



COCHISE COUNTY JAIL DISTRICT -PUBLIC HEALTH

SEPTEMBER 16TH, 2022
0900

BOS CONFERENCE ROOM

MEGAN KENNEDY, RN, CCHP
COCHISE COUNTY
DIVISION DIRECTOR-
DETENTION HEALTH SERVICES

OBJECTIVES:

- Public health trends within Cochise County
- Trends being seen regarding the medical needs of incarcerated individuals in Cochise County
- Trends being seen regarding the mental health needs of incarcerated individuals in Cochise County
- Standard of Care for incarcerated individuals
- What is needed to properly address the medical and mental health needs of individuals incarcerated in Cochise County
- Challenges met while trying to meet the needs of the incarcerated population within Cochise County
- Common misconceptions regarding care of incarcerated individuals

COVID-19

Community

- As of week 33 of 2022, there have been a total of **35,546** confirmed cases of COVID-19 in Cochise County (Cochise County Health and Social Services [CCHSS], 2022).


Cochise County Detention Center

- As of week 33 of 2022, there have been a total of **115** confirmed cases of COVID-19 in individuals housed within the Cochise County Detention Center
- Cochise County Detention Health Services worked very closely with Cochise County Sheriff's Department Detention Staff and, Cochise County Health and Social Services in order to develop a comprehensive and productive procedural outline regarding COVID-19
 - Cochise County's COVID-19 Detention Procedural Outline was used as a template for many Counties across Arizona due to its thorough, appropriate and strict contents
- Cochise County Detention Health Services continues to complete an average of 32 rapid COVID-19 tests each week; some weeks resulting in over 150 test completions



MENTAL HEALTH

- According to the Arizona Department of Health Services (AZDH), the most common hospital discharge diagnosis related group (DRG) in Cochise County in 2019 was psychoses



OVERDOSE
AND
SUBSTANCE
ABUSE

- The Cochise County Community Health Assessment Report (CHA) from 2017 indicates a “*steady increase in the number of discharges related to drug use and opioid-related discharges.*”
- Between 2018 and 2020 overdose deaths in Cochise County almost doubled (CCHSS, 2020).

OVERDOSE AND SUBSTANCE ABUSE

- Our 2017 CHA resident survey revealed mental health, and substance and drug abuse as the most important health problem in our communities

Individual Community Priorities
Benson's Top Health Priorities
1. Good Jobs, Healthy Economy
2. Drug Abuse
3. Mental Health
Bisbee's Top Health Priorities
1. Alcohol/Substance Abuse
2. Good jobs, Healthy Economy
3. Obesity & Healthy Lifestyles
Douglas' Top Health Priorities
1. Mental health, Alcohol/Substance Abuse
2. Teen Pregnancy, Birth Control
3. Healthy Eating, Diabetes-Obesity
Sierra Vista's Top Health Priorities
1. Good Jobs/Healthy Economy
2. Substance Abuse
3. Mental Health
Willcox's Top Health Priorities
1. Aging Problems
2. Mental Health
3. Healthy Foods

MEDICAL AND PSYCHIATRIC NEEDS OF INCARCERATED INDIVIDUALS

- Those with multiple arrests are more likely to have more serious health problems
- Around 4.9 million people are jailed every year, 1 in 4 multiple times. Individuals with 2 or more arrests and bookings are 2 times more likely to have serious or moderate mental illness than individuals facing their first arrest/booking.
- Individuals with 2 or more arrests and bookings are nearly 5 times more likely to have substance use disorders than individuals who are facing their first arrest/booking.

(Jones & Sawyer, 2019)

- Two-thirds (63%) of the sentenced jail population meet the criteria for drug dependence or abuse, compared to 5% of general population

(Bronson, Stroop, Zimmer, & Berzofsky, 2017)

STANDARD OF CARE FOR INCARCERATED INDIVIDUALS


- **National Institute of Jail Operations (NIJO)**
 - NIJO provides education, collaboration, certification and Arizona Legal-Based Jail Guidelines to assist jail administrators in maintaining safety and security within their facilities (NIJO, 2015).
- **National Commission on Correctional Health Care (NCCHC)**
 - NCCHC provides education, collaboration, certification, research and comprehensive Standards for Health Care Services in Jails (NCCHC, 2018).



ACCESS TO CARE

- “Inmates have access to care for their serious, medical, dental, and mental health needs.”
- “Access to care means that, in a timely manner, a patient is seen by a qualified health care professional, is rendered a clinical judgment, and receives care that is ordered.”

(NCCHC, 2018)

