



Correctional Health Team

Board of Supervisors Report

March 11, 2025



Overview of the Team

- Clinician team to monitor the medical and mental health care within the adult and juvenile Correctional facilities
- Demonstrates direct assessment by County as component of remedial plan
- 0.5 FTE Chief Correctional Health Medical Advisor (physician)
- 1.0 FTE Correctional Health Quality Improvement Manager (registered nurse)



Carrick Adam, MD MSPH

Chief Correctional Health Medical Advisor

Physician board-certified in pediatrics, preventive medicine / addiction medicine. Extensive history of providing healthcare as Medical Director for Juvenile Justice Center since 2005.

Doctor of Medicine and Master of Science Public Health from Tulane University and completed her residency at University of California, San Diego.





Aaron Stilwell, DNP MBA RN

Correctional Health Quality Imp. Manager

Registered nurse with 17 years experience in healthcare, with over 10 years in quality improvement, risk management, and compliance.

Doctor of Nursing Practice from Quinnipiac University and Master of Business Administration from Western Governors University.





Functions of the Team

- Monitor healthcare delivery in accordance with the community standard, evidence-based guidelines, National Commission on Correctional Health Care (NCCHC), and regulatory compliance
- Monitoring of CFMG/WellPath compliance to service level agreements (SLAs)
- Chair Medical Administration Committee (MAC) and Continuous Quality Improvement (CQI) Committee
- Provide advice and expert opinion to the Sheriff, Probation, and CFMG/WellPath



Current Major Activities

- MAC/CQI meeting overhaul
- In-custody death review process improvement
- CFMG/WellPath policy reviews
- Title 15 Detention Facilities Inspections
- WellPath contract negotiations
- Remedial plan monitoring visits



Service Level Agreement Audit: Adult Jails

Public Health

13 SLA measures covering:

- Intake Medical Screening
- Medication Verification
- Initial Health Assessment
- Chronic Care Management

Behavioral Wellness

16 SLA measures covering:

- Intake Mental Health Screening
- Access to Mental Health Services
- Discharge Planning
- Monitoring of Restrictive Cells



2024 Q3 Non-Compliant PHD SLA Measures (NBJ)

- | | | | | |
|------------------------------------------------------------------------------|----|-----|---------|---|
| 1) All reported medications documented and verified on intake screening? | 1. | 83% | (5/6) | |
| 2) Initial Health Assessment within 14 days of arrival? | 2. | 50% | (8/16) | ● |
| 3) TB screening completed within 14 days of arrival? | 3. | 36% | (5/14) | ● |
| 4) Was HTN chronic care visit adequate, with BP level of control documented? | 4. | 83% | (10/12) | |

● = Repeat Non-Compliance from Previous Quarter



2024 Q3 Non-Compliant PHD SLA Measures (SBJ)

- | | |
|------------------------------------------------------------------------------------------|-----------------|
| 1) Initial Health Assessment within 14 days of arrival? | 1. 76% (13/17) |
| 2) TB screening completed within 14 days of arrival? | 2. 82% (14/17) |
| 3) If TB screening refused, was chest x-ray ordered? | 3. 0% (0/1) |
| 4) If HTN diagnosis identified, was EKG ordered / record obtained at chronic care visit? | 4. 81% (13/16)● |

● = Repeat Non-Compliance from Previous Quarter



2024 Q3 Non-Compliant BWell SLA Measures (NBJ)

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 1) Sick call requests triaged, with urgent requests seen within 24 hours and routine requests seen within 1 week? | 1. 80% (12/15) ● |
| 2) If in safety cell, assessed every 4 hours by medical staff and every 12 hours by mental health staff? | 2. 13% (2/15) & 67% (10/15) ● |
| 3) Was post-suicide watch follow up conducted within 24 hours, 5 days, and 7 days (as indicated) after release? | 3. 67% (10/15) ● |
| 4) If no improvement within 12 hours of safety cell placement, was Crisis Team contacted for assessment? | 4. 75% (3/4) |

● = Repeat Non-Compliance from Previous Quarter



2024 Q3 Non-Compliant BWell SLA Measures (SBJ)

- | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1) Mental health intake screening completed? | 1. 67% (10/15) |
| 2) If medications not verified, inmate saw psychiatrist within 24 hours to create new treatment plan? | 2. 67% (10/15) |
| 3) Sick call requests triaged, with urgent requests seen within 24 hours and routine requests seen within 1 week? | 3. 60% (9/15) ● |
| 4) If in safety cell, assessed every 4 hours by medical staff and every 12 hours by mental health staff? | 4. 73% (11/15) & 80% (12/15) ● |
| 5) Was post-suicide watch follow up conducted within 24 hours, 5 days, and 7 days (as indicated) after release? | 5. 80% (12/15) ● |

● = Repeat Non-Compliance from Previous Quarter



Service Level Agreement Audit: Juvenile

Public Health

6 SLA measures covering:

- Intake Medical Screening
- Initial Health Assessment
- Vaccinations
- STI Screening & Treatment

Compliant in all six SLA Measures

Behavioral Wellness

- Measures currently in development



Opportunities for Improvement - Immediate

- Improved Clinical Quality Measurement
- Clinical Oversight by Jail Medical Director
 - Enhance administrative & clinical oversight
- Discharge planning
 - Designate roles and responsibilities for discharge planning
- Withdrawal Management
 - Opioid Use Disorder
 - Immediate initiation of MOUD to prevent withdrawal
 - Sedative Use Disorder
 - Prolonged taper



Opportunities for Improvement – Long Term

Internal Opportunities

- Expand monitoring of chronic disease management
 - e.g. diabetes, hepatitis C, severe mental illness
- Review & update of Service Level Agreement audits
- Enhance protocols for management of people in crisis
- Monitoring of future sentinel events / adverse events
- Supporting utilization management processes



Opportunities for Improvement – Long Term

External Opportunities

- Improved coordination of care with community partners
 - Local hospital emergency departments
 - County Health Care Centers
- Enhanced coordination with PHD Communicable Disease
 - Improved reporting and treatment
- Support for CalAIM integration



Conclusion

- Monitoring healthcare services in County correctional facilities
- Provide information to enable improvements in patient outcomes
- Maintain relationships with our partner agencies
- Reporting to Board of Supervisors
 - Quarterly reports initially
 - Semi-annual reports once stabilized



Questions?



Thank you!