

SECTION D: STATEMENT OF WORK

D.1 Scope of Work

The medical services that are provided and the subsequent claims are of a confidential nature. Staff reviewing medical records and handling claims will maintain confidentiality of records. Confidentiality guidelines shall be consistent with all local, State and Federal requirements and mandates governing confidentiality and privacy rights, to include the Health Insurance Portability and Accountability Act (HIPAA). PHS is required to sign a "Business Associate" agreement with the County of Santa Barbara that covers HIPPA compliance.

The following services are excluded from this exhibit for the County Probation Department:

1. Mental health services (Provided by the County's Alcohol, Drug and Mental Health Services Department (ADMHS))
2. Emergency room visits
3. Hospitalizations
4. Dental

D.1.1 Staffing Plan Section

Facilities Medical Services: PHS will be responsible for providing medical services for all detainees/inmates in the County's institutions described in section 2.3. PHS will provide the staff, medical/office supplies and medical equipment and all reagents necessary to accomplish all aspects of the Statement of Work. * PHS shall submit a complete and detailed staffing plan that considers the needs of the combined department's facilities. The staffing plan by site shall include the total number of full-time equivalent (FTEs) employees by position/title and license/certification. Include organizational chart and total number of positions per shift and on holidays. Provide job descriptions for all staff. Discuss recruitment practices, equal employment opportunities, staff training and development, orientation of new personnel, performance reviews, staff retention incentives, and degree of utilization of Registry personnel. PHS shall provide a wage and benefits statement/package that covers all staff positions as provided for current and future employees.

*Sheriff: Equipment listed on Attachment 7.3 and listed as property of Sheriff (SBSO) will be available for use by PHS. Equipment listed as "PHS" is the property of PHS. In addition PHS will provide Mental Health Services as described in Exhibit E for the inmates in the Adult detention facilities as outlined in the attached exhibit of July 2009. The Staffing for said services has been added to the current staffing matrix below.

D.1.1.1 Staffing Plan

Please see Exhibit A for the applicable Staffing Plans.

Changes to Sheriff's Facility Staffing

The HSA will provide supervisory support to the RN Coordinator but will dedicate 40 hours a week to the Sheriff's facilities. 30 additional RN hours have been added to the Swing shift on Thursday, Friday and Saturday in the intake area. This position will provide immediate support to the intake process during these peak times. Other duties will be assigned to fill in times when intake support is not required, as designated by the HSA.

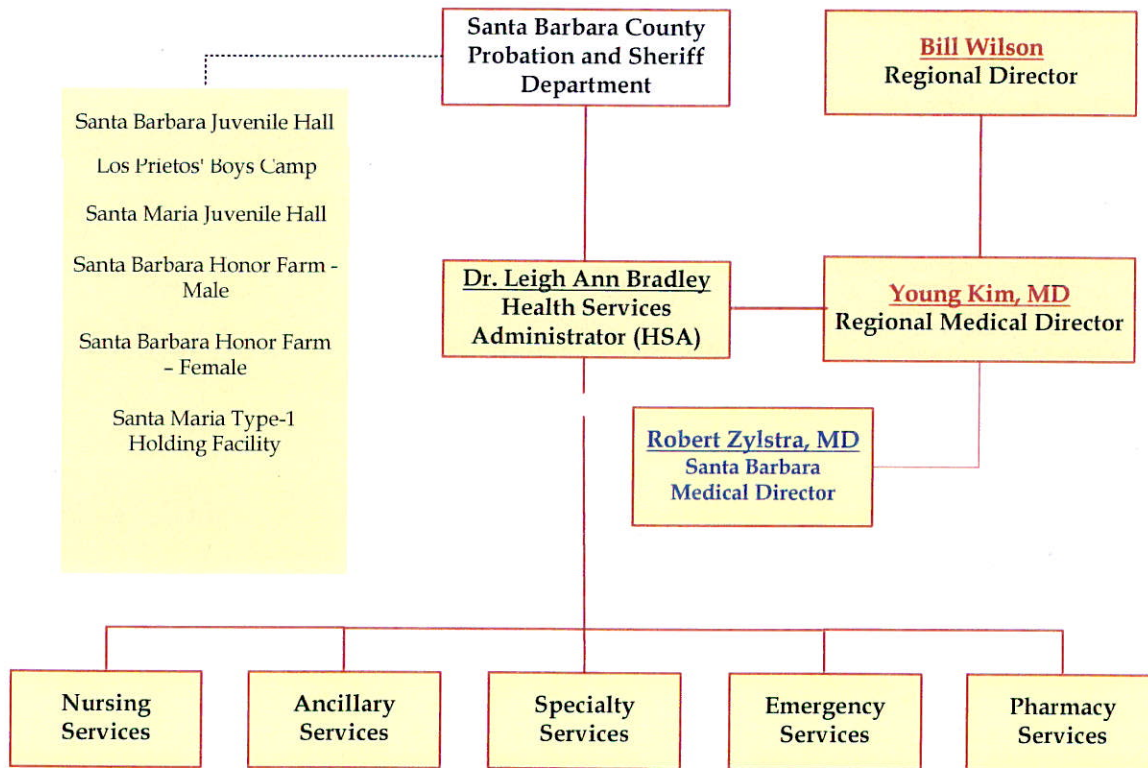
Changes to Juvenile Staffing

PHS has transferred the hours previously assigned to the Santa Barbara Juvenile Hall to the Santa Maria Juvenile Hall. Hours previously provide to the Santa Barbara Juvenile hall have been transferred to the Santa Maria Juvenile hall with the closure of the Santa Barbara Site.

PHS has included an RN Coordinator position, based out of the Santa Maria Juvenile Hall. This position will be responsible for the day-to-day operations of the two facilities and work closely with the Probation Managers in meeting the health care needs of the juveniles. This position will report directly to the HSA at the main adult facility who will still provide leadership over-site for the position.

D.1.1.2 Organizational Chart

In the following chart is our **Western Regional Team** and your PHS Corporate Contact with the extensive resources and depth of management expertise required to insure delivery of cost-effective, quality services to Santa Barbara County. Resumes and job descriptions for the following are in the **Attachments**.



D.1.1.3 Job Descriptions

Bill Wilson, Regional Director, headquartered in the Bay area of California, will supervise the Health Services Administrator (HSA) in his support of the Stanislaus County contract and will maintain a responsive, consultative working relationship with the County. Mr. Wilson has over 35 years of healthcare experience, including healthcare administration, physical therapy and rehabilitation with his most recent years in the correctional healthcare industry. As the PHS Alameda County HSA for the past eight (8) years, he has been responsible for the provision of healthcare services to over 4,500 inmates on a daily basis in two correctional settings. This includes planning and executing all phases of inmate care, recruiting/retention and account management.

Young Kim, MD, Regional Medical Director, has experience with the types of populations present in the detention facilities and will work directly with members of the on-site staff to ensure that safe and efficient health care services are provided to inmate patients. As the Regional Medical Director, Dr. Kim will provide the medical management expertise to effectively manage the overall medical/clinical program of the contract.

Robert S. Zylstra, MD, Medical Director for Santa Barbara County, will continue to be responsible for overall health care delivery for the six facilities. Dr. Zylstra will be under the

supervision and guidance of the Regional Medical Director and Chief Medical Officer. Dr. Zylstra will continue to provide on-call services 24 hours per day, seven days per week as required by the RFP.

Dr. Leigh Ann Bradley, PHD, MSN-FNP, MA, BS-ChE RN, the Health Services Administrator (HSA), will continue to have general responsibility for the successful delivery of health care for the Santa Barbara County. This position will continue to provide a minimum of forty hours (40) per week of on-site services. She will continue to be responsible for employee hiring, staff development, case management, policy and procedure development and implementation and supervision and coordination of agency service, physician, consultant and ancillary service providers. Dr. Bradley will continue to be a professional administrator, a knowledgeable leader and community health care liaison. She will continue to work closely with the local public health clinics in identifying and treating detainees with infectious disease. He will be on call 24 hours/7 days a week.

Diane Wood, M.ED, LPC, Mental Health Director of Staff Development, is responsible for the development of ongoing continuing education programs for mental health staff. She also provides supportive services and management coaching to site mental health program coordinators and directors to maximize their communication, leadership, and conflict resolution skills. She has 18 years of mental healthcare experience, including 15 years in the field of correctional mental health. She has been involved in all aspects of mental health care including providing direct clinical services, assessments/evaluations, diagnostic interviews and crisis intervention. She has also been responsible for assessing the mental health needs of the inmate populations and supervising and monitoring mental health staff. Ms. Wood has extensive experience in mental health program development and implementation as well as the clinical supervision of mental healthcare staff. She has a Master of Education in Agency Counseling from Lynchburg College and a BA in Psychology from Mary Baldwin College in Staunton, VA.

Johnnie L. Gallemore, MD, JD, serves as PHS's Corporate Mental Health Director, where he is responsible for establishment and oversight of clinical functions related to mental health including utilization, quality management, mental health protocol development, peer review, statistical data review and analysis across PHS contracts. Dr. Gallemore was recently elected to serve as Secretary of the Florida Chapter of the American Psychiatric Association. Dr. Gallemore is certified by the American Board of Psychiatry and Neurology.

Other Positions

Following are brief summaries/job descriptions of many other positions PHS will be hiring to provide healthcare for the Santa Barbara inmates/detainees:

Physician - Provides and supervises medical care to inmates, evaluates medical program and medical services provided, evaluates patient care required or administered, evaluates condition and adequacy of treatment facilities, evaluates need for and condition of necessary

medical equipment and conditions of non-medical nature that relate to general medical and health needs of inmates.

Psychiatrist – Evaluates and provides comprehensive psychiatric care in a corrections-based setting, while observing and maintaining the requirements of security. Evaluates patients referred for the presence or absence of mental illness. Treats all inmate/patients requiring psychiatric intervention.

Licensed Clinical Social Worker – Responsible for providing a full range of mental health services to the inmate population, under the direction of the psychiatrist. Provides direct clinical services and consultation services in accordance the policies and procedures of mental health services, the policies and regulations of the facility and in accordance with the ethics and standards of the National Association of Social Workers. Acts as a liaison between corrections and the local community mental health programs.

Psychiatric RN – Provides supportive nursing care to all patients. Utilizes therapeutic communication skills and effective interviewing techniques to elicit pertinent historical information and make appropriate referral, as required. Make referrals to the appropriate health care provider in a timely manner based on diagnostic tests, labs, and nursing diagnosis.

Nurse Supervisor (RN) - Directs and supervises nursing services at the jail and plans and directs activities to provide optimal care. Directs assignments and activities of professional nursing personnel, evaluates their performance, and evaluates patient care administered, facility conditions, and equipment.

Registered Nurse – Conducts nursing sick call, can do routine physical exams, and responds to emergencies within the facility.

Licensed Vocational Nurse - Provides direct nursing care in a jail setting while observing and maintaining the requirements of security.

Medical Records - Works under the supervision of the Health Services Administrator to provide a broad range of clerical duties to ensure proper handling, organization and the preservation of all medical records

Administrative Assistant – Answers phones and performs secretarial tasks for the HSA; assists with payroll; maintains personnel benefits and records; compiles inmate justice statistics; monitors accounts payable and billing; schedules outpatient appointments and arranges for transportation; orders supplies and does inventory with the assistance of the MA; and inputs monthly QA data into the computer.

Dentist - Provides and supervises dental care of inmates; evaluates dental health program and dental services provided; evaluates patient care required or administered, dental operatory conditions, and equipment in use; functions as a consultant to the MDC Medical Director; and monitors need for dental supplies and equipment.

D.1.1.4 Recruitment and Retention

PHS will continue to offer Santa Barbara County a demonstrated track record of success to meet expectations for maintaining a full complement of qualified correctional health professionals, support and ancillary personnel.

PHS acknowledges the difficulty of recruiting and retaining quality staff in this environment. We maintain a fully staffed human resources department charged with the recruitment, development and retention of an exemplary workforce nationwide. Recruitment efforts for Santa Barbara County Institutions will be facilitated through the Regional Office in Alameda, California, with support from the Corporate Office in Brentwood, Tennessee. Working in collaboration with the PHS implementation team and PHS's personnel at other California sites, aggressive recruitment and retention strategies will be developed and implemented as needed.

For more information, please refer to **Section D.5.3 Recruitment and Retention** under the **Contract Deliverables**.

D.1.1.5 Equal Employment Opportunities

It is the policy of our company to provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, color, religion, sex, age, or national origin. This policy extends to the disabled, disabled veterans, and veterans of the Vietnam era. This policy relates to all phases of employment, including but not limited to recruiting, placement, upgrading, demotion, transfer, termination, rates of pay or other forms of compensation, selection for training, educational assistance and use of all facilities and participation in company-sponsored employee activities. Anyone who uses language or displays conduct (including any form of harassment) which reflects negatively on any race, color, religion, age, national origin, the disabled or veterans, including veterans of the Vietnam era may be subject to disciplinary actions up to and including discharge. Anyone in a supervisory capacity who permits such language or conduct without properly disciplining the offender will likewise be subject to appropriate disciplinary action up to and including discharge. Language or conduct given in jest or fun will be treated as though it were by intention.

D.1.1.6 Staff Training and Development

PHS will continue to offer training opportunities to staff, as detailed below:

Management Training

The Santa Barbara County Health Services Administrator will participate in a five-day intensive training seminar held at the PHS Corporate office in Brentwood, Tennessee. The program includes topics about PHS' philosophy and expectations for employees relative to standards and ethics, information about the resources available for site-level support and operational infrastructure knowledge such as claims, human resource support, KRONOS payroll systems, and other important considerations for on-the-job success.

Health Services Administrators have a critical role in meeting client's needs in the day-to-day working environment, ongoing management of site-level personnel and linkage to community resources for discharge planning. Through this program, PHS is able to provide necessary administrative and corporate-level support to our Health Services Administrators in the field.

