Independent Civilian Advisory Commission on the Sheriff's Office

- Regular Meeting - September 18, 2024



Item 1: Roll Call



Item 2: General Public Comment

General Public Comment – This item is reserved for persons wishing to address the Independent Civilian Advisory Commission on a topic within the jurisdiction of the Commission but that is not on the agenda. Public comments on matters on the agenda shall be heard at the time the matter is called.

The Commission may not discuss or take action on items not on the agenda.



Item 3: Motion to Approve Agenda



Item 4: Presentation

On-Boarding Foundational Information: Programming, Re-Entry Services and Correctional Health





ASPIRE: Access to Programs and Services to Inspire Reentry and Empowerment

Presentation to
Independent Civilian Advisory Commission
on the Sheriff's Office
September 2024
San Mateo County

Melissa M. Wagner, Ph.D.
Program Services Manager II
Corrections Division
Program Services Bureau



The ASPIRE Model

Access to Services and Programs to Inspire
Reentry and Empowerment

The ASPIRE Model refers to the Sheriff's Office commitment to providing an enhanced continuum of care within its correctional facilities, including service needs assessment, individual case management, targeted programming and reentry preparation.



ASPIRE PROGRAM

SERVICES	GOALS
Risk/Needs Assessments	To assess incarcerated persons (IPs) for areas of needs & risk to reoffend
Case Management	To develop case plans based on needs
Targeted Programming	To connect IPs with in-custody programs to address needs
Reentry Plans	To develop reentry plans with IPs & work with out-of-custody partners to ensure hand-off



We attain our goals by following four key objectives:

- 1) Adopt and implement programs
- 2) Operate tight continuum of care
- 3) Avoid duplication of services
- 4) Collaborate with County partners and CBOs

Sheriff's Office / Correctional Health

Continuum of Care

- Sheriff's Office & Correctional Health
- Our programs and services provide links from in-custody to out-of-custody services
- Our partners in the jail and in the community work to make this happen



Linking In-Custody to Out-of-Custody

- Human Services Agency (HSA)
- Behavioral Health & Recovery Services (BHRS)
- Service Connect
- Probation
- JobTrain
- Five Keys High School
- Other CBOs



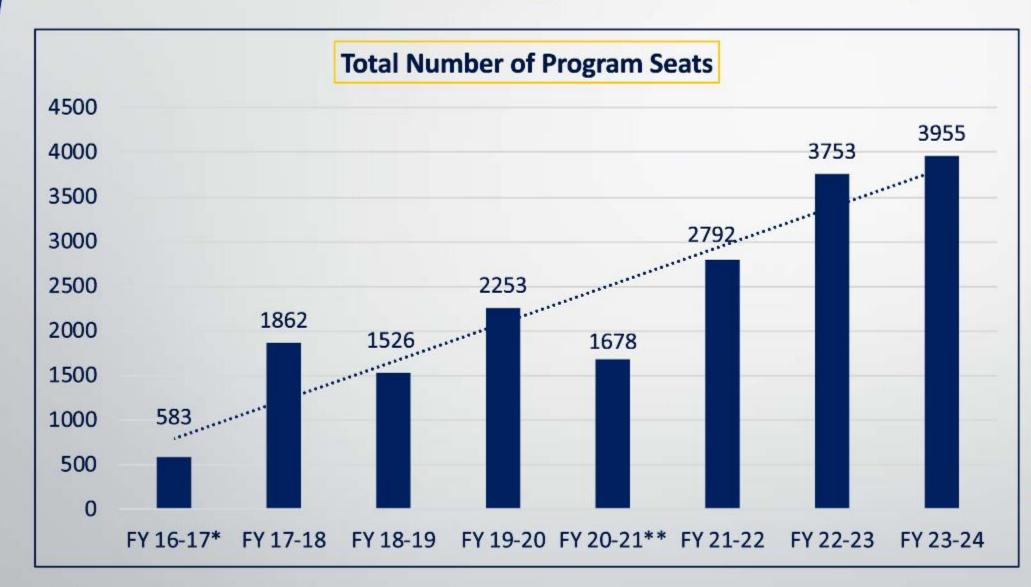
ASPIRE Jail Programming

- Cognitive Programs
- Substance Abuse
- Education/Literacy
- > Vocational
- > Activities
- > Religion



ASPIRE Jail Programming

The total number of program seats has trended upward.



Approximately one-third of program seats filled each year are by men and women participating in more than 1 program.

