

# ACCESS TO HEALTHCARE

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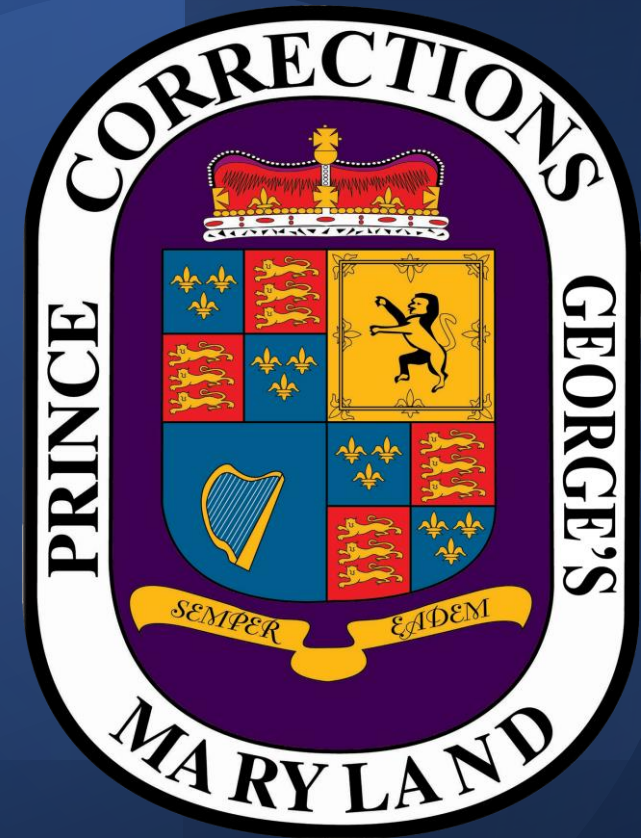
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Dr. Juanita Deshazior-Behavioral Health Director

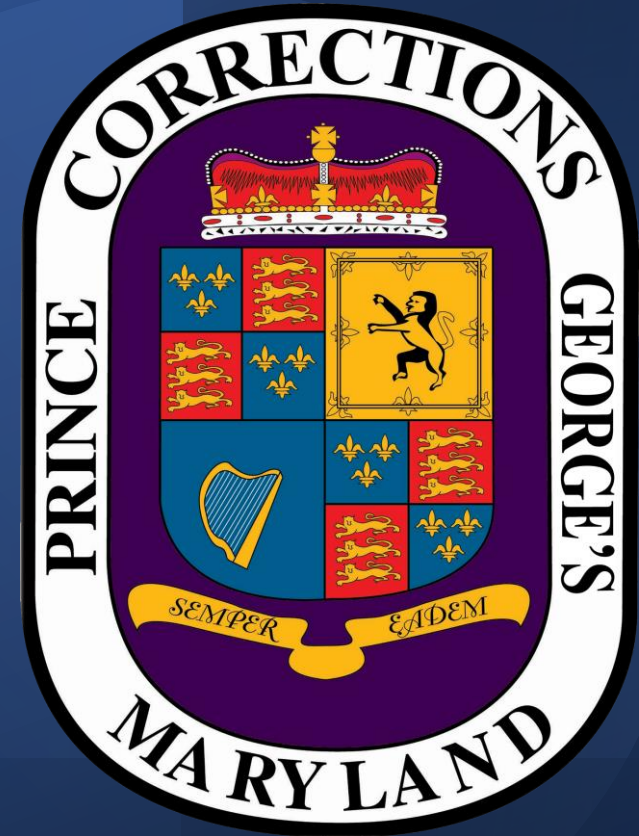
Jonathan Okorokwo – Assistant Chief, Support Services

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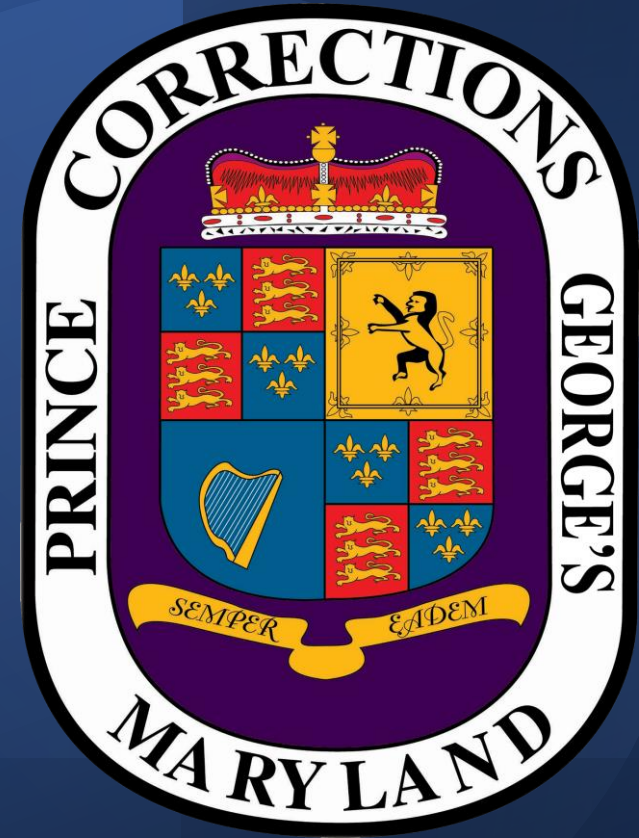
# ACCESS TO HEALTHCARE

All incarcerated individuals receive equal access to medical care and medication, regardless of legal status.



