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THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC:
THE IMPACT ON A LARGE COUNTY JAIL
BY THE YEAR 1996

by

ERNEST M. KLEVES AHL, JR.

COMMAND COLLEGE CLASS 11
PEACE OFFICER STANDARDS AND TRAINING (POST)

SACRAMENTO, CALIFORNIA

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This Command College Independent Study Project is a FUTURES study of a particular emerging issue in law enforcement. Its purpose is NOT to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future--creating it, constraining it, adapting to it. A futures study points the way.

The views and conclusions expressed in this Command College project are those of the author and are not necessarily those of the Commission on Peace Officer Standards and Training (POST).

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Abstract

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ABSTRACT

The study consists of three parts: a futures study of the impact of the HIV epidemic on a large California jail (Type 2) by the year 1996; a model strategic plan; a transition plan for a model county jail. The research reviewed trends that will increase in six years, such as: specific knowledge of the HIV positive inmates, inmates living longer, numbers of HIV positive inmates, training, IV drug users, staff resistance to inmates, mandated training of staff, education of inmates, and HIV related mis-classification of inmate lawsuits. Policy recommendations from the investigation emphasize staff training and inmate education; voluntary as well as mandatory HIV testing of inmates, and pre-employment HIV testing of staff; expansion of inmate classification and administrative segregation systems. Strategic management plans include implementation systems, management structures and supporting technologies. Report includes survey forecasting and impact analysis in text, graphics/instruments in appendices, references and bibliography.

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Executive Summary

11-0206

INTRODUCTION

Statistical Foundation: A large Type II California county detention facility has a rated capacity of over 700 inmates. All systems surveyed had inmate counts over rated capacities. According to the National Institute of Justice, inmate AIDS cases nationwide have increased by 600 percent since the first NIJ survey in 1985. AIDS inmates cases have increased by 72 percent since fiscal year 1988-89 had exceeded the percentage of AIDS cases in the general U.S. population which increased by 50 percent. Statistical reports of HIV positive inmates are often mathematical projections of blind sample HIV testing programs and are often questionable.

PART ONE - A FUTURES STUDY

Impact Upon Large County Jails by the Year 1996?: A panel of nine individuals were selected from varied background and job responsibilities having knowledge of jail operations and HIV medical history and issues. Utilizing the Nominal Group Technique (NGT), several future trends and events were identified as having impact on the issue and preselected sub-issues. The key trends selected as most related to the major thrust of the study were in the general area of: 1) staff having knowledge of who is HIV positive, 2) training of staff/education of inmates, 3) increased percentages of inmates being HIV positive and practicing HIV high risk behaviors, and, 4) increased staff resistance to supervising inmates. Key probable events related to: 1) early release of HIV positive inmates, 2) mandated training and education, 3) mis-classified inmate lawsuits, and to a lesser extent, 4) mandated HIV testing of inmates and a staff member dying of HIV medical complications contracted on the job. Utilizing combinations of trends and events, three scenarios were constructed to focus policy development in order to produce desired change.

PART TWO - STRATEGIC MANAGEMENT

Strategic Plan: Utilizing a model organization called Palomar County Jail, a panel of six professionals with jail management expertise analyzed the external and internal environments. The capabilities of the organization were examined as well as determination of stakeholder impact.

Policy Options: The same panel was used for policy development and pro/con analysis. The following general policies were considered desirable and feasible: 1) Increased training of staff and education of inmates; 2) Voluntary as well as mandatory HIV testing of inmates; 3) Pre-employment HIV testing of staff; 4) Expansion of inmate classification systems and administrative segregation systems.

Implementation Plan: A macro and micro mission statement was constructed for the model organization to provide structure. A critical mass of stakeholder actors and change to be implemented was determined. Action steps, time lines, and resources are identified in general terms.

PART THREE - TRANSITION MANAGEMENT

Progressive Jail Management: By determining the readiness and capability of the critical mass actors to change with the option policies, as well as, determining their level of commitment to change, a transition plan can be formulated. A transition manager, identified as a Project Manager, must be selected and would be a "champion" over a task force who would construct a responsibility chart for a pilot project. The pilot project would try the policy options in Palomar County Jail as the first of a number of projected changes to be instituted in other jails in the detention system.

CONCLUSIONS, RECOMMENDATIONS, FUTURE IMPLICATIONS

Answers the Issue Question: Part I asks a question - What will be the impact of the HIV epidemic on a large county jail by the year 1996? The question is answered as are the four sub-issue questions utilizing the material developed in the study. Recommendations are provided for the reader to possibly implement in their organization to realize a normative scenario. Suggestions are also provided for other future studies which would further mitigate the impact of the HIV epidemic on other aspects of large county jails.

D E D I C A T I O N

To my wife and best friend, Donna, whose patience and tolerance is truly appreciated.

To my son and daughter, Clint and Stephanie, for understanding my need for time to attain this goal.

A special thanks to the men and women of the San Diego County Sheriff's Department, San Diego County, and other California Sheriff's Departments whose expertise and talent was so essential to this study.

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I N T R O D U C T I O N

A discussion of the background of
the issue and the need for
a study of the future impact.

systems revealed as of October 1989, a total of 5,411 inmates AIDS cases (3,661 cases in 45 state and federal systems and 1,750 cases in 30 large city or county jail systems). Total inmate AIDS cases in the United States have increased by 600 percent since the first NIJ study, and by 72 percent since the fourth survey conducted in 1988. For the first time since the NIJ surveys were initiated in 1985, the 1988-89 percentage increase in total AIDS correctional cases (72 percent) exceeded the increase in cases in the population at large (50 percent).³

The county jail systems are coming under more scrutiny to modify jail procedures to accommodate contemporary needs. The National Commission on AIDS, an advisory panel on federal policy, held hearings in New York City on Friday, August 17, 1990. Problems cited were "poor medical care, lack of medicine, ostracism, and harassment by prison employees and other prisoners, violation of patient confidentiality, mandatory testing with little or no counseling, and a lack of educational efforts to prevent the further spread of AIDS. America's jails and prisons are not coping with the rapid increase of AIDS among inmates, causing needless suffering ... some of the experts called prison AIDS wards the new death wards."⁴ In Miami County, Ohio the authorities were criticized for cremating an inmate who died of AIDS related complications. The doctor said, "It was absolutely necessary to burn him, cremate him."⁵ His reasoning was

described as "that sort of thinking is back in the Middle Ages, and even in the Middle Ages they had more sense."⁶

The issue of the HIV epidemic in the law enforcement profession is not new. Three colleagues from prior Command College Classes have studied other aspects of the epidemic's impact on law enforcement.⁷

Most statistical reports recount the number of AIDS cases or deaths, however, the number of individuals who test positive for the presence of HIV is often a mathematical projection. A jail system must be concerned with the HIV and the inmates who are infected or test positive for the virus (HIV positive). Appendix A summarizes the historical development of the HIV epidemic.

PART I - A FUTURES STUDY

A study of the future impact of the
HIV epidemic on county jail operations.

Table I is a summary of the positive responses of the seven jails to 14 specific questions regarding HIV policy. This synopsis of the interviews relates to the main issue question and sub-issues.

TABLE I
INTERVIEW SUMMATIONS

<u>Question</u>	<u>Responses</u>
1. Jails with specific medical policies for HIV	4
2. Jails with specific operational policies for HIV	4
3. Jails with an Inmate Classification System	7
4. Jails with an Inmate Classification code for HIV	0
5. Jails with Inmate Classification code for medical concern	5
6. Jails knowing actual number of AIDS inmates	3
7. Jails knowing actual number of HIV positive inmates	0
8. Jails administratively segregating asymptomatics	0
9. Jails administratively segregating symptomatics	7
10. Jails with mandatory HIV testing (Proposition 96 excluded)	0
11. Jails with voluntary HIV testing programs	7
12. Jails with HIV training programs for non-medical staff	5
13. Jails with HIV educational programs for inmates	3
14. Jails experiencing controversies over HIV issues	1

Total Number of Jails Polled - 7

The jail staff interviewed views the HIV epidemic from a symptomatic view point. In other words, precautions and policy applications generally take place when an inmate is

suffering from ARC or full blown AIDS. At this point, jail administrative segregation processes will change to care for the stricken inmate and protect staff and other inmates from contamination. However, not one inmate classification system examined notes AIDS/HIV infection. A small notation may be made concerning special medical care in general.

Most of the detention facilities surveyed have policies and training for protection against contagious disease and four have made mention of HIV. However, only two systems have stressed HIV importance. There is little exchange of information about which inmates are HIV positive, allowing jail staff to take extraordinary steps to protect themselves during booking and housing processes. There is a tendency to train staff to treat all inmates as if they were HIV positive. As a result, this practice of generality causes inattentiveness and de-emphasizes the serious nature of the problem.

Among the jails studied, three have inmate educational programs on HIV infection. All but one are very general in nature. The educational focus is on high risk behaviors causing HIV infection when outside the jail environment. There does not appear to be educational programs to instruct inmates on how to protect themselves against HIV infections while incarcerated where there is higher risk of HIV exposure. Two detention systems distribute educational handouts to inmates during the booking process.

Relative to HIV infections within these jails, the future is bleak according to the individuals interviewed. Everyone foresaw serious strains on jail systems because of the lack of fiscal resources. Mandatory testing for HIV would be expensive. Follow-up care would be an additional economic burden. Housing of HIV positive asymptomatic inmates will remain in mainline population. There will be a need for more nursing bed care facilities or administrative segregation cells since inmates will live longer because of new HIV treatments which will be mandated. Some interviewees foresaw the court providing for early release of HIV positive inmates because the jail system will not be able to manage the HIV crisis, primarily for financial reasons.

A serious side issue which is seen as directly related to the epidemic will be the increased incidences of other infectious diseases, such as hepatitis Type B and tuberculosis (TB). This increase will put jail staff at further risk and strain. According to one interviewee, 90% to 95% of all health care workers currently test positive for exposure to TB. If this is the case, what will the future hold for staff working in a jail environment housing the anti-social members of society who are infected with an unforgiving disease such as the HIV?

The Futures Methodology

A nominal group technique (NGT) was used to assemble nine professionals representing law enforcement, law practice,

health services, plus an independent jail consultant and representative of the gay community. This diverse panel brought with them different perceptions of the issue questions so as to forecast the most pressing future trends and events which might impact the issue and sub-issues. The panel examined 49 trends related to the issues, and analyzed 39 events. The following Trend Evaluations and Event Evaluations findings are the by-product of their projections. A profile of the panel members and their professional involvements are found in Appendix C. The detailed data produced by the nominal group panel is located in Appendix D.

Trend Evaluations

Trend number one (T1) was defined as staff members access to knowledge of which inmates in a county jail system are identified as HIV positive.

The panel indicated that velocity of the trend will be significant and consistent in the foreseeable future of this study. The range of the forecast was relatively narrow but constant. This trend would improve the ability of a jail to make more intelligent inmate housing decisions; would force the inmate classification system to be expanded to include the HIV positive information so that staff could be more cognizant of safety practices. Identified HIV positive inmates could also be targeted for educational/ counselling programs.

Trend number two (T2) addresses the fact that there are varying lengths of life expectancies of inmates after being infected with the HIV.

The range of projections and even the velocities varied greatly. The consensus was that the life expectancy of inmates will increase in general, as treatments improve. This trend will increase pressure on jail systems. The panel felt it was necessary to forecast this trend since the jail system is able or unable to respond will impact the issue and sub-issues corresponding different. In other words, if administrative segregation cannot be expanded due to lack of money, it will accelerate the need to protect other inmates and staff with additional education and training to control infection or hysteria. Classification systems may have to be revamped to accommodate the increased number of HIV positive undergoing varying degrees of treatment.

Trend number three (T3) concerns the proportion of HIV positive inmates to HIV negative inmates in a county jail system.

Both the range and velocity of this trend vary greatly between high and low, however the median forecast most closely approaches the high projections. This upward trend will cause the administrative segregation areas of the jail to be expanded to accommodate the increased numbers of HIV positive inmates and will hopefully prompt the re-evaluation of inmate classification systems. Protection of inmates and staff will need addressing because of increased opportunity of HIV exposure.

Trend number four (T4) is a determination of what direction staff training and education may be going in the future.

If the lowest forecast is not considered, the range and velocity of the high, median, and "should be" projections are extremely close. The panel felt this trend will become increasingly important since any hope of a cure or vaccine is well beyond the 1996 scope of this study. This trend will help the jail system mitigate the epidemic by showing staff how to protect themselves.

Trend number five (T5) addressed the number of intravenous (IV) drug using inmates housed in a county jail.

The forecast ranges varied somewhat but the median projections demonstrate a continuing and increasing trend in county jails. This is important since IV drug use is a high risk behavior in spreading HIV infections, consequently more HIV positive inmate candidates. This forecast may also indicate that war on drug efforts in the future are not going to be as successful as hoped. This trend will increase the need for increased protection policies for staff and inmates, (e.g. increase contraband narcotics paraphernalia).

Trend number six (T6) addressed the amount of resistance that sworn staff members would have to the direct supervision of all inmates (not just HIV positive inmates) in booking and housing processes.

This is a trend seen as steadily increasing through 1996. The impact on county jail systems would be serious since it would hamper everyday activities. It would be the staff's way of protecting themselves from HIV infection by avoiding inmate contact. This could influence inmates to discriminate against other inmates further complicating administrative segregation processes.

Event Evaluations

Event number one (E1) was defined as an act by a local court mandating the early release of HIV positive inmates from a county jail.

The NGT provided a large range of forecasts by the year 1996. The median forecast demonstrated an equal chance of occurrence/nonoccurrence in 1993 and an 80 percent chance by 1996. The panel projected this event would ease the strain on jails by taking the infection threat out of the jail, as well as ease jail over-population pressures. It would also relieve strain on administrative segregation processes and decrease demands on inmate classification systems. Overall this would have a positive impact on the issue area. However, there is a stronger indication of negative impact because more criminals would be released sooner, straining external public health services.

Event number two (E2) occurs when the State of California enacts legislation mandating a specific level of training for all jail staff on how to handle HIV positive inmates.

The range of forecasts provided by the panel projects a good probability of this event occurring by 1996 (1993 being the year that the probability starts to exceed 50%). This event would definitely improve the ability for jail staff to protect themselves while booking and housing inmates. It could also improve jail administrative segregation processes by making staff more sensitive and aware of inmate housing and safety needs. It is possible to envision trained staff informally passing advice on to inmates on how they can

protect themselves. This event is perceived as a positive impact on the issue area with some negative impact being the expenditure of additional funds, as well as possible over reaction by staff to the HIV threat.

Event number three (E3) occurs when the State of California enacts legislation mandating programs to educate inmates on the high risk behaviors that spreads the HIV.

This forecast has many similarities with E2. The median projections are exactly the same. The impact of the event is also similar. It is a consensus of the panel that it would have a very positive impact on the issue area. A small negative impact is foreseen mainly from the viewpoint that additional money would need to be spent. The sub-issue of inmate protection would be highly impacted as well as the encouragement of staff to be safety conscious.

Event number four (E4) is a policy decree by a jail or state mandated legislation mandating HIV testing of all inmates for screening purposes.

The overall forecasts demonstrate a feeling that this event has a poor likelihood of occurrence. The median and low forecast is less 50 percent by 1996 and leveling off at that time. If it were to occur the panel consensus would have both a small positive and negative impact on the issue. The panel felt it would benefit the expanding of inmate classification systems and administrative segregation processes. However, they realized that someone could be HIV negative one day and positive the next, since it takes time for the body to produce antibodies to HIV.

Event number five (E5) occurs when a staff member working in a county jail who is not a member of the traditional high risk group dies of AIDS as a result of contracting the HIV from an on the job incident.

This has the largest range between high and low forecasts. The high projection demonstrates a virtual certainty by 1995 or 1996. The low projection is a probability of only 10 percent by 1993 and remains constant through 1996. The median forecast is only 50 percent by 1996 with a steady probability increase after that. The negative impact on the issue area is extremely high for obvious reasons and the positive impact is zero. If the event occurred it would seriously impact the sub-issues of staff and inmates protecting themselves during booking and housing.

Event number six (E6) is a court or legislative action allowing freedom of information on anyone in society who is HIV positive.

The occurrence of this event was considered to have a very positive impact on the issue area with a low negative impact. The panel believed the event only had a 50 percent probability by 1996 and the median forecast projected the probability to be constant after 1996. This event would encourage the refinement of administrative segregation processes and inmate classification systems. Staff would be more cognizant on protecting themselves. However, a reflection of the negative impact on the issue area is inmates behaving hysterically with information they have on the other inmates being HIV positive.

Event number seven (E7) occurs when an inmate sues a local county government because the inmate was mis-classified and housed incorrectly regarding the HIV issue (this could be an inmate who is or is not HIV positive).

The negative impact on the issue area is a concern for fiscal reasons. There was a small positive impact. The panel

consensus was that such a suit would bring about change in administrative segregation processes, as well as inmate classification systems. The panel median forecast indicates that by 1993 there is a 50-50 chance of occurrence accelerating to a certainty by 1996.

Cross-Impact Evaluation

To determine the dynamic interrelationships between trends and events, a panel of three law enforcement professionals involved in jail management performed a cross-impact analysis with the investigator. Appendix D contains consensus details. By assuming that an event actually happens, a determination can be made how it impacts other identified events and trends. This is then analyzed in light of the issue and sub-issues to foresee reactions. A determination can also be made concerning how each individual event and trend was impacted by the occurrence. Different future scenarios can then be written by selecting events that most influence the issue and sub-issues as well as selecting possible events and trends that can be influenced by policy decisions to impact the issue and sub-issues in a possible manner.

"Impact" Totals - There are four events that had a great deal of impact on the issue and sub-issues and they can be divided into two categories: information and education:

The early release of HIV positive inmates (E1) would take a strain off a county jail by not having to deal with HIV infection both in administrative segregation processes or in inmate classification issues. This event would increase the

probability of occurrence of mandated HIV screening. Staff would have more knowledge of which inmates are HIV positive. This would produce the likelihood of more education and training programs for staff protection.

Mandated HIV screening of inmates (E4) and the knowledge gained increased the trend of staff having knowledge concerning inmates who are HIV positive, as well as considerably decreasing staff resistance to supervising inmates. This sequence influences the issue and sub-issues across the board in a positive way. It would force the inmate classification system to expand to accommodate the new information, as well as refine administrative segregation processes to properly house inmates. Mandated screening also presses the training and education trend upward significantly so staff are taught to protect themselves during inmate contacts.

The mandated education of inmates against high risk HIV infection behaviors (E3) impacts nine other events and trends. The probabilities are not increased or decreased substantially. It would take three or more years to have maximum impact on the issue. However, the panel consensus believed it important. It helped the inmates protect themselves both in and out of custody and also decreased the probability of a staff member dying of AIDS (E6). Decreasing (E6) probability would at least not increase the trend of staff resistance of inmate supervision (T6). The occurrence of (E3)

has a positive impact and influence on the issue question.

The original forecast of (E6) HIV positive information not being confidential on any society member, was of low probability, however, if it were to occur its impact was similar to (E3). It decreased the probability of a staff member dying of AIDS but also decreased the probability of (E7) mis-classified inmate lawsuit and decreased the probability of occurrence of (E1). Decreasing the probability of an inmate lawsuit impacts the sub-issue of "admin. seg." and inmate classification positively since both would have to be refined to accommodate the HIV positive information.

"Impacted" Totals - There were three trends that could be impacted or influenced to impact the issue question and sub-issues in a positive way. (T1) Staff knowledge of which inmates are HIV positive is heavily impacted by the occurrence of (E1) and (E4). The more information the staff has on HIV positive inmates encouraged more efficient administrative segregation and inmate classification systems. It also causes staff to be aware of which inmates require cautious contact. A question needs to be answered - How can (E1) and (E4) be encouraged to occur to reap the benefits of this increase trend?

(T4) Training and Education of Staff is heavily impacted by (E2) and (E4). Training mitigates the impact of the HIV epidemic on a large county. It gives the staff the educational tools to practice safe procedures while booking and housing

inmates as well as eliminating any hysteria that would hamper jail operations when supervising inmates. Also, this trend is quickly influenced in just one or two years which helps impact the issue question quickly. (T6) Staff resistance to the supervision of all inmates is more evenly impacted by several events instead of by one event in particular. Again, this trend helps resolve the issue question quickly by maintaining overall efficiency in jail operations (inmate supervision and interaction). This touches, if only slightly, the sub-issues. Of all the events, a staff member dying of AIDS, is the only one significantly impacted event and its maximum impact is from 3 to 6 years. This reflects the panel's finding that the HIV infection can take so long to become a full blown case of terminal AIDS. Obviously, if the probability of (E5) can be reduced it will have a positive impact on the HIV epidemic in the jail by not causing havoc and not impacting the sub-issues negatively.

