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CHIEF EXECUTIVE OFFICE
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SACHI A. HAMAI
Interim Chief Executive Officer

"To Enrich Lives Through Effective And Caring Service"

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June 09, 2015

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVAL OF PROPOSED JAIL HEALTH SERVICES STRUCTURE
(ALL DISTRICTS)
(3 VOTES)

SUBJECT

Approval of the proposed integrated jail health services organizational structure and the transition of jail health staff from the Department of Mental Health and Sheriff's Department Medical Services Bureau to the Department of Health Services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve the proposed organizational structure to create a single, integrated jail health services unit that consolidates the currently separate jail health services functions under a single Correctional Health Director within the Department of Health Services and instruct the Interim Chief Executive Officer to work with County Counsel, Sheriff's Department, Departments of Health Services, Mental Health, Public Health, and Human Resources to complete Phase Zero planning activities related to the implementation of this structure.

2. Instruct the Interim Chief Executive Officer to work with the affected departments noted above to implement Phase One of the transition to the new jail health services organizational model, including the transfer of Sheriff's Department Medical Services Bureau and Department of Mental Health staff and services, as described herein, to the Department of Health Services, pending labor consultations and completion of necessary Phase Zero planning activities.

3. Instruct the Interim Chief Executive Officer to work with the affected departments noted above to implement Phase Two of the transition, including the transfer of the remaining Sheriff's Department

Medical Services Bureau staff and services, as described herein, to the Department of Health Services within approximately 12-18 months of the initiation of Phase One, assuming the transition process is successful and the Board does not determine that any problems or concerns warrant reconsideration of the timing or scope of Phase Two.

4. Approve interim ordinance authority, pursuant to County Code Section 6.06.020, for the Department of Health Services to recruit and hire three (3.0) new jail leadership positions, subject to allocation by the Interim Chief Executive Officer, and instruct the Department of Health Services and the Interim Chief Executive Officer to take necessary steps to commence a classification study of the current Medical Services Director position in the Medical Services Bureau.

5. Direct County Counsel to prepare the required ordinance changes to facilitate the transition of jail health and mental health services currently performed by the Medical Services Bureau and the Department of Mental Health.

6. Instruct the Interim Chief Executive Officer, the Departments of Mental Health and Health Services, and the Sheriff's Department to examine staffing for jail mental health services and propose any changes required to achieve an enhanced level of mental health services within the County jails beyond the requirements of the Department of Justice settlement agreement, if necessary.

7. Instruct the Interim Chief Executive Officer, the Departments of Public Health and Health Services, and the Sheriff's Department to begin an assessment of the programmatic components, associated costs, and possible funding streams of a comprehensive substance abuse treatment program in the jails that is linked to community-based treatment services with an initial report back to the Board within 90 days.

8. Instruct the Sheriff and the Director of the Department of Health Services to report on a quarterly basis the progress of the phased implementation of the integrated jail health services organizational model.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On March 3, 2015 (Item No. 2, Agenda of March 3, 2015), the Board directed the Interim Chief Executive Officer (CEO), in conjunction with County Counsel and the Directors of the Department of Human Resources (DHR), Health Services (DHS), Mental Health (DMH), Public Health (DPH), and the Sheriff's Department (LASD), to report back to the Board in writing summarizing the status of jail health services in Los Angeles County, including issues pertaining to physical health, mental health, and public health. The report is also to outline a set of proposed approaches and strategies to address the highlighted issues and improve the overall quality and delivery of the care provided in the County jails.

A multi-departmental workgroup was immediately formed to discuss issues pertaining to provision of health, mental health and public health services within the jails. They developed a proposal for a new integrated jail health care services organizational structure intended to address the challenges of the current County jail health care system. This working group built upon preexisting and ongoing efforts by the LASD to assess and improve the quality of health and mental health services for those in its custody. The Attachment provides detailed information on the status and challenges of the current County jail health care system resulting from the ongoing focus on this issue by LASD and other County leaders; the report presents the proposed alternative integrated structure, and a multi-

phased implementation plan. The integrated structure was developed by consensus of the workgroup and will be formed by transferring existing staff from LASD's Medical Services Bureau (MSB) and DMH to DHS and by adding new functions (e.g., reentry services and a substance abuse director), as needed, to create a single integrated organizational model. Special consideration was given to the structure to ensure that the Sheriff could carry out his legal obligations to oversee the operation of the jails and attend to the needs of those in his custody and enhance the nature and continuity of health services for individuals who move in and out of the jails.

One of the primary goals of the proposed structure is to add a new Correctional Health Director (CHD) to be the overall single point of leadership for jail health services. The CHD will work with an expanded clinical leadership team to lead the provision of health services pursuant to a memorandum of understanding (MOU) with the Sheriff and in collaboration with custody personnel who will ensure proper access to care. In addition to the CHD, the leadership team will include the addition of two new positions: a Care Transitions Director who will ensure that a care model is in place to effectively link inmates to reentry services upon their release, and a Substance Use Treatments Director who will build and lead a substance abuse treatment program within the jails. These three new leadership positions are in addition to existing leadership positions (Jail Medical Director, Jail Mental Health Director, and Jail Nursing Director) that already exist within LASD and DMH. While DHS will be the appointing authority for the position, both DHS and LASD will actively participate in the selection of the Correctional Health Director. Further, the Departments will communicate and collaborate on the review of the performance, or process to terminate employment, of such individual.

The workgroup also developed a multi-phased implementation plan that will begin with a Phase Zero focused on operational planning. Approval of the first recommendation will allow for the creation of the proposed organizational structure and continued progress on Phase Zero planning activities, including, but not limited to, the development of MOUs to govern the roles and relationships under the proposed structure; County ordinance changes to reflect staffing changes; development of a jail health services budget funded by movement of necessary funding from DMH and LASD to DHS; classification and compensation studies to allocate the new leadership and other existing positions; communication with stakeholders (employees, labor partners, and the community) to ensure the success of the proposed jail health services redesign; and planning/development of a substance abuse services program with linkage to community-based treatments. The latter element is critical in that adequately resourced substance use services in the jails are needed to ensure successful community reentry and reduced recidivism. Phase Zero is estimated to take approximately six months.

Approval of the second recommendation will also allow for implementation of Phase One, which will involve the transfer of LASD MSB provider staff (i.e., physicians, nurse practitioners and physician assistants) and all DMH jail health staff (e.g., provider, social work, nursing, clerical, administrative positions) to DHS over the course of 12-18 months. During this transition period, the Departments will collaboratively assess opportunities and identify major gaps and funding needs in order to enhance efficiencies, reduce duplication of efforts, and develop new clinical programs and care models, etc. It is anticipated that these milestones will be accomplished after the County concludes labor consultations.

Approval of the third recommendation will allow for implementation of Phase Two, which will involve the transfer of all remaining MSB clinical and non-clinical staff (nursing, pharmacy, radiology, laboratory, other ancillary areas, health information management, clerical, etc.), absent any unforeseen issues or concerns. Phase Two is projected to start after the completion of Phase One, but the precise timing will be dependent on the involved Departments' assessment of progress and

achievements in Phase One, readiness for additional staff movements, the status of overall health services in the jails, and the identification of any issues or concerns that may warrant further consideration in regard to the propriety and/or timing of this phase. With Phase Two staff movements, responsibility of the associated functions will move to DHS. For example, when the MSB pharmacy staff moves to DHS, the responsibility for medication procurement, pharmacy equipment, and formulary management will also move to DHS.

Approval of the fourth recommendation will provide ordinance authority to allow DHS to start the recruitment process to hire 3.0 new positions responsible for leading the proposed organizational structure once CEO Classification and Compensation determines the appropriate level and classification of each position. Once funding for these positions is determined, the Interim CEO will make recommendations to the Board for approval of any necessary budget actions.

Approval of the fifth recommendation will direct County Counsel to prepare the required County ordinance amendments to reflect staffing changes, including the creation of the 3.0 new positions, for introduction and adoption by the Board.

Approval of the sixth recommendation will allow for a comprehensive review of existing jail mental health programs and resources to determine specific areas that may require changes in order to keep pace with existing and growing demand for mental health services in the jails.

Approval of the seventh recommendation will allow for programmatic and financial assessments to begin with respect to developing a comprehensive substance abuse treatment program in the County jails.

Approval of the last recommendation will require that the Board be provided with quarterly progress reports.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3 Integrated Services Delivery intended to maximize opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community, and public safety services.

FISCAL IMPACT/FINANCING

The CEO is reviewing the potential revenue sources to fund DHS' provision of integrated healthcare services in the jails. Once that review is complete, LASD, DHS and DMH will submit requests for budget adjustments to your Board as the phased implementation progresses. Such requests may be made either in the mid-year or in the next fiscal year budget process. There will also be continued focus on identifying revenue sources to support these costs to the extent possible, such as Mental Health Service Act or Assembly Bill 109 funding.