Education Materials

PHS considers it a privilege and responsibility to serve as a source of continuing education within the field of correctional healthcare. **To meet that need, PHS employs Connie Thran, RN, as our Director of Education and Training.** Ms. Thran is committed to the process and value of our Continuing Education Program. As a Registered Nurse, she has held several positions with PHS since 1998: Health Services Administrator, Regional Health Educator and Quality Assurance Coordinator. Ms. Thran's partial scope of responsibilities includes education and clinical programs, as described below.

Education Programs

- ◆ Develop, manage and update the PHS New Employee Orientation Program for clinical services
- ◆ Manage the PHS Continuing Education Program
- ◆ Annually develops a Continuing Education Calendar. This is the schedule of topics that will be addressed by the monthly PHS continuing education self-study packets. These topics will parallel the PHS Corporate QI Calendar
- ◆ Writes monthly Continuing Education self-study packets for the PHS Continuing Education Program (CEP)
- ◆ Develop patient education materials (Patient Information/Fact Sheets)
- ◆ Develop and maintains the educational literature and video library used by PHS sites

Clinical Programs

- ◆ Responsible for the development and distribution of the PHS Infection Control Program and manual. Ensures that the Infection Control Program is in compliance with national guidelines and is updated as necessary.
- ◆ Responsible for the development and distribution of the PHS Nursing Evaluation Tools (NET) Program. Ensures that the Evaluation Tools (nursing protocols) are in compliance with national guidelines and are updated as necessary.

Continuing Education Units (CEUs) for Nurses

PHS ensures that our professional employees are not only credentialed but have access to ongoing CEUs to continually update their skills and knowledge-base in addition to meeting state-specific requirements. PHS continually reviews strategies for nurse retention and investment in training; professional resources and ongoing education are measures that assist in the retention of these highly valued employees.

As a sample of the training highlights, the following table outlines PHS' training calendar for 2009:

In-Service Training - 2006 Topics		
<u>January</u> "Suicide Prevention" 1.0 CEU Credit	<u>February</u> "Diabetes" 1.0 CEU Credit	<u>March</u> "Documentation and Communication" 1.0 CEU Credit
<u>April</u> "Hypertension" 1.0 CEU Credit	<u>May</u> "Renal Disease" 1.0 CEU Credit	<u>June</u> "Orthopedic Injuries" 1.0 CEU Credit
<u>July</u> "Asthma" 1.0 CEU Credit	<u>August</u> "Women's Health in the Correctional Setting" 1.0 CEU Credit	<u>September</u> "Updates in Mental Health" 1.0 CEU Credit
<u>October</u> "Seizure Disorders" 1.0 CEU Credit	<u>November</u> "HIV Update" 1.0 CEU Credit	<u>December</u> "Pain Management" 1.0 CEU Credit
Total CEU Credit Hours Available: 12.0!		

While the CEU calendar is updated annually, certain CE topics are addressed each year, such as those listed below:

- ◆ Nursing Assessment Skills.
- ◆ Infection Control.
- ◆ HIV Update.
- ◆ Medication Errors.

Clearly Delineated Objectives

Each CEU is designed with a specific set of objectives. For example, after completing the self-study CEU packet on the *Asthmatic Inmate*, learners should be able to:

1. Define and Describe Asthma.
2. List Potential Triggers of Asthma.
3. Identify Ways of Controlling Asthma.

CEU Components

In addition to outlining specific objectives, the company's CEUs typically include the following components:

INTRODUCTION – outlining the scope of the topic being addressed.

DEFINITIONS – clinical explanation of condition or disease state.

CORRECTIONAL HEALTH CARE ISSUES – potential applications for corrections-based environment.

QUALITY MONITORS – list of indicators to demonstrate compliance with and procedures.

ASSESSMENT FINDINGS – overview of common characteristics related to condition or disease state being studied.

TREATMENT – description of typical therapies, including medication, commonly prescribed.

PATIENT EDUCATION FOCUS – information to educate patients and provide instructions for prevention.

TEST QUESTIONS / ANSWERS – to allow learners to assess their comprehension of material.

D.1.1.7 New Personnel Orientation

PHS health care professional staff will receive orientation relevant to the health care operation within the Santa Barbara sites. PHS' orientation program is established by the corporate training department, but provided on-site under the direction of the Health Services Administrator. Each new employee is assigned to an experienced correctional nurse, who spends at least two weeks assisting the new hire in learning their assigned duties.

We also arrange with the Custody Medical Liaison to have the new hire spend time with a Custody Officer within the facility to learn security issues.

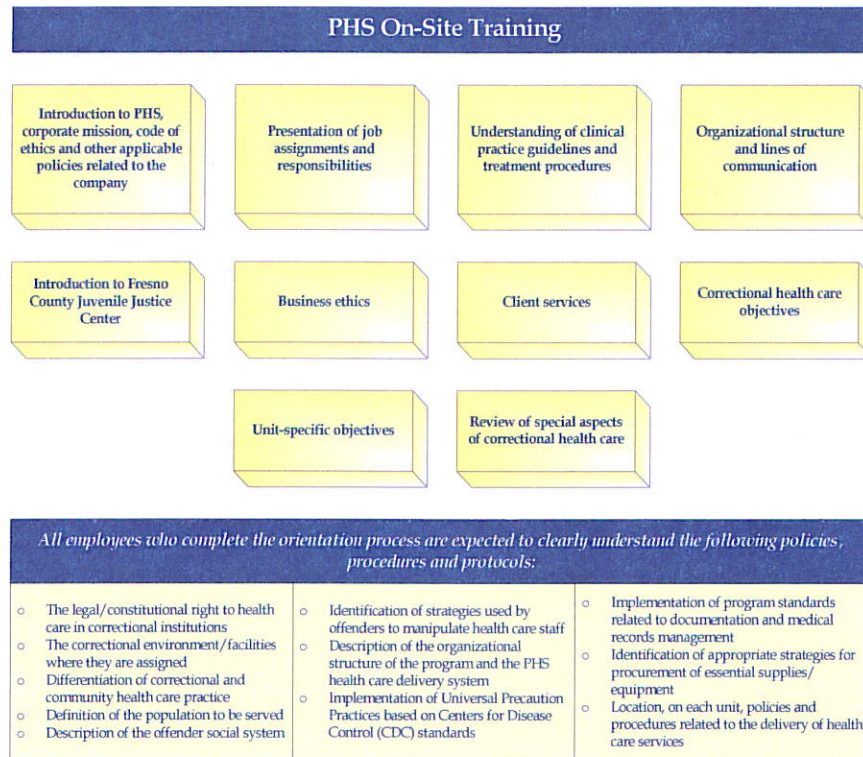
The following topics are covered, in a newly revised orientation manual, which is individualized to the specific policies and procedures of the Santa Barbara facilities:

- ◆ Introduction to PHS, corporate mission, code of ethics and other applicable policies related to the company
- ◆ Introduction to the Santa Barbara Institution
- ◆ Presentation of job assignments and responsibilities
- ◆ Review of special aspects of correctional health care
- ◆ Organizational structure and lines of communication, business ethics and client services
- ◆ Correctional health care objectives and unit-specific objectives
- ◆ Understanding of clinical practice guidelines and treatment procedures

All employees who complete the orientation process are expected to clearly understand the following policies, procedures and protocols:

- ◆ The legal/constitutional right to health care in correctional institutions.
- ◆ The correctional environment/facility where they are assigned.
- ◆ Differentiation of correctional and community health care practice.
- ◆ Definition of the population to be served; description of the offender social system.
- ◆ Identification of strategies used by offenders to manipulate health care staff.
- ◆ Description of the organizational structure of the program and the PHS health care delivery system.
- ◆ Implementation of Universal Precaution Practices based on Centers for Disease Control (CDC) standards.
- ◆ Implementation of program standards related to documentation and medical records management.
- ◆ Identification of appropriate strategies for procurement of essential supplies/equipment.
- ◆ Location, on each unit, policies and procedures related to the delivery of health care services.

Proper orientation and continual staff development and training are required to maintain quality care. It is PHS's policy to invest time, energy and capital resources in the proper orientation, training and development of its employees. The components of our Orientation Program are summarized below:



D.1.1.8

Performance Reviews

PHS will continue to conduct annual performance reviews on each of its employees. Bill Wilson, Regional Director will continue to do an annual performance review for the HSA. Leigh Ann Bradley, PHD, MSN-FNP, BS-ChE RN will continue to do the reviews for the nursing staff, and Dr. Scheibel will conduct performance reviews for the Medical Staff. The non-exempt staff will have reviews in January and exempt staff will have reviews on the anniversary date of their employment.

D.1.1.9 Utilization of Registry Personnel

Although we prefer to have our own staff cover shifts, PHS does use agency nurses from time to time to fill positions that are difficult to recruit. However, when signing contracts with nursing agencies, we always reserve our right to hire these individuals as permanent staff. In this way, the use of agency nurses can be used as a recruitment tool. We can bring nurses in to the jail that may have never tried correctional nursing. If they seem like good candidates, we recruit them for a permanent position as a PHS employee. The agency is

usually paid a finders fee or we can initiate a buy-out clause. Recently, we had an agency nurse working night shifts regularly and we paid the agency \$3,000 to bring this nurse on board as a PHS employee.

D.1.1.10 Wage and Benefits Package

In the **attachments**, you will find a copy of America Service Group, Inc. 2006 Benefits Summary.

D.1.1.11 Automated Time & Attendance System/KRONOS

PHS will continue to use the **KRONOS** system for time and attendance tracking at the adult facilities. Features of this system, which PHS has been using for more than ten years, include:

- ◆ Nurses moving from site to site can have their hours applied to appropriate cost center at the clock. (No additional Comp forms for temporary facility transfer)
- ◆ Only payroll techs have access to the database by secure login.
- ◆ Punches at the clock cannot be manipulated (no printed card that can be erased or changed)
- ◆ System can be utilized to track clinician and subcontractor times without the use of hand written timecards
- ◆ KRONOS file is emailed to the PHS corporate office where it is checked for accuracy, then electronically transferred into a Pro-business format.
- ◆ KRONOS reports can be sent electronically as either a PDF or text file to any reporting agency.
- ◆ Clocks are updated and collected every four hours to track nursing hours and transfers in real time.
- ◆ The system can be set up to run KRONOS scheduled events. (No human error to forget to Discard previous pay period or Update and Collect the clocks)

The following Time Reporting requirements will apply:

- ◆ The Agency may, at any time, require that each PHS employee or subcontractor use any automated timekeeping system owned by the County in order to verify the hours worked by the employee.
- ◆ Notwithstanding the use of any County owned or operated automated timekeeping system, each person employed by PHS or a subcontractor will sign in and sign out on forms provided by the Agency whenever such person enters or leaves a work site.

- ◆ Each person signing in or signing out will legibly sign his or her own full name and record each time of entry into and exit from the work site in ink.
- ◆ No person will sign in, sign out, clock in or clock out for any other person.
- ◆ In addition to the manual sign-in-sign-out system, each PHS employee or subcontractor will also clock in and clock out when entering or leaving the institution at all institutions where time clocks are used.

D.1.2 Medical Services Section

PHS will supervise, administer and staff the medical services for all facilities referenced in this exhibit. Services shall include, but not be limited to, the following:

D.1.2.1 Probation Facilities

D.1.2.1.1 Health Screening

Complete health appraisal of detainees within 96 hours of booking (including weekends & holidays), diagnostic and laboratory evaluation within 7 days of admission;

PHS will continue to perform a comprehensive Health Assessment on all juveniles within 96 hours of the juvenile's arrival at the Probation Facilities. Such assessment will be performed by a qualified medical professional. At a minimum, the comprehensive Health Assessment will include:

1. Review of the Intake Screening results by the Health Services Administrator or responsible physician.
2. Additional data necessary to complete a standard history and physical.
3. Tuberculosis and venereal disease testing.
4. Screening tests for tuberculosis; venereal disease, Human Immunodeficiency Virus (HIV), and Chlamydia (Based on Chlamydia Study Project ClaSP grant requirements); Hepatitis A, B or C; as well as urinalysis, will be performed, as clinically indicated
5. Additional lab work as directed by the physician for particular medical or health problems.
6. Additional tests as required based on the original screening tests.
7. Recording of height, weight, pulse, blood pressure and temperature.
8. The health assessment of females will also include an inquiry about menstrual cycle and unusual bleeding, the current use of contraceptive medications, the presence of an IUD, breast masses and nipple discharge and possible pregnancy.

At a minimum, the health evaluation shall include a health history, examination, laboratory and diagnostic testing, and necessary immunizations as outlined below:

Health Appraisals for Juvenile Facilities			
Health History includes:	Examination includes:	Laboratory and diagnostic testing includes:	Immunizations:
<ul style="list-style-type: none"> • Review of intake screening • History of illnesses • Operations • Injuries • Medications • Allergies • Immunizations • Systems review • Exposure to communicable diseases • Family health history • Habits (e.g., tobacco, alcohol and other drugs), • Developmental history (e.g., school, home, and peer relations) • Sexual activity, • Contraceptive methods, • Reproductive history • Physical and sexual abuse • Neglect • History of mental illness • Self-injury • Suicidal ideation 	<ul style="list-style-type: none"> • Temperature • Height & Weight • Pulse & Blood pressure • Appearance • Head and neck • Preliminary dental and visual acuity screening • Gross hearing test, • Lymph nodes • Chest and cardiovascular • Breasts • Abdomen • Genital (pelvic and rectal examination, with consent, if clinically indicated), • Musculoskeletal • Neurologic. 	<ul style="list-style-type: none"> • Tuberculosis testing, together with pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit. 	<ul style="list-style-type: none"> • Immunizations shall be verified and, within two weeks of the health appraisal/ medical examination, a program shall be started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.

When the results of the health screening indicate that the detainee requires further evaluation and/or treatment, the detainee will be referred for care. The specific time for the follow-up evaluation will be based on the detainee's condition.

