AGREEMENT FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES FOR INCARCERATED ADULTS

This agreement ("Agreement"), dated as of October 1, 2023 (“Effective Date”) is by and between the County of Sonoma, a political subdivision of the State of California (hereinafter "County"), and California Forensic Medical Group, Inc. (CFMG), a California corporation (hereinafter "Contractor").

R E C I T A L S

WHEREAS, Contractor represents that it is a duly qualified, licensed, and experienced provider of behavioral health and related services for incarcerated persons; and

WHEREAS, Wellpath LLC, as the Management Service Organization, provides services to Contractor such as general accounting, license filing, regulatory compliance, assistance in responding to claims and litigation, payroll, invoice preparation, risk management, and human resources; and

WHEREAS, in the judgment of the Board of Supervisors it is necessary and desirable to employ the services of Contractor for behavioral health services for incarcerated persons.

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants contained herein, the parties hereto agree as follows:

A G R E E M E N T

l. Scope of Services.

1.1 Contractor's Specified Services**.** Contractor shall perform the services described in Exhibit A, attached hereto and incorporated herein by this reference (hereinafter "Scope of Work"), and within the times or by the dates provided for in Exhibit A and pursuant to Article 13, Prosecution of Work. In the event of a conflict between the body of this Agreement and Exhibit A, the provisions in the body of this Agreement shall control.

a. Jail-Based Competency Treatment (JBCT) Program.
All services provided for the 1370 felony restoration to competency program shall be provided in accordance with the County’s Agreement with the California Department of State Hospitals. The Scope of Work for such Agreement is attached hereto and incorporated herein by this reference as Exhibit E (hereinafter “JBCT”). If for any reason the JBCT Program Agreement is terminated or discontinued, County shall have the right to terminate Contractor’s JBCT Program services accordingly.

County agrees to provide Contractor as much advance notice as possible related to potential discontinuation of the JBCT Program.

1.2 Cooperation With County. Contractor shall cooperate with County and County staff in the performance of all work hereunder.

1.3 Performance Standard.

a. Contractor shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in Contractor's profession. County has relied upon the professional ability and training of Contractor as a material inducement to enter into this Agreement. Contractor hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of Contractor's work by County shall not operate as a waiver or release. If County determines that any of Contractor's work is not in accordance with such level of competency and standard of care, County, in its sole discretion, shall have the right to do any or all of the following: (a) require Contractor to meet with County to review the quality of the work and resolve matters of concern; (b) require Contractor to repeat the work at no additional charge until it is satisfactory; (c) terminate this Agreement pursuant to the provisions of Article 4; or (d) pursue any and all other remedies at law or in equity.

b. To aid in ensuring the performance standard of this contract as described in section 1.3.a, Contractor shall implement a corrective action plan (CAP) upon request of the Sonoma County Sheriff's Office (SCSO). Such CAP will contain a mutually agreed upon implementation date, action steps, goal, and target end date. SCSO will be provided progress updates by Contractor of the corrective action plan on a mutually agreeable frequency.

1.4 Assigned Personnel.

a. Contractor shall maintain, at a minimum, staffing coverage described in Exhibit B, attached hereto and incorporated herein by this reference.

b. Contractor may utilize a tele-mental health platform as a contingency plan to provide staffing coverage when needed, by an on-call mental health professional.

c. Contractor shall assign only competent personnel to perform work hereunder. In the event that at any time County, in its sole discretion, desires the removal of any person or persons assigned by Contractor to

perform work hereunder, Contractor shall remove such person or persons immediately upon receiving written notice from County.

d. If County should become dissatisfied with any health care personnel provided by Contractor, County will give written notice to Contractor of its reasons for dissatisfaction. Contractor shall use its best efforts to resolve the problem, and if the problem is not resolved to the satisfaction of the County, Contactor shall not permit such personnel to perform services under this Agreement.

e. Any and all persons identified in this Agreement or any exhibit hereto as the project manager, project team, or other professional performing work hereunder are deemed by County to be key personnel whose services were a material inducement to County to enter into this Agreement, and without whose services County would not have entered into this Agreement. Contractor shall not permanently remove, replace, substitute, or otherwise change any key personnel without the prior written consent of County, which shall not be unreasonably withheld.

f. In the event that any of Contractor's personnel assigned to perform services under this Agreement become unavailable due to resignation, sickness or other factors outside of Contractor's control, Contractor shall be responsible for timely provision of adequately qualified replacements.

(i) Contractor shall submit staffing reports to the SCSO Administrative Lieutenant on a monthly basis, comparing the staffing plan (Exhibit B) with actual shift coverage, including vacancy data by position type.

g. Contractor's personnel performing professional mental health services shall be duly licensed in the State of California, except for residents and interns following a course of study, who shall be authorized for training by the Contractor. Such personnel shall practice in accordance with accepted standards of practice of mental health providers of good standing in the community. Contractor shall also comply with the following personnel requirements:

(i) Contractor shall furnish copies of licenses and/or records of certification for all medical personnel to the Administrative Lieutenant, who must at all times have them available for examination.

h. All Contractor employees are required to wear County issued identification badges, which will be issued by the County. The Sheriff reserves the right to deny and/or rescind facility access privileges to any Contractor employee who does not meet established security clearance criteria or who does not comply with established facility policy, rules, and/or regulations.

i. The Contractor's employees must attend orientation and training classes conducted by the County which have been deemed necessary for increasing awareness of safety, security, and operational issues in the facilities, paid at contractor's expense.

j. Contractor's designee shall, upon termination of Contractor employees, immediately notify the SCSO Administrative Lieutenant.

k. Contractor shall be responsible for time and attendance accountability of its personnel and provide appropriate records to the County upon reasonable demand.

1.5 Policy Compliance.

County will require the successful contractor to comply with all policies of the Sheriff's Detention facilities that may relate to the provision of behavioral health services to incarcerated persons.

1.6 Background Investigation.

Upon signing this Agreement, Contractor shall provide a list of all persons who are expected to or will provide services to County under this Agreement. All such persons must submit to a background investigation and be approved by the Sheriff's Office before performing any such services. Such persons shall also submit a consent and waiver form permitting County to obtain personal employment/ professional qualification information from third parties and releasing such third parties from any and all liability for disclosing such information to County. All personal information provided will be maintained by the County in strictest confidence to the extent allowed by law. No person shall perform any services contemplated herein unless and until approval has been obtained in writing from the Sheriff's Office. The Sheriff shall have the sole discretion to determine security acceptability of all Contractor personnel at any time during the contract period, and personnel found to be an unacceptable safety or security risk shall not be given access to facilities. Contractor shall comply with the security clearance requirements and procedures described in Exhibit C, attached hereto and incorporated herein by this reference.

1.7 Unusual Occurrences.

Contractor shall continue to provide medical services to incarcerated persons and staff in accordance with this Agreement in the event of unusual or catastrophic occurrences, such as concerted labor actions including strikes, riots, fires, extended power failures or equipment breakdowns, natural disasters, infectious diseases, pandemics and the like which result in the disruption of normal medical service operations; provided however, that Contractor will not be deemed in breach of this Agreement if performance hereunder is made impossible by such occurrences. In the event and to the

extent that the Contractor suffers major financial losses due to such emergency circumstances, the County may, in its discretion negotiate equitable compensation.

2. Compliance with Standards of the National Commission on Correctional Health Care (NCCHC).

2.1 Contractor shall provide behavioral health services that meet National Commission on Correctional Health Care accreditation standards for health services in-jails, and will also comply with all applicable laws, codes, and regulations relating to behavioral health, medical and dental services in local detention facilities in the State of California.

2.2 Contactor shall work with the County Health Officer who, under Section 1208 of the Penal Code, shall investigate health and sanitary conditions in every county jail.

2.3 Contractor shall work with the Sonoma County Public Health Department concerning communicable disease screening, continuing medical surveillance, case management, reporting, and incarcerated person referral in the community.

3. Research.

No research projects involving incarcerated persons, other than projects limited to the use of information from records compiled in the ordinary delivery of patient care activities, shall be conducted without the prior written consent of the Sheriff or his designee. The conditions under which research shall be conducted shall be agreed to by the Contractor and the Sheriff or his designee and shall be governed by written guidelines. In every case, the written informed consent of each incarcerated person who is a subject of a research project shall be obtained prior to the incarcerated person's participation as a subject. Neither the Contractor nor the Sheriff shall publish any data obtained from any such research without prior written consent of the other party, unless disclosure is required by law.

4. Security of Incarcerated Person Files.

Incarcerated person files and automated records are of a confidential nature. The Contractor's employees shall be allowed access to these records and files only as needed for duties related to the contract and in accordance with the rules established by the Sheriff's Office. The Contractor shall honor all Federal and State laws and regulations, and related policies and procedures for safeguarding the confidentiality of such data, including but not limited to the provisions outlined in the Business Associate Addendum, attached hereto (RFP Attachment F) as applicable.

5. Confidential Medical Records.

Contractor and County agree to maintain the confidentiality of all patient medical records and client information in accordance with all applicable state and federal laws and regulations. This Section shall survive termination of this Agreement. Contractor and County shall immediately upon discovery of a breach or improper disclosure of privacy and/or security of personally identifiable information (PII) and/or protected health information (PHI), notify the other party of such breach or improper disclosure by telephone and either email or facsimile in accordance with the provisions outlined in the Business Associate Addendum attached hereto (RFP Attachment F), as applicable.

6. Audits and Evaluations.

The County retains the right to audit all of the Contractor's records relative to the performance of contract services and to make unannounced site inspections at any time to evaluate contract performance and compliance with NCCHC standards, CCR Title 15 guidelines, and other policy/procedure requirements. The Contractor must provide written response to any findings or inquiries resulting from the County's audit processes and must promptly develop and implement corrective actions as indicated. The Contractor must cooperate fully with any and all audit and inspection activities initiated by the County. Nothing herein shall be construed to require Contractor to take any action or refrain from taking any action which might jeopardize the trade secret, proprietary, confidential, or otherwise protected status of, or Contractor's ownership interest in, any information.

7. Responsibility.

The Contractor shall at all times observe and comply with all federal, state, local and municipal laws, ordinances, rules and regulations in any manner affecting the contract, including but not limited to the following:

7.1 Female Incarcerated Persons Rights Plan: Contractor is required to meet the requirements of the Reproductive Privacy Act (Health and Safety Code 123460 et seq.) (Jan. 1, 2003).

7.2 Incarcerated Persons with Disabilities, Mental Health Issues, and Gender Matters: Contractor shall comply with and abide by the federal and state laws as they relate to incarcerated persons, including but not limited to the Americans with Disabilities Act (ADA), incarcerated persons determined to have a mental health issue, and matters involving transgender incarcerated persons.

7.3 Prison Rape Elimination: Contractor shall adopt and comply with the Prison Rape Elimination Act (PREA) standards, and make information available to SCSO, as required under 28 CFR § 115.12, to demonstrate its PREA compliance. 28 CFR § 115.401 requires Contractor to engage in and receive a PREA audit at least once during a three-year audit cycle. Contractor will make available to SCSO contract monitor, the auditor's final report after completion of an audit. Until the first audit report becomes available, Contractor shall demonstrate PREA

compliance to SCSO by furnishing a copy of its PREA policy to SCSO contract monitor. If no PREA audit has been conducted by the time the contract begins, plans to conduct a PREA audit must be demonstrated to SCSO within the statutorily set time frame.

8. Payment.

For all services and incidental costs required hereunder, Contractor shall be paid in accordance with the following terms:

8.1 Monthly Payment: County shall pay Contractor the sum of $5,549,130 (five million, five hundred and forty-nine thousand, one hundred thirty dollars) for the first contract year, payable in equal monthly installments of $462,427.50. This base amount reflects an average daily population range of 701-900. The Work Post Credit for vacant shifts (Section 8.9) due to the County shall be deducted from the monthly payment due.

8.2 Per Diem Payment: If the total monthly average daily population (ADP) of incarcerated persons exceeds 1,100, County will pay Contractor a per diem of $2.06 per person over 1,100 incarcerated persons per day, to be reconciled monthly. Contractor shall provide a separate invoice for per diem payment.

8.3 Per Diem Credit: If the total monthly average daily population (ADP) of incarcerated persons drops below 500, Contractor shall issue a per diem credit of $2.06 per person below 500 incarcerated persons per day, to be reconciled monthly.

8.4 Annual Increase: The County shall increase the monthly payments for the second through the fifth year of the contract, as well as for optional extensions of term, to be effective July 1, as follows:

a. NUHW Labor: For all National Union of Healthcare Workers (NUHW) positions, County shall pay annual increases per documented rates in the Contractor's agreement with NUHW. Contractor shall provide documentation, including calculations using the actual increase per position, by February 28 for the following fiscal year (July – June).

b. Other: Per diem rates in Sections 8.2 and 8.3, and all other costs not included in the NUHW labor agreement, shall be increased by the inflationary rate equal to the U.S. Department of Labor, Bureau of Labor Statistics Consumer Price Index (CPI) for Medical Care in the West Urban Region, all urban consumers, calculated from February to February of the previous year, or a minimum of 3%.

8.5 General Payment Provisions: Upon completion of the work, Contractor shall submit its bill[s] for payment in a form approved by County's Auditor and the

Sheriff-Coroner. The bill[s] shall identify the services completed, the amount charged, and the Work Post Credit detail, with credit applied to the monthly payment due. Unless otherwise noted in this Agreement, payments shall be made within thirty (30) days after presentation of an invoice in a form approved by the County for services performed. Payments shall be made only upon the satisfactory completion of the services as determined by the County.

8.6 Work Post Credit: For all unfilled shifts, the County shall be credited. Contractor shall provide County with a credit if any Work Post is vacant in whole or in part for any shift ("Work Post Credit"). Contractor shall provide a Work Post Credit to County on the monthly invoice for every Work Post shift that was not staffed, in full or in part, during the month. Contractor may submit a written request for waiver of credit application for a shift that is vacant in part. The Work Post Credit to the County shall be the equivalent to the Contractors cost (salary and benefits) had the Work Post been staffed and will be applied in the monthly invoice for services in the month following the vacant shift. This cost will be determined by taking the average hourly pay rate of the job class assigned to the Work Post shift, plus an additional 50% to approximate the cost of benefits for the job class assigned to that Work Post for the hours the post is vacant.

For extended vacancies, County and CFMG/Wellpath may choose to use salary savings to reinvest in recruitment.

8.7 Telehealth: Contractor may utilize a tele mental health platform as a contingency plan to provide staffing coverage when needed, by an on-call mental health professional. There will be no additional cost for tele mental health services. Telehealth may only be used with prior authorization from the SCSO Administrative Lieutenant or Watch Commander. Contractor's staff shall be responsible for all handling, care, and use of telehealth tablet. Contractor shall provide a monthly report to the Administrative Lieutenant indicating the number of telehealth occurrences during the period, the names of both the incarcerated individual and the telehealth staff who conducted the interview, and the reason the telehealth option was used.

8.8 JBCT Assessment Tools: The County agrees to reimburse CFMG/Wellpath for actual costs up to $10,000 annually for assessment testing tools purchased for use by the JBCT psychologist.

8.9 Government Reimbursement Programs: Contractor agrees County shall receive the benefit of all (100%) reimbursements from Medi-Cal and other government programs.

8.10 Clinic Space and Equipment: SCSO shall provide the space, limited furniture, fixtures, utilities, telephone, and security necessary for efficient operation of the BH services. SCSO shall provide only the equipment on-site at the start of the term and any other equipment that SCSO chooses to purchase and retain ownership of or chooses to replace or update.

SCSO will provide network connectivity and may provide Wi-Fi access depending on location. Unless specifically required and specified at time of contract, all network access will lead directly to the internet with no other access to SCSO computing resources (separate Virtual Local Area Network [VLAN]).

SCSO will work with Contractor to provide access to appropriate incarcerated person data through secure data interfaces or other secure methods. To access incarcerated person data the Contractor must comply with any applicable Federal, State, County of Sonoma and SCSO regulations and policies on data access, data retention, and secure data disposal. This may include participating in and completing any necessary training or testing related to security awareness, IT security polices, and secure data handling. Failure of individual Contractor staff members to follow these polices would result in the revocation of access to incarcerated person data as solely determined by the SCSO.

Contractor shall be responsible for the purchase of all other equipment, including replacement equipment as needed, and shall retain ownership of the equipment that it purchases. Contractor shall be responsible for providing its own computers, servers, printers, copiers, software, office chairs, ergonomic equipment for office and computer workstations.

SCSO reserves the right to refuse to allow any item into the jail if they determine it poses a security risk. SCSO may require approval of the method of internet/data connection services.

8.11 Change in Scope of Work: Contractor's pricing reflects the scope of care as outlined in the RFP submission and the current community standards of care for correctional healthcare services. Should there be any change in or modification of the local, national, or community standards of care or scope of services; court rulings or interpretation; or state or federal law or statute or interpretation thereof, which results in sustained and material changes in costs, coverage of costs related to such changes are not included and would need to be immediately negotiated with County to ensure all parties' interests are properly aligned. Changes such as the opening of additional areas in any of the facilities or construction of additional space would all be considered a change in the scope of service and potentially require immediate renegotiation.

8.12 Additional Services: The County may, at its option, request Contractor to provide additional staffing, programs, and/or services. County shall reimburse Contractor for costs related to such additional services. If and when County decides to re-open the North County Detention Facility (NCDF), County and Contractor will meet and determine staffing needs and implementation requirements. Such requests shall be agreed to by both parties in writing.

8.13 Revenue and Taxation Code Section 18662: Pursuant to California Revenue and Taxation code (R&TC) Section 18662, the County shall withhold seven percent of the income paid to Contractor for services performed within the State of California under this Agreement, for payment and reporting to the California Franchise Tax Board, if Contractor does not qualify as: (1) a corporation with its principal place of business in California, (2) an LLC or Partnership with a permanent place of business in California, (3) a corporation/LLC or Partnership qualified to do business in California by the Secretary of State, or (4) an individual with a permanent residence in the State of California.

If Contractor does not qualify, County requires that a completed and signed Form 587 be provided by the Contractor in order for payments to be made. If Contractor is qualified, then the County requires a completed Form 590. Forms 587 and 590 remain valid for the duration of the Agreement provided there is no material change in facts. By signing either form, the Contractor agrees to promptly notify the County of any changes in the facts. Forms should be sent to the County pursuant to Article 19. To reduce the amount withheld, Contractor has the option to provide County with either a full or partial waiver from the State of California.

9. Term of Agreement.

The term of this Agreement shall be from October 1, 2023 to June 30, 2028 unless terminated earlier in accordance with the provisions of Article 10 below. The parties may extend the term of this Agreement beyond its initial five-year term for two additional one-year periods (until June 2030) through written agreements. Such agreement to extend may be signed by the Sonoma County Sheriff and Contractor, provided that the contract increase does not exceed the designated CPI amount. Notwithstanding the foregoing, Contractor is required to continue to provide services after the end of the term of this Agreement (or any termination of services) upon County's request, unless and until Contractor provides County with 180 days written notice of its intent to terminate services.

10. Termination.

10.1 Termination Without Cause.

Notwithstanding any other provision of this Agreement, at any time and without cause, County shall have the right, in its sole discretion, to terminate this Agreement by giving 5 days written notice to Contractor. Contractor shall have the right in its sole discretion to terminate this Agreement by giving 180 days written notice to the County.

10.2 Termination for Cause.

Notwithstanding any other provision of this Agreement, should Contractor fail to perform any of its obligations hereunder, within the time and in the manner herein provided, or otherwise violate any of the terms of this Agreement, County may

immediately terminate this Agreement by giving Contractor written notice of such termination, stating the reason for termination.

10.3 Delivery of Work Product and Final Payment Upon Termination.

In the event of termination, Contractor, within 14 days following the date of termination, shall deliver to County all reports, original drawings, graphics, plans, studies, and other data or documents, in whatever form or format, assembled or prepared by Contractor or Contractor's subcontractors, consultants, and other agents in connection with this Agreement and shall submit to County an invoice showing the services performed, hours worked, and copies of receipts for reimbursable expenses up to the date of termination.

10.4 Payment Upon Termination.

Upon termination of this Agreement by County, Contractor shall be entitled to receive as full payment for all services satisfactorily rendered and reimbursable expenses properly incurred hereunder, an amount which bears the same ratio to the total payment specified in the Agreement as the services satisfactorily rendered hereunder by Contractor bear to the total services otherwise required to be performed for such total payment; provided, however, that if services which have been satisfactorily rendered are to be paid on a per-hour or per-day basis, Contractor shall be entitled to receive as full payment an amount equal to the number of hours or days actually worked prior to the termination times the applicable hourly or daily rate; and further provided, however, that if County terminates the Agreement for cause pursuant to Section 10.2, County shall deduct from such amount the amount of damage, if any, sustained by County by virtue of the breach of the Agreement by Contractor.

10.5 Authority to Terminate.

The Board of Supervisors has the authority to terminate this Agreement on behalf of the County. In addition, the Purchasing Agent or Sheriff-Coroner, in consultation with County Counsel, shall have the authority to terminate this Agreement on behalf of the County.

11. Indemnification.

Contractor agrees to accept all responsibility for loss or damage to any person or entity, including County, and to indemnify, hold harmless, and release County, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including Contractor, that arise out of, pertain to, or relate to Contractor's or its agents', employees', contractors', subcontractors', or invitees' performance or obligations under this Agreement. Contractor agrees to provide a complete defense for any claim or action brought against County based upon a claim relating to such Contractor's or its agents', employees', contractors', subcontractors', or invitees' performance or obligations under this Agreement. County shall have the right to select its legal counsel at Contractor's expense, subject to Contractor's approval, which shall not be unreasonably withheld.

Contractor's obligations above apply whether or not there is concurrent or contributory negligence on County's part, but, to the extent any comparative fault is finally determined to have been contributory, pure comparative fault principles shall apply and each party shall only bear the proportionate cost of any damage or liability (exclusive of any costs of defense) attributable to the respective fault of that party or that of its officers, directors, agents, employees, volunteers, or subcontractors.

This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Contractor or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

12. Insurance.

With respect to performance of work under this Agreement, Contractor shall maintain and shall require all of its subcontractors, consultants, and other agents to maintain, insurance as described in Exhibit D, which is attached hereto and incorporated herein by this reference.

13. Prosecution of Work.

The execution of this Agreement shall constitute Contractor's authority to proceed immediately with the performance of this Agreement. Performance of the services hereunder shall be completed within the time required herein, provided, however, that if the performance is delayed by earthquake, flood, high water, or other Act of God or by strike, lockout, or similar labor disturbances, the time for Contractor's performance of this Agreement shall be extended by a number of days equal to the number of days Contractor has been delayed.

14. Extra or Changed Work.

Extra or changed work or other changes to the Agreement may be authorized only by written amendment to this Agreement, signed by both parties. Minor changes, which do not exceed the delegated signature authority of the Sheriff and which do not significantly change the scope of work or significantly lengthen time schedules may be executed by the Sheriff in a form approved by County Counsel. The Board of Supervisors must authorize all other extra or changed work. The parties expressly recognize that, pursuant to Sonoma County Code Section 1-11, County personnel are without authorization to order extra or changed work or waive Agreement requirements. Failure of Contractor to secure such written authorization for extra or changed work shall constitute a waiver of any and all right to adjustment in the Agreement price or Agreement time due to such unauthorized work and thereafter Contractor shall be entitled to no compensation whatsoever for the performance of such work. Contractor further expressly waives any and all right or remedy by way of restitution and quantum meruit for any and all extra work performed without such express and prior written authorization of the County.

15. Representations of Contractor.

15.1 Standard of Care.

County has relied upon the professional ability and training of Contractor as a material inducement to enter into this Agreement. Contractor hereby agrees that all its work will be performed and that its operations shall be conducted in accordance with generally accepted and applicable professional practices and standards as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of Contractor's work by County shall not operate as a waiver or release.

15.2 Status of Contractor.

The parties intend that Contractor, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. Contractor is not to be considered an agent or employee of County and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits County provides its employees. In the event County exercises its right to terminate this Agreement pursuant to Article 10, above, Contractor expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

15.3 No Suspension or Debarment.

Contractor warrants that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any federal department or agency. Contractor also warrants that it is not suspended or debarred from receiving federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the General Services Administration. If the Contractor becomes debarred, contractor has the obligation to inform the County.

15.4 Taxes.

Contractor agrees to file federal and state tax returns and pay all applicable taxes on amounts paid pursuant to this Agreement and shall be solely liable and responsible to pay such taxes and other obligations, including, but not limited to, state and federal income and FICA taxes. Contractor agrees to indemnify and hold County harmless from any liability which it may incur to the United States or to the State of California as a consequence of Contractor's failure to pay, when due, all such taxes and obligations. In case County is audited for compliance regarding any withholding or other applicable taxes, Contractor agrees to furnish County with proof of payment of taxes on these earnings.

15.5 Records Maintenance.

Contractor shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to County for inspection at any reasonable time. Contractor shall maintain such records for a period of four (4) years following completion of work hereunder.

15.6 Conflict of Interest.

Contractor covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. Contractor further covenants that in the performance of this Agreement no person having any such interests shall be employed. In addition, if requested to do so by County, Contractor shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with County disclosing Contractor's or such other person's financial interests.

15.7 Statutory Compliance/Living Wage Ordinance.

Contractor agrees to comply with all applicable federal, state and local laws, regulations, statutes and policies, including but not limited to the County of Sonoma Living Wage Ordinance, applicable to the services provided under this Agreement as they exist now and as they are changed, amended or modified during the term of this Agreement. Without limiting the generality of the foregoing, Contractor expressly acknowledges and agrees that this Agreement [is/may be] subject to the provisions of Article XXVI of Chapter 2 of the Sonoma County Code, requiring payment of a living wage to covered employees. Noncompliance during the term of the Agreement will be considered a material breach and may result in termination of the Agreement or pursuit of other legal or administrative remedies.

15.8 Nondiscrimination.

Without limiting any other provision hereunder, Contractor shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation or other prohibited basis, including without limitation, the County's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

15.9 AIDS Discrimination.

Contractor agrees to comply with the provisions of Chapter 19, Article II, of the Sonoma County Code prohibiting discrimination in housing, employment, and services because of AIDS or HIV infection during the term of this Agreement and any extensions of the term.

15.10 Assignment of Rights.

Contractor assigns to County all rights throughout the world in perpetuity in the nature of copyright, trademark, patent, right to ideas, in and to all versions of the plans and specifications, if any, now or later prepared by Contractor in connection with this Agreement. Contractor agrees to take such actions as are necessary to protect the rights assigned to County in this Agreement, and to refrain from taking any action which would impair those rights. Contractor's responsibilities under this provision include, but are not limited to, placing proper notice of copyright on all versions of the plans and specifications as County may direct, and refraining from disclosing any versions of the plans and specifications to any third party without first obtaining written permission of County. Contractor shall not use or permit another to use the plans and specifications in connection with this or any other project without first obtaining written permission of County.

15.11 Ownership and Disclosure of Work Product.

All reports, original drawings, graphics, plans, studies, and other data or documents ("documents"), in whatever form or format, assembled or prepared by Contractor or Contractor's subcontractors, consultants, and other agents in connection with this Agreement shall be the property of County. County shall be entitled to immediate possession of such documents upon completion of the work pursuant to this Agreement. Upon expiration or termination of this Agreement, Contractor shall promptly deliver to County all such documents, which have not already been provided to County in such form or format, as County deems appropriate. Such documents shall be and will remain the property of County without restriction or limitation. Contractor may retain copies of the above-described documents but agrees not to disclose or discuss any information gathered, discovered, or generated in any way through this Agreement without the express written permission of County.

15.12 Authority.

The undersigned hereby represents and warrants that he or she has authority to execute and deliver this Agreement on behalf of Contractor.

16. Demand for Assurance.

Each party to this Agreement undertakes the obligation that the other's expectation of receiving due performance will not be impaired. When reasonable grounds for insecurity arise with respect to the performance of either party, the other may in writing demand

adequate assurance of due performance and until such assurance is received may, if commercially reasonable, suspend any performance for which the agreed return has not been received. "Commercially reasonable" includes not only the conduct of a party with respect to performance under this Agreement, but also conduct with respect to other agreements with parties to this Agreement or others. After receipt of a justified demand, failure to provide within a reasonable time, but not exceeding thirty (30) days, such assurance of due performance as is adequate under the circumstances of the particular case is a repudiation of this Agreement. Acceptance of any improper delivery, service, or payment does not prejudice the aggrieved party's right to demand adequate assurance of future performance. Nothing in this Article limits County's right to terminate this Agreement pursuant to Article 10.

17. Liquidated Damages.

Liquidated damages are presented as an estimate of an intangible loss to the County. It is a provision that allows for the payment of a specified sum should Contractor be in breach of contract. Liquidated damages shall apply to this contract.

County and Contractor agree that damages to County due to Contractor's delay in timely providing Services in accordance with Exhibit A, and Staffing levels in Exhibit B and the contract termination date are impractical and difficult to ascertain. Therefore, a daily amount of $1,500 as Liquidated Damages shall be assessed against Contractor – not as a penalty, but for damages to County due to delays in providing Services not in accordance with Exhibit A or later than the contract termination date (herein "Delay"). County may offset Liquidated Damages against amounts owing to Contractor, including retention sums. Prior to imposition of any Liquidated Damage, or withholding, the County shall provide timely written notice specifying Delay(s) in providing Services not in accordance with Exhibit A, and Contractor shall have a reasonable opportunity to cure such alleged deficiencies. The respective cure period shall be no fewer than fourteen (14) days for reporting related alleged deficiencies and no fewer than thirty (30) days for any other alleged deficiencies. Should Contractor not cure the deficiencies within this time period, the daily Liquidated Damages shall become retroactive to the date of County's initial written notice of the Delay in services. Such cure period shall neither relieve Contractor of its duties of performance in accordance with the terms of this Agreement, nor relieve Contractor of its indemnification obligations set forth in Article 11 for damages resulting from any Delay in services without regard to the cure period.

