, but the level of required medical care will increase also.¹ Inmates are currently protesting inadequate medical

¹"Caring For Inmates Costing Counties," Daily Bulletin, Monday December 16, 1991, page A5.

care, and AIDS activists on the outside are applying pressure for government to provide better care for these inmates.² San Francisco County along with other large counties in California are being closely scrutinized by the American Civil Liberties Union for providing better care. At the same time, there is much pressure from the ACLU to maintain the privacy rights of inmates.

The more critically ill AIDS inmates have been handled in various manners in the past. Some counties have been forced to house these inmates in private hospitals with full-time special security. Others seek release orders from the court of jurisdiction to avoid the astronomical costs that are associated with providing medical care and security. As the numbers of acutely ill inmates continue to grow, these solutions may no longer be socially acceptable. Convicted criminals being turned loose and the pardoning of sentencing by the judicial system are dangerous methods of temporarily dealing with this issue.

Mandatory infectious disease testing for inmates has been an issue for years. Security staff and their labor organizations have a history of working toward requiring testing and identification of those incarcerated.³ Medical professionals, on the other hand, generally tend to de-emphasize the necessity of mandatory testing. Regardless, the testing of inmates, whether mandatory or voluntary, has revealed increasing numbers of HIV positive inmates. Some county correction systems like San Francisco County Sheriff's Department does not even have a voluntary testing system, yet the numbers of AIDS inmates continues to increase. Nobody knows the exact number of HIV infections in the penal systems, but a year's worth of random samplings of corrections

² Sample, Herbert. "Vacaville Prison Official Ripped Over HIV Care." *Sacramento Bee*, Friday, November 20, 1992.

³ "Court Upholds Alabama's Segregation Of Prison Inmates," *Correct Care*. Vol. V, Issue 4, October, 1991.

inmates at state and federal prisons nationwide showed a 72 percent increase in AIDS cases from 1988 to 1989.⁴ Most experts agree that the numbers of HIV positive inmates will continue to increase. A recent report by Dr. Penny Weismueller, the manager for communicable disease control in Orange County, reported that AIDS was the leading cause of death for residents ages 25 to 44 years old; surpassing motor-vehicle accidents and heart disease. The deaths attributed to human immunodeficiency virus represent people, primarily white, homosexual men, diagnosed with AIDS two to three years ago.⁵

As more inmates are identified as being HIV positive, and better and more intensive medical care is mandated for inmates, there may be an impact on staff retention. The following futures study investigated the problem associated with staff retention for both security personnel and medical staff in this environment. Almost synonymous with staff retention is staff training. In order to retain staff in light of these trends, training in HIV/AIDS will have to intensify. Retention of staff in existing or outdated facilities will also require staff training. Nurses and deputies alike will need updated information on the threats and conditions associated with HIV/AIDS inmates.

The population of United States prisoners has doubled in the last decade. According to a 1991 study by the General Accounting Office, three-fourths of inmates are in substance abuse programs.⁶ Because needle sharing increases the risk of HIV transmission, some health officials worry about the spread of HIV in jails. Overcrowded jails have already increased the spread of

⁴Greengold, Sharon, "Dealing With AIDS In Prison." Inland Valley Daily Bulletin, November 30, 1992.

⁵"O.C. Death Rate Falls, But AIDS Is On Rise," Orange County Register, Wednesday, February 17, 1993, Page B4.

⁶Wolinsky, Howard. "Medical Care For Prison Inmates Sharply Deteriorating." July/August, 1992.

tuberculosis, and the advent of multi-drug resistant strains of tuberculosis poses a deadly threat to the increasing number of inmates with AIDS, says Dr. Thornburn, medical director of prisons in Hawaii.⁷

Ronald Shansky, American Correction Physician Association member, medical director of the Illinois Department of Corrections, says major prison systems have stopped the practice of segregating HIV infected inmates from the general population. That puts the HIV infected inmates, who are more susceptible to communicable diseases such as tuberculosis and hepatitis, at greater risk of catching or spreading infections.

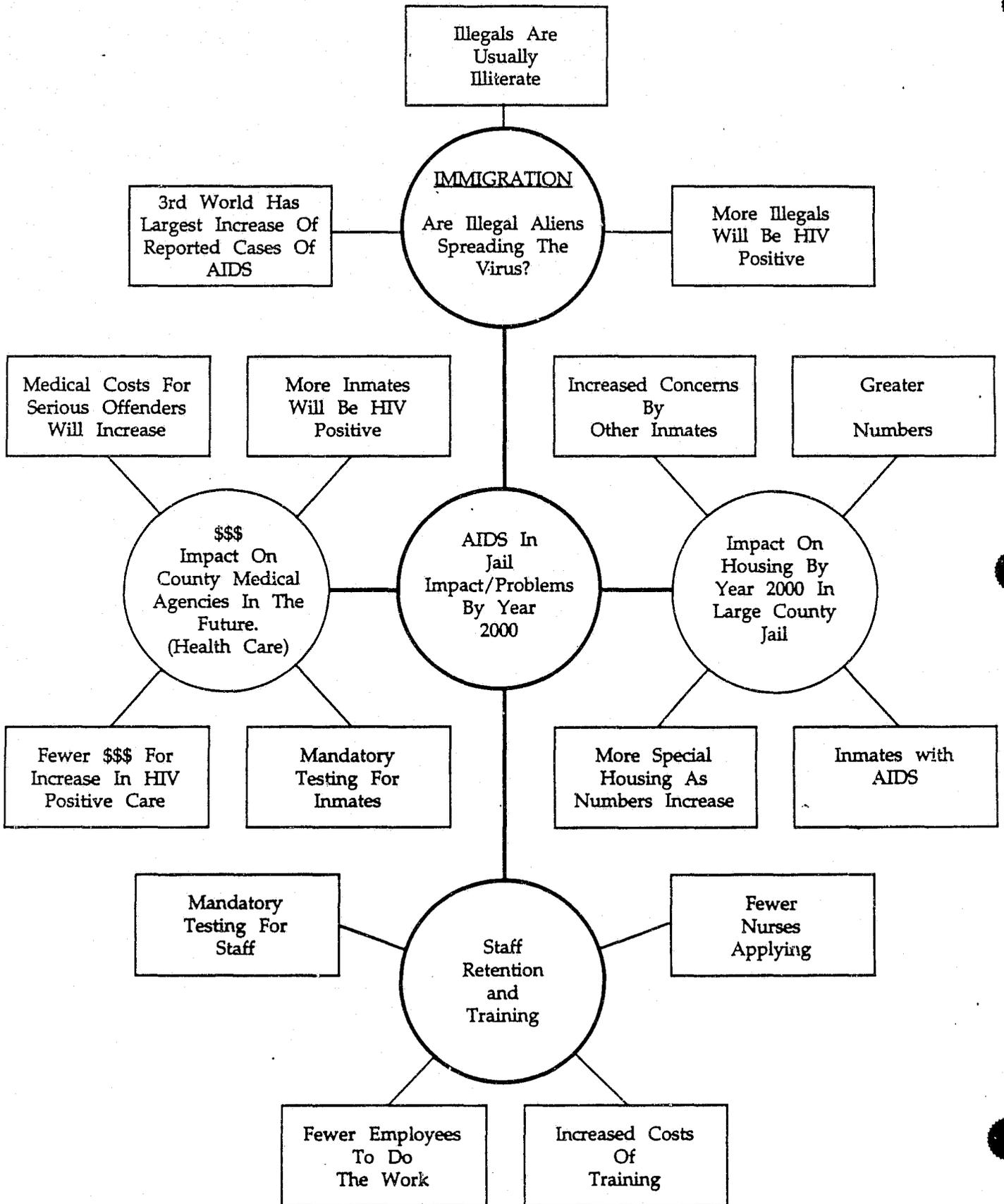
Doctors, Correctional Medical Directors, and Jail Commanders all over the nation are becoming aware of the growing sensitivity of HIV/AIDS inmates in the crowded institutional environment to communicable diseases.

Civil rights attorneys are poised for the attack as the situation continues to decay. This is a nationwide phenomenon that connects New York to Georgia, Texas and California as information regarding the incarceration of inmates with AIDS is shared and examined.

The future is always an unknown, however, experts in the corrections setting and correctional medical services all agree, the future concerning this issue will demand attention. What strategies will law enforcement administrators develop to provide for HIV/AIDS inmates?

⁷Wolinsky, Howard. "Medical Care For Prison Inmates Sharply Deteriorating." July/August, 1992.

FUTURES WHEEL IMPACT NETWORK



SECTION ONE

A FUTURE STUDY

This futures study is designed to explore what changes may be in store for the field of corrections concerning inmates with AIDS. Through the use of applied futures research: experience, environmental scanning, interviews with experts, a forecasting group process, and literature; the issue and sub-issues, trends, and events to be analyzed are identified.

The issue question is: What strategies will law enforcement use to provide for HIV/AIDS inmates in a large county jail by the year 2000? With assistance from Command College staff, and Dr. David Jamieson, a future's wheel, was developed to initially identify the primary, secondary, and tertiary impacts of the issue. During the environmental scanning process, and a review of the literature, three sub-issues were developed to give focus to the issue question.

- How will the costs for providing medical care and housing be handled?
- How will increasing numbers of HIV/AIDS inmates affect the retention and recruitment of corrections staff?
- What directions will be taken regarding mandatory testing for HIV/AIDS for all inmates?

Futures Methodology

An abbreviated history of the disease called AIDS did not limit the literature review material. Research included magazines, medical journals, newspapers articles, professional journals, and interviews with concerned experts on the subject. A complete bibliography is included for review.

Sixteen years of personal experience as a deputy sheriff, including a management role in the implementation of training for one of the largest counties in the United States, three years as the management officer handling legal claims and inmate litigation, and liaison with the management and supervisory staff of county medical services, provided the author additional insight into the development of the issue.

To further examine the issue and sub-issues a Nominal Group Technique was utilized in January, 1992, with professionals representing law enforcement and local as well as State agencies of the health care services. For the development of the most critical trends and events relating to this future issue and sub-issues, nine individuals participated in the Nominal Group Technique panel.

Dr. Penny Weismueller is the manager of the Health Care Agency. She is the doctor in charge of disease control for this county, and is a member of the state-wide California Conference of Local AIDS Directors.

Rocky Hewitt is the Assistant Sheriff of maximum security corrections at the Orange County Sheriff's Department. He is a member of the California State Sheriff's Association and a graduate of Command College.

Captain Bill Miller is the commander of the Intake Release Center in Santa Ana, and has over 28 years of law enforcement experience. Cheri Seifen is an administrator who is a psychology major with past experience in AIDS training. Two of the members are sergeants in a large county correctional facility; Annie Aguilera is in charge of inmate classification, and Tom Fox is a training sergeant. Sergeant Fox is a graduate of the American Red

Cross course on training for instructors on HIV/AIDS.

Corrine Callahan and Kathy Gass are Registered Nurses presently working in large county jails in a supervisory capacity. Both are HIV counselors. Two members were senior deputies working at the Orange County Jail. Deputy Bill King does training and scheduling for approximately 300 staff members, and Deputy Randy Born assists with administrative functions that include OSHA and safety procedures. As can be seen in the profile of the panel members; this was a diverse group of dedicated professionals with a definite interest in forecasting the future of this issue. Bill King assisted with the facilitation of the NGT, and altogether the group identified 20 events and 33 trends that relate to the issue and sub-issues. The following is a list of the events and trends:

List of Events

1. A.D.A. doubles administrative costs.
2. Democratic governor elected.
3. Mandated training from state board of health.
4. Major loss of revenue in lawsuit resulting from administrative negligence.
5. Mandated housing for communicable diseases.
6. Inmate becomes infected with HIV while in custody.
7. A preventative vaccine is developed.
8. Mandated mandatory sterilization of HIV positive prostitutes.
9. Maximum security facility is constructed for HIV positive and communicable diseases.
10. Staff member acquires HIV on the job.
11. Staff member proclaims HIV-positive from personal life-style.

