

# 2022621000—Correctional Health Services

## Law & Justice

Greg Diederich, Health Care Services Director

General Fund	2017-2018 Actual	2018-2019 Adjusted	2019-2020 Requested	2019-2020 Recommended	Increase/ (Decrease)
<b>Expenditures</b>					
Salaries & Benefits	\$9,966,897	\$10,835,781	\$11,832,709	\$11,832,709	\$996,928
Services & Supplies	2,056,783	3,204,233	3,813,988	3,813,988	609,755
Centrally-Budgeted Expenses	100,806	335,486	586,758	586,758	251,272
<b>Total Expenditures</b>	<b>\$12,124,486</b>	<b>\$14,375,500</b>	<b>\$16,233,455</b>	<b>\$16,233,455</b>	<b>\$1,857,955</b>
Expenditure Reimbursements	(1,597,491)	(2,697,114)	(2,697,114)	(2,697,114)	0
<b>Total Appropriations</b>	<b>\$10,526,995</b>	<b>\$11,678,386</b>	<b>\$13,536,341</b>	<b>\$13,536,341</b>	<b>\$1,857,955</b>
<b>Earned Revenues By Source</b>					
Aid From Other Governments	\$0	\$0	\$1,044,737	\$1,044,737	\$1,044,737
Charges For Services	20,368	16,000	16,000	16,000	0
Miscellaneous Revenues	11,065	4,000	4,000	4,000	0
<b>Total Revenues</b>	<b>\$31,433</b>	<b>\$20,000</b>	<b>\$1,064,737</b>	<b>\$1,064,737</b>	<b>\$1,044,737</b>
<b>Net County Cost</b>	<b>\$10,495,562</b>	<b>\$11,658,386</b>	<b>\$12,471,604</b>	<b>\$12,471,604</b>	<b>\$813,218</b>
<b>Staffing</b>					
Allocated Positions	61.0	68.0	72.0	72.0	4.0
Temporary (Full-Time Equivalent)	15.1	15.1	15.1	15.1	0.0
<b>Total Staffing</b>	<b>76.1</b>	<b>83.1</b>	<b>87.1</b>	<b>87.1</b>	<b>4.0</b>

## Purpose

Correctional Health Services (CHS) provides medical, dental, and mental health care to inmates and wards of the County's adult and juvenile detention facilities based on community standards and in accordance with Title 15 of the California Code of Regulations. Services are provided at the Jail, Honor Farm, and Juvenile Justice Center by CHS staff, and physicians from San Joaquin General Hospital (SJGH) and Behavioral Health Services (BHS).

## Major Budget Changes

### Salaries & Employee Benefits

- \$525,710 Salary and benefits adjustments.
- \$419,001 Add four new positions for Jail-Based Competency Treatment (JBCT) program.
- \$52,217 Increase in budgeted overtime and holiday pay.

### Services & Supplies

- \$561,986 Operating costs for JBCT program.
- \$76,500 Re-budget implementation costs for Electronic Health Records project.
- \$22,481 Increase in departmental overhead costs.
- (\$56,394) Decrease in inpatient medical costs based on actual experience.

### Centrally-Budgeted Expenses

- (\$196,294) Decrease in Workers' Compensation, Malpractice, and Casualty insurance costs.
- \$444,338 Addition of Countywide Cost Allocation Plan charges.

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### Revenues

- \$1,044,737 State revenue for JBCT program.

### Program Discussion

The 2019-2020 recommended budget for CHS totals \$16,233,455, which is an increase of \$1,857,955 from the 2018-2019 adjusted budget. The increase is mainly due to salary and benefits adjustments, addition of four positions and operating costs for the new JBCT program, and allocated Countywide Cost Allocation Plan charges.

#### *Jail Mental Health Screening and Assessments*

In April 2019, the Community Corrections Partnership (CCP) approved funding in the amount of \$792,140 for 2019-2020 to continue providing additional mental health services at the Jail. Universal screening and assessment for behavioral health conditions during the Jail booking process is a needed component of the County's Stepping-Up Initiative effort that requires 24 hours a day, 7 days per week mental health coverage in the booking area.

