

Santa Barbara County

Santa Barbara, California

RFP# 8010003

Jail and Juvenile Justice Center Healthcare Services

Technical, Staffing and Pricing Proposal

November 1, 2024

2:00 PM PST



Respectfully Submitted to:

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805-568-2691

Submitted by:

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This Technical, Staffing and Cost Proposal has been submitted electronically to Public Purchase.

Table of Contents

1. Cover Letter.....	1
2. Response to Minimum Requirements	4
2.I. Narrative of Corporate Structure and Healthcare Experience	4
2.I.1. Correctional Healthcare Contracts and Operations	7
2.I.2. Accreditation Experience	8
2.I.3. Awards and Designations	8
2.II. References.....	9
2.III. Cancelled Contracts	11
2.IV. Legal Actions	11
2.V. Insurance Letter.....	11
2.VI. Plan for Compliance with PREA	12
2.VII. Financial Statements	12
3. Technical Response.....	13
3.I. Adult Inmates.....	13
3.I.1. Receiving Screening.....	13
3.I.2. Detoxification and Withdrawal	16
3.I.3. Initial Health Assessment	20
3.I.4. Sick Call	21
3.I.5. Immunizations	23
3.I.6. Infection Control.....	23
3.I.7. Chronic Care	24
3.I.8. Treatment Plans	25
3.I.9. Women's Health.....	26
3.I.10. Inmates in Restrictive Housing/Segregation	28
3.I.11. Other Special Populations	29
3.I.12. Behavioral Health	30
3.I.13. Dental Services	39
3.I.14. Discharge/Reentry Planning	41
3.II. Juvenile Health Services	44
3.II.1. Health Liaisons.....	44
3.II.2. Receiving Screening.....	44
3.II.3. Detoxification/Withdrawal.....	46
3.II.4. Comprehensive Health Assessments	48
3.II.5. Coordination of Health Care Services.....	49
3.II.6. Infection Control.....	50
3.II.7. Young Women's Health	51
3.II.8. Inmates in Restrictive Housing/Segregation	52
3.II.9. Sick Call	52
3.II.10. Chronic Care	53
3.II.11. Immunizations.....	54
3.II.12. Other Special Populations	55
3.III. Prescription Drug Services.....	56
3.IV. Laboratory and Radiology Services.....	63

3.V. Other Services	65
3.V.1. Provider Orders	65
3.V.2. Dietary Services	65
3.V.3. Health Education and Personal Hygiene Counseling	66
3.V.4. Off-Site Health Care Services	66
3.V.5. Training of Non-Provider Staff	71
3.VI. Continuous Quality Improvements	73
3.VII. Staffing Plan	77
3.VII.2. Transition and Start-Up	80
3.VIII. Remaining Topics	81
3.VIII.1. Attestation of EHR	81
3.VIII.2. Contract Management and Oversight	81
3.VIII.3. Mandatory Reporting	81
3.VIII.4. Performance Requirements	81
3.VIII.5. Service Level Agreements	82
3.VIII.6. Miscellaneous Requirements	82
3.VIII.7. Attachments	82
4. Staffing Proposal	83
4.I. Staffing Summary By Position By Facility	83
4.II. Staffing Coverage Tables	91
4.III. Position Descriptions	94
4.IV. Key Personnel	94
4.V. Organizational Chart	102
5. Pricing Proposal	105
5.I.1. Terms and Conditions	107
5.II. Points of Negotiation	115
6. Attachments	117

Attachments/Appendices

Letter of Reference	Appendix 1
Cancelled Contracts	Appendix 2
Legal Actions	Appendix 3
Insurance Letter	Appendix 4
PREA Plan	Appendix 5
Financial Statements	Appendix 6
Standard Procedures for Nursing – Adult Detainees	Attachment 1
Infection Control Policies	Attachment 2
Adolescent Health Assessment Form	Attachment 3
Standard Procedures for Nursing – Juvenile Detainees	Attachment 4
Pharmacy System Screen Shots	Attachment 5
Prescription Drug Formulary	Attachment 6
Sample QI Projects	Attachment 7
Proposed Transition and Start-Up Plan	Attachment 8

***CONFIDENTIAL AND PROPRIETARY ATTACHMENTS**

The attachments/appendices/sections/etc. labeled CONFIDENTIAL, NOT FOR PUBLIC DISCLOSURE contain “trade secrets” as defined by Cal. Civ. Code § 3426.1. Pursuant to Cal. Gov. Code § 6254, “trade secrets” are exempt from disclosure pursuant to any request made under the California Public Records Act, Cal. Gov. Code § 6250, et seq. CFMG respectfully requests that the appendices labeled CONFIDENTIAL, NOT FOR PUBLIC DISCLOSURE be redacted or withheld from any distribution of this proposal under the California Public Records Act, or for any other reason, as disclosure of these materials would cause competitive harm to CFMG.

1. Cover Letter

Sarah Witmer
General Services Department, Procurement Services
switmer@countyofsb.org
Santa Barbara, CA

Dear Ms. Witmer:

We are pleased to submit our proposal in response to the Request for Proposal (RFP) for Jail and Juvenile Justice Center Healthcare Services at the Santa Barbara County Main Jail (Main Jail), the Northern Branch Jail (NBJ) and the Juvenile Justice Center (JJC). As the incumbent provider since 2017, California Forensic Medical Group (CFMG) has consistently demonstrated our commitment to delivering high-quality comprehensive healthcare services to the adult and youth detainees of Santa Barbara County (herein referred to as “The County”). We are proud of the partnership established and remain a committed partner to Santa Barbara County. Listed below are just a few highlights of the relationships established between the County and Wellpath/CFMG:

COVID 19 Response Testing and Vaccinations: Wellpath/CFMG prioritized testing and vaccinating the Santa Barbara Sheriff’s Office, patients and county partners when Wellpath/CFMG received the first vaccinations during the COVID-19 pandemic. Wellpath/CFMG also provided additional EMTs at no cost to the county during the pandemic to help with mass testing and monitoring of COVID patients.

Unhoused Outreach in Santa Barbara County: The Santa Barbara Sheriff’s Office and Wellpath/CFMG donated and provided care packages to the unhoused community in Santa Barbara County.

North Branch Jail Facility Opening: The NBJ facility was opened in the midst of the COVID-19 pandemic under a public health order. In collaboration with County staff, Wellpath/CFMG successfully COVID tested and moved approximately 244 patients to the NBJ facility beginning at 3 a.m. during this challenging time.

Charitable Events: Wellpath/CFMG held a charity softball game with custody and medical staff where proceeds were donated to The Teddy Bear Cancer Foundation, who provides financial, emotional and educational support to families of children living with cancer.



Our proposal demonstrates our approach to meeting the requirements set forth in the RFP, including the following:

- **Disability Rights California: Murray v County of Santa Barbara Class Notice of Court-Approved Settlement:** We are working collaboratively with the County, Sheriff's Department, class counsel, and federal court appointed monitors, to ensure we have appropriate systems and processes in place to comply with the Murray orders and agreements. We continue to refine and update our policies and operational protocols to ensure appropriate medical and mental health care is provided to patients residing in the jails. For example, we have implemented behavioral health units to improve the therapeutic milieu and improve patient outcomes. We have improved provision of care to patients, including the provision of accommodations for disabled patients, and continue to work collaboratively with our partners to further refine and improve those services to the community's most vulnerable populations. We are also vigilant about suicide prevention and work with our county behavioral health partners to ensure care and attention for patients who are suicidal.
- **Disability Rights California: Murray v. County of Santa Barbara Comprehensive Settlement Reached in Santa Barbara County Jail Class Action Lawsuit:** Our proposal includes detailed plans to adhere to the comprehensive settlement terms/remedial plan, ensuring that all aspects of inmate healthcare are addressed in accordance with the agreed-upon standards.
- **Disability Rights California: Murray v. County of Santa Barbara Order on Joint Status Report and Stipulation Re: Implementation of Remedial Plan:** As a result of the Stipulated Agreement, we have developed a robust remedial plan that aligns with the court's order, focusing on continuous improvement and compliance with all stipulated requirements.
- **Appendix 9A-C Staffing Matrices and Analysis:** Our staffing plan aligns with the staffing matrices and analysis provided in the solicitation and is designed to meet the specific needs of the Santa Barbara County Jail, ensuring that we have the appropriate number of qualified healthcare professionals to provide timely and effective care.
- **California Department of Health Care Services Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative:** In partnership with the county, we are working to develop systems which will comply with the California Advancing and Innovating Medi-Cal (CalAIM) Justice Initiative Medicaid 1115 Demonstration requirements. We will be prepared for transition by the County's 60–90-day timeline. We will continue to work with the County on all billing, claims, and management services required to maintain compliance. Wellpath/CFMG's experience working in 34 jails within California positions us as the leading medical provider in-custody with systems and policies in place to meet this initiative focused on specific needs to Santa Barbara County. We are customizing solutions for each individual County based on County plans.
- **National Commission on Correctional Healthcare (NCCHC) Standards:** Wellpath/CFMG healthcare services are currently NCCHC accredited for both the Main Jail and JJC. We are in the process of obtaining full accreditation for the NBJ. The timeline for accreditation is contingent on NCCHC, but we will make every effort to follow through and prioritize the accreditation on our end for the NBJ.
- **U.S. Department of Justice Guidelines for Managing Substance Withdrawal in Jails:** We are developing policies and procedures that are consistent with U.S. Department of Justice's guidelines for managing withdrawal in jails (also referred to in the RFP as the Bureau of Justice Assistance's (BJA) Guidelines for Managing Substance Withdrawal in jails. In the interim, we

continue to provide withdrawal management treatment services, monitoring, and care consistent with community standards.

CFMG is dedicated to maintaining the highest standards of medical care and compliance with all legal and regulatory requirements. We are confident that our experience, expertise, and commitment to excellence make us the ideal partner for Santa Barbara County.

Throughout this proposal, you will notice the icon to the right of this paragraph. This icon is a way for us to highlight innovative solutions and other differentiators that are **unique to a partnership with Wellpath**.



You will also encounter the icon to the right of this paragraph, which clearly identifies areas within our proposal where **cost savings advantages** are to be gained by partnering with Wellpath.



Authorized Agent/Officer

Grady Judson Bazzel, MD
President of CFMG
3340 Perimeter Hill Drive,
Nashville, TN 37211
615-815-2703 | jbazzel@wellpath.us
Dr. Bazzel is authorized to bind CFMG to a contract.

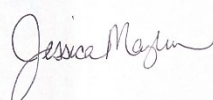
Jessica Mazlum
Vice President of Partnership Development West
3340 Perimeter Hill Drive,
Nashville, TN 37211
916-634-6463 | JMazlum@Wellpath.us
Ms. Mazlum, is authorized to negotiate contract terms and will be your point of contact during the proposal and contracting period.

Thank you for considering our proposal. We look forward to the opportunity to continue serving the County and contributing to the well-being of its detainees.

Sincerely,



Cindy Watson
Chief Operating Officer
615-815-2738
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Jessica Mazlum
Vice President of Partnership Development West
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CFMG engages Wellpath as its management service organization (MSO) to manage all administrative services and programs so that our California clients benefit from the experience Wellpath has in managing correctional services. CFMG is responsible for ensuring the delivery of patient care. The name Wellpath is used throughout our response to identify the combined resources of CFMG and Wellpath.

2. Response to Minimum Requirements

2.1. Narrative of Corporate Structure and Healthcare Experience

California Forensic Medical Group (CFMG) was formed in 1983 to provide healthcare to California county correctional facilities. Since our first contract with the Monterey County Jail in California, a contract we have to this day, CFMG has been regularly and continuously engaged in the business of providing comprehensive correctional medical care services for the past 40 years. CFMG engages Wellpath as its management service organization (MSO) to manage all administrative services and programs so that our California clients benefit from the experience Wellpath has in managing correctional services. CFMG is responsible for ensuring the delivery of patient care. The name Wellpath is used throughout our response to identify the combined resources of CFMG and Wellpath.

Wellpath is the premier provider of localized, high-quality, compassionate care to vulnerable patients in challenging clinical environments. Our company was specifically organized to provide correctional healthcare services, which we have done for the past 40 years. CFMG and Wellpath's unmatched experience and extensive resources will ensure that Santa Barbara County (herein referred to as "The County") continues to receive the best services available at the best overall value.

As the current service provider for the County, Wellpath has the proven ability to provide a comprehensive, compliant healthcare program that meets or exceeds the County's objectives. We have a proven history of success in facilities of all types and sizes, which has helped us refine best practices that inform our program for the Santa Barbara County Main Jail (Main Jail), the Northern Branch Jail (NBJ) and the Juvenile Justice Center (JJC). Our services for these facilities include the design and successful operation of medical, dental, and mental health programs for adults and youths in custody.

Today, more than 14,000 Wellpath employees care for over 220,000 patients in 38 states, with more than 8,000,000 patient encounters each year. The knowledge we gain from the patients we treat throughout our client base leads to improved care at each site. With each of our successful contracts and satisfied clients, we have demonstrated the necessary capabilities that make us a qualified and willing partner for the County.

Our Mission & Values

We treat our patients with dignity and compassion because we care about them as human beings. We are the right people, striving to do the right thing while creating healthier communities—one patient at a time. **Our mission is to provide quality care to every patient with compassion, collaboration, and innovation.** We are a true solutions provider in the healthcare industry and in the communities we serve. With a constant focus on patient care, we deliver innovative solutions to meet your program objectives and local, state, and national standards of care.

Wellpath at a Glance

- 40 years in the industry
- Privately owned—We answer to our clients, not shareholders
- Over 14,000 employees caring for more than 220,000 patients in 38 states
- 8,000,000+ patient encounters each year
- Clients include local jails, statewide correctional systems, federal prisons, and juvenile detention centers
- Annual sales = \$2.25 billion
- 100% accreditation success

Our vision is to transform healthcare by delivering hope and healing through public health partnerships. Wellpath was born from the joining of two great companies that shared the importance of putting patients first and providing high-quality care to an often-overlooked population. We believe in transforming public health by delivering hope and healing to those who need it most.

Our philosophy is simple: we listen to our clients, we assess the situation, and we offer targeted implementable solutions. Wellpath concentrates on

establishing partnerships with county, state, and federal agencies experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way. We focus on creating and maintaining successful partnerships with our clients and we create value in our partnerships through long-term cost savings and improved patient care. Our focus is best summarized by what we call *The Five Ps: Patients, People, Partners, Processes, and Performance*.

"We are grateful for our partnership and commitment to shared success with Santa Barbara County for the past seven years. At Wellpath, we take pride in providing hope and healing by improving the health of this vulnerable population and transforming the lives of the patients we serve."




Kip Hallman

Co-Chairman of the Board

Wellpath recruits and retains only the best personnel in the industry. We strive to hire individuals who possess the qualities that we value most in ourselves, our employees, and in others. These attributes are known by the Wellpath family as *The Five Hs: Humility, Honesty, Hunger, Hard Work, and Humor*.

Our Services

Wellpath provides a wide range of healthcare services and ancillary services for our clients, including:

 Comprehensive Medical Services	 Mental & Behavioral Health Services	 Administrative & Operational Services
<p>Assessments & Appraisals <i>Receiving screenings; health assessments</i></p> <p>Access to Care <i>Triage & sick call; on-site clinics; telehealth; eConsults</i></p> <p>Off-site Coordination <i>Emergency & hospitalization arrangements; case management</i></p> <p>Education <i>Patient health education programs; correctional staff training programs</i></p> <p>National Contracts <i>Pharmacy; laboratory; radiology</i></p> <p>Substance Use Disorder Treatment <i>Medically supervised withdrawal management; Medication-assisted treatment (MAT)</i></p> <p>Medically Necessary Diet Programs</p> <p>Dental Care</p> <p>Optical Care</p>	<p>Screening, Assessment & Evaluation</p> <p>Treatment Planning</p> <p>Consultation & Education</p> <p>Multidisciplinary Treatment Teams</p> <p>Group & Individual Therapy</p> <p>Clinical Supervision</p> <p>On-site & Virtual Psychiatry</p> <p>Suicide Prevention & Intervention</p> <p>Jail-Based Competency Treatment</p> <p>Re-entry and Discharge Planning</p> <p>Community Outreach <i>Continuity of care & discharge planning; collaboration with community agencies</i></p>	<p>Claims Management <i>Third-party billing; cost recovery programs; catastrophic re-insurance coverage</i></p> <p>Utilization Management <i>Web-based Care Management system</i></p> <p>Electronic Record Management Application (ERMA®) <i>EMR & eMAR technology built for corrections</i></p> <p>Network Development <i>Established networks of specialty providers & hospitals; negotiating agreements for clients</i></p> <p>Accreditation <i>NCCHC; ACA; CALEA; state-specific</i></p> <p>Clinical Quality Assurance <i>Continuous Quality Improvement (CQI) & Medical Administration Committee (MAC) programs</i></p> <p>Reporting & Accountability <i>Automated reports; compliance tracking</i></p>

California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved Initiative

Wellpath has first-hand experience with the CalAIM initiative and is prepared to execute the necessary CalAIM requirements to improve healthcare outcomes, maximize cost efficiencies and reimbursements back to the County for services provided under the medical contract. In preparation for the CalAIM initiative, Wellpath/CFMG leaders have met with the Department of Health Care Services (DHCS) and established a relationship to ensure the Wellpath/CFMG workflow and care system meets or exceeds the requirements established by CalAIM.

Additionally, we have met with the Managed Health Care Plans, engaged in countywide discussions and conducted Cal-AIM webinars providing guidance to our partners throughout the state. We strongly support the central tenants of the CalAIM Justice-Involved initiatives and are focusing on ensuring systems for continuity of coverage through Medi-Cal pre-release enrollment strategies and providing key services to support a successful re-entry into the community. In partnership with the county, we are working to develop systems which will comply with the California Advancing and Innovating Medi-Cal (CalAIM) Justice Initiative Medicaid 1115 Demonstration requirements to meet the blueprint of Santa Barbara County's Cal-AIM Implementation Plan. We will continue to work with the County on all billing, claims, and management of services as required, including implementation planning, readiness assessments, and consultations. We work in partnership with all Counties we contract with to ensure that Wellpath is well positioned to maximize reimbursement back to the County for services upon their "go live" date.

Our Structure

We take pride in being a large company with the ability to offer volume-based buying power and resources to our partners, while still keeping our homegrown, family culture and hands-on approach to client service. Our program is designed to ensure that you never feel unsupported or unable to access the Wellpath team. Direct support is provided by our Regional Management Team and our Home Office in Nashville, Tennessee. Our Home Office support includes a staff of HR professionals to guide all recruiting and hiring, as well as leadership development and clinical education teams to train new and existing staff members. Our finance and accounting teams provide regular and thorough reporting, and our IT department ensures that our technology meets the County's needs and requires minimal resources. The entire Wellpath team will remain fully engaged in the operation of programs and services for the County.

Wellpath CalAIM Success

"Placer County has one of the best pre-release processes in the state and is a model for other counties to emulate. Placer's process will be featured in our best issue paper and will be reviewed by other states at the national Medicaid meeting in June."

Chief Angelo M. Vitale
DHCS Policy Operations Branch Chief

"My staff and I are very pleased with the comprehensive health care services provided by Wellpath. We work closely on a daily basis. Their staff are invaluable to the oversight and efficiency of inmate medical care while ensuring compliance with all regulations mandated by internal and external agencies. Wellpath staff ensures inmates receive consistent, quality healthcare. At the same time, they ensure these services are delivered in a collaborative and coordinated manner with the custody staff.."

Sheriff-Coroner Gregory J. Ahern (Retired)
Alameda County Sheriff's Office, CA

As your current healthcare services provider, **Wellpath already has a stable, knowledgeable, local management team in place**, along with California-licensed staff who will continue to support our operations in Santa Barbara County. Wellpath also has local nurses, mental health professionals, and Health Services Administrators available to assist as needed with specific training, mentoring, and resource management. With 2,341 employees serving our California client facilities, **Wellpath has unmatched local resources** who will continue to support the success of the County's healthcare program.

2.1.1. Correctional Healthcare Contracts and Operations

To provide a clearer understanding of our extensive correctional healthcare expertise, the following chart outlines the specific details of our contracts. It includes the number of contracts we currently hold, the facilities we operate in, and the total number of detainees we serve across various categories. This data exemplifies our commitment to delivering quality healthcare within correctional facilities regardless of population or size, demonstrating our capability and scope.

Category	Number Of Correctional Healthcare Contracts	Number Of Facilities	Number Of Detainees
Jail	160	~237	~96,787
Prison	28	~110	~121,650
Juvenile	56	~64	~3,894
Other Forensic Services	18	~51	~4,001
Total	262	462	226,332

As noted previously, Wellpath has provided correctional healthcare programs in jails and prisons for 40 years, serving clients in 38 states, and understands that regional differences from state to state gives us a competitive edge. We currently provide quality care for 25,060 patients in more than 30 counties throughout the State of California, including Santa Barbara County, where **we have proudly served as the County's comprehensive healthcare provider for seven (7) years**, giving us unmatched knowledge of the intricacies of providing care in the Main Jail, NBJ and JJC.

Wellpath currently serves 80 clients with Average Daily Populations (ADPs) of 500 or more adults and up to 200 juveniles, the majority of whom are local detention clients. Like Santa Barbara County, several of these clients are members of the Major County Sheriffs of America. Most of these members are accredited by the NCCHC and/or ACA, and six have Triple Crown Accreditation (NCCHC, ACA, and CALEA).



- Alameda County, CA*†
- Fresno County, CA*
- Santa Barbara County, CA*
- Sonoma County, CA*
- Stanislaus County, CA
- Ventura County, CA*
- Arapahoe County, CO*†
- Broward County, FL*†
- Palm Beach, FL*†
- Marion County, IN*†
- Essex County, MA*†
- Macomb County, MI*
- Oakland County, MI*
- Guilford County, NC*
- Delaware County, PA*
- Collin County, TX*
- Montgomery County, TX
- Cobb County, GA*†

***NCCHC accredited**
†ACA accredited

In California specifically, ten (10) of our clients are NCCHC accredited including Alameda County, Fresno County, Kings County, Lassen County, Merced County, San Luis Obispo County, Santa Ana Police Department, Santa Barbara County, Sonoma County, and Ventura County.

2.1.2. Accreditation Experience

Wellpath provides healthcare services to adults and juveniles at approximately **179 facilities** accredited by the National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), Commission on Accreditation for Law Enforcement Agencies (CALEA), Accreditation Association for Ambulatory Health Care (AAAHC), Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or other accrediting agency. **The Joint Commission has accredited six current Wellpath sites.**

Wellpath has neither failed to obtain nor lost medical accreditation at any of our client sites. Our program for Santa Barbara County is currently accredited by NCCHC at the Main Jail and JJC, and we will continue to meet or exceed community standards of care, as well as required accreditation standards. We look forward to obtaining NCCHC accreditation at the NBJ and will make every effort to follow through and prioritize the accreditation on our end. The timeline for accreditation at the NBJ is contingent on NCCHC.

The following table summarizes our current accreditation status at our client sites.

Wellpath Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA & CALEA (Triple Crown)	24
NCCHC & ACA	11
NCCHC Only	41
ACA Only	45
Joint Commission Only	4
NCCHC & Joint Commission	1
ACA & Joint Commission	1
AAAHC	1
CARF	4
Other	47
TOTAL	179

2.1.3. Awards and Designations

Wellpath has received several awards and designations for our healthcare services, including but not limited to the following:

Wellpath Accreditation Distinctions

Wellpath has enjoyed unparalleled success in our accreditation experience. Many Wellpath sites have been found 100% compliant during their accreditation surveys. Furthermore, **we carry the distinction of counting 35 Triple Crown facilities among our clients**. The National Sheriffs' Association (NSA) presents its prestigious Triple Crown Award to correctional facilities that achieve accreditation by the NCCHC, ACA, and CALEA. This is a one-time award to a Sheriff's Office under the direction of a single Sheriff. If the award is earned by an office for an additional year under a new Sheriff, it is re-awarded.

NCQA Accreditation

Wellpath's high standard of care has been recognized by the National Committee for Quality Assurance (NCQA), receiving NCQA Population Health Program Accreditation for the following COE programs: HIV, Hepatitis C, Diabetes, Hypertension, and Serious Mental Illness in Female Patients. These programs were awarded full NCQA accreditation for three years, the maximum allowable length. **Wellpath's HIV COE is the only correctional HIV program accredited by the NCQA**. This national accreditation further aligns Wellpath's population health programs with health insurance plans, primary care practices, and hospitals across the country. **Wellpath joins leading healthcare organizations like Cleveland Clinic and Mayo Clinic in achieving NCQA Accreditation**.



Wellpath Client Awards and Designations

Shelby County Sheriff's Office Jail Division Honored with Prestigious Awards

The Shelby County Sheriff's Office Jail Division, a Wellpath client, has been recognized with two prestigious awards during the opening session of the American Correctional Association (ACA) conference, held from August 15-18, 2024, in Nashville.

Crystal Eagle Award

The Crystal Eagle Award, a distinguished honor presented to county and local correctional agencies or single-state independent organizations operating three or more separate facilities, was awarded to the Shelby County Sheriff's Office Jail Division. This accolade acknowledges the agency's exceptional commitment to accrediting every component within its area of responsibility. The Crystal Eagle Award symbolizes the highest standards of excellence in correctional operations and underscores the agency's dedication to enhancing public safety and the well-being of those under its care.

Lucy Webb Hayes Award

In addition to the Crystal Eagle Award, the Shelby County Sheriff's Office Jail Division also received the Lucy Webb Hayes Award. This award is presented to agencies or programs that have achieved both ACA full accreditation and Prison Rape Elimination Act (PREA) compliance for every component within their area of responsibility. The Lucy Webb Hayes Award highlights the agency's unwavering dedication to maintaining the highest standards of safety and care for those in their custody.

2.II. References

Wellpath is dedicated to continuously improving our services and program offerings for the County and for every client we serve. We have provided the following client references that we believe can best communicate our strengths and our ability to continue meeting or exceeding your requirements and expectations for your healthcare program.

References for Adult Services	
Contact Information	Population Type / Average Daily Population (ADP)
Ventura County Name & Title: Jim Fryhoff, Sheriff Phone: 805-654-2381 Email: james.fryhoff@ventura.org Facilities: Todd Road Jail, Pre-Trial Detention Facility Address: 2101 E Olsen Rd. Thousand Oaks, CA 91360	Adult – 1620 ADP
San Luis Obispo County Name & Title: Ian Parkinson, Sheriff Phone: 805-781-4540 Email: iparkinson@co.slo.ca.us Facilities: San Luis Obispo County Jail, San Luis Obispo Honor Farm Address: 1585 Kansas Ave., San Luis Obispo, CA 93405	Adult – 525 ADP
Alameda County Name & Title: Yesenia Sanchez, Sheriff Phone: 510-272-6866 Email: ysanchez@acgov.org Facility: Santa Rita Jail Address: 5325 Broder Blvd., Dublin, CA 94568	Adult – 1462 ADP
References for Juvenile Services	
Contact Information	Population Type / Average Daily Population (ADP)
Fresno County Name & Title: Kirk Haynes, Chief Phone: (916) 600-1294 Email: khaynes@fresnocountyca.gov Facilities: Main Jail, North Annex Jail, South Annex Jail, Juvenile Justice Campus Address: 1225 M St. Fresno, CA 93721	Juvenile – 209 ADP
Ventura County Name & Title: Carrie Vredenburg, Chief Deputy Phone: 805-973-5123 Email: Carrie.Vredenburg@ventura.org Facility: Ventura County Juvenile Justice Center Address: 4333 E Vineyard Ave., Oxnard, CA 93036	Juvenile – 65 ADP
Madera County Name & Title: Chris Childers, Chief Phone: (559) 675-7739 Email: cchilders@maderacounty.com Facilities: Madera County Juvenile Detention Facility; Madera County Juvenile Academy Address: 14191 Rd. 28, Madera, CA 93638	Juvenile 45 ADP

We have provided Letters of Reference from several references within **Appendix 1**.

2.III. Cancelled Contracts

Wellpath has responsibly completed all projects under which we have been contracted. Where a contract exit was made before the original concluding date, we have worked diligently to ensure a transition to the new service provider. We recognize our responsibility to patient care in any such transition, and we faithfully perform to meet that commitment.

In **Appendix 2**, we have provided a list of inactive contracts for the past 5 years, with explanations as to why each contract ended and the primary contacts information. **Please note that this information is confidential and proprietary**. Some contracts that terminated early were acquired with the purchase of other companies. The reasons for terminations typically and historically have revolved around smaller contracts that we elected to discontinue due to unacceptable risk. In every case, we exited under the contract terms.

2.IV. Legal Actions

Wellpath's litigation history is modest given today's litigious environment and the size of our business, which reflects the high standard of care we provide. We proactively identify and mitigate risks through a collaborative team approach and stringent quality assurance and patient safety programs, distinguishing us from other companies. Our strong relationships with experienced defense counsel and in-house claims managers help us defend claims related to healthcare services. **The majority of lawsuits filed against Wellpath are pro se, where the plaintiff is not represented by legal counsel**. Most of these suits are filed by inmates in our prison population, who tend to be incarcerated for longer periods than those incarcerated in jails and detention centers. Nearly all of these cases are ultimately dismissed with no finding of liability against Wellpath. **Approximately 88% of all cases filed against Wellpath are dismissed with no payment by Wellpath or our partners**.

While bad clinical outcomes are rare, given the eight million interactions we have each year with patients who are among the sickest, most fragile in any setting—Wellpath strives to provide quality care to every patient by investing in hiring, training, planning, and developing processes, policies, and procedures. Our more than 14,000 committed healthcare providers work under challenging conditions, supported by robust systems, processes, policies and procedures. Our robust Continuous Quality Improvement (CQI) program and national Patient Safety Organization (PSO) membership help reduce and mitigate adverse outcomes.

Wellpath has no pending judicial or administrative proceedings that materially impact our business, financial condition or our ability to perform the work requested in the RFP. The financial and other terms of settled lawsuits are generally subject in most states to legally binding, bilateral confidentiality agreements and cannot be disclosed. We have provided the requested litigation history for the past five (5) years in **Appendix 3**. **Please note that this information is confidential and proprietary**.

2.V. Insurance Letter

As the incumbent provider of health care services to the County, Wellpath is currently insured to conduct business in the State of California and will continue to maintain adequate coverage. We have provided a Letter of Intent and Certificate of Insurance from our insurer, who is authorized to do

business in the State of California, in **Appendix 4. Please note that this information is confidential and proprietary.**

2.VI. Plan for Compliance with PREA

Wellpath will continue to operate the County's program in compliance with federal law, including the Prison Rape Elimination Act of 2003 (PREA) and in accordance with PREA Community Confinement Standards, Final Rule May 2012. We maintain a "zero tolerance" policy regarding rape or sexual abuse of detained individuals and have an established policy for responding to allegations of such acts that requires prompt and appropriate mental health intervention in the event of a sexual assault to minimize medical and psychological trauma. Wellpath provides medical and mental health assessment, evaluation and treatment for individuals who have experienced sexual victimization or sexual aggression, in accordance with PREA and County policy and standards. We ensure that all staff members are trained on PREA standards. Our employees receive initial and annual training on the purpose and requirements of PREA which focus on the issues surrounding prison sexual assault, the importance of reporting incidents, and the level of involvement from other government agencies. Employees are tested on their knowledge of PREA and certified after demonstrating competency.

Wellpath will track and report medical services provided to inmates that are the result of an assault or another inmate's action, including sexual assault. In addition, all inmates will be screened for a history for history of trauma and/or abuse, including sexual abuse/victimization or sexually predatory behavior during the receiving screening by intake staff. To depict our Plan for Compliance with PREA, we have provided our sample policies and procedures in **Appendix 5. Please note that this information is confidential and proprietary.**

2.VII. Financial Statements

Built on a foundation of proven business practices and backed by a well-funded ownership group, Wellpath is an industry leader able to provide uninterrupted, consistent, and financially responsible programs for our clients. We retain the vast majority of our client agencies on a revenue basis year over year. This results in part from our commitment to patient care, technological innovation, and a continued investment in infrastructure designed to meet or exceed our clients' expectations.

On October 1, 2018, Correct Care Solutions Group Holdings, LLC (CCS) and Correctional Medical Group Companies, Inc. (CMGC) were combined under common ownership of an investment fund management by H.I.G. Capital, LLC to become Wellpath. In 2024, Wellpath expects to generate approximately \$2.25 billion in annualized revenue.

We have provided our audited financial statements for the past two years, and unaudited financial reports for the current year-to-date in **Appendix 6. Please note that this information is confidential and proprietary.**

3. Technical Response

3.1. Adult Inmates

Wellpath's current program at the Main Jail and NBJ, ensures that patients have access to routine and emergency care to meet their serious medical, dental, or behavioral health and nursing needs. Wellpath provides inmates with healthcare services consistent with care available in the community and our operational and reporting capabilities are unmatched. We are committed to maintaining operations of our humane, legally defensible healthcare program for the County and their adult detainee population. We work closely with the Sheriff's Office and all stakeholders involved, ensuring transparency and visibility in our program operations.

