

OCALA COMMUNITY CARE LAUNCHES IN FLORIDA

An Interview with Sheriff Ed Dean of Marion County, Florida

On January 2, the Marion County (FL) Sheriff's Office launched Ocala Community Care (OCC), a community-based, not-for-profit organization charged with providing health care to the county's 2,000 jail inmates, replacing the for-profit contractor that formerly managed the jail's medical unit. Sheriff Ed Dean has been the driving force behind this innovative initiative. Here, Sheriff Dean describes how OCC came about, its goals, challenges, and vision for the future.

Q: How did you come up with the concept for OCC?

A: Faced with rising health care costs and mandatory budget cuts, we were looking for a new and innovative way to provide health care to the inmates at the Marion County Jail. We came across the COCHS website and reached out to the Hampden County Sheriff's Office in Massachusetts. I spoke with Sheriff Ashe and admired what COCHS was trying to do through the creation of community collaborative networks —taking care not only of the health care needs of inmates, but also meeting other health care needs in the community.

Q: How did you adapt that approach to your community?

A: Our premise is the same as Hampden County's, but we have enlisted a different mix of providers in a community collaboration. The community formed a not-for-profit corporation, OCC, whose Board of Directors comprises leaders in the health community, including the CEO of the major hospital, Steve Purves; the former hospital CEO Dyer Michel; the head of the local health department, Dr. Nate Grossman; the head of our mental health consortium, Russell Rasco; the executive director of the Medical Society, Debbie Trammell; several local well-known physicians, including Dr. Segismundo Pares, Dr. Mike Jordan, and Dr. Mel Seek; Attorney Randy Klein; and Chief of Staff Tom Wilder of the Sheriff's Office, who has an ex officio position. So, we have all the major sectors collaborating to provide inmate health care.

Q. Why do you believe OCC will work better than your previous arrangement?

A: We're required to provide the community standard of medical care to inmates. Who better to provide that standard of care than the community itself? In addition, we need to better leverage our inmate health care dollars so that they provide more benefit to the community. As envisioned, OCC ultimately will form a linkage with the Federally Qualified Health Center (FQHC) that is also providing care in the community to the uninsured and the indigent.

Q. What is the connection between jail inmates and the community?

A: Inmates return to the community once their sentences are complete. Then they will probably join the estimated 45,000 citizens in Marion County who are uninsured. So that's one concern. We also have a concern for inmates with mental illness who receive psychotropic medication while they are in jail, but then stop taking medication once they leave. Under OCC, they will now have continuity of service after their release, which should help keep them on their medications. We hope that this continuity of care will also reduce our recidivism rates, as it has in Hampden County.

Q. What is the fundamental change you're trying to bring about through OCC?

A: I would like to see inmate health care dollars serve as a catalyst for delivery of health care to a wider range of persons in the community. Our model is flexible and we believe it will be more efficient. If it really takes hold, it should benefit the larger community of uninsured and indigent in Marion County through reduced overhead and cost savings from our jail health care program. The community will have more resources available with which to do more.

Q. How will OCC benefit families in Marion County?

A: Over time, we may see benefits across generations of families in our community. Families of inmates comprise a large portion of the un-

insured and indigent in any community. By incorporating the delivery of health care services for inmates into the larger community health care system, the community hopes to reach more people and provide them with better access to health care, which could have a benefit across generations of families.

Q. What do you see as your greatest challenges, and how will you address them?

A: Gaining continued community support for the collaborative will be important. We will also have to be very attentive to rising medical costs within our sphere. As a community-based, not-for-profit organization, I believe that OCC is positioned to deliver the same quality of care as a for-profit provider, at a lower cost. But it will take work. Let me be clear that this is not a self-operation program. Many jails provide health care themselves to inmates. Here, in Marion County, is truly a community collaborative, managed by providers from the community. That's the distinction. The future of inmate health care may be influenced by how well this works. I'm of the opinion that this may be a model for slowing down rising costs and leveraging health care dollars to provide broader services in every community.

Q. What is your long-term vision for OCC?

A: I would like to see OCC partner with our community FQHC so that they can ensure continuity of care for inmates, especially those who are mentally ill and who return to the community, in order to reduce recidivism. I also hope that we can find creative ways to control rising costs of medical care.

Q. Is there anything else you'd like to say about the program?

A: I believe that quality of care under OCC will not suffer in any way, and it may well improve. We have hired someone with extensive experience in inmate medical quality control, and that person will develop quality control measures and report back to OCC monthly. This is an outside, ongoing quality control check in addition to OCC's internal quality control mechanisms.