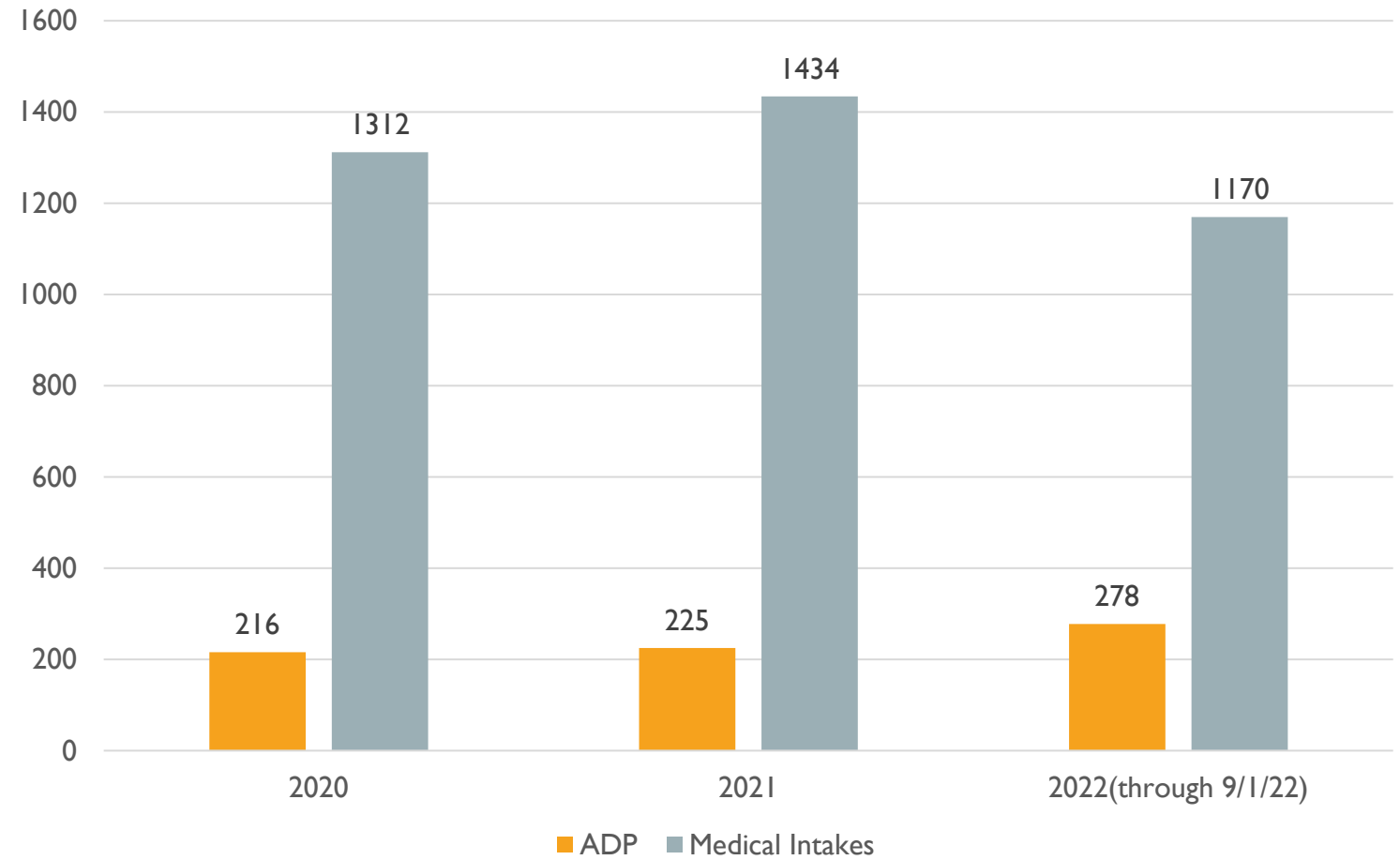


**ACCESS TO
CARE AT
COCHISE
COUNTY ADULT
DETENTION
CENTER:**

- Intake assessment completed within the first 24 hours of incarceration
- Nurse Sick Call
- Provider Sick Call
- Chronic Care
- Emergency care
- Mental Health care
- Dental care
- Specialty care
- Medication Services
- MAT initiation and continuation
- Substance abuse and withdrawal monitoring
- Continuity and coordination of care
- Suicide prevention and awareness
- Clinical preventative services
- Infectious disease prevention and control
- Daily treatments (COWs, CIWAs, BP, FSBS, wound care, etc.)
- Mental healthcare