3.1.1. Receiving Screening

Wellpath ensures timely booking and admission screening to optimize patient well-being. The receiving screening process helps identify and meet urgent health needs, known or easily identifiable health needs requiring medical intervention, isolate potentially contagious inmates, and obtain medical clearance when necessary. Wellpath allocates properly trained and authorized healthcare staff to conduct receiving screenings 24 hours a day, 7 days a week, including holidays. A registered Nurse (RN) conducts receiving screenings as soon as possible upon a detainee's arrival to the Main Jail and/or NBJ, to ensure emergent and urgent health needs are met. This evidence-based screening is conducted no later than two hours after arrival. Our receiving screening process protects the detainee's confidentiality while assessing their health status through direct observation and documentation. It focuses on the identification, assessment, referral and treatment of individuals with acute and chronic healthcare conditions, behavioral health needs, suicide risk, withdrawal risk, disabilities, and dental issues. Additionally, we assess the need for medication, isolation, or close observation. The receiving screening determines whether care can be provided at the facility and sets the course for the patient's medical care throughout confinement. Conducting it at intake allows us to stabilize patients with health issues as quickly as possible and initiate any needed medications essential for timely and appropriate care, thereby improving the individual's overall health outcome. Wellpath's receiving screening meets applicable NCCHC and ACA standards, and are conducted in accordance with state, federal and local regulations, administrative directives, and the policies and procedures of the County, Main Jail, NBJ, and/or the Sheriff's Office.

3.1.1.1. Approach To Receiving Screening

During receiving screening at the Main Jail and NBJ, inquiries are made on aspects such as the detainees current and past illnesses, health conditions, special health requirements, infectious diseases, past or current mental illness, suicidal ideation, dental issues, ADA limitations, prescription medications, drug use and vital signs. Direct visual observations are also conducted on certain aspects such as the detainee's appearance, behavior and conduct, state of consciousness, mental status, breathing, ease of movement, and condition of skin. Wellpath conducts verifications on current medications, special diets, insurance coverage, and current community provider/physician, and makes appropriate referrals for further evaluation, care and/or services. Healthcare staff ask each inmate to complete a Release of Information (ROI) form so that verification of medications and current treatment can begin. Informed consent is also documented. Screening for Medi-Cal eligibility to receive pre-release services will be provided in accordance with the RFP to include clinical assessment, medical record review and self-attestation. High-level screening for pre-release service access criteria and behavioral health linkages will be performed, including CalAIM tier 1 screening.

Early identification of problems, using a systematic intake evaluation, prevents more serious and costly problems from developing later. Wellpath's standardized physician-approved receiving screening form guides the assessment, treatment, and referral of individuals admitted with healthcare needs. Wellpath nurses use the screening results to determine the appropriate intervention. Healthcare staff are trained by the responsible physician or designee in the early recognition of medical or mental health conditions requiring clinical attention. Training includes how to complete the receiving screening form and when to contact medical staff to determine disposition.

Wellpath will continue our approach to the RFP requirements as indicated below.

- **Pregnancy Testing.** A pregnancy test is conducted on all females (who do not have a history of sterilization) during receiving screening and the initial health assessment, unless a pregnancy is confirmed. A referral is made to the County of Santa Barbara Public Health Department (PHD) immediately if active drug use is reported.
- **Emergency Contraception.** In accordance with Wellpath policy, emergency contraception is available during reception screening and if indicated, during incarceration.
- **Mental Health Assessment.** Wellpath will use a standardized screening form, approved by the jails, BWell and PHD, to assess mental health needs. Our current form is currently being reviewed for approval. If a positive finding is documented, the detainee is referred to a qualified mental health professional for further assessment and treatment.
- **Fitness for Confinement.** We will also assess the need for medication, isolation, or close observation during the receiving screening.
- **Referral for Urgent/Priority Needs.** Intake staff may identify arrestees whose clinical status requires urgent or emergent health services not available on site. In this case, the intake nurse refers the arrestee to a local emergency room or approved hospital for emergent care and schedules appointments to address urgent and routine needs. Emergent concerns are treated and sent out for emergency treatment immediately. Other referrals are categorized as urgent or routine and appointments are scheduled. Urgent needs are addressed within 12 hours and routine needs are addressed within 5 days. The arrestee's subsequent admission to either jail, requires written medical clearance from the hospital.
- **Bridge Medications for Medical and Psychiatric Conditions.** If medication is verified, an RN dispenses bridge medications for medical and psychiatric conditions at intake within 24 hours of admission. If medication cannot be verified, the RN confers with the onsite or on call medical or psychiatric provider to establish, document, and initiate a treatment plan (or additional assessments) within 24 hours of arrival. Psychotropic medications are the same as received in the community. We make every effort to bridge all MAT medications.
- **Notation of Disabilities.** Qualified medical staff screen detainees to evaluate them for disabilities at intake to include inquiry into intellectual functioning and notation of physical disabilities that require accommodation. Screening covers a range of health conditions including arthritis, multiple sclerosis, Parkinson's, Stroke, diabetes, high blood pressure, heart conditions, asthma, COPD, Kidney disease, and seizure disorder—and developmental disabilities including cerebral palsy, down syndrome, intellectual disabilities, autism spectrum disorders, and attention-deficit/hyperactivity disorder (ADHD). They are referred to the physician for further evaluation and to determine treatment. Appropriate accommodations are provided in accordance with NCCHC and Americans with Disabilities Act (ADA). Arrestees with suspected or confirmed developmental disability are referred to a case worker for purposes of identification

or treatment within 24 hours of identification (excluding weekends and holidays). Patients with time-limited disabilities are re-evaluated regularly for efficacy of care. Wellpath maintains a system for tracking patients with disabilities to facilitate this process. We complete a Medication Treatment Order (MTO) for the special need in the patient's medical record and submit the MTO to the Classification department for approval. To ensure comprehensive tracking of patients, we maintain a Special Needs List at each site. The patient's disability and/or accommodation is documented in the electronic medical record as an alert. This alert is visible to all medical staff, allowing them to review and address the patient's accommodations throughout their detention.

Intake staff document screenings electronically in our electronic medical records system (CorEMR), which streamlines the intake process and reduces paper transcription errors. It also reduces transcription time, allowing intake nurses to focus on clinical functions. Our electronic medical records system interfaces with the Main Jail and NBJ Jail Management System (JMS), ATIMS, by pulling demographic data when a new patient is booked, giving healthcare staff timely access to information. Re-admitted patients with previous medical or mental health history are immediately identified, providing critical information to the intake nurse and the physician from an authorized computer connected to the internet. Data is also immediately available on re-admitted patients. Following the receiving screening, Wellpath staff initiate a comprehensive medical record that becomes the single source of medical, dental, and mental health information for the patient. Wellpath will conduct routine Continuous Quality Improvement (CQI) studies to monitor and review our receiving screening process to ensure compliance with requirements and adherence to established thresholds. For more information on our electronic medical records system, please see section **3.VIII.Remaining Topics**.

3.I.1.2. TB Screening

All patients are screened for symptoms and history of tuberculosis (TB) at intake. During the receiving screening, intake staff ask arrestees about their history of tuberculosis and current or recent symptoms. Those screening positive for symptoms of airborne communicable disease are placed in respiratory isolation and tested to rule out TB. For patients with no symptoms or history of TB, we typically administer a Purified Protein Derivative (PPD) test known as a Tuberculin Skin Test (TST) during the initial health assessment. If the PPD test is not administered during the receiving screening, it will be administered during the comprehensive health assessment. Nurses read and document the results of TSTs within 48-72 hours. The nurse administering the TST ensures that the patient is aware of this timeline and are instructed to avoid scratching or otherwise touching the test area until results are read. For detainees who are HIV-positive and drug-users, PPD is conducted in conjunction with the receiving screening. Those who are likely to have infectious TB are identified and begin treatment in accordance with CDC guidelines before they are integrated into the population of the facility (i.e., at the time of admission). When possible, newly arrived patients are not housed with other patients until they have been appropriately screened for TB. All active TB patients are housed in designated airborne infection isolation rooms (AIIR) with respiratory precautions. The patient is referred to the provider for counseling and examination. All individuals with a positive TST receive counseling and risk assessment for HIV infection.

Patients who have been re-booked into the facility or are transferring from another county or state facility, have a documented TST, and are free of the signs and symptoms of TB are scheduled for and given a repeat TST. If documentation of a positive test is in the record or if the patient indicates such, we follow CDC guidelines for annual symptom screening and perform a chest X-ray if symptoms indicate the

clinical necessity. Healthcare staff cooperate with, and follow recommendations from, the local health authority regarding screening and treatment of prior active patients. Patients new to the facility with no history of a previous TST or history of a negative TST are screened for signs and symptoms and skin tested. The most efficacious timing for planting of TST/TB skin tests typically depends on average length of stay, as well as the local rates of TB infection, and is determined in consultation with the local PHD. For patients incarcerated more than 12 months, Wellpath conducts annual signs and symptoms screening and skin testing.

3.1.1.3. Nursing Telemedicine Support

In 2020, we revolutionized correctional healthcare with the launch of the [Wellpath Healthcare Cloud](#), a suite of technology-enabled, remote healthcare services designed to enable the delivery of the best care to the most patients in the shortest amount of time. The Wellpath Healthcare Cloud combines videoconferencing with dynamic workflows to deliver real-time emergent care, scheduled care, care management, eConsults, and specialty chronic care through a HIPAA-compliant secure platform. It [reduces total cost of care](#) (considering costs of off-site medical services, transportation, and public safety), while delivering high-quality clinical care that meets or exceeds community standards. [In 2023, over a half a million telehealth interactions were conducted nationwide through the Wellpath Healthcare Cloud ecosystem.](#)



Wellpath's key strategic partner in the Healthcare Cloud, [Zenova™](#), is the leading provider of virtual care in correctional facilities. Zenova's [Virtual Nursing](#) solution has been providing Santa Barbara patients with access to experienced nurses to fulfill coverage gaps and assist on-site staff with essential tasks. This service improves compliance with standards and time metrics, leading to better clinical outcomes. It aims to improve staffing ratios, reduce the need for agency and travel nurses, and enhance the on-site care team by focusing on adherence to NCCHC standards, Wellpath policies, and nursing protocols. The solution also significantly reduces missed shifts and backlogs and improves the quality and documentation of care.



Upon contract renewal, Wellpath will continue to provide nursing telemedicine support to bookings at the Main Jail, NBJ (and JJC) using this Virtual Nursing solution. Zenova has successfully implemented a “virtual patient safety net” at the site, providing near-time patient support to staff—identifying and closing gaps in care and documentation through Virtual Nurse actions and assists the site with targeted nursing education to ensure compliance with best practice. This intake review process has significantly improved overall compliance with national standards, and the Zenova data collection has been used to satisfy court ordered reporting. Additional telemedicine programming available to the County includes [Virtual Emergency Care](#), [Virtual Primary Care](#), [Virtual Mental Health](#), [Virtual Psychiatry](#), [Virtual Care Management and Connecting Healthcare to Housing via Tablets](#). For more information, please see section [3.V.4. Off-Site Health Care Services](#).

3.1.2. Detoxification and Withdrawal

Wellpath maintains on-site medically supervised withdrawal management services, protocols and policies in accordance with applicable standards of treatment, Bureau of Justice Assistance (BJA) Guidelines, American Society of Addiction Medicine (ASAM) Guidelines, and in alignment with County written policy. Patients undergo medical stabilization for withdrawal management to minimize the risk of adverse symptoms and the need for off-site treatment.

3.1.2.1. Assessment, Training, Protocols and Considerations

Receiving Screening

Intake staff screen all arrestee's substance use, withdrawal symptoms, and signs of serious intoxication. A standardized receiving screening form is used to evaluate them for signs and symptoms of withdrawal or serious intoxication, including anxiety and agitation, disorientation, visual and auditory disturbances, nausea and headache, tremors, paroxysmal sweats, and elevated vital signs. Individuals reporting alcohol and/or drug dependence or identified as being at risk for withdrawal receive a more in-depth assessment. Wellpath staff complete this assessment using the Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol – Revised (CIWA-Ar) and/or the Clinical Opioid Withdrawal Scale (COWS). These evidence-based tools help nursing staff assess the severity of withdrawal symptoms based on the patient's behavior or responses to questions. Medical providers also use the CIWA-Ar/COWS tools to gauge how patients respond to medications administered to stabilize withdrawal symptoms.

Arrestees who have the potential of withdrawal from alcohol based on frequency, duration of drinking and history, or current experience of symptoms are started on CIWA protocol and receive their first dose of medication within four hours. If an individual is receiving medication-assisted treatment (MAT) in the community, healthcare staff verify treatment and contact the MAT provider for orders. Arrestees who show signs of opioid withdrawal will be started on COWS protocol. Any patient who enters the facilities under the influence of alcohol is placed into observation cells and kept under close observation as clinically indicated.

Observation and Monitoring

When a patient is considered a high risk for withdrawal, intake staff contact the physician or advanced practice provider on duty or on call to determine whether placement in observation is indicated. Healthcare staff monitor patients at risk for withdrawal throughout the medical stabilization process. Patients experiencing withdrawal from alcohol, opiates, or benzodiazepines are monitored for at least five days, or longer if deemed necessary by the provider. They assess patients undergoing withdrawal monitoring daily as required, and when requested by facility staff. Assessments include CIWA/COWS checks to determine the level of withdrawal. Scores are calculated at each assessment to determine appropriate patient intervention, as well as the success of treatment provided. The assessment also includes a short mental health screen for thoughts of suicidality, hopelessness, or recent bad news. If a patient gives positive answers to any of these questions, healthcare staff immediately notify mental health staff and place the patient on suicide watch. Wellpath takes this proactive approach since withdrawal is a risk factor for suicide and suicide attempts. Wellpath staff can complete and document CIWA/COWS checks directly in our electronic medical records system. For more information on our electronic medical records system, please see section **3.VIII, Remaining Topics**.



Withdrawal Training

Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals and building upon their skills through continued training initiatives. Wellpath trains healthcare and custody staff on various aspects of patient care including how to recognize the signs and symptoms of withdrawal and safely manage patients experiencing them. We developed our *7 Minutes to Save* campaign to present topics vital to the management of urgent and emergent issues encountered within a correctional setting, in **short, easy-to-comprehend training sessions**. The program addresses many topics, including suicide prevention, pregnancy, trauma, and optimized care for patients

experiencing alcohol and drug withdrawal. Wellpath schedules training sessions in coordination with the County and the HSA or designee maintains documentation of completed training sessions. The Nursing Services Department distributes an annual nursing education calendar to coordinate annual training and in-service requirements at each site to include withdrawal timelines, as well as signs and symptoms of various substances common and uncommon to the local population. Each month, in-service training is provided by the site's nursing leadership team. Withdrawal management, scoring the withdrawing patient, and emergency response are among the topics reviewed. For more information on custody staff training, please see section **3.V.5. Training of Non-Provider Staff**.

Wellpath clinicians receive training from the Regional Medical Director on effective management of care including detoxification/withdrawal of alcohol and benzodiazepine, based on specific criteria. Clinical staff training is also provided on the warning signs of suicidal behavior and suicide prevention techniques. The Wellpath clinical department has also developed a *7 Minutes to Save* rapid response series focused on patient care. The goal of the Patient Care Series is to equip clinicians with up-to-date information to guide their recommendations for diagnostic and therapeutic interventions. Wellpath maintains a medical reference library to complement the training and staff development program. Healthcare staff also have instant access to electronic reference materials, including UpToDate and Dynamic Health, as described in section **3.I.7. Chronic Care**.

Clinical Protocols/Evidence-Based Practices

Wellpath has developed an order set for clinicians to use when managing and treating withdrawal symptoms. The order set is based on best practices for determining the medication to be used, starting dose, and dosing frequency. It establishes the minimum amount of medication needed to treat patients going through withdrawal, allowing for real-time use for most patients. If a patient does not respond as expected to the medication, the clinician will develop an individualized treatment plan. An individualized treatment plan for individuals at risk for alcohol or benzodiazepine withdrawal is based on the clinician's assessment of the patient's condition and may include pharmaceutical therapy. Program protocols include the information outlined in the solicitation and are reviewed and approved by the Santa Barbara Medical Director and responsible physician.

Medication-Assisted Treatment (MAT)

Wellpath's corporate MAT policy ensures that patients who have a substance use disorder (SUD) receive appropriate treatment based on facility rules and availability of medications. Patients are screened for substance use during the receiving screening, health assessment, and during other health encounters. Patients experiencing substance use disorders are assessed and properly managed by qualified healthcare or mental health professionals as required under NCCHC guidelines. Appropriate provider referrals are made for patients who have a medical condition that would be significantly impacted by alcohol and/or drug use. Any patient who enters the facility under the influence of alcohol or drugs is

MAT Success in Santa Barbara County

To highlight the remarkable growth of the Santa Barbara County MAT program, since 2022 the program has expanded from serving 10 patients at the Main Jail to over 140 patients across both jails in 2024. This significant achievement is a testament to the exceptional dedication and commitment of our team members, Matt Hamlin (MAT Coordinator) and Daniel Torres (SUD Counselor), whose concerted efforts have been crucial to this success. Additionally, the unwavering support and contributions from Bailey Fogata (Health Services Administrator) and Stephanie Baylor, RN (Director of Nursing) who have been instrumental in ensuring the program's ongoing expansion and efficacy.

sent to an observation cell and kept under close observation as clinically indicated. Patients experiencing withdrawal undergo a complete withdrawal management program under close medical supervision, minimizing risk of adverse symptoms and the need for off-site treatment. Our MAT program includes identification, continuation/induction, maintenance, and discharge planning.

The DAST 10 and the DSM 5 opioid are used for screening patients. Our SUD counselor then completes a thorough assessment and based on that assessment they collaborate with the patient on a treatment plan.

For arrestees who were receiving MAT in the community, Wellpath will continue that medication for the duration of their stay, or if clinically indicated. If a patient was receiving buprenorphine (Subutex, Suboxone, Sublocade) or naltrexone (Vivitrol) in the community, a Wellpath medical provider will write the order to continue treatment and manage these medications on site. If the patient has been receiving methadone from a local Opioid Treatment Program (OTP), Wellpath will work with the OTP to provide this medication. Our dedicated MAT Coordinator will coordinate these services with the County's SUD program and our narcotic treatment provider (NTP) **AEGIS**, continues methadone treatment. All FDA-approved medications are available in accordance with CalAIM Policy and Operational Guide, including for detainees with short-term stays.

Patients diagnosed with OUD who were not receiving MAT before their arrest have the option to begin MAT. The selected medication is typically based on its availability in the community for continued care following release. Wellpath staff conduct initial blood work and schedule routine chronic care monitoring by a medical provider. The patient is then started on medication and seen daily and/or weekly until the medication dosage is stabilized. New MAT patients will also be referred to counseling services provided by our SUD Counselor. MAT is maintained for the duration of incarceration.

Upon discharge, medication is reviewed with the patient, and we provide backpacks with resources and items like Narcotics Anonymous books, fentanyl test strips, Narcan, a prescription for medication, and a community resource packet. We are in the process of adding additional resources, such as first aid kits, to these backpacks. We provide a 30-day supply of medications (as clinically appropriate) upon discharge and arrange follow-up appointments with outside providers for continuation of care. Naloxone will be supplied at discharge and long-lasting injectables will be used at discharge if clinically indicated. All patients leave with a discharge plan with an appointment at a community provider within days of their release.



Special Considerations

Wellpath understands the special healthcare needs of female detainees and we have established a program that addresses these needs in accordance with NCCHC and ACA standards. We train medical staff working with the female population on the specialized aspects of care required. Wellpath ensures that pregnant patients receive adequate prenatal, specialized obstetrical services and post-partum care when indicated, in addition to effective education, and discharge planning that emphasizes continued care upon release and where to access it. As part of our Women's Health program, Wellpath will continue to coordinate the assessment and enrollment of pregnant, opioid-addicted patients for medication-assisted treatment (MAT). Care is coordinated in conjunction with the County of Santa Barbara Public Health Department (PHD).

If a pregnant patient reports active drug or alcohol use during the receiving screening, intake staff contact the physician or advanced practice provider for orders. When a medical provider (physician or

NP/PA) is on site, the provider evaluates the pregnant patient immediately; otherwise, the patient is seen during the next scheduled provider sick call clinic. We also refer the pregnant patient to a Public Health obstetrical specialist (OB/GYN) for a high-risk obstetrical evaluation within 24-hours. Because opioid withdrawal during pregnancy may be associated with an adverse impact on the fetus, pregnant and postpartum patients shall continue MAT already in progress.

Wellpath treats opioid withdrawal during pregnancy by using specific MAT medications, such as methadone or buprenorphine preparations. If a pregnant patient is opiate-dependent and reports using methadone, which is available through OTPs, Wellpath staff attempt to verify the treatment being received in the community. If the treatment cannot be verified, or the patient is not currently receiving methadone, she may be treated on site or referred to a local provider for evaluation and recommendations for treatment. In addition to regular dosing, the patient is evaluated monthly (or as required by state regulations) for potential dose adjustments throughout the pregnancy. If a pregnant patient declines to participate in an OTP, the Wellpath physician initiates an appropriate treatment plan for opiate withdrawal syndrome and postpartum patients with opioid dependency. Wellpath coordinates with community providers for follow-up care as part of our discharge planning process.

3.1.3. Initial Health Assessment

3.1.3.1. Approach to Initial Health Assessments

Wellpath conducts an initial health assessment, including a complete medical history and physical examination, for all patients admitted to the jail. The health assessment takes place as soon as possible, within 14 calendar days of admission, in accordance with NCCHC and ACA standards. This allows us to identify medical needs or conditions not disclosed by the patient during intake, and to initiate timely and appropriate treatment to avoid a later need for emergent treatment or hospitalization. For inmates identified as needing urgent care during the receiving screening, the health assessment will be conducted within 48 hours of arrival, with bridge medications addressed in 24 hours. The responsible physician determines the components of the initial health assessment, which minimally includes the components the County listed in the solicitation.

A qualified healthcare professional (QHP)—a properly trained RN—completes the hands-on portion of the health assessment. The RN records the assessment findings on an approved form, which includes the date and time of the assessment and the RN's title and signature. The health assessment is documented electronically and becomes part of the patient's permanent medical record. The QHP also documents patients who refuse the health assessment and their reasons for refusal. Our electronic medical records system has customizable queues that allow for consistent monitoring and tracking of key events in the patient care lifecycle, including health assessments.

A QHP—such as a physician, nurse practitioner, physician assistant, or properly trained RN—performs a 14-day health assessment, including an in-depth evaluation of medical and mental health history, conditions, and needs. Individuals screening positive for mental health concerns are referred to a qualified mental health professional (QMHP) for an in-depth mental health assessment/evaluation. Patients will be seen within the timeframes indicated for the urgency level of the referral. Approved by the County Department of Behavioral Wellness and applicable for use in the correctional setting, Wellpath uses our validated screening tool to conduct initial mental health assessments. Intake staff refer patients displaying acute symptoms (e.g., appearing psychotic or suicidal) or experiencing mental health distress to mental health staff for emergency assessment. If the patient exhibits the need for urgent clinical attention beyond the facility's scope, Wellpath staff will refer the patient to an outside

facility for acute care. The mental health assessment includes a formal mental status examination to determine whether ongoing evaluation and treatment are required. Patients referred for mental health services are evaluated to determine if they meet the criteria to be placed on the special needs program and/or placed into one of the Behavioral Health Units. Individuals eligible for specialty mental health services (SMHS) following assessment are referred to BWell and connected with a SMHS, CenCal, or private Provider prior to release. Those who meet the diagnostic criteria for an SUD diagnosis following assessment qualify for the Drug Medi-Cal Organized Delivery System (DMC-ODS) and are connected with a DMC or DMC-ODS Provider prior to release.

3.1.3.2. Training for Initial Health Assessments Components

RNs are required to undergo health assessment training, pass a post-course exam, and demonstrate their ability to perform a health assessment in front of a physician or designated individual for competency approval before conducting health assessments. Training is conducted in accordance with NCCHC requirements, recorded in the RN's training file, and their skills competency is validated annually.

3.1.3.3. Review and Documentation of Initial Health Assessments

Once healthcare staff enter the patient's initial health assessment into the patient record, the assessment can be viewed using our electronic medical records system. We have developed customized protocols, templates, and reports for the electronic medical records system that are designed to create operational efficiencies. The systems Dashboard provides a snapshot of recent intakes, daily tasks, patient alerts, and staff activity notes upon login. The system organizes patient records to allow record retrieval by patient name, patient number, date of birth, admission date, or other identifiable data elements. Electronic medical records system forms are located within the Forms tab of the patient's chart and are split into multiple types, including intake, exam forms, education forms, custom flows, etc. The electronic medical records system features the use of triggers within a form, which automatically schedules future appointments, creates patient alerts, and autogenerates patient allergies upon saving. Scanning and file upload capabilities also make our electronic medical records system an entirely paperless system. All paper documents can be scanned and stored in the patient's chart. The electronic medical record can also generate statistical reports and identify outliers beyond agreed-upon periods.

Triggers alert our medical, dental and psychiatric providers to review the assessment questionnaire to determine the need for appropriate follow-up care. The alerts are scheduled in accordance with NCCHC and the Remedial Plan timeline. A medical provider (physician or NP/PA) reviews, signs, and dates assessments completed by an RN within five (5) business days. The provider reviews any abnormal findings for disposition, documents specific problems in an initial problem list, and develops diagnostic and therapeutic plans for each problem as clinically indicated. Information gathered from a recent intake or booking (if conducted within 14-21 days) is reviewed by the provider to determine status and changes. The initial health assessment may be waived with documentation provided in the patient's medical record indicating no changes have occurred. As a part of our CQI process, we audit initial health assessments to ensure providers are responding timely and seeing patients for follow-up care.

3.1.4. Sick Call

3.1.4.1. Sick Call Processes and Standard Procedures for Nursing -Adult Inmates

The Wellpath sick call process ensures timely, appropriate care for non-emergent healthcare needs. Nurses, advanced practice providers (nurse practitioners or physician assistants), and physicians provide

daily sick call services within their scope of practice. We allocate sufficient healthcare staff to ensure timely patient care according to NCCHC, ACA standards, and Remedial Plan guidelines.

Nurse sick calls are coordinated with security staff and occur daily, including weekends and holidays. Same-day appointments are allowed. Written requests for sick call are completed using an approved form, collected at least every 12 hours, stamped with the date and time, and subsequently reviewed by a nurse within 4 hours. Requests are categorized as Routine, Urgent, or Emergent and documented as required. Sick call lists are provided to the designated correctional staff at the start of each shift. Sick calls triaged as Urgent and Routine are resolved within the timeframes indicated in the Remedial Plan. If a patient is unable to attend sick call due to custody status or physical condition, services are conducted at the patient's cell.

Professional Nursing Protocols (PNPs)

Wellpath nurses use **Professional Nursing Protocols (PNPs)** to ensure patients receive appropriate care to their need or complaint. PNPs guide nurses in evaluating the health status of a patient and determine the best course of action, providing information on specific health conditions or complaints and appropriate intervention and follow-up. If the nurse is unable to address the patient's issue using the PNPs, or if the presenting issue requires further evaluation, a referral to the appropriate provider (i.e., medical, dental, psychiatric) is initiated. Each referral is assigned a disposition of emergent, urgent, or routine to ensure timely provider assessment, treatment and follow-up based on evidence-based guidelines. For urgent or emergent cases outside the scheduled sick call clinic, same-day appointments are arranged. A physician or advanced practice provider (NP/PA) is on call 24/7/365 for emergencies. Additionally, Wellpath's Virtual Emergency Care system ensures 24/7/365 video conference availability for off-hours emergencies.

PNPs for Sick Calls in a correctional setting are developed collaboratively by healthcare professionals, including nurses, physicians, and administrative staff, based on evidence-based guidelines and best practices. Once developed and approved, these protocols are implemented through comprehensive training programs for nursing staff. Training for RNs on standard procedures is an ongoing process, starting with the initial onboarding and continuing with ongoing education to stay updated with any changes. Competency assessments are conducted to ensure that RNs are proficient in using the procedures, with training often guided by PNPs.

We have provided a list of conditions that have standard procedures for nursing in **Attachment 1, Standard Procedures for Nursing – Adult Inmates**. Our PNPs meet the requirements of the California Board of Registered Nursing. ***Please note that this information is confidential and proprietary.***

3.1.4.2. Sick Call Categorization

Wellpath is committed to categorizing Sick Call requests as required in the solicitation. Qualified nursing staff triage healthcare requests seven days a week, including holidays. Following the collection of healthcare request forms each day, a nurse reviews the request within 4 hours and prioritizes the requests as follows:

- **Routine** – Seen within 24 hours, at next nurse sick call, which occurs 7 days a week. The RN will conduct a sick call visit for routine sick call requests with clinical symptoms. For routine requests without clinical symptoms, the RN may either conduct a visit or arrange for appropriate follow-up without seeing the detainees.

- **Urgent** – Should be seen at next provider sick call; evaluated by nursing staff while awaiting provider sick call. Seen by the Provider within 12 hours of review by the triage RN. Sick call requests triaged as urgent will be placed on that day's sick call schedule (if triaged by 2:00 pm on weekdays), or the RN will conduct a sick call visit to address their needs and correspond with the on-call Provider as necessary (if triaged after 2:00 pm or on weekends). For urgent referrals that occur on the weekend, medical staff shall complete a phone consultation with the Provider within 12 hours of review by the triage RN, with any clinically indicated treatment or other follow-up provided. The Provider will conduct a face-to-face appointment with the patient on the next business day.
- **Emergent/Priority** – Treated or sent out for emergency treatment immediately.

The resulting disposition from triage is noted on the patient's healthcare request form.

Emergency Services

Wellpath provides emergency medical services 24/7 at the Main Jail and NBJ. Upon notification of an emergency, healthcare staff respond with the necessary equipment and supplies and our emergency response bag contains doses of Narcan for known or suspected opioid overdose. After attempting to stabilize the patient, they determine if off-site transport is needed and notify the on-call physician. **In 2023, Narcan helped us save 14 lives at the Main Jail and 10 at NBJ. So far in 2024, we have saved 3 lives at the Main Jail and 6 at NBJ.** By training our nurses in emergency response, having medical providers on call, and using Virtual Emergency Care when appropriate, **we can often contain costs by reducing off-site/ER trips and hospital stays for detainees.** Wellpath staff coordinate with custody staff and local hospitals, including **Santa Barbara Cottage Hospital** and **Goleta Valley Cottage Hospital**, when emergency transport is needed. We will continue to provide monthly reports of ER visits, including patient details, the date of emergency service, and the emergency treatment received. The site Medical Director conducts retrospective reviews of ER referrals to assess their appropriateness and identify any additional training needs.

3.1.5. Immunizations

3.1.5.1. Immunization Tracking Process

During the initial health assessment, Wellpath staff gather information regarding immunization history and initiate needed age-appropriate immunizations and therapy. We coordinate with community providers to obtain vaccination records and initiate a treatment plan to complete the required vaccinations on schedule. Wellpath follows CDC recommendations for vaccinations and the Health Officer's instruction for vaccine recommendations from the Advisory Committee on Immunization Practices (ACIP). Immunizations are reviewed and updated annually as part of our CQI program.

3.1.6. Infection Control

3.1.6.1. Infection Control Policies

Wellpath has a written infection control policy to ensure a safe and healthy environment for patients, staff, and visitors at the Main Jail. Although our policy is currently being reviewed for approval, we will ensure to implement a policy that is approved by the County Public Health Department and includes recommendations from the Centers for Disease Control (CDC) for infectious disease diagnosis and treatment. Oversight includes medical care, monitoring, and case management of patients with HIV/AIDS, hepatitis C (HCV), Norovirus, MRSA, COVID-19 and other infectious diseases. Our sample

policy has been included in **Attachment 2, Infection Control Policies** (*please note that this information is confidential and proprietary*) and outlines protocols including:

- Testing for Sexually Transmitted Diseases (STDs) and HIV/AIDS
- PPD Testing for Tuberculosis (TB)
- TB-Related Chest X-Rays
- Infectious Disease Outbreak Management
- Collaboration with Public Health Authorities
- Infection Control Reporting

3.1.7. Chronic Care

Wellpath will continue to provide a complete **Chronic Disease Management Program** at the jail that meets local medical and NCCHC standards. Our chronic disease management program is designed to reduce the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. Our multifaceted program includes disease-specific guidelines (including level of control), clinical decision support tools (for treating, testing and monitoring conditions), self-management strategies, patient education, and a clinical informatics platform to guide population-based interventions consistent with national clinical practice guidelines for common chronic diseases such as cancer, hypertension, diabetes, asthma and COPD, seizure disorders, sickle cell anemia, high cholesterol, substance use disorder, serious mental illness, coronary artery disease, chronic (non-cancer) pain, tuberculosis, autoimmune disease, liver disease and hepatitis, HIV, renal disease and dialysis, and anticoagulation therapy. Wellpath practitioners follow disease-specific, evidence-based clinical decision support protocols to ensure continuity of disease management at the initial and follow-up patient encounters. Practitioners also use a set of established minimum standards for chronic disease care to guide their treatment decisions. Clinical monographs have been developed to represent the best practice for treating specific medical conditions, which help reduce variability in the care provided to groups of patients with similar healthcare needs.

Wellpath has also developed a **Special Needs Program** that focuses on the identification, referral, and treatment of patients with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, tuberculosis, etc.). Wellpath considers individuals with long-term healthcare needs related to chronic conditions or acute medical and/or mental health problems to be special needs patients, including patients who are mentally ill, developmentally disabled, and/or at high risk for clinical decompensation. We provide these patients with services that **promote health maintenance and health improvement**. Our Special Needs Program also emphasizes patient education to encourage adherence with treatment plans, both during and after incarceration.

3.1.7.1. Electronic Registry of Chronic Disease

Wellpath will continue to track patients with chronic illnesses on a chronic care roster and maintain a list of chronic care patients that includes the date of intake, the date referred to the chronic care program, date of most recent visit, and date of next scheduled visit. We discuss statistics, such as the number of patients by chronic care diagnosis and number of chronic care patients seen in the clinic by the providers, at our monthly Medical Administration Committee (MAC) meetings.

