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1. Overview

1.1 Introduction and Procurement Timeline

Santa Barbara County is obligated to make available comprehensive health care services for adults and juveniles who are newly arrested and currently detained in the County's jails and juvenile detention locations. The county is seeking a qualified, comprehensive health care Provider to deliver these services.

The Santa Barbara Main Jail and Santa Maria Jail are operated by the Sheriff's Office. The Juvenile Hall and Los Prietos Boys Camp are operated by the Probation Department. The two entities seek a single qualified, comprehensive healthcare Provider to deliver medical, nursing, and prescription drug services to detainees in both facilities and also behavioral health and dental services to adult detainees. The cost for off-site services, laboratory, and radiology services at the jails and juvenile facilities will not be the responsibility of the successful Provider.

The overarching objective is to maximize efficiencies in operations, administration, and cost while enabling the health care services of each facility to maintain separate accreditation processes and funding streams for health care services.

It is the County's preference to procure a single provider for all requested services, but the County reserves the right to select more than one Provider. Bidders must propose all adult and juvenile services specified.

The County also wishes to migrate the paper medical records in both facilities to a single Electronic Health Record (EHR) during the tenure of this engagement, and bidders may submit optional proposal to implement an EHR. The county may opt to purchase its own EHR, in which case the successful Provider will be expected to collaborate with the County to implement it and to fully migrate all providers to its use.

The County is seeking a three-year contract with options for two one-year extensions thereafter. Implementation is subject to annual appropriation. This solicitation does not commit the County to award a contract, to pay any costs incurred in the preparation of a proposal, or to procure or contract for the articles of goods or services. The County reserves the right to accept or reject any or all proposals received as a result of this request, or to cancel in part or in its entirety this proposal if it is in the best interest of the County.

Census data is provided for all facilities but the County does not make any warranties as to future numbers of adults or juveniles to be served under the Contract.

Within 10 calendar days of the contract award, the Provider shall submit a revised, expanded, detailed narrative of the Start Up Transition Plan to both facilities and the County. The Provider shall perform start up activities necessary to enable the Provider to begin performance of contract activities at the contract start date. The Start Up Transition Plan shall ensure the Provider works in partnership with the County, both Departments, all subcontractors, and all specialty service providers, to deliver uninterrupted clinical and administrative services that ensure the continuity of care to inmates of all facilities, including infrastructure of systems, staffing and providers. The Provider shall continue to revise the Start Up Plan and submit to the County on a monthly basis at a minimum, until all items have been

successfully implemented and accepted by the both Departments. The Provider acknowledges that no compensation will be paid to the Provider during the startup period.

Key dates in the procurement process are in the table below.

RFP RESPONSE TIMELINE	
RFP Issue Date	Monday August 29, 2016
Questions Due	Monday September 12, 2016, 5:00 PM PT
Responses to Questions Posted	Wednesday September 14, 2016 5:00 PM PT
Notification to County of Attendance at Mandatory Site Visit and Submittal of Clearance Form(s)	September 13, 2016, 5:00 PM PT
Mandatory Site Visit	September 15, 2016 8:00 a.m. – 5 p.m. PT
Proposals Due	October 7, 2016 4:00 p.m. PT
Possible Proposer Presentations	October 24 – 27, 2016
Anticipated Award Decision	November 16, 2016
Anticipated Contract Signed	January 4, 2017
Anticipated Contract Start Date	April 1, 2017

1.2 Bidder Questions

The County will accept questions and/or requests for clarification related to this RFP. Questions must be submitted via email to Mark Masoner at mmasone@countyofsb.org by 5:00 p.m. Pacific Time, Monday September 12, 2016. The County will not respond to questions received after this time. Any clarification given to a prospective bidder will be furnished in writing to all prospective bidders as an amendment, if such information modifies these specifications or is deemed to be necessary in responding to this RFP.

The County will post responses to all questions at <http://www.countyofsb.org/gs/purchasing/bids.sbc> by 5:00 p.m. Pacific Time, Wednesday September 14, 2016. The county may post other addenda to this RFP on the same website. It is the proposing Provider’s obligation to incorporate all addenda into its response.

The County will not be responsible for any oral instructions given with regard to the completion and submission of any proposals. Any interpretation of this document or any of its attachments will be made only by duly issued addendum. The County will not be responsible for any other explanations or interpretations of this document or any of its attachments.

If the bidder finds a discrepancy in, or omission from this document or any of its attachments, has any doubts as to their true meaning, or requires any additional information to prepare the proposal after the pre-proposal conference, he or she should notify Mark Masoner, Purchasing Division, by phone at 805-568-2692 or by email at mmasone@countyofsb.org

1.3 Mandatory Site Visit

Bidders shall participate in on-site tours of the facilities. This will occur on September 15, 2016 and will require a full day. Juvenile Hall, Los Prietos Boys Camp, and the Santa Maria Jail are located in the north end of the county and the Main Jail is at the south end, about 60 miles away. Pre-registration for the site visit is required to allow for appropriate security clearance to occur. Each bidder is limited to no more than three participants.

Proposing Providers shall notify the Santa Barbara Sheriff's Office of intent to attend the Mandatory Site Visit. Notification shall be via email to no later than 5:00 p.m. Pacific Time, September 13, 2016. A security clearance form shall be sent via email for each participant and bidders are limited to three participants. Location and logistics will be provided to attendees following registration. The clearance form is attached as Appendix 1. To register, send email and clearance forms to:

Kelly Hamilton, Commander
Santa Barbara County Sheriff's Office Custody Support Division
(805) 681-4326 mkh2165@sbsheriff.org

1.4 Facility Information

Santa Barbara Main Jail

The Santa Barbara County Main Jail is a secure correctional facility holding pre-trial and male and female sentenced inmates. The main jail receives bookings directly from Sheriff's Patrol and other law enforcement agencies throughout the County. There are no ICE or Federal Marshall detainees in the Santa Barbara jails. Sheriff's Monthly housed census data are included in Appendix 3, Jail Health Services Monthly Reports Jan 2014 – June 2016.

The average monthly intake screenings in 2015 was 1,408 and through June 2016 it has been 1,558. The average daily intake at the main jail typically ranges from 2 to 40, and can rise to 150 to 200 at peak times. In January through June 2016 the average has been 51 intakes per day. Bed capacity is 848 rated beds plus 295 non-rated beds.

The average daily inmate population from January 2014 through June 2016 was 963 inmates (range 901 to 1,021) and 14 percent of the population was female. The County does not make any warranties as to future numbers of individuals to be served under the Contract.

About 10 – 12% of the inmate population are housed under AB109 and have longer sentences than typical jail inmates. Currently, the longest sentence is 23 years. Other inmates may be housed for more than a year during lengthy adjudication processes. The successful Provider shall manage chronic conditions and provide age-and gender-appropriate health screenings and immunizations to all inmates housed more than one year, using nationally accepted clinical guidelines and population health management techniques.

The Main Jail facility was built in 1971 and has had numerous additions and modifications since then. The Medium Security Facility was built in 1961 and is constructed in military barracks, spoke type of housing. The physical plan is dated and housing is primarily linear though a few housing pods are in use. As a result, inmate movement is challenging and all inmate movement requires custody escort. Health care clinics are located throughout the facility in housing areas. Medications are passed in the housing units.

Medical observation housing is provided in a 40-bed dorm. It is not infirmary-level care and there are challenges meeting the needs of inmates with physical disabilities.

Specialized Substance Use Disorder (SUD) services are provided by the Sheriff in two ways. The Sheriff employs SUD counsellors who provide SUD treatment services in GP and in Protective Custody. The Sheriff also operates a voluntary pilot project, the "Breaking Recidivism and Creating Empowerment" or BRACE Program. This 32-bed unit is restricted to inmates with co-occurring serious mental illness and

substance use disorder and are high risk for future criminal activity. A community-based organization provides in-house, programming, and reentry/discharge coordination for the population.

The Jail health care services are currently not accredited.

Santa Maria Jail

The Santa Maria Branch Jail facility is classified as a Type-II facility. It functions primarily as a booking facility and inmates are held for a time period up to 96 hours. Inmates who are not eligible for release within this period are transferred to the Main Jail facility. This facility accounts for 32% of total county bookings. There are no health care services provided at this location, but the Sheriff wishes the successful Provider to support the custody staff in conducting initial health screenings by providing video access to a registered nurse or provider on duty at the main jail in the rare event in which a detainee needs additional assessment to determine if fit for confinement.

New Jail

The County is undertaking the construction of a new 376 bed jail facility in Santa Maria that is currently scheduled to be completed in the fall of 2018. Design of health care facilities is not final, nor are decisions about what correctional and health care services will be provided at the old and new sites or which inmates will be housed in them. The successful Provider shall contribute to on-going processes to finalize these matters and will be expected to modify staffing and services as the new jail becomes operational. Contract modifications will be made as appropriate.

Juvenile Hall

The Santa Barbara County Probation Department operates a 140 bed juvenile hall which is staffed to house up to 80 youthful male and female offenders. Currently, the average daily population of the juvenile hall is January through June 2016 was 87 youth with an average length of stay of 40 days. Females have been 32 percent of the population in 2016, increased from 26 percent in 2014. The units currently in use were built in 2004; the facility is spacious and modern.

Los Prietos Boys Camp

The Probation Department operates a rural 96 bed honor camp program that is currently staffed to house up to 56 youth. The average daily population of the camp in 2016 is 36 youth with an average length of stay of 159 days. The location is remote and emergency response is provided by the nearby fire department.

The successful Provider shall deliver medical and prescription drug services to both juvenile settings and shall arrange for juveniles to receive dental and optometry services from an outside provider. Mental health and substance abuse services are provided by the County Behavioral Wellness Department (BWD). The successful Provider is expected to work closely with the BWD team.

Juvenile Hall is currently accredited by the Institute for Medical Quality and the most recent site visit and renewal occurred in March 2016. The Probation Department wishes to obtain accreditation for medical and behavioral health services from the National Commission on Correctional Health Care no later than December 31, 2017. The Provider is expected to seek medical accreditation.

1.5 Objectives

- A. The primary objective of this solicitation is to provide efficient, high quality healthcare services to adult and juvenile detainees at all county detention facilities under a single contract that meets the needs of all facilities and the County. This will include:

1. Transparent allocation of administrative expenses across Sheriff's Office and Probation Department facilities
 2. Separate billing to the Sheriff and Probation
 3. Separate accreditation by the National Commission on Correctional Health Care (NCCHC)
 4. Separate Quality Improvement Programs in accordance with NCCHC requirements
 5. Separate reporting of all utilization, cost, clinical, and administrative data for medical, and pharmacy services and for mental health services at the jail
 6. Separate monthly operational meetings with the jail and Probation
 7. Quarterly contract management meetings with a committee of the County, Sheriff's Office, and Probation Department
 8. Annual report presented to the Board of Supervisors
- B. This contract will span a period of continuing change in the local and state health care delivery system as the Medi-Cal and Drug Medi-Cal Waivers are fully implemented. Accordingly, a secondary objective is that jail and probation health care services evolve along with the larger health care system, such that efficiencies and opportunities afforded by health care reform accrue to the County, Sheriff's Office, Probation, and detainees of all facilities.
- C. The following complimentary and collateral objectives shall be fulfilled:
1. **Philosophical Objectives:** Healthcare services shall be delivered in a humane manner with respect to the inmates' constitutional right to basic health care services. Interaction with inmates shall be conducted in a professional, compassionate manner and be culturally and linguistically appropriate. Providers shall develop and maintain a collaborative, collegial relationship with the Santa Barbara Sheriff's Office, Probation Department, and County Administrator.
 2. **Operational Objectives:** Healthcare services shall be managed and delivered in a cost effective manner, be provided in a confidential manner, adhere to professional and local community standards, and be subjected to customary performance audits (i.e. statistical reporting, claims management, financial performance, clinical appropriateness, quality performance). Health care delivery processes shall be organized to maximize the practice of licensed health care practitioners at the "top of their licenses" and the efficiency and productivity of all members of the health care team.
 3. **Onsite Healthcare Objectives:** Appropriate, timely, and quality medical, dental, are provided to Jail and Probation detainees and behavioral health services are provided to Jail detainees without leaving the security of the facilities. Every aspect of the healthcare delivery system shall be consistent with standards set forth by the National Commission on Correctional Healthcare (NCCHC). Given the rise in prevalence of mental illness in the jailed population, on-site services shall include an appropriate range of behavioral health interventions and alternatives to the use of restrictive housing for inmates with serious mental illness.

4. **Offsite Healthcare Objectives:** The Sheriff and Probation Department maintain comprehensive networks of accessible, high-quality community providers that serve detainees. The Sheriff and Probation Departments pay providers for these services but expect the Provider to apply rigorous utilization management practices to assure that off-site services are appropriate and medically necessary. Both departments will engage the services of an external physician reviewer to retrospectively assess the clinical conditions contributing to the use of emergency room and hospital services and to determine whether augmented or more effective primary care could reduce the use of off-site services.

Some adult and youth detainees have private insurance during incarceration through an employer, spouse, parent, or Covered California plan. On a case-by-case basis, the Provider shall work with the family and detainee to make use of private insurance for off-site services.