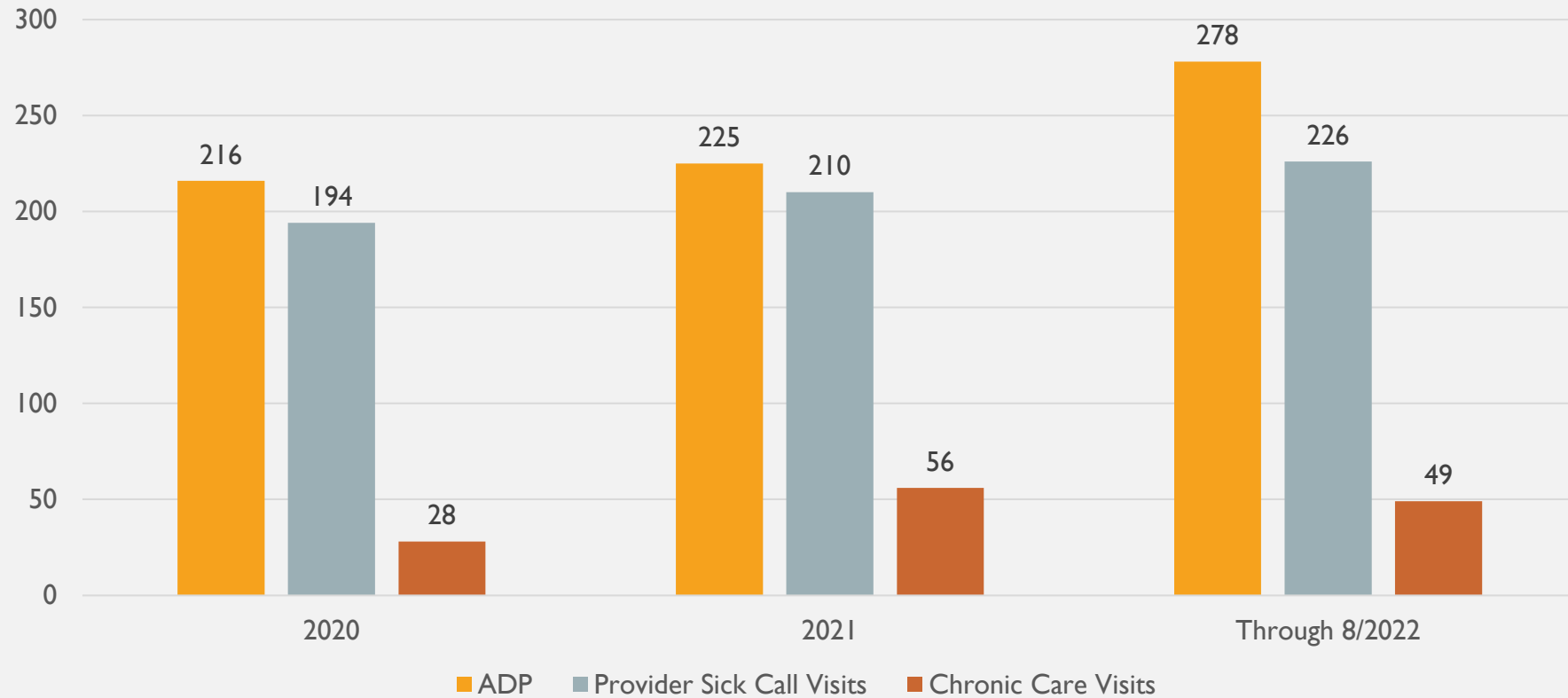
TRENDS REGARDING
MEDICAL NEEDS OF
INCARCERATED
INDIVIDUALS IN COCHISE
COUNTY

Medical Intake Assessments



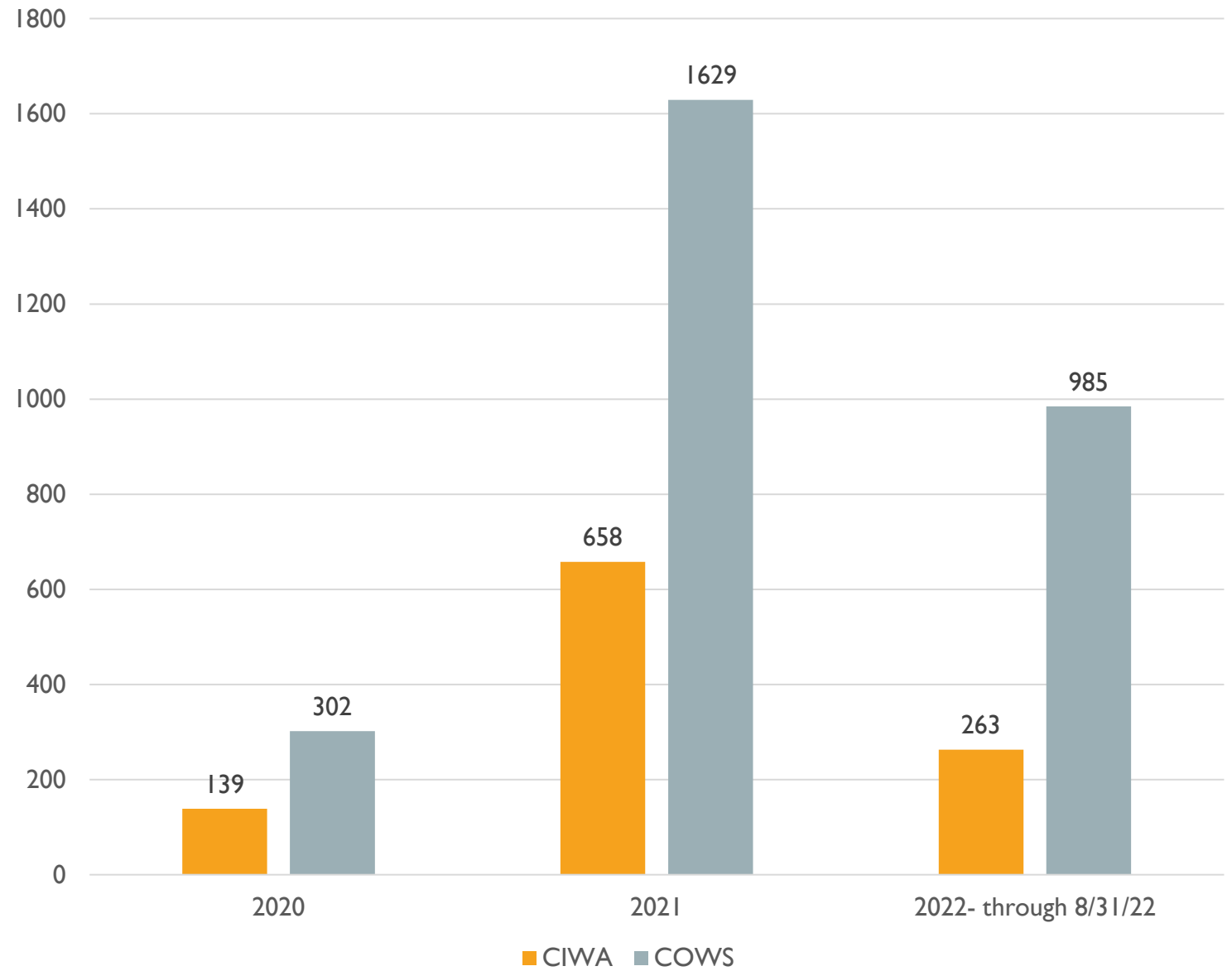
TRENDS REGARDING MEDICAL NEEDS OF INCARCERATED INDIVIDUALS IN COCHISE COUNTY

Higher Acuity Patients:



TRENDS REGARDING
MEDICAL NEEDS OF
INCARCERATED
INDIVIDUALS IN COCHISE
COUNTY

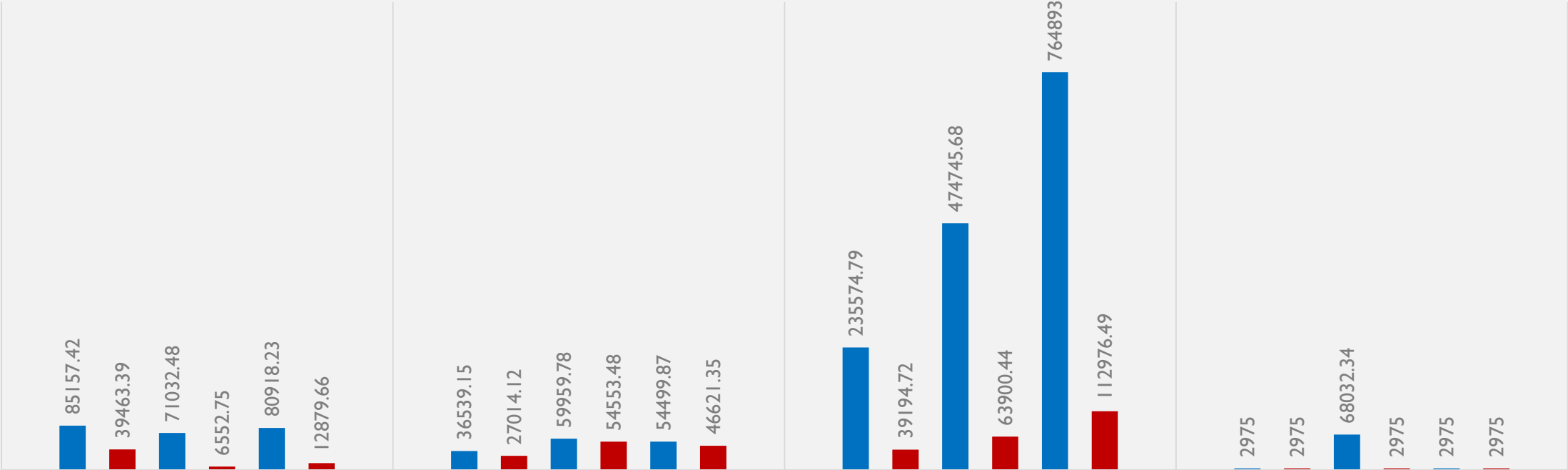
Substance Abuse/Addiction Increase



TRENDS REGARDING MEDICAL NEEDS OF INCARCERATED INDIVIDUALS IN COCHISE COUNTY

FISCAL IMPACTS OF HIGHER ACUITY PATIENTS

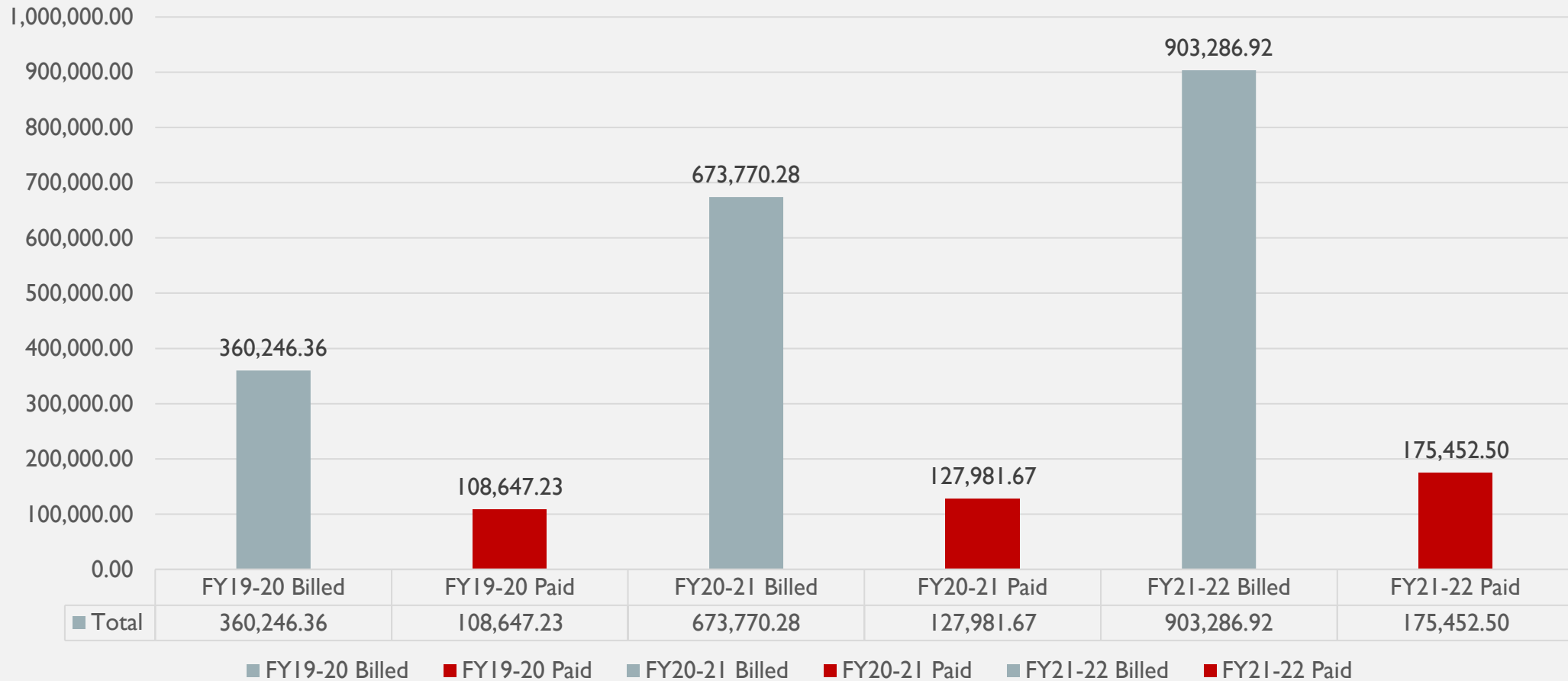
■ FY19-20 Billed
 ■ FY19-20 Paid
 ■ FY20-21 Billed
 ■ FY20-21 Paid
 ■ FY21-22 Billed
 ■ FY21-22 Paid



