

CFMG

California Forensic Medical Group

Santa Barbara Board of Supervisors

one patient. one team.

July 3rd, 2018



CFMG

Always Do The Right Thing!

- California-based correctional healthcare company founded in 1983 to provide quality healthcare to our patients.
- We are passionate about serving our patients and County partners.
- We only work with County jails, focused solely on the unique needs of this underserved and challenging population.



Transition Overview

Previous Provider at Adult Facility

- 1,600 un-reviewed sick call slips at transition
- No health assessments had been completed since October 2016.
- Misfiled medical records and piles of loose patient paperwork complicated care at transition.

CFMG

- 36 CFMG transition members
- 100+ sick call visits in first 24 hours
- All Chronically ill patients' reviewed and seen.
- Concerted effort to identify all patients who needed 14-day health assessment screening, TB assessment screening, and PPD placement.
- All medications reviewed by CFMG Physician and Psychiatrist.

Community



CFMG has collaborated with:

- Behavioral Wellness, Justice Alliance, CARES, AOT, PHF, CSU, RISE
- Cottage Hospital
- Santa Barbara County Public Health Department
- BSU, CIT, Opioid Coalition
- Marian Region Medical Center



Successes

- At a recent Mental Health Treatment court meeting, Judge Kuns spoke to the increase trust that the court has in CFMG mental health patient care and transition to the community upon discharge.
- Dr. Lewis, Forensic Manger, has shared his gratitude for the improved communication in collaboration between CFMG staff and his program staff , to the benefit of patients and the community.

Community

Our community outreach does not stop at the jail walls.

In December 2017, CFMG worked with the Sheriff's Office custody division to assemble 100 Holiday care packages for the homeless and delivered them within our community.





Training

CFMG invests in its people:

In our first year, CFMG provided 3,379 hours of training to staff, resulting in:

- Reduction of ER visits
- No successful suicides

CFMG provides the following training to Probation, Custody Deputies and CIT Participants:

- Crisis intervention
- Suicide prevention and intervention
- Responding to medical emergencies and mass disasters
- Common medical issues
- Drug/ETOH intoxication and withdrawal along with Naloxone administration
- "Think Trauma"



Offsite Services

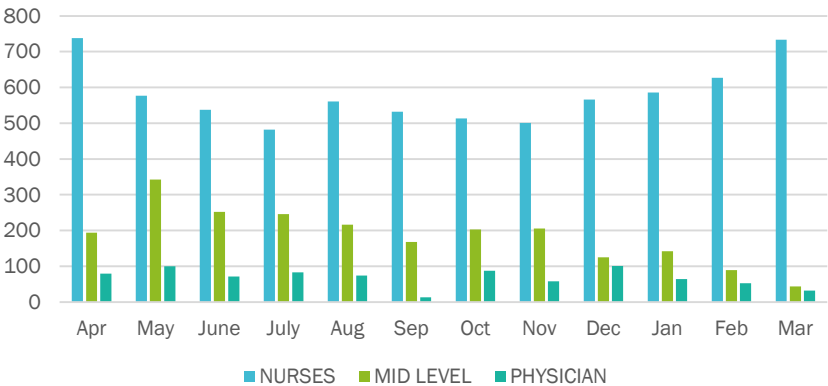
When the necessary medical care exceeds what is offered within the jail setting, CFMG is responsible for obtaining outside community consultation.