The health examination may be modified by the responsible physician, for detainees admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff will review the intake health screening form and conduct a face-to-face interview with the detainee.

For adjudicated detainees who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, PHS will implement an established policy for a medical evaluation and clearance. If this evaluation and clearance cannot be completed at the facility during the initial stay, it will be completed prior to acceptance at the facility. PHS will develop and implement policy and procedures for detainees who are transferred from outside of the detention facilities by:

- Assuring that a health appraisal is received from the sending facility at or prior to the time of transfer
- Assuring that a health appraisal is reviewed by designated health care staff at the receiving facility
- Assuring that in the absence of a documented health appraisal, a health appraisal is completed on the detainee within 96 hours of admission.

Our on-site Medical Director or HSA has developed policies and procedures to assure that detainees who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination will be reviewed and updated prior to transfer and forwarded to facilities that have licensed onsite health care staff.

D.1.2.1.2 Immunizations)

PHS will continue to verify immunizations for detainees entering into the facilities. Within two weeks or sooner of the health appraisal/medical examination, PHS will begin a program to bring the detainee's immunizations up-to-date in accordance with current public health guidelines. PHS will continue to input the immunization data into the Central Coast Immunization Registry, an on-line, web based database at <http://www.irmunize4life.org/>. PHS understands that its staff will be trained to use the database by Public Health Department staff at no cost.

D.1.2.1.3 Pre-Existing Conditions

Arrange ongoing treatment for pre-existing conditions after approval of the facility administration,

When the results of the health screening indicate that the detainee requires further evaluation and/or treatment, the detainee will be referred for care. The specific time for the follow-up evaluation will be based on the detainee's condition.

D.1.2.1.4 Treatment Team Meetings

In addition to quarterly medical meetings, PHS will continue to actively participate in the weekly treatment team meetings as required by the Probation Department.

D.1.2.1.5 Medical Assessments

PHS will continue to provide medical assessments in the use of restraints in accordance with Board of Corrections guidelines. A medical opinion on the safety of placement and retention

will be secured as soon as possible, but no later than two hours from the time of placement. The detainee will be medically cleared for continued retention at least every three hours thereafter. In addition, PHS will comply with the requirements for the health administrator of *Section 1358 of the 2003 California Administrative Code of Regulations Title 15*.

Except for monitoring their health status, PHS' staff does not participate in the restraint of detainees ordered by custody staff. Clinically ordered restraint and seclusion are available for patients exhibiting behavior dangerous to self or others as a result of medical or mental illness.

With regard to clinically ordered restraint and seclusion, policies and procedures specify:

- The types of restraints or conditions of seclusion that may be used
- When, where, how, and for how long restraints or seclusion may be used
- How proper peripheral circulation is maintained (when restraints are used)
- That proper nutrition, hydration, and toileting are provided

After reaching the conclusion that no other less restrictive treatment is appropriate, a physician or other qualified health care professional, where permitted by law, may authorize use. Every 15 minutes PHS' medical staff will check on any patient placed in clinically ordered restraints or seclusion. Such checks are documented. Patients will be removed promptly from restraints or seclusion as soon as possible. Patients will not be restrained in a manner that would jeopardize their health.

With regard to custody-ordered restraints:

- When restraints are used by custody staff for security reasons, the physician will be notified immediately in order to: (1) review the health record for any contraindications or accommodations required which, if present, are immediately communicated to appropriate custody staff; and (2) initiate health monitoring, which continues at designated intervals as long as the detainee is restrained.
- If the restrained detainee has a medical or mental health condition, the physician is notified immediately so that appropriate orders can be given.
- When health services staff note improper use of restraints that is jeopardizing the health of a detainee, they communicate their concerns as soon as possible to appropriate custody staff.

This standard intends that when restraints are used for clinical or custody reasons, the detainee is not harmed by the intervention. When clinically ordered restraint or seclusion is used, it is employed for the shortest time possible in keeping with current community

practice. Detainees are not restrained in an unnatural position. PHS' health care staff will be trained in their proper application.

D.1.2.2 Sheriff Facilities

D.1.2.2.1 Health Screening

Each inmate in the Sheriff Facilities will continue to be given a health appraisal, including a physical examination by qualified health care personnel within 14 calendar days after admission to the jail system, based on the criteria listed in the IMQ, Title 15, NCCHC, and ACA Standards. Consistent with current practice, Health & Physicals (H & P's) will be provided directly in the housing units. Anytime an inmate has been out of Santa Barbara County's custody, PHS will provide an H & P as required.

PHS' health appraisals for Santa Barbara County inmates include the following components:

Health Appraisals			
Health History includes:	Examination includes:	Laboratory and diagnostic testing includes:	Immunizations:
<ul style="list-style-type: none"> • Review of intake screening • History of illnesses • Operations • Injuries • Medications • Allergies • Immunizations • Systems review • Exposure to communicable diseases • Family health history • Habits (e.g., tobacco, alcohol and other drugs), • Developmental history (e.g., school, home, and peer relations) • Sexual activity, • Contraceptive methods, • Reproductive history • Physical and sexual abuse • Neglect • History of mental illness • Self-injury • Suicidal ideation 	<ul style="list-style-type: none"> • Temperature • Height & Weight • Pulse & Blood pressure • Appearance • Head and neck • Preliminary dental and visual acuity screening • Gross hearing test, • Lymph nodes • Chest and cardiovascular • Breasts • Abdomen • Genital (pelvic and rectal examination, with consent, if clinically indicated), • Musculoskeletal • Neurologic. 	<ul style="list-style-type: none"> • Tuberculosis testing, together with pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit. 	<ul style="list-style-type: none"> • Immunizations shall be verified and, within two weeks of the health appraisal/ medical examination, a program shall be started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.

D.1.2.2.2 Vaccinations)

Pneumococcal and influenza vaccinations will be provided to inmates in accordance with CDC guidelines, unless the physician deems such vaccinations medically inappropriate. In such cases, the determination will be recorded with specificity in the inmate's chart. Inmates with Hepatitis C will be treated in accordance with CDC guidelines, unless the physician deems such treatment medically inappropriate. In such cases, the determination will be recorded with specificity in the inmate's chart.

D.1.2.3 Probation & Sheriff Facilities

D.1.2.3.1 Intake/Health Screening

Initial health screening at intake including non-hospitalized detoxification;

It is crucial to know the medical status of an inmate as soon as possible in order to proactively care for needs and avoid adverse health situations. The goal of intake screening is to determine, to the greatest extent possible, the presence of any medical condition requiring follow-up care. By doing so, it becomes possible to take a proactive approach to the patient's medical needs, as well as to decrease the spread of disease within the facilities. In addition, this approach has been proven to reduce costs associated with lengthy hospital stays and security officers overtime expenses.

Intake screenings will continue to be provided in accordance with Title 15 and IMQ standards.

Screenings will continue to include, at a minimum, the following:

- ♦ Documentation of current illnesses and health problems, including medications taken, medication and food allergies and special health requirements;
- ♦ Behavior observations, including state of consciousness, mental status, and whether the inmate is under the influence of alcohol or drugs;
- ♦ Notation of body deformities, trauma markings, bruises, ease of movement;
- ♦ Conditions of skin and body orifices, including infestations;
- ♦ A standard form will be used for purposes of recording the information of the Intake Screening and will be included in the health record of the inmate; and
- ♦ Referral of the inmate for special housing, emergency health services, or additional medical specialties will be made as appropriate.

A physician or allied health professional will continue to perform full health assessments within fourteen (14) days of an inmate's arrival at the Santa Barbara Facility, unless the receiving screening indicates one of the following conditions:

- The inmate has a contagious illness
- The inmate is on medication
- The inmate has a chronic care condition
- The inmate has immediate medical needs
- The inmate is intoxicated, is experiencing alcohol or drug withdrawal, or has been participating in a substance abuse or detoxification program.

When the initial health screening indicates that the inmate has one or more of the above conditions, PHS will conduct a full health assessment within 36 hours of the inmate's arrival, except that assessment and treatment will be provided more expeditiously if necessary for the inmate's health and safety. PHS will continue the same or comparable medication within 24 hours unless it is deemed not medically indicated by PHS' physician staff or not consistent with standard medical practice after diligent efforts are made and documented to contact the inmate's treating physician or pharmacy provider.

PHS will continue to perform the initial health screening for new inmates on the day of arrival and will make every good faith effort to record and seek the inmate's cooperation to provide the following:

- Medical, surgical, mental health and dental history.
- Current injuries, illnesses, evidence of trauma, and vital signs.
- Current medications.
- Allergy information.
- Personal physician(s), dentists, and mental health providers.
- Immunization history as follows: influenza, pneumococcal vaccine for inmates fifty or over or with chronic disease, hepatitis.
- Mental health screening to include suicide attempt history, history of mental health including hospitalization, suicidal ideation and risk assessment.
- History of substance abuse and treatment.

- Pregnancy.
- History or symptoms of tuberculosis, including the date and result of the last TB test.
- History or symptoms of other communicable diseases.

All medical screening forms will become part of the inmate's medical record. Medical records for transfer inmates (i.e., inmates who are being transferred from one facility to another) will be reviewed by health staff immediately upon the inmate's arrival at the new facility. Appropriate action will be taken as necessary. Screening forms, including notes concerning disposition, will be included in the inmate's medical record.

As part of intake screening, PHS will routinely perform on all inmates a tuberculin skin test. PPDs will be read 48 to 72 hours after placement, unless such test is unnecessary (history of prior positive test) or medically contraindicated according to CDC guidelines. Within 72 hours of determining an inmate's PPD test is positive, PHS will perform and interpret a chest x-ray of the inmate. PHS will follow CDC guidelines for management of inmates with TB infection, including prophylactic medication. Inmates who refuse a TB test will be placed in segregation.

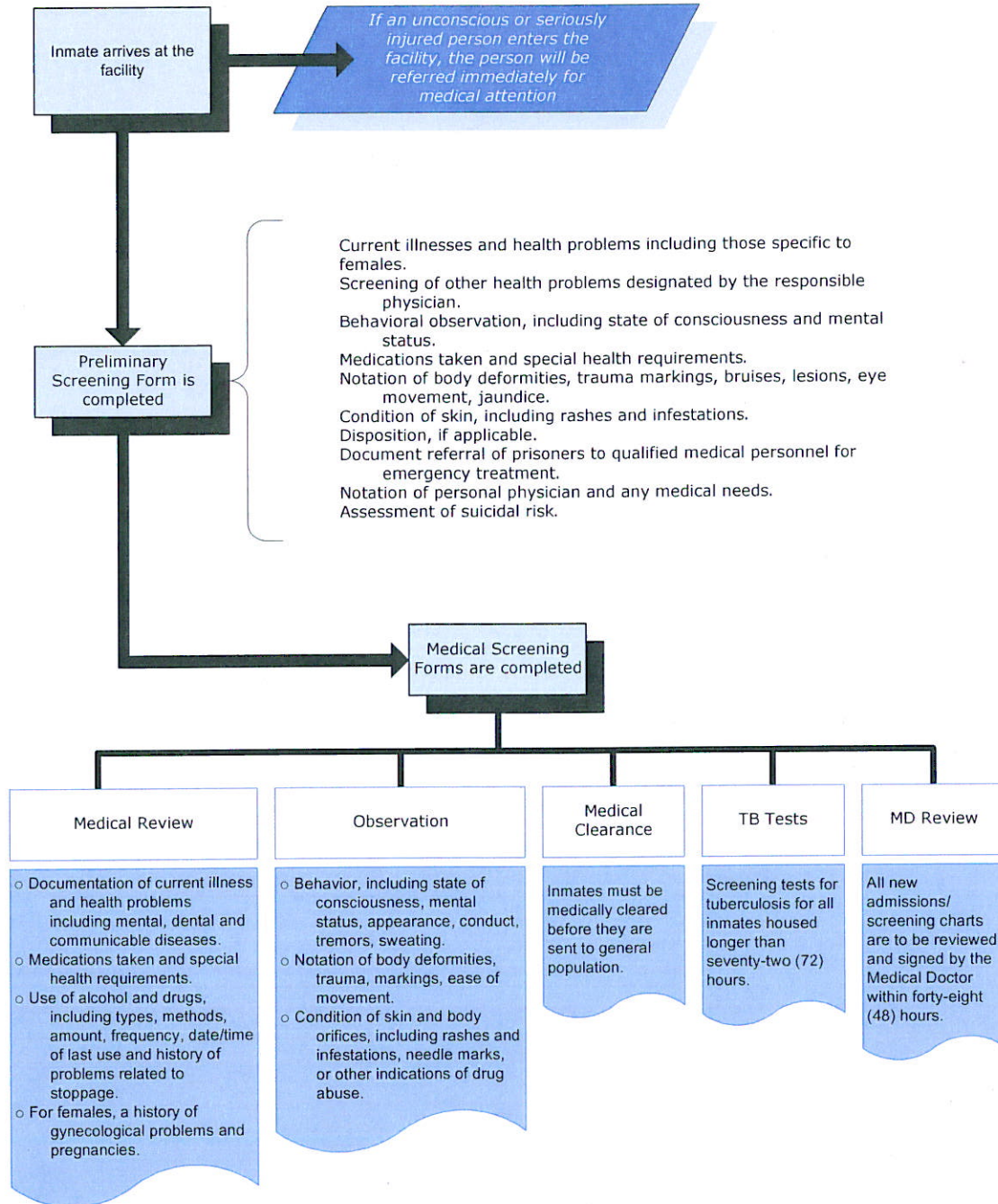
As part of the intake screening, PHS will routinely screen female inmates for gonorrhea and chlamydia within 24 hours of admission, Monday through Friday and within 48 hours if the inmate is admitted to the Santa Barbara County Facility on Saturday or Sunday. PHS will provide medically appropriate treatment. Screening will consist of a urine test or bacterial culture test. PHS will maintain a log, to track testing and provide evidence of testing within the specified timeframes in accordance with the Infection Control Policy and Procedure.