5. **Public Health Objectives:** The Provider shall develop and maintain a collaborative, collegial relationship with the Santa Barbara County Department of Public Health such that public health practices are maximally consistent and public health outcomes are optimized across the community's correctional settings. The Provider shall implement processes to assure continuity of care for pregnant adults and youth and those with communicable and chronic illnesses when entering, residing in, and leaving the Jail and Probation facilities.
6. **Behavioral Health Objectives:** The Provider shall develop and maintain a collaborative, collegial relationship with the Santa Barbara County Department of Behavioral Wellness such that behavioral health practices are maximally consistent and behavioral health outcomes are optimized across the community's correctional settings. The Provider shall implement processes to assure optimal treatment of pregnant prisoners who enter facilities while using drugs or alcohol and of adults and youth with mental illness or substance use disorders when entering, residing in, and leaving the Jail and Probation facilities. The Provider shall also work in close collaboration with Behavioral Wellness in designing jail-based services for inmates with acute psychiatric needs who cannot be served by the local hospitals, and with custody in reducing inmate time spent in safety cells.
7. **Health Care Reform Objectives:** Health care services shall be delivered to maximize the public safety, health care outcomes, and public financing opportunities made possible by the Affordable Care Act in California. The Provider shall work with the Sheriff and Probation Department to modify processes as systems and practices evolve over the term of this contract, in order to improve continuity of care when adults or youth enter or leave the facilities (which is known to reduce recidivism), and to capture revenue available for on-site and off-site services as it may become available.

1.6 Supporting Data

To assist proposing Providers in proposing services and pricing that reflect the needs of all facilities, the County has provided the following additional information:

- Appendix 2 ADP by site Jan 2014 – Jun 2016

- Appendix 3 Health Care Utilization Data Jan 2014 – Jun 2016 June

2 Scope of Services

2.1 Detainee Health Services: Adults

2.1.1 General

The Health Services Statistical Report provides Jail census and utilization information, noting the use of on-site medical, behavioral health, nursing, dental, and prescription services and off-site facility, emergency transport, and professional services. Monthly data for the period Jan 2015 – June 2016 are included as Appendix 3.

The Provider shall complete the mandatory health data reports specified in Section 6 Mandatory Reporting.

The Provider shall keep a log of missed appointments and ascribe a reason for each, which may include inmate refusal, lock down, inmate not on site, lack of custody escort, and other reasons. This report shall be reviewed by the Medical Advisory Committee at each monthly meeting.

2.1.2 Receiving Screening

The Provider shall engage a Registered Nurse (RN) to conduct Receiving Screening on all new detainees brought to the Mail Jail as soon as possible in the pre-booking process.

- A. Receiving screening shall protect inmate confidentiality.
- B. Receiving Screening shall assess an inmate's health status, determine if the inmate can be medically maintained at a Jail, and identify immediate medical, mental health, ADA, dental or prescription drug needs. In general and at a minimum, the Receiving Screening shall include:
 1. Documentation of current illnesses and health problems, including but not limited to any chronic health conditions, presence of infectious disease, history of mental illness, medications (prescribed and over-the-counter), special health requirements, ADA limitations and needs, and vital signs including blood pressure, temperature, respiratory rate, pulse, and pulse oxygen saturation.
 2. Assessment of and care of maternity needs for pregnant females, if pregnancy is known. Referral to public health immediately when pregnant inmate reports active use of drugs or alcohol.
 3. Except when pregnancy is already confirmed, a pregnancy test shall be conducted on all female inmate less than 50 years of age and who do not have a history of sterilization (tubal ligation or hysterectomy). Inmates may opt out of pregnancy testing but shall not receive any medication until pregnancy testing is completed. Provider shall flag medical record accordingly.
 4. Behavioral observations, including state-of-consciousness, mental status, suicidal ideation and whether the inmate exhibits signs of alcohol or drug abuse or active use.
 5. Notations of body deformities, trauma markings, bruises, ease of movement, etc.
 6. Condition of skin and body orifices, including bodily infestations.

7. Questions about whether the inmate has a usual source of healthcare in the community and if so, the name of the provider.
 8. Questions about whether the inmate has insurance coverage and if so, details about the coverage.
 9. Presenting a HIPAA-compliant release of information form for inmate signature, allowing the Jail to request and obtain medical and/or behavioral health information and to coordinate inmate's care at release with community providers and insurers as necessary. The Provider shall develop and submit the form to the Jail for approval.
- C. The Provider shall use a standardized medical history form that has been approved by the Jail to record the information from the Receiving Screening. This medical history form shall be included in the health record of the inmate.
- D. The Provider shall ensure that emergency contraception is available at Reception Screening.
- E. Based on the screening and assessment, the RN shall make referrals of the inmate for medical, mental health, or dental services. Emergent concerns shall be discussed immediately with the medical or mental health provider on site or on call and addressed within four hours. Other referrals shall be categorized as Urgent or Routine and appointments shall be scheduled so that Urgent needs are addressed within 48 hours and Routine needs are addressed within 14 days.
- F. When inmate indicates prescription drug utilization, the Provider shall make every attempt to verify the medication within 12 hours. Neither the jail nor Probation facilities shall provide benzodiazepines or prescription medication used primarily as an aid for sleep.
1. Where medication is verified, the RN may dispense "bridge" medication from the current order of record until the inmate has a face-to-face appointment with medical or psychiatric provider. Psychotropic bridge medication should be the same medication as the inmate received in the community, regardless of its formulary status.
 2. Where medication cannot be verified.
 - a. For a medication condition, the RN shall confer with the provider on site or on call to establish, document and initiate a treatment plan. This will occur within 24 hours of arrival at the jail reception area.
 - b. For a psychiatric condition, the RN shall confer with the psychiatrist on site or on call to establish, document, and initiate a treatment plan. This will occur within 24 hours of detainee's arrival at the jail reception area. The treatment plan may include periodic assessment by a mental health clinician until medication verification can be further pursued or until a psychiatric evaluation can occur.
- G. The Provider shall screen all detainees for Tuberculosis (TB) and implement follow up that complies with guidelines from the Center for Disease Control. Detainees with active symptoms shall be isolated until TB infection has been ruled out. Inmates at high risk for TB, including those who are HIV positive and drug users, shall be tested by PPD in conjunction with Receiving Screening.

- H. Receiving screening shall include rigorous assessment of detainees who are acutely intoxicated and/or who have been actively using drugs, alcohol, or other substances from which withdrawal may pose a risk. Detoxification/withdrawal protocols shall be implemented immediately. The Provider shall adhere to the guidelines of the American Society for Addictions Medicine (ASAM) to determine whether detoxification services shall be administered at either facility or other offsite healthcare facilities.
- I. Registered nursing staff conducting intake screenings at the Santa Barbara Jail shall be available via telemedicine connection to the Santa Maria jail booking area to provide support in assessing inmates whose fitness for confinement is questionable. The County will provide connectivity through its internal system.

2.1.3 Detoxification and Withdrawal

- A. The Provider shall provide all medical detoxification services required to treat chemically dependent inmates and those who are acutely intoxicated. The Provider shall adhere to the guidelines of the American Society for Addictions Medicine (ASAM) to determine whether detoxification services will be administered at either facility or other offsite healthcare facilities.
- B. The Provider may use information and observations provided by custody staff about inmates undergoing detoxification, but the Provider shall render and act on its own independent clinical judgment.
- C. The Provider shall assure that all health care and custody staff are trained in recognizing the signs and symptoms of withdrawal from drugs, alcohol, and other substances in the period following reception and assignment to housing. Training shall be conducted annually at a minimum and include withdrawal timelines, signs and symptoms to a variety of substances common and uncommon to the local population.

2.1.4 Initial Health Assessment

- A. The Provider shall perform an Initial Health Assessment as soon as possible but not later than 14 calendar days from commitment to the Jail to assess medical, behavioral health, and dental conditions and needs.
- B. For inmates deemed by the RN as in need of urgent attention during reception screening, bridge medications shall be addressed within 24 hours and Initial Health Assessment shall be completed within 48 hours from inmate arrival.
- C. Medical, behavioral health, and dental components of the Initial Health Assessments shall be conducted by a qualified and licensed medical professional. If an RN is conducting the behavioral health and oral health components of this assessment, the RN shall be trained by the responsible dentist and/or mental health provider and in accordance with all NCCHC requirements for content, treatment, and documentation.
- D. Initial Health Assessment shall include all of the following:
 - 1. Review of health screening results
 - 2. Collecting additional data to complete health histories and/or follow-up from findings identified during screening and subsequently.
 - 3. Immunization status

4. Vital signs including height and weight
 5. Physical exam when indicated by inmate gender, age, and risk factors. The hands-on portion of the health assessment may be performed by an RN only when the RN completes appropriate training that is approved by the responsible physician.
 6. Lab and/or diagnostic tests for communicable disease in accordance with direction from Santa Barbara Department of Public Health
 7. Lab and/or diagnostic tests for medical conditions, such as baseline peak flow measurements for inmates with asthma, baseline blood glucose measures for inmates with diabetes.
 8. Notation of physical disabilities and accommodations necessary to comply with the ADA.
- E. The onsite physician or Nurse Practitioner shall review all comprehensive Intake Health Assessment findings (including medical, behavioral and oral health findings) within 5 business days of each Initial Health Assessment and direct appropriate disposition and/or care plans. Specific problems shall be integrated into an initial problem list, and diagnostic and therapeutic plans for each problem shall be identified as clinically indicated.
- F. When a detainee is re-admitted to the jail within 12 months, the Provider shall review the receiving screening to determine whether changes have occurred. If changes have not occurred and the detainee does not have active medical, dental, or mental health conditions, an Initial Health Assessment may be waived. Documentation of the decision to waive the Initial Health Assessment shall be made in the medical record.

2.1.5 Sick Call

The Sheriff will conduct rigorous analysis of inmate access to sick call services. A detailed sick call process has been designed to support inmate access and this analysis. The process shall be carried out as designed by the Provider. The Sick Call process is described below and diagrammed in Appendix 4.

- A. Inmates currently complete written sick call requests and place them into a locked box in housing units or hand them to a nurse during pill call on the housing unit. At some point in the future, the Jail plans to replace boxes with an electronic kiosks or tablets in each housing unit that will serve several purposes.
- B. All sick call requests shall be collected by the Provider at least every 24 hours. The Provider shall time and date stamp every sick call request upon receipt in health care.
- C. An RN or Nurse Practitioner shall triage every sick call request within 4 hours of receipt. All requests shall be assigned a disposition of Urgent, Priority, or Routine. Triage time, date, disposition, and reviewer shall be documented on the original sick call request
- D. Inmate with sick call requests triaged by 2:00 p.m. on weekdays as Urgent shall be placed on that day's provider sick call schedule. The Provider shall assure that the daily schedules allows for same day appointments.

- E. For Urgent sick call requests triaged after 2:00 p.m. on weekdays or on weekends, the RN shall conduct a sick call visit with the inmate and correspond with the on-call provider as necessary to resolve the matter that day.
- F. Sick call requests triaged as Priority and/or Routine shall be resolved by the RN within 48 hours of triage.
 - 1. For Priority sick call requests, the RN shall conduct a sick call visit with the inmate.
 - 2. For Routine sick call requests that involve a clinical symptom, the RN shall conduct a sick call visit with the inmate.
 - 3. For Routine sick call requests that do not involve a clinical symptom, the RN may conduct a sick call visit or may opt to schedule or arrange for appropriate follow-up without seeing the inmate. For example, in responding to a sick call request stating "I need my acid reflux medication renewed," the RN may schedule a provider visit to review medications without seeing the inmate. Where the inmate is not seen by the nurse but an action is taken on the inmate's behalf, the action shall be communicated to the inmate through a process the Provider has established.
- G. Nursing interventions may include standardized procedures and treatment protocols that have been developed by the responsible physician and meet the requirements of the California Board of Registered Nursing.
- H. If a sick call request is referred to a medical, mental health, or dental provider, the RN's referral shall note the disposition to the provider as Priority or Routine.
- I. Nursing assessment findings, intervention, and plan/disposition shall be documented on the sick call request and placed in the medical record.
- J. Medical, mental health, and dental providers shall see Priority referrals within 7 days of the provider's receipt.
- K. Medical, mental health, and dental providers shall see Routine referrals within 14 days of the provider's receipt.
- L. The Provider shall utilize a sick call request form that contains all of the information above and has been approved by the Sheriff.
- M. The Provider shall maintain a log of every sick call request that indicates time/date of receipt, time/date of triage, time/date/disposition by nursing and time/date of clinical follow up. This log shall be electronic, preferably in Excel or a data base.
- N. The Provider shall examine and treat inmates in restrictive housing or who are otherwise unable to attend sick-call in a clinically appropriate designated area within the restrictive housing area. The Provider shall render emergency care at any location within the Correctional facilities.

2.1.6 Primary Care

2.1.6.1 Immunizations

The Provider shall assess immunization status of all inmates during Initial Health Assessment and administer age-appropriate immunizations to all adult detainees.

The Provider shall administer a process to review and update detainee immunizations on an annual basis.

2.1.6.2 Infection Control

The Provider shall implement an infection control policy that has been approved by the local Public Health Department. It shall include:

- Testing protocols for sexually transmitted diseases and HIV/AIDS for men and women
- Testing for sexually transmitted diseases and HIV/AIDS on inmate request
- PPD testing for TB of all detainees expected to stay more than 14 days, which shall occur as soon as possible and no longer than day 14 of incarceration
- TB-related chest X-rays conducted on site by Sheriff's contracted mobile X-ray provider
- Protocols for managing outbreaks for infectious diseases
- Infection control reporting to Sheriff and to Public Health

2.1.6.3 Preventive Care

The Provider shall administer a process to identify inmates incarcerated for more than one year, and to provide age and gender-appropriate preventive care screenings to inmates incarcerated for more than one year. The Provider shall submit a protocol for preventive screenings for review and approval by the Santa Barbara County Health Department.