- 375 community appointments completed for adult patients
- 168 community appointments completed for youth patients
- Youth community appointments include outside service for Optometry and Dental which are not contracted through CFMG

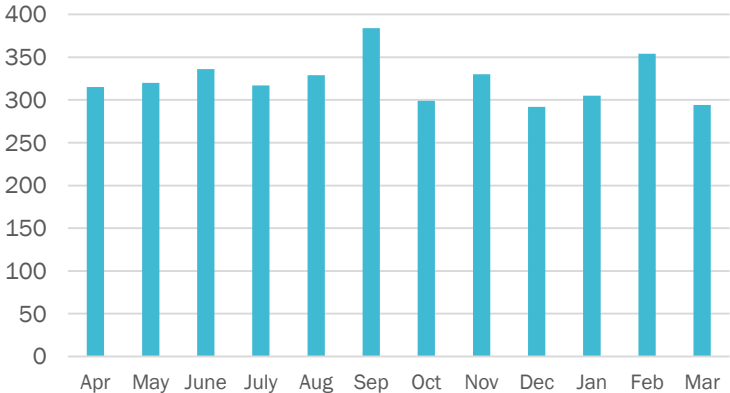
CFMG refers all patients to Public Health for pre-natal care and infectious disease monitoring.

Onsite Services (adult)

