SACRAMENTO COUNTY

Department of Health Services

JULY 2020

ADULT CORRECTIONAL HEALTH REPORT FISCAL YEAR 2019/20

PREPARED BY
DHS PRIMARY HEALTH DIVISION

ACKNOWLEDGMENTS

Many, many thanks to…

- *Staff and contracted service providers who provide services.*
- *Custody staff who assist with our healthcare encounters and operational needs.*
- *Health and Custody Leadership staff*

Provision of health and mental health care within the jail facilities is challenging during the best of times. Operations have been even more challenging in light of COVID-19 and words cannot express how much the teamwork is valued!

Sandy Damiano, PhD, Deputy Director
DHS Primary Health

DATA SOURCES AND LIMITATIONS

The data used to generate this report comes from multiple data sources: Centricity EHR, CIPS Pharmacy Software, specialty provider claims, California Department of Justice Crime Statistics, and Sacramento County Sheriff's Office Board of State and Community Corrections (BSCC) Monthly Jail Profile Survey. Some data is still manually maintained on spreadsheets.

Zoe Clauson, Administrative Services Officer I

OVERVIEW

The County has two adult Jails – the Main Jail and the Rio Cosumnes Correctional Center (RCCC). Facilities are old, not designed for health care, and not compliant with the Americans with Disabilities Act (ADA) or Health Insurance Portability and Accountability Act (HIPAA) which were enacted at later dates. Construction is planned to address compliance.

	Main Jail	Rio Cosumnes Correctional Center (RCCC)
Year Opened	1989	1960
Location	651 I Street	12500 Bruceville Road
Rated Capacity	2,380	1,625

The Sacramento Sheriff's Office (SSO) has overall responsibility and management for the jails. Department of Health Services (DHS), Primary Health Division provides health care services (physical health/behavioral health) through county and contracted staff working in partnership with SSO.

POPULATION

The jail facilities house sentenced and unsentenced inmates. The latter includes adults waiting for trial (presentence) and adults held by other agencies:

- U.S. Marshals Service
- Department of State Hospitals (Incompetent to Stand Trial and no State hospital beds are available)

Overall, the ratio of unsentenced to sentenced population is about 60% to 40%. The jail has two populations – a short term, high churn, high volume and a longer term sentenced population. This makes planning and providing services within the jails challenging.

TRENDS

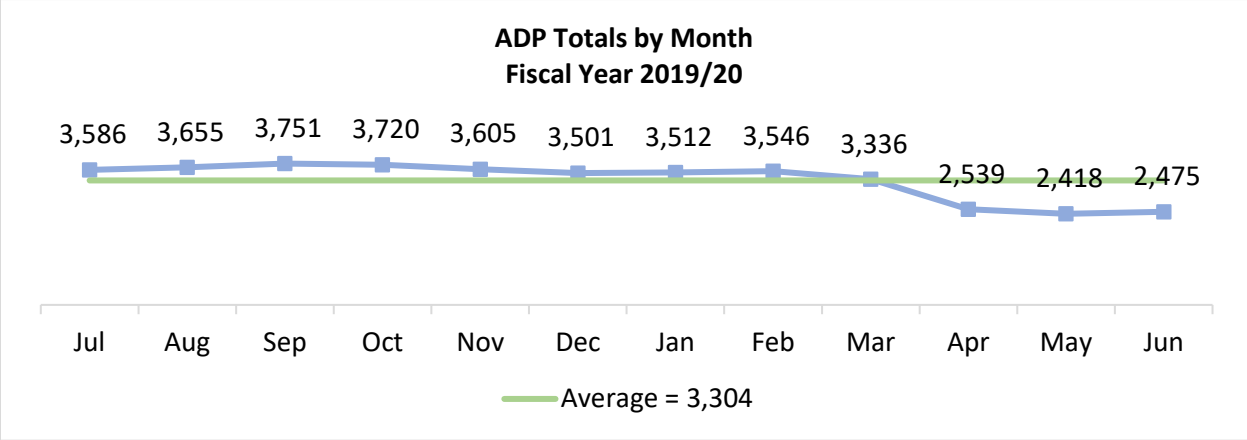
The jail's population has been in flux. For the period of **2005 – 2019** while the county population increased by 14.5%, reported crime decreased (41%) and bookings decreased (43%). Some reforms decreased the jail population while criminal justice realignment partly contributes to an increased length of stay. Reforms include:

- Public Safety Realignment (2011) – transferred responsibility for supervising certain kinds of offenders and state prison parolees from prisons and parole agents to county jails and probation
- Proposition 47 (2014) – reclassified certain drug and property offenses as misdemeanors
- Proposition 57 (2016) – expanded parole for nonviolent offenders
- SB 10 (2019) – eliminates cash bail in November 2020 if voters deny referendum

Despite these trends, there is an increase in length of stay (LOS) attributed to the realignment of certain inmates from prison to county jails. Jails have become a combination of county jail/prison. These inmates stay longer and have more needs for health and mental health services.