2.1.6.4 Chronic Care

The Provider shall provide a list of chronic diseases that it will monitor in the inmate population and treat in accordance with nationally accepted guidelines. The list shall include, at a minimum: diabetes, asthma, hypertension, coronary artery disease, seizure disorder, anticoagulation therapy HIV/AIDS.

The Provider shall establish and maintain an electronic registry of all inmates with the identified chronic diseases. The registry shall identify indicators of the level of control for each inmate with each condition, and scheduled testing and treatment in compliance with nationally accepted guidelines. At any point in time, the Provider shall be able to report on the number of inmates with each condition, their most recent levels of control, and other population health management data.

The Provider shall implement a chronic disease program that includes all of the following:

- Guidelines for establishing level of control and follow up schedules in accordance with level of control
- Guidelines for treating, testing, and monitoring each condition
- Self-management strategies and patient education provided by nursing (which can include group classes)
- Patient education materials

The program shall be reviewed and approved by the Santa Barbara Department of Public health, which may recommend revisions to mirror local practices and public health approaches.

2.1.6.5 Treatment Plans

For each inmate with acute, complex, high risk, or other special medical conditions or needs requiring close supervision including chronic and convalescent care, the Provider shall develop a written individualized treatment plan. In developing the treatment plan, the Provider shall include input from the inmate and other clinical custody staff as appropriate. The Provider shall communicate treatment

options and treatment steps that will be taken with the inmate both verbally and, if requested, in writing.

The treatment plan shall include directions to health care and other personnel regarding their roles in the care and supervision of the inmate. The treatment plans shall follow evidence-based clinical treatment protocols for management of conditions and shall conform to community standards and evidence-based practices. The treatment plan shall be updated at each clinical encounter. Treatment plans for chronic conditions shall be reviewed at least every 90 days.

The Provider shall communicate treatment options and treatment steps that will be taken with the inmate both verbally and, if requested, in writing.

2.1.6.5 Women's Health Services

2.1.6.5.1 Pregnancy

The Provider shall perform a pregnancy test during Receiving Screening and Initial Health Assessment as described in those sections above. Women inmates who opt out of a pregnancy test may not receive any prescription or over-the-counter medications until pregnancy testing is completed and documented.

When a pregnant detainee reports active drug or alcohol use at Receiving Screening, the Provider shall contact Public Health OBGYN services within 24 hours to confer on a plan for managing withdrawal that considers the gestation; type, amount, and duration of substance use, and the woman's medical, mental health and SUD history. The Sheriff, DPH, and Provider shall agree on a policy for implementing this requirement, to include circumstances outside of normal business hours.

Pregnant women who are on Methadone at the time of arrest shall be maintained on Methadone during incarceration.

The Santa Barbara Department of Public Health shall provide prenatal care to detainees. The Provider shall be responsible for arranging and tracking all health department prenatal appointments and for other services ordered by public health for pregnant inmates, whether provided onsite or offsite.

The Provider shall submit a policy and procedure for care of the pregnant inmate. It shall be reviewed and approved by the Sheriff's Office and the Department of Public Health and shall comply with NCCHC standards and also include:

- Prenatal assessment by nursing appropriate to gestation at every in-jail encounter
- Patient education on pregnancy diet, exercise, risk management, coordinated with Public Health
- Childbirth education, coordinated with Public Health
- Mental health referral
- Mechanism for approval by OBGYN of medications prescribed by Provider
- Priority for pregnant women seeking dental services

2.1.6.5.2 Other Women's Health Services

The Provider shall ensure all female inmates receive comprehensive and standardized "well woman" gynecological healthcare services according to clinical guidelines, including age-appropriate GYN and breast cancer screening.

The Provider shall ensure that emergency contraception is available at Reception Screening and if indicated during incarceration.

The Provider shall continue contraception in use at the time of arrest, for purposes of medical stability and pregnancy prevention.

The Provider shall advise women about options for long-term contraception at release during routine well woman care.

Preventive services for female detainees, including mammography and gynecologic cancer screenings, shall be provided in compliance with section 2.1.6.3 Preventive Care.

2.1.6.7 Health Evaluations of Inmates in Restrictive Housing

The Provider shall evaluate the physical and mental health of inmates during restrictive housing. Upon notice from the Sheriff that an inmate will be segregated for more than 24 hours, the Provider shall review the inmate medical record for any existing medical, mental health, or dental conditions contraindicate restrictive housing or require accommodation, and provide documentation to Sheriff staff within 24 hours.

The Provider shall evaluate segregated inmates at least three times a week and document findings on a form that has been approved by the Sheriff and becomes part of the inmate's medical record. Changes in inmate health status resulting from restrictive housing shall be brought to the attention of Sheriff staff.

2.1.6.8 Other Special Populations

The Provider shall develop policies and procedures and individualized clinical treatment plans to assure that special populations receive timely, appropriate, and evidence-based care. Special populations include (but are not limited) to:

- Transgender inmates
- Inmates with gender dysphoria and/or undergoing sexual re-assignment
- Developmental disabilities
- Physical disabilities that require assistance with Activities of Daily Living
- Dementia or other cognitive dysfunction
- Other conditions that create special needs

2.1.7 Inmates Needing Disability Accommodations

The Provider shall identify clinical accommodations necessary to comply with the Americans with Disabilities Act, and note them in the medical record. This shall include but it not limited to personal care assistance, equipment, mobility, accommodations to meals, medication, work, or activities. Special accommodations or needs shall be communicated in writing to Custody.

The Provider shall report all inmates who need accommodations of a clinical nature for physical, developmental, or mental disabilities to the custody staff for inclusion in the facility ADA log.

Where a clinical accommodation has been ordered, the Provider shall flag the inmate's medical record such that the accommodation is readily identified in the event of a future incarceration.

The Provider shall collaborate with Custody to assure that inmate needs for assistance with ADLs are met consistently and by appropriate personnel.

2.1.8 Behavioral Health

2.1.8.1 Referrals

The Provider shall conduct a thorough behavioral health assessment on any inmate referred through Reception Screening, inmate self-referral, or by a medical or dental provider, nursing, custody, or another inmate. Medical, dental and nursing staff shall categorize referrals as Priority or Routine. The Provider shall address Priority needs within 72 hours and Routine needs within 14 days.

2.1.8.2 Mental Health Programming

The Provider shall deliver evidence-based mental health programming to inmates in GP, special housing, and restrictive housing. Services shall include screening and crisis management; clinical monitoring and support for inmates who are returning from a higher level of care; evidence-based treatment of serious mental illness; interventions to stabilize inmates and reduce time spent in safety cells; and groups on stress management, sleep hygiene, and other evidence-based programming for mild-to-moderate conditions and for serious mental illness.

The Provider shall deliver evidence-based assessment and programming to inmates with intellectual/developmental disabilities.

For inmates who have a serious mental illness, (defined as one that results in serious functional impairment which substantially interferes with or limits one or more major life activities), the Provider shall use evidence-based practices that include assessment of symptom severity, prescription of the appropriate medications that is adequate in both dosage and duration, education on mental illnesses and the importance of medication adherence, and appropriate discharge planning to ensure continuity of care when released from jail.

For inmates with mental illness who are in restrictive housing, a Mental Health Professional shall assess and provide appropriate interventions at least three times a week.

For inmates going through detoxification, a Mental Health Professional shall conduct daily assessments and shall work with Sheriff Department staff to enroll individuals in a Substance Use Disorder treatment group upon completion of detoxification, and complete referrals to the appropriate community resources for individuals upon release.

If the Sheriff and County determine in the future that sub-acute or acute inpatient psychiatric services should be provided at the jail, the Provider shall collaborate in developing and delivering appropriate service levels and staffing models. This may include the use of involuntary medication and/or the use of equipment and devices to enable safe group interaction among inmates who pose a danger to self or others, to reduce the use of restrictive housing.

The Provider shall provide screening, response, medical and mental health treatment to victims of sexual assault in compliance with Prison Rape Elimination Act Community Confinement Standards, Final Rule May 2012¹.

2.1.8.3 Suicide Prevention

The Provider shall comply with Sheriff's suicide prevention policy #242, included as Appendix 5.

The Provider shall re-assess all inmates placed on suicide watch at least every 12 hours. Decisions to end suicide precautions are solely the purview of the Provider and must be made by a qualified mental

¹ <http://www.prearesourcecenter.org/sites/default/files/library/preafinalstandardstype-communityconfinement.pdf>

health professional. If no improvement in the inmate's condition occurs after 72 hours, the County's CARES Mobile Crisis Unit will be contacted to conduct a 5150 evaluation in the jail. Evaluation of suicide watch data will be a routine agenda item for the Quality Improvement Committee.

The Provider shall collaborate with the Jail on programs designed to prevent suicide attempts. At a minimum, the Provider shall conduct suicide prevention intervention and training for medical, mental health and custody staffs at both facilities and for the CORE Training Academy. In addition, the Provider shall engage in on-going consultative assistance and cooperation to improve program effectiveness.

2.1.8.4 Psychotropic Medication

Inmates who are receiving verified psychotropic medication prior to incarceration shall be maintained on that medication until an evaluation by a psychiatrist is conducted, regardless of formulary compliance. Exceptions are benzodiazepines and medications solely prescribed for sleep. All orders for psychotropic medication shall include documentation of the condition, expected results, and interval for clinical review.

No new class of psychotropic medication may be initiated without a written patient consent. Dose changes or changes of medication within a therapeutic class shall be discussed with the patient but do not require written consent.

Psychotropic medications shall be reviewed at intervals based on the inmate's level of stability. The Provider is expected to use Primary Care Providers and Psychiatric Nurse Practitioners to co-manage psychotropic medications for inmates whose mental health conditions are stable, in order to maximize the ability of psychiatry to treat more acutely ill inmates.

2.1.8.5 Inmates with Co-Occurring Mental Health and Substance Use Disorders

The Provider shall collaborate with Sheriff staff, contractors, and community based organizations that provide SUD treatment to inmates who have co-occurring mental health conditions.

2.1.9 Dental Services

The Jail includes a dental operatory and equipment which the Provider may utilize. The Provider shall deliver oral health services under the supervision of a dentist licensed in the state of California. Services shall include but not be limited to extractions, temporary fillings, treatment of infections, relief of pain, treatment to ensure inmate ability to masticate food and other clinically indicated treatment, and immediate access for urgent or painful conditions. The Provider shall provide instruction in oral hygiene and preventive oral health education to each inmate within one month of admission.

Medical, mental health, and nursing staff shall categorize dental referrals as Urgent or Routine. The Provider shall address Urgent needs within 48 hours and Routine needs within 30 days. Pregnant women shall be given priority.

The Provider shall maintain a registry of inmates incarcerated longer than one year and shall conduct an oral health examination and provide appropriate prophylactic care to inmates after one year.

The Provider shall maintain a waitlist and submit it monthly to the Medical Advisory Committee.

The Provider shall include dental conditions and treatments in the dental record which shall be maintained as part of the medical record of the inmate.

2.1.10 Discharge/Reentry Planning and Services

The Provider shall support discharge planning and reentry by actively engaging in transition planning with custody, community providers, and community based service agencies. Inmates who are undergoing treatment for acute or chronic conditions should have a source for community care at release and a discharge plan indicating necessary follow up and medications. The Provider shall engage with community providers - ideally prior to release but in all cases within 72 hours of release - for all released inmates in the following categories:

- Pregnant women
- Undergoing treatment for HIV/AIDS, TB, or Hepatitis
- Receiving psychotropic medications
- On seizure medications
- On anti-coagulant therapy

The Provider shall supply inmates in the above categories with a prescription for all current medication at release, and include instructions about where to get the prescriptions filled.

2.2 Detainee Health Services: Juveniles

2.2.1 General

The Health Services Statistical Report provides census and utilization information for Juvenile Hall and Los Prietos Boys Camp, noting the use of on-site medical, behavioral health, nursing, and prescription services and off-site facility, dental, emergency transport, and professional services. Monthly data for the period Jan 2014 – June 2016 are included as Appendix 3.

The Provider shall complete the mandatory health data report included in Section 6 Mandatory Reporting.

In accordance with NCCHC standards, the Provider shall instruct custody staff designated as Health Care Liaisons in medication administration and in roles and responsibilities in triaging and addressing health care issues during times when a qualified health care professional is not on the premises of the Probation facilities. Training shall include detainee right to privacy. Training shall be documented and shall be provided at least annually to each Health Care Liaison.

The Provider shall keep a log of missed appointments and ascribe a reason for each, which may include detainee refusal, lock down, detainee not on site, lack of custody escort, and other reasons. This report shall be reviewed by the Medical Advisory Committee at each meeting.

2.2.2 Receiving Screening – Juvenile Hall

Receiving Screening on all new youth detainees is conducted by a Custody Officer and shared with the Provider as soon as possible in the booking process.

The Provider shall assess Receiving Screening documentation within 24 hours, and arrange for any urgent medical, mental health, prescription drug, or dental services.

The Provider shall ensure that emergency contraception is available at Reception Screening and if indicated during incarceration.

2.2.3 Detoxification/Withdrawal – Juvenile Hall

Health assessment shall include rigorous assessment of detainees who have been actively using drugs, alcohol, or other substances from which withdrawal may pose a risk. Detoxification/ withdrawal

protocols shall be implemented immediately. The Provider shall adhere to the guidelines of the American Society for Addictions Medicine (ASAM) to determine whether detoxification services shall be administered at Juvenile Hall or other offsite healthcare facilities.

The Provider may use information and observations provided by custody staff about youths undergoing detoxification, but the Provider shall render and act on its own independent clinical judgment.

The Provider shall assure that all health care and custody staff are trained in recognizing the signs and symptoms of withdrawal from drugs, alcohol, and other substances in the period following reception and assignment to housing. Training shall be conducted annually at a minimum and include withdrawal timelines, signs and symptoms to a variety of substances common and uncommon to the local population.

