From Intake to Release

What an exciting opportunity to be able to share the great things that Correctional Health Services (CHS) has been working on this year in this special edition of the “What’s Up” newsletter.

The focus of our work is to provide comprehensive healthcare services to nearly 60,000 individuals incarcerated in Orange County’s five correctional facilities and approximately 3,900 youths housed in Juvenile Hall, Orangewood Children and Family Center and three other juvenile detention facilities annually. This is no small task!

With an increase in the number of individuals...

Deputy Agency Director’s Message

How Medical Case Management Provides Client-Centered Care to Inmates

The Correctional Health Services (CHS) Medical Case Management program utilizes a comprehensive approach to patient care that combines education with the overall management of an inmate’s individual healthcare needs from the time they enter the Orange County jail system to when they’re released.

“We work with other CHS programs to assess and determine an inmate’s health-related needs, develop and implement a care plan, ensure proper utilization of services and resources, and evaluate and monitor their progress to promote quality interventions and outcomes for all medical needs,” said Ava Chavez, Supervising Registered Nurse. “This comprehensive method and collaboration has taken this team to perform on a larger scale.”

Medical Case Management provides several services to patients in custody including:

- Wound Care Management: Members of the wound care...
coming into the jail system who often have complicated and lengthy mental health histories, a primary focus of CHS is a multi-disciplinary approach to providing mental health services to ensure the identification, care coordination, treatment (including telepsychiatry), discharge planning and linkage to care upon release for our patients. Learn more about the intake screening process on page 4.

Another priority for CHS is the management of patients with chronic health conditions and special medical needs. The CHS Case Management team works collaboratively, both internally and with external stakeholders, to assess and determine the needs of our patient population. They develop plans of care, ensure appropriate utilization of special services, and monitor and evaluate the progress of each individual to promote quality interventions and outcomes. Read more about the Case Management team on page 1.

At Juvenile Health Services, some of our priorities are focused on screening children age 10 or older upon entry to determine if they may be suspected victims of child sex trafficking also known as Commercially Sexually Exploited Children (CSEC); and screening youth who have been in custody more than 6 months since July 2017 for Vitamin D deficiencies and providing interventions for insufficient blood levels when needed. Read more about these programs on page 10.

While these are just a few of the key topics that we’re working on, I encourage you to read on to learn more about all the great things that our programs are doing.

Sincerely,

Erin Winger, CHS Deputy Agency Director

“Calming, coping and connecting” are the three goals Mental Health Specialist Fetric Simbolon prioritizes when interacting with his clients within Correctional Health Service (CHS). Serving both general and psychiatric inmate populations, his love of teamwork and collaboration creates a positive, supportive and safe environment for inmates, medical staff and deputies.

Understanding the importance of community, Fetric connects with family members to offer tools and resources, ensuring his clients have a support plan for their release. His focus is to ensure that patients receive every service available to them for a smooth transition back into the community and for continuity of care. Patients speak highly of him, and state they feel well respected.

A licensed Psychiatric Technician, Fetric began his career at an in-patient psychiatric hospital working with acute care cases. He joined the County four years ago to follow his heart with the prison population. His role includes managing a client case-load and conducting assessments and completing documentation supporting the client’s issues and psychopathology.

Fetric’s peers are impressed by his clinical
sophistication, commitment to patients, and hard work ethic. Fetric goes where the need is greatest for the team and is flexible in helping his peers in clinical areas. Above all, his peers comment that he always seems to have a smile on his face. Fetric’s colleagues are grateful to have such a valuable and committed professional on their team.

When he is not supporting his clients, Fetric spends his free time at CNI College of Nursing studying to earn his Nursing degree. His knowledge of and appreciation for his clients’ challenges has strengthened his commitment to attending school and working full-time and to appreciate the life he leads.

Thank you Fetric for your commitment to excellence, integrity, and service – and congratulations on being selected as August’s Peer-to-Peer recipient!
For each of the approximately 60,000 men and women who are booked into the Orange County Jails each year, the first person they encounter is a Correctional Health Services (CHS) healthcare professional. Each arrestee receives a comprehensive intake health screening to determine their health status and medical/mental health needs during incarceration.

CHS Registered Nurses staff the Triage/Intake area of the Intake Release Center (IRC) 24 hours a day/7 days a week.

