



**BOARD OF SUPERVISORS  
AGENDA LETTER**

**Agenda Number:**

**Clerk of the Board of Supervisors**  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Submitted on:**  
(COB Stamp)

**Department Name:** Public Health Department  
**Department No.:** 041  
**Agenda Date:** March 11, 2025  
**Placement:** Departmental Agenda  
**Estimated Time:** 45 minutes  
**Continued Item:** No  
**If Yes, date from:**  
**Vote Required:** Majority

**TO:** Board of Supervisors  
**FROM:** Department Director(s): Mouhanad Hammami, Public Health Department  
Contact Info: Mouhanad Hammami, Director 805-681-5115  
**SUBJECT:** Updates on Jail Health Monitoring and CalAIM Justice-Involved Initiative

Signed by:  
*Mouhanad Hammami*  
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**County Counsel Concurrence**

As to form: Yes

**Other Concurrence:**

As to form: N/A

**Auditor-Controller Concurrence**

As to form: Yes

**Recommended Actions:**

That the Board of Supervisors:

- a) Receive and file the Public Health Department 2024 update on Jail Health Monitoring and audits;
- b) Receive and file an update on the CalAIM Justice-Involved Initiative and the Public Health Department’s role in implementation and oversight; and
- c) Determine that the recommended actions are not a “Project” within the meaning of the California Environmental Quality Act (CEQA) and are exempt per CEQA Guidelines Section 15378(b)(4) since the recommended actions are government funding mechanisms or other government fiscal activities which do not involve any commitment to any specific project which may result in a potentially significant physical impact on the environment.

**Summary Text:**

This item is being brought to the Board to provide an update on Jail Health Monitoring activities, including the filling of two key positions, the compliance findings of quarterly healthcare audits of the Jails and Juvenile Justice Center, and the County’s status on implementation of the California Advancing and Innovating Medi-Cal program (CalAIM).

At the Main Jail, California Forensic Medical Group (CFMG/Wellpath) is currently non-compliant in nine of the 29 combined measures audited by Public Health Department (PHD) and Behavioral Wellness (BWELL). Five of these combined measures demonstrate persistent non-compliance from prior audits. At the Northern Branch Jail, CFMG/Wellpath is currently non-compliant in eight of the 29 combined measures, with five measures demonstrating persistent non-compliance. The Juvenile

Justice Center (JJC) is currently and consistently fully compliant with the six measures audited by the PHD.

Under CalAIM, the Justice-Involved Pre-Release Services Initiative (JI), correctional facilities, and community-based providers will be able to bill Medi-Cal under Fee-For-Service (FFS) for the delivery of a limited set of services during the 90 days prior to release from correctional facilities. PHD is leading a working group of County partners to establish a roadmap for meeting the 2026 CalAIM implementation deadline.

**Background:**

In 2023, the Board directed the PHD to assume more responsibilities in monitoring and advising on the quality of care delivered by CFMG/Wellpath in the jails and CFMG/Wellpath and BWELL at the JJC. PHD and BWELL accordingly enhanced their screening tools and continued to perform quarterly audits at the jails (see attached). In addition, the Board authorized 1.5 FTE positions in the PHD to monitor the medical and mental health provision of care which enabled creation of the Correctional Health Team (Team) within the PHD.

The Team was created to facilitate monitoring of the CFMG/Wellpath agreement at the jails and JJC. Following monitoring, the Team reports findings to all stakeholder authorities. The Team includes Carrick Adam, MD MSPH, as Chief Correctional Health Medical Advisor, and Aaron Stilwell, DNP MBA RN, as Correctional Health Quality Care Improvement Manager. Dr. Adam has over 20 years of experience in correctional medicine and started in this role on December 10, 2024. Dr. Stilwell has over 10 years of experience in healthcare quality improvement and started on September 30, 2024. The Team is supported by the PHD Chief Medical Officer, Josephine Preciado, MD, and PHD Director Mouhanad Hammami, MD MSHA, and meet on a weekly and monthly basis, respectively, to report updates and receive guidance.

**Jail Performance Monitoring:**

For the jails, the PHD audits 13 clinical performance measures focusing on intake medical screening upon arrival at the facility, initial health assessment within 14 days of arrival, and management of hypertension (high blood pressure) as an indicator of chronic care management. For each measure, a 10% sample is randomly selected from the qualifying population. BWELL audits 16 clinical performance measures focusing on intake mental health screening, access to mental health clinicians, discharge planning, and monitoring of inmates in safety cells and observation cells. For each measure, a sample of five charts per facility per month is randomly selected from the qualifying population. For both PHD and BWELL, a medical record review of the sample determines a status of compliant, non-compliant, or non-applicable for each selected patient. Each measure is held to a performance threshold of 90%. CFMG/Wellpath is required to develop and implement a corrective action plan (CAP) for any measure that does not meet this threshold in a given quarterly review. CAPs are categorized by PHD as either "immediate action" for high-risk concerns or "needs improvement" for more routine findings.

