AGENDA

Supervisor John Viegas, Glenn County, Chair
Supervisor Keith Carson, Alameda County, Vice-Chair

2:15 p.m. I. Welcome and Introductions
Supervisor John Viegas, Glenn County Chair

2:30 p.m. II. Local Solutions for Reducing the Length of Stay for Incompetent to Stand Trial (IST) – Local Restoration of Competency Programs (ROC)
Terry Fillman, MBA, CCHP, Sheriff’s Department, San Bernardino County

2:50 p.m. III. How to Lower County Drug Costs in the Criminal Justice System – An Overview of the California Pharmaceutical Procurement Collaborative
Jim Butler, Chief Procurement Officer, Department of General Services, California
Gregory Doe, Pharm. D., Pharmaceutical Program Manager, Department of General Services, California

3:10 p.m. IV. Trial Court Revenue Distribution – Looking at Revenue Distributions and Statutory Changes Affecting Distributions
Bob E. Fleshman, Judicial Council of California

3:30 p.m. V. 2015-16 Budget and 2015 Legislative Update – Governor’s 2015-16 May Revision
Darby Kerman, Legislative Representative, CSAC

3:45 p.m. VI. County Concerns and Closing Remarks
Supervisor John Viegas, Glenn County, Chair
ATTACHMENTS

Attachment One.................. Restoration of Competency in Jail

Attachment Two................... California's Statewide Pharmaceutical Program

Attachment Three.................. 2015-16 Budget Update
Attachment One
Restoration of Competency in Jail
Division
Corrections Standards and Operations
Jon Pacewicz, Captain

Terry Fillman, Health Services Administrator
Presented by:

San Bernardino County Sheriff's Dept
John McMahon, Sheriff

Time and Money
A Proven Program That Saves:
Restoration of Competency in Jail.
Inmate average was 42 days each
2009/2010 the ALS for pre-sentence non-IST

average was 765 days each
2009/2010 the ALS for pre-sentence IST inmates

(AlS) Average Length of Stay
(ISt) Incompetent to Stand Trial

Abbreviations:

Jail Bed Day Management
Adjudication
Repeat process
Possible decompensation
Return to court process
Return to jail determined competent
State mental hospital admission treatment time
State mental hospital admission wait time
Arrest court process to determine IST
Pre-sentenced time for IST

Not Just Programming Time
Incompetent to Stand Trial Issues
- Enable patients to receive more timely treatment
- Contribute to resolution of state's waitlist dilemma
- Provide less costly alternative to state hospital
- Restore to competency in under 70 days

The objectives of Liberty ROC

- Open-ended option to transfer to state hospital
- Incompetent-to-stand trial felony cases
- 20-bed jail-based treatment program

The program design

Jail-Based Program
Fast Track Model

- Reduces the wait times.
- To the state hospital.
- Eases congestion heading term treatment.
- Defendants requiring long term treatment.
- Responders from the rapid ROC aims to identify.
- Restorability.
- 2 vary in terms of speed of 1ST defendants are diverse.
- "The "Fast Lane"
- Health Services staff for shared patient care
- Custody staff for security and patient access
  
  Coordinating with:
  
  Hospitals

  Collaborating with the Department of State

  Attorney's concerns

  Addressing public defender and prosecuting

  Coordinating with the courts and judges

Program Requirements
Average Length of Stay (LOS) for transients: 90 days
Average time between admission and transfer request: 60 days
Transferred due to high acuity with long term needs

- Transferred to State Hospital: 40% of total 1ST Restored in > 90 days: 89%
- LOT range for restored detainees: 14 to 150 days
- Average Length of Treatment (LOT) for restored patients: 56 days
Restored to Competency: 99% of those accepted

Total Admissions: 310

General Statistics to August 2014
- Refusing medication: 7%
- Intermittent compliance: 6%
- Fully compliant: 87%

How compliant are they?

Number of patients prescribed psychotropics: 90%

Medication Data to August 2014
Malingering Tested

- Malingering
  - Some IST defendants grossly exaggerate or fabricate symptoms of a mental illness and/or cognitive impairment.
  - Motivated by a desire to:
    - Delay their criminal proceedings
    - "Do time" in a better environment (jail vs. hospital)
    - Obtain medications that are highly abused in corrections
    - Lay the foundation for a Not Guilty by Insanity defense
  - ROC defendants suspected of malingering undergo comprehensive psychological testing and extensive observation prior to rendering a final opinion.
Containment

Cost savings and

mental health patients

lowest and highest acuity

Timely treatment for

resources

Efficient utilization of

referrals to state hospital

Reduction in patient

benefit

Beneficiary

Beneficiaries/Benefits
- The Courts
- Beneficiary

Beneficiaries/Benefits

- Reduction in court time
- Thorough and comprehensive reports for IST cases
- Improved communication with all parties
Incarceration time
Reduction in court and providers
Housing, staff and care
Continuity with mental health care
Improved and timely benefits
Beneficiary
Beneficiaries/benefits
Fiscal Outcomes

