EXHIBIT C

1.0 Introduction

PHS shall provide a comprehensive mental health program for the County Jails in accordance with the standards of the National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), CCR Title 15, Minimum Standards for Local Detention Facilities, and the Institute for Medical Quality (IMQ). PHS's mental health program, designed by PHS Corporate Mental Health Director Johnnie Gallemore, MD, emphasizes identification, referral and treatment.

The program PHS shall provide for County consists of chronic and emergency care as appropriate. PHS will provide the staffing required to successfully implementing a quality mental health program. PHS will institute a coordinated Medical, Mental Health team approach providing clinical tools and educational programs designed to facilitate, early identification, intervention and treatment of patients in need.

2.0 Mental Health Program

PHS' primary objectives for Inmates with mental illness are:

- To provide clinical accuracy in identifying and treating Inmates with mental illness;
- To use an Inmate-centered approach to services guided by a multi-disciplinary team of professionals;
- To facilitate the coordination of medical and mental health services, including integration of patient specific information for community providers;
- To provide a seamless continuum of services from the point of entry into the correctional system through post-release community-based services;
- To provide a program that not only provides for better management of Inmates in jail, but provides the foundation for productive, crime-free lifestyles after incarceration.

The mental health program for County will be delivered as follows:

- Mental health personnel will make rounds to all regular housing units and three times per week to administrative segregation units in accordance with Santa Barbara County's stated policy.
- The Medical Director or his/her designee will be on-call 24 hours per day, seven days per week.
- Mental health clinicians will speak regularly with corrections officers to assess whether Inmates in the general population, who have not self-identified as requiring mental health care, should be evaluated by a mental health professional.
- Inmates with suicidal tendencies and other conditions will be maintained under observation.

- Mental health personnel will perform evaluations of Inmates placed in observation or isolation for mental health conditions daily.
- Upon transfer to the general population, Inmates who have been under observation will be followed on an outpatient basis.
- Mental health personnel will establish individualized treatment plans for Inmates requiring on-going care.
- The psychiatrist will perform a health record review prior to prescribing psychotropic medications.
- Inmates will be informed of the risks associated with taking psychotropic medications.
- Inmates on psychotropic medications will be monitored for drug toxicity.
- Inmates identified as being "chemically dependent" will be referred for evaluation.
- A comprehensive training program will be required for the security staff and supervisors as well as the regular medical staff in all pertinent areas of mental illness, suicide prevention and crisis intervention.
- Training programs will include training modules and power point presentations dedicated to promoting Deputy and staff safety when working with mental health patients. (Attachment 1)
- Development of a comprehensive discharge planning program.

PHS will provide sufficient qualified mental health/medical staff to respond promptly to requests from security staff for medical information/intervention, including assessment and monitoring of Inmates identified at intake by the medical alert system, as allowed per HIPAA regulations.

Mental Health Screening

PHS mental health professionals will screen Inmates for mental health conditions at the time of the Intake Screening, which occurs upon arrival at the facility. Additionally, a Health Appraisal, which includes a detailed history and physical examination, which occurs within 14 days of admission, will include a mental health evaluation.

PHS' Mental Health Nursing Evaluation Tool (NET) will be used in this process. (A copy of the Mental Health NET is included as an attachment.)

The mental health screening includes, at a minimum, questions regarding:

- Orientation to person, place, and time
- Psychiatric hospitalization and outpatient treatment
- History of psychiatric medications
- History of sex offenses
- History of expressively violent behavior
- History of suicidal/homicidal gestures/attempts
- History of victimization due to criminal violence
- Special education placement

- History of cerebral trauma or seizure
- Emotional response to incarceration
- Substance use history