The CEO will also work with DHS to create a budgetary structure to ensure positions and funding transitioned to DHS for integrated jail health services remain dedicated for that purpose.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As a part of Phase Zero, County Counsel will work with the Departments to determine amendments that are necessary to the County Code in order to implement the new proposed structure and to reflect the staffing changes. The amendments will be presented to the Board for adoption before

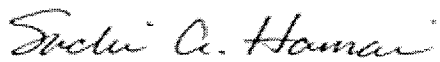
staffing changes occur.

Appropriate consultations will be conducted with the impacted employee organizations regarding the proposed structure and staff changes. Every effort will be made to implement changes in a manner that both acknowledges the positive relationship the LASD has enjoyed for years with its medical and nursing staff and that provides staff with enhanced opportunities for professional growth and development as part of the implementation of an integrated health services model.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The integration of jail health, mental health and public health services under the supervision of a single Correctional Health Director working in collaboration with DHS and LASD custody personnel will implement a number of enhancements, such as coordinated primary care and preventative care; improved workflows and clinical processes, access to care and discharge/reentry planning; enhanced jail mental health services; emphasis on substance use services; and improved opportunities for recruitment, retention and training of jail health staff.

Respectfully submitted,



SACHI A. HAMAI
Interim Chief Executive Officer

SAH:CRG
MM:bjs

Enclosures

c: Executive Office, Board of Supervisors
County Counsel
Sheriff
Auditor-Controller
Health Services
Human Resources
Mental Health
Public Health

REPORT ON ENSURING QUALITY HEALTH CARE SERVICES IN LOS ANGELES COUNTY JAILS (ITEM NO. 2, AGENDA OF MARCH 3, 2015)

On March 3, 2015, the Board directed the Interim Chief Executive Officer, in conjunction with County Counsel and the Directors of the Department of Human Resources, Health Services, Mental Health, Public Health, and the Sheriff's Department, to report back to the Board in writing in 30 days summarizing the status of jail health services in Los Angeles County, including issues pertaining to physical health, mental health, and public health. The report is to also outline a proposed approach and strategy to address these issues and improve the overall quality and delivery of the care provided. On April 1, 2015, the Board granted an extension for the submission of this report.

BACKGROUND

The Medical Services Bureau (MSB) of the Los Angeles Sheriff's Department (LASD) is under the direction of the Assistant Sheriff of Custody Operations and coordinates access to medical services for approximately 17,500 sentenced and pre-trial inmates currently housed within the County jail. With over 1,700 budgeted employees and an annual budget of $238 million, MSB is comprised of physicians, nurses, and other clinical/non-clinical staff who provide or support provision of medical care to inmates. This includes a vast array of on-site primary and specialty care services such as dental and oral surgery, eye care, pharmacy, radiology, laboratory, orthopedics, obstetrics and gynecology, general surgery, urology, HIV, and neurology. MSB also operates a 160-bed state-licensed Correctional Treatment Center where skilled nursing facility level care is provided.

In addition to the services provided by MSB, the Department of Mental Health (DMH), the Department of Public Health (DPH) and the Department of Health Services (DHS) also provide services to County inmates. DMH employs around 300 staff including psychiatrists, psychologists, social workers, and mental health nurses who provide direct mental health evaluation and treatment to any inmate determined to need these services. In addition to providing mental health treatment for those in the general inmate population, DMH operates 40 mental health inpatient beds, approximately 550 high observation housing beds and another 1,500 moderate observation or step-down beds. DPH provides limited in-custody substance use treatment services, tuberculosis (TB) screening and evaluation, and screening and treatment for HIV and sexually transmitted infections. DHS is the primary referral department for MSB providers when inmate-patients are in need of specialty medical care, acute care, surgery, or advanced diagnostic or therapeutic services not provided at the jails. Inmate-patients are transported to a DHS facility, mainly LAC+USC Medical Center, for care. In the past two years, in partnership with LASD, DHS has also begun to provide on-site services at Twin Towers Correctional Facility, including urgent care services provided by Board-Certified emergency room physicians and specific on-site specialty services (e.g., cardiology and orthopedics). Attachment A is the organizational chart that depicts the current structure and programmatic areas of responsibility of each department as it relates to jail health services. A full description of the jail health services provided by each department is provided in Attachment B.

The table below summarizes the approximate investment by each County department for services provided to County inmates. Because federal legislation stipulates that all entitlements, such as Medicaid, are lost or suspended when a person is sentenced, jail health

services are funded primarily by net County cost and Assembly Bill 109 (AB109) funds or, in the case of DMH programs, by Sales Tax Realignment funding.

Department / Program[1]	2013-14 Actuals	2014-15 Final Budget	2014-15 Budgeted Positions
LASD MSB	$221,791,637	$238,215,000	1,719.0
DHS[2]	48,429,211	48,911,000	46.0
DMH	33,300,000	40,119,000	293.0
DPH - Division of HIV and STD Programs	1,934,404	2,667,000	12.0
DPH - Tuberculosis	131,131	131,000	1.0
DPH - Substance Abuse Treatment and Prevention	90,000	90,000	0.0
Total	**$305,676,383**	**$330,133,000**	**2,071.0**

CURRENT SYSTEM ISSUES

While staff within LASD, MSB, DMH and DPH work hard and are deeply committed to providing appropriate care, the current system that provides health care for LASD inmate-patients faces a variety of challenges related to 1) the organizational structure in which jail health services are provided, 2) the care models currently in use, and 3) care coordination and integration.

Organizational Structure and Leadership

The existing health care system in the County jails lacks unified organizational leadership. In other California Counties that do not contract out jail health services to a private entity, jail health clinical programs are created and supervised by county clinical professionals in an integrated approach model. In Los Angeles County, MSB is overseen by a custody-led structure, while DMH and DPH have separate reporting lines of authority without a single unifying leader overseeing all aspects of the provision of care and without a seamless provision and transition of services both during and after incarceration. The majority of medical care staff report to LASD. However, specialty medical care which largely occurs outside of the jail facilities reports to DHS and mental health reports to DMH. DPH's various areas of involvement in the jail are themselves separate from one another as well as from the services provided by LASD, DHS, and DMH. Further, the connection of services from the time an inmate is in custody until they are released into the community is not always seamless. The result is a complicated web of relationships that makes it challenging to coordinate and integrate services and ensure accountability for providing care in a timely and high quality manner.

The proposed change in organizational structure and leadership will enhance the clinical rigor of existing clinical programs, provide direct oversight by knowledgeable, experienced health care

[1] DPH programs include the Division of HIV and STD Programs (DHSP), Tuberculosis (TB) Program, and Substance Abuse Prevention and Control (SAPC).

[2] DHS budgeted positions reflect only those 46.0 positions specifically used in to the LAC+USC jail clinic, emergency department and inpatient areas. It does not include the effort of staff from other areas of the hospital that also provide services to County inmates.

leaders with a broad perspective on health care, and better ensure the uninterrupted provision of care for individuals who cycle in and out of county custody. This proposed leadership change will allow the hard working, committed, and dedicated staff, such as the many physicians, psychiatrists, nurses, pharmacists and technicians, already working in the jails to provide care to inmates in an integrated system designed by and under the direct authority of health care professionals. This will afford greater accountability and collaboration for the various health care disciplines, mirror nationally recognized approaches for a unified correctional health care system, and provide enhanced opportunities for professional growth for nurses and nurse practitioners.

Care Model

Today, jail physical health care services are primarily focused on addressing an inmate's immediate and acute issues (i.e., broken arm, active seizure, head trauma) as jails historically were short term correctional systems. That has changed with Public Safety Realignment and the jail health care system must adapt to the changing inmate demographics. There is potential for growth toward a model that emphasizes both acute and chronic issues while providing primary care and preventative services. In jail mental health, available staff and resources must focus on the needs of the most acutely-ill inmates. Although this is the right priority, the growth in demand for such services over recent years has led to significant stress on existing staff and clinical space where the services are provided. In the area of substance abuse services, while LASD estimates that about 60% of inmates (nearly 11,000 individuals at any one time) have active substance abuse problems without a concurrent mental health issue, only a small amount of funding targets the treatment of these problems. The absence of a more robust substance abuse services program within the jail with linkage to community-based treatment upon an inmate's release is a weakness of today's jail health care model. Moreover, the lack of adequate treatment facilities to address the health and mental health needs of those in the County's custody in the best possible environment presents an added challenge.