	Long-term Hospitalizations	EMS Transports	ER Visits	Air Ambulance Trips
■ FY19-20 Billed	85157.42	36539.15	235574.79	2975
■ FY19-20 Paid	39463.39	27014.12	39194.72	2975
■ FY20-21 Billed	71032.48	59959.78	474745.68	68032.34
■ FY20-21 Paid	6552.75	54553.48	63900.44	2975
■ FY21-22 Billed	80918.23	54499.87	764893.82	2975
■ FY21-22 Paid	12879.66	46621.35	112976.49	2975

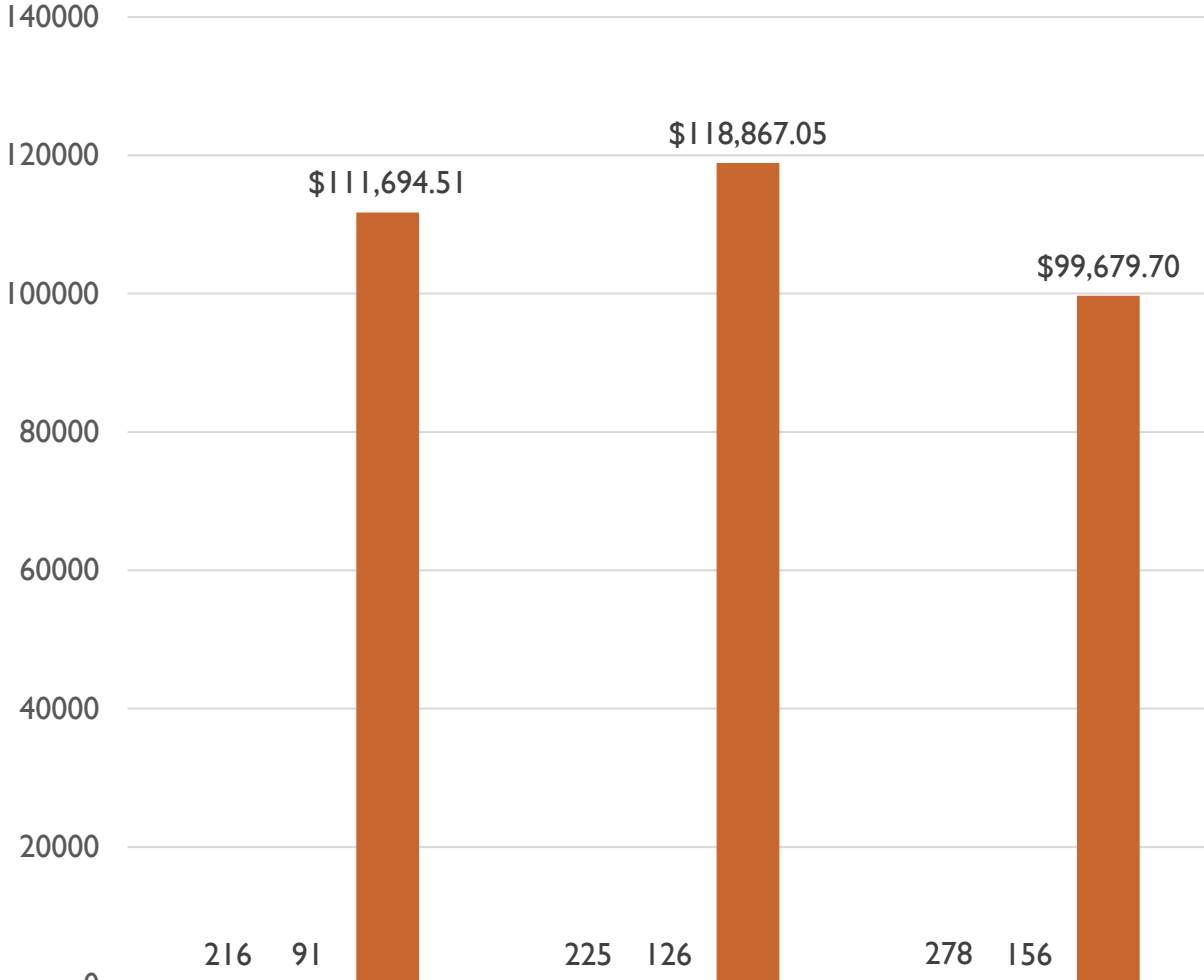
TRENDS REGARDING MEDICAL NEEDS OF INDIVIDUALS INCARCERATED IN COCHISE COUNTY

Totals for long-term hospitalizations, EMS transports, ER visits and Air Ambulance



TRENDS REGARDING
MEDICAL NEEDS OF
INDIVIDUALS
INCARCERATED IN
COCHISE COUNTY

Fiscal Impacts of Higher Acuity Patients



	2020	2021	2022 as of 8/31/2022
ADP	216	225	278
Average # of IM on meds	91	126	156
Total \$ of meds	\$111,694.51	\$118,867.05	\$99,679.70