When referred by the medical intake health professional for signs of mental illness, psychological distress or danger of harming him/herself or others, PHS will conduct a crisis assessment as soon as possible and no later than 24 hours of admission to the Santa Barbara County Facility.

In the event an inmate refuses to voluntarily cooperate in the screening and/or test(s) referenced above, after being advised of its importance to the inmate's health needs, PHS medical personnel will appropriately document such refusal. In such an event, Santa Barbara County and PHS will take steps medically appropriate for the health of the individual inmate, other inmates and staff.

Our Intake Screening Process is illustrated in the chart on the following page.

Receiving Screening Process



PHS will provide a nurse during peak operation hours, dedicated to the booking area and the intake process. This will allow for quicker response times for assessments required in the intake area by nursing personnel.

In the Probation Facilities, PHS, in cooperation with the facility administrator and mental health director, will continue to follow established policies and procedures we already have in place defining when a health evaluation and/or treatment shall be obtained prior to acceptance for booking. Policies and procedures will also establish a documented intake health screening procedure to be conducted immediately upon entry to the facility.

PHS' responsible physician has established criteria defining the types of apparent health conditions that would preclude acceptance of a detainee into the facility without a documented medical clearance. The criteria will be consistent with the facility's resources to safely hold the detainee. At a minimum, such criteria shall provide:

- ❖ A detainee who is unconscious shall not be accepted into a facility
- ❖ Detainees who are known to have ingested or who appear to be under the influence of intoxicating substances shall be cleared in accordance with *Section 1431 of the 2003 California Administrative Code of Regulations Title 15*
- ❖ Written documentation of the circumstances and reasons for requiring a medical clearance whenever a detainee is not accepted for booking
- ❖ Written medical clearance shall be received prior to accepting any detainee referred for a pre-booking treatment and clearance

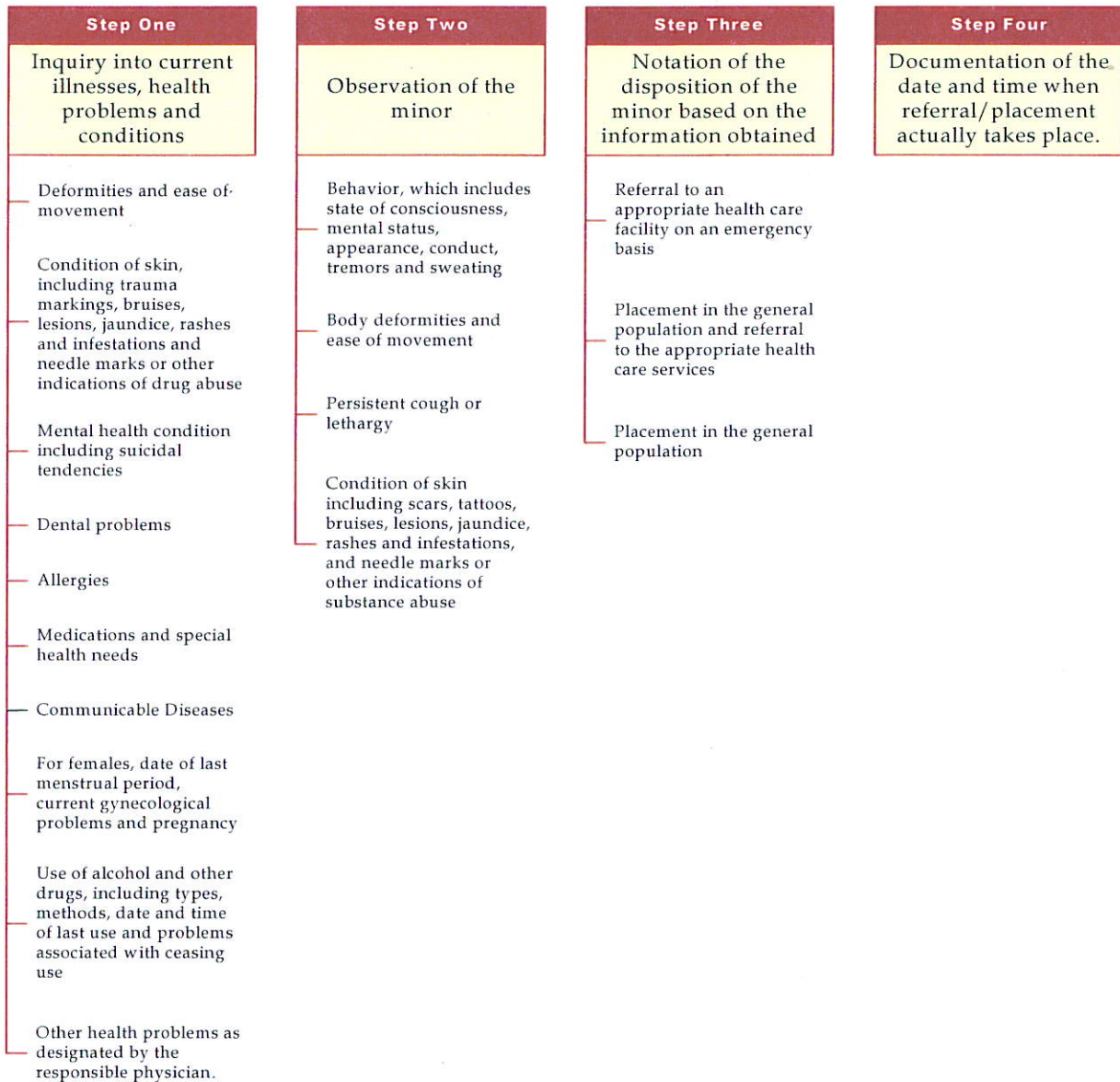
The intake screening is based on defined, structured inquiry and observations of every detainee booked into the LPBC, or SMJH. The screening is conducted upon entry to the facility and will be performed by nursing staff when on duty. When nursing staff is not on duty, trained Juvenile Institution Officers will complete the initial screening at admission. Findings will be recorded on a standardized form that effectively captures essential baseline health information. The screening form will be reviewed and approved by the Medical Director. Upon completion, the screening form will be included in the detainee's health record.

If, in an unusual event, a detainee is brought to the facility and is unconscious or appears to be in need of health care services, nursing staff or the physician will evaluate the detainee. If the nursing staff or physician is not on duty, the detainee will be screened by trained Juvenile Institution Officers. If the detainee is in need of services beyond the scope of care available at the facility, the physician will be notified and the detainee will be referred to the

nearest health care facility for evaluation and treatment. Admission or return to the juvenile facilities will be predicated upon written medical clearance.

The following illustration provides an overview of the intake screening:

Juvenile Intake Screening



The intake screening process is used to identify detainees with health needs including non-hospitalized detoxification. All detainees will be screened prior to transfer to the general population. If a detainee does not have urgent health care needs, the detainee will be transferred to the general population housing with timely referrals established for medical, mental health and/or dental service, as appropriate. Those detainees requiring immediate intervention will be referred for evaluation and treatment. Any detainee suspected to have a communicable disease that could pose a significant risk to others in the facility will be separated from the general population pending the outcome of an evaluation by health care staff.

D.1.2.3.2 Preventive Care

PHS will provide preventive care including contraceptive services, sexually transmitted diseases, immunizations, and other basic medical preventive services, such as the intake screening, sick call, continuous quality improvement program and patient education. The following table demonstrates examples of preventive care methods that are utilized in the Santa Barbara Probation Institutions by PHS.

Preventive Care	
Contraceptive Services	PHS will provide written policies and procedures to assure that reproductive health services are available, including contraceptive services.
Sexually Transmitted Diseases (STDs)	At the health appraisal, PHS will inquire into the detainee's history of sexually transmitted diseases. In addition, PHS will provide educational services concerning STDs including literature available to the detainee.
Immunizations	Immunizations shall be verified and, within two weeks or sooner of the health appraisal/medical examination, a program shall be started to bring the detainee's immunizations up-to-date in accordance with current public health guidelines.
Intake Screening	At the intake screening, the health care staff and Juvenile Institution Officers are able to screen the detainee for potential health care concerns.
Sick Call	Sick call for detainees provides a daily opportunity to request health care services, which is triaged according to routine, urgent or emergent need.
Quality Improvement Program	QI Program consists of "four domains" of care including staying healthy (preventive care), getting better (acute care), living with illness/disability (chronic care), and crosscutting systems interventions (communication and collaboration).

Patient Education

PHS places a high priority on patient education that emphasizes preventive health care.

D.1.2.3.3 Medical Supplies

PHS will continue to provide the required medical supplies, pharmaceuticals, and equipment for the provision of preventive and therapeutic health care for the inmates/detainees in the six facilities.

D.1.2.3.4 Referrals for Emergencies

PHS will continue to be committed to providing immediate response to inmates/detainees in an emergency situation. Written policies and procedures will address on-site emergency response and the emergency transfer of detainees to include referrals to appropriate health care facilities for emergencies.

D.1.2.3.5 Sick Call

In the Probation Facilities

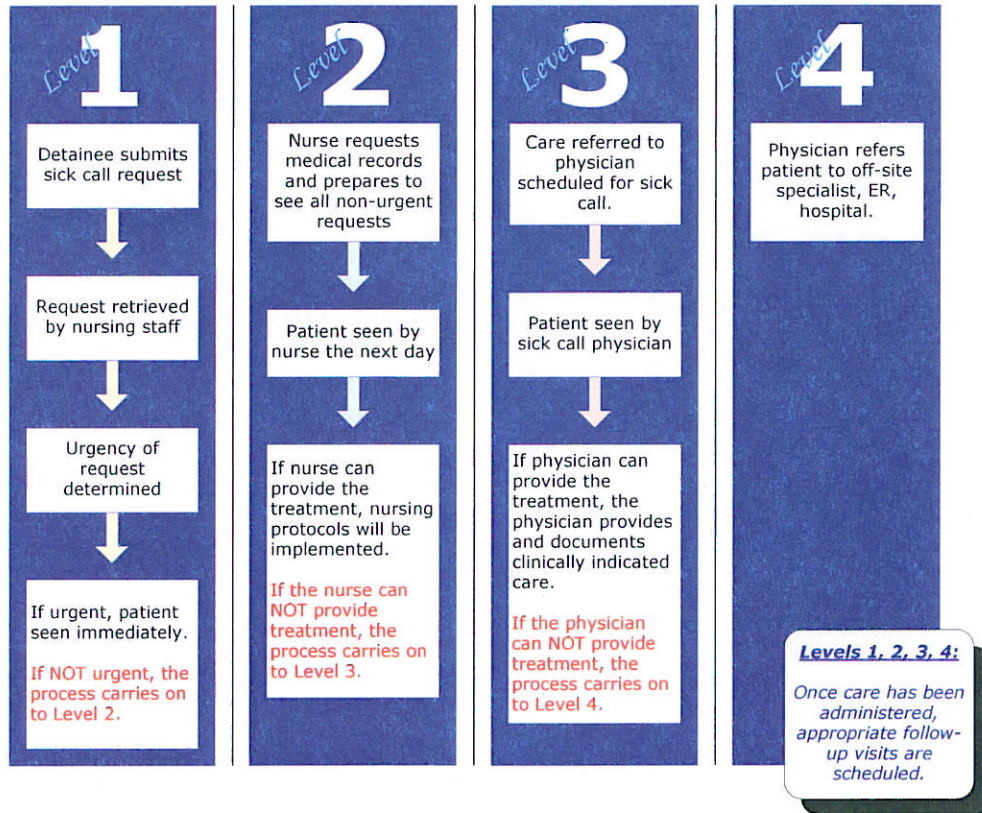
PHS will continue to provide sick call for detainees to have a daily opportunity to request health care services and triaged according to routine, urgent or emergent need. The sick call process initiates appropriate interventions. Sick call will be held daily for detainees on medical floors or units. If a detainee's custody status precludes attendance at a sick call session, arrangements will be made to provide sick call services at the place of the detainee's confinement, such as disciplinary segregation.

Sick call is of primary importance to an effective correctional health care delivery system. The PHS sick call process ensures timely access to medically necessary health care services. The PHS sick call process uses physicians and mid-level practitioners as the primary providers of sick call services. When physicians and mid-level practitioners are utilized to conduct initial sick call encounters, continuity of care improves and there is an associated reduction in detainee requests.

Qualified medical staff will review sick call request forms within 24 hours of request. For non-emergency requests, a qualified medical professional will see detainees within 24 hours after submission of the request, or, if requests are first reviewed by qualified staff, within another 24 hours of that review, except that detainees may be seen within 72 hours of submission of a request on weekends.