To the extent that any Delay is a result of matters or circumstances wholly beyond the control of Contractor, County shall excuse said Liquidated Damages; provided however, that County may condition such excuse upon Contractor having given prompt notice to County of such delay immediately by telephone and thereafter by written explanation within a reasonable time. The time for Contractor's performance shall be extended by the period of delay, or such other period as County may elect.

18. Assignment and Delegation.

Neither party hereto shall assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the other, and no such transfer shall be of any force or effect whatsoever unless and until the other party shall have so consented.

19. Method and Place of Giving Notice, Submitting Bills and Making Payments.

All notices, bills, and payments shall be made in writing and shall be given by personal delivery or by U.S. Mail or courier service. Notices, bills, and payments shall be addressed as follows:

TO: COUNTY:	Sonoma County Sheriff's Office Detention Division Attn: Julie Bertoli 2777 Ventura Avenue Santa Rosa, CA 95403 Phone: 707-565-1469
TO: CONTRACTOR:	California Forensic Medical Group, Inc. c/o Chief Legal Officer 3911 Sorrento Valley Blvd. San Diego, CA 92121 Phone: 858-283-8600

When a notice, bill or payment is given by a generally recognized overnight courier service, the notice, bill or payment shall be deemed received on the next business day. When a copy of a notice, bill or payment is sent by facsimile or email, the notice, bill or payment shall be deemed received upon transmission as long as (1) the original copy of the notice, bill or payment is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email (for a payment, on or before the due date), (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices, bills and payments shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

20. Miscellaneous Provisions.

20.1 No Waiver of Breach.

The waiver by County of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

20.2 Construction.

To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. Contractor and County acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. Contractor and County acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

20.3 Consent.

Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

20.4 No Third Party Beneficiaries.

Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

20.5 Applicable Law and Forum.

This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Santa Rosa or the forum nearest to the city of Santa Rosa, in the County of Sonoma.

20.6 Captions.

The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

20.7 Merger.

This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.

20.8 Survival of Terms.

All express representations, waivers, indemnifications, and limitations of liability included in this Agreement will survive its completion or termination for any reason.

20.9 Time of Essence.

Time is and shall be of the essence of this Agreement and every provision hereof.

20.10 Counterpart; Electronic Signatures.

The parties agree that this Agreement may be executed in two or more counterparts, each of which shall be deemed an original, and together which when executed by the requisite parties shall be deemed to be a complete original agreement. Counterparts may be delivered via facsimile, electronic mail (including PDF) or other transmission method, and any counterpart so delivered shall be deemed to have been duly and validly delivered, be valid and effective for all purposes, and shall have the same legal force and effect as an original document. This Agreement, and any counterpart, may be electronically signed by each or any of the parties through the use of any commercially-available digital and/or electronic signature software or other electronic signature method in compliance with the U.S. federal ESIGN Act of 2000, California's Uniform Electronic Transactions Act (Cal. Civil Code § 1633.1 et seq.), or other applicable law. By its use of any electronic signature below, the signing party agrees to have conducted this transaction and to execution of this Agreement by electronic means.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

CONTRACTOR: CALIFORNIA FORENSIC MEDICAL GROUP

DocuSigned by:
By: _____
043819F7A628439...
Dr. Grady Judson Bazzel, President

Date: 8/3/2023

COUNTY OF SONOMA
AGREEMENT EXECUTED:

By: _____
Chair, Board of Supervisors

Date: _____

ATTEST:

_____
Clerk of the Board of Supervisors

APPROVED AS TO SUBSTANCE FOR COUNTY:

By: _____
Sheriff-Coroner

Date: 8/15/23

APPROVED AS TO FORM FOR COUNTY:

By: _____
County Counsel

Date: 8/10/23

CERTIFICATES OF INSURANCE REVIEWED AND ON FILE:

By: _____
Administrative Services Officer

Date: 8/15/23

EXHIBIT A
Scope of Services

All aspects of the behavioral healthcare services must conform with applicable standards and guidelines of the California Code of Regulations (CCR), Title 15 Minimum Standards for Local Detention Facilities, and all other applicable laws, regulations, codes, and guidelines relating to health care services and programs in adult detention facilities in the State of California.

I. Communication

Wellpath will continually communicate with Sheriff's Office administration on contract matters, such as project coordination, status meetings, and status reports. Wellpath will facilitate quarterly quality assurance meetings with SCSO administration to evaluate statistics, program needs, problems, and coordination between mental health, medical, and custody staff.

Active, open and honest communication is essential to sustaining a successful healthcare program and a strong partnership. The Health Services Administrator (HSA) will maintain open communication and effective working relationships with Sheriff's Office administration, Wellpath employees, custody staff, contracted providers, and outside agencies. As the liaison between mental health and custody staff, the HSA leads multidisciplinary meetings to promote continued communication and cooperation between custody and care providers.

II. Corporate Support

The Regional Director of Mental Health oversees the mental health program. Operational oversight is the responsibility of the Regional Vice President and Regional Director of Operations. They will visit the Sonoma County's adult detention facilities on a regular basis to evaluate mental health processes and meet with the Sheriff's Office administration. The Regional Director of Mental Health and Regional VP will be on site quarterly and Regional Director of Operations will be on site twice per month.

III. Provision of Services

III.I. Comprehensive Behavioral/Mental Health Care Services

III.I.1. Intake Assessments

NCCHC Standards J-E-02, J-E-05, J-F-03

Everyone benefits when a proactive plan of care begins as soon as possible after admission to a correctional facility. This can be an overwhelming and distressing time for incoming patients. Establishing contact and rapport with a mental health provider quickly can help ease concerns and fears by letting the patient know help is available and to establish and/or maintain stability throughout incarceration.

The early identification process begins at intake to meet emergent, urgent, and routine mental health needs. The Wellpath receiving screening includes specific and structured questions to determine the patient's:

- Risk of suicide
- History of or current psychotropic medication use
- History of psychiatric hospitalization
- History of outpatient mental health treatment
- Current mental status

The mental health component of the receiving screening takes place as individuals enter the facility. Intake staff refer patients who are mentally unstable, suicidal, or urgently need clinical attention to mental health staff for further evaluation, or to an outside facility for acute care when indicated. We refer patients with non-emergent mental health needs to mental health staff within the appropriate timeframe.

Verification and Timely Initiation of Medication

NCCHC Standards J-D-02, J-E-02, J-E-09

Intake staff ask arrestees about recent medical, dental, or mental health treatment before arrest. They also obtain information regarding the arrestee's medical provider(s) in the community. Wellpath staff contact the providers to ask about current treatment and verify prescribed medications to facilitate continuity of care.

Intake staff ask individuals who report medication use to complete a Release of Information (ROI) form, allowing the medication verification process to begin. A prescribing clinician (physician or mid-level provider) reviews verified medications and continues them as clinically indicated. Wellpath expedites medications for life-threatening or serious chronic diseases, obtaining them from a local backup pharmacy (Dollar Drug or Creekside Pharmacy).

Wellpath bridges non-formulary medications for up to 30 days to prevent a break in the continuity of care. Given the nature of jails as short-stay facilities, we typically continue verified medications (formulary or not) throughout a patient's stay, unless the patient experiences side effects or a poor response to the regimen, or if a different medication is deemed more clinically appropriate.
To continue a non-formulary medication beyond the initial bridge order, the prescribing clinician requests continuation of the medication using the Wellpath non-formulary medication request process described in section III.I.3. Medication Management. Continuation of the medication requires clinical rationale.

III.I.2. Health Appraisal

NCCHC Standards J-E-04, J-E-05, J-F-03

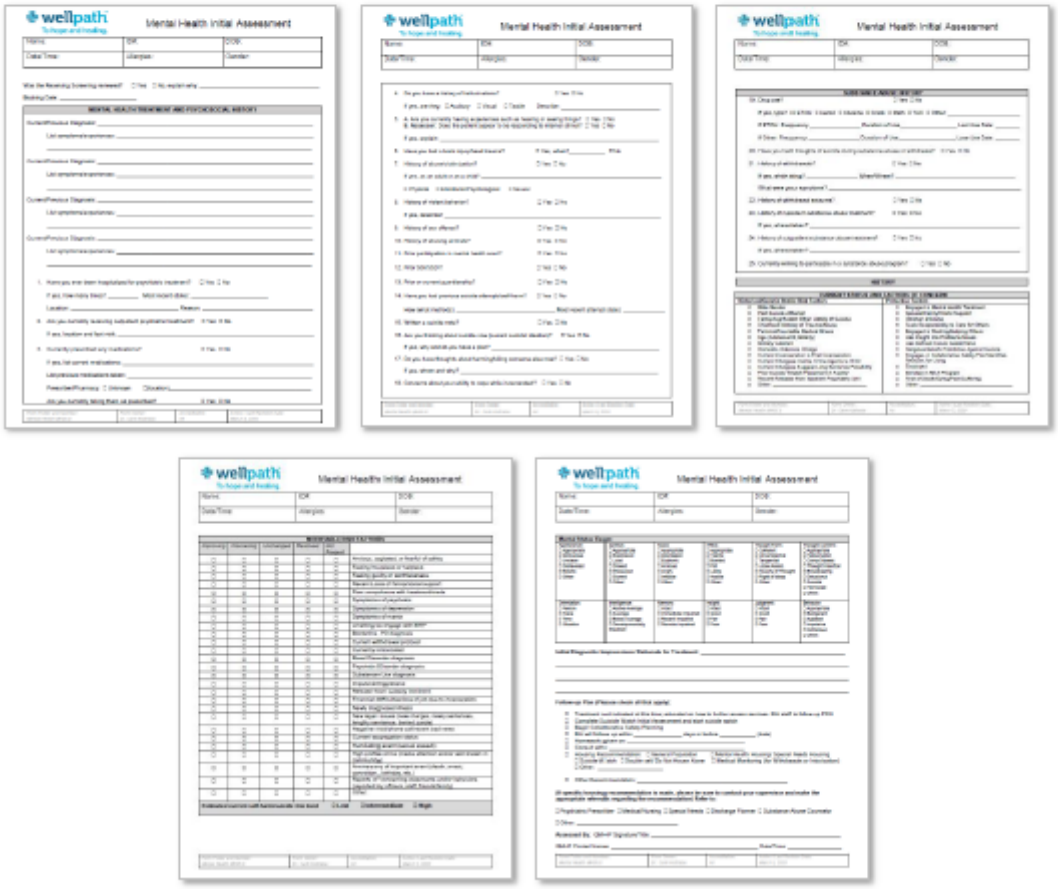
Individuals who screen positive for mental health concerns are referred to a Mental Health Clinician for an initial mental health assessment, which takes place as soon as possible, but no later than 14 calendar days after admission. We prioritize mental health assessments for patients reporting current mental health treatment in the community at intake, as well as those experiencing mental health distress. We quickly refer individuals displaying acute symptoms (e.g., appearing psychotic or suicidal) for emergency assessment by a Mental Health Clinician and ensure their safety pending assessment.

Wellpath will continue to provide adequate staffing to allow for timely mental health assessments to stabilize individuals with mental health issues as quickly as possible and initiate medication when needed. Wellpath mental health assessments comply with NCCHC and Title 15 standards and include a structured interview with inquiries into:

- A history of:
  - Psychiatric hospitalization and outpatient treatment
  - Substance abuse hospitalization
  - Withdrawal seizures
  - Medical stabilization for withdrawal and outpatient treatment
  - Suicidal behavior
  - Violent behavior
  - Victimization
  - Special education placement
  - Traumatic Brain Injury (TBI)
  - Sexual abuse
  - Sex offenses
- The status of:
  - Psychotropic medications
  - Suicidal ideation
  - Drug or alcohol use
  - Drug or alcohol withdrawal or intoxication
  - Orientation to person, place, and time
- Emotional response to incarceration
- Screening for intellectual functioning

The mental health assessment includes a risk assessment and a formal mental status examination. If ongoing evaluation and treatment are required, the Mental Health Clinician establishes a treatment plan, schedules the patient's next session, and makes the appropriate referral to a medical and/or psychiatric provider. The Mental Health Clinician completes a Suicide Watch Initial Assessment and starts suicide watch for patients at high risk of self-harm. We transfer those with acute mental illness requiring mental health services beyond the facility's scope to an appropriate healthcare facility.

Sample Mental Health Initial Assessment Form



III.I.3. Medication Management

NCCHC Standard J-D-01

Wellpath will continue to provide pharmaceutical services in accordance with all applicable laws, guidelines, policies and procedures, and accepted community standards. Our pharmaceutical management program includes formulary and non-formulary oversight; prescribing, filling, and administering of medications; record keeping; appropriate licensure; Drug Enforcement Agency (DEA) management; and the secure and proper storage of all medications.

Wellpath partners with Correct Rx Pharmacy Services, Inc. (Correct Rx) to provide pharmaceutical services at the adult detention facilities. Correct Rx is a full-service pharmacy, available 24/7, that provides accurate and timely dispensing and delivery. We have a national contract with Correct Rx, which allows us to receive competitive pricing.

The owners of Correct Rx have 100 years of combined experience in institutional pharmacy services and correctional healthcare, serving more than 200,000 lives in 195 correctional facilities across the U.S. Wellpath and Correct Rx share a commitment to provide the best value and quality by offering safe, efficient, evidence-based pharmacy services that are also cost effective.

As pharmacy vendor at 134 of our contracted facilities, Correct Rx maintains all necessary pharmaceutical licenses in accordance with state and federal regulations. They also provide:

- On-time delivery with accessible local backup pharmacy to ensure 24/7 availability
- Computerized systems for provider ordering through medication administration
- Inventory management and medication reordering
- Safe medication administration practices
- Simplified processes for emergency medication ordering and formulary exceptions
- Accurate medication order delivery
- Knowledgeable and accessible customer service available 24/7

Formulary Management

Wellpath has a customized formulary for the adult detention facilities to optimize efficacy and total cost of care. We review the formulary regularly for updates. Immediate formulary changes, with the approval of the site Medical Director and SCSO administration, are incorporated with the release of new medications, when clinical information identifies new safety concerns, and when generic products become available.

Utilization is important for formulary management and development. Correct Rx reviews and provides evidence-based literature review articles specific to areas that may affect utilization and the cost-effectiveness of medications. Correct Rx also monitors pricing fluctuations daily. Correct Rx pharmacists receive daily price change reports for review, as well as weekly information from their wholesaler when new medications are expected to receive generic approval and pricing. The site Medical Director reviews this information when assessing a medication's formulary status.

Wellpath can provide a monthly Formulary Management Report (FMR) that illustrates monthly expenditures, usage, prescribing habits, and trends. We also provide a formulary exception report listing all non-formulary medications prescribed over a period and sorted by prescriber, medication name, and patient. The report includes the medication's name and strength, dispense date, inmate name and number, prescriber, cost per prescription, order stop date, primary therapeutic class, secondary therapeutic class, formulary status indicator, and total cost per medication dispensed.

Formulary Exceptions

Intake staff ask arrestees whether they were undergoing medical, dental, or mental health treatment before arrest. If so, Wellpath staff ask for the names of the arrestee's current medical providers and contact them to obtain information about current treatment and medications to facilitate continuity of care.

Wellpath staff ask individuals who report medication use at intake to complete a Release of Information (ROI) form, allowing the medication verification process to begin. A prescribing clinician (physician or mid-level provider) reviews verified medications and continues them as clinically indicated. We expedite medications for life-threatening or serious chronic diseases by obtaining them from a local backup pharmacy (Dollar Drug or Creekside Pharmacy).

Wellpath bridges non-formulary medications for up to 30 days to prevent a break in care and allow the clinician time to review the necessity of the medication. Given the nature of jails as short-stay facilities, we typically continue verified medications (formulary or not) throughout the duration of a patient's stay, unless the patient reports side effects, poor response to the regimen, or a different medication is deemed more clinically appropriate.

To continue a non-formulary medication after the initial bridge order, the prescribing clinician requests continuation of the medication (to include a brief clinical rationale for the medication) through the Wellpath non-formulary medication request process. The Regional Medical Director reviews non-formulary requests daily. The HSA is notified if a non-formulary medication is ordered without the non-formulary request form.

Generics, Narcotics, and Off-Label Use

Wellpath clinicians prescribe generic medications whenever possible, unless they provide justification for a brand name request. We track the percentage of generic versus non-generic use and provide statistical reports on all areas of pharmaceutical management.

Wellpath only administers non-narcotic medications to patients in general population. Patients requiring narcotic medications are housed in the appropriate non-general population for the period the medications are prescribed for appropriate medical oversight. In keeping with Wellpath policy, providers use sleep and pain medications only when clinically indicated.

Wellpath policy discourages the dispensing of medication (prescription or OTC) for any off-label use.

Pharmacy Reports

Wellpath offers the most dynamic and complete reporting capabilities in the correctional industry, including customized pharmaceutical reports for the adult detention facilities. Analysis of monthly utilization data, formulary management data, expenditures, clinical metrics, poly-pharmacy prescribing data, and overall prescribing habits of clinicians is crucial for properly managing budgetary dollars, ensuring proper care, and optimizing patient outcomes. Statistical data is accompanied by graphs illustrating usage and trends.

Wellpath offers statistical reports for pharmaceutical management that simplify analysis of monthly usage, expenditures, prescribing habits, and trends. Basic, ad hoc, requested, and customized reports are available if requested.

Psychotropic Medications

NCCHC Standards J-D-01, J-F-03

Wellpath's psychiatric care includes the prescribing and administration of psychotropic medication as indicated. Other standard features of the psychiatric care delivered by Wellpath include specialized physical examinations to monitor for potential side effects and unfavorable drug-to-drug interactions, scheduled lab work, vital signs monitoring, medical counseling, psychoeducational sessions, and coordination with court-assigned forensic staff as required.

Our psychiatric staff prescribe psychotropic therapy only as clinically indicated. Aided by trained nursing staff, they monitor patients for medication adherence, drug toxicities, and any medical comorbidities that may impact treatment response. For patients beginning new medication therapy, in addition to a thorough clinical assessment, the psychiatric provider conducts a medical record review, educates the patient on medication treatment options, and obtains specific informed consent from the patient.

When it is determined that a patient received mental health care prior to incarceration, efforts are made by the nursing staff to obtain treatment information and verify medications from community providers to facilitate continuity of care. Arrestees who report current psychotropic medication use at intake are asked to complete a Release of Information (ROI) so that the medication verification process can begin. Patients currently taking psychotropic medication upon arrival in booking are seen by the psychiatrist, physician, or mid-level provider within 72 hours of admission.

For patients on established psychotropic therapy from the community, including Long-Acting Injectable (LAI) antipsychotic medication, those medications may be bridged for continuation at the time of intake. This determination is made by the Wellpath psychiatric provider if clinical information available at that time is adequate to make a determination for continuation, adjustment, or to hold pending an assessment by the provider.

For LAIs in particular, due to the very nature of its prolonged pharmacological half-life, this decision can occur at the time an initial evaluation within the first week of intake. This way, such clinical judgments occur based on an actual, updated assessment of the patient that has been performed by the Wellpath psychiatric provider.

Medication Education

Wellpath staff educate patients on the risks and benefits of prescribed medications at the time of the medication order and document the education in the patient's health record. Education includes informed consent, verbal information, and (where available) written information related to contraindications. We staff obtain and document informed consent before initiating psychotropic medication, when possible.

Wellpath staff educate pregnant patients on the risks of taking the prescribed medication(s). We test all female patients for pregnancy before prescribing psychotropic medications if the patient has not already been tested.

Best Practices for Prescribing Antipsychotic Long-Acting Injectables (LAIs)

Wellpath has extensive experience treating people living with severe mental illness in state psychiatric hospitals, prison systems, and local detention facilities. We have established rational, cost-conscious prescribing frameworks for psychiatric providers considering the appropriate treatment with antipsychotic medications.

Patients in need of LAI therapy are typically those with a severe mental illness accompanied by non-adherence to treatment. We find that the best approach to individuals who require psychiatric therapy but refuse it is to follow an incremental process of clinical exploration of the reasons behind the refusal, providing the patient with accurate education through empathetic engagement, obtaining collateral support from family members or caregivers and custody staff, and making connections with community-based providers. These efforts are documented to reflect active care and due diligence, as well as tracking illness progression in the absence of medication adherence.

Wellpath values multidisciplinary and supervisory clinical collaborations, so our local teams additionally have access to consultations and case discussions with regional and/or national individuals and groups that have expertise in forensic psychiatry, psychology, somatic medicine, law, and healthcare administration.

When non-adherence is unrelated to consent matters and it is clinically appropriate, Wellpath psychiatric providers may offer *de novo* long-acting injectable antipsychotic medication. Unlike daily pill-taking required with oral antipsychotics, LAI antipsychotics are administered by injection at predetermined intervals, typically of two-to-four weeks depending on the specific agent, dosages, and individual responses. This pharmacologic strategy often helps secure improved clinical response. Access to some of the LAIs require that the psychiatric provider obtain senior medical review and approval based on substantiated clinical appropriateness, safety, and cost-effectiveness concerns.

For both continuation or starting of new medication therapy with LAI, in addition to a thorough clinical assessment, the psychiatric provider conducts a medical record review, educates the patient on medication treatment options and obtains specific informed consent from the patient.

Following are basic guidelines for recommended use of LAI antipsychotics in local detention facilities:

- Patient arrives to the facility with verified/documented LAI antipsychotic therapy from a community provider or hospital with continued indication validated by the Wellpath psychiatric provider
- Patient arrives to the facility with documentation of court-ordered LAI antipsychotic therapy that must continue during incarceration
- Patient becomes non-adherent with oral antipsychotic medications but is able to provide informed consent to treatment with LAI antipsychotic
- Patient has a validated history of good response and no allergic reaction to the oral formulation of the proposed LAI or has been successfully treated with the proposed LAI in the past

The Wellpath Pharmacy and Therapeutics Committee issues updates of our standard medical formulary at least once a year, but reviews recommendations for deletions or additions made by facility clinicians or by our pharmacy partners on an ongoing basis. Wellpath's medication formulary is designed for the correctional setting; however, we are amenable to collaborate on specific modifications that the SCSO may require for customization.

Patients Incompetent to Stand Trial

Wellpath understands that patients deemed incompetent to stand trial (IST) sometimes lack the capacity to provide informed consent, especially at the time of admission, for treatment due to severe psychiatric symptoms. During the initial psychiatric screening and evaluation, the psychiatric provider will discuss the types of medications and the need for those medications with each individual. Potential side effects and adverse reactions will also be discussed. After this discussion, the psychiatric provider will document in the health record whether or not he/she believes that the patient has the mental capacity to voluntarily and with clear understanding sign the consent form. For additional information on IST patients, please see section **III.I.17. 1370 Felony Restoration Program (JBCT)**.

Involuntary Psychotropic Medication

The right to refuse mental health treatment is inherent in informed consent; however, psychiatric emergencies do occur. Wellpath has developed an emergency psychotropic medication protocol, consistent with applicable statutes and standards, for patients determined by a physician to be a danger to themselves or others due to acute psychiatric symptoms. In these cases, the patient may be given involuntary psychotropic medication appropriate to the illness on an emergency basis, which is defined by 15 CCR Section 1217 as a "situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent."

When a patient requires medication stabilization, but is refusing medication, the psychiatric provider will consider involuntary medications and document the rationale for the decision. When a court order already exists for involuntary medications, the medication will be administered by healthcare staff when clinically indicated. If there is not a court order already on file and the psychiatric provider believes medication is in the best interest of the patient, and the patient not in eminent danger of harm to self or others nor gravely disabled as a result of a mental illness, the psychiatric provider will consider petitioning the court for an involuntary medication order through PC 2603.

The psychotropic medication may be prescribed by a physician following a clinical evaluation and the medication administered must be limited to that required to treat the emergency condition. Psychiatric/mental health staff will initiate an inpatient referral as needed for the stabilization of the patient. This process includes collaborating with the Sonoma County Crisis Stabilization Unit (CSU) for hospitalizations, as described in section III.I.11. Hospital Care.

III.I.4. After-Hours, On-Call Psychiatric Services

Wellpath will continue to provide after-hours, on-call psychiatric services. These services are available and provided on site for urgent and emergent issues within one hour of notification. A psychiatric provider is on call 24/7 for the adult detention facilities.

Wellpath supplements on-site behavioral health coverage by using telepsychiatry for assessments and consultations. Telepsychiatry allows patients access to remote specialists and removes potential barriers to accessing psychiatric services. It can also be used during off-hours for consultation purposes to prevent off-site transportation.

The significant and sustained shortage of available qualified psychiatrists continues to drive the demand for telepsychiatry services across the United States. According to *U.S. News and World Report*, the number of total physicians in the United States increased by 45% over the last 19 years, while the number of total psychiatrists has increased only 12%. Meanwhile, during this time, the U.S. population has increased by 37%. A recent survey by the Association of American Medical Colleges revealed that 59% of psychiatrists are age 55 or older and are close to retirement age.

Wellpath uses telepsychiatry as an effective solution to the nationwide shortage of behavioral health professionals. The provision of telepsychiatry does not replace face-to-face patient encounters but acts as an adjunct service to reduce off-site transportation and security costs. Wellpath provides appropriate personnel for telepsychiatry sessions. We offer a broad range of telepsychiatry services and specialties, including but not limited to:

- Intake mental health screenings
- Follow-up mental health assessments
- Medication checks
- Evaluation of suicidal patients
- Referral for commitment
- Off-shift evaluations

III.I.5. Sick Call

NCCHC Standards J-E-07, J-F-03

Intake staff advise arrestees of their right to access care and the process for requesting mental health services. We communicate this information verbally and in writing in a language the arrestee understands. We ensure that arrestees who do not speak English understand how to request care.

Incarcerated persons can request mental health care at any time. They have access to sick call request forms that meet all standards and guidelines. We are in the process of collaborating with the SCSO to digitize sick call requests using the kiosks in the housing units to make the process more efficient. Custody staff can also refer patients if they have concerns for their mental health status. We document all requests and review them for urgency and intervention required.

Triage and Follow-up

A combination of mental health and psychiatry staff provide sick call services as defined within their scope of practice. We will continue to allocate sufficient mental health and psychiatry staff for the sick call process to allow patients to be seen in a timely manner according to NCCHC and Title 15 standards.

Mental Health Clinicians review, triage, and document mental health care requests daily. Following the collection of inmate request forms each day, a Mental Health Clinician reviews and prioritizes sick call requests. The Mental Health Clinician assigns each sick call request a disposition of emergent, urgent, or routine and patients are seen within the appropriate timeframe.

Patients with emergent requests receive immediate attention. Mental Health Clinicians manage emergent referrals without delay and the psychiatric provider follows up as needed. Mental Health Clinicians address emergent referrals received after hours and contact the on-call psychiatric provider, as needed.

Patients with urgent requests receive a face-to-face consultation at the next scheduled mental health sick call, which takes place daily from 7:00 a.m. – 11:00 p.m. Should the need arise outside the scheduled sick call, we arrange for patients requiring urgent attention to be seen the same day.

Patients with routine requests are scheduled for the next available mental health sick call appointment.

During triage, the Mental Health Clinician initiates referrals for patients needing consultation with the psychiatric provider. Patients referred to the psychiatric provider are scheduled for the next psychiatry sick call, which takes place daily from 8:00 a.m. – 4:00 p.m.

III.I.6. Mental Health Care Plans

NCCHC Standards J-F-01, J-F-03

Wellpath's Mental Health Program emphasizes identification, referral, and treatment. Our program is based on established policies, procedures, and protocols that provide consistency of care for each patient. These policies and procedures address the provision of mental health services, including patient assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, ongoing care, and discharge planning.

We will begin by seeking out community records, verifying psychotropic medication regimens, and securing continuity of care from intake to release. We will initiate referrals for psychiatry services, special needs program enrollment, placement in identified mental health units, and group programming, including substance abuse treatment services when needed. If mental health issues cannot be safely addressed in the correctional setting, we will recommend referral to a more intensive mental health program.

Once safety and stability issues are addressed, the focus shifts to treatment planning and programming designed to move beyond maintenance and address risk factors for recidivism. Key elements to address include cognitive thinking patterns that support criminal behavior, trauma histories, and lack of adequate community support (e.g., housing and other resources).

Our individualized approach to treatment planning addresses each patient's needs throughout their incarceration. Treatment plans include the care to be provided, the roles of the members of the treatment team, and discharge planning.

Wellpath understands the importance of proactive treatment planning and has learned that the delivery of proactive patient care in the correctional setting produces several long-term benefits, including:

- Fostering patient trust – Our patients feel important and heard. We provide care with respect and understanding. We familiarize ourselves with each patient's specific situation and needs, including communication with previous care providers to ensure continuity of care while fostering patient trust.
- Reducing patient emergencies – We understand our patients and do not wait for an emergency to occur. Instead, we provide active treatment that ensures we understand and meet each patient's needs. Proactive treatment planning and care reduces emergencies that can result from a reactive approach to patient care.
- Identifying relevant trends – We conduct CQI audits to evaluate our programs and to help us anticipate issues before they occur. We systematically review the quality of our mental health services throughout the year and take actions to improve processes and outcomes based on these reviews.
- Improving the level of services being offered – We work closely with SCSO administration to develop site-specific improvements where possible.

Serious Mental Illness

NCCHC Standards J-B-07, J-F-03

Wellpath will continue to identify and treat all patients at the adult detention facilities diagnosed with a serious mental illness (SMI), following NCCHC and Title 15 standards. We have a strong Mental Health Special Needs Program that includes individualized treatment plans for SMI patients as well as individuals who may be vulnerable in the correctional environment.

Wellpath Mental Health Clinicians work with patients entering the system who are naïve to the correctional environment or vulnerable based on stature, mental illness, or developmental disability. They provide assessments, treatment, education, case management, and discharge planning services for patients with serious mental health issues that may affect their ability to function independently while in custody.