12. HIV positive staff member progresses from HIV to AIDS.
13. HIV inmate is killed by other inmates.
14. Court released inmate commits high profile crime.
15. Mandated testing for all inmates.
16. Number of HIV positive inmates reaches 25% of jail population.
17. Mandatory testing for all applicants.
18. Medical insurance for HIV positive staff is refused.
19. HIV positive staff member infects spouse.
20. Staff attrition reaches 20%.

List of Trends

1. Number of HIV positive inmates.
2. Hazardous duty pay for staff who work with AIDS patients.
3. AIDS activists demand better treatment for patients.
4. Labor union involvement: employee protection.
5. Frequency and scope of staff training.
6. Segregated housing.
7. Special insurance for at risk staff.
8. Recruitment and retention of staff.
9. Budget impact.
10. Concern for the increasing number of HIV positive female inmates.
11. Court release of AIDS/HIV positive inmates to avoid the costly medical expenses.
12. Correctional treatment centers.
13. Privacy and confidentiality: will this trend increase or decrease.
14. Mandatory testing for inmates.
15. Staff testing.
16. Experimental drug testing on HIV positive inmates.

17. National government subsidies for care and treatment of inmates.
18. Indigents with AIDS attempting to get incarcerated.
19. Employment strategies: rotation of staff assigned to care units.
20. Inmate education and training.
21. Civilianization of sworn staff.
22. Skill level of medical staff.
23. Selling of condoms to inmates.
24. Medical expenses for HIV drugs.
25. Recruitment of HIV positive staff.
26. Inmate involvement: trustees providing services in medical care units.
27. Development of drugs.
28. Drug rehabilitation in jails.
29. Quarantine: isolation orders for HIV/AIDS inmates.
30. Change in state and national politics.
31. Psychological counseling for inmates and staff.
32. Legislature affecting conjugal visits in county jails.
33. Concern by the general inmate population about HIV positive inmates.

The following detailed charted data for the top selected trend and event evaluations that were selected by the NGT panel are thus presented with the evaluation and charted tables accompanying the narrative.

Event Evaluation

An event is a discrete occurrence; it either happens or it does not happen. The occurrence of an event can be pinpointed in time.

Occurrence is forecast in terms of percent probability. A forecast of 100%

means that the event probably will happen; 0% means that the event probably won't happen by the forecasted time. The word "probably" is important. Nobody can absolutely guarantee that an event will or will not occur by the particular time of forecast in spite of forecast of 100% or of 0% probability. A 50% probability means that the event has a 50/50 chance; and 80% probability increases the odds to 80/20. Because an event cannot do more than "probably occur," 100% is the top of the probability scale.

Table 1 reflects the results using the NGT panel medians of the events forecast. The reflection of the NGT on charted graphs is included.

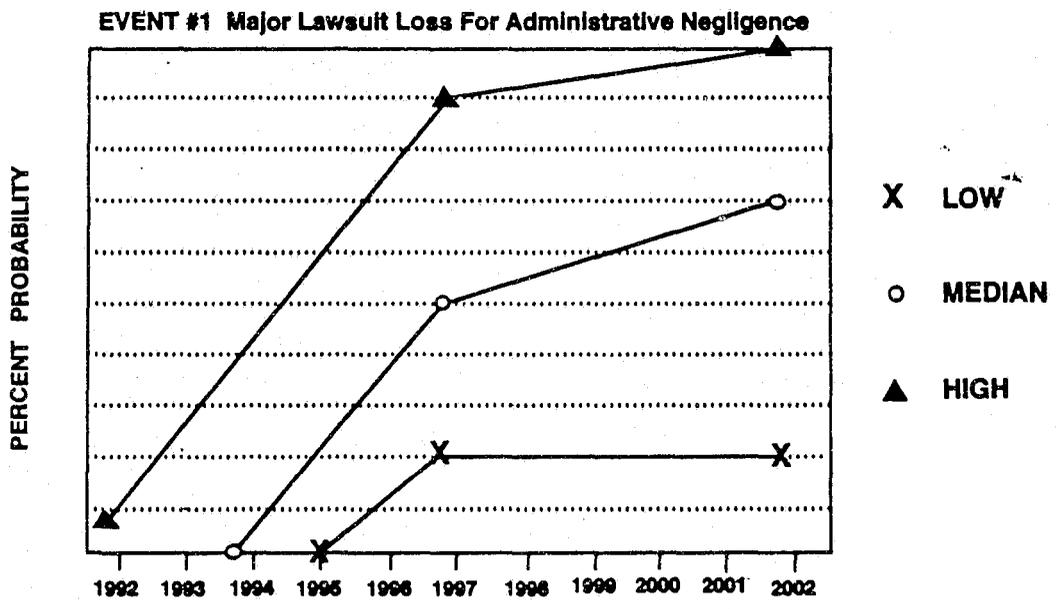
EVENT EVALUATION

Table 1
Panel Median

EVENT STATEMENT	YEARS UNTIL PROBABILITY FIRST EXCEEDS ZERO	PROBABILITY		IMPACT ON THE ISSUE AREA IF THE EVENT OCCURRED	
		5 Years From Now	Ten Years From Now (0-100)	Positive (0-10)	Negative (0-10)
E1 MAJOR LAWSUIT LOSS FOR ADMINISTRATIVE NEGLIGENCE.	2	50	70	5	5
E2 PREVENTATIVE VACCINE IS DEVELOPED.	5	50	100	10	0
E3 FELONY AIDS INMATE IS RELEASED AND COMMITS HIGH PROFILE CRIME.	2	50	52	1	10
E4 MANDATED HOUSING.	5	50	65	6	5
E5 STAFF MEMBER ACQUIRES HIV ON THE JOB.	3	37	50	1	10
E6 MANDATORY TESTING FOR INMATES	4	50	50	5	5

*Panel Medians

Event number one (1) is an inmate winning a major lawsuit against the county for administrative negligence. The group not only selected this as the number one event, but it also had the highest probability median score with the probability of first occurring in the year 1994. The panel was very consistent in scoring both a positive and negative impact on the issue area with a median score of five in both areas. The negative impact would be the loss of county funds in the lawsuit. The equally positive impact was perceived as the county reacting to the problem as a result of the publicity. The Vacaville State Prison was cited in November, 1992, by the State Public Safety Committee for providing inadequate care for inmates with AIDS. The committee also found that deaths have occurred due to inadequate medical care.⁸ This ruling will probably be the foundation for the success of a major lawsuit. Something positive, such as a new medical care facility, could possibly come out of this event. In interviews with Civil Rights Attorney Charles Spagnola, he concludes this event is possibly already in the making, as AIDS support groups are closely scrutinizing inmate medical care.

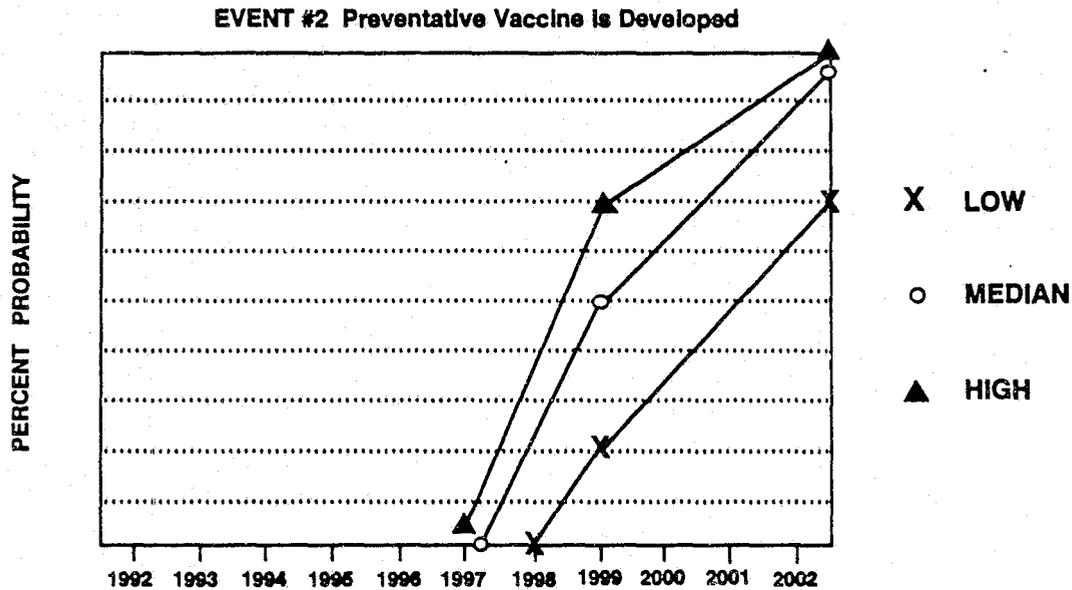


⁸Sample, Herbert A. "Vacaville Prison Ripped Over AIDS Care." Sacramento Bee, Friday, November 20, 1992 edition.

Event number two (2) was identified as a preventative vaccine being developed for HIV. This event was somewhat of a surprise to several non-medical panel members. The probability median score was not projected until 1997. Several panel members saw this event with a fifty percent chance of occurring as soon as 1997, and the entire panel indicated a great likelihood of the vaccine actually being developed before the projected conclusion of this study. This event was rated as ten (10) on the positive impact scale by eight of the panel members, and zero (0) on the negative impact to the issue by all the members. The vaccine for the prevention of HIV was predicted to be a busy "actor" influencing other trends and events. However, it did not score exceptionally high numerically on any of the events or trends relating to the issue. This phenomenon is explained by the fact that even though the group forecasted this event to most likely happen, it will not drastically change any of the other strategies for law enforcement in dealing with HIV/AIDS until after the year 2000. Since the probability of occurrence was forecasted for five to six years from now, jails will still have large numbers of HIV/AIDS inmates in the system to deal with; plus, this vaccine would be HIV preventative and not a cure for AIDS. Walt Senterfiti reports in his newsletter in December, 1992, that scientists are gradually learning more about the frustrating and uncanny ability of HIV to develop resistance to antiviral drugs through mutations in its genetic structure. However, there is a silver lining in this cloud, as HIV also spontaneously mutates very frequently. It is turning out that many of these mutations are incapable of infecting T-cells and doing any danger. One scientist estimated that as much as 95% of the virus particles in a person's body are of such harmless varieties.⁹ San Francisco County Sheriff's

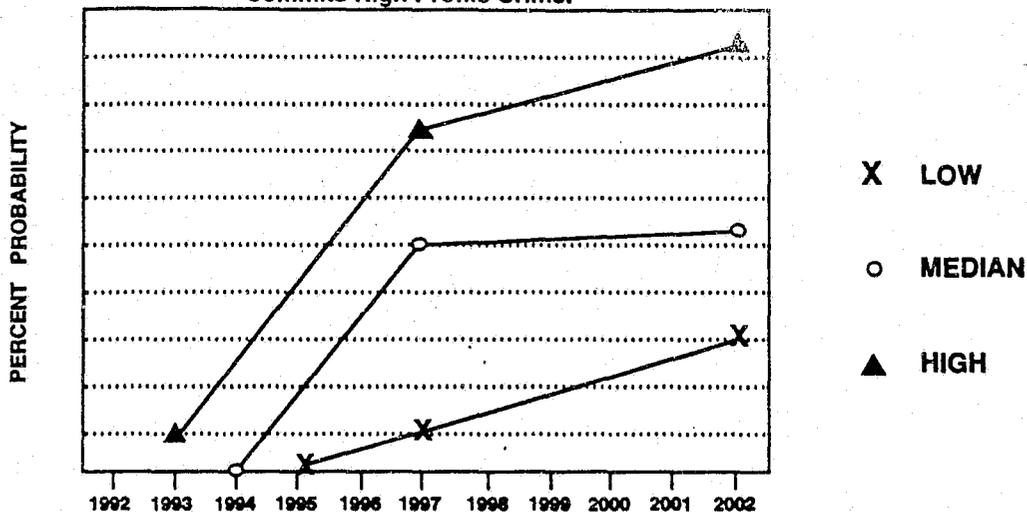
⁹Senterfiti, Walt. "Antiviral Drug Resistance." Being Alive, notes from Interscience Conference on Antimicrobial Agents. December, 1992.

Lieutenant Jan Demsey, consultant for the Center for Disease Control, revealed in an interview that much progress has been made in the development of the vaccine, and that the NGT group appears to be right on line in their future analysis.



