

Administration of Justice Policy Committee

Wednesday, May 27, 2015 ■ 2:15 p.m. – 3:45 p.m.

Sheraton Grand Hotel, Magnolia Ballroom

1203 J Street, Sacramento, CA 95814

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 Kernan, 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

**Restoration of Competency in Jail:
A Proven Program That Saves
Time and Money**

John McMahon, Sheriff

San Bernardino County Sheriff's Dept

Presented by:

Terry Fillman, Health Services Administrator

Jon Pacewicz, Captain

**Corrections Standards and Operations
Division**

Jail Bed Day Management

- Abbreviations:
 - (IST) Incompetent to Stand Trial
 - (ALS) Average Length of Stay
- 2009/2010 the ALS for pre-sentenced IST inmates average was 765 days each
- 2009/2010 the ALS for pre-sentenced non-IST inmates average was 42 days each

Incompetent to Stand Trial Issues

Not Just Programming Time

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

Jail-Based Program

- The program design
 - 20-bed jail-based treatment program
 - Incompetent-to-stand trial felony cases
 - Open-ended option to transfer to State Hospital
- The objectives of Liberty ROC
 - Restore to competency in under 70 days
 - Provide less costly alternative to state hospital
 - Contribute to resolution of State's waitlist dilemma
 - Enable patients to receive more timely treatment

Fast Track Model



- The “Fast Lane”
 - IST defendants are diverse & vary in terms of speed of restorability.
 - ROC aims to identify & separate the rapid responders from the defendants requiring long-term treatment.
 - Eases congestion heading to the state hospital & reduces the waitlists.

Program Requirements

- Coordinating with the courts and judges
- Addressing public defender and prosecuting attorney's concerns
- Collaborating with the Department of State Hospitals
- Coordinating with:
 - Custody staff for security and patient access
 - Health Services staff for shared patient care

General Statistics to August 2014

- Total admissions: 310
- Restored to competency: 99% of those accepted
 - Average length of treatment (LOT) for restored patients: 56 days
 - LOT range for restored defendants: 14 to 150 days
 - Restored in < 90 days: 89%
- Transferred to State Hospital: 40% of total IST
 - Transfer due to high acuity with long term needs
 - Average time between admission and transfer request: 60 days
 - Average length of stay (LOS) for transfers: 90 days

Medication Data to August 2014

- Number of patients prescribed psychotropic medication(s): 90%
- How compliant are they?
 - Fully compliant : 87%
 - Intermittent compliance : 6%
 - Refusing medication: 7%

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.

Beneficiaries/Benefits

Beneficiary

- The State of California

Benefit

- Reduction in patient referrals to State Hospital
- Efficient utilization of resources
- Timely treatment for lowest and highest acuity mental health patients
- Cost savings and containment

Beneficiaries/Benefits

Beneficiary

- The Courts

Benefit

- Reduction in court time for IST cases
- Thorough and comprehensive reports
- Improved communication with all parties

Beneficiaries/Benefits

Beneficiary

- Mental Health Patient

Benefit

- Improved and timely mental healthcare
- Continuity with housing, staff and care providers
- Reduction in court and incarceration time

Fiscal Outcomes

- California Legislative Analyst Office Report:
 - Recommended expanded use of ROC programs because of ability to significantly decrease costs to public sector
- After first nine-months of operation, LAO estimated:
 - \$1.2 million savings for the State
 - \$200,000 savings for San Bernardino County
 - ROC provided treatment at a cost of about \$70,000 less per patient.
- Information and statistics from LAO report, January 3, 2012 at www.lao.ca.gov

Evidence Based Outcomes

Before ROC

- 2009 – 2010 average length of stay for pre-sentenced IST inmates: 765 jail bed days

After ROC

- 2012 - 2014 average length of stay for pre-sentenced IST inmates: 279 jail bed days
- 2012 – 2014 Reduction in jail bed days for IST 486 days
- 310 IST inmates with ROC x 486 jail bed days saved =

150, 660 jail bed days saved since the inception of Jail Based Restoration of Competency Program at San Bernardino County Sheriff's Department

Contact Information

- Greg Garland, Deputy Chief of Corrections
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- Jon Pacewicz, Captain C.S.O.D
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- Kevin Rice, ROC Executive Director
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Attachment Two
California's Statewide Pharmaceutical Program



Rx

**California's Statewide
Pharmaceutical Program:
A Prescription for Savings\$**

What is the Statewide Pharmaceutical Program (SPP)?