2.2.4 Comprehensive Health Assessment – Juvenile Hall

The Provider shall conduct a comprehensive health assessment on each youth detainee as soon as possible and no later than 96 hours from booking. Assessment should be completed by the physician if possible. If an RN completes the assessment, the provider shall review and sign the assessment document on the next clinic day.

The Provider shall use a comprehensive adolescent health assessment instrument that has been approved by Probation. The health assessment shall include but is not limited to:

- A. Immediate medical, mental health, dental or prescription drug needs
- B. Documentation of current illnesses and health problems including but not limited to any chronic health conditions, presence of infectious disease, immunization history, history of mental illness, history of alcohol and drug use, medications (prescribed and over-the-counter), special health requirements, oral health/orthodontia, and vital signs including blood pressure, temperature, respiratory rate, pulse, and pulse oxygen saturation.
- C. Assessment of and care of maternity needs for pregnant females, if pregnancy is known, and
 1. Referral to public health immediately when pregnant youth reports active use of drugs or alcohol.
 2. Referral to public health within 72 hours for all others.
- D. Except when pregnancy is already confirmed, a pregnancy test shall be conducted on all female youths. Youth may opt out of pregnancy testing but shall not receive any medication until pregnancy testing is completed. Provider shall flag medical record accordingly.
- E. Chlamydia testing on all female youth
- F. Behavioral observations, including state-of-consciousness, mental status, suicidal ideation and whether the youth exhibits signs of alcohol or drug abuse or active use.
- G. Notations of body deformities, trauma markings, bruises, ease of movement, etc.
- H. Condition of skin and body orifices, including bodily infestations.
- I. Questions about whether the youth has a usual source of healthcare in the community and if so, the name of the provider.
- J. History of trauma and/or abuse

K. Sexual history

Based on the assessment, the RN shall make referrals for medical, mental health, or dental services including laboratory and/or radiological or other diagnostic testing. Emergent concerns shall be discussed immediately with the medical or mental health provider on site or on call and addressed within four hours. Other referrals shall be categorized as Priority or Routine and appointments shall be scheduled so that Priority needs are addressed within 72 hours and Routine needs are addressed within 96 hours.

When a youth indicates prescription drug utilization, the Provider shall make every attempt to verify the medication within 12 hours.

- A. Where medication is verified, the Provider may dispense “bridge” medication from the current order of record until the youth has a face-to-face appointment with medical or psychiatric provider. Psychotropic bridge medication should be the same medication as the youth received in the community, regardless of its formulary status.
- B. Where medication cannot be verified.
 - 1. For a medical condition, the nurse shall confer with the doctor on site or on call to establish, document and initiate a treatment plan. This shall occur within 24 hours of arrival.
 - 2. For a psychiatric condition, the nurse shall confer with the psychiatrist on site or on call to establish, document, and initiate a treatment plan. This shall occur within 24 hours of detainee’s arrival at Juvenile Hall. The treatment plan may include periodic assessment by a mental health clinician until medication verification can be further pursued or until a psychiatric evaluation can occur.
- C. The Provider shall continue contraception in use at the time of arrest, for purposes of medical stability and pregnancy prevention.

The Provider shall screen all detainees for Tuberculosis (TB) and implement follow up that complies with guidelines from the Center for Disease Control. Detainees with active symptoms shall be isolated until TB infection has been ruled out.

2.2.5 Coordination of Health Care Services and Benefits - Los Prietos and Juvenile Hall

The Provider shall query detainee parent or guardian about insurance coverage, preferred providers, and medical/dental treatment in progress.

The Provider shall coordinate youth access to community medical and/or dental/orthodontic providers at parental/guardian request and in coordination with Probation. Payment for services will be coordinated between Probation and the parent or guardian.

The Provider shall present a parent or guardian with a HIPAA-compliant release of information form for signature, allowing the Provider to request and obtain medical and/or behavioral health information and to coordinate youth’s care at release with community providers and insurers as necessary. The Provider shall develop and submit the form to Probation for approval.

2.2.6 Sick Call

2.2.6.1 Juvenile Hall

Youth currently complete written sick call requests and place them into a locked box in housing units or hand them to a nurse during medication pass on the housing unit.

All sick call requests shall be collected by health care during each day shift medication pass. The Provider shall time and date stamp every sick call request upon receipt in health care.

An RN shall triage every sick call request within 4 hours of receipt. All requests shall be triaged with a disposition of Urgent, Priority, or Routine. Triage time, date, disposition, and reviewer shall be documented on the original request.

Sick call requests triaged as Urgent shall be referred to the provider on call within 4 hours.

Sick call requests triaged as Priority and/or Routine shall be resolved by the RN within 48 hours of triage. The RN shall conduct sick call visits with all youth submitting Priority or Routine sick call requests.

Sick call requests received by Probation when health care staff are not present shall be referred to the provider on call.

2.2.6.2 Los Prietos

Youth currently complete written sick call requests and place them into a locked box in housing units or hand them to a nurse during medication pass on the housing unit or to Probation staff trained as health care liaisons when health care is not on site.

All sick call requests shall be collected by health care during each medication pass. Probation staff receive and review sick call requests received on weekends. The Provider or Probation staff shall time and date stamp every sick call request upon receipt.

A Registered Nurse shall triage sick call requests within 4 hours of receipt. All requests shall be triaged with a disposition of Urgent, Priority, or Routine. Triage time, date, disposition, and reviewer shall be documented on the original request.

Detainees with sick call requests triaged as Urgent, the Registered Nurse shall conduct a sick call visit with the detainee and correspond with the provider on site at Juvenile Hall or on call as necessary to resolve the matter that day.

Sick call requests triaged as Priority and/or Routine shall be resolved by the RN within 48 hours of triage. The RN shall conduct sick call visits with all youth submitting Priority or Routine sick call requests.

Sick call requests received by Probation when health care staff are not present shall be referred to health care staff at Juvenile Hall if they are on duty, or to the provider on call.

2.2.6.3 Juvenile Hall and Los Prietos

Nursing interventions may include standardized procedures and treatment protocols that have been developed by the responsible physician and meet the requirements of the California Board of Registered Nursing.

If referred to medical, mental health, or dental provider, the RN's referral shall note the disposition to the provider as Priority or Routine.

Nursing assessment findings, intervention, and plan/disposition shall be documented on the sick call request and placed in the medical record.

Medical providers shall see or provide telephonic consultation on Priority referrals within 72 hours of the provider's receipt.

Medical providers shall see Routine referrals within 96 hours days of the provider's receipt.

The Provider shall utilize a sick call request form that contains all of the information above and has been approved by Probation.

The Provider shall maintain a log of every sick call request that indicates time/date of receipt, time/date of triage, time/date/disposition by nursing and time/date of clinical follow up. This log shall be electronic, preferably in Excel or a data base.

2.2.6.4 Primary Care – Los Prietos and Juvenile Hall

2.2.6.4.1 Acute, Preventive, and Chronic Care

The Provider shall deliver age and gender-appropriate acute care, preventive services, and chronic disease management to all incarcerated youth. This includes the use of evidence-based guidelines and practices for screening, diagnosis, and treatment of conditions in the youth population.

Chronic disease management shall include all of the following:

- Guidelines for establishing level of control and follow up schedules in accordance with level of control
- Guidelines for treating, testing, and monitoring each condition
- Self-management strategies and patient education provided by nursing (which can include group classes)
- Patient education materials

Medical and registered nursing staff working at Juvenile Hall shall be available via telephone to the Los Prietos Boys Camp to provide support in assessing youth who may need to be transferred to Juvenile Hall or to an emergency provider.

2.2.6.4.2 Immunizations

The Provider shall assess immunization status of all youth during Health Assessment and administer age-appropriate immunizations to all detainees.

The Provider shall enter immunization data into the Central Coast Immunization Registry (<http://www.immunize4life.org>). The Public Health Department will train the Provider to use the registry at no cost.

The Provider shall administer a process to review and update detainee immunizations on an annual basis.

2.2.6.4.3 Infection Control

The Provider shall implement an infection control policy that has been approved by the local Public Health Department. It shall include:

- Testing protocols for sexually transmitted diseases and HIV/AIDS for male and female youth, which shall include testing of all females for chlamydia
- Testing for sexually transmitted diseases and HIV/AIDS on youth request

- PPD testing for TB of all detainees expected to stay more than 96 hours days, which shall occur as soon as possible and no longer than 96 hours after incarceration
- The Public Health Department will conduct TB-related chest X-rays
- Protocols for managing outbreaks for infectious diseases
- Infection control reporting to Probation and to Public Health

1.2.6.5 Treatment Plans – Juvenile Hall

For each youth with acute, complex, high risk, or other special medical conditions or needs requiring close supervision including chronic and convalescent care, the Provider shall develop a written individualized treatment plan. In developing the treatment plan, the Provider shall include input from the youth and family and other clinical and custody staff as appropriate. The Provider shall communicate treatment options and treatment steps that shall be taken with the youth and family both verbally and, if requested, in writing.

The treatment plan shall include directions to health care and other personnel regarding their roles in the care and supervision of the youth. The treatment plans shall follow evidence-based clinical treatment protocols for management of conditions and shall conform to community standards and evidence-based practices. The treatment plan shall be updated at each clinical encounter. Treatment plans for chronic conditions shall be reviewed at least every 90 days.

The Provider shall communicate treatment options and treatment steps that shall be taken with the youth both verbally and, if requested, in writing.

1.2.6.6 Pregnant Youth - Juvenile Hall

The Provider shall perform a pregnancy test during Receiving Screening and Health Assessment as described in those sections above. Female youth who opt out of a pregnancy test may not receive any prescription or over-the-counter medications until pregnancy testing is completed and documented.

When a pregnant youth reports active drug or alcohol use at Receiving Screening, the Provider shall contact Public Health OBGYN services immediately to confer on a plan for managing withdrawal that considers the gestation; type, amount, and duration of substance use, and the youth’s medical, mental health and SUD history.

Pregnant youth who are on Methadone at the time of arrest shall be maintained on Methadone during incarceration.

The Provider shall refer pregnant youth to the Santa Barbara Public Health Department (PHD) within 72 hours of arrest. PHD will provide prenatal care to detainees. The Provider shall be responsible for all prenatal appointments and other services to pregnant youths, whether provided onsite or offsite.

1.2.6.7 Other Special Populations - Juvenile Hall

The Provider shall develop policies and procedures and individualized clinical treatment plans to assure that special populations receive timely, appropriate, and evidence-based care. Special populations include (but are not limited) to:

- Transgender youth
- Youth with gender dysphoria and/or undergoing sexual re-assignment
- Developmental disabilities and/or cognitive dysfunction
- Physical disabilities that require assistance with Activities of Daily Living
- Other conditions that create special needs

2.2.6.8 Collaboration/Integration of Behavioral Health and Primary Care - Los Prietos and Juvenile Hall

The Probation Department contracts with Santa Barbara County Behavioral Wellness Department (BWD) to provide mental health and substance use disorder treatment to incarcerated youth. The Provider shall collaborate with BWD in treatment planning and evaluation, both informally and in regularly scheduled treatment team meetings.

The Provider medical and nursing staff shall also participate in weekly multidisciplinary treatment team meetings.

The Provider medical and nursing staff shall also participate in periodic rounds to review youth response to treatment.

2.2.6.9 Dental Care - Los Prietos and Juvenile Hall

The Provider shall assess and arrange for necessary acute and preventive dental services for all youth at community providers.

2.2.6.10 Discharge/Reentry Planning

The Provider shall support discharge planning and reentry by actively engaging in transition planning with custody, community providers, community based service agencies, and family/guardian. Youth who are undergoing treatment for acute or chronic conditions should have a source for community care at release and a discharge plan indicating necessary follow up and medications. The Provider shall engage with community providers - ideally prior to release but in all cases within 72 hours of release - for all released youth who have active medical conditions that were treated at the Probation facility.

2.2.6.11 Child Abuse Reporting - Los Prietos and Juvenile Hall

The Provider shall train all employees and monitor compliance with California requirements for reporting child abuse and neglect found in the Child Abuse and Neglect Reporting Act Penal Code Section 11164-11174.3.

2.3 Inmate Health Services: Adults and Juveniles

2.3.1 Prescription Drugs/Medication Services

The Provider shall operate a total pharmaceutical system for the Jails and Probation facilities to include physician prescription and management activities, administration of prescription medication, provision of over-the-counter medications, and necessary record keeping. The system shall operate in compliance with all applicable state and federal regulation and law.

The Provider shall obtain all prescription, over-the-counter, and stock medications, with the possible exceptions of selected high-cost medications which may be provided by the inmate's family, procured through a local pharmacy using private insurance, or obtained through a relationship with a 340B covered entity.

2.3.1.1 Ordering and Reporting System

The Provider shall operate a web-based portal that health care staff can use to order medication, check order status, seek information on drug interactions, dosing, and side effects, and obtain a real-time list of current medications and medication history for any inmate. The system shall allow for reports to the Jail and Probation on medications that are expiring within 5 days. These can be sent from the pharmacy provider (pushed) or requested by the health care staff (pulled) and shall be in an electronic format that allows sorting by drug class.

The County anticipates moving to an electronic medical record (EMR) during the course of this Provider contract. The Provider shall support computerized physician order entry for prescription drugs and shall integrate its prescription drug program with an EMR if and when it is implemented.

The pharmacy system shall provide monthly and quarterly reports on drug utilization and cost for the Jail and Juvenile Hall. Required data fields are addressed in Section 6 Mandatory Reporting.