Alternative Future Scenarios

The following three scenarios were determined by certain assumptions made about the future - different assumptions, different futures. Each scenario surrounding the issue question and sub-issues is constructed from data realized from a) environmental scanning (current information research); b) interviews; c) forecasted trends and events; and d) the cross-impact analysis. The writer's own insights then created alternative futures on this basis.

The Exploratory Scenario - This Is Progress?

As a result of a December 12, 1996 newspaper article, the Facility Manager of Palomar County Jail called a staff meeting to make recommendations on this crisis. He had been under a court mandate since 1990 imposing caps on inmate population. The editorial reprint circulated to all in attendance was as follows:

Is This Progress?

Palomar County Jail Six Years Later

Editorial in "The Tribune"

In early 1990, the future of Palomar County Jail looked as though it may improve. The Superior Court ordered a population cap on the local lockup and the Sheriff, who controlled the jail at the time, responded with new work release and home incarceration electronic surveillance programs. Also, increased State funding built a new state-of-the-art detention facility which was scheduled to open in Spring, 1991. The momentum, however, was lost.

The Palomar County Board of Supervisors would not or could not appropriate money to open the new facility on time. Pressure on the jail system mounted, further stressing staff, inmates and support systems. In what appeared to be a move to place blame on the Sheriff, the Supervisors accused the Sheriff of mismanagement. In a political move to demonstrate leadership, the Board of Supervisors created a new Department of Corrections in late 1991 headed by an appointed civilian director.

As time passed, however, the same forces which plagued the Sheriff's jail continued to play themselves out under the new director. Relative to the HIV epidemic among inmates, there was still inadequate policy and priority changes. The new Administrator ignored the Ninth International Conference on AIDS, just concluding in Atlanta, Georgia. In fact, the Administrator was unaware of previous conference recommendations.

The projections of the number of HIV positive inmates in 1990 have doubled as expected, but jail administrative segregation and inmate classification policies had not been modified to address facility and staff needs. Staff training programs were mandated by the state in late 1994, but not in time to protect the County from an expensive inmate lawsuit regarding the mis-classification of an HIV positive inmate. Nor has it mitigated the staff work stoppage that occurred in early 1995 caused by the death of a staff member due to AIDS possibly contracted at Palomar County Jail.

Palomar County Jail's Facility Manager knew there was an increase in the number of HIV positive inmates being released by the court on a case by case basis even though mandatory HIV screening was not a reality. However, what prevented him from emphasizing voluntary HIV screening programs and the provisions of the 1988 California State Proposition 96? This would have reduced the burden on the current inmate classification system and the already strained housing resources.

Medical research has lengthened HIV positive inmate lives, however, this has caused an increase in inmate population violating the court cap in 1995. There has also been an increase in the medical costs associated with mandated treatments of HIV positive inmates, diverting money from training programs and space expansion programs.

Why were these problems not anticipated? Information was available six years ago and our professional jail managers did warn us. The politicians and bureaucrats should have stopped pointing fingers and started forecasting solutions for problems like our jail HIV epidemic - This is progress?

The Normative Scenario - Progressive Jail Management

Facility Manager Fred Schwartz wandered deliberately and thoughtfully through Palomar County Jail - a facility he has managed since late 1990. He daydreamed this cool Friday evening as the number of bookings taking place was routinely high. Things are so different - more progressive - since he first took responsibility for the jail.

Somehow it did not matter that he now worked for a County Department of Corrections, since the Sheriff's Department lost the detentions bureau with the scratch of a pencil by the Palomar Board of Supervisors. Fred lost his Captain rank and became a Manager in the deal. Whether that was the catalyst that precipitated the chain of events which brought about the change did not matter.

As Fred walked by the remodeled infirmary to handle AIDS inmates, he intently observed medical personnel and correctional officers supervise the inmates. Both groups

showed the results of their training. Fred remembered back to late 1990 when the HIV epidemic was just beginning to rear its ugly head in the jail system, and the staff was not prepared to meet the challenge. There was little academy training and no in-service training programs for jail personnel and the physical plant design of the facility was not designed to accomodate the forecasted increase in the number of HIV positive inmates.

How different six years had made in the situation. Fred and his staff worked together to answer two questions: How do we manage the HIV epidemic in the jail? and, How do we protect and educate both the staff and inmates? Fred was pleased how strategic planning and transition management had conditioned the jail system for change. The inmate classification system had been modified and expanded to account for inmates with high risk HIV infection behaviors as well as those identified HIV positive. So far the jail has not been exposed to any unnecessary liability from putting inmates or staff at risk. Administratively segregating HIV positive inmates had not been necessary unless they are prone to practicing high risk behaviors.

Thanks to an intensive introductory training of new staff and yearly seminar updates, past fear of infection has subsided and staff attrition is now stable. The program has been expanded to include education on TB, Hepatitis Types B and non A/non B, since they are more prevalent because of the HIV epidemic. In fact, Fred recalled, inoculations were just made available on request from staff members for Hepatitis.

Fred did remind himself that things are not perfect. Staff wages were suffering because County tax dollars are going to jail operations. However, people will at least come work for us and not be resistant to supervising inmates. If only we would have more success with inmates. They are still not taking advantage of our education and counselling programs, and they are not responding to efforts to volunteer for HIV testing. Hopefully, the stepped-up delivery of inmate HIV booklets and closed circuit television videos on AIDS and high risk behaviors will correct this problem.

Fred pondered on the on-going discussions with Superior Court Judges to obtain early release of HIV positive inmates who are being administered the expensive HIV drugs. This "Cadillac Medical Care" should not come from jails; it is at the expense of other worthwhile programs. Since a cure or vaccine is not on the horizon, Fred thought it was time to talk with other County and private agencies who may be better suited to deal with the needs of the low security HIV positive inmates. These agencies may have access to grants to finance the necessary health care that the jails are not eligible for. We must look into the future to see what we can do now, anything else would be irresponsible.

The Hypothetical Scenario - Failure To Plan

Jail Riot After Action Report
December 12, 1996

This was the third jail disturbance in six months and, by far, the worst. The other disturbances were, for the most part, isolated and contained in the modules. Jail staff members had responded appropriately even though resistance

has been growing against direct supervision of all inmates who are suspected of being HIV positive. The riot of December 12, 1996, however, was different because of the death of a corrections officer in October. He contracted the HIV virus in 1992 after being pricked by a contaminated needle during a search of an inmate's pocket.

The corrections officer died relatively quickly. It was just recently confirmed that some strains of the HIV are more deadly than others. If only staff training and educational updates were initiated sooner following the state legislature's mandated training required by the 1992 AIDS Training Act. First of all, the accident was preventable - with training. Even if he was still injured after training he would have been tested more often and given new treatments sooner. He may have survived longer and possibly be cured, depending on recent medical breakthroughs.

The worker's compensation claim as a result of the injury has received highly visible media coverage causing increased staff hysteria and inmate resentment due to the callous attitude of the staff. It is possible such an atmosphere in the facility precipitated the disturbance of 12 December.

The riot started in east wing module 12 H, which houses repeat offenders intravenous drug users. The losing war on drugs is very evident here with the high inmate population. A fight broke out when a mis-classified inmate, who was symptomatic with ARC, was attacked by another group of inmates. The apprehensive staff would not get involved

because of fear of infection. The fight escalated to a riot as the entire east wing got involved by starting small fires, destroying jail property, and settling "old scores" with other enemy rival gangs. News of the riot spread to other floors through word of mouth of inmate worker staff. This ignited other disturbances on other housing modules, especially the escape risk module. The staff did not respond to the emergency conditions until they felt endangered by the spreading chaos. The riot did play itself out as fire hoses damped the inmate's enthusiasm and debilitating smoke made the inmates think about their own survival instead of injuring other inmates or staff.

As a result of the riot there was over \$500,000 in damage in the housing areas of the jail. The booking area was shut down for three days necessitating transport of criminal suspects to other jails. The mis-classified inmate was beaten to death and relatives are telling the news media that a lawsuit is planned. No jail staff were killed; however, several were hurt. Most disturbing is that three staff members were exposed to large amount of blood while controlling HIV positive inmates. The results of testing for the HIV will take time since disease may take long periods of time to show antibodies for the virus. The exposed staff members and their families are set-up for counselling to handle the emotional upset of waiting and preparing.

As a result of this riot an intra-jail committee has been set-up to make recommendations to mitigate the loss of half the facility's housing capacity. Also to be considered is

changes necessary to overcome the issues and circumstances that caused this riot. In other words, we are locking the barn after the horses got out.

Summary

The normative scenario is the chosen scenario to help correct current system deficiencies. This will encourage the trend of education and training and identification of HIV positive inmates. Also, to provide the environment to discourage the death of staff from AIDS and inmate lawsuits and increase the probability of educating inmates and screening inmates for the HIV.

PART II - STRATEGIC MANAGEMENT

A strategic management plan to manage the adjustment of the jail operations mission to address the HIV epidemic.

The objectives of a strategic plan is to identify critical trends and events of the normative "desireable and attainable" scenario within the context of a pseudonym model organization called Palomar County Jail. The critical trends and events are evaluated in light of the issue question, sub-issues and policy options formulated to encourage the occurrence of some of these trends and events and prevent others. Thus, the normative scenario could become a reality.

The following methodologies were utilized to evaluate the model organization, identify stakeholders concerned with changes necessary to address the issue and sub-issues, develop possible policies and evaluate their feasibility:

- 1) Organization Capability Analysis
- 2) Strategic Assumption Surfacing Technique (SAST) Map
- 3) Modified Policy Delphi
(Policy Feasibility/Desirability Chart)

The detailed data and background of experts utilized to evaluate and develop a strategic plan are found in Appendix E.

Model Organization: Palomar County Jail

The jail is located in the center of a large metropolitan city servicing as the main booking facility for the southern half of the county. It is the oldest jail of a detention bureau comprised of a total of six facilities. It is currently under a court ordered inmate population cap of 750. The printed press and electronic news media continuously publicize such issues as: lawsuits, allegations of inmate abuse, unsafe/unhealthy living and working conditions, as well as editorializing formation of a Department of Corrections.

Palomar County Jail has the highest percentage of inmates testing positive for any drug use and the highest percentage of inmates testing positive for multiple drug use in the United States. Most recently two inmates died while in custody from complications associated with HIV infection. A female inmate kitchen worker sentenced for prostitution died after falling ill which caused some hysteria among staff fearing infection from contaminated food. A male inmate died after improper medical screening which has brought consternation upon the jail from the press.

The training provided to the staff is considered some of the best in the state, however, there is very little formal HIV training given to the correctional staff. Also, recent publicity of sworn staff losing peace officer status with the formation of a Department of Corrections has been increasing attrition rates consequently reducing experience/efficiency levels in the facility.

Internal and External Environment Assessment of Palomar County Jail

Weaknesses, opportunities, threats, and strengths that underlie planning analysis relates the model organization to its environment. Opportunities and threats are influences external to the organization and strengths and weaknesses are internal factors of the organization all which impact its ability to make necessary changes to address the issue and sub-issues.

Opportunities

- 1) HIV epidemic is recognized as a serious concern.
- 2) Programs addressing the HIV epidemic are in place and are willing to exchange information.
- 3) News media regularly investigates and publicizes the HIV infection and reflects public attitudes.
- 4) Legislative action has taken place in the past to address HIV issues.
- 5) Histories of litigation are available to analyze possible policy implementations.
- 6) Ongoing medical research is updating knowledge relevant to treatment/protection programs.
- 7) Grant funding can come available to augment budgetary needs.

Threats

- 1) Limited funds available in county budgeting process.
- 2) Mandated state programs are limiting county discretionary funds.
- 3) Confidentiality laws could prevent information exchange on HIV positive inmates.
- 4) Possible in-fighting between various government agencies handling AIDS related programs for scarce resources or political power.
- 5) Poor wages and working conditions adversely impacting ability to attract qualified employees from shrinking labor pool.
- 6) Lack of political motivation to address the HIV issue in jails unless a crisis is present.

Strengths

- 1) Workforce, in general, better educated with department encouraged higher education.
- 2) Workforce more tolerant (liberal) in thinking than in past.
- 3) Medical care funding has increased recently; some procedures modified
- 4) Electronic media systems and counselling techniques are in place and can be used more fully.
- 5) Staff interest and some knowledge of HIV is currently apparent.
- 6) Department managers have had a tradition of commitment to problem solving.

Weaknesses

- 1) Resources have never been allocated in the past for the concentrated type of staff training like the HIV epidemic will require.
- 2) Resources have never been allocated in the past for the concentrated type of inmate education and counseling necessary for this epidemic.
- 3) Inmate capacity is already stressed and facility physical plant will not respond quickly to inmate housing needs.
- 4) Staff morale is low due to low pay, perceived reduced career opportunities, and attacks by the press on staff professionalism.
- 5) There is a segment of staff and management with a "who cares about them" attitude.
- 6) New political change is forth coming in the department and the HIV epidemic in jails may get a low priority rating.
- 7) Department has past history of being heavily scrutinized by inmate advocate groups.

Organizational Capability Analysis

A capability analysis was conducted on the model organization's ability to change. Six experts experienced in jail management issues provided assessments in each category.

- 1) Overall, top managers have the capability to change policies to address the HIV epidemic in the jail as long as the changes are within a familiar framework of past experiences. However, they have the talent to take more innovated changes needed to re-vamp classification systems and administrative segregation processes.
- 2) The organization is not seen in the same light. It would have difficulty adjusting to major changes needed to address the epidemic. However, the existance of encouraging reward systems and a power structure that seeks change like top managers could be applied to condition the organizational climate to accept more radical change. Especially, if the organization is given opportunity for contributing and buy-in.
- 3) The organizational competence is more middle of the road and should accept modified HIV policies which they are familiar with. However, any HIV policy changes that require expenditure of resources will have to be closely monitored.

Strategic Assumption Surfacing Technique (SAST)

The same panel of experts identified groups of individuals (stakeholders) who have a role which impacts the policy decisions that effect the HIV epidemic in the jail system. Seventeen groups of stakeholders were identified as being effected by what the model organization does with the issue and sub-issues, or having an interest in the issue, or affecting the issues themselves. With each listed stakeholder are issue-related assumptions made about them which describe basic, deep-rooted values and beliefs they may have about the world.

1. Jail Staff

- a) Willingness to learn.
- b) Concerned for personal safety, as well as, health and safety of family members.
- c) Fear of Known, related to who is or who is not HIV positive.
- d) May resist social change which is seen as Coddling to inmates.
- e) Overwhelmed by potential of AIDS in jail system.

2. Trainers

- a) Lack training themselves on HIV epidemic problems in jail.
- b) Lack insight on social/political philosophy of community.
- c) Not enough money invested in training trainers - most on the job.
- d) Difficult job, but take opportunity to develop reasonable plans.

3. Board of Supervisors (5 Members)

- a) Frantic over the HIV epidemic they know they cannot correct.
- b) All jail issues are considered either a political opportunity or political trap and will act accordingly.
- c) Will defer to committee for study or action instead of taking problem head-on and will treat HIV in jails the same way.
- d) Even though they try to act in concert, they are often politically divided.
- e) They often oversimplify and will make ill-informed decisions.

4. Medical Profession

- a) Well informed about the HIV and overall well trained.
- b) Are preparing for increased cases of HIV positive individuals asking and receiving some additional resources for research.
- c) Are lacking facilities to house AIDS cases and are sensitive to jail administrative segregation problems.
- d) Sometime feel other diseases are lacking attention because of the publicity the HIV epidemic is getting.
- e) Are very hesitant to divulge information on HIV positive inmates because of patient confidentiality which will retard expansion of inmate classification systems and to some extent administrative segregation processes.

5. Inmates

- a) Very emotional about HIV infection and self-centered absorption of resources.
- b) Tendency to strikeout at HIV positive inmates.
- c) Will demand more protection and even education.
- d) If they do not receive what they demand they will file lawsuits.
- e) Poor education and emotionalism will necessitate easy to understand educational/counselling programs.

6. Gay Community

- a) Pro-active, vocal, well-informed about HIV epidemic.
- b) Influential with press and politicians looking for more resources.
- c) Difficult to work with and uncompromising.

7. Legal Community

- a) At times, very idealistic and well informed.
- b) Can be very "dollar driven" in cases pursued.
- c) Can be expected to work with inmates to achieve common goals related to jail related to HIV processes and programs.
- d) The American Civil Liberties Union (ACLU) is a common fiber running through the community and must be reckoned with in jail HIV issues.
- e) Interests of community not always in concert with facts of both medical community or jail management attempts to control the epidemic in the jail system.

8. Pharmaceutical Groups

- a) Are profit driven and HIV drug costs could impact monies needed for training, education, and housing HIV positive inmates.

9. Federal Drug Administration

- a) Very cautious and defensive.
- b) Will monitor and be sensitive to the Legal community's push for more action on HIV issues.
- c) May allow experimental use of HIV drugs which could be a factor in housing HIV positive inmates in jail if the inmate takes drug.

10. Employee Representative Groups

(snail darter; could, unexpectedly, dramatically influence policies)

- a) Must be vocal with their causes and react with positive public opinion.
- b) Look to politicians and media for influence.
- c) Will make unreasonable demands looking for good bargaining positions; may impede to fell own visions not the big picture.
- d) Will resist policies that are of a clear benefit to group.

11. Politicians At All Levels

- a) Not too much for or too much against new HIV policies and promote compromise to mitigate controversy.
- b) Will use the HIV epidemic to stay in office or advance their careers.
- c) They have hidden agendas and slow processes.
- d) They are a must to resolve the HIV epidemic issue to the jail system.

12. Religious Community

- a) Are part of jail counselling programs and are needed to install new HIV policies.
- b) Can be inflexible to social change if in conflict with religious beliefs.
- c) Can be opportunistic and use HIV epidemic to support institution of own religious agenda.

13. Law Enforcement Community

- a) Are very structured and goal driven which is positive to address HIV issues but may lack some innovation.
- b) Many fear infection from lack of education or knowledge.
- c) Will apply new HIV knowledge or training if intensively conditioned and given resources to institute new procedures.
- d) Often irritated and repulsed by HIV high risk behavior groups.

14. Social Service Organizations

- a) Impacted by forced reduction of programs because of fiscal crisis - are willing but unable to accomplish goals.
- b) Will demand more from jail system and staff since the jail will be seen as a means to achieve success with HIV programs.
- c) Will continue to suffer professional frustration because of cut backs.
- d) There will be more interaction between the jail and social programs because of HIV positive inmates in jail and their families who may be HIV positive outside.

15. Department Leadership

- a) Is realistic and deals well in application of minimal resources to resolve problem issues.
- b) Attitudes can be unstable because of post challenges from external forces outside the organization which impacts how quickly change occurs.
- c) Bottom-line, department leadership including first line supervisors will be supportive of any policy change which will benefit the jail in managing the HIV epidemic.
- d) There are some individuals who are part of informal leadership roles which will vocalize "problems with new policies addressing training programs concerning the HIV.

16. Educational Community

- a) There will be great diversity of attitudes and information about the HIV which will have to be dealt with individually.
- b) The news media and politicians have a great deal of influence on this stakeholders reactions.
- c) Especially in the high school environments there are inroads for HIV education that impact high risk behaviors which incarcerate individuals.

17. Taxpayers Associations

- a) May tolerate monies for research but may object to tax dollars spent on extraordinary jail HIV programs - especially for inmates.
- b) Will object to programs going beyond the norm to some militant social groups including some gay activist organizations.

The panel members answered two critical questions:

- 1) How important is the stakeholder to the jail HIV epidemic and organization? 2) What is the level of certainty of the

assigned assumptions? On the importance scale of which groups are critical for HIV policy formation and implementation, they are: 1) Jail Staff, 2) Board of Supervisors, 3) Medical Profession, 4) Inmates, 5) Legal Community, 6) Politicians, and 7) Department Leadership. It is interesting to note that of this group inmates and politicians had the lowest level of assumption certainty. This is not to exclude other stakeholders from being monitored and provided with adequate communication of noteworthy policies. This may prevent unexpected reactions that could disrupt strategic plans.