Wellpath staff enter chronic conditions into the patient's problem list in their electronic medical record. As the current provider for the County, Wellpath's web-based application CorEMR is currently being used to track and report chronic diseases among inmates/detainees as required. Our electronic medical records system maintains an active medical Problem List for all patients. The Problem List contains both acute and chronic care problems via a list of ICD 10 codes. Our electronic medical records system also offers the addition of nursing diagnoses. Both ICD 10 codes and nursing diagnoses may be added from the Problems tab or Sick Call tab within the patient chart. Problems are typically identified by nursing staff and are later confirmed by a provider. The problem list is updated and labeled appropriately at chronic care visits. Our electronic medical records system can also generate statistical reports and identify outliers beyond agreed-upon time periods. Our electronic medical records system identifies the level of control indicators for each inmate/detainee with a chronic condition, scheduled testing and treatment, and compliance with nationally accepted guidelines, allowing for reporting on the number of inmates with a condition, recent levels of control and other data. Documenting levels of control may also be done by updating the diagnoses in the Problems tab of the patient chart, follow up testing, medication ordering, and recording documentation in forms, sick calls, and tasks.

3.1.7.2. Adherence to Evidence-Based Guidelines

Wellpath uses national evidence-based guidelines such as NCCHC to formulate our own working guidelines for asthma, hypertension, and HIV (among other chronic diseases). To ensure adherence to appropriate chronic care guidelines, Wellpath's CQI program conducts CQI studies that include screens such as Continuity of Care – Chronic Disease, Patients with Special Health Needs, and Special Needs Treatment Planning. Screens are tracked in our electronic medical records system and documented in the patient's medical records and reviewed by our Quality Improvement (QI) Committee. For more information on our CQI program, please see section **3.VI. Continuous Quality Improvements**.

To ensure we provide optimal patient care, our clinical staff and leadership stay abreast of peer-reviewed research and developments, including emerging therapies, with a focus on their potential use in correctional medicine. We will continue to assess new and emerging therapies and proposed care innovations for feasibility and appropriateness in the correctional setting throughout the term of the contract and in collaboration with the County. All proposed therapies will be based on recommendations from the Centers for Disease Control and Prevention and/or other recognized authorities on the management of chronic diseases. Wellpath staff can also access our online resource, UpToDate, for evidence-based clinical decision support. Accessible from inside the electronic health record, UpToDate provides information on more than 1,500 patient education topics that are consistent with the evidence-based content that clinicians use to make clinical decisions. As additional support, Wellpath partners with EBSCO Information Services to provide our staff with access to *Dynamic Health™ CDS + Skills*, a resource designed to help nurses master critical skills; obtain fast, accurate answers to clinical questions; and foster a culture of evidence-based practice.

3.1.8. Treatment Plans

3.1.8.1. Complex Conditions and Treatment Planning

For patients with special medical conditions (acute, complex, high-risk, etc.) requiring close medical supervision, including chronic and convalescent care, the physician or a designated advanced practice provider develops a written individualized treatment plan that is based on medical history and physical examination findings. Treatment plans follow evidence-based protocols, conforming to community standards and evidence-based practices. Individualized treatment planning is a collaborative effort involving behavioral health, nursing, pharmacy, and dietary experts. This multidisciplinary approach

ensures that all aspects of a patient's needs are addressed, leading to a more comprehensive and effective treatment plan. To ensure a well-rounded approach that includes participation from the patient and support from custody staff, development of the treatment plan includes feedback from the patient and custody staff as well. For patients with mental health, developmental disabilities and OUD/AUD/SUD special needs in particular, effective and ongoing communication/collaboration between the patient's provider, healthcare staff and custody staff ensure all parties are fully aware of special needs or concerns within this particular population. We provide data for the classification, security, and control of patients to the appropriate custody staff and notify them when a patient has a significant illness that affects housing or program assignments, disciplinary sanctions, or transfers to another institution.

Special needs treatment plans act as a reference for healthcare personnel by providing instructions regarding diet, medication, diagnostic testing, therapeutic interventions, and patient education. When feasible, treatment plans maintain connections between patients and the community agencies that have been or will be serving them. Treatment plans include short-term and long-term goals and the methods of pursuing them, as well as information regarding the patient's disposition, scheduled appointments, housing assignment, ability to function in general population, impact on programming, and frequency of follow-up. They also include medical or mental health instructions to healthcare providers and others involved in the care and supervision of the patient. We will continue to share these plans with the County, as needed, to facilitate appropriate housing and ensure proper treatment.

Medical special needs patients are typically seen by a physician or advanced practice provider every 90 days, or at other intervals when medically indicated. Wellpath clinicians determine the frequency of chronic care visits based on the patient's condition(s) and recommendations from the Wellpath Minimum Standards for Care of Chronic Disease. Treatment options and steps are communicated to the patient verbally during visits, and in writing upon request. The treatment plan is updated during each clinical encounter, and after each visit we document the consultation in the patient's medical record and include the date and time of the consultation, the provider's name and title, and new orders for the patient's treatment. Treatment plans for chronic conditions are reviewed at least every 90 days.

Patients with serious mental health issues receive an individualized treatment plan and services aimed at achieving stability quickly. These plans are tailored to the patient's psychiatric, medical, and psychosocial needs and strengths, which are identified through various multidisciplinary evaluations. Mental health special needs patients are initially seen at least every 30 days for the first 90 days of placement into the mental health special needs program. Treatment plans are updated at least every 180 days and reviewed for effectiveness at regular intervals, upon request by the patient or if there is a significant change in the patient's condition or diagnosis, or as otherwise clinically indicated. For patients with OUD/AUD/SUD special needs, an individualized treatment plan is created based on the clinician's assessment of the patient's condition, which may include pharmaceutical therapy. For patients participating in the MAT program, the clinician will develop an individualized treatment plan if a patient does not respond as expected to medication.

3.1.9. Women's Health

Wellpath understands the special healthcare needs of female patients and has established a program that addresses these needs following applicable standards. We will work in conjunction with the County and the PHD to provide reproductive health services to the Santa Barbara County correctional female population. We will abide by NCCHC, ACA, County requirements, Title 15 standards, and the American

Congress of Obstetricians and Gynecologists (ACOG) guidelines for women's preventative care to ensure all female inmates have access to obstetrical and gynecological services.

3.1.9.1. Prenatal Care

Wellpath understands that PHD provides pregnant inmates with prenatal care, and we will continue to build open, efficient lines of communication with DPH to ensure timely, appropriate care. Our healthcare team query all females regarding pregnancy, recent delivery, miscarriage, or abortion as part of the receiving health screening completed upon admission to the facility. Wellpath staff provide a pregnancy test at intake to all female detainee (with no history of sterilization) who are suspected of being pregnant. Pregnant detainees are referred to PHD for timely and appropriate prenatal care and counseling. We provide or refer to outside providers, as appropriate, for specialized obstetrical services, and postpartum care, when indicated, arranging and tracking all appointments in our electronic medical records system. For more information on our electronic medical records system, please see section **3.VIII. Remaining Topics**. Any OB/GYN medical services are documented in the inmate's health record. Routine medical and mental health conditions are managed by on-site providers as appropriate.

Wellpath health services staff also work with PHD to provide education specific to the female population, including family planning, counseling and assistance to pregnant inmates in planning for their unborn children, whether they desire abortion, adoption services, or to keep the child. Females desiring an abortion, if eligible, are scheduled with a local group for counseling and abortion services. We ensure to maintain compliance with patient rights to sterilization. Our policies and procedures regarding prenatal care are available for review and approval by the Sheriff's Office and PHD.

When an inmate is suspected or reports active drug or alcohol use at the Receiving Screening, we contact the Public Health OB/GYN services within 24 hours to initiate a treatment plan. We will continue to work alongside the Sheriff and PHD to maintain our policy regarding this treatment plan. It is our current policy that pregnant inmates who are booked and addicted to opiates are treated as follows:

- If the inmate is currently on methadone, the methadone treatment facility will be contacted for continued maintenance.
- If the inmate is addicted to opiates and not currently on methadone, she will be seen by the physician who will develop a plan for maintenance or detoxification.

3.1.9.2. Medications

The Wellpath physician serves as the patient's primary provider, coordinating care with an obstetrical specialist as appropriate. Our EMR system, supports the medication ordering process, allowing the pharmacy provider to relay any issues or alternate medications to the ordering physician. The physician then communicates with the patient's OB/GYN provider to ensure that all medications ordered are acceptable to both parties. All medications prescribed for a pregnant patient can be routed to the OB/GYN provider for approval prior to the medication being active on the medication administration record.

3.1.9.3. Requests for Accommodations

Wellpath has implemented several policies and procedures geared towards special requests for accommodation, to include detainees with disabilities and pregnant detainees. Accommodations for pregnant detainees include extra mattresses, additional clothing, and special diets to include extra calories. The patient's condition and/or need for accommodation are documented as an alert in the

electronic medical record. The need for accommodation is verified by healthcare staff and the request is reviewed by the provider during the provider sick call. The provider confirms the need, approves the requests and documents the approval in the electronic medical record. The request is documented on a MTO form and submitted to the Classification department for approval. To ensure comprehensive tracking of patients, we maintain a Special Needs List at each site.

3.1.9.4. Gynecological Screenings

Wellpath provides a breast exam and annual age-appropriate preventative services, depending on the term of incarceration, including a Pap smear, and baseline mammogram for female detainees. Our electronic medical records system organizes patient records and allows staff to track and schedule appointments within the EMR. It can generate statistical reports and identify outliers beyond agreed upon periods, including the need to schedule for gynecological screenings.

3.1.9.5. Contraception at Time of Arrest

Following NCCHC standards, Wellpath provides female patients with nondirective counseling about pregnancy prevention, access to emergency contraception and continued contraception at intake, and appropriate long-term contraceptive options. Wellpath will refer patients offsite for services as appropriate. A provider reviews female patients using contraception at the time of the arrest. All medications, including contraception, are reviewed and continued/ordered as indicated. Emergency contraception is available at intake when medically necessary.

3.1.9.6. Best Practices and Pregnant Detainees

Pregnancies among women in custody are often unplanned, high-risk, and compromised by poor nutrition, intimate partner violence, mental illness, drug and alcohol use, housing and food insecurity, and insufficient prenatal care (which increases the risks of maternal and neonatal complications). Wellpath ensures that pregnant patients receive adequate prenatal and post-partum care, effective education, and discharge planning that emphasizes continued care upon release and where to access it. An obstetrical specialist manages high-risk pregnancies and pregnancies past 24 weeks and our Wellpath staff facilitate testing that can be performed on site, referring patients for hospitalization when needed. To ensure the pregnant detainee continues to receive necessary care after release, Wellpath coordinates with community providers for follow-up care as part of our discharge planning process. For those struggling with trauma, Wellpath offers the Systems Training for Emotional Predictability and Problem Solving (STEPPS) program, which teaches behavior management and emotional regulation strategies.

3.1.10. Inmates in Restrictive Housing/Segregation

3.1.10.1. Evaluations and Restrictive Housing

When notified that a patient is being assigned to restrictive housing/segregation for more than 24 hours, a Wellpath qualified healthcare professional (QHP) reviews the patient's medical record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. If so, the QHP informs facility administration and provides a full explanation. We record the review and any subsequent notification in the patient's medical record and submit the documentation to the Sheriff's Office within 24 hours. This review also allows healthcare staff to plan for continued service delivery for patients placed in restrictive housing. Mental health staff are notified when a patient is placed in restrictive housing so they can participate in ongoing monitoring of the patient's progress.

Wellpath evaluates segregated inmates at least six (6) times a week in accordance with the Remedial Plan, with check-ins provided three times per week by health care staff and three times per week by QMHPs. Check-ins include conversation with each detainee, visual observation of the cell, and inquiry into whether the detainee wants a confidential meeting with a medical or mental health provider. Findings are documented on the Sheriff's Office approved form and included in the inmate's medical record. Any health fluctuations due to segregation are reported to Sheriff Office staff and we promptly inform facility administration of patients who are physically or psychologically deteriorating, and those exhibiting other signs or symptoms of failing health, discussing the need for alternative care or a higher level of care. Detainee with serious and/or persistent mental health are not placed in segregation, unless necessary or approved by the jail commander or a designee.

Our mental health staff work with custody staff to move patients with mental illness to the least restrictive housing possible. When permitted by custody staff, we will provide appropriate evidence-based mental health treatment/interventions and small group sessions to promote life skills, coping skills, managing symptoms, communication, problem-solving, goal setting, use of community resources, and more. For more information, please see section **3.I.12.7, Reducing Restrictive Housing**.

3.I.10.2. Pregnant Inmates in RHU or Segregation

Upon notification that a pregnant inmate is placed in segregation, a qualified health care professional reviews the inmate's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement, or require accommodation. Such review is documented in the health record. We monitor a pregnant inmate in segregation daily. Vital signs and fetal heart rate are monitored and recorded at a minimum of once per shift for five days; thereafter as ordered by the responsible OB specialist. Our health staff promptly identifies and informs custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.

3.I.11. Other Special Populations

3.I.11.1. Caring for Special Populations

Wellpath provides appropriate treatment for special populations that complies with federal and state law. Our intake process includes ensuring the safety of individuals who are particularly vulnerable based on age, stature, appearance, mental illness, or physical or developmental disability. Wellpath staff inform custody staff of patients with special housing needs and refer patients to medical or mental health staff for further evaluation as appropriate. Our mental health professionals are trained to work with individuals who are potentially at risk for victimization, including first-time offenders naïve to the correctional environment and those presenting as transgender. Our clinical leaders also train mental health staff to develop treatment plans that take into consideration the patient's input and strengths. We have developed policies, procedures and individualized plans to ensure they are treated in a manner that respects their unique needs.

Transgender Detainees

Our care of transgender patients is culturally sensitive and gender-affirming. If a patient reports undergoing treatment at the time of arrest, Wellpath staff verify the current treatment and refer them to medical and/or mental health staff for further evaluation as appropriate. Custody staff are informed of any needed accommodations to ensure patient safety. For patients on established hormone therapy

in the community, medications may be bridged for continuation at intake. A mental health professional evaluates the patient and shares the results with the site Medical Director or designee, who develops a documented treatment plan.

Developmental Disabilities

Wellpath's Special Needs Program identifies, refers, and treats patients with special needs, including chronic and acute mental health conditions or those vulnerable due to belonging to a protected class. This includes patients who are mentally ill, developmentally disabled, and/or at high risk for clinical decompensation. We inform correctional staff of patients with special needs affecting classification and housing, including those requiring enhanced monitoring. Wellpath provides services to promote mental health improvement and maintenance, emphasizing patient education to encourage adherence to treatment plans during and after incarceration. **Wellpath has more than three decades of experience developing individualized treatment plans for individuals who experience mental illness and/or developmental disabilities.**

Dementia

Wellpath gives special attention to elderly and frail patients who require additional consideration regarding their unique needs. Our physician develops treatment plans, reviews housing assignments, and makes housing recommendations as needed (e.g., for patients with Alzheimer's or dementia, patients over 60 years old with difficulty climbing to the top bunk, etc.). Wellpath nurses develop a personal care plan for patients requiring assistance with self-care and activities associated with daily living and communicates this information to custody staff.

3.I.11.2. Best Practices for Daily Living

We utilize comprehensive assessments, individualized care plans, and continuous monitoring to provide the best care for detainees who need help with activities of daily living (ADLs). Our healthcare professionals, including nurses, physicians, and mental health staff collaborate to develop and implement care plans tailored to each inmate's specific needs, ensuring that patients receive appropriate support for dressing, toileting, bathing, and eating. Wellpath will continue to work with custody to ensure detainees who need assistance with ADL receive care from the most appropriate providers and will arrange for that care with the county.

Wellpath nurses and healthcare providers work closely with correctional officers to ensure that inmates' needs are met in a secure and respectful manner. This includes informing custody staff of any special accommodations required for inmates with ADL needs and coordinating care to minimize disruptions to the facility's operations.

3.I.12. Behavioral Health

Our evidence-based mental health programming encompasses a comprehensive range of services designed to address various aspects of mental health care at the jails. These services include proactive behavioral health assessments and evaluations, suicide prevention, referrals for care, treatment planning, crisis management, psychiatry services, pharmaceuticals, medication monitoring, and discharge planning. We incorporate evidence-based, outcome-driven, trauma-informed treatment methods in accordance with NCCHC, American Psychiatric Association, and American Psychological Association standards.

3.1.12.1. Evidence-Based Interventions and Programming

We offer crisis intervention, de-escalation, routine sessions, special needs visits, initial assessments, and cross-agency collaboration. We also handle requests for 5150 placements, participate in behavioral health unit MDT meetings and restrictive housing meetings, and conduct psychoeducational groups. Additionally, we provide observation and safety cell monitoring, along with step-down and placement for mental health observation and safety cells. We conduct post-watch follow-ups, restrictive housing rounds, daily Psychiatric Health Facility (PHF) calls, psychiatric referrals, and tele-psychiatry. We also manage medication continuation and initiation as needed, the Inmate Disciplinary Report process for SMI patients, restrictive housing clearance, linen exchange refusal evaluations, and behavioral modification plans. Our program addresses emergent, urgent, and routine requests from patients, custody, and nursing staff.

Screening and Crisis Management

Wellpath will use behavioral health screening tools agreed-upon by the Santa Barbara County Department of Behavioral Wellness to determine if a detainee needs behavioral health services. For more information on our mental health assessment and evaluation process, please see section **3.1.3. Initial Health Assessment**. We use validated, evidence-based screening tools to assess patients with AUD/SUD problems and manage care through coordination with the County's SUD and programs, and other community-based organizations. We assign patients requiring close monitoring to designated spaces, such as safety cells, as a protective measure. Mental health staff visit patients in crisis regularly to provide support and evaluate their risk, collaborating with the psychiatric provider if a patient's medications need to be adjusted or reassessed. We provide observation and safety cell monitoring and determine step-down and placement for mental health observation. We collaborate with BWell and the Sheriff's Office staff when individuals are in crisis and/or assigned to safety cells and an RN and on-call psychiatrist evaluates requests from BWell Crisis Services for 5150 placements. We follow protocols outlined in the Jail Evaluation Protocols, administering psychotropic medications on an involuntary basis to patients experiencing a mental health emergency under Title 15 CCR, Section 1217. We identify and transfer detainees in need of 72-hour W&IC 5150 holds to a Psychiatric Health Facility (PHF) and provide emergency on-call psychiatric coverage 24/7. We provide referrals to and placements in inpatient care and other higher-level mental healthcare outside the facility for patients in need of these services consistent with jail policy and following timeframes identified in the Remedial Plan. Behavioral health clinical consultation services include diagnosis, evaluation, treatment, and stabilization, as well as support for reentry coordination, including links to Providers of SMI and SUD care. These services also cover outpatient services included in the State Medicaid plan rehabilitation benefit to diagnose, treat, and stabilize behavioral health conditions.

Clinical Monitoring and Support Upon Return

Wellpath provides additional and routine support and evaluation for all patients that return from an inpatient facility such as the Department of State Hospital (DSH) or the local Psychiatric Health Facility (PHF). Upon a patient's return to jail from an outside facility such as these, medical and mental health staff evaluate them immediately and assess them for stability and any present risk factors. If a patient shows any signs of distress upon return, they may be placed into a mental health observation or safety cell if they are still expressing intent to harm themselves. In the case where a patient returns stable and is not in need of ongoing monitoring, mental health staff will schedule the patient to receive a 24 hour, and 5-day post watch follow up appointment. During these appointments, mental health staff monitor and assess the patient for ongoing stability, ability to cope in custody, and if there are any prevalent risk factors. Patients that return from inpatient facilities, will also be added to Wellpath's "Mental Health

Special Needs” program where they will have a more comprehensive treatment plan developed and will be seen by mental health staff at a minimum of once every 30 days or more frequently if clinically indicated. During these visits, mental health staff will continue to work on goals the patient has identified for themselves and modify their treatment plans as needed. The patient will also be referred to the Behavioral Health Unit, where increased mental health support is offered through multiple avenues such as the Sheriff’s Treatment Program unit and Wellpath mental health staff.

Evidence-Based Treatment of Serious Mental Illness (SMI)

Wellpath will continue to identify and treat all patients at the Main Jail and NBJ diagnosed with a serious mental illness (SMI), following NCHC standards. We have a strong Mental Health Special Needs Program that includes individualized treatment plans for SMI patients, as well as individuals who may be vulnerable in the correctional environment. Wellpath mental health professionals provide assessments, treatment, education, case management, and discharge planning services for patients with serious mental health issues. Patients with serious mental health issues receive an individualized treatment plan and mental health services designed to achieve stability as quickly as possible. We develop and implement behavior management plans in coordination with jail staff. Special needs programming is provided for patients with SMI, developmental disabilities, serious adjustment issues, or difficulty functioning in the secure environment, and those who are at risk for suicide to enhance coping and problem-solving skills. For more information, special needs programming and treatment planning, please see section **3.1.8. Treatment Plans**. We track and maintain information regarding structured behavioral health services for patients with SMI, including the participation rate and effectiveness of services offered. Patients with SMI are flagged in our electronic health record system.

Interventions to Stabilize Detainees and Reduce Time in Safety Cells

Wellpath utilizes de-escalation techniques from the moment a patient begins having a mental health crisis. If a patient expresses suicidal ideation or engages in self-injurious behaviors, they are escorted to a treatment room for evaluation and for mental health staff to begin engaging with them and providing de-escalation services.

During the initial contact during a mental health crisis, MH staff provides brief supportive counseling to the patient to help reduce elevated mood or behaviors. At this time, MH staff also begin working with the patient on a Collaborative Safety Plan which encompasses information from the patient on their warning signs or triggers for suicidal ideation or behaviors and identifying support systems and coping strategies that they can rely on during a time of crisis. If a patient is still suicidal during this initial contact and de-escalation, they cannot be placed into a less restrictive setting, they are placed into a Safety Cell. To reduce the amount of time spent in this setting, MH staff meet with patient’s twice a day, every 12 hours, to continue working on the Collaborative Safety Plan with the patient to create a plan to safely exit the safety cell and remain safe in a less restrictive setting while still under observation.

Upon initial placement into a safety cell, MH staff contacts county mental health services (Mobile Crisis) to notify them of the placement and begin coordinating the possibility of transferring the patient to a higher level of care outside the jail. If a patient shows no sign of improvement by 8 to 12 hours in a safety cell and efforts to create a Collaborative Safety Plan have been unsuccessful, mental health staff with contact Mobile Crisis again to request an evaluation for a 5150 hold in an inpatient facility.

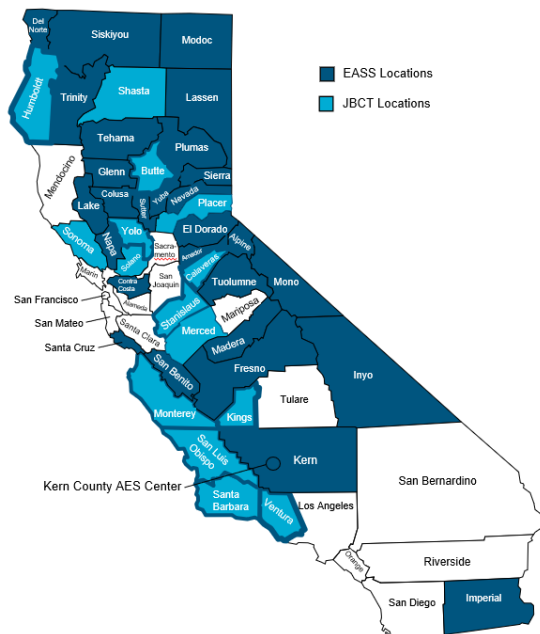
These requests occur as soon as mental health staff identify a patient is at a level of risk that is unlikely to subside within the 24-hour time limit in a safety cell. Wellpath is also working with the Sheriff’s

Department to reduce safety cell placements with the addition of suicide resistant cells that are not as restrictive as Safety Cells. Patients will be able to have more access to amenities such as a toilet and running water in these cells and can be monitored to be beneficial to the patient's mental health and wellbeing.

Jail-Based Competency Treatment and Early Access Stabilization Services Program

Wellpath will continue to collaborate and subcontract with Recovery Solutions to operate the Santa Barbara jail-based competency treatment (JBCT) program—an eight to 10-bed program located in the Main Jail. The JBCT team includes a psychologist, psychiatrist, licensed clinical social worker, competency trainer, administrative assistant, and a dedicated custody deputy (provided by the Sheriff's Office). The program consists of daily therapy, competency groups, and weekly individual sessions that focus on the patient's specific challenges to provide a holistic approach to treatment. The Department of State Hospitals (DSH) measures and analyzes the Santa Barbara County JBCT program.

Today, we provide JBCT programs, ranging in size from 5 to 60 beds, in 15 California counties, including Santa Barbara County. Our average time until restored is 62 days, which is in line with the statewide average of 60-70 days, according to DSH; our competitors typically indicate an average of 70-90 days. Mentally ill patients receive support sooner in jails that implement our JBCT program. Pre-JBCT implementation, program wait times averaged between three and 10 months. Now, wait times average less than 1 week to two months. Our percentage of patients restored (~76%) also exceeds the statewide average.



Early Access Stabilization Services

We also collaborated with the County to initiate the Early Access Stabilization Services (EASS) program. The goal of this program is to restore competency for individuals at an earlier stage by providing treatment, counseling, and medication services sooner. The program ensures additional dedicated healthcare staff, funded by DSH, for the psychiatric stabilization of IST patients who are on the waitlist for a JBCT/AES or DSH program. These individuals are among the most mentally ill and vulnerable patients, making this program a valuable addition to the County's mental health services. Since its start in September 2022, the program has successfully been implemented in 43 California counties, serving



*Main objective of EASS is not to restore to competency, but rather attain psychiatric stability. Have found remarkable success in patients being found competent while in the program.

2,800+ participants and eliminating the waitlist in 41 counties. Wellpath and Recovery Solutions will collaborate with the County to consider any adjustments to the EASS program.

Groups Sessions

As part of the mental health evaluation, mental health staff evaluate individuals with significant mental health needs for enrollment in individual or group counseling services to address their mental health needs. Counseling topics can include goal setting, self-esteem building, identifying stressors, anger de-escalation, communication and problem solving, and psychoeducation on sleep hygiene, managing anxiety, coping with depression, coping with bipolar disorder, and coping with ADHD. Wellpath uses evidence-based programs for both individual and group counseling. Assuming the availability of space and staff at a facility, we offer group therapy that complements other fundamental aspects of our mental health program such as crisis management, special needs programming, intake evaluations, and suicide prevention. For additional information, please see section **3.I.12.7. Reducing Restrictive Housing**.

3.I.12.2. Fidelity to Evidence-Based Programs

Wellpath ensures fidelity to evidence-based programs through a structured monitoring process. This includes regular training and certification for staff to ensure they are well-versed in the evidence-based practices. We conduct routine audits and evaluations to assess adherence to program protocols. Additionally, we use standardized tools and checklists to monitor program delivery and outcomes. Our mental health team meets regularly to review performance data, discuss common issues, and develop joint solutions to maintain high standards of care. We define clear criteria for triggering cross-team communication events.

3.I.12.3. Supervision of Mental Health Clinicians

Our tiered structure ensures that all mental health staff receive supervision and support. Our staffing plan for the facilities includes our licensed Mental Health Coordinator, **Joseph Schimmel, LMFT**, who is the first line of contact for supervision of on-site mental health professionals. This leader directs the mental health team and provides oversight of mental health services. The Mental Health Coordinator also provides mental health services to patients and consultation to custody staff. He completes chart audits, provides feedback on the mental health team, conducts onboarding and training of new/existing clinicians, and ensures policies and procedures are executed.

Regional Director of Mental Health, **Josephine Shaar, PhD**, oversees our mental health program for the County. Dr. Shaar works directly with the on-site mental health staff to ensure adherence to site-specific policies and applicable standards. This includes on-site visits to assist with chart reviews, training, performance monitoring, and follow-up for any corrective action plans (CAPs). Dr. Shaar reports directly to Vice President of Mental Health for Local Government, **Nicole Taylor, PhD, JD, CCHP-MH**, and serves as the clinical liaison to Wellpath's corporate Mental Health Program.

3.I.12.4. Assessments & Detoxification

Wellpath will continue to provide medically supervised withdrawal management services on-site in accordance with applicable standards of treatment. Patients undergo medical stabilization for withdrawal management to minimize the risk of adverse symptoms and the need for off-site treatment. We have provided detailed information regarding detoxification and withdrawal protocols in section **3.I.2. Detoxification and Withdrawal**.

3.I.12.5. Involuntary Treatment

Wellpath has extensive experience in providing involuntary acute and sub-acute psychiatric treatment in jails. We adhere to strict protocols to ensure the safety and well-being of our patients. In psychiatric emergencies, we implement our emergency psychotropic medication protocol, complying with NCCHC standards and all relevant laws. For example, we have successfully managed cases where patients deemed imminently dangerous due to acute psychiatric symptoms were stabilized using emergency psychotropic medications. Our quality improvement process monitors the administration of these medications to ensure they are used appropriately and effectively.

After administering emergency medication, we observe the patient for at least one hour, monitoring vital signs. Involuntary treatment cannot continue in repeated doses after the immediate danger has passed unless the patient consents to further voluntary treatment. If a second dose is needed, the psychiatrist reconsiders the entire course of care and may petition for commitment to an inpatient psychiatric unit if necessary.

Nonemergency Involuntary Psychotropic Medication Treatment

In nonemergency situations, we follow legally regulated procedures for involuntary psychotropic treatment. We have developed site-specific procedures, in accordance with applicable laws and regulations, that govern non-emergency involuntary psychotropic medication administration by first procuring and obtaining a medically sound and legally valid court order. Psychiatric providers work in close collaboration with the mental health, medical, custody staff, and legal counselors to accomplish full compliance with statutory requirements, as well as best clinical practices that respect patient autonomy and dignity. Our experience includes managing complex cases where ongoing treatment without consent was necessary, and we have achieved positive outcomes by maintaining clinical fidelity and respecting patient autonomy and dignity.

3.I.12.6. Therapeutic Equipment & Mental Health

Wellpath has experience using Colorado tables and therapeutic modular devices to ensure safe group interactions among inmates who pose a danger to themselves or others. While not currently in use at Santa Barbara, we do use these therapeutic equipment and devices at several other client facilities including Ventura County and San Luis Obispo County. We have consulted with other clients to develop programs using therapeutic equipment for mental health treatment planning. Our staff is trained in their use and these tools help create a secure environment for group therapy by restricting movement and minimizing risks. This approach has significantly reduced incidents of self-harm and aggression, leading to better therapeutic outcomes. Wellpath is committed to maintaining high safety standards while providing effective treatment.

3.I.12.7. Reducing Restrictive Housing

Although housing placement is determined by custody, Wellpath will continue to provide enhanced mental health programming when permitted to reduce the need for restrictive housing. We use various treatment methods to help patients succeed in general population or other less-restrictive housing areas. Our mental health staff work with custody staff to move patients with mental illness to the least restrictive housing possible.

Research shows that patients with mental illness do better when having contact with others. Rather than secluding patients in individual cells, Wellpath supports placement with cellmates or in small housing units with four to eight inmates. Encouraging contact with others helps prepare mentally ill

patients to function in the community after release. As noted previously, when permitted by custody staff, we provide small groups in these housing units to promote life skills, coping skills, managing symptoms, communication, problem-solving, goal setting, use of community resources, and more.

Currently, we offer multiple placement options for patients at the Main Jail and NBJ. One option is the "walk-a-pair" program, where individuals live alone in their own cell but come out to the day room for four-hour time blocks with another cell, essentially living alone, but walking as a pair. We are working on expanding our Behavioral Management Unit, which consists of a four-cell model. In this model, individuals will have their own cell but will come out to the day room as a group of four cells. They will have access to the day room and yard for four hours. Groups and programming options will be provided for each of the four-cell groupings. Additionally, in the Behavioral Health Units, patients can either have a cellmate or be housed alone. They have full access to the day room and are provided daily therapeutic groups. At both facilities, our Mental Health Coordinator works with the Classification Unit to determine what placement fits each referral and houses them accordingly. We meet weekly to discuss patient status and any needed modifications.



3.I.12.8. Suicide Prevention and Intervention

Wellpath's Suicide Prevention Program complies with Sheriff's Office's Suicide Prevention policy #242 and is based on policies and procedures that address education, screening, intervention, special needs treatment plans, and ongoing care. The program includes enhanced staff training such as risk formulation, assessment using the Columbia-Suicide Severity Rating Scale (C-SSRS), and monitoring of individuals at increased risk for suicide. Wellpath uses an integrated approach to mental and behavioral health care, prioritizing suicide risk identification, management, and reduction.

Suicide Risk Assessment

While not all suicides can be predicted or prevented, we believe proper screening, training, management, follow-up, and treatment can reduce risk and prevalence. The Wellpath receiving screening tool includes enhanced suicide potential screening. Positive screens trigger immediate referral to Wellpath mental health staff. Individuals with suicidal ideation or in crisis receive emergent referrals, and those with a history of mental illness or treatment also trigger referrals. To determine suicide risk, assess severity and immediacy, and gauge the needed support, an in-depth mental health evaluation including a C-SSRS assessment is conducted. If at risk, the QMHP initiates suicide watch protocols and a qualified mental health professional (QMHP) conducts a Suicide Watch Initial Assessment which includes the C-SSRS.