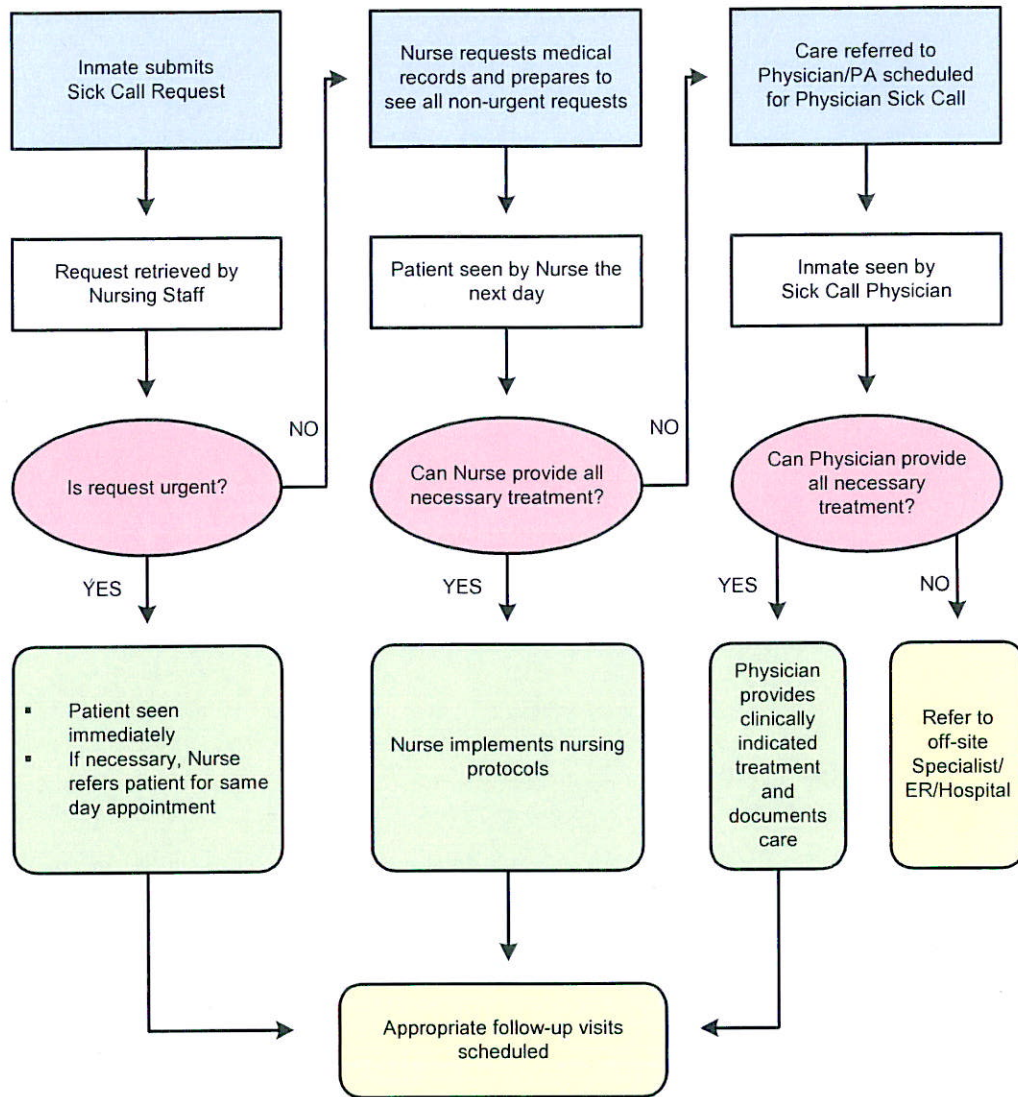
Sick Call Process



In the Sheriff Facilities, inmates will continue to have access to non-emergency health care services by submitting a documented request. Health care personnel collect and immediately triage the requests, indicating the disposition. Inmates are then scheduled for health care services based on the information documented on the request. Sick call services will be provided within 72 hours. PHS' health care delivery system is designed to allow the physician time to concentrate on those inmates with significant health care conditions.

Sick call services and clinical encounters are routinely conducted in a private setting. When indicated, a chaperone is present. PHS holds nursing sick call daily, seven days a week, 365 days a year, for all inmates. Health care personnel are available on Saturdays, Sundays and holidays to handle inmates' urgent health care complaints.

SICK CALL



D.1.2.3.6 Implement Provider Orders

PHS has developed written policies and procedures and will continue to redefine to the extent to which health care shall be provided within the facilities. If services cannot be provided on-site, PHS will refer those services to county health clinics and providers/subcontractors. PHS will implement any orders or follow-up care that is required to maintain the health care services, including diagnostic services (laboratory, X-ray, EKG), pharmacy, and/or specialty visits.

D.1.2.3.7 Referrals to External Providers/Subcontractors

PHS will continue to notify the facility staff and make referrals to an outside provider when necessary.

D.1.2.3.8 Women's Healthcare/Pregnancy

Because of their unique health care needs and higher utilization of medical services, PHS has specific policies and procedures surrounding female offenders, including pregnancy. These policies and procedures differentiate treatment for women during the intake assessment, routine health examinations, STD evaluation and treatment, and pregnancy and health education.

As a female inmate is seen on intake and is found to be pregnant, they are referred to the Public Health Department in Santa Barbara County within 14 days where their obstetric needs are met completely. PHS works in conjunction with the Public Health Department to make sure the PHD recommendations are being followed when they return to the facility.

PHS has a Standardized Protocol for Registered Nurses for Pregnant and Postpartum Inmates/Detainees that is utilized in Santa Barbara County Facilities. Once an inmate is determined to be pregnant and information/history is obtained, they are put on the next Doctor's sick call. The nurse implementing the protocol will place an Outpatient Referral Form in the chart with a "red" tag for the physician to complete during Sick Call. The Sick Call nurse will see that this form is completed with all requested information the same day it is filled out. The sick call nurse will be responsible to be sure an appointment has been made with the Public Health Department.

Please refer to the **Attachments** for a complete copy of "**Standardized Protocols for Registered Nurses for pregnant and Postpartum Inmates, Protocol #32.**"

D.1.2.3.9 Abuse Reports

PHS medical staff will complete child abuse reports and any other reportable abuse report on an adults required by law.

Reporting of Incidence (Section 1362 of the 2003 California Administrative Code of Regulations Title 15)

A written report of all incidents which result in physical harm, serious threat of physical harm, or death to an employee or a minor of a juvenile facility, or other person(s) shall be maintained. Such written record shall be prepared by the staff and submitted to the facility manager by the end of the shift.

D.1.2.3.10 Mental Health/Substance Abuse (REFER TO EXHIBIT E)

PHS will be responsible for the mental health services within the Sheriff Facilities. PHS will work collaboratively with the Alcohol, Drug and Mental Health Services Department to provide comprehensive care to the inmates. ADMHS will continue to be the provider of mental health service to juvenile detainees. To include but not limited to the following:

- mental health medical record management
- transcribing medication orders
- administering mental health medications
- monitoring for side effects and treatment compliance
- drawing blood for psychiatric drug levels
- communicating any mental health issues involving the inmates to the mental health team

Persons who need to be seen by a physician or mental health professional will be referred for such evaluation and care during the intake screening. When referred by the medical intake health professional for signs of mental illness, psychological distress or danger of harming him/her self or others, PHS will conduct a crisis assessment as soon as possible and no later than 24 hours of admission to the Santa Barbara County Facility.

At the intake screening, PHS' medical personnel will focus on the identification of inmates/detainees who may experience some degree of withdrawal symptoms. At the intake screening, inmates/detainees are asked about personal alcohol and drug use. Specific information is obtained regarding:

- Type of substance(s) used
- Frequency and amount of usage
- How long the inmate/detainee has been using
- Time of last use
- Side effects experienced when ceasing use in the past

PHS health care personnel will evaluate the inmate/detainee for signs and symptoms of withdrawal. Inmates/Detainees who report alcohol and/or drug dependence or are identified as being at risk for withdrawal will receive a more in-depth evaluation. Information obtained from the evaluation will be used to classify inmates/detainees as being in mild, moderate or severe withdrawal.

D.1.2.3.11 Treatment for Accidents/Injuries

PHS has developed and implemented written policies and procedures for accidents and injuries, including emergencies. PHS will continue to modify the policies as necessary and

as coordinated with Santa Barbara County. The policies will provide for immediate response by the health staff to stabilize the inmate/detainee. First aid and CPR services will be provided on-site as part of the written policies and procedures. PHS' health care staff will be trained on the written policies and procedures to respond appropriately to emergencies requiring first aid. Approved first aid kits will be available in designated areas of each facility.

D.1.2.3.12 Healthcare Administration

Develop policy for health care administration;

PHS will continue to develop policy for health care administration as required by the contract including the unimpeded access to health care.

D.1.2.3.13 Healthcare Providers

PHS will continue to be the health care provider for the defined scope of services. If additional services are required that cannot be performed on site by PHS' health care staff, PHS will refer the patient to the Public Health Department Clinics, or when necessary to health care specialists in the community. PHS utilizes many of the PHD Clinics, including OB/GYN, Infectious Disease, Ophthalmology, Orthopedics, Hand, Urology, Neurology, Surgery and Dermatology.

D.1.2.3.14 Access to Healthcare

PHS will continue to establish written agreements as necessary to provide access to health care at the six facilities. PHS will develop and implement mechanisms to assure that those agreements are properly monitored.

Following is the PHS Provider Directory for the Santa Barbara Sheriff Institutions:

Provider	Specialty	Address	Phone	Svc. Location
American Medical Response West	Ambulance	801 10 th St., 4 th Floor Modesto, CA 95354	800-913-9106	Off-Site
Diagnostic Laboratories	Mobile X-Ray	1111 S. Central Ave. Glendale, CA 91204	818-549-1880	On & Off-Site
Earl Schneider, D.D.S.	Dental	2545 Quail Valley Rd. Solvang, CA 93463	805-688-8296	On-Site
John Dorman, M.D.	Physician	295 Santa Barbara Shores Goleta, CA 93117		On-Site, On-Call
Marion Medical Center	Hospital (CCN)	1400 E. Church Santa Maria, CA 93454	805-739-3000	Off-Site

Santa Barbara Cottage Hospital	Hospital & Lab	P.O. Box 689 Santa Barbara, CA 93102	805-569-7200	Off-site
William Coulter, MD (Eye Surgical Medical Group)	Ophthalmology	533 E. Micheltorena, #103 Santa Barbara, CA 93103	805-564-8917	Off-Site

D.1.2.3.15 Discharge

PHS is committed to working with Santa Barbara County and ADMHS in providing Discharge Planning. Discharge Planning begins at the intake process and is part of virtually every health care encounter. Inmates may leave at any point in time, including bonding out, released directly from court, and at end of inmate/detainee’s sentence. While inmates or detainees are incarcerated, Nurses will obtain a release of medical information in order to determine what kind of care, if any, the inmate or detainees have received prior to incarceration. This information will allow PHS to properly plan for care upon release. The inmate is advised of the need for outside care by a health care staff member and instructions are given for self care. When we are aware that an inmate on chronic medications is to be released, we will provide a prescription for medications until the inmate can obtain an appointment with an outside physician. Many inmates are referred to the Santa Barbara County Medical Clinics and the Public Health Department is notified of any inmates being released on Tb medications.

D.1.2.3.16 Policies and Procedures

PHS has developed written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. A manual of the policies and procedures will be accessible to all health care staff. Each policy and procedure will be compliant with the standards of the IMQ accreditation. The policies and procedures will address at a minimum:

- Intake health screening procedures
- Identification of relevant symptoms
- Referral for medical evaluation
- Treatment responsibilities during detention
- Coordination with public and private community-based resources for follow-up treatment
- Applicable reporting requirements
- Strategies for handling disease outbreaks

Policies and procedures will be reviewed at least annually, and revised as necessary under the direction of the health authority. The updates will reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions. The policies and procedures will contain the date of the most recent review or revision and, at a minimum, the signatures of the facility's health authority and responsible physician.

D.1.2.3.17 Pharmaceutical Management

County shall be responsible for contracting with a pharmacy to supply over-the-counter, psychotropic and non-psychotropic medications. Contractor will only order, stock, and dispense medications from County approved vendor(s). County shall provide space and accessories for the secure storage and controlled dispensing of the medications.

In consultation with a pharmacist and in cooperation with the facility administrator, PHS has developed a written policy and procedure regarding the use, administration, and control of sample prescription medications that is already in place at the juvenile sites.

(The Alcohol, Drug and Mental Health Services Department (ADMHS) will continue to employ and manage the psychiatrists and mental health staff in the Juvenile facilities. ADMHS staff will continue to prescribe and adjust psychotropic medicine upon admission and at discharge to the Juvenile facilities.)

Such plans, procedures, space and accessories shall include, but not be limited to, the following, as listed in the **2005 California Administrative Code of Regulations, Title 15:**

- Securely lockable cabinets, closets, and refrigeration units
- A means for the positive identification of the recipient of the prescribed medication
- Procedures for administration/delivery of medicines to detainees as prescribed
- Confirmation that the recipient has ingested the medication
- Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason
- Prohibition of the delivery of medication from one detainee to another
- Limitation to the length of time medication may be administered without further medical evaluation
- The length of time allowable for a physician's signature on verbal orders
- A pharmacist shall prepare a written report, no less than annually, on the status of pharmacy services in the facilities. The pharmacist shall provide the report to the health authority and the facility administrator.

Consistent with pharmacy laws and regulations, PHS has established written protocols that limit the following functions to being performed by the identified personnel:

- Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law
- Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel
- Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law
- Preparation of labels can be done by a physician, dentist, pharmacist, or other personnel, both licensed and trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the detainee. Labels shall be prepared in accordance with Section 4047.5 of the Business and Professions Code
- Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law
- Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.
- Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.
- Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures

Medication Handling and Administration

PHS provides a medication administration system that will meet the needs of the inmate/detainee population. Once a medication order has been written, the medication is ordered from the pharmacy. Then the medication is delivered and health care personnel administer and document on the MAR. If medication is refused or not administered, it is indicated on the MAR. If the medication is urgently needed, they will be ordered from a back-up pharmacy

D.1.2.3.18 Monthly Administrative Meetings

PHS will continue to actively participate in the quarterly Medical Administrative Meetings for the Probation Department and the monthly Medical Audit Committee (MAC) for the Sheriff's Department. The PHS Health Services Administrator will lead these meetings,

prepare the agenda, record minutes, and distribute statistical data and other important health care information.

D.1.2.19 Education

The Medical Director will continue to provide and document patient education according to IMQ standards. PHS will continue to provide education pamphlets in the treatment rooms and have informative posters and signs throughout the facility. Every inmate encounter is seen as an opportunity for health education.

D.1.3 Supervision

PHS has provided and will continue to provide a Health Services Administrator (HSA), , and a qualified Medical Director, Dr. Zylstra for the comprehensive health care program for the Probation and Sheriff Institutions outlined in the staffing pattern provided in **Section D.5.1**. The HSA will coordinate quarterly medical meetings that will be alternated between the three sites and monthly medical meetings at SBMJ.