Mission Statements

Keeping in mind the information and analyses of the model organization, as well as the environment it functions within and is responsible for, a macro and micro-mission statement of purpose can be formulated:

Macro - Mission Statement: Purpose of Jail Operations

The primary mission of the detention facility is to operate for the confinement of persons awaiting judicial proceedings or committed to custody while fulfilling legal mandate, protect the public, ensuring court appearance of persons in pre-trial status, and providing incarceration for judicially ordered punishment.

Micro - Mission Statement: Purpose of Future Issue of Managing the HIV Epidemic During Jail Operations

During booking and determining inmate housing needs, the HIV epidemic will be managed in a manner consistent with the overall jail mission as it relates to staff well being and inmate confinement and safety.

Policy Options

Execution of the mission statement will require a number of policies. A policy planning panel comprised of jail

management personnel, a medical administrator, and a retired jail consultant were charged with the responsibility of formulating the following policy alternatives:

- 1) Jail systems should implement basic academy and in-service training programs for the HIV.
- 2) Inmates should be required to submit to HIV testing if incarcerated after pre-trial arraignment.
- 3) Mandated inmate counselling programs should accompany HIV testing prior to and after test results are received.
- 4) Inmate HIV education programs should be established.
- 5) HIV positive inmates should be identified to all staff members who have physical contact with inmates.
- 6) All staff members should have pre-employment HIV testing.
- 7) Asymptomatic HIV positive inmates should remain in mainline population unless practicing high risk behaviors.
- 8) Symptomatic HIV positive inmates should be housed separate from healthy or asymptomatic inmates.
- 9) Inmate classification systems should identify all high risk behavior inmates, HIV positive inmates, and other infectious diseases.
- 10) A staff psychological counselling support system should be established and available upon request.

The policy planning panel calculated and rated each policy to determine the feasibility and desirability as they relate to the issue and sub-issues for inclusion in a broad strategy. Through group consensus, similar or supporting policies were consolidated or refined. The results are presented by their relationship to the HIV epidemic in the jail and stakeholder implication that will encourage the Normative Scenario.

Policy Options/Pros/Cons

- 1) Implementation of basic academy and in-service training programs for the HIV with coordinated input with Employee Assistance Programs (EAP)

Pros

- a. Takes the initiative over state mandated training
- b. Decreases trend of staff resisting supervision of inmates for fear of HIV infection
- c. Decreases probability of staff becoming infected with virus
- d. Increases skill level of trainers
- e. Improves organization's climate (culture/norms)

Cons

- a. Increased training costs and training time

- 2) Asymptomatic HIV positive inmates should remain in mainline population unless practicing high risk behaviors

Pros

- a. Preserves current housing resources
- b. Does not stigmatize HIV positive inmates

Cons

- a. Must be watchful of high risk behaviors
- b. More difficult to track HIV positive behaviors
- c. Chance of inmate mis-classification or infection spread

- 3) Inmate classification systems should identify all high risk behavior inmates, HIV positive inmates, and other infectious diseases

Pros

- a. Increases trend of informing staff of HIV positive inmate
- b. Reinforces training of staff
- c. Reduces staff resistance to supervising inmates
- d. Increases probability of testing inmates for HIV
- e. Reduces probability of inmate lawsuits
- f. Encourages education of inmates against high risk HIV behaviors
- g. Increases probability of HIV positive inmates being released early

Cons

- a. May increase medical care costs on HIV positive inmates
- b. Legal community may object to violation of confidentiality
- c. Lawsuits because of staff divulging HIV information on inmates

- 4) **HIV positive inmates should be identified to all staff members who have physical contact with inmates**

Pros

- a. Decreases probability of staff being infected with HIV
- b. Increases probability of education of inmates against HIV high risk behaviors
- c. Should increase trend of inmates living longer having access to sooner treatments

Cons

- a. Legal community may object
- b. Possible lawsuits because of staff divulging HIV information on inmates
- c. May increase medical care costs on HIV positive inmates
- d. Negative reaction from gay community and inmates
- e. Demand from law enforcement community for similar information

- 5) **All staff members should have pre-employment HIV testing**

Pros

- a. Litigation protection for the organization against staff to inmate infection
- b. Provides protection against staff to staff infection
- c. Helps to substantiate workers compensation cases in on-the-job HIV infection allegations

Cons

- a. Resistance from employee representative groups and legal community
- b. Such programs do not address staff HIV infection after employment

- 6) Symptomatic HIV positive inmates should be housed separate from healthy or asymptomatic inmates

Pros

- a. Discourages HIV infection of other inmates
- b. Provides for improved monitoring of ill inmates
- c. Improves facility security for staff and inmates

Cons

- a. Could stigmatize HIV positive inmates
- b. Could increase facility operation costs impacting concerns of department leadership

- 7) Mandated inmate counselling programs should accompany HIV testing prior to and after test results are received

Pros

- a. Whether HIV testing is mandatory or voluntary, counselling
 - eases emotional trauma or uncertainty
- b. Increases inmates education awareness of HIV high risk behaviors
- c. Provides additional protection to staff
- d. Enhances involvement of the religious community and social service organizations
- e. A successful counselling program could increase effectiveness of voluntary testing program if HIV testing is not mandatory

Cons

- a. Increased costs associated with new or increased inmate programs which concerns department leadership stakeholders
- b. Increases attention to HIV inmates maybe at the expense to other inmates

- 8) Inmate HIV educational programs should be established

Pros

- a. Discourages the spread of HIV while incarcerated
- b. Possibility increase facility security by discouraging use of drug paraphenelia and tatoos kits
- c. May provide some additional peace of mind to staff
- d. Education could be a benefit to inmate and community when inmate is released

Cons

- a. Inmates are not usually a "learning" audience
- b. Additional costs associated with such programs

Strategy Implementation

The recommended strategy must be in keeping with the Mission Statement of the organization, so that a common and stable reference point is always present. Managing the epidemic in a jail is extremely important, being mindful of growing projections, however, it is not the only issue facing detention facilities. How the HIV infection is handled must be within the framework of total jail operations. The common thread that runs through the issue question and sub-issues and is identified in the cross impact analysis is education. Education is information and information is power. And, power shared, is power multiplied.

Action Steps

1. Determine internal capabilities of the organization as they relate to the HIV epidemic
2. Determine expectations of the community the organization serves as they relate to the HIV epidemic
3. Define a Mission Statement which interprets and molds the organization and community together not forgetting the legal mandates of existing laws
4. Examine what is right and what is wrong with any existing policies and procedures dealing with the HIV epidemic
5. Communicate to the organization what has been found and seek feedback
6. Determine level of knowledge or training of staff concerning AIDS
7. Evaluate current inmate counselling/education programs in light of the HIV infection
8. Evaluate current inmate classification systems as it addresses infectious diseases

9. Evaluate current administrative segregation as it addresses infectious diseases
10. Train Trainers and teach inmate instructors/counselors in HIV issues
11. Institute academy and in-service training programs on HIV issues emphasizing HIV confidentiality/liability issues as it pertains to HIV positive inmates
12. Institute inmate education/counseling programs including emphasis on inmate voluntary HIV testing
13. Establish formal inmate classification criteria for HIV high risk behavior and/or HIV testing results
14. Modify administrative segregation processes to account for HIV testing results, behavior, treatment, etc.
15. Monitor staff attitudes and behaviors pertaining to interacting with HIV testing results of inmates and classification/housing procedure
16. Work with human resource departments to institute pre-employment HIV testing similar to other testings for infectious diseases or drug/alcohol problems
17. Explore avenues of instituting mandatory inmate HIV testing through government agencies, legislatures, policy makers, etc.
18. Institute annual budget reviews to determine on-going needs for monies to finance HIV related issues including but limited to increased capital outlays for inmate housing/care facilities
19. Consider independent outside providers and educators on a contract basis to provide care, housing, and instructional programs

Time Line

The list of proposed action steps are not in any specific order, nor prioritized by how quickly they can be implemented. Educational/Training steps can and should be acted immediately since they can have an immediate impact on the issue question. Other recommended steps needed to impact sub-issues such as inmate classification and administrative segregation will take time to build stakeholder buy-in as well as financial support.

Required Resources

1. Support of staff, first-line supervisors, trainers and department leadership is essential
2. The assumption that medical staff will be resistant to providing medical information on inmates will require time to overcome
3. A financial commitment will be required by the Board of Supervisors
4. Increased HIV testing of inmates (mandatory or voluntary) will require tools and technologies
5. Outside consultants will be necessary to train trainers
6. Monitoring of community expectations will be important since the HIV epidemic may grow more than projections and consequently affect public attitudes and concern
7. Continuing expenditure of time and money is necessary to maintain current information on the HIV for staff training and inmate education

PART III - TRANSITION MANAGEMENT

A transition management plan to accomodate
the Normative Scenario - Progressive Jail Management.

This study began with a discussion of how large Type II jail facilities are currently managing the HIV epidemic. The first part involved applied future forecasting methodologies on key issues, trends, and events, including identification of a "desired" future scenario. A strategic management plan of policy options was then presented after consideration by panel experts. Now, a management structure will be suggested to motivate change and guide the transition from the present state to the planned future state. Appendix F contains the detailed data of the Commitment Plan and Readiness/Capability Analysis.

Commitment Plan

A minimum number of stakeholders called the critical mass was identified by the panel consensus. Their active support would ensure that desired change would occur. The focus of efforts by transition managers will be on the critical mass in order to influence commitment levels to the issue and sub-issues so the desired changes can be accomplished.

Actors in the critical mass cannot be expected to share the same level of readiness for change, nor can they be expected to possess the same capability to interact as necessary in the change-producing strategy. An assessment of these two factors was completed by the same panel of experts used in evaluating information in the strategic management plan.

The readiness and capability of most of the critical mass actors were either high (medical profession and legal community) or medium (jail staff, politicians, and department leadership). However, in the case of the Board of Supervisors and inmates their readiness and capability were low. This suggests that for change to occur in managing the HIV epidemic in the jail much effort will have to be invested in these actors regarding the proposed strategy. Especially, the Board of Supervisors must be heavily lobbied since they control financial support affecting the plan.

Influencing The Critical Mass

The panel also assessed the level of commitment of each actor in the critical mass to assure the needed level of commitment will be present for change to occur and impact the issue. The results of that assessment are found in the Commitment Chart in Appendix F.

- 1) **Jail Staff** - even though staff are often found in a position to just "let change happen," they must be moved to a position of "helping change happen". This will be important in influencing the inmates they supervise. Giving this stakeholder input in the transition to be undertaken will assist in moving them to "helping change happen".
- 2) **Board of Supervisors** - this group of stakeholders are politicians but are considered separate from the other stakeholder politicians. When it comes to the HIV as a jail management issue their only concerns are financial and political. They will "let change happen" if the budget is balanced and changes are not controversial. A movement to "help change happen" will be necessary. This will only occur if political expediency is served and a great deal of educational intervention is applied.

- 3) **Medical Professionals** - a well informed group who are dynamic when it comes to reacting to updated information on the HIV epidemic. Given a well defined goal and direction, they can be moved from "help change happen" to a "make change happen". They could provide large amounts of influence on the Board of Supervisors, politicians, department leadership, and even inmates.
- 4) **Inmates** - although a very difficult group, they are a captive audience and can be influenced by the medical profession, as well as by the staff if they provide a positive role model and adequate information. "Forced" collaboration is not a good option, however, a changed reward system could move the inmates to "help change happen".
- 5) **Legal Community** - this stakeholder is critical to any change that occurs in law enforcement since jails are part of that legal system. Very seldom do they "let change happen"; they must be moved to "help change happen". Problem finding and resistance management will be important strategies to move this actor.
- 6) **Politicians** - as stated before, politicians have one of the lowest levels of stakeholder assumption certainty. This actor will be the biggest challenge since they must be moved from "blocking change" to "make change happen". As a critical actor they will be a necessity to modify some laws so certain policies can be implemented. Educational intervention will be important to demonstrate the change needed for the public good, as well as their own interests.
- 7) **Department Leadership** - considering their medium readiness and capability for the proposed strategic plans it should not be difficult to move this group from a "let change happen" to "make change happen". However, if they do not "make change happen", the other critical actors will not respond. Department Leadership is the pivotal point and if they are not supportive, the issue and sub-issue would become a non-issue to everyone else.

Responsibility Charting

A basic case for investment in the proposed changes will have to be developed, and then adapt its message to each stakeholder group. In an effort to make certain the specific

decisions, tasks, or actions are implemented by stakeholders (critical mass or otherwise) a responsibility chart was constructed by panelists with inter-related roles. Working individually they developed a list of actions, decisions, or activities and recorded them. Then their behavioral roles concerning each action or decision is recorded using the key identified in Chart 1. This chart reduces ambiguity, wasted energy, and adverse emotional reactions between individuals, or groups whose interrelationship is affected by change. The results are reflected in Chart 1 and give an impression how a group can act to manage transition to the desired future state on managing the HIV epidemic in a large jail.

Management Structure

A transition management system must be structured in a manner that creates the least tension within the on-going operation of the jail. However, the transition plan must have the most opportunity to facilitate and develop the new system which will encourage the normative scenario.

The best alternative management structure to manage this transition is the Project Manager. This manager, appointed with delegated authority of the Chief Executive, will function as a "champion" over a task force of organizational members to provide feedback on HIV issues and policies. The project manager must have access to resources to keep things moving. The task force should be comprised of organizational representatives from various levels and roles, as well as members of community groups.

**CHART 1
RESPONSIBILITY CHART**

Actors

Decision	Dept. Leaders	Board Member	Medical Professional	Legal Community	Local Politician	Religious Leader	Trainer	Social Worker	Inmate Advocate	Employee Represen.
Academy Training	R	I	S		S		R	I	S	S
In-Service Training	R	I	S		S		R	I	S	S
Inmate Education	I		S	S	I	I	I	S	R	I
Inmate Classification	I	I	R	R	I	I		S	S	I
Administrative Segregation	I	I	R	R	I	I		S	S	I
Pre-employment HIV Testing	S	S	S		S			I		R
Budget Review	R	R	I	I	I					

Key: R = Responsibility (not necessarily authority)
 A = Approval (right to veto)
 S = Support (put resources toward)
 I = Inform (to be consulted)
 Blank Is Irrelevant

Transition Managers and Supporting Technologies

Even though a Project Manager is the "champion" of the transition this transition manager must have appropriate background or training. Such an individual must have technical expertise in jail operations, as well as some basic knowledge about the HIV crisis. There should be a leadership ability to prioritize HIV issues in the jail environment as to how timely and practical issues resolutions can be. The transition manager must be politically astute to the HIV epidemic, possessing a personal style of objectivity, good listening skills, and an ability to manage the conflict that is associated with the epidemic.

Pilot Project

There are different alternative technologies that can be utilized in managing transition and the decision of which technology to use should be made late in the planning process. In the case of this model organization, it would be better to select a transition manager familiar with a pilot project intervention technology. Palomar County Jail is one jail of several facilities in the detention system. A pilot project which applies the option policies and new inmate classification and administrative segregation procedures to Palomar County Jail would not disrupt the entire system. The pilot project provides the opportunity for modification or fine tuning before the transition management plan is instituted system-wide.

Educational Intervention

This technology will be needed in the pilot project. However, when the transition plan is applied system-wide, it will be essential to use educational intervention with so many impacted individuals or groups. Educational programs which manage organizational change will assist people in understanding the problem and obtaining their commitment. This epidemic is an emotional issue and relevant information sharing is paramount to transitioning.

Resistance Management

There will be resistance to this transition plan since resistance to change is a normal attitude. However, it may take place in several forms and a transition manager needs to analyze the type of resistance in order to work with it, reduce it, and obtain commitment from the resisting groups or individuals.

Monitoring the Transition Process

Tracking the change instituted will require objective as well as subjective evaluation. The successes and failures all need to be assessed, especially in the pilot project. Listed below are suggested ways of evaluating progress:

- Increases/decreases in staff sick leave usage
- Charting inmate housing trends
- Observing application of HIV infection prevention training
- Increases/decreases of inmate or inmate conflicts
- Increases/decreases of staff/inmate conflict
- Increases/decreases of inmate sick calls
- Attendance of staff to in-service training programs
- Participation of inmates in counselling/education programs
- Test scores of staff after training
- Frequent meetings with representatives of constituencies in jail operations monitoring attendance and participation
- Monitor budget expenditures including staff overtime usage

**C O N C L U S I O N S , R E C O M M E N D A T I O N S
A N D F U T U R E I M P L I C A T I O N S**

A discussion of the HIV epidemic in the county jail environment and the need for alternative policy implementation to mitigate the future.

Conclusions

This study provided some basic background information on the HIV epidemic. Information was also provided on the current status of how seven large county jail systems in California are addressing the spread of the disease. The focus on the future of the epidemic in jail operations was accomplished by asking an issue question. Then further structure was provided for the study by asking four sub-issue questions. These questions will now be specifically answered from data gathered during research. Recommendations will also be advanced that can mitigate future consequences of the growing epidemic. Suggestions are provided for additional studies related to the HIV epidemic and their impact on the future.

I. What will be the impact of the HIV epidemic on a large county jail by the year 1996?

The number of HIV positive inmates will continue to increase and the proportion of asymptomatic and terminal inmate cases will remain about the same. There will continue to be disagreement on the rate of increase. Staff concern and worker compensation claims will increase proportionately with inmate cases. There will not be a vaccine or cure available by 1996 to mitigate the epidemic. Fiscal resources will continue to be strained. Funds necessary for medical care and physical plant reorganization will be scarce. This problem will be further aggravated by the deepening 1991 recession. Inmate populations will adversely react to increases in HIV positive/asymptomatic inmates and inmate advocacy groups will demand change.

II. How will jail administrative segregation processes change to accomodate the HIV epidemic?

There will be a need to provide additional types of segregation to address the mixing of certain inmate classifications of both HIV symptomatic and asymptomatic inmates. To forestall inmate lawsuits and grievances, reclassifications will have to occur quickly and more often. Also, staff will need frequent updates on administrative segregation changes.

III. How will inmate classification systems be modified to address HIV infected inmates?

New classification codes will be necessary to identify HIV status, treatment schedules, counseling programs, etc.. There will be heavier reliance on classification systems for administrative segregation determination. The inmate classification system will become more important to staff for personal safety reasons. A closer working relationship will be necessary between medical staff and correctional staff.

IV. How will jail staff protect themselves while booking and housing inmates in jail?

Training and education will be the paramount to overcome resistance and over-reaction to HIV hysteria. The efficient use of time and resources will be compromised if staff use outdated or improper methods of protection against HIV infection. Without updated and current information concerning the HIV epidemic, fear and suspicion will lower staff morale and adversely impact facility security. Also, inmate needs may be ignored as staff maintain unnecessary fear during inmate contacts.

V. How will inmates be protected from HIV infection during booking procedures and housing needs?

Again, education is the primary weapon against HIV infection. If educational methods are not utilized in a detention facility, inmates will try to protect themselves by using "unacceptable" methods. It is the responsibility of the staff to protect inmates and without direction, education, and training protection will be inefficient, haphazard, and also carry vicarious liability.

Recommendations

To mitigate a potential disastrous future, it is important to immediately institute a training and education program for both staff and inmates. This will forestall hysteria, decrease infection rates, and maintain desirable levels of inmate/staff interaction for facility security. Such programs are pro-active on the future and receive little resistance from most stakeholders. An HIV project manager should develop a liaison with public health services, local state university systems or hospitals, and with public/private community health resources.

An active and aggressive HIV testing program would be very beneficial. A mandatory program is preferable, however, voluntary programs are still desirable. Any testing program must include an extensive counselling support system. A liaison mechanism with the court system would be helpful to seek the release of low security risk symptomatic HIV positive or terminal AIDS inmates.

Inmate classification systems should be modified to identify HIV positive inmates for administrative segregation

processes. California Health and Safety Code Section 199.99 allows jail managers to notify staff of such information. It would be important to impress upon staff that outside divulgence of such information is a misdemeanor.

The pre-employment HIV testing of new employees and permanent employees should be instituted. The nature of jail violence, as well as, life saving incidences can spread HIV. Such a testing program will protect the system from liability of staff spreading the virus. There are cases of suspected professional transmission of the HIV, e.g. dentist/patient.⁸ Other diseases, e.g. T.B., are part of employment testing; HIV testing should not be an exception.