Information and statistics from LAO report, January 3, 2012

Patient:
- ROC provided treatment at a cost of about $70,000 less per
- $200,000 savings for San Bernardino County
- $1.2 million savings for the state
- After first nine-months of operation, LAO estimated:
  
Public sector

because of ability to significantly decrease costs to

Recommended expanded use of ROC programs

California Legislative Analyst Office Report:


-
Berneadino County Sheriff's Department
Based Restorative Competency Program at San
150, 660 jail bed days saved since the inception of Jail
310 IST inmates with ROC x 486 jail bed days saved =
2012 - 2014 Reduction in Jail bed days for IST 486 days
IST inmates: 279 jail bed days
2012 - 2014 Average Length of Stay for pre-sentenced
After ROC
IST inmates: 765 jail bed days
2009 - 2010 Average Length of Stay for pre-sentenced
Before ROC
Evidence Based Outcomes
Contact Information

- Kevin Rice, ROC Executive Director
  krice@sbcasd.org
- Jon Pacewicz, Captain C.S.O.D
  jpacewicz@sbcasd.org
- Terry Fillman, Health Services Administrator
  tfillman@sbcasd.org
- Greg Garland, Deputy Chief of Corrections
  ggarland@sbcasd.org
Attachment Two
California's Statewide Pharmaceutical Program
A Prescription for Savings
Pharmaceutical Program:
California Statewide
What is the Statewide Pharmaceutical Program (SPP)?

Administered by the California Department of General Services (DGS), Pharmaceutical Acquisitions Section 14977-14982

Creates state and local governmental entities access to contracts for pharmaceutical products and medical/surgical supplies

Allows state and local governmental entities access to contracts for pharmaceutical products and medical/surgical supplies
SPG Goals

- Identify contracts necessary to improve the SPG
- Expand participation in the SPG to local governmental entities
- Drug spend reviews on drugs accounting for the top 80% of
- Committees to conduct Therapeutic Category
- Work through Pharmaceutical Formulary
- Ensure appropriate drug therapies for patients
- Control costs to the State
Coordination and Collaboration

SPPP Program Components

- Governmental Entities
- Outreach to Local
- Vaccine Program Coordination
- California Medical Surgical Formulary Committee
- Common Drug Formulary (CDF) Committee
- California Pharmaceutical Purchasing Collaborative (CPPC)
SPP Program Components

Technical Assistance

Coordinate procurement solutions for:
- High cost drugs
- Drug shortages

Provide subject matter expertise for pharmaceutical contracting
Cost Management Strategies
Program Quality
Strategic Procurement Initiatives
Rational Drug Use

Goals:

Pharmaceuticals and medical supplies
for cost savings and quality improvement regarding
entitlements, as appropriate, to identify and implement opportunities
Coordinate the efforts of various state and local governmental

Mission:

Procurement Collaborative (CPC)?
HOT TOPICS

CPIC

- Administration
- Pharmacy Benefit
- Drug Shortages
- Management
- Formulary
- Pharmaceutical Management
- Affordable Care Act
CPC Coordinator:
Elizabeth Winward
dgs.ca.gov or (916) 375-4551

For more information, contact Elizabeth Winward,

https://www.dgs.ca.gov/programs/leverage/pharma.aspx

Register for the webinar by visiting:

Join an upcoming CPC Webinar!
Competitive bidding, e.g., IFB or RFP
Distributors, and suppliers
Pricing agreements with manufacturers,
Pharmaceutical Group Purchasing Organization
Discounts and rebates through a
Wholesaler
Discounts through the Primary Pharmaceutical
Established by:
Pricing for products through SPP contracts is

SPP Contracting
<table>
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<th>Percentage</th>
<th>Description</th>
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<tr>
<td>39.74%</td>
<td>DGS Direct Pricing Agreements w/ Manufacturers</td>
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<tr>
<td>31.71%</td>
<td>Pharmaceutical Group Purchasing Organization</td>
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<tr>
<td>57.68%</td>
<td>Primary Pharmaceutical Wholesaler</td>
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**Average Savings Over**: Contract with:

**SAVINGS FOR ITS PARTICIPATING ENTITIES**

**DGs Utilizes Multiple Resources To Realize**

**TOOLS FOR SAVINGS**
Drug Testing Supplies
Condoms
Influenza Vaccine Program
Reverse Distribution & Destruction Program
Medical Supplies
Dental Supplies

Access to a variety of contracts:

ALLIANCE FOR PHARMACY (MMPCA)
MINNESOTA MULTISTATE CONTRACTING
participate in the coordinated purchasing
public agency governmental entity may elect to
Any state, district, county, city, municipal, or
14977.5 (b):
under California Government Code Section

participate?
Is my local program allowed to
We'd love to hear from them!
from the SPPI
pharmaceutical savings opportunities
receiving important information about
Are the decision-makers in your area

No more missed opportunities!