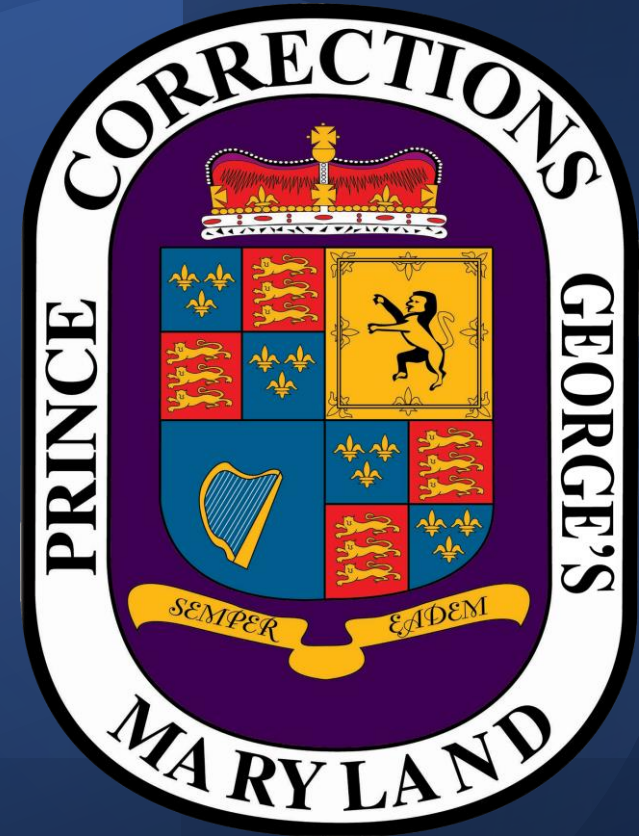
# HEALTH SCREENING AND AVAILABLE SERVICES

All incarcerated individuals are required to go through a medical, mental health and substance use disorder intake screening process within 2 hours after commitment to the PGCDOC.



# HEALTH SCREENING AND AVAILABLE SERVICES

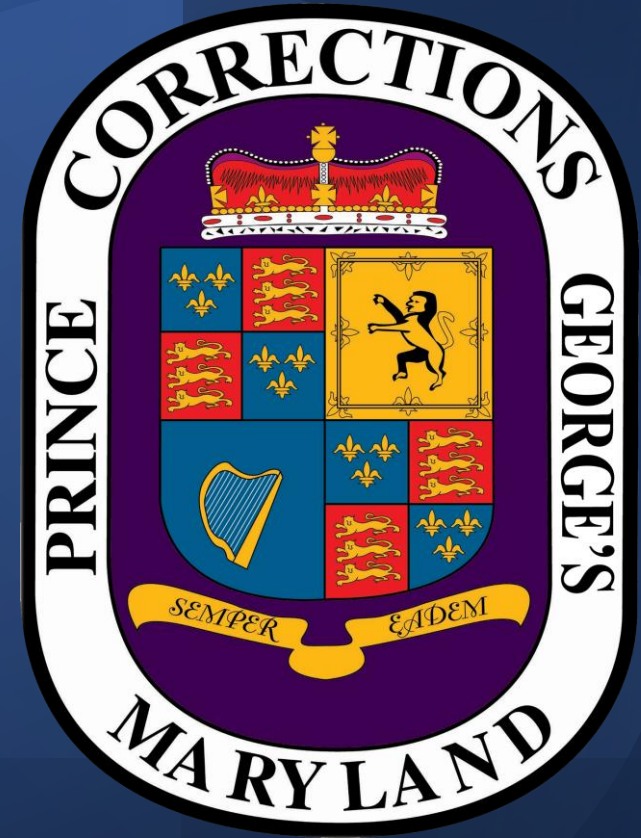
Based on those screenings, referrals are made to various providers and infirmary admission is ordered as needed.