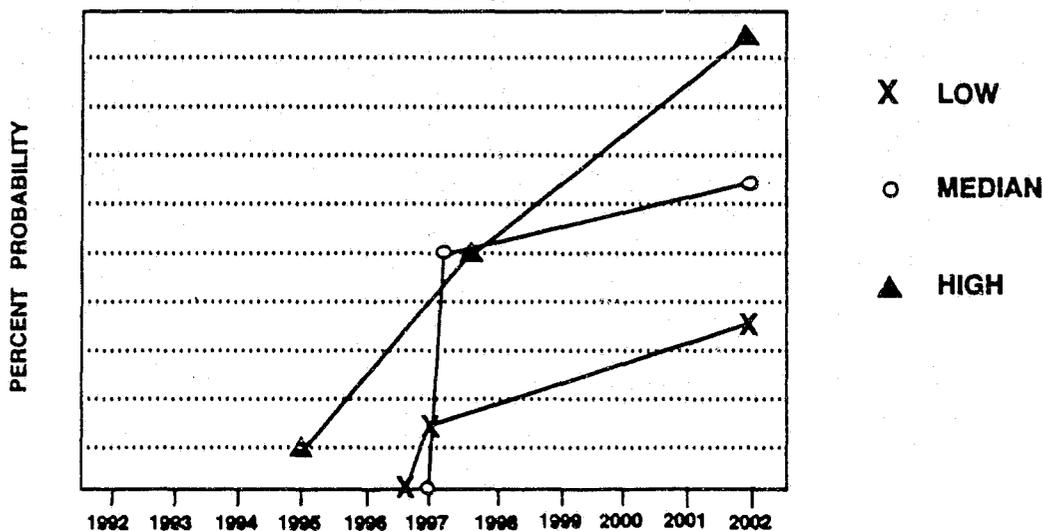
Event number three (3) concerned a convicted felon acute AIDS inmate being released into the community by the court of jurisdiction and committing a high profile crime after his release. The panel score on this event indicated a wide range of opinion from never happening to definitely happening. Median scores were for this event to have a chance of first occurring in 1994 with a negative ten for impact on the issue despite the fact that the AIDS inmate was released from custody to avoid expensive medical costs and other repercussions associated with housing acute AIDS inmates. The probability of this event actually happening was most likely influenced by the fact that there is already a trend established where misdemeanants and tort offenders are being released to avoid the costs associated with their health care.

EVENT #3 Felony AIDS Inmate Is Released By Court And Commits High Profile Crime.

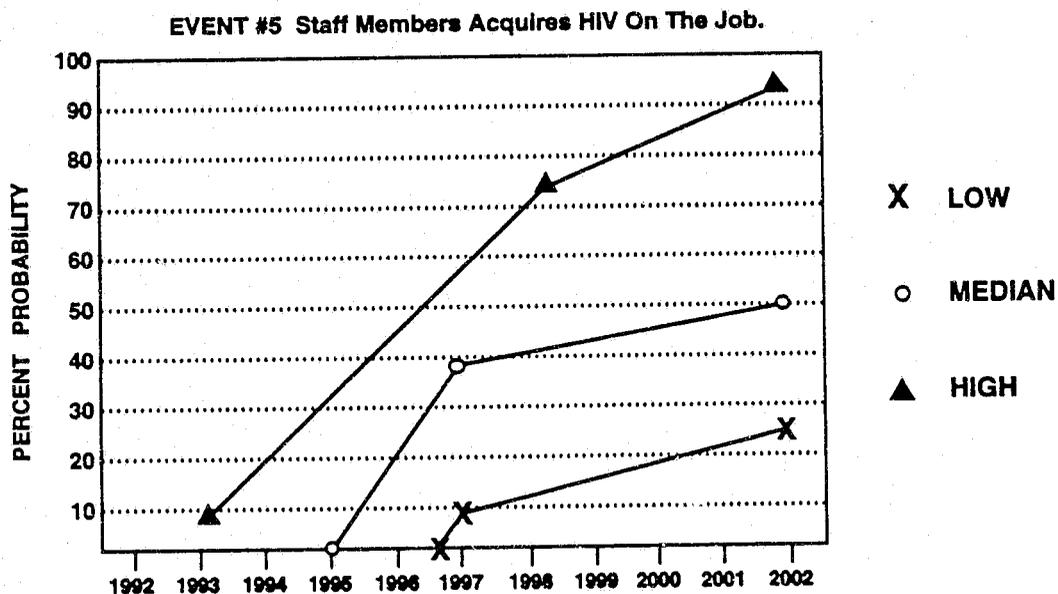


Event number four (4) was identified as special mandated housing for inmates with AIDS and other dangerous diseases. The group was consistent with a five year projection of first exceeding zero with a fifty percent chance of occurring. Mandated special housing was projected as having both a strong positive and negative impact on the issue. Experts generally agree that counties with large inmate populations will be mandated to provide special housing to care for inmates with AIDS in an accute stage. In an interview with Neil Zinn, a facility inspector for the California State Board of Corrections, it was revealed that even though special housing units do not exist today for AIDS inmates, the future will most likely include these type facilities.

EVENT #4 Jails Mandated To Provide Special Housing For HIV/AIDS Inmates.



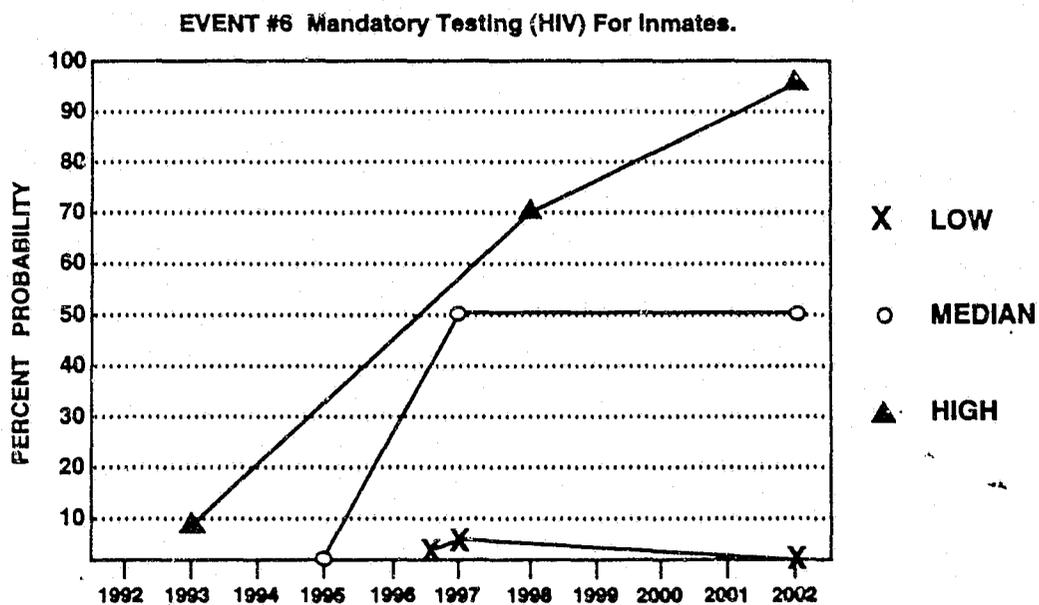
Event number five (5) was identified as a correctional staff member acquiring HIV on the job. This was further clarified as a definite event that was properly documented by Health Care Agency experts indicating job-related exposure. Since this has not happened before, and some panel members engaged in positive thinking, the median scores for probability were fairly low. As the probability chart indicates, the group was divided over the probability of a staff member acquiring HIV on the job. The impact on the sub-issue of staff training and retention is most obvious.



Event number six (6) is mandatory testing for all inmates. This event was not originally selected by the group, and the event evaluation form and chart indicates why. This was the widest gap of concurrence, and re-votes for the panel changed very little. The probability ranged from one hundred percent to zero in ten years. Another interesting point on mandatory testing is that the median probability actually stays the same from five years to ten years, and the negative impact median was a five, with tens and zeros being predominant. The emotions of this group on mandatory testing for all inmates

is indicative of how society is evaluating the AIDS issue overall. Emotions aside, mandatory testing was not forecasted in future strategies for law enforcement in providing medical care for HIV/AIDS inmates.

In an interview with Doctor John Clark, Los Angeles County Medical Services, he stated that most medical professionals that mandatory testing is cost prohibitive. However, as future research and testing is refined, the subject of mandatory testing will become an issue. A future's study on HIV/AIDS inmates should include mandatory testing. Beyond this future's study could be testing refinement as simple and fast as a tuberculosis test. Depending on the future state of progress and directions, testing could become commonplace.



Trend Evaluation

A trend is a cluster of interrelated events, beginning in the past and emerging into the future. Trends are evaluated in terms of strength.

Strength of trend is estimated relative to a fixed point in time. In this study, the fixed point in time is "Today," which is assigned an arbitrary value of "100." All evaluations therefore are relative to 100. The five years past forecast asked the panel members where the trend was five years ago. The five year future forecast asked for both a nominal (will be) and normative (should be) forecast. The median values for each trend are also included in Table 3.

TREND EVALUATION

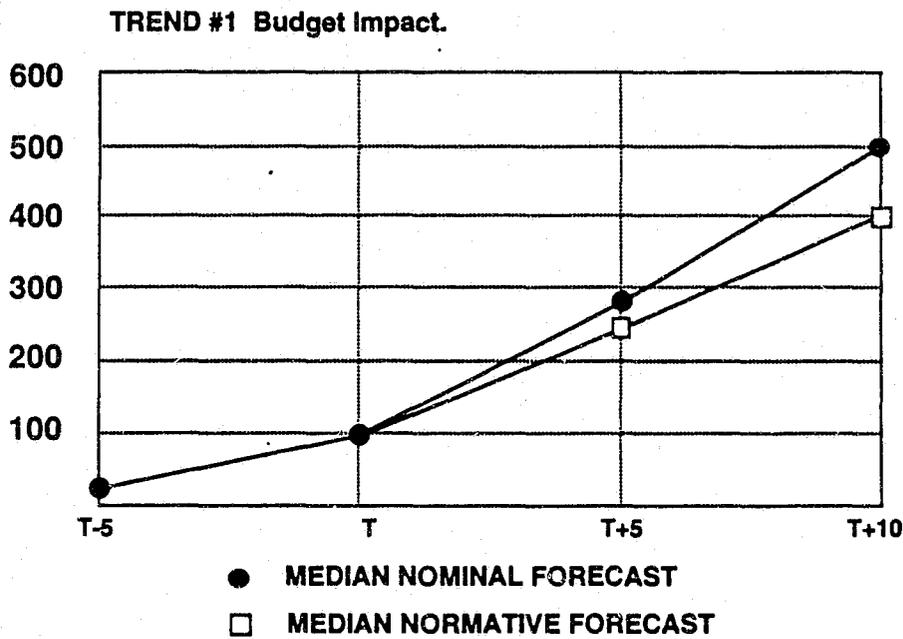
Table 2
Panel Medians

TREND STATEMENT	LEVEL OF THE TREND (Today = 100)			
	5 Years Ago	Today	5 Years From Now	10 Years From Now
T1 BUDGET IMPACTS	25	100	275 250	500 400
T2 STAFF TRAINING	10	100	200 300	450 500
T3 MEDICAL COSTS FOR HIV DRUGS	32	100	500 375	1,000 425
T4 STAFF CONCERNS FOR NUMBER OF HIV INMATES	15	100	200 225	500 500
T5 STAFF RETENTION AND RECRUITMENT	45	100	200 250	375 400

Trend number one (1) was identified as budget impacts on the future costs of housing HIV/AIDS inmates.