Treatment & Monitoring

Patients demonstrating self-harming behaviors, those identified as suicide risks, and those who appear to be in crisis receive an urgent or emergent referral to mental health staff for evaluation. Wellpath recommends placing these patients on constant observation until mental health staff can complete the evaluation to determine an appropriate disposition. We conduct either Continuous Watch (constant observation) or Staggered Watch (direct observation at staggered intervals not exceeding 15 minutes) on the patient based on the level of risk. Detainees on suicide watch are reassessed by medical staff every four (4) hours and evaluated by mental health staff every twelve (12) hours. Decisions to end suicide precautions are made by a QMHP. If there is no improvement after eight hours, the County's Mobile Crisis Unit is consulted for a plan of care, including the need for a 5150 evaluation. When a patient is released from suicide watch by a licensed mental health professional, mental health staff follow up based on a clinical algorithm, starting within one day post-suicide watch and consisting of at

least one other follow-up or more depending on clinical need. Mental health staff administer the C-SSRS to assist in supporting the clinical decision to discontinue the watch. They also develop a Collaborative Safety Plan addressing suicidal ideation and its re-occurrence and provide additional follow-up care, as needed. Patients are also evaluated for Special Needs Program enrollment following discharge from suicide watch.

Implementation of Suicide Precautions

Wellpath collaborates with the jails on programs to prevent detainee suicides and has adopted various precautions to help minimize suicide attempts. We have developed suicide resistant cells that are designed to enhance patient safety and reduce the risk of patient self-harm. While less restrictive than safety cells, these temporary cells are free of sharp edges, electrical sockets and ligature points. We have also formed a Suicide Prevention Committee that monitors our programs adherence to evidence-based practice, consults on improvements to the program and ensures that staff members are trained on the latest efforts for suicide prevention. Consisting of the Mental Health Supervisor, the HSA, and Custody's Sergeant and Lieutenants, the committee meets to review potentially suicidal patients and discusses the best course for intervention and referral. Retrospective reviews are completed by a multidisciplinary team with reports sent to the QI Committee.



Annual Training Program

Wellpath trains medical, mental health, and custody staff at both adult facilities to recognize when a patient needs emergency mental health care, based on questions asked at intake, identified risk factors, and warning signs of self-harming behavior. Ongoing and frequent staff training on suicide prevention is mandatory during new employee orientation and is reinforced at least twice a year for all Wellpath employees and subcontractors. We use best practices and continuously review the available literature to maximize the effectiveness of the training we provide, treatment resources we use, policy requirements, and associated procedures. Suicide prevention training is also provided to the correctional worker CORE Training Academy.

3.I.12.9. Psychotropic Medication

Wellpath ensures detainees who were receiving verified psychotropic medication before incarceration continue to receive their medication until a psychiatrist conducts an evaluation, regardless of formulary compliance. Exceptions to this policy include benzodiazepines and medications solely prescribed for sleep. All orders for psychotropic medication include documentation of the condition, expected results, and the interval for clinical review. We bridge non-formulary medications for up to 30 days to prevent a break in care. To continue a non-formulary medication after the initial bridge order, the prescribing clinician requests continuation through the Wellpath non-formulary medication request process, reviewed daily by the Regional Medical Director.

We do not initiate any new class of psychotropic medication without written patient consent. However, dose changes or changes of medication within a therapeutic class are discussed with the patient but do not require written consent. Psychotropic medications are reviewed at intervals based on the detainee's level of stability. To maximize the ability of psychiatry to treat detainees who are more acutely ill, Wellpath uses primary care Providers and psychiatric nurse practitioners to co-manage psychotropic medications for detainees whose mental health conditions are stable.

3.1.12.10. Psychiatric Support & Clinical Consultations

Wellpath's psychiatric care includes prescribing and administering psychotropic medication as clinically indicated, with intensive drug monitoring to ensure effectiveness and reduce side effects. Our psychiatric staff, aided by trained nursing staff, monitor patients for medication adherence and any medical comorbidities. For new medication therapy, we conduct thorough assessments, medical record reviews, and obtain informed consent from patients.

In many facilities, primary care providers handle prescribing for stable mental health issues, consulting with on-site or on-call psychiatrists as needed. This collaborative approach ensures consistent and effective care, with primary care providers managing routine adjustments and psychiatrists providing specialized consultation for complex cases. Wellpath understands the benefits that this collaborative approach has in allowing medication renewals and adjustments for stable patients to occur in one visit, saving on custody and medical resources. This allows our psychiatric providers to devote additional capacity to SMI populations while stable patients continue to receive support and follow up. Wellpath has been actively evaluating our MH population to implement this practice at the Main Jail and NBJ, and once a sizeable population is identified, we will coordinate appropriately to gradually implement this process with real time checks and balances to ensure patients are not missed. Our proposed staffing plan will allow us to effectively provide this collaborative consultation.

3.1.12.11. Telepsychiatry

Telepsychiatry has become the preferred method of service delivery in the community at large, with more than half of psychiatry visits occurring via telehealth. Wellpath's Virtual Psychiatry solution gives our client sites, including the Santa Barbara Jails, access to expert psychiatrists and psychiatric nurse practitioners for scheduled and on-call services after hours. The service allows patients access to remote specialists and removes potential barriers to accessing psychiatric services. It can also be used for after-hours consultations to reduce the need for off-site transportation. Wellpath offers a range of Virtual Psychiatry services including but not limited to medication checks, psychiatric evaluations, and referrals for commitment.

In Santa Barbara County, we will continue to use telepsychiatry to supplement on-site coverage, providing assessments and consultations as needed. This approach ensures that inmates have timely access to psychiatric care, even outside of regular hours, and helps maintain continuity of care. We began implementing telepsychiatry in the Santa Barbara Jails in 2020, in partnership with Precise Behavioral.

3.1.12.12. Metabolic Syndrome

Because of the well-known increase in risk for the potential onset of metabolic syndrome in patients taking second-generation antipsychotic medications, Wellpath clinicians follow standard procedures for monitoring these patients. This includes tracking weight gain, body mass index (BMI), and the applicable blood chemistries. The current recommended clinical monitoring for second-generation antipsychotic medications is described in the following table.

Test	Frequency
AIMS*	At Baseline, Every 6 Months
Fasting Blood Glucose	At Baseline, Quarterly
Fasting Lipids Panel	At Baseline, Annually
HgA1C	At Baseline, Every 6 Months

Weight	At Baseline, Quarterly
Pregnancy	At Baseline
Blood Pressure	At Baseline, Every Visit

If a patient develops metabolic syndrome, the psychiatric practitioner or physician designee will consider avoiding all second-generation antipsychotic medications or document the rationale for continued treatment with one of these drugs while ensuring that the patient provides established informed consent along with acceptance of ongoing monitoring. Medical and psychiatric providers regularly confer on these cases to ensure comprehensive care and appropriate adjustments to treatment plans.

3.1.13. Dental Services

3.1.13.1. Access to Dental Care

Wellpath will continue to provide basic dental care at both the Main Jail and NBJ following NCCHC and ACA standards. Dental services, including but not limited to screening, exams, x-rays and treatment (e.g., emergency fillings, extractions, treatment of infections, and other clinically indicated treatment), are provided by dental personnel licensed to practice in California. In the event of an after-hours dental concern or emergency, a qualified medical staff evaluates patients needing emergency oral treatment and provides appropriate intervention until the patient can be seen by a dental practitioner or transferred for emergency care.

An initial oral screening is conducted at intake to assess for emergent oral conditions requiring a dental referral. A more in-depth oral screening subsequently takes place by an appropriately trained qualified healthcare professional (QHP) during the initial health assessment to identify additional dental needs or required referrals. QHPs receive training from the Dentist to ensure screenings are performed correctly. The screening includes visual observation of the teeth and gums, notation of any obvious or gross abnormalities requiring immediate referral to a dentist, as well as instruction in oral hygiene and preventive oral education which takes place within one month of admission. At any time, a patient may request dental services through the Sick Call process. Unless an emergent need is identified during the oral screenings, a dentist performs an oral examination within 12 months of admission. For patients with less than 12 months' detention, treatment plans include relief of dental pain, sedative fillings, extractions of non-restorable teeth, gross debridement of acute periodontal problems, and repair of partials and dentures. For patients with more than 12 months' detention, treatment plans may also include treatment for routine conditions such as periodontal treatment and fillings, along with prophylactic care.

Treatment Priorities

The dentist uses a defined charting system to identify the oral health condition and specify the priorities for treatment by category (emergent, urgent, or routine). Referrals are triaged in accordance with the timeframes noted in the Remedial Plan. Wellpath intercepts emergent and urgent dental-related issues through three levels of access to care (receiving screening, initial health assessment, and dental sick call). Once the assessment of emergent/urgent dental need is ascertained, we utilize a system of established priorities for care, as follows:

- Priority One – To be treated as an emergency:

- Patients having severe pain affecting regular activity, fractured mandibles, avulsed teeth, abscessed tooth/teeth with visible signs of swelling, cellulitis, suspected neoplasms, and other emergent needs as determined by the dentist
- Priority Two
 - Oral conditions that, left untreated, may cause pain in the immediate future, non-painful lesions, periodontal disease of an advanced nature, prosthodontic patients in need of appliance for proper mastication, and other serious dental issues as determined by the dentist

Although we do not currently have a waitlist at the Main Jail or NBJ for dental services at this time, we will keep a waitlist if needed, for patients requiring dental care. The waitlist will be submitted during our MAC meetings. We maintain a registry for patients who have been detained for more than 12 months. All dental conditions and treatments are maintained as part of the patient's medical record.



3.1.13.2. Staffing Model for Dental Services

Our staffing model includes a combination of dentist and dental assistant hours, with sufficient coverage to ensure timely access to adequate dental care and adherence to standards of care. We ensure a dental provider is on call 24/7 to address dental emergencies with a minimum of three (3) days onsite, and a dental assistant is available to assist the dentist, manage the treatment schedule and care requests, and properly maintain and sterilize equipment. The methodology used to determine the number and types of dental professionals needed to provide care is based on RFP data provided in Appendix 9, minimum staffing coverage requirements, volume (i.e., number of intakes, length of stay, statistical data), current backlog if any, the number of chairs available, and the availability of healthcare professionals to conduct oral screenings and triage. For additional information, please see our proposed staffing plan in section 4. **Staffing Proposal.**

3.1.13.3. Dental Residency Program Experience

Wellpath's commitment to high standards in dental care, while evident in our policies and procedures, extends beyond operational expertise. We financially support a state-of-the-art Dental Residency Program in Nashville, TN called **Hope Smiles**. Wellpath provides a structured environment where dental residents can gain practical experience by working closely with experienced dental professionals while treating patients. The goal of this residency program is to train and develop dental professionals that serve people in the USA and abroad who cannot access or afford high-quality dental services. The emphasis of this program is multifaceted and focuses on:

- Developing Dental Leaders who are passionate about Public Service
- Professional clinical education for residents led by some of the best instructors in the nation
- Creating great access to care for those served by unitizing a hub & spoke model of dental care delivery
- Cultivating collaborative partnerships which further these efforts

Participating in programs such as Hope Smiles supports our Vision of Future—*To transform healthcare by delivering hope and healing through public health partnerships.*

3.1.13.4. Best Practices in Dental Services

To ensure high-quality care and patient satisfaction, Wellpath has adopted several key practices in our dental services at the jail, that we will continue to provide:

- **Comprehensive Screening/Assessment**—Conduct thorough screening/assessments to understand patients’ dental health needs and create personalized treatment plans
- **Preventative Care**—Emphasize preventative measures such as regular cleanings, fluoride treatments, and patient education on oral hygiene to prevent dental issues
- **Evidence-Based Treatment**—Utilize treatments and procedures that are supported by scientific research and clinical evidence to ensure effectiveness and safety
- **Infection Control**—Adhere to strict infection control protocols to control the occurrence and spread of disease or infection. We ensure employees have access to appropriate cleaning and personal protective equipment and train them on sterilization and sanitation
- **Patient Communication**—Maintain open and clear communication with patients. Explain procedures, discuss treatment options, and address any concerns they may have
- **Continuing Education**—Encourage dental professionals to engage in ongoing education and training to stay updates with the latest advancements in dental care
- **Collaborative Care**—Work collaboratively with other healthcare providers to ensure comprehensive care for patients, especially those with complex medical histories
- **Dental Audits**—Wellpath completes regular dental audits to ensure the provision of appropriate services at the facilities

3.1.14. Discharge/Reentry Planning

3.1.14.1. Compliance with Discharge/Reentry Planning

Wellpath will continue to provide discharge planning and reentry planning services to detainees at the Main Jail and NBJ. We collaborate with custody staff, local community providers and community-based service agencies prior to a detainee’s release to ensure care and support services are in place within the community. Wellpath helps each patient build a plan and provide them with the tools to obtain healthcare benefits, including Medi-Cal applications to meet California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved initiative requirements. As noted previously, Wellpath is very familiar with CalAIM and is well poised to continue to assist the County with the required processes. Wellpath strongly supports the central tenants of the CalAIM Justice-Involved initiatives, and we are already focusing on ensuring systems for continuity of coverage through Medi-Cal pre-release enrollment strategies and providing key services to support a successful re-entry into the community. Wellpath will work collaboratively with CalAIM to build on existing requirements and engage in the following ways:

- Work with county employees to assign accessible pre-release care managers in accordance with CalAIM’s Policy and Operational Guide, with support from the managed care plan (MCP), JI Liaison, and/or Provider directory.
- Work collaboratively with the Sheriff’s Office to ensure all eligible individuals are enrolled in Medi-Cal prior to release from the Main Jail and NBJ.
- Identify and engage with individuals who meet specific clinical criteria (e.g., pregnant, chronically ill, or mental health needs) in the 90 days prior to re-entry to stabilize their health, assess their health, social, and economic needs, and provide intensive care management to prepare for a successful re-entry into the community.

- Provide “warm handoffs” to health care providers and the MCP’s pre-release care managers to ensure that individuals who require mental and other health care services, medications, and other medical supplies (e.g., a wheelchair), have what they need upon re-entry.
- Offer community-based care coordination for individuals at re-entry, including through enhanced care management, when eligible.
- Work collaboratively with the Santa Barbara County Sheriff’s Office and CalAIM (MCP pre-release care managers), and various partners, to establish linkages with community supports (e.g., housing supports or food supports) that may be available upon re-entry if offered by their managed care plan.
- Assist the Santa Barbara County Sheriff’s Office, as needed, in applications for funding necessary for additional resources including additional staff, technology changes, data-sharing, and infrastructure to support justice-involved initiatives.
- Provide patients with a 30-day supply of medications (as clinically appropriate) upon discharge and arrange follow-up appointments with outside providers for continuation of care. Naloxone will be supplied at discharge and long-lasting injectables will be used at discharge if clinically indicated.
- To comply with the CalAIM policy for medications upon release, Wellpath has contracted with Omnicare, CVS’ long-term care pharmacy. Omnicare is an approved provider with CalAIM Rx with the ability to submit claims and prior approvals online. CVS will use their 7 California regional pharmacies to provide same day (within 2 hours, if needed) delivery of prescriptions, 7 days per week. In addition to Omnicare, we will leverage their CVS pharmacy network to expedite prescription delivery.

An initial appointment with a pre-release care manager will be scheduled within two (2) to eight (8) business days of pre-release service aid code activation. Contact/arrangements with community-based or embedded care managers will be made within eight (8) days of activating the JI aide code. Scheduling with the in-reach Provider begins within three (3) business days of JI aid code activation, with appointments set within the next seven (7) days. A HIPAA-compliant ROI form is provided for detainee signature and submitted to the jail for approval. Wellpath will bridge all MAT medications and therapeutic services with Behavioral Wellness, CenCal Health (the MCP), or other community groups receiving the patient into their MAT programs after discharge from the jail. We will work with assigned staff from the Department of Social Services (DSS), CenCal or a community group to ensure enrollment, appointments, and connections to treatment align with CalAIM legislation. Individuals eligible for specialty mental health services (SMHS) following assessment are referred to BWell and connected with a SMHS, CenCal, or a private Provider prior to release. We will maintain data and reports on handoffs to outside services as required, with community linkages and referrals noted in the patient’s electronic health record. As the electronic medical record system is integrated with the JMS at the jails, the County is able to extract this information from the JMS and share it with the Mental Health Provider.

3.I.14.2. Best Practices in Discharge Planning

To ensure smooth transition to the community, Wellpath has adopted several best practices in our discharge planning process. These practices help enhance the patient’s state of health and reduce the likelihood of recidivism by providing ample resources to continue their treatment plans.

To ensure that all necessary arrangements are made well in advance of the patient’s release date, we start discharge planning at intake. During intake, patients are informed about available re-entry services, community resources upon discharge, and the role of Wellpath team members in developing release

plans. Our comprehensive assessment identifies the patient's needs, including medical, mental health, and social support requirements. We work closely with local providers prior to release (but no later than 72-hours of release) to ensure continuity of care for discharged patients, particularly those with dual diagnoses of mental illnesses and substance use disorders, as well as those with chronic care conditions. Within 48 hours of notification of a patient's pending release into the community, Wellpath staff perform a discharge screening to determine the need for post-release medications and medical assistance. We provide medication management, ensuring that patients have a 30-day supply of medications upon discharge and arrange follow-up appointments with outside providers. Wellpath staff make post-release referrals for continuing care and if immediate post-release care is needed, we coordinate with the County to secure post-release placement.

During Reentry Planning, we help patients set short-term and long-term goals to address issues such as substance use, mental health, physical health, and social support. We also assess the need for medical support and help complete the necessary paperwork. We provide support for housing, employment, education, and other basic needs to help patients succeed in the community and address gender-specific needs, such as housing, transportation, income, and employment, in reentry services for women. We also provide linkage for patients with serious mental illness (SMI), substance use disorder (SUD), and/or other significant medical or mental health issues includes scheduling appointments, arranging transportation, finding housing assistance, and exchanging/releasing pertinent health information (when authorized), when the release date is known. To enhance continuity of care for our patients, Wellpath has developed a Community Resource Guide for the facilities listing local providers with whom we partner.

3.II. Juvenile Health Services

At Wellpath, we have a long-standing commitment to providing comprehensive medical and mental health services to vulnerable youth populations across the country. With over 40 years of experience, we understand the distinctive needs of young patients who are still developing both physically and mentally. Our expertise allows us to offer care that is uniquely tailored to youth detainees, rather than treating them like adult offenders. As the current provider of services for the Santa Barbara County Probation Departments Juvenile Justice Center (JJC), Wellpath will continue to ensure that youth patients receive timely access to care that meets their serious medical, behavioral health, nursing, prescription, dental, and emergency needs. Operating in accordance with local, state and federal laws and regulations, as well as NCCHC standards, we will ensure that the mandatory health data report is completed as required.

3.II.1. Health Liaisons

3.II.1.1. Experience with Health Liaisons

Wellpath and our affiliated companies have worked with Health Liaisons (or Healthcare Liaisons) in various juvenile facilities for 40 years. In particular, for Santa Barbara County, we have collaborated with Health Liaisons at the Santa Barbara Juvenile facilities since 2018. A correctional officer or other individual without a health care license, the Health Liaison is designated and trained to coordinate health services delivery in facilities, when qualified healthcare professionals are not available for an extended period of time.

3.II.1.2. Training and Testing

The Health Liaison receives appropriate training from the Medical Director or responsible physician. Training includes limited aspects of healthcare coordination, reviewing patient information, maintaining patient confidentiality and the right to privacy. Standards and healthcare liaison duties (including maintaining continuity of care when health staff are not onsite) are reviewed. Healthcare liaisons are also instructed on medication administration and in roles and responsibilities in triaging and addressing healthcare issues. The healthcare liaison receives a plan that includes contact information for the on-call healthcare staff, ambulance, and other emergency community contacts. The duties assigned to health liaisons, including those related to medication administration, are reviewed and approved annually by the Responsible Health Authority (RHA), Responsible Physician, and facility administrator. This ensures that the training and responsibilities are up-to-date and align with current standards. Health liaisons receive practical training on how to administer medications safely and effectively. This includes understanding the different types of medications, proper dosages, and the protocols for administering them, as well as how to read the medication administration record and how to monitor for diversion and common side effects. Training on how to communicate with the on-call provider and relay important information is also provided. Healthcare liaisons are provided with ongoing education and training to keep them informed about new medications, updated protocols, and best practices in medication administration. Training is provided annually, and the HSA or designee maintains documentation of completed training.

3.II.2. Receiving Screening

3.II.2.1. Approach to Receiving Screening

Wellpath understands the importance of a timely and proper booking and admission screening process to promote individual and facility well-being. When health-trained correctional staff perform the

receiving screening, we provide staffing to ensure timely evaluation of intake health issues to determine level of care, whether medical clearance is required, and to stabilize youth as quickly as possible. Any positive findings are reviewed by licensed healthcare staff within 24 hours or at the next scheduled RN shift, whichever comes first. We allocate properly trained and authorized healthcare staff to assess receiving screening and train Senior Deputy Probation Officer (Sr. DPO) and Senior Juvenile Institutions Officer (Sr. JIO) annually.

Healthcare staff ask guardians/parents to complete a Release of Information (ROI) form and signed consent is received from the guardian/parent for youth under 18 years old. Based on the receiving screening and assessment conducted, the RN refers the youth for medical, behavioral health, dental services, and CalAIM 1115 Demonstration reentry services, including identification of need for behavioral health links. If a behavioral health need is identified, Wellpath contacts BWell for mental health services. Wellpath performs a high-level screening to determine pre-release service and a CalAIM Tier 1 screening is conducted for youth with an active JI aid code for at least eight days. Eligibility to receive pre-release services are screened during intake (or within 96-hours of intake) or during the comprehensive health screening and recorded in the JI screening portal within one business day. Wellpath provides a list of youths eligible for 90-day Med-Cal reentry services daily. Inquiries are made regarding the youth's insurance coverage and the EVS is used to check Medi-Cal coverage, with deactivation or reactivation occurring in accordance with DCHS regulations. Wellpath utilizes a standardized medical history form, approved by the JJC and County Departments of BWell and Public Health, to document information from the receiving screening. This form is included in the detainee's health record.

Wellpath will approach the RFP requirements as indicated below:

- **Pregnancy Testing.** A pregnancy test is conducted on all female youths during receiving screening and the initial health assessment, unless a pregnancy is confirmed.
- **Emergency Contraception.** Emergency contraception is available during reception screening and if indicated, during incarceration.
- **Mental Health Assessment.** Wellpath uses a standard medical history form to record information from the receiving form. This form is approved by the JJC and County Department of BWell and Public Health. If a behavioral health need is determined, the youth is referred to BWell, with notification provided according to the urgency of the referral.
- **Fitness for Confinement.** We will also assess the need for medication, isolation, or close observation during the receiving screening.
- **Referral for Urgent/Priority Needs.** Emergent concerns are discussed immediately with the medical or mental health Provider on site or on call and addressed within four (4) hours. Other referrals are categorized as urgent or routine and appointments are scheduled. Urgent needs are addressed within 48 hours and routine needs are addressed within 14 days. Our proactive QHPs typically address most needs within 24 hours with emergent/urgent referrals taking priority to meet NCCHC requirements.
- **Bridge Medications for Medical and Psychiatric Conditions.** If medication is verified, an RN dispenses bridge medications for medical and psychiatric conditions at intake. Bridge medications are coordinated with BWell and the JJC's SUD program. Psychotropic medications are the same as received in the community.
- **Notation of Disabilities.** Qualified medical staff screen youth and evaluate them for disabilities at intake to include inquiry into intellectual functioning. Appropriate accommodations are

provided in accordance with NCCHC and Americans with Disabilities Act (ADA). Youth with suspected or confirmed developmental disability are referred to a Tri-Counties Regional Center case worker for purposes of identification or treatment within 24 hours of identification (excluding weekends and holidays).

As receiving screening is a critical process, Wellpath adapts best practices to ensure the health and safety of youth upon their arrival. We provide emergency contraception at time of screening, taking a proactive approach to reproductive health and ensuring youth have immediate access to crucial emergency contraception. Comprehensive sexually transmitted infection (STI) testing is offered to youth during receiving screening, and we assess if youth need post-exposure STI prophylaxis, providing thorough and preventative care. To show our commitment to evidence-based treatment and to highlight the importance of recognizing and managing SUD among youth, we initiate buprenorphine as withdrawal management for youth with OUD when indicated and ensure that youth are seen by a MAT provider as soon as possible. In addition, our nurses immediately address bridge medications, ordering or placing them as “held” within 12 hours.

3.II.2.2. TB Screening

All youths are screened for symptoms and history of tuberculosis (TB) during the receiving screening, a TST/TB skin test is planted, and follow-up is implemented in accordance with CDC guidelines. Youth with active symptoms are isolated until TB infection has been ruled out. TST/TB skin testing is then conducted annually based on length of stay. The most efficacious timing for planting TST/TB skin tests typically depends on average length of stay, as well as the local rates of TB infection, and is determined in consultation with the local Department of Health. For patients incarcerated more than 12 months, Wellpath conducts annual signs and symptoms screening and skin testing. For more information on our procedure for TB screening, please see section **3.I.1.2. TB Screening**.

3.II.2.3. Nursing Telemedicine Support

Wellpath provides nursing telemedicine support to the County facilities noted in this solicitation using the Virtual Nursing solution. For information, please see section **3.I.1.3. Nursing Telemedicine Support**.

3.II.3. Detoxification/Withdrawal

3.II.3.1. Assessment, Training, Protocols and Considerations

Wellpath will continue to provide detoxification/withdrawal services for youth considered at risk for withdrawal during the health assessment. Our detoxification/withdrawal protocols are implemented immediately using current ASAM guidelines. Medically indicated withdrawal treatment is provided per NCCHC standards and all FDA-approved medications for SU/AUD treatment will be available per Cal AIM Policy and Operational Guide.

Receiving Screening & Observation

Detoxification from mind-altering drugs including alcohol is performed under medical supervision. Based on the information gathered during the receiving screening and initial health assessment, youths who are actively using illicit substances undergo detoxification/withdrawal protocols immediately. Any youths exhibiting signs of drug or alcohol withdrawal or responding positively to such questions on the Intake Health Screening form will be sent to the local emergency room for a medical clearance. Once cleared and returned to the facility, youths identified as being under the influence of drugs and/or alcohol are placed in a protective housing situation under constant observation by health-trained

juvenile staff. Intoxicated youths will be checked at least every 15 minutes for level of consciousness, general appearance and condition by health trained juvenile staff. Such checks will be documented and logged. Documentation will include time, date, findings, and name or initials of staff. In no case will a youth remain in a sobering cell for more than four hours without a medical evaluation by health services staff or child supervision staff under the direction of the on-call provider.

Our standardized receiving screening form is used to evaluate adolescents for signs and symptoms of withdrawal or serious intoxication at booking. Adolescents reporting alcohol and/or drug dependence or identified as being at risk for withdrawal receive an in-depth assessment using evidence-based SUD screening instruments such as the COWs or CIWA to determine level of withdrawal and immediate need for medical management of detoxification/withdrawal. Youth are monitored at regular intervals to quickly identify emerging withdrawal signs and symptoms that require detoxification/withdrawal management or a higher level of care. For those under observation, assessment checks are conducted to determine the level of withdrawal. Scores are calculated at each assessment to determine appropriate patient intervention, as well as the success of treatment provided. The assessment also includes a short mental health screen for thoughts of suicidality, hopelessness, or recent bad news.

Withdrawal Training

Wellpath trains healthcare and custody staff on various aspects of adolescent care including how to recognize the signs and symptoms of withdrawal and safely manage youths experiencing them. Annual training is conducted to include withdrawal timelines, signs and symptoms to a variety of substances common and uncommon to the local population. We utilize the *7 Minutes to Save* series to present topics vital to the management of urgent and emergent issues encountered within the correctional setting. The Wellpath clinical department has also developed a *7 Minutes to Save* rapid response series focused on patient care.

Wellpath clinicians receive training from the Regional Medical Director on effective management of care including detoxification/withdrawal of alcohol and benzodiazepine, based on specific criteria and medical staff are trained on the administration of Narcan. Prescribers are trained to prescribe all forms of buprenorphine. Clinical staff training is also provided on the warning signs of suicidal behavior and suicide prevention techniques. Wellpath maintains a medical reference library to complement the training and staff development program. Healthcare staff also have instant access to electronic reference materials, as described in section **3.I.7. Chronic Care**.

For information on the training provided to healthcare liaisons, please see section **3.II.1, Health Liaisons**. For information on custody staff training, please see section **3.V.5. Training of Non-Provider Staff**.

Clinical Protocols/Evidence-Based Practices

Wellpath has developed an order set for clinicians to use when managing and treating withdrawal symptoms. The order set is based on best practices for determining the medication to be used, starting dose, and dosing frequency. It establishes the minimum amount of medication needed to treat patients going through withdrawal, allowing for real-time use for most patients. If a patient does not respond as expected to the medication, the clinician will develop an individualized treatment plan. An individualized treatment plan for individuals at risk for alcohol or benzodiazepine withdrawal is based on the clinician's assessment of the patient's condition and may include pharmaceutical therapy. Program protocols include the information outlined in the solicitation and are reviewed and approved by the Santa Barbara Medical Director and responsible physician.

Medication-Assisted Treatment (MAT)

Wellpath's corporate MAT policy ensures that patients who have a substance use disorder (SUD) receive appropriate treatment based on facility rules and availability of medications. Wellpath provides medically indicated withdrawal treatments per NCCHC standards for health services in the JJC. All FDA-approved medications for SUD/AUD are available per CalAIM Policy and Operational Guide. Our MAT program includes identification, continuation/induction, maintenance, and discharge planning. MAT continuation is provided to adolescents at the JJC for those who are receiving this treatment before their arrest. MAT Induction is started upon request if clinically indicated. Treatment planning is created in collaboration with the youth. Bridge medications are provided for adolescent patients at release consistent with community standard of care and CalAIM. Methadone treatment is maintained throughout incarceration to ensure that medications for SUD are provided as soon as possible. Wellpath provides observed administration of methadone by our certified NTP, who provides nurses with a supply of the medication weekly.

Discharge/Reentry planning is provided in accordance with the RFP requirements, and we conduct pre-release care management activities per CalAIM requirement. Our Discharge Planner will be responsible for the coordination of pre-release management activities at the JJC to ensure continuity of care and facilitate warm handoffs with (or referrals to) post-release lead care managers. Follow-up appointments are scheduled and coordinated with outside providers for continuation of care. Treatment services are coordinated with BWell and the JJC's SUD program for psychoeducation and programming and other outpatient services upon release. Naloxone will be supplied at discharge, along with harm reduction education materials. For more information, please see section **3.I.14. Discharge/Reentry Planning**.

MAT Success at JJC

We are pleased with the success of our Santa Barbara County Youth Medication Assistance Treatment Program, led by Dr. Carrick Adam. Her expertise has provided crucial support for young patients battling addiction in a correctional setting. Dr. Adam's collaboration with the Probation Department, County Behavioral Wellness, and other departments has created an effective support network ensuring holistic care and fostering recovery. We commend her and our partners for their dedication to improving the lives of the youth in our care.

Special Considerations

We have an established process in place for pregnant and postpartum individuals to receive specialized treatment services to reduce health risks. Pregnant adolescents who are booked and addicted to opiates will be treated as indicated in section **3.II.7, Young Women's Health**.

3.II.4. Comprehensive Health Assessments

3.II.4.1. Juvenile Health Services Experience

Wellpath and our affiliated companies have provided comprehensive juvenile healthcare services for 40 years. We currently care for nearly 4,000 juveniles across approximately 70 facilities nationwide, including statewide juvenile systems in Louisiana, Illinois, and Connecticut. We are also the current provider of health services for Santa Barbara County juvenile detainees at the JJC. We have 22 stand-alone juvenile contracts with local government partners and 34 contracts that combine services for adult and juvenile facilities. Our programs in these facilities include the design and successful operation of medical, dental, and mental health programs for youths. We provide primary and preventive care, sick call and episodic care, acute and chronic medical treatment, and follow-up care for youths. When

requested by our clients, we have succeeded in attaining NCCHC or ACA accreditation for juvenile operations.

We develop customized policies and procedures to meet the specific needs of each client's juvenile population. Wellpath has two juvenile specialists, Pam Poole, RN, and Amisha Robillard, DNP, MHA, RN, who serve as company-wide resources regarding juvenile policy and procedural matters, juvenile-specific education and programming, and staff orientation focused on caring for juvenile patients. Ms. Poole has 19 years of nursing experience in adult, juvenile, and federal correctional facilities. Dr. Robillard has 22 years of nursing experience, including 7 years in corrections.

3.II.4.2. Emergency Contraception

Following NCCHC standards, Wellpath provides female patients with nondirective counseling about pregnancy prevention, access to emergency contraception and continued contraception at intake, and appropriate long-term contraceptive options. Wellpath will refer patients offsite as appropriate. A provider reviews female patients using contraception at the time of the arrest and all medications, including contraception, are reviewed and continued/ordered as indicated. Emergency contraception will be available at intake when medically necessary, following Wellpath policy and NCCHC standards.

3.II.4.3. Adolescent Health Assessment Instrument

Wellpath staff conduct an initial health assessment, including a complete medical history and physical examination, for all youth admitted to the JJC. The health assessment takes place as soon as possible, within 96 hours of admission. This allows healthcare staff to identify medical needs or conditions not disclosed by the youth during intake, and to initiate timely and appropriate treatment to avoid a later need for emergent treatment or hospitalization. Based on this assessment, referrals for medical, behavioral health or dental services can be made. Emergent concerns are discussed immediately with the on-site (or on-call) medical or mental health provider and addressed within 4 hours. Priority needs are addressed within 72 hours and routine needs are addressed within 96 hours. Verification of medications occurs within 12 hours.