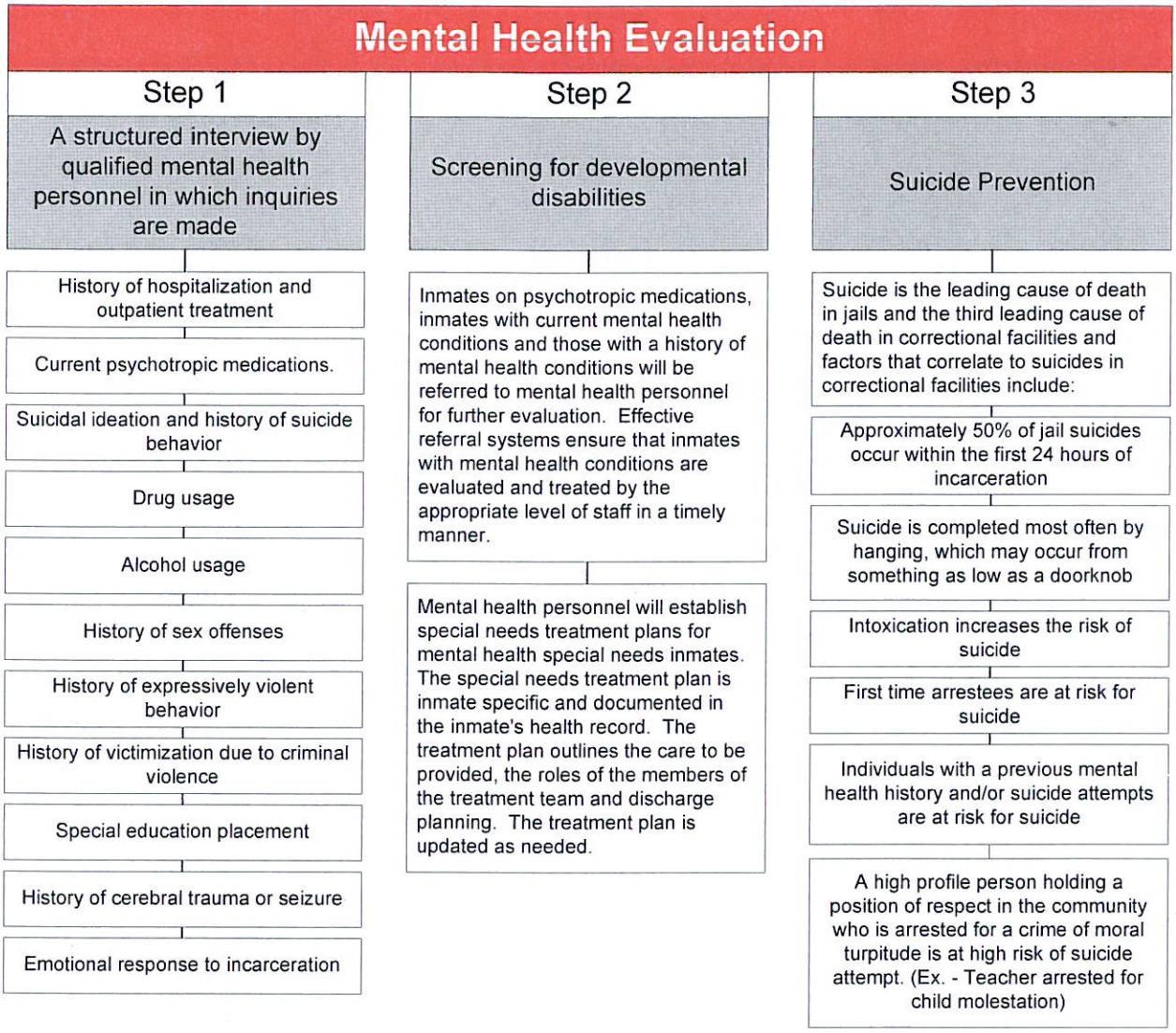
PHS mental health personnel performing the mental health screening will also make the following observations:

- General appearance and behavior
- Evidence of abuse or trauma
- Evidence of current substance use
- Signs of psychosis, depression, anxiety and/or aggression
- Based on the findings of the receiving screening process, Inmates identified as having mental health conditions will be referred for further evaluation by the mental health clinicians. Upon receiving a referral, PHS mental health personnel will evaluate the Inmate to obtain a mental health status assessment and treatment needs as soon as possible.

