FIRST AMENDMENT TO THE CORRECTIONAL MEDICINE AGREEMENT

THIS FIRST AMENDMENT to the 2013 Correctional Medicine Agreement (hereinafter the "First Amendment"), is made and entered into this 11th day of October 2016, by and between Corizon Health, Inc., (hereinafter "Contractor") and the County of Santa Barbara, California (hereinafter the "County"). For purposes of this First Amendment, the County and Contractor shall be referred to collectively as the "Parties."

WHEREAS, Parties entered into a Correctional Medicine Agreement with an effective date of July 1, 2013 (hereinafter the "Agreement"), by which Contractor assumed the continued responsibilities for the provision of certain healthcare services to be delivered to individuals in the custody and control of the County; and

WHEREAS, the Parties entered into a First Extension on June 23, 2015 by which the term of the Agreement was extended through October 31, 2015;

WHEREAS, the Parties entered into a Second Extension on October 16, 2015 which superseded the First Extension by which the term of the Agreement was extended through March 31, 2017;

WHEREAS, Parties desire to amend the Agreement to effectuate the following changes:

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the receipt and sufficiency of which are hereby acknowledged, it is mutually agreed upon as follows:

- 1. This First Amendment shall be effective as of October 12, 2016.
- 2. The staffing plan set forth in Exhibit A of the Agreement is replaced with the staffing plan in Exhibit A, attached hereto and incorporated by reference, specifically as follows:
 - a. 2.8 Licensed Vocational Nurses (LVN) FTEs
 - b. 2 Licensed Clinical Social Workers FTEs
 - c. 1 Psychiatric Nurse FTE; and
 - d. Increase hours for the contracted Psychiatrist from 25 to 40 hours weekly (hereinafter collectively referred to as the "Supplementary Staffing").
- 3. The purpose of the additional 2.8 FTEs al Nurses (LVN) is to assist with the distribution of medications (med pass). All other Supplementary Staffing is for the purpose of providing de-escalation services to inmates placed in safety cells with the goal of stabilization and return to regular housing as outlined in the attached Safety Cell De-Escalation Plan, attached hereto as Exhibit B and incorporated in full by this reference.

- 4. The monthly cost of the Supplementary Staffing is \$70,138.17.
- 5. For the month of October of 2016, the costs for services rendered to the Sheriff's Office are \$352,936.85 (inclusive of Supplementary Staffing).
- 6. For the period from November 1, 2016 through March 31, 2017, the monthly costs for services rendered to the Sheriff's Office are \$377,824.59 (inclusive of Supplementary Staffing).
- 7. For the period from October 1, 2016 through March 31, 2017, the monthly costs for services rendered to the Probation Department remain unchanged at \$68,451.50.
- 8. In addition to the Supplementary Staffing, Exhibit A also reflects the following previous, staffing additions, each denoted with asterisks:
 - a. 2.6 FTEs of RNs to comply with Section 2.a of the Second Extension;
 - b. .3 FTE of Dental Assistant; and
 - c. .35 FTE of NP/PA.

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Each of these positions is provided by Contractor at no additional cost to the County. In consideration thereof, the County agrees that these positions are not subject to staffing paybacks during the term of the Agreement.

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9. In all other respects, the terms and conditions of the Agreement shall continue unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this First Amendment in their official capacity and with legal authority to do so.

ATTEST:	COUNTY OF SANTA DARDARA:
Mona Miyasato	
County Executive Officer	
Clerk of the Board	
By:	By:
Deputy Clerk	Chair, Board of Supervisors
	Date:

RECOMMENDED FOR APPROVAL:

Santa Barbara County Sheriff's Office

CONTRACTOR:

Corizon Health, Inc.

By:

Sheriff Bill Brown

Ву:

Name: Douglas Thompson

Title:

Chief Financial Officer

APPROVED AS TO FORM:

APPROVED AS TO ACCOUNTING

FORM:

Michael C. Ghizzoni

County Counsel

Theodore A. Fallati, CPA

Auditor-Controller

By:

Deputy County Counsel

3y:

Deputy

APPROVED AS TO FORM:

Risk Management

Rv.