In accordance with the RFP, please see **Attachment 3** for our **Adolescent Health Assessment Form**. *Please note that this information is confidential and proprietary.*

3.II.5. Coordination of Health Care Services

3.II.5.1. Behavioral Health Coordination

Wellpath coordinates the treatment and planning of mental health and SUD treatment services for youths with the Santa Barbara County Department of Behavioral Wellness (BWell). As the current health services provider for the County, we have years of experience coordinating with BWell, both informally and in regularly scheduled treatment team meetings. Our medical and nursing staff participate in weekly multidisciplinary treatment team meetings and participate in periodic rounds to review youth detainees' response to treatment. We also attend portions of BWell's weekly staff meetings to discuss high-risk, high needs youth.

We emphasize open collaboration and transparency, ensuring that all stakeholders, including mental health professionals, are actively involved in the care process. This approach allows for the sharing of critical information, leading to more accurate assessments and tailored treatment plans. It also ensures that youths receive a more holistic approach to care, as both their medical and mental health needs are addressed.

3.II.5.2. Off-Site Services

Wellpath ensures appropriate and timely access to specialty care in accordance with NCCHC guidelines and schedules referrals for specialty care providers according to clinical priority. Wellpath will continue to provide as many on-site medical services as possible to limit the number of patients requiring off-site transport, while ensuring that patients receive medically necessary healthcare services in the most appropriate setting. As of this year (January - September 2024) 69% of the JJC's off-site appointments are for dental services. Utilizing a mobile dental bus for onsite services, saves probation staff resources regarding transportation and staff time, and we are able to get multiple youth seen in one day.

When clinically indicated, we utilize our high-quality, cost-effective telehealth program to provide the community standard of care within the facilities, regardless of location. For information on the key telehealth services we provide and on the Wellpath Healthcare Cloud, please see section **3.I.1.3. Nursing Telemedicine Support**.

Based on the health assessment, healthcare staff make referrals for medical, behavioral health, or dental services, including laboratory and/or radiological or other diagnostic testing. Emergent concerns are discussed immediately with the medical or mental health provider on site or on call and addressed within four hours, while other referrals are categorized as Priority or Routine. Healthcare staff schedule appointments so that Priority needs are addressed within 72 hours and Routine needs are addressed within 92 hours.

Wellpath will continue to work with local providers and hospitals to treat patients with healthcare needs beyond the scope of care provided on site. We authorize, schedule, and coordinate off-site services, such as specialist appointments, outpatient surgery, and diagnostic testing. Wellpath staff initiate referrals for off-site treatment through our Care Management system and referrals are limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Approvals are based on appropriateness and necessity. At the parent or guardian's request and in coordination with the Probation Department, we coordinate with community medical and/or dental/orthodontic providers. Payment for services is coordinated between the Probation Department and the parent or guardian. For more information, please see section **3.V.4, Off-Site Health Care Services**.

3.II.6. Infection Control

3.II.6.1. Infection Control Policies

Wellpath has a written infection control policy to ensure a safe and healthy environment for patients, staff, and visitors at the JJC. The policy will be approved by the local Department of Public Health and includes recommendations from the Centers for Disease Control (CDC) for infectious disease diagnosis and treatment. Our sample policy has been included in **Attachment 2, Infection Control Policies** (*please note that this information is confidential and proprietary*) and outlines protocols including:

- Testing for Sexually Transmitted Diseases (STDs) and HIV/AIDS

- PPD Testing for Tuberculosis (TB)
- TB-Related Chest X-Rays
- Infectious Disease Outbreak Management
- Protocols for managing outbreaks for infectious diseases
- Infection Control Reporting

3.II.7. Young Women's Health

3.II.7.1. Prenatal Care

Our healthcare team query all females regarding pregnancy, recent delivery, miscarriage, or abortion as part of the receiving health screening completed upon admission to the facility. A pregnancy test is conducted on all female youths during the receiving screening and health assessment, unless a pregnancy is confirmed. Pregnant detainees are referred to PHD for timely and appropriate prenatal care and counseling within 72 hours of arrest. We provide or refer to outside providers, as appropriate, for specialized obstetrical services, and postpartum care, when indicated, arranging and tracking all appointments in our electronic medical records system. Any OB/GYN medical service will be documented in the youth's health record. Routine medical and mental health conditions are managed by on-site providers as appropriate. When a youth is suspected or reports active drug or alcohol use at the Receiving Screening, we contact the Public Health OB/GYN services immediately to initiate a treatment plan. It is our current policy that pregnant youth who are booked and addicted to opiates are treated as follows:

- If the youth is currently on methadone, the methadone treatment facility is contacted for continued maintenance.
- If the youth is addicted to opiates and not currently on methadone, she is seen by the physician who will develop a plan for maintenance.

For more information, please see section **3.I.9. Women's Health**.

3.II.7.2. Medications

Young Women who opt-out of receiving a pregnancy test do not receive any prescription or over-the-counter medications until pregnancy testing is completed and documented. For information on how we ensure medications ordered are acceptable to the OB/GYN provider, please see section **3.I.9. Women's Health**.

3.II.7.3. Requests for Accommodations

For information on how we handle requests for accommodation made by pregnant detainees, please see section **3.I.9.3 Request for Accommodations**.

3.II.7.4. Gynecological Screenings

Wellpath provides a breast exam and annual age-appropriate preventative services including gynecologic cancer screening according to clinical guidelines. Comprehensive STI screening is conducted on youth and any necessary immunizations and therapy, including Human Papilloma Virus (HPV) and Hepatitis B, are issued if needed. All acute care, preventative services and chronic disease management for youth are provided in accordance with the CalAIM Policy and Operational Guide. Our web-based system, CorEMR organizes patient records and allows staff to track and schedule appointments within

the EMR. It can generate statistical reports and identify outliers beyond agreed upon periods, including the need to schedule gynecological screenings. For more information on immunizations, please see section **3.II.11. Immunizations**.

3.II.7.5. Contraception at Time of Arrest

All medications, including contraception, are reviewed and continued/ordered as indicated. Contraception is continued to maintain medical stability and pregnancy prevention. Emergency contraception is available at intake when medically necessary.

3.II.7.6. Best Practices and Pregnant Detainees

For information regarding best practices as it relates to pregnant women, please see our response for the adult population in section **3.I.9.6. Best Practices and Pregnant Detainees**.

3.II.8. Inmates in Restrictive Housing/Segregation

3.II.8.1. Evaluations and Restrictive Housing

When notified that a youth has been assigned to room confinement status, a Wellpath qualified healthcare professional (QHP) review's the patient's medical record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. If there are any medical issues that may be exacerbated by room confinement, the QHP informs Probation staff and provide a full explanation as soon as possible. We document any recommendations or actions taken in both the patient's medical record and the JJC's Medical and Mental Health Evaluation Form.

3.II.8.2. Pregnant Inmates

Upon notification that a pregnant youth is placed in segregation, a qualified health care professional reviews the youth's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement, or require accommodation. Such a review is documented in the health record. We monitor a pregnant youth's segregation daily. Vital signs and fetal heart rate are monitored and recorded at a minimum of once per shift for five days; thereafter as ordered by the responsible OB specialist. Our health staff promptly identifies and informs custody officials of youths who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.

3.II.9. Sick Call

3.II.9.1. Sick Call Processes and Standard Procedures for Nursing - Juvenile Detainees

The Wellpath sick call process at the JJC ensures timely patient care according to NCCHC and ACA standards. A qualified healthcare professional conducts sick call triage in coordination with security staff, seven days a week, including holidays. Written requests for sick call are made on an approved form which is collected each day shift medication pass, stamped with the date and time, and reviewed by a nurse within four (4) hours. Requests are categorized as Routine, Urgent, or Emergent/Priority and documented as required. Those with emergent requests receive immediate attention. Those with urgent requests are referred to the Provider on call within four (4) hours. Emergent and Routine requests are resolved by a nurse within 24 hours of triage. Should the need arise outside the scheduled sick call clinic, we arrange for patients requiring urgent or emergent medical attention to be seen the same day. Wellpath nurses also use **Professional Nursing Protocols (PNPs)** at the JJC to ensure patients receive appropriate care to their needs or complaint. Our PNPs are for Youth



>12 and adults. If 12 or under, nurses are instructed to contact the provider. The disposition of the request (emergent/priority or routine) is noted on the referral by the nurse. Assessment findings, intervention, and plan/disposition are also documented on the sick call request and placed in the medical record. A physician or mid-level provider sees referred patients during the next scheduled provider clinic, within 96 hours of referral receipt. A physician or mid-level provider is on-call 24/7 for emergencies. Telephonic consultations on priority referrals are conducted within 72 hours of referral receipt using our **Virtual Nursing** system. Additionally, Wellpath's Virtual Emergency Care system ensures 24/7/365 video conference availability for off-hours emergencies. For more information on our telehealth capability, please see our discussion on **Telehealth** in section **3.V.4. Off-Site Health Care Services**. For more information on our PNP's, which meet the California Board of Registered Nursing, please see our response for Adult detainees in section **3.I.4. Sick-Call**.

We have provided a list of conditions that have standard procedures for nursing in **Attachment 4, Standard Procedures for Nursing – Juvenile Inmates**. *Please note that this information is confidential and proprietary.*

3.II.9.2. Sick Call Categorization

Wellpath is committed to categorizing Sick Call requests as required in the solicitation. Qualified nursing staff triage healthcare requests following the collection of healthcare request forms each day. If a sick call is requested in the absence of healthcare staff, it will be referred to the on-call Provider by Probation staff. If healthcare staff is present, a nurse reviews the request and triages the sick call within 4 hours of receipt as follows:

- **Routine** – Typically, resolved within 24-48 hours, at next nurse sick call. The RN will conduct a sick call visit for routine sick call requests.
- **Urgent** – Should be seen by the Provider on call within 4 hours of review by the triage RN.
- **Emergent/Priority** – Those with emergent requests receive immediate attention. They are resolved within 24 hours. The RN will conduct a sick call visit for emergent/priority sick call requests.

The resulting disposition from triage, triage time, date, and reviewer is noted on the patient's healthcare request form.

3.II.10. Chronic Care

Wellpath maintains a complete **Chronic Disease Management Program** at the JJC that meets local medical and NCCHC standards. Our chronic disease management program is age and gender appropriate and is designed to reduce the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. Our multifaceted program includes disease-specific guidelines (including level of control), clinical decision support tools (for treating, testing and monitoring conditions), self-management strategies, patient education, and a clinical informatics platform to guide population-based interventions consistent with national clinical practice guidelines for common chronic diseases. Wellpath uses the American Academy of Pediatrics and NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities as professional references for chronic care conditions in the youth population. We have an established process in place to provide physical health (and behavioral health) in-reach clinical consultation services for youth eligible for 90-day pre-release in accordance with section 8.5 of the CalAIM Policy and Operational Guide. Clinical consultations are completed within 21 days of JI aid code activation.

3.II.10.1. Electronic Registry of Chronic Disease

Wellpath will continue to track patients with chronic illnesses on a chronic care roster and maintain a list of chronic care patients that includes the date of intake, the date referred to the chronic care program, date of most recent visit, and date of next scheduled visit. We discuss statistics, such as the number of patients by chronic care diagnosis and number of chronic care patients seen in the clinic by the providers, at our Medical Administration Committee (MAC) meetings.

Wellpath staff enter chronic conditions into the patient's problem list in their electronic medical record. As the current provider for the County, Wellpath's web-based application CorEMR is currently being used to track and report chronic diseases among detainees as required. Our electronic medical records system maintains an active medical Problem List for all patients. The system can also generate statistical reports and identify outliers beyond agreed-upon time periods. For more information, please see our response to adult detainees, section **3.I.7.2, Adherence to Evidence-Based Guidelines**.

3.II.10.2. Adherence to Evidence-Based Guidelines

Wellpath uses national evidence-based guidelines to formulate our own working guidelines for asthma and HIV (among other chronic diseases) in adolescents. To ensure adherence to appropriate chronic care guidelines, Wellpath's CQI program conducts CQI studies that include screens such as Continuity of Care – Chronic Disease, Patients with Special Health Needs, and Special Needs Treatment Planning. For information on our process, please see our response to adult detainees in section **3.I.7.2, Adherence to Evidence-Based Guidelines**.

3.II.11. Immunizations

3.II.11.1. Immunization Tracking Process

During the initial health assessment, Wellpath staff gather information regarding immunization history and initiate needed age-appropriate immunizations and therapy within two weeks of intake. We use the state registry to look up the youth's immunization status and coordinate with community providers to initiate a treatment plan to complete the required vaccinations on schedule. Immunizations are updated for youth whose status cannot be verified or is not current, once consent of the youth's parent or guardian is obtained. Wellpath follows CDC recommendations for vaccinations and the Health Officer's instruction for vaccine recommendations from the Advisory Committee on Immunization Practices (ACIP). Immunizations are reviewed and updated, as required, as part of our CQI program. Upon release, a copy of the youth's updated immunization card is given to the parent/guardian or the youth if they are over 18 years old. Vaccinations and immunization status is documented in each patient's medical record.

3.II.11.2. Documentation in State Registry

Wellpath will maintain compliance with requirements associated with documenting youth immunization in the state registry. Doses are entered in the registry on the same day. We review youth's immunization status in the state registry at every intake and do CQI studies to ensure all youth are up to date on their immunizations. As part of our CQI process, we will review and update immunizations on the state registry as required.

3.II.12. Other Special Populations

3.II.12.1. Caring for Special Populations

Wellpath provides appropriate treatment for special populations that complies with federal and state law. Our intake process includes ensuring the safety of individuals who are particularly vulnerable based on age, stature, appearance, mental illness, or physical or developmental disability. We have qualified nursing staff that are assigned to screen and evaluate youth with disabilities and make accommodations in accordance with NCCHC, as appropriate. Wellpath staff inform custody staff of patients with special housing needs and refer patients to medical staff or BWell for further evaluation as appropriate. We have developed policies, procedures and individualized plans to ensure they are treated in a manner that respects their unique needs.

For information regarding best practices and training and support provided to the team, please see our response to adult detainees, in section **3.I.11. Other Special Populations**.

3.II.12.2. Reporting Child Abuse and Neglect

Wellpath has policy to ensure that systems are in place to identify and report potential cases of child abuse and that appropriate and standardized action is taken in those cases. Non-accidental physical injuries, physical neglect, sexual abuse, suspected commercial sexual exploitation of children, and emotional maltreatment rising to the level of willful cruelty and unjustifiable punishment sustained by youths prior to detention or occurring within the facility will be reported to the Police Department and the Child Welfare Agency. Healthcare staff should be notified as soon as possible to assess the youth's emotional and physical needs. Wellpath ensures that healthcare staff are aware of their civil and/or criminal liability should they fail to report. Suspected child abuse and neglect are reported immediately by telephone and in writing within 36 hours to the local law enforcement agency having jurisdiction, the county probation department, or the county welfare department. The report states the name of the youth, the whereabouts, the character, and the extent of the injury. The forms used are pursuant to the reporting requirement of the jurisdiction and are required by law to be completed by medical personnel. We ensure that employees are trained on our policies and will monitor compliance with California requirements for reporting child abuse and neglect found in the Child Abuse and Neglect Reporting Act Penal Code Section 11164-11174.3.

3.III. Prescription Drug Services

Wellpath will continue to provide pharmaceutical services in accordance with all applicable laws and regulations, guidelines, policies and procedures, and accepted community standards. Our pharmaceutical management program includes prescription and management activities (formulary and non-formulary oversight), prescribing, filling, and administration of medication, provision of over-the-counter medications, and record keeping along with appropriate licensure; Drug Enforcement Administration (DEA) management; and the secure and proper storage of all medications. All OTC, and stock medications will be provided through a local pharmacy using private insurance or obtained through a relation with a 340B entity. We will ensure that processes are in place to comply with Medi-Cal's prior authorization and utilization management (PA/UM) requirements and that ordering, referring and prescribing clinicians are individually enrolled in Medi-Cal.

Pharmacy Provider



Wellpath currently partners with Diamond Pharmacy Services to provide pharmaceutical services at the Main Jail, NBJ and the JJC. Diamond works with Wellpath to provide reliable delivery of all prescription, non-prescription, and intravenous medications as ordered. As our pharmacy vendor, Diamond maintains necessary pharmaceutical licenses in accordance with state and federal regulations. As Cal AIM implementation plans are executed, we will transition pharmacy services to Omnicare.



To comply with Cal AIM's policy for medications upon release, Wellpath has contracted with Omnicare, CVS' long-term care pharmacy. An approved provider with Cal-AIM Rx, Omnicare has a process in place to use the Medi-Cal Rx system and has the ability to submit claims and prior approvals online using the CA-MMIS system. CVS will utilize their seven California regional pharmacies to provide same day (within 2 hours, if needed) delivery of prescriptions, 7 days per week. We will also leverage CVS pharmacy network to expedite prescription delivery. Our pharmacy is domiciled in the state of California and can provide same day delivery of discharge medications. In addition to prescription dispensing services, Omnicare bills eligible claims to MediCal Rx. Omnicare assists with processing prior approvals for non-formulary meds through CoverMeds in order to maximize the program potential and ensure appropriate community transition.

Services Provided by Omnicare

- Regional Dispensing Pharmacies w/ Same Day Delivery 7 days per week
- Local Emergency Pharmacy Access Utilizing the CVS Retail Pharmacy Network
- Infusion services and Nursing education
- Prior Approval Processing (Clinical Intervention Center)
- Release Medication Program

Omnicare ensures safe transition from correctional facility to home

- A supply of prescribed medication at release
- Printed medication management instructions
- An optional phone call with a clinical pharmacist
- Support for adherence to discharge medication plan

3.III.1.1. Web-Based Ordering System

Omnicare accepts prescriptions via multiple methods:

All medications should be reordered using one of the following methods:

<p>1</p> <p>Through your eMAR system **Preferred**</p>	<p>2</p> <p>Omniview through eRefill **If Applicable**</p>	<p>3</p> <p>IVR automated phone system</p>	<p>4</p> <p>Fax</p>
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Healthcare staff will have access to OmniView by Omnicare a comprehensive, web-based pharmacy management system designed to accommodate correctional institutions. Omnicare, a subsidiary of CVS Health, provides pharmacy services and OmniView facilitates efficient medication management, communication, and reporting between Omnicare and the care facilities they serve. OmniView serves as a critical link between facilities and Omnicare’s pharmacy services, enhancing overall patient care, medication safety, and operational efficiency.

The screenshot shows the Omnicare OmniView web portal. At the top, the Omnicare logo is on the left, and 'OmniView' is in the center. A 'Manage Omniview Users' link is on the right. Below the header, there are four main navigation tabs: 'Reference Library', 'Pharmacy Connection', 'Financial Connection', and 'COVID-19 Resources'. The 'Reference Library' tab is currently selected. The main content area is divided into two columns. The left column, under the 'WellPath' heading, lists various reports under 'A. Corporate Information' and 'C. Facility Information'. The right column features three large red buttons: 'Visit the Reference Library', 'Visit the Pharmacy Connection', and 'Visit the Financial Connection'. A 'Media Center' link is located at the bottom right of the page.

Wellpath healthcare staff use a web-based portal to order medication, check order status, seek information on drug interactions, dosing, and side effects, and obtain a real-time list of current medications and medication history for detainees. Our electronic medical records system supports the integration of medication order entry and HL7 transmission to the pharmacy provider. This integration gives the pharmacy immediate access to medication orders and the ability to provide any medication substitutions to the on-site staff.

Order Type		
Next Medication Delivery: 03/03/21 (Wednesday) Daily Order Deadline: 14:00PM		
Order	Starter Stock	Profile Only
Send an order to the pharmacy and add to MedPass after inventory is checked in	Send an order to the pharmacy and add to MedPass immediately	Use general stock and add to MedPass immediately

Staff have 24/7/365 access to the system to see if an order has been processed for shipment to your facilities. Through the use of the reconciliation module of the program, order status will be detailed and staff will know prior to shipping whether a medication will be in the next day's order.

Medication orders are overseen by a licensed/registered pharmacist (L/R P) from our pharmacy provider, who ensures safe and therapeutic medication administration in accordance with state regulations. The pharmacist reviews each patient's medication profile to screen for interactions, allergies, and other potential issues. Before dispensing an order, the pharmacist checks for duplicate therapy, medication interactions, excessive or sub-therapeutic dosages, appropriateness of therapy, and potential clinical abuse or misuse.

The pharmacist alerts the prescriber about any inappropriate strengths, documented allergies, duplicate orders, or significant drug interactions. For formulary management, the pharmacist contacts the prescriber before filling expensive prescriptions to consider alternatives or request a smaller supply if a patient is scheduled for release. This system ensures that patients receive safe and effective medication therapy while minimizing potential risks.

The pharmacy system provides a real-time list of current medications and a detailed medication history for each patient, allowing healthcare providers to track and review all medications prescribed to a patient. Reports on medications expiring within 5 days can be generated in various formats, such as PDF or Excel, to help manage inventory. Standard monthly and quarterly client reports offer insights into medication usage, cost for the facility, prescribing habits, and trends, and can be customized to meet the specific needs of the facility. Quarterly pharmacy and therapeutic reports will be provided.

3.III.1.2. Pharmacy System Screen Shots

We have provided the requested screenshots in [Attachment 5 – Pharmacy System Screen Shots](#). **Please note that this information is confidential and proprietary.**

3.III.1.3. Reporting

Wellpath offers the most dynamic and complete reporting capabilities in the correctional industry, including pharmaceutical reports for each facility. Analysis of monthly utilization data, formulary management data, expenditures, clinical metrics, poly-pharmacy prescribing data, and overall prescribing habits of clinicians is crucial for properly managing budgetary dollars, ensuring proper care, and optimizing patient outcomes. Wellpath offers statistical reports for pharmaceutical management that simplify analysis of monthly usage, expenditures, prescribing habits, and trends. Statistical data is accompanied by graphs illustrating usage and trends.

Wellpath data reporting team can work with the County in the development of ad hoc reports as needed. Depending on the complexity of the reporting desired, a discovery discussion may be held before the report is developed to ensure the appropriate metrics and benchmarks have been identified. Reports requested by security to help search for diverted medications can usually be provided in less than an hour. Reports can be provided in hard copy or electronically in Microsoft Excel.

In addition to CorEMR, Wellpath has online access to the Omnicare Reporting System, OmniView, which provides a pharmacy utilization reports, as well as the ability to request ad hoc reports.

1. **Reporting and Analytics**
 - Detailed reporting features for medication usage, costs, and compliance.
 - Allows operators to track medication trends and generate reports for regulatory purposes, including compliance with Medicare and Medicaid standards.
2. **Electronic Health Record (EHR) Integration**
 - Integrates with electronic health records (EHR) to provide access to health data.
 - Streamlines communication between Omnicare pharmacists and the healthcare team.
3. **MAR (Medication Administration Record) Management**
 - Supports the Medication Administration Records (MARs), ensuring that administered medications are documented.
 - Reduces the risk of medication errors by providing a clear, organized view of each patient medication schedule.
4. **Communication Tools**
 - Facilitates communication between healthcare staff and Omnicare pharmacists for managing prescriptions, clinical recommendations, and patient care needs.
 - Enables real-time messaging for urgent orders or changes in medication therapies.
5. **Compliance and Regulatory Support**
 - Assists in meeting regulatory requirements by maintaining accurate medication records and reports.
 - Helps in tracking and managing medications that require specific regulatory oversight, such as controlled substances.

3.III.1.4. Drug Formulary

As required by the RFP, we have provided a sample formulary in **Attachment 6—Drug Formulary**. *Please note that this information is confidential and proprietary.*

Non-Formulary Reviews

Our pharmacy provider will support Wellpath formulary compliance by providing pharmacist reviews of non-formulary medication requests. Reviews will be conducted using the Medi-Cal Contract Drug List. They will screen orders for formulary compliance daily and provide consultation on formulary alternatives that best meet our clinical and cost containment goals.

3.III.1.5. Formulary Modification

Wellpath has a customized formulary for the Main Jail, NBJ and the JJC to optimize efficacy and total cost of care. We aim to align our drug formulary with that of the community mental health system. We review the formulary regularly for updates and accommodate medications as clinically necessary and appropriate. Immediate formulary changes, with the approval of the site



Medical Director and facility administration, are incorporated with the release of new medications, when clinical information identifies new safety concerns, and when generic products become available. We render decisions on requests for non-formulary medication in 48 hours or less and support an option for an expedited request that is decided within 24 hours. Approved non-formulary medications will be obtained from our local backup pharmacy if the Provider cannot deliver them to the facilities within 24 hours of approval.

Utilization is important for formulary management and development. The site Medical Director will review this information when assessing a medication's formulary status.

3.III.1.6. Blister Cards

Blister cards provide a specialized filling system for safe, efficient, and cost-effective medication distribution and allow credit for returns of many medications. Medications are packaged, labeled, and dispensed in compliance with all current local, state, federal and department laws, rules, and regulations. Medications are dispensed in blister card packaging in the quantity ordered. We provide patient-specific medication cards (blister packs) as the preference for patients detained for more than 14 days.

We generally use stock medications for relatively low-cost, frequently used medications, and patient-specific packaging is reserved for high-cost and/or non-formulary medications. This is often preferable as patient-specific blister cards can result in significant waste. KOP medications are dispensed in unit dose form.

3.III.1.7. Inventory Control

Our local pharmacy provider and backup pharmacy ensures 24-hour delivery of medications and on weekends, holidays, and if urgent/emergent and limits waste. Wellpath uses in-house stock medications as necessary and allowable within state guidelines. We maintain supplies of stock medications, including prescription and over-the-counter medications, to ensure medications are provided within the required timeframe. Qualified healthcare personnel administer medications within 24 hours of the order being written, with urgent medication provided as required and ordered. At the JJC, medication prepared by qualified healthcare personnel, may be administered by custody staff on weekends and holidays. Once the order is checked in, our system can be customized to track when a stock card is removed from the medication storage area and placed on a med cart or pulled by a member of nursing for administration.

3.III.1.8. Electronic MAR

Healthcare staff document medication administration and missed doses in a patient-specific Medication Administration Record (MAR). These records become a permanent part of the patient's medical record. All information relative to a patient's prescription is recorded in the MAR, which includes instructions, injection site codes, result codes, and non-administered medication reason codes. If a patient misses or refuses doses on three consecutive days, or if a pattern is noted, healthcare staff document the refusal and refer the patient to the clinician.

CorEMR has an electronic MAR (eMAR) customized for correctional settings. Med pass times are configured by day and generate medication pass prep lists accordingly. Medications may be marked as Received, Refused, Absent, or Not Given within the eMAR.

Graphical and detailed MAR reports may be viewed at any time. Paper MARs can be supplied monthly from our pharmacy provider, on heavy cardstock, if requested. They will be delivered within the appropriate timeframe to allow for the monthly reconciliation and change over process.

Medications can be scanned using the detainee's bar code present on their ID band. Wellpath has utilized this technology in another large California jail system. It is important to note that the system should have non-scanning capability to access a patient's MAR, due to the possibility of wear and tear of an ID band. While an updated version of our electronic medical records system allows for use of stock medications, it does not allow for inventory of these medications. Inventory is done separately.

3.III.1.9. Pre-Pouring Medications

Wellpath does not permit the pre-pouring or repacking of medications. We monitor the medication delivery process to ensure medication errors do not occur.

3.III.1.10. Best Practices in Medication Management

Wellpath has established written systems and processes for the delivery and administration of medications based on each facility's layout and procedures. We also provide orientation training and mandatory continuing education regarding medication administration and preventing medication errors.

Expediting Medication Lines

Medication passes are tailored to ensure the timeliness and accuracy of the process, including coordination with security staffing and mealtimes to ensure accurate and effective medication administration. Our proposed staffing plan includes nursing coverage for medication passes at least twice daily in the general population and more frequently as needed for patients in medical housing or observation, per physician orders.

Optimizing Inmate Adherence

Qualified healthcare personnel administer medications within 24 hours of written order, with urgent medication provided as required and ordered. Nursing staff observe patients taking medications, especially when the physician's order requires Direct Observation Therapy (DOT). We also train staff to provide DOT for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.

Monitoring and Addressing Non-Adherence

Our medication adherence program includes policy and procedures for timely notification and follow-up of missed medications of an urgent/timely nature including antibiotics, Insulin, HIV medications, seizure medications, Hepatitis C medication, and psychotropic medications. Our healthcare staff documents medication administration and missed doses in a patient-specific MAR (section **3.III.1.8. Electronic MAR**). Logs of missed medications are kept at each medication pass and reviewed each week. These records become a permanent part of the patient's medical record. All information relative to a patient's prescription is recorded in the MAR, which includes instructions, injection site codes, result codes, and non-administered medication reason codes. If a patient misses or refuses doses on three consecutive days, or if a pattern is noted, healthcare staff document the refusal and refer the patient to the clinician.

KOP Medications

Wellpath has implemented a comprehensive Keep-on-Person (KOP) medication program at the Main Jail, NBJ and JJC to provide patients with immediate access to necessary medications, promote their responsibility and adherence to proper medication use, and reduce healthcare staff's time spent administering medications. KOP medications are provided in compliance with state and federal laws and limited to those that can be safely self-administered with proper education, such as inhalers or nitroglycerine. Currently, inhalers, eye drops and creams are allowed in our KOP program at the Main Jail and NBJ, while creams and inhalers are permitted at the JJC. Patients must sign an informed consent statement and may have their KOP privileges limited or rescinded if they misuse the medications. Our providers are constantly reviewing the KOP program to expand and add additional medications.

3.III.1.11. Wasting/Disposal (Non-Controlled Substances)

Medications that cannot be returned to the pharmacy (e.g., non-unit-dose medications, medications refused by the patient, and/or medications left by discharged patients) are destroyed. Wellpath disposes of pharmaceutical waste in compliance with federal, state, and local laws and regulations. We make every reasonable accommodation to minimize the quantity of pharmaceuticals destroyed. The HSA is responsible for overseeing, monitoring, and ensuring compliance with the pharmaceutical waste disposal policy. Wellpath conducts regular audits to remove discontinued or expired medications. Our ordering and reporting system does not currently allow for daily reporting of medications approaching 5 days of expiration. We will establish a trigger to alert staff before medication expires.

3.III.1.12. Wasting/Disposal (Controlled Substances)

Controlled substances, syringes, needles, and other pharmaceutical implements are securely stored in compliance with the facility, DEA and Occupational Safety and Health Administration (OSHA) regulations, and NCCHC standards. Wellpath staff ensure that pharmaceutical waste is kept in a secure location and controlled waste is counted until disposal. All controlled substances are stored in a double-locked area with restricted access and continued counts at each shift until they can be destroyed by authorized individuals.

3.III.1.13. Medication Collection Device

Wellpath staff place pharmaceutical waste in approved collection containers as soon as possible and complete the appropriate disposal form. We provide RX Destroyer containers, which remain locked in the medication room cabinet.

3.IV. Laboratory and Radiology Services

Wellpath will continue to provide on-site laboratory services in compliance with the Clinical Laboratories Inspection Act (CLIA) and the Clinical Laboratory Improvement Amendments of 1988. Our program meets standards set by the American College of Pathology and state requirements for medical pathology, specimen handling, testing, and reporting. Services adhere to County, State, and federal confidentiality requirements. We ensure the facilities have the necessary equipment, supplies, and staff for on-site services, including laboratory and radiology. As the incumbent provider, we have unmatched relationships with community providers and look forward to strengthening these partnerships.

3.IV.1.1. Laboratory Testing

Wellpath provides diagnostic laboratory services through our national contract with Laboratory Corporation of America (LabCorp). We will work with LabCorp, or with the Sheriff's Office and Probations preferred provider, to provide the following services onsite, including but not limited to:



- **Main Jail**—Urinalysis, hemoglobin, wet mounts, strep tests, urine pregnancy test, rapid strep test, blood glucose.
- **Northern Branch Jail**—Urinalysis, hemoglobin, wet mounts, strep tests, urine pregnancy test, rapid strep test, blood glucose.
- **Juvenile Justice Center**—Urinalysis, hemoglobin, wet mounts, strep tests, urine pregnancy test, rapid strep test, blood glucose. We also provide rapid tests, stool hemocult and covid rapid testing.

Relevant and clinically important point of care CLIA waived tests (such as pregnancy and urine analysis dipsticks, fingerstick blood glucose, and PPD) will also be offered. Our laboratory program provides supplies, equipment, timely pickup and delivery, and accurate reporting within 24 hours for most labs. We ensure qualified healthcare personnel are trained to collect and prepare laboratory specimens, and all blood draws for on-site and off-site lab testing are conducted at each facility.

