OKLAHOMA COUNTY DETENTION CENTER

MEDICAL & MENTAL HEALTH PROGRAM DRAFT TRANSITION PLAN

The Oklahoma County Detention Center (OCDC) is undertaking a significant initiative to transition its medical and mental health services in-house. This strategic move is detailed comprehensively in the provided document, which lays out a methodical plan aimed at enhancing control, improving the quality of care, and optimizing cost-efficiency while adhering strictly to legal and regulatory frameworks.

The plan is not only ambitious in its scope but also critical in aligning the detention center's operations with national healthcare standards and institutional values.

This transition is envisaged to revolutionize the way healthcare services are delivered within the facility, ensuring a seamless integration of services and staff, rigorous compliance with legal mandates, and a robust framework for continuous quality improvement.

Document Summary

1. **Introduction**: The document outlines the Oklahoma County Detention Center's (OCDC) plan to transition medical and mental health services in-house, emphasizing better control, quality, and cost efficiency while maintaining compliance with legal standards.
2. **Importance of the Transition**: It highlights the benefits such as improved quality control, cost efficiency, and better alignment with institutional values. The transition aims to enhance oversight and meet national healthcare standards.

3. **Scope of the Plan**: A comprehensive framework covering transition timelines, staffing plans, operational adjustments, compliance requirements, technology integration, and financial planning.
4. **Objectives**: To develop a sustainable, high-quality healthcare system that meets legal and accreditation standards, focusing on continuity of care, cost management, integration of existing staff, legal compliance, and improving healthcare outcomes.
5. **Immediate Transition Strategy**: Initiating the transition involves forming a team, assessing current healthcare services, and retaining existing staff. This phase is critical for the seamless integration of services and staff.
6. **Staffing**: Details on maintaining current vendor staff levels, addressing additional staffing needs, and integration strategies for new and transitioning staff. It includes specific roles, required qualifications, and strategies for staff retention and onboarding.
7. **Needs Assessment for Additional Staff**: Evaluating the need for additional or specialized staff based on operational efficiency and healthcare demands.
8. **Immediate Risk Assessment**: Identifying potential risks in healthcare infrastructure and staff readiness to ensure a smooth transition without service disruption.
9. **Assessment of Current Services and Needs**: Reviewing existing healthcare services to align resources and staffing with the transition goals.
10. **Budget and Funding**: Establishing a budget for the transition, focusing on cost analysis, securing additional funding, and managing costs effectively.
11. **Electronic Health Records & Data Management**: Choosing and implementing an electronic medical records system to streamline healthcare data management and ensure continuity of care.
12. **Policy and Procedure Development**: Developing policies that comply with best practices and legal requirements, focusing on various aspects of healthcare management, resident treatment, and staff training.
13. **Compliance and Legal Requirements**: Ensuring adherence to federal and state regulations, with specific attention to the legal mandates affecting correctional healthcare.
14. **Continuous Quality Improvement (CQI) & Quality Assurance Plan**: Setting up a system for ongoing monitoring and improvement of healthcare services, including performance metrics and benchmarks for success.

This document is a draft version and likely subject to further revisions as the transition progresses.

Oklahoma County Detention Center (OCDC) DRAFT Transition Plan for In-House Health Services

1.0 Introduction

The Oklahoma County Detention Center (OCDC) is embarking on a major transition to bring medical and mental health services in-house. This strategic move will enable OCDC to maintain full control over healthcare service quality, compliance with legal standards, and operational efficiency. The transition comes at a critical time, where correctional facilities across the country are facing challenges in maintaining cost-effective, quality healthcare that meets both the physical and mental health needs of residents. With the majority of Turn Key Health Clinic's current staff indicating they are staying on board, the transition offers a unique opportunity for OCDC to seamlessly integrate an in-house healthcare system while preserving continuity of care for the facility's approximate 1,550 residents.

The current partnership with Turn Key Health Clinics has served its purpose, but the in-house approach will allow for greater control over clinical operations, budget management, and policy-making. The goal of this transition is to implement a healthcare system that is sustainable, aligned with national standards, and capable of providing quality care in compliance with federal and state regulations.

In this document, we will outline the strategic approach for the transition, covering immediate, short-term, and long-term objectives. Each phase of the transition will address staffing, continuity of care, legal and regulatory compliance, policy development, quality assurance, financial oversight, and benchmarks for success. Given that most vendor staff are planning to stay with OCDC during and after the transition, this continuity will greatly facilitate a smooth handover of responsibilities and ensure the uninterrupted provision of healthcare services.

1.1 Importance of the Transition

Correctional healthcare is a unique field where legal mandates, resident rights, and institutional goals intersect. This transition to in-house healthcare will allow OCDC to have greater oversight and ensure compliance with the Eighth Amendment's prohibition of cruel and unusual punishment, which has been interpreted by courts to include inadequate healthcare services. The move will also allow OCDC to better meet the standards set by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA), both of which provide accreditation that assures compliance with national standards of care.

Bringing healthcare services in-house will provide OCDC with several key advantages:

- **Improved Quality Control**: By directly managing the medical staff, OCDC can ensure that care protocols are followed consistently, quality standards are met, and deficiencies are addressed immediately.
- **Cost Efficiency**: Over time, OCDC will gain control over budgeting and procurement, which will allow for more targeted spending, reducing reliance on external vendors with fluctuating costs.
- **Alignment with Institutional Values**: OCDC can embed its core values—professionalism, respect, accountability, integrity, service, and empowerment—into the healthcare system, ensuring that both staff and residents receive services grounded in dignity and respect.
- **Flexibility in Resource Allocation**: An in-house system allows for better management of resources, particularly in areas where healthcare needs fluctuate, such as mental health crises, communicable disease outbreaks, and emergency medical interventions.

1.2 Scope of the Plan

This transition plan is a comprehensive document that covers all facets of the move from a vendor-managed system to an in-house healthcare system. While still in development, this plan aims to include the following key components:

1. **Transition Timeline:** The timeframe for transitioning from the vendor to in-house services, including immediate, short-term, and long-term milestones.
2. **Staffing Plan:** How OCDC will integrate existing staff and hire new personnel to meet healthcare demands. This will include onboarding, training, and retaining existing staff.
3. **Operational Adjustments:** Changes to how healthcare will be administered, including new protocols, systems, and reporting structures.
4. **Compliance and Legal Requirements:** Ensuring that the transition meets all state and federal regulations and, when possible, accreditation standards.
5. **Technology and Data Management:** Integration of health records and IT systems, ensuring compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant standards.
6. **Financial Plan:** Budgeting and cost management for staff salaries, equipment, and supplies, as well as cost-saving strategies for long-term sustainability.

7. **Quality Assurance:** Methods for ensuring high-quality healthcare delivery, including continuous quality improvement (CQI) initiatives and metrics to measure success.

2.0 Objective

The primary objective of this transition is to develop an in-house medical and mental healthcare system at OCDC that will provide high-quality, cost-effective services to the resident population. This objective includes meeting all state and federal legal requirements, maintaining accreditation standards, and ensuring that healthcare delivery aligns with best practices for correctional healthcare. The transition will allow OCDC to take a more hands-on approach to healthcare management, thereby increasing oversight, transparency, and accountability.

Specific goals include:

1) **Maintaining Continuity of Care**: Ensure that there are no gaps in medical or mental healthcare services during the transition period.

    a) Maintaining continuity of care during the transition is paramount. As the current vendor's staff will largely remain with OCDC, the likelihood of care disruptions is minimized. However, there must be structured efforts to ensure that the transition does not negatively impact residents currently receiving care for chronic conditions, mental health services, or those on long-term treatment plans.

2) **Cost Management**: Implement a financially sustainable model that enables cost-effective healthcare while meeting the facility's needs.

    a) OCDC must establish a budget that supports a sustainable healthcare system. This involves controlling the costs associated with medical supplies, pharmaceuticals, and staff salaries while ensuring that quality is not compromised. Effective cost management strategies must be implemented to ensure that OCDC remains financially efficient while providing necessary care.

3) **Integration of Existing Staff**: Utilize the existing vendor staff who plan to stay on board to ensure that institutional knowledge is retained and operational knowledge is transferred smoothly.

    a) As most of the vendor staff are expected to transition to OCDC employment, it is critical that their integration be smooth and well-structured. OCDC will leverage their institutional knowledge and expertise to ensure continuity of care. Staff retention will be supported by already existing longevity pay, potential retention

bonuses, professional development opportunities, and a clearly defined role within the new organizational structure.

4) **Legal Compliance and Accreditation**: Meet all local, state, and federal requirements, and work toward accreditation by the National Commission on Correctional Health Care (NCCHC) or American Correctional Association (ACA).

   a) Compliance with state and federal regulations is non-negotiable. OCDC's in-house healthcare system must meet all statutory requirements, Oklahoma State Jail Standards, the Americans with Disabilities Act (ADA), and when possible, the NCCHC or ACA accreditation standards. Legal counsel will be heavily involved in ensuring that all healthcare operations are compliant with these laws.

5) **Improvement of Healthcare Outcomes**: Establish performance metrics and a continuous quality improvement (CQI) process to monitor and improve healthcare outcomes for residents.

   a) Healthcare outcomes must be a key focus area. OCDC will establish key performance indicators (KPIs) to measure the success of the in-house system. These KPIs will track metrics such as mortality rates, chronic disease management, mental health interventions, substance abuse treatment outcomes, and resident grievances related to healthcare. Continuous quality improvement processes will be essential to monitor and adjust care delivery practices over time.