Average Daily Population (ADP) for the jails was 3,676 during Fiscal Year 2018/19.

During the COVID-19 pandemic, the jail's population was dramatically reduced through several court orders and population reduction strategies.



HEALTH NEEDS OF THE POPULATION

The jail population is "high need, high demand." The population has:

- Disproportionate use of emergency rooms for health care.
- Higher rates of serious mental health conditions, substance use disorders, and chronic diseases compared to the general population.
- High rates of poverty, unemployment and homelessness.
- Low health literacy.
- Difficulty navigating complex organized health systems once released (physical health, mental health, alcohol & drug, homeless services).

Finally, the population is low income and most are on or are eligible for Medi-Cal. This is the same population utilizing Fee-for-Service or Managed Care Medi-Cal. (Note: During the Affordable Care Act, Medi-Cal was expanded in California to broaden coverage to adults without dependent children.)

Historically, jails only offered services within the jail facilities but are broadening services to include continuity of community care. Jail health care should be considered community health care. Jails are large providers of health care and can make a difference.

HEALTH SERVICES

Services offered within the jails have changed over the years. Services are provided onsite and offsite by county staff and contracted providers. They include: Physical Health (including dental), Mental Health, and Alcohol & Drug Services.

Physical Health Services (county and contracted)

- Primary Care
- Chronic Disease Management
- Specialty Care (onsite and offsite)
- Pharmacy and ancillary
- Emergency Department (offsite)
- Inpatient Hospitalization (offsite)
- Dental

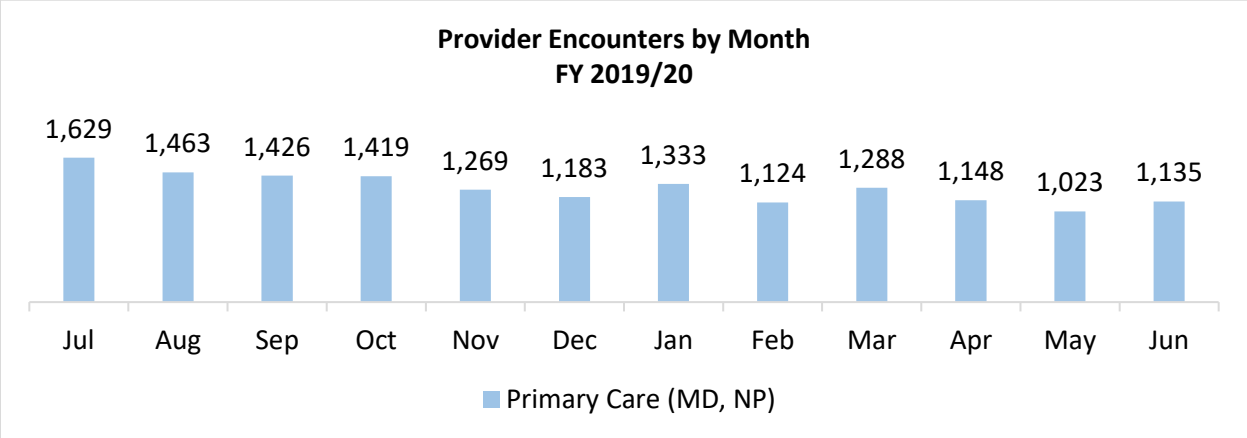
Staff Experience: *"I enjoy working as a nursing supervisor in a correctional facility because it gives me the opportunity to work with a team of nurses who work with vulnerable population. It also gives me an opportunity to work with teams which includes both medical and non-medical staff. The setting in a correctional facility requires flexibility and critical thinking on a daily basis. I feel my job is very rewarding and fulfilling. It also gives me an opportunity to expand my knowledge through training and by working with different teams. This makes for a great learning experience."*