2.3.1.2 Formulary

The Provider may use a drug formulary, but shall be willing to accommodate modifications.

The Provider shall allow immediate formulary overrides for psychotropic drugs when, at booking, the Provider can validate psychotropic drug prescriptions and compliance with the medications immediately prior to entering the facility, provided that the medication is not a benzodiazepine or a medication used primarily as an aid for sleep. The Provider shall strive to match, as closely as possible, the psychotropic drug formulary used by the community mental health system.

The Provider shall render decisions on requests for non-formulary medication in 48 hours or less and shall support an option for an expedited request that is decided within 24 hours.

The Provider shall obtain approved non-formulary medications from the local back-up pharmacy specified in Section 2.3.1.4 if the Provider cannot deliver them to the facilities within 24 hours of approval.

2.3.1.3 Packaging

Because of the significant turn-over of jail detainees, the Provider may provide some medications as stock. Inmate-specific medication cards are strongly preferred where it is expected that the inmate will be detained for more than 14 days. The Provider shall work with the Sheriff to develop mechanisms to optimize patient-specific medications.

Stock and patient-specific medication shall be in blister packs, clearly labeled, and packaged to allow for return for maximum credit where appropriate.

The jail may implement a keep on person (KOP) medication program for some medications and some inmates in the near future. The Provider shall dispense KOP medications in unit dose form (blister pack).

2.3.1.4 Delivery

Deliveries shall be made daily as needed to the Jail and Juvenile Hall, Monday – Saturday. When an order is placed into the electronic system by 4:00 p.m., the Provider shall fill and deliver original prescriptions and prescription refills within twenty-four hours of order unless clinically indicated otherwise (48 hours if the order is written on Saturday). The Provider shall contract with a local pharmacy to assure twenty-four-hour delivery of medications on weekends and holidays and urgent/emergent delivery at any time. The Provider must use the back-up pharmacy in these instances.

2.3.1.5 Administration

At the Jail, all prescription medications shall be administered by a licensed healthcare professional in accordance with sound medical practice and at the direction of the treating physician. At Probation facilities, medications administered after hours or on weekends and holidays may be prepared by a licensed healthcare professional and distributed by custody staff who have been trained by the Provider in accordance with federal and state regulations.

The Provider shall employ policies and procedures to assure that medication staff comply with community standards and legal requirements for medication administration, including prohibitions for pre-pouring and re-packaging medications for administration.

As the inmate identification at the jail includes a bar code, the Provider may implement an electronic MAR and utilize bar code scanners.

The Provider shall develop and maintain a medication adherence program at both facilities aimed at identifying non-adherent inmates in a manner that allows for timely intervention by the medical or behavioral health staff. It shall include keeping a log of all missed medications at each medication pass.

It shall include a policy and procedure for timely provider notification and follow up on of missed medications of an urgent/timely nature, to include at a minimum:

- Antibiotics
- Insulin
- HIV medications
- Seizure medications
- Hepatitis C medications
- Psychotropic medications

The Provider shall review the missed medication log at least once a week and identify inmates with patterns of missed medications in addition to those noted above. Such inmates shall be referred for adherence evaluation to the appropriate health care professional. This program will be reviewed regularly by the Continuous Quality Improvement Committee at each facility.

Should the Sheriff move to a Keep on Person medication program, the Provider shall:

- Administer the program in compliance with state and federal laws
- Assure that inmates are aware of the medication purpose, desired effect, side effects, doses and administration times for all KOP medications
- Operate a method, approved by the Sheriff, to assess inmate adherence to KOP medication schedules

1.3.1.6 Safeguarding and Disposal

The Provider shall employ policies and procedures to safeguard all controlled substances and to prevent diversion of all medications by staff or inmates. Management of controlled substances shall comply with all federal and state regulations.

All controlled substances, syringes, needles other pharmaceutical implements shall be securely stored in compliance with the facility regulations, DEA regulations, Occupational Safety and Health Administration regulations, and NCCHC standards.

The Provider shall engage a means of disposal of controlled and non-controlled substances that complies with all state and federal requirements and minimizes opportunities for drug diversion.

1.3.1.7 Billing and Credit

The Provider shall bill the Sheriff and Probation for the actual acquisition cost of all medications, and an appropriate administrative fee. All rebates and discounts that accrue to the Provider for medications used by the Sheriff or Probation facilities shall be passed to the Sheriff or Probation. The Provider shall deliver all documentation necessary to substantiate acquisition cost through audit.

The Provider shall accept medications appropriately returned for credit and shall credit the Sheriff or Probation accordingly, through a credit on the next invoice no later than 45 days from the date the drug was returned to the Provider.

2.3.1.8 Quality Controls

The Provider shall assure that a registered pharmacist conducts quarterly audits of the prescription drug practices at all facilities, to determine compliance with applicable federal and state laws and regulations and to recommend improvements to accurate, timely and efficient drug delivery, safeguarding, and distribution.

2.3.2 Laboratory and Radiology Services

The Provider shall conduct the following laboratory services on site, at a minimum

- Jail: Urinalysis, hemoglobin, wet mounts, strep tests, urine pregnancy test, rapid strep test, blood glucose
- Juvenile Hall: Urinalysis, hemoglobin, wet mounts, strep tests, urine pregnancy test, rapid strep test, blood glucose
- Los Prietos Boys Camp: Blood glucose, urinalysis, hemoglobin

Other on-site testing may be conducted at the Provider's discretion. The Provider shall provide and maintain all equipment and provide all supplies necessary for conducting these services.

In addition, the Sheriff and Probation have existing relationships with community laboratory and radiology providers. The Provider shall coordinate testing with these providers.

The Provider shall draw all blood for in-site and off-site lab testing at all facilities.

The Provider shall implement processes to identify and respond to all abnormal laboratory tests in accordance with community standards. Processes shall include abnormal results reported after hours and on weekends and holidays.

2.3.3 Provider Orders

The Provider shall develop policies and procedures to assure that all of the following:

- Orders written by on-site providers are transcribed, executed, and documented within four hours
- Orders transcribed by an LVN are verified and documented by an RN within 24 hours
- Orders/treatment plans written by off-site providers are reviewed and acted upon by an on-site provider within 24 hours. Where the on-site provider elects an alternative treatment plan than recommended by the off-site provider, the on-site provider documents rationale and discussion with off-site provider where appropriate.
- Verbal orders are signed by the ordering provider within 48 hours (72 hours if ordered on Friday)

2.3.4 Dietary Evaluation and Management

The provider shall evaluate the dietary needs of inmates and order therapeutic diets as appropriate. Where indicated, a licensed dietician engaged by the Provider shall collaborate with the ordering provider to make recommendations.

2.3.5 Health Education

The Provider shall conduct inmate health education with individual inmates and in groups. The Provider shall supply culturally and linguistically appropriate health education materials on a variety of topics approved by the Sheriff and Probation. Coordination with the county's departments of public health and behavioral wellness is expected and the Provider may use health education materials from these stakeholders.

2.3.6 Personal Hygiene Counseling Education

The Provider shall counsel and educate inmates on personal hygiene including oral health. The Provider shall supply culturally and linguistically appropriate materials on a variety of personal hygiene topics approved by the Sheriff and Probation.

2.3.7 Key and Tool Control

The Provider shall assure that all keys and tools that could pose a danger in the hands of prisoners are accounted for at every provider shift change and shall comply with the Sheriff's and Probations' key and tool control policies. The Provider shall submit a list of items and a key and tool control policy by facility for approval by the Sheriff and Probation.

2.3.8 Supplies and Durable Medical Equipment

The Provider shall be responsible for the purchase of all office supplies and the purchase and maintenance of all medical supplies and durable medical equipment (DME) necessary to meet its obligations. DME includes but is not limited to crutches, prostheses, eyeglasses, hearing aids, wheelchairs, and oxygen.

2.3.9 Biomedical Waste Disposal

The Provider is responsible for biomedical waste collection and disposal. Policies, procedures, and practices shall comply with all applicable state, federal, and local requirements.

2.3.10 Off-Site/Specialty Health Care Services

2.3.10.1 Provider Network

2.3.10.1.1 Inmate Has Private Insurance (excludes Medi-Cal and Medicare)

Where the inmate/youth has private insurance, the Provider shall attempt to coordinate necessary off-site/specialty care with the private insurance network. The community provider shall bill the private insurance directly and the Provider shall obtain a copy of the bill and keep a record of the services and deferred costs. Copayments and deductibles are the responsibility of the inmate but the Sheriff and Probation reserve the right to cover those expenses on a case-by-case basis. Cooperation of the Provider is expected to support this situation.

2.3.10.1.2 Inmate is Uninsured (or has Medi-Cal or Medicare)

The Sheriff's Office and the Probation Department maintain relationships with local hospitals and a variety of medical specialists and (for youth) dental providers. In most cases the providers accept payment at Medi-Cal rates. A few medical specialist come to the jail to see adult patients. The Provider shall arrange all necessary off-site/specialty care for detainees utilizing these networks.

In the event that a medical specialty is required but there is no community provider relationship, the Provider shall work with the Sheriff or Probation to identify a willing provider and negotiate rates.

2.3.10.2 Payment for Off-Site/Specialty Health Care

The Provider shall review all claims for off-site/specialty care to verify the billed services, dates of service, and incarceration status, and to identify claims that should have been covered by private insurance. Reviews shall occur within 5 business days of the receipt of the claim. The Sheriff and Probation shall cover the expenses for off-site/specialty services not covered by insurance, and shall remit payment to the off-site provider.

2.3.10.3 Referral Management

The Provider shall operate an evidence-based utilization management approach for prospectively authorizing all off-site medical specialty services and for retrospectively assessing the use of emergency room and inpatient hospital services. The UM policy shall include turn-around times for authorization decisions, alternative treatment recommendations for denied referrals, and an appeal process.

Where access to a specialist is delayed, the Provider shall continue to see the patient at clinically appropriate intervals and document changes in condition until the specialty consultation has occurred.

All referrals shall include a requirement that recommendations and a treatment plan accompany the patient on his/her return to the facility and a comprehensive assessment with recommendations shall be remitted within 4 business days of the consultation.

2.3.11 Treatment Plans

Treatment plans and/or orders written by emergency room or inpatient hospital providers shall be reviewed and acted upon within 4 hours of the inmate/youth's return to the facility.

Treatment plans and/or orders written by off-site specialty medical providers shall be reviewed and acted upon by the Provider within three business days after the consultation or service is rendered. Where the on-site provider elects an alternative treatment plan than recommended by the off-site provider, the on-site provider shall document the rationale and any discussion with off-site provider.

2.3.12 Ambulance and Transportation Services

The Sheriff and Probation Department maintain relationships with local ambulance providers and will cover the cost of off-site emergency transportation. The Provider shall arrange for all necessary emergency transportation and review the claims for accuracy and validity. Probation will arrange for emergency transportation when the Provider is not present.

2.3.13 Medical Clearance for Inmate Work

At the request of the Sheriff or Probation, the Provider shall assess and document the ability of inmate/youth's ability to perform work requirements.

2.3.14 Medical Clearance for Court Appearance

At the request of the Sheriff or Probation, the Provider shall assess and document the ability of inmate/youth's ability to appear in court.

2.3.15 Services to Non-Inmates

2.3.15.1 Screening and Immunization Provided to Staff

The Provider shall offer Hepatitis B immunizations and flu shots to all Sheriff and Probation staff and conduct PPD testing at the time of commencement of employment. The facilities will be responsible for the cost of vaccines and testing supplies obtained and used by the Provider.

2.3.15.2 Emergency Medical Treatment for Non-Inmates

The Provider shall provide emergency medical treatment for visitors, vendors (including health care provider employees) and employees of the Jail and Probation who are injured or become ill while working within the facilities. Follow-up care will be the responsibility of the visitor, vendor or employee.

2.3.15.3 Training of Non-Provider Staff

The Provider shall deliver appropriate in-service training for selected non-provider staff in all facilities during the first ninety days of a new contract. To the extent possible, training shall include health care staff to foster interaction between custody and the Provider. The topics and schedule shall be developed following contract execution but shall include, at a minimum, skills and scenario-based training on:

- Suicide prevention activities (jail only)
- Behavioral health conditions and resulting behaviors (jail only)
- Trauma-based mental health assessment and treatment (jail only)
- De-escalation techniques (jail only)
- Sick call requests protocols
- Universal precautions
- Preventing and treating heat stroke
- Managing environmental hazards
- Infection control and emerging infectious disease
- Addressing clinical emergencies
- Disaster response
- Transitions of care with EMS
- Disaster drills
- Communication and patient confidentiality
- Other new or emergent issues or topics

2.3.16 Exclusions from Medical Services

The Provider shall not be responsible for the following:

- Medical testing or obtaining of samples that are forensic in nature
- Cost of emergency department visits, inpatient hospital service, professional services provided by community practitioners or facilities
- Cost of dental services for youth
- Cost for health care services to stabilize life-threatening or emergent conditions in any inmate presented at booking
- Care of infants born to inmates
- Cost of pharmaceuticals, prescription and over-the-counter
- Behavioral health services for youth

2.3.17 Medical Records.

At the jail, the Provider shall maintain a comprehensive, accurate, and integrated medical health, behavioral health, and dental medical record for every detainee consistent with applicable law and based on the Problem Oriented Medical Record approach to documentation. At the Probation facilities, the Provider and behavioral health contractor shall jointly maintain medical records under the same terms as the jail.

For youth, the Provider shall utilize forms for common interactions such as physical exam, medical history, and chronic disease management that are specific to pediatric/young adult populations.

The facilities currently use paper medical records but may migrate to an electronic medical record (EMR) during this contract. If such migration occurs, the Provider shall fully cooperate with development of an implementation plan, staff training, implementation, and audit of staff compliance with documentation requirements.