D.1.4 Training

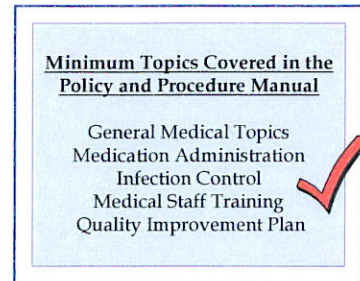
PHS places great value on increased training in order to create better levels of care within the facilities we manage. PHS has developed comprehensive health care training programs, geared to provide corrections officers with practical information that can be used in the day-to-day performance of their jobs. Such training may include first aid for medical emergencies such as unconsciousness, wounds, and lacerations; vascular emergencies (control of hemorrhage and bleeding); and orthopedic injuries. PHS is also prepared to provide in-service training to correctional staff in other subjects, such as:

- ◆ Monthly CEU
- ◆ Blood Born Pathogens
- ◆ Cardio Pulmonary
- ◆ Use of AED (video)
- ◆ Nutrition/ Diet
- ◆ Communicable diseases, including Tuberculosis
- ◆ OSHA regulations and requirements, including self-protection against blood borne pathogens.

PHS will work in its partnership with Santa Barbara County to identify the specific health education/training needs for the staff and will plan programs accordingly. Onsite PHS healthcare staff may also suggest topics based on their day-to-day experience and dialogue with correctional staff. Training sessions will be conducted onsite, to accommodate facility work schedules and routines.

D.1.5 Manuals and Plans

PHS has developed and will continue to maintain a facility specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility for all Santa Barbara County Facilities.



To ensure effective service delivery, all health care staff and the HSA will have access to health care policy and procedure manuals. Each policy and procedure for the health care delivery system will be reviewed at least annually and revised as necessary. PHS will develop and implement a system to document that this review occurs. The Regional Vice President, Health Services Administrator and on-site Medical Director will review and sign the health care policy and procedure manuals.

D.1.6 In-Custody Deaths

In cooperation with the County Coroner, Probation/Sheriff Executive, and Probation/Sheriff Management for the respective detention facility, PHS will continue to perform a medical review of every in-custody death. The review team will include PHS, the facility administrator, the responsible physician and other health care and supervision staff who are relevant to the incident. The review will provide an evaluation of the health care services provided, focusing on opportunities to improve systems and the quality of care. In addition, the review allows PHS to identify variations in the systems and processes established to provide care and to identify opportunities for improvement in these areas. A preliminary mortality review is completed within 72 hours of the death with a written report submitted to the Regional Medical Director and the PHS Corporate Medical Director. The preliminary review is also used to categorize the event.

Santa Barbara County and PHS have had no inmate deaths related to medical care, and no deaths in 2005. There have been no successful suicides in years – possibly over 10 years.

D.1.7 Communicable Disease Control

PHS will continue to review and approve communicable disease procedures and follow cases of communicable disease in the facilities and as appropriate upon release from the facility. Procedures will include identification of inmates/detainees who demonstrate a risk of communicable disease and are in need of care at the intake screening, while protecting other inmates/detainees and staff who run the risk of exposure to disease. PHS will follow cases of communicable diseases in the facilities by following current policies, procedures and evidence-based care processes that reduce variability and improve outcomes. Through

PHS' established network of community providers, PHS will be able to ensure the inmate/detainee will continue to receive appropriate care upon release from the facility.

PHS will implement an Infection Control Program in compliance with NCCHC standards and IMQ standards. A written exposure control plan will be reviewed annually and approved by the Medical Director. The Infection Control Program will continue to be implemented to include:

- Appropriate medical, dental and laboratory equipment and instruments are decontaminated
- Sharps and bio-hazardous wastes are disposed of properly
- Surveillance to detect detainees with serious infectious and communicable disease is effective
- Immunizations to prevent disease are provided when appropriate
- Infected detainees receive medically indicated care
- If appropriate, detainees with contagious diseases are medically isolated
- Treatment and reporting of infections in accordance with local and state laws
- Standard precautions will be used to minimize the risk of exposure to blood and body fluids of infected patients
- All sanitation workers will be trained in appropriate methods for handling and disposing of bio-hazardous materials and spills
- Active tuberculosis patients are housed in designated negative pressure rooms
- All reports will be filed in compliance with local, state, and federal laws and regulations

If an inmate/detainee, with a communicable or infectious disease, is released from a facility, PHS will contact a community health care provider to arrange an appointment for the detainee to receive continuity of care. PHS currently has established relationships in the community to ensure this level of health care.

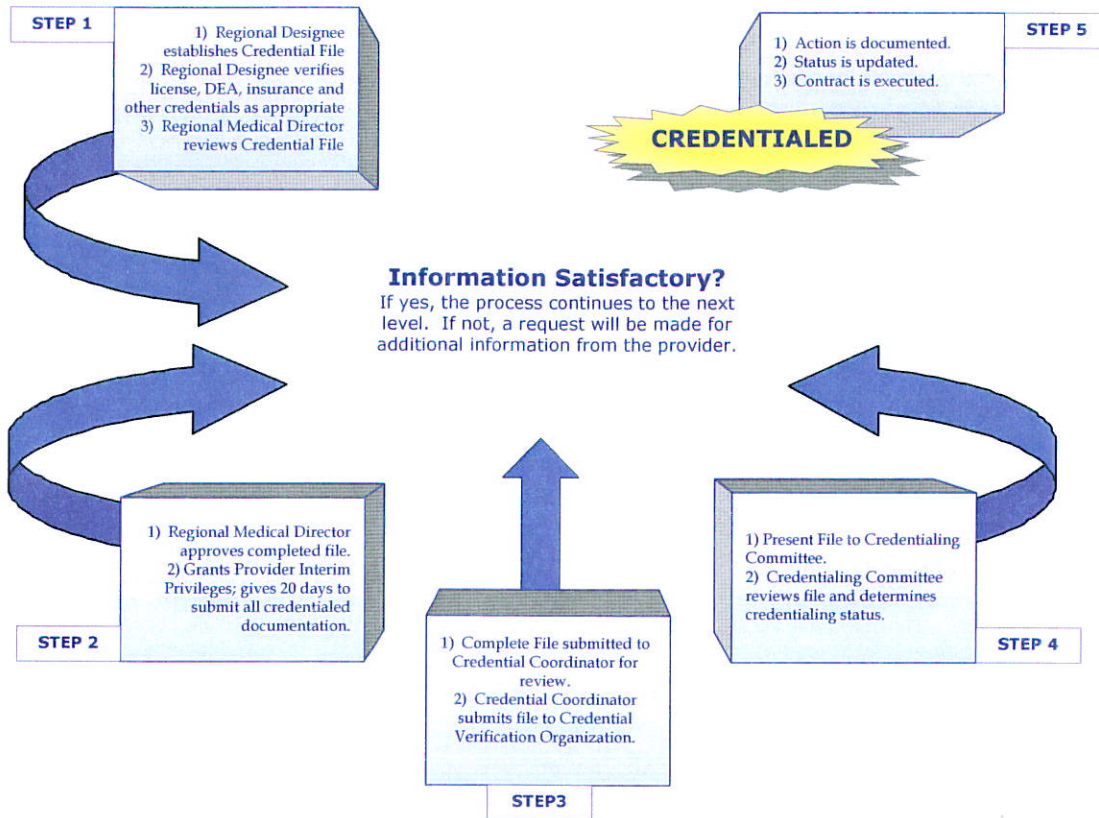
D.1.8 Licenses

PHS' Chief Medical Officer, **Carl Keldie, MD, FACEP**, has established corporate-wide credentialing procedures for the verification and documentation of professional staff qualifications. PHS' Credentialing Program will continue to ensure that health care practitioners providing on-site service at Santa Barbara County Institutions will have the credentials required to practice within their field. Health care practitioners (employees and independent contractors) who provide on-site service will be required to complete the credentialing process.

The PHS Credentialing Program completes primary source verification of each practitioner's medical education, licensure, DEA certification, malpractice history, and liability insurance coverage. Healthcare practitioners are re-credentialed every three years to

ensure that qualifications are current and the privileges extended to the health care practitioner are appropriate. Staff Licenses will be due by the 10th of month in each quarter (July, October, January, & April).

Credentialing Process



D.1.9 Continuous Quality Improvement

PHS' Medical Director will continue to administer a comprehensive Quality Improvement Program which complies with Santa Barbara County's expectations for ongoing monitoring and evaluation of health care provided to inmates/detainees both on-and off-site. PHS views the Continuous Quality Improvement Program (CQI) as the mechanism for reviewing care system-wide through ongoing review of data that become the basis for benchmarking and initiation of process improvements and recommendations. PHS' Regional Medical Director, **Dr. Steven Scheibel** will continue to coordinate the quality improvement process to ensure a working model of excellence and the framework of our medical management model of service delivery. Dr. Scheibel will coordinate care with the site Medical Director, who works to ensure active PHS staff participation with Quality Improvement processes.

QI Program Summary

Following is a summary of the PHS QI Program. PHS' QI Program is based on concepts and recommendations outlined in the following three Institute of Medicine (IOM) reports:

- *To Err is Human: Building a Safer Health System*, The Institute of Medicine, March 2000
- *Crossing the Quality Chasm: A New Health System for the 21st Century*, The Institute of Medicine, March 2001
- *Transforming Health Care Quality*, The Institute of Medicine, January 2003

The first IOM report, "*To Err is Human: Building a Safer Health System*" emphasized Deming's philosophy and the Hawthorne effect. Portions of the 2001 QI Program were continued and expanded upon in the current program.

The 2002 QI Program was expanded to incorporate principles of the IOM's second report, "*Crossing the Quality Chasm: A New Health System for the 21st Century*." This report emphasized that even though problems in health care are well known, there has been an absence of real progress toward restructuring health care systems to address both quality and cost. The report goes on to indicate that health care has safety and quality problems because it relies on outmoded systems of work. Poor designs set the workforce up to fail, regardless of how hard they try.

The most current IOM report "*Transforming Health Care Quality*", responds to the call in *Crossing the Quality Chasm*, for a limited set of priority areas. The IOM has developed "five domains" of care: staying healthy (preventive care), getting better (acute care), living with illness/disability (chronic care), coping with end of life (palliative care), and cross-cutting systems interventions -- to address vitally important areas, such as coordination of care, that cut across specific conditions and domains.

PHS Quality Improvement Program Concepts

Human Factors Research - One of the leading contributors to accidents in any industry, including health care, is human error. However, most human errors are induced by systems failures. Therefore, an incident resulting from human error is not the same as placing blame on a specific individual or group of individuals.

When applying human factors research, emphasis should be placed on improving the human-system interface by designing better systems and processes. This process may include simplifying and standardizing procedures, building in redundancy to provide backup and opportunities for recovery, improving communication and coordination within teams, or redesigning equipment to improve interface.

Human factors research has been identified as a powerful means to reduce error and improve quality at the level of process design and redesign. Human factors research principles should be used when designing or redesigning processes or systems to reduce the possibility of error.

Reducing Variability - Variation is intrinsic to every activity of an organization. An excessive amount of variability can mean that procedures are inconsistent with the organization's goals. Additionally, excessive variability can indicate mistaken assumptions about the roles and tasks of those who work in the organization.

Reducing Variability Results in:

- Decreased cost
- Decreased use of clinical resources
- Improved quality
- Improved service and detainee satisfaction

Walter Shewhart studied variation in the 1920's and identified the fact that every process displays variation. He went on to explain that there are two forms of variation: controlled and uncontrolled.

In order to evaluate systems and processes it is important to understand the type of variation by which they are affected. The presence of uncontrolled variation in a system or process will make it difficult to trend data and reduce predictability. Process design and redesign should strive to achieve predictability. Predictability is the result of careful and constant attention to the uniformity, consistency and reliability of processes.

Evidence-Based Medicine - Minimizing variability can also be applied to the practice of medicine through the use of "best practices" based on evidence-based medicine. However, the variability in practice in clinical areas in which there is strong scientific evidence and a high degree of expert consensus about best practices indicates that the dissemination of this information is poor and clinicians lack incentives to promote rapid adoption of best practices.

Evidence-based practice requires that those who give the care consistently avoid both, under use of effective care and overuse of ineffective care that may be more likely to harm the detainee. To say that care is effective implies that it is evidence-based.

To that end PHS has embarked on an ambitious initiative to establish comprehensive disease management strategies. The following task forces have been established:

- Mental Health Task Force
- HIV Task Force
- Hepatitis C Task Force
- Disease Management Task Force

The work of these task forces has resulted in the development and implementation of policies, procedures and evidence based care processes that reduce variability and improve outcomes.

Sentinel Event - A sentinel event is defined as an occurrence involving death or serious physical or psychological injury, or risk thereof. Sentinel events designated for review in the QI Program include:

- Medication Errors resulting in detainee harm or death
- Mortalities
- Hospitalizations resulting from:
 - Diabetic Ketoacidosis
 - Ruptured Appendix
 - Heat related conditions
 - Status Asthmaticus
 - Gastrointestinal Bleed

In the event of a sentinel event, the PHS site QI committee should review the event using the Sentinel Event Record Review Form. The review will include the categorization of the event into one of the following three categories.

- **Category 1** -- Identifies an event that was expected with documentation being supportive of the outcome. This event will typically require review by the PHS Site Medical Director only. The Regional Medical Director can review at his discretion.
- **Category 2** -- Identifies an unexpected event with possible contributing factors that necessitate a more focused review. The PHS Site Medical Director, the site QI committee and Regional Medical Director will review the medical records and documentation of category 2 events. This will be reported to the corporate mortality review committee.
- **Category 3** -- Identifies events that require an in-depth review because of the unexpected nature of the event and/or identified contributing system and process causes. The site QI committee will establish a root cause analysis committee to review this event in concert with input from the site and Regional Medical Director. A report will be provided to the PHS Corporate Morbidity and Mortality Review Committee.