The overarching vision is to create a robust healthcare infrastructure within the detention center that prioritizes both physical and mental health while maintaining operational efficiency and ensuring compliance with all applicable standards.

3.0 Immediate Transition Strategy

The immediate transition phase will involve the rapid formation of a transition team, the assessment of the current state of healthcare services, and the retention of existing staff. Key activities will include formalizing leadership, onboarding vendor staff, conducting a risk assessment, and preparing for the operational shift from vendor-led to OCDC-led care.

3.1 Formation of a Transition Team

A specialized transition team will lead the move to in-house services, ensuring that all operational, legal, and clinical elements are addressed in a cohesive manner. This team will consist of internal and external stakeholders responsible for specific domains such as HR, legal compliance, clinical operations, IT, and finance.

3.1.1 Project Leadership

The formation of a transition team will be critical to the success of this endeavor. Leadership will be divided between internal and external stakeholders, each responsible for key aspects of the transition. The OCDC transition team will be composed of the following roles:

- **Project Leader**: The Project Leader will have overall responsibility for the transition, overseeing its coordination and execution. Consider hiring an individual with extensive experience in healthcare management, particularly within a correctional setting. Their duties will include developing the overall timeline, coordinating with HR and legal departments, and ensuring that all components of the plan are being implemented on schedule. The Project Leader will report directly to OCDC leadership, offering progress reports and raising any issues that could hinder the transition.
    - The Project Leader will be supported by an executive committee that includes:
        - **Medical Director:** Responsible for overseeing clinical aspects of care, developing treatment protocols, and ensuring that care is provided according to legal and ethical standards.
        - **Mental Health Coordinator:** Oversees mental health services, focusing on continuity of care for residents with psychiatric conditions, substance abuse disorders, and those requiring crisis interventions.
        - **Director of Nursing:** Manages nursing staff, including scheduling, clinical duties, and adherence to patient care standards.
        - **Legal Advisor:** Ensures compliance with legal standards, including HIPAA, PLRA, ADA, and other relevant laws.
        - **HR Representative:** Manages the rehiring of vendor staff, coordinates new hires, and oversees staff training.
        - **Finance Officer:** Develops and manages the budget for the in-house healthcare system.
    - Each of these leaders will report directly to the Project Leader and will be responsible for their respective departments. Weekly meetings will be held to monitor progress, troubleshoot any issues that arise, and make adjustments as needed.

3.1.2 Internal Stakeholders

Key internal stakeholders will include the Human Resources (HR) department, legal counsel, OCDC senior leadership, Finance, IT, current medical leadership, and representatives from each unit that interfaces with healthcare operations, such as security, education, and resident programming. These teams will collaborate to ensure that all the necessary policies, staffing, and operational needs are addressed efficiently. Each department will have specific roles in this transition:

- **HR**: HR will be responsible for ensuring that all vendor staff are successfully transitioned to OCDC employment. This includes processing employment paperwork, conducting orientation and training, and managing employee benefits and retention strategies.
- **Legal Counsel**: Ensure compliance with local, state, and federal healthcare regulations.
- **Finance**: The finance team will oversee the financial aspects of the transition, ensuring that all costs associated with medical supplies, equipment, and staff are budgeted and managed effectively.
- **IT Department**: IT will ensure that the necessary electronic health records (EHR) systems are in place and that all data transfers from the vendor's system are completed securely. IT will manage the integration of the EHR system with OCDC's broader data management platforms. They are also responsible for setup of new staff members on the OCDC network, providing
- **OCDC Operations Leadership**: Collaboration between healthcare and security staff is essential. Security staff must be trained on the role they will play in ensuring that residents receive timely and safe access to healthcare services, particularly during emergencies or lockdowns.

3.1.3 External Stakeholders

External stakeholders will be engaged to provide expertise in healthcare, legal, and operational matters. May include NCCHC and ACA representatives for guidance on meeting correctional healthcare best practices as quickly as possible. These may include:

- **Establish Medical Advisory Board:** Engage various medical experts in the community within specific disciplines forming the OCDC Medical Transition Advisory Board. This board will assist with providing guidance and direction on local medical and mental health standards of care and work in

conjunction with correctional health and mental health experts to establish best practices within the ability of OCDC's physical plant capabilities. Disciplines or expertise may include:

- **Hospital Standards**
- **Public Health**
- **Mental Health**
- **Substance Use Disorder**
- **Medicaid**

- **Local Hospitals**: May also engage consultants from local hospitals or health service entities, such as the University of Oklahoma Health Sciences Center (OUHSC), SSM Health, City-County Health Department, OIPA, Variety Care or Chairman-selected consultant to provide guidance on best practices in healthcare.
- **Correctional Healthcare Consultants**: OCDC may engage correctional healthcare consultants to advise on best practices and ways to optimize service delivery. These consultants will also provide third-party oversight to ensure that the transition is being handled efficiently and in line with national standards. External healthcare consultants with experience in correctional healthcare may be sought to offer expert guidance in areas such as accreditation, policy development, and compliance. NCCHC offers this service and it may be worth exploring this option.
- **Accreditation Bodies**: Achieving and maintaining NCCHC and ACA accreditation will require regular communication with these bodies, and it is best to begin this process during transition. The transition team should consult with the accrediting agencies to ensure that all necessary steps are taken to develop an in-house program that will set OCDC up for success in pursuit of compliance with best practice and accreditation standards.

4.0 Staffing

4.1 Staffing Levels and Positions

The existing vendor staff will form the foundation of the new in-house healthcare team, but OCDC must also assess whether additional staffing is required to meet the facility's

medical and mental health needs. The first step in this process is conducting a thorough staffing assessment, including job functions, clinical needs, and operational efficiency.

Current Vendor Staff Positions

1. **Medical Director**:
    - Appoint an experienced physician or hire one immediately. This person will lead the program.
    - Qualifications: Board-certified in family medicine, internal medicine, or emergency medicine, with correctional healthcare experience.
2. **Mental Health Director**:
    - Hire a licensed psychologist or psychiatrist (preferred) to oversee mental health services.
    - Qualifications: Licensed psychologist, psychiatrist, or psychiatric nurse practitioner with experience in correctional or community mental health.
3. **Nursing Staff**:
    - **Nurse Practitioners (NPs)**: Primary care providers, can handle both acute and chronic conditions.
    - **Director of Nursing (DON):** Coordination and scheduling of nursing staff.
    - **Registered Nurses (RNs)**: Manage day-to-day care, medication distribution, and coordination.
    - **Licensed Practical Nurses (LPNs)**: Assist with patient care, intake screening, and vital checks.
    - **Certified Medical Assistant (CMAs)**: Medication pass, vitals
    - **Emergency Medical Technician (EMTs)**: Intake pre-screen (urinalysis, etc), vitals, assist with emergent calls
4. **Mental Health Providers**:
    - **Psychiatric Nurse Practitioners**: To manage mental health medications.
    - **Licensed Clinical Social Workers (LCSWs)**: For therapy, crisis intervention, and alternative-to-incarceration programs.

- **Mental Health Technicians / Counselors**: Provide support for daily monitoring and crisis intervention.

5. **Additional Staff:**
6. **Dental:** Hire or contract part-time dentists and optometrists for routine care. (current dentist and assistant on board - part time employees)
7. **Vision:** NEED MOBILE OPTOMETRIST – not currently offered
8. **OBGYN:** Current doctor on board – contracted

Current Vendor Staffing for 1600 Residents (approximate)

- **Medical Director**: 1
- **Mental Health Director**: 1
- **Health Services Administrator**: 1
- **Nurse Practitioners**: 1
- **Director of Nursing (DON)**: 1
- **Psychiatric Nurse Practitioners**: 2
- **Registered Nurses (RNs)**: 7 (2 on site / 24/7 – 1 in booking, 1 clinic)
- **Licensed Practical Nurses (LPNs)**: 15 (booking, med obs, wound care, labs, detox) (24/7)
- **Continuous Quality Improvement LPN**: 1 (M-F)
- **Utilization Manager RN**: (offsite medical – M-F) 1
- **Administrative Assistant**: 1
- **Medical Records**: 2.
- **Emergency Medical Technicians (EMTs)**: 2 (replace with LPN if phased out)
- **Certified Medical Assistants (CMAs)**: 13 (AM / PM – 7 days a week)
- **Licensed Clinical Social Workers (LCSWs)**: 4 (7 days/week)
- **Mental Health Technicians**: 4 (24/7)
- **Pharmacists**: Outsourced – OCDC is not designed to establish on-site pharmacy
- **Dental & Vision**: Dentist Part-Time / Vision Outsourced (mobile)

- **Radiology**: Outsourced

4.1.1 Vendor Staff Retention Strategy

With the majority of the vendor staff planning to stay on board, OCDC has a solid foundation of experienced professionals. However, to ensure long-term success, a formal strategy must be developed to support vendor staff as they transition into OCDC employees.

4.1.2 Retention Incentives

To incentivize vendor staff to stay with OCDC, a number of retention strategies will need to be developed. Ideas to be explored include:

- **Retention Bonuses or Longevity Pay:** A structured retention bonus system, with staff receiving bonuses for staying with OCDC for specified timeframes (e.g., six months, one year). Longevity pay already exists within the OCDC pay structure, however, consideration should be given to the number of vendor staff who have worked in the facility for a given length of time for potential eligibility.
- **Professional Development Opportunities:** Staff access to professional development opportunities, including tuition reimbursement for those pursuing advanced degrees or certifications, as well as funding for attending healthcare conferences and training programs.
- **Career Progression Plans:** For staff looking to advance in their careers, OCDC should develop career progression plans that provide a clear path for promotion within the healthcare system. This can help with long-term retention by offering staff a sense of career growth within the institution.