Patients with serious mental health issues receive an individualized treatment plan and mental health services designed to achieve stability as quickly as possible. Wellpath staff track and maintain information regarding structured mental health services for patients with SMI. We will continue to evaluate the effectiveness of the services we provide and adjust treatment as needed to ensure its maximum efficacy.

Special Needs Programming for SMI

NCCHC Standards J-F-01, J-F-03

Wellpath has developed specific education and training for mental health staff on the philosophy and operationalization of special needs programming. Special needs programming is an essential, proactive opportunity to enhance coping and problem-solving skills for patients who have serious mental health needs, developmental disabilities, serious adjustment issues, or difficulty functioning in the secure environment, and those who are at risk for suicide.

Training includes awareness of how to prevent or reduce crisis events. Building these skills helps empower patients to manage their reactions to events and avoid negative consequences associated with crisis episodes. By decreasing symptomatology, we improve the patient's functioning, which can also reduce the need for restricted housing.

A Mental Health Clinician sees special needs patients at least every 30 days or as indicated in the patient's treatment plan, and more often when required. When patients have made progress on their goals and have increased stability, their follow-up appointments may be modified to every 45 days per the treatment plan update. Wellpath schedules special needs appointments according to the treatment plan, whether or not the patient agrees to comply with treatment recommendations.

Patients hesitant to engage often benefit from motivational interviewing and may be willing to participate in activity or recreational therapy. These modalities will be offered to patients as a way to begin building therapeutic rapport and work toward including individual visits in addition to activity/recreational contacts.

Wellpath offers patients clinical interventions designed to meet individual needs. Typically, access to skills training to assist with daily functioning within the secure setting is beneficial for most patients involved in special needs programming. Wellpath creates special needs treatment plans for patients needing special monitoring and a multidisciplinary approach that conforms to professional standards. These treatment plans:

- Are developed during the patient's first Special Needs appointment
- Are individualized with input from the patient and the multidisciplinary treatment team
- Include strengths as well as targeted symptoms and/or behaviors
- Include goals and progress, as well as the methods and interventions used to pursue the goals
- Are reviewed and updated at each Special Needs appointment

Multidisciplinary Treatment

NCCHC Standards J-B-07, J-F-03

Wellpath staff develop treatment plans for patients receiving mental health services. Treatment plans for special needs patients, including SMI patients, include information from the multidisciplinary treatment team. Each member of the multidisciplinary treatment team is encouraged to participate actively, and the plan reflects the input from all disciplines. Special needs patients are seen by a Mental Health Clinician weekly, bi-weekly, or more frequently depending on acuity, but at least every 30 days and as indicated in the treatment plan.

Treatment Planning

NCCHC Standard J-F-01, J-F-03

An effective treatment plan clearly defines presenting issues, treatment goals, evidence-based interventions, and measurable outcomes. Our risk-needs-responsivity model addresses the stability of mental and behavioral health and recidivism risk—not only after release, but also while in custody, by avoiding behavioral choices that could lead to restricted housing.

The goal of the Wellpath Mental Health Program is to move beyond stability maintenance and address risk factors for recidivism. Key elements to address include cognitive thinking patterns that support criminal behavior, trauma histories, and lack of adequate community support (e.g., housing and other resources).

Our individualized and collaborative treatment planning ensures that each patient's needs are addressed as effectively as possible. By focusing on each patient's specific needs, we help improve functioning and decrease behavioral difficulty through tailored interventions. This, in turn, reduces the need for restricted housing to manage behavioral concerns. Treatment plans include the care to be provided, roles of the members of the treatment team, and discharge planning. Treatment plans are "living" documents that evolve as patient's needs change.

Wellpath recommends a written informed consent document for patients enrolled in mental health services. We have extensive experience in tailoring our informed consent document to meet the needs of our clients, as well as state-specific requirements. We will maintain informed consent documents that meet the needs of the adult detention facilities, based on the SCSO's continued approval.

Individualized Treatment Plans

Each patient is an individual with his or her own familial, cultural, developmental, and social history. Experiences such as exposure to violence, bullying, and instability in their environment can greatly affect an individual's mental health needs. As such, Wellpath develops an individualized treatment plan for each patient in the Mental Health Program. Mental health staff select the interventions to be used with each patient based on the focus areas identified in the treatment plan.

Wellpath provides trauma-informed, person-directed treatment planning from admission to discharge. Treatment plans are individualized, person-centered, holistic, achievable, measurable, age-appropriate, and written in a language understandable to the patient and his or her family/guardians. The patient is invited to participate in the development of the treatment plan, which serves as a blueprint to guide treatment.

SMART goals are included in the individual treatment plan.

Wellpath has more than three decades of experience developing individualized treatment plans based on multidisciplinary assessments for individuals who experience mental illness and/or developmental disabilities. Our clinical leaders train mental health staff to develop treatment plans that take into consideration the patient's input and strengths. Plans include specific issues from assessment results, SMART short-term and long-term goals, and recommended interventions. They also indicate the frequency of treatment and the team member responsible for providing the treatment.

Treatment plans are based on the patient's psychiatric, medical, and psychosocial needs and strengths as identified through the various assessments. They focus on improving the patient's psychological and physical functioning and typically contain:

- A list of all psychiatric and medical diagnoses
- A list of issues that are to be addressed
- Goals and measurable objectives for each issue
- Specific active treatment modalities/interventions to address each goal/objective and frequency
- Timeframes and measures to evaluate progress
- Signatures of the healthcare staff and the patient

Mental health staff review the treatment plan at each patient encounter and document the patient's progress toward treatment goals. Treatment plans are reviewed for effectiveness at regular intervals as established by the treatment plan or upon request by the patient. Plans are also reviewed if there is a significant change in the patient's condition or diagnosis, or as otherwise clinically indicated. Mental health staff may revise the treatment plan based on the patient's current clinical issues, needs, and response to treatment.

III.I.7. American Psychiatric Association (APA)

Wellpath uses the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in our classification and diagnostic process. As the DSM gets revised over the years, we adjust our process and our EMR to remain in line with the most up-to-date information.

III.I.8. Programming

NCCHC Standards J-B-01, J-F-03

As part of the mental health evaluation, mental health staff evaluate individuals with significant mental health needs for enrollment in individual or group counseling services to address their mental health needs. Wellpath uses evidence-based programs for both individual and group counseling. Our counseling services complement other fundamental aspects of our mental health program, including crisis management, special needs programming, intake evaluations, and suicide prevention.

In Sonoma County, we currently provide Courage to Change as part of our individual therapy offerings. Since the start of the pandemic, we have only been providing groups for patients in our substance use disorder (SUD) and medication-assisted treatment (MAT) programs, as well as those in the JBCT program. We will continue to evaluate the possibility of adding other groups in consideration of patient safety and staffing needs.

Wellpath will continue to provide patient education on mental health, self-care, and healthy lifestyle promotion. We educate patients on their conditions, their role in their treatment plan, and the importance of adhering to the plan. We document this education in the patient's medical record. Education includes information regarding continuity of care following release. In the past, we offered a group focused on discharge planning, which included educating patients on identifying, navigating, and applying for community services upon release.

Incarceration can give individuals the opportunity to pursue life skills development and sobriety. Patient education topics may include life skills; self-esteem building; identifying stressors; anger de-escalation; goal setting; communication and problem solving; and psychoeducational groups on managing anxiety, sleep hygiene, coping with depression, coping with bipolar, and coping with ADHD.

We have provided an example of mental health patient education in Attachment E. ***Please note that this information is confidential and proprietary***.

Development and Delivery of New Programs

Wellpath would welcome the opportunity to collaborate with the SCSO in the development and delivery of new behavioral health programs. In this section, we have listed several evidence-based groups that we use at other sites and could potentially offer with additional staffing.

Thinking for a Change (T4C) – An integrated cognitive behavioral change program that incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem-solving skills. The three components of Thinking for a Change are: cognitive self-change, social skills, and problem-solving skills. The cognitive self-change component teaches individuals a concrete process for self-reflection aimed at uncovering antisocial thoughts, feelings, attitudes, and beliefs. Social skills instruction prepares group members to engage in pro-social interactions based on self-understanding and consideration of the impact of their actions on others. The problem-solving skills component integrates the two previous interventions to provide group members with an explicit step-by-step process for addressing challenging and stressful real-life situations.

Dialectical Behavior Therapy (DBT) – Dialectical Behavior Therapy (DBT) is a therapeutic methodology designed to treat persons with borderline personality disorder. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality testing with concepts—largely derived from Buddhist meditative practice—of mindful awareness, distress tolerance, and acceptance. DBT is the first therapy that has been experimentally demonstrated to be effective for treating borderline personality disorder. Research indicates that DBT is also effective in treating individuals who represent varied symptoms and behaviors, including self-injury, associated with spectrum mood disorders.

Beyond Trauma – For female patients with trauma histories/PTSD diagnosis, this program is associated with "Helping Women Recover," a program designed for justice-involved populations. Based on relational therapy, Cognitive Behavioral Therapy (CBT), mindfulness, expressive arts, and body-oriented exercises. Participants gain an understanding of the impact of experienced trauma on their physical and mental health and learn strategies for improved coping to decrease depression and anxiety symptoms and improve interpersonal relationships.

Codependent No More – A discussion-based group using workbook curriculum from the author of Codependent No More. Participants explore relationship dynamics that impact their sobriety and how to manage their basic needs without engaging in maladaptive behaviors. With instructive life stories, personal reflections, exercises, and self-tests, Codependent No More is a simple, straightforward, readable map of the perplexing world of codependency, charting the path to freedom and a lifetime of healing, hope, and happiness.

Start Now – Designed for correctional populations, this program incorporates CBT, motivational interviewing, neurocognitive modifications, trauma-sensitive care, gender-specific guidance, focusing skills, and functional analysis in a highly structured, non-judgmental approach to skills building. Two primary areas targeted—focusing skills and functional analysis—learning the ABC model for behavior (activators, behavior, consequences). The program includes versions for forensic psychiatric populations and community settings.

Social Skills Training for Schizophrenia – Learning activities utilizing behavioral techniques that enable persons with schizophrenia and other disabling mental disorders to acquire interpersonal disease management and independent living skills for improved functioning in their communities. A large and growing body of research supports the efficacy and effectiveness of social skills training for schizophrenia. When the type and frequency of training is linked to the phase of the disorder, patients can learn and retain a wide variety of social and independent living skills. Generalization of the skills for use in everyday life occurs when patients are provided with opportunities, encouragement, and reinforcement for practicing the skills in relevant situations. Recent advances in skills training include special adaptations and applications for improved generalization of training into the community, short-term stays in psychiatric inpatient units, dually diagnosed substance abusing mentally ill, minority groups, amplifying supported employment, treatment refractory schizophrenia, older adults, overcoming cognitive deficits, and negative symptoms, as well as the inclusion of social skills training as part of multidimensional treatment and rehabilitation programs.

III.I.9. Food Services/Special Diets

NCCHC Standard J-D-05

The special needs screening performed at intake includes verification of medically necessary special diets. We can also make recommendations regarding special dietary needs based on the patient's medical history and physical evaluation. Patients can refuse this aspect of care, consistent with their options for participation in care within the community. If a patient refuses a special diet, Wellpath staff document the refusal in the patient's medical record.

Wellpath only prescribes therapeutic diets, not preferential diets, and ensures that documented food allergies are medically indicated. Wellpath staff will continue to work closely with the SCSO's food services supervisor to communicate special dietary needs and share suggestions for recommended diets. We review patients with special dietary needs every 90 days and notify the patient and the food services supervisor if a special diet is no longer required.

III.I.10. Suicide Prevention Program

NCCHC Standards J-B-05, J-F-03

Suicide is a leading cause of death in jails, and Wellpath takes suicide awareness and prevention very seriously. Our Suicide Prevention Program is based on policies and procedures that address education, screening, intervention, special needs treatment plans, and ongoing care. The program includes enhanced staff training, assessment using the Columbia-Suicide Severity Rating Scale (C-SSRS), and monitoring of individuals at increased risk for suicide. Mental health staff will support patients who have been affected by suicide and help them adjust to the situation.

Enhanced Staff Training

Suicide prevention is a collaborative effort and the entire Wellpath team is involved. Wellpath training for healthcare staff includes an intense focus on suicide prevention and emphasizes communication and teamwork between healthcare and custody staff. We train both healthcare and custody staff to recognize when a patient needs emergency mental health care, based on questions asked at intake, identified risk factors, and warning signs of self-harming behavior. In Attachment D, we have provided a document containing links to Wellpath Suicide Prevention videos for both adults and juveniles. *Please note that these videos are confidential and proprietary*.

Ongoing and frequent staff training on suicide prevention is central to the Wellpath Suicide Prevention Program. Suicide prevention training is mandatory during new employee orientation and also is reinforced at least twice a year for all Wellpath employees and subcontractors. We use best practices and continuously review the available literature to maximize the effectiveness of the training we provide, treatment resources we use, policy requirements, and associated procedures.

As part of our continual focus on suicide prevention and awareness, Wellpath's Regional Directors of Mental Health distribute monthly suicide prevention bulletins to the company.

Sample Monthly Suicide Prevention Bulletin

Mental health professionals (MHPs) have an extremely important and sometimes very difficult and daunting responsibility to assess and assist patients to prevent suicide. There are a number of risk and protective factors that must be considered when determining risk. Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide, whereas protective factors are personal or environmental characteristics that help protect people from suicide.

Example risk factors:

- Prior suicide attempt
- Family history of suicide
- Feelings of hopelessness
- First incarceration
- Intoxicated or detoxing
- Mental health history

Example protective factors:

- Family/social supports
- Reasons for living
- Future oriented/goals
- Self-esteem
- Coping skills
- Problem solving skills

MHPs assist potentially suicidal patients to identify risk and protective factors while working collaboratively with them to identify coping skills, reasons for living, and a plan for when he or she may be feeling suicidal. Being able to document successful collaborative safety planning may benefit the employee and company with regards to liability, and provides the patient with an individualized plan aimed to prevent suicide.

Identification of Risk

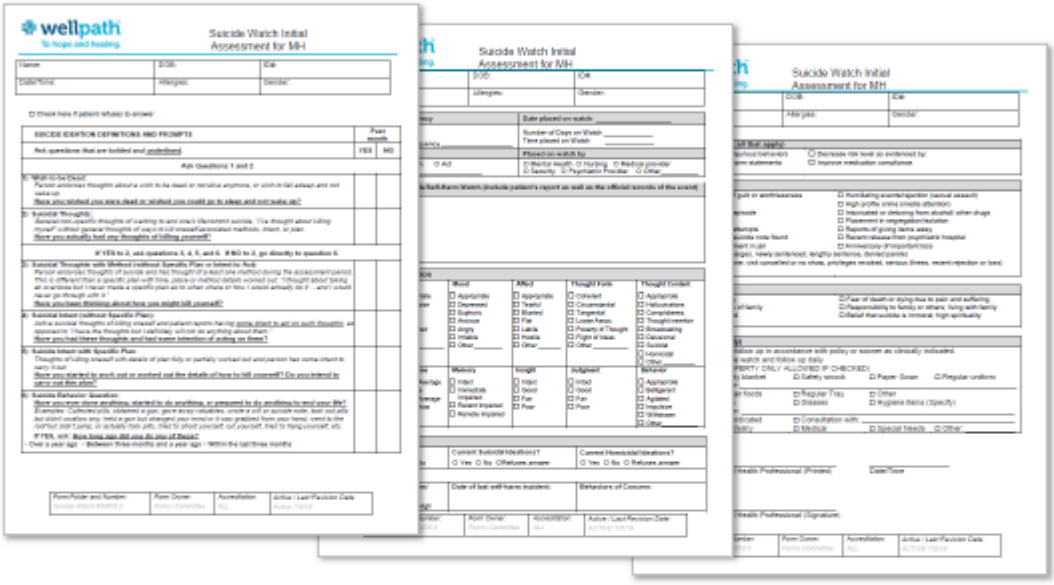
Wellpath uses an integrated approach to mental and behavioral health care that prioritizes suicide risk identification, management, and reduction. Certain times during incarceration pose a higher risk of suicide, such as within the first 14 days of incarceration, after major sentencing, during detoxification and the week following detoxification, and after learning of a significant loss or bad news. Although all suicides cannot be predicted or prevented, we believe that the risk and the prevalence of suicide can be reduced through proper screening, training, management, follow-up, and treatment.

Effective mental health screening at intake is a critical component of the Wellpath Suicide Prevention Program. Because it is crucial to identify this risk immediately, the Wellpath receiving screening tool contains an enhanced suicide potential screening. Positive screens, which reflect acute symptoms of mental illness or ideation of danger to self or others, trigger an immediate referral to Wellpath mental health staff. Individuals having suicidal ideation or appearing to be in crisis receive an urgent referral to mental health staff. Patients with a history of mental illness and/or mental health treatment also trigger a referral to mental health staff.

Upon referral, mental health staff complete a Suicide Watch Initial Assessment. The Wellpath Suicide Watch Initial Assessment uses the C-SSRS to aid in determining whether a patient is at risk for suicide, assess the severity and immediacy of the risk, and gauge the level of support needed. Should mental health staff identify the patient as being at risk for self-harm or suicide, they will initiate suicide watch protocols.

Patients may report suicidal ideation to medical, mental health, or custody staff. Custody staff and family members also may express concerns. Regardless of the source, Wellpath staff promptly follow up on and document these concerns. Wellpath staff take all self-harm behavior and suicidal comments seriously and act upon them immediately. We place patients believed to be a suicide risk on suicide watch until they can be evaluated by mental health staff and ultimately cleared by a Mental Health Clinician.

Sample Suicide Watch Initial Assessment



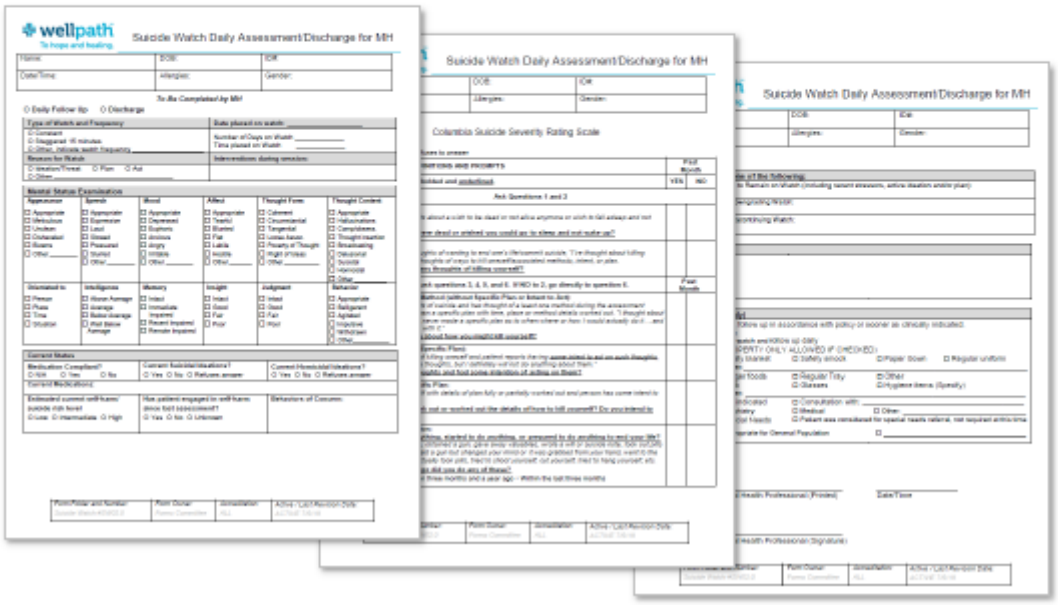
Referrals and Monitoring

Patients demonstrating self-harming behaviors, those identified as suicide risks, and those who appear to be in crisis receive an urgent referral to mental health staff for immediate evaluation. Wellpath recommends placing these patients on constant observation until mental health staff can complete the evaluation and determine an appropriate disposition. We increase monitoring appropriate to the level of risk. Wellpath suggests the following options for those at risk for self-harm:

- Continuous Watch – Constant observation of the patient
- Staggered Watch – Direct observation of the patient at staggered intervals not to exceed 15 minutes

Mental health staff monitor patients on suicide watch daily and create a treatment plan for follow-up care. When a patient is released from suicide watch by a Mental Health Clinician, mental health staff follow up based on a clinical algorithm, starting within one-to-three days post-suicide watch and consisting of two-to-three follow-up visits. Mental health staff administer the C-SSRS to assist in supporting the clinical decision to discontinue the watch. They also develop a treatment plan addressing suicidal ideation and its re-occurrence and provide additional follow-up care, as needed.

Sample Suicide Watch Daily Assessment/Discharge Assessment for Mental Health



Notification and Reporting

Wellpath staff notify the HSA, Medical Director, and SCSO administration of suicide attempts, which are considered significant events and require a retrospective review. The retrospective review is a part of the critical clinical event (CCE) process and is completed by a multidisciplinary team that reviews all aspects of the incidents that led up to the event, as well as the emergency response. This report is then sent to the QI Committee to monitor, review, and report on the healthcare staff's response to critical clinical events. The QI Committee uses the root cause analysis problem-solving methodology to review the CCE.

Community Referral

The HSA or designee notifies SCSO administration if a patient scheduled for release was determined to be at moderate or high risk for suicide on their most recent suicide risk assessment. When the mental health team receives advanced notice of the pending release, a Wellpath Mental Health Clinician evaluates the patient and initiates appropriate referrals for follow-up care in the community.

III.I.11. Hospital Care

NCCHC Standards J-B-07, J-D-08, J-F-01, J-F-03

Wellpath will continue to ensure that patients needing off-site specialty care, including inpatient psychiatric treatment, receive services following NCCHC and Title 15 guidelines. If a mental health patient exhibits a grave disability that cannot be safely and appropriately managed in a specialized correctional environment, mental health and psychiatric staff, in consultation with Wellpath's Chief of Psychiatry, will consider the need for pursuit of inpatient psychiatric care outside of the detention facility.

The treatment team will work with Sonoma County Crisis Stabilization Unit (CSU) to facilitate proper placement, which may include psychiatric inpatient care outside of the detention facility as a result of an involuntary treatment evaluation and/or behaviors that could result in injuries to the patient and/or others. Wellpath will coordinate any transportation needs with custody staff to and from the inpatient facility, and will send pertinent treatment records with the patient to ensure the most comprehensive care and expeditious return possible.

5150 Holds

Wellpath will continue to work with the Sonoma County Crisis Stabilization Unit (CSU) for Welfare and Institution Code (W&IC) Section 5150 evaluations. Wellpath mental health staff will identify patients in need of involuntary commitment and will initiate the application for a 72-hour W&IC 5150 hold. If a patient meets one of the three criteria of a mentally disordered patient, a Wellpath Mental Health Clinician will conduct an evaluation to determine if the patient should be considered for placement in an acute psychiatric facility. Wellpath will coordinate with custody staff to transfer the patient as soon as possible to an acute psychiatric facility or an emergency department.

If an inpatient admission is required for an incarcerated person due to California Welfare and Institutions Code (WIC) section 5150, Wellpath will collaborate with the CSU or the local emergency department to find appropriate placement in an acute psychiatric facility. If the CSU is unable to accommodate the person, they will be sent to the emergency department to be treated and monitored until the CSU can accommodate them or find them suitable placement in an acute care psychiatric facility. Discharge summaries from the treating facility will be provided to Wellpath upon the patient's release from an inpatient treatment facility to facilitate continuity of care.

III.I.12. Disaster

NCCHC Standard J-D-07

Wellpath has an effective emergency plan with detailed procedures to ensure continuity of care during unexpected events, disruptions, and natural or man-made disasters. Our emergency preparedness plan for the adult detention facilities defines the roles of healthcare staff in a disaster. It also ensures proper staff recall and allocation, patient movement to designated safe areas, and availability of emergency equipment and supplies. Our plan covers the four major phases of emergency preparedness management—Mitigation, Preparedness, Response, and Recovery—as illustrated in the following figure.

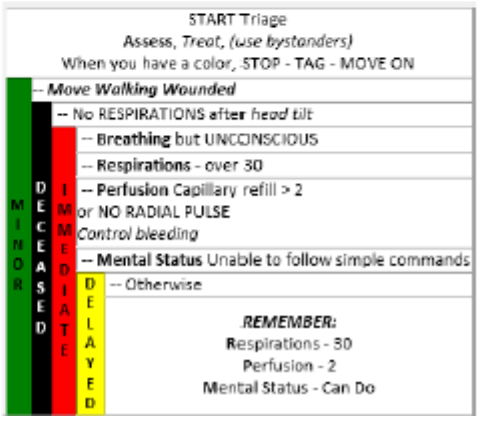
The Wellpath emergency preparedness plan for adult detention facilities follows NCCHC and Title 15 standards. It is outlined in our Policies and Procedures manual, which has been reviewed and approved by the SCSO. We will continue to work collaboratively with the SCSO to incorporate our plan into the overall emergency procedures for the adult detention facilities. Our emergency preparedness plan includes:

- Establishment of a command post
- Healthcare staff's responsibilities during an emergency
- Triage procedures
- Use of emergency equipment and supplies
- Establishment of primary and secondary triage areas and sites for care
- Continuity of care and safety of patients
- Prevention of interruption in medication
- Pharmacy and medical supplies contingency plan
- Protection and accessibility of patient care data at predetermined locations
- Training modules
- Disaster bag/mobile equipment contents, breakaway seal system
- Crash cart equipment
- Contact list for recall of key healthcare staff and community emergency response system
- Evacuation procedures in coordination with security personnel
- Evacuation routes and means of transport out of the institution for injured, ill, disabled, or restrained individuals
- Emergency treatment documentation
- Medical staff participation in facility emergency procedure drills
- Procedure for conducting man-down and emergency drills
- Backup assignments for each contingency element

Wellpath trains healthcare staff on the emergency preparedness plan, which includes "man down" incidents, fires, and hostage situations. We train new employees on the health aspects of the plan during orientation, and we require healthcare staff to review the plan annually. A health emergency "man down" drill is practiced annually on each shift where healthcare staff are regularly assigned. We participate in disaster drill planning programs as requested and perform an annual critique of the drills.

Wellpath trains medical personnel to respond to emergencies within four minutes. We conduct periodic proficiency training on emergency response and other integral components of our program using established core competency checklists. We assess core competency annually or more frequently depending on an individual's needs or responsibilities.

We train medical staff on managing multi-casualties using the Simple Triage and Rapid Treatment (START) system, developed by Hoag Hospital and the Newport Beach Fire Department in California. The triage portion of START, which is the focus of our training program, allows for rapid assessment of every patient, identifying those who have life-threatening injuries, and assigns each patient to one of four categories: minor, deceased, immediate, or delayed. This allows first responders to focus on those with the best chance of surviving.



III.I.13. Ancillary Services

Wellpath will continue to authorize, schedule, and coordinate necessary diagnostic services, including phlebotomy, X-ray, EKG, and ultrasound services. Healthcare staff make referrals for diagnostic services and prioritize tasks for appointment scheduling through our Care Management system. Wellpath provides follow-up care for health problems identified by any health screenings or diagnostic tests.

Consistent with the Wellpath care philosophy, we provide diagnostic services on site when possible. We will continue to provide the necessary staff and supplies for on-site care and treatment of our patients, including medical, radiology, laboratory, dental, and other supplies.

Laboratory Services

labcorp Wellpath provides on-site laboratory services through our national contract with Laboratory Corporation of America (LabCorp). With more than 35 years of experience serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than one million tests on more than 370,000 specimens daily.

Our laboratory program includes necessary supplies and a dedicated printer, timely pickup and delivery, and accurate reporting within 24 hours on most labs, including STAT labs upon request. We ensure that qualified healthcare personnel are trained to collect and prepare laboratory specimens.

All point-of-care lab services are processed on site, including but not limited to:

- Dipstick urinalysis
- Finger-stick blood glucose
- Pregnancy testing
- Stool blood testing

A medical provider reviews and signs off on laboratory results, which we receive via CorEMR. If test results indicate a critical value, the lab alerts the provider by telephone. The provider reviews laboratory results within 24-48 hours (72 hours for weekends and holidays), or immediately for STAT lab reports and any abnormal test results. Preliminary results, when available, receive a medical review.
We train on-site staff on laboratory policies and provide them with a diagnostic procedure manual that includes reporting on STAT and critical values. Staff document diagnostic laboratory reports and follow-up care in the patient's medical record.

Wellpath performs on-site services per the Clinical Laboratories Inspection Act (CLIA) and in compliance with the Clinical Laboratory Improvement Amendments of 1988. The laboratory program for the adult detention facilities also complies with standards set forth by the American College of Pathology and state requirements for medical pathology, specimen handling, testing, and reporting.

Lab Formulary

Wellpath has established a lab formulary to manage laboratory costs at the adult detention facilities. The lab formulary includes the most commonly required tests, which allows us to expedite the ordering process by easily selecting the appropriate tests. We receive discounted pricing for lab tests that we renegotiate regularly to ensure savings for our clients.

Non-formulary requests require pre-approval through our Care Management system. The Regional Medical Director reviews non-formulary requests and approves them or suggests an alternative plan.

X-Ray Services

Mobilex USA

Wellpath has in place the most cost-effective and comprehensive radiology program available for the adult detention facilities. We deliver on-site radiology services through our national contract with MobilexUSA (a division of TridentCare). Mobilex is the country's leading provider of mobile X-ray and ultrasound services, serving more than 6,000 facilities nationwide.

We will continue to work with Mobilex and the SCSO to maintain a routine schedule for on-site radiology services, including:

- Mobile X-ray services
- Ultrasounds
- Sonograms
- Doppler studies

Results can be received electronically, via fax, or on paper. Wellpath staff log the type and number of X-rays completed and the results received. Medical personnel review the log daily to ensure timely reporting.