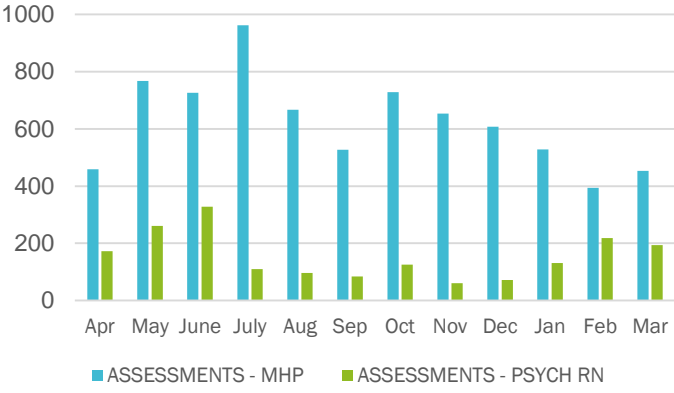
SICK CALL



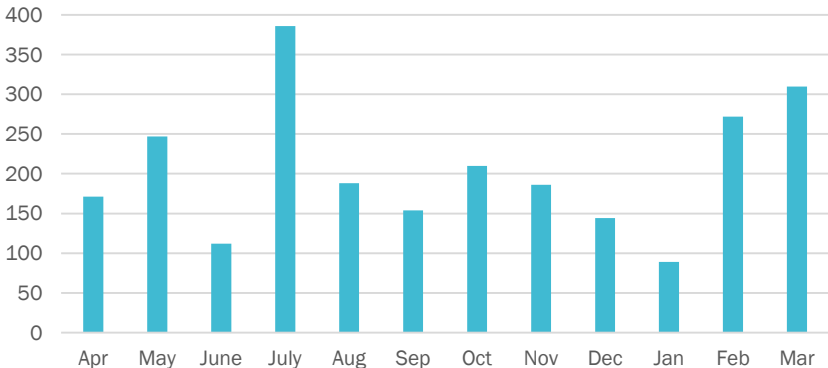
HEALTH INVENTORY



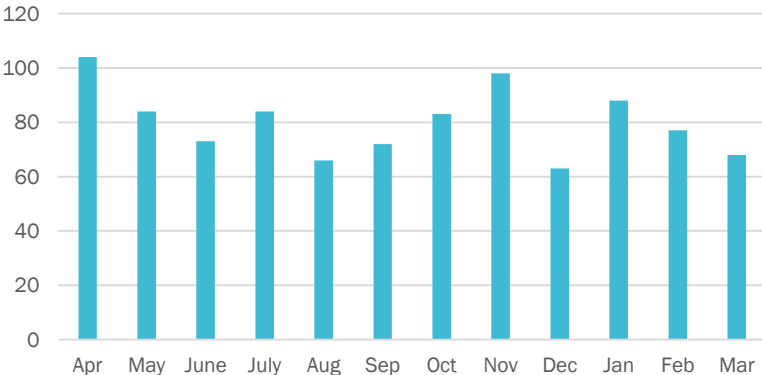
MH SICK CALL



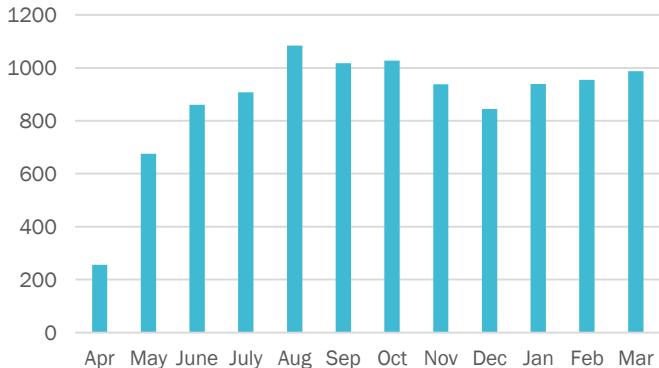
PSYCHIATRIST VISITS



CHRONIC CARE VISITS



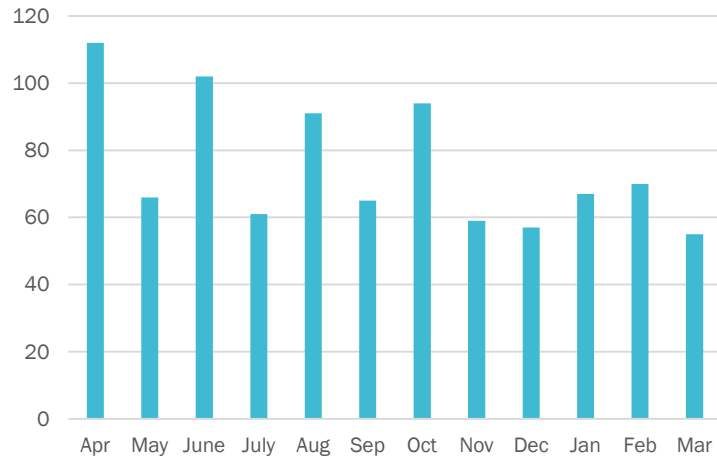
INTAKES



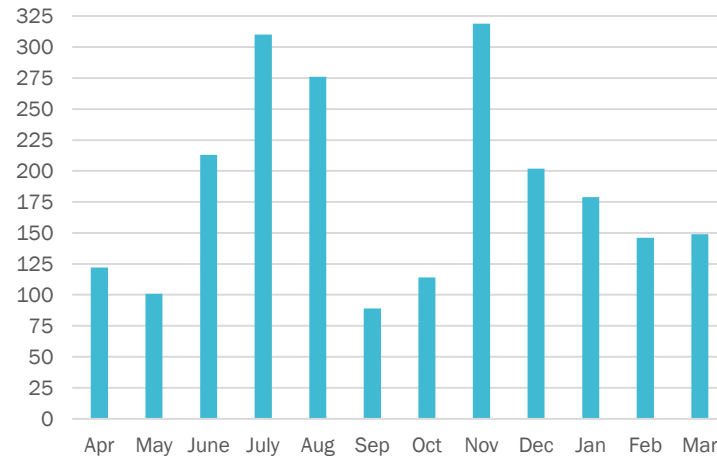
Onsite Services (adult)



