# Jail and Probation Health Care Services Contract: Update on Procurement Process

August 23, 2016 Donna Strugar-Fritsch BSN, MPA, CCHP



## **HMA** Team

- Board certified internal medicine doctor with correctional health experience; currently acting Chief Medical Officer at Los Angeles County Jail
- RN with 13 years of correctional health consulting experience and certification by National Commission on Correctional Health and extensive CA experience
- Mental health practitioner and community mental health expert with significant forensic experience and a history with Santa Barbara
- Contract procurement and management expert

## **RFP Requirements:**

#### **National**

- Inmate health services is an evolving medical specialty
  - Recruitment and retention, career advancement & credentialing
  - Safety and training
  - Accreditation of unique processes and circumstances
- National standards evolved through accreditation processes and litigation
- Segregation for inmates
   with SMI under scrutiny
   across the nation; new
   expectations are evolving
- Jail and juvenile settings should increasingly become part of community continuum of care

#### Local

- California AB109 and Prop 47 changed characteristics of incarcerated adult population
  - Sentences > 10 years,
     AB109 > 10%; need
     chronic care and
     preventive services not
     traditionally addressed
     in jails
  - Prevalence of serious mental illness (SMI) and violence higher
- County has limited options for acute psychiatric care which is effecting inmates with SMI
- New jail facility under development during the new vendor contract

## Context: Privatized Correctional Health Care

- Where there is a health care vendor, strong contract management is essential. The County can delegate health care but still carries accountability.
- Three factors significantly mitigate clinical and financial risks of correctional health care:
  - Compliance with health care accreditation standards
  - A robust, effective Continuous Quality Improvement Program
  - Timely, accurate, and actionable data to monitor vendor
- Vendors have creative suggestions RFP will ask for them

## **RFP Requirements:**

#### **Accreditation**

- Probation facilities currently accredited by IMQ. RFP requires NCCHC accreditation.
- Jail not currently accredited. RFP requires plan within 9 months
- Maintain accreditation

#### **Quality Improvement**

- Require QI efforts address County priorities
- Build more rigorous, real-time QI process; a tool for county stakeholders
- Tie to training programs, staffing, new approaches
- Require youthspecific strategies, approaches & tools

## RFP Requirement: Mandatory Data Reporting

## More detailed requirements for

- Mental Health services
- Documentation of wait lists for all services
- Reporting medical service requests: timing, disposition
- Reporting request disposition as urgent or routine needs, & missed appointments
- Health care grievances
- Missed medications
- Use of Emergency Department and hospital services

## Jail and Probation: Contract Management and Oversight

## **Engage County Public Health as:**

- 1. Contract Advisor on practices in assessment and treatment of STIs, TB and other infectious diseases, Hepatitis, pregnancy, and chronic illness. Integrate with community clinic practices, data collection, and QI
- 2. Contract Monitor on clinical decisions for offsite services, chart audits for contract compliance, assessment of access to care
- 3. Community partner in building a system of care for shared patients

## **Engage County Behavioral Wellness as:**

- 1. Contract Advisor on practices in assessment and treatment of Severe Mental Illness MI & Substance Use Disorders
- 2. Contract Monitor on clinical decisions including audits for contract compliance, assessment of access to care
- 3. Community partner in building a system of care acute and sub-acute psychiatric care and shared patients

## **RFP: Clinical Management**

- Require disposition and timeframes of inmate medical service requests; urgent and routine
- Require a chronic care program with registry, prompts, and audit for compliance
- Require preventative care program for AB109 inmates incarcerated > 1 year
- Telemedicine for intake support at Santa Maria
- Possible changes in clinic hours to increase access

## **RFP: Pharmacy/Medication Services**

- Improve access to "bridge medications"
- Keep-on-Person program
- Staffing
- Reduce stock medications; increase patient-specific medication blister cards
- Enhance inmate medication compliance and manage missed/refused meds more closely

## **RFP: Staffing**

Increase minimum staffing levels, outcomes-based approach focused on access to care

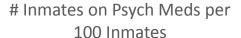
- Monitor access to care through inmate medical service request data, visits, grievances, wait lists, ER visits, hospitalizations, provider productivity
- Regular review & modification of staffing impediments to meet access objectives for services

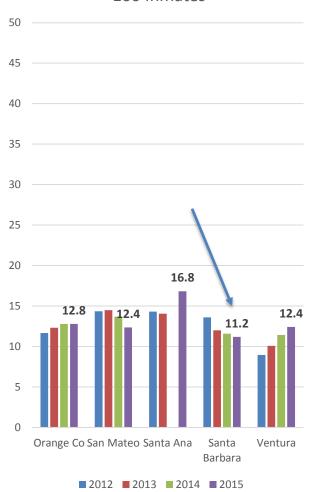
Focus on provider productivity;

- Sheriff must increase access escorts for Mental Health
- Use of Medical Assistants and creative/efficient service delivery design to keep providers at "top of license"
- Add discharge/reentry planner
- Add inmate insurance coordination function
- Weekend access at Juvenile Hall

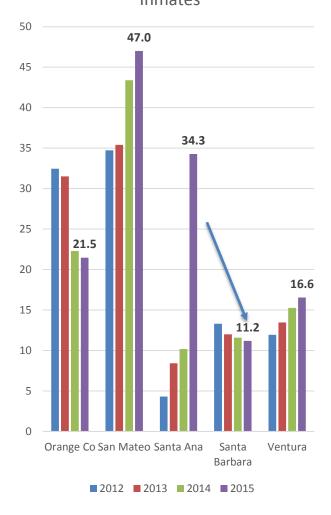
## **Comparative Jail MH Data**

**Source: Bureau State and Community Corrections** 





## Mental Health Caseload per 100 Inmates



#### **RFP**

- Jail Mental Health Services
  - Bridge medication requirements
  - Increased access to psychiatry
  - Evidence-based mental health programming
- Evidence-based drug & alcohol programming
- Alternatives to segregation for inmates with SMI
- Program changes/vendor collaboration throughout contract

### **RFP**

## **Training**

- ID drug/alcohol withdrawal in days 3 10 (medical and custody staff)
- Training responsive to QI program findings
- Skills & scenario-based training:
  - Transitions of care with EMS
  - Disaster drills
  - Communication

## **OPTIONAL** Electronic Medical Record Bid

Bidders may submit optional proposal to implement an EMR

- Implementation tasks and timeline
- Training
- Cost
- County reserves right to take action or not

# QUESTIONS AND DISCUSSION

Health Management Associates appreciates the opportunity to conduct this important work with Santa Barbara County