



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

Department Name: Sheriff's Office
Department No.: 032
For Agenda Of: April 17, 2012
Placement: Departmental
Estimated Tme: 45 Minutes
Continued Item: No
If Yes, date from:
Vote Required: No Vote is Required

TO: Board of Supervisors
FROM: Sheriff's Office Sheriff Bill Brown
Contact Info: Chief Deputy Don Patterson, 681-4245
SUBJECT: Jail Medical/Mental Health Services

County Counsel Concurrence

As to form: N/A

Other Concurrence:

As to form: N/A

Recommended Actions:

That the Board of Supervisors receive a presentation on the status of medical/mental health services provided to inmates of the Sheriff's detention facilities.

Summary Text:

This presentation is to provide the Board of Supervisors with an update on the status of medical/mental health services provided to inmates of the Sheriff's detention facilities.

Background:

The Sheriff is providing an annual update to inform the Board of Supervisors on the overall status of the medical/mental health services provided to the inmates at the Sheriff's detention facilities.

The California Penal Code and The California Code of Regulations Title 15 – Minimum Standards for Local Detention Facilities mandate the Sheriff provide for emergency and basic medical, dental, and mental health services to all inmates in the facilities. Since 1995, the Santa Barbara County Sheriff's Office has provided these services through contract with a private vendor, Corizon (formerly known as PHS Correctional Health Care Services).

In July 2009, the Board of Supervisors approved Corizon to provide medical/mental health services in the jail. On January 18, 2011, the Board of Supervisors received a presentation on the status of medical and mental health services provided to the inmates of the Sheriff's detention facilities. In July 2011, we exercised a two-year extension on the contract for Corizon's services. We are currently, almost halfway through that two-year contract extension.

In the 2011 presentation to the Board of Supervisors, the Sheriff's Office made clear our intent to seek medical accreditation for our facilities. Following our presentation, we decided to pursue accreditation through the National Commission for Correctional Health Care (NCCHC). This accreditation is a multi-step process that begins with conducting a self-survey and reviewing our facilities' compliance with the **NCCHC Standards for Health Services**. The self-survey has been completed and we are in the process of making identified improvements that will assist us in a successful application for accreditation. Once all of the improvements have been made, we are required to gather one-year's data before completing the application process. Among the major hurdles in meeting the rigorous standards are the challenges we face with an aging facility and limited staffing levels.

Statistics

In 2011, medical sick call visits totaled 14,586. These visits include doctor's sick call, nurse's sick call, 14-day evaluations, and dental visits. Initially this number appears to be a significant increase over the previous years' number. The increase is due primarily to a change in accountability and tracking procedures.

For the year 2011, approximately 19% of the inmates in all facilities were on non-mental health medications, a 1% increase over 2010.

Hospital admissions for medical treatment remained consistent with 2010, when compared to previous years. The number of outpatient services, including radiology, increased by approximately 27%. Outpatient services require transporting inmates to local clinics and private doctor's offices.

The total number of mental health contacts in 2011, was 5,121. This number is 12% fewer contacts than occurred in 2010. This reduction is consistent with the 12% decrease in bookings and 5% decrease in the 2011 facility population. The number of inmates treated with mental health medications remained consistent at 14%.

The staffing levels for mental health services is maintained at two (2) licensed Master's Level Mental Health Clinicians, one (1) Mental Health RN, and a half-time Psychiatrist. Mental Health Clinician coverage continues to be extended through the nursing staff on duty, 24 hours a day, 7 days a week.

In January 2012, Corizon increased psychiatrist hours at no additional cost to the county. Corizon is also working to increase these "no-cost" hours by up to 20 additional hours per week.

Pre-release Planning

Prior to the 2009 contract extension that added mental health services to Corizon's responsibility, there was little to no pre-release planning. The Corizon contract included a major goal of providing "discharge planning services." Due to the diminished availability of community services and the unpredictability of release times of inmates, establishing a successful pre-release planning program proved to be a considerable challenge. Through the combined efforts of Sheriff's staff, Corizon, ADMHS and other county agencies, significant improvement has been made in this area. The collaboration efforts between Sheriff's staff, Corizon, and Alcohol Drug and Mental Health (ADMHS) continue to grow and develop. Corizon and ADMHS staff communicate several times a week regarding individual patients.