4.1.3 Staff Transition Support: Some vendor employees may need support transitioning into their new roles, especially if their job descriptions are modified to align with OCDC's goals.

- **Workshops**: Offer transition workshops focusing on OCDC policies, procedures, and expectations.
- **Counseling Services**: Provide access to employee assistance programs (EAPs) or counseling services to help staff adjust to the new organizational structure.

4.1.4 Succession Planning: Develop a succession plan for key leadership positions within the healthcare team. Ensuring that critical roles such as medical director,

mental health coordinator, and director of nursing have clear succession plans will help maintain stability within the department.

4.1.5 Staff Onboarding

A major priority will be ensuring that the existing vendor staff transition seamlessly into OCDC employment. Since most of the current vendor's medical and mental health professionals plan to stay on board, the onboarding process can be expedited. Vendor staff transitioning to OCDC employment will undergo a structured onboarding process that includes training on OCDC policies, procedures, and expectations. Special emphasis will be placed on ensuring that staff understand any changes to their roles and how their work aligns with OCDC's broader mission and values. The staff will need to undergo the following processes:

1. **Rehiring and Employment Paperwork:** HR will coordinate the rehiring process for vendor staff. This will include finalizing new employment paperwork and benefits, presenting relevant information for processing background checks by Office of Professional Standards, and reviewing licensing and certifications. HR will also ensure that the staff is familiarized with county handbook policies and procedures, especially those related to healthcare.
2. **Roles and Responsibilities Review:** Each role will be evaluated to ensure that it aligns with the goals of the new in-house healthcare system. Job descriptions may be modified to meet the facility's specific needs, particularly in areas where compliance with State of Oklahoma jail or national standards is required. In instances where job descriptions have changed, OCDC will provide role clarification to ensure that staff fully understand their duties, reporting structures, and performance expectations.
3. **Staff Orientation:** A comprehensive orientation will be provided to all healthcare staff. The orientation will cover OCDC's policies, healthcare protocols, safety and security procedures, resident interaction guidelines, and the facility's mission and values. The goal of this orientation is to align the healthcare staff with the detention center's core values and to promote a unified approach to resident healthcare.

4.1.6 Team-Building Initiatives

OCDC recognizes that team cohesion is essential for a smooth transition and effective service delivery. As such, team-building activities should be incorporated into the onboarding process to foster a positive work environment and help vendor staff integrate into the OCDC healthcare team. Below are team-building opportunities that should be

explored – and if they cannot be incorporated into onboarding, such initiatives should occur as soon as possible after transition.

- **Team Retreats**: Organize healthcare / operations team retreats where staff can participate in team-building exercises, open discussions about their new roles, and interactive problem-solving scenarios.
- **Mentorship Programs**: Pair new or transitioning staff members with mentors from within the team to provide additional support, guidance, and to help them acclimate to the OCDC culture.

4.2 Needs Assessment for Additional Staff

After evaluating the vendor staff's capacity to meet the facility's medical and mental health needs, OCDC will need to assess whether additional hires are required.

1. **Specialized Roles**: Some positions may need to be created or expanded to ensure comprehensive care, particularly in specialized areas such as mental health and substance abuse treatment. For example:
    - **Psychiatrists**: OCDC may require additional psychiatrists to meet the growing need for mental health services, especially in cases where residents have severe mental illnesses.
    - **Substance Abuse Counselors**: With the opioid crisis affecting resident populations nationwide, OCDC may need to hire substance abuse counselors to develop addiction treatment programs.
    - **Dental and Vision Staff**: Dental and vision care are often neglected in correctional settings, but these services are critical for resident health. Vision health, in particular, is not currently offered by OCDC or the current vendor. OCDC may need to expand its offering to include a mobile optometrist via a contract to ensure that all residents have access to necessary vision care. Dental care is currently provided by a dentist and dental assistant, who have indicated a willingness to transition to part-time employment with OCDC.
2. **Nurse Staffing Levels**: Nursing will be the backbone of the in-house healthcare system, providing frontline care in the form of triage, medication management, and chronic care services.
    - **Nurse-Patient Ratios**: Identify industry best practices recommended nurse-patient ratio in a correctional setting. OCDC must assess whether its current

nurse staffing levels meet this standard and make additional hires if necessary.

3. **Mental Health Staffing**: In light of the high prevalence of mental health disorders within correctional populations, OCDC will need to prioritize mental health staffing.
    - **Licensed Clinical Social Workers (LCSWs)**: LCSWs can provide critical mental health services, including crisis intervention, counseling, and discharge planning.
    - **Psychiatric Nurses**: Psychiatric nurses play a vital role in managing residents with severe mental health conditions, ensuring that they receive the medications and treatments they need.
    - **Mental Health Technicians / Counselors**: Evaluate current staffing level to determine if additional staff are necessary to provide support for daily monitoring and crisis intervention.

4.2.1 Recruitment and Hiring Process

To ensure a smooth transition and avoid service gaps, OCDC will implement an aggressive recruitment strategy for any new positions that need to be filled. This strategy will include:

1. **Job Postings and Marketing**: Develop comprehensive job postings that highlight OCDC's commitment to quality healthcare and career development. Post these positions on major job boards, as well as through the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and other relevant professional organizations, if available.
2. **Partnerships with Educational Institutions**: Partner with local nursing schools, medical schools, and mental health programs to establish a pipeline of qualified candidates. Offer internships, fellowships, and clinical rotations to attract young professionals into correctional healthcare.
3. **Expedited Hiring Process**: Streamline the hiring process to minimize delays and ensure that all critical positions are filled before the transition is complete. HR will work closely with department heads to conduct interviews, review qualifications, and make timely offers.
4. **Orientation and Training**: New hires will undergo the same orientation process as transitioning vendor staff. This will ensure that they understand OCDC's policies, values, and expectations and meet Oklahoma Jail Standards requirement for training hours.

4.3 Immediate Risk Assessment

Before the transition is fully underway, OCDC, along with consultants, and members of the OCCJA trust will conduct a detailed risk assessment to identify any potential issues that may arise during the shift to in-house care. This will include assessing the readiness of healthcare infrastructure, evaluating staff capacities, and identifying any clinical areas where additional support or resources may be needed.

4.3.1 Healthcare Infrastructure Assessment

OCDC will need to evaluate its healthcare infrastructure to determine whether it can support the increased demands that will accompany in-house service delivery. This includes assessing:

1. **Medical Facilities:** Ensure that the current medical facilities are equipped with the necessary equipment, space, and amenities to handle resident care without disruption.
2. **Supplies and Equipment:** Ensure that medical supplies and equipment are adequately stocked and that procurement processes are in place to prevent shortages.
3. **Pharmaceuticals:** Evaluate pharmaceutical supplies and ensure that OCDC has the capacity to store, dispense, and manage medications securely and in compliance with regulatory standards.
4. **IT Systems:** Assess the capacity of IT systems to support an in-house healthcare model, particularly the electronic health records (EHR) system. This will involve ensuring that resident medical records are secure, up-to-date, and easily accessible by authorized healthcare personnel.

4.3.2 Staff Readiness Assessment

Vendor staff transitioning to OCDC employment will need to be assessed to determine their readiness for the shift in responsibility. This will include:

1. **Clinical Competencies:** Assess the clinical competencies of healthcare staff to ensure that they are equipped to meet the healthcare demands of the resident population.
2. **Mental Health Support:** Given the high rates of mental health issues among the resident population, OCDC will need to evaluate whether current mental health staff are adequately trained and whether additional hires are necessary.

3. **Staffing Ratios:** Evaluate current staffing ratios to determine whether additional staff are needed to meet the healthcare needs of residents, particularly in areas where staff shortages may exist.

4.3.3 Risk Mitigation Strategies

Once the risk assessment is complete, OCDC will implement risk mitigation strategies to address any issues identified during the evaluation. This may involve:

1. **Hiring Temporary Staff:** In areas where staffing shortages are identified, OCDC will hire temporary healthcare staff to fill gaps until permanent hires can be made.
2. **Procurement of Additional Equipment:** If infrastructure or equipment shortages are identified, OCDC will work with its procurement team to acquire the necessary supplies and equipment to meet healthcare needs.
3. **External Partnerships:** In areas where OCDC may not have the internal capacity to provide certain types of care (e.g., specialty medical care), partnerships with local hospitals or clinics will be established to ensure that residents receive the necessary services.

4.3.4 Operational Risk Management

Risk management strategies will be implemented to mitigate potential issues during the transition. These strategies will include:

1. **Contingency Plans**: Develop contingency plans in case of unexpected staff shortages or equipment failures during the transition. This may involve engaging temporary healthcare professionals from local staffing agencies to cover critical gaps.
2. **Operational Risk Assessment**: Conduct a comprehensive operational risk assessment to identify potential challenges that could disrupt healthcare services during the transition. This will include evaluating the facility's ability to handle healthcare emergencies during the transition period.
3. **Legal and Regulatory Risk**: Ensure that all healthcare services provided during the transition meet local, state, and federal regulatory requirements to avoid legal liabilities.

5.0 Assessment of Current Services and Needs

An essential first step in the transition will be assessing the current state of medical and mental healthcare services at OCDC. This assessment will guide resource allocation, staffing adjustments, and the development of policies and procedures.