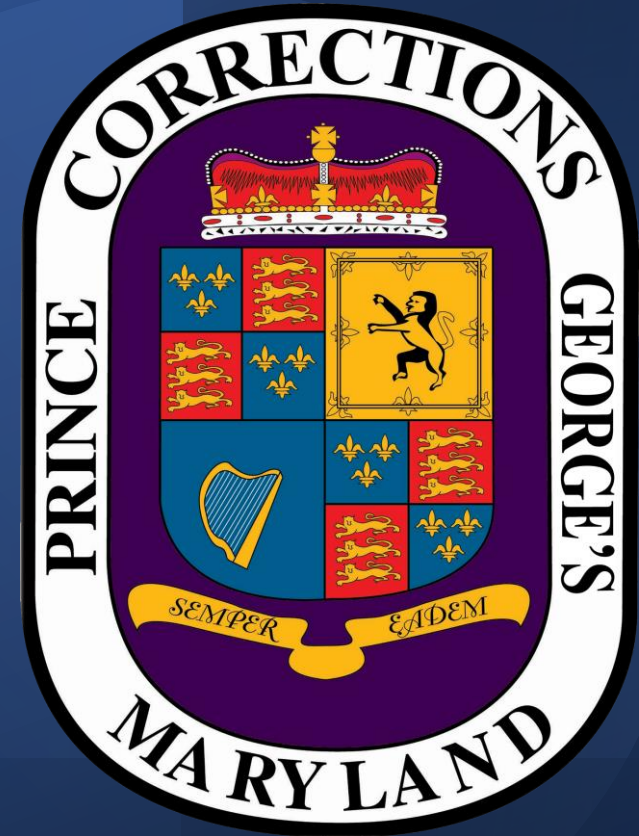
# DOC MEDICAL UNIT

Medical services are provided by our medical vendor, YesCare, which is staffed by doctors, a psychiatrist, a dentist, nurses, licensed behavioral health professionals, nursing assistants, medical records clerks, and medication technicians.



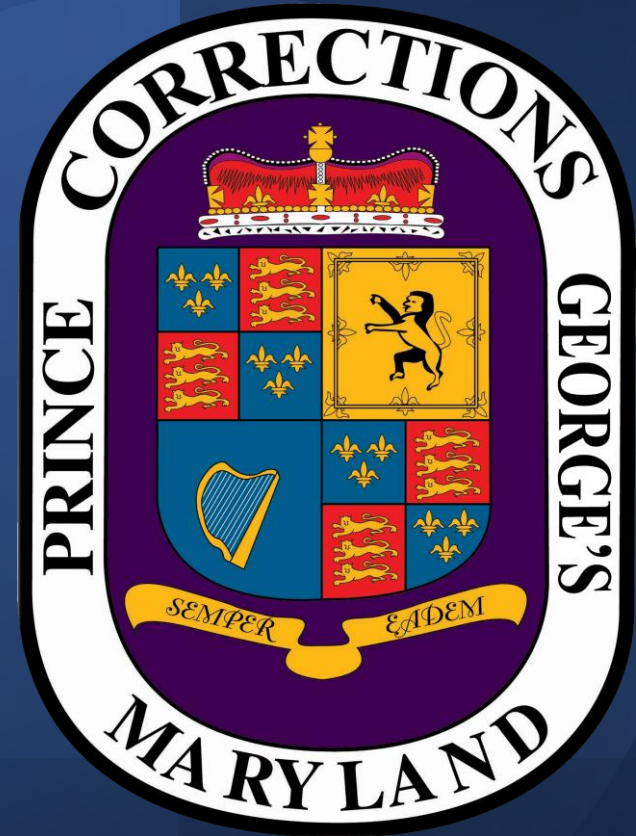
# DOC BEHAVIORAL HEALTH UNIT

Acutely mentally ill individuals and those who are a suicide risk are housed in the medical unit infirmary for continuous observation and treatment.



# DOC BEHAVIORAL HEALTH UNIT

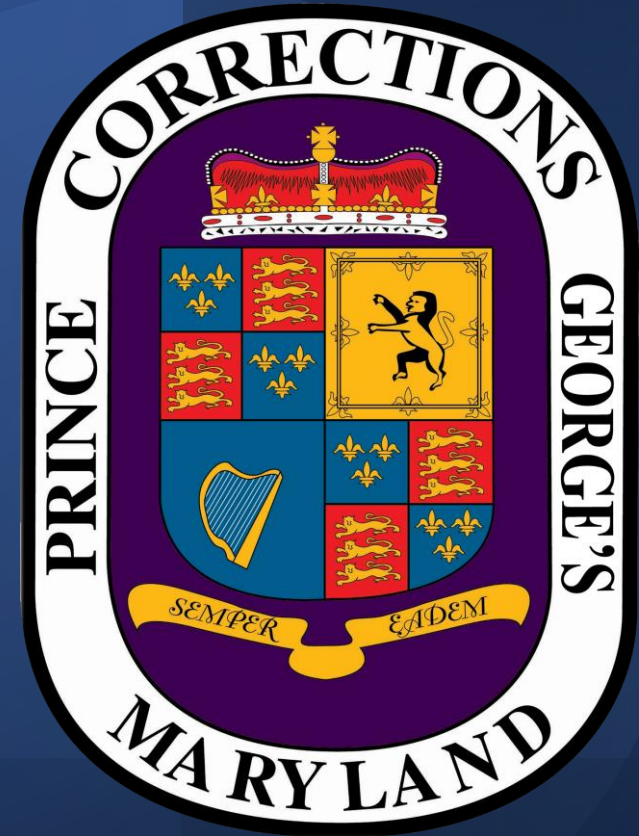
YesCare staff are working in housing units 11A and 11B to provide centralized step-down services for individuals needing those levels of care.