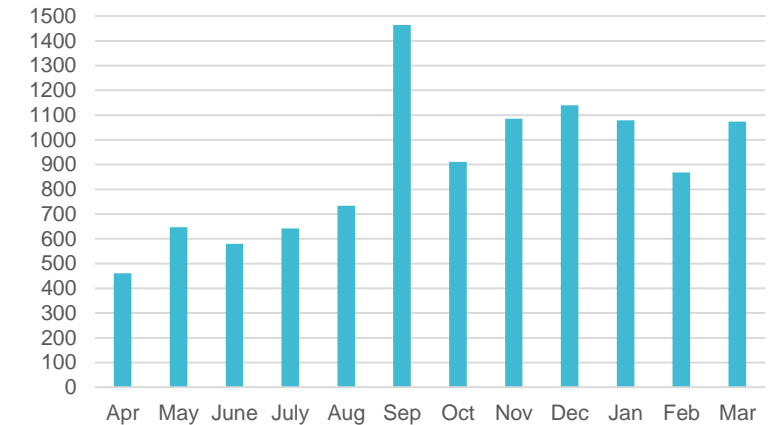
DENTAL SICK CALL



TOTAL NUMBER OF LABS DRAWN

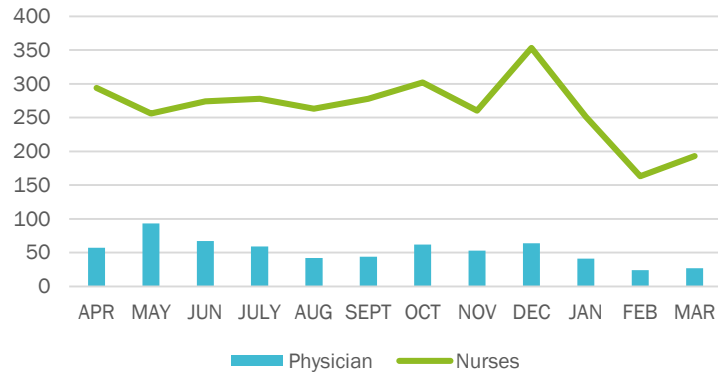


ADMINISTRATIVE SEGREGATION ROUNDS

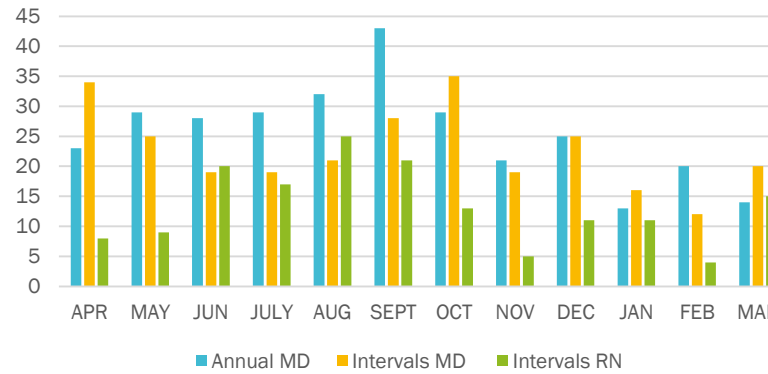


Onsite Services (JH)