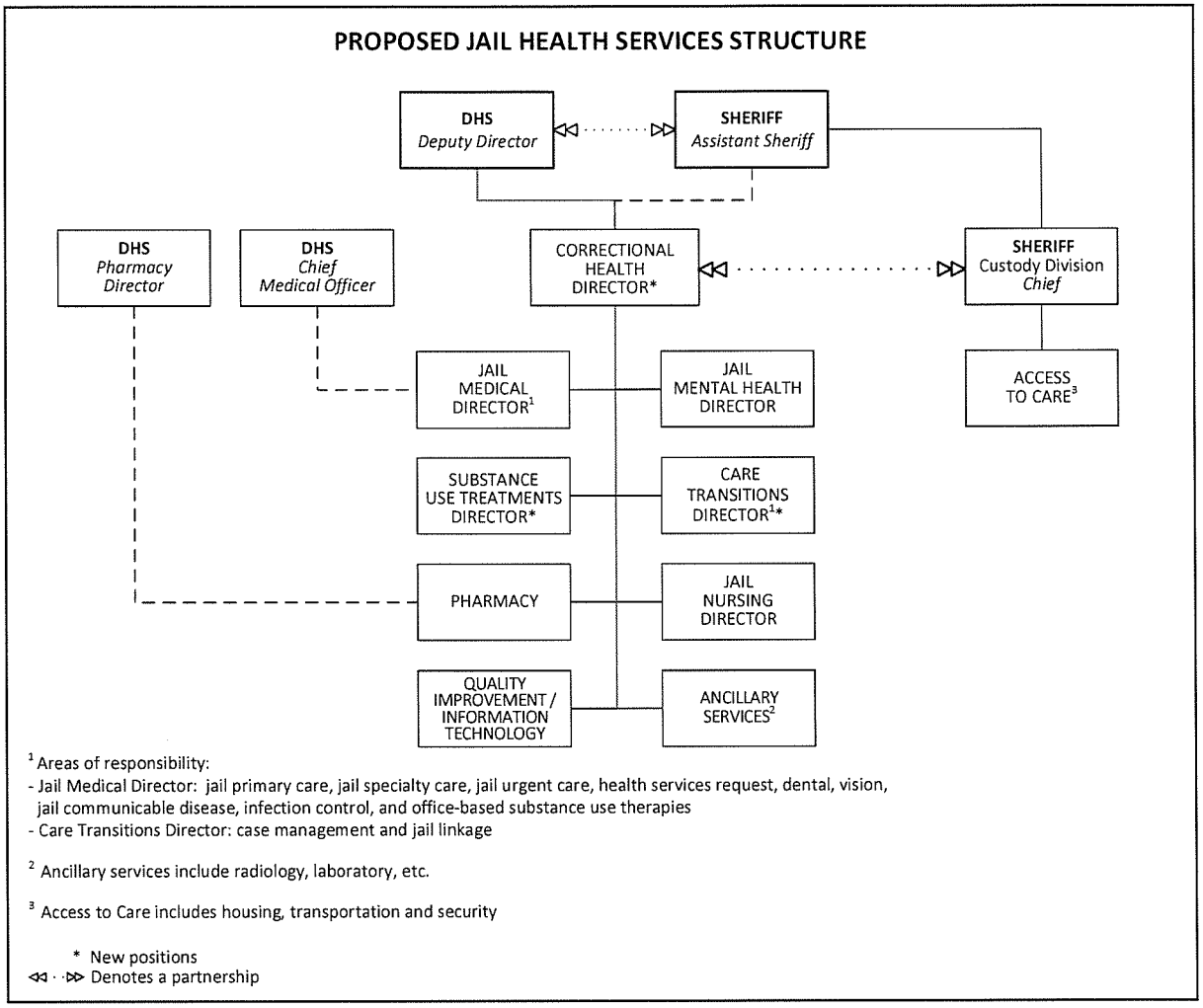
Care Coordination

Under the current structure, the County is not maximizing the opportunity to (a) coordinate health care services between the different departments providing care to those in custody, and (b) coordinate reentry services at the time of an inmate's release. Within custody, care coordination challenges are driven by the existing organizational structure where departments and service lines are functioning in both organizational and physical plant silos (i.e., mental health housing is not close to medical services). In regards to reentry care coordination, the opportunity to improve in this area is heightened with the opportunity inherent in the Affordable Care Act. Less than 5 years ago, most inmates were not eligible for coverage either through the Health Insurance Exchange or Medicaid expansion. Today, most are eligible for coverage. In order to capitalize on this coverage and the opportunity to draw inmates with ongoing health care needs into care upon community reentry, the existing efforts and strategies to link to such services in the community must become more robust. Building up the reentry linkage systems and resources within the jails must also be complemented by an increased focus on organizing and augmenting community-based services able to care for the needs of the reentry population.

THE PATH FORWARD: JAIL HEALTH SERVICES ORGANIZATIONAL MODEL

The Sheriff and other County leaders recognize these challenges and the need to develop new strategies and approaches. Special consideration was given to the structure to ensure that the Sheriff could carry out his legal obligations to oversee the operation of the jails and attend to the needs of those in his custody and enhance the nature and continuity of health services for individuals who move in and out of the jails. All parties agree that in order to optimize jail health

services and community reentry, a more cohesive organizational structure should be considered. This structure will allow the County to better meet the health care needs of the current jail population and better seize the opportunities under the Affordable Care Act to support inmates when they reenter our communities. The proposed organizational structure will create a stronger, more visible health leadership team with authority to set the ultimate vision for health care services within the jails and will operationalize full integration of health services currently delivered by multiple different County departments. The proposed jail health services organizational structure is laid out below.



The goals of the proposed structure are to:

1. Establish a single point of leadership for jail health services – as provided by health professionals working in partnership with those responsible for custody-related duties – by enhancing clinical programs and models of care to better meet the ongoing comprehensive health needs of the inmate population in an efficient, integrated, and coordinated manner, and

2. Effectively link inmates to reentry services upon their release from jail.

The key characteristics of the organizational structure include:

- Overall jail health services leadership will be provided by a new Correctional Health Director (CHD), who is a medical professional, selected by LASD and DHS, reporting to a Deputy Director of DHS with a dotted line reporting relationship to the Assistant Sheriff. Recognizing the importance of this role to both DHS and LASD, the appointment will be the result of a collaborative selection process and the CHD will be expected to work in conjunction with LASD on a day-to-day basis. While DHS will be the appointing authority for the position, the Departments will communicate and collaborate on the review of the performance of, or process to terminate employment, of such individual.

- Five major aspects of jail health services will report to the CHD:
  - A Jail Medical Director, responsible for physical health components of jail health services and directly responsible for all medical provider staffing, including physicians, physician's assistants, nurse practitioners and dentists. This individual will be selected by and directly report to the CHD.
  - A Jail Mental Health Director, directly responsible for leading and supervising all mental health staff working in the County jail. This individual will be selected by and directly report to the CHD
  - A Jail Nursing Director, responsible for supervising nursing and ancillary staff, selected by and directly reporting to the CHD.
  - A Care Transitions Director, designed to create and direct the systems to support care coordination and linkage to out of jail services to optimally support inmates when they reenter communities upon their release, will be selected by and directly report to the CHD. This represents a new position in the County.
  - A Substance Use Treatments Director, who elevates the importance of substance use treatment services in the jails and can focus on the creation of substance use treatment programs within the jail and linkage to programs upon reentry, will be selected by the CHD in partnership with DPH-SAPC, and directly reports to the CHD. This also represents a new position in the County.

- Two ancillary areas, including pharmacy and quality improvement/information technology, will serve as support functions to the jail health services structure and will report directly to the CHD.

Explicit within the proposed structure is a strong partnership relationship between DHS and LASD. The importance of this partnership cannot be overemphasized. Although DHS ultimately supervises the CHD and drives the clinical program, LASD and DHS, together, help to provide oversight of his/her day-to-day activities. Similarly, although LASD controls the access to care for inmate-patients, the plans and protocols to ensure access will be developed by both departments. It is because of this strong partnership that a phased implementation approach is possible, as is discussed in detail later in this report.

OPPORTUNITIES OF THE PROPOSED STRUCTURE

This proposed organizational structure ensures that leadership over health care activities in the jails will be directed by experienced health care professionals and all existing and new health activities provided by various County departments will come together under a single umbrella with a single vision toward integration and coordination. Reducing the level of separation

between clinical disciplines and establishing a clinically-experienced leadership team will set a new, consistent and whole-person focus that will manifest in the form and function of the resulting health care delivery system.