A board-certified radiologist reads X-rays and radiology special studies and provides a typed and/or automated report within 24 hours. The radiologist calls the facility for immediate intervention if needed. If notified of abnormal results, the site Medical Director or physician/mid-level designee reviews, initials, and dates X-ray reports within five working days.

Wellpath staff document and store digital images and radiology reports in the patient's electronic medical record. The site Medical Director or physician/mid-level designee meets with the patient to discuss results and establish a plan of care, documenting this follow up in the patient's medical record.

III.I.14. Crisis Intervention

NCCHC Standard J-B-05

Wellpath identifies individuals demonstrating self-injurious behaviors and increased suicide risk and immediately notifies mental health staff in order to evaluate the patient and determine an appropriate disposition. We assign patients requiring close monitoring to designated spaces, such as safety cells, as a protective measure. Efforts are made to help stabilize patients with the least restrictive measure, and enhanced observation is considered prior to placement in a safety cell.

Mental health staff perform scheduled rounds and evaluations for patients in observation or isolation. They visit patients in crisis regularly to provide support and evaluate their risk, collaborating with the psychiatric provider if a patient's medications need to be adjusted or reassessed. These visits also help Wellpath effectively manage medical services utilization, since individuals in crisis often seek medical attention when they need psychological help.

Mental health staff will continue to collaborate with custody staff daily to review the status of patients on continuous suicide watch and staggered suicide watch. A Mental Health Clinician determines whether the patient needs to stay on suicide watch or return to general population and documents the decision in the patient's health record. Only a Mental Health Clinician can downgrade patients from continuous to staggered suicide watch and subsequently to other housing.

Crisis Intervention Team Training

In Sonoma County, Wellpath staff participate in the SCSO's Crisis Intervention Team (CIT) training by having our Mental Health Clinicians role play as people experiencing a mental health crisis and then providing feedback and education around mental health issues. Our participation in the SCSO's CIT training has received lots of positive feedback and has helped create cohesion between the mental health and custody teams.

III.I.15. Hearing/Language Interpreters

As part of our commitment to health equity, we ensure equal and timely access to care for individuals with diverse cultural backgrounds and/or limited English proficiency, including literacy issues. Following National CLAS and NCCHC standards, Wellpath provides health information to patients both verbally and in writing in a language the patient understands. Wellpath forms are available in English and Spanish, and we make provisions for other languages as needed.

When a literacy or language problem prevents a patient from understanding written information, a staff member who speaks the patient's language or a translator assists the patient. Individuals providing language assistance must be competent interpreters, as untrained individuals serving as interpreters may not be sufficient to meet the needs of the patient.

For hearing-impaired patients, Wellpath uses Virtual VRI video remote interpreting. Sign language interpreting through Virtual VRI is available for pre-scheduled appointments or on-demand.

LanguageLine

Wellpath has an agreement with LanguageLine Solutions to aid in the provision of services for limited- or non-English speaking and culturally diverse patients. LanguageLine provides over-the-phone interpretation and document translation services for more than 240 languages. Wellpath staff are trained to use LanguageLine to assist limited and non-English speaking patients.

LanguageLine supports risk management initiatives to protect the confidentiality and security of patient information, strengthening meaningful access and regulatory compliance in the delivery of vital services to meet these requirements:

- Affordable Care Act, Section 1557 (ACA)
- Americans with Disabilities Act (ADA)
- Centers for Medicare & Medicaid Services (CMS)
- Fraud, Waste, and Abuse (FWA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Protected Health Information (PHI)
- The Joint Commission
- Title VI of the Civil Rights Act of 1964 (Title VI)

III.I.16. Developmental Disabilities

Wellpath will continue to comply with federal and state laws (including Title 15) related to incarcerated persons, including those with mental health issues and those who are disabled. Our Mental Health Clinicians work with incarcerated persons entering the system who present as naïve to the correctional environment or particularly vulnerable based on stature, mental illness, or developmental disability.

Wellpath's intake process addresses housing for patients with special mental health needs, those who require monitoring, and those who may harm themselves or others. Wellpath recommends housing most suitable to the individual's needs. We inform custody staff of patients with special needs that affect classification and housing, including those requiring enhanced monitoring.

Many patients have special mental health needs requiring ongoing supervision and/or multidisciplinary care. Wellpath's Special Needs Program focuses on the identification, referral, and treatment of patients with special needs, including chronic and acute mental health conditions or those who are particularly vulnerable due to belonging to a protected class. This includes patients who are mentally ill, developmentally disabled, and/or at high risk for clinical decompensation.

Wellpath provides special needs patients with services that promote mental health improvement and maintenance. Our Special Needs Program also emphasizes patient education to encourage adherence with treatment plans, both during and after incarceration. In Sonoma County, our mental health team works with the Regional Center caseworkers to develop an appropriate discharge plan for disabled patients pending release.

Wellpath has more than three decades of experience developing individualized treatment plans based on multidisciplinary assessments for individuals who experience mental illness and/or developmental disabilities. Our clinical leaders train mental health staff to develop treatment plans that take into consideration the patient's input and strengths. Plans include specific issues from assessment results, SMART short-term and long-term goals, and recommended interventions. They also indicate the frequency of treatment and the team member responsible for providing the treatment. For additional information regarding treatment planning for SMI patients, please see section III.I.6. Mental Health Care Plans.

III.I.17. 1370 Felony Restoration Program (JBCT)

Wellpath will continue to provide Jail Based Competency Treatment (JBCT) services for Sonoma County. We are uniquely qualified to provide this service, as we currently provide JBCT services in Sonoma County and 14 other California counties, ranging in size from 5 to 60 beds. In California, we have three dedicated Regional JBCT/EASS Program Directors, a Regional JBCT/EASS Specialist (Matthew Esselstrom, LMFT), and our Vice President of IST Operations (Jennifer Diaz, BS, CCHP). All will continue to be involved in Wellpath's JBCT program for Sonoma County.

Wellpath uses the designated area of the Main Adult Detention Facility (MADF) to administer a comprehensive JBCT program for the provision of restoration of competency treatment services for patients found by the courts to be Incompetent to Stand Trial (IST) under Penal Code section 1370. We will remain in compliance with state and federal regulatory requirements applicable to the JBCT program, including California Department of State Hospitals (DSH) policies and procedures, Title 15, and NCCHC correctional community standards for mental health care. Our services include competency training and restoration, mental health assessment and evaluation, individualized treatment plans, psychiatric evaluation and treatment, psychotropic medication monitoring, psychological services, discharge and re-entry planning, and peer support.

Our JBCT program in Sonoma County has been a tremendous success. The program is fully staffed and has one of the lowest number of days to competency restoration. DSH has called our program in Sonoma County a "benchmark" for other JBCT programs. We are consistently in the highest ranking for competency restoration numbers statewide.

The Sonoma County JBCT program was the first for CFMG and the collaboration with our custody partners was paramount in creating such a successful program.

Competency Restoration

Wellpath's felony competency restoration program provides intensive restorative treatment, using vigorous and targeted interventions that focus on:

- Objective competency assessment upon admission
- Aggressive medication and management of symptoms
- Management of the mental disorder
- Individualized treatment plan addressing areas of therapeutic intervention
- Multi-modal, experiential, and remedial training modules
- Assessment of competency using evidence-based tools

Wellpath's goal is to improve the level of cognitive functioning of incarcerated persons whose return to court is hindered by an inability to comprehend basic legal proceedings and an inability to assist in their defense. Wellpath's hands-on Forensic Treatment Team experts have designed evidence-based programs that have shown an average restoration time of 30-90 days.

Wellpath's treatment model has been approved by DSH and exceeds the DSH requirement for eight topics that should be covered in competency restoration training. Our curriculum covers the following 13 topics:

1. Laws, crimes, police, reasonable suspicion, evidence, arrest
2. Miranda rights, perjury, witnesses
3. Rights to a fair trial, speedy trial, defend self or have an attorney
4. Courtroom and court principals
5. Arraignment, pleas, bail
6. Confidentiality, discovery
7. Trial competency
8. Preparing for trial
9. Plea bargaining
10. Going to trial, choosing judge or jury trial
11. Trials, witnesses, evidence, cross-examination, objections
12. Alibis, closing arguments, jury instructions, jury deliberations
13. Acquittal, conviction, sentences, probation, right to appeal

Benefits of Wellpath's JBCT Program

Wellpath's JBCT program results in restored patients, cost savings, less time in custody for the most acute patients, more services for the most acute patients, and a safer jail. Our felony JBCT program benefits Sonoma County in the following ways:

Benefits to the Patient:

- ✓ Significantly reduces delays in treatment
- ✓ More prompt provision of due process
- ✓ Continuity of medical, mental health, and milieu care in the jail (in the context of competency)
- ✓ Continuity of social support due to proximity to family and friends

Benefits to Sonoma County:

- ✓ Convenience due to program in one location
- ✓ Savings from reduced cost for transportation, long waits for hospital beds and increases the length of state admission time and length of stay
- ✓ Reduced strain in managing behavioral outbursts from virtually no admission delays

Program Elements

Wellpath's felony JBCT program for Sonoma County includes the following:

- Review of records – Review placement report, court report, background information, and other clinical records
- Admission/intake assessments – Complete multidisciplinary assessments and evaluations
- Targeting the cause of incompetency – Focus on ability to become fit for trial; barriers to fitness and risk factors are identified through an objective competency assessment, psychological evaluation, psychometric testing; develop a restoration plan
- Clinical stabilization of patient – Stabilize mental illness first; improve milieu functioning; reduce and manage patient anxiety; improve understanding of the court process; reinforce understanding of court process
- Training and education – Provide fitness training/multi-modal education in individual or group format
- Therapeutic support – Focus on teaching the patient therapeutic coping skills; building skills through individual and group treatment support; increasing psychosocial functioning through milieu therapy; a focus on encouraging medication compliance
- Ongoing reassessments of progress towards competency – Provide ongoing reassessment of clinical stability, cooperation, and understanding of the court process
- Reinforcement of learning – Reinforce patient's knowledge through experiential methods such as role-play and mock trials
- A collaborative team opinion on restorability – Hold regular treatment team meetings with the entire JBCT staff
- Provision of formal fitness evaluations – Assess patient's ability to be restored and communicate status to the courts via fitness reports every 30 days
- Provision of data deliverables to DSH – Provide DSH with data based on the DSH template for data collection including, but not limited to, total admitted to the program by name, date, etc.; the number of individuals successfully restored; the number of formal evaluations and reports to the court; date of admission and length of time from admission incarcerated person was declared competent; demographics of incarcerated persons served and diagnosis; and number of malingerers

Assessment and Evaluation

Upon admission to the JBCT program, we give the patient a thorough psychological and competency work-up by the Psychologist, who also administers a battery of tests and develops a restoration plan. The Psychologist conducts additional testing if certain cognitive impairments or malingering diagnoses are in question. The psychological work-up includes:

- A clinical interview to obtain psychosocial, psychiatric, legal history information; conduct a Mental Status Exam (MSE); assess barriers to competency
- Psychological testing using standardized psychological tests; further personality testing using the Psychological Assessment Inventory (PAI); and neuropsychiatric screening for traumatic brain injuries, dementia, or other cognitive deficits, if indicated; possible tools may include:
  - Mini-Cog
  - Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
  - Wide Range Achievement Test-4 (WRAT-4)
- An assessment of trial competency. Possible tools that may be used:
  - Competency Assessment to Stand Trial for Defendants with Mental Retardation (CAST-MR)
  - Georgia Court Competency Test (GCCT)
  - Evaluation of Competency to Stand Trial-Revised (ECST-R)
  - Competency Assessment Instrument-H (CAI-H)
  - Competency Screening Test (CST)
  - Fitness Interview Test (FIT)
  - MacArthur Structured Assessment of Competence- Criminal Defendants (MacSAC-CD)
  - MacArthur Competency Assessment Tool-Criminal Adjudication (MacCat-CA)
  - Computer Assisted Determination of Competency to Proceed (CADCOMP)
- Assessment of Malingering. Possible tools that may be used:
  - Miller Forensic Assessment of Symptoms (M-FAST)
  - Structured Interview of Reported Symptoms, 2nd Edition (SIRS-2)
  - Test of Memory Malingering (TOMM)
  - Test of Malingering Incompetency (TOMI)
  - Georgia Atypical Presentation (GAP)
  - Structured Inventory of Malingered Symptoms (SIMS)
  - Inventory of Legal Knowledge (ILK)

Clinical Assessment

The Mental Health Clinician completes a competency-focused Clinical Assessment following DSH standards, to include:

- Competency-related family history
- Developmental history
- Medical and psychiatric history
- Intellectual and emotional functioning
- Home and neighborhood environment
- Alcohol and illicit drug usage
- Prescription drug abuse
- Relationship, intimacy, and sexuality issues
- History of violence
- Legal issues
- Religion
- Education and vocational history
- Health practices
- Current significant relationships
- Support systems
- Problem-solving capacity
- Financial situation
- Housing and transportation issues
- Use of community services
- Strengths

Psychological Assessment

A psychological assessment is completed by a forensically trained Psychologist within five working days of admission. The psychological assessment includes:

- Clinical interview
- Mental status examination
- Review of available records
- Review of the psychiatry, clinical, and competency trainer evaluations
- Review of the assessment of competency that led to the individual's admission to the program, with a focus on understanding the barriers to competency
- Review of the Brief Psychiatric Rating Scale (BPRS) and DSH's Behavioral Observation Log, which identifies target behaviors, function of behaviors, triggers, reinforcers, and punishers (when available)
- Screening for the possibility of malingering of psychiatric symptoms using the Miller Forensic Assessment of Symptoms Test (M-FAST)
- Screening for cognitive deficits using the Mini Mental Status Examination (MMSE), Montreal Cognitive Assessment (MoCA), or Cognistat
- Screening for suicide risk using the Columbia-Suicide Severity Rating Scale (C-SSRS) or other valid and reliable measures
- Opinion regarding competency status
- Treatment and disposition recommendations

Competency assessments are completed according to Penal Code 1370. As needed, the psychological assessment includes the use of a specialized competency assessment tool, such as the MacArthur Competency Assessment Tool-Criminal Adjudication (MacCAT-CA), Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR), Evaluation of Competency to Stand Trial (ECST-R), or Fitness Interview Test-Revised (FIT-R). Based on the results of the psychological assessment, additional psychological testing may be warranted for improved diagnostic clarity, solidified understanding of barriers to achieving competency, further probing of malingering if screening indicates a need, and treatment planning.

In addition to the psycho-diagnostic assessment, the patient is interviewed on his or her knowledge of the courts, including but not limited to the roles of court personnel, plea options, the adversarial nature of the trial process, plea bargaining procedures, and the use of evidence and witnesses. We evaluate the patient's ability to weigh legal options to attend to, retain, and apply learned information and to act in his or her own best interest.

We link the patient's symptoms to competency strengths and barriers detailed in the assessment report to determine a treatment plan and guide the treatment team on targeting symptoms specifically affecting competency to stand trial. In the psychological assessment report, the Psychologist makes recommendations for the treatment plan. The initial assessments are used to make recommendations for treatment, transfer, or further assessment.

Description of Assessment Measures

The Miller Forensic Assessment of Symptoms (M-FAST) is a 25-item instrument that screens for malingering of psychiatric symptoms. The M-FAST scales evaluate response styles that help differentiate individuals who are fabricating psychopathology from those who are genuinely mentally ill. The M-FAST scales include:

- Reported vs. observed symptoms
- Unusual symptom course
- Extreme symptomatology
- Negative image
- Rare combinations
- Suggestibility
- Unusual hallucinations

The Cognistat is an individually administered screening measure that assesses attention, language, constructional ability, memory, calculation skills, and executive functioning (i.e., reasoning and judgment). The measure takes 20-30 minutes to administer. In 2005, Rabin, Barr, and Burton reported that Cognistat was the most used screening test and one of the top 20 test instruments used in the United States and Canada. It continues to be widely used today as a sensitive measure of cognition that is quick to administer. As a screening test, it is not used to make diagnoses, but to enable the Psychologist to determine that additional testing is needed.

The Columbia-Suicide Severity Rating Scale (C-SSRS) is a semi-structured, rater-based interview to prospectively assess the severity and frequency of suicidal ideation and behaviors. The C-SSRS identifies the full range of suicidal ideation and behavior, was developed to monitor change over time and is suitable for assessment of suicidal ideation and behavior in clinical settings by any practitioner. The screen version is initially administered to determine the presence of suicidal ideation, plan, and intention, as well as the need to administer the full rating scale or the risk assessment version.

The Montreal Cognitive Assessment (MoCA) is a widely supported rapid screening measure of mild cognitive dysfunction. The MoCA assesses the neuropsychological domains of attention and concentration, executive functioning, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Research has shown greater reliability and consistently improved psychometric strength compared with the Mini Mental Status Examination (MMSE), and greater accuracy in differentiating between cognitive disorders, such as mild cognitive impairment and dementia.

Multidisciplinary Treatment Team Meetings

No later than seven workdays after arrival, Wellpath schedules a multidisciplinary treatment team meeting to develop a treatment plan based on the patient's strengths and areas of development as identified in the collective assessments. The treatment team is led by the Mental Health Director and includes the Psychiatrist, Psychologist, Mental Health Clinician, Competency Trainer, and designated custody representative.

The treatment team formulates an individualized psychosocial treatment and activity plan for each patient that focuses on competency restoration. The treatment team conducts further assessments, provides ongoing treatment, and coordinates disposition. The treatment plan may be altered as the team learns more about the patient and/or as the patient improves through treatment. The treatment team updates the medication and psychosocial treatment plans weekly.

Cultural or Language Barriers: Wellpath's JBCT team works to overcome cultural or language barriers. The treatment team coordinates return to court within 10 calendar days with an updated competency evaluation, referral for clinical services, and intervention recommendations. Until the transfer, patients participate in psychoeducation groups and recreation, as appropriate and feasible.

Already Competent: Sometimes, patients return to competency before being admitted to the JBCT program, or shortly after admission, due to being detoxed and/or stabilized on medication. In those cases, Wellpath coordinates the patient's return to court within five calendar days with an updated competency evaluation and treatment recommendations. Patients participate in groups, recreation, and individual sessions until transferred to court, or back to the general mental health program.

Diagnostic Clarification (when Malingering Suspected): When malingering of psychiatric symptoms, cognitive impairment, or incompetency is suspected, the Psychologist completes a comprehensive malingering assessment using well-validated, updated measures of malingering. The assessment includes historical information, record review, collateral information, review of the behavioral observation record, and psychological testing as needed. This assessment is used to determine if the patient is likely to be malingering. Wellpath coordinates transfer back to general programming within five calendar days for patients who are determined to be purely malingering. Patients determined to have legitimate competency deficits are evaluated by the JBCT staff, who develop a treatment plan based on the patient's treatment and competency training needs.

Psychotic or Otherwise Psychiatrically Compromised: The Psychiatrist conducts a medication evaluation and initiates a medication regimen geared toward rapid restoration of competency, as medically appropriate. The treatment team (led by the Mental Health Director and including the Psychiatrist, Psychologist, Mental Health Clinician, Competency Trainer, and designated custody representative) also establishes an individualized psychosocial treatment and activity plan, with a focus on competency restoration, to augment medication management. The treatment team updates the medication and psychosocial treatment plans weekly and documents:

- Ongoing medication adjustments and monitoring
- Psychosocial interventions
- Competency status
- Opinion regarding restorability
- Recommended disposition (e.g., retain in JBCT program for further stabilization or transfer to state hospital)

Behavioral Dyscontrol-Uncooperative: The Psychiatrist completes a medication evaluation and initiates a medication regimen. During this timeframe, the treatment team develops an individualized treatment plan, grounded in behavioral principles, that includes a structured program of evidence-based interventions that include distress tolerance, interpersonal and emotional regulation skills, and motivational interviewing. The program focuses on competency restoration and constructive management of the individual's legal situation. This plan is revised weekly or more often, as clinically indicated. When appropriate, individualized incentive plans or behavior plans are initiated.

Cognitively Impaired: The Psychologist completes a cognitive assessment and identifies cognitive deficits impacting competency restoration. Based on the assessment, the treatment team develops an individualized psychosocial treatment, cognitive rehabilitation, and activity plan focusing on competency restoration. The Psychiatrist conducts a medication evaluation and initiates a medication regimen to augment psychosocial interventions as warranted. The treatment team updates the medication and psychosocial treatment plans weekly and documents:

- Medication adjustments and monitoring
- Cognitive rehabilitation
- Psychosocial interventions
- Competency status
- Opinion regarding restorability
- Recommended disposition:
  - Retain in JBCT program for further stabilization
  - Return to jail as competent
  - Evaluate for return to court as not restorable
  - Evaluate for transfer to state hospital
  - Other intervention as clinically indicated

Coordination of transfer is made within five days of disposition determination.

Cognitively Impaired No Substantial Likelihood of Regaining Competency: When applicable, the treatment team initiates a disposition evaluation to determine if the patient should be returned to court as not restorable or transferred to the state hospital. Until the transfer, the team provides psychosocial treatment and medication management consistent with the patient's treatment needs. Wellpath coordinates arrangements for transfer within five days of disposition determination.

Additional Psychological Testing

Additional psychological testing may clarify barriers to competency restoration (e.g., intellectual deficits or learning disabilities), to identify an individual's response style (e.g., exaggeration or fabrication of symptoms), and to identify dynamic risk factors to address in treatment (e.g., active symptoms of mental illness, impulsivity, negative attitudes). The Psychologist attempts to obtain collateral information.

Depending on the results of the psychological assessment and the patient's treatment plan, intelligence testing, neuropsychological screening, neuropsychological testing, tests of malingering, and/or personality assessments may be conducted. All psychological tests are kept in a locked cabinet to maintain the security of the testing materials.

When cognitive functioning needs to be further evaluated, the Psychologist uses the most recent version of one or more of the following tests:

- Wechsler Adult Intelligence Scale (WAIS-IV)
- Wechsler Memory Scale (WMS-4)
- Wide Range Achievement Test (WRAT-4)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Wisconsin Sorting Test
- Mattis Dementia Rating Scale 2 (DRS-2)
- Trail Making Test

If a patient is suspected of having malingering psychiatric symptoms, cognitive impairment, or incompetency to stand trial, depending on the nature (i.e., cognitive or psychotic) of the suspected feigned pathology, the Psychologist administers the most recent versions of the following measures as needed:

- Structured Interview of Reported Symptoms (SIRS 2) – for suspected feigning of psychiatric symptoms
- Atypical Presentation Scale from the ECST-R – for suspected feigning of psychiatric symptoms
- Test of Memory Malingering (TOMM) – for suspected feigning of cognitive symptoms
- Validity Indicator Profile (VIP) – for suspected feigning of cognitive symptoms
- Inventory of Legal Knowledge (ILK) – for suspected feigning of deficits in legal knowledge
- Other reliable and valid tests of malingering depending on the symptoms suspected of being feigned

The Psychologist may also administer personality or symptom measures for diagnostic clarification and treatment planning, including the most recent version of one or more of the following:

- Personality Assessment Inventory (PAI)
- Minnesota Multiphasic Personality Inventory (MMPI)
- Beck Depression Inventory
- Beck Anxiety Inventory
- Beck Hopelessness Scale
- Millon Clinical Multiaxial Inventory (MCMI)

The results of psychological testing, particularly testing designed to detect malingering, are always interpreted in the context of behavioral observations from all team members. As soon as a patient has shown a significant level of improvement, a request is made by the team to the Psychologist to complete an updated competency assessment.

Individualized Treatment Plans

When we identify specific deficits that resulted in incompetency, the Psychologist conducts an objective competency assessment. We list these deficits in the patient's treatment plan and they are aggressively targeted throughout the patient's treatment course. The Psychologist uses current standardized competency assessment tools, such as the MacArthur Competency Assessment Tool, after considering the totality of clinical and forensic circumstances.

Wellpath provides an individualized restoration program according to the treatment approach subscribed to by the individual treatment teams and indicated by the patient's psychiatric condition, level of functioning, and legal context. We tailor individualized treatment regimens to the patient's specific barrier(s) to trial competency. We list deficits identified in the competency assessment upon admission to the JBCT program in the individual treatment plan and address specific treatment interventions.

Treatment teams conduct case conferences weekly or as needed to reassess patients' progress to measure whether their treatment interventions are working and whether additional treatment elements need to be incorporated into patients' treatment plans.

Treatment Planning

Wellpath is an experienced provider of individualized medication, psychosocial treatment, and activity plans for individuals who are incompetent to stand trial. Wellpath clinical leaders train clinical staff to develop treatment plans with input from the patient that includes specific issues from assessment results, SMART short-term and long-term goals/objectives, and interventions with the responsible team member and frequency.

SMART goals are included in the individual treatment plan.

The multidisciplinary team develops individualized treatment plans within seven days of admission based on the psychiatric, competency, and psychosocial needs and strengths identified through the assessments. Treatment plans are individualized, person-centered, achievable, measurable, and age appropriate. The patient and his or her family or support system are invited to participate in treatment planning to the extent possible. The team meets to review the treatment plan at least every seven days or more and revise it as needed.

The treatment plan is comprehensive and includes treatment goals relative to restoration of competency to stand trial, realistic and observable objectives, and specific interventions labeled with the provider responsible and timeframe attainment. The specific competency-related deficits that led to the individual's placement in the program are listed in the treatment plan and addressed by specific treatment interventions.

Treatment plans conform to DSH incompetent to stand trial protocols and contain:

- A list of all mental health and medical diagnoses for the patient, identifying diagnoses to be treated in the program
- A list of issues to be addressed during the patient's admission
- Short-term and long-term goals and measurable objectives for each issue, and specification of how each goal relates to barriers to competency and discharge
- Specific active treatment modalities/interventions to address each goal/objective and frequency
- The team member(s) responsible for providing each intervention
- Timeframes and measures to evaluate progress
- Medication plan
- Signatures of team members and the patient

The Psychiatrist conducts a medication evaluation and reviews/updates the medication plan every seven days for individuals who are prescribed psychotropic medications or for whom psychotropic medication treatment is warranted. The Psychiatrist will consider involuntary medications for those patients who require stabilization but refuse medications and will document the rationale for the decision.

The multidisciplinary treatment team conducts weekly case conferences to reassess each patient's progress toward restoration of competence and other treatment goals. The conferences are led by the Mental Health Director and attended by the Psychiatrist, Psychologist, Mental Health Clinician, Competency Trainer, and designated custody staff. We invite the patient and his or her family or support system to participate in case conference meetings when possible. We seek the patient's perspective on his or her progress and request and incorporate the patient's input into his or her goals and needs.

Wellpath supplements evidenced-based psychopharmacology and competency restoration activities (educational groups, mock court, individual competency sessions, and competency study materials) with additional empirically validated treatments that help our patients to:

- Tolerate distress and regulate emotions
- Improve relationships and communication
- Strengthen problem-solving and decision-making skills
- Understand their illness
- Adhere to treatment
- Cope with stress
- Establish and maintain a healthy lifestyle
- Employ relaxation to aid recovery
- Learn new material
- Incorporate feedback
- Increase motivation and willpower
- Tolerate frustration
- Use forethought
- Analyze and choose one's thought patterns
- Apply court concepts to one's legal situation
- Choose healthy behaviors

Program Schedule

Wellpath provides competency restoration services on weekdays and encourages patients to study competency materials on the weekend. Each day, one group focuses on competency education and/or rational decision-making in the legal context. We offer additional daily groups relevant to competency and mental health, such as relaxation training, coping skills, and cognitive-behavioral treatment. The patient also participates in one or more weekly individual sessions focused on competency restoration and other treatment needs.

Each patient is assigned an individualized treatment schedule based on his or her treatment plan. The schedule is patient-centered and adjusted with progress. Developmentally delayed patients may undergo individual competency sessions. Please see the following sample daily program schedule.

Sample Daily Schedule of Activities					
	Monday	Tuesday	Wednesday	Thursday	Friday
5:50-7:30	Breakfast/Med Call				
8:00-8:30	Individual Sessions	Individual Sessions	Individual Sessions	Individual Sessions	Individual Sessions
8:30-9:15	Illness Management	Symptom Recognition	Community Meeting	Medication Education/ Management	Team Solutions Recovery
9:15-10:15	Competency Group	Rational Decision	Mock Court or Individual Competency	Competency Group	Competency Games
10:15-10:45	Rounds	Rounds	Case Conference	Rounds	Rounds
10:45-11:30	Team/ Individuals	Team/ Individuals	Team/ Individuals	Team/ Individuals	Team/ Individuals
11:30-12:45	Lunch/Free Time/Med Call				
12:45-1:45	Recreation/ Individual Sessions	Recreation/ Individual Sessions	Recreation/ Individual Sessions	Recreation/ Individual Sessions	Recreation/ Individual Sessions
1:45-2:00	Relaxation	Relaxation	Relaxation	Relaxation	Relaxation
2:00 -2:45	Co-Occurring Disorders & Relapse Prevention	Coping Skills	Solutions for Wellness	Stress Management	Special Activity Earned for Adaptive Behaviors
2:45-3:00	Snack	Snack	Snack	Snack	Snack
3:00- 3:45	Cognitive Behavioral Therapy Group	Social Skills	Anger Management	Special Topics	Special Activity Earned for Adaptive Behaviors
4:00-8:00	Dinner/Free Time/Med Call				

Multi-modal, Experiential Competency Restoration Educational Experience & Components

Wellpath's competency restoration training is sensitive to individuals' learning styles and uses a variety of activities to present information in different ways. The Competency Trainer provides educational material presented in a multi-modal format using discussions, reading materials, lectures, individual instructions, role-playing, videos, mock trials, etc. Elements of the defendant's court proceedings are addressed, such as:

- Criminal charges
- The severity of charges – felony vs. misdemeanor
- Sentencing
- Pleas – guilty, not guilty, nolo contendere, not guilty because of insanity; plea bargaining
- Roles of courtroom personnel
- Evaluating evidence
- Adversarial nature of the trial process
- Courtroom behavior
- Assisting counsel in conducting a defense
- Probation and parole

Competency Restoration Training and Learning Styles		
Learning Style	**Activity**	**Description/Goals**
Auditory	Lectures & Discussions	• Focus on the importance of disclosing information to attorneys • Discussing possible punishments that could follow guilty verdicts
Kinesthetic	Role-Playing	• Play arrest scenarios to learn about legal rights • Emphasize the process of exchanging information with counsel, weighing this information, and reasoning toward possible decisions in relevant areas
	Mock Court Hearings	• Practice appropriate courtroom behavior • Learn court procedures and terminology
	Competency Games	• Games using legal terminology are used to develop knowledge of sanctions, the adversarial process, and types of pleas
Visual	Watching Court Scenes in Movies & Television	• Develop knowledge of legal terms and how to effectively participate in the court process • Discuss the relevant legal issues and appropriate and inappropriate courtroom behaviors displayed in the videos
Reading-Writing	Reading Vignettes	• Learn about criminal charges and possible consequences

Individual study materials are provided to patients for additional exposure to the competency material between groups. Individuals with poor literacy skills review the study materials orally in individual competency sessions.