Future Implications

This study touched on but one issue concerning the HIV epidemic in jails. The following are other potential issue questions that can be studied:

- What will be the financial impact of the HIV epidemic on county jails?
- What medical demands will the HIV epidemic impose on jails?
- How will other law enforcement functions be impacted by the HIV epidemic in county jails?
- What will the public expectations be of HIV healthcare in a jail system?

"An interrelationship exists between all elements and constituents of society. The essential factors in public problems, policies, and programs must always be considered and evaluated as interdependent components of a total system."⁹ A local detention facility is a necessary part of our society to deal with deviant behavior. It has a responsibility

to the community it serves, including coping with the HIV epidemic among inmates. It is important for jail administrators to coordinate responses or form alliances with public health officials, community health resources (public/private), college or university resources (particularly for training). These are important sources of divergent thinking and perspective on HIV issues.

ENDNOTES

1. State of California - Laws and Guidelines for Local Detention Facilities. Part II Minimum Standards for Local Detention Facilities. Title 15, California Administrative Code. 1974, Subchapter 4, Section 1006(gg).
2. "Crime In the San Diego Region" by Criminal Justice Research Unit; San Diego Association of Government; San Diego. September, 1990, page 48.
3. "AIDS: Corrections Continuing Challenge" by Theodore M. Hammett and Saira Moini; Corrections Today Magazine. August 1990.
4. "Experts Call Prison AIDS Wards the New Death Row" New York Times News Service Times-Advocate. August 19, 1990.
5. "Anger Stirs Over AIDS Cremation" Cox News Service San Diego Union. April 8, 1990.
6. "Anger Stirs Over AIDS Cremation" Cox News Service San Diego Union. April 8, 1990.
7. What impact will the AIDS epidemic have on the patrol officer's job performance by the year 1993? by William C. Brown; May 1988 POST Report 1988.
7. What Should the Role of Law Enforcement Be in the Societal Response to the AIDS Epidemic by the End of the Twentieth Century? by Gregory W. Winters; May 1988 POST Report 1988.
7. What Will be the Future Impact on Law Enforcement by Police Officers Infected with the AIDS VIRUS By 1993? by John Urbunowski; May 1988 POST Report 1988.
8. "Experts Confirm Patient May Have Contracted AIDS From Dentist" Associated Press San Diego Union. July 28, 1990 Also CBS Evening News Tape. September 24, 1990.
9. General Systems Theory by Ludwig von Bertalanffy; George Braziller, Inc., New York. 1984, page vii.

B I B L I O G R A P H Y

AIDS: A Manager's Guide by Victor Schachter and Susan von Seeburg
1986 Executive Enterprises Publications Co., Inc., San Francisco

AIDS and the Law Enforcement Officer Concerns and Policy Responses
by Theodore M. Hammett, Ph.D. June 1987 National Institute of
Justice. Issues and Practices, Washington D.C.

"AIDS Bulletin" Series National Institute of Justice
U.S. Department of Justice, Washington D.C.

AIDS in Correctional Facilities: Issues and Options by Theodore M.
Hammett, Ph.D. April 1986/1988 Update National Institute of
Justice. Issues and Practices, Washington D.C.

"AIDS Information Exchange" Series San Diego County Office of
AIDS Coordination

AIDS: Improving the Response of the Correctional System by Anna T.
Laszlo and Marilyn B. Ayres 1986 National Institute of
Corrections U.S. Department of Justice, Washington D.C.

"AIDS in Prison" by Cathy Potler June 1988
The Correctional Association of New York, New York City, New York

AIDS in Probation and Parole by Dana Eser Hunt, Ph.D. June 1989
National Institute of Justice. Issues and Practices,
Washington D.C.

And the Band Played On - Politics, People, and the AIDS Epidemic
by Randy Shilts 1987 1988 Published by the Penguin Group
New York, New York

"California AIDS Update" Series, Office of AIDS,
Sacramento California

Health and Safety Codes Annotated of the State of California 1990,
Deering's California Code Sections 195-199.99,
Sacramento, California

"Is HIV the Cause of AIDS?" by Peter H. Duesberg and Bryan J. Ellison
(Respond to their Critics) Policy Review, Number 54, Summer 1990
Washington D.C.

"Is the AIDS Virus a Science Fiction? by Peter H. Duesberg and Bryan J. Ellison Policy Review, Number 53, Summer 1990
Washington D.C.

Organizational Transitions - Managing Complex Change 2nd Edition by Richard Beckhard and Reuben T. Harris, Addison-Wesley Publishing Company, 1987, Reading, Mass.

A P P E N D I C E S

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A P P E N D I X A

There is evidence that Human Immunodeficiency Virus (HIV) global epidemic is still not under control. Doctor Jonathan Mann, former director of the World Health Organization's Global Program on AIDS states that

"(We) are facing a decade of the 1990's that will be far more difficult than anything we saw in the 1980's. Worse still, the situation is not expected to stabilize for several more decades."¹

Estimates can vary widely as to how quickly the epidemic is spreading and the number of people worldwide who are infected. The World Health Organization (WHO) has estimated that as of 1990, 700,000 have developed AIDS worldwide and 6-8 million have contracted the HIV. By the end of this decade 5-6 million will be ill while the number infected may approach 20 million.

According to statistics from the Center for Disease Control (CDC) in Atlanta, Georgia, at least 600,000 Americans are infected with the HIV, more than 136,000 have become ill, and approximately 83,000 people have died.

In July, 1990 the California State Office of AIDS reported 26,925 AIDS cases in California since 1981. The first five months of 1990 is reflecting a 12 percent increase over the first five months of 1989.

In California, 17,440 people have died of AIDS since 1981. Most recent statistics compiled by the CDC show California second only to the State of New York in the number of reported AIDS cases.

Even though the "official" beginning of the epidemic is 1981, the origin of the HIV and when it first infected a human being is still open to conjecture. In August 1990 in Toronto, Canada, Jonas Salk, M.D., a leading AIDS researcher and developer of the polio vaccine, speculated that

"Humans may have first contracted the HIV from monkeys as long as 900 years ago. But it took the advent of modern transportation for the virus to spread rapidly through Africa and the rest of the world."

Salk said there is reason to believe the virus escaped into the human population about 900 years ago, based upon recent calculations of German Nobel laureate Manfred Eigen.²

A researcher, Andrew Bailey, M.D., and two other colleagues wrote in the British medical journal, The Lancet, that a British sailor age 25 died of the disease in 1959. The Royal Navy seaman died in a Manchester hospital, 197 miles northwest of London of pneumonia accompanied by overwhelming complications and secondary infections. Some of the sailor's tissue samples were stored at the time of his death in paraffin blocks and re-examination and testing showed that the kidney, bone marrow, spleen, and pharyngeal mucosa tested positive for the HIV. Brain and liver

tissues were negative. The oldest accepted evidence of AIDS is generally held to be a blood serum taken in Zaire in 1959.

"(This) demolishes the idea held by some people that the AIDS virus could have been a man-made, genetically engineered organism released accidentally or deliberately from the laboratory, Baily said."3

This evidence leads us to believe the HIV was contracted in the early 1950's but it was unknown whether he traveled to Africa.

A Netherland's research team is utilizing a new cloning process to extract genetic chains from samples of skin and bone tissue taken from mummified humans and animals and search for traces of AIDS. Jan Gelen, Ph.D., a biochemist working on the research team, stated

"It is possible that AIDS virus could have existed for thousands of years in another non-dangerous form."4

It has been interesting highlighting the statistical growth of the HIV and how researchers have attempted to track down the origins of the disease. More intriguing, however, is how the virus goes about its deadly course and frightens humankind, like previous worldwide plagues, such as bubonic plague, small pox, cholera, etc..

Infection Process The HIV is a protein capsule containing two short strands of genetic material and some enzymes, using human cells to perpetuate itself. The virus can lay dormant inside tissue and organs

ten years or more, then for unknown reasons become active and turn immune cells into virus factories and ultimately killing the host. During the time the HIV lays dormant, the virus is still infectious and can be passed, unknowingly, to others since the infected individual is, as yet, not suffering any objective symptoms.

The following is a simplified description of how the virus infects the immune system. The HIV is a retrovirus which is a very in structure and contains less genetic information than most viruses. It attacks the immune "helper T-cell" appendages which are used by the T-cells to communicate with other immune cells which protect the body from infection. By attaching to the T-cell appendages, the HIV can inject its genetic material and enzymes into the T-cell. At this time the HIV becomes a permanent feature of the genetic makeup of the T-cell. As described before, the HIV can lay dormant for years and infect others through an exchange of blood, and other body fluids, such as fluids involved in sexual intercourse. The ultimate death of the individual occurs when the host T-cell is directed by the HIV implanted genetic material to produce more genetic material, the raw material for new HIV capsules. The host T-cell then bursts open killing the cell and releasing the new HIV capsules to infect new cells. The death of the body's T-cells begins the

destruction of the body's entire immune system, making it susceptible to opportunistic and rare diseases, that is a condition called full blown AIDS which will eventually cause death.

Future Prospects Where might the progression of the HIV epidemic be leading us? The Hudson Institute, a well known "think tank" did a projection which was called a dark view of the future and predicted in October 1989 that

"unless strong measures are taken by government and society to control the epidemic, 14.5 million Americans will be infected with the AIDS virus by the year 2002."⁵

William B. Johnston, co-author of the study and vice president of the institute used a mathematical model and a "muddle through" worst case scenario to describe a possible future. The scenario assumes no vaccine is developed and no major changes in current social-sexual attitudes. However, even in the Institute's best case scenario which includes a vaccine by mid-1990, the society will have to accomplish remarkable behavioral changes which will still sustain 30,000 new HIV infections by 2002 and a total pool of 1.6 million infected.

In more thought-provoking alternative futures, futurist authors such as Clement Bezold, Jonathan Peck, Robert L. Olson, Edward Cornish, John Platt, Richard Merritt, and Mona J. Rowe speak of the HIV epidemic causing the reorganization of world political power because of high death rates in some

countries and lower death rates in others, more legal and religious approval of suicide and euthanasia due to extraordinary medical costs, death of economically active adults crippling nations' productivity, or the fashion world changing styles to down play sexuality, just to name a few.

A P P E N D I X A

E N D N O T E S

1. "AIDS - The Next Ten Years by Geoffrey Cowley with Mary Hager and Ruth Marshall Newsweek Magazine, June 25, 1990
2. "Humans May Have First Contracted AIDS Virus 900 Years Ago, Salk Says" Toronto Globe and Mail, San Diego Tribune, August 24, 1990
3. "AIDS Now Seen Arising in Early '50s" United Press International San Diego Union, July 7, 1990
4. "Researcher Will Ask Mummies All About Aids" Time-Advocate, July 15, 1990
5. "Study Say 14.5 Million in U.S. May Have AIDS Virus by 2002" Associated Press San Diego Union October 18, 1989

A total of eight individuals were interviewed for benefit of this study. Seven of those individuals represented the seven county jails listed below:

	<u>*Rated Capacity</u>	<u>*Ave. Daily Pop.</u>
1. Alameda County Sheriff's Dept.	2446	3169
2. Los Angeles County Sheriff's Dept.	13,464	21,670
3. Orange County Sheriff's Dept.	3199	4309
4. San Bernardino County Sheriff's Dept.	1366	1448
5. San Diego County Sheriff's Dept.	3999	1827
6. San Francisco County Sheriff's Dept.	1786	1897
7. Santa Clara County Dept. of Corrections	4405	3745

*Mega Jail Survey, Maricopa County Sheriff's Office

Three interviewees were sworn staff members from the rank of Captain and above. They were either in command of a jail or were in command of a detention bureau. One individual was a health services administrator on contract with the department responsible for overseeing the jail system's medical care of the inmates. Three individuals were civilian medical administrators or assistant administrators employed by county departments to oversee medical services to the incarcerated inmates. These individuals were either medical doctors, registered nurses, or, professional medical administrators. The eighth interviewee was a professional, independent HIV educator, jail staff trainer, and researcher on

the epidemic not connected to any individual jail. Anonymity of individual names are protected so there was a free flow of information and speculation on the future as they may see it.

INTERVIEW QUESTIONS

- 1) What is your detention system rated capacity? What is your average daily inmate population?
- 2) Does your detention system have any AIDS policies relative to inmates, staff or visitors? If so, how does it work and how effective is it?
- 3) Do you have an inmate classification system which addresses AIDS/HIV infected inmates or high risk groups?
- 4) Do you administratively segregate AIDS/HIV infected inmates?
- 5) Has your detention system had any AIDS related disturbances or controversies? If so, what was the nature of them?
- 6) Normally, how many AIDS/HIV infected inmates do you currently have in custody?
- 7) Is your detention system involved in any AIDS/HIV infection testing program? If so, how is it done?
- 8) What AIDS/HIV planning or training, educational or counseling programs are you using for either inmates or corrections staff?
- 9) What changes do you envision in the next ten years in the way your detention system will cope with the HIV epidemic?
- 10) What future TRENDS do you foresee that will impact jail systems by the year 2000 as they relate to HIV infections?
- 11) What possible future EVENTS do you foresee that will impact jail systems by the year 2000 as they relate to HIV infections?

Nominal Group Panel

Nine individuals participated in this nominal group technique to help project the most critical trends and events of the future that will impact the issue question and sub-issues.

Three panel members were sworn staff members involved in the management of a jail system. They were rank of Commander and above and possessed diverse management skills in both jail operations and jail medical support roles.

One panel member was a supervisor involved in the creation and supervision of an expanded inmate classification system.

Two panel members were registered nurses and program managers of either an in-service medical training program for AIDS or a countywide program to coordinate AIDS information exchange or education enhancement to other agencies.

One panel member was an attorney involved in providing legal opinions on diverse law enforcement issues including jail legal updates.

Another panel member was a program consultant in private industry funded by government grants to provide services to HIV positive, ARC, and full blown AIDS.

The last panel member is a reknowned civilian self-employed jail consultant providing guidance on such efforts as jail accreditation.

One of the panelists is also gay by admission.

LIST OF TRENDS

1. Outcry from mainline population to be separated from HIV positive inmates.
2. Civil unrest.
3. Staff treatment of HIV positive inmates.
4. Inmate sexual practices.
5. HIV educational programs for highly impacted minority groups.
6. HIV resistance to anti-viral drugs.
7. Early release of inmate.
8. Assaults by inmates on HIV positive inmates.
9. Prosecution for assaults by HIV positive inmates.
10. Citizen action groups.
11. Attitude from community at large toward HIV infection.
12. Treatment programs.
13. Medical treatment for HIV infection in the community.
14. Expense of medical treatment.
15. Transmission of HIV by intravenous drug usage.
16. Money for research depending on economy.
17. Medical specialization for treatment programs.
18. Percentage of HIV positive inmates in the jail system.
19. Training and education of staff and inmates.
20. Percentage of inmates using drugs in jail system.
21. Availability of tax dollars.
22. County's reliance on state, federal, etc. funding.
23. Mandated unfunded programs by legislature.
24. Female inmates who are HIV positive.
25. Diversion of county funds to jail from other county programs.
26. Number of high risk behavior groups.

LIST OF TRENDS, continued

27. Percentage of intravenous drug users as inmates.
28. Evolving nature of the HIV (different strains).
29. Professional attitude of staff.
30. Impact on how HIV infection is addressed.
31. Employee attrition rate in jail because of HIV epidemic.
32. War on drugs.
33. Epidemic impact on local tax money due to increase in U.S. foreign aid money to assist such countries.
34. Monies for health care.
35. Monies for research/education.
36. HIV positive inmate suicides.
37. HIV epidemic.
38. HIV jail policies.
39. HIV positive inmates living longer.
40. Cost per HIV positive inmate for cure.
41. Money spent on terminally ill HIV positive inmates.
42. Staff resistance to direct supervision of all inmates.
43. Commitment to state prisons of HIV positive inmates.
44. HIV positive inmate lawsuits for care.
45. Impact of HIV positive alien nationals.
46. General knowledge of inmates who are HIV positive.
47. Private sector (insurance companies) funding for HIV positive treatment programs.
48. In jail treatment of HIV positive inmates.
49. Regionalized facilities of HIV positive inmates.

LIST OF EVENTS

1. HIV positive inmates used to test new drug.
2. Inmate lawsuit is successful against jail staff member leaking confidential HIV information.
3. Staff labor bargaining group sues for not providing protective measures in jail.
4. HIV infected staff member sues for not providing protective measures in jail.
5. Lawsuit filed against jail for releasing infected inmate into community who infects citizen through criminal behavior.
6. Mis-classified inmate sues for damages.
7. New HIV vaccine causes mutation into new strain of HIV which do not show up in current HIV testing methods.
8. New programs approved for education of high risk behavior.
9. Capital punishment for drug dealers.
10. HIV positive victims quarantined.
11. Development of vaccine against HIV infection.
12. Mandatory screening for HIV infection approval for jail inmates.
13. The HIV becomes more virulent.
14. Staff member dies as result of on-the-job incident which caused HIV infection.
15. Community needle exchange program approved.
16. Hazardous duty pay approved for jail staff.
17. HIV positive information on victims no longer is confidential.
18. Nationalized medicine legislation enacted.
19. HIV cure developed.
20. Early release of HIV positive inmates mandated.
21. Drugs are legalized.
22. Local tax increase are approved.
23. Prostitution is legalized.

LIST OF EVENTS, continued

24. Inmate lawsuit is successful for segregation from HIV positive inmates.
25. Drug treatment for drug users on request without waiting.
26. All forms of "safe sex" devices approved for use by inmates.
27. All forms of "safe sex" devices disapproved for use by inmates.
28. New law passed mandating advisement of HIV positive inmate's sex partner.
29. State mandates training of jail staff on handling HIV positive inmates.
30. New strain of HIV discovered.
31. President establishes new federal agency.
32. New Civil Rights legislations mandate the hiring of homosexuals like any other protected class.
33. New way of transmitting HIV virus discovered.
34. Staff refuses to work around HIV positive inmates.