More specifically, the proposed organizational structure will allow for: (a) enhancement of the existing care model to emphasize primary care and preventative care; (b) creation of a robust substance abuse services program; (c) augmentation of the existing mental health services structure to better meet the high acuity needs of seriously mentally ill inmates while integrating more basic mental health services in the primary care program; (d) improvements in the overall operational effectiveness through maximizing staff capabilities, providing opportunities for professional development and establishing workflows and clinical processes; (e) better recruitment and retention of staff with a focus on physicians and other providers; (f) improvements in the adequacy of clinical space with ongoing consideration of longer term strategies to develop a needed correctional treatment facility; (g) the coordination with custody staff to ensure access to care; (h) improvements to the existing clinical quality program; (i) improvements in procurement; and (j) improvements in discharge/reentry planning for inmate-patients with chronic medical, mental health and substance treatment needs, and disease control efforts.

Emphasis on Primary Care and Preventative Service

Under the proposed structure, physical health services within the jail will be modeled around widely accepted primary care principles. This begins by hiring primary care providers who are board certified and organizing them into teams to provide care in specific areas of the jail. Next is to establish a focus on health screening, preventative services and the identification of chronic disease with subsequent evidence-based management and regular follow-up. Furthermore, the primary care model will integrate basic mental health and substance use screening and interventions to allow inmates who manifest or present with issues in these areas but who were not identified and served at the time of booking, to receive indicated care. As with any strong primary care model, the use of referral to specialty services will be actively managed so that inmate-patients who have specialty care needs are gaining access to these specialty services in an efficient and timely manner and, most importantly, that the specialist recommendations are implemented while the inmate is under LASD custody. The placement of correctional health care services under the leadership of DHS will more likely assure that the primary care-specialty care connection is tightly coordinated and appropriately used. By broadly implementing eConsult, the DHS specialty referral system, primary care providers in the jails will enjoy the full benefit of immediate specialist input and more reliable follow-up to their referrals.

Another area of opportunity under the proposed organizational structure is to deepen the partnership with DPH in the areas of TB, HIV and sexually transmitted disease (STD) services and infection control. Although the DPH resources focused in these areas will remain under DPH, the new organizational structure and specifically the broader role of the Jail Medical Director, will allow for a deeper partnership between the classic DPH responsibilities in the jail and the medical care. For example, when health care screening is completed in the Inmate Reception Center, there are opportunities to complete additional screenings without significant increases in workload if these are done collaboratively with the jail health leadership team. Having a strong partnership between DPH's HIV section and the Jail Medical Director will more likely ensure HIV positive inmates are identified early in their incarceration, started or re-started on medications and provided appropriate care services.

Build Substance Use Treatment Services

The need to enhance substance use treatment services in the jails is critical. Substance abuse services have not previously been a central aspect of care for jail health services. The addition of in-custody substance abuse treatment services will require a dedicated funding stream to yield downstream savings related to reducing recidivism associated with chronic substance use. Currently, very few inmates with known substance abuse issues receive services. Having an accountable leader, the Substance Use Treatments Director, reporting directly to the CHD, will allow a program to develop over time that seeks to provide services in a targeted way within a variety of clinical settings - including primary care and the mental health areas. Developing such a program will help ensure that inmates who suffer from addictions might withdraw safely, begin indicated treatment in-custody and be linked to ongoing services upon their release. With such a model, not only will patient safety improve but recidivism rates are expected to decline, as inmates are more likely to continue treatment within the community and avoid future drug-related arrests. This said, as a jail-based substance abuse treatment program grows, the need for improved access to services at reentry is imperative. DPH-SAPC leadership will support the Substance Use Treatments Director to build programs in the jail and work with contractors to build community-based reentry treatment programs for inmates. The goal is to provide a well-coordinated and thoughtful model to serve people both in and out of custody.

Enhance Jail Mental Health

Mental health services in the jails will continue to move toward more aggressive identification and triage of mental health issues at the time of booking as well as other elements called for and being put into place through the United States Department of Justice (DOJ) settlement agreement. The current high acuity mental health areas beginning to mirror the programming and staffing found in "institutionalized" settings such as acute hospitals and specialized mental health facilities. Specifically, more 24/7 services are in the process of being provided so that acute issues arising during late night hours and weekends outside of the inpatient unit can be immediately addressed. With the proposed transition of jail mental health from DMH to DHS, the current experience within DHS operating the acute psychiatric services in hospitals will inform the program design within the jails. An initial, comprehensive review of the mental health programs in the jails and existing resources to deliver these programs is required. Having this done under the leadership of the CHD supplemented by experienced correctional mental health experts will develop a set of priorities and opportunities to continue to enhance services to meet the greater acuity needs of what has been a rapidly growing mental health population within our jails and evaluate the need for additional mental health treatment resources.

Operational Effectiveness

Under the proposed organizational structure, the CHD sets the clinical direction and operational priorities for jail health services. This person functions similar to a hospital chief executive officer. They have ultimate responsibility for staffing, clinical practice, and budgets, and with his or her leadership team, will make decisions as to how care is delivered. In contrast to the current model where care is designed and implemented in silos, the proposed structure will allow programs to be designed and implemented in a collaborative environment wherein each area is informing the final form. For example, with a greater focus on primary care and integrating behavioral health into primary care, mental health services which may not be easily available today to the population of inmates with significant chronic disease issues will become more readily available. With a greater number of nurses receiving additional mental health training, the opportunity for nurses to recognize deterioration in functional status is more likely to trigger a referral when an inmate's mental health condition worsens. The entire correctional health care team will be built to work more as a team rather than independently and will be better able to treat the whole person as opposed to isolated conditions.

Currently, MSB provides a limited number of ancillary services in the confines of the jails. DHS will work to enhance the type and quantity of ancillary services available on-site at MSB, reducing the time, security risks and costs of transporting inmates out of the jail for treatment services. These will include, but are not limited to, the greater availability of point-of-care testing, a wider array of radiology examinations such as ultrasound and CT, and on-site physical and occupational therapy. A priority will also be placed on developing a dialysis unit at MSB so that this service can be provided in a more-timely, clinically appropriate, and cost-effective manner. Additionally, decisions about such things like which equipment to buy, where to provide certain ancillary services, which tests to provide during intake and how to build a cost-effective yet comprehensive pharmacy and supply formulary will be done more efficiently and effectively when these decisions are driven from a single vision.

Recruitment, Retention and Training of Staff

Under the proposed structure, the physical health and mental health physicians, physician's assistants, nurse practitioners as well as the dentists and eye care providers will ultimately become DHS employees through a deliberate and well managed process of transition. In the physical health areas, this creates an immediate opportunity to recruit higher quality, board-certified, primary care providers from a larger DHS applicant pool when vacancies within the jail exist. Some providers may be attracted to a split role, part-time practice in the community, part-time in the jail – flexibility not available when hired by LASD. In the area of mental health, DHS will continue to establish an environment and expectations among providers that more closely mirror an institutional setting where services are available around the clock. DHS will work with DMH during the transition period to retain existing clinical staff and further efforts to recruit and fill vacancies with high quality clinicians. Additionally, DHS can support all existing correctional health care providers, including nurses, by implementing more training and professional development activities as well as by consistently evaluating and improving clinical processes and procedures. These efforts will create a consistent and reliable clinical care environment in which to practice and in turn provide the structure and milieu many providers and other health care professionals rely on to do their job well. DHS will also bring to the jails some of the successes the Department has had in supporting the training of nurses from within the system to become mid-level providers who remain in the jail during their nurse practitioner training and assume jail clinician duties upon their completion. This strategy will be a valuable way to provide nurses with a promotional job-ladder while allowing those who are passionate about serving inmate-patients to continue fulfilling this mission.

Access to Care

A hallmark of the proposed organizational structure is the deliberate and direct link between jail health leadership and the LASD Chief of Custody Operations responsible for ensuring inmate access to care. This Chief and his or her team must work to ensure inmates can access the care they need, when they need it. This coordination must be constantly emphasized because without such coordination, inmates will not be able to access fully the benefits of improved clinical services. Custody and jail health leadership must design new systems and accountability metrics to better ensure patients are scheduled for care in a way that is appropriate given the custody responsibility for keeping a safe and controlled environment within the jails. These systems must ensure general clinical care is a priority but also that emergency or urgent care can be accessed immediately when clinically necessary.

Clinical Space

Many existing areas for the delivery of clinical care in the LASD facilities are not as conducive as they should be to obtaining a comprehensive clinical history and physical exam or for

maintaining patient/client confidentiality. The new jail health leadership team can work with LASD and DHS clinical space design experts to determine opportunities to utilize existing space for a variety of direct clinical and non-clinical (e.g., case management, referral/linkage) activities. Renovations may be required in order to create an environment that fosters the provision of high quality care and is attractive to staff considering roles in jail-based settings. Without improvements in these areas, certain clinical workflows are more challenging to implement and potential shortcomings in the care model may persist. Under the CHD, these space improvements can be prioritized so to create the optimal conditions given space size, locations and configuration. Moreover, the jail health leadership team can participate in ongoing efforts to assess and promote the development of a new and improved correctional treatment facility.