^{*}Maple Street Correctional Center opens March 2016

^{**} COVID-19



ASPIRE In-Custody Case Management

- Sentenced and serving >90 days
- Assessments / Screenings
 - Administration ORAS assessment (CAIS prior to March 2022)
- Case Management
 - Monitoring and motivating participation in jail programming
 - Meeting with ICCM every other week at minimum to review journals and progress on identified case plan goal, and release planning
 - Completing Change Company Journals
 - Meeting with ICCM every other week at minimum to review journals and progress on identified case plan goals and release planning
- Countywide / Community Collaboration



ASPIRE Reentry / Discharge Planning

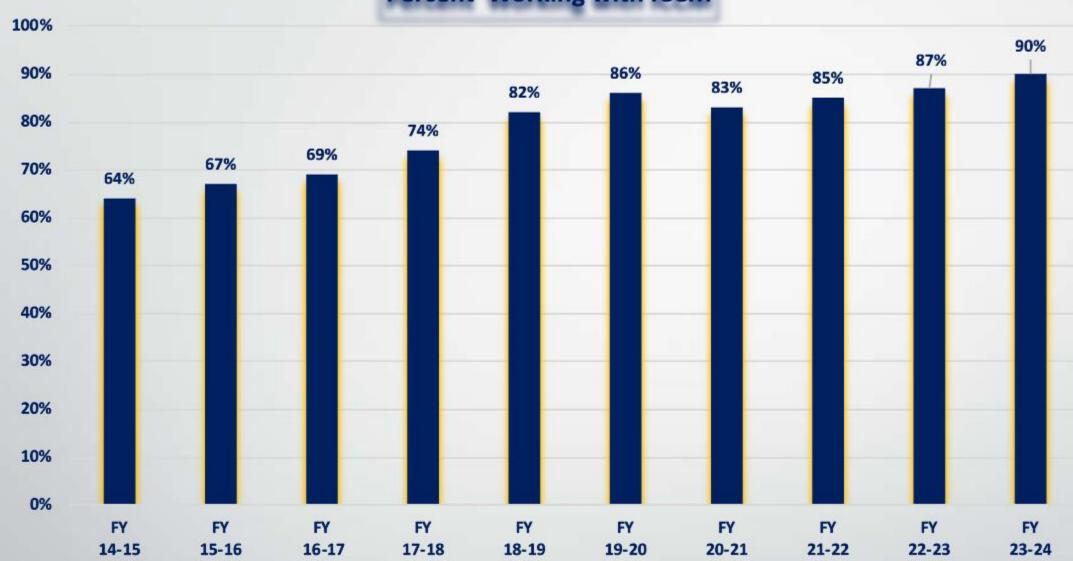
- Develop reentry plans for IPs returning to the community (excluding SMI)
- Screening for county-funded reentry program (Service Connect)
- Connections to out-of-county services

Unified Reentry / Service Connect

- ➤ All incarcerated persons are screened for eligibility for Unified Reentry Services by the Sheriff's Office In-Custody Case Managers.
- ➤ Eligibility for Unified Reentry:
 - Sentenced with 30-90 days remaining in custody
 - High or moderate risk per the ORAS assessment tool
 - San Mateo County resident
 - No out of county holds
 - ... or
 - Individuals who are sentenced under AB109 Public Safety Realignment and/or are on certain types of community supervision (MS and PRCS)



Percent Working with ICCM



Since the Sheriff's Office launched the ASPIRE Program, the percent of IPs working with an ICCM has trended upward.

Coordinated Services: Sheriff's Office and Correctional Health

- Incarcerated Persons (IPs) who need services from both agencies are on the Coordinated Services list, for example SUD/FMH
- ➤ IPs in Coordinated Services have an assigned case manager from each agency
- SO and CHS communicate and collaborate about the IPs needs and discharge planning



Cognitive-Based Programs (Non-substance abuse)

- Conflict Transformation & Anger Management (Peninsula Conflict Resolution Center)
- The Courage to Change (The Change Companies & Sheriff's Office Program Services)
- Domestic Violence (Service League)
- 4) Enneagram Prison Project (EPP)
- 5) Hope Inside for Men (Service League)
- 6) Hope Inside for Women (Service League)
- Parenting from the Inside Out (Sheriff's Office Program Services)
- 8) Thinking for a Change (Sheriff's Office Program Services)

Cognitive-Based Programs (Alcohol and other drugs AOD / Substance use disorders SUD)

County Correctional Health Services:

