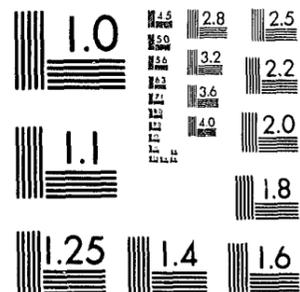


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National Institute of Law Enforcement and Criminal Justice  
Law Enforcement Assistance Administration  
United States Department of Justice  
Washington, D. C. 20531

DATE FILMED

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Program to Improve Medical Care and  
Health Services in Correctional Institutions

62526

**PROFILE STUDY OF  
SELECTED JUVENILE HEALTH CARE  
FACILITIES**

American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

NCJRS

OCT 31 1979

ACQUISITIONS

*AMA Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, supported by a grant from the United States Department of Justice, Law Enforcement Assistance Administration, Office of Criminal Justice Programs, Grant Number 78-ED-AX-0023, under the Omnibus Crime Control and Safe Streets Act of 1968, as amended. Points of view or opinions stated in this publication are those of AMA's Correctional Program and do not necessarily represent the official position of the United States Department of Justice.*

American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

## **Preface**

The American Medical Association's Pilot Program to Improve Medical Care and Health Services in Correctional Institutions is financed by a grant from the Law Enforcement Assistance Administration of the US Department of Justice. The Project is the result of a 1972 AMA survey of jail medical facilities that showed a gross inadequacy of health and medical services in jails throughout the country.

Some successful lawsuits on behalf of prisoners focused national attention on the deplorable conditions. A federal court in 1972 ruled that inadequate medical care constituted "cruel and unusual punishment" and as such, was a violation of inmates' constitutional rights. In 1976, the US Supreme Court, on review of that decision, ruled that adequate medical care is a right of inmates pursuant to the US Constitution.

## **Objectives**

One mission of the AMA Jail Project is the development of standards for adults and juveniles in correctional facilities. In December 1978, a survey was conducted to determine the methods or models for health service delivery in juvenile correctional facilities.\* The survey was part of an effort to assess current service delivery systems' needs in relation to the future implementation of the standards that were being developed.

\*See appendix

## **Scope**

The survey was limited to a small number of facilities; and the results indicate general trends regarding health service delivery.

## **Methodology**

Eighty mailed questionnaires were used to conduct the survey. Jail Pilot Project Directors in Michigan, Wisconsin, and Massachusetts, working through their state medical societies, were each asked to distribute 20 questionnaires in their states. In addition, 20 other facilities throughout the United States were selected for participation. All involved were asked to select from a wide range of both large and small, as well as long- and short-term facilities. Questionnaires were to be returned by Jan 31, 1979 and 51%, or 41 of the 80 facilities responded in time to be included in this report.

## **Survey Responses**

### **Population Characteristics**

Males made up 78% (15,553) of the total 19,873 admissions to the 41 facilities in the previous year. The juveniles ranged in age from 9 to 19 years, their average age being approximately 16 years.

Nearly all of the facilities responding had an average daily population that was at, or very near capacity. Five facilities reported being over capacity, one by as many as 73 juveniles.

The following figures reflect juveniles' lengths of stay, from shortest to longest, once admitted to the facilities:

Length of Stay	%
24 hours	5
One to 20 days	17
21 to 90 days	21
91 to 180 days	20
180 days or longer	<u>37</u>
Total	100

### Admission Screening

Twelve percent of the facilities stated that they do not routinely screen for potential health problems within the first few days of a juvenile's admission to the facility.

In the other 88% of the facilities, such screening is done by the following:

Title	%
MD	4
MD and nurse	4
Nurse	67
Child-care worker/ house parent	21
Intake worker	<u>4</u>
Total	100

Screening was performed within the following time frames:

Period of Time	%
Immediately on admission	74
Within 72 hours	3
Within one week	14
Within two weeks	6
Within one month	<u>3</u>
Total	100

### Nonemergency Care

On-going, routine, nonemergency medical and health services were provided within the facility only, such as in an infirmary, in 26% of the facilities responding. However, 74% of the facilities used a combination of both on-and off-the premises service delivery. A total of 53% used a physician's office or clinic, and 40% had services provided in a hospital. Ninety-three percent of the respondents identified health care providers. Nurses were used 10% more per month than physicians, based on hours worked.