Exhibit A-revised for Amendment Corizon Health, Inc. Staffing For Santa Barbara County, CA

Colodulad Harris										ETE.
POSITION	Scheduled Hours								Hrs/ Wk	FTEs *
	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
					Shift					
Health Services Administrator		8	8	8	8	8			40	1.000
Administrative Assistant		8	8	8	8	8			40	1.000
Medical Director		8	8						16	0.400
NP/PA***		6	6	6	6	6			30	0.750
Psychiatrist		8	8	8	8	8			40	1.000
Dentist								12	12	0.300
Dental Assistant***								12	12	0.300
DON		8	8	8	8	8			40	1.000
RN-Charge/Nsg. Sick Call	20	24	24	24	24	24	20		160	4.000
LVN-Med. Pass/Dr. Sick Call	32	32	32	32	32	32	32		224	5.600
Psychiatric RN		16	16	16	16	16			80	2.000
LCSW-Discharge Planning	8	16	16	8	8	16	8	80	160	4.000
Medical Records Clerk		24	24	24	24	24			120	3.000
				Eveni	ng Shift					
RN-Charge Nurse									-	-
RN-14 Day Eval (noon-8:30pm)		8	8	8	8	8			40	1.000
LVN	8	8	8	8	8	10	10	_	60	1.500
	•			Nigh	t Shift					
RN-Charge Nurse**	20	24	24	24	24	24	20		160	4.000
LVN	12	12	12	12	12	12	12		84	2.100
	HISSON !	San Section		12-11	W. H. H.	213000		Keeli		
TOTAL HOURS/FTEs per week	100	210	210	194	194	204	102	104	1,318	32.950
Day Shift Total	60	158	158	142	142	150	60	104	974	24.350
Evening Shift Total	8	16	16	16	16	18	10		100	2.500
Night Shift Total	32	36	36	36	36	36	32	-	244	6.100

Total Adult Hours

1,318

Total Adult FTE

32.95

^{*} FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

^{**}Corizon is providing 2.6 FTE's of RN's to comply with 2.a of second extension.

^{***}Includes 0.3 FTE additional coverage for Dental Assistant

^{****}Includes 0.35 FTE additional coverage for NP/PA.

Exhibit A Corizon Health, Inc. Staffing For Santa Barbara Probation (Medical Only)

POSITION			Hrs/ Wk	FTEs*						
	Sun	Mon	Tue	hedule Wed	Thu	Fri	Sat	TBS		123
							Day S	hift		
Nurse Coordinator		8	8	8		8			32	0.800
Administrative Assistant		6	6	6		6			24	0.600
Medical Director					ħ.			18	18	0.450
RN	6	6	6	6	6	6	6		42	1.050
LVN	4	6	6	6	6	6	4		38	0.950
Medical Assistant		6	6	6	6	6			30	0.750
TOTAL HOURS/FTEs per day	10	32	32	32	18	32	10	18	184	4.600

	CALLED THE	Los	1	ETE. +						
POSITION		200 Be	Hrs/ Wk	FTEs *						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TBS		
							Day S	hift		
Nurse Coordinator					8				8	0.200
Administrative Assistant					6				6	0.150
Medical Director						<u> </u>		6	6	0.150
RN		8	8	8	8	8			40	1.000
TOTAL HOURS/FTEs per day		8	8	8	22	8		6	60	1.500

Total Juvenile Hours

6.10

Total Contract Hours

1,562

244

Total Contract FTE

Total Juvenile FTE

39.050

^{*} FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

Safety Cell De-Escalation Plan

<u>Goal</u>: Providing de-escalation services to inmates within 0-12 hours (and thereafter if applicable) of placement in a safety cell with the goal of stabilization and return to regular housing.

1. 0-12 Hours in a Safety Cell:

- a. Whenever possible, mental health personnel will provide <u>immediate</u> intervention **prior** to placement into a safety cell for those inmates who display signs of psychosis or verbalize an intention to harm themselves or others only during scheduled duty hours (0700 to midnight).
- b. If not evaluated prior to placement in a safety cell, mental health personnel will assess inmates within the first hour of placement only during scheduled duty hours (0700 to midnight).
- c. During scheduled duty hours (0700 to midnight), mental health personnel will evaluate an inmate for continued retention every 4 to 5 hours in a 24 hour period.
- d. An evaluation for retention will be completed at the end of each day by mental health personnel.
- e. During scheduled duty hours (0700 to midnight), the psychiatrist will examine inmates in safety cells. On call psychiatry services are available 24/7.
- f. Mental health personnel will document current mental health status, risk assessment, and therapeutic interventions at every interaction with inmates.
- g. At or before 12 hours in a safety cell, mental health personnel will complete the "Safety Cell Step Down" form.

2. <u>12+ hours in a safety cell</u>:

- a. The "Safety Cell Step Down" form is completed.
- b. C.A.R.E.S. Mobile Crisis Unit will be called for a 5150 evaluation.
- c. Mental health personnel will also work in conjunction with C.A.R.E.S. for appropriate treatment for inmates.
- d. Mental health personnel will continue with 1.c., d., and e. above.
- e. Mental health personnel will follow up regularly with C.A.R.E.S. to inquire about pending evaluation and placement.