Quality Improvement

DHS will immediately begin to work with current LASD clinicians, who will become employees of DHS under the proposed structure, to establish a more robust quality improvement program. This begins by establishing more detailed and prescriptive quality policies and procedures. It will also require enhancing capacity to gather and analyze data from the jail electronic health record, a Cerner system called Jail Health Information System (JHIS). The robust quality improvement program will support ongoing improvement in clinical staffing and help prioritize the future planning of the jail health system. An important benefit of creating a robust quality improvement program is to mitigate risk and liability. As with every system, errors occur in the day-to-day delivery of care. The quality program will allow the jail health services team to identify these errors, perform investigations into root causes, and act swiftly to put in place the systems, policies, procedures, and trainings needed to prevent such errors in the future, as well as individual staff corrective measures when appropriate, needed to prevent such errors in the future.

Procurement

As the largest entity purchasing health care related equipment and supplies in Los Angeles County, DHS can support LASD in acquiring items needed for care delivery in a more efficient and clinically appropriate manner. DHS has the expertise on how medical equipment and supplies in different clinical areas are evolving and on value-based purchasing analyses and can apply this knowledge to purchases required in jail settings.

Discharge and Reentry Planning

Stakeholders and department leaders agree that one of the strengths of the proposed organizational structure for jail health services is its strong focus on discharge planning and linkage to care efforts and the prominent role of the newly-proposed Care Transitions Director responsible for managing and leading these activities. Given Medicaid expansion and the near universal coverage of inmates under the Affordable Care Act, few inmates should leave jail without having started a process to newly gain or regain health coverage. For those released with a chronic illness or a persistent substance use disorder requiring additional follow-up, this coverage is imperative to connecting the inmate-patient with a medical/behavioral health home as a means to receiving ongoing care and support. Furthermore, because LASD and DHS use the same electronic health record vendor, Cerner, the information collected and documented in the jail can be shared with a DHS provider who can serve the patient once they are released. The development of the Cerner Hub, set to launch in the next 12-18 months, creates an opportunity to allow the services provided in the jail to more seamlessly inform care in the community, and vice versa. For those patients seeking care outside of directly-operated County settings, additional steps will need to be taken to be sure that medical information is appropriately transmitted to the community-based responsible provider(s), while maintaining compliance with all relevant privacy and information security regulations. This connection to

community-based care can be enhanced through establishment of local reentry networks, involving both public and private providers, throughout the various communities of Los Angeles County who can be specifically trained and engaged to provide care to this unique population in a reliable and coordinated way. With the addition of a partnership with the local health plans, LA Care and Health Net, the coordination and continuity of care for the Los Angeles County reentry population can be optimized and potentially serve as a national model.

PROPOSED HEALTH AGENCY MODEL

In January 2015, the Board approved in concept the creation of a health agency, uniting DHS, DMH, and DPH under a single umbrella structure. A report to the Board on the opportunities, drawbacks, proposed structure, implementation steps, and timeline is due to the Board by June 30, 2015. The departments agree that the proposed structure for jail health services as proposed in this report would adapt very well under an agency model.

However, it should be stressed that the restructuring of jail health services to have a single point of leadership able to integrate services across the full spectrum of clinical needs is a positive step, independent of whether a health agency is formed. The opportunities previously discussed will allow the County to address the interconnected health issues and improve the overall quality and delivery of health care services provided within the jail system while maximizing health outcomes of the County's incarcerated and post-incarcerated population.

LABOR AND WORK FORCE POINTS FOR CONSIDERATION

To facilitate the transition of services and ease Labor concerns, it will necessary to maintain an open channel of communication with the various labor representatives throughout each phase of employee movement. Labor's early involvement in the transition process, such as allowing labor input on operational effectiveness, staff movement, recruitment, retention and training will aid in relieving employee apprehension related to these operational changes. It will also be important to develop a more formal approach to support staff transitions and change management. This could involve use of County (e.g., DHR) or non-County resources on an as-needed basis.

It will also be advantageous to promptly address with Labor the level of competency expected by DHS that may not have been as strongly emphasized in LASD.

These efforts may require a re-evaluation of applicable memoranda of understanding (MOU) provisions. Purposely, this would ensure that the parties have a clear understanding of how specific DHS related MOU provisions will translate to the LASD staff who are transferred to DHS and/or if specific MOU provisions that are pertinent only to LASD should continue to be applicable to the staff following their transfer to DHS.

IMPLEMENTATION PLAN

The transition of jail health services to DHS would be implemented in three phases. It must be stressed, that the work to implement the expected DOJ and known Rosas settlement terms are currently underway and therefore, it is critical that LASD be able to meet considerable milestones in response to those terms before it can successfully implement the transition of jail health services. As a result, this plan would not begin implementation until all involved departments can be focused on the work, which is estimated to be completed this coming fall. The work required for this transition will involve many resources already deployed for DOJ and

Rosas implementation. So that the success of that work and the transition contemplated in this report back are not compromised, a fall timeframe for the transition to begin is the most realistic.

Because of the enormity of the work involved in the proposed reorganization and restructuring and because of the need to stage and sequence the transition, a phased transition is recommended. Furthermore, as LASD prepares for a new clinical environment within the jails, moving areas in phases will allow for a more cautious and measured approach to unfold, protecting against potential disruptions in staffing or erosion of the quality of existing clinical programs.

The proposed organizational structure would be assessed and, where appropriate, implemented in three phases. At a high level, this will start with a Phase Zero planning phase, a Phase One in which LASD provider staff and all DMH staff would transition to DHS, and Phase Two in which remaining LASD MSB staff and functions (e.g., nursing staff, technicians, pharmacy, etc.) would move, absent any issues or concerns that provide a basis for revisiting the timing or nature of this phase. These phases are described in detail below.

Phase Zero

The following immediate steps, to occur over 6 months, are recommended in order to begin operational planning for Phases One and Two described below.

- Evaluate need for changes to County ordinances: County Counsel will review relevant County ordinances to determine what amendments are necessary in order to implement the new proposed structure. This is particularly true of staffing additions and changes that are being contemplated. County Counsel will work with all departments to ensure that the appropriate ordinances are amended and proposed to the Board for adoption before staffing changes occur.

- Develop jail health services budget: Existing budgets and item controls for each of the entities (DMH, DHS and LASD MSB) being considered for movement under the proposed organizational restructuring must be fully vetted to ensure they are accurate and that sufficient funding is available for jail health services. Without a meticulous examination of current item controls, budgets and expenditures and a clear understanding of the adequacy of current funding levels, the proposed transition will be difficult. This analysis will also include discussions with the CEO as to how future cost-of-living adjustments will be managed and funded.

- Plan for addition of new leadership roles: The creation of and securing funding for the three new leadership positions (i.e., CHD, Care Transitions Director, and Substance Use Treatments Director) are critical components of the proposed model. In this initial planning period, duty statements will be written so that classification/compensation can allocate the appropriate positions. New funding for these positions is required. Additionally, the medical director position currently allocated to MSB will require a re-classification study given the larger scope of responsibility assigned to this position in the proposed organizational structure.

- Establish initial stakeholder communication strategy: Communication with internal and external stakeholders with an emphasis on County personnel and labor partners will play a crucial role in the success of this proposed jail health services redesign. As such, a clear, continuous and inclusive communication strategy with all the stakeholders is paramount and will begin immediately.

- For county labor partners, this process would involve an initial written invitation to impacted union locals to meet for a review of the redesign. Those labor organizations that respond to this written invitation will be identified as ongoing participants in the development and implementation of the organizational changes, particularly in the area of employee impact.