Other providers listed included dentists, dental hygienists, and physician's assistants.

Thirty-four percent of the facilities held regular sick call, 40% provided health services on an as-needed basis, and an additional 26% used a combination of both.

Schedules for those 21 respondents holding some form of sick call were as follows:

### Frequency

Four times per day  
Two times per day  
Daily  
Five times per week  
Two times per week  
Weekly  
Total

%  
5  
10  
50  
15  
10  
10  
100

Sick call was conducted by the following:

### Title

MD  
MD and RN  
RN  
RN and LPN  
OD and RN  
Other combinations of  
medical personnel  
Total

%  
4  
10  
31  
20  
4  
31  
100

Fifty-five percent of the respondents, or 21 of 38 providing in-house services had an examining/treatment room. Also, of the total providing in-house services, 47% did have hospital-type (infirmery) rooms while 53% did not.

### Emergency Care

Most facilities used a combination of providers for emergency treatment. Sixty percent of the respondents

used a hospital emergency room and/or a physician's office for emergency treatment, while 40% delivered such services in their facilities.

### Mental Health Services

On-going mental health services were provided in 78% of the facilities, while 22% offered only emergency mental health services.

### Dental Services

Dental services were provided on an on-going basis in 76% of the facilities; however, 24% offered only emergency dental services.

### Detoxification

Four percent of the facilities provided medically supervised alcohol detoxification on the premises. Medicaly supervised drug detoxification was provided at 12% of the facilities.

The other facilities obtained detoxification services as follows:

Facility Type	% Alcohol	% Drug
Hospital	64	44
Detoxification center	20	24
Mental health facility	<u>12</u>	<u>20</u>
Totals	96	88

### Pharmaceuticals

Of the respondents, 49% purchased medications through individual, pharmacy-filled prescriptions only. The other 51% purchased bulk quantities, as well.

In facilities that dispensed their own medications, only 14% did not take inventories; however, the facilities making up the remaining 86% of both bulk and prescription purchasers took inventories as follows:

Frequency	%
Weekly	11
Monthly	33
Quarterly	6
Two times per year	17
Yearly	11
On-going (pharmacist on premises)	6
Irregularly	<u>16</u>
Total	100

### Health Records

Current medical records were filed separately from commitment or correctional records in 68% of the responding facilities; however, they were not separated in 32% of the facilities. Listed among those who could read the medical record were the following: correctional staff members in nine facilities; juvenile's parents in one facility; and the cook in one facility.

### Informed Consent

Survey questions pertaining to consent for treatment, together with the answers given by the responding facilities, were as follows:

Questions	% Yes	% No	% Other	% Totals
Are juveniles allowed to refuse nonemergency health care?	80	20		100
Is informed consent for nonemergency health care obtained from the patient?	70	18	Verbal 12	100
Is informed consent for nonemergency health care obtained from parents?	83	8	Where Possible 9	100
When is consent obtained from parents?				
At the time of admission or commitment	59			
At time of illness	10			
At both times	<u>31</u>			
Total	100			

### Licensure

On the subject of licensure for staff, 88% of the facilities

required proof of licensure, certification, or registration when hiring health care personnel, whereas 12% did not. In addition, 59% of those requiring such proof at hiring also required it to be shown on an annual basis. However, 32% did not, while 9% did not respond to that part of the survey.

### Staff Training

First aid training for staff had been given in 28% of the facilities, had not been given in 47% and was either proposed or in process in 25% of the facilities responding. Health-related in-service classes for all levels of personnel were given in 33% of the facilities. Also, staff were required to attend such classes in 67% of those facilities.

### Smoking

Smoking by juveniles is permitted in 92% of the facilities responding to the survey.

### Personal Hygiene

Personal hygiene items were furnished without charge to the juveniles on the following basis:

Items*	% Yes	% No
Non-irritant soap	95	5
Comb	92	8
Deodorant	95	5
Fluoride toothpaste	90	10
Toothbrush	100	0

\*These items were replaced as needed in 97% of the facilities.

### Special Diets

Special diets were prepared in 84% of the facilities. However, only 26% of the facilities had a dietitian on staff.