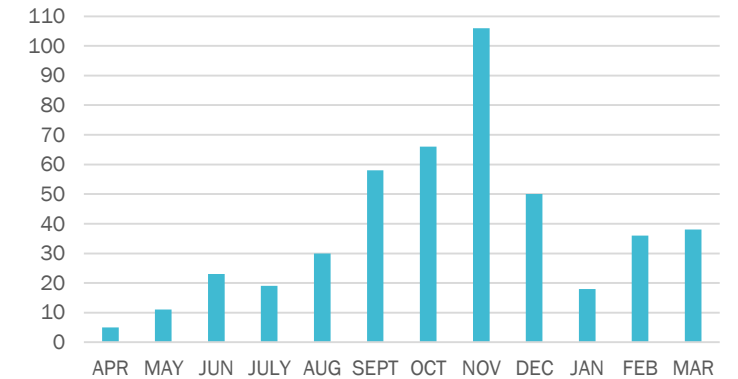
Sick Call completed



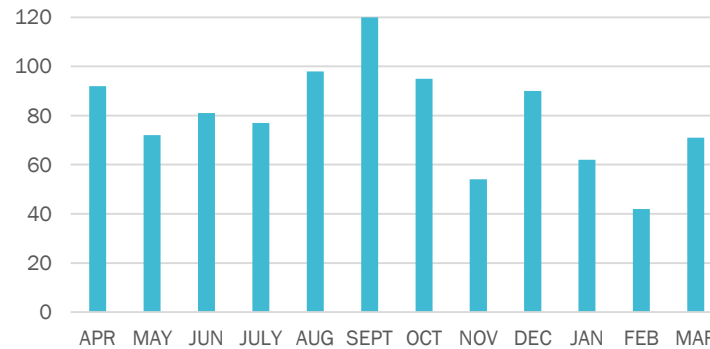
Health Assessments Completed



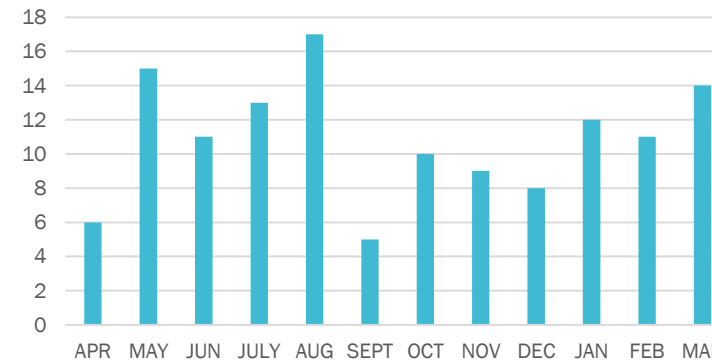
Immunizations Given



Average Monthly Intakes

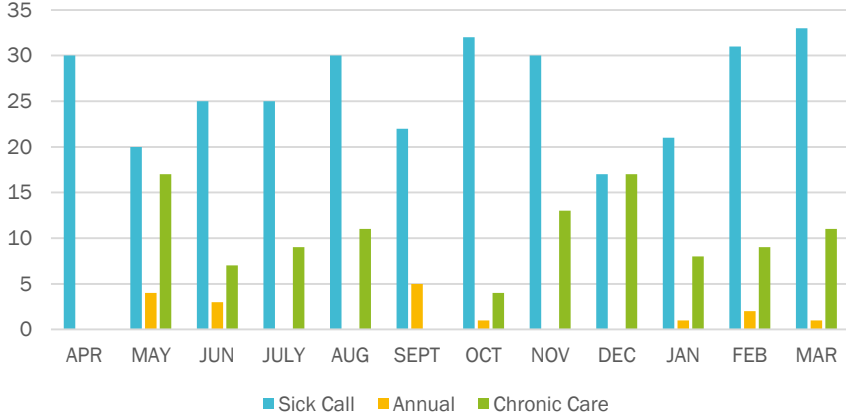


CFMG referrals to MH

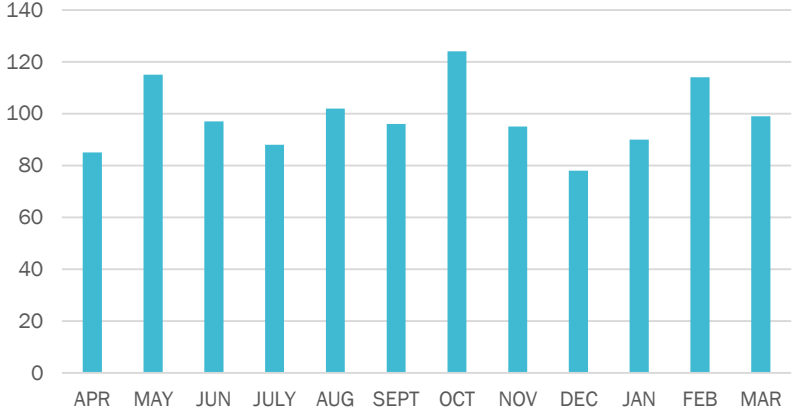


Onsite Services (Boys Camp)