TABLE 2 - Trend Evaluation

Trend #	TREND STATEMENT (Abbreviated)	LEVEL OF THE TREND ** (Today = 100)			
		5 Years Ago	Today	* 3 years from now	* 6 years from now
1	Staff knowledge of HIV positive inmates.	20	100	325/400	600/800
2	HIV positive inmates living longer.	10	100	200/250	400/400
3	Level of HIV positive inmates.	70	100	300/100	800/150
4	Training and Education of Staff.	20	100	200/600	600/1000
5	Number of I.V. drug users as inmates.	50	100	300/200	600/250
6	Staff resistance to supervision of inmates.	50	100	400/200	600/300
			100		
			100		
			100		
			100		

80

** Panel Medians

* 3 years from now
"will be"
/ "should be"

* 6 years from now
"will be"
/ "should be"

TABLE 3 -Event Evaluation

Event #	EVENT STATEMENT	* YEARS UNTIL PROBABILITY FIRST EXCEEDS ZERO	* PROBABILITY		IMPACT ON THE ISSUE AREA IF THE EVENT OCCURRED	
			3. Years From Now (0-100 %)	6. Years From Now (0-100%)	* POSITIVE (0-10 scale)	* NEGATIVE (0-10 scale)
1	Early release of HIV positive inmates	3	50%	80%	7	5
2	State mandates training of staff	2	50%	100%	8	3
3	Education against high risk behaviors	2	50%	100%	8	2
4	Mandated HIV screening of inmates	2	50%	50%	5	2
5	Staff member dies of HIV	1	20%	50%	0	10
6	HIV positive information not confidential	2	50%	50%	9	3
7	Mis-classified inmate sues	1	50%	100%	2	6

* Panel Medians

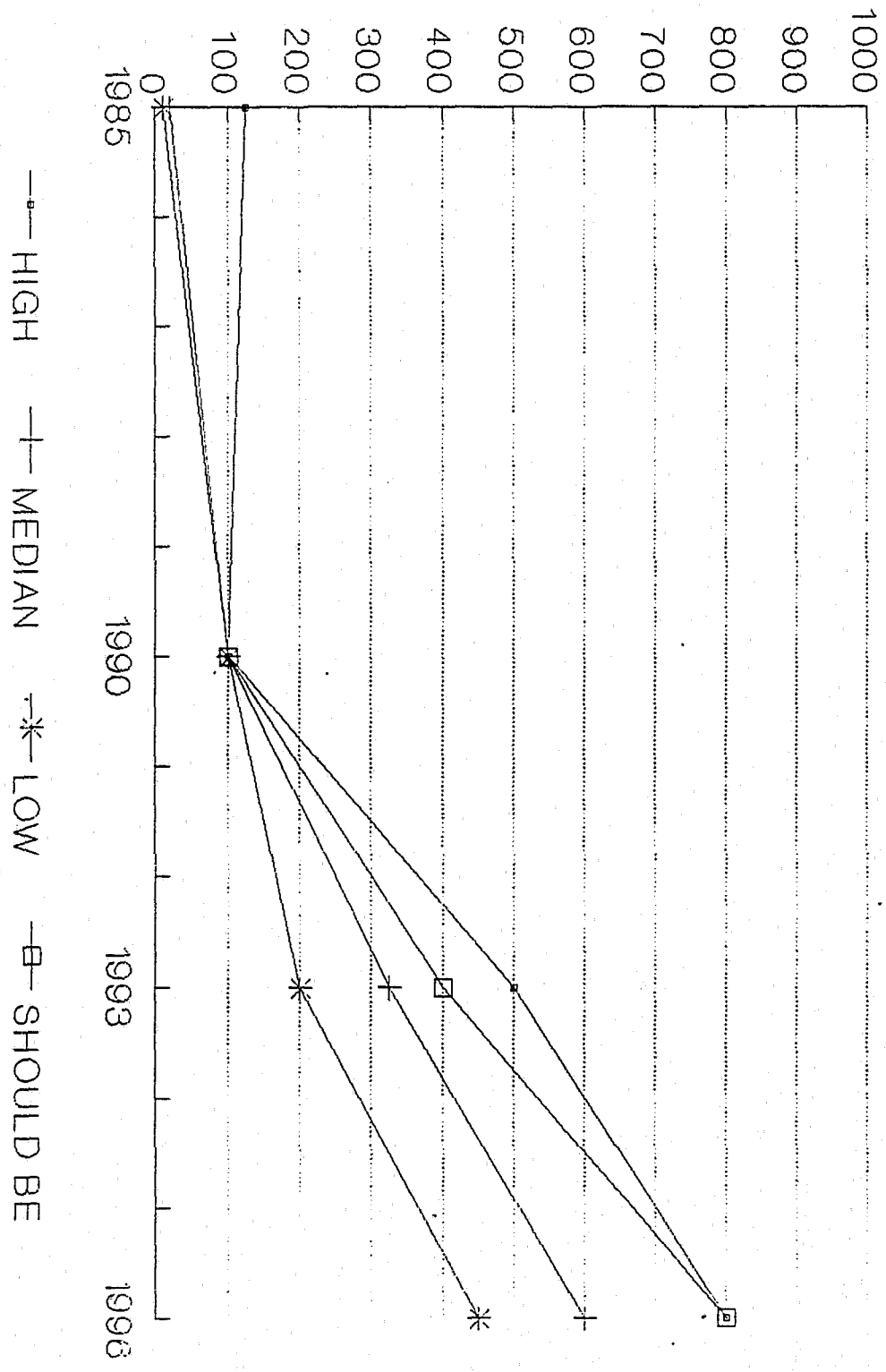
TABLE 4.- Cross-Impact Evaluation

		MATRIX (Panel Medians)							Maximum Impact (% change ±) Years to Maximum							"IMPACT" TOTALS
**	E1	E2	E3	E4	E5	E6	E7	T1	T2	T3	T4	T5	T6	T7		
E1	X	0	10%	30%	-20%	-10%	-50%	50%	10%	-50%	0	-20%	-10%	X	E1 10	
			3	4	6	6	2	4	6	2		4	2			
E2	0	X	10%	0	-20%	0	-20%	0	0	0	100%	0	-25%	X	E2 5	
			2		6		2				2		2			
E3	10%	20%	X	0	-20%	0	0	10%	30%	-10%	30%	-10%	-20%	X	E3 9	
	2	2			3			2	4	6	2	4	2			
E4	10%	20%	20%	X	-20%	30%	-30%	100%	30%	0	50%	0	-40%	X	E4 10	
	1	2	2		1	2	1	1	3		2		2			
E5	10%	20%	10%	20%	X	20%	0	30%	0	0	10%	0	40%	X	E5 8	
	2	1	2	2		3		3			1		1			
E6	10%	10%	10%	0	30%	X	-40%	-20%	-10%	0	10%	0	-40%	X	E6 9	
	2	2	2		4		2	1	3		1		2			
E7	10%	10%	0	20%	0	10%	X	10%	0	0	10%	0	0	X	E7 6	
	2	2		3		3		3			3					
"IMPACTED" TOTALS																
	E1	E2	E3	E4	E5	E6	E7	T1	T2	T3	T4	T5	T6	T7		
	5	5	5	3	5	4	4	6	4	2	6	2	6	X		

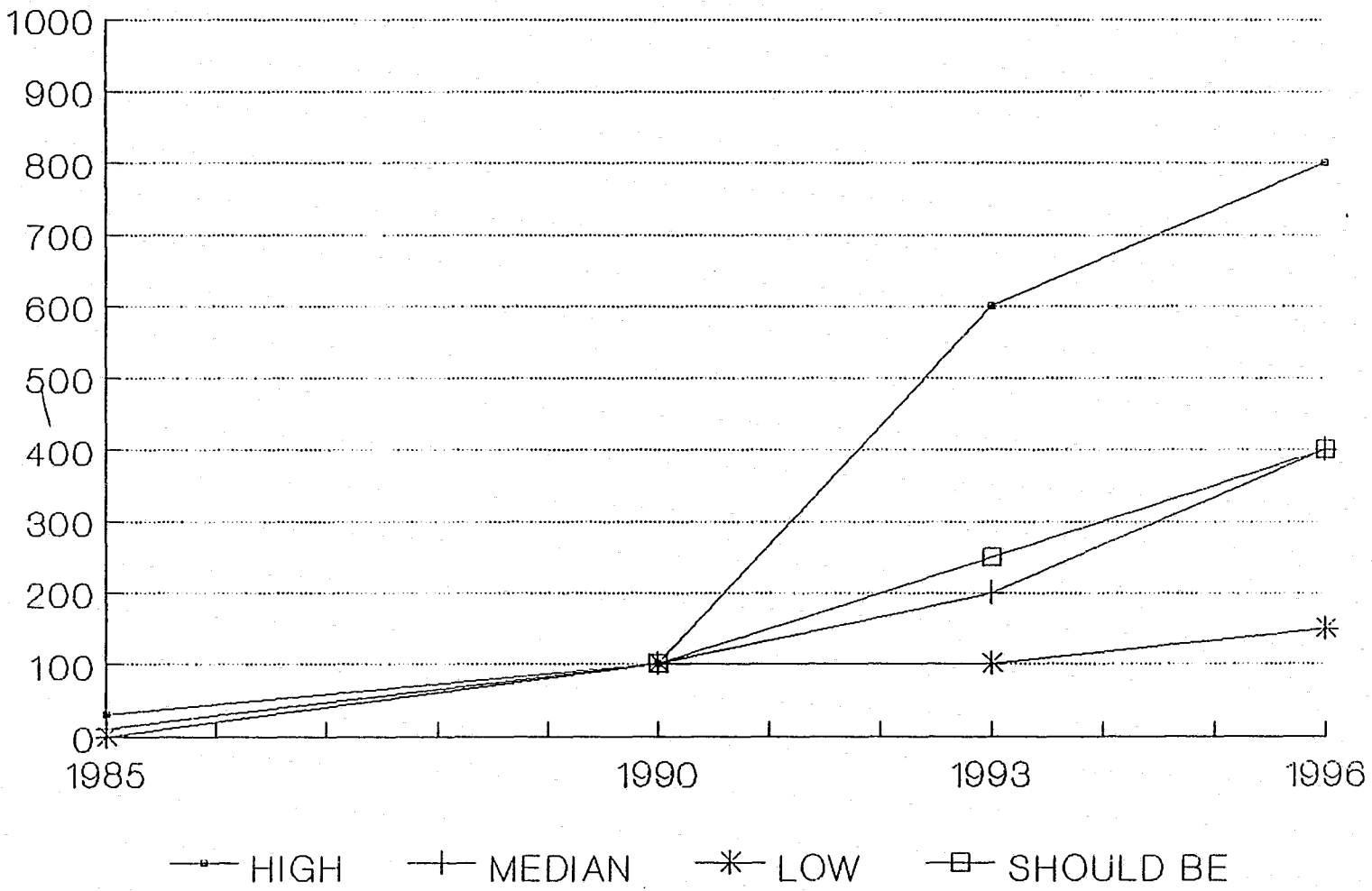
** Legend

- | | | | |
|--|----------------------------------|---|------------------------------------|
| E1 Early release of HIV positive inmates | E5 Staff member dies of HIV | T1 Staff knowledge HIV positive inmates | T5 Number of IV drug user inmates |
| E2 State mandated training | E6 HIV positive not confidential | T2 HIV positive inmates live longer | T6 Staff resistance to supervision |
| E3 Education against high risk behavior | E7 Mis-classified inmates | T3 Percentage HIV positive inmates | T7 |
| E4 Mandated HIV screening | | T4 Trainin/Education of staff | |

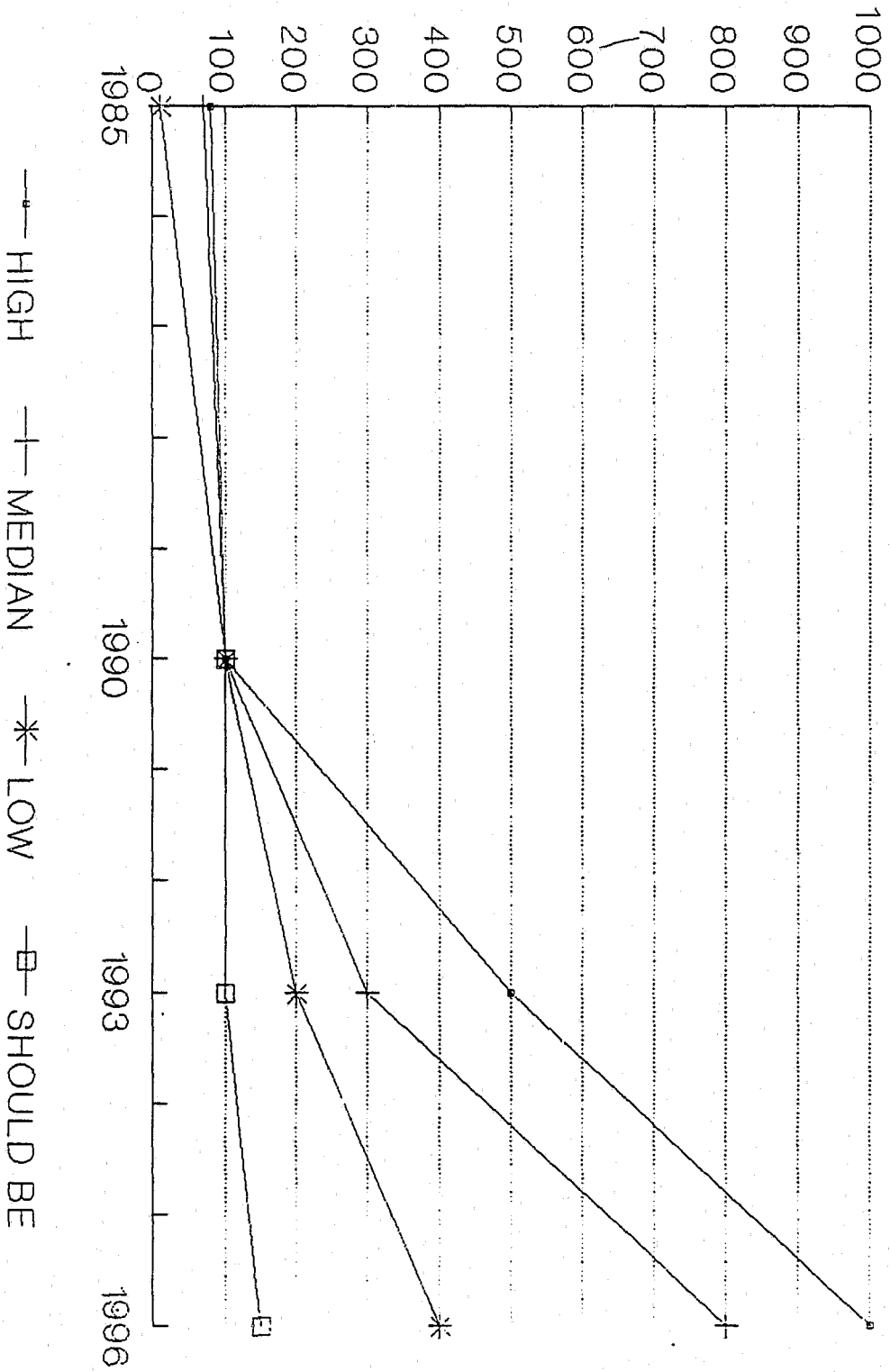
GRAPH 1
TREND #1
General Knowledge of HIV+ inmates



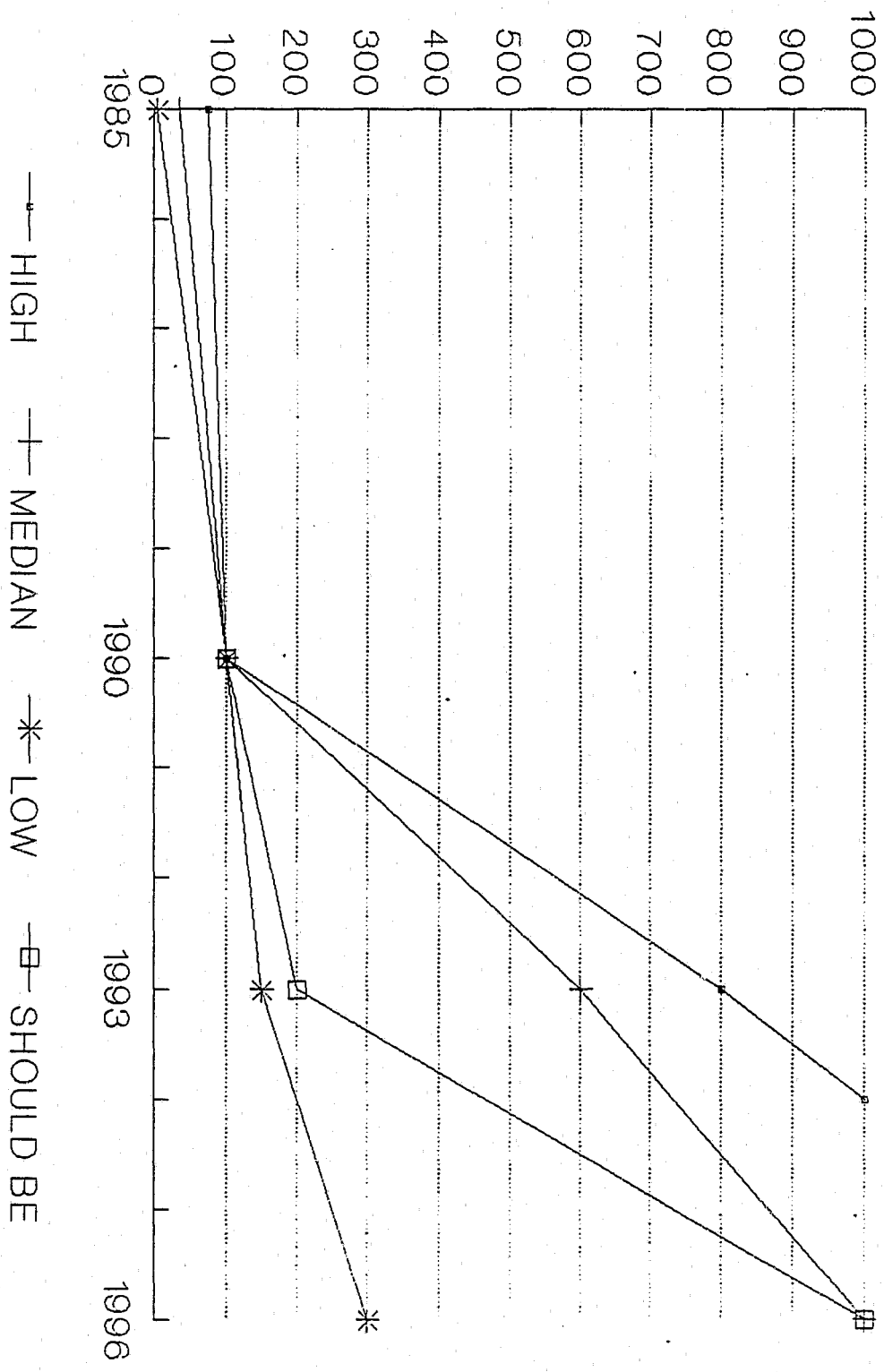
GRAPH 2
 TREND #2
 HIV+ Inmates Living Longer



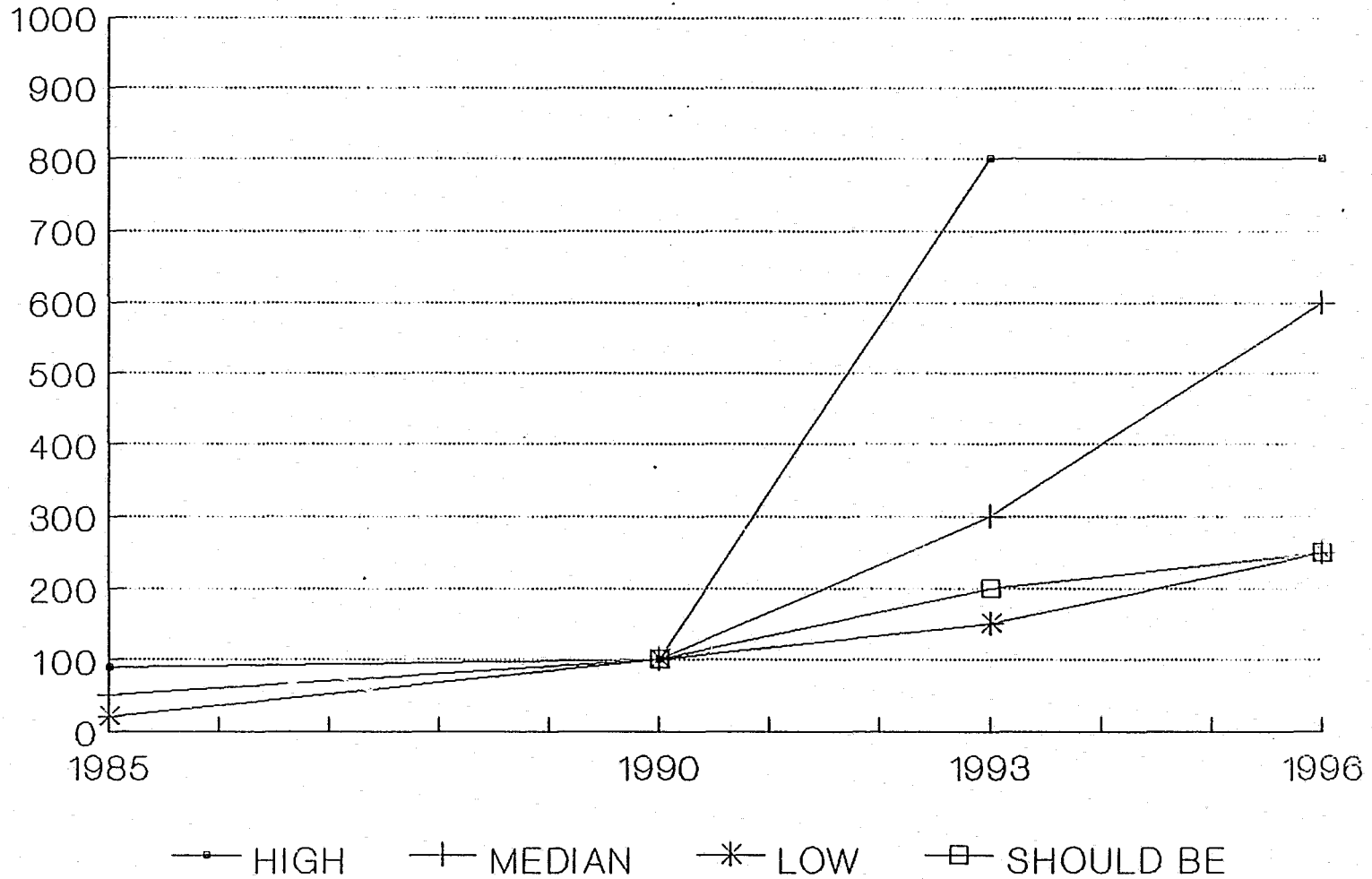
GRAPH 3
TREND #3
Percent of HIV+ Inmates in Jail System