PHS mental health personnel reviewing the screening will recommend the appropriate disposition for Inmates to include:

- General population
- General population with mental health referral
- Placement in medical observation cell
- Referral for emergency or urgent mental health services to the county Psychiatric Health Facility or other inpatient facilities as can be arranged based upon availability or clinical need

PHS's mental health evaluation process is detailed in the following chart:



On a daily basis, when PHS health personnel at the facility collect and triage Inmate requests for health services, a licensed mental health practitioner will be available to see the general population for routine evaluations. If clinically indicated, the Inmate is referred to the psychiatrist by the mental health clinician.

Requests for interventional mental health services for an Inmate can be made by correctional staff 24 hours per day, seven days per week. If a licensed mental health clinician is not on site at the time, nursing staff trained in the triage of mental health referrals will respond immediately to all requests for emergency mental health treatment. Nursing personnel will utilize **Mental Health Evaluation Tools (METS),** to perform said evaluations. These tools have been well tested in many PHS sites across the country resulting in effective and timely referrals to the psychiatrist or mental health clinician. In this case, a member of the mental health staff sees the Inmate on-site as soon as possible.

Inmates who are in special confinement areas and in need of outpatient mental health services are seen by the licensed mental health counselor, psychiatric registered nurse and/or psychiatrist, as clinically indicated.

The mental health staff will document Inmate requests for services, services provided and the content of each interaction with Inmates in the progress notes of the Inmate's medical record. In this way, a comprehensive and chronological documentation of medical and mental health problems and services will be available to all health care providers. Services provided at the outpatient level of care will be determined by the Inmate's clinical need and most effective use of staff. All of the information contained in the medical record is considered to be confidential in keeping with federal, state and local laws and regulations.

A mental health staff member will coordinate the scheduling of all mental health outpatient clinic visits. This staff member will also assure the availability of medical records for appropriate documentation at the time of the clinic visit.

Suicide Prevention

PHS understands the requirements related to suicide and self-injurious behavior, and has developed a comprehensive program that incorporates suicide prevention, crisis management, and intervention. The program PHS is proposing spans all mental health services and requires integrating key roles and functions with jail staff, medical healthcare professionals, and mental health professionals.

Suicide is the leading cause of death in most jails and the third leading cause of death in prisons. Factors that correlate to suicides in correctional facilities include:

- Approximately 50% of jail suicides occur within the first 24 hours of incarceration.
- Suicide is accomplished most often by hanging. A successful hanging may occur from something as low as a doorknob.
- Intoxication increases the risk of suicide.
- First time arrestees are at risk for suicide.
- Individuals with a previous mental health history and/or suicide attempts are at risk for suicide.

- High profile persons holding a position of respect the community that are arrested for crimes of moral turpitude

Additionally, there are times during the incarceration when a patient may be at a higher risk for suicide, these include:

- When a patient receives a lengthy sentence, unexpected sentence or is denied parole.
- When a patient has experienced a significant loss such as a family death or illness.
- When a patient is placed in isolation or segregation.
- Before and after visits.
- When another Inmate has committed or attempted suicide.
- Holidays.
- Darkness.
- Decreased staff supervision.
- Intoxication or withdrawal.

Suicide prevention programs are a critical component of an effective correctional system. The PHS Suicide Prevention Program includes the following procedural elements:

- Identification
- Training
- Assessment
- Monitoring
- Housing
- Referral
- Communication
- Intervention
- Notification
- Reporting
- Review
- Critical incident debriefing

PHS staff is trained to take suicide statements and gestures seriously. Continual efforts will be made to prevent suicidal gestures and attempts in the facility through constant surveillance and vigilant monitoring on the part of the health care and correctional team.

Education Materials for Correctional Staff and Inmates

Education is a fundamental component in the delivery of safe, effective and efficient correctional health care. PHS regards this as a significant opportunity and places a high priority on staff and Inmate health education as one avenue of emphasizing preventive health care. Toward that end, PHS has developed various customized Inmate education programs at facilities we manage.