- 1) SUD Counseling (gender specific)
- 2) Matrix Logic Model
- 3) START NOW

Community-based organization(s):

1) SUD groups

Education

- 1) Five Keys High School
- College for Working Adults (Canada College/San Mateo Community College District)
- English as a Second Language (San Mateo Adult School SMUHSD)
- Stanford Jail and Prison Education Project (S-JPEP)
- Stanford Prisoner Advocacy and Resource Coalition (SPARC)

Vocational

- Construction Pre-Apprenticeship Program (JobTrain)
- Culinary Arts and Hospitality Program (JobTrain)
- Job Readiness and Success Coaching (JobTrain)
- 4) CareerEdge / LifeSkills (JobTrain)
- 5) Digital Literacy (JobTrain)
- 6) Vocational Programs onsite at JobTrain
- 7) Service Connect Employment Workshops
- 8) Transitioning Animals into Loving Situations T.A.I.L.S. (The Peninsula Humane Society & Sheriff's Office

Wellness & Other Activities

- Sudarshan Kriya breath work & meditation program (PrisonProgram)
- 2) Arts in Corrections (San Mateo Arts Commission)
- 3) Art (Casa Circulo Cultural)
- 4) Mindfulness-Based Meditation
- 5) Yoga

Religion / Spirituality

Restorative Justice Seminar Religious Counseling Religious Services Spiritual Retreats



Thank you!

If you have any questions, please do not hesitate to reach out to Melissa Wagner mwagner@smcgov.org

Health Services and Programs for the Incarcerated Population

Presented by: Michael del Rosario Karina Sapag Holvis Delgadillo Melissa Wagner







Agenda

- CHS Mission and Goal
- Our Facilities
- Partnership
- Medical Services
- Collaboration CHS and SO
- Forensic Mental Health
- Program Services and Re-entry
- Substance Use Disorder Program (MOU, MAT, SUD-Guide)
- CHS by the numbers

