

**PROGRAM INFORMATION:**

|                             |   |                            |  |
|-----------------------------|---|----------------------------|--|
| <b>Program Title:</b>       | Jail Psychiatric Services   | <b>Provider:</b>           | Corizon Health   |
| <b>Program Description:</b> | 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 | <b>MHP Work Plan:</b>      | 4-Behavioral health clinical care  |
| <b>Age Group Served 1:</b>  | ADULT   | <b>Dates Of Operation:</b> | June 23, 2014 -- Present   |
| <b>Age Group Served 2:</b>  | TAY   | <b>Reporting Period:</b>   | July 1, 2017 - June 30, 2018   |
| <b>Funding Source 1:</b>    | Realignment   | <b>Funding Source 3:</b>   | Other, please specify below  |
| <b>Funding Source 2:</b>    |   | <b>Other Funding:</b>      | Health Realignment; SAMHSA Grant funds, and AB 109 Public Safety Realignment Grant funds |

**FISCAL INFORMATION:**

|  |   |                               |   |
|--|---|-------------------------------|---|
| <b>Program Budget Amount:</b>                              | \$5,106,129.00  | <b>Program Actual Amount:</b> | \$5,106,129.00 (DBH funding includes Realignment and Mental Health Block Grant funds) |
| <b>Number of Unique Clients Served During Time Period:</b> | 3,461   |                               |   |
| <b>Number of Services Rendered During Time Period:</b>     | 25,795 specialty mental health services (38,052 total mental health services) |                               |   |
| <b>Actual Cost Per Client:</b>                             | \$1,475.33  |                               |   |

**CONTRACT INFORMATION:**

|                       |   |                         |                             |
|-----------------------|---|-------------------------|-----------------------------|
| <b>Program Type:</b>  | Contract-Operated   | <b>Type of Program:</b> | Other, please specify below |
| <b>Contract Term:</b> | March 2014 – June 30, 2019 (03/25/2014 to 06/30/2017 plus two optional twelve-month periods | <b>For Other:</b>       | Correctional Facility       |

Renewal Date: 07/01/2018

Level of Care Information Age 18 & Over:

Level of Care Information Age 0- 17:

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:** Adult 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 the General Population, Administrative Segregation Housing and Lock Down Cells. All inmates (“patients”) have the potential for being part of the 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

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**

- 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

Goals

- 1) Reduce the number of acute psychiatric hospitalizations (**Effectiveness; Efficiency**)
- 2) Provide out-of-cell therapy sessions for SMI inmates in segregated housing, 3 times per week (**Access; Efficiency**)
- 3) Serve 2,760 unique inmates between July 1, 2017 and June 30, 2018 (**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 for individuals with co-occurring disorders of mental illness and substance abuse.
- 4) Serve 792 unique inmates identified as having co-occurring disorders of mental illness and substance abuse (**Access**)
  - a. JPS will document the number of inmates 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 treatment programs for dual diagnosis (**Access**)

In Fiscal Year (FY) 2017-18, Corizon began tracking admissions and length of stay of adult inmates at the Psychiatric Health Facility run by Exodus Recovery, Inc. (Exodus) . In FY 2017-18 there were 23 admissions to Exodus; resulting in 187 bed days. Mental health staff has worked with Exodus on sending patients without a 5150 for medication stabilization. 5150 holds are completed for patients whose treatment may be better provided at a more acute setting.

During FY 2017-18, mental health services provided in the jail included 30,985 mental health encounters with therapists and psych RNs (an increase from 16,946 in the previous year, at an average of 2,582 a month). Additionally, there were 5,049 encounters with the psychiatrist (an increase from 2,808 from the previous year, with an average of 420 per month), 1,844 crisis calls (a decrease from 2,240 in the previous year, with an average of 154 crisis calls per month), and 151 linkage/consultation services (an increase from 117 in the previous year). Therapists also complete an exit interview with SMI patients who were housed in Administrative Segregation and who are released between the hours on 7am and 7:30 pm and discussing where they 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 written guide to physical resources and is 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 was a concern about the patient being released back into society, the watch commander would be notified and steps would be taken to ensure inmate was released into a safe environment.

There is a big focus on seeing the SMI patients who are currently housed in the isolated housing units MJ FF, MJ A, AJ 2D, AJ3B. There are four therapists that only focus is seeing their SMI caseload three times per week. Two of the sessions are evidence-based therapeutic groups. Patients are invited to every group and if they decline to attend are given curriculum that will be discussed that day. The goal is to engage with the patient and try 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 that is seen as progress and not a refusal. The ultimate goal would be to build that rapport with the patient and them have them feel comfortable enough to come out and meet with the therapist and the psychiatrist out of the cell.

There were 5,049 psychiatrist encounters during this time period. There were 3,718 unique clients receiving mental health medication between July 2017 and December 2017 and 3,763 unique clients receiving mental health medication between January 2018 and June 2018.

While the program continues to meet the goals of keeping our patient's safe while they are in custody. there was an increase in the number of initial safety cell placements (1,105, compared to the prior FY's 783) as well as the number of suicide attempts (81, compared to the prior FY's 51). This increase was due to the increase in ADP as well as the increase in higher acuity patients received at intake. 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 95-100% of expected; typically with variations attributable to changes in patients being out to court and visits.

Corizon is working closely with Behavioral Health Court and advocating for patients all of whom have been diagnosed with a mental health disorder as well as a substance abuse disorder. There is a lot of communication with the Conservators Office helping get patients removed from the jail and placed in treatment facilities.

**DEPARTMENT RECOMMENDATION(S):**

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