3.IV.1.2. Radiology Services

Wellpath has in place the most cost-effective and comprehensive radiology program available. We currently deliver on-site radiology services through our contract with Central Coast Portable Imaging (Main Jail, NBJ). We also coordinate care with the Marion Outpatient Radiology center for youth at the JJC. We will continue to work with these providers and the County, or with the Sheriff's Office and Probations preferred provider, to maintain a routine schedule for radiology services, including but not limited to:



- **Main Jail**— Mobile X-Ray
- **Northern Branch Jail**— Mobile X-Ray
- **Juvenile Justice Center**— Youth are sent to the Marian Outpatient Radiology center for X-Ray, Ultrasound, Sonograms, Doppler studies

3.IV.1.3. Lab Results

Wellpath staff document diagnostic laboratory reports and follow-up care in the patient's medical record. A medical provider (physician or NP/PA) reviews and signs off on laboratory results, which we

receive via our electronic medical records system. Lab results may be viewed using the Diagnostic tab of the patient's chart. Abnormal results are flagged to alert medical staff that expedited review is necessary. A medical provider (physician or NP/PA) is notified immediately to review all lab results via the Provider Approvals section of the electronic medical records system Dashboard. If test results indicate a critical value, the provider also receives a telephonic alert. The provider reviews laboratory results within 24-48 hours (72 hours for weekends and holidays), or immediately for STAT lab reports and any abnormal test results. Preliminary results, when available, receive a medical review. Emergent/rush service requests for laboratory tests occur 24 hours a day, seven days a week. For radiology tests, a board-certified radiologist reads X-rays and radiology special studies and provides a typed and/or automated report within 24 hours. The radiologist calls the facility for immediate intervention if needed. If notified of abnormal results, the site Medical Director or designee reviews, initials, and dates X-ray reports within five working days.

3.V. Other Services

Wellpath will provide the following additional services at the Main Jail, NBJ and JJC.

3.V.1. Provider Orders

3.V.1.1. Execution of Provider Orders

Treatment by qualified and health trained personnel other than a physician or dentist is performed pursuant to direct orders written and signed by personnel authorized by law to give such orders. All orders written onsite by the provider are transcribed, executed, and documented within four hours. If orders are transcribed by an LVN, they will be verified and documented by an RN within 24 hours. All verbal physician/mid-level provider orders are recorded in the medical record by the licensed professional taking the order and countersigned by the responsible physician within 48 hours (72 hours if ordered on Friday). Provider orders are recorded in the inmate's medical record by the physician or licensed staff.

Among its many functions, our electronic medical records system allows providers to record actions for later completion, including scheduling future appointments, ordering lab work, and ordering medication. As part of our care management system, the statistical reports generated by our electronic medical records system flag any incomplete tasks and allow Wellpath to track services provided. We also have external reporting options available. Routine audits are performed to ensure that orders are transcribed, and timely treatment is initiated as part of our continuous quality improvement.

3.V.1.2. Orders Received by Outside Providers

All referrals are conducted through our Care Management system. Our electronic medical records system tracks off-site services and provides seamless and secure communication with our off-site providers, allowing for the submission of orders and results to be reviewed and managed quickly and efficiently. Orders or treatment plans written by off-site providers are reviewed by the on-site provider within 24 hours. If electing an alternative treatment plan, the on-site provider communicates the alternate plan with the off-site provider and documents the rationale. All interactions are documented in the patient's electronic medical record.

3.V.2. Dietary Services

3.V.2.1. Clinical Dietician

Wellpath evaluates the dietary needs of each detainee and orders therapeutic diets as needed. The special needs screening performed at intake includes verification of medically necessary special diets. Wellpath can also make recommendations regarding special dietary needs based on the patient's medical history and physical evaluation. Patients can refuse this aspect of care, consistent with their options for participation in care within the community. If a patient refuses a special diet, Wellpath staff document the refusal in the patient's medical record. Wellpath only prescribes therapeutic diets, not preferential diets, and ensures that documented food allergies are medically indicated. Wellpath staff will continue to work closely with the facility's food services supervisor to communicate special dietary needs and share suggestions for recommended diets. Where indicated, Wellpath medical staff coordinates with a licensed dietician to make recommendations. We review patients with special dietary needs every 90 days and notify the patient and the food services supervisor if a special diet is no longer required.

3.V.2.2. Communication of Dietary Restrictions

A nurse sends real time dietary orders to the facilities kitchen when the diet is ordered. To make the process more efficient and seamless, Wellpath is in the process of creating a site-specific form that matches the vendors form.

3.V.3. Health Education and Personal Hygiene Counseling

3.V.3.1. Approach to Health Education and Personal Hygiene

Wellpath emphasizes the importance of patient awareness of their healthcare needs, issues, and diseases. We provide our patients at the Main Jail, NBJ and JJC with health education to include detailed information on self-care strategies, family planning, medical diets, personal hygiene, healthy lifestyle choices, getting better sleep, coping with anxiety and depression, and maintaining optimal health. We also offer health education through group sessions for widespread issues such as smoking cessation, fitness, and the flu. Patient health education begins at intake and continues during patient-provider encounters. Adult and Juvenile patients with chronic conditions such as asthma or diabetes receive additional education on health management and nutrition. Understanding the importance of family involvement, we communicate with each youth's parents/guardians regarding his or her condition as appropriate. We educate patients on their condition, treatment plan, and the importance of adhering to the plan. We also recommend lifestyle modifications and provide information for after release. We collaborate with the Jail Programs Unit (JPU) on annual psychoeducational course sessions. All education is documented in the medical record.

Our health education program is tailored to the specific needs of the patient population, including, but not limited to chronic and communicable diseases prevalent in Santa Barbara County. We provide culturally and linguistically appropriate health education materials on a variety of topics approved by the Sheriff's Office and Probation. We also coordinate with PHD and Behavioral Wellness, providing health education materials from these agencies if needed. Available in multiple formats, including oral instructions and written information, educational materials are provided in a language the patient understands, following NCCHC, Americans with Disabilities Act (ADA), and National Culturally and Linguistically Appropriate Services (CLAS) standards. We use other forms of effective communication, such as American Sign Language or other means of non-verbal communication, when necessary.

3.V.4. Off-Site Health Care Services

3.V.4.1. Off-Site Referral Management

Wellpath ensures appropriate and timely access to specialty care in accordance with NCCHC guidelines and schedules referrals for specialty care providers according to clinical priority. Urgent services are provided within 7 days of referral, and routine services within 30 days of referral. If these timeframes are not met, the medical provider re-evaluates the patient. Wellpath will continue to provide as many on-site medical services as possible to limit the number of patients requiring off-site transport, while ensuring that patients receive medically necessary healthcare services in the most appropriate setting. Our Care Management system (described in this section under **Utilization Management**) creates clinical control and cost efficiencies for both on- and off-site healthcare services.

On-Site Services

We continually work to reduce unnecessary costs and community risk associated with off-site care when appropriate. Wellpath has successfully established many on-site programs and specialty care clinics across the country. We will continue to evaluate off-site specialist consultations at the Main Jail, NBJ and

JJC to determine potential cost savings brought on by clinic rates and reduced transportation costs. We continuously evaluate the potential benefits of establishing on-site clinics and will implement them as appropriate. We currently provide the following on-site services at the Main Jail and NBJ:

- Dental
- Laboratory
- Podiatry
- Oral Surgery
- Chronic Care
- Radiology/X-Ray
- Other services as needed

By hiring Dr. Emeterio, DDS, we have reduced the use of off-site appointments for dental extractions and root canals. By performing these services on-site, off-site expenses have been reduced and the risks associated with transporting patients off site have been minimized.



Telehealth

While in-person service delivery is our priority, we also recognize the need for comprehensive care delivery options. When clinically indicated, we utilize our high-quality, cost-effective telehealth program to provide the community standard of care within the County's facilities, regardless of location. As the current provider, we offer Zenova services for Virtual Emergency Care, Virtual Nursing and Virtual Primary Care at the Main Jail, NBJ and JJC. Additionally, we provide various telehealth specialty consults. The Wellpath Healthcare Cloud (introduced in section 3.1.1.3. **Nursing Telemedicine Support**) has afforded many benefits including the use of telehealth technology to conduct initial or follow up specialty care appointments that do not require in person services. Wellpath implemented this use with the support of custody reducing a portion of specialty care appointments and the cost associated. These savings are passed along to the sheriff's office, which is fully responsible for all off-site care. The Wellpath Healthcare Cloud, includes these key telehealth services and strengthens the traditional delivery model:



- **Virtual Emergency Care** – Provides 24/7/365 immediate access to emergency medicine expertise to assist on-site staff caring for patients who are experiencing an acute injury or illness. As of 2024 (YTD), a total of over 1,400 Virtual Emergency Care calls have occurred at the County's facilities, with 52% of acute calls successfully treated onsite.
- **Virtual Nursing** – Provides access to experienced nurses to assist on-site staff, address coverage gaps, and improve quality and documentation of care. We currently offer a “virtual patient safety net” at the site, providing near-time patient support to staff—identifying and closing gaps in care and documentation through Virtual Nurse actions, and assists the site with targeted nursing education to ensure compliance with best practice.
- **Virtual Primary Care** – Provides access to licensed, credentialed advanced practice providers to deliver primary care services, such as sick call and chronic care clinics. Currently, we have a full-time advanced practice provider conducting chronic care and sick call clinics at the site.
- **Virtual Mental Health** – Provider access to licensed mental health professionals to remotely deliver mental health and suicide assessments, sick call, follow-up, and counseling. While not currently in use at the site, Wellpath has the ability to implement this service.
- **Virtual Psychiatry** – Provides access to expert psychiatrists and psychiatric nurse practitioners for scheduled clinics and on-call services after hours. We currently deliver this service at the site through our partners at Precise Behavioral.

- **Virtual Care Management** – Provides centralized care management services, including access to specialty care consultations that enhance triage and treatment decisions. While not currently in use at the site, Wellpath has the ability to implement this service.
- **Connecting Healthcare to Housing Units via Tablets.** In February 2024, Wellpath introduced an innovative (first-in the nation) program that connects medical providers with detainees using tablets in their housing units. The program has shown to improve access to care and reduce internal movement of custody-escorted transports. Early outcomes have demonstrated an over 90% drop in medical grievances related to patients requesting to be seen. Delivered in partnership with ViaPath Technologies, we are currently in negotiations with the County to provide this service at the site.



Off-Site Services

Wellpath will continue to work with local providers and hospitals to treat patients with healthcare needs beyond the scope of care provided on site. We authorize, schedule, and coordinate off-site services, such as specialist appointments, outpatient surgery, and diagnostic testing (e.g., MRI, CT scan, etc.). Wellpath staff initiate referrals for off-site treatment through our Care Management system and referrals are limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Reviews and approvals are generally completed within 72 hours of referral. Approvals are based on appropriateness and necessity.

Appointment Scheduling

Once the referral is approved, Wellpath staff schedule an appointment through our Care Management system, which prioritizes and tracks them to ensure they adhere to the required timeframe. If off-site services are needed, Wellpath staff authorize, schedule, and coordinate the services with local providers. Wellpath's Network Development team has an established provider network for the County. Upon request, they will contact additional on-site and off-site subcontractors and specialists to develop and finalize agreements on the County's behalf. Users creating off-site referrals select a specialty from a preferred provider list, **contain off-site costs** and ensures patients are seen by established specialists. We collaborate with the Sheriff's Office and Probation to schedule off-site medical appointments around times when transportation of detainees is available.

We provide notice well in advance of scheduled appointments and arrange all necessary transportation with custody staff and our ambulance provider, **American Medical Response (AMR)**. Healthcare staff prepare any necessary medical equipment or medical records and complete a Consultation and Referral Form with patient details, visit purpose and medications. The form is placed in a sealed envelope and given to the transport security staff to hand to the off-site provider. Patient confidentiality is maintained during transport consistent with security needs.

To secure access to services, we reach out to all available providers in the community to collaboratively find ways to serve patients that align with their logistical needs. We create a broad and inclusive network, working with providers to establish favorable terms, thereby creating a supportive and effective healthcare network. We participate in ongoing negotiations with providers to ensure the needs of patients and the provider are met. When a new site for offsite services is needed/secured, our team will provide information immediately to custody and compile any security visits or reviews to ensure transport remains secure prior to appointments. We will cancel appointments/provider contracts that do not meet the requirements of the county. To mitigate unnecessary use of outpatient/off-site specialty care services, our Care Management system creates more clinical control and cost efficiencies

for both on- and off-site healthcare services. Each case is reviewed to ensure offsite services are needed and the available options to deliver care on site. Our Care Management team may suggest on-site options prior to approving services offsite.

Hospitalization

We work with local hospitals when an acute care setting is required, communicating frequently with hospital administrations. We utilize **Santa Barbara Cottage Hospital** and **Goleta Valley Cottage Hospital** in Santa Barbara for adult detainees at the Main Jail, and **Dignity Health-Marion Regional Medical Center** in Santa Maria for adult & juvenile detainees at the NBJ and JJC. Healthcare staff use our Care Management system to refer patients for inpatient care and hospital authorizations are granted by the site Medical Director. When inmates are hospitalized, we provide the Jail Administrator or designee with a daily inpatient census report, which can also be accessed directly through the Care Management system. Wellpath will continue to communicate frequently with the County to provide the most complete evaluation and treatment of the patient population.

Wellpath requires prior review and authorization for non-urgent or non-emergent care, following NCCHC standards and correctional guidelines. The site Medical Director initiates a second review if standards are not met. Emergent services do not require prior authorization, but off-site services beyond the initial episode are not covered. Non-emergent services related to an emergent event need prior authorization. The Regional Care Manager and Regional Medical Director review inpatient services daily using InterQual Criteria, correctional guidelines, and NCCHC standards. Telephonic clinical rounds are held twice weekly to ensure inpatient stays are appropriate and meet national guidelines. The Wellpath Care Management Department and site leaders retrospectively review emergency care to resolve claims issues and determine appropriateness of care. Focused reviews can be performed at the provider's request.

Utilization Management

Wellpath has the **strongest utilization management program** in the industry for managing patient care. Already in place at the Main Jail, NBJ and JJC, our web-based Care Management system uses evidence-based guidelines to determine medical necessity as part of our approval process. The Wellpath Care Management program is clinically overseen by Medical Director of Care Management Grady “Judd” Bazzel, MD, and is operationally managed by Vice President of Care Management Pablo Viteri, MS, MHP. Dr. Bazzel and the Care Management team will continue to work with Regional Medical Director, Richard Medrano, MD, and on-site medical personnel to **ensure patients receive medically necessary healthcare services in the most appropriate setting**.



This system enhances clinical control and cost efficiencies for off-site care by allowing us to track off-site services, ensure timely return from off-site visits, manage claims, and provide reports that assist the County with cost containment and budget preparation. The Care Management system functions alongside the JMS at each facility—ATIMS (Main Jail/NBJ) and IMPACT (JJC)—to ensure accurate reporting. The Jail Administrator or designee has access to the Care Management system to view management information and monitor off-site scheduling and inpatient status. With our robust Care Management system, **Wellpath offers a level of automation and accuracy in reporting that no competitor can match**. Wellpath will continue to coordinate, validate, and track off-site care and invoicing through the Care Management system. Our established review process ensures that off-site referrals are medically necessary and payments are appropriate.



Utilization Review & Statistics

The Wellpath Care Management system generates reports that allow us to analyze the utilization of off-site services on behalf of the County. This data helps assess the need for additional on-site and off-site services, as well as the potential impact that systems such as telehealth may have. We continuously evaluate the number of cases, and the costs associated with transporting patients to determine which clinics are held on site, ensuring the most cost-effective solution for clinics.

Our system produces reports for the County containing detailed data for cost analysis and containment. We analyze utilization statistics and evaluate the potential benefits of establishing on-site clinics. Throughout our tenure, Wellpath has successfully reduced off-site medical and security costs for the County by providing cost-effective, medically necessary healthcare services at the Main Jail, NBJ and JJC. We will continue to work with the County to reduce and contain costs for both on- and off-site services, based on our record of cost savings success.

Third-Party Billing

When off-site care is required, Wellpath ensures that the County is billed appropriately. When a Wellpath team member initiates an off-site referral and schedules an appointment in our Care Management system, the system determines who is financially responsible for the requested off-site treatment—Wellpath, the County, Medicaid, or another payer. Wellpath will continue to assist the County in deferring inpatient hospitalization expenses when possible, ensuring that eligible inpatient stays are paid by Medicaid and that the hospital bills Medicaid directly. **Wellpath currently participates in 25 separate state Medicaid programs and completes an average of 400 enrollments a month for inpatient stays.** Through our subsidiary third-party administrator (TPA), Health Cost Solutions (HCS), we identify and assist in enrolling patients who satisfy current Medicaid eligibility requirements. Our enrollment process covers both county and state inmates. We are developing processes and systems that will comply with CalAIM Justice Initiative Medicaid 1115 Demonstration requirements and we will continue to work with the County on all billing, claims, and management of services as required to maximize reimbursements for eligible services.

When an insured patient requires off-site services, Wellpath attempts to coordinate care with the private insurance network and notifies the service provider of the appropriate agency to invoice. Providers authorized by the insurer handle billing the insurance carrier, while the patient covers co-pays or deductibles. Wellpath assists in the completion of inmate co-pay arrangements with service providers. For uninsured patients, we work with the County to identify a willing service provider and negotiate rates. Wellpath reviews all claims for off-site specialty care within five business days of receipt of claim.

Experience Minimizing Off-Site Services

The following tables offers just a few examples of our success in minimizing outpatient services and inpatient hospitalizations.

Wellpath Cost Containment Success Stories	
Davidson County Sheriff's Office (Nashville, TN)	With our Care Management system in place, the Davidson County Sheriff's Office cut off-site trips in half in the first six months of contract implementation. This reduced hospital and community provider costs, as well as transportation costs and officer overtime.

Wellpath Cost Containment Success Stories	
Oakland County Sheriff's Office (Pontiac, MI)	During the first year of our management fee contract in Oakland County, we saved the County more than \$1 million in total direct expenses compared to their budgeted costs, including 40% of their off-site budget and 25% of their direct expenses budget. We reduced outside dental appointments by over 80% by performing routine extractions (which the previous dentist referred to outside providers) on site. We also stabilized staffing and significantly reduced turnover.
Lexington County Sheriff's Dept. (Lexington, SC)	Upon transition of services in Lexington County, we implemented an ongoing quality improvement study regarding off-site emergency transports and evaluated each case for efficacy of care provided on site. In just three months, we dramatically decreased the number of emergency trips while ensuring total accountability regarding efficacy of care.
Will County Sheriff's Office (Joliet, IL)	Upon transition, we immediately made a positive impact on the County's bottom line with efficient staffing adjustments. We saved more than \$120,000 in staffing costs after the first 90 days, which we reimbursed directly to the client. Our operating efficiencies have resulted in the refund of budgeted dollars for each year of the contract. After year three, we were under the off-site cap by \$1.4 million, which we refunded to the County.
Durham County Health Dept. (Durham, NC)	We helped stabilize healthcare costs in Durham County by reducing off-site trips and overall program costs. We brought additional services on site by expanding nursing services and opening an infirmary, significantly decreasing off-site trips and hospital stays. We were also able to improve by 50% the discount the County had with the local hospital provider. We reduced per inmate per day (PIPD) costs below what the County was paying previously, and they have stayed that way under our management.
Mahoning County Sheriff's Office (Youngstown, OH)	We have significantly reduced pharmacy costs in Mahoning County through our partnership with the Ohio Department of Health, which allows us to obtain HIV medications through state funding. We are able to manage most healthcare needs on site through effective management of the Justice Center's infirmary, which reduces the need for off-site trips. We also made improvements in staffing coverage and retention, with 100% of positions in the staffing plan filled by permanent employees , many of whom are long-term employees.

3.V.5. Training of Non-Provider Staff

3.V.5.1. Available Training Programs

Wellpath is prepared to continue providing in-service training to selected Santa Barbara County staff at each facility. We routinely educate correctional staff on recognizing and responding to medical and mental health concerns, including emergencies, life-threatening situations, and early detection of illness and injury. Wellpath provides initial and continuous (annual) training. Training sessions are scheduled in coordination with the County, Sheriff's Office and Probation. The HSA or designee maintains documentation of completed training sessions. We will continue to collaborate with the County to develop additional training topics specific to each facility as needed. Suicide prevention training is also provided to the correctional worker CORE Training Academy.

Wellpath has developed a *Health Training for Correctional Officers Manual* that complies with NCCHC Standard J-C-04 and supplements facility-provided education. Comprised of 16 training modules that address essential information on potentially urgent or emergent situations, each module includes a topic-specific slideshow, a curriculum outline for the presenter/trainer, and handouts for participants. Training topics are based on our *7 Minutes to Save* Rapid Response Series and are designed to be presented in an average of 7-15 minutes.

The table below depicts the training topics provided to custody staff and whether curricula and materials are currently available for each:

Available Training for Custody Staff	
Topic	Materials & Curricula Present
Behavioral health conditions and resulting behaviors (jail only)	Yes
Trauma-based mental health assessment and treatment (jail only)	Yes
De-escalation techniques	Yes
Sick call request protocols	Yes
Universal precautions	Yes
Preventing and treating heat related illness (i.e.: stroke)	Yes
Managing environmental hazards	Yes
Infection control and emerging infectious disease	Yes
Addressing clinical emergencies	Yes
Disaster response	Yes
Transitions of care with EMS	Yes
Disaster drills	Yes
Communication and patient confidentiality	Yes
Alcohol & benzodiazepine withdrawal	Yes
Altered mental status	Yes
Basic first aid	Yes
Chest Pain	Yes
Diabetes	Yes
Head Trauma	Yes
Health associated infections	Yes
Ingestions	Yes
Opioid Withdrawal	Yes
Recognizing signs of mental illness	Yes
Respiratory distress	Yes
Rhabdomyolysis	Yes
Seizures	Yes
Serious medication reactions	Yes
Suicide prevention	Yes
Other new or emergent issues or topics	As available

3.VI. Continuous Quality Improvements

3.VI.1.1. Compliance with CQI Requirement

Wellpath understands and confirms compliance to the County facilities' site-specific CQI requirements as well as our corporate CQI program. If pharmacy staff is requested to attend MAC meetings, our provider will participate via teleconference or webinar in months not coordinated with quarterly inspections.

3.VI.1.2. Our CQI Program

The Wellpath CQI program operates under the authority of our Chief Clinical Officer and Director of CQI. The program ensures that programming at the Main Jail, NBJ and JJC meets or exceeds our high expectations, as well as NCCHC and ACA standards.

Wellpath will continue to maintain a site-specific CQI plan based on the scope of care required at each facility. The CQI plan assesses on-site and off-site healthcare services for quality, appropriateness, and continuity. Our data-driven CQI program includes audits and medical chart reviews to ensure compliance with contract requirements and established performance measures.

Scope of CQI Program

Wellpath will continue to conduct CQI studies to ensure services at the facilities meet established minimum thresholds. We monitor relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.

Routine CQI Studies

Routine CQI studies examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to receiving screenings, screening and evaluation at health assessment, special needs, restrictive housing, treatment planning, suicide prevention, medication administration, initiating medication at intake, as well as processes exclusive to the facility. The following *sample* CQI Calendar shows monthly CQI screens broken out by the responsible party.

Sample CQI Calendar			
Month	Nursing	Site Medical Director	Mental Health
Jan.	<ul style="list-style-type: none"> Chronic Care Services 		
Feb.	<ul style="list-style-type: none"> Site-specific Study CQI Meeting 	<ul style="list-style-type: none"> Scheduled & Unscheduled Off-site Care 	
March	<ul style="list-style-type: none"> Alcohol/Benzodiazepine Withdrawal Opiate Withdrawal 		<ul style="list-style-type: none"> Suicide Prevention
April	<ul style="list-style-type: none"> Medication Administration Pregnancy Care 		
May	<ul style="list-style-type: none"> CQI Meeting Initial Health Assessment MAT 	<ul style="list-style-type: none"> Physician Chart Review 	

Sample CQI Calendar			
Month	Nursing	Site Medical Director	Mental Health
June	<ul style="list-style-type: none"> Dental Care Dietary Services 		<ul style="list-style-type: none"> Psychiatric Services – HEDIS
July	<ul style="list-style-type: none"> Receiving Screen & Med Verification 	<ul style="list-style-type: none"> HIV 	
Aug.	<ul style="list-style-type: none"> Site-specific Study CQI Meeting 		<ul style="list-style-type: none"> Suicide Prevention
Sept.	<ul style="list-style-type: none"> Ancillary Services Emergency Services Diabetes – HEDIS 		
Oct.	<ul style="list-style-type: none"> Alcohol/Benzodiazepine Withdrawal Sick Call 		<ul style="list-style-type: none"> Restrictive Housing
Nov.	<ul style="list-style-type: none"> CQI Meeting Patient Safety (review YTD) MAT Continuation 	<ul style="list-style-type: none"> Infirmity Level Care 	
Dec.	<ul style="list-style-type: none"> Annual Review of CQI Program 		

Site-specific Studies

Wellpath completes monthly CQI screens outlined in the CQI Calendar, plus at least one ad hoc screen each quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Missed medication (investigative study)
- TB screening
- Health assessment (periodic)
- Grievances
- Communication with custody
- Initiating essential medications (return from the hospital)
- Prenatal and postpartum care (HEDIS and outcome study)
- Asthma outcome study

Site-specific studies examine a site-specific problem. Examples of how these studies can be accomplished include:

- Completing an existing study in DataTrk Web (DTW) out of order (in a month or quarter when it is not due)
- Modifying the Excel version of a study to meet specific site concerns or issues
- Create a new study to address a novel concern or issue
 - Complete the “Site-Specific Study” in DTW
 - Email or fax the study to your CQI program manager (if the original study is not entered in DTW)

Requirements are adjusted if a site requires more frequent CQI meetings or additional studies.

3.VI.1.3. Sample CQI Projects

We have included sample CQI projects as requested in **Attachment 7 – Sample CQI Projects**. *Please note that this information is confidential and proprietary.*

3.VI.1.4. Peer Review

Wellpath conducts peer reviews consistent with accreditation and contractual responsibilities to ensure that the County's healthcare program meets community standards of care. The HSA and the CQI Committee ensure that the required peer reviews take place.

The Wellpath peer review program complies with NCCHC standards. It is administered by the site CQI Committee, with assistance from the Wellpath Home Office. The CQI Committee tracks dates of peer reviews and schedules upcoming reviews, with assistance from the Home Office, as needed (e.g., for the review of the site Medical Director, Mental Health Coordinator, etc.). The HSA certifies that required reviews have been completed and maintains a log for each clinician reviewed, noting the dates of the clinician's previous and next peer reviews.

Wellpath conducts annual peer reviews to evaluate the clinical performance of direct care clinicians, such as physicians, psychiatrists, dentists, nurse practitioners, physician assistants, and qualified mental health professionals. We also require clinical performance enhancement reviews for nurses at NCCHC-accredited facilities. The peer review creates a confidential opportunity for the clinician to receive feedback from another clinician who understands the clinical practice being reviewed. Peer reviews identify areas of best practice and areas needing improvement.

The reviewer works with the clinician and HSA to establish an improvement plan when indicated. The HSA conducts an independent review of adverse findings requiring corrective action and communicates them with facility administration. Wellpath works with facility administration to share relevant findings as allowable by state and federal law. We document peer reviews on site for auditing purposes.

Each peer review includes documentation that the results were discussed with the reviewee. Once findings of the review are communicated to the clinician, the review worksheet is forwarded to the Home Office CQI team. Because peer reviews are not a Human Resources function, they do not have direct adverse consequences.

3.VI.1.5. NCCHC Accreditation for Jails

Wellpath has extensive experience achieving and maintaining NCCHC accreditation. We currently provide healthcare services for approximately **123 facilities accredited by the NCCHC and/or ACA**, including Santa Barbara County. **Currently, the Main Jail and JJC are both accredited by NCCHC, and NBJ is in the process of achieving full accreditation.** The timeline for accreditation is contingent on NCCHC, but we will make every effort to follow through and prioritize the accreditation on our end for the NBJ with hopes to achieve full accreditation by the end of 2025. For a depiction of our NCCHC and ACA accreditation, please see section **2.A.2. Accreditation Experience**.

Typically, we work to obtain NCCHC accreditation for medical services following a structured approach:

- (1) First, we conduct a thorough assessment of the current medical services to identify areas that need improvement to meet NCCHC standards. This includes evaluating policies, procedures, and practices related to healthcare delivery.

- (2) Next, we develop and implement customized policies and procedures tailored to the specific needs of the detainee population. This may involve creating an adult (or juvenile) population-specific formulary to ensure proper management of medication regimens.
- (3) We also provide specialized training and education for our staff members to ensure they are well-versed in NCCHC standards and best practices for adult (or juvenile) healthcare. This includes training on suicide prevention, special needs treatment plans, and discharge planning.
- (4) Additionally, we establish a system for ongoing monitoring and continuous improvement to ensure compliance with NCCHC standards. This involves regular audits, feedback mechanisms, and corrective action plans to address any deficiencies.
- (5) Finally, we foster collaboration and communication among all stakeholders, including healthcare providers, facility administrators, and external accrediting bodies. This ensures a coordinated effort towards achieving and maintaining accreditation.

Wellpath has developed an **Accreditation Resource Center (ARC)** that outlines the accreditation standards & tools for self-monitoring and a **Compliance Playbook** that documents standardized procedures, department training, organizational education and partnership & department contacts/subject matter experts. We also provide employees with a confidential, non-retaliatory mechanism to report potential compliance issues, and has established a Compliance Hotline for this purpose. In addition, Wellpath utilizes Onspring as a GRC (Governance, Risk, and Compliance) process automation software. This all-in-one program allows the streamlining of processes, eliminating manual tracking, and provides interactive reporting and dashboard views.



3.VI.1.6. NCCHC Accreditation for Juvenile Facilities

As discussed above, Wellpath has experience in helping facilities achieve NCCHC accreditation for both adult and juvenile facilities. Our approach is designed to ensure compliance with the standards set by the National Commission on Correctional Health Care (NCCHC) and to provide the highest quality of care for the youth population. Wellpath has obtained NCCHC accreditation for Santa Barbara County's Main Jail and JJC. The NBJ is in the process of achieving accreditation.

For information on how we typically obtain and maintain accreditation, please see our response to section **3.VI.1.5, NCCHC Accreditation for Jails**.

3.VII. Staffing Plan

Wellpath has included our recommended staffing plan for each facility, ensuring it is sufficient to deliver the scope of medical, nursing, behavioral health, and dental services. This plan is detailed in section **4. Staffing Proposal**, and it provides the specified minimal levels of coverage. Additionally, the staffing matrix includes all administrative and supervisory personnel required to fully execute the complete scope of work.

3.VII.1.1. Unique Features

Wellpath complies with all federal, state and local laws, as well as standards regarding staff management. Our staffing plan incorporates several unique features to ensure provider efficiency is maximized and all licensed staff work at the top of their licenses. These features are designed to create a more efficient, effective, and responsive healthcare delivery system, ensuring that all patients receive the care they need in a timely and appropriate manner for adults and youth.

- **Feature #1**—We ensure that all positions in our staffing plan work within their scope of practice, guided by detailed job descriptions that outline qualifications, specific duties, and responsibilities. This approach ensures that each staff member is fully utilized according to their expertise and training. As a result, healthcare professionals can focus on providing high-quality care without being overburdened by tasks outside their expertise.
- **Feature #2**—We build a significant relief factor into our planning and staff budgets to ensure that no position is left empty due to vacations or sick leave. We maintain a solid, qualified PRN pool and avoid relying on temporary agency staffing on an ongoing basis. This approach helps maintain continuity of care and reduces the risk of burnout among staff.
- **Feature #3**—Our advanced systems and technology focus on preventative care to reduce costly offsite care and burdens on custody staff. This not only enhances provider efficiency but also minimizes risks to custody staff, the public, and inmates. It ensures that patients receive timely and appropriate care, reducing the risk of complications and improving overall health outcomes.
- **Feature #4**—By leveraging platforms like Indeed, we can attract a diverse pool of qualified candidates, including local talent and students. This approach helps ensure that we have a robust selection of potential hires who are familiar with the unique needs of the community, further enhancing access to care for both adults and youth.

3.VII.1.2. Approach and Strengths in Recruitment, Retention & Training

Recruitment & Retention

Wellpath will continue to provide a team of qualified professionals who are fully qualified and appropriately licensed, certified, or registered in the State of California. We use industry-leading talent acquisition and employee retention techniques to consistently recruit and retain highly qualified employees. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the Wellpath team.

Wellpath's Human Resources professionals facilitate recruitment, development, and retention of healthcare professionals. Our dedicated Talent Acquisition team of physician recruiters, nurse recruiters, mental health professional recruiters, managers, and coordinators source high-potential candidates, screen applicants, and conduct interviews. They use competency-based behavioral interview questions

and collaborate with our clinical and operational specialists to make informed hiring decisions. We perform primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information. Hiring managers work with a dedicated recruiter to advertise and recruit for open positions. We utilize strategic partnership and effective tools to keep our pipeline of candidate full and to evaluate and rotate our daily postings, including TextRecruit; Indeed; LinkedIn; BetterTeams; and SeekOut, a Contact Relationship Management (CRM) program for engaging passive talent. We also use Facebook, Text and Radio and Digital Advertising Tools to keep candidates engaged.

Wellpath posts job openings internally and externally, giving internal applicants initial consideration for opportunities to help advance their careers. Wellpath employees in good standing can apply for internal opportunities after completing six months in their current role. The hiring manager or regional leadership typically conducts internal candidate interviews. We also welcome input from our clients during the interview process for key positions.

A key part of our recruitment plan includes working with local nursing schools and residency programs to attract healthcare professionals to a career in corrections. Wellpath has implemented **nurse residency programs** at partner facilities and established provider-level residency programs for physicians, psychiatrists, and dentists. We are in the process of finalizing our first nurse residency program for Santa Barbara County. Today, we have more than 100 clinical affiliations with nursing schools and more than 50 psychiatric and behavioral health schools. In addition, in 2021, Wellpath leadership launched a **Nurse Preceptor Program** that offers a pathway to leadership and career development by encouraging nurses to become preceptors. Over the years, we have worked with Santa Barbara City College and San Joaquin Valley College, offering tours of the County's facilities. We look forward to strengthening our relationship even further upon re-award.