### Health Education

Facilities were asked if they provided education regarding various health issues and problems such as smoking, venereal disease, proper nutrition, and sleeping habits. Eighty-eight percent of the facilities did; another 3% proposed that such programs be instituted in their facilities.

### Discussion

The profile survey of selected health care delivery systems in several states' juvenile facilities has been helpful in indicating general trends. It is necessary, however, to point out that the survey did not attempt to measure, and therefore cannot lead to conclusions regarding outcome or quality of the health services rendered.

One of the trends noted from the information gathered is that many of the facilities had population levels that were at, or near, capacity. Constant crowding can lead to many kinds of problems, including increased tension among juveniles and facility staff, undetected emotional and physical problems that some of the juveniles may be experiencing and increased staff turnover.

Since most of the admissions were 15½- to 16½-year-old-males who usually stayed in the facilities for more than 180 days, attention to difficulties that originally brought them into the correctional system might tend to

be underemphasized in an attempt to adequately feed and clothe such large numbers of young people who are "nearly adults." They might be expected to assume roles for which they are ill prepared simply because there is not time for more individualized attention.

Another factor brought out by the survey is that 26% of the facilities do not screen juveniles for potential health problems immediately upon admission. Since many purposes are served by such screening, including protection of the juvenile, other juveniles and staff from the spread of communicable disease, 26% seems a high figure.

Another finding brought out by the survey is that only 53% of the facilities had some form of first aid training for their personnel. This figure, even though it includes current and proposed programs, still seems low.

The areas of pharmaceuticals and medical records also bear mention. For instance, while 86% of the facilities purchased medications by prescription and in bulk quantities, only 17% of those facilities took inventories on a weekly and/or on-going basis. Although 68% of the facilities had separate medical record filing systems, the records could be seen by nonmedical personnel in 29% of those cases. Finally, although 88% of the respondents required proof of licensure when hiring personnel, only 59% required proof that such licensure be kept current.

Some of the more positive conclusions drawn from the survey include the fact that 92% of the respondents

were able to identify a specific health services resource, such as a clinic, physician's office, etc. In addition, an individual responsible physician was named in 70% of the cases.

In facilities holding sick call, 15% did so more than once a day. Fifty-five percent of the facilities providing in-house health services had a separate room where juveniles could be examined and treated in private.

Seventy-eight percent of the respondents offered on-going mental health treatment, 76% offered on-going dental treatment, and 88% provided health education programs. All of these factors tend to indicate attempts at meeting the juveniles' total health needs.

The fact that 80% of the facilities allowed juveniles to refuse nonemergency health care is important. Although juveniles are not legally able to consent, and therefore to refuse consent, for treatment until the age of majority, allowing them to refuse treatment can be taken to mean that the consent of the person to be treated is, as it should be, of importance.

Serving of special diets in 84%, and free replacement of personal hygiene items in 97% of the facilities, indicate attention to more than just basic survival needs.

Another factor indicated by this survey is that systems for attaining total health care services seem to be functioning in the juvenile correctional facilities surveyed. It now seems that more attention needs to be focused on the outcome or quality of care being delivered through such systems.

## **Appendix**

### **AMERICAN MEDICAL ASSOCIATION PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS**

Profile Study  
of Various Methods of Delivering  
Medical and Health  
Services in Juvenile  
Correctional Facilities

Instructions for completing the American Medical Association's Systems Survey Questionnaire:

Some of the items on this questionnaire may not apply to your facility. In such cases, please mark NA in the answer space.

It is essential for AMA to know of the various methods/approaches for the delivery of health services as these have a bearing on the development of standards. Standards do not advocate any particular administrative structure, only the adequacy of health services.