The Provider shall ensure that its staff documents all healthcare contacts in the inmate healthcare record in the problem-oriented medical record format (Subjective, Observation, Assessment, Plan).

The Provider shall maintain a comprehensive and accurate Problem List in each medical record.

All paper medical, dental, and mental health records will be maintained at the facilities and will remain the property of the facility. The records will be maintained separately from an inmate's legal/confinement record.

The Provider shall give the Sheriff, Probation, and the County access to all medical records immediately upon request.

The Provider shall update the inmate's medical record at the point of service, and shall forward a summary of the record to the appropriate facility in the event of an inmate's transfer. Upon transfer, the medical record shall include a Medical Flow Sheet or other transfer of medical information sheet.

The Provider shall take all necessary precautions to ensure medical records and information remains privileged and confidential. These precautions shall include but not be limited to keeping them locked and secured from routine traffic.

The Provider shall adhere to and comply with all protections outlined in the Health Insurance Portability and Accountability Act.

The Provider shall retain medical records for a minimum of seven years, or as long as legally required.

2.3.18 Continuous Quality Improvement and Accreditation

2.3.18.1 CQI Committee

The Provider shall develop and maintain a Continuous Quality Improvement (CQI) Committee at each facility. The Committee shall include, at a minimum, the Health Services Administrator, the Director of Nursing, at least one behavioral health staff member, the Sheriff or Probation contract manager, and representatives from the Santa Barbara County Departments of Public Health and Behavioral Wellness. Custody staff shall participate as appropriate on an ad hoc basis.

The CQI process shall comply with all NCCHC standards. The CQI process shall identify annual clinical and operational priorities and an annual CQI calendar at each facility. Other issues that arise during the year shall be added to the CQI agenda. Priorities shall focus on access to care and the quality of care, and be based on data from a variety of sources, including but not limited to: staffing reports, statistical data reported by the Provider, inmate grievances, chart reviews and audits conducted by the Provider and by external reviewers.

The Committee's objective shall be to ensure that high quality cost-effective health care commensurate with community standards is available to all inmates and that clinical and behavioral protocols are adopted and followed. The Committee shall be responsible for conducting root-cause analyses and

testing corrective actions that improve quality of care, enhance health care and behavioral health care operations, and assure responsible management of offsite services.

The Provider shall also conduct its own corporate-based QI activities, and they shall be reported to the CQI Committee.

The Jail CQI Committee shall meet on a monthly basis and the Probation CQI Committee shall meet quarterly. The Provider is responsible for developing agendas with input from the Sheriff and Probation and circulating prior to meetings, and for producing meeting minutes within three business days of meeting.

As part of the CQI process, the Provider shall respond to all health care grievances, with the exception of mental health grievances at Probation facilities. Response timeframes shall comply with Sheriff and Probation requirements. The Provider shall conduct detailed analysis on grievance patterns that show a clinical, personnel, or operational trend, and shall present findings to the CQI Committee.

1.3.18.2 Peer Review and Scope of Practice Compliance

The Provider shall conduct clinical peer review activities on all licensed disciplines that comply with NCCHC standards. In addition, the Provider shall fully cooperate with peer review conducted by an external clinicians in all licensed disciplines at the County's request.

The Provider shall submit a plan for and record review and clinical oversight of Nurse Practitioners that complies with the California Board of Registered Nursing requirements² and is consistent with the oversight of Nurse Practitioners at clinics operated by the Santa Barbara County Public Health Department. The plan shall be approved by the Health Department. The Provider shall carry out the plan and provide annual compliance documentation to the Sheriff and Probation.

1.3.18.3 National Commission on Correctional Health Care Accreditation

Juvenile Hall health care is currently fully accredited by the Institute for Medical Quality. Within six months of the contract start date, the Provider shall submit to Probation an action plan, timetable, assignments, and resource requirements that shall support medical accreditation by the National Commission on Correctional Health Care (NCCHC) no later than one year from the contract start date. Progress toward accreditation goals shall be reported and discussed as a standard agenda item at each Medical Advisory Committee meeting.

Jail health care is not currently accredited. Within nine months of the contract start date, the Provider shall submit to the Sheriff an action plan, timetable, assignments, and resource requirements that shall support medical and mental health accreditation by the National Commission on Correctional Health Care (NCCHC) no later than two years from the contract start date. Progress toward accreditation goals shall be reported and discussed as a standard agenda item at each Medical Advisory Committee meeting.

The Provider shall maintain NCCHC accreditation for both facilities throughout the subsequent contract period. This shall require submission of Annual Maintenance Reports (AMRs). The Provider shall submit AMRs to the Sheriff and Probation for approval before submitting to NCCHC.

² <http://www.rn.ca.gov/pdfs/regulations/npr-b-23.pdf>

The Provider shall incur all costs associated with achieving and maintaining NCCHC accreditation over the contract term.

Failure to obtain or maintain NCCHC accreditation within the specifications of the Agreement shall result in the Provider being considered in breach of contract, and subject to a penalty of \$100,000 per facility, unless the failure is due to circumstances outside the control of the Provider, including physical plant limitations or the County's inability to meet its obligations as defined by NCCHC standards. The penalty shall be assessed on the date on which NCCHC deems that the facility is denied or loses accreditation status.

2.3.19 Equipment and Supplies

2.3.19.1 Physical Plant

The Sheriff and Probation will provide clinical examination rooms with exam tables; a medication room with a locking door, cabinets with locks; office space to the Provider; AEDs (automatic external defibrillators). The Sheriff and Probation will cover the cost of utilities, building maintenance, and building insurance.

The Sheriff and Probation will provide telephone lines and phone service to the Provider.

The Sheriff and Probation will provide Internet access through their networks, and will provide network accounts for access to Sheriff and Probation content.

The Sheriff and Probation will be responsible for providing general cleaning supplies and general cleaning services to maintain the medical services and medical business work areas. The Provider shall be responsible for providing cleaning supplies used primarily in a healthcare setting and special cleaning services necessary for a healthcare work environment.

The Provider shall assume full responsibility for any damage to County equipment or premises that are caused by the negligent or intentional acts or omissions of the Providers employees, agents, or officers.

2.3.19.2 Medical Equipment and Supplies

The Provider shall supply and maintain in good working order all clinical equipment necessary for providing the required scope of services. This shall include but not be limited to exam lights, on-site lab testing equipment, otoscopes, blood pressure testing equipment, peak flow meters, pulse oximetry equipment, crash carts and emergency response equipment, lab testing supplies, medication carts, medication refrigerators, and crash carts.

The provider shall supply and have financial responsibility for all medical supplies and durable medical equipment necessary to meet its obligations contained in this RFP.

2.3.19.3 Business Equipment and Supplies

The table below specifies business equipment owned by the Sheriff that will be available to the Provider.

Sheriff-Owned Business Equipment							
Equipment Items	Med RN Office	Mental Health	Medical Rec. Office	Break Room	Medical Records	Medication Room	TOTAL
Computer Terminals		1	1				2
Desks	4	4	3		3		14
Desk Chairs	4	3	3		3		13
Desk File Cabinets	6	5	4				15
Overhead File Cabinets		1					1
Floor Large File Cabinets			1				1
Book Shelf	1	1	1		1		4
Large Medical File Cabinets					10		10
Fax Machine		1					1
B/W Copy Machine							0
Phones	3	3	2				8
Lockers Small				12			12
Lockers Large				12			12
Refrigerator				1		1	2

Probation will provide the following office equipment:

Juvenile Hall

- 3 computers and 1 printer in the medical area
- Built-in counter/desk area in health care
- Desk and small work space for doctor and nurse

Los Prietos

- 1 computer and network connection

The Provider shall supply and have financial responsibility for all other business supplies and equipment.

2.3.19.4 Security Equipment and Devices

The Sheriff will provide 2-way radios that include alarms for all health care staff.

Probation will provide Personal Protection Devices and 2-way radios for all health care staff.

3 Transition and Start-Up

The County anticipates a transition and start-up period of 60 – 90 days following contract signature. The exact period will be defined in the contract.

The Provider shall perform start up activities necessary to begin performance of contract activities at the contract start date. Within 10 calendar days of the contract award, the Provider shall submit a revised, expanded, detailed narrative of the Start Up Plan to the County. The Start Up Plan shall ensure that the Provider works in partnership with the Sheriff, Probation, County, all subcontractors, and all specialty service providers, to deliver uninterrupted clinical and administrative services that ensure the continuity of care to County inmates, including infrastructure of systems, staffing and providers. The Provider shall continue to revise the Start Up Plan and submit to the County on a bi-weekly basis at a minimum, until all items have been successfully implemented and accepted by the County.

The Provider acknowledges that no compensation will be paid to the Provider during the transition and startup period.

4 Contract Management/External Oversight

4.1 External Oversight

The County intends to engage its departments of Public Health and Behavioral Wellness to serve as contract advisors, managers, and community partners with the Sheriff and Probation and the Provider in the design, delivery and evaluation of health care services. The Provider shall cooperate fully in all planning, oversight and evaluation activities. These may include peer review of clinical services, participation in Quality Improvement activities, planning for future service delivery, developing transition services into and out of the jail and probation facilities, and other activities.

4.2 Administrative Meetings and Information

The Provider shall conduct monthly meetings at the jail and quarterly meetings at Juvenile Hall of a Medical Advisory Committee (MAC) to monitor health care operations, review internal and external data and reports, track infection control, review inmate grievances, review staffing levels and vacancies, and develop policies and procedures, conduct planning exercises, consider physical plant concerns, and develop resolutions to operational problems. The Provider shall prepare agendas, minutes, and correction action/follow-up assignments.

MAC members shall include the Health Services Administrator, a Sheriff or Probation designee, facility administrator, and medical, nursing, and behavioral health providers. Custody and dental staff and others shall be invited to participate as issues warrant their inclusion.

The Provider shall also conduct monthly staff meetings at which key information, plans, and decisions from the MAC and QI meetings are shared. (See section 5.3 Staff Management)

4.3 Contract Management Meeting

The Provider shall attend a quarterly meeting with the County, Sheriff, and Probation that will serve as a forum to review overall contract performance, review costs incurred, discuss issues that cross all the detention settings, discuss emerging issues and planning, resolve contractual issues, and approve annual Service Level Agreements. The County Administrator will organize the agenda and document meeting minutes and decisions. Within thirty days of contract signature, the Provider shall submit the schedule of these quarterly meetings.

5 Staffing Requirements

5.1 General

- A. The Provider shall recruit, interview, hire, train and supervise all health care staff to meet all required conditions and specifications.
- B. The Provider shall recruit and employ or contract only licensed and qualified personnel. The Provider shall interview each candidate for employment or contract with special focus on technical expertise, emotional stability and motivation.
- C. The Sheriff or Probation will conduct criminal background checks on all employees as a prerequisite for initial and/or continued employment.
- D. The Provider shall remove a staff member from his/her role in providing services in the facilities immediately upon request from the Sheriff or Probation.

- E. The Sheriff and Probation retain the right to remove the security clearance of any Provider staff person and prevent entry into secure facilities.
- F. The Provider shall ensure that all personnel comply with current and future State, Federal, and Local laws and regulations, administrative directives, and policies and procedures of the County, Jail and/or Probation.
- G. The Provider shall ensure that all medical staff providing services under this contract are licensed to practice in the State of California and that the license is current, in "good standing," and that the healthcare provider is otherwise unimpaired.
- H. The Provider shall develop and maintain a pool of trained nursing staff available to serve on a per diem basis to cover vacancies, holidays, vacations, etc.
- I. The Provider shall take immediate action to fill vacant positions. Candidates selected by the Provider to fill vacant positions shall be presented to the Sheriff or Probation for security clearance within 60 days from the date of such vacancy. Financial penalties for failure fill vacancies are detailed in Section 10 Payment Provisions.
- J. The Provider shall make every effort to hire staff that are bilingual and shall report language capabilities in staffing reports.

5.2 Training and Support

The Sheriff and Probation will provide training to Provider staff on facility safety and security practices, the Prison Rape Elimination Act, and other appropriate topics.

The Provider shall ensure that all newly-hired employees, regardless of position, are provided with appropriate orientation within one week of start date. The provision applies to all employees including contract, temporary and full-time.

The Provider shall deliver appropriate in-service training and scheduled continuing educational programs to healthcare staff throughout the contract period. The Provider shall develop additional training sessions as new processes with courts, local public health, state insurance programs, and the state Health Benefit Exchange develop throughout the contract.

5.3 Staff Management

The Provider shall maintain personnel files in the healthcare units for all healthcare personnel. The Provider shall make these files available to the County upon reasonable request and within three business days of request. These files shall include professional licensure, relevant medical education and training, all in-service training sessions attended and other pertinent education programs.

All personnel hired by the Provider shall be on the Provider's payroll, and the Provider shall pay all wages, fringe benefits, payroll taxes and any other employee-related costs. The County understands and agrees to independent contracting of or delegation of personnel that might be necessary in order for the Provider to discharge its obligations under the RFP. As the relationship between the Provider and these health care professionals shall be that of independent contractor, the Provider shall not be considered or deemed to be engaged in the practice of medicine. However, this does not relieve the Provider from monitoring its subcontractors performance related to professional conduct, and ensuring compliance with any Agreement that results from this RFP.

The Provider shall distribute to each staff member a written job description that defines the specific duties and clearly delineates assigned responsibilities. The Provider shall submit these job descriptions to the Sheriff and Probation upon execution of a contract. Job descriptions shall be reviewed at least annually and updated as needed.