By concentrating on events rather than errors, PHS focuses on a broader range of factors and reduces the temptation to look for a single cause or responsible party. In the PHS QI Program, the “pathophysiology” of adverse events is investigated using a Root Cause Analysis process. This process helps to identify true causes and contributing factors or conditions.

Mortality Review – PHS shall review mortalities involving detainees in the care and custody of PHS facilities. The purpose of the review is to evaluate the health care services provided, focusing on opportunities to improve systems and the quality of care. The purpose of the mortality review process is also to identify variations in the systems and processes established to provide care and to identify opportunities for improvement in these areas. A preliminary mortality review is completed within 24 hours of the death with a written report submitted to the Regional Medical Director and the PHS Chief Medical Officer. The preliminary review is also used to categorize the event. Category 2 events require the completion of a Sentinel Event Record Review Form. Category 3 events require the completion of a root cause analysis. The PHS Mortality and Morbidity Review Committee review all deaths.

Hepatitis C – PHS has an established Hepatitis Advisory Task Force responsible for the development of policy and practice related to Hepatitis. The Task Force has developed a resource manual that includes published studies, forms, best practice tools and treatment flow sheets that can be adapted to meet the needs of local communities, clients and PHS health care professionals. The Task Force has also established QI monitoring and statistical reporting tools specific to Hepatitis C exclusion criteria and therapy outcomes.

Credentialing – PHS has a formalized Credentialing Program that meets the standards established by the National Committee for Quality Assurance (NCQA). PHS’ Credentialing Program ensures that health care practitioners providing on-site service have the credentials required to practice within their field. Health care practitioners (employees and independent contractors) who provide on-site service at PHS contract sites are required to complete the credentialing process.

Peer Review Program - Studies suggest that providing targeted feedback is the most effective way to improve practitioner performance and the delivery of quality health care services. Targeted feedback is more effective when provided by a well-respected peer using specific performance indicators. PHS has established a standardized peer review process to facilitate the evaluation of physicians who provide service in PHS contracted facilities. The purpose of the peer review process is to evaluate the appropriateness of the care provided by the physician as well as to evaluate compliance with the requirements of their position description. The Peer Review Program is under the authority of the PHS Chief Medical Officer. The program includes standardized forms for evaluating administrative responsibilities as well as care provided in physician sick call, chronic care and the infirmary setting.

The Regional Medical Director will provide direction and leadership of the Peer Review Program and chart review process. The Regional Medical Director, or other appropriate physician designee, will perform peer review for the Site Medical Director. Site Medical Directors are responsible for performing peer review for staff physicians.

Benchmarking - Benchmarking is the process of providing a practitioner with feedback regarding their performance relative to that of their peers. The theory behind benchmarking is that viewing performance data in the context of the performance of peers is a motivator for improvement.

The PHS QI Program includes Health Plan Employer Data and Information Set (HEDIS) measures for benchmarking PHS performance against community standards. The HEDIS indicators addressed in the PHS QI Program include:

- Women's Health
 - Mammograms
 - PAP Testing
 - Pre and Post Pregnancy Care
- Chronic Care
 - Diabetes Care
 - Hypertension

Grievances - The PHS QI Program reviews grievances to identify potential issues and to determine if patterns exist or develop. The PHS QI Program tracks and categorizes grievances, including grievances received from detainees, family members, legal counsel and correctional staff. PHS has an established process and log to address health care grievances.

Special Needs Monitoring - PHS has identified ten special needs groups that are monitored using standardized performance indicators consistent with national standards and PHS practice guidelines. Special needs monitoring is computerized and standardized throughout the company. This monitoring process allows the benchmarking of outcomes with other correctional health care programs. Special needs monitoring data will be reported electronically.

Site-Specific QI Program - The PHS QI Program emphasizes the importance of a site-specific QI Program and multidisciplinary committee. The site-specific program outlined in the PHS QI Manual is designed to meet national correctional standards. The site-specific program includes a sample QI plan, committee meeting agenda and a variety of monitoring forms designed to review systems and processes related to medical, mental health and dental care. PHS' site management team at Santa Barbara County Facilities will enhance the QI

screens available through the company's QI program, based on actual program data and the needs of patients

D.1.10 Chlamydia CDC/State of California Grant

The Public Health Department holds a contract with the State of California-CDC to perform Chlamydia testing in two of the Probation Facilities (Santa Barbara and Santa Maria Juvenile Hall). Reports/outcome data are developed quarterly and distributed to the contractor.

The Contractor will be responsible for outcomes associated with specimen collection, reporting requirements, treatment and follow-up care for the existing Chlamydia grant with the CDC/State of California. The Contractor will work with Public Health Department Representatives to ensure Contractor staff is proficient and understands grant requirements and standards. The Public Health Department/designee will maintain the grant and review statistics at the quarterly meeting. Penalty for non-compliance will equal any related loss of grant funds up to and including the full amount of the grant (currently \$45,000).

PHS will continue to be responsible for administering the existing Chlamydia grant with the CDC/State of California at SMJH. PHS understands that it will have access to the County's Chlamydia database called CLASP.

PHS has had excellent compliance with the Chlamydia Screening Program, with ____% SMJH screened for Chlamydia by PHS medical staff.

D.1.11 Health Care Monitoring and Audits

Written policy and procedures will continue to be developed and implemented by PHS to collect statistical data. PHS will submit summaries of health care services annually. In addition, PHS will establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.

- Policy and procedures shall identify a process for correcting identified deficiencies in the medical and pharmaceutical services delivered.
- Based on information from these assessments, submit an annual written report on medical and pharmaceutical services.
- Medical services shall be reviewed at least quarterly at documented administrative meetings. The contractor will respond to, and participate in, medical surveys in a timely manner.

D.1.12 Facility Inspection

PHS will continue to coordinate annual independent medical, environmental, nutritional inspections of local detention facilities to assure compliance with the minimum standards as

defined in *California Code of Regulations Title 15 and Title 24*. On-site medical staff will participate in these inspections.

D.1.13 Referrals for Specialty Services

PHS makes every effort to keep all medical care on-site to reduce off-site visits and transportation costs. In consultation with the Facility Manager and/or designee, PHS will continue to refer and coordinate referrals to specialty physician care, laboratory, and x-ray services at appropriate medical providers and/or the County Health Clinics as needed. PHS will refer to the County's clinics unless specialty care is not provided at the clinics.

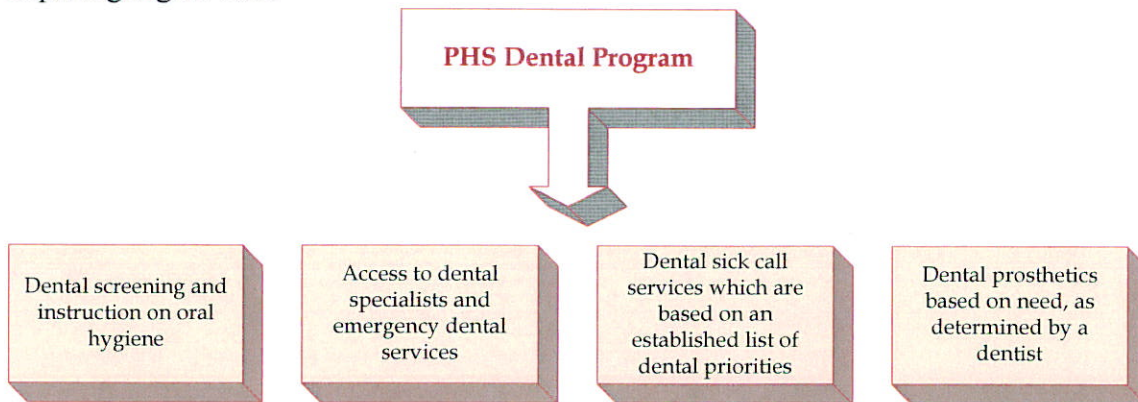
D.1.14 Additional Services for Sheriff Institution Only

D.1.14.1 Dental Services

PHS will additionally provide for the Sheriff Institutions dental services sufficient to provide for dental hygiene, dental care and emergency dental services, in accordance with all applicable standards including but not limited to the ACA – ADLDF standards for all inmates in the custody of the Santa Barbara County Sheriff Institutions. Dental services will include, at a minimum:

1. Dental screening within fourteen days of admission;
2. Dental hygiene services within fourteen days of admission;
3. Dental examinations within three months of admission;
4. Dental treatment, not be limited to extractions;
5. Appropriate and timely response to dental emergencies.

All inmates with a dental complaint will be screened and triaged by nursing staff before a dental referral is made. Nursing staff will contact the physician or dentist for patients requiring urgent care.



D.1.14.2 Emergency Room Services and Hospitalizations

In cases where conditions and health care needs beyond the scope and capability of the care that can be provided in the confines of the six facilities, PHS will continue to admit the inmate to a local hospital such as Cottage Hospital in the South County and Marian Medical Center in the North County. PHS' physician will conduct inpatient and outpatient services consistent with our Utilization Management (UM) Policy and Procedure.

PHS has an established contract with **American Medical Response West** to ensure access to emergency transportation. When emergency transportation services are needed, health care personnel will inform and coordinate the transfer with correctional personnel.

In order to help control expenses and utilization of costly inpatient hospital services, our physician and UM staff will review the medical necessity for, and give prior approval to, all inpatient admissions. Throughout the duration of any inpatient confinement, our physician and UM staff will continually monitor the medical necessity of the admission and will seek to have the patient discharged once clinically stable. In order to provide continuity of care, a discharge summary will be obtained from the hospital upon release of the patient. All patients discharged from the hospital will be seen by the physician or mid-level at the next scheduled sick call.

PHS' medical management model is structured to minimize the need for off-site care, and we will continue to make every effort to provide services on-site to contain the cost of off-site hospital and specialty care. From time to time, however, inmates require inpatient hospitalization. PHS will identify the need, schedule, coordinate and pay for any inpatient hospitalization of any inmate of the Santa Barbara County Facilities, subject to the defined catastrophic limits. This will include all institutional charges, physician charges and any and all additional charges. This also includes responsibility for making emergency arrangements for ambulance service to the inpatient facility and reimbursement to the local ambulance organization for the services provided.

PHS's utilization and case management program is designed to provide value through hospital diversion whenever medically appropriate, and by maximizing on-site care management through full facility resource utilization and selection of providers with skills that increase available on-site procedures and specialties. The success of the **Utilization Management (UM) Program** is measured by outcome data, which demonstrates cost-effective, medically necessary evidenced based health care for offenders.

PHS follows the standards of the Utilization Review Accreditation Council (URAC), a national accrediting body for utilization review programs. While specifically developed to meet the unique requirements of the correctional environment, our system is designed and continually upgraded to meet the specifications of the commercial environment. Our program protects each offender's right to accessible and medically appropriate health care.

Medically appropriate health care is defined in compliance with “consensus-based nationally accepted clinical practice guidelines.”

The major components of the PHS Utilization Management Program include:

- A credentialing program for professional staff with a Credentialing Verification Organization (CVO) that is approved by the National Committee for Quality Care (NCQA);
- Pre-authorization, continued stay review, discharge planning, retrospective review, and prospective review of performance indicators and sentinel outliers;
- Authorization of emergency room (ER) visits, outpatient surgery, observation services, ambulatory referrals and high-cost services;
- Automated system with available fields that allow for specific information codes that allow customization for the client;
- Provider file for the authorization process for identifying preferred (contracted) providers;
- Daily census for all inpatient admissions for continuous on-line monitor of care
- Board certified panel of physician reviewers for specialty peer reviews;
- A panel of physicians and case managers that researches new procedures and medications, utilizing medical databases, for the most up-to-date information on disease management ;
- Population assessment methods to target disease management interventions in high-impact/low-prevalence diseases.

PHS consistently strives to base its’ clinical decisions on **Interqual**, a nationally recognized clinical criteria set. This is the criteria set that is used by mature, well-managed health care systems in the commercial market. However, PHS will never withhold, delay or ration needed services or an offender’s access to care to meet any such criteria. Importantly, PHS does not provide its physicians with any form of bonus or financial incentive related to the level of services or medical treatment provided.

Our commitment is to provide “the right care, at the right place, at the right time.” PHS demonstrates value for clients while ensuring “best clinical outcome standards” for offenders under our managed care model.

PHS uses a multi-tiered physician review process for non-emergent outpatient referral requests. The on-site primary care physician initiates a request and forwards it to the Regional Medical Director. If the Regional Medical Director concurs with the primary care physician, the service is authorized and the appointment is scheduled. In those instances where, in the opinion of The Regional Medical Director, an alternative treatment plan would be more appropriate, he confers with the site medical director to establish the most effective plan of care.

PHS hires physicians with the knowledge and skill to diagnose and treat many medical conditions within the confines of the correctional setting. Appropriate utilization of diagnostic services and outpatient referrals is the responsibility of the primary care physician under the supervision of The Regional Medical Director. When services that have been shown to produce the same or better outcomes when managed on-site or are considered to be inappropriate, unnecessary or totally elective are requested, review by the Regional Medical Director is required prior to authorization. This review process assures that all appropriate services are reviewed and approved by a physician to assure that our patients receive the quality efficient health care in a timely manner.

Telephonic Grand Rounds

Telephonic grand rounds are held daily to review all hospitalized patients. All Regional Medical Directors, the Chief Medical Officer, the Vice-President of UM, designated site physicians and all case managers participate. The Regional Medical Director presents significant clinical information and current treatment. Discussion on a case-by-case basis by experienced correctional physicians with a wide background of clinical expertise including medicine, surgery and infectious diseases is a valuable tool to assure that our patients receive quality, efficient health care services. This informative and didactic format also creates an opportunity for professional growth among the participants.