The group indicated a steady rise in costs that will impact the overall corrections budget in a negative manner. As is the case with almost any issue, strategies impact the budget, and in the case of medical care and special type housing for HIV inmates would have the most impact on the budget. Future

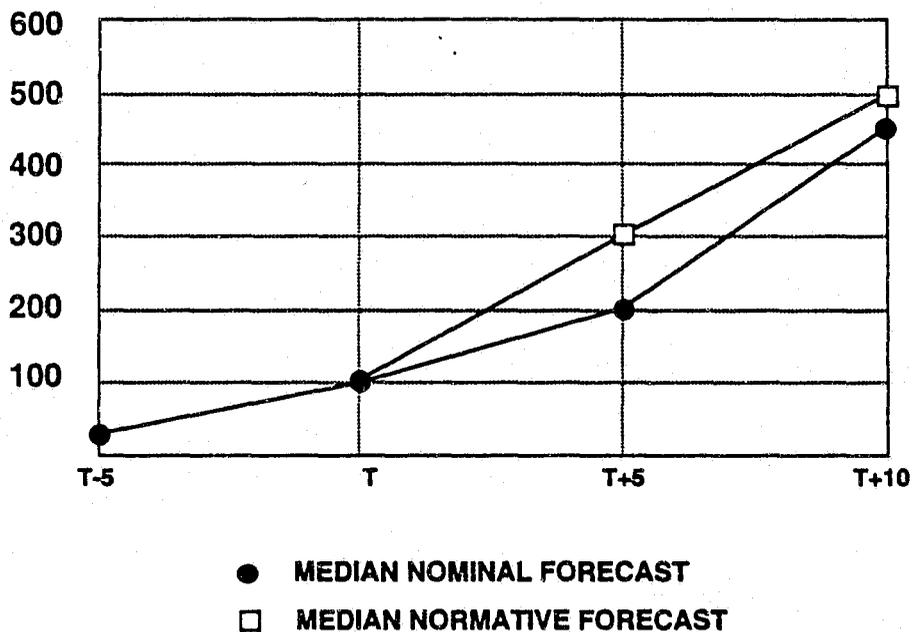
costs for medicine and medical supplies for HIV/AIDS patients are forecasted as spiraling upward. One long range event that would help slow the rising costs related to HIV strategies would be the preventative vaccine. If this event does occur it was forecasted for the last portion of this study, and will not have a huge effect on curtailing the raising costs.



Trend number two (2) addresses staff training. Increased frequency and scope of training for all staff was identified as an important future strategy in dealing with HIV positive inmates. AIDS training continues to develop and change as the medical field makes new discoveries. Jails must participate in the changing process to maintain proper education for all staff members. This trend was identified as strongly increasing today from prior years, and continuing to increase as much as five times by the projected end of the study. Normative projections indicate even more staff training. An interesting note on this trend is that every panel member charted increased future training for all staff members. State funding should augment the costs associated with

mandated training on this issue. Christine May, a California Department of Corrections spokesperson, reports that state prisons were given money in their current budgets for training and recruiting doctors and professionals with expertise in HIV infections.¹⁰

TREND #2 Staff Training Regarding HIV Issue.

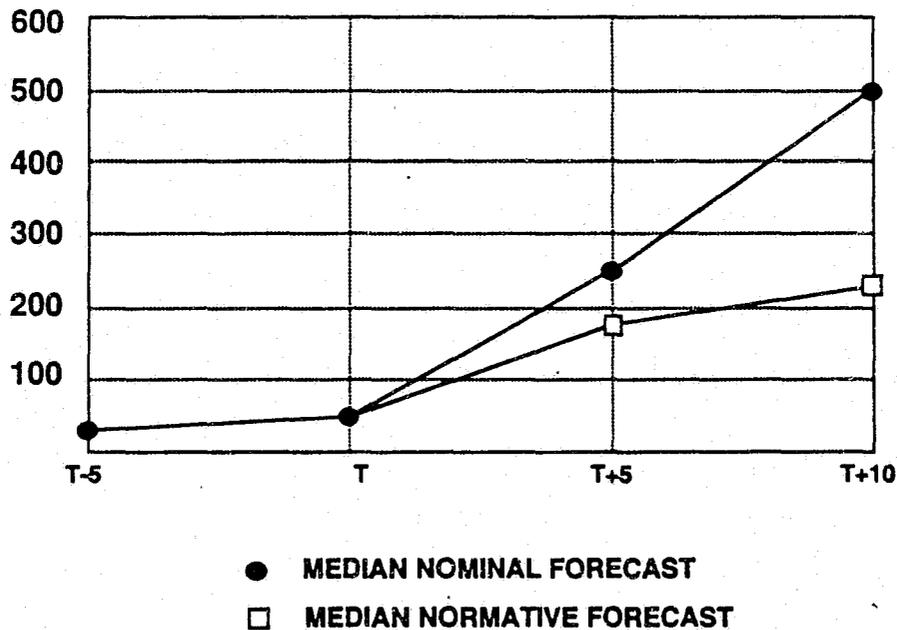


Trend number three (3) was identified as medical costs for drugs for HIV/AIDS inmates. Medical experts and correction experts alike see this trend increasing drastically over five years, and doubling again in ten years. The forecasts on the lower quartile are justified by the preventative vaccine that is believed to come into play seven years into the study. This trend was forecasted by almost all the group as increasing five times in five years, and impacting all budgetary processes of running a large jail. The median forecast for ten years is 1,000. This ten-fold increase over today can be compared to the less than

¹⁰Sample, Herberrrt A. "Vacaville Prison Ripped Over AIDS Care," Sacramento Bee, Friday November 20, 1992 edition.

one third for five years ago being spent compared to today. The lower normative forecasts was explained by the future forecasters as being positively affected by the preventative vaccine. The previous discussion of the preventative vaccine by the group was a driving factor for their reasoning. The National Institute of Infectious Diseases recently began preliminary testing of a new vaccine. Medical experts are abuzz with enthusiasm over the news that the government has begun preliminary tests on humans.¹¹

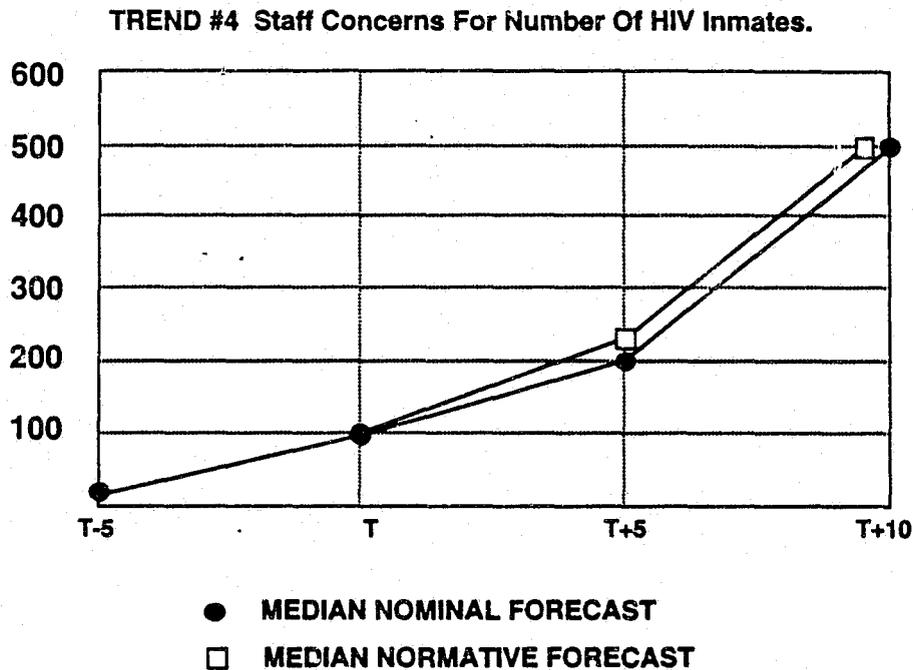
TREND #3 Medical Cost For HIV Drugs.



Trend number four (4) was identified as staff concerns for the number of inmates who are HIV positive, and gaining access to that information. This trend was a "reactor" to four major events including mandatory testing for all inmates. Median scores indicate minimal staff concern for this issue five years ago compared to major increases in this trend throughout the study. A con-

¹¹"AIDS Vaccine Tested," Orange County Register, Monday, February 15, 1993.

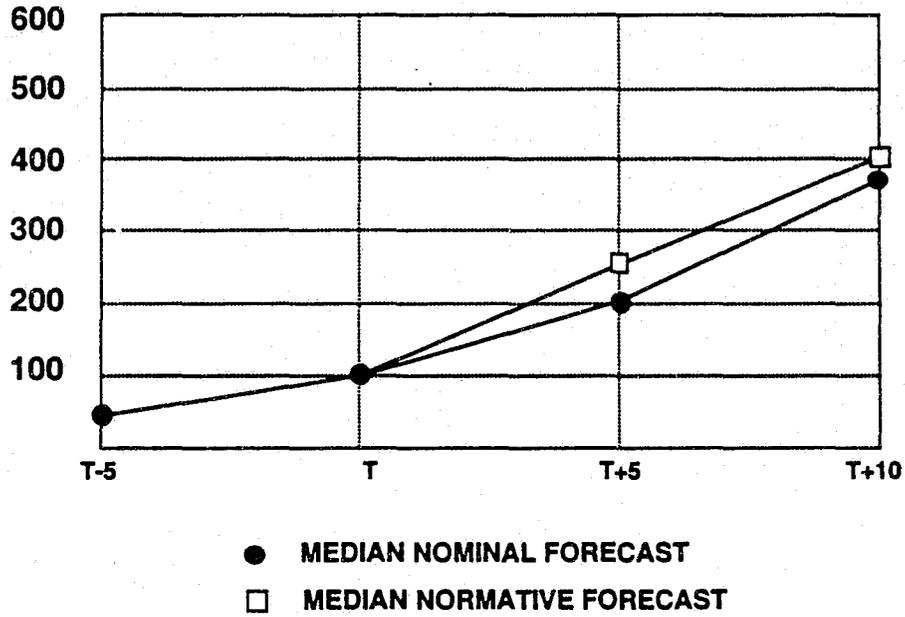
sensus could not be reached on this trend, and there was a wide gap between the upper and lower charted scores. Staff training, the vaccine and other issues affected the variances of interpretation of this future trend.



Trend number five (5) deals with staff retention and recruitment. Of all the trends, this one was forecasted with the closest scores by the entire group. Even the normative forecast was not widely different from the nominal with the panel seeing the problem of staff retention being double in five years and again in ten years. This trend was a heavy "reactor" to most projected events with the vaccine having a very positive affect in the eighth and ninth years. Proper staff training in the future will aid the problem of employee retention even though future trends indicate mandatory legislated housing facilities for these type communicable diseases. Higher numbers charted for this trend are a

negative concern for staff retention and recruitment. Even the normative evaluation of this trend saw almost a four hundred percent increase in ten years as the numbers of HIV positive inmates increases.

TREND #5 Staff Retention And Recruitment.



CROSS IMPACT ANALYSIS

The purpose of a cross impact analysis is to evaluate the impact of the events on the trends and other events. The results are used to select trends and events to develop the scenarios for forecasting the future. The impact is recorded as the percentage of change, either plus or minus, and represents the impact upon the trend or event. The cross impact analysis matrix represents the median scores of the NGT panel. These results are displayed on the matrix after the summarization.

The impact of each event on the other events and trends is noted by the numbers listed in the "impact totals" column and "impacted totals" row of Table 5. The higher numbers in the column (actors) identify the events that have the most impact on other events and trends. The higher number in the row (reactors) show, the higher the reaction to each event's occurrence.

