

Corizon Health has had the privilege of serving as the health care provider for the Santa Barbara County Main Jail (Jail) since July 1995 and for the County's juvenile facilities – Santa Maria Juvenile Hall and the Los Prietos Boys Camp – since January 2005. During this time, we have been honored to serve as your partner, sharing your goal to deliver a clinically-focused, patient-centered health care program that is founded on best practices, evidence-based medicine, proven systems, and the application of quality management principles. We are prepared to continue to meet these goals by being a health care partner who continually seeks improvements to the processes, procedures, staffing deployment, care management, and costs required to deliver quality health care.

Today's unrelenting budget pressures affect all public sector operations, and we recognize that it is vitally important that the Santa Barbara County's Sheriff's Office and Probation be able to demonstrate to your many constituencies (taxpayers, Board of Supervisors, employees, advocacy groups, etc.) that costs are controllable without sacrificing the quality or availability of patient care. Toward that end, Corizon Health's compensation from July 1, 2011 to present has been increased at a rate well below the applicable CPI for the region, even being held flat for several contract years, resulting in a savings to the County of over \$1.25M.

We also partner with the Sheriff's Office and Probation Departments to ensure the diligent application of best practices and corrections-focused utilization management. Consistent with national standards and clinical practice guidelines; our health care program is designed to maximize on-site care using evidence-based clinical guidelines and protocols with an emphasis on an interdisciplinary and integrated approach to health care. This clinical health care model rests firmly on:

- The principles of evidence-based correctional medicine
- Correctional healthcare best practices
- Staff training developed to understand the unique environment and security aspects of corrections
- Continuous quality improvement principles developed and proven in the correctional environment
- An understanding of the differences in providing quality healthcare to the long-term incarcerated population in prison vs. the short-term jail environment
- Utilization management practices developed specifically for the unique needs of the inmate patient population
- Accreditation standards as published by NCCHC, ACA, and IMQ

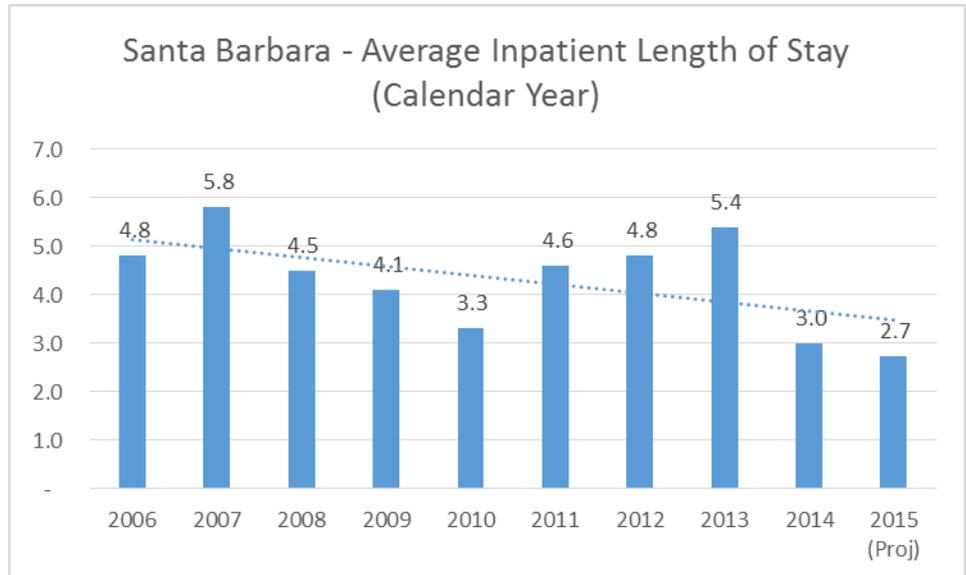
Highlights of our shared accomplishments attained through these efforts, and shown in the graphics below, include reductions in Average Length of Stay (ALOS), Inpatient Days (IP), Off-site Referrals, and Emergency Department (ED) runs as well as data pertaining to the pharmacy services we provide. Although, as noted above, our managed care model is built on the premise that the most effective management of medical care is provided by the primary care physician on site, we recognize that patients do at times require off-site care due to the need for complex technology and/or equipment or services beyond the capabilities of the on-site providers. Corizon Health, through our utilization management program, has an approval process in place that ensures patients have access to outside services when needed, ensuring that patients in our care receive treatment when they need it.