Please refer to our **Utilization Management Program** in the **Attachments** for further information on the Hospitalization Pre-Approval Process, the Pre-Certification Process, Inpatient Case Management/Discharge and UM Cost Containment Program/Mechanisms.

D.2 Payment Schedule

D.2.1 Payment Terms

Refer to Section 5 of the Agreement

D.2.2 Exceed Average Daily Population (ADP)

Increases for Exceeding ADP. When ADP exceeds the Estimated ADP, Contractor shall have the right to charge a per diem rate to the affected Department for the excess Inmates/Detainees. Contractor may charge a per diem of \$0.91 multiplied by (actual ADP less the Estimated ADP) x 30 days for each month during which the ADP exceeded the Estimated ADP.

Should the population exceed 1,260 Inmates or 220 Detainees for a period of 90 days or more, additional staffing may be necessary, and County and Contractor shall agree to meet to discuss the level of additional staffing and the related cost. Pursuant to the Notice provisions set forth in Section 18.22, either party may initiate negotiations

concerning the expansion of the Sheriff's Detention Facilities and/or Probation Detention Facilities and the increased ADP.

D.2.3 Third Party Payments

PHS shall assist the Probation Department in coordinating the completion of a Medi-Cal application for those detainees who meet Medi-Cal eligibility requirements and who have a "Court Order" for placement.

PHS shall supply the provider with any third party reimbursement information, including, where applicable, Medi-Cal information, every time a detainee receives the services from that provider. PHS' facility staff will communicate with the Facility Manager to be updated on the detainees' status. PHS will not seek or direct off-site providers to bill Medi-Cal, but will only provide the Medi-Cal information it has obtained. It will solely be the decision of the off-site hospital provider to evaluate and determine whether and to what extent Medi-Cal is available. Medicare is not an available payment source to individuals once they have been incarcerated, and PHS will not seek, direct or assist in Medicare reimbursement or provide information to outside providers concerning Medicare.

To the extent that health services provided by PHS to detainees/inmates are covered by third-party payment sources identified by PHS, those third-party payment sources will be billed by PHS, as permitted by state and federal law. Neither Medi-Cal nor Medicaid are available as payment sources for services provided on-site at the facilities once an individual has been incarcerated, and PHS shall not seek, direct or assist in Medi-Cal or Medicaid reimbursement for such on-site facility services.

D.3 Insurance

INSURANCE – Without limiting the Contractor's indemnification of the County, Contractor shall procure the following required insurance coverage at its sole cost and expense. All insurance coverage is to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the County. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place Contractor in default. Upon request by the County, Contractor shall provide a certified copy of any insurance policy to the County within ten (10) working days.

WORKER'S COMPENSATION INSURANCE – Statutory Workers' Compensation and Employers Liability Insurance shall cover all Contractor's staff while performing any work incidental to the performance of this Agreement. The policy shall provide that no cancellation, major change in coverage, or expiration shall be effective or occur until at least thirty (30) days after receipt of such notice by the County. In the event Contractor is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by Department of Industrial Relations for State of California.

This provision does not apply if Contractor has no employees as defined in Labor Code Section 3350 et seq. during the entire period of this Agreement and Contractor submits a written statement to the County stating that fact.

GENERAL AND AUTOMOBILE LIABILITY INSURANCE – The general liability insurance shall include personal injury liability coverage, shall afford coverage on a claims-made basis for all premises and operations of Contractor and shall include contractual liability coverage for this Agreement between County and Contractor. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of Contractor pursuant to Contractor's activities hereunder. County, its officers, employees, and agents shall be named as Additional Insured's on any policy. *A copy of the endorsement evidencing that the County has been added as a named additional insured on the policy must be attached to the certificate of insurance.* The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$5,000,000 per occurrence combined single limit for bodily injury and property damage. Personal injury liability coverage shall also be in the amount of not less than \$5,000,000 per occurrence and aggregate. Said policy or policies shall include severability of interest or cross liability clause or equivalent wording. Said policy or policies shall contain a provision of the following form: "Such insurance as is afforded by this policy shall be primary and contributory to the full limits stated in the declarations, and if the County has other valid and collectible insurance for a loss covered by this policy, that other insurance shall be excess only". Said policy or policies shall provide that the County shall be given thirty-(30) days written notice prior to cancellation or expiration of the policy or reduction in coverage.

PROFESSIONAL LIABILITY INSURANCE – Professional liability insurance shall include coverage for the activities of Contractor's professional staff with a limit of \$5,000,000 per occurrence and an annual aggregate of not less than \$10,000,000 for bodily injury and property damage. Said policy or policies shall provide that County shall be given thirty (30) days written notice prior to cancellation, expiration of the policy, or reduction in coverage.

PHS will carry professional liability insurance (PLI) in an amount of \$5,000,000 per occurrence and \$10,000,000 in aggregate. PHS' PLI coverage is provided on a "claims made" basis and, therefore, PHS agrees to provide continuing PLI coverage for at least five (5) years after expiration or termination of contract.

Because the State of California has placed monetary caps on the amount of non-economic damages that can be awarded in medical malpractice lawsuits, PLI limits in amount of \$5 million per occurrence and \$10 million in the aggregate should not be necessary. Therefore, **as a significant cost saving alternative**, PHS proposes for Santa Barbara County's consideration, industry standard professional liability insurance in an amount of \$1,000,000 per occurrence and \$3,000,000 in aggregate. A sample certificate of insurance indicating this coverage is included as an **Attachment**. Upon contract award, we will furnish an actual certificate of insurance to Santa Barbara County, whereby Santa Barbara County, its officers and employees are named as additional insureds.

Please refer to our **Cost Proposal** for an analysis on cost savings associated with reduced levels of PLI.

D. D.5 Contract Deliverables

PHS will continue to have the full compliment of corporate resources and dedicated personnel to continue to assist you in a future contract. Additional corporate resources for support include the following management personnel and associated responsibilities:

Management	Responsibilities
Carl J. Keldie, MD, FACEP Chief Medical Officer	Establish peer review, quality improvement and utilization review processes for this project; development of policies related to utilization review, pharmacy, and appropriate use of resources with oversight of the credentialing process.
Eric Thraikill Vice President, Chief Information Officer	Implementation and ongoing management of the Management Information Systems and Claims Payment processes.
Joanna Garcia Vice President, Network Development/Provider Relations	Network development/provider contracting for off-site services including hospital services, specialty physicians, and ancillary providers.
Andrew Schwarcz Senior Vice President, Chief Legal Officer	Oversight of contractual and legal issues concerning contract implementation procedures; implementation of risk management protocols, ethics protocols for new employees.
Scott Hoffman Senior Vice President and Chief of Administration	Coordination of all recruitment activities and employee communications during transition; assignment of dedicated corporate recruiter and employee benefits staff to the Division; oversight of employee benefit management and communications/enrollments of existing employees.

D.5.2 Facility Staffing Schedule REFER TO EXHIBIT A

In July of 2005, PHS and Santa Barbara County, as part of the contract extension, included a 6% market increase of salaries for the Medical and Nursing Staff. Included in this proposal is another 6% increase for the Medical and Nursing staff effective with the new contract. We have taken into consideration the recent wage increases given to the local County Public Health Department Medical Staff as well as the recent events with The Department of Correction medical staff. PHS feels that these wage increases are necessary in order to effectively retain and recruit quality staff to meet the needs of the Santa Barbara County Sheriff and Probation Departments.

PHS will make every effort to assign permanent staff to each facility. PHS will coordinate interviews and assignment of permanent staff in consultation with the facility manager, who may or may not choose to participate in the interview process. There is an interest in maintaining consistent medical staff. It is also the intent of the County to maximize productivity of a single staff unit cross-trained throughout Probation and Sheriff Facilities to maximize coverage.

The staff's schedule/hours will be predicated on the individual needs of each facility and approved by the facility manager.

D.5.3 Ancillary Staff

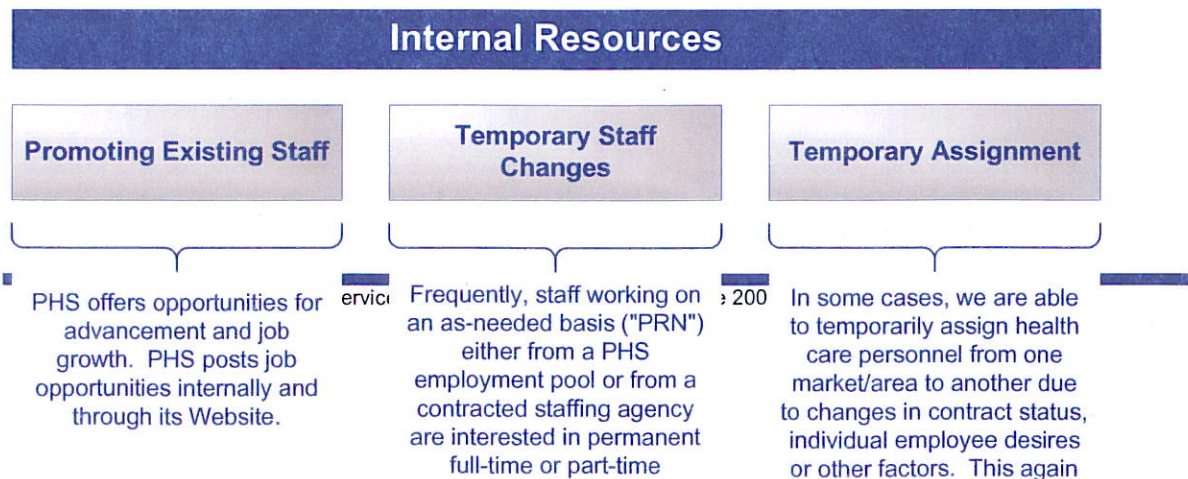
PHS will continue to employ any and all administrative and managerial staff needed to accomplish the Scope of Work and Contract Deliverables described in this section. The staff has been included in the staffing pattern in **Section D.5.1**.

D.5.4 Recruitment and Retention

PHS acknowledges the difficulty of recruiting and retaining quality staff in this environment. We maintain a fully staffed human resources department charged with the recruitment, development and retention of an exemplary workforce nationwide. Recruitment efforts for Santa Barbara County Institutions will be facilitated through the Regional Office in Alameda, California, with support from the Corporate Office in Brentwood, Tennessee. Working in collaboration with the PHS implementation team and PHS' personnel at other California sites, aggressive recruitment and retention strategies will be followed and updated as needed. **Santa Barbara County facilities are currently running at full staff.**

PHS annually recruits, places and orients approximately 1,000 medical, mental health and support personnel. PHS conducts continuous recruitment/staffing initiatives through local, regional and national advertising. In addition to corporate-level support on recruitment issues, PHS maintains recruitment efforts at various regional offices and establishes recruitment strategies specific to the needs of contracted sites.

PHS has consistently demonstrated our ability to recruit and retain qualified staff for our contracted health care programs. PHS will utilize the following internal and external resources to ensure the quality of health care staff for Santa Barbara County Institutions.



PHS will arrange job fairs around various facilities/locations throughout the State of California, and at the same time conduct research to leverage opportunities and methods for recruiting qualified staff in Santa Barbara County. External recruitment resources include:

Local Publications - Advertising in local publications, surrounding areas and regional papers and publications.

- **Conferences** - Participating in local, state and national professional conferences (NCCHC, ACA, AJA, etc.).
- **Nursing Publications** - Advertising in nursing journals, including print and internet advertising.
- **Professional Publications** - National advertising in business or professional publications (i.e., various physician specialty journals, American Psychological Association, etc.).
- **Resume Files** - Maintaining and referring to active resume files obtained from a variety of sources (i.e., advertising, job fairs, company Website, etc.).
- **Direct Mail** - Target marketing through direct mail recruitment (i.e., letters, postcards, flyers).
- **Radio** - Targeted radio advertising in various local markets.

Internet Recruitment Strategies

Websites frequented by targeted professionals.

Websites associated with certain professional organizations and publications

Health care career websites such as Miracleworkers.com (the largest health care job opportunities website).

D.5.5 Annual Status Report

PHS will continue to provide the Probation and Sheriff Institutions with a summary of health care activities, occurring both inside and outside of the six facilities. The report will summarize services by type and place performed for each of the six facilities and the cost of each broken out by inpatient and out-patient services. It will include health and utilization trends, any recommendations for improved services, and address whether or not the care provided met the community standard and were the desired patient outcomes achieved.

In the **Attachments**, PHS provides a sample format that is presently used for the Santa Barbara County Facilities.

D.5.5 Performance Measures)

PHS will continue to report the following performance measures at the quarterly State Probation Department meetings, and monthly Sheriff's Department meetings:

- Number and percentage of inmates/detainees screened at in-take.
- Number and percentage of inmates/detainees' health appraised within 96 hours of admission (including holidays and weekends).
- Number and percentage of inmates/detainees who received diagnostic and laboratory evaluation within seven days of admission.
- Number and percentage of inmates/detainees referred to specialty care.
- Number and percentage of inmates/detainees who attended sick call.
- Number and percentage of inmate/detainees who require pharmaceuticals.
- Maintain IMQ accreditation of all six facilities.
- Pass the Board of Corrections Health Inspection.

PHS will continue to report the following performance measures annually:

- Pass Inspection for Pharmacy audit

PHS will continue to report the following performance measures biannually:

- Maintain IMQ accreditation at all six facilities
- Pass the Corrections Standards Authority and Rehabilitation Health Inspection.

PHS agrees to performance measures specific to Sheriff Facilities as listed in RFP:

- Physician/MD must be present nineteen (19) out of twenty (20) weekdays;
- Pregnant women and AIDS patients referred to Public Health Department within 14 days of booking;
- One hundred percent (100%) inmate sick call requests must be seen within three sick call days from receipt of request;
- Achieve an 85% (eighty-five percent) staff level Registry: One thousand five hundred forty hours per biweekly pay period of non-professional staff;
- Staff Licenses due by the 10th of month in each quarter due (July, October, January, & April).