CROSS IMPACT EVALUATION

Table 3

MATRIX (Panel Medians)							Maximum Impact (% change ±)					
**	E1	E2	E3	E4	E5	E6	T1	T2	T3	T4	T5	Total
E1	X			+20		+20	-50	+25			-10	E1 5
E2		X		-5	+25		+10	-10	+20	-10	+25	E2 7
E3	+20		X	+45						+10		E3 3
E4	+10		-45	X			-60		+20		-20	E4 5
E5					X	+40				+25	-40	E5 3
E6					+30	X	-50	-50	-50	+25	-10	E6 6

"IMPACT TOTALS"

E1 2 E2 0 E3 1 E4 3 E5 2 E6 2 T1 4 T2 3 T3 3 T4 4 T5 5

****Legend**

- | | | |
|--|-----------------------------------|--|
| E1 Major Lawsuit. | E4 Special Housing. | T2 Staff Training in HIV Issues. |
| E2 Prevention Vaccine. | E5 Staff Acquires HIV. | T3 Medical Cost For HIV Drugs. |
| E3 Felony AIDS Inmate Is Released By Court and Commits High Profile Crime. | E6 Mandatory Testing For Inmates. | T4 Staff Concerns For Number of HIV Inmates. |
| T1 Budget Impact. | | T5 Staff Retention & Recruitment. |

The cross impact analysis identified four actor events that had the greatest impact upon the other trends and events. Actor events should be the focus of policy action. The impacts of the individual events on trends and other events are thus summarized:

Event number one (1), Major Lawsuit, will have a positive affect on mandated housing (E-4) for the proper care of inmates with AIDS. This event should generate the move toward trend two, Staff Training, as jails and law enforcement usually react to lawsuits with expanded training. A major loss of revenue that this event brings will negatively affect the budget issues (T1), and most likely will negatively impact staff retention and recruitment (T5).

Event number two (2), Prevention Vaccine, was the heaviest "actor," and a "reactor" to none of the other events. Even though the vaccine is not programmed to have an impact until 1997, it does affect all the trends because of its magnitude and probability. The vaccine was forecasted to assist trend number five the greatest as staff retention and morale is sure to improve. Medical staff as well as corrections staff look to this event as a positive for budget impacts and other future medical costs, and a negative impact on the increasing numbers of HIV inmates.

Event number three (3) is the High Profile Crime Committed By A Released HIV Inmate. The occurrence of this event has a driving impact on the major lawsuit, and mandated housing for inmates with highly contagious diseases. This event would cause an increase in the numbers of HIV positive inmates, as releases would cease. It would probably show up within six months because society would not only be outraged, but the impact on the major lawsuit would

be a strain, event to a large county budget.

Event number four (4), Mandated Housing, would most seriously impact trend number one, the budget. Also negatively impacted by 20% would be staff recruitment and retention as the stigma associated with being assigned to these housing units was forecasted as less than desirable. Special housing areas for these inmates would certainly lessen the chance of lawsuits and high profile criminals being released.

Event number five (5), Staff Member Gets AIDS, caused a great deal of concern and interest for the event of mandatory testing. Needless to say, it had the most devastating impact on staff retention and recruitment. In fact, this event could cause trend number five to become a trend based event when it pushes retention down by 40%. Another interesting deduction was a 25% effect on trend number four, numbers of HIV inmates. As this event would generate a 40% impact on mandatory testing for inmates within six months of occurrence, the number of HIV inmates would also increase in six months.

Event number six (6), Mandatory Testing For Inmates, had a negative impact on four of the five trends. Since mandatory testing would be very expensive to implement, it would tax the budget and impact medical costs, and staff training by 50%. Mandatory AIDS testing would push upward the number of known cases thus causing another ripple in staff recruitment.

"IMPACTED" RESULTS - Mandatory testing for inmates indicated a negative action on four of the identified trends. The costs alone for mandatory testing would severely impact the budget, training, and medical care.

The vaccine was the most active "actor." Except for the delay in occurrence, it could have a solid impact on the issue question.

SCENARIOS

Alternative Future Scenarios

The following three scenarios were determined by certain assumptions made about the future - different assumptions, different futures. Each scenario surrounding the issue question and sub-issues is constructed from data realized from a) environmental scanning (current information research); b) interviews; c) forecasted trends and events; and d) the cross-impact analysis. The writer's own insights then created alternative future on this basis.

The Exploratory Scenario - This is a scenario in the nominal mode or "surprise free" as if traditional management did nothing to influence the outcome of the future. The forecasted events and cross impact data will not be part of the exploratory scenario.

SHERIFF'S DEPARTMENT

UNDER ATTACK AGAIN

Even though the turn of the new twenty-first century (2000 A.D.) is just around the corner, the news from the county jail is old news. The Board of Supervisors, after voting down the special hospital facility to house inmates with AIDS, has further cut the budget for the Health Care Agency by 20%.

These actions were taken in spite of the fact that the state voted in 1996 to fund new state-of-the-art detention facilities that would have maximum security hospital wings for inmates with AIDS and other dangerous infectious diseases. When asked why the Board has failed to take advantage of the needed funds, one Board member replied that the Sheriff was just trying to play off an emotional public issue to build himself

a larger empire. The Board member further stated that, "We took his helicopters away from him in 1995, and he's still upset about that." In 1997, when a deputy developed AIDS as a result of a documented industrial exposure, the labor union and Sheriff's Department made an effort to develop a mandatory testing program for all inmates. However, as the medical costs for HIV drugs continued to increase, and with the rumor of a preventative vaccine being released, the effort was shelved.

Even the major loss of revenue from the lawsuit for administrative negligence could not get the traditional government to move toward providing proper care for the inmates in custody. When the County Supervisor Board member asked what should be done to cope with the problems of staff retention, staff training, rising numbers of HIV positive inmates, and providing proper medical care for these inmates, he replied that we should examine the possibility of building a special jail out in the desert for aids infected inmates."

The Hypothetical Scenario - This is a scenario in the hypothetical mode ("what if") and is a worst case scenario.

MAJOR JAIL RIOT

JULY 1, 1998

The county jail suffered structural damage of over \$1,000,000 as a result of the latest major inmate riot in a series of inmate disturbances over the past few years. This time the riot broke out in the general housing dormitory that houses mostly acute AIDS inmates. A spokesperson from the Health Care Agency said that the epidemic of AIDS had caused the tremendous rise in HIV positive inmates. As the reported numbers have now reached over 35% of the inmate population,

the stress and tension between inmates as well as inmates and staff is at the boiling point.

After the high profile crime was committed by a released felony AIDS inmate, the courts have refused to honor requests for release. This was the case of a rape committed by an inmate that the County successfully got the court to release from custody because there was no proper facility to house him. The costs associated with maximum security in an outside hospital compounds the astronomical medical costs for acute AIDS patients.

Increasing numbers caused an increase in medical costs. These types of costs have been absorbed in a reduction of training for staff.

A spokesperson for the Deputy Sheriff's Labor Union blamed the riots and problems on under staffing. Since the death of Officer Jones on September 27, 1997, from job-acquired AIDS, the recruitment of new staff for both sworn and non-sworn has been very difficult. Officer Jones was contaminated by an inmate in March of 1994, when he was involved in breaking up an inmate disturbance protesting inadequate medical care for HIV inmates.

Shortly after this incident, the county opted for mandatory testing for all inmates and special identification of HIV positive inmates. Mandatory testing and identification caused alarm for the staff as the numbers that were being recorded were staggering. Tension and resentment from the inmates has been manifested in riots and disturbances for several years.

Even though mandatory testing has been discontinued and even though a vaccine to prevent HIV is rumored to be released by the Federal Drug Administration soon, the tension of those inmates infected and those inmates not infected continue to flare up in the form of these major riots.

The major lawsuit and loss of millions of county dollars for administrative negligence has drained any immediate hopes for new hospital type jail construction.-

The Normative Scenario - This is the "desired and attainable" scenario. This scenario will feature "should be" trend data, and will explore the cross impact matrix for events that will be both "actors" and "good" relative to the trends.

**NEW ASSISTANT SHERIFF BRINGS
FUTURISTIC 21st CENTURY PROGRESSIVE
MANAGEMENT TO COUNTY JAIL**

The new county jail was clicking along like a well oiled machine as the staff prepares to welcome in the twenty-first century (2000 A.D.) with a new Assistant Sheriff of Corrections. For the past eight years, John "Rocky" Smith, has served as an administrator in this county's jail system. The latest promotion is in recognition for his futuristic management style that has benefited both the county government and the people that work for the county. While most other large county correctional facilities were having major staffing administrative problems, this county has met these obstacles head on with futuristic planning and leadership abilities like those of Assistant Sheriff Smith. In the early 1990's, Smith, a lieutenant at the time, attended the Police Officer Standards and Training (P.O.S.T.) Command College. "Rocky," as he refers to be called, then brought with him the knowledge of futures forecasting and problem solving.

As early as 1992, extensive staff training was initiated for all staff members. Civilian, medical, and sworn staff received this training and information dealing with AIDS. While other counties with less understanding of this issue

suffered unnecessary concerns and had difficulty retaining good employees, this county was prepared to deal with the issue and enjoyed good work relations.

As the numbers of HIV positive inmates increased each year, and by 1997 had reached 30% of the inmate population, the medical staff assigned to these areas continued to perform in a top quality manner with support from the progressive managers with positive attitudes.

Even a major lawsuit loss back in 1994 had been parlayed into the construction of a new jail hospital facility for AIDS inmates. This new hospital jail for maximum security inmates would also meet the demands of the courts to not release felony inmates with AIDS.

As a commander in the jail, Smith had held his staff together with his personal involvement and sincere concern during troubled times. The staff learned to count on his leadership and support.

On November 18, 1997, the preventative vaccine for HIV was released by the Federal Government. This event seemed almost a reward for all the work and effort by all the staff members throughout the years. The training continued though, as the AIDS epidemic left behind great numbers of patients that were beyond the vaccine stage.

The preventative vaccine would have to play itself out like the polio vaccine in the mid-twentieth century, but there was definitely light at the end of the tunnel. As Assistant Sheriff Smith made his regular rounds through the jail to speak to his clerks, nurses, deputies, and all staff, he had his usual smiling, positive disposition out in front of him.

SECTION 2

Strategic Management

The purpose of strategic management is to guide an organization to a potentially desirable and attainable future. For the purposes of this paper, that future was defined in the normative scenario developed in Section 1. Strategic management is based on a strategic plan, which provides the direction and milestones to guide an organization into the future. Mr. Tom Esensten defines strategic planning as follows:

"A structured approach, sometimes rational, and other times not, of bringing anticipations of an unknown future environment to bear on today's decisions."

While the future is at best uncertain, strategic management is an accepted formal method that stresses the belief that the future can be impacted.

In this section stakeholders in the decision making process are identified, policies are presented for consideration, and a plan for change is developed. The goal of this plan is to make the desired and obtainable future come true.

Methods

The following methods were used in the strategic planning process:

1. Both macro mission and micro mission statements were developed.
2. The Orange County Sheriff's Department (OCSD) was selected as the subject department.

3. OCSD's strengths and weaknesses, and internal and external threats and opportunities were analyzed using a WOTS-UP analysis method. WOTS-Up analysis is an acronym for Weaknesses, Opportunities, Threats, Strengths, and the Underlying Planning, and is used to determine whether the department is able to deal with its environment. It was used to analyze the trends and events identified in the futures research, in terms of threats and opportunities. It was also used to assess the department's internal strengths and weaknesses.
4. Key stakeholders in the change process and their positions were identified.
5. A modified policy delphi was conducted to evaluate policies.

MISSION STATEMENT

Macro-Level Mission Statement

In order to protect the public, the Sheriff's Department will continue to operate for the confinement of persons waiting judicial proceedings, and those mandated to custody by the courts. The Sheriff's Department will continue to provide responsive, professional, and caring law enforcement service to the people of Orange County.

Micro-Level Mission Statement

This issue was selected for future forecasting in hopes of benefiting all the people that are affected by the issue itself.

- ◆ It is hoped that government will address the issue and deal with it in a proper manner.
- ◆ It is hoped that the Sheriff's Department will benefit from the strategies contained herein.
- ◆ It is hoped that the staff assigned to provide medical care, and the staff that maintains security will be properly trained for a successful future.
- ◆ It is hoped that the infected inmates themselves will be the recipients of humane care.

SITUATIONAL ANALYSIS

The subject department for this study is the Orange County Sheriff's Department. This department has approximately 1300 sworn deputies, and a large annual budget of almost \$150 million. There are over 4,500 inmates in custody in Orange County in the five correctional facilities throughout the county. The Central Jail Complex is composed of the Intake Release Center, the Central Men's Jail, and the Central Women's Jail. These three jails are connected by a security corridor and they provide the setting for the type of medical care and attention that inmates with active AIDS require. Correctional Medical Services provides twenty-four hour medical care for inmates in these facilities. The total complement of medical staff serving the Central Jail Complex is 162. The AIDS training for staff and inmates is up to date and extensive. The medical director of the Health Care Agency participates in local, state, and national AIDS training programs. Her staff are continually updated on new medical discoveries in this field. Weekly meetings are conducted to review training techniques.