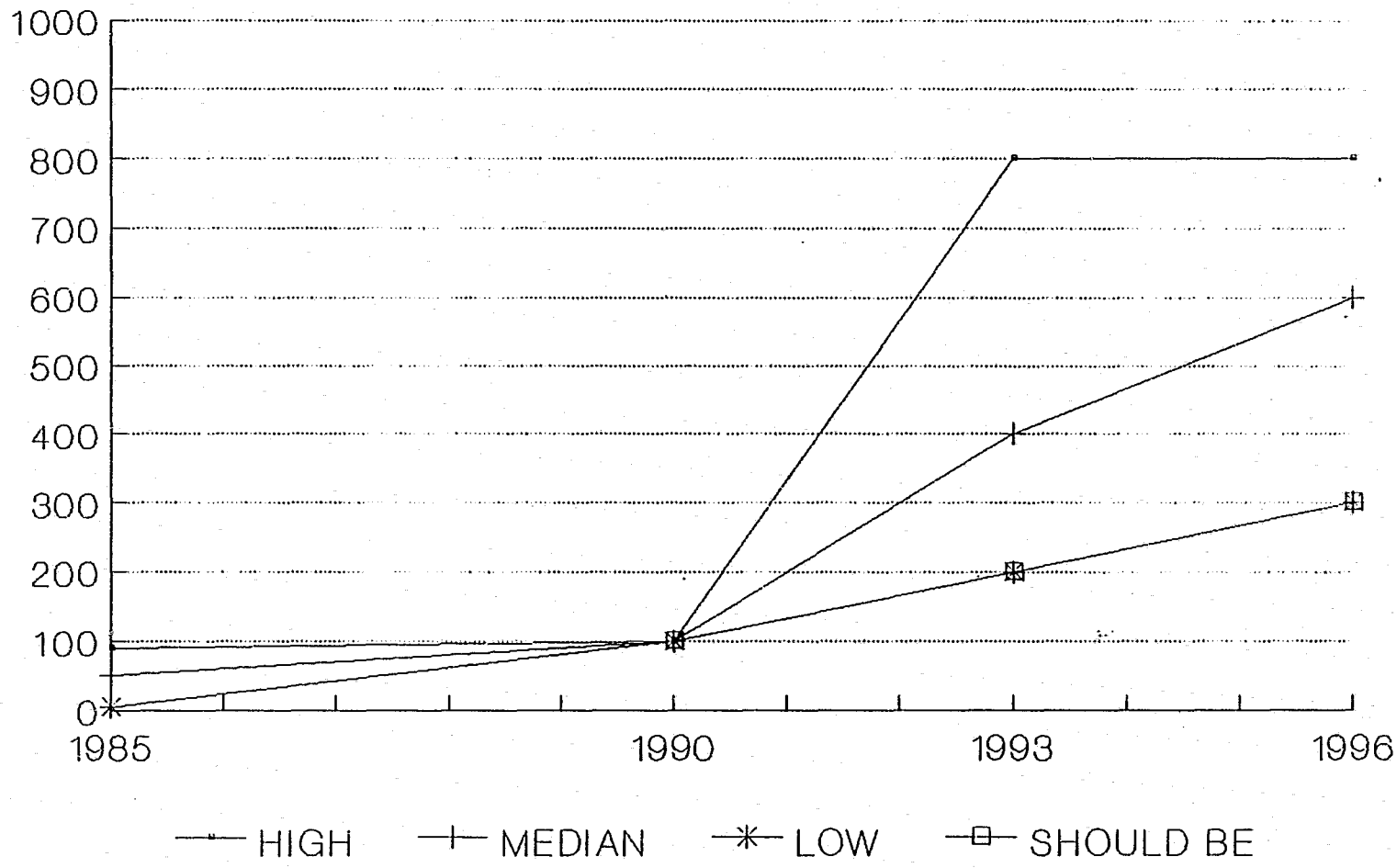
GRAPH 4
TREND #4
Training and Education of Staff



GRAPH 5
TREND #5
Number of I.V. Drug Users as Inmates



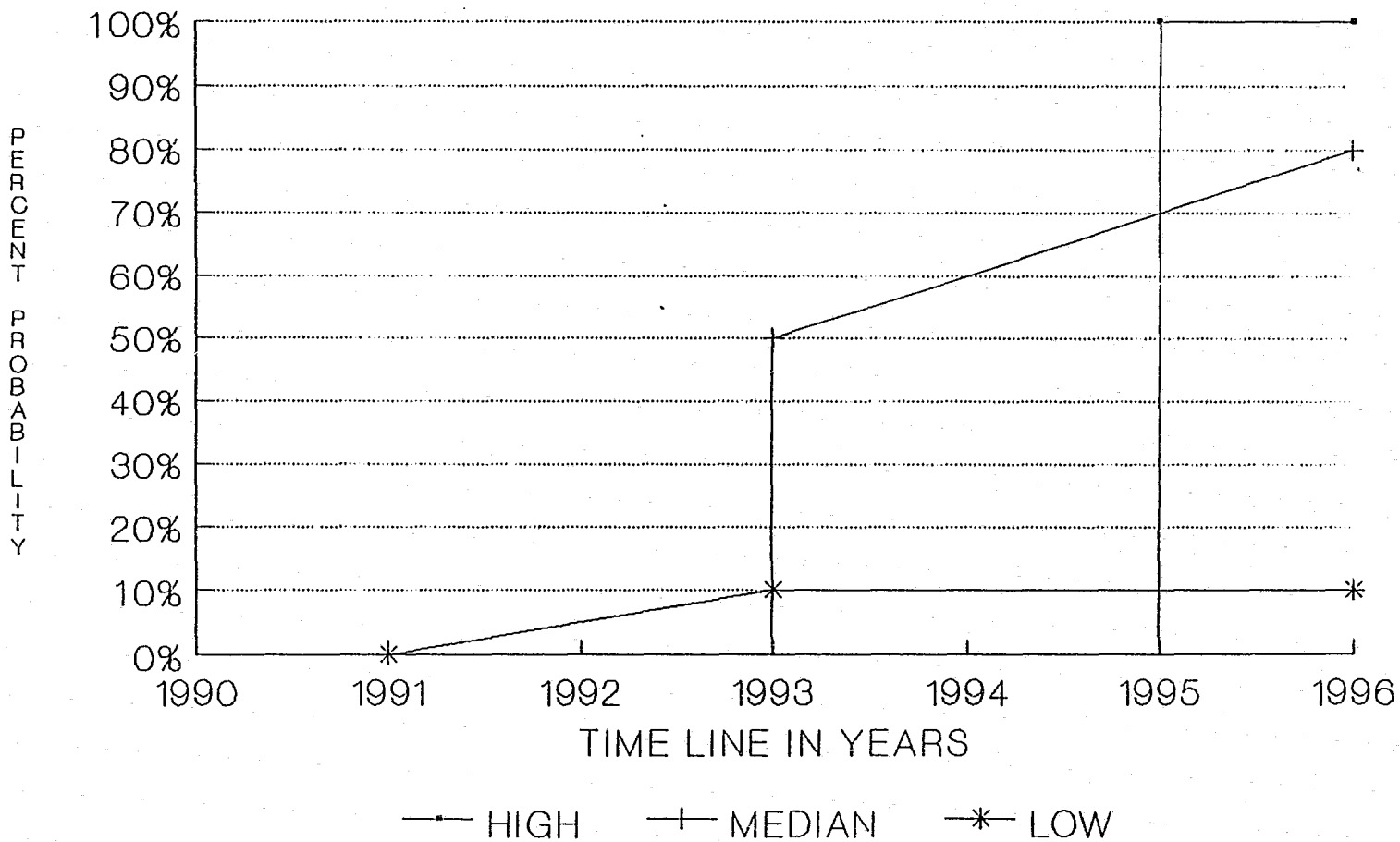
GRAPH 6
 TREND #6
 Staff Resistance to Direct
 Supervision of Inmates



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GRAPH 7

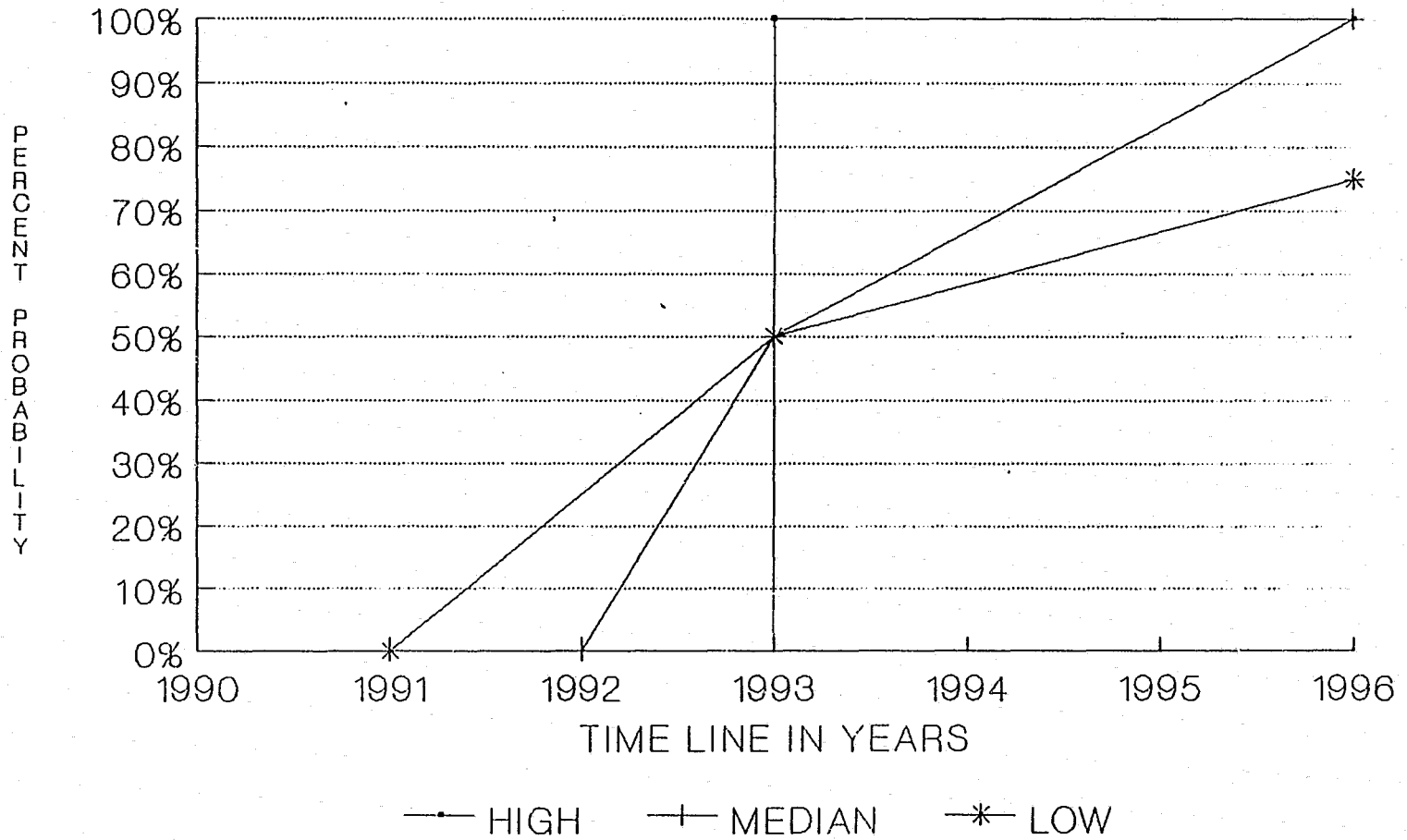
EVENT #1
Early Release of HIV+ Inmates
Mandated (Probability Forecasts)



GRAPH 8

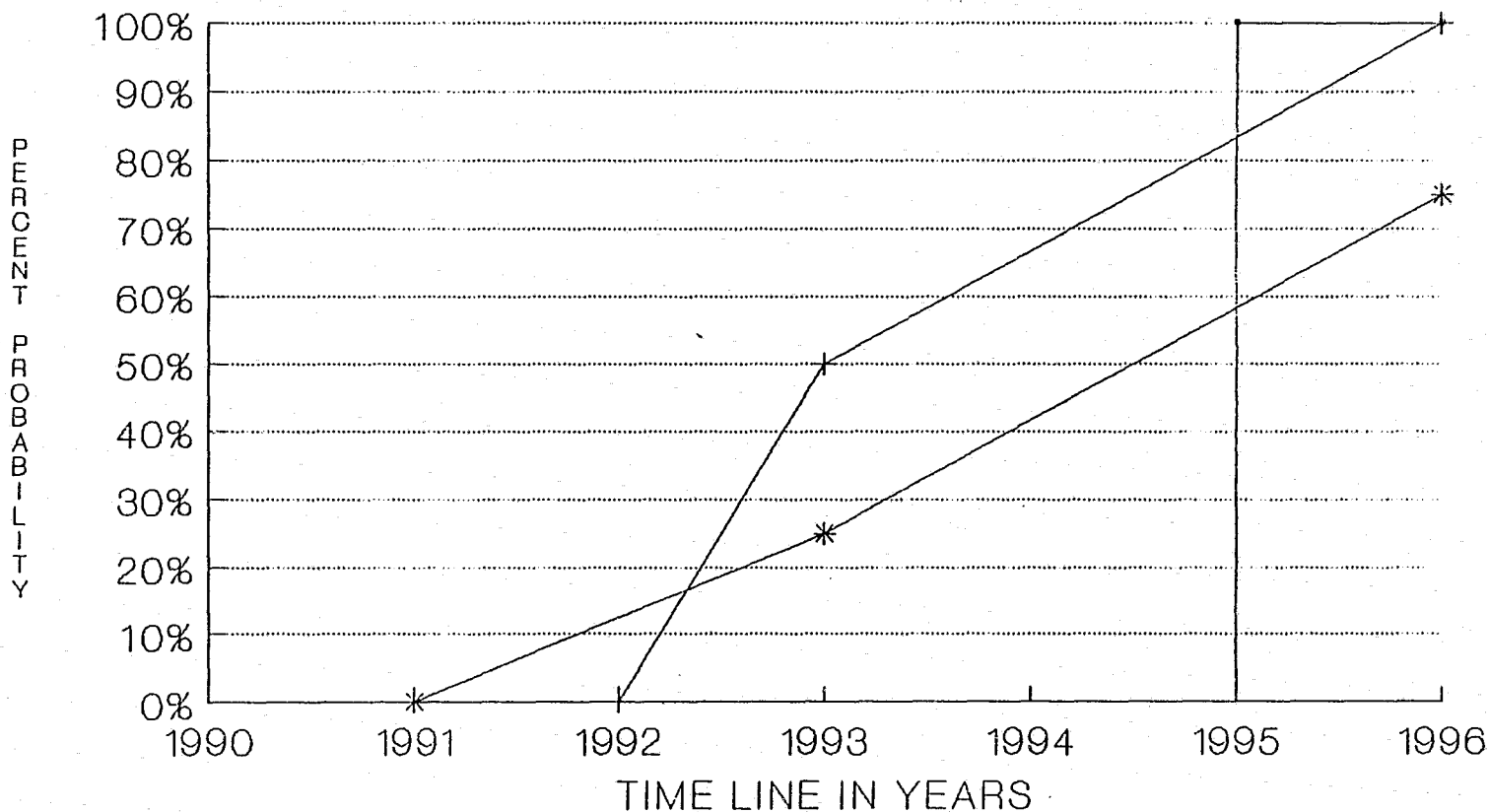
EVENT #2

State Mandates Training of Staff to Handle HIV+ Inmates (Prob. Forecasts)



GRAPH 9

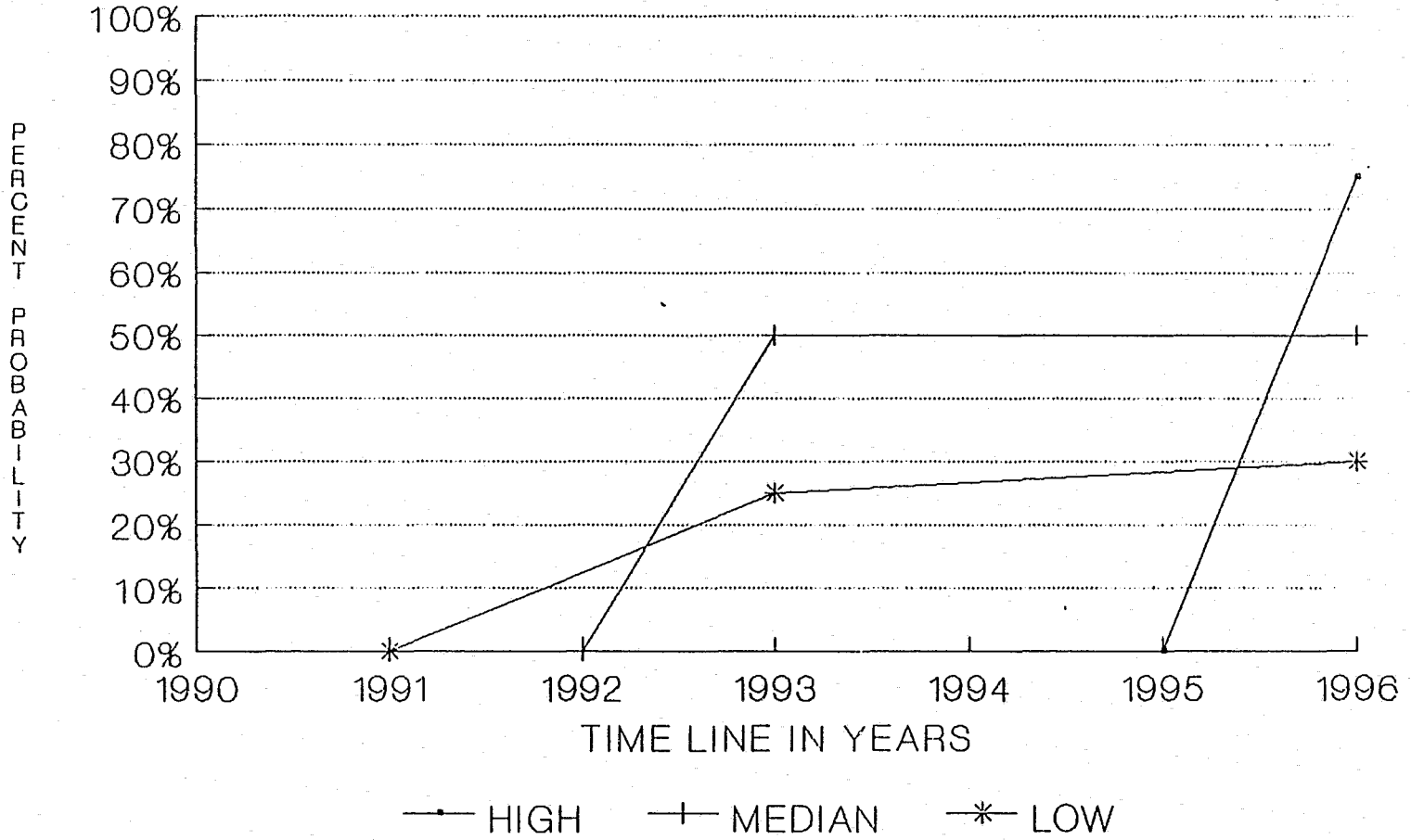
EVENT #3
New Programs Approved for Education on
High Risk Behaviors (Prob. Forecasts)



