## Multnomah County Correction Health Services and Expenditures

The Correction Health Division is part of the County Health Department that provides health care to adults and juvenile inmates at Multhomah County jail facilities. The medical care services include screening, diagnostic tests, pharmacy and clinic visits. The County also pays for the necessary outside appointments/treatments and hospital admissions.

**Medical Screening**. To identify potentially contagious or dangerous diseases in order to protect the safety and health of jailed inmates, the staff, and the community, the Correction Health Division conducts medical screening to everyone arrested and brought to jail. The data shown below indicate that the number of medical problems identified in the screening process increased between 2003 and 2005. Of all the screens performed, percent of positive identifications also peaked in 2005 (68.1%). However, the number and percent of positive screens leveled off in 2006.



Mental health illness or Psych Alerts accounted for about 20% of all positive medical screens over the past three years, as indicated by the following chart (data issue could be one of contributors to the extremely low volume reported in 2003).



Other major medical conditions identified through the screening process include HIV positive, Seizure, Cardio, Diabetes, Dental, pregnancy, and etc. The data in the following chart indicate that the number of diabetes and Seizure has gone up since 2004. The number of HIV positive and Cardio cases remains steady. A new medical problem—

Methamphetamine abuse— was added to the screening list in 2006. It reported 761 meth positive screens in the first year of tracking, in addition to 3,146 other drug abuse cases.



In-house Medical Services. It is difficult to determine the real changes of inmate medical needs over the years due to lack of data or inconsistent data in certain service areas. Budget cuts, staff capacities, and policy/procedure changes could have impact on type and amount of services provided and how the services data were collected. Nevertheless, the available data suggest that there has been no drop in number of booking and custodies, as well as number of admissions to the medical and mental health infirmaries over the past six years. Medical infirmary admissions and total patient days fluctuate year to year but it has showed a slightly upward trend since 2001 (see the Table below).

	Medical Infirmary		Mental Health Infirmary	
Year	admission	patient day	admission	patient day
2001	863	6891	226	3536
2002	1014	7439	275	3405
2003	1021	7011	375	3862
2004	1196	7763	385	3836
2005	1256	7784	312	3570
2006	1071	7897	345	3782

The volume of medical request forms received from the inmates is another indication of inmate medical needs. It has been shown an upward trend since 2002. Every medical request has to be reviewed and treatment would be provided accordingly.



However, clinic visits data paint a slightly different picture. The total number of provider visits (MD, NP) dropped 22% in between 2005 and 2006. Correction Health also reported a significant decrease in number of TB or lab tests performed in 2006. According to the Correction Health, the reduction of clinic visits and lab services reflects FY2006 cuts in provider capacity and program redesign. To reduce unnecessarily lab work, the new procedures make sure every inmate will get screened but only high-risk inmates are identified for testing.

Clinic Visits at County Correction Facilities (Yr 2004-06)						
Type of Visit	2004	2005	2006	Change from 2005 to 2006		
Clinic Visits (providers)	8475	9774	7611	-2163		
Dental Visits	1946	2285	2278	-7		
Mental Health Visit*	N/A	2426	2526	100		
<b>OB/GYN</b> Visits	249	252	244	-8		
Ortho Visits	316	267	204	-63		

\*Mental Health visits were not well documented in 2004.

Ambulance Transports & Hospital Admissions. Contrary to the decreasing number of in-house clinic visits in 2006, the number of outside treatments and hospital admissions has been stable, even increased between 2005 and 2006. As indicated by the following charts, outside appointments or medical transports had a large reduction from 2001 to 2002. The number has been steady since then.



Ambulance transports and hospital admissions fell from its high in 2001 but increased substantially between 2005 and 2006. The number of admissions to Portland Adventist Hospital and OHSU jumped from 74 in 2005 to 108 in 2006.



Correction Health is required to provide an appropriate level of care and pay for inmate's hospitalization or outside medical treatment during the time of incarceration. However, heavy utilization of hospital services is expensive. The cost of professional medical services is growing due to increased number of hospital admissions and patient bed days.

Actual Correction Health Spending. Correction Health spent \$11.6 million in FY04, the lowest expenditure over the past 6 years. Actual expenditures increased since FY04 although with budget cuts. A sharp increase in amount spent on professional services was observed in FY06. Professional or contracted medical services as percent of total correction health spending went up from 11.9% in FY01 to 15.9% in FY06. Interestingly, percent of funds spent on drug and medical supplies has been relatively stable since FY01.



It was noted that the per jail bed spending went up since 2004, dividing the inflation adjusted actual spending by the average number of jail beds (adjusted by Portland-Salem area CPI).



**Discussion.** It appears that the demand for medical care and severity of medical need among housed inmates has been growing recently. Correction Health is challenged to serve a population that is increasingly older and more ill. Recent statistics show the percentage of County inmates who were over 50 years old has gone up from 4.7 in FY02 to 7.1 in FY06.

The rising cost of contracted or professional services was one of the big contributors to the overall correction health cost increase. Medical care inflation has well outpaced all goods inflation. According to CPI data from the Bureau of Labor Statistics, the CPI for medical care services increased by 25.8% between 2001 and 2006 nationwide, while the CPI for all goods and services increased by 13.8% in the same period.

Facing an increasing demand for services and rising costs, Correction Health must find ways to increase operational efficacy as well as manage the County's financial risk. Further discussions on questions such as how to mitigate increasing professional service charges and how to balance public safety concern with cost containment are needed.