For Q3 of 2024, PHD identified six distinct areas across both jails that required a CAP. These areas include timely completion of intake screening, timely completion of initial health assessments, appropriate tuberculosis testing, and documentation of hypertension management. For the Main Jail, one of four non-compliant measures reflected continued non-compliance from Q2, and the Northern Branch Jail had two of four non-compliant measures continued from Q2. For Q3 of 2024, BWELL identified six distinct areas across both jails that required a CAP. These areas include intake screening, medication verification, checks on inmates in safety cells, sick call triage, charting of suicide risk assessments, and follow-up checks on inmates after removal from restrictive housing. For the Main Jail, three of the five non-compliant measures reflected continued non-compliance from Q2, and the Northern Branch Jail had three of four non-compliant measures continued from Q3. Overall trend

analysis of CFMG/Wellpath's performance based on most recent quarterly service level agreement audits indicate recurring patterns of non-compliance regarding timely completion of the initial health assessment, timely completion of tuberculosis testing, timely access to mental health clinicians, and adequate monitoring of inmates placed in restrictive housing. It is noted that measures assessing monitoring of inmates in restrictive housing are flagged for immediate action, yet this is the seventh quarterly recurrence of non-compliance. The Team and BWELL are working with CFMG/Wellpath to address interventions for several non-compliant measures while ongoing CAPs have not yet demonstrated remediation.

#### **Juvenile Justice Center Performance Monitoring:**

For the JJC, PHD audits six clinical performance measures focusing on initial health assessment within three days of arrival, medication verification within 12 hours of arrival, assessment and provision of immunizations, and sexually-transmitted infection screening. A sample of 30 patients is randomly selected from the qualifying population, and a medical record review determines a status of compliant, non-compliant, or non-applicable for each selected patient. Each measure is held to a performance threshold of 90%. CFMG/WellPath is required to develop and implement a corrective action plan (CAP) for any measures that do not meet this threshold in a given quarterly review, and CAPs are categorized by PHD as either "immediate action" for high-risk concerns or "needs improvement" for more routine findings. For Q3 of 2024, PHD identified no measures that were non-compliant and that necessitated the development of a CAP. Trend analysis shows no recurring non-compliance under PHD monitoring of healthcare delivery at the JJC. Currently there are no monitoring measures assessing mental health services provided by BWELL, but the Team and BWELL is collaborating on developing mental health clinical performance measures, with implementation anticipated for Q1 of 2025.

#### **CalAIM Update:**

The Department of Health Care Services (DHCS) has developed a framework that encompasses broad-based delivery system, program and payment reform across the Medi-Cal program, called CalAIM: California Advancing and Innovating Medi-Cal. CalAIM leverages Medicaid as a tool to help address many of the complex challenges facing our most vulnerable residents, such as homelessness, behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population.

CalAIM is designed to implement broad delivery system and payment reform across Medi-Cal and addresses the social determinants of health and health care inequities through Medi-Cal. Enhanced Care Management (ECM) is a new service offering within CalAIM that is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. PHD has begun to provide ECM services at their health centers and initiated design of referrals and handoffs with CenCal Health and County Departments involved in reentry and discharge planning.

On January 26, 2023, California became the first state in the nation approved to offer a targeted set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. The JI allows eligible Californians who are incarcerated to enroll in Medi-Cal and receive a targeted set of services in the 90 days before their release and warm handoffs to ECM providers and Behavioral Linkages with BWELL when going back into the community. This initiative aims to ensure continuity of health care coverage and services between the time they are incarcerated and when they are released. It also provides people who are

reentering the community with the prescribed medications and durable medical equipment they need, and access to programs and services to support this important transition. Under the CalAIM JI, correctional facilities and community-based providers will be able to bill Medi-Cal under Fee For Service for the delivery of a limited set of services while individuals are incarcerated. This will create revenue for the jail and Probation. When an individual transitions to community, Managed Care and Specialty Mental Health billing is initiated upon release in coordination with CenCal Health and BWELL, DHCS will reimburse at MediCal predetermined rates, for all pre-release services under Medi-Cal FFS directly to Probation and the Sheriff. Claims will be submitted through normal processes for medical services including care management, clinical consultations, laboratory, and radiology; and Medi-Cal Rx for pharmacy services.

The County must implement CalAIM in its correctional facilities by October 2026. The Santa Barbara Sheriff and the Probation Department along with BWELL, PHD, DSS, CEO, and ITD have established a billing working group to create a roadmap for implementation. Since the PHD is already providing CalAIM services including ECM at its health centers, the PHD is tasked with leading this effort and supporting electronic health record implementation and billing for services. The County is working on a request for proposals (RFP) for a third-party biller that PHD is supporting. At the Board of Supervisors meeting on January 13, 2025 discussing the contract with CFMG/ Wellpath as the jail health provider, the PHD was asked to take a lead role in implementation, oversight, and reporting for CalAIM JI.

**Special Instructions:**

Please email one (1) Minute Order to [PHDGroupContractsUnit@sbcphd.org](mailto:PHDGroupContractsUnit@sbcphd.org)

**Attachments:**

**Attachment A** – PHD SLA Audit Report 2024 Q3

**Attachment B** – BWELL SLA Audit Report 2024 Q3 (preliminary)

**Attachment C** – Correctional Health Team Presentation

**Attachment D** – CalAIM in the Justice Involved Presentation

**Authored by:**

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