—•— HIGH —+— MEDIAN —*— LOW

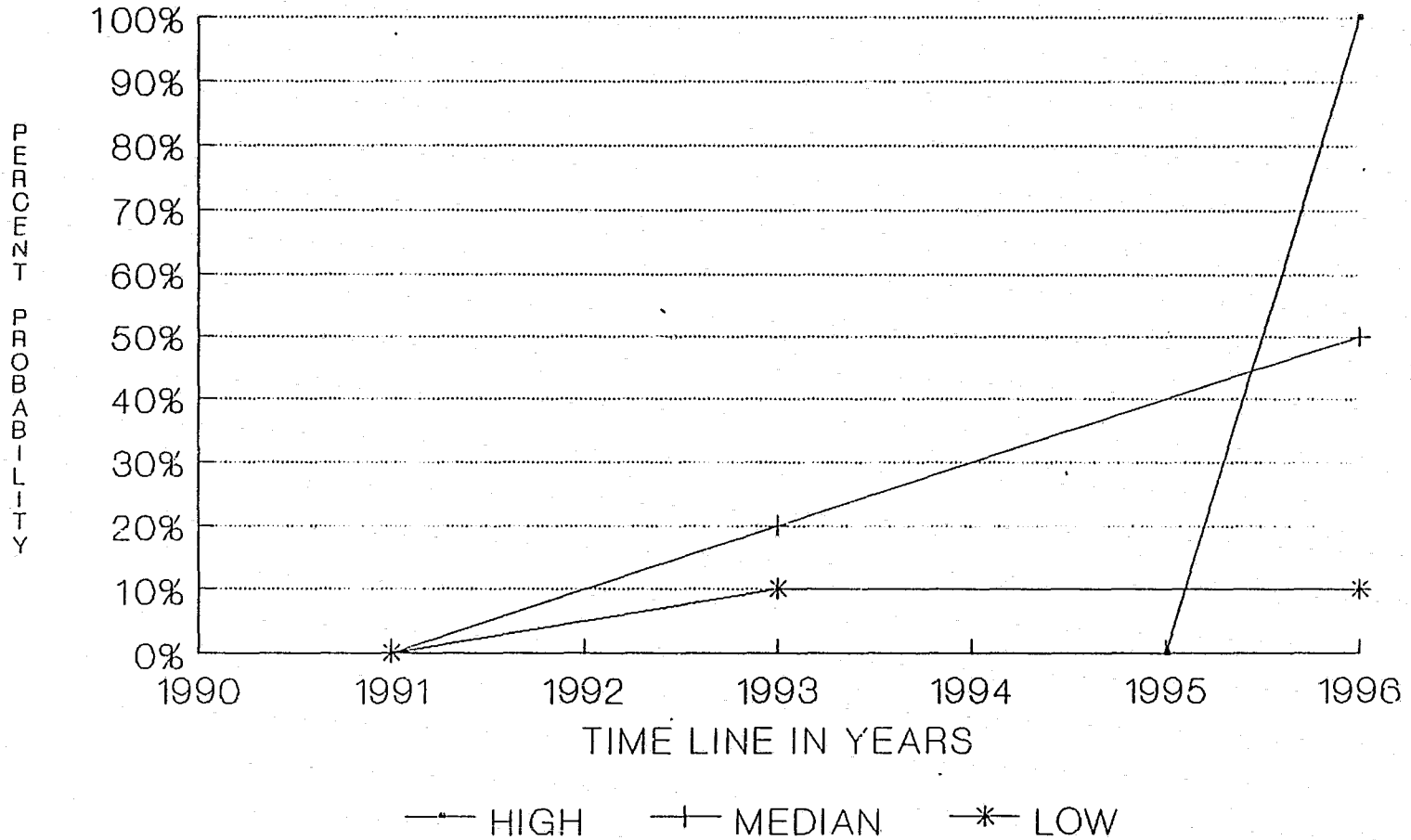
GRAPH 10

EVENT #4
Mandatory HIV Screening of Inmates
(Probability Forecasts)



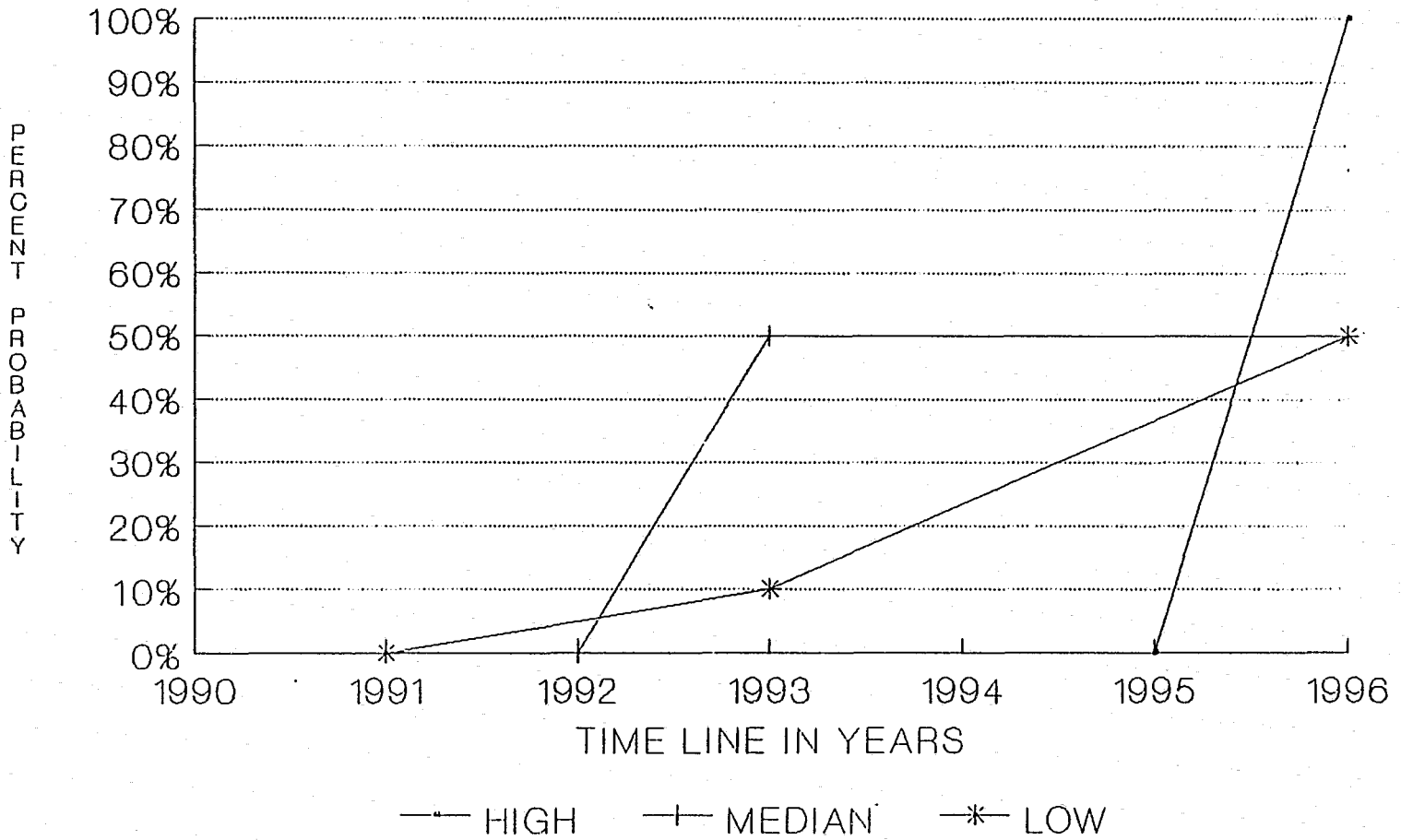
GRAPH 11

EVENT #5
Staff Member Dies of HIV Infection
Caused by On Duty Incident



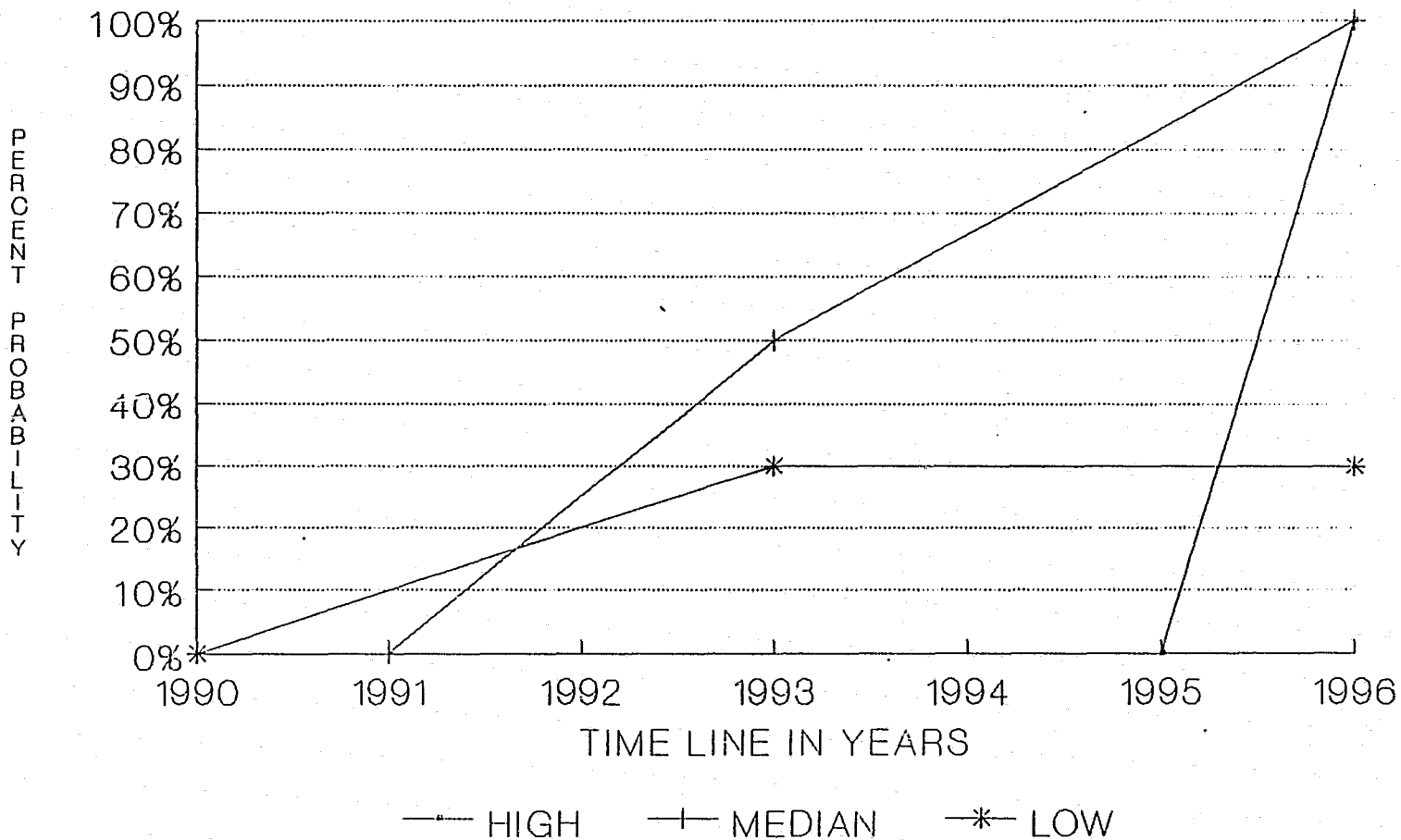
GRAPH 12

EVENT #6
HIV+ Information on Inmates Not
Confidential (Probability Forecasts)



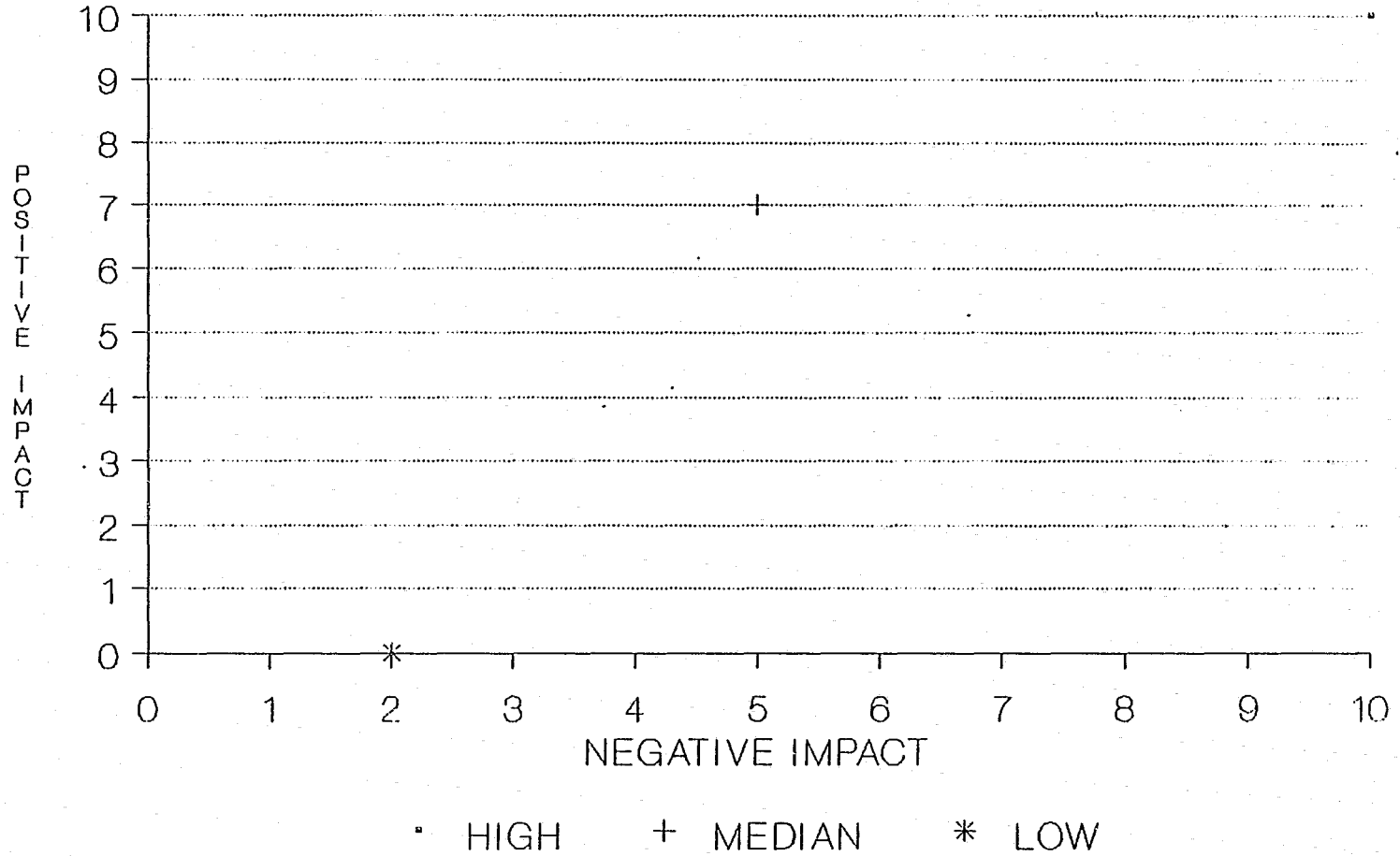
GRAPH 13

EVENT #7
Mis-Classified Inmate Sues
(Probability Forecasts)



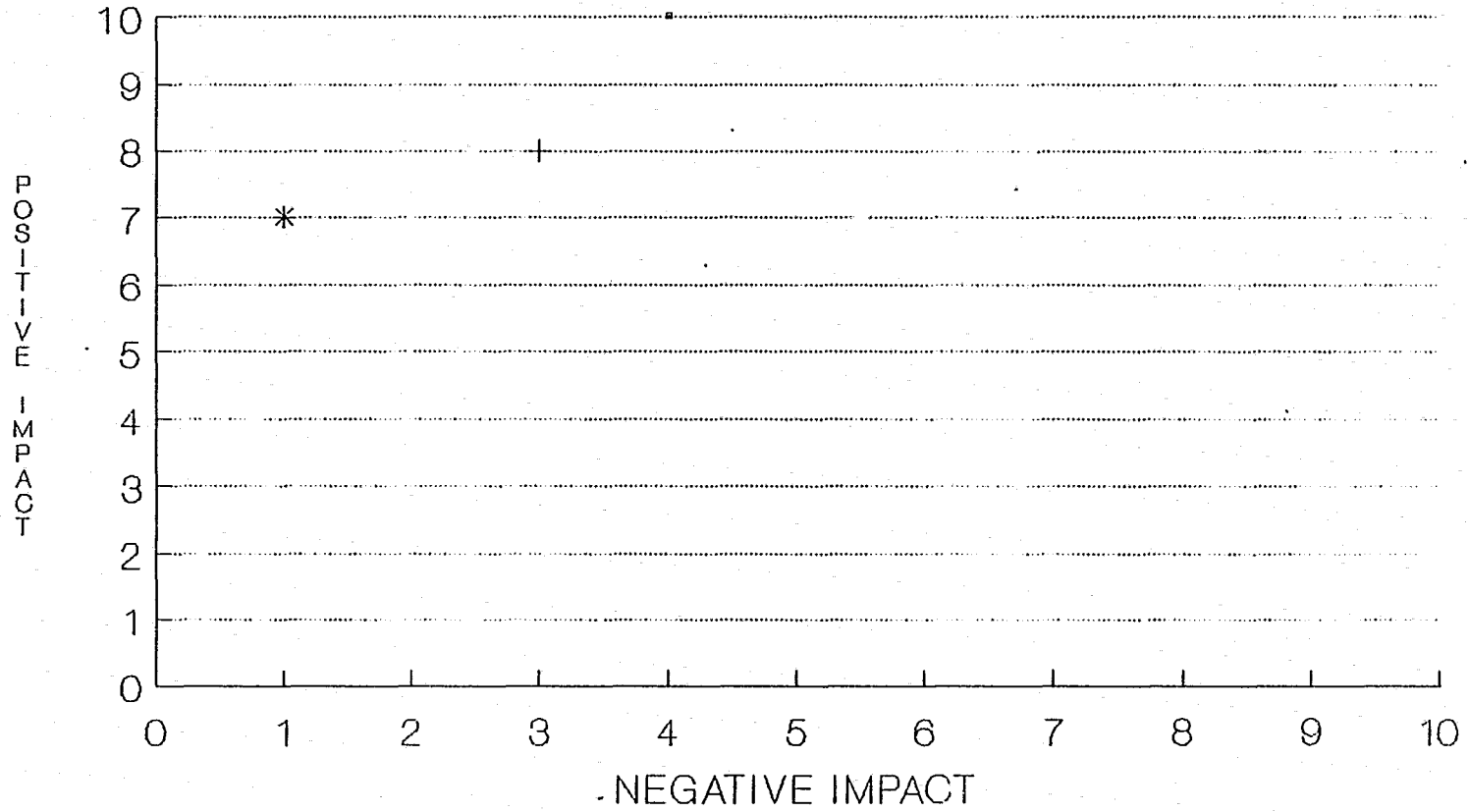
GRAPH 14

EVENT #1
Early Release of HIV+ Inmates
Mandated (Impact Analysis)