Wellpath provides additional learning experience through increased lecture time, as well as individual instruction, to patients who are incompetent due to specific knowledge deficits caused by low intelligence, but who may be restored to competence with additional exposure to the educational material. Additionally, those with cognitive impairment may participate in cognitive retraining exercises as part of their supplemental group treatment.

Psychiatric Evaluation and Treatment

Wellpath conducts a psychiatric assessment as part of the admission process. Following admission, the Psychiatrist sees each patient weekly, or more frequently as needed. The Psychiatrist completes a comprehensive psychiatric assessment, including a review of the psychiatric history as provided by the patient's medical records and interviews with the patient. The Psychiatrist performs a complete mental status screening and an evaluation of current and past medications and their efficacy. The Psychiatrist also completes the Brief Psychiatric Rating Scale (BPRS), the Abnormal Involuntary Movement Scale (AIMS), and a risk assessment instrument approved by DSH.

After this evaluation, the Psychiatrist develops the initial plan of care, including psychotropic medications, and documents the patient's ability to provide informed consent for admission and treatment. The Psychiatrist also determines if any acute or life-threatening symptoms need to be addressed immediately. If so, arrangements are made for transfer to an appropriate facility after consulting with DSH.

The Psychiatrist conducts a medication evaluation and reviews/updates the medication plan every seven days for individuals who are prescribed psychotropic medications or for whom psychotropic medication treatment is warranted. The Psychiatrist will consider involuntary medications for patients who require stabilization but are refusing medications and will document a rationale for the decision.

Additionally, the Psychologist and/or Mental Health Clinician meets with the patient weekly to review/reassess barriers to competency restoration, including medication adherence. They review findings and recommendations with the treatment team in rounds following the assessment.

Psychotropic Medication Monitoring

While providing education to patients who are incompetent to stand trial is necessary, in most cases, such treatment may not restore competency. Intensive psychiatric treatment may be needed along with competency groups, competency classes, and individual sessions.

Achieving better control of psychotic symptoms through the use of appropriate psychotropic medications at the most effective dosages affects competency in several ways, including:

- Improving the patient's ability to consult with his or her lawyer with a reasonable degree of rational understanding
- Helping the patient manifest appropriate courtroom behavior, testify relevantly
- Focusing attention to learning competency material

Wellpath addresses functional legal capacities by improving relevant capacities skills such as communication, clearer thinking, the ability to weigh risk and benefits, and the ability to apply these toward decision making.

Wellpath begins immediate medication stabilization to avoid delays in the restoration process. We strictly monitor side effects and compliance. The success of any restoration to competency program lies in how well we can stabilize a patient on their medications and how well a patient can engage in therapeutic tasks. When a patient is stable and can engage with his or her environment or a therapeutic milieu, the patient can be on the path to restoration.

Upon admission to the JBCT program, the Psychiatrist gives the patient a thorough medication evaluation and immediately stabilizes the patient on appropriate medications. If a patient refuses medications, the Psychiatrist will work with SCSO administration to present the patient's case to the judge and obtain an order for involuntary medications.

IST patients cannot often give informed consent for treatment. It is essential to address treatment decisions according to local hospital and state law policies. The restoration to competency team provides strategies to motivate and incentivize patients to adhere to treatment and be compliant with medications.

Wellpath will attempt to obtain informed consent from the patient for antipsychotic medications if the patient withdraws consent or if the involuntary antipsychotic medication was not ordered and the treating Psychiatrist determines it has become medically necessary. We will notify DSH if the treating Psychiatrist is unable to obtain informed consent and believes the patient cannot make decisions regarding antipsychotic medications according to Penal Code Section 1370, subdivision (a)(2)(B)(i)(I) or if the patient is a danger to others according to Penal Code Section 1370, subdivision (a)(2)(B)(i)(II).

The Psychiatrist will assess the patient's current mental status and provides an opinion on whether the patient meets the criteria for involuntary medications. The treating Psychiatrist will fill out the certification under Penal Code Section 1370, subdivision (a)(2)(C) and will work with DSH's legal services division to provide the necessary information and testify in administrative law hearings and court.

Psychological Services

Wellpath's felony JBCT program is a treatment-intensive, milieu-based model that quickly facilitates competency through group and individual therapy and intensive medication treatment. Through the provision of individualized, intensive, interactive, and targeted treatment, we can effectively restore individuals to competency promptly. We offer individual and group services with an emphasis on rational decision-making in legal proceedings. Psychotropic medications, competency groups, mock courts, individual competency sessions, and competency study materials are used to address the capacities related to competency.

Wellpath uses evidence-based processes and materials for providing competency training to patients committed as incompetent to stand trial. We provide competency restoration services in a variety of formats. Our success at decreasing the number of days to achieve improvement in competency-related abilities in multiple states is based on the following:

- Establishing a culture where patients and staff understand that improving competency-relevant capacities is the primary treatment goal
- Setting a precedent for a culture of medication compliance by initiating open and informative conversations about medications from the day of admission and providing medication education in a group format in which patients learn from each other's experiences with medication
- Maintaining an aggression-free environment where patients are invited during orientation to participate in a program in which their peers have also expressed their intention to refrain from the use of aggression; the explicit buy-in of patients to participate in safe and peaceful programming has promoted an environment in which treatment progress is maximized
- Involving staff across disciplines in addressing competency
- Providing treatment for competency restoration in different formats that complement patients' learning styles and individual needs

Wellpath provides the most up-to-date and effective approaches to competency restoration and symptom and risk reduction. Our clinical leaders provide training to program staff on new approaches and strategies as they are available.

Milieu and Behavior Management

To promote rapid restoration of competency, the JBCT program creates a therapeutic "restoration" milieu that is safe, structured, organized, supportive, and conducive to treatment. Our model emphasizes structure, clear and consistent expectations, and supportive interactions. Wellpath's competency restoration specialists and other staff communicate to patients that restoration is the primary objective of participation in the program, and unit decorations (such as posters) are used to emphasize this theme. Over the past 20 years, Wellpath has succeeded in creating therapeutic environments across multiple settings (jails, prisons, forensic hospitals, and civil hospitals) through:

- Staff selection
- Staff training
- Approach to care
- Use of specific programs and services to promote adaptive behaviors
- A strong partnership between clinical and custody staff

Staff Selection

We carefully select treatment team members based on their education and clinical experience, but we also look for candidates with certain personal attributes. They must be optimistic; inspire hopefulness; be creative; lack fear or prejudice when confronted with bizarre, unconventional behavior; provide daily contact; set limits; share control; and provide effective education.

Staff Training

Program staff are trained to treat all patients fairly, honestly, and with respect, dignity, and cultural competency. All program staff receive training on patients' rights and therapeutic boundaries during initial orientation with annual updates. Patients are surveyed about how they are treated to ensure that staff are meeting expectations in these areas.

One key to a safe environment is the development of positive relationships between staff and patients, which requires training our staff on communication skills and therapeutic boundaries. Training related to relationship skills is also provided to patients as a part of their group programming.

While the Competency Trainer leads most competency groups, mocks courts, and competency games, all staff are trained to play a role in competency restoration efforts. This focused treatment approach creates a high level of consistency among all the members of the treatment team with each of the patients. Patients find that they can discuss competency material with any staff member at any time, and they are met each time with a professional who is highly informed of competency matters. This has strengthened our relationships with our patients and further emphasizes our common goal to restore patients to competency in as thorough and efficient a manner as possible.

Approach to Care

The Wellpath JBCT program offers a trauma-informed approach to treatment. The principles of trauma-informed care include ensuring a safe environment, providing an atmosphere of trust, maximizing patient choice, collaborating and sharing decision-making with patients, and prioritizing patient empowerment and skills building.

Consistent with trauma-informed care and best practices, the JBCT program uses a comprehensive, integrated approach to preventing aggression. Wellpath and custody staff use verbal de-escalation techniques. If necessary, custody staff intervene. Mental health and custody staff work together to achieve the use of the least restrictive means possible to manage maladaptive behaviors.

Our successful approach to care is based on responding to changes in a patient's behavior or mental status before the situation escalates into a crisis. Depending on the nature of the behavior issue (including risk for escape or aggression), unmet relational needs, or mental health needs, this response may include:

- Informing others (including the assigned deputy) of a change in behavior or issue of concern
- Increased monitoring of the behavior
- Discussion with the patient about the behavior change
- Unscheduled treatment team meetings
- Medication change
- Change in the program schedule
- Development of an individualized incentive plan or specialized behavior plan

In addition to addressing a patient's maladaptive behaviors, Wellpath staff also reinforce adaptive, pro-social behaviors daily. To increase opportunities for positive interactions between patients and staff, all clinical and administrative staff must spend time daily on the living area/pod. This practice allows staff to model pro-social behavior, observe patient behavior outside of the group and individual contacts, and respond to patient needs consistently and proactively.

One of the primary roles of the treatment team is to model pro-social behaviors and to encourage adaptive communication and decision-making. It is also important to have special activities that patients can earn based on engaging in adaptive behaviors. The program includes a weekly activity that occurs at the end of the week, which typically involves a game, movie, and/or food, that the patients earn through engaging in adaptive and pro-social behaviors and exceeding the basic expectations of the program. This focus on reinforcing adaptive, pro-social behaviors has shown a positive influence on patient motivation and engagement.

Programs and Services to Promote Adaptive Behaviors

A variety of meaningful activities are offered daily to encourage proactive social behavior and adaptive coping skills since an active, appropriately structured program schedule helps to maintain a safe environment. Patients interact in activities and have a chance to test the new communication and coping skills they have learned. Patients are expected to assume a role in maintaining the environment, and their assignments will follow capabilities. This promotes feelings of self-responsibility and is consistent with the principle of self-governance, which refers to the development of self-responsibility and appropriate interdependence with peers.

Patients participate in decision-making regarding milieu issues during community meetings and/or team-building activities. The culture of our programs, with a focus on active treatment and respect for patients, emphasizes autonomy and discourages aggression. Immersion in this culture begins on admission to the JBCT program. The program also emphasizes successful re-entry, which is discussed throughout the program and helps to build investment in the program, along with hope for rapid restoration and symptom resolution.

Patients are also asked to contribute to the therapeutic environment during art groups by completing posters with positive messages regarding recovery that can be posted in the living area/pod and any multipurpose rooms available to the program and permitted by jail policies. Posters on the unit also focus on competency restoration to reinforce the goals of the program. The JBCT program has books containing pro-social messages and a focus on self-improvement, and patients are encouraged to request and read books of interest that pertain to these subjects.

Ultimately, the goal of the JBCT program is to provide a safe and therapeutic environment where rigorous assessments are completed, and a robust competency restoration program is implemented to restore individuals to competency to stand trial promptly.

Incentive Plans

Individualized incentive plans are developed and implemented to address maladaptive behaviors that do not rise to the level of requiring a formal behavioral plan. Individualized incentive plans use positive reinforcement to shape alternative, adaptive behaviors. When maladaptive behaviors are identified, the treatment team identifies methods for intervention. The treatment team then discusses the plan with the patient and identifies his or her preferences for possible incentive items (e.g., food items, additional time for recreational activities, etc.). Specific interventions are used to modify the target behavior(s). This is documented in the patient's progress in weekly clinical notes (including target behavior, number of incentives given per week, and plan for discontinuation) and the Mental Health Clinician documents accordingly in the treatment plan and weekly treatment plan reviews.

The weekly incentive program structures expectations for the patient's programming behavior. By linking the special activities to specifically delineated objectives within the treatment plan (e.g., interacting with staff and peers and engaging actively in programming), patients are provided with consistency and structured reinforcement. We provide patients with an orientation session and a brochure on guidelines for participating in the incentive program.

Expectations include active and appropriate group and individual session participation and engaging in effective activities of daily living and pro-social chores and responsibilities on the unit. Each week, patients receive a scorecard they carry and obtain staff signatures throughout the week. The incentive program focuses on individualized recovery through staff's therapeutic considerations of each patient's capacities and challenges when awarding signatures. Sonoma County's JBCT program benefits from having a provider with an established and successful incentive structure with target behaviors and reinforcers.

Specialized Behavioral Plans

If a patient engages in maladaptive behaviors that do not respond to redirection, the treatment team addresses them individually. The team may meet to discuss the causes for the behavior and whether additional interventions need to be added to the treatment plan. The team addresses underlying causes for aggressive behavior and other maladaptive behaviors with the patient. We implement a specialized behavior plan if the incentive plan in the treatment plan is not sufficient to address the behaviors of concern.

Over the past 20 years, Wellpath has designed and implemented specialized behavioral plans for patients who demonstrate specific behaviors that interfere with treatment and/or put others at risk, such as aggression toward others, self-injurious behavior, and other maladaptive behaviors. If a patient is a candidate for participation in the specialized behavioral plan, the Psychologist completes a functional analysis of behavior. The functional analysis identifies stimuli that appear to be maintaining or strengthening the target behavior and clarifies the function or purpose of the target behavior through the collection of data.

Following the functional analysis, a specialized behavioral plan is developed by the Psychologist, in conjunction with the treatment team. The plan is based on information from the functional analysis and includes specific interventions to modify the target behavior(s), which are observable and measurable. The plan includes input and approval from the team, the patient, and the patient's family or support system (where appropriate).

The specialized behavioral plan includes the following elements:

- Target behavior
- Method of implementation (plan details)
- Adaptive/replacement behavior
- Conditions for discontinuation
- Functional analysis
- List of all interventions attempts
- Identification of potentially reinforcing stimuli

Specialized behavior plans also use positive reinforcement to shape alternative, adaptive behaviors.

Anger Management and Relaxation Skills

Patients need skills to help them to deal with the frustrations associated with their arrest and placement in the competency evaluation and restoration program. We have added evidence-based anger management and relaxation training to the orientation program, based on patient and staff surveys at current JBCT programs. After orientation, the treatment team helps patients identify triggers to anger and aggression and works with the patient to identify alternatives to aggressive or dangerous behavior. Patients are encouraged to notify staff when they identify triggers and to work with staff to initiate coping skills. This approach empowers individuals to begin to address triggers in a nonaggressive manner.

Individual Sessions

Wellpath supplements individual competency sessions with the material learned in groups, so that treatment occurs at the pace appropriate to the individual, using materials that complement his or her preferred learning style, and considering learning disabilities he or she manifests. During individual sessions, we discuss:

- Each individual's charges
- Specific penalties if found guilty of the charge(s)
- Misperceptions unique to that individual
- Deficits that interfere with competency specific to that individual
- Delusional beliefs

Once a patient has demonstrated improved behavior and mental status through programming and stabilization on psychotropic medications, a Competency Trainer works with the patient using cognitive remedial techniques and other exercises to train and educate the patient on mainstays of the court process. The trainer assists the patient to better able to learn his charges and other legal information through individual or group sessions. To further reinforce the court process, the Competency Trainer facilitates mock trials with the treatment team.

Additionally, a clinician meets weekly with the patient for one hour, or as long as is clinically indicated. These sessions are focused on developing coping or other therapeutic techniques that may benefit the patient throughout the restoration and court process.

Peer Support

The ability to house IST patients in a milieu or group setting is key in facilitating their recovery. The sense of relatedness that can be created in a dorm or group session satisfies an important psychological need and can promote intrinsic motivation and task engagement. Wellpath's Mental Health Clinician and Competency Trainer facilitate the use of the unit milieu and conduct daily community and group programming.

Patient socialization programs are delivered in the unit to enhance the milieu, develop socialization skills, and encourage peer interactions and group exercise. These sessions provide a safe, supervised setting for social interactions so patients can learn skills to succeed in the community or open public settings, such as the courtroom. For some patients, these interactions diminish the desire to isolate and can help them develop coping skills, as well as improve their communication and cooperation with other incarcerated persons or custody staff.

Wellpath's competency groups cover the following information:

- Rational decision-making skills, particularly in the context of legal proceedings
- Criminal charges
- Severity of charges – felony vs. misdemeanor
- Sentencing
- Pleas – guilty, not guilty, nolo contendere, not guilty because of insanity
- Dispositions of plea options
- Plea bargaining
- Roles of courtroom personnel
- Adversarial nature of the trial process
- Evaluating evidence
- Courtroom behavior
- Probation and parole
- Working with attorneys
- Handling legal stress

Supplemental Groups for Competency Restoration

Patients benefit from participation in a variety of additional evidenced-based treatment groups, including:

- Psychoeducation
- Cognitive Behavioral Therapy (CBT) problem solving
- Cognitive rehabilitation
- Dialectical Behavior Therapy (DBT) skills including distress tolerance, emotional regulation, and interpersonal skills
- Motivational interviewing

Wellpath will request DSH approval to add other groups that we have found useful where indicated. Supplemental groups for competency restoration that Wellpath uses successfully are described in the following table.

Supplemental Groups for Competency Restoration	
Patient Goal	**Evidence-based Groups**
Manage symptoms	• Cognitive Behavioral Therapy (CBT) Group • Co-occurring disorder treatment • Cognitive rehabilitation group
Understand their illness & the recovery process	• Motivational interviewing • Psychoeducation • Illness management and recovery group • Medication education/management group • Team solutions recovery
Cope with anger & stress	• Anger management group • Stress management group • Yoga • Mindfulness-based stress reduction • Coping skills • DBT skills group
Promote wellness	• Solutions for wellness group • Team solutions recovery
Improve communication, social skills & problem-solving	• Social skills group • Anger management group

Cognitive Behavioral Therapy

Program staff use evidence-based Cognitive Behavioral Therapy (CBT) to diminish anxiety, depression, and delusional thinking that can interfere with competency and increase the risk for dangerous behaviors. After a careful assessment process in which the beliefs that underlie the depression, anxiety, delusion(s), and/or hallucinations are identified, patients learn to monitor their thoughts, identify relationships between thoughts, feelings, and behavior, and detect cognitive errors. Wellpath uses individual and group CBT to address anxiety, depression, and delusional beliefs that have not been fully controlled by psychotropic medications. As a result, patients are more committed to taking their medications, understanding that some of their beliefs are not based in reality, and more willing to look for empirical support.

Illness Management and Recovery Program

Wellpath uses the Substance Abuse and Mental Health Services Administration (SAMHSA) illness management and recovery program to help patients understand their illnesses and to enhance medication compliance. The goals of this evidence-based program are to improve knowledge about mental illness, reduce relapse and re-hospitalizations, cope more effectively and reduce distress from symptoms, and use medications more effectively.

We emphasize helping patients learn to collaborate effectively with treatment providers and significant others and to limit the effect their illness has on their functioning so they can achieve goals that give meaning and fulfillment to their life. The illness management and recovery program covers recovery strategies, practical facts about mental illness, the stress-vulnerability model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system.

Motivational Interviewing

Motivational interviewing (MI) is a primary treatment intervention for individuals identified as being uncooperative and/or having behavioral issues. These individuals often are not motivated for treatment, as they do not believe that they need to change. MI is a counseling technique that helps individuals to improve their motivation to participate in treatment, become abstinent, take psychotropic medications, and achieve other goals. MI emphasizes five primary techniques:

- Empathy – Active listening without offering advice, judgment, or criticism
- Developing Discrepancy – Goals are clarified and the discrepancy between the patient's goals and behaviors are highlighted
- Avoiding Arguments – Arguments are viewed as counter-productive since they serve to strengthen beliefs
- Rolling with Resistance – The therapist helps the patient to fully explore his or her opinions rather than advocating for a certain outcome or direction
- Supporting Self-Efficacy – Small, realistic goals are set to foster the realization that change is possible

Emotional Regulation/Anger Management Group

Wellpath uses empirically supported best practices for the treatment of anger, such as the SAMHSA anger management group, which is available in English and Spanish. Wellpath staff lead structured, psychoeducational anger management groups for patients needing to learn anger control strategies. Group leaders serve primarily as educators, teaching patients about precursors to anger, signs of anger, and costs of anger. They present strategies to manage anger such as learning relaxation strategies, changing thoughts that intensify anger, and modifying responses to provocation. Patients learn to recognize what triggers their anger and learn coping skills. Referral for psychotherapy to treat anger issues is also available for those who need more intensive or individualized anger treatment.

Dialectical Behavior Therapy

Wellpath has provided dialectical behavior therapy (DBT) skills groups since 2000. The core treatment strategies in DBT are validation (showing an understanding of the patient's behaviors considering his current situation) and problem-solving. In group therapy sessions, we teach skills to help individuals be aware of their experiences and "stay in the moment" (mindfulness skills), to effectively achieve their interpersonal goals (interpersonal effectiveness skills), to change distressing emotions (emotional modulation skills), and to learn to live with the emotions if they cannot be modified (distress tolerance skills). Research has supported the effectiveness of DBT in decreasing suicidal behavior, therapy-interfering behaviors (e.g., dropping out of therapy), and the number of days of inpatient hospitalization.

Interpersonal Skills/Social Skills Group

In Social Skills Group, patients practice verbal and nonverbal social skills to improve their ability to engage with others. Social skills training emphasizes the learning, performance, generalization, and maintenance of appropriate behaviors through modeling, coaching, and role-playing. The group focuses on improving:

- Survival Skills – listening, following directions, ignoring distractions, using appropriate language, rewarding yourself
- Interpersonal Skills – sharing, asking for permission, joining an activity, waiting your turn
- Problem-Solving Skills – asking for help, apologizing, accepting consequences, deciding what to do
- Conflict Resolution Skills – dealing with teasing, losing, accusations, being left out, peer pressure

Cognitive Rehabilitation Group

Patients with cognitive impairment participate in cognitive retraining exercises to train or retrain neural pathways in the brain. Research suggests that cognitive retaining helps to improve quality of life, independence, and other outcomes following brain injuries, especially if therapy is started soon after injury. Cognitive retraining helps patients recover skills in attention, concentration, memory, organization, perception, judgment, and problem solving and to develop compensatory strategies to cope with cognitive deficits.

Wellness Recovery Action Plan

The Wellness Recovery Action Plan (WRAP) is a self-designed prevention and wellness plan that anyone can use to get well, stay well, and live their best life. It was developed in 1997 by Mary Ellen Copeland and a group of people who were searching for ways to overcome their mental health issues and move toward fulfilling their life goals and ambitions. It is now used around the world by people in all kinds of circumstances and promoted by countless health care systems because of its effectiveness in managing physical and mental illness, as well as challenging life issues such as career changes, divorce, and the death of a pet or loved one.

WRAP is also excellent for those who seek relief from triggers and cravings associated with addiction, and it is now also being used in trauma therapy, such as to empower veterans living with PTSD. WRAP has been studied extensively under rigorous research methods and is listed in the National Registry of Evidence-based Programs and Practices.

WRAP builds on the five key recovery concepts that are the foundation of any effective recovery work: hope, personal responsibility, education, self-advocacy, and support. Building this plan helps people discover their own safe, simple wellness tools, and create a list of things to do each day to maintain their wellness, called a daily maintenance list. It is important to begin a WRAP during a time of stability so that identifying triggers and early warning signs does not create a crisis in itself. Users are guided through the process of developing a crisis plan and introduced to post-crisis planning. WRAP is a living document that is intended to change and evolve as individuals begin to experience success and, ultimately, long-term wellness, and recovery.

Sample Curricula

The following table provides descriptions of sample curricula used by Wellpath to supplement competency groups and mock courts for individuals who are incompetent to stand trial.

Sample Group Program Curricula
Cognitive Behavioral Therapy is a 24-session evidence-based cognitive therapy group for individuals coping with psychotic symptoms, stress, low self-esteem, depression, anxiety, suicidal ideation, and substance abuse. CBT is presented in a participant workbook and includes the following topics: **Topic 1: Stress** • **Session 1**: Introducing ourselves • **Session 2**: What is stress? • **Session 3**: What do I consider stress? • **Session 4**: How I experience my symptoms? • **Session 5**: Vulnerability-stress competence model • **Session 6**: A personal goal **Topic 2: Testing hypotheses & looking for alternatives** • **Session 1**: The ABC of CBT • **Session 2**: Common experiences • **Session 3**: Traffic jam • **Session 4**: How not to jump to conclusions • **Session 5**: Consider alternatives for my own beliefs • **Session 6**: Looking for things from a positive perspective **Topic 3: Alcohol and illicit drug usage** • **Session 1**: Words that describe me • **Session 2**: What I value • **Session 3**: Drugs and alcohol: When, when, & with whom • **Session 4**: Their effect on my life • **Session 5**: Feeling down or hopeless • **Session 6**: Changing my mood **Topic 4: Coping and competence** • **Session 1**: Relief from stress • **Session 2**: Dealing with symptoms • **Session 3**: Available resources • **Session 4**: My strengths, protective factors, & challenges • **Session 5**: Coping my way • **Session 6**: Review of the model
Illness Management and Recovery is an evidence-based group from SAMHSA that includes the following topics: • **Session 1- 2**: Recovery strategies • **Session 3-4**: Practical facts about mental illness • **Session 5**: Stress-Vulnerability Model and strategies for treatment • **Session 6-7**: Building social support • **Session 8-9**: Using medication effectively • **Session 10-11**: Reducing relapses • **Session 12-13**: Coping with stress • **Session 14-15**: Coping with problems and symptoms • **Session 16**: Getting needs met in the mental health system.
Anger Management is a SAMHSA program that includes the following topics: • **Session 1**: Overview of Group Anger Management Treatment. • **Session 2**: Events and Cues: A Conceptual Framework for Understanding Anger • **Session 3**: Anger Control Plans: Helping Group Members Develop a Plan for Controlling Anger • **Session 4**: The Aggression Cycle: How to Change the Cycle • **Session 5**: Cognitive Restructuring: The A-B-C-D Model and Thought Stopping • **Session 6**: Review Session #1 • **Sessions 7 & 8**: Assertiveness Training and the Conflict Resolution Model: Alternatives for Expressing Anger • **Sessions 9 & 10**: Anger and the Family: How Past Learning Can Influence Present Behavior • **Session 11**: Review Session #2 • **Session 12**: Closing and Graduation: Closing Exercise and Awarding of Certificates

Dialectical Behavior Therapy Skills Group includes the following topics:

- **Core Mindfulness**
  - **Session 1**: Wise Mind
  - **Session 2**: Taking Hold of Your Mind: Mindfulness "What" Skills
  - **Session 3**: Taking Hold of Your Mind: Mindfulness "How" Skills
- **Distress Tolerance**
  - **Session 4**: Pros and Cons
  - **Session 5**: TIP Skills: Changing your Body Chemistry
  - **Session 6**: Self-Soothing
  - **Session 7**: Improving the Moment
  - **Session 8**: Radical Acceptance
  - **Session 9**: Turning the Mind
- **Emotion Regulation**
  - **Session 10**: Ways to Describe Emotions
  - **Session 11**: Opposite Action
  - **Session 12**: Accumulating Positive Emotions in the Short-Term
  - **Session 13**: Pleasant Events List
- **Interpersonal Effectiveness**
  - **Session 14**: Clarifying priorities and Interpersonal Effectiveness
  - **Session 15**: Guidelines for Objectiveness Effectiveness (DEAR MAN)
  - **Session 16**: Guidelines for Relationship Effectiveness (GIVE)
  - **Session 17**: Guidelines for Self-Respect Effectiveness (FAST)

Social Skills includes the following topics:

- Session 1-5: Survival skills
- Session 6-10: Interpersonal skills
- Session 11-15: Problem-solving skills
- Session 16-20: Conflict resolution skills

Co-Occurring Disorders Treatment Workbook is from the Department of Mental Health Policy Law and Policy University of South Florida and includes the following topics:

- **Module 1**: Connection Substance Use & Mental Health
- **Module 2**: Depression & Substance Abuse
- **Module 3**: Bipolar Disorder & Substance Abuse
- **Module 4**: Anxiety Disorder & Substance Abuse
- **Module 5**: Schizophrenia & Schizoaffective Disorder and Substance Abuse
- **Module 6**: Substance Use: Motives & Consequences
- **Module 7**: Principles of Treatment
- **Module 8**: Relapse Prevention

Solutions for Wellness focuses on helping patients to make choices that will result in improved health. Topics (modified for a correctional population) include the following:

- **Session 1**: Mental Health and Physical Activity
- **Session 2**: Step into Better Health
- **Session 3**: Physical Activity & Environment
- **Session 4**: How Physically Active Are we?
- **Session 5-6**: Benefits & Barriers to Being Active
- **Session 7**: Fitness Assessment & Goal Setting
- **Session 8**: Creating Balance
- **Session 9**: Step Out of Stress
- **Session 10**: Physical Activity and Safety
- **Session 11**: Fitting Activities into Daily Routine
- **Session 12**: Types of Activities
- **Session 13**: Aerobic Exercises
- **Session 14**: Flexibility Exercises
- **Session 15**: Strengthening Exercises
- **Session 16**; Tobacco and Health
- **Session 17**: Staying Healthy

Stress Management includes the following topics:

- Breathing
- Muscle relaxation and exercise
- Self-hypnosis and meditation
- WRAP plans
- Mindfulness-based Stress Reduction
- Imagery and self-talk
- Humor
- Writing
- Crisis Response Plans

Team Solutions Recovery includes the following topics:

- **Topic 1**: Recovering-Achieving Your Life Goals
- **Topic 2**: Partnering with Your Treatment Team
- **Topic 3**: Understanding Your Illness
- **Topic 4**: Understanding Your Treatment
- **Topic 5**: Getting the Best Results from Your Medicine
- **Topic 6**: Managing Stress and Problems
- **Topic 7**: Making Choices: Substances and You
- **Topic 8**: Recognizing and Responding to Relapse
- **Topic 9**: Managing Crises
- **Topic 10**: Recovery in Process: Putting it All Together

Medication Education/Management includes the following topics:

- **Topic 1**: Importance of Medication Compliance
- **Topic 2**: Common Medications
- **Topic 3**: Common Side Effects
- **Topic 4**: Coping with Side Effects
- **Topic 5**: Communicating with Your Nurse and Doctor

Recreation and Social Activity

All patients are encouraged to spend time outdoors for fresh air and exercise daily, weather permitting. Special precautions are taken for patients who are heat sensitive resulting from psychotropics and other medications. Patients who require additional assistance to go outdoors are provided that support.