“Triage is like the hub of the Orange County jail system,” said Jerry, Knoble, Sr. Comprehensive Care Nurse. “It’s energizing, stimulating, always busy and requires a multidisciplinary team approach.”

The initial intake screening inquires as to the individual’s:
- Current and past illness, health conditions, or special health requirements
- Past and recent communicable illness
- History of mental illness, including hospitalizations
- History of, or current suicidal thoughts
- Current medications
- Allergies
- Legal and illegal drug use
- History of alcohol use
- Current or prior withdrawal symptoms
- Possible, current, or recent pregnancy
- Other health concerns

Healthcare professionals conducting the screening are also documenting observation of the individual’s:
- Appearance
- Behavior
- State of consciousness
- Ease of movement
- Breathing
- Skin conditions/color
- And other signs that would require further medical/mental health follow-up

Several decisions are made during the intake screening process. Is the individual medically stable enough to stay at the jail? Do they have health conditions that require special accommodations? Do they need further evaluation by a nurse practitioner or medical doctor? What type of housing is the most appropriate to meet their
individual health needs? Do they need medications administered immediately?

Individuals requiring further medical attention to address such things as diabetes, pregnancy, hypertension, asthma, and drug/alcohol withdrawal are referred to the medical provider on duty. Medication needs, housing requirements, and follow-up care are determined during this assessment by CHS doctors or nurse practitioners.

During the intake screening, healthcare staff inquire about an individual’s mental health history and current status. Each question asked can trigger a secondary screening by a mental health professional for a more in-depth evaluation, and possibly a “visit” with a psychiatrist via telepsychiatry services. This all happens in the IRC during the booking process, within hours of being brought into the jail.

The secondary mental health screening is done by registered nurses, social workers, or marriage and family therapists. This screening takes an even closer look at an individual’s history as it relates to their mental health. Mental health professionals work with the individual to glean information that is crucial to determining the best plan of care during the incarceration. Each individual identified as having a mental health need is assigned a Case Manager to provide care and treatment during their incarceration.

If an individual requires medication for their mental illness, they can be seen by a psychiatrist during the intake process via our telepsychiatry services. Telepsychiatry is the delivery of psychiatric assessment and care through telecommunications technology. Psychiatrists conduct mental health evaluations through this technology, allowing for a more efficient workflow that increases the number of patients reached.

Having a broad and comprehensive intake screening process assists the clinical staff in identifying each individual’s health needs, which leads to better outcomes in patient care. CHS recognizes that this initial encounter is critical in establishing an individualized plan for each patient's specialized needs.

The CHS mission statement, “providing correctional healthcare with respect, compassion, and integrity through a culture of teamwork and accountability,” begins at intake screening and continues throughout an individual’s incarceration.
1 As the 9th largest jail system in the nation (according to World Atlas, Sept. 2017), the Pharmacy program within Correctional Health Services (CHS) is responsible for all pharmaceutical needs of approximately 6,000 inmates within Orange County’s five correctional facilities (Central Men’s and Women’s Jail, Intake Release Center, James A. Musick and Theo Lacy), as well as the youth within Juvenile Health Services and clients of Public Health Services Pulmonary Disease Services program.

2 The CHS Pharmacy is licensed by the California State Board of Pharmacy and is registered with the Pharmacy Drug Enforcement Administration (DEA) to dispense controlled substances (drugs and other substances that are considered controlled substances under the Controlled Substance Act and are divided into five schedules). Learn more about the five schedules here.

3 Erenia Perry, Director of Pharmacy Services leads a team of 19 staff which includes a Chief pharmacist, pharmacists, and pharmacy technicians who work weekdays from 7 a.m. to 8:30 p.m. and on weekends and holidays from 7 a.m. to 5:30 p.m. Chief Pharmacist, Rommel Navarro (promoted April 2018 after Kathryn Martinazzi’s retirement, read more about her here) is responsible for all medications used in the Juvenile Health clinics and camps. He also oversees the technological needs related to pharmacy operations.

(left to right): Mercedes Wagner, Pharmacist; Kris Desai, Pharmacy Technician; María Zamora, Pharmacy Technician; Jena Mehta, Pharmacy Technician; Mike Iwai, Pharmacist; Margie Soto, Pharmacy Technician; Erenia Perry, Director of Pharmacy Services; and Rommel Navarro, Chief Pharmacist.