The Provider shall comply with all Federal, State, and Local laws and standards pertaining to:

- Recruitment practices
- Equal employment opportunities
- License/certification requirements
- Staff training and personnel development
- Continuing education
- Performance review
- Santa Barbara County Ordinances

The Provider shall adhere to the staffing schedule agreed upon in the contract.

The Provider shall monitor the performance of healthcare staff to ensure adequate job performance in accordance with job descriptions and the terms of any agreement resulting from this RFP. The Provider shall conduct all disciplinary actions against employees and document all activities related to disciplinary actions in each employee's file.

In accordance with NCCHC standards, the Provider shall conduct monthly staff meetings at which attendance is recorded. Meeting times shall rotate or be repeated to include staff from all shifts. Key information, plans, and decisions from the MAC and QI meetings shall be shared and staff shall have an opportunity to bring forward agenda items.

5.4 Staffing Model

5.4.1 General

The Provider shall provide staffing that delivers the required levels of service and enables licensed professionals to practice at the fullest scope allowed under California regulations. Efficient teams that provide support to clinicians and minimize clinician time spent on administrative tasks are strongly encouraged and the Provider should use appropriately trained para-professional and support staff to maximize the efficiency of health care operations and assure efficient and timely delivery of medical, nursing, behavioral health, and dental services.

The Provider shall adhere to minimum coverage levels described below for the Jail and Probation facilities. The following additional staffing requirements shall apply.

- The Provider shall employ a full-time Health Services Administrator who shall oversee and manage healthcare operations of all facilities. The Health Services Administrator shall have previous experience in adult and juvenile correctional health care facility environments.
- For the Jails, the Provider shall employ a Single Medical Authority who is a physician licensed in California. The physician shall oversee and manage clinical quality for all matters related to detainee healthcare at the Jail and Probation facilities. Such clinical oversight shall recognize and adhere to accepted community standards. This function includes oversight of inmate sick call, all health care related assessments and screenings, onsite and offsite referrals, prescription drug needs, clinical mental health issues, mandatory supervision of mid-level providers in accordance

with state law, collaboration with behavioral health providers, coordination with community providers for off-site care and for aftercare, and all other matters related to maintaining and improving delivery of health care to Sheriff detainees.

- For Probation facilities, the Provider shall employ a Single Medical Authority who is a physician licensed in California and is experienced in adolescent health care. The physician shall oversee and manage clinical quality for all matters related to detainee healthcare at the Probation facilities. Such clinical oversight shall recognize and adhere to accepted community standards. This function includes oversight of inmate sick call, all health care related assessments and screenings, onsite and offsite referrals, prescription drug needs, mandatory supervision of mid-level providers in accordance with state law, collaboration with behavioral health providers, coordination with community providers for off-site care and for aftercare, and all other matters related to maintaining and improving delivery of health care to Probation detainees.
- The Provider shall employ a Registered Nurse who has responsibility for supervision of other RNs, LPNs, and non-licensed health care staff at the jail, and another RN with these supervisory duties at both Probation facilities. In addition, the Provider shall propose and, where agreed to by the Jail and Probation, implement staffing efficiencies throughout the course of the contract, particularly where recruitment and retention challenges develop.

The Sheriff and Probation are responsible for providing sufficient inmate/detainee escort to allow the Provider to see patients as scheduled.

5.4.2 Minimum Staff Coverage Requirements: Main Jail

The Provider shall propose a staffing plan that is adequate to produce the levels of service detailed throughout this RFP and to comply with NCCHC accreditation standards.

Clinics typically operate between the hours and 8:00 a.m. and 5:00 p.m. Evening and weekend alternatives are possible with collaboration of Sheriff or Probation.

Minimum staff coverage requirements for selected jail health personnel appear in the table below. This RFP does not dictate minimum staffing levels; the Provider is expected to recommend staffing levels that meet the minimum coverage requirement, provide the required levels of access and service, and maximize provider productivity at the highest level of their scope of practice.

MAIN JAIL MINIMUM COVERAGE REQUIREMENTS		
	Monday - Friday	Weekend/Holiday
Primary Care Physician/NP	On site daily; on call 24 hours	On call
Psychiatrist/ Psychiatric Nurse Practitioner	Daily access on site or via telepsychiatry; on call 24 hours	On call
Dentist	Minimum 24 hours over at least 3 days on site	NA
Registered nurse	On site 24 hours per day; available for intake 24 hours per day	Same as M - F
Medication nurse	Sufficient to complete medication pass within two hour window	Same as M - F
Mental health clinician	Coverage 0600 - 2400	Same as M - F

5.4.2.1 Medical Providers

The Provider shall engage physicians and/or mid-level providers, in accordance with state law, to provide services on site Monday – Friday. At least one provider should have experience with women’s health.

A single covering provider shall be available or on call seven days per week, twenty-four hours per day in accordance with community standards. On call coverage may be provided by a Nurse Practitioner so long as the collaborative practice agreement includes guidelines on triage and conditions that warrant sending an inmate to a hospital for emergency services.

The provider on call during weekends and holidays is expected to manage orders on new bookings, review new abnormal lab and radiology results, assure clinical continuity for inmates returning from hospital emergency or inpatient services, and address any urgent medical developments in the inmate population.

Medical Provider coverage shall be sufficient to assure that all requirements for intake, bridge medications, chronic care, preventive care, urgent, and routine care, supervision of Nurse Practitioners, follow up on off-site services, evaluation of diagnostic testing, participation in Quality Improvement activities, and other clinical and administrative obligations noted in this RFP are met within the specified time frames.

5.4.2.2 Nursing

The Provider shall engage qualified nursing staff so that appropriate medical care is delivered on a twenty-four hour seven-day per week basis. At least one Registered Nurse shall be working twenty-four hours per day/seven days per week. A Registered Nurse shall be available to conduct intake screenings twenty-four hours per day/seven days per week, but the Sheriff does not support a dedicated position for intake around the clock where the duties are limited to intake.

Nurse staffing shall be sufficient to assure that:

- Intake screening is carried out immediately upon detainee arrival to the external receiving area and prior to the detainee entering the inner receiving area
- Inmate requests for health care services are triaged from all locations within 24 hours of receipt
- Prescription drugs and other medications are administered plus or minus one hour of the ordered time
- Appropriate and timely medical detoxification services are provided
- Patient education and medical discharge planning are conducted appropriately

5.4.2.3 Psychiatry

The Provider shall engage a psychiatrist and/or psychiatric nurse practitioner, in accordance with state law, to provide a service at the jail every weekday. While on-site coverage is expected, the Provider may utilize telepsychiatry as a means to address the necessary levels of service. The Provider shall provide and maintain cameras, screens, and other telemedicine equipment.

A single covering psychiatric provider shall be available or on call seven days per week, twenty-four hours per day as mandated by community standards. The provider on call during weekends and holidays is expected to manage orders on new bookings, assure clinical continuity for inmates returning from hospital emergency or inpatient services, and address any urgent medical developments in the inmate population.

Psychiatric provider coverage shall be sufficient to assure that all requirements for intake, bridge medications, acute and emergency care, coordination with medical and SUD providers, supervision of Nurse Practitioners, follow up on off-site services, evaluation of diagnostic testing, participation in Quality Improvement activities, and other clinical and administrative obligations noted in this RFP are met within the specified time frames.

5.4.2.4 Behavioral Health

The Provider shall engage qualified behavioral health clinicians so that appropriate mental health evaluation and intervention is available between the hours of 0600 and 2400 every day. At a minimum, services shall include:

- Mental health assessment and evaluation at intake, health assessment, in restricted housing at least three times a week and daily during detoxification
- Crisis intervention
- Suicide and/or safety cell evaluation
- Stabilization and reduction of time inmates spend in safety cells
- Individual counseling
- Group treatment
- Discharge and aftercare planning
- Collaboration with medical staff on integrated plan of care

5.4.2.5 Dental Services

The Provider shall engage appropriate dental staff to assure that timely oral health screening and medically necessary dental services are provided to prisoners. At a minimum, this shall include a dentist providing at least 24 hours of service per week, over a minimum of three days a week. Dental assistant and dental hygienists may be used to assure that prophylactic, urgent, and routine dental services are provided within the timeframes specified in this RFP. The provider may work with residency and training programs for dental services to increase inmate access to dental care.

5.4.3 Minimum Staffing Coverage: Probation

The Provider shall propose a staffing plan that is adequate to produce the levels of service detailed throughout this RFP and to comply with NCCHC accreditation standards.

Clinics typically operate between the hours and 8:00 a.m. and 5:00 p.m. Evening and weekend alternatives are possible with collaboration of Probation.

Minimum staff coverage requirements for selected juvenile health personnel appear in the table below. This RFP does not dictate minimum staffing levels; the Provider is expected to recommend staffing levels that meet the minimum coverage requirement, provide the required levels of access and service, and maximize provider productivity at the highest level of their scope of practice.

JUVENILE HALL MINIMUM COVERAGE REQUIREMENTS		
	Monday - Friday	Weekend/Holiday
Primary Care Physician/NP	4 days a week	On call
Nursing	12 hours per day	12 hours per day

LOS PRIETOS MINIMUM COVERAGE REQUIREMENTS		
	Monday - Friday	Weekend/Holiday
Primary Care Physician/NP	One day per week	On call
Nursing	Daily	NA

5.4.3.1 Medical Providers

The Provider shall engage physicians and/or mid-level providers, in accordance with state law, to provide on-site clinical services at Juvenile Hall, each weekday. The providers shall have experience with adolescent health. A provider shall be on site at Los Prietos at least one day a week. A single covering provider shall be available or on call seven days per week, twenty-four hours per day as mandated by community standards. On call coverage may be provided by a Nurse Practitioner so long as the collaborative practice agreement includes guidelines on triage and conditions that warrant sending an inmate to a hospital for emergency services.

Medical provider coverage shall be sufficient to assure that all requirements for intake, bridge medications, chronic care, preventive care, urgent, and routine care, follow up on off-site services, evaluation of diagnostic testing, participation in Quality Improvement activities, coordination with behavioral health providers, and other clinical and administrative obligations noted in this RFP are met within the specified time frames.

5.4.3.2 Nursing

The Provider shall engage qualified nursing staff so that appropriate sick call and nursing services are provided every day at Juvenile Hall and every week day at Los Prietos Boys Camp. Registered Nurses at Juvenile Hall shall provide telephone consultation to Probation staff at Los Prietos on weekends and holidays.

A Registered Nurse shall be responsible for supervision of other RNs, LPNs, and non-licensed health care staff. Nurse staffing shall also be sufficient to assure that:

- Intake screening is carried out within four hours of arrival in booking
- Requests for health care services are triaged from all locations with 24 hours; at Los Prietos shall be carried out by Health Care Liaisons on weekends.
- Prescription drugs and other medications are administered within one hour of the prescribed time
- Appropriate and timely medical detoxification services are provided
- Patient education and medical discharge planning are conducted appropriately

5.4.3.3 Staffing Proposal

The Provider shall submit its staffing proposal on the form included as Appendix 9 Staffing Proposal. Each position for all health care, ancillary, and administrative positions shall be shown, as well as the days and hours it covers at each facility.

5 Mandatory Reporting

The Provider shall comply with all reporting requirements outlined in the contract resulting from this RFP. These reports shall include, but not be limited to, the Mandatory Reports specified in Appendix 6.

The Sheriff and Probation and the Provider shall, within thirty days of the execution of an agreement, formulate monthly and quarterly reporting forms which shall establish the basis of the contract monitoring. The Sheriff and Probation reserve the right to amend and change these reports based on both internal and external requirements.

The Provider shall submit to the County an annual report based on the contract year, giving a comprehensive review of the monthly statistical and program reports and examining significant trends and issues. The Provider shall also present this report to the Board of Supervisors. The report is due no later than 60 days after the end of each contract year. This report informs the County of the overall operation of the healthcare delivery system and significant achievements affecting the health care program. The Provider shall include in this report, recommendations to the County regarding changes in medical procedures and/or protocols.

7 Performance Requirements

7.1 Decision-making Authority.

The Provider shall have sole decision-making authority in all matters regarding the health care of adult and youth detainees. The Provider shall have primary, but not exclusive responsibility for the identification, care and treatment of adult and youth detainees requiring medical care and who are "security risks", or who present a danger to themselves or others. On these matters of mutual concern, the Sheriff or Probation shall support, assist and cooperate with the Provider, and the Provider shall support, assist and cooperate with the Sheriff or Probation whose decision in any non-medical matter shall be final.

7.2 Sheriff, Probation, and County Access to Records.

The Provider agrees that the County, Sheriff, and Probation, or any of their duly authorized representatives shall at any time have access to, and the right to audit and examine, any pertinent records of the Provider related to the Agreement. Such records shall be kept by Provider for a period of not less than five years from the date the records are made, unless the County authorizes their earlier disposition. Audits and Inspections.

7.3 Investigations and Evaluations

Where incidents or circumstances require investigations or evaluation, including but not limited to inmate/detainee deaths, assaults on staff, and staff security breaches, the Provider shall assure full and immediate response to Sheriff or Probation requests for staff participation in the investigation or evaluation. The Provider shall be assessed a fee of \$1,000 for each day that each staff person fails to comply with the request.

7.4 Cooperation with Monitoring, Audit, and Performance Measurement

The Provider shall cooperate with all County, Sheriff, and Probation contract monitoring activities through designated contract monitor(s) or other investigative and peer review entities provided by the County, Sheriff, or Probation. All books, records financial statements, reports, medical records, etc. are to be made available for all contract monitoring activities. These books, records financial statements, reports, medical records, etc. are to be made available for all contract monitoring activities within five business days of receipt of request.