The JBCT program provides opportunities for unstructured recreation, such as walking or playing basketball in the outdoor recreational area. JBCT staff also lead structured, pro-social recreational activities such as basketball games, stretching, yoga, and calisthenics. In cooperation with the SCSO and accordance with facility policies and procedures, the JBCT program provides exercise opportunities suitable for planned recreational activities. Recreational supplies are inventoried regularly and maintained in good condition.

Individuals involved with the criminal justice system often have not used free time to engage in pro-social activities. Recreational services provide individual and group leisure activities for patients using a variety of techniques to maintain mental, social, and emotional well-being. JBCT staff help individuals explore passive and active recreation activities they enjoy. Activities may include, but are not limited to:

- Arts
- Crafts
- Board games
- Music
- Current events discussions
- Movie discussions
- Reading
- Special holiday events

Other structured, pro-social recreational activities such as chess tournaments, meditation, bingo games, and competency games may also be facilitated. All recreational activities take place under close staff supervision. The JBCT program also provides opportunities for unstructured recreation such as reading and listening to music.

Social stimulation is also achieved through formal and informal peer-to-peer interactions. The ability to experience pleasure and laughter has a curative effect on those with mental illness. Recognizing the positive effect of giving patients opportunities to celebrate special occasions and interact with other patients and staff in a jovial manner, Wellpath will continue to focus on these types of initiatives in our JBCT program.

Measuring Progress and Effectiveness

The treatment team meets regularly to review the progress of JBCT patients. The patient is periodically reassessed by the treatment team for progress toward restoration. Progress of the interventions is measured and a decision is made to either incorporate further treatment elements or modify the treatment plan.

Weekly progress reviews focus on whether treatment impacting competency to stand trial and whether additional treatment interventions need to be added to the treatment plan. After the weekly treatment team meeting, the treatment plan is revised as needed, and new or modified treatment interventions are implemented. Our success is largely attributed to intensive weekly case reviews with prompt modification of interventions, allowing the programming to be tailored to the individual's needs.

The treatment team is responsible for providing progress reports to the committing court, according to Penal Code section 1370 subdivision (b)(1). If a patient has not been restored to competency within 90 days of admission, the treatment team will determine whether he or she should be returned to the committing county as non-restorable or transferred to the state hospital for further treatment and commitment.

The treatment team reviews the patient's need for transfer to the state hospital at each treatment team meeting. The treatment team and DSH must reach a consensus recommendation about whether to transfer the patient to the state hospital. In general, the consideration for transfer includes, but is not limited to the following criteria:

- Imminent risk to himself due to a mental disorder or has remained a risk after stabilization with psychotropic medication
- Significant risk of severe self-neglect
- Pathology is unclear and requires close observation to assess and treat
- Emergency mental health or medical services are likely to be needed or the patient is too medically compromised for outpatient management
- Initiation of a Clozaril trial is recommended

Reporting Requirements

Wellpath submits a written report to the court, the community program director of the county or region of commitment, and the DSH Contract Manager concerning the patient's progress toward recovery of trial competence within 90 days of a commitment. The report includes a description of any antipsychotic medication administered to the patient and its effects and side effects, including effects on the patient's appearance or behavior that would affect the patient's ability to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a reasonable manner.

Wellpath will report via phone or email to the DSH Contract Manager when a patient who is currently receiving treatment in the JBCT program is involved in a serious incident, including but not limited to causing serious harm to self or others and committing a new felony offense. Such reporting will take place within 24 hours of the serious incident. Wellpath will respond to serious incidents and law enforcement issues, with coverage 24 hours per day, seven days a week, and with the capacity to arrange for or provide emergency transportation of patients. We will maintain a serious incident file separate from the patient record.

The treatment team provides the court with 30-, 60-, and 90-day summary reports of the patient's progress and/or a recommendation for restorability as collaboratively determined by the treatment team and as written and certified by the Psychologist.

Wellpath will file a certificate of restoration with the committing court when the Psychologist determines the patient has regained mental competence.

Discharge and Re-Entry Planning

Wellpath has established an effective discharge processes for Sonoma County's JBCT program, which includes working with DSH to provide a smooth transition back to the main jail setting or to a state hospital.

If the patient is to be transferred to a state hospital, medical records are provided showing treatment given, the patient's progress and response to treatment, and the present psychiatric and medical concerns. The referral authorization from the DSH Patient Management Unit (PMU) for transfer to the state hospital is also provided. The final competency evaluation, following a template approved by DSH, is provided to the court before discharge.

For patients being released from custody, discharge planning includes coordination with community agencies for follow-up services and continuity of care. It also includes the preparation of Psychiatrist, Psychologist, and Mental Health Clinician discharge summaries, along with a copy of the medication administration record and a three-day supply of medications.

III.I.18. Case Management/Discharge Planning

NCCHC Standards J-B-07, J-E-10, J-F-03

Wellpath provides multidisciplinary treatment plans and customized treatment and case management programs for patients who need special accommodation to help ensure proper placement, necessary care, and continuity of care throughout incarceration. We will provide a case review of any patient at the SCSO's request.

Perhaps the most important factor related to successful re-entry is the stabilization of mental health issues before release from custody. It is difficult for an individual to successfully navigate free world expectations when he or she is actively experiencing serious mental illness. Wellpath offers a variety of mental health services to achieve stability as quickly as possible. These services, along with a proactive discharge planning program that identifies needs and arranges for community services to address them, build as much structure as possible around the individual to help them prepare for release.

Wellpath holds community stakeholder meetings with members of our team and community providers. In these meetings, we discuss care needs in the community, find solutions to existing gaps in care, and facilitate our collaborative role in overall discharge planning efforts, all with a mutual goal of reducing recidivism. Wellpath's medical and mental health programs are community-oriented, and these stakeholder meetings provide an avenue for local resources to provide input.

Discharge Planning

Discharge planning must start at intake to be effective, and Wellpath has specific policies regarding discharge planning for released patients. During initial contact with Wellpath staff, patients learn about available re-entry services, community resources available upon discharge, and the role of Wellpath team members in developing release plans.

Wellpath works with local providers to develop processes to ensure continuity of care for discharged patients, especially those with dual diagnoses of mental illnesses and substance use disorder and those with a chronic care condition. We strive to enhance the patient's state of mental health and reduce the likelihood of recidivism by supplying as many resources as possible to continue their treatment plans.

Wellpath helps to design a discharge plan that details the appropriate post-release care. The Wellpath Discharge Planner completes a discharge summary that includes:

- Patient's diagnoses
- Status of control for each behavioral health condition
- Active medications and doses
- Inactive medications discontinued in the past month
- Summary of program involvement and goals achieved
- Recommendations for continued success
- List of referrals

Wellpath staff make post-release referrals for continuing care. If immediate post-release care is needed, we coordinate with the SCSO to secure post-release placement. We also assess the need for mental health support and help complete the necessary paperwork.

Access to Healthcare

Obtaining quality mental health services after discharge can be daunting for many offenders; therefore, we work with patients to ensure that continuity of care from custody to community is intact and mental health needs are addressed. Through collaboration with public or private mental health services, Wellpath helps each patient build a plan and provide them with the tools to obtain healthcare benefits, including Medi-Cal enrollment as applicable.

Our discharge planning services include connectivity to services in the community to address mental health and medical needs, substance use treatment, and housing for released patients. Linkage for patients with serious mental illness (SMI), substance use disorder (SUD), and/or other significant medical or mental health issues includes scheduling appointments, arranging transportation, finding housing assistance, and exchanging/releasing pertinent health information (when authorized), when the release date is known.

Linkage to Community Resources

An effective discharge planning process begins at intake and extends continuity of care for our patients by helping to connect them with community resources. Most patients are under our care for a limited time, so they must be made aware of available services and know how to access them for support long after they are released from custody. Our goal is to educate patients about resources available in the community that can help them live a healthy and crime-free lifestyle. In Sonoma County, we previously (prior to the pandemic) offered a group focused on discharge planning, which included educating patients on identifying, navigating, and applying for community services upon release.

Linkage to community services is a critical component of any re-entry plan, especially for patients with mental health issues and chronic diseases. Wellpath works hard to provide as many community resources as possible to enable discharged patients to continue their treatment plans, enhance their physical and mental health, and reduce the likelihood of recidivism. We have a long history of establishing connections with local resources so they are ready and willing to accept clients re-entering the community from incarcerated settings. Connectivity with community providers has greatly enhanced the discharge planning services offered to our patients in Sonoma County while maintaining our goodwill as members of the community.

In Sonoma County, we work with Sonoma County Behavioral Health, Santa Rosa Community Health, Whole Person Care, the Crisis Stabilization Unit (CSU), and Santa Rosa Behavioral Healthcare Hospital. Cara Cacciatore, Mental Health Director, has also established relationships with court personnel, the public defender's office, and the probation department.

Mental Health Referrals

Establishing community connections is an integral component of the Wellpath Mental Health Program. Mental health presents a challenge for most detention facilities, but it is also a great opportunity to make a significant impact on the community. Our mental health staff assist with discharge planning and reintegration services to bridge the gap in care when re-entering the community. We coordinate with community providers to arrange post-release treatment to enhance continuity of care and reduce recidivism. Wellpath's staffing plan for Sonoma County includes a Discharge Planner dedicated to connecting mental health patients to community agencies for follow-up and continuing care.

NAMI National Alliance on Mental Illness

Wellpath fully understands the value NAMI has in the community and remains committed to working closely with NAMI Sonoma County to make a difference. We will continue to explore opportunities to partner with NAMI Sonoma County to connect discharging patients with NAMI support groups in Sonoma County.

Substance Use Disorder Treatment

The treatment of substance use disorder (SUD) is another integral component for many released patients. Because addiction is typically a chronic disease, people cannot simply stop using drugs for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve sustained abstinence and recovery of their lives. Attempting to navigate free world demands while also attempting to maintain sobriety in the absence of community treatment resources is challenging. We will continue to coordinate with community providers to ensure appropriate SUD treatment services upon release.

Wellpath recently added a Substance Abuse Counselor to our staffing plan for Sonoma County. This role is filled by Jed Beall, who is focused on MAT patients and is working together with our Medical Director to further develop our MAT services and improve hand-off to community services when MAT patients are released from jail. Mr. Beall is currently coordinating with community agencies to establish protocols to directly connect those patients with co-occurring mental health and substance use disorders with community agencies. As part of this initiative, he has been participating in and representing Wellpath at community conferences and meetings.

WellSky Social Care Coordination

A key to lowering recidivism is the successful discharge transition of our patients to critical community services, such as housing, employment, substance abuse treatment, and mental health services. In 2021, Wellpath proudly partnered with WellSky® (formerly Healthify), a leader in analyzing patient data on Social Determinants of Health (SDoH), to identify appropriate and accountable community-based organizations and create plans to meet the social needs of our discharged patients. WellSky takes a deep dive into the social service landscape in each community to develop strong relationships with local organizations.

Our goals in partnering with WellSky are to reduce recidivism and improve health equity by:

- Using WellSky assessment tools to establish a baseline of SDoH needs
- Improving visibility in post-discharge social service utilization and referrals
- Improving social risk assessments by providing a common assessment tool, with as much integration into our EMR as possible to streamline assessment workflow
- Improving navigation to social services by using WellSky's social service directory of community-based organizations

Discharge Medications

Many patients are coping with chronic and/or mental illnesses that require daily medication administration. Before these patients are discharged, Wellpath staff educate them on how to obtain and maintain their medications. We also provide links to community resources for prescription services and offer to call in prescriptions to a pharmacy of the patient's choice.

III.I.19. Aftercare/Release Planning

Wellpath's staffing plan for Sonoma County includes a Discharge Planner dedicated to connecting mental health patients to community agencies for follow-up and continuing care. As Discharge Planner, Katherine Donohoe is responsible for evaluating each patient's aftercare needs for current, short-term, and post-discharge/long-term care.

Ms. Donohoe assists in assessment for re-entry services to ensure discharged patients are connected with community providers for mental health and substance use follow-up. This includes:

- Coordinating with the appropriate contact regarding referrals to community-based providers, including housing, vocational, education, and other re-entry support service providers
- Initiating (when appropriate) and attending community-based case management meetings, which may include representatives of mental health, family support, or other specialized service agencies
- Assisting patients with completion of discharge paperwork and applications for Medi-Cal, social security, and veterans' benefits when applicable

As part of the treatment planning process for mental health patients, the patient and his or her family or support system are invited to participate in treatment planning to the extent possible. We seek to engage the patient and persons in the patient's significant social network for assistance with the goal of successful transition to outpatient care upon release from jail.

As Discharge Planner, Ms. Donohoe performs discharge assessments on all SMI and SMIL patients, develops discharge plans, and contacts necessary referrals as appropriate. She also collaborates with mental health and psychiatry staff to ensure continuity of care upon discharge.

For JBCT patients being released from custody, discharge planning includes coordination with community agencies for follow-up services and continuity of care. It also includes the preparation of Psychiatrist, Psychologist, and Mental Health Clinician discharge summaries, along with a copy of the medication administration record and a three-day supply of medications.

For patients with continued incarceration at lower levels of care, a State prison, or a State mental health hospital, the Discharge Planner focuses on assisting the patient with more immediate treatment compliance and successful transition to the identified location. Wellpath conducts a transfer screening for patients transferring to another detention facility within 24 hours of receiving the name and inmate number. A medical transfer form containing the information required for the continuation of treatment accompanies the patient. We send medications with the patient only if the receiving facility does not have them available per the physician's order.

If the patient is being transferred to a state hospital, medical records are provided showing treatment given, the patient's progress and response to treatment, and the present psychiatric and medical concerns. For JBCT patients, the referral authorization from the DSH Patient Management Unit (PMU) for transfer to the state hospital is also provided. The final competency evaluation, following a template approved by DSH, is provided to the court before discharge.

III.I.20. Collaboration with Medical Provider

Wellpath is the current provider of behavioral health, medical, and dental services for Sonoma County. Our behavioral health, psychiatry, and somatic medical providers are all accustomed to working together to provide integrated care to incarcerated persons in Sonoma County.

The relationship between our mental health, medical, and dental teams is well-developed and collaborative. When the NCCHC survey team was on site in July of this year, they repeatedly commented on how cohesive these teams were, as well as the relationships between these teams and the custody team. They also commented on the uniqueness of this cohesion.

Wellpath encourages open communication among mental health, medical, and custody staff. Collaborative patient care requires cooperation and coordination between medical and mental health teams. Integrating patient information in an accessible medical record (CorEMR) promotes and enhances this effort by allowing medical and mental health staff to make decisions based on all data and information.

Wellpath will continue to maintain up-to-date and accurate medical records, service delivery logs, and other reports related to mental health services. We also participate in periodic administrative and Continuous Quality Improvement (CQI) meetings regarding mental health services.

In facilities where mental health services are provided by another contractor, local agency, or group, we work cooperatively to ensure that the needs of this population are met. One example is in Davidson County (Nashville), Tennessee. Wellpath provides mental health services to the Davidson County Sheriff's Office (DCSO) through our exclusive partnership with the Mental Health Cooperative (MHC), a Nashville-based community agency and provider of integrated mental health services. Our collaborative program has been immensely succesful, as detailed in section **II. Qualifications and Experience**.

III.I.21. Medical / Mental Health Records

NCCHC Standard J-A-08

Wellpath will continue to maintain up-to-date mental health and medical records consistent with NCCHC and Title 15 standards, facility policies and procedures, community standards of practice, and federal, state, and local law. Wellpath staff are responsible for entering patient information in the individual medical record.

Following the receiving screening, Wellpath staff initiate a comprehensive medical record that becomes the single source of medical, dental, and mental health information for the patient. Each record provides an accurate account of the patient's health status from admission to discharge, including on-site and off-site care.

Medical records minimally contain:

- Patient demographic information (name, number, date of birth, sex, etc.)
- A problem list containing medical and mental health diagnoses
- Patient allergies
- Immunization records, if applicable
- Referral queues to track patient referrals
- Action items to ensure provider orders and documents requiring additional sign-off are addressed
- Date and time of each clinical encounter
- Signature and title of each documenter

Confidentiality of Medical Records

Wellpath adheres to laws regarding confidentiality of medical information. We will continue to secure medical records as required by law and other applicable state or federal statutes and regulations. We maintain records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) amendment to HIPAA. We train all employees on HIPAA and HITECH during orientation and each year thereafter.

Ownership of Records

Wellpath will continue to maintain medical records for the length of a patient's stay in accordance with HIPAA rules and regulations. Wellpath serves as custodian of medical records; records belong to the SCSO. Upon conclusion of the contract, medical records will remain the property of the SCSO and Wellpath will support a smooth transition of records.

Access to Medical Records

Wellpath will continue to maintain up-to-date and accurate medical records, service delivery logs, and other reports related to mental health services. Integrating patient information in an accessible medical record (CorEMR) promotes collaborative services by allowing medical and mental health staff to make decisions based on all data and information.

Wellpath manages the security and accessibility of patient medical records in compliance with state and federal privacy regulations. As site Medical Director, Dr. Michael Medvin approves medical record policies and procedures and defines the format and handling of medical records. As HSA, Denise Garcia controls access to medical records to ensure patient confidentiality. Wellpath maintains each patient's medical record separate from the confinement record and gives SCSO administration access to information needed to determine a patient's security rating, housing assignment, job suitability, etc.

Electronic Medical Records (CorEMR)

Wellpath uses our vendor-supported EMR system, CorEMR, at the adult detention facilities. CorEMR is a web-based application specifically designed to operate as part of the healthcare delivery system inside correctional facilities.

CorEMR Electronic Medical Records

In addition to Sonoma County, more than 70 Wellpath clients use CorEMR as their complete electronic medical record solution, including:

- Alameda County, CA
- Fresno County, CA
- Stanislaus County, CA
- Alexandria, VA
- Berrien County, MI
- Chesapeake, VA
- El Paso County, CO
- Howard County, MD
- Lane County, OR
- Loudoun County, VA
- Montgomery County, TX
- Santa Rosa County, FL
- Western Virginia Regional Jail, VA
- Worcester County, MD

CorEMR interfaces with the SCSO's Jail Management Systems (JMS), CrimNet and Justice System, to give medical, mental health, instant access to important healthcare information for each patient. Our advanced technology has created operational efficiencies by giving you the information needed to better manage care.

Wellpath will continue to use CorEMR to collect and analyze health statistics on a regular basis. We have specific protocols, templates, and reports that have been developed for the CorEMR system. These unique features customize CorEMR to obtain additional operational efficiencies. Having this resource on site ensures that the benefits of the CorEMR system are fully realized at the adult detention facilities.

The Wellpath IT team has configured CorEMR with accreditation standards in mind. We pride ourselves on enabling standardized configurations in each facility that have been vetted by our internal Steering Committee for best practice. Any additions or changes to the system are presented to the committee, which is comprised of clinicians, HSAs, IT personnel, and Wellpath executives, to ensure continued best practice in all sites companywide. In the event of contractual or county-specific obligations, CorEMR may be customized at the discretion of the committee.

The following table contains product highlights for CorEMR.

CorEMR Features and Benefits	
Feature	**Benefit**
JMS, Pharmacy and Lab Integrations	• Imports patient data from JMS to create an automatic electronic chart with patient's photo and basic demographic information • Sends medication orders to your pharmacy provider for shipment or delivery • Receives lab results as an optional integration
Technology	• Simultaneous access by multiple terminals and users within the facility • Web-based structure runs on the facility's local network or by a server running at one central location for facilities with multiple locations • Wellpath server hosted application within our database
Medical Forms	• Recreates current applicable medical, mental health, and dental forms to an electronic format • Forms can be configured with "triggers" that automatically create actions, such as scheduling a task for the provider with a chronic care condition

CorEMR Features and Benefits	
Feature	**Benefit**
Sick Call	• Uses the standard SOAPE note format for sick call examination • Displays patient summary information such as current medical problems and current medication compliance on the sick call module • Available actions include completing interview or exam forms, scheduling future appointments, and ordering lab work and medications • Receive and store scanned documents and electronic files directly into sick calls
Med Pass	• CorEMR's eMAR was developed entirely in house and specifically for the correctional market • Med pass times are configured by day, and a MedPass Prep List is generated accordingly • Patient's acceptance or refusal of each dose is recorded; graphical and detailed MAR reports can be viewed at any time • System easily accommodates KOP, PRN, injections, and STAT dosing • Optional bar code reader integration finds each patient's chart, record med pass compliance, and synchronize data with the CorEMR server • Automatically highlights medication expiration dates and refill notifications • Body image shows on MedPass to indicate injection sites • MedPass Prep List shows meds scheduled for the day in an easy-to-read view • Vital signs and blood sugar results can be entered while on MedPass, even when disconnected from the network
Patient Charts	• Search for a patient's chart by booking number, last name, social security number, or other identifiers • Scan and upload patient requests, outside provider visits, or any other non-system documents to the patient's chart • Includes a complete historical summary of every action recorded for each patient • Flow sheets for vital signs and blood sugar levels can be recorded and logged; other flow sheets include neuro checks, Coumadin log, nebulizer treatments, and more • Create "Patient Alerts," such as Suicide Watch or Mental Health Patient
Reports	• Reports include task reports, prescription (drug by name and patient), prescriptions ordered by date range, medication compliance, refusal, and dosing summary reports, missed doses, infirmary reports, and more
Pharmacy Module	• Send orders to and receive confirmations from the pharmacy provider • Imports the facility's drug list and identifies formulary medication • Allows filtering of the drug list by name, analgesic category, form, and other criteria • Med Set feature allows users to order a predetermined group of medications rather than individually, such as an alcohol detox protocol
Tasks	• Includes a robust appointment scheduler that can be filtered by task category (Nurse Sick Call, NP/PA Chart Review, Treatment, etc.), priority, and housing location • Tasks and appointments can be viewed by day, week, or month • Tasks can be created to recur with a variety of schedules

System Transition

Upon conclusion of the contract, medical records will remain the property of the SCSO, and Wellpath will work to ensure a smooth transition of records. All licenses and portals would be provided to the SCSO for archive retrieval and maintenance. The SCSO would have the option of continuing to use CorEMR via a licensing agreement transfer from Wellpath to either the SCSO or the selected vendor. Upon transfer, the receiving agency would bear future responsibility for all interfacing, data storage, training, development, licensing, etc. If a separate EMR vendor is selected, Wellpath would work with the SCSO and CorEMR business services so that data can be successfully moved to the new EMR server.

III.I.22. Transfer of Behavioral/Mental Health Records

Transfer of Medical Information to Outside Providers

NCCHC Standards J-A-08, J-D-06, J-E-09

Wellpath staff prepare medical information to accompany patients traveling to an off-site specialty appointment, hospital, or emergency room. We communicate pertinent health information to local specialty providers upon referral. Patients travel with a medical transfer summary containing all necessary information required for the continuation of treatment.

Medical records being sent to the receiving treatment provider are placed in a sealed envelope labeled "Confidential." Additionally, another envelope marked "Confidential" is placed inside the first envelope to ensure that returning medical information remains confidential to the patient. Confidential patient information is given to custody and returned immediately to the medical unit upon completion of the off-site medical appointment.

Transfers Between Correctional Facilities

NCCHC Standard J-E-03

Wellpath screens patients transferring *from* another facility to the adult detention facilities for acute or chronic conditions and communicable diseases, mental health status, and current medications. Healthcare staff document the screening in the patient's medical record. If a transfer sheet is not sent over from the previous facility's medical unit, healthcare staff request one from the facility.

Continuation of care for all our patients is paramount, including those who transfer from another facility. We make every attempt to verify and continue previously established treatment plans. As the medical provider for 34 California counties, Wellpath is the most capable provider when it comes to meeting the increased demands of AB 109.

Wellpath also conducts a transfer screening for patients transferring *to* another facility from the adult detention facilities within 24 hours of receiving the name and inmate number. A medical transfer form containing the information required for the continuation of treatment accompanies the patient. Wellpath only sends medications if the receiving facility does not have them available per the physician's order.

When a patient is transferred to another correctional facility, written authorization by the patient is required to transfer health records and information to facilities outside the correctional system's jurisdiction unless otherwise provided by law or administrative regulation.

III.I.23. Transportation

Wellpath will continue to coordinate transportation and security with custody staff for all off-site services. Healthcare staff work cooperatively with custody staff to ensure safe and timely transportation. Patients are not informed of scheduled appointment dates, times, or the location of outside providers.

Wellpath staff provide custody staff with advanced written notice of scheduled appointments. We try to consolidate the scheduling of off-site appointments with hospitals and other healthcare providers to minimize the impact on transportation personnel and available vehicles.

III.II. Staffing

III.II.1. Staff Role

NCCHC Standard J-C-07

Wellpath will continue to provide a sufficient number of mental health care providers to deliver mental health care and supervision. Mental Health Clinicians provide on-site assessment and treatment of patients with clinical symptoms. A licensed psychiatric provider delivers psychiatric care, including crisis evaluations, psychiatric assessments and referrals, medication and side effects monitoring, and any required follow-up or discharge planning. A licensed psychiatric provider is on call 24/7.

Professionals who are fully qualified and appropriately licensed, certified, or registered in the State of California provide mental health services. All positions in our staffing plan work within their scope of practice, directed by job descriptions that include qualifications and specific duties and responsibilities.

Following is an overview of the key roles in our staffing plan for Sonoma County.

Administrative Services

The Wellpath staffing plan includes a full-time Mental Health Director to provide clinical and administrative oversight for the Mental Health Program and the Mental Health Clinicians. The Mental Health Director is on site 40 hours per week.

The Mental Health Director is responsible for overseeing all aspects of the behavioral health services program and ensuring that timely and appropriate mental health care is provided to incarcerated persons. The Mental Health Director oversees training/education, directs and supervises mental health treatment planning, and provides clinical supervision to ensure compliance with NCCHC and Title 15 standards, as well as Wellpath and facility policies and procedures. The Mental Health Director is responsible for monitoring quality assurance and participates in quality assurance meetings.

The Mental Health Director also oversees the JBCT program, as described in section III.II.8. 1370 Felony Restoration to Competency Program.

Psychiatry Services

Wellpath provides efficient psychiatric coverage using a combination of Psychiatrist and Psychiatric Nurse Practitioner hours. Our staffing plan for the adult detention facilities includes psychiatric coverage seven days per week. A psychiatric provider is also on call 24/7/365. Our psychiatric providers:

- Assess and manage acute and chronic mental health illnesses
- Develop and implement individual treatment plans
- Prescribe treatment and rehabilitation programs
- Provide psychotropic management
- Perform clinical rounds
- Participate in multidisciplinary teams for patient treatment, death reviews, quality improvement, reporting, and coordination of services
- Seek court orders in the event authorization is needed for long-term involuntary antipsychotic medications
- Assess suicidal patients within 24 hours of placement on suicide watch/safety cell housing, and every 24 hours thereafter, as assigned
- Collaborate with somatic medical providers to provide integrated care
- Participate in multidisciplinary meetings
- Assess the need for off-site inpatient hospitalization

The Psychiatrist monitors appropriate therapies and medications while observing and differentiating between signs and symptoms associated with normal human physiology and those indicative of pathological changes. The Psychiatric Nurse Practitioner performs comprehensive assessments; develops and implements treatment plans; evaluates the effectiveness of interventions and makes revisions as necessary; and initiates, monitors, and alters medications and treatments as needed according to patient need and approved protocols.

Mental Health Services

The Wellpath staffing plan provides Mental Health Clinician coverage seven days per week. Our Mental Health Clinicians will continue to:

- Provide clinical services and consultation for patients with serious mental illnesses, suicidal ideation, and/or behavioral disturbances
- Provide crisis management and suicide precautions
- Manage mental health intakes, referrals, and sick call requests
- Manage special housing units (i.e., segregation, detox, and mental health housing)
- Provide discharge planning for patients receiving mental health services and liaison with community resources

The methodology used to determine the number of Mental Health Clinicians needed to provide care is based on the number of mental health patients in the facility, patient ratio based on gender, community resources, required and available programming, intake processes, required weekly visits, availability of designated mental health units, number of patients in segregation, accreditation and individual state standards, and facility policy and procedure.

Substance Abuse Services

Wellpath has included a Substance Abuse Counselor in our staffing plan to manage patients with substance use disorder (SUD). Mental health staff will refer patients with SUD to the Substance Abuse Counselor for counseling and treatment programming, with the goal of breaking the cycle of substance abuse and recidivism. The Substance Abuse Counselor will also work closely with the MAT program staff.