- o Administered by the California Department of General Services (DGS), Pharmaceutical Acquisitions Section
- o Created by Government Code (GC) Sections 14977-14982
- o Allows state and local governmental entities access to contracts for pharmaceutical products and medical/surgical supplies

SPP Goals

- Control costs to the State
- Ensure appropriate drug therapies for patients
- Work through Pharmaceutical Formulary Committees to conduct therapeutic category reviews on drugs accounting for the top 80% of drug spend
- Expand participation in the SPP to local governmental entities
- Identify contracts necessary to improve the SPP

SPP Program Components

Coordination and Collaboration

California Pharmaceutical Procurement Collaborative (CPPC)

Common Drug Formulary (CDF) Committee

California Medical Surgical Formulary Committee

Vaccine Program Coordination

Outreach to Local
Governmental Entities

SPP Program Components

Procurement

Primary Pharmaceutical Wholesaler

Secondary Pharmaceutical Wholesaler

Pricing Agreements with Drug Manufacturers

Pharmaceutical Group Purchasing Organization

Pharmacy Benefit Manager

Specialty & Infusion Pharmacy

Access to Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) contracts

Access to Federal contracts

SPP Program Components

Technical Assistance

Provide subject matter expertise for pharmaceutical contracting

Coordinate procurement solutions for:

- High cost drugs
- Public health needs
- Drug shortages

What is the California Pharmaceutical Procurement Collaborative (CPPPC)?

Mission:

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

Goals:

- o Rational Drug Use
- o Strategic Procurement Initiatives
- o Program Quality
- o Cost Management Strategies

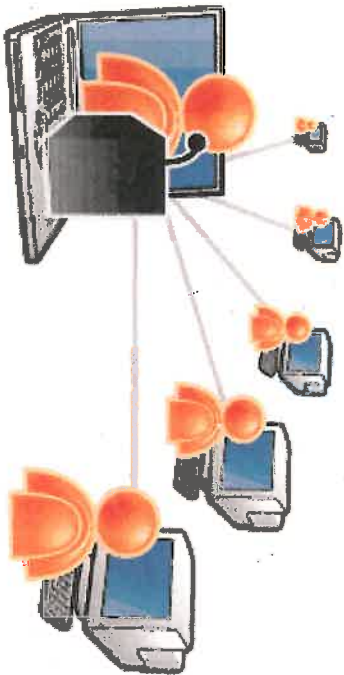


CPPC

HOT TOPICS

- Pharmacy Management
- Pharmaceutical Formulary Management
- Drug Shortages
- Pharmacy Benefit Administration
- Affordable Care Act
- Hepatitis C Guidelines
- Medical and Surgical Supplies





Join an upcoming CPPC Webinar!

Register for the webinar by visiting:

<http://www.dqs.ca.gov/pd/Programs/Leveraged/pharma.aspx>

For more information, contact Elizabeth Winward,

CPPC Coordinator:

Elizabeth.Winward@dqs.ca.gov or (916) 375-4551

SPP Contracting

Pricing for products through SPP contracts is established by:

- Discounts through the Primary Pharmaceutical Wholesaler
- Discounts and rebates through a Pharmaceutical Group Purchasing Organization
- Pricing agreements with manufacturers, distributors, and suppliers
- Competitive bidding, e.g. IFB or RFP

TOOLS FOR SAVINGS



DGS UTILIZES MULTIPLE RESOURCES TO REALIZE SAVINGS FOR ITS PARTICIPATING ENTITIES

CONTRACT WITH:		AVERAGE SAVINGS OVER WHOLESALE ACQUISITION COST - FY '12 - 13
Primary Pharmaceutical Wholesaler		57.68%
Pharmaceutical Group Purchasing Organization		31.71%
DGS Direct Pricing Agreements w/ manufacturers		39.74%

MINNESOTA MULTISTATE CONTRACTING ALLIANCE FOR PHARMACY (MIMCAP)

Access to a variety of contracts:

- Dental Supplies
- Medical Supplies
- Reverse Distribution & Destruction Program
- Influenza Vaccine Program
- Condoms
- Drug Testing Supplies



Is my local program allowed to participate?