- 1-1. Name of facility \_\_\_\_\_ (Type)
- 1-2. Address of facility \_\_\_\_\_
- 1-3. Facility phone number ( \_\_\_\_\_ ) \_\_\_\_\_
- 1-4. Area served by facility (i.e., county, regional, state, etc.) \_\_\_\_\_
- 2-1. Title of official legally responsible for facility \_\_\_\_\_
- 2-2. Name of official \_\_\_\_\_
- 2-3. Address of official \_\_\_\_\_  
City State Zip
- 2-4. Phone number of official ( \_\_\_\_\_ ) \_\_\_\_\_

Admissions to facility in previous year

- 3-1. Juvenile males \_\_\_\_\_
- 3-2. Juvenile females \_\_\_\_\_
- 3-3. Total admissions \_\_\_\_\_
- 3-4. Age of youngest admission \_\_\_\_\_
- 3-5. Age of oldest admission \_\_\_\_\_
- 3-6. Average age of admissions \_\_\_\_\_
- 4-1. Designed, rated capacity \_\_\_\_\_
- 4-2. Average daily population for previous year \_\_\_\_\_
- 4-3. Average daily intake \_\_\_\_\_

In the previous year, what PERCENT of juveniles would you estimate stayed:

- 5-1. Less than 24 hours \_\_\_\_\_ %
- 5-2. One to 20 days \_\_\_\_\_ %
- 5-3. Twenty-one to 90 days \_\_\_\_\_ %
- 5-4. Ninety-one to 180 days \_\_\_\_\_ %
- 5-5. Longer than 180 days \_\_\_\_\_ %

6-1 Where are juveniles provided on-going, routine, non-emergency medical and health services?

- In your facility (i.e., infirmary) \_\_\_\_\_
- In a physician's office or clinic \_\_\_\_\_
- In a hospital \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

- 6-2. Number of physician hours/month: \_\_\_\_\_
- 6-3. Number of nurse hours/month: \_\_\_\_\_
- 6-4. Number of physician's assistant hours/month: \_\_\_\_\_
- 6-5. Hours/month provided by others (please specify type): \_\_\_\_\_
- 6-6. Name of physician responsible for medical care: \_\_\_\_\_
- 6-7. Address of physician: \_\_\_\_\_  
City State Zip
- 6-8. Phone number of physician: ( \_\_\_\_\_ ) \_\_\_\_\_

7-1. Are medical and health services provided on a regular basis or on an as needed basis?

- Regular sick call \_\_\_\_\_
- On as needed basis \_\_\_\_\_

- 7-2. How often is sick call held? \_\_\_\_\_
- 7-3. What level of person performs sick call? (e.g., M.D., R.N., etc.): \_\_\_\_\_

8-1. If in-house service is provided, does your facility have an examining/treatment room? Yes \_\_\_\_\_ No \_\_\_\_\_

8-2. Does your facility have any hospital-type wards (infirmary) or rooms? Yes \_\_\_\_\_ No \_\_\_\_\_

9-1. Does your facility do any routine screening for potential health problems within the first few days of a juvenile's admission to your facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please complete the rest of Section 9.

9-2. What level of person performs this screening (i.e., houseparent, nurse, etc)? \_\_\_\_\_

9-3. When is this screening done?  
Immediately upon admission \_\_\_\_\_  
Later (state when) \_\_\_\_\_

10-1. Where is emergency care/treatment provided?  
In your facility \_\_\_\_\_

If other than your facility please complete Section 10.

In a hospital emergency room \_\_\_\_\_

In a physician's office or clinic \_\_\_\_\_

Other (please specify) \_\_\_\_\_

10-2. Facility name \_\_\_\_\_

10-3. Facility address \_\_\_\_\_

10-4. Facility phone number (\_\_\_\_\_) \_\_\_\_\_ City State Zip

11-1. Are juveniles offered on-going or just emergency mental health treatment? On-going \_\_\_\_\_ Emergency only \_\_\_\_\_

11-2. If on-going, name of psychiatrist or mental health clinic providing services \_\_\_\_\_

11-3. Address of psychiatrist or mental health clinic \_\_\_\_\_

\_\_\_\_\_  
City State Zip

11-4. Phone number (\_\_\_\_\_) \_\_\_\_\_

11-5. Name of community facility providing in-patient mental health services \_\_\_\_\_

11-6. Facility address \_\_\_\_\_  
City State Zip

11-7. Facility phone number (\_\_\_\_\_) \_\_\_\_\_

12-1. Are juveniles offered on-going or just emergency dental treatment? On-going \_\_\_\_\_ Emergency only \_\_\_\_\_

12-2. Name of dentist or clinic providing dental services \_\_\_\_\_

12-3. Dental or clinic address \_\_\_\_\_

12-4. Dentist or clinic phone number (\_\_\_\_\_) \_\_\_\_\_

13-1. Is medically supervised alcohol detoxification performed in your facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no, please complete the rest of Section 13.