Discharge Planning Services

The Wellpath staffing plan includes a Discharge Planner to assist in assessment for re-entry services to ensure discharged patients are connected with community providers for mental health and substance use follow-up. Typical duties include:

- Coordinating with the appropriate contact regarding referrals to community-based providers, including housing, vocational, education, and other re-entry support service providers
- Initiating (when appropriate) and attending community-based case management meetings, which may include representatives of mental health, family support, or other specialized service agencies
- Assisting patients with completion of discharge paperwork and applications for Medi-Cal, social security, and veterans' benefits when applicable

The Discharge Planner performs discharge assessments on all SMI and SMIL patients, develops discharge plans, and contacts necessary referrals as appropriate. The Discharge Planner also collaborates with mental health and psychiatry staff to ensure continuity of care upon discharge.

Support Services

Wellpath has allotted sufficient support staff to manage all clerical and medical records needs. Our program is supported by an Administrative Assistant and a Medical Records Clerk, who:

- Communicate with on-site providers, custody staff, and off-site clinics in scheduling patients for appointments
- Receive and direct inbound medical unit calls
- Communicate with local emergency personnel (911 system)
- Schedule in-house provider-patient encounters
- Assist in the utilization management process
- Provide administrative support with completing time-sensitive unit tasks
- Maintain multiple computerized logs for quality of care monitoring purposes
- Perform administrative duties for recruiting, hiring, and onboarding
- Perform payroll duties

With CorEMR in place at the adult detention facilities, we believe our proposed staffing plan includes sufficient Medical Records Clerk hours to adequately support the healthcare program. Our Home Office in Nashville will continue to perform some functions related to database management and automated reporting.

III.II.2. Contract Administrator

NCCHC Standard J-A-02

Wellpath has assigned Denise Garcia as Health Services Administrator (HSA), the designated responsible health authority for the adult detention facilities. Ms. Garcia will continue to manage Sonoma County's behavioral health services program based on defined goals, objectives, policies, and procedures, delivering mental health care under the contract and ensuring all services meet state and local regulations, as well as NCCHC and Title 15 standards.

Ms. Garcia oversees the administrative requirements of the behavioral health services program, including recruitment, staffing, contracts, data gathering and review, monthly reports as required, medical record-keeping, and other contract services management. She also provides administrative supervision for the Mental Health Director and all other mental health and medical staff by performing the following essential functions:

- Monitor the implementation and effectiveness of procedures and programs
- Evaluate financial/statistical data and program needs/problems and recommend improvements
- Develop, use, revise, interpret, and ensure compliance with Wellpath and facility policies and procedures
- Monitor subcontracted services, including pharmacy, laboratory, X-ray, and specialty providers
- Maintain communication and a good working relationship with SCSO administration, custody staff, Wellpath employees, contracted providers, and outside agencies

As HSA, Ms. Garcia is the single point of accountability in all matters related to the behavioral health services program and has the authority and responsibility to resolve problems and ensure your continued satisfaction. She will continue to coordinate contract requirements with SCSO administration and resolve any service performance issues.

III.II.3. Fiscal Manager

Michael McCooey, Vice President, Operations Finance, is the assigned point of contact for Sonoma County for fiscal questions and cost analysis.

III.II.4. Re-entry Services

The Wellpath staffing plan includes a Discharge Planner to assist in assessment for re-entry services to ensure discharged patients are connected with community providers for mental health and substance use follow-up. Typical duties include:

- Coordinating with the appropriate contact regarding referrals to community-based providers, including housing, vocational, education, and other re-entry support service providers
- Initiating (when appropriate) and attending community-based case management meetings, which may include representatives of mental health, family support, or other specialized service agencies
- Assisting patients with completion of discharge paperwork and applications for Medi-Cal, social security, and veterans' benefits when applicable

The Discharge Planner performs discharge assessments on all SMI and SMIL patients, develops discharge plans, and contacts necessary referrals as appropriate. The Discharge Planner also collaborates with mental health and psychiatry staff to ensure continuity of care upon discharge.

III.II.6. Staffing Shortages/Vacancies

Wellpath minimizes staffing vacancies using organized, proactive recruiting and hiring practices. Our dedicated talent acquisition team of physician recruiters, nurse recruiters, managers, and coordinators actively sources high-potential candidates in the area. We maintain a database of independently sourced candidates and those who have shown interest in our opportunities. We also seek to form partnerships with local nursing programs to enhance the availability of qualified nurses for our team. Our recruitment strategies and sourcing tools allow us to act swiftly when vacancies and other potential staffing needs occur to ensure there are no long-term vacancies. For detailed information regarding our recruitment strategies, please see section I.10.1. Recruitment Practices.

Wellpath offers benefit-related incentives to entice those who may be looking at a slightly higher rate of pay as per diem staff to commit to full-time employment. Any open positions are temporarily filled through overtime and PRN staffing pools. We attribute our retention success and low turnover to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment. For detailed information regarding our retention strategies, please see section I.10.7. Staff Retention Programs.

III.II.7. Meetings, Committees, Internal Review

NCCHC Standard J-A-04

Cara Cacciatore, Mental Health Director, will continue to attend and participate in regular medical and behavioral health services committee meetings and other administrative meetings as requested to ensure that quality behavioral health services are available to all incarcerated persons. Attendance at meetings includes participation of behavioral health staff to report on issues of concern and cooperate on an ongoing basis with designated representatives.

Wellpath staff will continue to collaborate and participate in meetings, committees, and audits, maintaining responsibility for developing, recommending, and implementing all future policies and procedures necessary for the operation of the behavioral health services program. Wellpath staff also participate, as requested, on SCSO committees related to incarcerated person behavioral/medical healthcare, including providing service information and statistics.

Wellpath will continue to maintain a collaborative and open relationship with the SCSO in the provision of services and operations, day-to-day activities, future planning, and evaluation of services. Ongoing communication between behavioral health staff, custody staff, and SCSO administration ensures awareness of special needs or concerns among patients.

Wellpath is dedicated to continuously improving our services and program offerings for the SCSO. Our policies and procedures, based on NCCHC and Title 15 standards, ensure that patients receive quality, compliant behavioral health services. We use proven performance monitoring techniques like our Continuous Quality Improvement (CQI) program, Medical Administration Committee (MAC), and internal reviews to evaluate our behavioral health services program in Sonoma County.

Quality Improvement Committee

NCCHC Standard J-A-06

Wellpath will continue to maintain the site-specific CQI plan based on the scope of care required at the adult detention facilities. The CQI plan assesses on-site and off-site behavioral health services for quality, appropriateness, and continuity.

A multidisciplinary Quality Improvement (QI) Committee directs CQI activities at the adult detention facilities. As site Medical Director, Dr. Michael Medvin leads the QI Committee, which also includes the HSA, DON, Infection Control Coordinator, and Mental Health Director. The QI Committee is responsible for performing monitoring activities, discussing the results, and implementing corrective actions if needed.

The QI Committee meets quarterly to review significant issues and changes and discuss plans to improve processes or correct deficiencies. CQI activity records are confidential. Discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQI program are not for duplication or outside review.

For detailed information regarding Wellpath's CQI program, please see section **III.VI. Quality Improvement Program.**

Audit Support

Wellpath maintains records and is prepared for external reviews, inspections, and audits as requested. We participate in the preparation of responses to critiques and develop and implement plans to address/correct any identified deficiencies. We use audit findings to address any areas needing improvement during staff meetings and training.

A team of corporate, regional, and on-site staff members provide audit support. The Wellpath audit support team participates in periodic site audits, reviews, and evaluations to identify any operational barriers. We relay any issues to the appropriate regional and corporate staff members for immediate action. Through these audits and reviews, as well as utilization management reviews and CQI meetings, our dedicated team evaluates operational procedures and implements changes to remove any obstacles to standards compliance.

David Ott, Regional Director of Operations, manages the medical and mental health aspects of the audit process and performs the following tasks in conjunction with Dr. Vivek Shah, Regional Medical Director, and Dr. Josephine Shaar, Regional Director of Mental Health:

- Visit the adult detention facilities monthly, or more frequently as needed, to review reports from the previous audit, including areas requiring improvement
- Use criteria points from the reports to review areas of care and identify problem areas
- Ensure areas requiring action are corrected, corrective action plans (CAPs) are initiated, and documentation is completed as required
- Visit the adult detention facilities before and during the audit, schedule permitting

Title 15 Inspections

Wellpath will continue to cooperate with and assist the SCSO in the periodic inspections conducted at the adult detention facilities in accordance with the requirements set forth in Title 15 of the CCR. We will ensure continued compliance with audit requirements, including but not limited to:

- Documentation and scheduling of inspection frequency, and the individual responsible for performing the inspections
- Methods for identifying, preventing, and correcting deficiencies
- Minutes of regular quality assurance meetings (as allowable within the limits of our legally binding Patient Safety Organization [PSO] agreement), including identification of system weaknesses/deficiencies corrective action taken, and ongoing documentation of improvements made
- Review/study of activities/functions/program components of healthcare services on a scheduled and unscheduled basis

III.II.8. 1370 Felony Restoration to Competency Program

Treatment team staffing requirements are based on the number of beds in the program. Wellpath's JBCT program is designed for a milieu (group) setting model. The number of hours for each position is determined based on the baseline number of practitioner hours required to intensively treat up to 14 patients.

Wellpath's JBCT program is covered by full-time and part-time staff who are scheduled on the day shift. The program operates primarily on day shift during business hours (8:00 a.m. to 4:30 p.m.) Monday through Friday, with 24/7 on-call availability. All staff are local, appropriately licensed, experienced, and/or trained, and are expected to provide services on site according to assigned hours. Each practitioner has a role, responsibility, and function as part of the team.

As Mental Health Director, Cara Cacciatore is responsible for overseeing the JBCT program. Ms. Cacciatore provides administrative and clinical oversight, attending to administrative issues and duties as they arise, and interfacing with SCSO administration as needed. She is responsible for staff coverage and scheduling, assigning responsibilities, ensuring the delivery of services are appropriate and efficient, and ensuring the program is operating at the level that mutually meets the SCSO's and Wellpath's expectations. Ms. Cacciatore also serves as a consult/clinician for advanced or difficult to manage cases and communicates regularly with all mental health and psychiatric staff.

Forensic Psychiatrist: All patients in the program are under the Psychiatrist's clinical authority. The Psychiatrist is primarily responsible for medication prescribing, management, stabilization, and monitoring. The Psychiatrist also makes court appearances, attends court proceedings, and provides testimonies if needed.

Forensic Psychologist: The Psychologist is responsible for the psychological evaluation, competency assessment, psychometric testing, screening, and restoration plan for all patients entering the program. The Psychologist creates a "restoration plan," including conducting psychometrics or psychological testing to rule out cognitive or psychiatric impairments and malingering. The Psychologist ensures that each JBCT patient has a treatment regimen tailored to his or her needs and that deficiencies identified from the competency assessment are listed and addressed by specific treatment interventions. The Psychologist leads the treatment team in weekly meetings and discussions on each patient's progress, as well as report writing and review. The Psychologist is responsible for providing 30-, 60-, 90-day progress summaries and declaration of competence to the courts. The Psychologist also assists in providing updates to the court (if needed) as well as testimonies.

Mental Health Clinician: The Mental Health Clinician is responsible for 1:1 supportive or individual therapy, as well as group therapy. The Mental Health Clinician meets with each patient weekly for one hour. Sessions are focused on developing coping techniques or other therapeutic strategies that may benefit the patient throughout the restoration and court process. The Mental Health Clinician also offers multiple group therapy sessions each week.

Competency Trainer: The Competency Trainer is an education specialist who is primarily responsible for the educational and training component of the program. The Competency Trainer uses several cognitive remedial or restructuring techniques to teach basic legal concepts, along with helping the patient understand his legal situation. The Competency Trainer provides training, learning, and education in a multi-modal format, using discussions, reading, video, and role-playing. The Competency Trainer facilitates experiential methods such as mock trial exercises for the patient with the involvement of the entire treatment team. Additional remedial and simplified cognitive techniques are also provided for patients with specific knowledge deficits.

Administrative Assistant: The Administrative Assistant is responsible for the management of all paperwork, reports, and summaries that may be requested as part of the patient's participation in the JBCT program and/or legal proceedings. The Administrative Assistant also serves as a liaison between the courts and the program. Another important function of the Administrative Assistant is to track data deliverables to the SCSO and DSH, including but not limited to: total incarcerated persons admitted to the program by name, date, etc.; number of individuals successfully restored; number of formal evaluations and reports to the court; date of admission and length of time from admission incarcerated person was declared competent; demographics of incarcerated persons served and diagnosis; and number of malingerers.

Wellpath Proposed JBCT Staffing Plan (14 beds)									
Position	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Hrs/Wk**	**FTE**
Forensic Psychiatrist	8		8		8			24	0.60
Forensic Psychologist	10		10		10			30	0.75
Mental Health Clinician	8	8	8	8	8			40	1.00
Competency Trainer	8	8	8	8	8			40	1.00
Administrative Assistant	8	8	8	8				32	0.80
Total Hours/FTE per week								***166***	***4.15***

See Exhibit B for the full staffing plan.

III.II.9. Transition

Wellpath guarantees our ability to deliver the required services immediately upon execution of the contract. As your incumbent provider, we are the only provider who can guarantee that services will be *fully operational* immediately following contract award. Choosing Wellpath as your continued partner guarantees a seamless transition to the new contract.

With Wellpath as your continued provider, there will be no interruption of services, and you can expect full continuity of your well-run behavioral health services program. The program will continue to be delivered through a team of competent, credentialed team members and supported by our experienced corporate organization. Wellpath is the only company that offers Sonoma County ZERO transition risk!

Additionally, as part of the new contract, we will engage Ben Rice and his team to audit the program and deliver to the County a formal report on risk management strategies. Mr. Rice oversees our Risk Strategies department that serves to alert client partners of areas of concern.

We have operated in Sonoma County for 22 years, giving us a full appreciation of your mission and objectives. We have a record delivering thoughtful, cost-effective solutions to meet the medical and behavioral health needs of the patients in your custody. For any other bidder, there would be a learning curve for the first few months of operations. Selecting Wellpath eliminates the need to transition, and therefore removes the inevitable challenges that any new contractor would experience.

By retaining Wellpath as your behavioral health services provider, you can feel confident that there will only be enhancements to the high-quality service and support that you currently receive from us. We are the most experienced company providing healthcare services in correctional facilities. We work harder than any other company in the industry to retain our clients by exceeding their expectations. Change under any circumstance is a challenge, and in this case, it is unnecessary.

III.III. Training

Wellpath will continue to ensure that all staff are trained in their assigned tasks and in the safe handling of equipment. We have provided detailed information regarding training practices for new staff in section **I.10.4. Orientation of New Personnel**. For detailed information regarding Wellpath's ongoing training programs, including continuing education and in-service training, please see section **I.10.3. Staff Training and Personnel Development**.

Female Mental Health Needs

Female patients have specialized mental health needs that must be considered when designing a mental health program. Wellpath recognizes that:

- Female patients have often been their child's primary or sole caregivers. The separation caused by confinement creates additional stressors that affect the female patient, even in the absence of other mental disorders.
- Female patients have often been the victims of violence, including sexual and spousal violence. Post-traumatic stress disorder occurs frequently in this population and often requires specific interventions.

- Female patients have a higher prevalence of serious mental disorders (such as bipolar disorder, major depressive disorder, and schizophrenia) than male patients, necessitating a larger number of Mental Health Clinicians than the same number of male patients.

For pregnant patients, perinatal care (before, during, and after delivery) takes place in a hospital, per the obstetrical specialist's recommendations and the Emergency Medical Treatment and Labor Act (EMTALA). Wellpath provides appropriate postpartum care, including accommodation for lactation. When a patient returns to the facility, she is seen by healthcare staff and placed under medical observation for at least 23 hours. Mental health staff also evaluate the patient's emotional status, as separation from a child can trigger self-harming behavior. Wellpath staff monitor patients for perinatal mood and anxiety disorders and refer patients to mental health staff as indicated.

Copies of Training and Certification

Wellpath keeps a copy of our training program on site and will provide it to the SCSO upon request.

Wellpath will also provide copies of completed training and certifications for all staff, agents, and/or personnel who work in the SCSO adult detention facilities upon request. We maintain personnel files of Wellpath and contract employees assigned to the adult detention facilities on site and at our Home Office. SCSO administration have access to these files, which include copies of current registration or verification certificates for licensed practitioners. Wellpath provides updated data and other relevant information on request.

Once on-site personnel are selected, Wellpath provides SCSO administration with applicable certification and licensing information. Before employment, Wellpath provides copies of background and credentialing information for professional staff, including appropriate licenses, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance coverage, evaluations, position responsibilities, and current resumes.

SCSO Staff Education

NCCHC Standard J-C-04

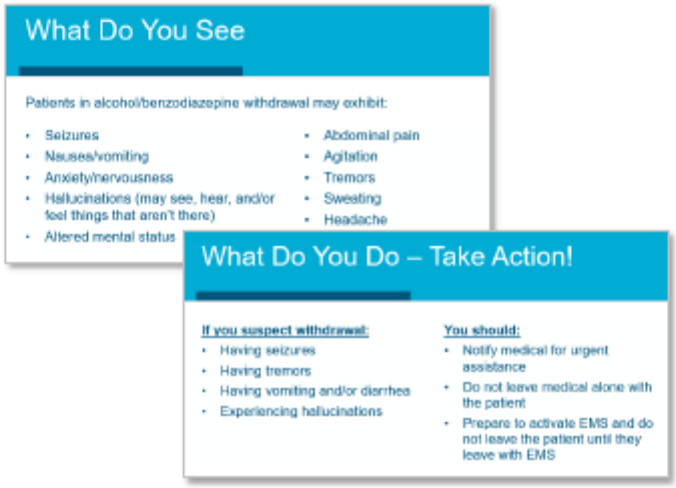
Wellpath will continue to train SCSO staff pertaining to their interactions with the patient population. We educate custody staff on the importance of recognizing and responding to specific mental health concerns, responding to emergencies, handling life-threatening situations, and recognizing the signs of mental illness. We also offer suicide prevention training to custody staff to help them recognize when an individual needs emergency mental health care, based on questions asked during booking and any warning signs of self-harming behavior. We will continue to educate custody staff on mental health topics, such as:

- Legal aspects of correctional mental health care and the issues
- An overview of the most prevalent mental health diagnoses
- Review of common medications and their potential side effects
- Medical stabilization for withdrawal from substance use disorder
- Communication between clinical and custody staff
- Intense focus on suicide prevention and teamwork between clinical and custody staff

Wellpath has developed a *Health Training for Correctional Officers Manual* that complies with the requirements of NCCHC Standard J-C-04. The manual is offered as a supplement to facility-provided education. It comprises 16 training modules addressing the essential information that custody staff must understand when presented with potentially urgent or emergent situations.

Each training module includes a topic-specific slideshow presentation, a curriculum outline for the presenter/trainer, and handouts for participants. Wellpath staff present training topics, which are based on our *7 Minutes to Save* Rapid Response Series and are designed to be presented in an average of 7-15 minutes. Training topics for custody staff include:

- Alcohol & benzodiazepine withdrawal
- Altered mental status
- Basic first aid
- Chest pain
- Diabetes
- Head trauma
- Health-associated infections
- Heat-related illness
- Ingestions
- Opioid withdrawal
- Recognizing signs of mental illness
- Respiratory distress
- Rhabdomyolysis
- Seizures
- Serious medication reactions
- Suicide prevention



Wellpath participates in scheduled training sessions in coordination with the SCSO and the HSA or designee maintains documentation of completed training sessions. We will continue to collaborate with the SCSO to develop additional training topics specific to the adult detention facilities as needed.

SCSO Required Trainings

Wellpath staff will continue to attend required trainings administered by the SCSO (e.g., facility safety and security, staff safety, Prison Rape Elimination Act, portable radio use, emergency response, key control, natural disaster training, etc.).

III.V. Pharmaceuticals

Wellpath will continue to provide a complete pharmaceutical management program for the SCSO, including procedures for the use of formulary and non-formulary medications, as described in section III.I.3. Medication Management.

As the current medical services provider for the SCSO, Wellpath is uniquely qualified to continue providing collaborative pharmaceutical services, including the distribution of behavioral health medication by Wellpath's nursing staff.

Medication Administration

NCCHC Standard J-D-02

Wellpath has established written systems and processes for the delivery and administration of medications based on each facility's layout and procedures. Medication passes are tailored to ensure the timeliness and accuracy of the process, including coordination with security staffing and mealtimes to ensure accurate and effective medication administration.

Appropriately state-licensed personnel administer medications, including over-the-counter medications. Our proposed staffing plan provides nursing coverage for medication pass six times per day in general population and more frequently as needed for patients in medical housing or observation, per physician's orders.

Trained healthcare personnel administer medications within 24 hours of physician's order, with urgent medication provided as required and ordered. Wellpath staff educate patients on prescribed pharmacotherapy when it is ordered and document the education in the patient's medical record.

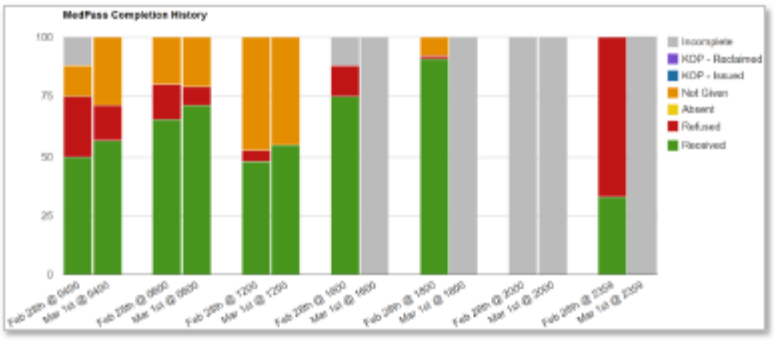
Wellpath provides orientation training and mandatory continuing education regarding medication administration and preventing medication errors. We do not permit the pre-pouring of medications and we monitor the medication delivery process to ensure it does not occur.

Nursing staff observe patients taking medications, especially when Direct Observation Therapy (DOT) is required by physician's order. We also train staff to provide DOT for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.

Medication Administration Record

Healthcare staff document medication administration and missed doses in a patient-specific Medication Administration Record (MAR). These records become a permanent part of the patient's medical record. All information relative to a patient's prescription is recorded in the MAR, which includes instructions, injection site codes, result codes, and non-administered medication reason codes. If a patient misses or refuses doses on three consecutive days, or if a pattern is noted, healthcare staff document the refusal and refer the patient to the clinician.

CorEMR has an electronic Medication Administration Record (eMAR) customized for correctional settings. Med pass times are configured by day and generate medication pass prep lists accordingly. Medications may be marked as Received, Refused, Absent, or Not Given within the eMAR. Graphical and detailed MAR reports may be viewed at any time.



Pharmaceutical Procurement

Wellpath documents all prescription orders in the patient's medical record. Healthcare staff can order medications electronically or by phone. Emergency prescriptions can be submitted through Correct Rx's STAT line, which is staffed and available 24/7/365. Correct Rx contacts a backup pharmacy (Dollar Drug or Creekside Pharmacy) and arranges for the emergency prescription.

A licensed/registered pharmacist (L/R P) oversees dispensing in accordance with state regulations. Wellpath uses a local backup pharmacy (Dollar Drug or Creekside Pharmacy) for dispensing medications during evening and weekend hours, with a local L/R P as needed.

The pharmacist screens for interactions, allergies, and other potential issues (such as non-formulary medications) that may need to be addressed with on-site staff before dispensing an order. The pharmacist also screens each patient's medication profile to ensure safe and therapeutic medication administration. The pharmacist contacts the facility before filling expensive prescriptions so on-site staff can consider alternatives or request a smaller supply if a patient is scheduled for release.

Before dispensing an order, the pharmacist checks for the following:

- Duplicate therapy from medications in the same therapeutic class
- Medication interactions and incompatibilities (including drug-drug, drug-order, and drug-age interactions)
- Excessive/sub-therapeutic dosages
- Appropriateness of medication therapy
- Medications refilled too soon, based on facility-specific established parameters
- Medications ordered past the designated stop date
- Clinical abuse or misuse
- Medications that are to be administered as DOT only
- Medications that are to be administered from stock only

The pharmacist alerts healthcare providers before dispensing an order for a prescription with an inappropriate strength, duplicate orders with existing medications on a patient profile, potential drug-drug interactions deemed to be clinically significant and medically justifiable, and any medication that triggers a documented allergy in their pharmacy system.

Packaging and Labeling

Medications are labeled, packaged, and dispensed in compliance with all current local, state, federal and department laws, rules, regulations, and provisions, or in their absence, the best practices of the trade and industry standards. Medications are dispensed in blister card packaging in the quantity ordered. Blister cards provide a specialized filling system for safe, efficient, and cost-effective medication distribution and allow credit for returns of many medications.

Receipt and Availability of Medications

Wellpath will continue to provide pharmacy services seven days a week, with scheduled shipment of medications six days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations.

Emergency Medications

Wellpath does not delay medications for life-threatening conditions, mental illness, or serious chronic conditions. Our list of "no-miss" medications facilitates this process following intake. We make every effort to verify and administer these medications before the next scheduled dose. We obtain and administer other medications within 24 hours.

Wellpath expedites orders for emergency medications. We use a local pharmacy (Dollar Drug or Creekside Pharmacy) to supply emergency prescription medications and as a backup for pharmacy services. If there is an immediate need to initiate medication, we obtain it from the backup pharmacy as quickly as possible.

Storage and Security of Medications

Wellpath stores medications and pharmaceutical supplies in a secure, locked area approved by SCSO administration. The medication room and all cabinets are locked at all times when healthcare staff are not present. Patients do not have access to any medication other than those administered by a qualified staff member. Wellpath stores bulk supplies separately, taking inventory weekly and when they are accessed. We maintain inventory records to ensure adequate control.

Consulting Pharmacist Review

A consulting pharmacist reviews the on-site pharmaceutical program regularly according to state regulations. The pharmacist's review is documented and a report is provided to SCSO administration. The Quality Improvement Committee reviews the report and establishes corrective action plans for any problem areas. The consulting pharmacist provides the following services:

- On-site audits consistent with NCCHC and Title 15 guidelines
- Quality assurance reviews
- Written reports identifying any areas of concern and/or recommendations for improving pharmacy services
- Inspections of stock medication storage areas
- Assurance that all medications are stored under proper conditions
- Removal and replacement of all compromised or expired medications
- Participation in meetings of the Pharmacy and Therapeutics Committee

Controlled Substances Accountability

Wellpath stores a limited supply of controlled drugs on site under the control of the responsible physician. The HSA or designee monitors and accounts for these medications. Controlled substances must be signed out to the patient at the time they are administered. As an additional level of control, Wellpath treats certain medications that are not controlled, but have the potential for misuse or abuse, as controlled substances.

Wellpath trains nursing staff on the proper procedures for administering, storing, counting, and logging controlled substances. Class II, III, and IV drugs are counted at the end of each shift by one staff member going off duty and one coming on duty. Any count discrepancies must be reported immediately and resolved before the outgoing staff member leaves.

Wellpath maintains a clear "paper trail" to comply with DEA guidelines for accountability and record-keeping. Counts are tracked in a Controlled Substance Log Book with an index and numbered pages to ensure a perpetual inventory and usage record. Controlled Substance Log Books must be retained on site for five years.

Disposal of Pharmaceutical Waste

Medications that cannot be returned to the pharmacy (e.g., non-unit-dose medications, medications refused by the patient, and/or medications left by discharged patients) are destroyed. Wellpath disposes of pharmaceutical waste in compliance with federal, state, and local laws and regulations.

Wellpath makes every reasonable accommodation to minimize the quantity of pharmaceuticals destroyed. The HSA is responsible for overseeing, monitoring, and ensuring compliance with the pharmaceutical waste disposal policy. Wellpath conducts regular audits to remove discontinued or expired medications.

Wellpath staff place pharmaceutical waste in approved collection containers as soon as possible and complete the appropriate disposal form. We provide RX Destroyer containers, which remain locked in the medication room cabinet.

Wellpath staff ensure that pharmaceutical waste is kept in a secure location. Controlled waste is counted until disposal. All controlled substances are stored in a double-locked area with restricted access and continued counts at each shift until they can be destroyed by authorized individuals. This is tracked in the Controlled Substance Log Book.

Returns and Credits

Wellpath has a written returns policy with Correct Rx that complies with all applicable laws. Correct Rx arranges for the pick-up and return of all discontinued, excess, or unusable medications in patient-specific blister cards, excluding DEA-controlled medications.

Correct Rx provides 100% credit for all returned full and partial cards with a $2.00 minimum dollar value. Medications are credited at average actual cost, excluding the dispensing fee. No charge is assessed for re-stocking. Credits do not expire and are itemized and applied to the next monthly invoice from the date of processing.

III.VI. Quality Improvement Program

NCCHC Standard J-A-06

Wellpath will continue to maintain the site-specific CQI plan based on the scope of care required at the adult detention facilities. The CQI plan assesses on-site and off-site behavioral health services for quality, appropriateness, and continuity.

The Wellpath CQI program operates under the authority of Chief Clinical Officer, Thomas Pangburn, MD. The program ensures systems and programs provide superior healthcare services. The CQI program ensures that clinical care delivery at the adult detention facilities meets or exceeds our high expectations and NCCHC and Title 15 standards.

Scope of CQI Program

Wellpath's data-driven CQI program includes audits and medical chart reviews to ensure compliance with contract requirements and established performance measures. We will continue to conduct CQI studies to ensure services at the adult detention facilities meet established minimum thresholds. We monitor relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.