5.1 Medical Records Review

A complete review of all resident medical records will be conducted to assess the current caseload and healthcare needs. The goal of this review is to ensure continuity of care during the transition and to inform future resource allocation decisions.

1. **Chronic Care Needs**: Identify residents who are currently receiving chronic care for conditions such as diabetes, hypertension, asthma, and HIV/AIDS. Ensure that these residents receive uninterrupted care, including regular check-ups and medication refills.
2. **Acute Care Needs**: Review records to identify any residents who require immediate or ongoing acute care. These cases will be prioritized to ensure that no gaps in care occur during the transition period.
3. **Mental Health Conditions**: Assess the mental health needs of the resident population, including those with severe psychiatric conditions and those receiving ongoing mental health treatment. This will inform staffing decisions and help prioritize mental health services.
4. **Medication Management**: Conduct a review of all current medication prescriptions and treatment plans. This will ensure that residents continue receiving the correct medications during and after the transition. Special attention will be given to residents receiving medications for chronic conditions and mental health disorders.

5.1.1 Equipment and Services Inventory

An inventory of all medical equipment, medication supplies, and contracted services will be conducted to ensure that the facility is adequately prepared for the transition. This inventory will include:

1. **Medical Equipment**: Ensure that diagnostic tools such as X-ray machines, EKGs, and ultrasound machines are in working order or available via agreements if outsourced. If any equipment is outdated or in need of repair, immediate action will be taken to ensure that services can continue uninterrupted.
    1. EKG – Recently purchased by OCDC

2. IMAGING – Contract Service with Mobile X-Ray & Ultrasound (w/ ability to perform echocardiograms – currently inefficient use of staff due to offsite reliance)
3. MEDICAL SUPPLIES & EQUIPMENT – McKesson
4. DENTAL SUPPLIES & EQUIPMENT – Henry Schein
5. GURNEY – OCDC retains
6. MED CARTS – OCDC retains

2. **Medication Supplies**: Review current medication inventories to ensure that there are enough supplies to last through the transition period. Any critical medications that are in short supply will be ordered immediately to prevent interruptions in care. Agreement with Diamond Pharmacy or other should be secured as quickly as possible.
    1. PHARMACY – Diamond Meds – agreement in place
    2. MAT MEDICATIONS – Research ODMHSAS funding
    3. Evaluate cost / benefit to AutoMed Packing Machine to create efficiency of delivery and reduce waste/spending.
3. **Service Contracts**: Review contracts with external service providers, such as pharmaceutical, laboratory services, radiology services, dental care, and vision care. These contracts will need to be renegotiated or transferred to OCDC to ensure that services continue after the vendor contract ends.
    1. EKG – Recently purchased by OCDC
    2. IMAGING – Contract Service with Mobile X-Ray & Ultrasound
    3. LABS – Contract with DLO
    4. EMR – CoreEMR (transition underway)
    5. O2 – AirGas
    6. WASTE – EnviroMed Bio Waste, anticipated
    7. PATIENT PORTALS – OUHSC & SSM (efficiency in medication verification, improve communication w/ local providers)

5.1.2 Continuity of Care

Ensuring continuity of care will be a top priority during the transition period. Residents receiving ongoing care for chronic conditions, mental health issues, or acute injuries will need to have their care plans reviewed and maintained. The healthcare staff will need to:

1. **Coordinate with External Providers**: Residents who have appointments or treatment plans with external providers will need to be tracked closely. Staff will ensure that these appointments are kept and that OCDC continues to coordinate with external specialists, hospitals, and clinics.
2. **Establish Clear Handover Protocols**: Develop protocols to ensure that resident care is not interrupted during staff transitions. This will involve having outgoing vendor staff work closely with incoming or new OCDC staff to transfer knowledge and responsibilities.
3. **Care Transition Plans**: For each resident receiving chronic care, a detailed care transition plan will be developed. This will outline the specific steps that need to be taken to ensure that their treatment is not interrupted.

6.0 Budget and Funding (Ongoing)

Establishing and maintaining a budget for in-house medical and mental health services at the OCDC is one of the most critical components of this transition. A well-managed budget ensures that the healthcare services provided to residents are efficient, sustainable, and of high quality. This section expands on how OCDC will establish, manage, and monitor the budget, including strategies for cost analysis, securing funding through grants, and managing reimbursement processes.

6.1 Cost Analysis and Budgeting

Effective cost analysis and budgeting are essential for determining the financial feasibility of in-house healthcare services and identifying areas where costs can be minimized without compromising the quality of care.

6.1.1 Initial Cost Evaluation

OCDC must begin with an in-depth evaluation of all operational costs associated with running healthcare services in-house. This includes costs related to staffing, medical supplies, equipment, medications, laboratory services, telemedicine, transportation, and the facility itself.

Initial Cost Evaluation:

1. **Staffing Costs:**

- Salaries, benefits, and training costs for medical professionals (e.g., physicians, psychiatrists, nurses, mental health specialists, and support staff). This will include both full-time and part-time staff.
- Include costs for administrative roles, such as a Correctional Healthcare Manager / Health Services Administrator.
- Account for temporary staffing needs for emergencies or sudden vacancies.

2. **Supply and Equipment Costs:**
   - Identify and budget for medical equipment (e.g., EKG machines, gurneys, wheelchairs, examination tables, dental chairs, diagnostic tools).
   - Estimate the cost of supplies such as medications, medical devices, personal protective equipment (PPE), and office supplies.
   - Include costs for technology needed for telemedicine services and electronic medical records (EMR) systems.
3. **Service Outsourcing:**
   - Conduct a review of all services that may still need to be outsourced, such as laboratory services, specialized medical procedures, and some forms of telehealth. Compare the cost of these services against the in-house capabilities.
   - Consider ongoing service contracts, such as for medical waste disposal or diagnostics.
4. **Facility Costs:**
   - Assess maintenance, utilities, and space costs for the medical units within the facility. This includes costs related to HVAC, lighting, sanitation, and ensuring compliance with local health and safety regulations.
   - Budget for any renovations or expansions needed to accommodate the medical team's operational needs related to feasible improvements for meeting or exceeding Oklahoma Jail Standards, best practices, or accreditation standards.

6.1.2 Routine Cost-Benefit Analysis (In-House vs. Outsourced Services)

After establishing the initial budget, OCDC will need to engage in regular cost-benefit analyses to evaluate the financial efficiency of in-house healthcare services compared to outsourcing certain medical functions.

Cost-Benefit Analysis:

1. **Assess In-House Capabilities:**
    - Identify areas where in-house services can save costs compared to outsourced options. For example, managing a pharmacy in-house may reduce expenses compared to purchasing medications from an external provider. Alternatively, consider equipment or resources that may increase efficiencies or reduce costs (i.e. Automed Packaging Machine).
    - Ensure that in-house staff are trained and equipped to provide services that would otherwise be outsourced (e.g., mental health treatment programs, addiction treatment, chronic care management).
2. **Compare Outsourced Services:**
    - Regularly evaluate the cost of any remaining outsourced services to ensure they are competitively priced and providing the best value. Compare these costs with the potential cost of bringing those services in-house.
    - Explore group purchasing organizations or state/federal programs that may allow OCDC to obtain bulk discounts on medical supplies or medications.
3. **Use Key Performance Indicators (KPIs):**
    - Implement KPIs to measure the cost-effectiveness of both in-house and outsourced services. Examples of KPIs include the cost per patient, average length of stay in the medical unit, and the cost of medication per resident.
    - Use these KPIs to drive decisions on future budget allocations and service improvements.
4. **Review Historical Data:**
    - Analyze historical financial data from the previous vendor to compare how much was being spent on outsourced services and staffing. Compare this data against current expenditures to determine if in-house services are leading to cost savings or requiring budget adjustments.

6.1.3 Adjusting the Budget Based on Data

Once cost evaluations and routine cost-benefit analyses are performed, OCDC must adjust the budget accordingly. This can include reallocating funds to areas where more resources are needed, cutting costs in non-essential services, and optimizing spending in high-demand areas such as mental health care or medication management.

Adjusting the Budget:

1. **Identify Areas of Overspending:**
    - Regularly audit areas where costs may be higher than initially estimated (e.g., overtime for staff, medication costs due to fluctuating resident populations). Create action plans to reduce these costs (e.g., hiring additional part-time staff to reduce overtime).
2. **Reallocate Funds:**
    - Move funds from lower-priority areas to critical needs such as medical equipment maintenance, staff training, or additional mental health resources.
3. **Budget for Emergencies and Contingencies:**
    - Set aside a portion of the budget for unforeseen circumstances such as pandemics, sudden staff shortages, or medical emergencies that require expensive interventions.

6.2 Grants and Reimbursement

A key element in funding the in-house healthcare system is exploring additional sources of income, including state and federal grants, reimbursement programs, and financial incentives for specific types of medical services.

6.2.1 Grants for Mental Health and Medication-Assisted Treatment (MAT) Programs

Given the high prevalence of mental health and substance abuse issues within correctional populations, there are various grants available that can provide supplemental funding for mental health services and Medication-Assisted Treatment (MAT) programs.

7.0 Electronic Health Records & Data Management

7.1 Selection and Implementation of EMR System

1. **CoreEMR Transition**: Continue using CoreEMR during the initial phase of the transition. Ensure all resident medical and mental health data is transferred securely, with backup processes in place.