13-2. Name of facility providing detoxification services \_\_\_\_\_

13-3. Facility address \_\_\_\_\_  
City State Zip

13-4. Facility phone number (\_\_\_\_\_) \_\_\_\_\_

13-5. Type of facility \_\_\_\_\_

14-1. Is medically supervised drug detoxification performed in your facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no, please complete the rest of Section 14.

14-2. Name of facility providing detoxification services \_\_\_\_\_

14-3. Facility address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

14-4. Facility phone number (\_\_\_\_\_) \_\_\_\_\_

14-5. Type of facility \_\_\_\_\_

15-1. Do you purchase medications: In bulk quantities \_\_\_\_\_  
By individual, pharmacy filled prescriptions \_\_\_\_\_  
Both of the above \_\_\_\_\_

If you answered "bulk quantities" or "Both of the above", please complete the rest of Section 15.

15-2. Are inventories taken? Yes \_\_\_\_\_ No \_\_\_\_\_

15-3. If you answered yes, how often? \_\_\_\_\_

16-1. Are current medical records filed separately from commitment/correctional records? Yes\_\_\_\_\_ No\_\_\_\_\_

16-2. Please list those categories of persons allowed to read medical records? \_\_\_\_\_

17-1. Are juveniles allowed to refuse non-emergency health care? Yes\_\_\_\_\_ No\_\_\_\_\_

17-2. Is informed consent for non-emergency health care obtained from the patient? Yes\_\_\_\_\_ No\_\_\_\_\_

17-3. Is informed consent for non-emergency health care obtained from parents? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered yes, please complete the rest of Section 17.

17-4. When is consent obtained from parents?  
At time of commitment or admission \_\_\_\_\_  
At time of illness \_\_\_\_\_

18-1. Does your facility require proof of state licensure, certification or registration when hiring health care personnel? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered yes, please complete the rest of Section 18.

18-2. Does your facility require such proof to be shown on an annual basis? Yes\_\_\_\_\_ No\_\_\_\_\_

19-1. Have all facility personnel had first aid training? Yes\_\_\_\_\_ No\_\_\_\_\_

19-2. Does your facility provide health related in-service classes for all levels of personnel? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered yes, please complete the rest of Section 19.

19-3. Are facility staff required to attend such classes? Yes\_\_\_\_\_ No\_\_\_\_\_

20-1. Does your facility permit juveniles to smoke? Yes\_\_\_\_\_ No\_\_\_\_\_

21-1. Are any of the following items given to juveniles without charge:

	Yes	No
Non-irritant soap	_____	_____
Comb	_____	_____
Deodorant	_____	_____
Fluoride Toothpaste	_____	_____
Toothbrush	_____	_____

21-2. If a juvenile cannot buy replacements of these items as needed, does your facility give more to the juvenile? Yes\_\_\_\_\_ No\_\_\_\_\_

22-1. Who plans your facility's menus?  
Name \_\_\_\_\_  
Classification or title (e.g., cook, dietician, etc.) \_\_\_\_\_

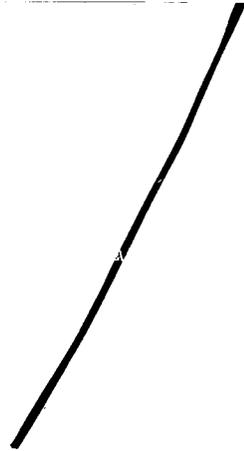
22-2. Are special diets served to juveniles in your facility? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered yes, please complete the rest of Section 22.

22-3. Please check the types of special diets served:  
diabetic \_\_\_\_\_  
weight reduction \_\_\_\_\_  
pregnancy \_\_\_\_\_  
allergy \_\_\_\_\_  
other special medical \_\_\_\_\_  
special dental \_\_\_\_\_

23-1. Does your facility provide health education on various health issues/problems (i.e., smoking, venereal disease, proper nutrition, sleeping habits, etc) for juveniles? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please outline \_\_\_\_\_  
\_\_\_\_\_



**END**