PHS's Inmate health prevention programs include essential and basic information about:

- Smoking Cessation
- Chronic Illnesses
- Drug Abuse
- Fitness and Exercise

- Personal Hygiene
- Nutritional Counseling
- Infectious Disease Management
- Gender Specific Health Issues
- Other Relevant Topics (as per Inmate population needs)

Our program may be delivered in a variety of ways. Educational and instructional pamphlets, posters and fact sheets are made available in security-approved areas. Videos/DVDs may also be shown in waiting areas and, in some cases, PHS staff may offer group sessions on particular topics of health awareness when appropriate. PHS offers a variety of power point presentations on topics related to managing the mentally ill offender. A few examples are included in attachment 1.
PHS also has a series of 20 clinical and 8 mental health specific Patient Information Fact Sheets (PIFSs) which cover a variety of health-related topics including TB, diabetes, and specific chronic illnesses for distribution to Inmates. The PIFS library for mental health topics including major depression, bipolar affective disorder, generalized anxiety disorder, post-traumatic stress disorder, schizophrenia, suicide prevention, sleep hygiene, attention deficit disorder, and anger management.
Four areas are identified in each PIFS:

1. WHAT IS (name of disease)?

Example: Anger Management

WHAT IS ANGER?
• Anger is a normal emotion. • It is one of the most basic feelings that everyone feels, but often denies. • Even though it is one of the most basic of feelings it is often feared and misunderstood. • It is usually a reaction to another or to an event over which we feel we have no control. • It is often used to hide other feelings, such as fear. • It is often used in negative ways, but when released in a safe way it can help build confidence and actually help improve and build relationships.

2. WHAT SHOULD I DO?

Example: Bipolar Affective Disorder

WHAT SHOULD I DO?
• Two simple rules to remember: Stay on your medications and avoid drugs and alcohol. • Talk to your Psychiatrist about your illness and medications. • Ask about the results of blood tests. • A healthy diet is important, limit caffeine and sugar. • Choose a daily exercise activity, even if only a walk on your housing unit. • Talking therapy can help you cope and feel better. Ask about support groups. • Attend all scheduled appointments and sick calls. • If you are doing none of the above to care for yourself, ask yourself "why not". • If you have any questions about the suggestions offered, talk to your mental health care provider. • Continue your medication and see a mental health specialist when you are released.

Psychotropic Medications

Successful psychotropic drug reduction initiatives require cooperation from staff and family members. PHS will incorporate the following structural and process elements into our monitoring of psychotropic medications (these apply to all of antipsychotic, anti-anxiety, sedative and hypnotic drugs):

- Psychotropic drug reduction training for all staff members
- Geriatric psychopharmacology training for medical staff
- Regular re-evaluation of all residents who remain on psychotropic drug therapy

PHS will have a daily Mental Health Roster of standard treatment. Included in the information on the roster is a tracking log for Inmates on psychotropic medications. Each Inmate on psychotropic medications will be "followed" in this roster, with start-date information and "flags" for follow-up treatment needed, including the 90-day face-to-face visit.

Evaluation prior to reduction or discontinuation of psychotropic medication includes the following points of review:

- Why were psychotropic drugs prescribed?
- Was a specific clinical condition diagnosed and documented in the clinical record?
- Were relevant non-pharmacological interventions initiated prior to prescribing a psychotropic agent?
- Is psychotropic therapy appropriate for this condition?

- Has informed consent been obtained from the Inmate and/or family?
  - Specific condition to be treated
  - Beneficial effects on that condition expected from the medication?
  - Probable clinically significant side affects (common side affects/adverse reactions) and risks associated with the medication, as reported in widely available pharmacy databases or the manufacturer's package insert
  - Proposed course of medication
- What are the measurable goals of the prescribed therapy? (For example, "The resident will wash his hands no more than ten times a day. There will be a healing of cracked, bleeding hand lesions.")
- Are those goals being monitored? Has therapy been titrated in response to therapeutic monitoring?
- Are side affects being monitored? Has therapy been titrated or changed in response to side affect monitoring?

PHS will provide this medical service to Inmates. Monthly injections will be tracked following the same process.

Inmates with Mental Retardation

PHS understands the essentials for the treatment and management of mentally retarded detainees, and provides individual and group oriented services designed to meet the special needs of this population.