2. **Data Sharing Agreements**: Establish agreements with local hospitals to allow the sharing of medical data for referrals and continuity of care.
3. **Future EMR System Enhancements**: Explore the possibility of upgrading the EMR system after the initial transition to improve data integration with local hospitals and telemedicine providers.

7.2 Telemedicine Integration

1. Continue telemedicine services with OU's HIV Clinic and other specialty providers to maintain care for chronic conditions without requiring residents to leave the facility.

8.0 Policy and Procedure Development (Weeks 2-4)

8.1 Core Policy Development

Develop and implement policies that reflect industry best practices for correctional healthcare. The following core areas will be the initial focus:

1. **Intake Screening**:
    - Comprehensive medical and mental health intake procedures to be developed and streamlined to ensure efficient booking processes.
2. **Medication Management**:
    - Procedures for the safe storage, administration, and tracking of medications, including high-risk medications and Controlled Dangerous Substances (CDS).
3. **Resident Grievances**:
    - Policies to handle resident grievances related to medical and mental health care will be developed, including appeal processes and advisory board involvement for escalated cases.
4. **HIPAA Compliance**:
    - Procedures to protect resident privacy and comply with all HIPAA requirements, particularly when sharing data with external agencies.
5. **Continuity of Care**:

- Protocols to ensure continuity of care for residents being transferred in or out of OCDC custody. This includes collaboration with external providers and courts.

8.2 Additional Policies and Procedures

To ensure a smooth transition to in-house healthcare services at OCDC comprehensive policies and procedures should be developed that also cover the following. It is critical that the medical and mental health policies are congruent and non-conflicting.

8.2.1 Clinical Care and Treatment

1. **Chronic Care Management:**
   - Develop protocols for the management of chronic conditions such as diabetes, hypertension, asthma, and HIV. This should include regular check-ups, medication management, and specialized care plans for residents with long-term conditions.
2. **Mental Health Crisis Intervention:**
   - Implement clear guidelines for managing mental health crises, including protocols for suicide prevention, psychiatric emergencies, and the use of mental health observation units.
3. **Infectious Disease Control:**
   - Policies for preventing, identifying, and managing infectious diseases such as tuberculosis, COVID-19, HIV, hepatitis, and other communicable diseases within the facility.
4. **Dental Care:**
   - Establish policies regarding access to routine and emergency dental care. This should include dental screenings during intake and guidelines for managing dental emergencies.
5. **Substance Withdrawal Management:**
   - Create policies for managing residents undergoing withdrawal from alcohol, opioids, or other substances. This should include clinical monitoring, medication protocols, and referral for addiction treatment when necessary.

8.2.2 Specialty Care and Referrals

6. **External Specialist Referrals:**

- Implement procedures for referring residents to external healthcare specialists, including scheduling, transportation, and coordination with external providers for continuity of care.

7. **Telemedicine:**
   - Develop protocols for the use of telemedicine services to facilitate timely access to specialists and reduce the need for offsite transportation. Include guidelines for resident privacy during telemedicine consultations.
8. **Pregnancy and Prenatal Care:**
   - Establish procedures to ensure pregnant residents receive prenatal, postpartum, and general obstetric care. This should include guidelines for labor, delivery, and emergency obstetric care.
9. **End-of-Life and Palliative Care:**
   - Develop protocols for providing compassionate end-of-life care, including pain management, comfort care, and coordination with family members when appropriate.

8.2.3 Emergency and Urgent Care

10. **Medical Emergency Response:**
    - Policies for responding to medical emergencies within the facility. This includes response times, staff roles, emergency equipment availability, and protocols for collaboration with security staff during emergencies.
11. **First Aid and CPR Certification:**
    - Require that all healthcare and security staff are trained and certified in first aid and CPR. Include policies for regular re-certification and the availability of automated external defibrillators (AEDs) in key locations.
12. **Mental Health Restraint and Seclusion:**
    - Develop strict guidelines for the use of restraints or seclusion in mental health crises, ensuring that their use is limited to situations where there is imminent danger to the resident or others, with a focus on minimizing harm. It is imperative this policy be in line with OCDC policy regarding use of same.

8.2.4. Resident Management and Well-Being

13. **Medical and Mental Health Restrictive Housing:**

- Establish criteria for placing residents in medical or mental health restrictive housing for their safety or the safety of others. Policies should include regular clinical reviews and plans for reintegration into the general population. In all instances, OCDC security, mental health, and medical staff should work towards eliminating practices of restrictive housing / segregation and develop alternative solutions that balances medical, mental health, and security interests.

14. **Nutrition and Special Diets:**

    - Implement procedures for ensuring that residents with specific dietary needs, whether for medical reasons (e.g., diabetes, allergies) or religious reasons, receive appropriate meals.

15. **Preventive Healthcare:**

    - Create policies for providing preventive care services, including immunizations, annual health screenings, and wellness education for residents to reduce the incidence of disease and promote long-term health.

8.2.5 Staff Management and Training

16. **Staff Credentialing and Licensure:**

    - Develop policies for verifying and maintaining current healthcare licensure and certifications for all medical and mental health staff. This includes regular audits and continuing education requirements.

17. **Clinical Supervision:**

    - Establish supervision protocols for healthcare staff, particularly for mental health providers, nurses, and medical assistants. This should include regular performance reviews, case consultations, and clinical oversight.

18. **Trauma-Informed Care:**

    - Provide training and develop protocols on trauma-informed care practices, ensuring that all staff understand how to interact with residents who have a history of trauma or abuse in a way that minimizes re-traumatization.

19. **Cultural Competency Training:**

    - Implement training programs and policies to ensure that staff are equipped to provide culturally sensitive care, including understanding the diverse religious, cultural, and social backgrounds of residents.

8.2.6 Administrative and Legal Compliance

20. **Electronic Health Record (EHR) Management:**
    - Establish detailed policies for the use, security, and maintenance of electronic health records (EHR), ensuring compliance with HIPAA regulations and protecting resident privacy while allowing for efficient documentation of care.
21. **Informed Consent:**
    - Develop policies to ensure that residents provide informed consent for medical treatments, procedures, and mental health services. This should include guidelines for obtaining consent in situations where residents have limited capacity or are minors.
22. **Medical Record Retention and Archiving:**
    - Implement policies for the secure retention and archiving of medical records, ensuring compliance with state and federal laws regarding the storage and eventual disposal of resident health records.
23. **Incident Reporting:**
    - Create procedures for documenting and reporting any incidents related to healthcare services, including adverse clinical events, medication errors, and patient complaints. Ensure these reports are reviewed regularly for quality improvement.
24. **Oversight and Auditing:**
    - Establish internal and external auditing procedures to ensure compliance with healthcare policies, accreditation standards (NCCHC, ACA), and state and federal regulations. Regular audits should cover clinical care, medication management, and overall healthcare operations.

8.2.7 Safety and Security

25. **Sharps and Hazardous Waste Management:**
    - Develop protocols for the safe handling and disposal of sharps (needles, syringes) and other biohazardous waste, ensuring compliance with OSHA and local environmental regulations to prevent accidents and contamination.

26. **Resident Transport for Medical Care:**
    - Create guidelines for safely transporting residents to external medical facilities. This should include coordination between healthcare and security staff, risk assessments for high-security residents, and procedures for handling emergencies during transport.

27. **Environmental Health and Sanitation:**
    - Implement policies to ensure that medical areas within the facility are kept clean and meet environmental health standards. This includes guidelines for regular sanitation, equipment sterilization, and pest control.

8.2.8 Continuous Improvement

28. **Quality Assurance and Performance Improvement (QAPI):**
    - Develop a QAPI program that includes regular performance reviews, patient satisfaction surveys, and clinical outcome tracking to continuously improve the quality of healthcare services provided.

29. **Clinical Peer Reviews:**
    - Create a process for conducting peer reviews among healthcare staff to ensure that clinical care is of the highest standard. This should involve reviewing patient outcomes, adherence to clinical guidelines, and professional conduct.

30. **Patient Satisfaction and Feedback:**
    - Establish a system for collecting and responding to resident feedback regarding medical and mental healthcare services. This could include confidential surveys or grievance procedures aimed at identifying areas for improvement.

8.2. Mental Health-Specific Policies

31. **Suicide Prevention Protocols:**
    - Strengthen policies for suicide risk assessments and interventions, ensuring that all at-risk residents are closely monitored and provided with necessary mental health services. Create a multidisciplinary response team to handle high-risk cases.

32. **Post-Incident Counseling:**

- Develop guidelines for offering counseling and support to residents and staff involved in traumatic incidents within the facility, such as violent altercations or suicide attempts.

8.2.10 Medical Supply Chain and Resource Management

33. **Pharmaceutical Inventory Control:**
    - Implement strict inventory control procedures for managing medications, particularly controlled substances. This should include regular audits and checks to prevent drug diversion or theft.
34. **Medical Equipment Maintenance:**
    - Establish procedures for the regular maintenance and calibration of medical equipment to ensure it remains functional and meets safety standards. This includes contracts for third-party servicing when necessary.
35. **Supply Chain Management:**
    - Create policies to ensure timely procurement of medical supplies and pharmaceuticals, including guidelines for managing shortages, emergency orders, and relationships with vendors.

8.2.11 Crisis Intervention & Court Referrals

1. **Crisis Intervention Protocols**:
    - Develop procedures for managing mental health crises, including immediate assessment, triage, and referral to external psychiatric care.
2. **Court Referrals**:
    - Work with local courts and attorneys to establish pathways for mental health treatment and diversion programs as alternatives to incarceration.