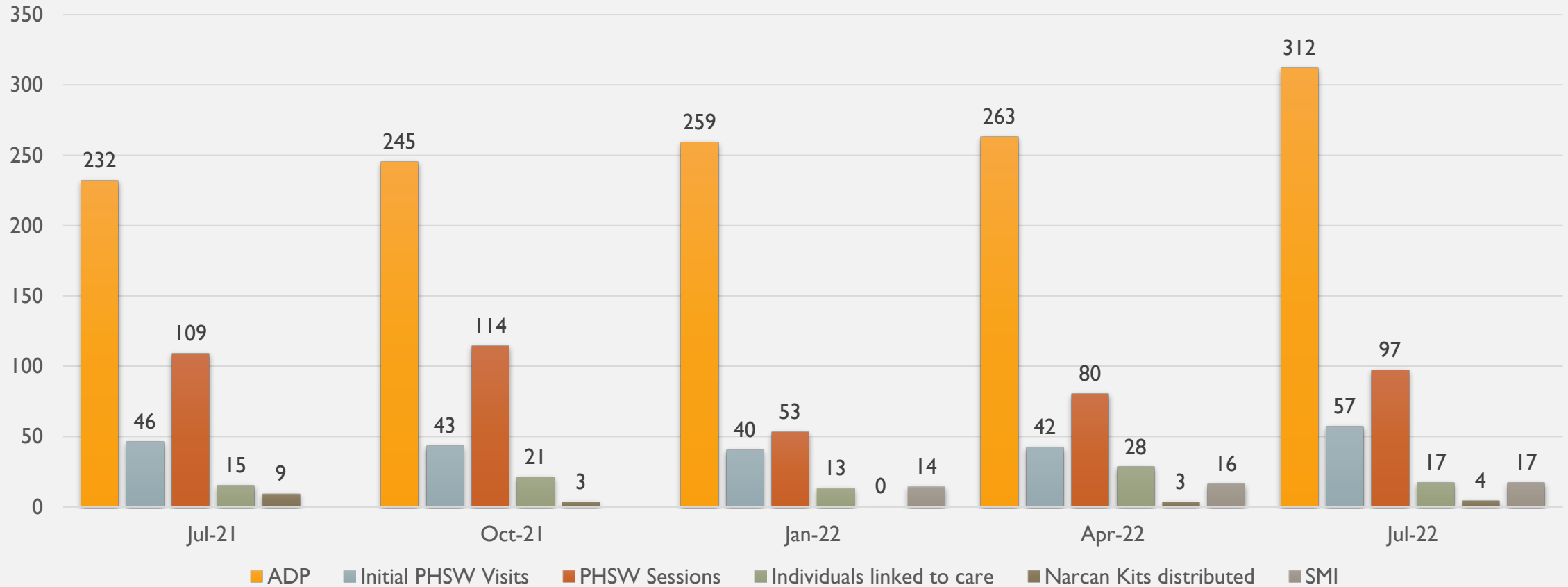
ADP Average # of IM on meds Total \$ of meds

TRENDS REGARDING
MENTAL HEALTH NEEDS
OF INCARCERATED
INDIVIDUALS IN
COCHISE COUNTY

- Substance use disorders often go hand in hand with mental health issues; with one on the rise, the other also increases
- Increase in severely mentally ill population
- Less resources available (CBI in Benson shutting down)
 - *“The Treatment Advocacy Center estimates it is 2.5 times quicker for law enforcement to transport someone to a jail compared to a medical facility. For example, there are 25 detention sites across Dallas County, Texas, but there are only 3 psychiatric diversion sites for law enforcement (Jones & Sawyer, 2019)”*
 - *Cochise County has 3 detention centers for law enforcement to book individuals and ZERO psychiatric diversion sites.*
- Community re-entry needs are immense

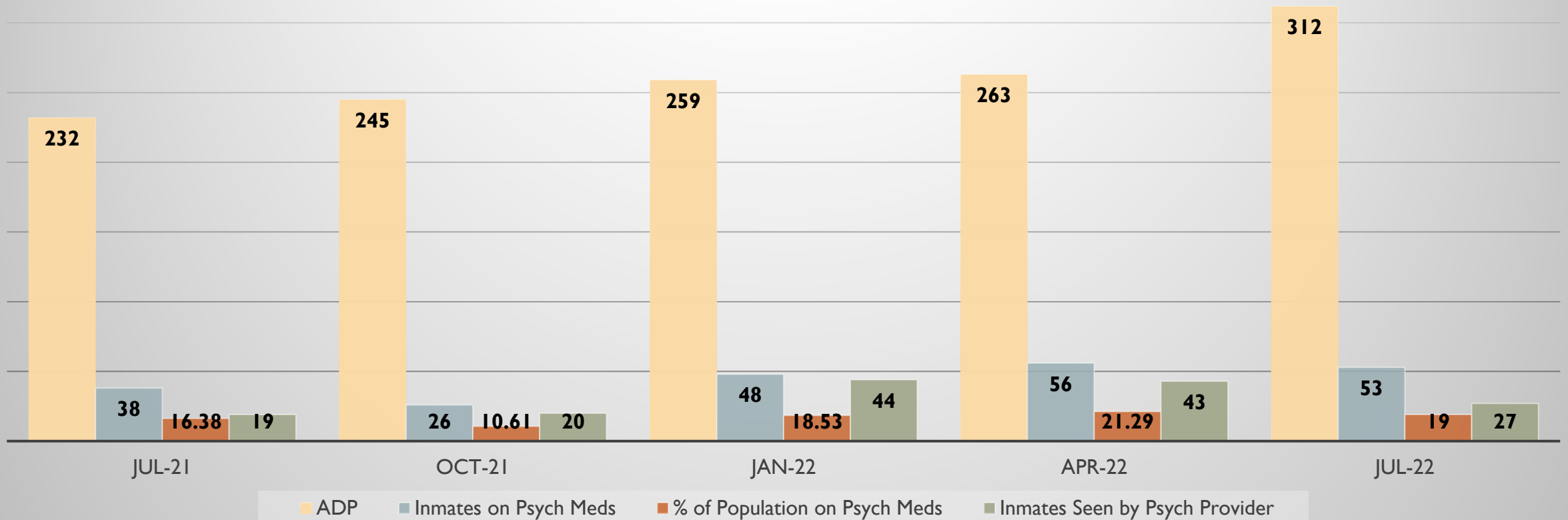
MENTAL HEALTH TRENDS IN COCHISE COUNTY

Cochise County Public Health Social Worker



MENTAL HEALTH TRENDS IN COCHISE COUNTY

Cochise County Detention Mental Health



CHALLENGES

Lack of space for medical procedures/exams

Lack of community resources & resources within the jail

Inability to capitalize on telehealth technology

Special housing units reserved for SMI patients

Privacy of care

Lack of storage space for supplies

Lack of space/housing to properly medically monitor

Inadequate space for staff to complete their daily tasks

Current Jail was not built with a Medical Clinic- Afterthought...