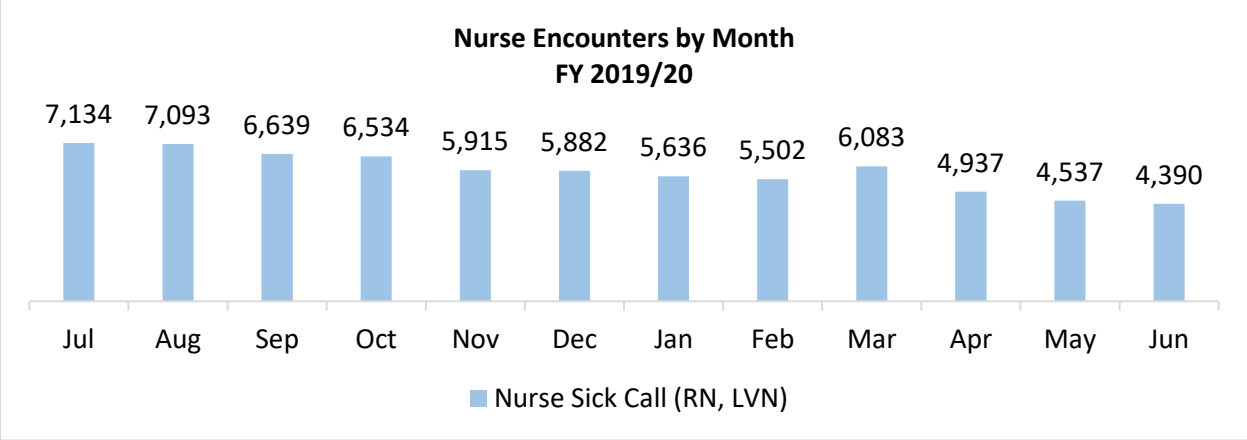
– Reema Singh, RN, Nursing Supervisor

UTILIZATION DATA

The next few tables reflect downward trends for provider, nursing, and specialty services due to workforce shortages and a lower ADP. Licensed health professionals have been in high demand since the Affordable Care Act. Recruitment is also more difficult for jails due to the challenging work environment, public face of litigation, and competing salaries from the prison system and other health care employers. Starting in March, COVID-19 population reduction strategies reduced the ADP. These factors also impacted specialty referrals.

PRIMARY CARE





Note: *Nurse Sick Call includes face to face encounters and administrative patient related tasks.*

DIAGNOSTIC IMAGING AND SPECIALTY SERVICES

Providers order the following services based on a patient's clinical needs. Some contracted services are onsite as noted in the tables below.

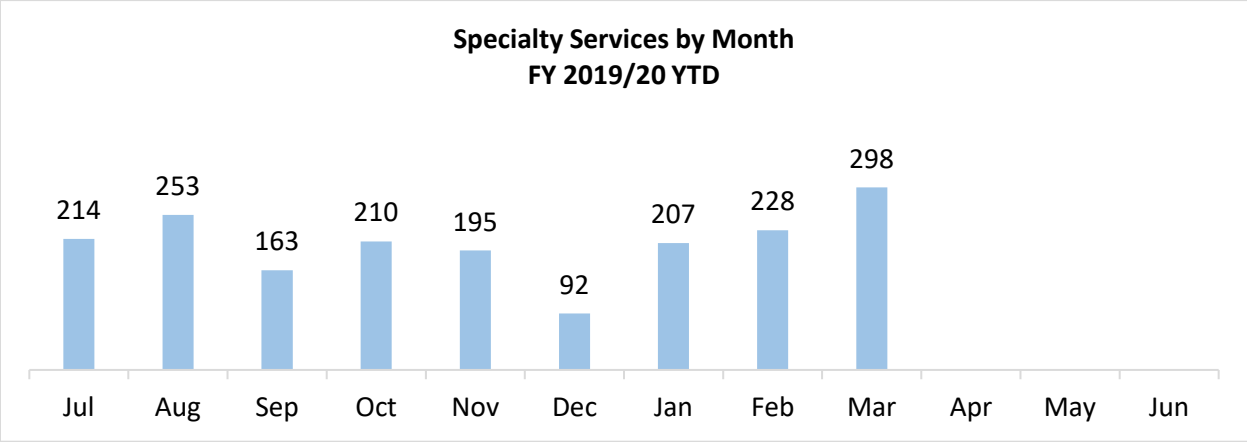
Diagnostic & Imaging	Onsite	Offsite
X-Ray	✓	✓
Ultrasound	✓	✓
MRI / CT Scan		✓
Echocardiogram		✓
Electrocardiogram		✓
Mammogram		✓
Other		
Casting Services	✓	
Hemodialysis	✓	

Emergency department or inpatient hospitalization services are provided at hospitals in Sacramento and San Joaquin Counties. Some specialty services are provided onsite but most are provided offsite as noted in the table below.

Specialty	Onsite	Offsite
Ambulatory Surgery		✓
Cardiology	✓	✓
Oral Surgery		✓
Ear, Nose and Throat	✓	✓
Gastrointestinal		✓
Infectious Disease		✓
Nephrology (Telemedicine)	✓	✓
OB/GYN	✓	✓
Oncology		✓

Specialty	Onsite	Offsite
Ophthalmology	✓	✓
Optometry		✓
Podiatry	✓	
Radiology		✓
Urology	✓	✓