Staff is responsible for conducting a brief mental health screening on all individuals at the point of booking, for early detection and identification of individuals who potentially have an undiagnosed mental illness or are an active mental health consumer. This initial point of contact is critical for successful intervention and possible diversion to the proper treatment facility, thereby reducing the number of mentally-ill individuals who are actually detained.

Other services that are provided include case management, individual and group counseling, crisis management, and discharge planning services, as well as follow-up with clients up to 30 days following release from Jail to ensure they have made their initial appointments, established contact with community-based organizations and/or BHS, and confirm that follow-up appointments have been set. This "warm hand-off" to community providers is expected to decrease the amount of stress experienced by clients in navigating the service provider systems, improve connection to the community, and ultimately reduce recidivism.

These services are being performed in coordination with related Whole Person Care program activities, as well as a source of referrals to the new Transitions Clinic Network located at the San Joaquin County Clinics in French Camp, which is an innovative health care model for individuals returning to the community from incarceration.

### *JBCT Program*

CHS continues to collaborate with the Sheriff's Office and the Department of State Hospitals on the implementation of the JBCT program within the San Joaquin County Jail. As approved by the Board of Supervisors in May 2019, the JBCT program will specifically address individuals who have received felony charges and are determined incompetent to stand trial. In lieu of being held in the Jail Medical Unit while awaiting admission to a State Hospital facility or Sacramento County's JBCT program, inmates will be able to be directly referred by the Court to the County JBCT program to receive State-funded services. Services include restoration of competency education, understanding the legal proceedings, and ability to consult with their attorney. In addition to treatment of their underlying mental health issues, which requires psychiatric medications, individual therapy and group therapy will be provided. CHS will provide documentation for acceptance into the program and coordinate with the Courts to encourage timely resolution and restoration of competency, while minimizing the inmate's time of incarceration. The recommended budget adds four full-time CHS positions to implement the JBCT program, including a Mental Health Clinician, Mental Health Specialist, Licensed Vocational Nurse, and Junior Administrative Assistant, in addition to other JBCT operating costs.

### *Specialty Courts*

CHS's Mental Health Clinicians work closely with the Superior Court's specialty courts. They are an asset to the judges in providing information to assist in determining how to proceed with the mentally-ill inmate court cases. Clinician attendance and participation in the Collaborative Courts has been valuable to the teams and judges. The Clinicians provide the team with the current status of the inmate, medication compliance, treatment, and assistance to coordinate discharge planning with other agencies within the community. The Clinicians have enhanced the teams due to bridging services within the Jail and the community partners, thus improving continuity of care and addressing the issue of recidivism.

Staff spends approximately 110 hours per month preparing for, attending, and performing follow-up assignments for the various specialty courts including Mental Health, Parole Re-Entry, Veterans Treatment, Assembly Bill (AB) 109 Court, Compliance Court, and Drug Court.

### *Medication Assisted Therapy (MAT)*

CHS started a MAT program in October 2017 as a pilot program for inmates with co-occurring mental health and opioid use disorders. Although CHS and its partners remain excited about the program's potential, participants

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have been less responsive. Over 500 individuals who were booked into the Jail were placed on protocol, with 278 identified as potential MAT program candidates. The CHS team was able to identify those with addiction issues; however, when approached regarding the program, many inmates refused treatment and were not ready to address issues of addiction and preferred to complete their time and re-enter the community. While this was disappointing to CHS, identification of inmates with substance abuse issues occurred, which prompted a team consisting of a Mental Health Clinician and a Mental Health Specialist, both Alcohol and Drug Certified, to discuss the MAT program with these individuals. Services are offered (even to those who may not have qualified as an AB 109 inmate) and information is provided regarding services available within the community. Through a partnership with Public Health Services, CHS was able to provide Narcan (nasally-administered Naloxone) to inmates identified by the pilot upon release from Jail.

### *Peer to Peer Program*

CHS has developed innovative specialty programs within the Jail to address critical issues and work to promote cultural changes. One such program is the Peer to Peer Program, which is designed to reduce the level of aggressive incidents and racial segregation on the units and to develop skills to promote improved relationships, communication, and potential job skills for future employment. The Program was first piloted a year ago in one unit of the Jail and has since grown into multiple units.