8.3 Establishing Chain of Command and Collaboration Between Healthcare and Security

One of the fundamental components of a successful in-house healthcare service at OCDC is the clear establishment of a chain of command that respects the roles and responsibilities of both medical staff and security personnel. This ensures that decisions related to healthcare are made by qualified professionals, while security staff maintain order and safety within the facility.

8.3.1 Establishing Chain of Command in Healthcare

The transition to in-house healthcare requires a well-defined **chain of command** to facilitate smooth communication, decision-making, and accountability within the medical team. Establishing this chain of command will prevent confusion and ensure that healthcare decisions are always made by appropriate personnel.

8.3.2 Collaboration Between Security and Medical Staff

While security staff play a vital role in maintaining order and protecting both staff and residents, medical professionals are responsible for all decisions related to resident health. Creating a collaborative environment between these two teams is essential for the effective operation of the facility. Ensuring that both security and medical staff understand their roles in this dynamic is crucial for fostering an environment of respect and cooperation.

Principles for Collaboration:

1. **Clear Delineation of Roles:**
    - Medical and mental health staff are the sole decision-makers regarding resident care. Security personnel must not interfere with medical decisions unless it pertains to an immediate threat to the safety of staff, residents, or the facility itself.
    - Security staff are responsible for maintaining order, managing resident movement, and ensuring that medical staff can safely perform their duties. They must collaborate with medical personnel to ensure that healthcare services can be delivered without interruption.
2. **Non-Override of Medical Decisions:**
    - **Security staff** cannot override medical decisions made by healthcare professionals. For example, if an resident is deemed medically unfit for certain activities (e.g., work programs, transfers), this decision must be respected. Security staff cannot compel medical professionals to change or reconsider a diagnosis or treatment plan based on non-medical concerns.
    - The **only exception** to this rule is when a security situation escalates into a medical or mental health concern that directly affects the safety of the facility. For instance, if an resident becomes violent or poses an imminent threat during a medical or mental health encounter, security staff may intervene to de-escalate the situation. In such cases, the healthcare team

and security must work together to stabilize the situation and resume care safely.

3. **Dispute Resolution Protocol:**
    - In cases where there is a disagreement between medical and security staff, a clear protocol must be followed:
        1. The disagreement should first be addressed at the lowest level by the direct supervisors of both teams.
        2. If unresolved, the issue is escalated to the Medical Director and the Chief of Operations for further discussion.
        3. In extreme cases, the Jail Administrator and Correctional Healthcare Manager will review the situation to make a final decision.
    - Dispute resolution must always prioritize the health and safety of the resident while maintaining the security of the facility.

8.3.3 Establishing Collaborative Procedures

To ensure smooth collaboration between security and medical staff, several procedures should be implemented to foster mutual respect and cooperation:

1. **Cross-Training Sessions:**
    - Conduct regular joint training sessions between medical and security staff. These sessions should cover areas such as:
        - Crisis intervention
        - Suicide prevention
        - Emergency response procedures
        - Basic medical and mental health awareness (e.g., identifying signs of distress)
        - Understanding HIPAA and patient confidentiality

These sessions will build mutual understanding of each team's roles and create a foundation for effective teamwork.

2. **Security Presence During Medical Encounters:**

- Security personnel may be present during medical or mental health consultations under certain conditions, such as when an resident is considered high-risk for violence or escape. However, the presence of security must not interfere with the patient's treatment or privacy.
- Security staff should be briefed on HIPAA compliance and how to respect resident confidentiality during medical encounters. If their presence is required, they should position themselves in a way that protects the resident's privacy.

3. **Weekly Coordination Meetings:**
   - Hold weekly meetings between the medical and security leadership teams to discuss upcoming needs, concerns, and potential challenges. These meetings will allow both teams to proactively address issues before they become emergencies.
   - The Correctional Healthcare Manager will lead these meetings from the healthcare side, while the Chief of Operations or designee will represent security interests. The goal is to identify areas for improvement and foster open communication.
4. **Joint Crisis Response Teams:**
   - Establish multidisciplinary crisis response teams that include both medical and security personnel. These teams will be activated in the event of a medical emergency, a mental health crisis, or a security incident involving an resident's health.
   - Crisis response teams should meet regularly for training exercises, debriefs after incidents, and continuous improvement.
5. **Communication Tools:**
   - Implement secure communication tools that allow for real-time coordination between healthcare and security teams. This may include the use of secure radios, dedicated communication channels, or software platforms that enable the rapid exchange of information during emergencies.
   - Both teams should have access to key medical information when needed, such as critical health alerts (e.g., allergies, chronic conditions), while still maintaining confidentiality in line with HIPAA regulations.

8.3.4 Promoting a Collaborative Culture

Building a collaborative culture between healthcare and security teams is crucial for the success of in-house healthcare services. Key strategies include:

1. **Recognition of Team Efforts:**
    - Recognize and reward collaboration between healthcare and security staff. Acknowledge team efforts in handling medical emergencies or de-escalating mental health crises in a way that promotes teamwork and mutual respect.
2. **Joint Leadership Initiatives:**
    - Encourage joint leadership initiatives between healthcare and security teams. This could include co-leading training sessions, participating in leadership development programs, or collaborating on facility-wide health and safety improvements.
3. **Encouraging Open Dialogue:**
    - Establish channels for open dialogue where both healthcare and security staff can voice concerns, suggest improvements, and ask questions without fear of retaliation or being dismissed. This fosters a sense of mutual respect and contributes to a culture of continuous improvement.

8.3.4 Final Considerations for Chain of Command and Collaboration

The successful integration of in-house healthcare at OCDC relies on clear communication, defined roles, and mutual respect between medical and security teams. By establishing a strong chain of command within the healthcare team and fostering collaboration with security staff, the facility can ensure that both resident care and facility security remain uncompromised. This collaborative environment will contribute to better health outcomes for residents and a safer, more efficient operational structure for OCDC.

9.0 Compliance and Legal Requirements

Compliance with state and federal regulations, as well as meeting relevant accreditation standards, is a critical component of ensuring that the transition to in-house medical and mental health services at the Oklahoma County Detention Center (OCDC) is successful. This section outlines the key legal and regulatory requirements that must be adhered to and provides detailed guidance on how to achieve compliance while striving for accreditation.

9.1 Federal Compliance

At the federal level, correctional healthcare is subject to a wide range of legal requirements, most notably those related to resident rights, healthcare standards, and privacy protections. OCDC must implement policies and practices that comply with these regulations to avoid legal liability and ensure the delivery of constitutionally mandated care.

9.1.1 The Eighth Amendment

The Eighth Amendment of the U.S. Constitution prohibits cruel and unusual punishment, which courts have interpreted to include the provision of adequate medical care for residents. Failure to provide appropriate medical care can result in lawsuits under **Section 1983** for deliberate indifference to residents' serious medical needs.

Steps to Ensure Eighth Amendment Compliance:

1. **Timely and Adequate Medical Treatment:**
    - Establish protocols to ensure that all residents receive timely access to medical and mental health services, particularly those with chronic conditions or acute care needs.
    - Implement triage systems during intake screening and sick calls to prioritize care based on the severity of medical issues.
2. **Avoiding Deliberate Indifference:**
    - Train staff to recognize and appropriately respond to signs of serious medical conditions, including mental health crises.
    - Develop a **quality assurance program** to regularly assess whether medical treatment provided meets accepted standards of care, reducing the risk of legal claims.
3. **Documentation of Care:**
    - Maintain detailed and accurate medical records for each resident to demonstrate the provision of care and avoid claims of negligence or deliberate indifference.

9.1.2 Health Insurance Portability and Accountability Act (HIPAA)

HIPAA establishes the national standards for the protection of sensitive patient information. While correctional institutions have some specific exemptions under HIPAA, OCDC must still take significant measures to ensure resident healthcare privacy,

particularly when working with external providers or sharing data with state or federal agencies.

Steps to Ensure HIPAA Compliance:

1. **Protecting Medical Records:**
    - Implement secure systems for managing electronic medical records (EMR), including access control measures to ensure that only authorized personnel can view sensitive health information.
    - Train medical and administrative staff on HIPAA privacy and security requirements, particularly when handling resident medical records.
2. **Data Sharing and Privacy Policies:**
    - Establish policies that govern how medical information is shared with external agencies, including law enforcement and courts. Ensure that data sharing complies with HIPAA exceptions for correctional facilities.
    - Create guidelines for disclosing resident health information in emergency situations where HIPAA allows for sharing without resident consent (e.g., to protect the health and safety of residents or staff).

9.1.3 Americans with Disabilities Act (ADA)

Under the ADA, correctional facilities must provide reasonable accommodations for residents with disabilities, including those with mental health conditions, chronic illnesses, or physical disabilities. This applies to both medical care and access to facility resources.

Steps to Ensure ADA Compliance:

1. **Medical Accommodations:**
    - Ensure that residents with chronic illnesses or disabilities receive appropriate medical care, including assistive devices, medications, and mental health support.
    - Modify the facility's physical infrastructure if necessary to accommodate residents with mobility issues (e.g., ramps, accessible restrooms, medical housing units).
2. **Training for Staff:**

- Provide comprehensive ADA compliance training to both healthcare and security staff to ensure they understand their obligations to provide reasonable accommodation and avoid discriminatory practices.

3. **Complaint and Grievance Procedures:**
    - Establish a clear grievance process for residents to file complaints if they believe their ADA rights are being violated and ensure prompt investigation and resolution of these complaints.