Recruiting Bilingual & Multi-lingual Staff

Wellpath strives to ensure CLAS by hiring and promoting culturally and linguistically diverse leadership and workforce. We have recruiting initiatives in place for hiring bilingual staff and multicultural staff. In addition to our typical recruiting methods, we advertise in community newspapers and on websites targeted specifically to reach professionals who are **representative of the population in the local community**.

Retention Strategies

Wellpath offers competitive salaries and benefits to attract and retain qualified staff. Wellpath employees also have access to **Wellpath-exclusive discount programs**. Our comprehensive, flexible benefits program exceeds industry standards and is designed to attract and retain healthcare staff while recognizing the diverse needs and goals of our workforce. Wellpath also promotes retention through:

- Retention bonuses and referral bonuses for hard-to-fill positions
- Incremental increases of benefits like vacation and 401k vesting based on length of employment
- Annual salary increases based on performance and qualifications
- Monetary assistance and time off for CMU/CEU programs related to specific skill sets
- Employer tuition reimbursement program, which can be used for licensure renewal
- Malpractice insurance coverage for practitioners
- Company-sponsored gatherings

We offer benefit-related incentives to entice those who may be considering a slightly higher rate of pay as per diem staff to commit to full-time employment. **70% of positions at the Main Jail, NBJ and JJC are filled with permanent employees.** Any open positions are temporarily filled through overtime and PRN staffing pools. We attribute our retention success and low turnover at the Main Jail, NBJ and JJC to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment. Our leadership team at the facilities consists of individuals that have spent 5+ years at the site and have advanced in their roles within the program.

Wellpath has also adopted several outreach techniques for our nursing professionals, including advanced training opportunities and open communication through the Nurse Channel, an online resource for Wellpath nurses. In addition, our Wellpath employee recognition program encourages positive behavior and builds a sense of pride in each team member, enhancing retention and positively impacting the quality of care we provide.

Vacancies & Per Diem Pools

Wellpath ensures the same staff category coverage during periods of planned or unplanned absence. The Wellpath staffing plan and relief factor calculations ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. Our recruitment strategies and sourcing tools allow us to act swiftly when vacancies or other staffing needs arise to ensure there are no long-term vacancies. We use part-time and per diem personnel to provide coverage for scheduled absences and to supplement full-time staffing needs. Wellpath maintains a PRN (per diem) pool to ensure the availability of backfill and relief coverage when needed. PRN pool employees are staff members committed to several shifts per month and open to working when full-time staff members are absent. Our PRN staff complete orientation and ongoing training consistent with our full-time team members to ensure they are capable and ready to provide continuity of services. We select PRN employees based on the requirement that they work a sufficient number of shifts to be familiar with the current policies and procedures.

Training New Employees

Wellpath provides a thorough orientation program for all healthcare staff. The program includes comprehensive orientation curricula, schedules, appropriate forms, tracking and recordkeeping, and required documentation to support evidence of orientation of personnel. Wellpath provides a comprehensive three-phase training program for new employees and all they must participate in each of the three phases. New staff members complete the Wellpath onboarding process, then receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. The frequency and focus of each training phase are determined by the position and learning capacity of individual employees. Each new employee has online access to Wellpath's *New Employee Orientation (NEO) Curriculum*, which outlines required onboarding steps for all healthcare staff, as well as additional required onboarding steps for specific positions.

Recruitment/Retention Success

Kaitlin James, RN, started as an LVN at the Main Jail over five years ago. Wellpath supported her journey to becoming an RN by offering tuition reimbursement, flexible scheduling, study group referrals, and specialized training. In late 2022, Kaitlin achieved her goal and was promoted to Facility Coordinator at NBJ within a year. Her story highlights the success of Wellpath's innovative recruitment and retention strategies.

All new Health Services Administrators (HSAs) complete an onboarding program designed to provide the knowledge and skills necessary to accomplish the goals and competencies associated with their role. New Wellpath physicians and advanced practice providers undergo a structured new practitioner orientation process focused on critical thinking and clinical decision-making in the correctional environment. Over the first 12 months of their employment with Wellpath, practitioners work with their assigned coach/mentor to ensure thorough onboarding and to provide the resources for their clinical work in correctional healthcare. Ongoing training and clinical decision-making support is provided to new practitioners from our Clinical Department. New Wellpath nurses are trained on the specialty of correctional nursing, common workflows, and assessment skills to be used with Wellpath's Professional Nursing Protocols. As an extension to on-site orientation shadowing, Regional Directors of Nursing hold open office hour calls each week; new nurses are advised to join at least one of these calls during their first three months on the job. Wellpath's Operations Support Team provides in-person training for administrative personnel at the site level and quarterly. The Operations Support Team also conducts a monthly conference call for AAs covering topics such as HR, workers' comp, payroll, electronic medical records, and more. In addition to our cutting-edge training and support programs, we have developed educational materials that can be placed conspicuously in our sites to remind nurses of basic protocols, like **SBAR** communication (**S**ituation, **B**ackground, **A**pplicable nursing data, **R**quest/Recommendation).

Performance Reviews

We continually evaluate employee performance and assess training requirements to ensure that our program is responsive to changing operational and regulatory requirements, as well as trends in the provision of care. Wellpath conducts employee evaluations using designated forms for each full-time, part-time, and relief employee. Evaluations are conducted three months from the date of active employment and annually thereafter according to hire date or date of contract renewal, depending on the specifications designated by the Home Office. If any problems are identified, Wellpath conducts performance reviews more frequently and reports any unsatisfactory performance to facility administration. If we find performance issues or areas in need of improvement, we implement appropriate corrective action to address them and avoid them in the future. All activities related to disciplinary actions are documented in each employee file.

Monthly Staffing Meeting

All Wellpath staff participate in monthly staff meetings in accordance with NCCHC standards. These meetings serve as an opportunity for staff to review training and program needs, problems, and coordinate care between custody, health, and mental health services personnel. Meeting times are rotated or repeated to include staff from all shifts. Key decisions from MAC and QI meetings are also shared.

3.VII.2. Transition and Start-Up

3.VII.2.1. Proposed Transition and Start-Up Plan

Although a transition of services will not be necessary with CFMG / Wellpath as your continued provider, we have provided the requested Gantt chart (as a sample of our typical transition and start-up timeline) in **Attachment 8—Proposed Transition and Start-Up Plan** as required by the RFP. ***Please note that this information is confidential and proprietary.***

3.VIII. Remaining Topics

3.VIII.1. Attestation of EHR

Wellpath currently utilizes our vendor-supported electronic medical records system, CorEMR at the Main Jail, NBJ and JJC. Our electronic medical records system interfaces with the JMS at each facility (ATIMS and IMPACT), to give medical and mental health staff instant access to important healthcare information for each patient. Wellpath uses CorEMR to collect and analyze health statistics on a regular basis, giving us the information needed to effectively manage patient care. We have developed customized protocols, templates, and reports for CorEMR that are designed to create operational efficiencies. Wellpath will continue to ensure that the benefits of the CorEMR system are fully realized at the Main Jail, NBJ and JJC.

3.VIII.2. Contract Management and Oversight

Wellpath will comply with RFP requirements regarding external oversight, administrative meetings, and contract management. We look forward to continuing to collaborate with the County's Department of Public Health and Behavioral Wellness, Sheriff's Office, Probation, and other entities in the design, delivery and evaluation of healthcare services. We are committed to cooperating fully in all planning, oversight, and evaluation activities outlined in the solicitation. We will conduct monthly Medical Administration Committee (MAC) meetings with designated personnel to oversee healthcare functions at the Main Jail and NBJ, as well as quarterly meetings at the JJC. In accordance with NCCHC, monthly staff meetings will be conducted to review key information, plans and decisions shared in the MAC and QI meetings. In addition, Wellpath will participate in a quarterly meeting with the County, Sheriff's Office and Probation to review contract performance, evaluate costs, discuss cross-detention issues, address emerging concerns and planning, resolve contractual matters and approve annual service level agreements. We will submit the schedule for these quarterly meetings within 30 days of contract signature.

3.VIII.3. Mandatory Reporting

Wellpath will continue to comply with RFP requirements regarding mandatory reporting, including the mandatory reports identified in Appendices 6a and 6b for Probation and the Sheriff's Office. **Wellpath typically provides more clinical and operational reports than any other company in the industry.** We will continue to deliver detailed monthly and quarterly statistical and operational reports to the designated entity within 30 days of contract execution to continually review the effectiveness of our program and improve overall program quality and efficiencies. Additionally, we will continue to submit annual reports to the County and present the report to the Board of Supervisors. We submit the annual report within 60 days of the end of each contract year.

3.VIII.4. Performance Requirements

Wellpath will comply with the Performance Requirements outlined in the RFP. We understand that we have sole authority and autonomy over medical care for adult and youth detainees, with primary responsibility in the identification, care and treatment of detainees who need medical care, including those who are security risks or pose a danger to themselves or others. Wellpath values our relationship and will continue to cooperate, assist and support the Sheriff's Office and Probation on these matters. The County, Sheriff's Office and Probation, or any of their duly authorized representatives, will have the ability to access and audit pertinent records at any time within County, State and Federal regulations. Records are kept for at least seven years from the date they are made, unless the County authorizes

earlier disposal. During investigation or evaluations, Wellpath will ensure full and immediate response to requests for staff participation made by the Sheriff's Office or Probation. In addition, we will ensure cooperation with the County, Sheriff's Office, BWell and Probation on contract monitoring activities, with books, records, statements, and reports available upon request within five (5) business days. Participation and cooperation will be provided on environmental, health and Title XV inspections conducted by the County or State, as well as communicable disease management activities required by applicable laws, directed by the Santa Barbara PHD, State, and/or Federal guidelines. We will participate in quarterly monitoring of behavioral health, medical, BWell and Public Health programs.

3.VIII.5. Service Level Agreements

Wellpath accepts the Service Level Agreements proposed for the first year of a contract with the County. CFMG and Wellpath request to negotiate the agreements regarding staffing for up to 90 days for additional positions to the agreed upon staffing plan.

3.VIII.6. Miscellaneous Requirements

Wellpath will comply with the Miscellaneous Requirements outlined in the RFP, including the Terms and Conditions specified in *Appendix 11, Standard Board Contract* and *Appendix 12, State and Federal Standard Terms*. Among the provisions noted, we understand that we are required to maintain all necessary licenses and permit required to perform the services required under this contract. We will continue to ensure that the facilities maintain all necessary licenses and permits, however, some licensure, per state and DEA requirements, must be under the facility's name.

3.VIII.7. Attachments

Wellpath has provided the following attachment for the Technical Proposal within section **6. Attachments**, as required by the RFP.

- Attachment 1—Standard Procedures for Nursing – Adult Detainees
- Attachment 2—Infection Control Policies
- Attachment 3—Adolescent Health Assessment Form
- Attachment 4—Standard Procedures for Nursing – Juvenile Detainees
- Attachment 5—Pharmacy System Screen Shots
- Attachment 6—Prescription Drug Formulary
- Attachment 7—Sample QI Projects
- Attachment 8—Proposed Transition and Start-Up Plan

4. Staffing Proposal

In accordance with the RFP, Wellpath has completed our Staffing Proposal after careful review of Appendices 9A, 9b and 9C. Our completed Staffing Proposal is fully compliant with the approved Staffing Plan noted in the solicitation and adheres to minimum coverage levels.

We have developed our proposed staffing plan for the Main Jail and NBJ based on the requirements of the RFP, a review of the current staffing levels, the information provided during the site visit, our expertise in facilities of similar size and scope, an understanding of the programs of importance in Santa Barbara County, and most importantly, our 7 years of experience as the current provider of the required services. Our proposed staffing also takes into consideration the minimum staffing requirements, specific needs of the patient population, details of the physical plant, state scope of practice for healthcare professionals, and a recommended level of providers to efficiently and cost-effectively perform all necessary duties and functions per accepted standards.

4.1. Staffing Summary By Position By Facility

Following is an overview of the key roles in our staffing plan for the Main Jail, NBJ & JJC.

Administrative Staff (Main Jail, NBJ, JJC)

The Wellpath program will continue to have full operational and clinical oversight. The program is managed administratively by the Health Services Administrator (HSA) and clinically by the site Medical Director. As the designated responsible health authority, the HSA has general responsibility for the successful delivery of healthcare for the Main Jail while the Assistant HSA is responsible for the NBJ and JJC.

The HSA (Main Jail) & Assistant HSA (NBJ & JJC) provides operational oversight of the healthcare program, ensuring the availability of timely, quality, accessible health services for all patients. The HSA manages the healthcare program based on defined goals, objectives, policies, and procedures to ensure the contracted services meet state and local regulations, as well as NCCHC and ACA standards.

The HSA and Assistant HSA oversees the administrative requirements of the healthcare program, including recruitment, staffing, contracts, data gathering and review, monthly reports as required, medical record-keeping, and other contract services management. The HSA and Assistant HSA also provide administrative supervision for the site Medical Director and all other medical staff by performing the following essential functions:

- Monitor the implementation and effectiveness of procedures and programs
- Evaluate financial/statistical data and program needs/problems and recommend improvements
- Develop, use, revise, interpret, and ensure compliance with Wellpath and facility policies and procedures
- Monitor subcontracted services, including pharmacy, laboratory, X-ray, and specialty providers
- Maintain open communication and a good working relationship with facility administration and custody staff, as well as contracted providers and outside agencies

The HSA is the single point of accountability in all matters related to the healthcare program and has the authority and responsibility to resolve problems and ensure the County's continued satisfaction. The

HSA will continue to coordinate contract requirements with facility administration and resolve any service performance issues.

The Assistant HSA at each facility reports to the site health service administrator and is responsible for each of the facility's health operations. The AHSA supports the administrative duties and operations of the facility.

Nursing Staff (Main Jail, NBJ, JJC)

Wellpath will continue to provide appropriate nursing coverage for contracted services at the Main Jail NBJ & JJC, including receiving screenings, health assessments, medication administration, sick call triage and follow-up, emergency response, physician assistance, and other healthcare functions as applicable. Healthcare services are provided by nurses fully qualified and appropriately licensed, certified, or registered in the State of California.

Nurses are critical in the continuum of care for detained populations, as nurses are typically the arrestee's first point of contact with the medical team. Correctional nurses perform receiving screenings, administer medications, and assess when a patient may need to see a medical provider (physician or NP/PA) for further assessment. Given the responsibility of a correctional nurse, paired with the range of health issues they encounter, it is important to have a broad skill set that includes dealing with chronic medical conditions, mental health concerns, substance use, infectious disease, and injuries. Our nurses are responsible for the following:

Registered Nurses

- Manage sick call program
- Provide nursing leadership on all shifts
- Conduct receiving screenings
- Conduct health assessments
- Operate detox program

Licensed Vocational Nurses

- Verify and administer medications
- Provide wound care
- Complete receiving screenings under RN guidance
- Assist RN with clinic operations
- Conduct urgent sick calls
- Operate detox program

Director of Nursing

The Director of Nursing (DON) has the authority, responsibility, and accountability for structuring, planning, and implementing the Nursing Services Program. The DON is a registered nurse (RN) with practical nursing experience, advanced expertise administering nursing services, and knowledge of state and national standards. The DON supervises RNs, LVNs, and ancillary staff and provides clinical oversight, training, and scheduling of nursing staff in coordination with the HSA. During the scheduled absence of the DON, an RN will act as RN Supervisor.

Facility Coordinators will be RNs and report to the DON to help with oversight of nursing duties as the DON can only be at one site at a time.

The DON performs the following essential job functions:

- Participate in planning, priority setting, and development of policies and procedures for healthcare activities that comply with facility and contractual requirements and NCCHC, ACA, and state-specific standards

- Coordinate the development, provision, and evaluation of patient care according to the standards of nursing practice in the state
- Review nursing documentation
- Monitor and oversee chronic care schedules, intake processes, emergency response, and grievance management
- Participate in CQI audits and ad hoc audits
- Conduct performance reviews and respond to staff concerns
- Conduct recruitment/retention efforts for nurses
- Prepare and submit timely reports for the HSA
- In the absence of the HSA, adjust assignments as needed so all services are provided to standards of care and during peak hours, holidays, and emergencies

24/7 RN Coverage

Registered nurses (RNs) are responsible and accountable for direct supervision of the total healthcare delivery system in their assigned nursing unit, in conjunction with the delivery of patient care through the process of collecting health status data, nursing diagnosis, goal setting, planning, implementation, and evaluation. RNs direct and guide patient teaching and ensure that ancillary personnel only provide services they are prepared or qualified to perform. Under the direction of the DON, the Wellpath staffing plan includes 864 hours per week of RN coverage.

Intake

To ensure timely processing, the Wellpath staffing plan provides 24/7 RN coverage for pre-booking and intake. Additionally, during times of increased volume, we can dispatch additional staff to intake to assist. Wellpath has an automated process to track the timeliness of receiving screenings daily and ensure that urgent medical and mental health needs are proactively identified and addressed.

Sick Calls, Transfers, and Clinic Services

The Wellpath staffing plan ensures sufficient staff to manage sick calls, transfers, and clinic services. licensed vocational nurses (LVNs) support the medical clinic, intake, and medical observation areas.

Medication Administration

A combination of LVNs and RNs conduct medication administration. The Wellpath staffing plan includes sufficient coverage to ensure that all medications are prepared and administered efficiently. Wellpath designates one LVN at the Main Jail and NBJ as the pharmacy coordinator to ensure timely order and receipt of medications.

Medical Staff (Main Jail, NBJ, JJC)

Our staffing plan includes medical provider coverage 5 days per week at the Main Jail and NBJ, and 5 days per week at the JJC, split between the site Medical Director and advanced practice providers (NP/PA). The site Medical Director is on site weekly, supported by advanced practice providers who are on site 5 days per week (Main Jail and NBJ). Additionally, a medical provider is on call 24/7/365 and staff have access to the Wellpath Healthcare Cloud for clinical issues that arise when a provider is not on site. Our medical providers:

- Provide direct patient care

- Assess and manage acute and chronic illnesses
- Prescribe medication
- Assess the need for off-site services and referrals
- Manage overall medical services and supervise the delivery of medical care
- Clinically guide our on-site services

The combined medical provider coverage for the Main Jail, NBJ and JJC includes:

- Medical Director – 60 hours per week at the Main Jail and JJC
- Physician (MD/DO) – 16 hours per week at the NBJ
- Advanced practice provider (NP/PA) – 120 hours per week at the Main Jail and NBJ

Medical Director (Main Jail, JJC)

The site Medical Director is the designated responsible physician for clinical services provided at the Main Jail and JJC. The Medical Director provides clinical oversight for the medical program, ensuring the appropriateness and adequacy of clinical care in accordance with NCCHC and ACA standards. The Medical Director is responsible for supervising other medical providers and reviewing policies and procedures for consistency of care.

The Medical Director consults with medical specialists, as needed, for expertise in their respective areas and serves as a liaison with healthcare providers in the community. The Medical Director ensures stabilization of newly committed patients with chronic or acute medical issues, conducts sick call clinics and medical observation rounds, and attends to urgent and emergent matters. The Medical Director also partners with the HSA in supervising the CQI program, grievance process, sanitation inspections, infection control, utilization management, and formulary management, as well as developing appropriate criteria for off-site care. A physician is on call during the hours when our site Medical Director is not available at the JJC.

Physician (NBJ)

The physician is the designated responsible physician for clinical services provided at the NBJ. Under the supervision of the site Medical Director from the Main Jail, the physician provides clinical oversight for the medical program at the NBJ, ensuring the appropriateness and adequacy of clinical care in accordance with NCCHC and ACA standards. The physician is responsible for the medical care of patients, collaborating with the Facility Coordinator, AHSA and advanced practice providers to provide consultations and referrals between medical staff.

Advanced Practice Providers (Main Jail, NBJ)

Advanced practice providers (nurse practitioners or physician assistants) are available to provide a full range of medical services at the Main Jail and NBJ. Under the direction of the Medical Director, advanced practice providers conduct sick calls and chronic care clinics, as well as medical observation rounds. They use available in-house resource personnel for treating or resolving identified problems before using off-site resources. Advanced practice providers prescribe a problem-oriented regimen of total patient care to include an initial evaluation, treatment planning, case management, coordination of off-site care when needed, and discharge planning.

Dental Staff (Main Jail, NBJ)

The Wellpath staffing plan includes a combination of dentist and dental assistant hours, with sufficient coverage to ensure timely access to adequate dental care and adherence to standards of care. Our proposed staffing ensures compliance with community and national standards, while enhancing patient care and reducing the need for emergent dental treatment outside of the facility, all of which reduces liability for the County.

The methodology used to determine the number and types of dental professionals needed to provide care is based on volume (i.e., number of intakes, length of stay, statistical data), current backlog if any, the number of chairs available, and the availability of healthcare professionals to conduct oral screenings and triage.

In total, our staffing plan for the Main Jail and NBJ includes:

- Dentist – 24 hours per week
- Dental assistant – 24 hours per week

Dentist

The main function of the dentist is to evaluate patients needing or applying for dental care not included under basic healthcare services and to make clinically appropriate recommendations for care. The dentist performs routine cleaning, restorative dentistry, and extraction of teeth in accordance with dental policies; performs dental examinations in accordance with the requirements of the facility; takes impressions for dental appliances if indicated; and educates patients on good dental hygiene techniques.

Dental Assistant

The dental assistant provides required documentation of services to the dentist or designee to monitor the provision of dental services. Duties include maintaining dental charts; keeping records of dental findings; scheduling patients for dental appointments; providing chair-side assistance; sterilizing instruments; developing and mounting X-rays; ordering supplies and equipment; and maintaining X-ray units, processors, and autoclaves.

Psychiatric Staff (Main Jail and NBJ)

Wellpath provides efficient psychiatric coverage using a combination of psychiatrist and psychiatric nurse practitioner hours. A psychiatric provider is also on-call 24/7/365. Our psychiatric providers:

- Assess and manage acute and chronic mental health illnesses
- Prescribe psychiatric medications
- Assess suicidal patients
- Collaborate with medical providers to ensure integrated care
- Assess the need for off-site inpatient hospitalization

The psychiatrist monitors appropriate therapies and medications while observing and differentiating between signs and symptoms associated with normal human physiology and those indicative of pathological changes. The psychiatric nurse practitioner performs comprehensive assessments; develops and implements treatment plans; evaluates the effectiveness of interventions and makes revisions as

necessary; and initiates, monitors, and alters medications and treatments as needed according to patient need and approved protocols.

The methodology used to determine the number of psychiatric provider hours is based on a general formula for corrections of approximately 40 hours of psychiatric provider time for every 1,000 patients. The formula is then modified based on the number of patients on medications, those sent to an alternative facility, patient acuity, and locations for mental health housing. Our proposed staffing plan includes sufficient resources for patients to be seen in a timely manner, allowing for follow-up care in intervals consistent with chronic care recommendations and eliminating the need for outside transport and resources in times of patient escalation.

Our enhanced psychiatric staffing plan includes:

- Psychiatrist – 40 hours per week at the Main Jail
- Psychiatric nurse practitioner – 40 hours per week at NBJ

Mental Health Staff (Main Jail, NBJ)

The Wellpath staffing plan provides mental health professional (MHP) coverage 7 days per week. Our mental health staff:

- Provide clinical services and consultation for patients with serious mental illnesses, suicidal ideation, and/or behavioral disturbances
- Provide crisis management and suicide precautions
- Manage mental health intakes, referrals, and sick call requests
- Manage special housing units (i.e., segregation, detox, and mental health housing)
- Provide discharge planning for patients receiving mental health services and liaison with community resources

The methodology used to determine the number of MHPs needed to provide care is based on the number of mental health patients in the facility, patient ratio based on gender, community resources, required and available programming, intake processes, required weekly visits, availability of designated mental health units, number of patients in segregation, accreditation and individual state standards, and facility policy and procedure.

The Wellpath staffing plan includes a Psychologist and Mental Health Coordinator. The Psychologist provides clinical mental health services to detainees and provides clinical supervision and direction to mental health professionals if any are assigned to assist them. Mental Health Coordinator to provide clinical and administrative oversight for the mental health program. The Mental Health Coordinator carries a modified caseload and oversees training/education, directs and supervises mental health treatment planning, and provides clinical supervision to ensure compliance with NCCHC and ACA standards, as well as Wellpath and facility policies and procedures. The Mental Health Coordinator is on site 40 hours per week.

Our enhanced mental health staffing plan for the Main Jail and NBJ includes:

- Psychologist —20 hours per week (Main Jail)
- Mental Health Coordinator – 40 hours per week

- Mental Health Clinicians/Professionals – 546 hours per week

Discharge Planning Staff (Main Jail, NBJ and JJC)

The Wellpath staffing plan includes a Discharge Planner to assist in assessment for re-entry services to connect discharged patients with community providers, as needed, for medical, mental health, and substance use follow-up. Typical duties include:

- Coordinating with the appropriate contact regarding referrals to community-based providers, including HIV, housing, vocational, education, and other re-entry support service providers
- Initiating (when appropriate) and attending community-based case management meetings, which may include representatives of mental health, family support, or other specialized service agencies
- Assisting patients with the completion of discharge paperwork and applications for Medicaid, social security, and veterans' benefits when applicable

Support Staff

Wellpath has allotted sufficient support staff to manage all clerical and medical records needs. Our program is supported by an administrative assistant and a medical records clerk, who:

- Communicate with on-site providers, custody staff, and off-site clinics in scheduling patients for appointments
- Receive and direct inbound medical unit calls
- Communicate with local emergency personnel (911 system)
- Schedule in-house provider-patient encounters
- Assist in the utilization management process
- Provide administrative support with completing time-sensitive unit tasks
- Maintain multiple computerized logs for quality-of-care monitoring purposes
- Perform administrative duties for recruiting, hiring, and onboarding
- Perform payroll duties

With our electronic medical records system, in place at the facilities, we believe our proposed staffing plan includes sufficient medical records clerk hours to adequately support the healthcare program. Our Home Office in Nashville will continue to perform some functions related to database management and automated reporting.

In addition, our staffing plan includes a Compliance Coordinator and CQI Coordinator (Main Jail). The Compliance Coordinator supports the facility-wide compliance and performance improvement activities to meet contract accreditation, and regulatory standard, and achieve demonstrated best practice patient care and safety outcomes. The CQI Coordinator, assists the Director of Continuous Quality Improvement in the coordination and tracking of the Mortality and Morbidity Review program and peer reviews.

On-Call Coverage

Wellpath understands the need for on-site staff to be supported by medical and administrative personnel during off-hours. Our Virtual Emergency Care system (described in section [**3.V.4. Off-Site Referral Management**](#)) ensures that a physician or advanced practice provider (NP/PA) is available by

video conference 24/7/365 for off-hours emergencies. In addition to this unique service, a combination of the following positions are on call 24/7/365 for the Main Jail and NBJ:

- HSA, AHSA, DON or Facility Coordinators
- Physician or advanced practice provider
- Psychiatrist or psychiatric nurse practitioner

We have provided our proposed staffing plan for the Main Jail and NBJ in section **4.B. Staffing Coverage Tables**. [We look forward to the opportunity to discuss our plan in detail and make any needed adjustments.](#)

MAT Staffing (Main Jail, NBJ, and JJC)

A successful MAT induction program is delivered by trained licensed or credentialed caregivers, competent to deliver appropriate therapeutic medications and group and individual counseling. Program staffing is built around individual client requirements and budgets.

Following are basic job descriptions for Wellpath's proposed MAT team:

Medical Provider (Physician, NP, PA)

- Identify patients undergoing CIWA/COWS for SUD
- Assess patient and diagnose SUD
- Continue MAT medications when a patient comes in participating in a MAT program
- Conduct new patient appointments for induction of new treatment (approximately 45-60 minutes each)
- Induction of new treatment; after initial treatment patient is seen weekly for medication review and titration of dosage as needed (approximately four weekly appointments for one month)
- Conduct monthly follow-up appointments; per Wellpath policy, MAT patients require a monthly chronic care appointment
- Order and interpret labs and random drug screens

MAT Coordinator

- Assist with SUD screenings
- Make appropriate referrals to mental health and/or provider for treatment
- Ensure patients has appropriate labs and drug screens ordered
- Coordinate all internal appointments
- Coordinate patient flow through MAT process beginning to end; fills in where any need is discovered
- Coordinate with local methadone clinic if methadone treatment is needed

Dosing RN/LVN

- Conduct daily assessment of CIWA/COWS patients
- Administer medications daily
- Complete proper documentation on medication counts and administration
- Perform labs and drug screens as ordered for MAT patients
- Coordinate with security to ensure med pass remains on schedule

- Perform any MAT nursing functions in the event extra assistance is needed
- Coordinate with local methadone clinic if methadone treatment is needed

SUD Counselor

- Conduct 3-4 group counselling sessions weekly
- Conduct monthly counseling with each individual; minimum of one visit per patient

Mental Health Professional/Discharge Planner

- Conduct group counselling sessions
- Conduct individual counseling sessions
- Work with patient setting treatment until discharge to ensure strong community hand-off

4.II. Staffing Coverage Tables

As per the RFP, we have completed Proposed Staffing Matrices/Plans for each facility (Main Jail, NBJ and JJC). Utilizing the form included in Appendix 9b, we have listed all positions proposed, along with the days and hours covered by the position at each facility.

Our Staffing Matrices/Plans adhere to the minimum coverage requirements reflected in the RFP and have been developed to maximize productivity and efficiency while providing the required levels of access and service needed to efficiently manage healthcare services for the adult and juvenile detainees. The tables below align with the hours of operation specified for each facility in the RFP. Wellpath will continue to staff each facility appropriately to ensure the timely provision of healthcare as required by the RFP.

As noted previously, our physician and advanced practice providers (NP/PA) are on call 24/7/365 for the Main Jail and NBJ. In addition, our Virtual Emergency Care system (described in section **3.V.4. Off-Site Referral Management**) ensures that a physician or advanced practice provider (NP/PA) is available by video conference 24/7/365 for off-hours emergencies. For patients with special needs, we maintain a Special Needs List at each site. The patient's disability and/or accommodation is documented in the electronic medical record as an alert which is visible to all medical staff, allowing them to review and address the patient's accommodation throughout their stay.

Please see the following pages for our completed Proposed Staffing Matrices/Plans. We have also provided the original Excel form in our submission to the County.

Our Team's Dedication to the County of Santa Barbara

In January 2018, Santa Barbara County faced a devastating mudslide, the Montecito Debris flow, which disrupted the 101 freeway and affected an entire town. Wellpath took action. Our team packed their bags for a few weeks' stay and a local ferry was chartered to take our staff from Ventura Harbor to Santa Barbara Harbor. Some staff made the six-hour drive around the disaster to get into Santa Barbara County. As the weeks went on and cleanup of the freeway began, we worked with the local California Highway Patrol to transport our staff from Ventura County to Santa Barbara and back. Wellpath secured accommodations so our staff would have housing through it all. Despite the challenges, no shifts or positions were left uncovered, showcasing the dedication of our team and the collaboration with other agencies.

4.III. Position Descriptions

All positions in our staffing plan will work within their scope of practice, directed by job descriptions that include required qualifications and specific duties and responsibilities. Job descriptions are reviewed each year and updated as needed. Employees are given a copy of their job description to review at the time of their employment and the job description is subsequently used for performance evaluations to monitor job performance. In accordance with the RFP requirement, Wellpath will submit job descriptions for each position present in our Proposed Staffing Plan, upon execution of the contract.

For a brief description of positions depicted in our staffing plan, please see section **4.A. Staffing Summary By Position By Facility**.

4.IV. Key Personnel

Wellpath will continue to provide key staff members who possess the qualifications and experience necessary to effectively manage the County's healthcare program. As your current healthcare services provider, **Wellpath already has a stable, knowledgeable, local management team in place**, along with California-licensed staff who will continue to support our operations in Santa Barbara County. Wellpath also has local nurses, mental health professionals, and Health Services Administrators available to assist as needed with specific training, mentoring, and resource management. Because these individuals already serve the County, they have a unique understanding of the services required by the contract and the RFP, as well as California-specific standards. The qualifications of our operational and leadership staff responsible for contract oversight, alongside our expertise in providing comprehensive healthcare services for detained populations nationwide, make us uniquely qualified to serve as your healthcare services provider.

"Wellpath has been providing high-quality, comprehensive, and trauma-informed medical, dental, mental health, and substance abuse services to the youth at the JJC, who are among the most vulnerable and at-risk population in our county. Wellpath has demonstrated a strong commitment to the well-being and rehabilitation of the youth, as well as to the safety and security of the staff and the facility."

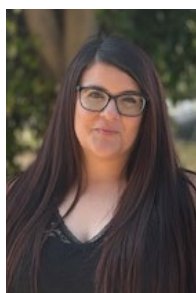
Chief Probation Officer, Kirk Haynes
Fresno County Probation, CA

The following individuals will continue to support the operation of the County's healthcare program. Each of these team members will ensure that our programming follows the tenets of a new contract between Wellpath and the County, as well as Wellpath protocols and industry standards.