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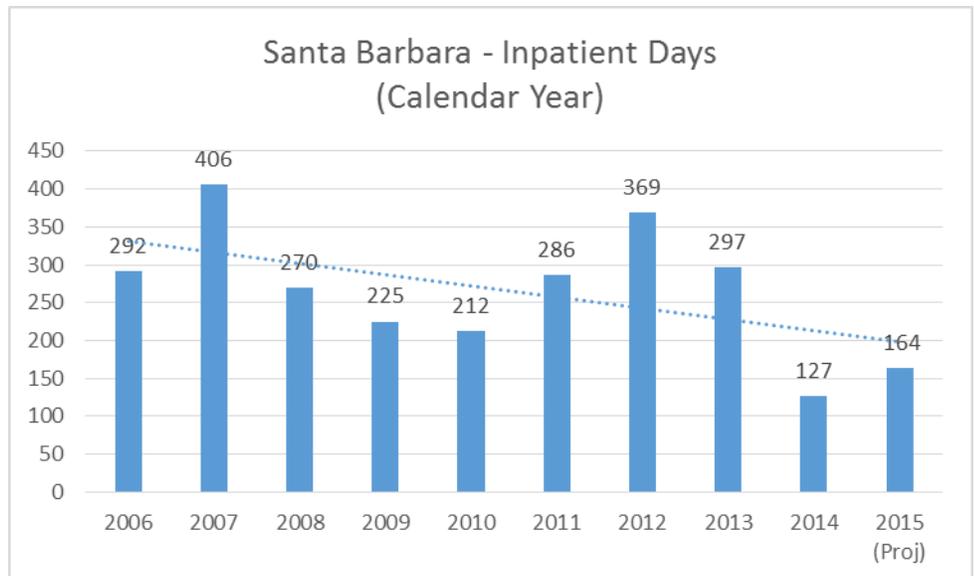
AVERAGE LENGTH OF STAY

- Controlling inpatient length of stay is coordinated by the Director of Nursing (DON) and the Health Services Administrator (HSA) who contact the discharge planner at the hospital to discuss the patient’s needs at discharge – wheelchair, physical therapy appointments, medications, etc. The discussion also includes review of the services that we can provide on site and determining where we can send the patient for Physical Therapy. Through this type of coordination and discussion, we have decreased the Average Inpatient Length of Stay over the past two years.



INPATIENT DAYS

- Inpatient days since 2006 have declined steadily, especially during the last two years. Consistent staffing of a site medical director and mid-level provider has facilitated this decrease in recent years. Additionally, the site leadership team works closely with Corizon Health’s corporate Utilization Management (UM) Department to ensure each patient receives the treatment needed and is returned to the site as soon as clinically indicated or when our on-site staff can provide the same level of care in the outpatient setting. We have found this approach expedites the discharge planning and results in shorter, yet equally effective, hospital lengths of stay.



- The practice of having an RN do Intake Assessment at booking has also contributed to the decrease in inpatient days. Through the Intake Assessment, the RN is able to identify acute and chronic care health issues that may require urgent intervention. We have 24/7 on-call physician coverage to facilitate triaging these issues.