Local Program Participation

Wanted:
Why Become Part of the SPP?

The smallest local governmental entity can enjoy the buying power of some of California's largest state agencies to generate greater savings.
needed, County Memorandums, Disclosure Agreements, and if
Confidentiality Agreements, Non-

We can walk you through

CONTACT DDS
First Step:

How to Join the SPP
Administration of Justice

2011 Realignment –

2011 Realignment Estimate\(^1\) at 2015-16 May Revision

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<td>$2,124.3</td>
<td>$2,078.3</td>
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<td>9.8</td>
<td>120.4</td>
<td>18.1</td>
<td>138.5</td>
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<td>Youthful Offender Block Grant Special Account</td>
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<td>(9.3)</td>
<td>(112.8)</td>
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<td>(13.9)</td>
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<td>Growth, Law Enforcement Services</td>
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<td>Support Services</td>
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<td>Protective Services Subaccount</td>
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<td>Woman and Children’s Residential Treatment Services</td>
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<td>(6.1)</td>
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<td>$6,810.6</td>
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This chart reflects estimates of the 2011 Realignment subaccount and growth allocations based on current revenue forecasts and in accordance with the formulas outlined in Chapter 40, Statutes of 2012 (SB 1023).

\(^1\) Allocation is capped at \$499.9 million. 2013-14 growth will not add to subsequent fiscal year’s subaccount base allocations.

\(^2\) 2013-14 is not added to subsequent fiscal year’s subaccount base allocations.

\(^3\) Growth does not add to base.

\(^4\) The Early and Periodic Screening, Diagnosis, and Treatment and Drug Medi-Cal programs within the Behavioral Health Subaccount do not yet have a permanent base.

SB 678—Community Corrections Performance Incentive Act. An augmentation of \$1.1 million for a total of \$125.8 million in the budget. The May Revision adjusts the methodology by providing incentive funding to county probation for reductions in state prison admissions by individuals on felony probation, Mandatory Supervision and Post Release Community Supervision (PRCS). Incentive funding for the expanded supervised population will be based on 50 percent of the state’s contract bed rate for reductions in new crime admissions, while reductions in technical violations admissions will be funded at 75 percent of the state’s estimated contract bed rate. In addition, the formula adds a past performance allocation for counties which is equal to 60 percent of the average of the highest two years of past payments. The May Revision recognizes the importance the SB 678 funding has played in helping to reduce the state prison admissions and will help stabilize the funding going forward for county probation.

Amnesty Program – The May Revision updates the January Amnesty Program proposal by allowing individuals whose driver licenses have been suspended due to Failure to Appear or Failure to Pay related to traffic offenses to reinstate their licenses as part of the program. In addition, the \$300 court imposed civil assessment fee will be waived for the purposes of the amnesty program and replaced with a \$50 Amnesty Administrative fee for the courts to recover their costs associated with running the program.
Corrections. The budget for the Department of Corrections and Rehabilitation (CDCR) is $130 million less than the Governor’s January Budget proposal (excluding a $60.6 million transfer from the statewide funding set aside for high-cost medications) which is largely the result of a reduction of 4,000 out-of-state contract beds by the end of the year.

Other elements of interest to counties include:

- High Cost Drugs – An allocation of $228 million of the proposed $300 million for Department of Health Care Services, State Hospitals, and CDCR. This amount includes funding for implementing expanded clinical guidelines that are largely consistent with national clinical recommendations for Hepatitis C treatment.
- DHCS will convene two workgroups with state and local entities to discuss clinical and procurement issues with the goal of developing a proposal for inclusion in the 2016-17 Governor’s Budget. The clinical workgroup will discuss high-cost drugs that are pending federal approval and how they could affect existing clinical guidelines. A procurement workgroup will examine aspects of relevant entities’ pharmacy benefit manager contracts, the availability of pricing information, and the activities and functions of state entities procuring drugs or negotiating prices and supplemental rebates.

Judicial Branch. The May Revision assumes minimal changes to the January budget proposal for the courts.

Department of State Hospitals. The May Revision includes several budget changes for DSH, as detailed below:

- Restoration of Competency Expansion - $10.1 million GF to expand the Restoration of Competency Program by up to 108 beds to address the existing placement waitlist.
- Coleman Housing - $4.6 million GF to activate 30 beds at the California Medical Facility in Vacaville.