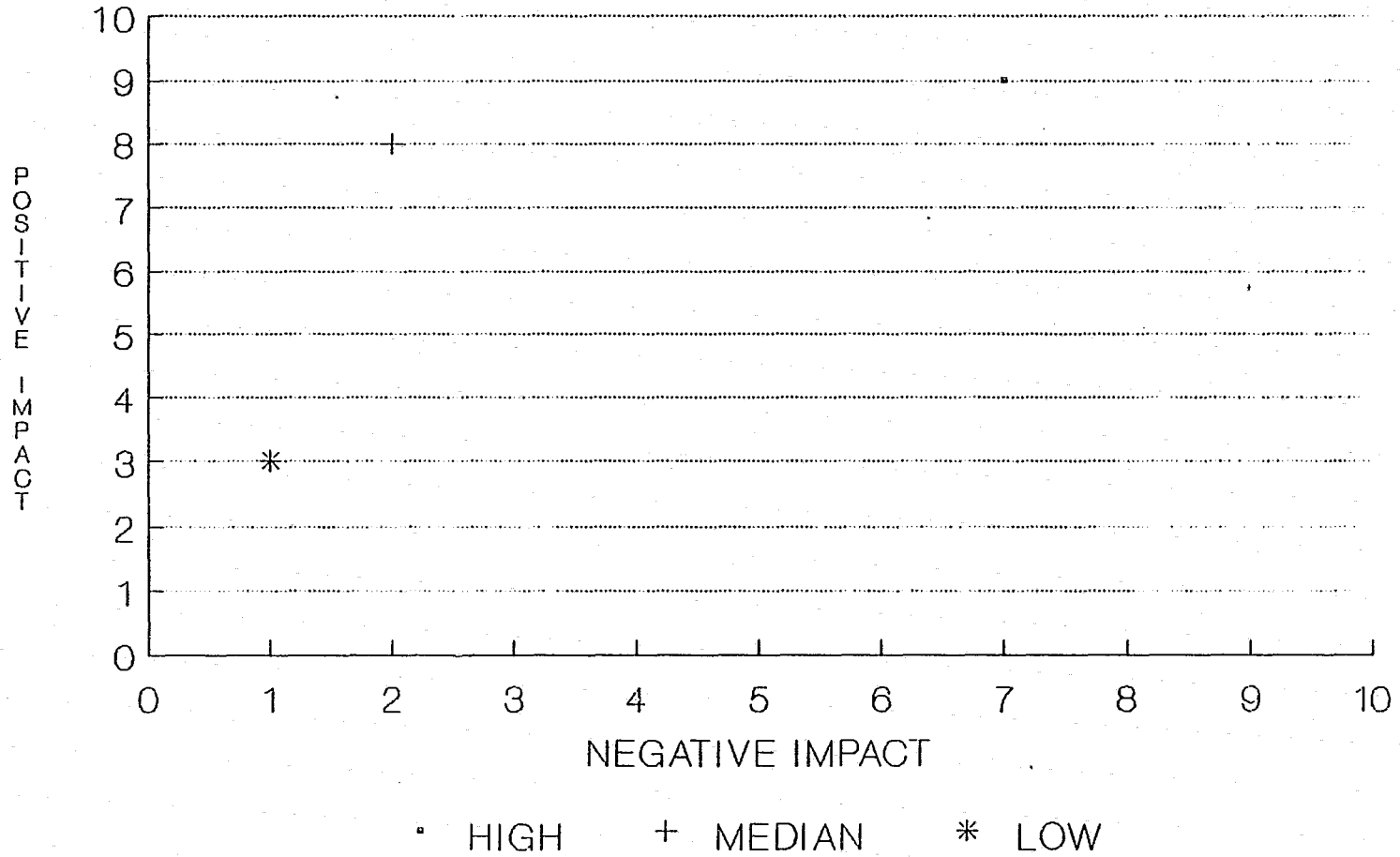
GRAPH 15

EVENT #2
State Mandates Training of Staff to
Handle HIV+ Inmates (Impact Analysis)



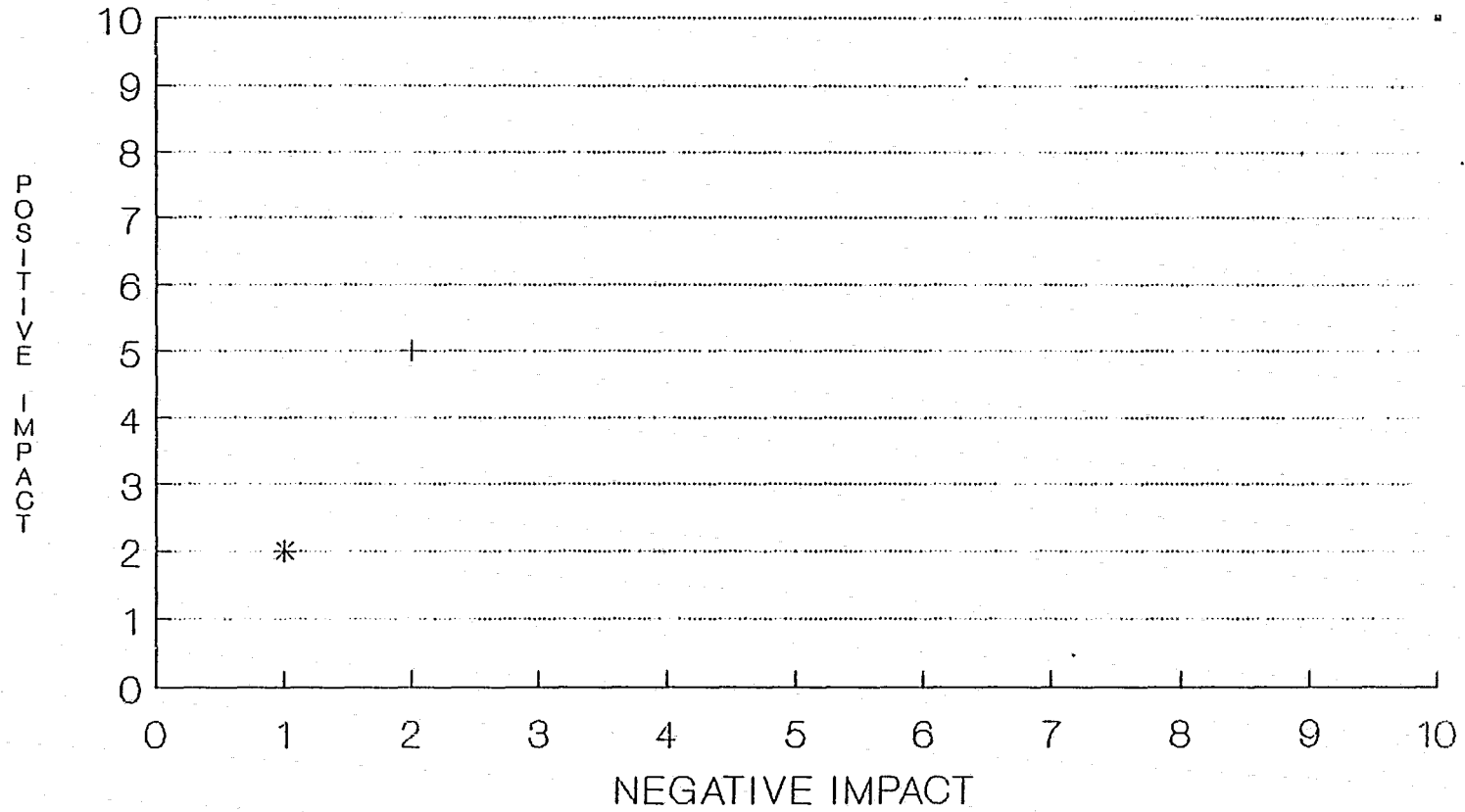
• HIGH + MEDIAN * LOW

EVENT #3
New Programs Approved for Education on
High Risk Behaviors (Impact Analysis)



GRAPH 17

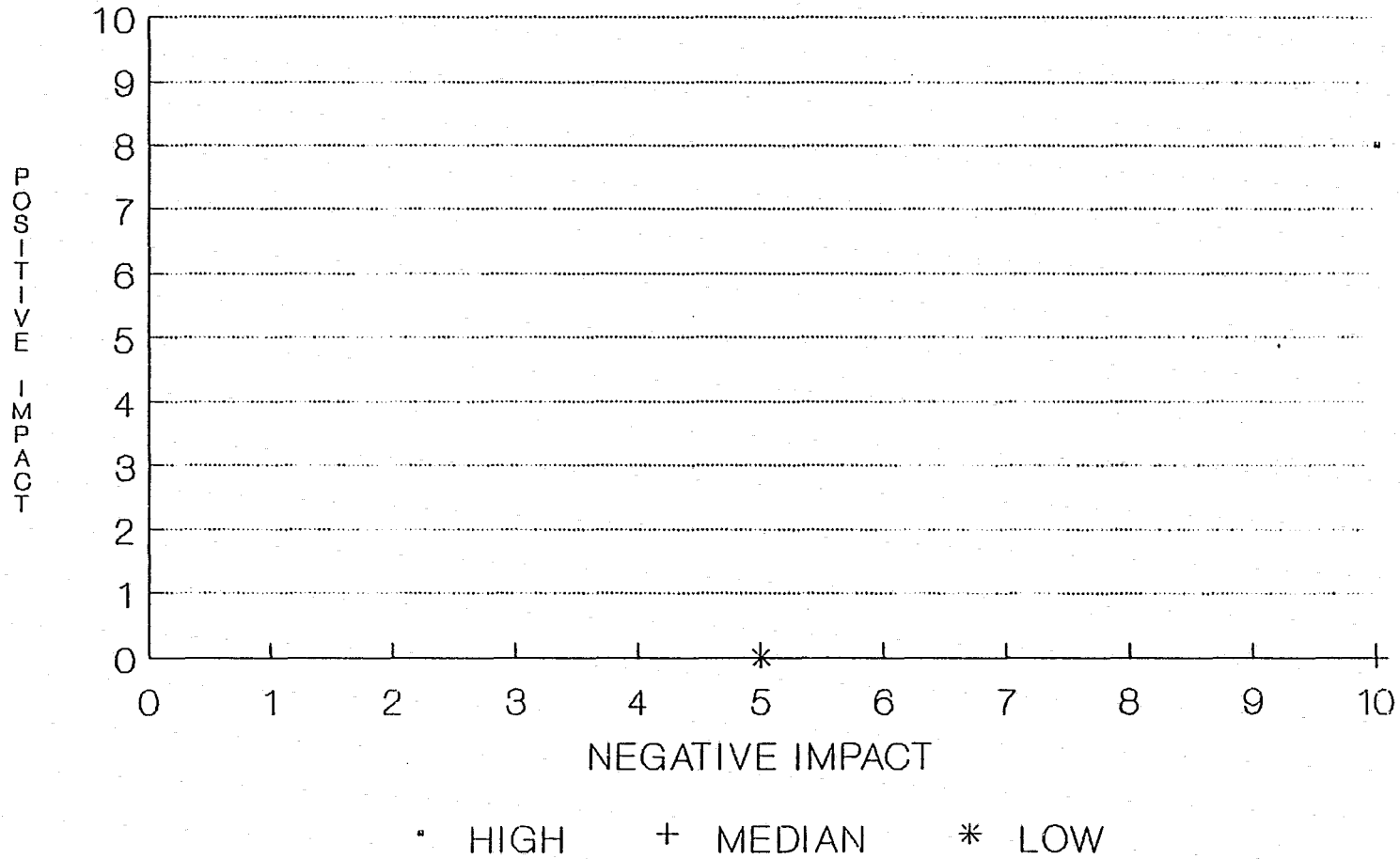
EVENT #4
Mandatory HIV Screening of Inmates
(Impact Analysis)



• HIGH + MEDIAN * LOW

GRAPH 18

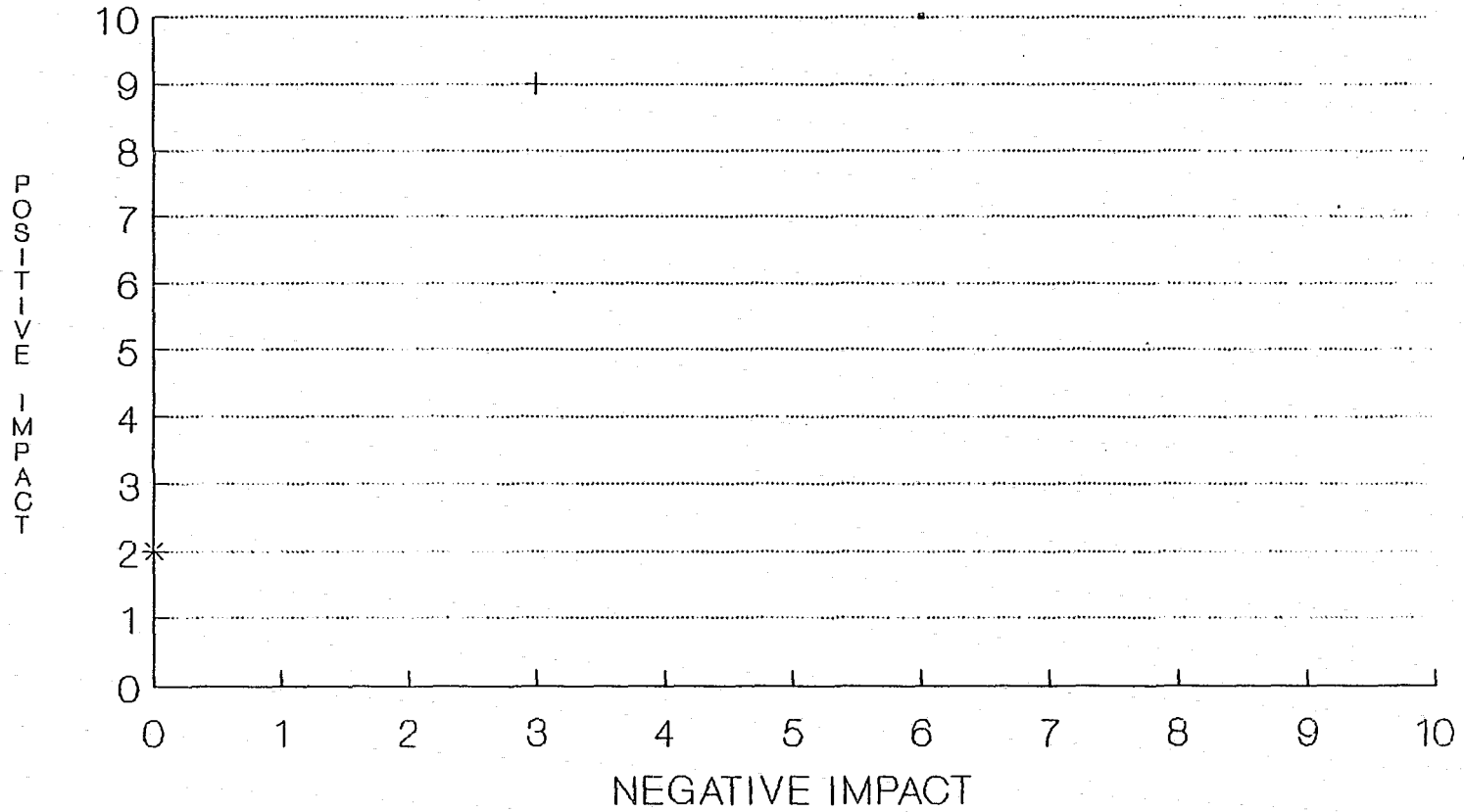
EVENT #5
Staff Member Dies of HIV Infection
Caused by On Duty Incident (Analysis)



100

GRAPH 19

EVENT #6
HIV+ Information on Inmates Not
Confidential (Impact Analysis)

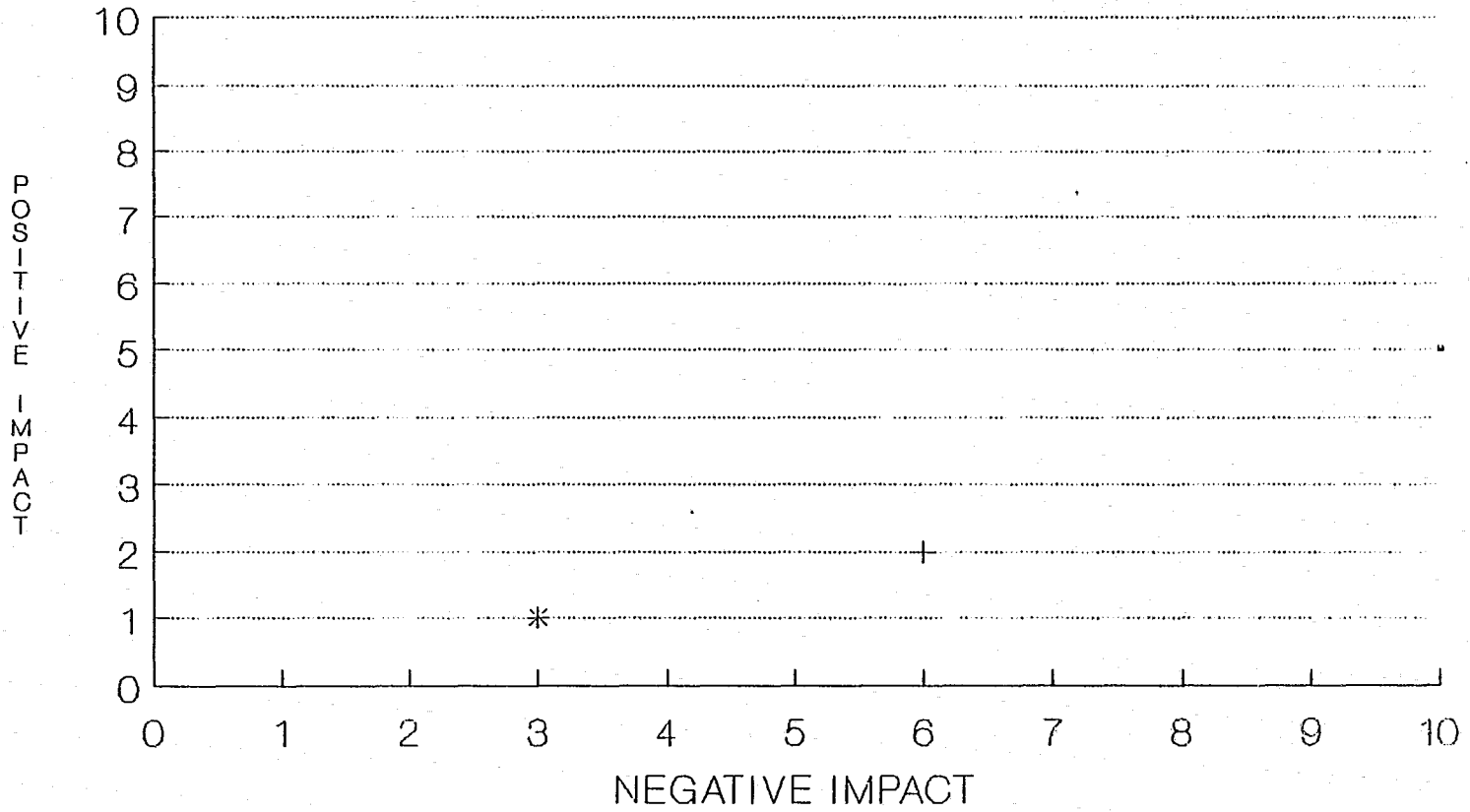


101

■ HIGH + MEDIAN * LOW

GRAPH 20

EVENT #7
Mis-Classified Inmate Sues
(Impact Analysis)



ORGANIZATION CAPABILITY CHART

I	Custodial	- Rejects Change
II	Production	- Adapts to Minor Changes
III	Marketing	- Seeks Familiar Change
IV	Strategic	- Seeks Related Change
V	Flexible	- Seeks Novel Change

CATEGORY:

<u>Top Managers</u>	I	II	III	IV	V
Mentality Personality			X		
Skills/Talents				X	
Knowledge/Education			X		
<u>Organization Climate</u>					
Culture/Norms		X			
Rewards/Incentives				X	
Power Structure			X		
<u>Organization Competence</u>					
Structure			X		
Resources		X			
Middle Management			X		
Line Personnel			X		

MODIFIED POLICY DELPHI
FEASIBILITY / DESIRABILITY CHART

POLICY ALTERNATIVE	RANK	FEASIBILITY	DESIRABILITY	TOTAL
1) Basic and In-service Training	1	17	17	34
2) Mandated HIV Testing After Pre-trial Arraignment		10	12	22
3) Inmate Counselling of Inmates for Mandated Testing	7	14	14	28
4) Inmate HIV Education Programs	8	14	13	27
5) Information Made Available on HIV Positive Inmates	4	13	17	30
6) Staff Members Tested for HIV at Pre-Employment	5	15	15	30
7) Asymptomatic HIV Positive Inmates in Mainline Population	2	17	16	33
8) Administratively Segregate Symptomatic HIV Positive Inmates	6	16	14	30
9) Expand Inmate Classification Systems	3	14	18	32
10) Staff Counselling Support Systems		13	11	24

READINESS / CAPABILITY CHART

ACTOR IN THE CRITICAL MASS	READINESS			CAPABILITY		
	HI	MED	LO	HI	MED	LO
1) Jail Staff		X			X	
2) Board of Supervisors			X			X
3) Medical Profession	X			X		
4) Inmates			X			X
5) Legal Community	X			X		
6) Politicians		X			X	
7) Department Leadership		X			X	

COMMITMENT CHART

ACTORS IN THE CRITICAL MASS	BLOCK CHANGE	LET CHANGE HAPPEN	HELP CHANGE HAPPEN	MAKE CHANGE HAPPEN
1) Jail Staff		0 -----X		
2) Board of Supervisors		0 -----X		
3) Medical Profession			0 -----X	
4) Inmates		0 -----X		
5) Legal Community		0 -----X		
6) Politicians	0 -----X			
7) Department Leadership		0 -----X		

O = Present level of Commitment
X = Change needed