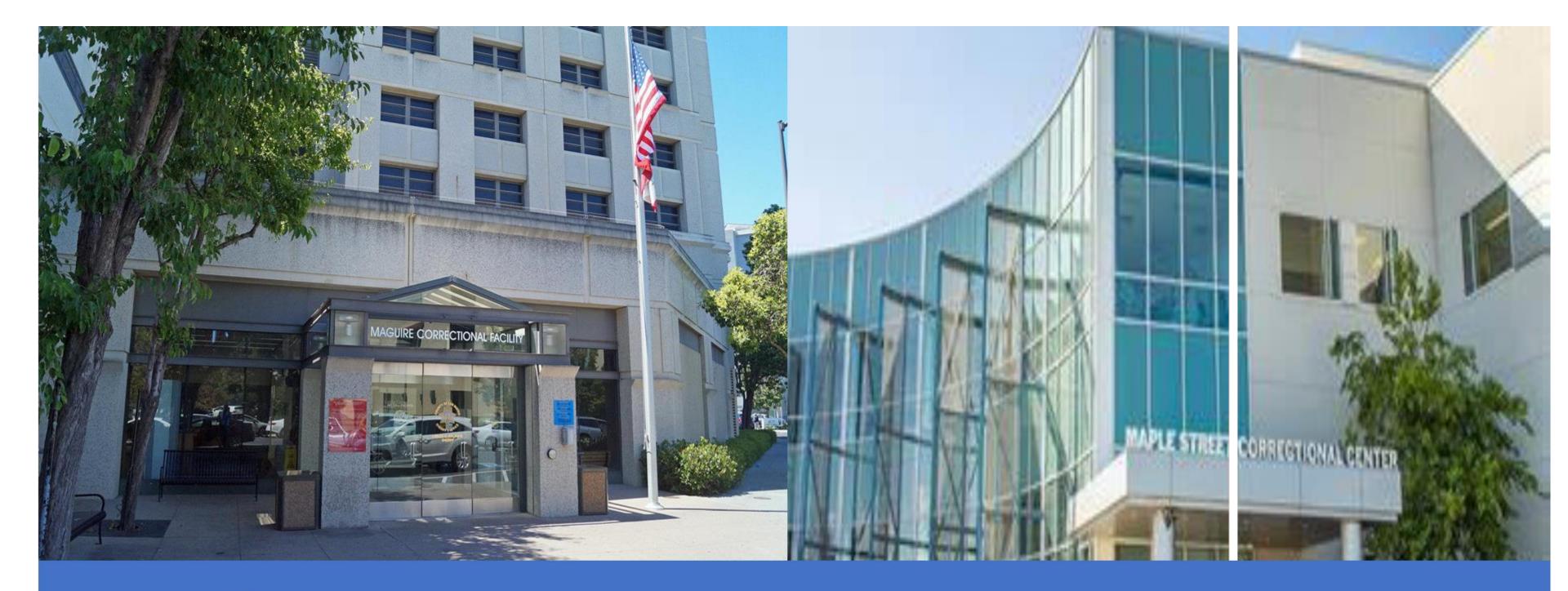


Mission and Goal

Correctional Health Services (CHS) is the responsible health authority and provides the delivery of healthcare services to the Incarcerated Persons (I/P) in Adult Correctional Facilities and Youth detention facility within San Mateo County.

The goal is to provide those incarcerated within the criminal justice system a sufficient quantity and quality of healthcare services at a level equal to or greater than that available in the community.





Our Facilities

Adult: Maguire Correctional Facility

Maple Street Correctional Facility



Medical Services upon arrival to jail:

Complete medical screening for ALL newly incarcerated persons done by registered nurses.

Identification of acute and chronic illnesses, communicable diseases, substance abuse history, and initial mental health assessment.

Patient registration collecting race/ethnicity, insurance information, and residency which is required for patient care, performance measures and billing in the future.



A Partnership of two agencies

Correctional Health Services

- Medical
- Mental
- Dental

Incarcerated Person

San Mateo Sheriff's Office

- Security
- Housing
- Access



Collaboration

Behavioral Health Unit

Substance Use Disorder

CalAIM Jail Initiative

Communication

- Male
- ASU <--> EASS
- Female
- MOU
- MAT
- SUD Counseling
- Narcan Machine
- Narcan Pods (Pilot)
- Referrals/Re-entry/Warm hand off
- Facility access
- Data sharing
- Weekly, bi-weekly and monthly meetings
- Trainings
- CQI



Urgent Care Clinic and Sick Calls

MD/NP

- ACUTE AND CHRONIC CARE MANAGEMENT
- URGENT CARE TREATMENT
- HISTORY AND PHYSICALS AT 6 MONTHS AND ANNUAL
- WEEKDAY COVERAGE
- AFTER-HOURS SUPPORT FROM THE EMERGENCY DEPARTMENT

SPECIALTY CLINICS

- MID-WIFE FOR OB/GYN SERVICES
- ORTHOPEDIC
- OPTOMETRY
- CARDIOLOGY (Future Service)
- SMMC SPECIALTY CLINIC
 - TELE-HEALTH CONSULTATIONS
 - IN-PERSON VISIT



Dental Services

GENERAL DENTISTRY

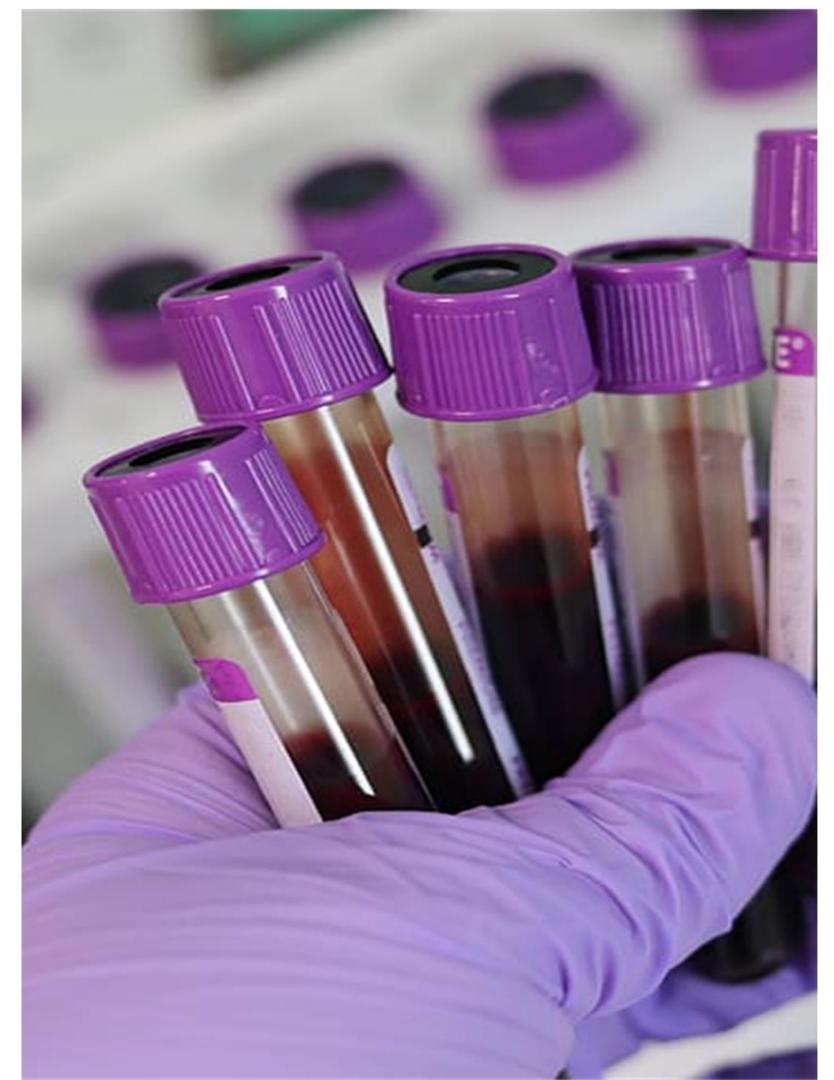
- Routine dental care and exam
- Triage and assessment
- Dental x-rays
- Tooth extractions
- Hygiene

