

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 segregated housing with treatment and behavior management planning, discharge planning, and representation of inmate’s mental health needs/services in Behavioral Health and Veterans Courts.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	June 23, 2014 – Present
Age Group Served 2:	TAY	Reporting Period:	July 1, 2016 - June 30, 2017
Funding Source 1:	Realignment	Funding Source 3:	Other, please specify below
Funding Source 2:	Other, please specify below	Other Funding:	Health Realignment, SAMHSA Grant funds, and AB 109 Public Safety Realignment Grant funds

FISCAL INFORMATION:

Program Budget Amount:	\$2,459,739.39 Behavioral Health Services	Program Actual Amount:	\$2,392,157 Behavioral Health Services
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, 2018 (03/25/2014 to 06/30/2017 plus one optional twelve-month period)	For Other:	Correctional Facility
		Renewal Date:	07/01/2018

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0- 17: Choose an item.

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: 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 (SMI) who are housed in administrative segregation housing and locked down cells. All inmates (“patients”) have the potential for being part of the target population.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

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 health record as a result of their input regarding mental health needs at booking into the jail. Other ways that patients can access services is via a Health Service Request form which is a consumer-generated document that intends to assist the patient in identifying their specific health needs. 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 patient's behaviors, appearance, or known histories.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Program Outcome Goals:

- 1) Reduction in the number of acute psychiatric hospitalizations will be seen as a result of successful mental health treatment being provided to patients as they remain in custody at the jail. (Effectiveness; Efficiency)
- 2) Provide out-of-cell therapy sessions for Seriously Mentally Ill (SMI) inmates in segregated housing 3 times per week, including participation in 2 mental health group sessions and 1 individual therapy session per week. The mental health team is meeting the target number between 95% and 100% of the time. (Access; Efficiency)
- 3) Service 2,760 unique inmates between July 1, 2016 and June 30, 2017. (Access)
 - 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 271 inmates per month.
 - c. Enroll 348 unique inmates in group treatment specifically identified for individuals with co-occurring disorders of mental illness and substance abuse.
- 4) Service 792 unique inmates identified as having co-occurring disorders of mental illness and substance abuse. (Access)
 - a. Jail psychiatric services will document the number of inmate that will receive dual-diagnosis treatment.
- 5) Work with other County programs to link 70 inmates to intensive case management follow-up programs either through the Behavioral Health Court in Fresno County or to other treatment programs for dual-diagnosis. Corizon has worked with outside agencies to ensure patients had a warm hand-off to their local community provider. There have been success stories of patients making it to their treatment programs when historically they would not have made it to the programs and returned back to jail custody in a short time span. (Access)

During Fiscal Year (FY) 2016-17, Corizon mental health staff worked with Exodus Recovery, Inc.'s Psychiatric Health Facility (Exodus PHF) on sending patients prior to meeting the criteria for a 5150 hold to the Exodus PHF for medication stabilization. This has helped avoid potential decompensation or escalation of the patient's symptoms and, therefore, avoid the need for a longer-term inpatient stay. Corizon does complete 5150 holds when necessary for entry into the Exodus PHF when it is determined that their treatment may be better provided in an inpatient acute setting.

Corizon's main focus is to work with the SMI patients who are currently housed in segregation. There are 4 therapists whose only focus is

seeing their SMI caseload 3 times per week. Two of the sessions are evidence-based therapeutic groups. Patients are invited to every group and, if they decline, they are given curriculum that will be discussed that day. The goal is to engage with the patient and encourage them to come out of their cells and participate in the classroom. Therapists see each SMI in isolation one time per week for an hour unless the patient requests to end the session earlier. Therapists are aware that if a patient is willing to talk to them at their cell door, that is seen as progress and not a refusal. The ultimate goal would be to build rapport with the patient to aid the patient in feeling comfortable enough to come out and meet with the therapist and the psychiatrist out of the cell.

SMI patients that are housed in lockdown (single or two-man cells) have been seen with regularity (3 times per week) with the average compliance rating of 95-100%; typically with variations attributable to changes in patients being at court or participating in visits.

During FY 2016-17, mental health services provided in the jail included 16,946 mental health encounters with therapists and psych RNs (an average of 1,412 per month). Mental health encounters include individual therapy as well as cell-door encounters between the patient and therapist. Additionally, there were 2,808 encounters with the psychiatrist (an average of 234 per month); 2,240 crisis calls (an average of 171 crisis calls per month); and 117 linkage/consultation services. Therapists also complete an exit interview with all SMI patients that are released between the hours of 7:00 am and 7:30 pm and that discussion includes where the patient can go to pick up their medications (upon discharge, patients receive a 7-day prescription, funded by Corizon, followed by a 30-day prescription). The patient is also given a physical resources guide to the Urgent Care Wellness Center and are asked if there is anything they need before they are released. A brief mental status exam is completed at this time where the patient is asked if they are currently suicidal or homicidal. If there is concern about the patient being released back into society, the Jail Watch Commander would be notified and steps would be taken to ensure the inmate was released into a safe and appropriate environment.

There were 2,808 psychiatrist encounters during FY 2017-18. There were a total of 6,930 patients receiving mental health medications during FY 2016-17(an average of 578 per month).

The program continues to meet goals of keeping the patient's safe while they are in custody. The number of initial safety cell placements decreased to 783 from 956 in the last Fiscal Year. Additionally, the number of suicide attempts has been reduced from 51 in FY 2015-16 to just 47 in FY 2016-17.

Of the inmates who received services during FY 2016-17, 72 were unique inmates identified as having co-occurring disorders of mental illness and substance abuse.

Corizon is working closely with the Behavioral Health Court and advocating for patients who have been diagnosed with a mental health disorder as well as a substance abuse disorder. Recently, there has been an increase in communication with the Conservators Office helping to remove conserved patients from the jail and placed into treatment facilities.

