FINDINGS

- We agree with the findings numbered: F1, F3.
- We disagree partially with the finding numbered: F2.

RECOMMENDATIONS

- Recommendation numbered R3 has been implemented.
- Recommendations numbered R1 and R2 require further analysis.

Date: September 9, 2014  Signed: ______________________________

Number of pages attached: 3
FINDINGS

F1: The cost of health care in the Marin County Jail has increased and is likely to continue to increase if the services are continued at the current level and funded as currently provided.

Response: Agree.

F2: Providing involuntary psychiatric medication by the Marin County Psychiatric Emergency Service on a one-time emergency basis (rather than at the Santa Clara Jail after transport) is likely to reduce costs and to improve patient care in some instances.

Response: Partially Disagree.

Admission of inmates to the Santa Clara facility is for inpatient care to assess and stabilize the inmate's condition over a period usually of weeks rather than for one day for the provision of one-time emergency medications. The Santa Clara facility, unlike Marin County Psychiatric Emergency Services (PES), is not intended for one-time crisis intervention inclusive of one-time emergency administration of involuntary medications.

The administration of one-time emergency medications at Marin County PES may be beneficial in stabilizing an acute psychiatric crisis and may contribute in some instances to the inmate's willingness to subsequently accept voluntary medications. However, cost savings are undetermined at this time and intervention at PES might not be appropriate or sufficient for all inmates in need of involuntary medication.

F3: Enrolling eligible inmates in expanded Medi-Cal under the Affordable Care Act would save the County a modest amount of money while the inmates are incarcerated and would improve the transition to outside health care when the inmate is released.

Response: Agree.
RECOMMENDATIONS

R1: Explore the option of contracting for medical, mental health and dental services at the Jail with a high quality correctional provider, rather than providing these services with County employees.

Response: This recommendation requires further analysis.

Health care costs in the Marin County Jail are higher than those reported by other counties that provide health services via a private contractor. Cost is only one factor in a more important comparison, namely “value for dollars spent.” Value in health care can be difficult to measure, particularly in an environment such as a jail facility where stays are brief and outcomes are often unmeasured. Despite these limitations, a more meaningful comparison of service delivery models should include the services provided and the health outcomes achieved from those services.

There are other factors that contribute to the trend in rising costs for medical services. These include an increasing proportion of the detention population with chronic physical and mental illnesses. Compounding this trend are longer stays in detention as a result of the shift of State prison inmates to local county jails.

Health and Human Services (HHS) is recommending that staff, working with qualified health expertise, undertake a review of its services with particular attention to health outcomes achieved by the current system of care. These measurements should become the framework for comparison with alternative models of care delivery and act as drivers for its own performance improvement. Staff will consider the outcomes of the study and present a policy recommendation to the Board informed by its results.

R2: Develop procedures for providing involuntary psychiatric medication on a one-time emergency basis in Marin County, rather than sending the inmate to the Santa Clara Jail for this service.

Response: This recommendation requires further analysis.

Health and Human Services (HHS) is currently exploring options to administer one-time emergency medications for jail inmates, including the feasibility and cost of administering medications at the Psychiatric Emergency Services (PES) site. If an inmate is transported to PES, HHS would incur costs for transporting them, costs for providing PES services, and costs for a Sheriff’s Deputy to escort and attend the inmate to PES while an assessment is conducted. HHS has consulted with jail mental health programs around the Greater Bay Area regarding their practices, policies and procedures for involuntary medications. Some preliminary work has been completed in developing policies and procedures for Marin, but these will require further development in conjunction
with the Sheriff-Coroner and will need to be further evaluated for feasibility, safety and potential cost savings.

This is a highly complex issue. At any given time there are multiple inmates in the jail needing acute care. HHS is working to develop a rapid response structure to better meet the needs of the jail inmates. HHS also wants to ensure that the County is providing clinically expeditious, responsible and cost effective quality service.

**R3: Enroll, or continue to enroll, eligible inmates in expanded Medi-Cal under the Affordable Care Act. Provide assistance with the application process for those who are unable to accomplish it for themselves.**

Response: This recommendation has been implemented.

Health and Human Services (HHS) currently has a staff person who assists inmates in the jail with completing Medi-Cal applications. Because of the challenging nature of background checks and permissions required for non-law enforcement staff to be allowed in that environment, HHS is using a Reentry Navigator, an employment development counselor who works exclusively with ex-offenders. The Reentry Navigator is already allowed into the jail to provide job search workshops to the inmates. Although research suggests that pre-release enrollment in Medi-Cal results in better outcomes for the clients, enrollment only eases County costs for its medical services to the extent that hospitalizations are involved.