# DOC BEHAVIORAL HEALTH UNIT

PGCDOC recently designated housing unit 15 as a “treatment” unit, to further concentrate those incarcerated individuals needing mental health and substance abuse treatment in one specific location within the facility.

This includes the Medication Opioid Use Disorder (MOUD) program.

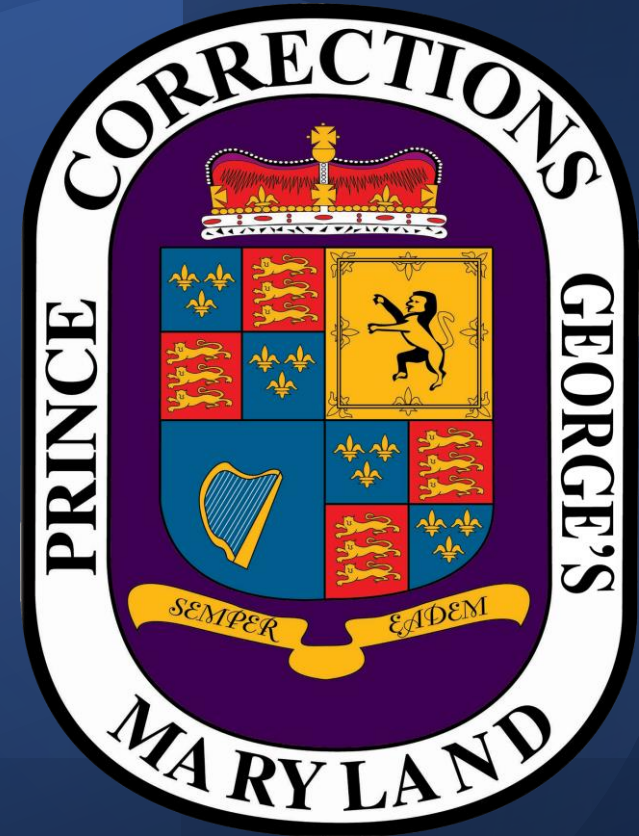




# MAJOR MEDICAL CHALLENGES

The top 5 somatic conditions seen are hypertension, diabetes, heart disease, asthma and cancer.

The most prominent health problems in our correctional facility are similar to the top health problems affecting the community.