ORAL SURGEON

- Complicated Extractions
- Mandibular fracture treatment and follow-up
- Available at county dental clinic







Laboratory Services

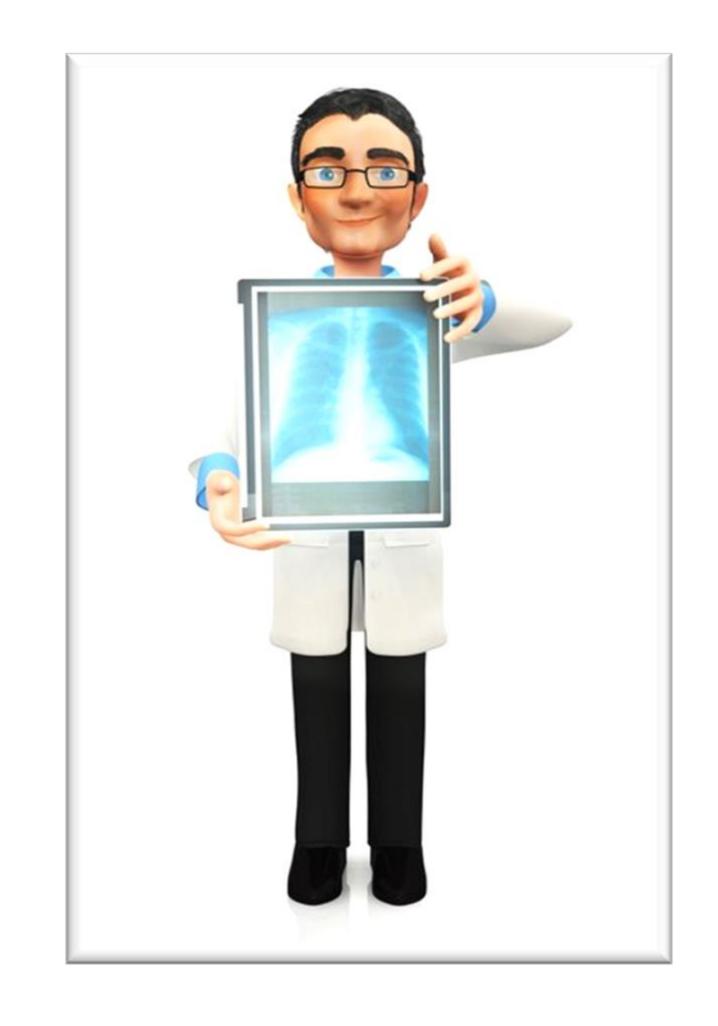
- Urine collection for pregnancy test for all females
- Urine toxicology for SUD
- Sexually-transmittable disease testing (chlamydia, gonorrhea, syphilis)
- HIV testing (voluntary and court-mandated)
- Hepatitis-C testing prior to release
- Blood glucose monitoring
- Routine blood work
- TB testing
- Covid-19 testing



Radiology Services

- Chest X-rays
- Routine imaging
- Ultrasound
- Panorex and dental X-rays
- **EKG**