By incorporating the trends and events from the futures work study and other information, a situational analysis of the environment was developed. Trends and events in the environment are thus identified as opportunities or threats to the mission.

WEAKNESSES

Because of extreme jail overcrowding Orange County presently lacks the capability of properly housing all HIV/AIDS inmates in the system. The Central Jail Complex is where the medical facilities are located for the entire inmate

population. These medical housing units are already overpopulated and under staffed. As the number of inmates with deadly diseases, including AIDS, increases these facilities will become more inadequate. Taxpayers in Orange County have repeatedly voted down initiatives to expand or build new jails. The Board Of Supervisors have done little to actually address the problem.

Future increases in county population and inmate population also will have a negative effect of accomplishing the mission. Presently, there are no plans approved by the Board of Supervisors to address this issue.

STRENGTHS

The strengths in Orange County corrections for both the medical and security divisions is the young positive thinking employees that work in the jails. Recent history has seen a tremendous growth in both medical and security as new jails have opened, medical care programs have been expanded, and training and communication fine tuned.

When the Intake Release center opened in 1988, Part of a housing module was dedicated to the housing of inmates with medical needs. Corrections staff control this maximum security area where doctors and nurses work together with jail staff. Even though this module only houses 48 male inmates, it is a concept that should pave the way for future construction of facilities that permit medical care for maximum security prisoners.

Orange County already has in place a modern progressive medical health department that participates in national, state, and local seminars and training regarding AIDS. An established line of open communication facilitates future

problem solving. Within the jails there are trained nurses and management staff that are AIDS counselors for both staff and inmate.

Though not as extensive, the correction staff receives up to date AIDS training. Legal mandates and new legislative laws governing this subject are formulated into training bulletins for all corrections security staff.

OPPORTUNITIES/THREATS

Budget Impacts

This trend was identified as a threat. The future cost of housing HIV/AIDS inmates will strain the correction's budget. Regardless of the chosen method of dealing with the issue, the county correction's budget will be adversely affected. Special housing, increased medical care, training for staff, or any significant event will cost the county more money in the future. A budget impacted by rising costs is the single most driving threat in achieving the mission.

Staff Training

Not only did every member of the futures study group identify this as a continuing future trend, but support data also points in this direction. This trend is an opportunity to achieve the mission. Proper, up-to-date training complete with re-evaluation and re-training is essential to breach the communication gap and overcome future obstacles.

Staff Retention And Recruitment

The entire panel viewed this trend as getting progressively worse over the futures study period, therefore, this trend is a threat to the mission. Keeping top quality medical personnel and security staff will be difficult as the

number of HIV inmates goes up. Coinciding with the retention factor, the recruitment of quality staff will also suffer. Other trends and events forecasted as opportunities will have a positive effect on staff retention and recruitment, but the panel still projects this trend as a heavy threat to the mission.

EVENT ANALYSIS

Major Lawsuit

The event identified as an inmate winning a major lawsuit against the county for administrative negligence is analyzed as an opportunity to the mission. As unfortunate as it appears, traditional government responds to such events with positive posturing. Very few county boards do cost analysis for future planning for such issues as the housing of AIDS inmates. The problem is left for the department heads to deal with, and seldom does the board follow through with the necessary financing to carry out recommendations. By the time the study is re-studied and shuffled around, the information contained in the study is obsolete. Loss of lawsuits cause attention and concern. Attention and concern usually result in special funding for training, physical plant construction and other positive measures.

Preventative Vaccine

As far as impact on the issue, the event was rated as a ten (10) on the positive impact scale and as a zero (0) on the negative impact scale. Therefore, this event is regarded as an opportunity to the mission. Even though this is a preventative vaccine, and not a cure for AIDS, this event will have a very positive impact. All other strategies for dealing with the issue will continue to be pertinent, but the AIDS vaccine should be a heavy "actor" on the trends

and events of this issue. Even though forecasted as a positive impact on the budget, it did not substantially impact the corrections budget in the fact that we will still have large numbers of HIV inmates, and it will take years for the vaccine to influence the population in the community and the jail.

Staff Member Acquires HIV On The Job

This event is viewed as a threat. The case of an actual job related incident that was properly followed up by the Health Care Agency experts to a conclusion of a staff member acquiring HIV on the job would emotionally impact the corrections personnel. This event would jolt response from the labor unions and insurance carriers.

Mandatory Testing For Inmates

Mandatory AIDS testing for inmates would be an expensive proposition as well as a controversial issue. This event is viewed as a threat to the mission. The temporary satisfaction from the majority of security staff if this event were to actually happen would be off-set by the negative impact on the budget and the backlash from society and the inmate population. The forecasters on the panel were totally divided. The level of controversy on this issue seems comparable to the pro life/pro choice abortion issue in its divisiveness.

New Jail Construction With AIDS Hospital

This event will be an opportunity and support the mission. A new maximum security jail is constructed, and the planning process included a special housing module for the more serious contagious diseases. This maximum security facility would allow for custody of even acute case criminals awaiting judicial proceedings or those mandated to the custody of the Sheriff. This event would

need to include training and education to off-set any negative stigma that might be associated with working in this unit.

STAKEHOLDER ANALYSIS

Stakeholders are identified as groups or individuals who impact, who are impacted, or who care about the issue. Ten such stakeholders will be identified with articulated assumptions regarding the issue. A snaildarter is an unanticipated (person or group) stakeholder who can radically impact the strategy. The following list of stakeholders and one snaildarter were developed for analysis:

1. AIDS/HIV Positive Inmates
2. Correctional Medical staff
3. Correctional Security Staff
4. Orange County Sheriff's Administration
5. Orange County Medical Care Administration
6. Board of Supervisors
7. Community of Orange County
8. General Inmate Population (uninfected)
9. Judges and Attorneys
10. County Administrative Officer (snaildarter)

The stakeholders and the assumptions about the stakeholders are listed below. The Stakeholder Assumption Mapping graph is listed in Table 4.

1. AIDS/HIV Positive Inmates
 - 1A. Is identified as the concern that these inmates have for proper medical care while in custody. This concern often exhibits itself in the form of anxiety by the inmate. The anxiety is caused in the fact that regardless of the efforts by medical staff, a jail

is not conducive for proper care. Sick calls are sometimes delayed for security reasons, and physical access for doctors to patients is less than desirable.

- 1B. This will be charted as AIDS/HIV positive inmates concern for their personal security from other inmates. Presently, HIV positive inmates are routinely housed in the general population, and are not segregated.
- 1C. This group is prone to be activists for better medical care. This better care would include a facility that would provide medical as well as security. Activists also can cause outside pressure that forces attention on the issue.
- 1D. It can safely be assumed that this group puts a strain on the corrections system as they demand better care, and cause security problems from uninfected inmates.

2. Correctional Medical Staff

- 2A. The medical staff provides medical care for inmates that are infected with AIDS/HIV. This group becomes a stakeholder in the fact that quality staff performing quality care is essential in budget maintenance and staff retention.
- 2B. This group provides training and education on the issue to both staff and the inmate population.

3. Correctional Security Staff

- 3A. The correctional security staff impact the issue in the fact that they provide security and order of control. The manner in which they handle this task is closely scrutinized.
- 3B. This group provides the actual delivery of services that directly impact the issue. These services include inmate programs and

educational training.

3C. Generally, it can be assumed that this group is receptive to budget impacts.

4. Orange County Sheriff's Administration

4A. The Sheriff's administration is a stakeholder in that they are the policy makers for the corrections environment.

4B. This group is responsible for all legal mandates concerning this issue, for court orders, and other administrative functions.

4C. This group works closely with medical health service. Training, staffing, and policies concerning the issue are dealt with at task force meetings.

5. Orange County Medical Care Administration

5A. The administrators of the County Medical Services are stakeholders because they are policy makers for the professional medical staff.

5B. This group is supportive of education and training concerning the issue. The type of training is constantly updated.

5C. Working hand-in-hand with the corrections staff this group directly impacts the issue question. If the relationship is tense and non-productive, the results will have negative affects. It can be assumed that this group works in harmony with the corrections staff.

6. Board Of Supervisors

6A. The impact on the issue is that the Board of Supervisors are budget allocators.

6B. This group is the policy makers for financial spending and it can be assumed that they will be responsive to the citizens of the county.

- 6C. This group is responsible to the community. The results of this responsibility can be determined on election day.
 - 6D. This group generally displays tight financial restraints for corrections. It can be assumed that these tight restraints will continue until proper pressures from the courts and the community motivate a change.
7. Community Of Orange County
- 7A. It can be assumed that the tax payers do not want to finance new hospital-type jails. Previous trends and events support this assumption.
 - 7B. The community is concerned about who the courts are releasing from jails. The community does not want AIDS inmates released early.
 - 7C. It is the community that will produce pressure groups and activists. These pressure groups will push the issue in both directions. Some activists will push for better care for the inmates, and the construction of hospital-type facilities. Other activists will oppose measures that will cost money.
8. General Inmate Population (Uninfected)
- 8A. The general inmate population have concerns for exposure from other HIV positive inmates.
 - 8B. This group is a potential security problem for corrections staff. If not educated and managed properly, this group could create disturbances that could be costly. This type of situation could indirectly impact this issue.
 - 8C. It can be assumed that this group presently lives in overcrowded conditions. These conditions cause their concerns for the issue

and the security maintenance to increase.

9. Judges and Attorneys

9A. The judges and lawyers will initially be concerned with keeping AIDS prisoners in jail their full term.

9B. This group will not be receptive to force compromise. In other words, if the Sheriff officials or medical officials attempt to force release to save money, the legal field will not be receptive.

9C. This group will legislate mandates concerning AIDS care for inmates.

10. County Administrative Office (Snaildarter)

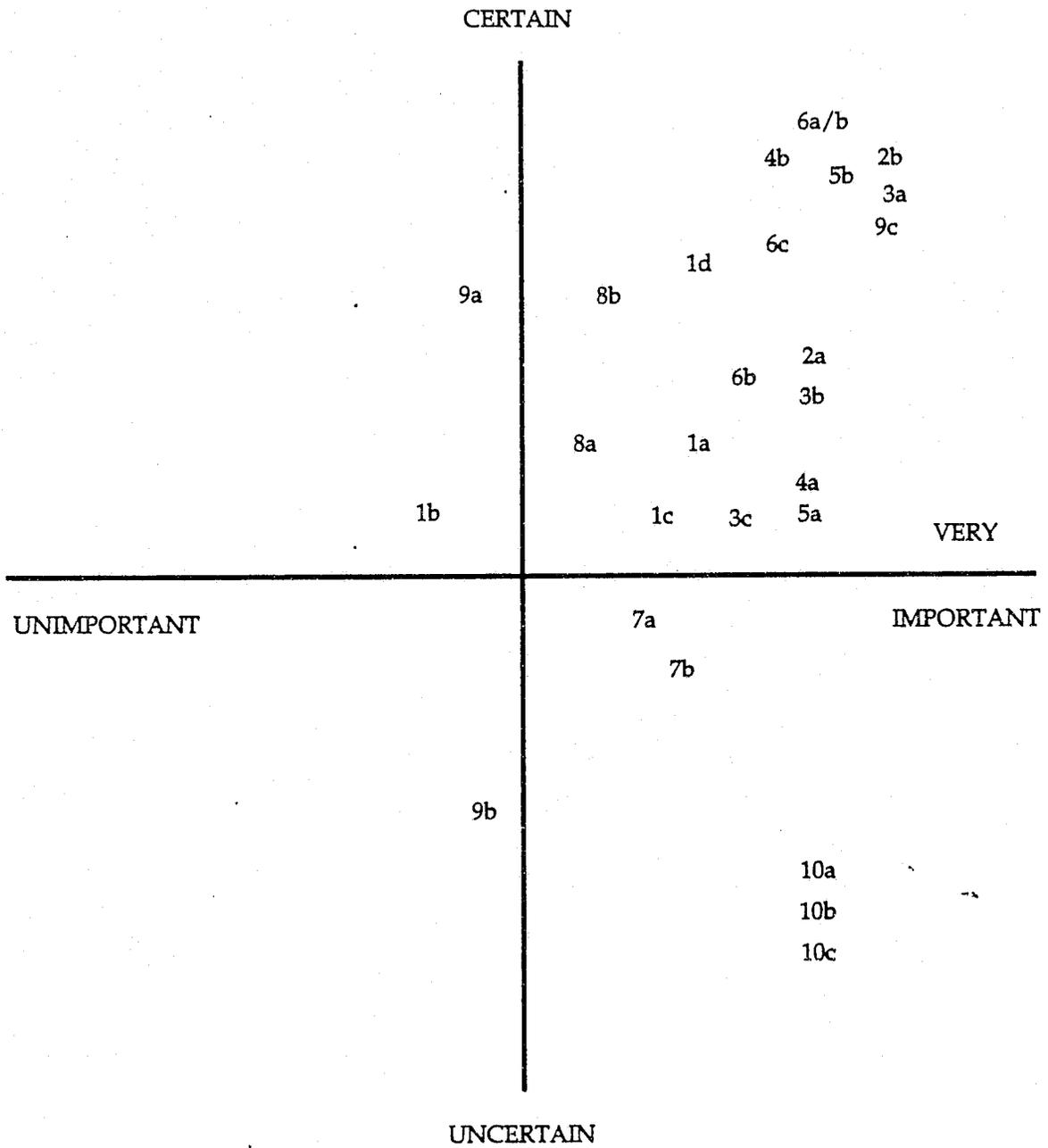
10A. The CAO may oppose any new construction of hospital-type jail.

