



Capitol Network News

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JAIL TASK FORCE HEARS PROBLEMS, LOOKS FOR SOLUTIONS

By Gerry Cherry
Staff Writer

■(GIT) At the first meeting of the state legislative task force on jails Thursday, county sheriffs willingly discussed their common problems.

A county jail built in 1934, designed to house 15 prisoners, holds 39. Some sleep on the floor.

A multi-million dollar drug dealer is guarded by a minimum wage employee, in county jail.

Checking other counties for outstanding warrants on a suspect involves calls to 76 other counties, because there is no network from county to county.

Some sheriffs' deputies qualify for, and use, food stamps. Others are eligible. One county sheriff takes home \$800 a month.

No one knows how many escapes from county jails happen each year. Records are kept separately, by hand, in most cases.

These are only a few of the problems brought up at the first meeting.

The task force, mandated by Senate Joint Resolution 34, is made up of ten house and senate members and ten county sheriffs, who will study the situation at the county jails and sheriffs' offices and make recommendations to the legislature on the first day of the 46th session.

Legislators listened, sometimes in disbelief, as sheriffs outlined the stumbling blocks to law enforcement that make their day.

Seminole County Sheriff Charles Sisco drives 100 miles to pick up a prisoner at McCloud Correctional Center in Farris and bring him back to Wewoka for a two-minute hearing. Then the prisoner is driven back to Farris — a round trip of 400 miles, and it all comes out of the sheriff's budget.

His story was just one of several. Mental patients who need to go to a mental hospital for a 72-hour observation must be taken by the sheriff's department. After 72 hours, they are brought back to the county of residence, by the sheriff's department, and brought before a judge. If the judge rules the mental patient needs treatment, the sheriff's department takes the patient back to the mental hospital for a 28-day treatment. Even if the patient has been previously certified as having mental problems, the 72-hour observa-

tion, then a hearing before the judge are necessary, every time. "A lot of things can be changed to save wear and tear," Sisco said. Although legislation is in place to provide for video arraignments and hearings, no funding was appropriated with the legislation to allow counties to buy the equipment.

Technologically, John Walsh Jr., executive director of the Oklahoma Sheriff's Association said, county sheriffs' offices need computers just to "bring us into the 20th century." Along the same line, each county needs a coordinated communications system and a statewide network for checking outstanding warrants. The NCIC system is too restrictive; many individuals and warrants do not fit the criteria to be put into the system, Walsh said.

Other problems listed were unsafe, crumbling facilities; untrained staff, low salaries and small budgets.

Most jails in Oklahoma were built be-

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MANAGED CARE TASK FORCE CONSIDERS REGULATIONS

By Shawn Ashley
Staff Writer

■(GIT) Members of the Senate's Managed Care Task Force were urged to place regulatory responsibility for managed care programs under one state agency and to focus much of their regulator efforts on solvency, rather than quality issues.

David Randel, deputy director of the Ohio Department of Insurance and a representative of the National Association of Insurance Commissioners, made the comments during Thursday's meeting of the task force at the state capitol. Randel said that the Ohio General Assembly was currently considering two pieces of legislation with such a focus.

The comments stand in contrast to those made earlier in the meeting by the panel's co-chair, Mike Duncan, and by task force members during the group's Oct. 2 meeting. Most of the issues identified by the task force for discussion, such as quality assessment, access and information sharing, are what its chairmen have called "quality issues," rather

than financial considerations.

Randel said a key component of the Ohio proposals is that they will impose regulations on "anyone bearing (financial) risk." Part of the problem in the managed care area, several speakers noted Thursday, was that there is no clear definition of what qualifies as a managed care program. In Oklahoma, for example, only four health care plans — health maintenance organizations (HMOs), pre-paid health plans, provider service networks and workplace medical plans — are regulated by the State Department of Health, Mike Hartsell, executive director of the department told the panel. At the same time, he noted, Oklahoma law does not define what constitutes a managed care program, leaving a number of health care programs, such as preferred provider programs and many others, unregulated.

Randel said legislation which addresses the managed care issue from the standpoint of "anyone bearing risk" should cover all

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