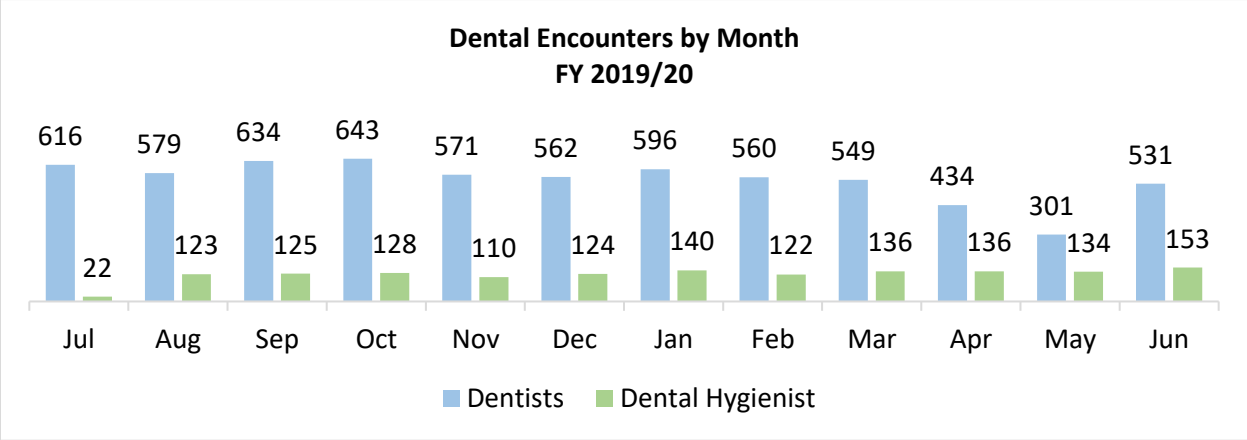
Specialty Service Utilization – See below. Work is in process to obtain more specialty providers. There was a problem with sufficient specialty providers pre-Affordable Care Act (ACA) in the Medi-Cal Managed Care system. This was exacerbated post-ACA. Contracting for specialty is even more challenging for a correctional program. Staff are exploring contracts for electronic consults (E-Consults). For this service, providers submit clinical information via a secure HIPAA compliant portal to a specialist for recommendations. E-Consults have worked well in the Medi-Cal managed care line of business.



Note: *Data is based on date of service. Totals will change throughout the year as claims are received for services rendered in prior months. Due to a claims lag, FY 2019/20 data will remain incomplete until sometime in FY 2020/21.*

DENTAL

Dental services include: diagnostic, teeth cleanings, exams, emergency services for pain control, tooth extractions, fillings, root canals, periodontal maintenance, and dentures. Some of the services are dependent on longer lengths of stay.



Pictured above: Dr. Nguyen, Dental Director, getting ready to see a patient for a filling.

Patient Experience (dental services):

- *"Aww, thank you so much for pulling my tooth. I couldn't sleep, but now I can. I really appreciate all of you guys."*
- *"My experience at dental has been great. My expectations have been met every time I come here."*
- *"I want to thank you for doing such an excellent job on me. It was absolutely incredible. Your patience, your sense of humor, and most of all your concern. I didn't feel anything from the moment I was poked up to this date. I still feel no pain once again. Thank you very much."*

PHARMACY

There are two licensed correctional pharmacies. Pharmacies deliver medications to approximately 50% – 60% of the average daily population. On 06/30/2020, there were 1,759 patients on medications and 6,154 active medication orders, an average of about 2.65 medications per patient. This equates to 16,327 individual doses (tablets, capsules, etc.) daily. The pharmacy supplies all forms of medications, including but not limited to tablets, capsules, injectables, inhalers, topicals, eye/ear drops, intravenous, and specialty medications.

Pharmacy staff use an automated medication dispensing system to provide individual, patient specific medications for six different "pill passes" within two jail facilities. This is a complex process. The morning and night pill passes consist of the bulk of the medication. Each pill pass is separated by a jail "pod" or location and delivered to a central location in each facility. Nurses then separate the pill pass down to the patient level, alphabetize for ease of use, and dispense other medications from an automated dispensing machine that are not delivered from pharmacy. Nurses then proceed to the jail pods to administer the pill pass.

Pictured above: Giselle Jones, Pharmacist, preparing for morning pill pass.

Staff are working on replacing the outdated dispensing system and developing a process for discharge medications for the presentence population. Medications are provided onsite to sentenced patients who are being released.

MENTAL HEALTH

Adult Correctional Health contracts with the UC Davis Department of Psychiatry & Behavioral Sciences for onsite mental health services including an Acute Inpatient Unit, Intensive Outpatient Program (IOP), outpatient mental health services, and a Jail Based Competency Treatment (JBCT) program. Mental health services are provided 24/7.

There are two intensive levels of care: (1) Acute Inpatient Psychiatric Unit (18-Bed designated Lanterman-Petris-Short [LPS] unit) for patients meeting criteria for Welfare & Institutions Code 5150, (2) Intensive Outpatient Program (IOP) a structured therapeutic environment which serves as a step-up from an outpatient level of care or as a step-down from an acute inpatient level care.