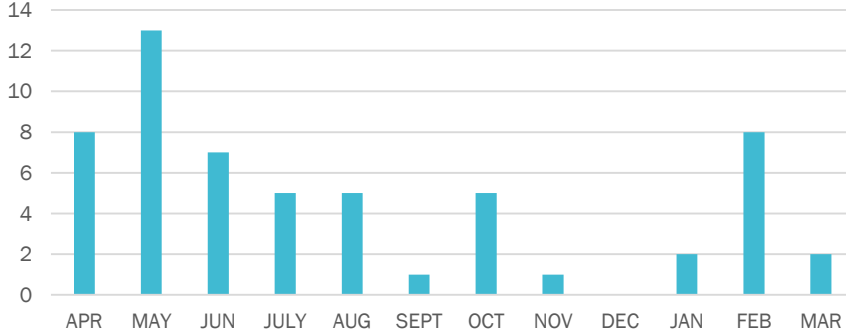
Physician Services



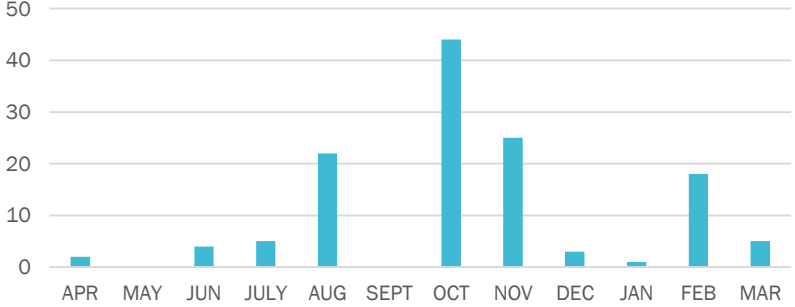
RN Sick Call



CFMG Referrals to MH



Immunizations



Mental Health

Increase in coverage:

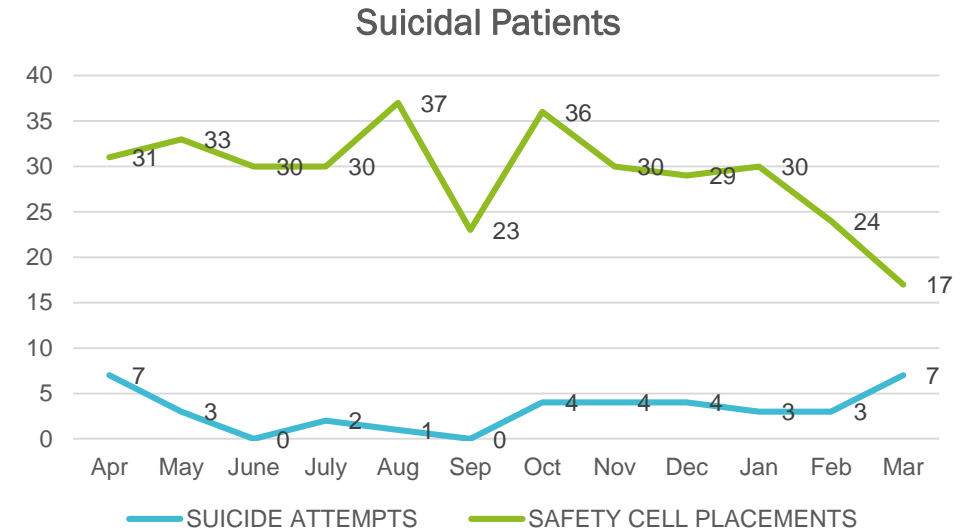
- 7 days per week, 16 hours per day
- Coverage from 0700-2300

Tripled contacts for segregation populations:

- Patients are seen 3 days per week by mental health and 3 days per week by medical staff for a total of 6 days per week.
- Mental Health Professionals develop therapeutic alliances with patients in Segregated Population through active listening, normalizing patient feelings/experience, challenging cognitive distortions and validating positive behavior change and rehabilitation.