Under California Government Code Section 14977.5 (b):

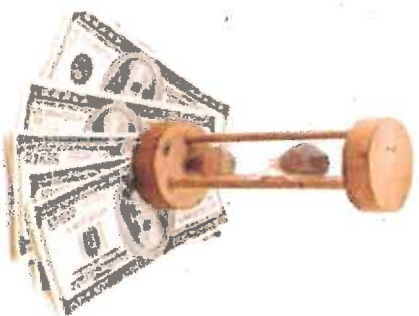
Any state, district, county, city, municipal, or public agency governmental entity may elect to participate in the coordinated purchasing program.

Wanted: Local Program Participation

No more missed opportunities!

Are the decision-makers in your area
receiving important information about
pharmaceutical savings opportunities
from the SPP?

We'd love to hear from them!



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.

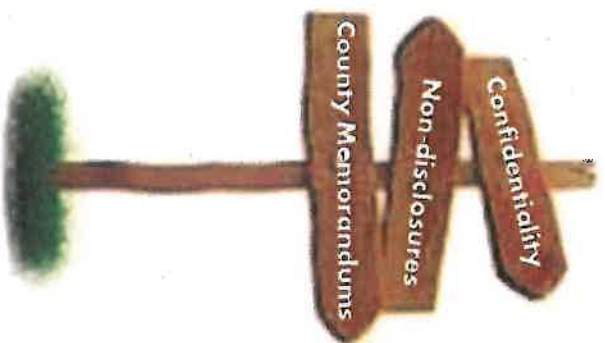


How to Join the SPP

First Step:

CONTACT DGS

We can walk you through Confidentiality Agreements, Non-Disclosure Agreements, and if needed, County Memorandums.



Our DGS Staff



DGS Contacts

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California Pharmaceutical

Procurement Collaborative (CPPC) Minnesota

Multi-State Contracting Alliance For Pharmacy

(MMCAP)

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Attachment Three
2015-16 Budget Update

Administration of Justice

2011 Realignment –

2011 Realignment Estimate¹ - at 2015-16 May Revision

	2013-14	2013-14 Growth	2014-15	2014-15 Growth	2015-16	2015-16 Growth
Law Enforcement Services	\$2,124.3		\$2,078.3		\$2,258.8	
Trial Court Security Subaccount	508.0	9.8	518.1	18.1	536.1	14.7
Enhancing Law Enforcement Activities Subaccount ¹	489.9	24.6	489.9	73.7	489.9	89.6
Community Corrections Subaccount ²	998.9	73.1	934.1	135.4	1,069.5	110.3
District Attorney and Public Defender Subaccount ²	17.1	4.9	15.8	9.0	24.8	7.4
Juvenile Justice Subaccount	110.4	9.8	120.4	18.1	138.5	14.7
<i>Youthful Offender Block Grant Special Account</i>	<i>(104.3)</i>	<i>(9.3)</i>	<i>(113.8)</i>	<i>(17.1)</i>	<i>(130.8)</i>	<i>(13.9)</i>
<i>Juvenile Reentry Grant Special Account</i>	<i>(6.1)</i>	<i>(0.5)</i>	<i>(6.6)</i>	<i>(1.0)</i>	<i>(7.6)</i>	<i>(0.8)</i>
Growth, Law Enforcement Services	122.2	122.2	254.3	254.4	236.7	236.6
Mental Health³	1,120.6	9.1	1,120.6	16.8	1,120.6	13.7
Support Services	2,829.4		3,022.0		3,340.7	
Protective Services Subaccount	1,837.0	112.0	1,970.7	162.2	2,133.0	122.9
Behavioral Health Subaccount ⁴	992.4	60.0	1,051.3	156.4	1,207.7	136.6
<i>Women and Children's Residential Treatment Services</i>	<i>(5.1)</i>	-	<i>(5.1)</i>	-	<i>(5.1)</i>	-
Growth, Support Services	181.1	181.1	335.4	335.4	273.2	273.2
Account Total and Growth	\$6,377.6		\$6,810.6		\$7,230.0	
Revenue						
1.0625% Sales Tax	5,863.1		6,247.0		6,650.5	
Motor Vehicle License Fee	514.5		563.6		579.5	
Revenue Total	\$6,377.6		\$6,810.6		\$7,230.0	

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 1020).

¹ Allocation is capped at \$489.9 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.