# MAJOR MEDICAL CHALLENGES

## Top Mental Health Conditions

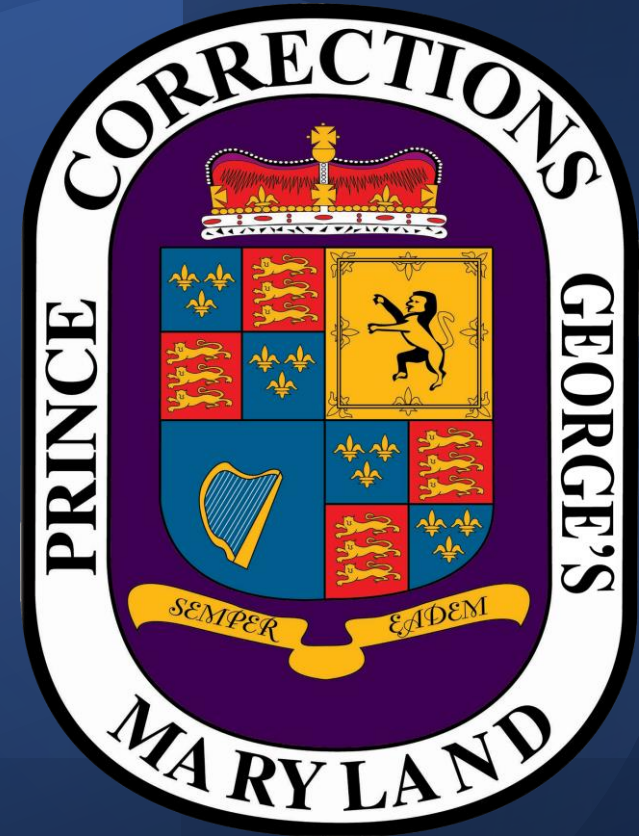
Bipolar Disorder

Schizophrenia/Psychotic Disorders

Depression/Anxiety Disorders

Substance Use Disorder

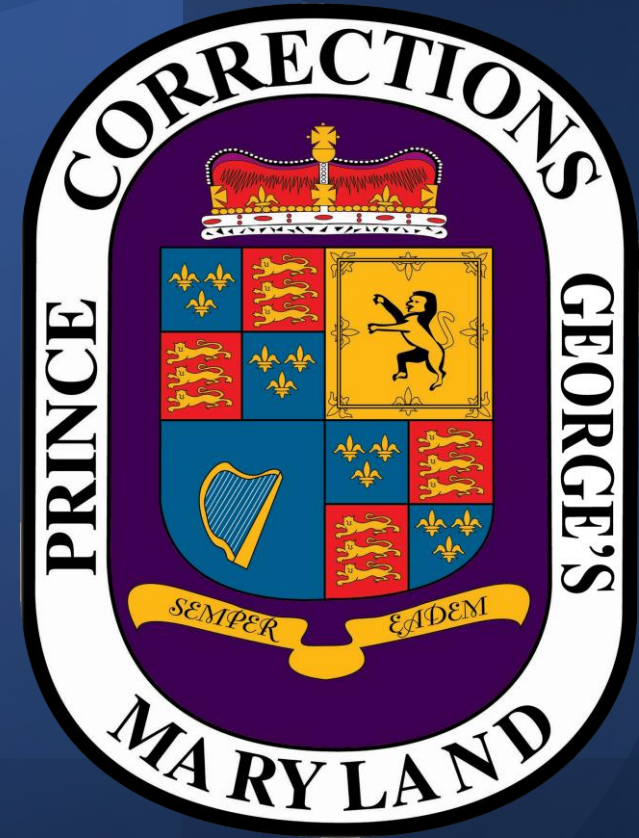
Post-Traumatic Stress Disorder (PTSD)



# MAJOR MEDICAL CHALLENGES

Shortage of Forensic Psychiatric  
Hospital Beds

Continuity of Care of individuals  
returning to the community

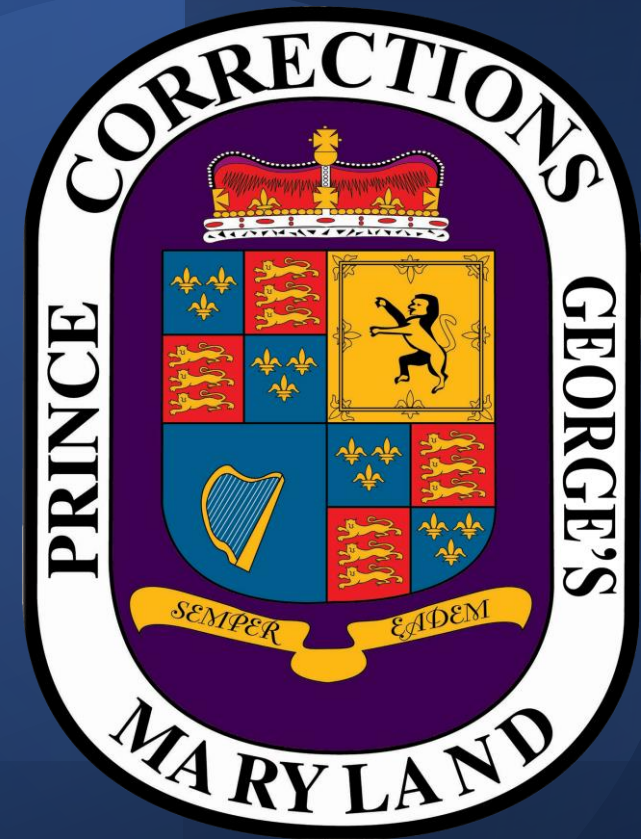


# Continuity of Care

All incarcerated individuals with chronic medical conditions have a discharge plan.

The timing of reentry is usually unscheduled for pretrial defendants.

PGCDOC Reentry staff offer services to all sentenced and supervised pretrial release participants.