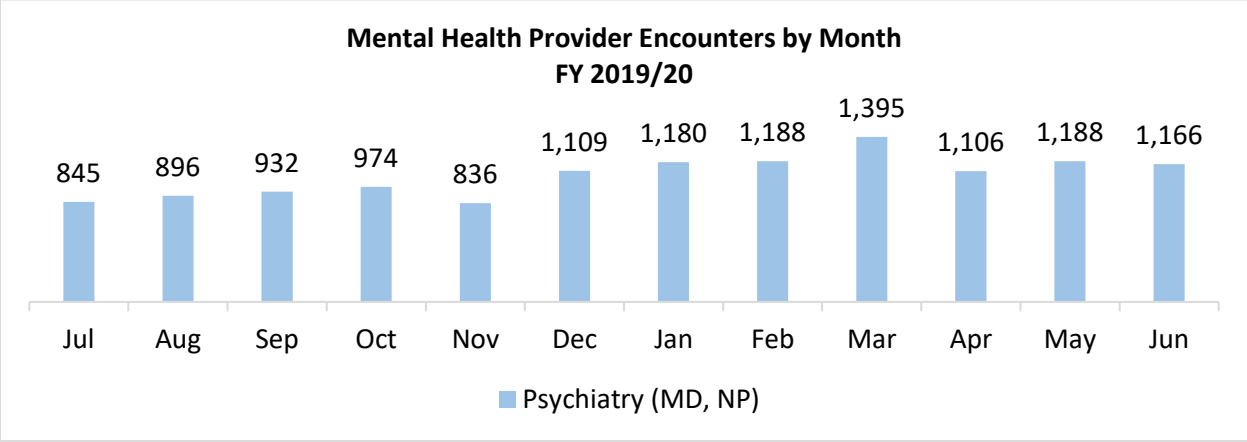
The outpatient program serves the remainder of the mental health population and includes mental health stabilization, crisis intervention, suicide prevention, supportive counseling, medication evaluation and treatment, care management, and discharge planning services.

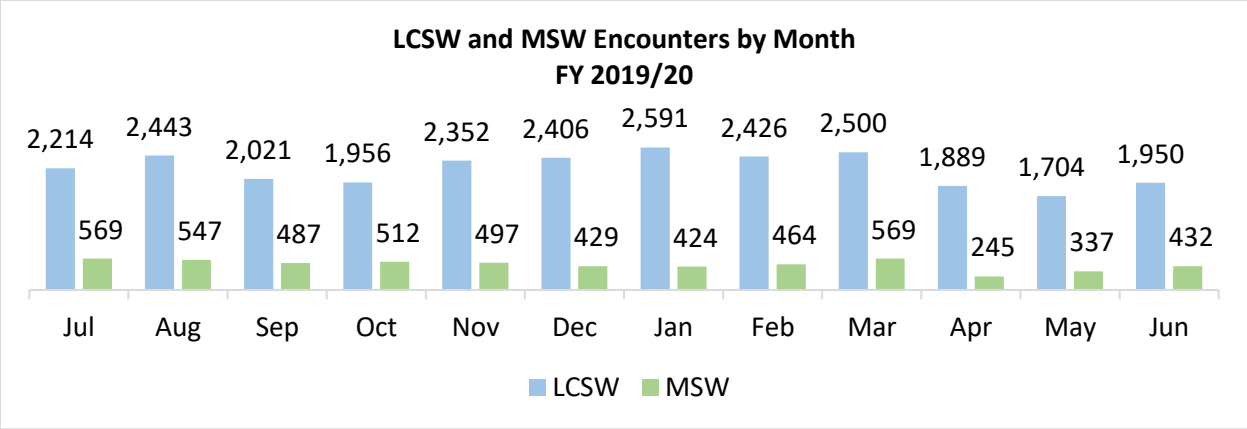
The Jail Based Competency Treatment (JBCT) program serves individuals found Incompetent to Stand Trial (IST) for felony and misdemeanor charges. The county has a revenue contract with the Department of State Hospitals for inmates charged with felonies. The county is responsible for treatment costs of patients with IST misdemeanor charges.

The following table reflects the mental health levels of care:

Service Level	Designated Beds	Location
Acute Inpatient Unit	18-bed	Main Jail
Intensive Outpatient Program (IOP)	20-bed Male	Main Jail
	15-bed Female	Main Jail
	24-bed Male	RCCC
Outpatient Services	N/A	Both Facilities
Jail Based Competency Treatment (Incompetent to Stand Trial)	32-bed Male (Felony)	RCCC
	12-bed Female (Felony)	RCCC
	8-bed Male (Misdemeanor)	RCCC

Staffing includes psychiatrists, nurse practitioners, licensed psychologists/social workers, master's level unlicensed social workers, registered nurses, licensed vocational nurses, and support staff. There is a psychiatry residency training program including attending psychiatrists, residents, and medical students. Health care staff (primary care, specialty, nursing, and pharmacy) also provide services to this population.





ALCOHOL & DRUG SERVICES

Services have historically been limited with the exception of the Reentry Program. Additional services are being phased in.

- Substance Use Disorder (SUD) Counselor – new
- Assessment, education, treatment & continuity of care
- Withdrawal Management
- Support & Treatment Groups (onsite/contracted by custody)
- Medication Assisted Treatment (MAT)

SNAPSHOT OF KEY PROJECT: *CONTINUITY OF CARE*

Continuity of care is a complex process ensuring services received during incarceration are continued after release from the jail facilities. This includes provision of medication and health care linkage depending on services needed. *These efforts are being phased in*.