Health Maintenance

- 6-month health physical and annually thereafter
- Annual flu vaccination
- Covid-19 vaccinations
- Immunizations
- TB testing and screening within 14 days and at 6th month of incarceration
- Dietician consultation





Forensic Mental Health (FMH)

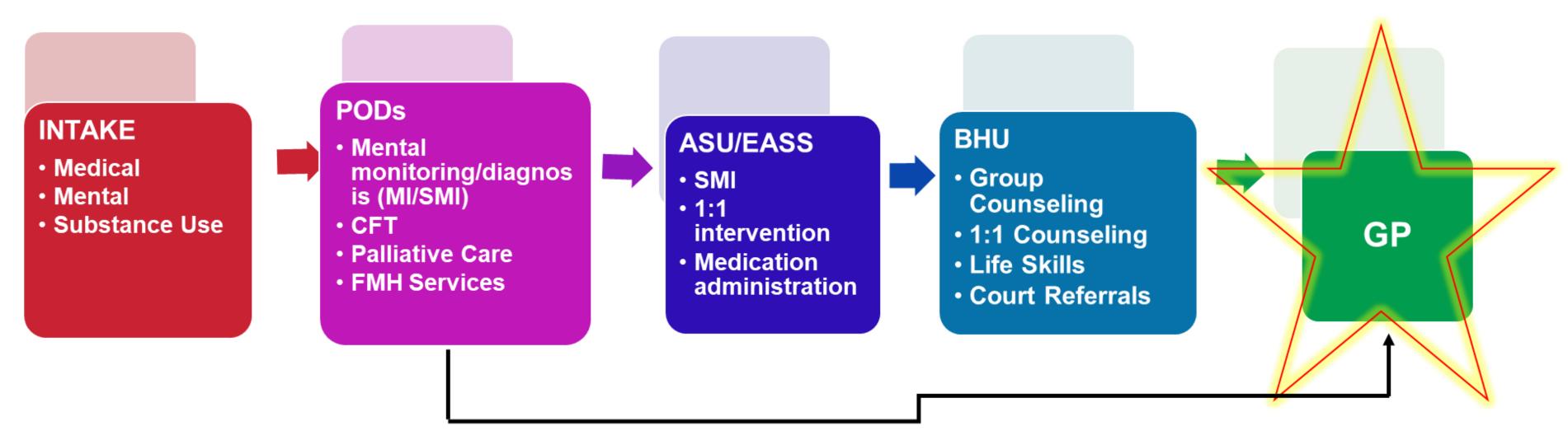


Intake Process

- Every person being booked into the jail sees a nurse for mental health and substance use screening
- IP gets on the Mental Health List for an indepth assessment. Which it will determine:
 - Need for a referral to psychiatrist
 - Activation of suicide prevention protocol
 - FMH follow-up and how often
 - Need to connect with current outside providers
 - Assessment of Symptoms and level of functioning



Intake to GP (Mental Illness)





FMH Services

- Crisis intervention
- Psychiatric services & medication management
- Mental health welfare checks
- PREA follow-up process to assess for retaliation
- Continuity of care
- Linkage to outside providers
- Re-entry services
- Release planning in coordination with the 1370 and MH Diversion courts



Behavioral Health Unit (BHU)

- Specific pod created to house mentally ill (MI) & severely mentally ill (SMI)IPs.
 Pod officers are experienced, receive specific training, and want to work there
- This includes individuals with current, significant psychiatric and impaired psychological functioning. These individuals may be experiencing or may be predicted to have difficulty adapting to general population housing in the jail.
- While on BHU, IPs are given the opportunity to gain 'points' towards commissary type items. These points are gained when completing treatment goals that may be assigned to you by the mental health or medical team.



Criteria to Get Into BHU

- Previous SMI diagnosis (from either in custody or in the community)
- 1368/1370 (relates to competency to stand trial)
- Desire to participate in groups or to rec with others
- The IP will meet with a therapist, medical provider, and custody to determine if they are an appropriate fit for BHU. The final decision to accept someone into group programming will be made by a multi-disciplinary committee.



