



COUNTY OF SAN MATEO
Inter-Departmental Correspondence
Health System/Sheriff



Date: February 22, 2017
Board Meeting Date: March 28, 2017
Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: Louise Rogers, Chief, Health System
Carlos Bolanos, Sheriff

Subject: Mental Health Pods at Maguire and Maple Street Correctional Facilities

RECOMMENDATION:

Adopt a resolution accepting the report updating the Board of Supervisors on the progress in establishing mental health pods for seriously mentally ill men and women in the jails.

BACKGROUND:

On April 12, 2016, your Board approved funding for the Sheriff's Office and Correctional Health Services (CHS) to develop two Mental Health Pods – known as the Behavioral Health Program (BHP) - within the Sheriff's Office facilities; one for men at Maguire Correctional Facility (MCF) and the other for women at Maple Street Correctional Center (MSCC). These specialized living environments for seriously mentally ill men and women were intended to provide more concentrated care and monitoring of inmates with psychiatric impairments, thus preventing their decompensation and improving their outcomes and safety for all involved. With the BHP, the County could focus care on inmates with psychiatric needs who require more intensive treatment than is available in a general population pod. Inmates could be stabilized for safety purposes and participate in the development of their treatment plans. After stabilization, ongoing care could focus on maintaining the inmates' stability and allow them to engage positively in the treatment milieu.

This BHP concept was developed to be consistent with the philosophy that care is provided compassionately and inmates should successfully reintegrate back into the community. Stabilizing inmates' mental health will be key to their success.

DISCUSSION:

The BHP was opened for women at MSCC in August 2016 and for the men at MCF in January 2017. At this time, there are 8 women and 6 men enrolled in the BHP. The

women's program can accept up to 10 women at a time, and the men's program will be able to accept 14 once certain adjustments are made to the space.

BHP Mission and Goals

BHP's mission is to promote the stabilization of inmates who have complex mental and behavioral health issues. BHP practices seek to reduce incidents of harm and attempted harm, help inmates function while in custody, decrease inmates' symptoms and prevent relapse, and increase the well-being of both inmates and staff.

Screening and Eligibility

Potential BHP participants may be referred for consideration through medical, mental health, and Correctional staff. To be eligible, inmates must have a diagnosed mental illness causing significant impairment in their everyday functioning and exhibit signs of decompensation in their current housing unit. This can include inmates who are conserved, developmentally delayed, show signs of dementia, and/or are incompetent to stand trial. Successful entry into the BHP requires review and approval from a multidisciplinary team that is overseen by classification and custody staff, as well as CHS medical and mental health care providers. Inmates may be removed from the BHP due to disciplinary issues at any point during programming. The severity and frequency of inmates' infractions determine the level of disciplinary action and will be at the discretion of the BHP multidisciplinary team. The BHP is not a substitute for acute care because it is a voluntary program and cannot administer involuntary medication. Inmates must display a level of willingness to abide by program rules and comply with his/her treatment goals. The goal is to prevent decompensation of inmates so they do not require acute care, which is not available within the jail.

Structure of Program

The structure of the BHP is divided into three phases: intake, stabilization, and graduation. The length of stay within each phase is highly dependent on the inmates' ability to reach the goals identified in their Behavior Management Plan (BMP). Inmates must complete all three BHP phases to successfully complete the program. A minimum of 75% BMP compliance is required to qualify and maintain in the stabilization phase; 85% compliance is required for the graduation phase. Program compliance is measured via points earned that can be "cashed-in" as incentives. The accrual of points earned is used to help track inmate behavior. The minimum amount of time that an inmate can successfully graduate from all three phases is six weeks. An inmate's consistent adherence to his/her BMP is the key to monitoring success in all three phases. It is already evident that the program is making a difference in the lives of the current participants, all of whom were moved from administrative segregation to participate in this program. Inmates who had refused to participate in treatment have started to engage and participate in groups that are a part of this program. Recently, we had a participant that prior to the BHP, had a history of disruptive behavioral, delusional thoughts, and poor medication compliance. Within a few weeks, this inmate began participating in groups and adhering to her medication plan and was eventually stabilized. She successfully graduated the program to general population, after which she went to CHS' in-house Choices program.

Data Collection

BHP data collection includes the number of participants and their characteristics including demographic information, previous housing within the jail, average time on waitlist, the types of services they receive, and the length of stay in each BHP phase. Outcome related data includes information that can help assess the effect of the programming such as number of off-site Psychiatric Emergency Services visits, number of safety cell placements, self-injurious behavior, and level of compliance with a psychotropic medication plan.

Conclusion

Inmates with mental and behavioral health issues that are so serious they are prone to decompensation while in jail pose a unique challenge to the mental health providers that treat this population and the Sheriff's Office staff responsible for keeping staff and inmates safe. The BHP has already changed and improved the prospects for the inmates who are participating in it, increasing their chances of successful discharge to the community.

The BHP contributes to the Shared Vision 2025 outcome of a Healthy Community by providing mental health services to those in correctional facilities. It is anticipated that 50% of mentally ill inmates will participate in the development of their treatment plans.

PERFORMANCE MEASURE(S):

Measure	FY 2016-17 Actual	FY 2017-18 Projected
Percent and number of mentally ill inmates in the BHP who will participate in the development of their treatment plans	12 inmates	13 inmates
	50%	55%
Percent and number of mentally ill inmates in the BHP that will accomplish 50% of their goals in the treatment plans	10 inmates	11 inmates
	40%	45%

FISCAL IMPACT:

There is no fiscal impact related to this status report.