(left to right): Carolyn Tate, Pharmacy Technician; Steve Chapin, Pharmacist; Lizeth Amezua, Pharmacy Technician; and Cindy Furman, Pharmacist.
Through computerization and technology, pharmacy staff use an automated packaging machine to fill medications for all patients housed in the Orange County jail facilities. Last fiscal year, the pharmacy dispensed more than 2.2 million doses of medication, of which 2 million alone were for jail patients. Using their clinical knowledge, pharmacists dose and monitor patients on warfarin (anticoagulant commonly used to treat blood clots to prevent stroke), make formulary drug recommendations and assist CHS staff with drug information questions.

During an October 2017 jail facility inspection, the Department of Justice medical physician inspector stated, “The Pharmacy program is a real strength here at the Orange County jail.” The diverse team of CHS pharmacists have many years of practical experience that spans across different settings including hospital, retail, home health and long term care. They are a highly educated group with many who hold Doctor of Pharmacy degrees, as well as bachelor’s degrees who then spend another four years in pharmacy school.

The team are highly trained nurses certified by the National Alliance of Wound Care and Ostomy (NAWCO) who deliver wound care (wounds caused by medical treatments, diseases or injuries, including treatment for patients with ostomies) tailored to each patient’s specific needs. They work together with the team to assess patients, manage wounds, and monitor healing, which has reduced the need to transport patients to an outside facility for care. To learn more about the team, read page 1 of the May 2013 ‘What’s Up’ newsletter here.

Specialty Physician Services:
To ensure that patients are receiving proper medical care while at an offsite hospital or specialty clinic appointments, a Medical Case Manager serves as a liaison between the patient, doctor(s), medical staff, patient’s family and the Orange County Sheriff’s Department. One of the undertakings the team prides themselves on is the management of a team of Community Specialists who work alongside a CHS medical doctor to provide care onsite in the jail facility. This has helped to reduce the hurdles of transporting an inmate to an offsite medical appointment, address community safety issues and alleviate security manpower.

Americans with Disabilities Act (ADA): Inmates or detainees with disabilities must be housed in the most integrated setting appropriate to the needs of individuals. CHS collaborates with Orange County Sheriff’s Department ADA deputies to provide accessible housing in all security classifications.

When an inmate is ready for release, the team works with the individual on a discharge plan and coordinates with community providers, Health Care Agency programs and other resources to link them to care, like Behavioral Health Services (Vivitrol administration to prevent relapse to opioid dependence after detox, learn more here), Public Health Services, 211 Orange County, Adult Protective Services, shelter programs like The Courtyard and Bridges at Kraemer Place, community hospitals, and Methadone clinics, to name a few.

To learn more about Correctional Health Services, visit www.ochealthinfo.com/about/chs or click here to read how medical case management in Connecticut’s jail system helped to improve linkage to care for people living with HIV post-release.
Oral Healthcare

Does the Whole Body Good

The mouth is often referred to as the gateway to the body’s overall health. Because inflammation and bacteria associated with gum disease are linked to several other health problems, it’s the focus of the Correctional Health Services (CHS) Dental Department to care for the oral health needs of adults and juveniles in the correctional system and to educate them about proper oral healthcare.

“Together, we see and treat an average of 1,100 adult patients and 250 youths per month. For many of them, we are the only dentist they see,” said Dr. Helen Ninh, CHS Dental Officer. “Whether we’re helping them to restore their teeth or alleviate their discomfort, all of our patients appreciate our professional advice and care.”

Communicated through a note written to the dental team, one inmate stated, “The only time I get to see a dentist is when I’m in jail. If I were writing a review on Yelp, I’d give you a 5-star rating.”

A team of dentists and registered dental assistants provide care to all inmates and Immigration and Customs Enforcement (ICE) detainees in five Orange County adult jails and to all youth housed at Juvenile Hall and Camp facilities. The team receives daily sick call requests from patients and referrals from all disciplines including medical, nursing and mental health staff as well as Orange County Sheriff’s Department and Probation personnel.
Dental services are not limited to extractions, but also include restorative, endodontic, periodontic, oral surgery, and prosthodontic care, which may be done based upon the clinical judgment of the licensed attending dentists and their training and expertise. Patients needing hospital and specialized care are referred to contract specialists. Education and promotion of dental healthcare including oral hygiene and nutritional instructions are also provided to patients.

The Dental Department recently updated many of their equipment to include digital X-ray machines, digital X-ray sensors, a digital panoramic machine and handheld digital X-ray units.