Inadequate space for staff to take relief breaks

Increased workload but staffing levels remain the same

Outdated equipment

Quarantine housing for COVID-19

Continuing to meet the standard of care

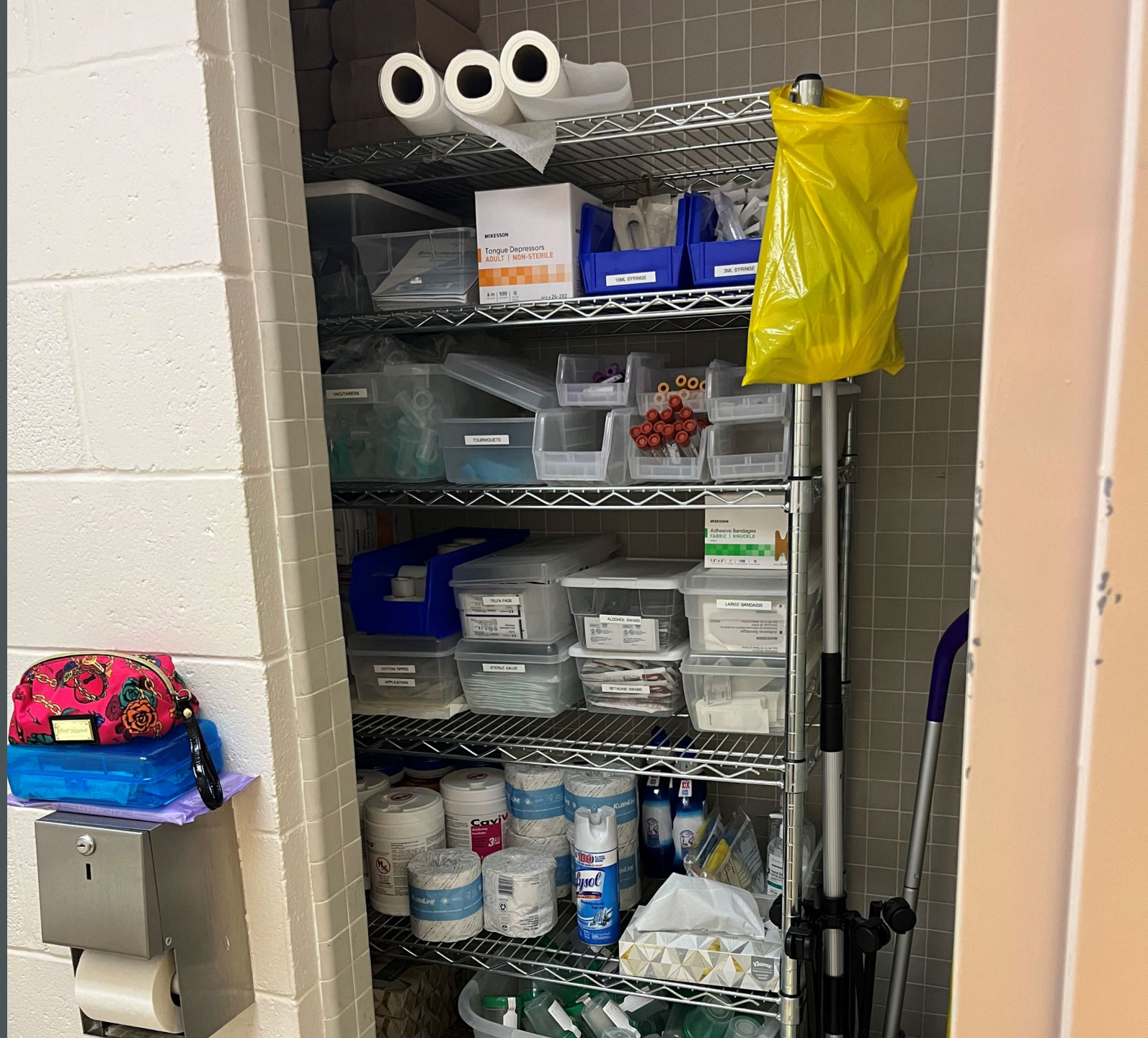
LACK OF SPACE FOR
MEDICAL
PROCEDURES/EXAMS

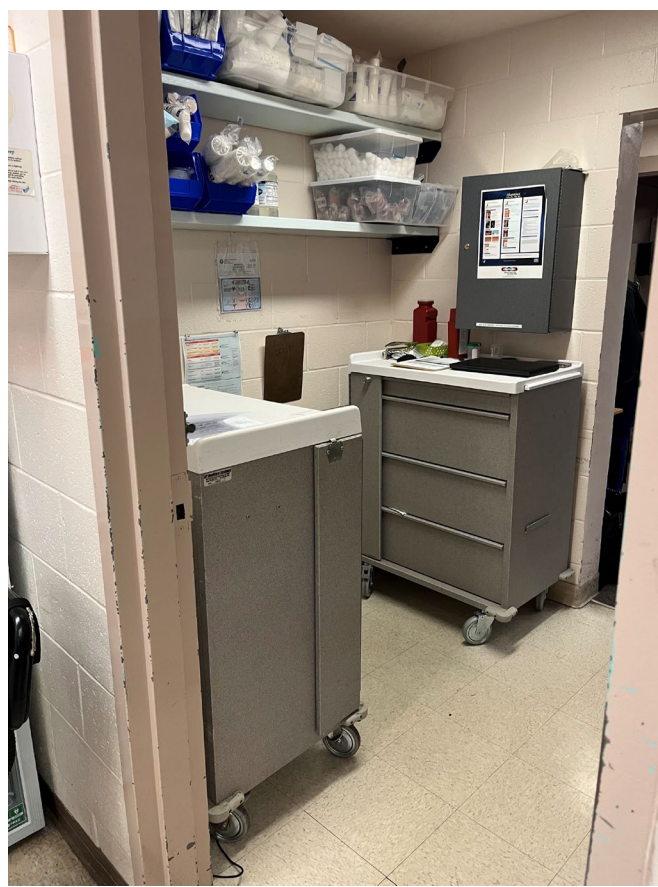


LACK OF SPACE FOR
MEDICAL
PROCEDURES/EXAMS



LACK OF STORAGE SPACE FOR SUPPLIES





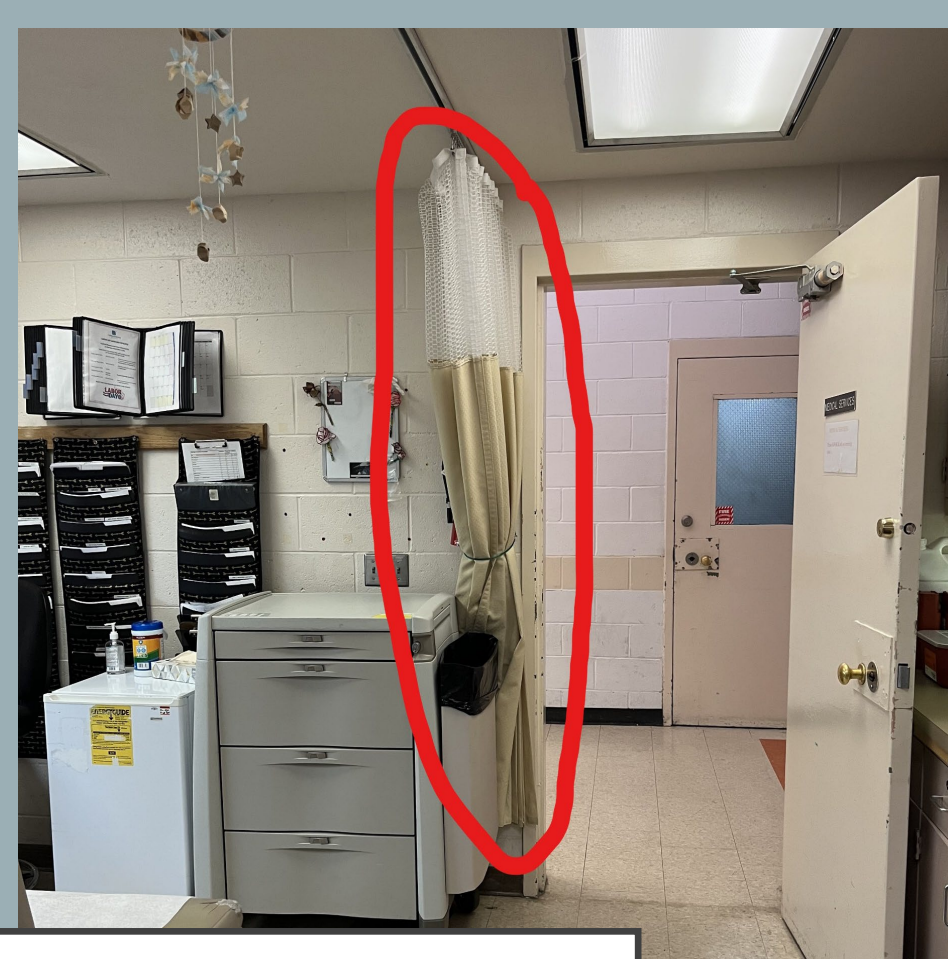
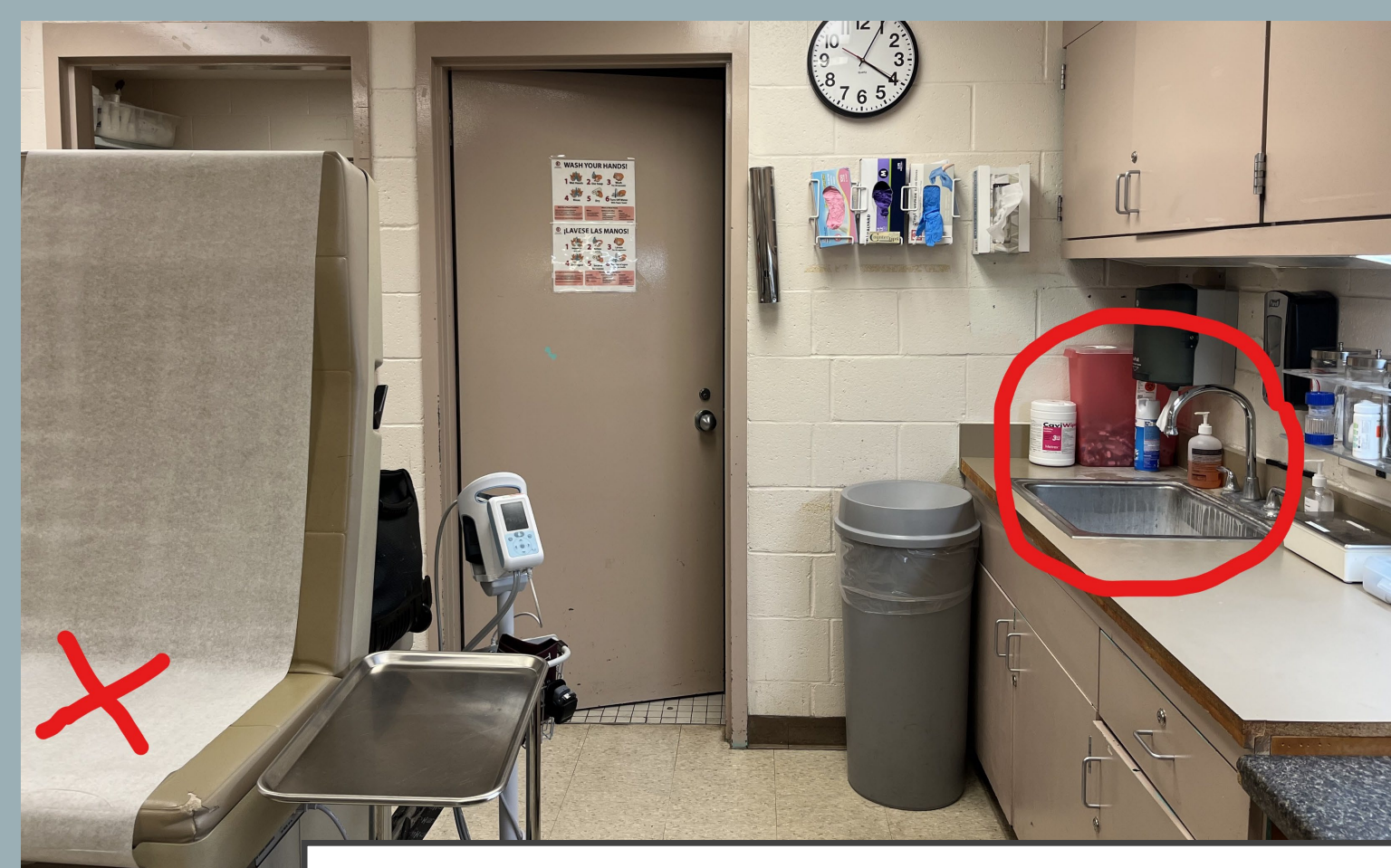
LACK OF STORAGE SPACE FOR SUPPLIES