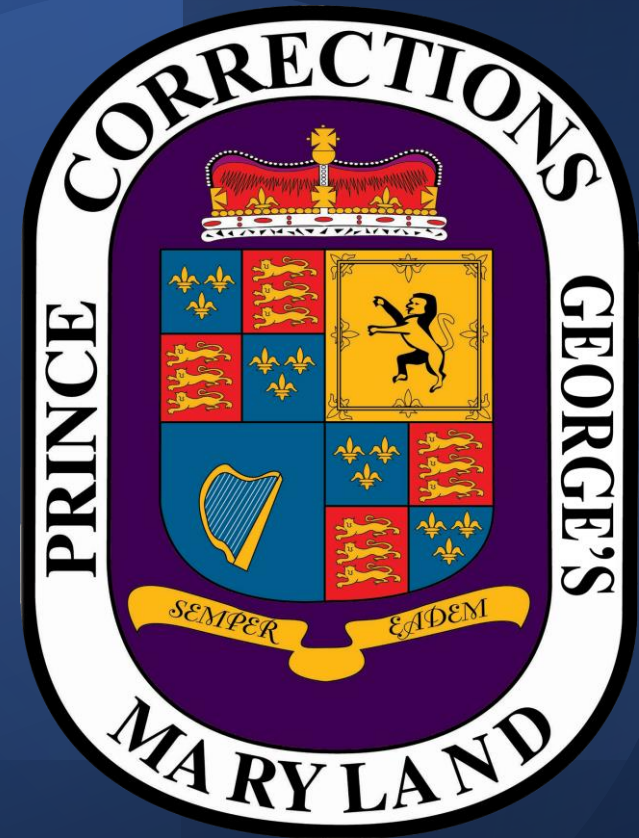




# Continuity of Care

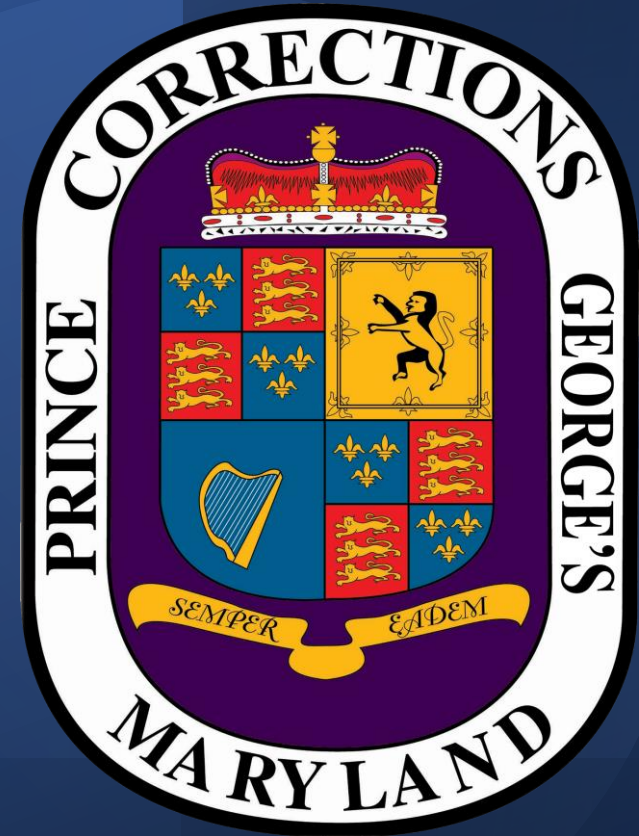
Up to 21 days of approved prescribed medications are supplied to prescheduled released defendants, upon release to the community

Referrals are made to the Health Department, community medical, mental health and substance abuse treatment programs.



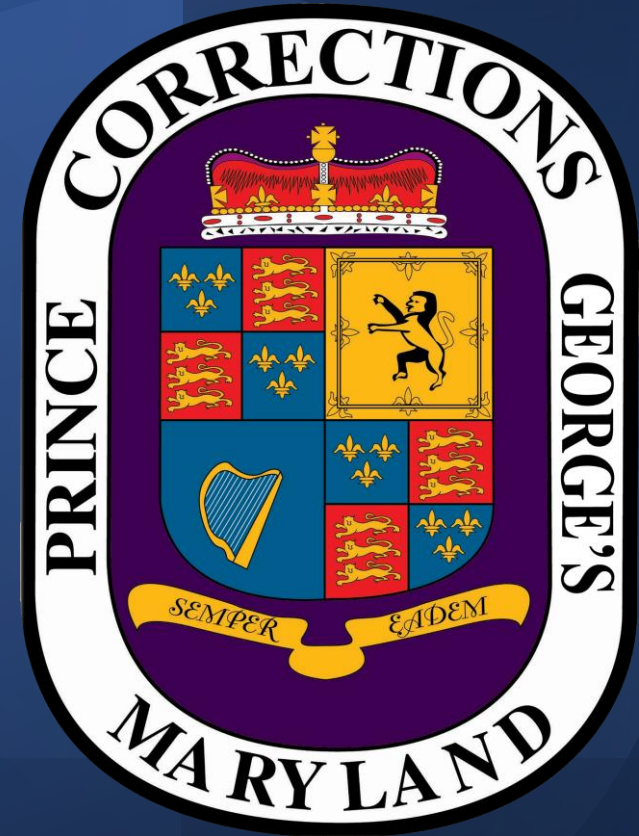
# Continuity of Care

Medical Unit Staff (Yescare) provide the Prince George's County Health Department directory to inmates with medical and behavioral Health needs and refers these patients to the University of Maryland-Largo Hospital Center, Southern Maryland Hospital Center, and Doctors Community Hospital based on the released patient's residential location.