- **Health Services Administrator** – Bailey Fogata
- **Director of Nursing** – Stephanie Baylor, RN
- **Medical Director (Adult)** – Alireza Raboubi, MD, CCHP-CP
- **Medical Director (Juvenile)** – Carrick Adam, MD
- **Dentist** – Thomas Emeterio, DDS
- **Psychiatrist** – Yalda Safai, PhD
- **Mental Health Coordinator**– Joseph Schimmel, LMFT
- **MAT Coordinator**— Matt Hamlin
- **Discharge Planner (Main Jail)**— Jayryl Roberts, LVN
- **Discharge Planner (NBJ)**— Cendy Piceno, LVN

- **Operations Specialist** — Paulette Torres
- **Clinical Operations Specialist** — Linda Corfman, RN
- **Compliance Coordinator** — Deborah Ames, RN
- **CQI Coordinator** — Nanci Martinez, LVN
- **Regional Medical Director** — Richard Medrano, MD
- **Regional Director of Nursing** — Gina Olson, MSN
- **Regional Director of Mental Health** — Josephine Shaar, PhD
- **Regional Director of Operations** — Bryan A. Smith, MS, CCHP
- **Director of Partner Risk Strategies** — Tinishia Branch, RN
- **Vice President, Partner Risk Strategies** — Tausha Mitchell
- **Regional Vice President** — Heather Barry, RN, MBA
- **Vice President of Partnership Development** — Jessica Mazlum
- **Senior Vice President of Operations** — Cole Casey

Following is an overview of the qualifications and experience of key leadership staff who will continue to serve the County and our patients in your custody.



Bailey Fogata – Health Services Administrator

In her current role as Health Services Administrator at the Santa Barbara County Detention Facilities, Bailey Fogata provides daily operational oversight, ensuring compliance with healthcare regulations and working closely with medical staff to promote quality care. A dedicated Health Services Administrator with a passion for improving healthcare delivery and enhancing patient outcomes, her leadership style emphasizes collaboration and open communication, fostering a positive environment that encourages innovation and teamwork. With a strong background in the correctional setting, Ms. Fogata has spent over 8 years in various roles within the healthcare sector, demonstrating a commitment to excellence and innovation. She continues to make a significant impact in the healthcare field, advocating for improvements that benefit both providers and patients alike. Ms. Fogata is currently working towards obtaining her Bachelor's degree in Health Administration from the University of Phoenix. **Ms. Fogata resides in California.**



Stephanie Baylor, RN– Director of Nursing

Stephanie Baylor serves as the Director of Nursing at Santa Barbara County Jail, a role she has held for the past two years. With a Bachelor of Science in Nursing (BSN), an Associate of Arts in Social and Behavioral Sciences, and an Associate of Science in Criminology, Stephanie brings a unique interdisciplinary perspective to her role, combining expertise in nursing, behavioral health, and criminology to address the complex needs of the correctional population. Before stepping into the Director of Nursing role, Stephanie worked as a floor nurse for four years, providing direct patient care and gaining valuable hands-on experience in a fast-paced correctional environment. Her clinical background, combined with a strong understanding of correctional healthcare systems, has been instrumental in overseeing daily operations, ensuring compliance with healthcare standards, and improving patient outcomes within the facility. **Ms. Baylor resides in California.**

***Alireza Raboubi, MD, CCHP-CP – Medical Director (Adult)***

A physician committed to practicing the best care for his patients, Dr. Alireza Raboubi joined the Wellpath team in 2018. In his current role as the Medical Director for the Santa Barbara, Santa Maria, and Santa Ana facilities, Dr. Raboubi provides clinical oversight for the County's medical program. A CCHP-CP certified professional, Dr. Raboubi brings a wealth of experience in healthcare management and patient care within correctional and institutional settings, always striving to provide the highest quality care. [Dr. Raboubi resides in California.](#)

***Carrick Adam, MD – Medical Director (Juvenile)***

Dr. Carrick Adam is the Medical Director of the Santa Maria Juvenile Justice Center and a board-certified physician in Pediatrics and Addiction Medicine. With over 20 years of experience, she is dedicated to caring for justice-involved youth and promoting the health of vulnerable populations. A Santa Barbara County native, Dr. Adam earned her master's in public health from the Tulane School of Public Health and Tropical Medicine and her medical degree from Tulane School of Medicine, followed by a pediatric residency at UC San Diego. She has served as president and board member of Fighting Back Santa Maria Valley and as an addiction medicine physician at the Family Service Agency Drug and Alcohol Program. Dr. Adam also serves as Medical Director of the Santa Barbara County Sexual Assault Response Team (SART), where she provides vital support to survivors of sexual abuse, particularly children in need of protection and healing. [Dr. Adam resides in California.](#)

***Thomas Emeterio, DDS – Dentist***

A licensed dentist in the State of California, Dr. Thomas Emeterio serves as the dentist for the Santa Barbara Jails. With extensive experience in oral surgery, general practice, emergency dental care, and pain management, Dr. Emeterio has served as a dentist in both group and private practices and has held the role of Chief Operations Director for three large dental group practices. Having eight years of experience working within the corrections system across the Monterey, San Benito, Santa Barbara, and Orange Counties, he has developed a unique perspective on dental care and patient advocacy. Dr. Emeterio earned his Bachelor of Science in Biological Sciences from the University of Southern California and went on to receive his Doctorate of Dental Surgery from Georgetown School of Dentistry in Washington, D.C. [Dr. Emeterio resides in California.](#)

***Yalda Safai, PhD – Psychiatrist***

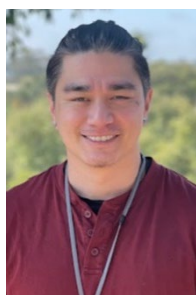
As the Psychiatrist at the Santa Barbara County Jail, Dr. Safai is responsible for providing medication management to patients suffering from different psychiatric conditions. Dr. Safai joined Wellpath in 2022 and has 7 years of experience working as a physician. She completed her psychiatry training at New York Medical College, Metropolitan Hospital Center and has been working with incarcerated individuals providing psychiatric care ever since. In addition to her medical degree, Dr. Safai has a master's degree in public health. [Dr. Safai resides in California.](#)

***Joseph Schimmel, LMFT – Mental Health Supervisor***

Mr. Schimmel joined Wellpath in 2020, where he has continued to work with the vulnerable population in the Santa Barbara County Correctional Facilities. Currently, he holds the position of Mental Health Coordinator, a role he has excelled in for the past two years, overseeing mental health services and ensuring the provision of care tailored to the unique needs of incarcerated individuals. A Licensed Marriage and Family Therapist with 8 years of experience specializing in the treatment of individuals with serious mental illness (SMI), Mr. Schimmel worked within the community, providing therapeutic support for patients dealing with complex mental health challenges, for the first four years of his career. Mr. Schimmel graduated from Humboldt State University with a BA in Psychology in 2016 and pursued further education at Antioch University in Santa Barbara, graduating with a MA in Clinical Psychology in 2019. [Mr. Schimmel resides in California.](#)

***Matt Hamlin – MAT Coordinator***

Matt Hamlin is the Medication-Assisted Treatment (MAT) Coordinator for the Santa Barbara County jails, a role he has held since joining Wellpath in 2022. Mr. Hamlin works collaboratively with a multidisciplinary team to ensure the delivery of effective MAT programs, fostering an environment of recovery and resilience within the jail system. With a deep commitment to addressing substance use disorders, Mr. Hamlin brings over 18 years of experience as the Director of a community-based Substance Use Treatment Center, where he led comprehensive treatment initiatives that made a significant impact in the community. His expertise in both correctional and community settings allows for a unique perspective on integrated treatment solutions that meet the diverse needs of populations in transition. As a California Certified Addiction Specialist, Mr. Hamlin is dedicated to implementing evidence-based practices that enhance recovery and support individuals in their journey towards wellness. Mr. Hamlin graduated from Westmont College in 1999 with a BA in Sociology and later earned an MA in Criminal Justice from Boston University in 2006. [Mr. Hamlin resides in California.](#)

***Jayryl Roberts, LVN – Discharge Planner***

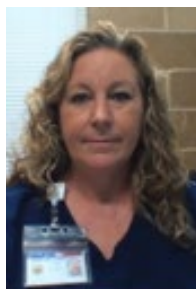
Jayryl Roberts is a skilled Licensed Vocational Nurse (LVN) and Discharge Planner, with nearly seven years of experience at Wellpath. Specializing in facilitating continuity of care and discharge planning for individuals reentering the community, he plays a crucial role in ensuring that patients receive the ongoing care and support they need after release from jail. In his role as Discharge Planner, Mr. Roberts is responsible for assessing patient needs, coordinating with healthcare providers, and developing comprehensive discharge plans that address both medical and social factors. With extensive experience across multiple correctional facilities, Mr. Roberts has developed a deep understanding of the unique healthcare needs of this population and is committed to improving the health outcomes for individuals in the justice system. He works closely with multidisciplinary teams to ensure a smooth transition for detainees, minimizing any potential gaps in care. Mr. Roberts holds a license in Nursing from Career Care Institute. [Mr. Roberts resides in California.](#)

***Cendy Piceno, LVN – Discharge Planner***

With almost 3 years of experience in healthcare and correctional settings, Ms. Piceno is a Discharge Planner and licensed vocational nurse (LVN). In her current role, she facilitates successful transitions for individuals re-entering the community after incarceration, collaborates closely with inmates to develop personalized transition plans that address housing, employment, and social service's needs. As Discharge Planner, she connects inmates with vital resources in the community to help reduce the likelihood of recidivism. [Ms. Piceno resides in California.](#)

***Paulette Torres – Operations Specialist***

Ms. Torres joined Wellpath in 2022, as an Operations Specialist for California where she ensures smooth facility operations, collaborating regularly with Regional Management, facility staff and leadership, and partners in the delivery of medical, mental, and behavioral healthcare services. During her tenure with our organization, she has gained experience in her role and has provided support as acting HSA, both in the Santa Ana City Jail and Monterey County Jail. Her experience in business operations includes implementing new protocols and procedures, project management, performance management and quality assurance. Ms. Torres also served as a member of the Army National Guard for 12 years. [Ms. Torres resides in California.](#)

***Linda Corfman, RN – Clinical Operations Specialist***

With over 40 years of experience as a registered nurse, Ms. Corfman's clinical background includes 15 years in ICU/ER and 22 years with Wellpath, where she has served as an HSA, Travel Team and Clinical Operations Specialist. In her current role as Clinical Operations Specialist, she works collaboratively with onsite staff, the Regional Directors of Operation and Regional Vice President to assure our teammates and supervisors have the skills, knowledge, support and tools they need to have a successful program. Dedicated to delivering high quality health care to incarcerated patients and providing mentorship for colleagues, associates and partners, Ms. Corfman has the knowledge and flexibility to offer support working remotely with staff and monitoring electronic medical records. She can also provide onsite assistance as HSA or RN, as needed. [Ms. Corfman resides in California.](#)

***Deborah Ames, RN – Compliance Coordinator***

As Compliance Coordinator at the Santa Barbara County Jails, Ms. Ames plays a crucial role in maintaining the facility's standards and upholding the rights and safety of both staff and inmates. She brings over 6 years of experience in ensuring regulatory adherence and operational excellence within correctional environments and is committed to fostering a culture of accountability and continuous improvement. Ms. Ames has 30 years of healthcare experience and specialized training in Emergency Room, Oncology and Urgent Care working as a floor Nurse, Nursing Supervisor and Site Manager. She was promoted to her current role from a frontline staff position. She also has a strong background in legal compliance, risk management, and policy development. [Ms. Ames resides in California.](#)

***Nanci Martinez, LVN – CQI Coordinator***

Ms. Martinez is a dedicated Continuous Quality Improvement (CQI) Coordinator at Santa Barbara County Jails, with over 7 years of experience in correctional healthcare. She was promoted to her current role from a frontline staff position. With a strong background in nursing and quality management, she plays a pivotal role in enhancing the quality of care provided to patients. Ms. Martinez is responsible for developing and implementing quality improvement initiatives, ensuring compliance with healthcare standards, and fostering a culture of continuous improvement within the facility. Her work involves close collaboration with both healthcare and correctional staff to identify areas for improvement, analyze data, and implement evidence-based practices. Ms. Martinez is committed to improving patient outcomes and ensuring that the facility adheres to the highest standards of care. [Ms. Martinez resides in California.](#)

***Richard Medrano, MD – Regional Medical Director***

Dr. Medrano joined Wellpath in 2017 as a Regional Medical Director, currently overseeing medical services in the West and Southwest region. He has been certified by the American Board of Family Medicine since 2009 and is licensed in California, Nevada, Arizona, New Mexico, Texas, and Oklahoma. Dr. Medrano has spent the majority of his career in correctional medicine, beginning with the California Department of Corrections and Rehabilitation in 2010. His correctional experience, coupled with his strong family medicine and urgent care skills, make him an ideal fit for Wellpath. Dr. Medrano earned his Doctor of Medicine degree from the University of Southern California Keck School of Medicine and completed his residency in family medicine at the Kaiser Los Angeles Medical Center. [Dr. Medrano resides in California.](#)

***Gina Olson, MSN – Regional Director of Nursing***

Ms. Olson joined Wellpath in 2013 as a Regional Manager and has also served as a Director of Operations. In her current role as Regional Director of Nursing, she works with the Regional Medical Director to ensure our services adhere to Wellpath and facility policy. She has 14 years of nursing experience and also performs clinical nursing services as needed. Ms. Olsen earned her Master of Science in Nursing degree from Chamberlain University in Chicago and her Bachelor of Science in Nursing degree from Nevada State College in Las Vegas.

***Josephine Shaar, PhD – Regional Director of Mental Health***

Dr. Shaar joined Wellpath in 2022 as Regional Director of Mental Health for central and southern California. She has several years of correctional experience, including five years as a psychologist and mental health leader at Arizona's Tucson Prison Complex State Correctional Facility, where she ensured contract and standards compliance. Dr. Shaar also worked for two years at R. J. Donovan Prison in San Diego, California. Her experience and clinical skills make her well-suited to ensure the mental health needs of Wellpath patients in her region are met. Dr. Shaar earned her PhD and master's degrees from Alliant International University in

Fresno, California, and a Bachelor of Science degree in psychology from the University of Arizona in Tucson.

Bryan A. Smith, MS, CHHP – Regional Director of Operations



As Regional Director of Operations, Mr. Smith is responsible for personnel, client, clinical quality, and operations management for jails in California. This includes ensuring the highest quality clinical care to incarcerated patients and meeting or exceeding our commitments to all stakeholders, including employees, clients, our board, and each other. He provides leadership, direction, and support to HSAs, training, and support in care delivery, and shares information between the partner facility and home office. Mr. Smith joined Wellpath in 2022 from DaVita Kidney Care, where he was Group Hospital Services Administrator for four years. Mr. Smith has more than 14 years' experience in healthcare operations management. He earned his B.A. from the University of North Carolina at Chapel Hill and his M.S. in Business Management from Full Sail University in Winter Park, Florida. Additionally, Mr. Smith earned his Certified Correctional Healthcare Professional (CCPH) in 2023 from the National Commission of Correctional Healthcare Commission. **Mr. Smith resides in California.**



Tinishia Branch, RN – Director of Partner Risk Strategies

As Director of Partner Risk Strategies, Ms. Branch utilizes her expertise at various sites to improve standard compliance, leading to improved patient outcomes, and oversees risk for Wellpath. With over 20+ years of healthcare experience in nursing and leadership, Ms. Branch has worked in various healthcare settings providing patient care, designing more effective, performance-driven health care, and enhancing the quality and safety of patient care. Throughout her career she has held various positions including Staff Nurse, Charge Nurse, Nursing Supervisor, Director of Nursing, HSA, and CQI Program Manager/Specialist.



Tausha Mitchell – Vice President, Partner Risk Strategies

Ms. Mitchell joined Wellpath in 2017 after nearly 20 years in the correctional healthcare field. After working a variety of roles in education, quality assurance, correctional administration, and regional leadership, she transitioned to the Compliance department to lend her expertise in ensuring compliance with policies, regulations, and accreditation standards. She is a graduate of the Tennessee LEAD program, a member of the ACA, NCCHC Association of Women Executives in Corrections (AWEC), and Women in Corrections (WIC). Ms. Mitchell earned a bachelor's degree in healthcare management from Southern Illinois University and a Master's in Business Management from Strayer University.

***Heather Barry, RN, MBA – Regional Vice President***

Ms. Barry is an experienced leader with proven operations and clinical leadership skills. She is responsible for the operational oversight of client facilities in Central and Southern California. She supervises Regional Directors of Operation in her region and is indirectly responsible for supervising Wellpath and subcontracted employees at assigned sites. Ms. Barry monitors and maintains all aspects of contract operations to ensure that medical, dental, and mental health programs are consistent with contract requirements and national and state standards. Her rich healthcare experience goes back decades, having served in roles of increasing responsibility for DaVita Kidney Care, including Vice President, Senior Director of Operations, and Chief Nursing Officer. Ms. Barry received her nursing education from the Oldchurch Hospital and London Hospital in England. She earned an Executive Master of Business Administration (MBA) degree from the Foster School of Business at the University of Washington in Seattle.

***Jessica Mazlum – Vice President of Partnership Development***

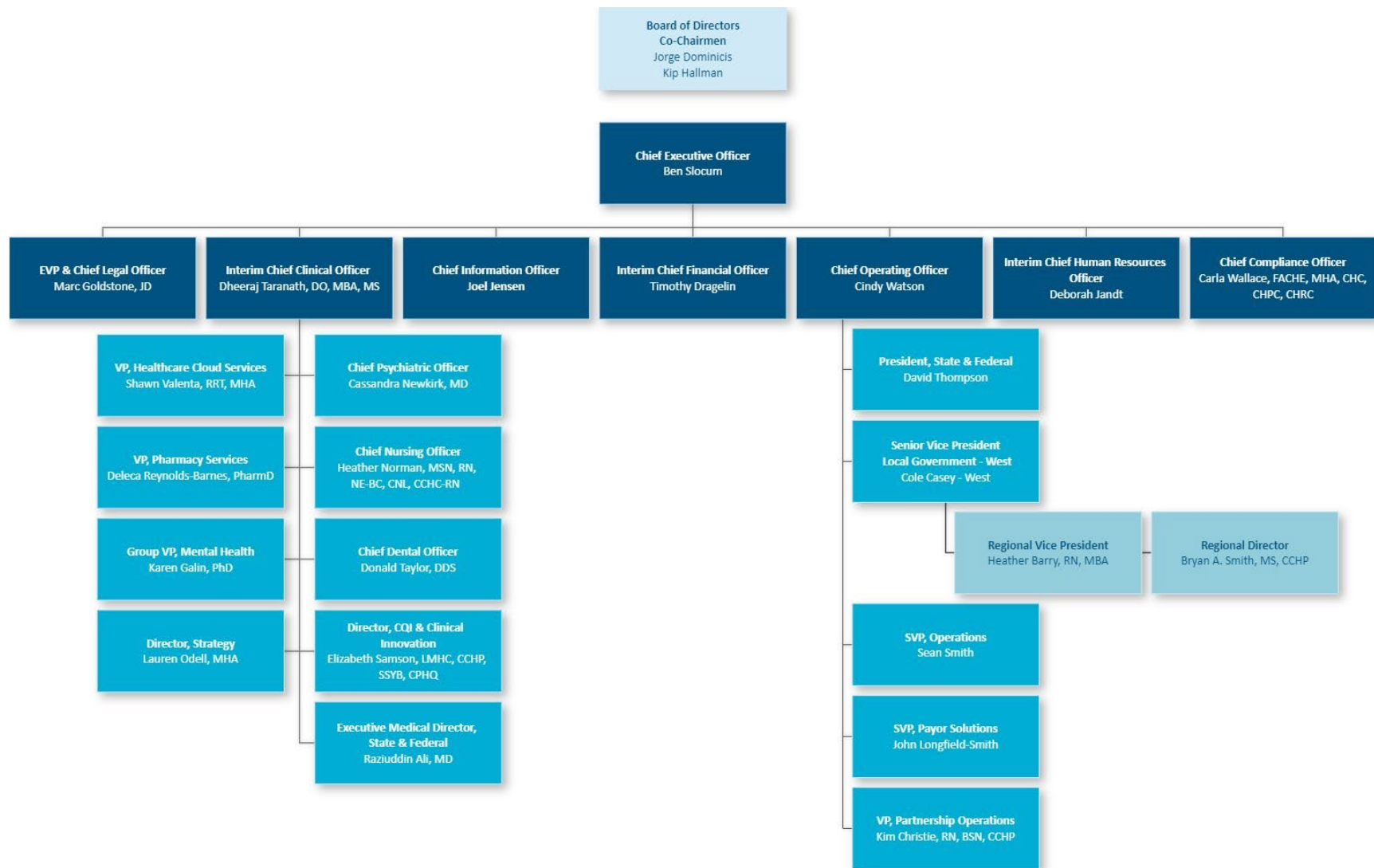
Ms. Mazlum joined Wellpath in 2023, bringing nearly two decades of experience in the correctional field. She has extensive knowledge of state and local correctional services, including custody operations and best practices in the treatment industry. She also has 15 years of experience in state government, including oversight of operational teams, development of re-entry programs, and management of contract deliverables. Prior to joining Wellpath, Ms. Mazlum served as Partnership Development Director for a behavior change company, providing extensive knowledge and experience in the delivery of evidence-based treatment and supervision solutions to government partners in various states. She attributes much of her success to creating and maintaining strong relationships with government partners over the years by developing trust, mutual respect, and long-standing partnerships. **Ms. Mazlum resides in California.**

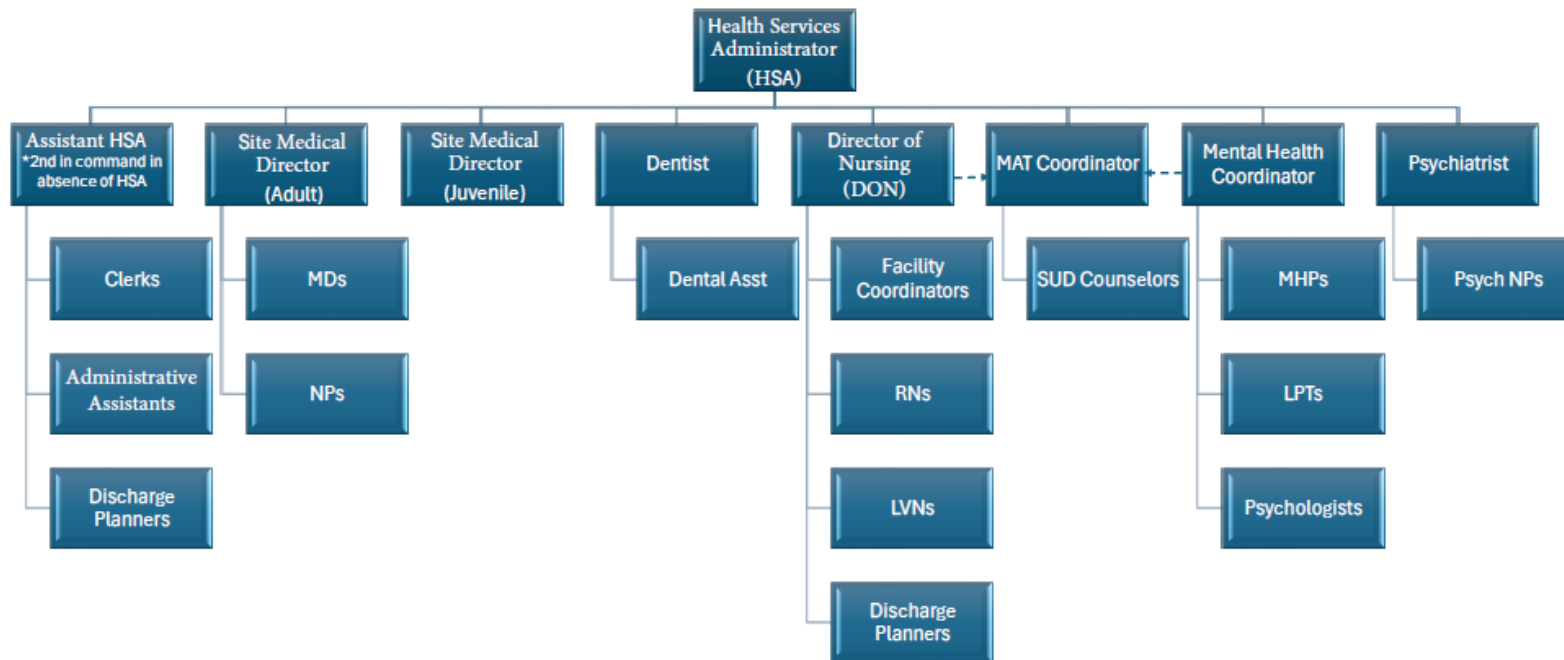
***Cole Casey – Senior Vice President of Operations for Local Government (West)***

Mr. Casey joined Wellpath in 2020 as Regional Director of Operations for Colorado. He was quickly promoted to Regional Vice President in 2021, with responsibility for overseeing all Wellpath contracts in the West and Southwest region. Prior to joining Wellpath, Mr. Casey spent eight years with DaVita Kidney Care, where he led operations in eight outpatient dialysis clinics serving more than 500 patients with a combined 90 FTEs across Colorado and Nebraska. He also spent two years on DaVita's operation standardization and optimization team, rolling out nationwide company initiatives, streamlining operations standards, and achieving organizational objectives. Mr. Casey is a Certified Professional Coach and a Certified Professional Behavioral Analyst with a passion for leadership development. He is continually learning and applying new leadership strategies to help teams succeed and achieve their maximum potential.

4.V. Organizational Chart

Wellpath follows a strategic plan that promotes operational success and efficiency through enhanced communication. All Wellpath employees function as a team, and every team member expects to be part of the solution. Our corporate organizational structure is simple, effective, and functional by design. It ensures that everyone, from the highest level of management to every member of our line-staff, shares accountability and responsibility for our success. As such, the full extent of our company resources will continue to be available to the County. Please see the following company organizational chart, as well as our proposed organizational chart for the Main Jail, NBJ and JJC.





5. Pricing Proposal

Wellpath is enthusiastic about the opportunity to continue our 7+ years of partnership with the County of Santa Barbara and provide high-quality healthcare services for the detained persons of the Santa Barbara County Main Jail (Main Jail), the Northern Branch Jail (NBJ) and the Juvenile Justice Center (JJC). Our comprehensive Cost Proposal covers the services outlined in the RFP, meeting or exceeding specified requirements and specifications, as clarified by the answers to questions and subsequent addendums.

Wellpath is prepared to execute CalAIM requirements to improve healthcare outcomes, maximize cost efficiencies and reimbursement to the County of Santa Barbara as the County and the State move forward to implement the Cal AIM Initiative. We have worked diligently to deliver a meaningful proposal that illustrates the best value for the stakeholders of the County of Santa Barbara, and demonstrates our commitment to transparency and accountability. We believe our proposal provides programs and solutions to best meet your specific needs, and we look forward to discussing our plan in further detail.

We have based costs on the services required by the RFP; **our unique insights into the needs of your patient population stemming from our 7-year partnership**; our research to ensure appropriate compensation for qualified staff which impacts effective recruiting and retention; and our understanding of the County's vision and mission.

Our experience, culture, and philosophy of care make us different from our competitors and make Wellpath the right partner for the County of Santa Barbara. We know cost is important; however, we also understand the mission you have for quality, compassionate care. As your partner in that mission, we commit these things to you:

- We pledge our continued focus on the evolving needs of your patient population working with all County stakeholders.
- We are committed as the leading jail medical provider in California to provide expertise and knowledge in the implementation of Cal AIM as the County of Santa Barbara looks to maximize cost savings through this initiative.
- By retaining Wellpath as your healthcare provider, you can feel confident that there will only be enhancements to the high-quality service and support that you currently receive from us. We are the most experienced company providing healthcare services in correctional facilities.
- We assure you of our dedication to recruiting, training, and retaining qualified staff to ensure effective healthcare delivery.
- Our reporting will remain timely and transparent, showcasing our commitment to accountability.
- We will continue our mission of providing high-quality, compassionate medical and mental healthcare services to vulnerable patients in Santa Barbara County on the path to hope and healing.

Wellpath's experience, resources, culture, and philosophy of care distinguish us from competitors, making us the ideal partner for the County of Santa Barbara. Our proposal delivers quality medical care and reflects our unwavering commitment to supporting your mission for compassionate and high-quality healthcare services.

Wellpath has significant purchasing power for such equipment and is happy to review costs with the County to determine the most financially beneficial way to purchase quality equipment. Any costs paid by Wellpath would be a pass-through expense.

Billing/Payment Terms

Wellpath will generate monthly invoices approximately 30 days before the month of service. Santa Barbara County will have 30 days to submit payment, which is due on the first day of the month of service.

Long Term Care

Wellpath will not be responsible for the provision or cost of any long-term care facility services. In the event that a member of the Santa Barbara County Main Jail (Main Jail), the Northern Branch Jail (NBJ) and the Juvenile Justice Center (JJC) requires skilled care, custodial care, or other services of a long-term care facility, the County shall bear the cost. This includes onsite 1:1 ADL care.

Change in Scope of Work

The proposed prices reflect the scope of care as outlined in our technical proposal, in the RFP requirements, and based on the current community standard of care regarding correctional healthcare services. Should there be any change in or modification of the local, national, or community standards of care or scope of services, court rulings or interpretation, state or federal law or statute, or interpretation thereof that results in sustained and material increase in costs, coverage of costs related to such changes are not included in this proposal and may need to be negotiated with Santa Barbara County. The opening of newly constructed housing would constitute a change in scope.

Pricing for Subsequent Years

For subsequent annual renewals beyond the initial one-year contract period, Wellpath requests annual price increases based on the 12-month percent change for the Consumer Price Index (CPI) for medical care services in U.S. city average, all urban consumers, not seasonally adjusted, as published by the U.S. Bureau of Labor Statistics, no less than 4.5%.

As per RFP requirements, Wellpath has completed all sections of our Pricing Proposal using the template provided in [Appendix 10](#). Please see the following pages for our completed Pricing Proposal. We have also provided the original Excel form in our submission to the County.

5.II. Points of Negotiation

CFMG/Wellpath would like to negotiate the following items below with the County of Santa Barbara:

1. Appendix 11. Standard Board Contract, RFP pg. 221, 19. Termination

CFMG/Wellpath requests to negotiate with the County to include a “material change in scope or circumstance” clause which would require the parties to meet and negotiate in good faith to amend the agreement in the event of a change in legal requirements, the community standard of care, the occurrence of a public health emergency, a sustained, severe shortage of correctional staff, or the approval of new drugs or treatments which materially affect the cost of contracted services provided pursuant to this agreement. The clause would also allow either party to terminate the agreement upon 180 days’ notice upon the failure of the aforementioned negotiations.

2. Appendix 11. Standard Board Contract, RFP pg. 233, Indemnification

CFMG/Wellpath requests to negotiate the parameters of the indemnification clause with the County, such that the company’s indemnification obligation extends only as far as the negligent or deliberate acts or omissions of its own personnel, subcontractors or agents.

CFMG/Wellpath also respectfully takes exception to indemnifying County for active or passive negligence. If a claim is caused by the contributory actions of the County and CFMG/Wellpath, each party shall look to their own insurance as primary for defense and settlement and no indemnification provision would apply to either party.

3. Appendix 11. Standard Board Contract, RFP pg. 239, 14. Notification of Possible Breach

CFMG/Wellpath respectfully requests to negotiate the breach notification period set forth in Exhibit D, such that it is allowed a window of 72 hours to notify the County of a suspected breach, and also that this section include language allowing CFMG/Wellpath not to disclose a suspected breach pursuant to a directive by federal or state law enforcement agencies acting in the course of their official duties.

4. Appendix 11. Standard Board Contract, RFP pg. 234, 1. Additional Insured

CFMG/Wellpath respectfully takes exception to provide the County with additional insured coverage which applies beyond the scope of Wellpath sole negligence for the professional services provided by Wellpath.

5. Appendix 11. Standard Board Contract, RFP pg. 234, 2. Primary Coverage

CFMG/Wellpath respectfully takes exception to provide primary insurance coverage beyond the scope of claims caused by CFMG/Wellpath sole negligence. If the County and Wellpath both contribute to a claim, each party shall look to their own insurance as primary.

6. Appendix 11. Standard Board Contract, RFP pg. 234, 3. Notice of Cancellation

CFMG/Wellpath respectfully takes exception for each policy of insurance to provide a notice of policy cancellation. CFMG/Wellpath shall provide the County with notice of any policy cancellation.

7. Appendix 11. Standard Board Contract, RFP pg. 234, 7. Verification of Coverage

CFMG/Wellpath respectfully takes exception to provide the County with any Wellpath insurance policies. The CFMG/Wellpath risk finance program is underwritten on a global platform and policies are considered privilege and confidential.

8. Appendix 11. Standard Board Contract, RFP pg. 234, 9. Subcontractors

CFMG/Wellpath respectfully takes exception to require subcontractors to name the County as an additional insured. There is no contractual relationship between the subcontractors and the County.

6. Attachments

Please review the attached documents below:

Required (per Technical)

- Attachment 1—Standard Procedures for Nursing – Adult Detainees
- Attachment 2—Infection Control Policies
- Attachment 3—Adolescent Health Assessment Form
- Attachment 4—Standard Procedures for Nursing – Juvenile Detainees
- Attachment 5—Pharmacy System Screen Shots
- Attachment 6—Prescription Drug Formulary
- Attachment 7—Sample QI Projects
- Attachment 8—Proposed Transition and Start-Up Plan

Additional Attachments/Appendix:

- Appendix 1—Letters of Reference
- Appendix 2—Cancelled Contracts
- Appendix 3—Legal Actions
- Appendix 4—Insurance Letter
- Appendix 5—PREA Plan
- Appendix 6—Financial Statements

Wellpath is prepared to submit the following from Appendix 12 upon award as they did not appear to be required submittals with the proposal.

- Attachment 1 – Certification Regarding Lobbying
- Attachment 2 – Disclosure of Lobbying Activities.