“With this technology, we have instant and clear images for proper diagnosis, better visuals to assist us with patient education and overall increased efficiency,” said Dr. Ninh. “Our new digital system reduces patient exposure to radiation and helps patients be more involved with the dentist during the co-diagnosis process as they are now able to view X-rays instantaneously, which leads to a better understanding of the treatment plan.”

The Dental team is dedicated and committed to their profession in providing quality care to those in need while in Orange County’s correctional facilities, which has shown in their Dental Peer Review and Clinical Performance Enhancement Review for Correctional Dental Health Program.

Providing Mental Health Care IS A TEAM APPROACH

Creating strong partnerships with Behavioral Health Services (BHS) and other resources, advocating for the well-being of the client, and coordinating care amongst various team members, is all in a day’s work for the Correctional Health Services (CHS) Mental Health team.

Staff are a multi-disciplinary team made up of social workers, marriage and family therapists, mental health specialists, psychologists, registered service chiefs, mental health nurse practitioners, psychiatrists, and support staff.

Each patient identified as requiring mental health services is assigned a Case Manager for evaluation, follow-up and discharge planning during their incarceration. Medication management, when indicated, is handled by licensed psychiatrists and mental health nurse practitioners, both onsite and through telepsychiatry. Screening, identification, medication management, individual and group therapy, crisis stabilization, and discharge planning/linkage to care are all part of the comprehensive approach utilized by the CHS mental health team to meet the needs of the mentally ill.

Preparing an inmate to continue care and treatment upon release from custody is a crucial piece of providing mental health care in a correctional setting. The team works diligently to link clients to post-custody resources to ensure a seamless transition back into the community through partnerships with key stakeholders like BHS, to identify the best post-custody resources available for a client based on their individual needs. Linkages are established while the client is still in custody to increase the likelihood that the care and treatment will be continued after the individual’s release from jail.

Among a team of approximately 25 CHS Mental Health staff, four members are pictured, top row (left to right): Geoffrey Glowalla, Marriage and Family Therapist II and Maria-Teresa Thomas, Marriage and Family Therapist II. Bottom row (left to right): Norma Macias, Licensed Clinical Social Worker and Yvonne Molina, Mental Health Specialist.
Providing for Youth’s Healthcare Needs is NO SMALL TASK

Behind every successful program is a team of professionals who work behind the scenes to help it excel. For Correctional Health Services (CHS), it’s the folks working in Support Services who provide day-to-day assistance in Medical Records, Radiology and Supply.

MEDICAL RECORDS

This team manages the life cycle of an inmate’s paper and electronic health records, which include the creation, identification, storage and security, retrieval, circulation and disposal/destruction of records, in compliance with legislative and other legal requirements. On average, staff handles approximately 2,882 paper documents each day. From January to July this year, the team has:

- Responded to 1,834 records requests
- Scheduled 646 optometry appointments
- Ordered 313 eyeglasses

Additionally, the Health Records team provides administrative support to all CHS healthcare staff and manages daily clinical operations which includes scheduling medical and behavioral health appointments, creating treatment passes, completing paperwork for off-site specialty care/consultations, coordinating

Youth who come into Orange County’s juvenile justice system are often a high-risk population with unique physical, developmental and mental healthcare needs, and for some, it may be the first interaction that they’ve had with a healthcare or medical provider in their lifetime.

“Many youth who enter the system have health issues like substance use/abuse, diabetes, seizures, history of trauma and learning disabilities, to name a few, that occur at higher rates than typically found in the general adolescent population,” said Stacey Northcutt, Juvenile Health Services Program Manager. “Some have also never had routine medical or dental care, and often times, their health needs are identified when they are admitted into Juvenile Health Services.”

To care for the youth’s healthcare needs, Juvenile Health Services (JHS) consists of a team of pediatricians, a family nurse practitioner, registered nurses, licensed vocational nurses, dentists, registered dental hygienists and administrative/office support staff who provide comprehensive care at two main medical units located at Juvenile Hall and Orange-wood Children and Family Center, as well as the Youth Guidance Center and Joplin Youth Center. Learn more about the facilities here.

One focus of the JHS team is to screen children age 10 or older upon entry to determine if they may have been suspected victims of child sex trafficking also known as Commercially Sexually Exploited Children (CSEC); and to

Get to Know the CHS SUPPORT SERVICES TEAM

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optometry appointments and delivery of glasses, answering telephones, forwarding information to appropriate healthcare prescribers, as well as other support duties.