BHU Clinician's Roles

- Collaboration with classification to ensure appropriate housing
- Providing 1 on 1 f/u's, group therapy, assist with de-escalation
- Re-entry services/ case management
- Collaborate with community providers to ensure continuity of care outside of jail
- Help facilitate interdisciplinary advocacy



FMH working in collaboration with:

- Acute Stabilization Unit (ASU) Max. number of patients: 10
- Both, voluntary/involuntary patients may be admitted to the ASU.
 Involuntary patients are given bed priority
- All assessments and interventions have the goal of achieving psychiatric stability
- FMH & Custody work together to manage the classification and clinical needs of the patients and to move IPs across the MH continuum (GP, BHU, ASU)
- Communication between CHS, FMH, Sheriff's Office Custody and Classification is required for all patient admissions and discharge planning



In Collaboration with: EASS

- Early Access and Stabilization Services (EASS) for Incompetent to Stand Trial IPs
- -These are the IPs who used to wait in custody for a bed at the State Hospital in order to gain competency and continue with the legal process
- -EASS provides early patient engagement, psychiatric medication stabilization, and competency restoration at the earliest point possible while awaiting admission to the Department of State Hospitals
- -Psychiatric medication management, weekly MH and competency restoration services, daily contact for assessments and monitoring of psychiatric stabilization



Re-entry Services

- IPs' release needs are assessed from the start of incarceration. They can get connected to different community services:
- Mental health clinics, Socialization rehabs,
 MH programs, Full-Service Partnerships,
 Community Outreach, Case managers, SUD services, Shelters, etc.
- Upon release, all IPs get medications or a prescription of the medications they were taking while incarcerated



Release planning in coordination with the Courts

• IPs who are incompetent to stand trail (1370) have a release plan made in collaboration with the MH court judge, the D.A., the Private Defender Program, BHRS, the Sheriff's Office and when possible, the IP's family. This practice has been stablished to provide this vulnerable population with a safe and respectful release.



Release planning in coordination with the MHD Court

FMH assist with the release planning of IPs who are accepted into the Mental Health Diversion Court (MHD). The release of these IPs is carefully planned with the collaboration of the MHD judge, the D.A., the legal team, and Sheriff's Office. These are often complicated releases and multidisciplinary cooperation is needed to ensure a smooth community release.