# Health Care Collaborations

Problem-Solving Courts  
The County Health Department  
Maryland Department of Health  
Internal and external partners



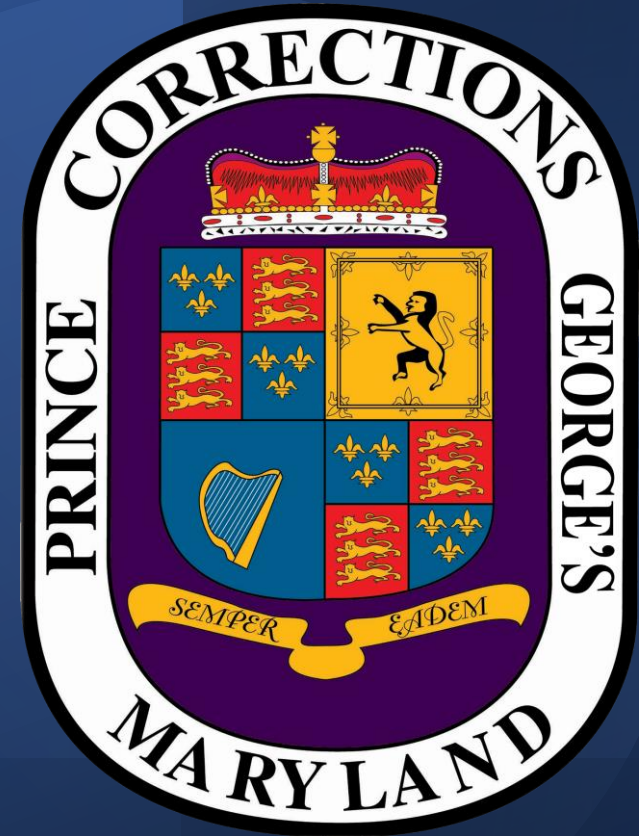
# AVERAGE LENGTH OF STAY

General population – 69 days

Mentally Ill – 271 days

*Currently, the detained population represents those charged with violent crimes (75% of the ADP).*

*Waiting for forensic hospital beds and community placements.*



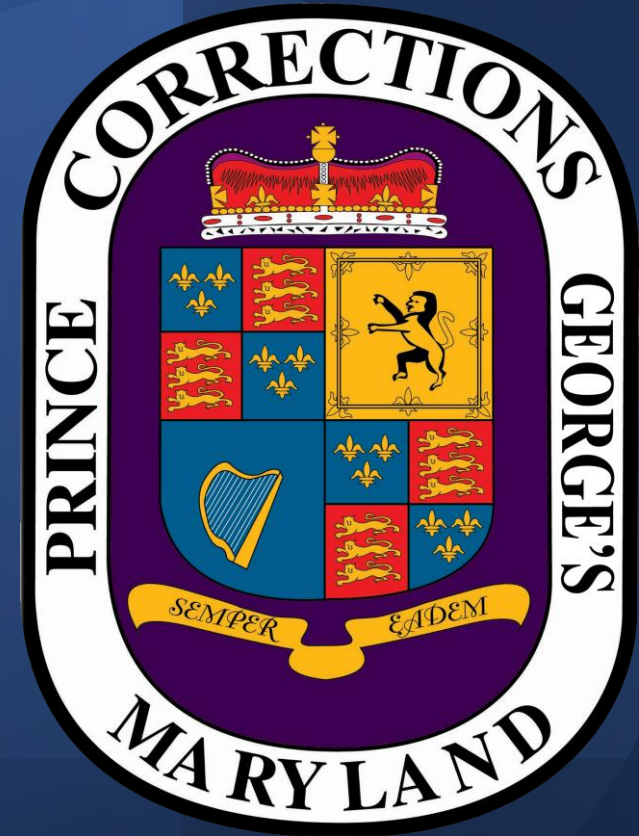


# JUVENILES WITHIN THE FACILITY

March 1, 2024 – 34 Juveniles

Average monthly population in  
CY23 – 15

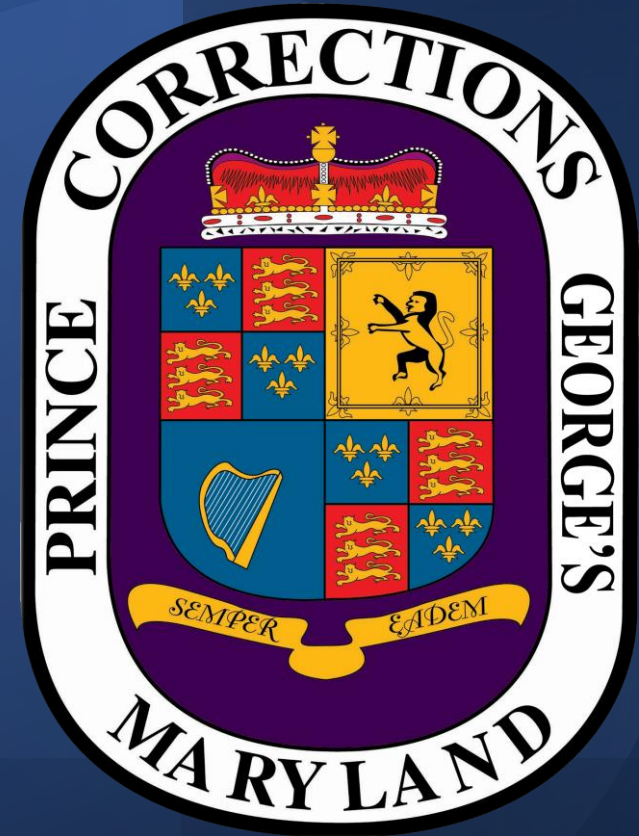
Average monthly population in  
CY22 - 13