Discharge Medications (Sentenced Population) – Staff provide 30 days of medication (except when clinically contraindicated) to patients who are sentenced and released from jail. Pharmacy staff receive data from SSO regarding projected discharge dates, obtain discharge medication prescriptions from providers, and coordinate with release officers to provide medication prior to the inmate leaving the jail facility. The process started as a pilot at the end of December 2019 and was rolled out to the entire sentenced population by mid-January.

Medication Discharge Pilot: Sentenced							
Month	**Dec***	**Jan**	**Feb**	**Mar****	**Apr**	**May**	**Jun**
Indicator							
# of patients discharged who received medications	11	120	146	186	142	83	100

**Began late December.*

***Population reduction due to COVID-19 began.*

Discharge Medications (Presentenced Population) – Historically, limited medication was provided at the County Primary Care Pharmacy for individuals released with a serious mental

illness. Medication provided at discharge is being expanded to include patients released presentence. This will roll out in a phased approach. Items required for this include: new software for outpatient prescriptions, comparison of medication formularies (Correctional Health/Primary Care pharmacy), increased stock at Primary Care Pharmacy, protocol, and training (software and protocol). This pilot is projected to begin in August 2020.

Factors that may impact this pilot include: variance in lengths of stay, timely communication of releases, timely response from ordering providers, pharmacy staff hours, and individuals' willingness to pick up medications at the primary care pharmacy.

Continuity of Care for Adults with Serious Mental Illness (SMI) and/or Substance Use Disorders – County jails, like other jails in the state or nation, have a disproportionately high population of adults with serious mental illness (SMI).

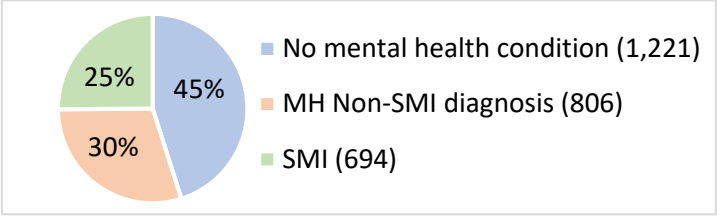
- There is a quarterly data exchange between Adult Correctional Health and Behavioral Health Division to determine if patients have community service providers.
- Mental Health has recognized the unique needs of this population and is designing a Forensic Behavioral Health Program with Mental Health Services Act (MHSA) funding.

Excerpt from Jail Inmate Population: Mental Health Report, completed July 2020.

Data period: April 6, 2020, point in time
Jail population: 2,721 inmates

- 55% (1,500) received mental health services during incarceration.
- 25% (694) had a Serious Mental Illness (SMI) and 30% (806) had a MH Non-SMI diagnosis.

This data is consistent with the last snapshot completed April 2020.



The table on the following page outlines linkage to community services. This data may be underreported since data is manually kept on a spreadsheet. Staff are working on data inclusion within the electronic health record system. This data is also regularly shared with Behavioral Health Division. There is a need for mental health services with expertise with criminal justice populations and ensuring there is an appropriate level of care.

Patients may also be released by the courts when their mental illness is still acute. These patients are either transitioned to the Mental Health Treatment Center or placed on a Welfare & Institutions Code 5150 hold to local emergency rooms.

FY 2019/20	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Mental Health Linkage												
Transition to Assigned MH Provider		12	8	29	11	3	20	14	27	25	5	5
Newly Linked to Services	17	14	17	13	30	26	16	25	25	6	16	8
ADS and Other Linkage												
ADS System of Care		3		3	2	2	22	8	2	2	2	2
Other*		2	6	5	6	2	5	7	49	53	6	3
Transition to MH Acute Care												
Mental Health Treatment Center or 5150		3	15	22	22	10	36	32	28	8	9	14
Total	**17**	**34**	**46**	**72**	**71**	**43**	**99**	**86**	**131**	**94**	**38**	**32**

**Other includes linkage to Alta Regional (new and transition back), SMART referrals, family support, provision of resources, and returning patients to another county.*

Continuity of Care for Adults with Chronic Health Conditions – Staff recently executed a contract for health care navigation with a local community-based organization, *Sacramento Covered*. Sacramento Covered assists individuals with Medi-Cal applications, linkage to health care (health plans, primary care providers, behavioral health providers), and/or social services when indicated. This will be particularly helpful for the presentence population. Staff will begin a pilot late July/early August. Additional work with the contractor and internal staff is needed prior to full implementation. Staffing has been requested to facilitate continuity of care for patients with chronic health conditions.

The department is working on execution of a contract with *UniteUs,* which uses a HIPAA compliant, cloud-based platform for care management including health care and/or social service referrals. Staff will use this platform to provide referrals to Sacramento Covered when available. This is a department wide effort and there is not an estimated timeframe.