INADEQUATE SPACE
FOR STAFF TO
COMPLETE THEIR
DAILY TASKS



CHALLENGES
REGARDING
PRIVACY OF
CARE





**NEED FOR INFRASTRUCTURE THAT
SUPPORTS PRIVACY AND QUALITY
CARE**

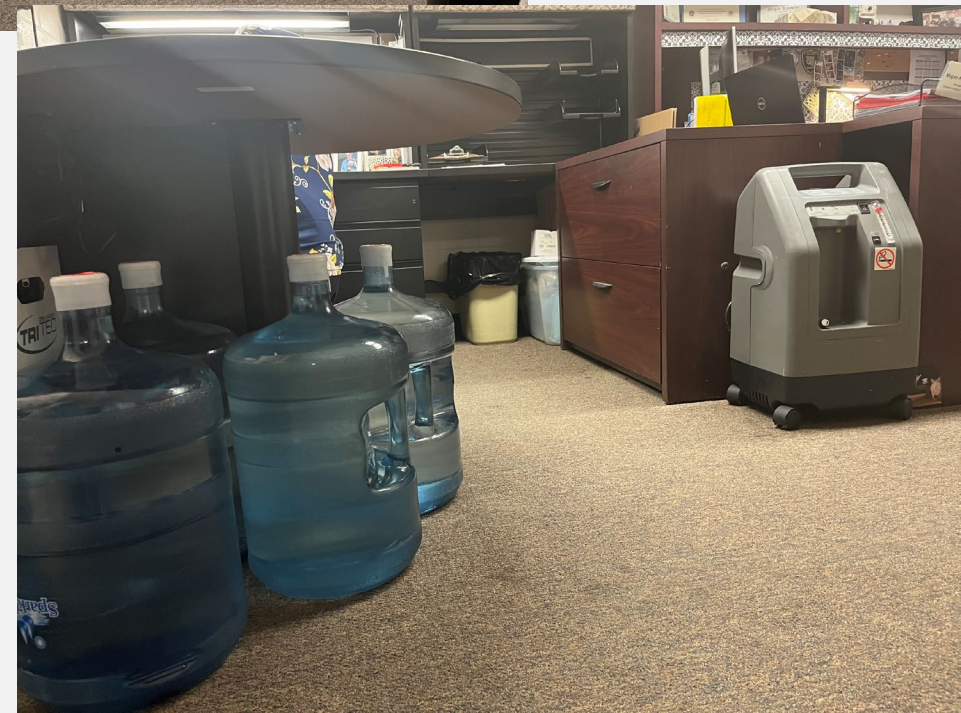
INADEQUATE
SPACE/FACILITIES
FOR STAFF TO TAKE
BREAKS/RELIEF



INADEQUATE SPACE FOR STAFF



INADEQUATE SPACE
FOR STAFF



RESULTS OF MEDICAL CARE BEING AN AFTERTHOUGHT





WHAT DOES AN ADEQUATELY SIZED
MEDICAL FACILITY LOOK LIKE

WHAT DOES AN ADEQUATELY SIZED MEDICAL FACILITY LOOK LIKE?