The Provider shall participate and cooperate with environmental, health, and Title XV inspections conducted by the County or State. The Provider shall cooperate and participate with all communicable disease management activities directed by the Santa Barbara Department of Public Health, State, and/or Federal guidelines required by applicable laws.

7.5 Protocols, Policies and Procedures

The Provider shall develop protocols, policies and procedures for all adult health care services and for youth medical services which conform to NCCHC standards, and for supervision of Nurse Practitioners which conform to California regulations. Policies and procedures shall be provided to the Sheriff, Probation, and the County for review and approval during the first 90 days of the contract.

8 Service Level Agreements

The Provider shall be accountable for meeting explicit Service Level Agreements (SLAs) and shall be assessed penalties for failure to meet SLAs. SLAs for Year One of the contract are detailed in Appendix 7.

In the fourth quarter of each contract year, the Provider, Sheriff, Probation, and County shall establish SLAs for the new contract year. Year One SLAs may be continued, and new SLAs may be developed. Each new SLA shall include an objective, performance expectations, measurements, and penalties. Annual SLAs shall be detailed in a Memorandum of Understanding between the County and the Provider.

9 Miscellaneous Requirements

The Provider is prohibited from assisting with or providing forensic activities in any manner.

The Provider is prohibited from participating in or conducting any research projects involving inmates or detainees without the prior written consent of the County.

The Provider shall have no direct responsibility for the security at the Sheriff's or Probation facilities or for the custody of any inmate or youth detainee at any time.

The Provider shall be responsible for collection and payment of all required taxes (Local, State, Federal) relating to its performance under a contract.

The Provider shall obtain and maintain at its expense and in its name, all necessary licenses and permits required to perform the services required under its contract.

The Provider shall abide by all County, State, and Federal laws and all sanitation, safety and fire codes, regulations and other ordinances pertaining to the Provider's operations pursuant its contract.

The Provider shall not be responsible for performing, if they are unable to perform, the duties and responsibilities imposed by the Agreement during fires, civil disobedience, riots, rebellions, acts of God and similar occurrences beyond the control of the County, Sheriff, or Probation, or Provider unless mutually agreed otherwise.

In connection with the furnishing of goods and services under a contract, the Provider and any subcontractors shall comply with all applicable requirements and provisions of the Americans With Disabilities Act (ADA).

The Provider shall comply with all Terms and Conditions specified in Appendix 12 Standard Board Contract, which is the basis for all agreements issued by the Santa Barbara County Board of Supervisors.

10 Payment Provisions

10.1 General

The Provider shall invoice the Sheriff and Probation separately and they will remit payment separately to the Provider. Probation and the Sheriff will compensate the Provider for services and medications using the following methods.

The Jail and Probation will each remit monthly payment to the Provider for the following:

- Daily payment rate times number of days in the month
- Actual acquisition cost for prescription drugs and other medications provided in the month, based on Provider invoice
- Prescription drug administrative fees established by the contract
- Adjustments for staffing variance
- Adjustments for Service Level Agreement outcomes

10.2 Payment Modifications for Changes in ADP

Should an increase in the monthly Average Daily Population at the jail or Juvenile facilities exceed 15 percent of the ADP for the six month period immediately preceding contract signature and should this increase be sustained for a period of 90 days or more, additional staffing may be necessary, and County and Provider shall agree to meet to discuss the level of additional staffing and the related cost. Either party may initiate negotiations concerning the expansion of the Sheriff's Detention Facilities and/or Probation Detention Facilities and the increased ADP.

Should a decrease in the monthly Average Daily Population at the jail or Juvenile facilities exceed 15 percent of the ADP for the six month period immediately preceding contract signature and should this increase be sustained for a period of 90 days or more, fewer staff may be necessary, and County and Provider shall agree to meet to discuss the level of reduced staffing and the related cost reductions. Either party may initiate negotiations concerning the expansion of the Sheriff's Detention Facilities and/or Probation Detention Facilities and the decreased ADP.

The base six month ADPs for the jail and juvenile facilities from which these calculations will be made will be established in the contract.

10.3 Payment Reductions for Staffing Shortfalls

The Provider shall not be compensated for un-staffed shifts for clinical positions either in the Sheriff's Detention Facilities or the Probation Detention Facilities as provided below. Monthly, Contractor shall be allowed a 2% margin of missed hours to allow for exigent circumstances in staffing. When this 2% margin is exceeded, the Provider shall reduce the invoice by an amount equal to the hourly cost to County for the clinical position hours not covered.

The Provider shall provide County with an itemized accounting of hours worked by clinical position, as identified on the Staffing Plan in the contract, and the unfilled hours for each such position, including unfilled hours resulting from all short or long term absences, vacations, authorized or unauthorized leave and holidays. The Provider shall then credit the Sheriff's Office and/or the Probation Department, respectively, for any unfilled hours at a rate of the average hourly wage for each or any clinical position missed. The average hourly wage for each clinical position for purposes of calculating the credit due to the County will be included in the contract.

10.4 Annual Increases

The daily payment rate for the Sheriff and Probation shall be updated annually to pay Contractor an annual base sum equal to the Contract Year 1 base compensation adjusted by the most recent twelve (12) month percentage change in the Medical Care Component of the United States Department of Labor Consumer Price Index for all Urban Consumers for the West region, or three percent (3%), whichever is less, payable in twelve (12) equal monthly installments.

11 Minimum requirements

The County requires that any proposing Provider meet certain qualifications and requirements that are customary in either the healthcare business sector or in the correctional healthcare field. Failure to meet the appropriate qualifications and requirements will result in the proposing Provider's disqualification. The requirements are as follows:

- A. The proposing Provider shall be organized and exist for the primary purpose of providing healthcare services. The proposing Provider and/or a substantive portion of its partner entities shall have at least five continuous years of corporate experience (not individual) in administering healthcare programs or in the provision of healthcare services.
- B. To demonstrate compliance with the above provisions, the proposing Provider shall provide a narrative of its corporate structure and summary of not more than five pages of its healthcare experience. As part of this narrative, please provide the following information:
 1. The number of correctional healthcare contracts you currently hold: prison system, jail, juvenile, and other
 2. The number of facilities (jails, prisons, juvenile facilities, other) in which you currently operate
 3. The total number of inmates (jail, prison, juvenile, other)
 4. The total number of years you have been providing services in jails and prisons
 5. Number of facilities and experience in obtaining NCCHC, CARF, ACA, Joint Commission, or other accreditation in adult and juvenile correctional facilities or in a program in which you provide health care services.
 6. Awards or designations you have received for health care services
- C. The proposing Provider shall provide three client references for adult services and three client references for juvenile services. The same reference may be submitted for adult and juvenile services if applicable. They may be the same. Please include the name, title and contact information (including telephone and email addresses) of the contract manager or primary contact.
- D. The proposing Provider shall list all contracts that were canceled by either party or not renewed during the last five years. The proposing Provider shall also include the reason for cancellation or non-renewal of each contract, and the name and telephone number of primary contacts responsible for each contract.

- E. The proposing Provider shall provide, in table format, a list of all pending lawsuits or settlements of any legal actions. In addition, the proposal shall include a list and dollar amounts of all legal settlements and adjudicated lawsuits within the last five years.
- F. The proposing Provider shall be able to obtain insurance to do business in the State of California. To demonstrate this, the proposing Provider shall submit a letter of intent from an insurance company(s) authorized to do business in the State of California stating its willingness to insure the Provider pursuant to the terms of any contract resulting from this RFP. The Provider shall procure and maintain, at the Provider's expense, the insurance coverage for the period of the Contract in the amounts specific in Appendix 12 Terms and Conditions.
- G. The proposing Provider shall operate a program to assure compliance with the Prison Rape Elimination Act to include training and monitoring of all staff in regard to PREA Community Confinement Standards.
- H. The proposing Provider shall be in good financial standing as determined by review of the independently audited financial results of the previous two years of operations and the most current year-to-date un-audited financial reports.

1.7 Selection Process and Criteria

The Selection of the Provider will be made by a five member committee comprised of one person from each of the following:

- Sheriff's Office
- Probation Department
- County Administration
- Department of Public Health
- Department of Behavioral Wellness

The selection process for proposing Providers will be made using the following multi-step process:

- A. For initial selection, the proposing Provider shall meet the "Minimum Requirements Proposing Providers and Prior Experience" section.
- B. The proposing Provider shall complete each section of the Pricing Proposal. Incomplete pricing proposals will render proposals ineligible for consideration.
- C. After conditions summarized in (1) and (2) above are satisfied, proposals will be evaluated based on:
 1. Demonstrated understanding of the RFP requirements, description of approach, including details about how the proposed approach will help the County, Sheriff's Office, and Probation achieve their stated goals and objectives and how proposed Health Care Delivery System meets RFP specifications and objectives.
 2. Sufficiency and efficiency of staffing model, including number of staff proposed, proposed schedules, reporting relationships, coverage, and staff qualifications.
 3. Assessment of cost relative to description of approach and staffing model proposed.
 4. Corporate capability in the following areas:

- a. Ability to start-up and manage the proposed program. Proposing Provider shall prove its ability to start-up the program in the required time as outlined in the RFP. Proposing Provider shall demonstrate the specific organization staff and structure, as well as outline the specific phasing in their proposal to accomplish start-up and continuing management of the proposed program.
- D. References for the two highest-ranked proposing Providers will be contacted and rated based upon their satisfaction of services
- E. The two highest scoring proposing Providers may be invited to make oral presentations to a selection committee, with question and answer sessions following.
- F. The Selection Committee will present its recommendation to the County Board of Supervisors for their approval of the award to the bidder whose offer is the most advantageous to the County from the standpoint of suitability to purpose, quality, service, previous experience, price and ability to deliver.

13 Proposal Submittal Requirements

13.1 Proposal Components

Proposals shall be organized in the following order:

- A. Cover Letter
- B. Response to Minimum Requirements
 - 1. Narrative per Section 11.1.B 5 page limit
 - 2. References per Section 11.1.C
 - 3. Cancelled contracts per Section 11.1.D
 - 4. Legal actions per Section 11.1.E
 - 5. Insurance letter per Section 11.1.F
 - 6. Plan for compliance with PREA – Community Confinement Standards per Section 11.1.G
 - 7. Independently audited financial statements for the previous two years of operations and the most current year-to-date un-audited financial reports per Section 11.1.H
- C. Technical Response – Bidders must use the Bidder Technical Response Template included as Appendix 8. Bidders must adhere to page limits as noted in Appendix 8.
- D. Staffing Proposal – Bidders must use Appendix 9
 - 1. Staffing Summary by Position by Facility
 - 2. Staffing Coverage Tables
 - 3. Position Descriptions
 - 4. Key Personnel
 - 5. Organizational Chart
- E. Cost Proposal – Bidders must use RFP Appendix 10
- F. Optional EMR Proposal – Bidders must use Appendix 11

G. Attachments

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

13.2 Proposal Specifications

The proposing Provider shall submit one original and five copies of the proposal plus required attachments. The proposing Providers shall submit the proposals on 8.5" x 11" paper. All pages shall be single space with two spaces between each paragraph using a font size not smaller than 11 point. Margins shall be one inch on all sides.

Binders, brochures, additional attachments and materials not specified in the RFP are neither requested nor desired and will not be reviewed.

The proposing Provider shall also submit the entire proposal on a CD, or thumb drive. The pharmacy unit pricing exercise shall be in Word or Excel.

The proposal's cover letter shall include the name, mailing and email addresses, and telephone number of the proposing Provider's authorized agent with authority to bind the firm with respect to questions concerning the provider's proposal. The proposal and/or the letter which transmits the proposal to the County of Santa Barbara shall be signed by an authorized officer of the bidder.

The proposal shall be received by 4:00 P.M Pacific Time on October 7, 2016 via any postal or delivery service. The proposal shall be addressed as follows:

Mark Masoner, CPMM
Purchasing Division
County of Santa Barbara
105 E. Anapamu Street
Santa Barbara, CA 93101

All Proposals shall be in an envelope clearly marked "Sheriff and Probation Medical Services RFP 2016" on the outside or they will not be considered. All proposals shall be signed by an authorized officer of the Company and shall be held firm for acceptance for a minimum period of 120 days after the opening date

The County will not reimburse provider's cost incurred in the preparation and submission of proposals. All proposals shall become property of the County upon submission.

The County is not obligated to ask for or accept after opening date, data or information which is essential for a complete and thorough evaluation of the proposal. The County may award a contract

based on initial submissions without any further discussion of such proposals. However, the Selection Committee reserves the right to request "Best and Final Offer" from first and second ranked provider proposals.

The proposing Provider may request that financial data, trade secrets, test data, and similar proprietary information remain confidential, to the extent permitted by laws. The proposing Provider shall clearly mark "Confidential" on each page and section of the proposal for which the proposing Provider is requesting confidentiality. Net cost information may not be requested for confidential treatment.

14 Appendices

- 14.1 Appendix 1 Security Clearance Form
- 14.2 Appendix 2 ADP by Site Jan 2014 – Jun 2016
- 14.3 Appendix 3 Health Care Utilization Data by Site Jan 2014 – Jun 2016
- 14.4 Appendix 4 Sick Call Process Diagram
- 14.5 Appendix 5 Jail Suicide Prevention Policy
- 14.6 Appendix 6 Mandatory Reporting Requirements
- 14.7 Appendix 7 Service Level Agreements
- 14.8 Appendix 8 Technical Proposal Template
- 14.9 Appendix 9 Staffing Proposal Template
- 14.10 Appendix 10 Pricing Proposal
- 14.11 Appendix 11 Optional Proposal: Electronic Medical Record
- 14.12 Appendix 12 Standard Board Contract