PHS understands that Inmates with significant cognitive impairment may lack the skills and functional abilities necessary to succeed in the general population. PHS will provide individual programming tailored to meet the special needs of **mentally retarded** Inmates. Typically, these services are designed for the psycho-educational and skills development needs of individuals with limited intellectual capacity with the goal of achieving the highest possible level of functioning.

Acute Mental Health Referrals

Prison Health Services will develop a collaborative process with ADMHS to utilize the current Psychiatric Health Facility.

The provision of mental health services, especially to the acutely mentally ill in a jail environment is complex in nature. The range of underlying causes that can contribute to a behavioral disturbance requires good communication across service levels, systems and providers. Mental health crisis can take the form of acute distress, escalation of psychotic symptoms or suicidal thoughts or attempts, and it can be difficult to distinguish between acute mental illness that requires admission to an inpatient Psychiatric Health Facility **and a** behavioral disturbance that may require a behavioral management plan. PHS is

dedicated to the ongoing education of mental health staff to improve timely assessment, appropriate treatments resulting in Safe and appropriate admissions to a Psychiatric Health Facility. Identification of patients requiring a high utilization of emergency and acute services is critical to s successful Mental Health Program. PHS will develop an integrated, interagency emergency plan including appropriate criteria for facility transfers to the County Psychiatric Health Facility. This requires a coordinated effort to implement a standardized system that would ensure a shared understanding of the admission, discharge and other critical system processes.

PHS will meet this challenge by the following:

- In coordination with the Psychiatric Health Facility mental health staff, PHS will develop and implement protocols to achieve clarity about the parties' roles and develop a "blue print" for building an alliance, understanding and meeting the admission and discharge criteria processes of the Psychiatric Health Facility.
- Develop a liaison between PHS Mental Health staff and Psychiatric Health Facility staff to consolidate the development of an effective partnership and ensure continuity of care.
- PHS will facilitate regularly scheduled meetings between the Psychiatric Health Facility Staff and PHS/Mental Health providers. The focus of these meetings will be to trouble shoot Inmate MH problems, facilitate continuity of care for those that are being discharged, and identification of clinically relevant gaps in service.

Discharge Planning

PHS believes a comprehensive discharge planning program will prepare Inmates with chronic or ongoing medical conditions for re-entry into the community and reduce recidivism. Experience in discharge planning demonstrates that the most successful programs are those that equip Inmates with the knowledge and ability to appropriately manage their medical situations outside of the correctional facility. These Inmates are more likely to maintain an improved general level of health. Additionally, they are less likely to be re-incarcerated and are less likely to rely on emergency rooms as their source of primary care, both of which reduce the financial burden to communities and taxpayers.

The goal of the discharge planning program is to provide continuity of healthcare, to offer medical referrals and instruction in medication management, and to enable discharged Inmates to manage their medical situation outside of the correctional facility.

PHS realizes that discharge-planning efforts must be consistent with the resources available in the local community. PHS will communicate and coordinate the necessary community services when Inmates are discharged to the community and draw upon available resources in Santa Barbara County to ensure the implementation of an effective

discharge planning program. The discharge planning efforts will be made in coordination with appropriate staff.

While services should be concentrated among Inmates with the greatest medical need, PHS believes that all Inmates released from Santa Barbara County custody should receive a baseline level of medical discharge planning, including general health education and referrals to resources within his/her home community.

In order to implement a comprehensive discharge planning program for Santa Barbara County, PHS's staffing recommendation includes 1 FTE for a licensed clinical social worker (LCSW) who will have the responsibility for overall discharge planning.

The LCSW will facilitate, during incarceration and upon notification from the Sheriff's Department of a pending release, continuity of care from the institution into the community. Specifically, the discharge planning program proposed by PHS will include, but not be limited to the following components:

- Referrals to physicians
- Instruction in medication management
- Identification, arrangement and coordination with community-based health care and human services required/requested by Inmates
- Outreach to community healthcare and human services providers
- Development of formalized working arrangements with community health care and human services providers
- Participation in community initiatives as applicable.

In addition to the responsibilities noted in the preceding paragraphs, the LCSW will also work with the site Medical Director and the mental health team to develop and implement transitional care plans for Inmates and will be responsible for developing relationships with state and community mental health centers, agencies and programs.