9.2 State Compliance: Oklahoma Jail Standards

In addition to complying with federal regulations, OCDC must ensure that its healthcare services meet the requirements of the Oklahoma Jail Standards, as issued by the Oklahoma State Department of Health. These standards cover the essential aspects of resident healthcare, including intake procedures, medication management, mental health services, and infection control. By following these guidelines, OCDC can ensure that it provides appropriate medical care and mitigates risks of non-compliance.

9.2.1 Adherence to Oklahoma Jail Standards

The Oklahoma Jail Standards establish the minimum requirements for the administration and management of county jails, including medical and mental healthcare services. Ensuring compliance with these standards will be crucial for OCDC during and after the transition to in-house healthcare services.

Steps to Ensure Compliance with Oklahoma Jail Standards:

1. **Review and Implementation of Standards:**
    - Conduct a thorough review of the Oklahoma Jail Standards to identify all requirements related to resident healthcare and medical services.
    - Develop and implement policies that address each area covered by the standards, ensuring that OCDC's healthcare services meet the required benchmarks for care.

9.2.2 Policies and Procedures

To ensure compliance with the **Oklahoma Jail Standards**, the following detailed policies and procedures must be developed and implemented. This is not an exhaustive list of standards with a nexus to medical and mental healthcare, so a thorough review of Oklahoma Jail Standards will be necessary to ensure compliance:

9.2.3 Policy Development and Implementation (310:670-1-5)

- **Policy and Procedure Development:**
    - Each policy must include the following elements:
        - **Rule or Law Addressed:** Clearly reference the specific standard from the Oklahoma Jail Standards being addressed.
        - **Responsible Personnel:** Identify the individuals or positions responsible for implementing and overseeing the policy.
        - **Action Steps:** Outline the procedures to be followed, detailing the who, what, where, and when.
        - **Review Responsibility:** Designate personnel responsible for periodic review and updating of the policy.
        - **Review Schedule:** Establish a schedule for regular policy reviews.
        - **Signature Page:** Include a signature page to capture the approval and review dates.

9.2.4 Basic Standards for Lockup Facilities (310:670-3-1)

- **Medical Reception Information (310:670-3-1(4)):**
    - Develop a comprehensive intake procedure that includes:
        - **Health Assessment:** Document current illnesses, health problems, and behavioral observations.
        - **Physical Examination:** Record body deformities, trauma markings, and conditions of the skin.
        - **Medication and Health History:** Document medications taken and special health requirements.
        - **Mental Health Screening:** Assess for suicidal ideation or previous suicide attempts.
        - **Emergency Referrals:** Establish protocols for referring residents to qualified medical personnel on an emergency basis.
- **First Aid and Emergency Supplies (310:670-3-1(5)):**
    - Ensure that first aid kits are available at designated locations throughout the facility.

- Regularly inspect and replenish first aid supplies to maintain readiness for emergencies.

9.2.5 Health and Safety Standards

- **Infection Control and Disease Prevention (310:670-3-1(4)):**
  - Implement stringent infection control measures, including routine screening for communicable diseases.
  - Develop quarantine protocols for residents diagnosed with infectious diseases.

9.2.6 Staff Training (310:670-3-1(9))

- **Training Programs:**
  - Develop comprehensive training programs for healthcare and security staff on policies and procedures related to healthcare delivery.
  - Include training on emergency response, medication administration, mental health care, and infection control.

9.2.7 Record-Keeping (310:670-5-1(8) and (9)):

- **Logbook:** Maintain a logbook or computer record including resident details such as name, admission and release times, charges, and other identifying information.
- **Intake Records:** Keep comprehensive intake records, including medical and mental health data, emergency contact information, and court judgments.

9.2.8 Confidentiality (310:670-5-1(10)):

- **Safeguarding Records:** Implement policies to protect records from unauthorized disclosure and specify resident access procedures.

9.2.9 Individual Records (310:670-5-1(11)):

- **Records Maintenance:** Keep current individual records for each resident, including intake information, court orders, disciplinary actions, and medical records.

9.2.10 Incident Reporting (310:670-5-2(27)):

- **Notification Requirements:** Notify the Department of serious incidents like extensive damage, serious injury, escapes, suicide attempts, or deaths within one working day.

9.3 Oklahoma Board of Nursing and Medical Licensing

In-house medical staff must adhere to state licensing requirements for physicians, nurses, and other healthcare professionals. This includes maintaining up-to-date licenses and certifications, meeting continuing education requirements, and following state-specific scope-of-practice laws.

9.3.1 Ensure Professional Licensing Compliance:

1. **License Verification:**
    - Ensure that all healthcare professionals employed by OCDC hold valid and current licenses from the Oklahoma Medical Board or Nursing Board.
    - Implement a system for tracking license renewals and continuing education requirements to ensure ongoing compliance.
2. **Scope of Practice:**
    - Ensure that all medical professionals practice within the scope of their licensure as defined by Oklahoma law. This includes ensuring that nurses, nurse practitioners, and physician assistants only perform duties for which they are licensed and trained.
3. **Disciplinary Procedures:**
    - Establish protocols for addressing any violations of professional licensure standards, including disciplinary procedures for staff who fail to meet state regulatory requirements.

9.4 Accreditation Standards

While accreditation is not mandatory, pursuing accreditation for correctional healthcare services can provide significant benefits, including improved quality of care, reduced legal risks, and enhanced credibility. The **National Commission on Correctional Health Care (NCCHC)** and the **American Correctional Association (ACA)** are two of the most respected accrediting bodies in correctional healthcare.

9.4.1 National Commission on Correctional Health Care (NCCHC) Standards

NCCHC accreditation provides a framework for delivering comprehensive, high-quality healthcare services to incarcerated individuals. It also offers protection against legal challenges by demonstrating adherence to nationally recognized healthcare standards.

NCCHC Accreditation Basics:

1. **Assessment and Gap Analysis:**
    - Conduct a thorough assessment of current healthcare policies, procedures, and practices at OCDC to identify any gaps between existing services and NCCHC standards.
2. **Policy and Procedure Development:**
    - Develop and implement policies that meet or exceed NCCHC standards, particularly in areas such as intake health screenings, chronic disease management, mental health services, and infection control.
3. **Staff Training and Education:**
    - Provide comprehensive training for healthcare staff on NCCHC standards, including continuing education on the latest correctional healthcare practices and compliance with accreditation guidelines.
4. **Ongoing Monitoring:**
    - Develop a system for continuous monitoring and quality improvement to ensure that healthcare services remain compliant with NCCHC standards. This includes regular audits, performance reviews, and feedback mechanisms to address any deficiencies.

9.5 American Correctional Association (ACA) Healthcare Standards

ACA accreditation covers a broad range of operational and healthcare standards, including resident healthcare, mental health treatment, substance abuse programs, and overall facility management.

ACA Healthcare Accreditation Essentials:

1. **Policy Alignment:**
    - Align OCDC's healthcare policies with ACA's healthcare standards, which include guidelines for medical staffing, healthcare delivery, mental health services, and substance abuse treatment programs.
2. **Healthcare Audits:**
    - Participate in regular ACA audits to ensure that OCDC's healthcare services meet accreditation standards. Use the results of these audits to make continuous improvements to healthcare delivery.
3. **Collaboration Between Medical and Security Staff:**

- ACA accreditation emphasizes the importance of collaboration between medical and security staff. Develop policies that establish clear lines of communication between these teams and ensure that medical decisions are respected by security personnel.

9.6 Developing Internal Compliance Systems

In addition to adhering to external regulations and accreditation standards, OCDC must establish internal compliance systems to monitor ongoing adherence to legal and regulatory requirements. These systems will help identify potential compliance issues before they become serious problems and ensure that all aspects of resident healthcare remain in line with best practices.

9.6.1 Compliance Officer and Team

Appoint a Compliance Officer who will be responsible for overseeing all aspects of healthcare compliance at OCDC. This individual will lead a compliance team that monitors state and federal regulatory changes, ensures adherence to state, federal, and accreditation standards, and conducts internal audits.

Duties of the Compliance Officer:

1. **Policy Enforcement:**
   - Ensure that all healthcare policies and procedures are enforced consistently across the facility. The Compliance Officer will work closely with both medical and security staff to ensure compliance with legal and ethical standards.
2. **Audit and Monitoring:**
   - Implement routine audits of healthcare services to assess compliance with legal and regulatory requirements. These audits should focus on areas such as medical documentation, HIPAA compliance, and ADA accommodations.
3. **Reporting and Accountability:**
   - Develop a reporting system for staff and residents to raise concerns about healthcare services or compliance issues. Ensure that all complaints are investigated thoroughly and that corrective action is taken when necessary.

10.0 Continuous Quality Improvement (CQI) & Quality Assurance Plan

10.1 CQI Structure

Establish a formalized Continuous Quality Improvement (CQI) program to monitor, evaluate, and improve healthcare services. Establish a CQI committee to track healthcare outcomes, patient complaints, and medical compliance. The CQI team will review critical care metrics, such as response times, outcomes, resident grievances, and healthcare delivery.

1. **Progress Meetings (During Transition and Beyond)**
    - Hold weekly progress meetings during the transition and monthly after the transition for ongoing evaluation.
2. **Routine Audits**:
    - Quarterly audits of healthcare services, including intake, medication administration, mental health referrals, and chronic care.
3. **Performance Metrics**:
    - Establish clear performance metrics, such as wait times for medical care, resident satisfaction rates, compliance with treatment plans, and adverse event rates.