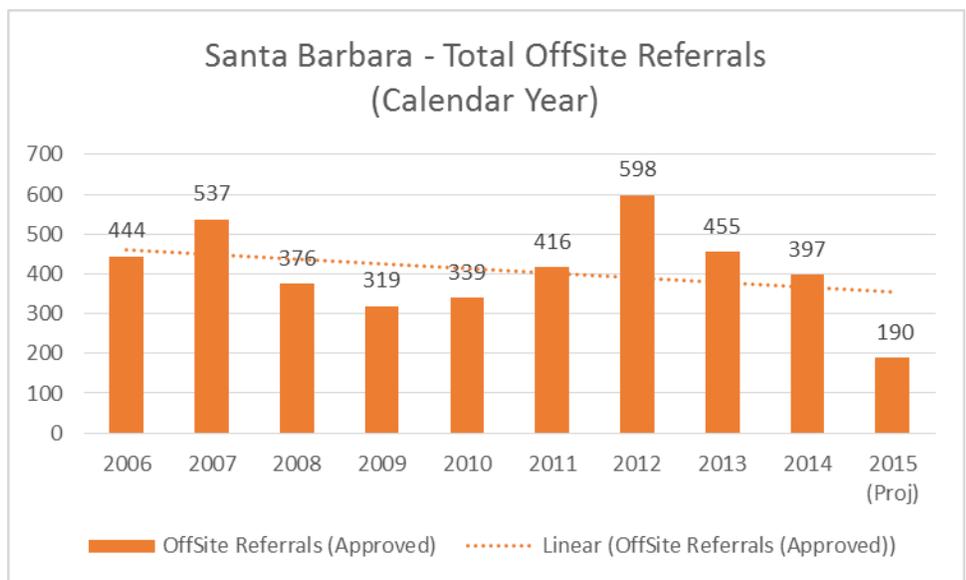
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- The most significant impact on the reduction of inpatient days is Corizon Health’s use of evidence-based medicine. Other factors that contributed to the decrease in number of inpatient days have been proper assessment of patients’ illnesses in nurse and provider sick call clinics. Urgent and emergent issues are addressed at the site level and referred off site if needed. Patients are often seen in a chronic care clinic every 30, 60, and 90 days to maintain their degree of control for their medical illness. Lab tests, physical exams, and radiological testing are included in the chronic care clinic, which helps prevent exacerbation of disease and decreases the need for referral offsite.

OFF-SITE REFERRALS

- Off-site referrals to specialty clinics are often a result of acute illness that requires follow up by a specialist, particularly orthopedics, OBGYN, oral surgery, and infectious diseases. The numbers have fluctuated over the years based on the health conditions of the patient populations. We continue to provide proper management of these conditions by our highly-trained on-site medical team. Appropriate care provided on site directly results in a decrease in off-site referrals.

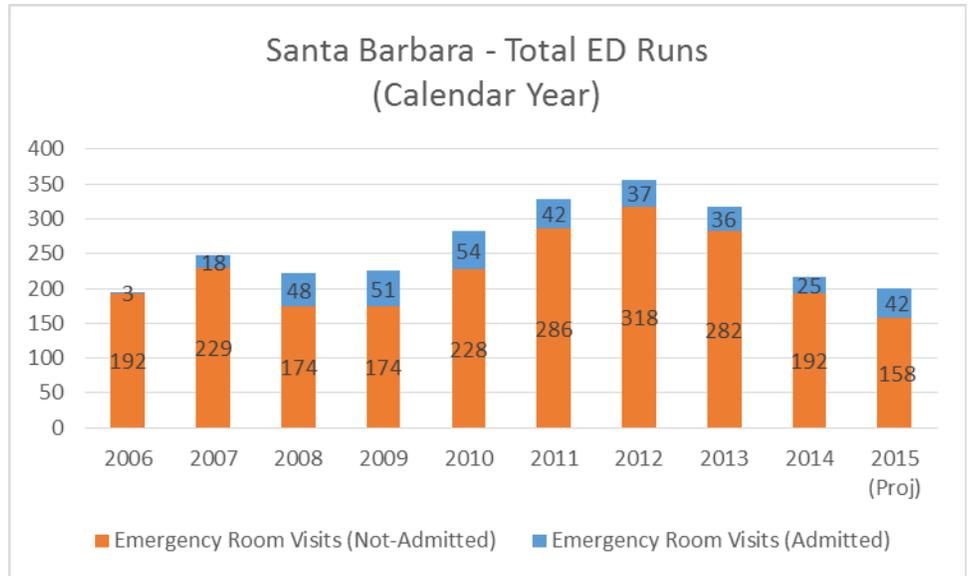


- Corizon Health’s on-site leadership communicates with local specialist providers and the County Health Clinic and is providing some on-site labs, based on the specialist’s request. The results are forwarded to the specialist, which can result in a recommendation for a change in medication and/or decrease the need for a visit to the specialist’s office.
- Labs for OB/GYN patients are now drawn on site and sent to the OB/GYN clinic, eliminating the need to transport these patients off site for lab draws.