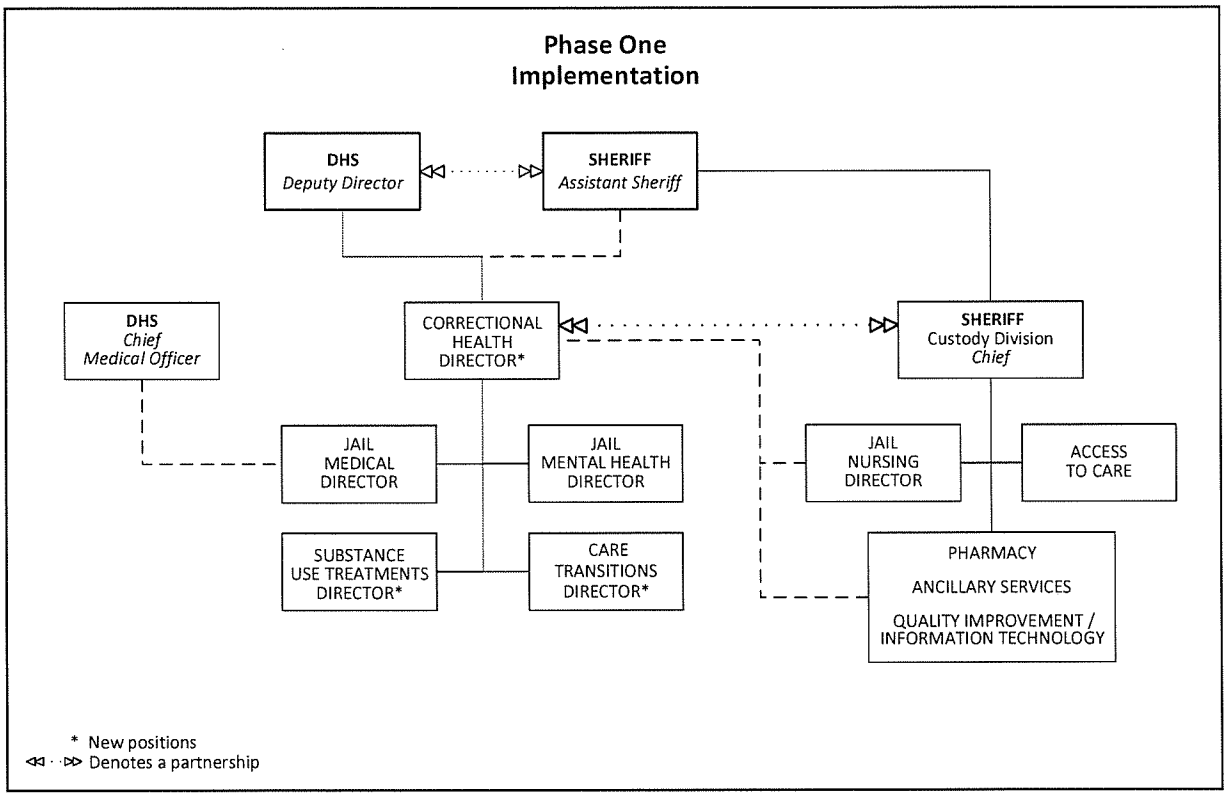
- Establish MOU: Clear and comprehensive agreements must be developed to govern the roles and relationships between LASD and DHS under this proposed organizational model. In assessing the MOU, special consideration will need to be given to the fact that the Sheriff maintains statutory responsibility for all aspects of jail management and that all parties remain equally committed to providing constitutionally mandated health care and access to those services in the jails during and after the transition. Clarity in the MOU is particularly important given that Phase One involves having most MSB clinical personnel remaining under the supervision of LASD (i.e., nursing, pharmacy, laboratory, and radiology staff). Given this, a clear delineation is needed for how the DHS-supervised clinical leadership will provide these personnel their clinical and operational direction while maintaining a direct reporting relationship to LASD. The MOU will also help govern the budgetary and fiscal considerations that will become clearer during Phase Zero. Similar to the MOU established between DHS and the Probation Department for the provision of medical services within the Juvenile Probation system, the MOU between LASD and DHS will focus on roles and responsibilities for each department needed to build strong clinical programs and ensure timely access to care. The MOU will clearly outline roles and responsibilities of LASD and DHS. Example of topics to be addressed in the MOU include:
  - Establishing that the CHD sets the clinical priorities, including where staffing must be augmented or reduced, which screening questions will be administered, and which medications and supplies will be ordered and which will not.
  - Establishing who sets the jail health budget and how budgetary issues are handled between DHS and LASD or DHS and other involved departments.
  - Describing the relationship between DHS staff and LASD staff during Phase Zero and Phase One, before staff move to DHS.
  - Establishing regular meeting schedules between involved departments and including how progress will be assessed toward implementation of this jail health transition plan.

  As the content of the MOU is developed, it will be shared in the quarterly reports to the BOS, if the proposed concept is approved.

- Assess and address labor and work force related activities: Labor representatives will be afforded the opportunity to provide input on the transfer of employees to DHS. CEO Employee Relations will facilitate meetings with the various labor unions to address and resolve, when appropriate, employee concerns related to salaries, supervisory reporting structures, and possible layoffs/reductions; enhance the employee transfer process; and clarify/implement applicable MOU related provisions. This strategy of open communication and transparency would continue through Phase Zero and Phase Two of the transition process.
  - As the County is currently negotiating with the labor organizations on successor MOUs, CEO Employee Relations will identify and propose MOU language revisions to ensure that MOU provisions are applied appropriately to all affected employees (e.g., eliminate/reduce departmental specific MOU provisions).

Phase One

If the proposed organizational structure is approved in concept by the Board and the Sheriff, Phase One, to occur over the course of 12 to 18 months, would involve the transfer of MSB providers (physicians, nurse practitioners, physician assistants and dentists) and all DMH clinicians (physicians, nurse practitioners, physicians assistants, and psychiatric social workers) and staff to DHS as shown in the organizational chart below. DHS and LASD will work together to assess opportunities to enhance efficiencies in clinical and administrative functions in order to generate cost savings. This may include opportunities to reduce redundancy in roles currently split among departments, to reclassify certain positions, etc. The departments will also assess major gaps in services, including the need for additional specialty or diagnostic services[3], the need for a comprehensive substance use treatment program, and physical space for clinical and non-clinical activities, seeking additional funding as needed if costs are not able to be covered within the existing jail health services budget. Attachment C outlines the work involved to accomplish Phase One.



Phase Two

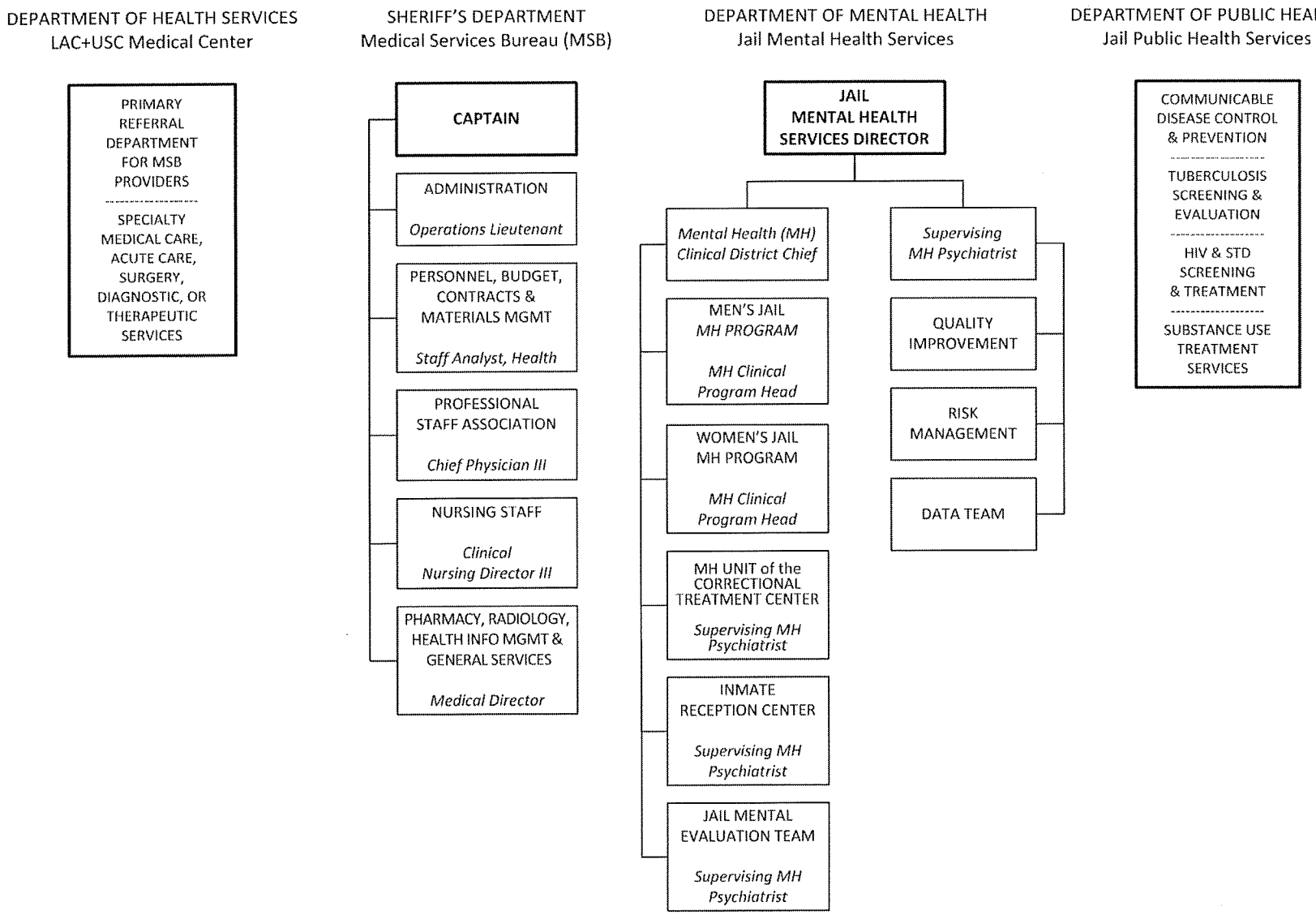
In Phase Two, all remaining MSB staff, including nursing staff, pharmacy staff, and any other remaining clinical and clinical support staff will be transferred to DHS. The timing of Phase Two changes will be dependent on successfully completing the Phase One transition, estimated to take 12-18 months from the beginning of Phase One in the absence of any unforeseen issues or concerns.

[3] The implementation of a more robust clinical care model will likely result in an increased level of referrals for specialty and other health services and ultimately, the need for additional staff and financial investment.

DHS, DMH and LASD will continually assess and evaluate progress, opportunities, and challenges to determine if additional structural changes, leadership/supervisory positions, and work process changes may be necessary. A progress update will be provided to the Board and the Sheriff on a quarterly basis with a focus on progress toward implementation of the distinct phases as well as ways the Board and the Sheriff can support the swiftest path toward an integrated clinical care program that ensures appropriate health care to inmates, focuses acutely on reentry efforts, and ensures a commitment to increasing substance abuse services to criminally involved individuals in Los Angeles County.

Attachment A

CURRENT DELIVERY OF JAIL HEALTH, MENTAL HEALTH, AND PUBLIC HEALTH SERVICES



COUNTY JAIL HEALTH SERVICES

DEPARTMENT OF HEALTH SERVICES

Historically, the DHS has had a Memorandum of Understanding (MOU) with LASD, last updated in October 1997, which effectively obligates DHS to provide specialty care, diagnostic care, therapeutic care, inpatient hospitalization, and surgical care to inmates when LASD MSB is unable to provide these services themselves. To this end, DHS has always maintained a specialized jail clinical area at LAC+USC Medical Center. This specialized area includes a 15 bay emergency room staffed by the LAC+USC Emergency Department, a 5 exam room specialty clinical area where LAC+USC providers deliver specialty care services to inmate-patients transported to LAC+USC 5 days per week. There is also a 24 bed inpatient medical-surgical unit where inmate-patients in need of acute medical care can be admitted and cared for by LAC+USC inpatient staff.

In addition to this work by DHS, approximately two years ago, at the request of the Board, DHS executed an inmate specialty care agreement and MOU with LASD to augment medical services available on-site at MSB. As a result, DHS engaged USC Medical School to help provide some of these services. Specifically, since the spring of 2013, DHS provides the following services at MSB sites:

- 16 hours per day, 365 days per year, urgent care services provided by board certified emergency room physicians and physician assistants working each shift, and
- 12 hours per week Obstetrics and Gynecology specialty services with a focus on the care of the highest risk pregnant women under LASD's custody.
- 2 full time nurses designated as care coordination nurses who support the care of inmates whose conditions rely heavily on care provided beyond the four walls of the jails. Examples include inmates with cancer care, major orthopedic injuries, cardiac issues and multiple, complex medical conditions.
- Access for MSB providers to eConsult to consult with DHS for specialty care and facilitate referrals patients from the jails to LAC+USC for specialty care services. This has allowed patients to come to LAC+USC with the right level of work-up done before their visit and ensures those who need more immediate specialty care are appropriately triaged.
- A growing group of specialty care trained nurse practitioners (NP) working at the jail under the supervision of DHS specialty providers at LAC+USC. This NP specialty model has allowed many patients to receive more timely specialty care in the jails as opposed to waiting for a visit slot at LAC+USC.
- Installation of a mobile computed tomography (CT) scanner in MSB to help with the evaluation of closed head injuries, a frequent issue at LASD.
- Point-of-care testing to support the clinical decision making of providers working at MSB so more immediate diagnostic information is available and more appropriate and timely care can be provided.

The objectives of the recent collaboration between DHS and LASD MSB have focused on (a) improving the accessibility of care for inmates; (b) improving quality and coordination of care; (c) reducing inmate transportation required for care.

DEPARTMENT OF MENTAL HEALTH

Jail Mental Health Services (JMHS) programs are administered by DMH and provide care to men and women identified as having mental health needs while incarcerated in the Los Angeles County jails. Services are provided at four locations: the Twin Towers Correctional Facility (TTCF), Men's Central Jail (MCJ), Century Regional Detention Facility (CRDF), and North County Correctional Facilities (NCCF).

Approximately 3,500 individuals, or 20% of the current average jail census of nearly 17,500, receive mental health services on any given day. The JMHS client census is comprised of approximately 2,950 men and 550 women. Over two-thirds of these clients are housed in mental health areas of TTCF and CRDF, with the remainder housed in the general population areas of TTCF, CRDF and MCJ. Included in the client census are on average 450 inmates that are incarcerated under the provisions of Assembly Bill (AB) 109, the Public Safety Realignment Act.

JMHS has a jail-based staff of 302 individuals, including psychiatrists, psychologists, social workers, psychiatric nurses and technicians, service coordinators, and case workers that function as group leaders and release planners, substance abuse counselors, recreation therapists, and support and administrative staff. The collaboration between DMH and LASD extends from an individual's entrance to jail to his/her exit. Services are organized by programs that work in concert with each other to provide a continuum of mental health care.

- Inmate Reception Center (IRC) - Located at TTCF, IRC is the entry point for male offenders into the jail system. All are screened by LASD custody staff for medical and mental health issues, with over 3,600 referred monthly for mental health assessment. Women are similarly processed through a Reception Center at CRDF, with over 800 referred monthly.
- Mental Health Unit of the Correctional Treatment Center - Also known as the Forensic Inpatient Program, it is a 46-bed licensed unit located in TTCF to provide acute psychiatric inpatient care and is Lanterman-Petris-Short (LPS) designated to provide involuntary treatment for individuals most in need due to their immediate danger to self or others and/or grave disability that severely interferes with their ability to function.
- High Observation and Moderate Observation Housing - The Men's Program, located in TTCF, and the Women's Program at CRDF provide two levels of care: High Observation Housing (HOH) for clients at risk of dangerous behavior or self-harm who require intensive observation and care including risk precautions, but do not require hospitalization. Moderate Observation Housing (MOH) is the dormitory level of care that is for more stable clients whose mental health needs can be cared for in a less intensive and more open setting, but preclude their tolerating general population housing. Approximately 85-90% of these inmates have co-occurring substance use disorders.
- Jail Mental Evaluation Teams - Comprised of mental health clinicians and specially trained deputies, as well as psychiatrists, other clinicians, and release planners, the teams identify inmates in the general and special population housing areas of TTCF and MCJ who were not previously recognized as having mental health care needs. Two additional JMET teams serve the NCCF for screening of inmates that may require mental health care. In the general population areas of CRDF, the Women's Program provides medication management and follow-up care.

- Jail Linkage Program - This program is critical as increasing emphasis has been placed on re-entry planning and linkage to community services and supports for mental health clients at all levels of care. The team works throughout the system with clients who require comprehensive release planning such as conservatorship and placement in Institutions for Mental Disease (IMD) or IMD Step-down facilities, as well as with clients who require less intensive assistance related to housing, benefits establishment and linkage to outpatient mental health treatment in the community. Release planning is done collaboratively between JMHS and DMH Countywide Resource Management (CRM) for AB 109 clients.
- CRM Vivitrol Administration - This project is for AB 109 clients with co-occurring mental illness and opiate dependence. Through this project, clients who have been appropriately screened can receive one administration of Vivitrol approximately one week before their scheduled release date and can then be linked with an AB 109-funded community clinic that can continue the Vivitrol protocol upon the clients' release.
- Misdemeanor Incompetent to Stand Trial (MIST) - This program is for misdemeanor offenders who have been adjudicated Incompetent to Stand Trial (IST), including those who refuse psychiatric medication. JMHS provides competency restoration services for these clients through the MIST program, including administration of court-authorized medications. JMHS is currently exploring legal avenues to also administer medication pursuant to a court order for felony offenders ISTs who are pending transfer to a State hospital for competency restoration services.
- Tele-psychiatry - This program was recently initiated at NCCF and currently serves a limited number of inmates to assist with overcrowding of inmates on psychiatric medications at TTCF and MCJ. The program identifies relatively stable inmates on psychotropic medications to be moved to NCCF, which has more available beds than in TTCF and a less restrictive, more modern facility than MCJ. Clients are selected based on diagnosis, class of psychotropic medications, review of their IS records, and review of their electronic medical records (EMR). Qualifying clients have remained stable on their current medications for a period of at least a month, do not have a psychotic diagnosis, are not taking antipsychotics, and do not have evidence of problematic behaviors or suicide attempts documented in their IS records or their EMR. The clients go to NCCF with a 90 day supply of medications as ordered in their EMR. The JMHS psychiatrist trained in using Telepsychiatry sees the clients every 90 days via Telepsychiatry to assess their stability and renew their medications. Any urgent or emergent situations are dealt with by transferring the client back to the IRC clinic for assessment. The appropriateness of their returning to NCCF is also discussed. The program goal is to maintain an average census of about 40 clients with the plan to assess the feasibility of expanding the services.

The focus of care throughout the DMH JMHS programs is on stabilizing clients' mental illness; engaging them in treatment for mental health and co-occurring substance use disorders; and immediately beginning to develop and/or solidify release plans for housing; mental health care (including but not limited to institutional care, Full Service Partnerships, integrated services/supportive housing projects, and outpatient clinics); access to benefits, employment or education; and connecting or reconnecting with families and other community supports. Community partners are encouraged to provide in-reach while referred clients are still incarcerated.

DEPARTMENT OF PUBLIC HEALTH

Three programs within DPH have strong involvement and experience working with LASD: the Division of HIV and Sexually Transmitted Diseases (STD) Programs, the Tuberculosis (TB) Control Program, and the Substance Abuse Prevention and Control Program.

Division of HIV and STD Programs (DHSP)
LASD plays a critical component in DHSP's overall HIV and STD control strategy as many persons at risk for or diagnosed with HIV or STDs interact with the criminal justice system in the following areas: locating DHSP staff to work in the jail, 2) contracting with community based organizations (CBO) to provide services in the jail, and 3) funding positions in LASD through a cross-departmental MOU. In addition, DHSP works closely with LASD's Medical Services Bureau and Community Transition Unit.

Currently, five DHSP staff at the jails full time to perform HIV and STD screening in Men Central Jail's "K6G" dorm, which houses gay/bisexual men and transgender women, and the women's inmate reception center at Century Regional Detention Facility (CRDF). At least twice a week, staff members distribute condoms in the K6G dorm, where prevalence of HIV exceeds 20%. Two DHSP public health investigators (PHIs) perform partner elicitation and notification services for inmates with high priority STDs, and follow-up of syphilis and HIV cases released prior to receiving their results to ensure linkage to care and treatment of partners.

DHSP-funded CBOs fall into two categories: five organizations that provide HIV transitional case management (TCM) and pre-release planning services for HIV positive inmates and one organization that provides sexual health education with inmates at high risk of HIV and STDs. Historically, the yield from the TCM program has been less than optimal due to several factors, many of which relate to the lack of true LASD institutional support or appreciation for the role such programs play in improving individual and even public health outcomes after individuals transition back to their communities. Recently, based on a pilot program, DHSP decided to invest up to six additional DHSP staff to serve as health navigators to meet with HIV positive inmates once before release and work with them for 6-12 months after release from jail to ensure their continuity of medical care and link them to appropriate social services in the community.

DHSP currently funds one public health nurse (PHN) who serves as an HIV nurse case manager, ensuring that all incoming and exiting HIV positive inmates are started and released with their medications. The PHN also communicates with patients' HIV providers in the community to get recent medication lists and laboratories to reduce errors and unnecessary repeat testing. DHSP and LASD recently renewed and modified the MOU to include an additional PHN position to assist with the high HIV positive inmate caseload, which is usually around 300-350 inmates at a given time. DHSP has also historically loaned one of its Program Manager I items to LASD to hire a staff member to serve as a Jails HIV Services Coordinator and function as a liaison between LASD and DHSP to coordinate HIV and STD public health activities with LASD custody staff. This position is currently vacant due to staff retirement.

DHSP has worked closely with MSB's Infection Control Unit (ICU). The ICU staff includes a medical epidemiologist (currently vacant), and epidemiologist, and a team of committed public health nurses who ensure appropriate patient management for a variety of communicable diseases, including non-HIV STDs, TB, hepatitis, influenza, and help address any outbreak situations (examples include MRSA, norovirus). The ICU team has been a critical asset to many members of the DPH to help to implement new public health programs, such as offering accelerated schedule hepatitis A/B vaccination in the K6G dorm, as well as providing influenza vaccination in the dorms for inmates with chronic diseases. These examples highlight the potential for implementing evidence and guideline best practices to improve the health of this vulnerable population.

Lastly, over the past two years, DHSP has worked with the Community Transition Unit to coordinate release times for HIV positive inmates who are being released into residential programs or are working closely with one of our health navigation pilot programs. This program has been very successful in allowing DHSP to ensure that the clients receiving case management services are linked to services but it remains very limited in scope and would benefit from significant investment to scale it up and apply it to a much broader cross section of inmates.

TB Control Program

The DPH's TB Control Program currently funds 1.5 FTE staff to conduct case management and pre-release planning for inmates infected with tuberculosis to ensure appropriate treatment and follow-up inside and outside of custody. Also, staff monitors medication adherence and oversees discharge planning to ensure continued treatment. Over the past four years, 59 TB cases were diagnosed at the time of incarceration (approximately 10-15 infectious cases/year are identified of inmates entering the jail). Approximately 250 inmates per year are worked up as potential TB cases.

Substance Abuse Prevention and Control Program (SAPC)

Current SAPC programming that relates to the LASD includes the following:

- The Sentenced Offender Drug Court (SODC) program was established in 1998 at the request of the Los Angeles County Superior Court. SODC is an intensive substance use disorder (SUD) treatment approach for convicted, non-violent felony offenders facing lengthy state prison terms for drug-related offenses. SAPC currently contracts with Principles, Inc., (dba IMPACT) for the provision of in-custody SUD treatment services. With an in-custody 60-bed capacity for male clients at Pitchess Detention Center and 24 beds for female clients at the Century Regional Detention Facility, the in-custody treatment services are court-ordered for up to 90 days. Upon release from in-custody treatment, clients continue residential or outpatient SUD treatment services, depending on the severity needs of the client. The client remains under the supervision of the dedicated drug court bench officer and probation for the duration of their community-based treatment services.
- SAPC currently contracts with Homeless Health Care Los Angeles (HHCLA) to operate a Community in the LASD Community Resource and Re-entry Center (CRRC). The HHCLA staff provide on-site SUD screening and assessment, and are able to make and coordinate SUD treatment referrals for recently released persons.
- SAPC is currently developing the Substance Treatment and Re-Entry Transition program (START), which will incorporate in-custody and community-based SUD treatment services. The in-custody program, pending Board approval, will implement In-Custody Education Treatment (ICET) services in accordance with the LASD's Education Based Incarceration Maximizing Education Reaching Program. The community-based treatment component entails LASD conducting a risk/needs assessment to identify female inmates for an initial 90-day episode of SUD residential care in a supervised non-custodial setting, as an alternative to incarceration.

IMPLEMENTATION PLAN STEPS
PHASE ONE

These are the priority activities that need to be accomplished in the first 12 months following approval of the proposed organizational structure:

- Hire/appoint an interim Correctional Health Director, interim Jail Medical Director, interim Jail Mental Health Director, Substance Use Treatments Director, and interim Care Transitions Director.
- Appoint an interim Jail Nursing Director.
- Have the DHS Director of Quality Improvement work with jail health services leadership to establish an executive peer review process and improve physician credentialing.
- Establish the appropriate MOU(s) that governs the transition of existing MSB providers (physicians, nurse practitioners, and physician assistants) to DHS.
- Establish the transition plan to govern the transition of existing DMH providers to DHS.
- Work with DHR, CEO, and DHS/DMH/LASD Human Resources to transition personnel from LASD and DMH to DHS.
- Hire primary care providers to fill existing LASD MSB vacancies.
- Restructure the existing clinical nursing infrastructure to improve leadership, improve front line nurse workflows, and enhance nursing decision support to ensure safe, timely, and appropriate care.
- Improve chronic care management programs for inmates, including redesigning the intake and sick call systems (ensuring mental health issues are addressed in both of these areas) and enhancing access to urgent care.
- Redesign clinical space to enhance inmate-patient care and staff working conditions.
- Restructure pharmacy and medication administration systems, processes, purchasing, staffing, and space allocation.
- Streamline supply procurement and material management systems in all LASD facilities.
- Implement a robust quality and risk program founded on peer review and continuously reevaluate system-level data.
- Develop and implement a robust access to care tracking mechanism to improve access to services and accountability for missed services.
- Enhance jail system public health practice and expertise and consider refilling the vacant Infection Control Physician position to maximize infection and disease control efforts, including compliance with Title 15 requirements.
- Work with custody to optimize housing decisions for persons with medical, mental health and substance use conditions in order to improve population management strategies and resources for inmates in need of medical and mental health/ADA housing.
- Enhance in-custody residential substance abuse treatment programs.