10B. Even if the construction of a medical jail is mandated, the CAO may attempt to redirect any state funding to other budgets. This has happened in the past with drug forfeiture funds. The Sheriff has to be ever alert and aggressive to prohibit this.

10C. The CAO may redirect allocated funding before implementation. This includes allocated funding from the Board of Supervisors.

The CAO is a tool for the Board of Supervisors to control department heads in the county. This is especially true for the Sheriff. The CAO has a history of not properly funding programs of vital importance when it has to do with the Sheriff's Department.

ASSUMPTION MAPPING



MODIFIED POLICY DELPHI

A modified policy delphi was used utilizing five participants from the Orange County Sheriff's Department and three members of the Orange County Health Care Agency. With the exception of Sergeant Annie Aguilera, the delphi participants were the same as the NGT participants. The process was to identify future options and select the policy that would be most effective in attaining the goal of best providing for inmates with AIDS. The results of the modified policy delphi are as follows:

Policy 1 - Symptomatic HIV positive inmates should be housed in special housing hospital-type module.

PROS

A hospital-type module would provide improved medical care for those inmates that are symptomatic.

Security and control for general population inmates that are uninfected would be easier to control and manage. This policy would greatly decrease the possibility of a lawsuit being successful against the county. This hospital setting would discourage HIV infection of other inmates or staff. Even though maximum security could be maintained, the hospital atmosphere would cut down on the number of potential conflicts.

This policy would alleviate the need for releasing convicted inmates from custody. Proper delivery of inmates services and programs can also be attained. The AIDS inmate is detained in an environment that has twenty-four hour medical care.

CONS

1. This proposition would naturally cost money to construct such a module, and would increase staffing costs. Even though there may be increased medical costs for AIDS inmates that would negatively influence this policy, by providing proper medical care in a hospital setting, the chances for losing a major lawsuit decreases.

Policy 2 - By maintaining status quo, inmate wins a major law suit against the county for administrative negligence.

PROS

It is easy not to change policy, and by maintaining status quo this would bring the issue to the forefront of attention.

This policy would also motivate the Board of Supervisors to get off the dime and stop ignoring the problem.

A major lawsuit would probably generate new policy and training concerning the proper care for AIDS inmates. The training for staff will probably then proceed to meet OSHA standards.

CONS

A major revenue loss for the county would be the result of this policy. This could possibly open the door for future lawsuits as one successful plaintiff usually breeds more plaintiffs in this legal arena.

This policy will negatively affect staff retention and recruitment. Medical and security staff will shy away from a department that has negative publicity from such as this.

Up to date training could be neglected as the revenue lost in settling

the suit would further drain the budget. State and Federal occupational training standards require record keeping and in-service updates for all high risk employees. To avoid further pitfalls, this training can not suffer budget cutbacks.

Policy 3 - HIV positive inmates should be identified to all staff that have physical contact with inmates.

PROS

Mandatory testing will be receptive by security staff as a whole. Deputies assigned to work in these high risk areas such as the jail, tend to request that all inmates be tested for HIV/AIDS.

This policy decreases probability of staff becoming infected with HIV.

CONS

Lawsuits because of privacy rights would most certainly be generated if mandatory testing became a reality. The biggest negative relating to this policy would be that it is a costly proposition to test all inmates. Today, in large county jails, the cost of testing all inmates would be tremendous.

The costs incurred could adversely affect money for training and other programs that could be taught to help prevent the spreading of AIDS. Tests of all inmates would reveal a large percentage of HIV positive, and the jail could not house them separately. Dedicated medical staff time would have to be re-channeled to administer and monitor the test results.

STAKEHOLDER PERCEPTION OF POLICIES

Stakeholders	#1	#2	#3
AIDS/HIV Positive Inmates	For	For	Against
Correctional Medical Staff	For	Against	Against
Correctional Security Staff	For	Against	For
Sheriff's Administration	For	Against	For
Medical Administration	For	Against	Against
Board Of Supervisors	Against	Against	Split
Community	Split	Against	Split
General Inmate Population	For	For	Against
Judges and Attorneys	Split	Split	Split
C.A.O.	Against	Against	Neutral

Based on the above analysis, Policy #1 was perceived by the stakeholders to be the most effective. A new facility that included in it's original architectural design a special hospital type housing area for AIDS and other deadly contagious diseases would solve certain obstacles in the path of achieving the mission. The common thread that runs through the cross impact analysis and through the issue is training. Even with a special hospital module to house these inmates, the education of staff and inmate is paramount to achieving the mission. Policy 1 will in fact address the issue question and all the sub-issues. A special hospital-type housing module will provide proper care for maximum security inmates with AIDS. HIV positive inmates that are not symptomatic will continue to live in general housing as the medical experts do not deem their separation as necessary. Mandatory testing will not be necessary, as AIDS patients are identifiable through regular medical inmate care. Costly budget impacts of securing these inmates in outside hospitals not normally staffed with deputies will be channeled into the operations of this module. Retention of both medical security staff can be improved with proper

transition and management. These are the future projections of the dedicated professionals assisting with this process.

IMPLEMENTATION PLAN

There are three basic phases to accomplish the mission and implement the plan. The Board of Supervisors should approve the construction of a new maximum security county facility that will be acceptable by the County Health Agency to properly care for the inmates that have AIDS and other extremely dangerous diseases. The site of the construction should be jointly agreed upon by Sheriff Department representatives and the County Administrative Office. Fast track construction should be the preferred method. A lengthy Environmental Impact Report was not included in this implementation plan, as Orange County would initially seek construction on existing facility property. The E.I.R. can be avoided by securing a Negative Declaration. In an interview with Jerry Krans, member of the California State Board of Corrections, it was determined that a Negative Declaration on existing facilities could be obtained within 30 days. During the early stages of design and planning staff selection should begin for both medical and security to insure occupancy upon completion. Training for new staff should begin as soon as they come aboard.

The early development, research, and implementation should be evaluated and assessed by a planning and transition team consisting of security personnel with input from all concerned parties. This team will not only monitor the construction of the facility, but will develop procedure and training manuals.

In general, public health professionals have avoided including correctional

health in their sphere of concern. There is awareness of successful collaborative ventures among academic medical centers, public health departments, and correctional institutions. One such program in a Rhode Island prison resulted in an effective program for human immunodeficiency virus counseling, screening, classification, and treatment for prisoners. An HIV management team on site includes physicians, nurses, and AIDS education specialists. Surprisingly, the program was funded through the State Department of Health.

Everyone wins in this collaborative arrangement: The new hospital jail is constructed providing the needed maximum security beds for symptomatic inmates; the prisoners receive ongoing, continuous care; the county corrections budget saves expensive, outside visits to specialists; the County Health Department gains a way to reach a high-risk population with preventative education and early treatment of HIV infection; and the security and control problems of the general population benefits. Such cooperation is essential if correctional health care is to meet the challenges of the future.

In July 1992, "Annuals of Internal Medicine," it is reported that the incidence of AIDS is 14 times higher in state and federal correctional systems (202 cases per 100,000) than in the general United States population (15 cases per 100,000). The higher incidence in corrections is due to the over-representation of persons with histories of high-risk behavior, especially intravenous drug users.

Immediately after the site for construction of the new jail has been selected, the jail planning team will begin gathering information from other successful facilities throughout the nation. This jail planning and transition team will have direct control of the architectural design to ensure that the concerns of all parties are met prior to occupancy.

Even though this facility would have special needs such as reverse air flow, it would not have to be large facility. Thus, this jail could be completed in less than 30 months. The following time line is projected:

- 45 days Approval/Architectural agreement/Planning Team selected
- 90 days Site selection
- 2 years Training for new staff that should be coming on board
- 2.5 years Construction completed/occupancy

Realizing that this study covers a period up to the year 2000, this plan is very realistic and can be accomplished within the time frame. Presently, there are no such facilities being planned, however, as indicated in the futures study, trends and events will push law enforcement in this direction within the near future.

SECTION 3

TRANSITION MANAGEMENT

COMMITMENT STRATEGY

The objective of transition management in this paper is to facilitate the design and construction of a new corrections facility for the Orange County Sheriff's Department. This facility will include in its architectural design a hospital type housing area for inmates with Acquired Immunodeficiency Syndrome (AIDS) and other deadly contagious diseases.

It is important that the transition management plan be well thought out and be used as a road map to guide the county from the current state of affairs to a desired future state. Currently, the medical facilities for these type of serious diseases is inadequate. The future projections indicate that this situation will get worse unless a change strategy is developed to address this issue.

The facility to be constructed will be an expanded prototype of the already existing medical unit that was constructed in 1987. Though today this unit is overcrowded and not very functional, this unit allows care for maximum security inmates that have these serious medical conditions. Several county jails, including Orange County, have explored the possibility of converting and modifying existing facilities to meet the future needs of this type special housing. Unfortunately jail overcrowding in its present form does not permit expansion and modification of existing facilities. Therefore, new jail construction must include this in the design.

CRITICAL MASS

Critical mass is defined as the minimum number of those people who have

an interest in or are affected by the future trends, and if actively in support of the change, can ensure that the change will take place. The critical mass goes beyond being a stakeholder in that they have the ability to "make or break" the change. The group represents certain constituencies and may be made up of key executives, formal or informal group leaders or other organizations.

The commitment of the members of the critical mass may be defined as one of the following: "block change," "let it happen," "help it happen," and "make it happen." Included is a Commitment Planning Chart that graphically displays the member of the critical mass and depicts their current level of commitment to the plan. The current level of commitment is indicated on the chart with (X). The movement to a different level of commitment is depicted by the directional arrow and (O). Cases in which the commitment is already at the desired level are represented by the (XO).

COMMITMENT PLANNING

ACTORS IN CRITICAL MASS	BLOCK CHANGE	LET CHANGE HAPPEN	HELP CHANGE HAPPEN	MAKE CHANGE HAPPEN
Sheriff			O ←	X
Board of Supervisors	X →		O	
CAO	X →		O	
Courts		O ←		X
County Medical Director			XO	
GSA Project Manager			X →	O

Table 5

SHERIFF

The Sheriff has always been supportive of change and advancement in the field of jail expansion and medical care for inmates. He has constantly sought funding from the Board of Supervisors for construction of modern correctional facilities that provide maximum security as well as proper care for those incarcerated. His leadership and formal support from local civic leaders and state officials are necessary for the project's success. Since the project represents a continuation of his views, it is anticipated that he will actively support the project.