# JUVENILES WITHIN THE FACILITY

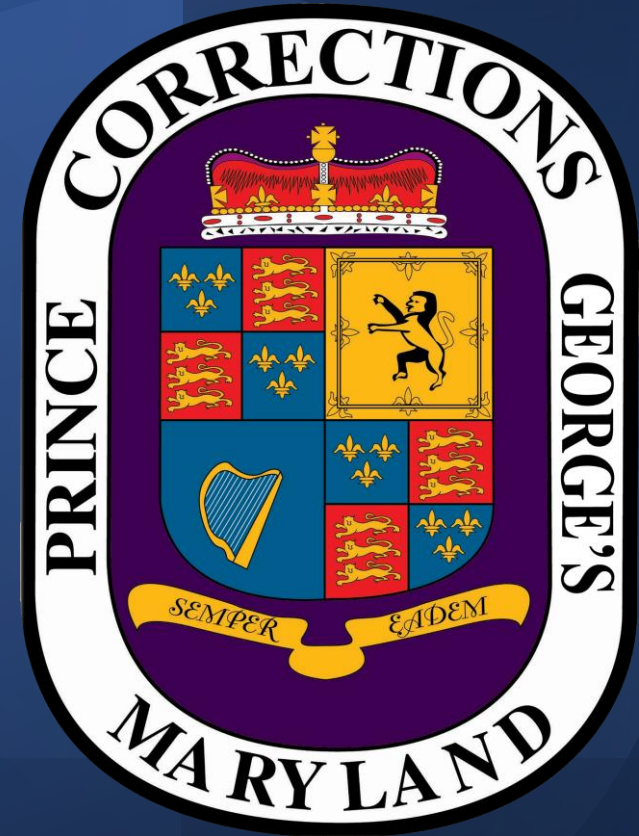
The main medical issue for committed juveniles is asthma.

Mental health concerns, for committed juveniles, include bipolar disorder, adjustment disorder, Adult attention-deficit / hyperactivity disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and anxiety disorder.



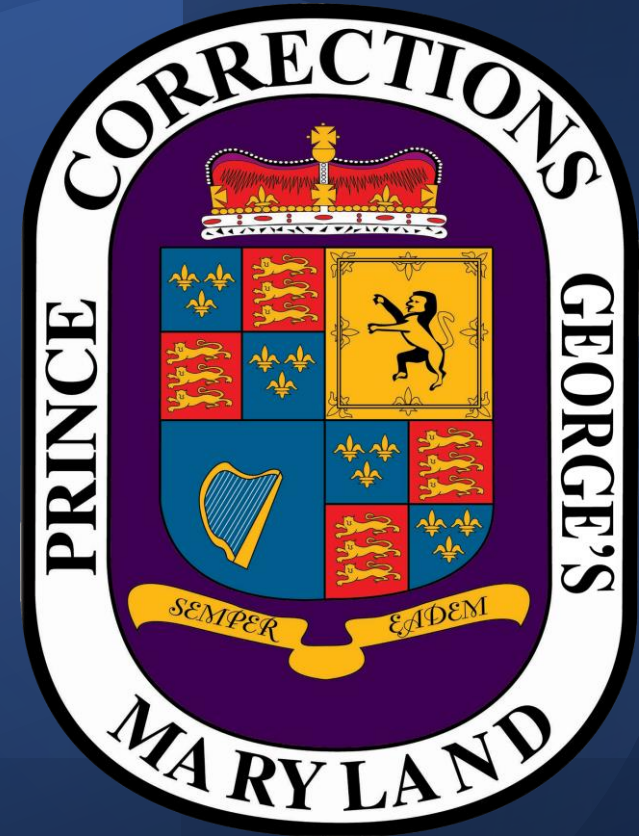
# JUVENILES WITHIN THE FACILITY

Juveniles, in detention centers, have been found to have a history of undiagnosed mental health issues that have not been properly addressed while they were in the community.



# MEDICAL COSTS

Fiscal Year	Annual Cost	% Increase
FY 2017	\$5,627,948.43	8.96%
FY 2018	\$5,481,990.06	-2.59%
FY 2019	\$5,540,261.58	1.06%
FY 2020	\$5,930,599.47	7.05%
FY 2021	\$6,352,965.00	7.12%
FY 2022	\$6,946,914.43	9.35%
FY 2023	\$7,605,239.32	9.48%
FY 2024 YTD	\$4,979,712.00	





# THANK YOU

The PGCDOC relies upon the assistance, collaborations, additional (funding), partnerships, and support needed, from all community stakeholders, to maintain and establish a higher level of continuity of care. It is essential, a necessity and a requirement to successfully care for these individuals, in our custodial care, and upon their release and reintegration into the community.