Over 21,000 patient encounters

Reduction in mental health grievances by 26%



Mental Health – Treatment Interventions

Mental Health Professionals establish a collaborative plan of care with the patient and employ psychotherapeutic techniques:

- Cognitive-Behavioral Therapy (CBT)
- Psychoeducation worksheets and interventions
- Model/teach mindfulness techniques
- Coping strategies

Mindfulness interventions provided:

- Grounding techniques
- Breathing and meditation exercises
- Increasing distress tolerance and acceptance of thoughts and feelings

Mental Health – Patient Education

Mental Health Professionals educate patients on:

- Relapse prevention strategies
- Healthy living activities
- Self-soothing techniques
- Self-care routines
- Safety plans
- Crisis prevention planning

Mental Health – Suicide Prevention

- Patients removed from suicide watch have a regular follow up with Mental Health at:
 - 24 hours after clearance from suicide watch
 - 3 days after clearance from suicide watch
 - 7 days after clearance from suicide watch
 - Weekly for 30 days after clearance
 - Monthly for 90 days after clearance

This ensures patient progress and mitigates decompensation.
- Mental Health consults with Behavioral Wellness to request 5150 evaluations when needed and coordinate transfer of patients qualifying for involuntary psychiatric care to the local Psychiatric Health Facility (PHF).
- Every 12 hours a patient remains on Suicide Watch in a Safety Cell Mental Health Professionals consult with Behavioral Wellness staff to ensure best practice for patient safety and treatment planning.

Successes

- Implementation of CFMG's protocols coupled with extensive training **reduced ER visits by 50%**
 - 282 ER visits in 2016
 - 140 ER visits in CFMG's first year
- Implemented Electronic Medical Records has streamlined the process of interfacility youth transfers and improved documentation of medication administration by Probation Staff.
- During the Thomas Fire and Montecito Debris Flow **not a single shift went uncovered**. The jail medical and mental health teams were fully staffed during the 101 closures.
- Boys Camp's evacuation to Juvenile Hall twice due to the Whittier Fire prompted development of the Air Quality Policy.



Contract Requirements

NCCHC

- To prepare for NCCHC accreditation, a mass-disaster drill was held in October 2017, which requires coordination between medical and custody.
- Audit conducted at the adult facility to identify gaps related to attaining accreditation, timeline created to address gaps.

Continuous Quality Improvement

CQI has led to improvements. One example is an enhanced discharge planning process.

- Prior to CFMG, a minority of the patients received discharge planning and discharge medications.
- CFMG is now providing discharge planning and medications to all Chronic care and Mental Health patients at the adult facility.

Service Level Agreements

Staffing Vacancies

- 100% compliance, no vacancies for more than 60 days

Public Health Audit (*adult facility*)

- Q3: 70% compliance
- Q4: 100% compliance

Public Health Audit (*juvenile facility*)

- Q3: 100% compliance
- Q4: 100% compliance

Behavioral Wellness Audit (*adult facility*)

- Q3: 81.78% compliance
- Q4: 86.5% compliance



NEW Service Level Agreements

Adult Service Level Agreement Changes for 2nd year:

- Did the Contractor complete a 14-day Health Assessment within 14 days? If the patient refused, was the refusal properly documented? Was the TB assessment form thoroughly completed? If the patient refused the PPD placement were alternatives offered and CFMG protocol followed?
- Was medication verification completed in a timely manner? If no, were the reasons why verification could not be completed documented? Per contract Exhibit A 1.1 G When an inmate indicated prescription drug utilization, the contractor shall make every attempt to verify the medication within 12 hours.
- Are chronic care patients being seen in accordance to NCCHC standard? If providers are treating patients outside the guidelines are reasons documented?

Juvenile Hall & Los Prietos Boys Camp Service Level Agreement Changes for 2nd year:

- Did the Contractor conduct a comprehensive Health Assessment on each youth detainee as soon as possible and no later than 96 hours from booking?
- Where medication cannot be verified, did the RN confer with the medical provider on site or on call to establish, document, and initiate a treatment plan and did this occur within 24 hours of the detainee's arrival at the juvenile hall reception area?
- Did the contractor bring youth's immunizations up to date within 2 weeks or were the attempts to do so properly documented?

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THANK YOU!