The concept of the Program is to identify inmates of various racial backgrounds and train these individuals as Peer Trainers on the units. The Peer Trainers address various issues that may arise on the unit, while also role modeling that all racial groups can work together to resolve tension. The Peer to Peer Program has shown remarkable results over the past year, was highlighted at the American Jail Association's annual conference in May 2019, and will also be entered for consideration for a California State Association of Counties Challenge Award.

### *Administrative Segregation Pilot Project*

The Administrative Segregation Pilot Project began on March 11, 2019. The goal for this Project is to specifically target mentally-ill inmates who are placed in Administrative Segregation due to unavailable space in Sheltered and Medical Housing units. CHS understands that inmates residing in Administrative Segregation are challenged, not only with mental health issues but struggle

with behavioral problems, which can affect the length of time in the unit. CHS is implementing this pilot in hopes of reducing behavioral issues; improving the inmate's ability to participate in programs and services that are available in other locations throughout the Jail; and to decrease Administrative Segregation placements for frequent users and increase medication/treatment compliance. Individuals associated with this Project will receive incentives for completing and meeting program requirements.

### *Electronic Health Records (EHR)*

Partial implementation of the EHR system in September 2018 was, and continues to be, challenging. The time required to scan a medical record and to learn to navigate the system have been greater than anticipated. Temporary staff have been added to help with the workload and CHS has contracted with a temporary agency to provide on-site scanning services. The implementation/interface process continues as the pharmacy is still in test phase. Funding allocated in 2018-2019 for implementation of Phase II has been re-budgeted in 2019-2020. CHS is hopeful that in the near future the system will be able to interface with the SJGH Laboratory and Radiology departments.

### *Fiscal Analysis*

At the request of the County Administrator, CHS in coordination with Health Care Services, performed a detailed staffing and fiscal analysis comparing correctional health services in San Joaquin County to other similar counties in California. The analysis showed that the average medical cost per inmate was favorable compared to most other counties in the comparison. The study also found that most counties with a public hospital continue to deliver correctional health services internally. Other considerations discussed in the report outlined some of the potential risks of outsourcing services such as the limited number of providers, future cost increases, and difficulty in integrating services with other agencies.

### *Accreditation*

In April 2019, CHS received funding from the CCP in the amount of \$47,600 to support an accreditation study to be performed by the National Commission on Correctional Health Care (NCCHC). This review will focus on compliance with standards that pertain to the correctional health setting and provide technical assistance needed to improve the quality of health care services delivered and to achieve NCCHC Accreditation.

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	Workload Data			Est./Act. 2018-2019	Projected 2019-2020
	2015-2016	Actual 2016-2017	2017-2018		
<i>Health Assessments</i>	19,564	22,186	18,930	20,860	20,900
<i>Kitchen Clearances</i>	5,754	6,866	5,810	6,936	6,950
<i>Registered Nurse Triage</i>	14,599	13,340	12,070	12,248	12,500
<b>Sick Call</b>					
<i>Mental Health Sick Call</i>	1,445	1,599	1,721	1,671	1,700
<i>Provider Sick Call</i>	2,017	3,136	2,880	1,848	2,000
<b>Clinic Visits</b>					
<i>Inmates to CHS Clinics</i>	2,887	2,655	2,669	2,620	2,650
<i>Inmates to Offsite Clinics</i>	651	805	948	888	950
<b>Hospital Visits</b>					
<i>Emergency Room Visits</i>	213	204	280	238	250
<i>Hospitalized Inmates</i>	93	93	84	64	70
<i>Number of Days Hospitalized</i>	285	280	332	244	240
<b>Mental Health</b>					
<i>Brief Jail Mental Health Screen</i>	N/A	N/A	N/A	8,540	20,900
<i>MH Clinician Assessments</i>	186	554	554	1,895	3,100
<i>MH Clinician Individual Therapy</i>	904	1,233	840	810	950
<i>MH Clinician Group Therapy</i>	195	2,181	1,065	831	1,000
<i>MH Clinician Collaborative Court</i>	N/A	N/A	3,603	3,693	3,700
<i>Psych. Tech./LVN Intake Assess.</i>	2,188	2,534	3,399	3,030	3,200
<b>Pharmacy</b>					
<i>Medication Passed</i>	235,557	272,226	278,115	278,128	280,000
<i>Prescriptions Filled</i>	34,195	37,151	38,664	37,623	38,500