EMERGENCY DEPARTMENT

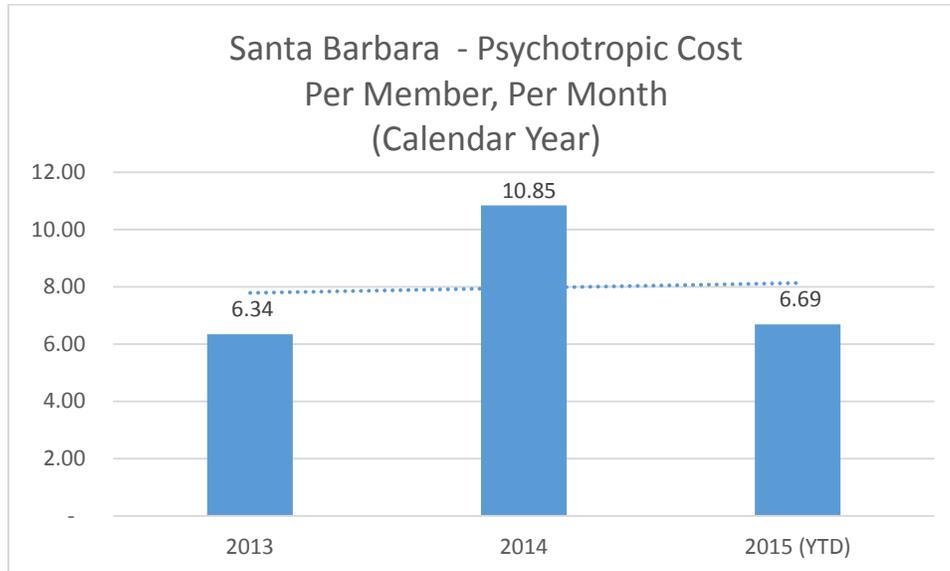
- Each week emergency department (ED) runs are reviewed by site leadership and regional management. Each case is critiqued and evaluated to determine root causes for the off-site referral or the need for hospitalization. In 2014 and 2015 ED runs not admitted decreased 31.9% and 43.9% when compared to the projected 2015 ED runs because of careful review and intervention to help avoid unnecessary referrals.

- The provider/on-call provider is called to enhance the appropriate referrals of our inmate patients to the ED. It is our policy to refer any and all inmate patients to the ED who are in need of acute intervention that may require hospitalization. During provider hours, emergent clients are seen by the provider, and urgent therapy may be rendered on site or the patient may be referred to the Hospital ED.



PHARMACY SERVICES

- A growing percentage of the patient population enters the facility with one or more chronic illnesses including HIV, diabetes, asthma, and seizures. As a result, pharmacy costs increase, as medication is often part of the treatment plan for chronic illness. Drugs for HIV/AIDs are highly expensive, and with community closure of mental health hospitals and limited bed space to treat a growing number of individuals with mental illness, more inmates are admitted to the facility on psychotropic medications. This has also contributed to increased costs.
- During intake, we interview each inmate and obtain a list of health conditions and medications; our staff then orders any prescribed medications (including psychotropic medications) and ensures the patient receives those medications. To ensure continuity of care, we call outside pharmacies and doctors to verify medications. For our patients’ safety and per our policy, we do not permit patients to bring in outside medications, as we do not have the capability on site to verify the contents of those medications.
- As the patient is seen and re-evaluated by the provider, he/she is stabilized and adjustments are made to their medications as clinically indicated. When patients are incarcerated and are on medications prescribed by community clinicians or clinics, these medications are verified by directly contacting pharmacies and doctors’ offices so that they can be continued uninterrupted.



Contract Performance/Quality Indicators

While we are encouraged by these trends, we also recognize the need to monitor our performance. The Continuous Quality Improvement (CQI) program we have implemented at the Jail and the juvenile facilities serves as both a measure of performance as well as a method to improve the quality of health services we deliver.