10.1.1 Quality Assurance and Continuous Quality Improvement Plan

Quality Control Measures:

1. **Weekly Medical and Mental Health Meetings:** Review patient cases, ensure care consistency, and discuss any emerging issues.
2. **Patient Feedback:** Implement anonymous surveys to gather patient input on the quality of care.
3. **Grievance Review:** Develop a protocol to handle and review resident complaints about medical care.
4. **Infection Control:** Set up a public health reporting system for infectious diseases and monitor health trends.
5. **Staff Training and CEUs:** Require ongoing training for all healthcare staff with a focus on correctional healthcare best practices.

10.1.2 Benchmarks for Success (Examples)

1. **Continuity of Care**: No interruptions in the delivery of medical and mental healthcare services during the transition.
2. **Staffing Levels**: 100% of required healthcare positions are filled within 28 days.
3. **Resident Grievances**: A 20% reduction in grievances related to medical care within six months.
4. **EMR Implementation**: Successful transfer and utilization of CoreEMR for patient data management.
5. **Partnerships**: All critical partnerships with hospitals, pharmacies, and diagnostic services established and operational.
6. **Mental Health Crisis Referrals**: 90% of mental health crises referred to external providers within 24 hours.
7. **Telemedicine Utilization**: Increase telemedicine consultations for chronic care and mental health by 15%.
8. **Compliance**: Meet 100% of state and federal healthcare licensing requirements within three months.
9. **Staff Training Completion**: 100% of healthcare staff complete required training and certifications.
10. **Cost Reduction**: Achieve a 10% reduction in healthcare costs compared to the previous vendor by the end of year one.

10.2 Accreditation

Begin the accreditation process with NCCHC or ACA for medical and mental health services, which will help standardize care and demonstrate adherence to industry best practices.

11.0 Program Implementation

11.1 Medication-Assisted Treatment (MAT)

Although MAT is a post-transition goal, groundwork should be laid for its implementation. The MAT program will focus on treatment for opioid and alcohol use disorders.

1. **MAT Partnerships**:
    - Begin discussions with MAT providers, such as ODMHSAS, for future collaboration.

2. **Staff Training**:
    - Train staff in MAT procedures, including medication administration and patient monitoring.
3. **Accreditation**:
    - Begin working towards accreditation for the MAT program through NCCHC or ACA.

11.2 Routine & Specialized Care

1. **Chronic Disease Management**:
    - Implement chronic disease management programs for conditions like diabetes and hypertension, ensuring all residents receive proper care and follow-up appointments.
2. **Dental and Vision Care**:
    - Ensure dental services continue uninterrupted and explore expanding vision care through mobile optometry services.

12.0 Communication and Coordination

The success of the transition will depend heavily on clear and consistent communication between all stakeholders, including staff, external healthcare providers, accrediting bodies, and residents. To this end, OCDC will establish a detailed communication plan to ensure that all parties are kept informed of the progress, expectations, and any changes that may occur during the transition process.

12.1 Staff Communication Plan

Regular communication with staff will be crucial for keeping them informed and engaged throughout the transition. This will include:

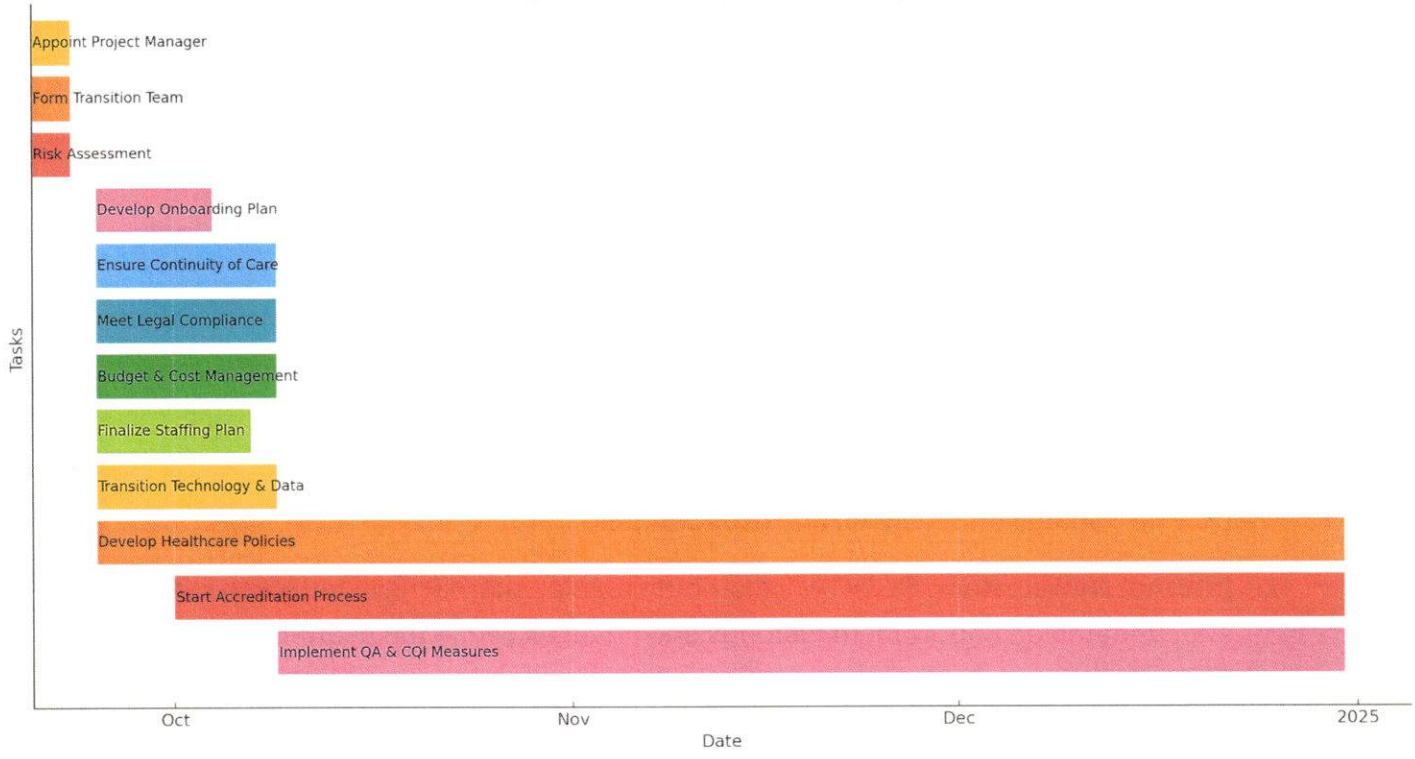
1. **Weekly Team Meetings**: Weekly meetings with healthcare staff will be held to discuss the progress of the transition, address any concerns or questions, and provide updates on timelines and expectations.
2. **Internal Newsletters**: OCDC will distribute regular internal newsletters to keep staff updated on important milestones and changes within the healthcare department.

3. **Feedback Channels**: OCDC will establish clear feedback channels to allow staff to share concerns, ideas, or suggestions about the transition. This can include anonymous surveys, suggestion boxes, and open-door policies with leadership.

12.2 Communication with External Stakeholders

OCDC will need to maintain open lines of communication with external stakeholders, including local healthcare providers, accrediting bodies, and the broader community. This will involve:

1. **Regular Updates to Accrediting Bodies**: OCDC will provide regular updates to NCCHC and ACA to ensure that the transition remains in compliance with accreditation standards.
2. **Partnership Meetings**: OCDC will hold meetings with external healthcare providers to discuss the continuity of care for residents requiring specialty services, such as hospital care or specialist consultations.
3. **Public Communication**: OCDC will provide transparent communication to the public about the transition to in-house healthcare, highlighting the benefits of the move and the steps being taken to ensure quality care for residents.



SUMMARY OF TASKS

Objective: Complete the core transition of healthcare services to an in-house model at OCDC by October 9, 2024, with some elements continuing through the end of 2024 and into 2025.

Immediate Phase (Sept 16 - Oct 9, 2024)

Tasks:

1. **Appoint Project Manager**: Secure a leader to manage the transition process.
2. **Form Transition Team**: Assemble a multidisciplinary team to oversee various aspects of the transition.
3. **Risk Assessment**: Identify and plan mitigation strategies for potential risks.
4. **Develop Onboarding Plan**: Prepare for the integration of staff into the new system by Oct 4, 2024.
5. **Finalize Staffing Plan**: Define and secure the necessary personnel by Oct 7, 2024.
6. **Ensure Continuity of Care**: Implement strategies to maintain uninterrupted patient care.
7. **Meet Legal Compliance**: Ensure all operations comply with healthcare laws and regulations.
8. **Budget & Cost Management**: Establish a financial framework for the transition.
9. **Transition Technology & Data**: Update and integrate data systems to support new operations.

Short-term Goals (Sep 27 - Dec 31, 2024)

Tasks:

10. **Implement QA & CQI Measures**: Set up continuous quality improvement and quality assurance processes to monitor healthcare service delivery.

11. **Develop Healthcare Policies**: Create policies that will govern the new in-house healthcare system operations.

Medium-term Goals (Jan 1 - July 1, 2025)

Tasks:

12. **Start Accreditation Process**: Begin the accreditation process to enhance the legitimacy and quality of the healthcare services, aiming to complete by the end of December 2024.

Long-term Goals (Beyond July 1, 2025)

Tasks:

13. **Continual Improvement and Expansion**: Continue to evaluate and improve healthcare services, seek additional accreditations, and expand services as needed based on patient care data and system performance.