Staff are also working on a few electronic strategies that will assist in coordination of care, one of which is an electronic health record interface called *Carequality*. This is a data sharing platform for the purpose of continuity of care. Many local providers such as hospitals, County Mental Health, and local federally qualified health centers are using this interface or a comparable one. Once the interface is configured, staff will be able to receive clinical data from shared providers such as service provider, dates of service, encounters, diagnoses, medications, labs, etc.

SNAPSHOT OF KEY PROJECT: *MEDICATION ASSISTED TREATMENT (MAT)*

Adult Correctional Health has been participating in a MAT Learning Collaborative for Opioid Use Disorders with six other counties that are in cohort two. A total of 32 counties within three cohort groups are working on increasing MAT services in their respective jails. All are at different stages, cohort three joined the collaborative recently.

Efforts are being phased in:

- Historically jail health staff provided detoxification, Methadone treatment for pregnant females, and Vivitrol for the sentenced reentry population with Alcohol Use Disorder or Opioid Use Disorder prior to release. Buprenorphine was added to MAT for Opioid Use Disorder.
- The Medical Director has an X-Waiver for buprenorphine. There is also a part time obstetrics provider in the onsite women's health clinic who has an X-Waiver; she co-treats pregnant women with Opioid Use Disorders. Lastly, the Medical Director is reviewing new applicants for experience and/or willingness to treat adults with MAT.
- In late 2019, staff began buprenorphine treatment as a continuation medication when verified by a provider and/or for pregnant females.
- Staff submit requests to Alcohol & Drug Services (ADS) staff to assess patients for services while incarcerated. ADS staff send copies of their assessment to help with release planning.
- Staff executed a contract with WellSpace Health (local federally qualified health center and SUD provider). Through this contract, a Substance Use Disorder (SUD) counselor provides services at the Main Jail. Services began June 2020 and include substance use disorder assessment, patient education, treatment services, and continuity of care to community based programs post-release. A contract with CORE Medical Clinic, Inc. was also executed. This contract outlines the relationship between jail health and the Narcotic Treatment Provider for Methadone and other MAT services.
- Mental Health and Nursing staff recently received MAT training to improve assessment of SUD needs and referrals.

Patients receiving MAT medications are minimal due to the provider shortage and COVID-19 management. Average was about 6-7 per month and decreased to about 4 per month during the pandemic. Issues hindering progress on this initiative include: the provider shortage, delayed start up for the revised RN intake, work on competing initiatives, and COVID-19 response. Staff are considering options to assist in moving this initiative forward.

Patient Testimonial (MAT): *A few years ago a young female was booked into the Main Jail. During the Nurse Intake, she disclosed a history of heroin use and received a routine pregnancy test. When the test was positive, staff worked with a community provider to begin her on methadone treatment. This prevented complications from a heroin withdrawal. Patient credits the methadone treatment as a vital medication to help her get through the physical heroin withdrawal and the intense psychological cravings that drove her criminal activity. Today she works as a counselor at a drug treatment facility where she helps other women who struggle with SUD issues. She is also the proud mother of a healthy child. She gratefully credits Sacramento County Jail and beginning methadone treatment as the necessary beginning of her recovery from substance abuse and criminal activity.*

COVID-19 PANDEMIC RESPONSE

Sacramento jails, like the rest of the community and nation, transitioned focus to the COVID-19 pandemic and strategies. Sacramento County had the first confirmed case on February 21, 2020. Jail health staff immediately developed COVID-19 Staff Guidance resources. Guidance documents and SSO actions helped lay a foundation and response to the public health pandemic.

Pictured above: Erica Archuletta, RN and Kim Barandino, LVN preparing for COVID-19 testing.

The first guidance was published and a webpage established by March 2, 2020, with revisions published periodically as the process changed. Guidance covers all key facets of identification, PPE, testing, isolation, health care services, coordination, communication, and patient education from pre-booking through incarceration and release.

As of July 1, 2020, 1,569 tests were completed on individuals in jail and nine individuals had been positive for the period of March 1 – July 1. By July 21st, 2,174 tests were administered and a total of 23 inmates had tested positive for COVID-19 with nine remaining in the jail facilities. All confirmed cases were detected in new arrestees within the intake housing quarantine pod. This is consistent with increased rates of confirmed cases in the community.

Daily COVID-19 responsibilities require close work with Custody and Public Health partners. COVID-19 work, while important and critical to the public health efforts within the jails, has slowed down progress on the remedial plans under the consent decree and other initiatives.

LEGAL

Litigation against the County followed successful lawsuits against the California Department of Corrections and Rehabilitations prison system. Prison lawsuits were filed in the following areas: Medical, Mental Health, Americans with Disabilities Act (ADA), Dental, and conditions of confinement. The prison system has now been under federal receivership for almost two decades.

Sacramento reached an agreement regarding jail conditions in summer 2019 and finalized a consent decree January 13, 2020. Several counties have already been sued and reached settlement or judgment agreements. Other counties are in the same stage as Sacramento or just starting. The same trends exist nationwide.