**RADIOLOGY**
The primary responsibility of this team is to ensure that each individual who’s taken into custody at the jail receives a chest x-ray to screen for active Tuberculosis (TB). In 2017, the unit completed a total of 48,000 TB screening x-rays and 3,200 diagnostic x-ray examinations that were performed at the following three imaging rooms:

As part of their balanced scorecard measure, JHS began screening youth who have been in custody more than 6 months since July 2017 for vitamin D (known as the sunlight vitamin) deficiency. Low vitamin D levels can cause bone pain, muscle weakness, increased blood pressure, depression and other health related issues. Currently, a total of 295 youth have been screened, with 288 requiring intervention based on insufficient or deficient vitamin D blood levels. JHS works collaboratively with Probation to ensure that youth receive adequate daily sun exposure and that intervention and treatment is provided to those with low levels.

JHS also works with our Public Health Laboratory and Public Health Nursing teams to provide needed services to youth and contracts with local hospitals for specialty medical services like specialty consultations, treatment services and in-patient care. To learn more about Juvenile Health Services, visit [www.ochealthinfo.com/about/chs/jhs](http://www.ochealthinfo.com/about/chs/jhs).

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**CES TEAM**

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1. (Left to right): Dr. Helen, Ninh, Fidel Colin, Dr. Lihong Lai, Monica Diaz, Bianca Maldonado, Jessica Villa, Diane Mason, Francis Nicolas, Jeannette Rius, Gamiel Alamares, Joan Eugenio, Stacey Northcutt, Perlyn Chico, King Aliping, Ruth Rivera, Victoria Laurente, Kathy Arroyo, Joie Roe, Ha Nguyen, Beverly Graves, Rose Sumalpong, Carolyn Tate, Dr. Joanna Su, Shannon Jackson, Carolina Lim, Ronda Pea, Lilia Teano, Dagmar Himmler and Andrew Pio. Not pictured (alphabetical): Tommie Aceituno, Arnold Aleman, Dom Apolonio, Carol Bahari, Andrea Benson, Victory Bermudez, Claire Choice, Mia Delgado, Lisa Howell, Dr. Lizbeth Ligason, Grace Lizardo, Angelica Miscione, Dr. Ann Pan, Grace Parr, Kelly Paulson, Dr. Linh Pham, Crystle Retezan, Carmen Reynolds, Daniel Rivera, Giovanni Salazar, Sheila Tan, Christopher Terucha, and Sheila Vargas. 2. (Left to right): New JHS staff Perlyn Chico and Gamiel Alamares.
Providing for Youth’s Healthcare Needs is No Small Task

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JUVENILE HEALTH SERVICES STAFF HAPPENINGS

★ JHS wishes Kim Bloom, Comprehensive Care Nurse II, a happy retirement after 30.5 years of service and welcomes new staff Gamiel Alamares, Comprehensive Care Nurse II; Giovanni ‘Franco’ Salazar, Comprehensive Care Licensed Vocational Nurse (CCLVN); and Perlyn Chico, CCLVN.

★ Congratulations to Christopher Terucha, CCLVN, on passing his Registered Nurse Board Exam.

★ Many of the staff have been with JHS for more than 20 years. Currently, the years of service now range from less than one year to 28 years. Now that says something!

1. JHS welcomes Giovanni ‘Franko’ Salazar to the team. 2. JHS celebrates Christopher Terucha for passing his RN Board exam.

Get to Know the Correctional Health Services Support Services Team

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- Intake Release Center – TB screening
- Men’s Main Jail – Routine diagnostic imaging
- Theo Lacy – Routine diagnostic imaging

SUPPLY

This unit is responsible for providing the medical areas at all five jail facilities with supplies and equipment necessary for CHS staff to deliver health care services to inmates. This includes ordering, storing and dispersing medical, dental, and office supplies on a routine basis from two supply rooms that the unit maintains at the Men’s Jail and Theo Lacy. The department currently stocks and maintains more than 3,000 items which include 400 different types of medical supplies and equipment available for use by CHS staff. Other duties include managing price agreements with HCA Purchasing, coordinating repair of inoperable equipment and delivering stock to designated jail locations.

The What’s Up newsletter is created and distributed monthly by HCA Communications. Please call (714) 834-2178 with any suggestions or comments.