The CQI program focuses on high risk, high volume, or problem-prone aspects of care, such as intake, medication administration, sick call, and physical examinations, with the goal of improving processes and outcomes for our patients. This often translates into cost savings for the County and taxpayers. **One of the most common misperceptions about correctional health care is that we somehow benefit from providing lower quality care or denying care. In our experience, what makes good medicine and business sense is excellent preventive care—intervening early to treat conditions before they become serious.**

The CQI program at the jail is coordinated by the Director of Nursing and the Health Services Administrator and includes members of the Sheriff’s staff. During the past two (2) years, we have consistently maintained scores greater than 90 percent which is higher than required scores. The Jail received monthly site averages for all CQI studies in 2013 and 2014, at 100% and 92%, respectively. Each month the Jail health care team reviews multiple clinical processes including Receiving Screening, Health Assessment, Nurse Encounters-Sick Call, Chronic Care, and numerous other areas.

The following pages highlight the Quality Indicators, identified by the County, to measure recent performance of health care program outcomes at the Jail and in the juvenile facilities.



Santa Barbara County Main Jail

CONTRACT QUALITY INDICATOR	2013	2014	2015*
1. 100% of known pregnant and HIV/AIDS patients shall be referred to the PHD within 7 days of booking.	100%	100%	100%
2. 100% of Inmate sick call requests shall be seen within three (3) days.*	98%	94%	90%
3. 95% of the Inmates shall have a Health Appraisal within 14 days of the booking date.	93%	88%	90%

* Please see our sick call comments on the next page.

1. Referral of Known Pregnant and HIV/AIDS Patients:

- 100% of pregnant patients are referred to Santa Barbara’s Public Health Department’s OB-GYN Clinic (PHD). We follow the PHD guidelines for care with all pregnant inmates and with all HIV positive inmates, who also receive care at the PHD. We coordinate with the PHD for needed labs and send the results to the PHD.

2. Sick Call Requests

Access and location to complete Sick Calls Requests and Health Appraisals within the designated contract Quality Indicators has been affected by facility space and staffing limitations – both Corizon Health and custody. That said, we also recognize the importance of maintaining the high-level quality of care we have been contracted to provide your patients and ensure that at no time during the contract term did the quality of care provided diminish due to the facility and staffing challenges.

Through our CQI program, described above, and working collaboratively with the Sheriff’s Department staff, we were able to maintain CQI compliance scores for 2013 and 2014 at 98% and 94%, respectively. These percentages include indicators that measure completion of sick call triage within 24 hours of the time it was submitted; use of the appropriate Nursing Encounter Tool (NET); documentation of vital signs and health history and physical examination of pertinent body systems; determination that appropriate disposition was made; medications transcribed on the MAR; and documentation of the nurse’s signature.

During nurse sick call, interventions are initiated and referrals for medication and treatment occur. Follow up occurs depending on the need and urgency of the complaint. Approximately 40 Sick Call Requests (KITES) are received daily. We have six (6) provider sick call clinics and four (4) nurse sick call clinics each week. KITES are triaged immediately, and emergent requests are answered when received. **All urgent requests are evaluated and patients seen within three (3) days, meeting the indicator.**

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Our average time from receiving a KITE to seeing a patient is 5.9, days as we receive many requests that are duplicates of other requests or require minor care. Recognizing the need to develop a system that will ensure the inmate sick call requests are seen within three (3) days and also work within current space limitations and staffing limitations, we have implemented the following procedures:

- Added 16 provider hours over the current contract requirement to help answer the volume of KITES received on a daily basis.
- Implemented a new sick call log for all nursing encounters that displays the date of the sick call request, date triaged, type of complaint, date seen, disposition, and referral information. Upon collecting each KITE daily, nursing staff appropriately triages the request, determines if there is an immediate need to be seen, and schedules the patient to be seen the next day. After the patient is seen, the log is updated and maintained. The information available in this log is available to the Sheriff's Department upon request.
- Continuously evaluate opportunities to see inmates with Sick Call Requests, such as seeing them at unscheduled times.
- Added Sick Call Requests to be seen within three (3) days as a contract indicator to monthly statistical report.

3. Health Appraisals

As noted above, timely completion of the Health Appraisals has been affected by facility space and staffing limitations. Completion of the Health Appraisal allows us to assess chronic illnesses that patients may not have mentioned during their intake such as intoxication, anger issues, etc. During this health assessment the Registered Nurse (RN) will review the initial receiving screening results and complete a thorough health assessment history. Like the initial receiving screening completed at intake, the health appraisal reviews the same areas of the health history, along with additional questions regarding female gynecological history such as mammograms, pap smears and pregnancies, laboratory results and tobacco use.

Also during this process, the RN completes a physical examination that provides a hands-on evaluation that involves inspection, palpation, auscultation, and percussion of an inmate's body to determine the presence or absence of physical signs of illness. The RN documents on the health appraisal form the inmate's general appearance, mobility restrictions, physical aids, hearing disabilities, visual impairments/acuity, vital signs, mental health assessment and results of the head-to-toe physical assessment. Inmate patients are referred to the provider for chronic care clinic, mental health sick call, or dental services. Health education is also provided on various topics related to their chronic illness. Inmates who have submitted KITES will have those issues addressed at that time. All Health Assessments and Physicals are reviewed by the Site Medical Director.

To assist in completing the Health Assessments within the 14-day time period, we have implemented the following:

- Hired a full-time Registered Nurse (RN) to complete the Health Appraisals five (5) days a week, eight (8) hours a day. The RN manages an inmate booking log and completes each scheduled Health Appraisal/Physical according to the date the inmate patient was booked into the facility and by acuity of their health care needs.

- Collaborated with custody to create specialized clinic times.
- Implemented a new health assessment log that displays the booking date of the inmate patient, date seen, chronic care illnesses, and referral information. Upon completing each H&P, nursing staff schedules the patient to be seen in the chronic care clinic, by the dentist or the psychiatrist. The H&P nurse also determines if there is an immediate need to be seen, and schedules the patient to be seen by a provider promptly as clinically indicated. After the patient is seen, the log is updated and maintained. The information available in this log is available to the Sheriff's Department upon request.
- Added Health Appraisal within 14 days of the booking date as a contract indicator to the monthly statistical report.

Santa Maria Juvenile Hall and the Los Prietos Boys Camp

CONTRACT QUALITY INDICATOR	2013	2014	2015*
1. 100% of known pregnant youth and HIV/AIDS patients shall be referred to PHD within 7 days of booking.	100%	100%	100%
2. 100% of the Youth sick call requests shall be seen within 24 hours or the first subsequent day medical personnel are available, but not to exceed 3 days.	100%	100%	100%
3. 100% of the Youth held more than 72 hours shall have a Health Appraisal within 96 hours of the booking date.	100%	100%	99%
4. Contractor will test 100% of female youth annually for Chlamydia.	93%	97%	100%
5. Upon leaving the facility, 100% of youth and their parents will receive appropriate instructions for their continued physical health needs in writing and prescriptions as appropriate.**			

*January through May 2015

** Please see program description noted below in the section titled, "Facility Release."

1. Referral of Known Pregnant and HIV/AIDS Patients

There have been no known cases of HIV-positive youth at either juvenile facility. HIV testing is offered to all youth during the intake exam and more frequently to high-risk youth.

2. Youth Sick Call Requests

At Santa Maria Juvenile Hall (SMJH), per Title 15 and IMQ, youth must have unlimited access to medical services. Youth at SMJH may request confidential medical attention in writing. Request for Medical Attention forms (RMAs) are

completed by youth or staff and placed in confidential medical boxes. These forms are collected at least twice daily (once in the morning and once after lunch) and triaged and evaluated by the nurse. Any urgent medical need is communicated to medical directly with prompt evaluation.

At the Los Priestos Boys Camp (LPBC), nursing is available on site five (5) days a week. RMAs completed over the weekend are evaluated Monday morning. The LPBC staff has access to the nurse at SMJH and the on-call physician for any urgent medical issues.

3. Health Appraisals for Youth

All youth booked into the facility are evaluated by medical staff within 72 hours but most are seen within 24 hours. In 2015, there was one missed 96 hour health appraisal. An investigation into the cause discovered that medical staff did not receive a copy of the receiving screening from probation and the youth's name was not on the daily intake sheet that probation provides to medical each day.