The Sheriff's commitment, however, should reflect a change from the initial "make it happen" position to that of "help it happen." After the project is off and rolling the Sheriff's Department should take a lower key role in the construction and completion of the project. Though the Sheriff will be actively involved with the planning and transition phases, it would be politically better for the project to allow the Board of Supervisors, the CAO, and GSA to progress horizontally to the right on the commitment scale. Remaining in the "make it happen" position could hinder this.

BOARD OF SUPERVISORS

The Board of Supervisors are receptive to public demand and the operation of a cost effective government. Public demand will come from the communities as well as legislation. The practice of releasing the chronically ill inmates from custody will not be socially acceptable. The Board of Supervisors will have to be moved from a "block change" to a "help it happen" position. Obviously, these key players could make or break the project. Public demand and the courts will provide the necessary influence to ensure that the project

happens. The board then moves to a very favorable political position in that if the project is a success they win, and if it fails, they are not accountable.

COUNTY ADMINISTRATIVE OFFICER

The County Administrative Officer is responsible to the Board of Supervisors and the community for which he serves. The CAO is definitely critical to the success of the project as he provides the financial channels to make the change. Initially, the CAO will assume a "block change" position because of the capital outlay involved in such an endeavor. The expenses related to providing medical care and security in outside hospitals will assist in moving the CAO to a "help change happen." Once in the help change mode the Sheriff will also move back to the help change mode so as not to upstage the CAO and other county entities.

COURTS

The courts at all levels will be influential in making this project happen. The courts are part of the critical mass for both the "make" and "break" aspects of the project. If the fear of the courts ruling against the county did not exist, then the courts would not be critical. It is indeed that fear and reality that will move the Board of Supervisors to act. Once the act is initiated, the courts will not be involved in the project itself, thus, they will move from the "make it happen" to the "let it happen" position.

COUNTY MEDICAL DIRECTOR

The County Medical Director along with his supporting staff is critical to the success of this project. Without his support the project will be a failure. Even though the director starts and ends in the "help it happen" position, this does

not diminish the importance of the medical department. The Medical Director will be an ally to the Sheriff from the beginning stages of the project and will be equally important in influencing the Board of Supervisors and the CAO of the necessity of this change. Throughout the transition management stages of the project the medical representatives will continue to help the project become a reality.

GENERAL SERVICES AGENCY (PROJECT MANAGER)

The legalities of local government make this person a critical mass individual. The GSA Project Manager will be the hands on individual that will ensure that the actual design and physical plant construction is completed. The Project Manger will begin in the "help it happen" position and progress to the "make it happen" position. The GSA manager represents all aspects and involved interests in the project. With support from all the members of the critical mass he/she is the person to carry the project to completion. Even though the GSA manager may not be as personally involved with the success of the project as the Sheriff or the Medical Director, he/she will carry the physical portion of the project to make the change happen.

TRANSITION MANAGEMENT STRUCTURE

The most effective management structure for the implementation and transition change of this project would be the chief executive model. As previously stated a project of this magnitude requires commitment and support from the Sheriff. To demonstrate that commitment the Sheriff would take a lead role in defining the needs of the existing state of the organization and clearly define the problem felt. He would identify the constraints and parameters of the required change and define the criteria for designing the desired future state.

The Sheriff would oversee and have final authority over the design of the new facility, and monitor the progress of the operations. He would play the lead role in managing the politics of the project as well as communicating the feedback to the organization. The Sheriff would select a transition manager from the Sheriff's Department. The Sheriff would have influence over the selection of the transition team.

The transition manager would assume the responsibilities of evaluating the progress of the project and report frequently to the Sheriff. All concerned parties, including the county Health Care Agency would interface with the transition manager on a regular basis.

This management structure is most appropriate because the Sheriff not only has the power and influence to make the change happen, but he will be the chief executive in charge of the finished product.

The project manager from General Services Agency will assume a lead role as the physical plant construction gets underway, and the Sheriff and his representatives will become helpers in getting the physical plant completed. This transition is essential in assuring that all concerned parties remain on the team to accomplish the goal. Even with this inside political maneuver, the Sheriff will retain final authority over the security aspects of the design of the facility.

TECHNOLOGIES AND METHODS

This project will be a major change for the organization, and could possibly cause uncertainty and confusion in the organization. There will be both positive

and negative feelings generated by constructing a special housing unit to house inmates with AIDS and other deadly communicable diseases. The key will be to identify who has what feelings and how best to address those feelings. Security staff as well as the medical staff may be apprehensive about the facility. Training and communication will become essential during the transition phases of the project. The idea should be widely published that the Sheriff's Department has entered into a joint venture with the County Health Care Agency to construct a facility that will be safer for staff and maintain security and integrity for the inmates involved. Local news media should be informed as well as use of the departmental news bulletin. Training video tapes that are presented in briefings will help ease the anxiety. The tape should include a statement from the Sheriff, the County Health Director, the Transition Manager, and members of the line staff that are selected for consultation. A request for input from all levels should be advertised in the tape.

An employee survey could be used to seek out suggestions and interests for the project. The new facility will be designed with a hospital ward to care for the acutely ill inmates to avoid having to seek release and to avoid expensive hospital care outside security. The numbers of inmates with these serious illnesses are increasing, and this plan is the best alternative for all concerned parties.

During the transition period there should be continuing updates for all employees. The use of bulletin updates can be augmented by open house demonstrations, on-site visits, and progress report briefings. The responsibility for these communications and technologies would fall to the Transition Manager. He/she would devise a checklist to assure a thorough transition. The

responsibility delegated to subordinates would be charted to reflect accountability and success of this method. A built in plan for review both during the project and after the project is in operation should be developed early in the transition.

The GSA Project Manager would utilize unique technologies such as fast-track construction. This method entails demolition and construction site preparation before the general contractor is even selected. In fact, the blue prints will not even be finalized when the initial site work begins. This method of construction has proven to be expedient and effective. GSA Project Managers are well schooled with these technologies and methods.

These innovative techniques would support the implementation and change that is necessary to complete the project.

CONCLUSION

As this report explored the future strategies of law enforcement in providing for inmates with HIV/AIDS, several persistent themes seemed to dominate the overall study. Those themes were identified as increasing numbers, increasing costs, and the need for training on the HIV/AIDS issue. The answer to the sub-issue questions will have driving forces pushing the future strategies in a direction that has not yet been considered by most agencies. The rising costs for providing medical care and housing for inmates will be pushed to compliance by the legal mandates and community pressure groups. A negative impact on staff retention in the near future will be offset ten years downline by education, training, and medical breakthroughs such as preventive vaccines. Mandatory testing of inmates will not become a reality. At least this is the future forecast for a healthy corrections environment that successfully survives this future issue. Interviews with Rebecca Craig, San Francisco's Master Trainer for American Red Cross, Dr. Jody Meador, Director Special Disease Clinic of Orange County, and other correctional medical professionals support this position.

Much like the national issue of pro-abortion versus anti-abortion, the subject of mandatory testing for all inmates will continue to be a hot topic of future conversation in the correctional environment. However, the reality of such a program will not occur. The driving forces that will nix this move will be financial as well as moralistic. As counties are forced to deal with the overall issue of inmates with AIDS, the high costs associated with mandatory testing will be overshadowed by necessary medical supplies and housing. It would not be the morally or correct thing to do when monies could be better spent

on training and education programs.

Therefore, the future strategies of large counties will be to direct the corrections budget to providing better medical care for HIV/AIDS inmates. This will include more training and education, and special housing facilities to accommodate the improved medical attention of these seriously affected inmates.

Special maximum security housing facilities for AIDS inmates will become a reality before the year 2000. The increasing numbers of AIDS inmates will cause staff retention and recruitment to fluctuate, but it will stabilize by the year 2000 with the successful transition plan mapped out in Section Three of this report. HIV inmates will continue to live in general housing and mandatory testing of all inmates has already been discussed as not happening. The costs for providing medical care will be incorporated into the operations of the new futuristic jail-type hospital facility. Monies spent for lawsuits, testing, and outside treatment will be channeled into this program that will provide proper care for AIDS inmates in 2000.

The author's personal opinion reflects very little change in the way county governments have all but ignored the problem. This iceberg will be unveiled with a major event like a lawsuit and/or case law. This will have an effect on the apathy that exists in most counties today. This will occur in the near future. By the year 2000, counties will have special maximum security housing for inmates with AIDS and other such serious diseases. Jails will no longer release from custody those inmates that have these illnesses. Mandatory testing of all inmates will not become the accepted norm. Three to five years downline law enforcement will experience staff retention problems because of the

stigma associated with working in an "AIDS JAIL," but time, training, and education will help remedy this. New state-of-the-art reverse air flow hospital modules that allow for maximum security inmates to be incarcerated will be the idea of the future.

BIBLIOGRAPHY

- "AIDS and Other Communicable Diseases." Academy of Justice, Criminal Justice Training. Certification Number 9668253, copyright 1993.
- Associated Press, "Agency Sets AIDS Guidelines." Dallas Times Herald, December 3, 1991.
- Associated Press, "Caring for Inmates Costing Counties." Dailey Bulletin. December 16, 1991.
- "Bloodborne Pathogens." General Industry Safety Orders, Section 5193, Title 8 California Code of Regulations, January 11, 1993.
- "Court Upholds Alabama's HIV Segregation of Prison Inmates." Correct Care. Vol. 5, Issue 4, October, 1991.
- Golognesi, Dani P. PhD. "Progress Toward Developmnet of HIV Vaccine." Vol. 1, No. 3, June 1991.
- Greengold, Sharon. "Dealing with AIDS in Prison." Inland Valley Daily Bulletin. November 30, 1991.
- Grimaldi, James. "Frontera Women's Prison Plans Mandatory TB Testing." Orange County Register. March 4, 1992.
- "HIV/AIDS and Communicable Disease Public Safety Resource/Trainer Manual." American Red Cross, copyright and update April, 1992.
- Kelleher, Susan, "Number Of New OC AIDS Cases Rises 30%." Orange County Register, January 11, 1992.
- Koff, Wayne C. "The Propects For AIDS Vaccines." Hospital Practice, April 15, 1991.
- Mossinghoff, G.J. President Pharmaceutical Manufacturers Association. "AIDS Medicines." Treatment Issues, Vol. 5, No. 6, 1991 Report.
- "New OSHA Standards Published." American Red Cross, HIV/AIDS Update. Vol. 5, Number 2, February 2, 1992.
- Ritter, Scott. "Inmate AIDS Policy May Change." Chino Bulletin. April 11, 1992.

Sample, Herbert. "Vacaville Prison Officials Ripped Over HIV Care." Sacramento Bee. Friday, November 20, 1992.

"The Spectrum Of AIDS." AIDS/HIV 1992, Center For Disease Control. National Center Of Continuing Education, 1992 edition.

Wolfnsky, Howard. "Medical Care For Prison HIV/AIDS Inmates Sharply Deteriorating." American Correctional Physicians Observer, July/August, 1992.

INTERVIEWS

Callahan, Corinne. Medical Services, Orange County, HIV Counselor. Numerous in-person interviews 1992 and 1993.

Clark, John. Doctor for Los Angeles County Medical Services and Advisor for Center for Disease Control. Telephone interview, February 9, 1993.

Craig, Rebecca. Registered nurse, San Francisco County Master Trainer for American Red Cross. California Medical Association. In-person and telephone interviews January and February, 1993.

Dempsey, Jan. Lieutenant for San Francisco Sheriff's Department, member of national Sheriff's Association and Consultant for the Center for Disease Control. Developer of training programs for the AIDS Foundation. In-person and telephone interviews January and February, 1993.

Hewitt, John. Assistant Sheriff in charge of maximum security facilities in Orange County. In-person interviews September, 1992, and January, 1993.

Krans, Jerry. Assistant Sheriff For Orange County. Board member of California State Board of Corrections, Consultant for National Institute of Corrections. In-person interviews November, 1992. Phone interview February, 1993.

Meador, Jody. Medical Doctor, Medical Director for Orange County Special Disease Clinic. In-person interviews February, 1993.

Spagnola, Charles. Attorney at law specializing in civil and criminal cases. Numerous in-person interviews in 1992 and 1993.

Zinn, Neil. Facility Inspector for the California State Board of Corrections in Sacramento, California. Telephone interviews January, 1993.