Processes that were beginning to be implemented at the time of last year's presentation are now well-established and working. These new processes include: ensuring that medically indicated medications

are accessible 7 days a week for those who are released from Sheriff's Custody; coordination with Bringing Our Communities Home; and facilitation of the Inside Outside meetings, which meets every other month.

Recently, a new and highly successful weekly meeting was implemented to raise awareness of those requiring more intense services. This meeting, attended by Jail Operations, Transportation, Classification, Jail Administrative staff, and by Corizon's nursing, mental health, and administrative staff, provides a mechanism for weekly touch-points regarding inmates with acute medical, mental health, and security needs. This meeting has allowed: mental health staff to offer "just in time" interventions so all staff are acting in concert; allow medical staff to alert other staff of upcoming procedures requiring unique care; and for custody staff to inform medical and mental health of transportation and security issues.

Newest in the cadre of pre-release activities has been the use of multidisciplinary meetings that bring together representatives from the Sheriff's Office, ADMHS, Corizon, and the Public Defender's Office, to discuss options and seek solutions to address some of the more complex and challenging cases. When appropriate and necessary, the District Attorney's Office and the Courts are also included in this team.

Jail Facility Populations

Up until 3 years ago, the jail facilities' populations remained somewhat static. This was due primarily to the court ordered population cap. In late 2010 and early 2011, the jail population began to decrease. The Average Daily Population for 2011 was the lowest it had been in years. There were several contributing factors. In June 2011, due to budgetary constraints, the Santa Maria Branch Jail began a partial operation. As a result, fewer bookings were processed in the North County. It is also a possibility that the long-term efforts of the local criminal justice system, in establishing and maintaining alternatives to incarceration that are designed to reduce recidivism, were having an impact. From 2009 to 2011, there was a 7% decrease in the jail facilities' population.

In October 2011, the Public Safety Realignment Act (AB 109) was implemented. It has resulted in drastic changes to the mission and operations of local detention facilities throughout the State. In contrast to the downward population trend we saw for the last several years, our jail facilities' population has increased approximately 9%, since the implementation of AB 109. We are still evaluating specific causes of this increase, but can attribute most of it to the impact of AB 109.

Foreseeable Challenges

Prior to AB 109, a sentenced inmate could be held in a county jail for a period of no longer than one (1) year on each case. After AB 109 was implemented, a sentenced inmate may remain in a county jail for any number of years, depending upon the sentence. In March 2012, a man was sentenced to serve 23 years in the county jail.

With long-term inmates, we anticipated that medical and mental health needs will rise. This rise will be a result of more complex and chronic medical conditions that may require surgeries and routine procedures that are needed in order to prevent a more serious illness from developing. In previous years, these issues were addressed while the inmate was housed in the State Prison system.

In an effort to address the rising medical costs, we continue to look for additional resources. Once an individual is incarcerated, Medi-Cal, Medicare, and Medicaid benefits are no longer available. The

Penal Code does allow for an inmate's private insurance to be billed for medical care while incarcerated. Private insurance companies generally fall into two categories when looking at coverage for inmates. Members of large groups (several thousand) are often covered during incarceration. Members of small groups, or those who have individual policies generally have a statement that the policy will not cover medical costs for someone who is incarcerated.

A recent review of inmates in county jail was conducted on March 20, 2012. This snap-shot revealed that 81% of the inmates did not have insurance. There were 12% with Medi-Cal, Medicare, or Medicaid (none of which are reimbursable), and just under 7% had private insurance. We do not currently capture the data that would allow us to determine how many of the 7% who had insurance would have allowed us to claim reimbursement for the medical services. The contract with Corizon expires in 2013. At that time, we will consider requiring the contracted vendor to provide a position responsible for tracking and billing private insurance companies.

ADD:

Performance Measure:

Maintain standards for medical care provided by Prison Health Services at jail facilities to no more than 0 care-related penalties per year (M 1071 015).

Maintain standards for medical care provided by Prison Health Services at jail facilities to no more than 0 administrative penalties per year (M 1071 016).

Fiscal and Facilities Impacts:

N/A

Fiscal Analysis:

N/A

Staffing Impacts:

N/A

Special Instructions:

N/A

Attachments:

Sheriff's Office PowerPoint Presentation

Authored by:

Custody Commander Jenny Sams Ext. 4326

scc: