MEMORANDUM OF UNDERSTANDING

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
AND
LOS ANGELES COUNTY – SHERIFF'S DEPARTMENT

SPECIALTY HEALTH CARE SERVICES

This Memorandum of Understanding ("MOU") between the Los Angeles County Department of Health Services (DHS) and the Los Angeles County Sheriff's Department (LASD) is entered into for the purpose of documenting the roles and responsibilities of both departments in working collaboratively to provide specialty health care services to individuals incarcerated in jails operated by LASD.

WHEREAS, LASD has the legal responsibility for the health and welfare of inmates in its care; and

WHEREAS, LASD Medical Services Bureau (MSB) has responsibility for general medical care provided to individuals incarcerated in LASD facilities; and

WHEREAS, DHS has the expertise to provide or arrange for the provision of specialty care services to inmates under the care and custody of LASD in accordance with the professional standards of Titles 15 and 24 of the California Code of Regulations as specified by the Board of Corrections, and any and all other applicable legal, federal and state regulations; and

WHEREAS, DHS LAC+USC Medical Center is an acute care hospital that provides a full spectrum of emergency, inpatient, and outpatient services; and

WHEREAS, improved access, quality, and coordination of specialty health care services for inmates is in the interest of both departments; and

NOW THEREFORE, the parties agree to the following terms and provisions:

I. TERM OF AGREEMENT

This agreement will take effect upon execution by both parties. The agreement will be automatically renewed for successive fiscal year periods thereafter commencing July 1, 2013, unless terminated by a 90-day written notice from either party. This agreement may be amended by mutual written consent of both parties or if funding is unavailable.

II. SPECIALTY HEALTH CARE SERVICES

DHS will provide on-site specialty health care services focusing on the highest risk and highest demand specialties. LASD and DHS will mutually agree on the specialty health care services to be provided. The scope and location of specialty health care services to be provided by DHS is described in Exhibit A.

III. PERSONNEL

Staffing

DHS will staff the specialty health care services described in Exhibit A. Staffing will include DHS employees and contracted employees. DHS will contract with USC Keck School of Medicine for specified physician and clinical positions.

The staff positions, locations, and hours are described in Exhibit B.

All DHS employees and contracted employees shall adhere to all policies, procedures, and applicable laws, regulations, and ordinances as set forth by LASD and the County of Los Angeles.

Licensure and Certification

DHS will implement written policies and procedures to assure state licensure, certification, or registration requirements are met, licensed staff operate within their scope of practice, current licensure is maintained, and education and training are consistent with requirements of patients being treated. DHS will credential all staff assigned to see patients at the LASD through the LAC+USC Medical Center physician staff office.

Any expiration of licenses or credentials shall be immediately reported to the MSB Chief Physician.

Background Checks

DHS employees and contractors (i.e., USC physicians) assigned to work at an MSB clinic will comply with all necessary steps and processes in the LASD background check as stipulated by LASD.

LASD will conduct a background check on all staff and will have final approval on all staff accessing custody facilities. All staff providing services under this MOU will complete and submit the "Los Angeles County Sheriff's Department Application for Access to Custody Facilities".

Orientation and Training

DHS will ensure that all DHS staff and contractors assigned to MSB will be available to LASD personnel for the purpose of orienting to MSB policies, procedures and systems; LASD mandatory trainings; and training related to institutional safety and security.

Credentialing

MSB will accept the credentialing process of USC and LAC+USC Medical Center for their respective personnel working at LASD. If any assigned providers are not credentialed through the appropriate credentialing institution, the institution will notify the MSB Chief Physician.

IV. RADIOLOGY

DHS and LASD will work together to enhance diagnostic capabilities at the jail to allow more cases to be managed on-site. In Fiscal Year (FY) 2012-13, MSB will acquire a mobile CT scanner, OB ultrasound, and an echocardiology machine. DHS will provide the equipment specifications. LASD will pay for the equipment and on-going maintenance.

LAC+USC radiology faculty will work with MSB to determine the process by which radiology studies done at MSB will be interpreted by these faculty as part of the contracted services with USC. A future exhibit to this MOU will outline the workflow to obtain interpretation of studies such as CT scans and ultrasonography done as part of this specialty care initiative.

Based on recommendations from LAC+USC radiology staff, MSB and DHS will work together to install and implement the technology necessary to ensure that studies performed at MSB are read by USC contractor staff within 24 hours of performing the study.

MSB will provide the Radiologic Technologist staff necessary to support the specialty health care services described in Exhibit A.

MSB radiology staff will remain responsible for the reading of any study not specified as being the responsibility of a provider from another entity (i.e., DHS or USC).

V. LABORATORY

In FY 2012-2013, laboratory services will be provided through the current agreement between MSB and Quest.

DHS and MSB will work together to transition laboratory services to DHS in FY 2013-14. DHS and MSB will develop a future exhibit to this MOU that will address the transition of laboratory services to DHS to include type and volume of laboratory testing to be performed by DHS, timelines for results, transport, cost and billing, etc.

Commensurate with the enhancement of the MSB urgent care services with USC contract physicians, laboratory services within MSB's urgent care will be enhanced through the implementation of expanded Point of Care Testing (POCT). Each entity's responsibility is outlined below:

- USC - The expansion of POCT will be guided by USC physicians primarily working in the Urgent Care Unit at MSB.

- DHS - Laboratory leadership from LAC+USC Medical Center will be available to provide guidance in creating policies and procedures for the expanded POCT program in as much as this leadership within LAC+USC Medical Center has implemented similar POCT within the LAC+USC Medical Center hospital and clinics. The Clinical Laboratory Scientist position hired as part of this specialty care initiative will be hired by DHS and LAC+USC to provide guidance and oversight to this expanded POCT initiative.

- MSB - Will provide the appropriate equipment to successfully begin and maintain the specified POCT program as well as require MSB nurses to administer and oversee the expanded POCT program. MSB laboratory staff will work in conjunction with MSB leadership to expand the existing CLIA license appropriately to account for the expanded POCT program. The MSB laboratory staff will oversee the quality and control of the expanded POCT program. MSB will provide one Clinical Lab Scientist I position to support the specialty health care services described in Exhibit A.

VI. PHARMACY

DHS and LASD will collaborate on opportunities to maximize the safe and cost effective use of pharmaceuticals for LASD inmates, specifically for inmates that are evaluated and treated by DHS physicians. When a DHS physician prescribes a medication regimen to an LASD inmate, the medication will be dispensed through a DHS pharmacy, or DHS HRSA 340B-contract pharmacy location. MSB physicians will subsequently review the DHS-prescribed medication orders, and ensure that the inmate's LASD electronic medical record is updated to include the addition of the medications prescribed by the DHS physician. The LASD pharmacy will dispense all medication, utilizing LASD pharmaceutical contracts, that is not prescribed by DHS, i.e. directly prescribed by the MSB physician. DHS and MSB will develop a future exhibit to this MOU that describes pharmacy work flow.

DHS and MSB are committed to maximizing the use of cost effective medications, and will collaborate in an attempt to use 340B drug pricing to greatest extent possible. 340B is a drug pricing program managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA), which provides discounted pharmaceutical pricing to eligible organizations.

During FY 2012-13 DHS and MSB will evaluate the feasibility of using the 340B drug pricing program for services covered under this MOU. In the first phase, all specialty LASD patients who are evaluated and treated within a DHS facility, by a DHS physician, will receive prescribed

medication through a DHS pharmacy for outpatient use. DHS and LASD will collaborate on the appropriate policies for medication transport to LASD custody for subsequent patient administration. The second phase will involve expansion of DHS 340B pharmaceutical dispensing to inmates treated by a DHS physician while offsite of a DHS facility, in keeping with Federal and State regulations. DHS and LASD will collaborate on policies and procedures to maximize access to 340B discount drug pricing for these inmates, with focus on implementation during FY 2013-14.

VII. MEDICAL SUPPLIES

DHS will provide a list of stock medical supplies that are to be available at all times. DHS will specify additional supplies when indicated. The current MSB supply ordering process will be utilized. LASD will pay for all medical supplies.

VIII. MEDICAL RECORDS

Charting for specialty care services will occur in both the LASD JHIS and LAC+USC Medical Center Affinity system during or immediately following the patient visit. This will provide USC and LAC+USC attending specialists, who have the responsibility of supervising the on-site MSB specialty NPs and PAs, with immediate access to the NP's or PA's patient note for review and sign-off.

Only providers and staff involved in the care or care coordination of a specific jail patients are permitted to review that patient's records.

DHS and LASD will implement eConsult at MSB in the first half of Calendar Year 2013. Through eConsult, MSB providers will have more immediate access to clinical information and consultation from DHS specialists.

LASD and DHS will maintain strict confidentiality of all medical records in accordance with all applicable Federal and State statutes and regulations relating to the confidentiality of patient care records and information.

Records of both departments are confidential and each department will be responsible for preserving the confidentiality of such records shared with the other, in accordance with the law.

IX. CARE COORDINATION

LASD and DHS seek to improve coordination of care for inmates requiring services at both MSB and LAC+USC Medical Center hospital and clinics. As such, the following will be implemented to improve care coordination:

- DHS will contract with USC to provide two (2) FTE Registered Nurses (RNs) for quality assurance and for case management and coordination of care across specialty services. The designated USC Medical Director will hire and oversee the RNs. Their duties

include identifying and tracking the care of patients seen at an MSB location (i.e., urgent care or specialty clinic) who are referred to LAC+USC Medical Center for further evaluation or therapy. Under the direction of the USC Medical Director the RNs will facilitate care coordination meetings with MSB medical leadership and LAC+USC jail clinic leadership.

- MSB staff (MSB Chief Physician, Clinical Nursing Director III, and Unit Commander or his designee), the Specialty Care Leadership Team, and LAC+USC Medical Center jail clinic leadership will attend weekly Specialty Care Coordination meetings in order to discuss the following:
    a. Specific patients who have been waiting for follow-up care for more than 30 days.
    b. Specific patients who were designated by the initial referring provider at MSB as urgent referrals.
    c. Total volume of patients in need of referral.
    d. General trends in referral patterns from MSB urgent and specialty care clinics as well as monthly volume of patients sent from MSB urgent and specialty care clinics to LAC+USC Medical Center.

X. QUALITY ASSURANCE AND PRODUCTIVITY

DHS, MSB, and USC will establish and maintain a Quality Assurance Plan to ensure specialty health care services are provided in accordance with community standards and all applicable regulatory agency standards and demonstrates a process for Quality Improvement. The components of the Quality Assurance program will include but not be limited to the following:

(a) Track and report data on visit volume per specialty or in urgent care
(b) Track patients seen at MSB specialty or urgent care clinics but referred to LAC+USC Medical Center
(c) Track specialty and urgent care productivity as follows:
    i. Number of visits per specialty/urgent care
    ii. Visits per provider per hour per specialty/urgent care
(d) Collect and report data on patient experience
(e) Create Data Dashboard to track trends and progress and post Data Dashboard in MSB and LAC+USC clinic areas
(f) Track and report data on volume of medication orders processed

XI. SPACE, EQUIPMENT, AND SUPPLIES

Clinical Space

LASD will provide adequate designated service areas (i.e., space) for the provision of health care services as described in Exhibit A. The adequate designated service areas for use by DHS shall meet all the State and Federal regulations for medical service space for ambulatory clinic service needs (e.g., adequate space, ventilation, air exchanges, electrical, plumbing filtration).

The location of clinical space is described in Exhibit A.

Office Space, Equipment, and Supplies

MSB will provide and furnish at no cost to DHS office space, phones, computers, office supplies, etc., for staff included in this MOU.

Housekeeping

LASD will provide adequate housekeeping services to the space occupied by DHS and will ensure that cleaning crews are trained in the housekeeping services for medical service areas. These services will be in compliance with regulatory agency standards and infection control practices and procedures.

Repair and Maintenance

LASD will provide for the repair and maintenance of the space occupied by DHS. This includes, but is not limited to, timely repair of the building and facilities (e.g., electrical, data, plumbing, ceiling/floor, plaster and paint). The facilities will be maintained by LASD in clean and working order to facilitate the provision of specialty health care services.

Parking

LASD will provide parking for DHS and contract personnel providing services at LASD locations.

Personnel providing services at Twin Towers Correctional Facility will park at the 10 story parking structure located at the end of Bauchet Street. No parking pass is required to enter the structure.

Personnel providing services at Century Regional Detention facility will park at the onsite parking lot. MSB will issue parking passes to personnel providing services at this location.

XII. ADMINISTRATION

Specialty Care Leadership Team

The Specialty Care Leadership Team includes the Medical Director (USC), Registered Nurse (USC), Program Administrator (USC), and Assistant Hospital Administrator III (DHS LAC+USC). The Leadership Team is responsible for:

(a) Oversight of all USC and DHS/LAC+USC staff providing service on-site at LASD MSB clinical areas. This includes
    i. Scheduling clinics
    ii. Facilitating the consultation of cases by LAC+USC specialty attendings

iii. Facilitating the oversight of DHS hired Nurse Practitioners and Physician Assistants working as part of the LAC+USC specialty teams ultimately supervised by USC faculty specialists
iv. Investigating grievances
v. Communicating relevant LASD policies and procedures to USC and DHS staff

(b) Ensuring DHS and USC staff are credentialed and in good standing with their home institutions.
(c) Overseeing the Quality Assurance and Productivity functions and activities as outlined above.
(d) Overseeing the Care Coordination functions and activities as described above.

Meetings

The following is a list of meetings to which DHS/LAC+USC, USC, and MSB are, when stipulated, required to have representation:

- Specialty Care Clinical Operations
  - Purpose – Ensure the day to day operations of the specialty care clinics and urgent care are appropriate and that any issues or concerns are being managed in a timely and appropriate manner.
  - Participants – MSB Unit Commander or his designee and USC Medical Director.
  - Frequency – Weekly for first six months then as determined by mutual agreement.
- Specialty Care Coordination
  - Purpose – Ensure patients who are being sent from MSB specialty or urgent care clinics to LAC+USC Medical Center are tracked and managed appropriately (See IX. Care Coordination).
  - Participants – MSB (MSB Chief Physician, Clinical Nursing Director III, and Unit Commander or designee), the Specialty Care Leadership Team, and LAC+USC Medical Center jail clinic leadership.
  - Frequency – Bi-weekly (every two weeks) for first six months then as determined by mutual agreement.
- Quality Assurance and Productivity
  - Purpose – To discuss quality assurance and productivity metrics. To determine which quality improvement initiatives are appropriate to improve the overall provision of specialty and urgent care services under this system.
  - Participants – Specialty Care Leadership Team and MSB Unit Commander or his designee.
  - Frequency – Monthly
- Death Review
  - Purpose – To review any deaths among inmates with specialty health care needs or who were receiving medical care at MSB and LAC+USC.
  - Participants – Representatives from LASD, DHS, and USC.
  - Frequency – As scheduled

- Professional Staff Association
    - Purpose – MSB staff meeting.
    - Participants – MSB as required by MSB Chief Physician or his designee, DHS and USC participate by invitation.
    - Frequency – Determined by MSB
- Oversight
    - Purpose – Joint interdepartmental administrative meetings to discuss, monitor, and make recommendations to improve program services, operational issues, budget, quality improvement, and/or accreditation issues.
    - Participants – LASD MSB Captain and DHS Deputy Director for Community Health.
    - Frequency – Bi-annually

Grievance Procedures

MSB – MSB personnel will report any grievances through their chain of command to the MSB Captain.

DHS – DHS personnel will report any grievances through their chain of command to the LAC+USC Chief Medical Officer.

All parties will resolve disputes within ten (10) working days of written request by either party. Disputes that are unresolved will be referred to DHS' Deputy Director for Community Health and the Sheriff's Department Unit Commander, or designees, to be resolved within ten (10) working days of referral for final resolution. If necessary, unresolved Departmental disputes will be arbitrated by the Chief Executive Office (CEO). Time may be waived at any level by mutual consent of the parties.

XIII. BUDGET PROVISIONS

An annual operating budget will be developed collaboratively between DHS and LASD by November 30th and finalized by January 31st, of each fiscal year. The said budget will reflect current levels of funding and be developed with the understanding that specialty health care services provided to inmates under the care, custody, and control of LASD are the financial responsibility of LASD.

Changes to the budget, including enhancements or curtailments affecting provision of specialty health care services, will be planned collaboratively and require approval of both departments, Chief Executive Officer (CEO) and Board of Supervisors.

DHS will provide specialty health care services as specified in this MOU, to the extent that funding is provided in the LASD budget for the applicable fiscal year. All services provided pursuant to this MOU will be budgeted at zero net cost to DHS.

The annual program budget is $4.97 million (Exhibit C). For FY 2012-13, there is a one-time cost for equipment of $0.77 million. With the implementation date of November 1, 2012, the

projected total costs for FY 2012-13 would be $3.98 million. For FY 2013-14 going forward, any future funding in excess of the $5.2 million will require approval from the Board of Supervisors.

DHS shall bill LASD monthly in arrears via internal transfers in accordance with the process defined in the County Fiscal Manual, Chapter 4.1.6.6. Departmental Service Orders (DSOs) will be established between DHS and LASD, at the beginning of the fiscal year for anticipated services and may be increased or decreased throughout the year based on actual services provided, whereby LASD (the requesting organization) agrees to reimburse DHS (the servicing organization) for services to be provided. DHS will provide services only to the extent that LASD establishes a DSO sufficient to pay for such services.

All DSOs are processed centrally by the Auditor-Controller. When established, a DSO is entered into eCAPS as a DSO encumbrance. Initial DSO amounts and subsequent changes must be mutually agreed upon and approved by LASD and DHS. The monthly charges for DHS services provided under terms of the DSO are processed on an Internal Transfer (IT) document.

For services provided directly by DHS, the IT should include as an electronic attachment, sufficient information for LASD to verify the charges billed by DHS and will include the position, location and hours claimed.

XIV. MODIFICATIONS TO MOU

All changes to the MOU must be approved by the Sheriff for LASD and the Director for DHS prior to implementation. This includes changes in services, staffing, funding, etc. All changes must be documented in writing and included in an amendment to this MOU.

XV. DEPARTMENT OF HEALTH SERVICES CONTACT INFORMATION

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XVI. SHERIFF'S DEPARTMENT CONTACT INFORMATION

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Captain, Medical Services Bureau
County of Los Angeles Sheriff's Department
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IN WITNESS HEREOF, the parties hereto execute this Agreement effective this 17 day of OCTOBER, 2012.

SHERIFF'S DEPARTMENT

LEROY D. BACA
Sheriff

DEPARTMENT OF HEALTH SERVICES

MITCHELL H. KATZ, M.D.
Director

Exhibit A

SPECIALTY HEALTH CARE SERVICES

Service Type	Location
Specialty Care – Services include orthopedics, ear-nose-throat, general surgery, oral-maxillary-facial surgery, cardiology, and gastroenterology. Services provided by DHS LAC+USC Medical Center Nurse Practitioners and/or Physician Assistants supervised by USC faculty attending physicians at LAC+USC Medical Center.	TTCF, Tower II Clinic, Urgent Care, Rooms S278, S279, S280, S281, S282, S211 (CT scanner).
Urgent Care – Services include providing outpatient medical care for the evaluation and treatment of acute and chronic illness and injury. Services provided by USC Physician (Emergency Medicine) and Physician Assistant.	TTCF, Tower II Clinic, Urgent Care, Rooms S278, S279, S280, S281, S282, S211 (CT scanner).
Obstetrics – Services include routine obstetrics care at CRDF and high-risk obstetrics at CTC. Services provided by USC Physician (OB/GYN).	CRDF and CTC
HIV – Services include evaluation and treatment of HIV and coordination of transition of care of inmates released to other corrections facilities, LA County medical facilities, and other community health centers in the region. Services provided by a Fellow supervised by a USC faculty member and precepted by a LASD employee.	MCJ, TTCF, CRDF, and CTC
Radiology Services	CTC (Radiology or Urgent Care)

MCJ – Men's Central Jail

TTCF – Twin Towers Correctional Facility

CRDF – Los Angeles County Sheriff's Department Century Regional Detention Facility

CTC – Correctional Treatment Center located at Los Angeles County Sheriff's Department Twin Towers Correctional Facility

LAC+USC – Los Angeles County Department of Health Services LAC+USC Medical Center

SPECIALTY HEALTH CARE PERSONNEL

	Position	Location	Hours
USC	Medical Director (0.5 FTE)	TTCF	1,040/year
	Physician - Emergency Medicine	TTCF	16/day
	Physician - OB/GYN	CRDF and CTC	12/week*
	Physician Assistant	TTCF	16/day
	Registered Nurse (2 FTE)	TTCF	2 @ 40/week
	Radiologist	LAC+USC	12/week
	HIV Corrections Fellowship (0.5 FTE)	MCJ, TTCF, CRDF, CTC	1,040/year
	Program Administration (1 FTE)	TTCF	40/week
DHS	Nurse Practitioner (7 FTE)	TTCF and LAC+USC	7 @ 40/week
	Pharmacist (1 FTE)	LAC+USC	1 @ 40/week
	Pharmacist Tech (4 FTE)	LAC+USC	4 @ 40/week
	Clinical Lab Scientist (1 FTE)	TTCF	1 @ 40/week
	Asst. Hospital Administrator III (1 FTE)	LAC+USC	1 @ 40/week

*8 hours at CRDF (clinic) and 4 hours at CTC (rounds and conference functions)

MCJ – Men's Central Jail

TTCF – Twin Towers Correctional Facility

CRDF – Los Angeles County Sheriff's Department Century Regional Detention Facility

CTC – Correctional Treatment Center located at Los Angeles County Sheriff's Department Twin Towers Correctional Facility

LAC+USC – Los Angeles County Department of Health Services LAC+USC Medical Center

County of Los Angeles - Department of Health Services
Budget Proposal for Specialty Care Services in Jail

Department of Health Services - LAC+USC Medical Center

Item	Description	Number of FTE's	Annual S&EB Cost per FTE	Year 1 Annual Cost	Year 1 Pro-rata Cost	Ongoing Annual Cost
County Staffing						
5121A	Nurse Practitioner	7.0	$ 135,166	$ 946,167	$ 630,778	$ 946,167
5512A	Pharmacist	1.0	117,194	117,194	78,129	117,194
5504A	Pharmacy Technician	4.0	51,304	205,216	136,811	205,216
4895A	Clinical Lab Scientist I	1.0	80,767	80,767	53,845	80,767
8042A	Assistant Hospital Administrator III	1.0	117,828	117,828	78,552	117,828
Total County Staffing			$ 502,259	$ 1,467,172	$ 978,115	$ 1,467,172
Services and Supplies						
USC Contract Staff						
Medical Director				$ 264,784	$ 176,523	$ 264,784
Quality Assurance Nurse				228,773	152,515	228,773
Program Administrator				93,800	62,533	93,800
Physician - Emergency Medicine				1,482,790	988,527	1,482,790
Physician - OB/GYN				165,560	110,373	165,560
Physician - Radiology				140,400	93,600	140,400
Physician Assistant				585,312	390,208	585,312
HIV Corrections Fellowship				41,543	27,695	41,543
eConsult Maintenance				200,000	133,333	200,000
Total Services and Supplies				$ 3,202,962	$ 2,135,307	$ 3,202,962
Total Department of Health Services				$ 4,670,134	$ 3,113,422	$ 4,670,134
Sheriff's Department						
Services and Supplies						
Equipment Maintenance				$ 0	$ 0	$ 150,000
Point-of-Care Testing				150,000	100,000	150,000
Total Services and Supplies				150,000	100,000	300,000
Capital Assets						
Mobile CT Scanner				$ 450,000	$ 450,000	$ 0
OB Ultrasound				160,000	160,000	0
Echocardiology Machine				160,000	160,000	0
Total Capital Assets				$ 770,000	$ 770,000	$ 0
Total Sheriff's Department				$ 920,000	$ 870,000	$ 300,000
Grand Total				$ 5,590,134	$ 3,983,422	$ 4,970,134

Notes:
1. This estimated budget is based on the June 28, 2012 Board Letter on Specialty Care Services for Jail Patients in Los Angeles County Sheriff's Department Facilities. This schedule shows the Department of Health Services and Sheriff's Department components of the total estimated budget.
2. The Year 1 Pro-rata Cost assumes an implementation date of November 1, 2012.