A FEW HELPFUL DEFINITIONS

- **Infirmatory level care:** “Patients who need infirmatory-level care are always within sight or hearing of a facility staff member, and a qualified health care professional can respond in a timely manner”
“Infirmatory-level care is provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention (NCCHC, 2018)”.
- **Negative pressure rooms:** Types of patient rooms that are designed to prevent transmission of airborne microorganisms from spreading. They are a common method of infection control used to isolate patients with contagious, airborne diseases such as measles, tuberculosis, SARS, and COVID-19. The air pressure inside the room is lower than the air pressure outside the room. The air flow inside the room is sucked out with exhaust systems containing built in filters that clean the air before it is released outside.

WHAT DOES AN ADEQUATELY SIZED DETENTION MEDICAL FACILITY LOOK LIKE?

- Exam rooms
 - A minimum of 2 for medical exams
 - A minimum of 2 for mental health evaluations
- Waiting rooms
 - A minimum of 1 for medical exams
 - A minimum of 1 for mental health evaluations
- Negative pressure rooms
 - A minimum of 2
- Nurses station
- Dictation areas
 - A minimum of 1 for medical dictation
 - A minimum of 1 for mental health dictation
 - A minimum of 1 for nursing dictation/charting
- Supply storage
 - Secure
- Biohazard storage/dirty linen storage
 - Secure
- Clean linen storage
- Med Room
 - Secure
 - A minimum of one sink
- Staff offices
 - Minimum of 6
- Staff restrooms
- Staff break room
- Staff conference room/meeting area

ADEQUATE STAFFING LEVELS

CURRENT STAFFING

0600-2000

- 4 full time (40hr/wk) RNs
- 2 part time (30hr/wk) RNs
- 1 Mental Health RN
 - Mental Health Provider (Contracted telehealth)
- 1 Administrative Coordinator
- 1 Clinical Lead RN
- 1 Public Health Social Worker
- 1 Nurse Practitioner
- 1 Medical Director
- 1 Division Director, RN

STAFF LEVELS NEEDED FOR 24/7 MEDICAL COVERAGE

- 8 full time (40hr/wk) RNs
 - OR 4 full time RNs and 4 Full time LPNs or Medics for overnight coverage
- 2 part time (30hr/wk) RNs
- 1 Mental Health RN
 - Mental Health Provider (Contracted telehealth)
- 1 Administrative Coordinator
- 1 Clinical Lead RN
- 1 Public Health Social Worker
- 1 Nurse Practitioner
- 1 Medical Director
- 1 Division Director, RN

FISCAL IMPACT OF ADEQUATE STAFFING LEVELS

CURRENT STAFFING 0600-2000

- \$990,000/yr salary and ERE

STAFFING LEVELS NEEDED FOR 24/7 MEDICAL COVERAGE

- \$1,310,00/yr salary and ERE



BED SPACE

- Maximum bed space: 303
- 9 “pods”
- 6 “special handling” cells
- 2 “max”/special monitoring “pods”
- 1 pod with 12 cells and single bunks
 - 1 pod with 12 cells and double bunks
- 3 “holding” cells

- 3 of the 9 “pods” are strictly utilized for quarantine; 1 female pod, 2 male pods
- 1 of the 9 “pods” is utilized to house juveniles
- Leaving only 5 “pods” available for housing GP individuals (approx. 180 beds)
 - With an ADP 100 over the GP bed limit..... Proper and safe housing becomes difficult.

COMMON MISCONCEPTIONS

- Most inmates are malingering in order to get out of jail
- The treatment, whether it be medical, mental health or general interactions, of the individuals incarcerated in Cochise County Detention Center, have no impact on the community and/or residents of Cochise County

REFERENCES

Arizona Department of Health Services. (2019a). Hospital compare, county profile

Cochise. <https://gis.azdhs.gov/hospitalcompare/countyview.html?geogid=04003&geogtype=county#overview>

Arizona Department of Health Services. (2019b). 2019 Opioid deaths and hospitalizations. [2019https://www.prisonpolicy.org/reports/repeatarrests.html#appendix-opioid-death-hospitalizations.pdf](https://www.prisonpolicy.org/reports/repeatarrests.html#appendix-opioid-death-hospitalizations.pdf) (azdhs.gov)

Arizona Department of Health Services. (2021). CDC Sudors summary of unintentional and undetermined intent drug overdose deaths in Arizona, 2020. [sudors-suhttps://www.prisonpolicy.org/reports/repeatarrests.html#appendixmmmary-az.pdf](https://www.prisonpolicy.org/reports/repeatarrests.html#appendixmmmary-az.pdf) (azdhs.gov)

Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M.. (2017). Drug use, dependence, and abuse among state prisoners and jail inmates, 2007 – 2009. *U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics*. [Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf](https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf) (ojp.gov)

Cochise County Health and Social Services. (2020). Overdose fatality review annual assessment, 2020. [Cochise-Overdose-Fatality-Review-Annual-Report-2020https://www.prisonpolicy.org/reports/repeatarrests.html#appendix](https://www.prisonpolicy.org/reports/repeatarrests.html#appendix) (az.gov)

Cochise County Health and Social Services. (2022). COVID-19 activity in Cochise County: MMWR week 33, 2022.

Community Health Assessment Report, Cochise County, Arizona

(2017). [https://www.cochise.az.gov/DocumentCenter/View/2255/Cochisehttps://www.prisonpolicy.org/reports/repeatarrests.html#appendix](https://www.cochise.az.gov/DocumentCenter/View/2255/Cochise)-County-CHA-Report-2017?bidId=

Jones, A., & Sawyer, W.. (2019). Arrest, release, repeat: How police and jails are misused to respond to social problems. *Prison Policy Initiative*. <https://www.prisonpolicy.org/reports/repeatarrests.html#appendix>

National Commission on Correctional Health Care. (2018). *Standards for health services in jails: 2018*.

National Institute of Jail Operations. (2015). *About NIJO*. <https://jailtraining.org/about-nijo/>

Sjolander, S.. (2021). Understanding the drug crisis in the age of fentanyl, meth, and the corona virus: An ADHS Update. *Arizona Department of Health Services*. [PowerPoint Presentation \(azdhs.gov\)](#)