STANDARDS CHANGING

Existing jail standards are under the Board of State and Community Corrections, Title 15 Minimum Standards for Local Detention Facilities. Standards within jail health care across the country are dramatically changing due to:

- Litigation
- Criminal Justice Reforms – longer lengths of stay and an older population means more health care services are needed
- Increase in individuals with serious mental illness
- National Commission on Correctional Health Care (NCCHC) – Standards for Health and Mental Health Services
- Community Standards

WHAT DO WE NEED TO CHANGE?

The County has a multi-year plan to implement components and meet requirements of the consent decree. These items include but are not limited to the following:

- Health care and mental health care delivery – Changing policies, practices, and protocols including access to care requirements.
- Physical plant modifications – Altering the jail facilities to meet ADA and HIPAA requirements.
- Staffing – Increase staffing in order to meet service demands, decrease temporary staffing, and augment recruitment and training.

STAFFING NEEDS

County began augmenting staff prior to formalizing the consent decree. Positions were added in Fiscal Years 2018/19 (midyear) and 2019/20. Staffing will be phased in over a five year period. Additional staff and programming is also being added to mental health services via contract amendments.

The following are in process and are an "**ENORMOUS LIFT**" for jail health care staff:

- Remedial plans require a complete revision of all policies, procedures or protocols – These are *business process changes* and not solely a matter of updating policies. New policies or protocols must fit the consent decree and changing standards.
- Quality Improvement Program has been designed and implemented to assist with data review and efforts to improve service provision. Data reports are a fundamental component of any quality improvement program.
- Data reports are required on a variety of indicators. Prior data reporting was extremely minimal and had stopped with the new electronic health record (EHR). Basic data is now flowing but is labor intensive. The EHR is not working well. Discussion is in process to replace with another product. Other software systems must either be upgraded or added. Examples include: new pharmacy dispensing equipment (procurement in process), new pharmacy software (purchasing in process), evidence based guidelines for

utilization review (purchase recently completed), or ADA Tracking software (decision to be made).

- Access to health care must be increased for primary care, specialty care, and mental health services. This requires additional staffing and revising workflows.
- Staff must provide continuity of care. Discharge planning efforts are being implemented in a phased process.
- Medication Assisted Treatment (MAT) has historically been very limited to the sentenced population and use of Vivitrol (alcohol use/opioid use). Through a learning collaborative and grant, this service is expanding.
- Some program development work has not started yet and training is required for each process revision and new change.

Many of these practice changes deviate significantly from current practice. Managers and supervisors need to ensure staff are absorbing multiple, overlapping change processes.

WHAT IS THE COUNTY DOING TO DECREASE THE JAIL POPULATION?

The County has numerous programs targeted or proposed to reduce the jail population. For program details, see the County Board of Supervisors Report dated October 22, 2019 (*Item #66, Receive and File*). This is a dynamic process. Some programs are targeted to begin in 2020 or 2021. Updates on some of these efforts are listed below.

- Pretrial Felony Mental Health Diversion – Public Defender (lead agency) received a grant from the Department of State Hospitals to implement a Pretrial Mental Health Diversion Program. The target population includes adults with serious mental illness charged with felonies that are incompetent to stand trial or in danger of being incompetent to stand trial. The Public Defender released a request for proposals (RFP) 6/26/2020 for community based treatment services that are targeted to begin in September 2020.

- Forensic Behavioral Health Innovation Program – DHS Behavioral Health created an innovation project for individuals with a serious mental illness and criminal justice involvement who are being released from the jail. The project plan and Mental Health Services Act funding was approved 6/25/2020 by the Mental Health Services Oversight and Accountability Commission. The next step will be to release an RFP. Services are estimated to begin in early 2021.

- Pretrial Assessment – Probation (lead agency) received local general funds and a grant from the Superior Court to utilize the Public Safety Assessment (PSA) tool to inform pretrial release decisions based on risk of failure to appear (FTA), risk of new criminal activity, and risk of new violent criminal activity. The Pretrial Pilot began in October 2019.

- Jail Diversion Treatment and Resource Center – Probation (lead agency) received a California Health Facilities Financing Authority community services infrastructure grant to provide a community-based facility to divert criminal justice-involved adults with mental

health disorders, substance use disorders, and/or other trauma-related disorders from jail and/or prison. On June 2, 2020, Probation received Board of Supervisors approval on this project and is in the beginning phases.

LOOKING FORWARD

As noted earlier, the change process is a multi-year effort requiring iterative change. Managers must assess action steps, impacts, gaps, readdress, and/or begin new changes. This is a large amount of overlapping change within a compressed time period.

Key areas of change include: continued work on remedial plan action items, making incremental improvements for access to care, re-engineering policies and practices for health care service delivery to mirror community standards, instituting multiple continuity of care practices, and training on each step.

Effective partnerships are fundamental in improving service delivery for our patients. Welcome to our new partners:

- WellSpace Health
- CORE Medical Clinic, Inc.
- Sacramento Covered