Youth with acute or chronic medical issues are seen at intake by the RN. Upon a youth's initial intake and annually thereafter, a full history and physical is completed per the American Academy of Pediatrics Guidelines. Youth who return to the facility within the year receive a targeted physical exam focusing on: any new medical issues, sexual health, alcohol and drug use, and mental health issues.

4. Annual Chlamydia Testing

Youth correctional facilities have the second highest rate of chlamydia in the state. All female youth receive chlamydia screening upon entering the facility and at least annually. Testing for chlamydia and other sexually transmitted diseases (STDS) is done more frequently than annually for females per our site policy which reflects CDC guidelines. A quality improvement investigation done in 2013 and 2014 showed two sources for missed chlamydia testing: females were released from facility before seeing medical staff and lack of knowledge of protocol from a new RN. Corizon Health provided education and re-training on the chlamydia policy.

5. Facility Release

Our practice is that all youth leaving a facility will receive a copy of their immunization record if vaccines were given during their incarceration. If a youth has an acute or chronic medical condition that needs follow-up, we complete a "follow up" form and place it in the youth's "personals" which he/she gets when released. The intake senior probation staff has the parent or guardian sign the form and make a copy for medical.

We continue to work on this Quality Indicator as youth often get released directly from court in Santa Barbara without our knowledge. Consequently, much of the continued physical health/prescription information is not given to the parent. In those instances, Corizon Health calls the parent/guardian to let them know of an upcoming appointment or the need to follow up with their primary care physician.

Accreditation Standards

Corizon provides health care services in compliance with California Code of Regulations (CCR) Title 15 as well as the standards established by the Institute for Medical Quality (IMQ). Such compliance requirements are reflected throughout our program at both the Main Jail and the Juvenile Facilities. Corizon has a thorough understanding of IMQ policies and procedures as a result of its long-term presence and experience in California where we have obtained initial and re-accreditation from IMQ for contracted facilities participating in that program.

Grievance Process

Corizon Health firmly believes that the best way to manage inmate grievance is to prevent them in the first place. By providing care in a consistent manner, inmate grievances can largely be mitigated. For grievances received, the inmate must be “given the benefit of the doubt,” while recognizing the potential secondary gain issues inherent in this process.

In our experience the majority of inmates simply want their problem resolved and most issues can be resolved through face-to-face communication. In the rare instance when a lawsuit does develop, our philosophy toward inmate lawsuits is one of solid defensive action rather than compliant lawsuit settlement, even during occasions when the cost of litigation may be more expensive than that of settlement.

Grievance Documentation

Corizon Health understands the importance of tracking and trending grievances as part of the CQI program for early identification of program improvement need. On site, Corizon Health handles inmate complaints regarding medical care services at the institutional level through the HSA, who ensures we respond to all grievance/complaints within fifteen (15) days of receipt of such grievance/complaint.

Corizon Health files both the inmate complaint/grievance and its respective response in a separate file established for the purpose of maintaining such. A copy of each is maintained in an inmate-specific correspondence file for ease of retrieval. Inmate grievances/complaints related to health or mental health services are reviewed routinely and discussed during the MAC meeting. Complaints are categorized and classified according to demographics, housing location, nature of the complaint, etc., and a database is maintained and reviewed to determine any trends or problematic issues. Corizon Health responds to any family, legal, or other third party inquiries/complaints in the same time frame and fashion as our inmate grievance process.

We track all grievances using a grievance log, which will be available for review as requested. This inmate grievance log will include no less than the following information for each grievance:

- Name of inmate;
- Inmate number or date of birth;
- Date of grievance;
- Date received;
- Nature of grievance;
- Grievance category;
- Grievance disposition; and
- Date of disposition.

Summary

Corizon Health, just like our patients, the Sheriff's Department, Probation, and County residents, wants to ensure every inmate receives the care he or she is constitutionally mandated to receive. We recognize it is incumbent upon us as your partner to demonstrate our ability to deliver a clinically-focused, patient-centered, evidence-based healthcare program that ensures patient safety and provides positive clinical outcomes, measurable results, tangible cost savings, and innovation that takes your health care program to the next level. We are committed to earning the privilege to continue to serve as your partner.

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