

PROGRAM INFORMATION:

Program Title:	Jail Psychiatric Services	Provider:	Corizon Health
Program Description:	Corizon Health at the Fresno County Jail provides psychiatric and mental health evaluation and assessment, crisis intervention, medication management, acute psychiatric referrals and case management services. In addition services include treatment for inmates housed in Lock Down housing with Treatment and Behavior Management Planning, discharge planning and representation of inmates mental Health needs/services in Behavioral Health And Veterans Courts	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	ADULT	Dates Of Operation:	June 23, 2015 to Present
Age Group Served 2:	TAY	Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Other, please specify below	Funding Source 3:	Other, please specify below
Funding Source 2:	Realignment	Other Funding:	Health Realignment; SAMHSA Grant funds, and AB 109 Public Safety Realignment Grant funds.

FISCAL INFORMATION:

Program Budget Amount:	\$2,885,288.37	Program Actual Amount:	\$1,469,710.00
Number of Unique Clients Served During Time Period:	2,773		
Number of Services Rendered During Time Period:	13,279		
Actual Cost Per Client:	\$530.00		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	March 2014 – June 30, 2019 (03/25/2014 to 06/30/2017 plus two optional twelve-month periods.	For Other:	Correctional Facility
		Renewal Date:	07/01/2019

Level of Care Information Age 18 & Over:

The levels of care shown above do not apply. This program provides behavioral health services to adult inmates housed at the Fresno County Jail.

TARGET POPULATION INFORMATION:

Target Population: Jail Inmates housed at the Fresno County Jail with acute mental illness and subacute mental health conditions requiring clinical mental health attention. Specifically targeting inmates (“Patients”) with Serious Mental Illness who are housed in both the General Population, Administrative Segregation Housing and Lock Down Cells. **All inmates (“patients”) have the potential for being part of the population.**

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Client/Family Driven Program

Choose an item.

Choose an item.

Choose an item.

Please describe how the selected concept (s) embedded :

Typically patients are identified through the intake process and appointments are populated within the patient’s electronic record as a result of their input regarding mental health needs at booking into the jail. Other ways that patients can access services is through the Health Service Request form which is a consumer generated document that intends to assist the patient in identifying their specific health needs as requested. Yet another way for patients to be seen by Mental Health is through interdisciplinary referrals as well as by request of custody staff based on patients behaviors, appearance or known histories.

PROGRAM OUTCOME GOALS:

- 1) Reduce the number of Acute psychiatric hospitalizations.
- 2) Provide out-of-cell therapy sessions for SMI inmates in segregated housing, 3 times per week.
- 3) Serve 2,880 unique inmates between July 1, 2015 and June 30, 2016.
 - a. Provide psychiatric staff for medication management services as well as other clinical nursing staff to successfully treat this population.
 - b. Provide psychiatric evaluations for an average of 360 inmates per month.
 - c. Enroll 270 unique inmates in group treatment specifically for individuals with co-occurring disorders of mental illness and substance abuse.
- 4) Serve 662 unique inmates identified as having co-occurring disorders of mental illness and substance abuse.
 - a. JPS will document the number of inmates that will receive dual diagnosis treatment.
- 5) Work with other county programs to link 30 inmates to intensive case management follow up programs either through the Behavioral Health Court in Fresno County, or to treatment programs for dual diagnosis

PROGRAM OUTCOME DATA/INDICATORS:

In Fiscal Year (FY) 2015-16, the program provided 326,371 units of service (13,279 services) to 2,773 unique patients. Services included mental health services (175,095 units of services), crisis intervention (81,524 units of service), medication support (44,960 units of service), collateral (165 units of service), placement (153 units of service), psychological evaluation (22,826 units of service), and linkage/consultation (1,648 units of service).

The program continues to meet goals as the number of Acute Psychiatric Admissions decreased from 25 in FY 2014/2015 to 19 in FY 2015/2016. Additionally, the number of initial safety cell placements increased to 956, while the number of suicide attempts has been reduced from 146 in Fiscal Year (FY) 2014/2015 to just 51 in FY 2015/2016.

Although tracking has only begun recently, SMI patients that are housed in lockdown (single or two man cells) have been seen with regularity (three times per week) at the average compliance of 80% of expected; typically with variations attributable to changes in staffing due to illness, vacations, or vacancy of positions.

Additionally psychiatric sick call encounters for the period of July 1, 2015 to December 31, 2015 averaged 324 per month; and for the period of January 1, 2016 to June 30, 2016 averaged 153 per month.

An average of 166 inmates per month were evaluated by psychiatrists working with the program when 360 were projected. This figure is lower than predicted. It appears that due to reduced bed capacity and variable turnover, some inmates are staying longer in the jail. This may be a causative factor in the lower number of assessments, since each inmate is only given one assessment per incarceration and further services by a psychiatrist are considered to be follow-up sessions.

Approximately 60 inmates were enrolled in group treatment beginning in May 2016, which was a significant decrease compared to the objective of 270. These numbers were seen to be higher than the previous year (zero) but less than the objective. This was likely the result of the development of the group process necessitating the purchase and installation of safety equipment in order to conduct effective group therapy.

About 550 unique inmates were identified as having co-occurring disorders of mental illness and substance use.

167 inmates were referred to County and community programs including: Turning Point Full Service Partnerships, the Department of Behavioral Health's Urgent Care Wellness Center, Co-Occurring Disorders Treatment Program, and Veteran's Administration.

DEPARTMENT RECOMMENDATION(S):

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