Substance Use
Disorder (SUD)
Treatment Program



A New Program

- Holistic
- Visionary
- Innovative
- Inclusive
- FeedbackInformed



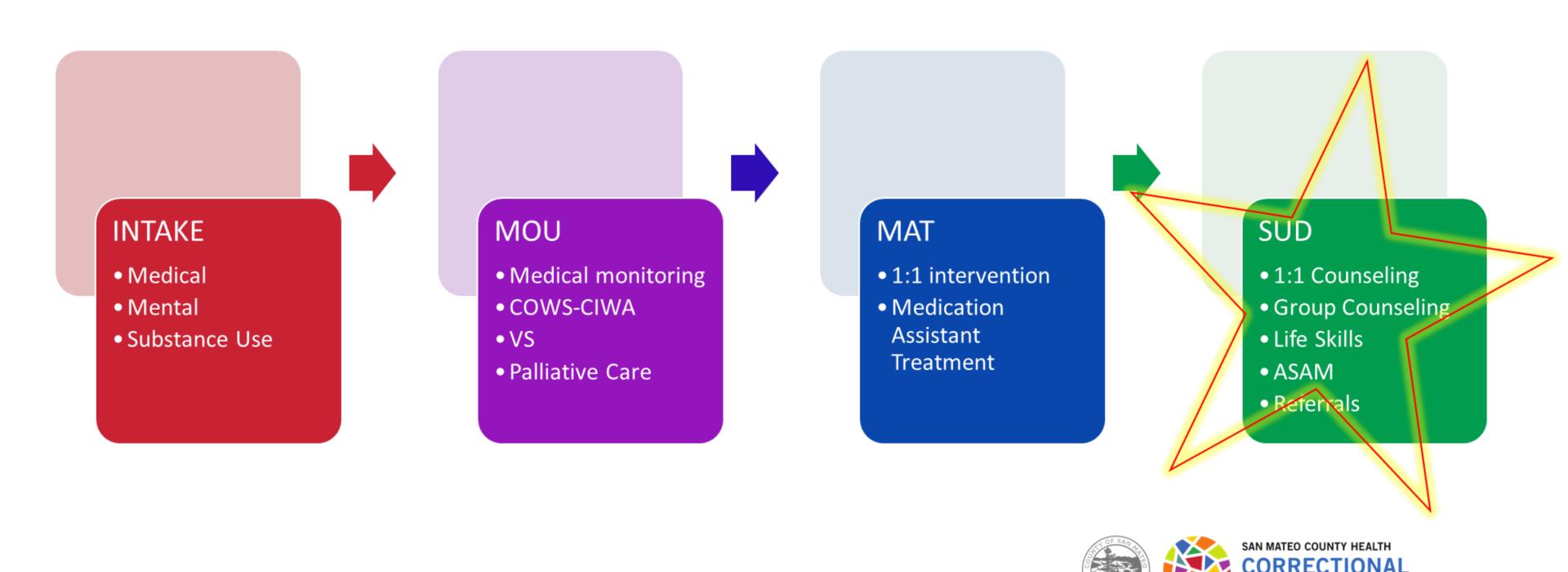


SUD Program Component

- Medical Observation Unit (MOU) or Withdrawal Pod
- Medication Assistant Treatment (MAT)
- Group Programming
- 1:1 Therapy
- Life Skills
- Re-entry Planning



Intake to Substance Use Disorder Program



Medical Observation Unit (Withdrawal Pod)



Benefits of MOU

Incarcerated Person

Custody

Medical Health

Mental

- Reduce overdose
- Hydration
- Increased sleep
- Initiation reentry process
- Reduce deputy transport to hospital
- Reduce medical/MH disruptions on pod
- Reduced diversion of Suboxone
- Increase medical observation while IP detoxing
- Increase staff efficiency for underlying health problems
- Prevention of overdose
- Faster treatment of opioid use (suboxone)
- Targeted Substance Abuse treatment
- Reduce recidivism
- Immediate referral to community
- Health Prevention Education on HIV/STI, OD, Narcan usage
- Linkage to SUD or BHU



Population / Patient Numbers

Weekly

Daily

Release

•50 inmates per week come in on withdrawal

•8 inmates per day come in on withdrawal

•2/3 of inmates on withdrawal leave within 14 days



Medication Assisted Treatment (MAT)



MAT

Day 0-3	Days 3-14	Days 14-24	Days 24-30
Withdrawal Management	MAT Education	More intensive SUD Programs	Step Down
Monitoring Fluids	Medication Induction (voluntary)	1:1 Therapies	Re-Entry Plan Completed
Extra Hydration	Referrals to Speciality Courts	More intensive re-entry planning	
Increased Sleep	Re-Enty Planning		
MAT Education	SUD Programs		
Medication Induction (voluntary)			

SUD Support Guide





Treatment Modalities

Evidence Based Treatment have proved to:

- Reduced Recidivism
- Reduce Overdose (relapse prevention)
- Reduce criminogenic thinking

Modalities:

- START NOW
- Matrix Logic Model (English and Spanish)
- Seeking Safety
- Matrix Model for Criminal Justice Settings
- Motivational Interviewing
- Gender Specific



Feedback Informed Care

Over 200 IPs have participated in the SUD Survey (2023-2024)

- Program Satisfaction is 90%
- Counselor Skills is 93%
- Program Structure is 83%
- Personal Skills Development is 95%





SUD Successes

- Reduce Overdose in the jail
- Significant expansion of the SUD program (550 IP in just 2024)
- Opened a Medical Observation Unit (MOU)
- Increased referrals/collaboration with Sheriff's Office, specialty court programs, BHRS and CBOs.
- 10 Reversed Overdose
- Kiosk
- Narcan Vending Machine (SMCO)
- Narcan in Pods (Pilot)



CHS by the Numbers



Monthly Averages

- ❖ 300-NUMBER OF MD/NP SICK CALL
- ❖ 900-NUMBER OF RN SICK CALL
- **❖** 175-NEW I/P WITH SUBSTANCE USE DISORDER
- ❖ 30- NEW I/P RECEIVING MAT SERVICES
- ❖ 41%-NEW I/P WITH CO-OCCURRING MH/SUD DISORDER



Average per month

- ❖ \$258K- PHARMACY BILL
- **❖** 37% of PHARMACY BILL RELATED TO SUD TREATMENT
- ❖ \$97K FOR SUBLOCADE INJECTION FOR MAT
- **❖** \$22k-PSYCH MED INJECTABLES







Presented by:

- •Holvis Delgadillo, Community Program Supervisor, Correctional Health Services
- •Karina Sapag, Supervising Mental Health Clinician, Correctional Health Services
- •Melissa Wagner, Program Services Manager II, Sheriff's Office
- •Michael del Rosario, Director, Correctional Health Services

Questions?



Item 5: Commissioner and Liaison Announcements



All public comments should be sent to: ICACFeedback@smcgov.org



Item 6: Adjournment

Next meeting: October 16, 2024 at the Regional Operations Center 6:30 – 8:30 pm