Routine CQI Studies

Routine CQI studies examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to receiving screenings, screening and evaluation at health assessment, special needs, segregation, treatment planning, suicide prevention, medication administration, initiating medication at intake, as well as processes exclusive to the facility.

The following sample CQI Calendar shows monthly CQI screens broken out by the responsible party. It includes CQI studies related to behavioral health and medical services.

Sample CQI Calendar			
Month	**Nursing**	**Site Medical Director**	**Mental Health**
Jan.	• Chronic Care Services		
Feb.	• Site-specific Study • CQI Meeting	• Scheduled & Unscheduled Off-site Care	• Suicide Prevention
March	• Alcohol/Benzodiazepine Withdrawal • Opiate Withdrawal		
April	• Medication Administration • Pregnancy Care		• Segregation
May	• CQI Meeting • Initial Health Assessment • MAT	• Physician Chart Review	• Suicide Prevention
June	• Dental Care • Dietary Services		
July	• Receiving Screen & Med Verification	• HIV	• Psychiatric Services – HEDIS
Aug.	• Site-specific Study • CQI Meeting		
Sept.	• Ancillary Services • Emergency Services • Diabetes – HEDIS		• Suicide Prevention
Oct.	• Alcohol/Benzodiazepine Withdrawal • Sick Call		• MH Special Needs & Treatment Planning
Nov.	• CQI Meeting • Patient Safety (review YTD) • MAT	• Infirmary Level Care	
Dec.	• Annual Review of CQI Program		• Suicide Prevention

Site-specific Studies

Wellpath completes monthly CQI screens outlined in the CQI Calendar, plus at least one ad hoc screen each quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Missed medication (investigative study)
- TB screening
- Health assessment (periodic)
- Grievances
- Communication with custody
- Initiating essential medications (return from the hospital)
- Prenatal and postpartum care (HEDIS and outcome study)
- Asthma outcome study

Site-specific studies examine a site-specific problem. Examples of how these studies can be accomplished include:

- Completing an existing study in DataTrak Web (DTW) out of order (in a month or quarter when it is not due)
- Modifying the Excel version of a study to meet specific site concerns or issues
- Create a new study to address a novel concern or issue
    - Complete the "Site-Specific Study" in DTW
    - Email or fax the study to your CQI program manager (if the original study is not entered in DTW)

Requirements are adjusted if a site requires more frequent CQI meetings or additional studies.

High-Risk Items

NCCHC Standards J-A-06, J-A-09, J-B-08

Wellpath's CQI program addresses many forms of risk management, including clinical and environmental risk management tools to identify and reduce variability and liability when adverse events occur. The QI Committee addresses the following risk management items:

- Critical Clinical Event (CCE) Reviews – The QI Committee monitors, reviews, and reports on the healthcare staff's response to critical clinical events. The QI Committee uses the root cause analysis problem solving methodology to review the CCE.
- Emergency Drill Reviews – The QI Committee monitors, reviews, and reports on the healthcare staff's response to emergency drills.
- Environmental Inspection Reports – Wellpath participates in monthly facility environmental inspections to ensure that incarcerated persons live, work, recreate, and eat in a safe and healthy environment.
- Resolution Tracking – The QI Committee tracks deficiencies identified during routine environmental inspections through resolution.
- Utilization Management – Wellpath monitors the provision of care to ensure that medically necessary healthcare services are provided in the most appropriate setting.
- Grievances – The Wellpath grievance process is consistent with national standards and internal client policies. The QI Committee reviews and categorizes grievances to identify potential issues and determine if patterns exist or develop. Patient satisfaction surveys are administered on topics relevant to the patient population.
- Pharmacy – Wellpath ensures quality pharmacy programming through regularly scheduled on-site inspections performed by a consulting state-licensed pharmacist. We document inspection reports and maintain them on file, and the consulting pharmacist provides a summary of these discussions and actions to the QI Committee.
- Pharmacy Reports – Wellpath uses pharmacy reports to identify outliers and trends, then evaluate and address any outliers. The Regional Medical Director reviews pharmacy utilization data regularly.

Critical Clinical Events

NCCHC Standards J-A-06, J-A-09, J-B-08

Wellpath promotes patient safety by using systems that prevent adverse and near-miss clinical events as part of the CQI program and the Wellpath safety program. The HSA maintains an error reporting system for healthcare staff to voluntarily report, in a non-punitive environment, errors that affect patient safety. The HSA or Medical Director can also recommend a review of an adverse or near-miss clinical event.

A critical clinical event (CCE) is an occurrence involving death or serious physical or psychological injury, or related risk. CCE reviews are conducted on clinical occurrences that are considered a patient safety issue, including but not limited to:

- Medication errors resulting in negative clinical outcome
- Suicide attempts
- Hospitalizations resulting from delayed care or inappropriate treatment
- Potential serious occurrences that were identified before an adverse patient outcome
- Deaths (expected, unexpected, and suicides)
- Inmate-on-inmate sexual assault
- Transgender patients
- Hospital readmission for the same diagnosis or secondary diagnosis within three days
- Hospitalizations as a result of medical stabilization for withdrawal from substance use disorder progressing to delirium tremens
- Hunger strikes that last more than 72 hours
- Use of therapeutic restraints on a patient
- Significant variances from expected clinical norms at the facility

After the CCE review process, Wellpath determines if the cause was due to failure of policy or procedure. The QI Committee discusses the CCE review and develops a corrective action plan. Documentation of the discussion and the corrective action plan is maintained on site. The Home Office Risk Manager also retains a full record of the CCE review and recommendations, a full record of the root cause analysis (if one was performed), and supporting documentation as deemed necessary by the Risk Manager.

Review of Processes, Systems, and Care

Wellpath continually evaluates performance and assesses training requirements to ensure that the SCSO's behavioral health services program is responsive to changing operational and regulatory requirements, as well as trends in the provision of care. If we find performance issues or areas in need of improvement, we implement appropriate corrective action to address them and avoid them in the future. Our on-site managers and Regional Management Team work with SCSO administration on areas requiring correction or adaptation to ensure optimal patient care.

Wellpath will continue to work collaboratively with the SCSO to review the quality of our program and ensure contract compliance. We cooperate with studies and audits conducted by the SCSO and provide the required information for review. We also participate in the preparation of responses to critiques and develop and implement plans to address/correct identified deficiencies. We use the audit findings to address areas needing improvement during staff meetings and training.

Wellpath also conducts periodic site audits, reviews, and evaluations to identify operational barriers. We relay any issues to the appropriate regional and corporate staff members for immediate action. Through these audits and reviews, as well as utilization reviews and CQI meetings, our dedicated team members evaluate operational procedures and implement changes to remove compliance obstacles.

Example of Results from Patient Impact Studies

Several participants in the Louisville (Kentucky) Metro Detention Facility's Home Incarceration Program died in 2016. Although Wellpath is not required to review deaths that occur out of custody, we believe that reviewing deaths proximate to care can be just as helpful as reviewing in-custody deaths in identifying opportunities for improvement.

Many were related to opioid overdose. Although the finding did not reflect the care we provided while in custody, we launched an educational harm reduction program at the detention facility. As part of the intake screening, every arrestee receives an educational brochure on ways to reduce the risk of overdose. The brochure covers the effects of returning to using the previous dose of opiates after detoxification, how to access Narcan, and what to do if the individual or someone else is in a suspected overdose.

Deaths among program participants have decreased since we introduced the educational harm reduction program. Although we cannot contribute all positive results to the educational program, we believe it has had a significant impact.

Patient Safety Organization

Wellpath became part of a Patient Safety Organization (PSO) in 2016 as part of our commitment to improved patient care and safety. The Patient Safety and Quality Improvement Act of 2005 established PSOs to create a legally secure environment where clinicians and healthcare organizations can voluntarily report, aggregate, and analyze data to reduce the risks and hazards associated with patient care. To support these efforts, Wellpath has implemented a patient safety evaluation system to collect, manage, and analyze information for quality improvement and patient safety.

Due to our legally binding PSO agreement, such analyses are considered patient safety work products and are reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both Wellpath and our clients to maintain the confidentiality of these analyses, while also providing some protection from discovery.

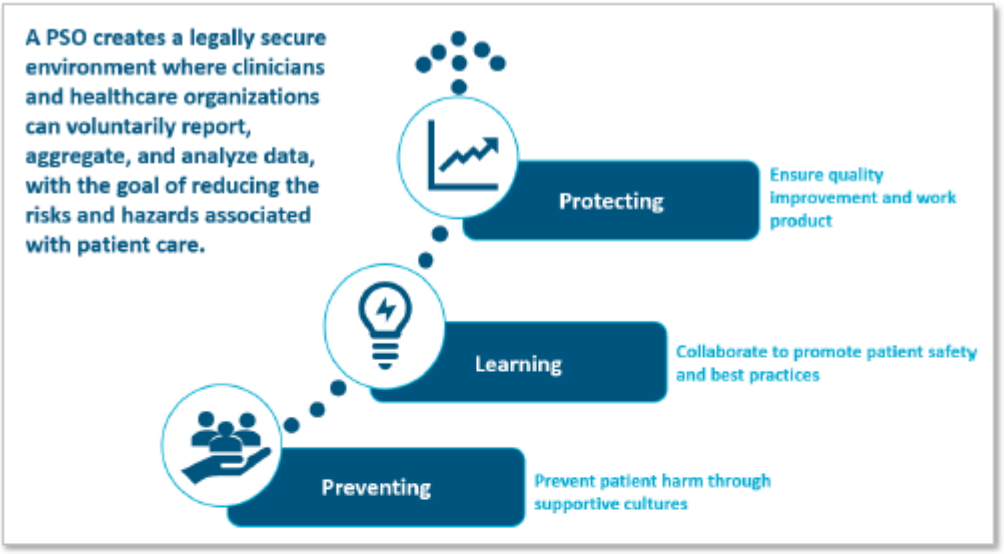


Chart Audits

Wellpath will continue to perform, at a minimum, quarterly mental health service audits of the incarcerated person behavioral health charts to ensure adherence to Title 15, NCCHC, and any other applicable standards. The Mental Health Director is responsible for performing quality assurance checks in the form of chart audits. We will continue to provide the SCSO with quarterly written audit summaries and annual reports of audit findings, as allowable within the limits of our legally binding Patient Safety Organization (PSO) agreement.

III.VII. Grievance Policy

NCCHC Standard J-A-10

Our first responsibility is to provide access to care and treatment to meet the medical needs of our patients. We train and expect our staff to operate efficiently and appropriately while respecting those needs. Wellpath personnel receive grievance resolution training to learn how to address concerns at the point of contact before the patient initiates a grievance. Our record of reduced grievances and our excellent litigation history illustrate the exemplary care our team members provide.

The Wellpath grievance process follows national standards and complies with the SCSO's grievance policy. We provide standardized data reporting with full transparency of written grievances or complaints received from patients or concerned third parties (e.g., family members, advocates, lawyers).

Resolution and Review

Wellpath staff respond to grievances, complaints, and inquiries as soon as is practical. All members of the mental health team can attend to mental health grievances, which include complaints such as not being seen promptly for a sick call request, medications not being started promptly, and mental health staff conduct. The Mental Health Director or designee resolves urgent grievances that involve an immediate need for mental health services.

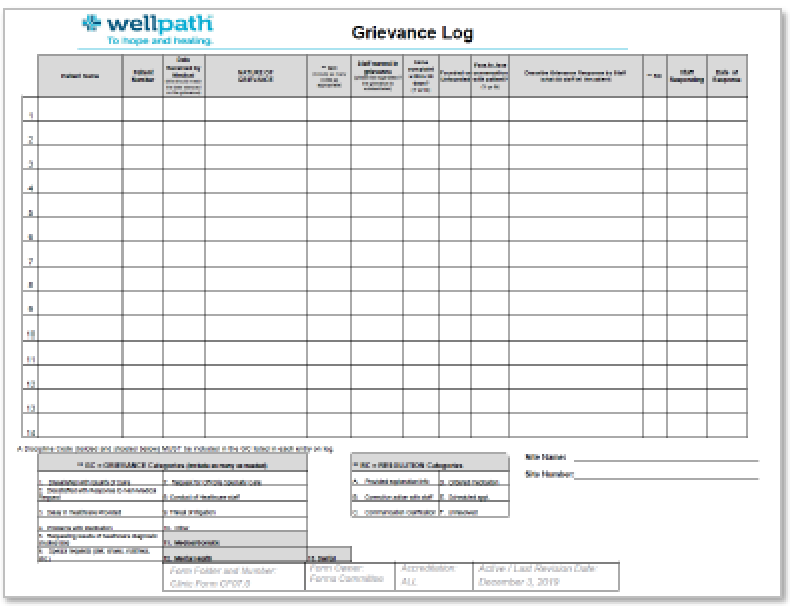
As Mental Health Director, Cara Cacciatore works with SCSO administration in the investigation, follow-up, and resolution of mental health complaints and implements their recommendations. Ms. Cacciatore coordinates with mental health, pharmacy, or other appropriate service providers as needed to resolve complaints. When necessary, we conduct a face-to-face interview with the patient and participate on the grievance committee.

If the grievance is substantiated, Ms. Cacciatore develops and implements a corrective action plan. The QI Committee reviews and categorizes grievances to identify potential issues and patterns that exist or are developing.

Grievance Reporting

Wellpath maintains a daily log of all grievances that includes the name of the person filing the grievance, the date and nature of the grievance, staff named in grievance if any, whether the grievance is founded or unfounded, staff responding, and date and nature of the response.

Sample Grievance Log


wellpath
To hope and healing.

Grievance Log

Site Name:
Site Number:

Form Folder and Number: Clinic Form CF07.0
Form Owner: Forms Committee
Accreditation: ALL
Active / Last Revision Date: December 3, 2019

We submit a monthly report of patient grievances, which includes copies of medical grievance requests and their resolutions, to SCSO administration. We categorize all grievances received and provide grievance statistics as a part of the monthly health services statistical report. Grievance data includes, but is not limited to:

- Number of patients with grievances
- Number dissatisfied with staff conduct
- Number dissatisfied with medical care
- Number dissatisfied with dental care
- Number dissatisfied with mental health care
- Number dissatisfied with delay in healthcare
- Problems with medications
- Requests to be seen

III.VIII. Behavioral/Mental Health Policies and Procedures

NCCHC Standard J-A-05

Wellpath has in place a site-specific Policies and Procedures manual with content meeting or exceeding NCCHC and Title 15 standards. The manual is subject to the SCSO's continued approval and is reviewed and revised as Wellpath and/or SCSO policies are modified, and at least once a year.

Wellpath stays abreast of changes in public policy that may affect our operations. Our polices are compliant with state and federal laws and are modified as indicated as new laws come into effect. For example, hen California Assembly Bill No. 732 went into effect in early 2021, we modified our policy regarding Counseling and Care of the Pregnant Patient to reflect that counseling and treatment would be provided to all patients and specific pregnancy testing, counseling, assistance, and care would be provided to all patients capable of becoming pregnant in compliance with AB 732.

III.IX. Maintenance of Accreditations

Wellpath's program for Sonoma County will continue to comply with all applicable federal, state, and local laws, regulations, policies, rules, and orders, including but not limited to:

- Title 15, California Code of Regulations, Minimum Standards for Inmate Facilities and Local Detention Facilities
- California Penal Code
- California Welfare & Institutions Code
- California Government Code
- California Health & Safety Code
- Americans with Disabilities Act
- 42 U.S.C. 1396a

Wellpath's program for Sonoma County will continue to meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC), the California Medical Association (CMA), and Title 15. Wellpath will continue to ensure that the adult detention facilities maintain full compliance with NCCHC, CMA, and Title 15 standards. During the last Title 15 inspections in 2021, all facilities passed with outstanding results.

NCCHC and ACA Certification

Wellpath encourages our medical professionals to obtain certification through the NCCHC and ACA. Becoming a Certified Correctional Health Professional (CCHP) through the NCCHC and a Certified Correctional Nurse Manager (CCN-M) through the ACA offer immeasurable benefits. These certifications are steps toward increased knowledge, greater professional recognition, and identification as a leader in the complex and ever-changing field of correctional healthcare.

Health professionals working in correctional settings face unique challenges, including working within strict security regulations, dealing with crowded facilities, and understanding the complex legal and public health considerations of providing care to incarcerated populations. Achieving professional certification ensures the skills to meet these challenges. Wellpath reimburses testing fees for employees receiving certification.

III.X. Claims and Legal Actions

Wellpath will actively and fully cooperate with SCSO legal counsel and risk management staff in the investigation, defense, and or other work related to any internal investigation, claim, or legal action against or on behalf of SCSO, including any of its divisions, employees, volunteers, or agents. Said assistance shall include, but is not limited to:

- Timely provision of data;
- Medical records;
- Investigation of claims;
- Preparation of declarations or affidavits;
- Other information as counsel deems necessary to prepare the defense or prosecution, including the participation at any trial or hearing; and
- Complying with all past, current, future settlements, and litigation concerning the delivery of incarcerated person behavioral health care services.

Ben Rice, Vice President of Partner Risk Strategies, supports Wellpath's California partners with the most complex legal issues, including civil rights class action cases, while also advising our county partners on their susceptibility to liability in these cases. Mr. Rice serves as a liaison between county legal teams and Wellpath's operational and clinical leadership. Before joining Wellpath, he worked on legal correctional issues for the State of California at the highest levels for 14 years, developing relationships with the judiciary and attorneys most active in complex civil rights cases. Most recently, he served as General Counsel for the California Department of Corrections and Rehabilitation (CDCR) for eight years, providing leadership to the Office of Legal Affairs and leading a team of 200. Before joining CDCR, Mr. Rice served as Deputy Legal Affairs Secretary in the governor's office and as Deputy Attorney General, where he was the lead attorney on three large class actions against the State and CDCR.

As part of the new contract, we will engage Mr. Rice and his team to audit the program and deliver to the County a formal report on risk management strategies. Mr. Rice oversees our Risk Strategies department that serves to alert client partners of areas of concern.

IV. Cost of Service

Wellpath Cost Proposal

Wellpath looks forward to continuing our 22-year partnership with Sonoma County to provide behavioral health services at the adult detention facilities. We have worked diligently to deliver a meaningful proposal that provides the best value for the stakeholders of Sonoma County, and one that demonstrates our commitment to transparency and accountability. We are confident in the quality and value of the work we perform and that our solutions will continue to meet your specific needs. We look forward to discussing our plan in further detail.

We have based our price on many considerations:

- The services required by the RFP;
- Our unique insight into the needs of your patient population stemming from our experience as your incumbent provider;
- Our unmatched experience in California and understanding of appropriate compensation for qualified staff to promote effective recruiting and retention; and
- Our first-hand knowledge of your goals and focus, including future plans for the Sheriff's Adult Detention Behavioral Health Housing Unit (SADBHHU).

Our experience, resources, culture, and philosophy of care make us different from our competitors and make Wellpath the right partner for Sonoma County. We know cost is important, and we understand the mission you have for quality, compassionate care. As your partner in that mission, we commit these things to you:

- We will continue to focus on the ever-changing needs of our patient population.
- We will maintain our commitment to recruiting, training, and retaining the right staff members for each position, and filling every shift. Our recently completed negotiation with NUHW will allow us more latitude to attract the best talent available in the County.
- We will continue to deliver timely and transparent reporting designed to demonstrate accountability.
- We will continue to provide care with a passion and a mission of setting these patients on a path to hope and healing.

Wellpath has built our program to deliver high-quality care while providing value to Sonoma County's stakeholders. Doing both means not cutting corners when it comes to staffing. Our proposed staffing plan and compensation levels will ensure our continued ability to attract and retain a compassionate, committed mental health team, which is the foundation of providing quality care.

Staffing and Services Overview

The Wellpath cost proposal covers all professional services; staffing, including salaries and employee benefits; on-site services, including laboratory; off-site services; electronic medical records management; National Commission on Correctional Health Care (NCCHC) accreditation management; pharmaceutical management; Wellpath Regional Management support; and insurance, licenses, applicable taxes, and legal costs, as illustrated in the following chart.

Staffing and Services Overview for Sonoma County Behavioral Health Services	
Professional On-Site Services	**Included**
Mental Health Services	✓
JBCT Program	✓
On-call 24/7	✓
Policies and Procedures	✓
On-Site Laboratory Services	✓
Basic Mental Health Training for Custody Staff	✓
Comprehensive Medical Malpractice Insurance	✓
Corporate Management and Oversight	✓
Electronic Medical Records, Telehealth	✓
Professional Off-Site Services	**Included**
Ambulance Services	✓
Hospitalization Management	✓
Wellpath Care Management/Utilization Management Services	✓
Pharmacy Services	**Included**
Complete Pharmaceutical Management	✓
Pharmaceuticals: Mental Health/Psychotropic	✓
Professional Staffing	**Year One Price**
18.75 FTEs (701-900 ADP)	$5,549,130

Salary and Benefit Costs						
Position Name	901 – 1,100 ADP	701 - 900 ADP	501 -700 ADP	Base Hourly Rate	Effective Hourly Rate, Including Wages, Benefits and Payroll Taxes	Budgeted Cost*
Mental Health Clinician	10.00	8.60	8.60	$61.00 - $74.50	$70.72 - $86.44	$1,634,431
Psychiatrist/Psych NP	2.45	1.85	1.25	$225.00 - $275.00	$261.00 - $319.00	$1,477,840
Psych NP	0.20	0.20	0.20	$84.75 - $103.75	$98.32 - $120.17	$45,448
Substance Abuse Counselor	1.00	1.00	1.00	$46.75 - $57.25	$54.15 - $66.19	$125,152
Discharge Planner	1.00	1.00	1.00	$38.25 - $46.75	$44.30 - $54.14	$102,375
Administrative Assistant	1.00	1.00	1.00	$25.75 - $31.50	$29.8 - $36.42	$68,861
Mental Health Director	1.00	1.00	1.00	$74.00 - $90.25	$85.61 - $104.63	$197,850
JBCT - Forensic Psychiatrist	0.60	0.60	0.60	$225.00 - $275.00	$261.00 - $319.00	$361,920
JBCT - Forensic Psychologist	0.75	0.75	0.75	$90.00 - $110.00	$106.20 - $129.80	$180,960
JBCT - Mental Health Clinician	1.00	1.00	1.00	$61.00 - $74.50	$70.72 - $86.44	$163,443
JBCT - Competency Trainer	1.00	1.00	1.00	$44.25 - $54.00	$51.16 - $62.52	$118,227
JBCT - Administrative Assistant	0.80	0.80	0.80	$25.75 - $31.50	$29.80 - $36.42	$55,089
SWB TOTAL	20.80	18.80	18.20			$4,531,595
Relief Factor						$273,665
TOTAL						$4,805,260

**Based on 1,100 ADP*

CFMG
California Forensic Medical Group

701 - 900 ADP

	Year 1	
Personnel		
Staffing Costs	$	3,283,127
Operating Costs		
Pharmaceutical Services	$	391,806
Tools and equipment	$	-
Transportation costs	$	-
Other supplies	$	38,000
Off-site treatment services	$	-
EMR (Included in Medical)	$	-
Insurance coverage costs	$	73,975
Other Expenses		
Laboratory services	$	23,000
Continuing education & training	$	23,000
	$	
Total Operating Costs	$	549,782
Administration and Overhead	$	512,486
TOTAL COST	$	4,345,395

	Year 1	
Personnel		
Staffing Costs	$	1,065,226
Operating Costs		
Pharmaceutical Services	$	118,260
	$	
Lab services	$	20,250
Administrative Overhead	$	-
TOTAL COST	$	1,203,736
Comprehensive Program Cost	$	5,549,130

IV. Reports

Contractor shall prepare and submit regular reports to the Sheriff's Office. Unless otherwise stated, reports are to be submitted on July 15th of each year and at other times as requested by the Sheriff's Office.

1. Telehealth. Contractor shall provide a monthly report to the Administrative Lieutenant indicating the number of telehealth occurrences during the period, the names of both the incarcerated individual and the telehealth staff who conducted the interview, and the reason the telehealth option was used.

2. Work Post. Work Post descriptions (defining the duties, responsibilities, job descriptions, shift, and location) for all assignments are to be clearly posted at the facility in an area that is open to all Contractor staff, but not to incarcerated persons. Contractor must review and update Work Post every six months. Reviewed and approved copies of each Work Post, with the date, must be provided to the Administrative Lieutenant and the Administrative Captain on February 1st and July 1st of each year. Copies of any Work Post changes must be immediately provided to the Administrative Lieutenant.

3. Shift Coverage and Daily Attendance Record. Copies of staffing schedules, which include all behavioral health care staff, are to be posted in designated areas prior to 0900 hours on weekdays and submitted to the Administrative Lieutenant on a daily basis. Actual shift coverage must be verified by the Administrative Lieutenant or designee by facility, signed by the Contractor's supervisor of each shift, and submitted daily to the Administrative Lieutenant. For weekends and holidays, reports must be submitted prior to 0900 hours on the next business day. A monthly summary report must be submitted to the Administrative Lieutenant by the 15th day of the following month.

4. Work Post Expense Report. Contractor shall provide quarterly payroll expense reports by the 15th day following the end of each quarter, which include the cost of staffing each position, including salary and employer-paid benefits, per Work Post position. The information must be in such a format and usable to calculate credits for inadequate Work Post coverage/staffing and reconcile directly to contractor invoicing.

5. Recruitment Efforts. Contractor shall provide quarterly reports by the 15th day following the end of each quarter, on efforts to recruit staff for vacant positions.

6. Statistical Information. Contractor shall maintain at a minimum the statistics listed in Section A. sub-section 1.C, "Workload" and in the schedules in sub-section 3 and 7 of this Section XI and recordkeeping on the services provided. Contractor shall make available to SCSO in a timely manner accrued data regarding services provided. Data shall be compiled in appropriate reports as defined by SCSO and be provided at a minimum in a monthly report due by the 15th day of the following month. Such reports shall be in a format that does not contain any personally identifiable information about incarcerated persons.

7. Credential Report. Contractor shall submit an annual Credential Report by calendar year, due each year by no later than January 15, to SCSO on all applicable certifications, accreditations, and licenses during the life of this contract.

8. Behavioral/Mental Health Appraisal Status Report. Contractor shall prepare an annual report by calendar year, due each year no later than January 15 to SCSO on compliance with federal laws and California laws, regulations, and codes relating to Detention and Corrections Facilities BH Programs at MADF and NCDF, including, but not limited to compliance with PREA and the Americans with Disabilities Act. Reports shall include but not be limited to:
   a. Incarcerated persons requests for behavioral/mental health services
   b. Incarcerated persons seen at sick call
   c. Incarcerated persons seen by psychiatrist
   d. Incarcerated persons seen by non-physician practitioner
   e. Incarcerated persons seen by mental health clinician
   f. Incarcerated persons seen by client care case manager
   g. Out-Patient Housing Unit admission, patient days, average length of stay
   h. Mental health referrals
   i. Off-site hospital admissions
   j. Intake mental screening
   k. History and mental health assessments
   l. Psychiatric evaluations
   m. Specialty clinics attendance and screenings in-house
   n. Diagnostic studies
   o. Report of third-party reimbursement, pursuit of recovery
   p. Percentage of incarcerated person population dispensed medication
   q. Incarcerated person suicides and attempts
   r. Number of hours worked by entire behavioral/mental health service staff, specifying each post or shift
   s. Jail-Based Competency Treatment (JBCT) program stats
   t. Other data deemed appropriate by the SCSO

9. Health Services Utilization Reports. Contractor shall provide monthly statistical reports on behavioral/mental health services utilization by the

15th day of the following month. The reports shall include the data set and report formats approved by SCSO. A quarterly synopsis of this data shall also be prepared and provided to SCSO.

10. Objectives. Quarterly and annual summaries shall be submitted to SCSO describing progress toward agreed upon objective for the services and the status of special projects or reports requested. This report shall contain data reflecting the previous month's workload, without identifying the incarcerated persons' personal information.

11. Schedules. Reporting and Scheduled Reviews shall adhere to the following:
    a. All reports should be provided to SCSO, with copies to other parties as identified by SCSO.
    b. Monthly reports shall be submitted on the fifth calendar day of each month.
    c. Offsite Activity/Cost Report. Contractor shall provide an off-site activity/cost report by the 20th of each month. The report shall contain all off-site cost reports outlining off-site outpatient, in-patient, emergency room visits, and clinical services visits.
    d. Daily Report. Contractor shall submit a daily report for the previous 24 hours prior to 0900 hours which includes the following:
        (i) Transfers to off-site hospital emergency departments
        (ii) Communicable disease reporting
        (iii) Suicide data (i.e., attempts and precautions taken)
        (iv) Report of status of incarcerated persons in local hospitals and infirmaries
        (v) Staffing rosters
        (vi) Medical incident report copies
        (vii) Medical grievance report copies
        (viii) A list of lost medical files
        (ix) Intake screenings performed

EXHIBIT B
Staffing Plan for 701-900 ADP

Sonoma County									
Mental Health and JBCT									
Day Shift									
POSITION	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Hrs/Week	FTEs
Mental Health Clinician	16	24	24	24	16	8	8	120	3.00
Mental Health Clinician - Intake	8	8	8	8	8	8	8	56	1.40
Program Director	8	8	8	8	8			40	1.00
Psychiatric NP/PA	8	8	8	8	8			40	1.00
Psychiatrist		8	8	8	8	8		40	1.00
Substance Abuse Counselor	8	8	8	8	8			40	1.00
Discharge Planner	8	8	8	8	8			40	1.00
Clerk	8	8		8	8	8		40	1.00
Forensic Psychiatrist - JBCT	8		8		8			24	0.60
Program Director/Psychologist-JBCT	10		10		10			30	0.75
Mental Health Clinician - JBCT	8	8	8	8	8			40	1.00
Competency Trainer - JBCT	8	8	8	8	8			40	1.00
Administrative Assistant - JBCT	8	8	8	8				32	0.80
Total Hours/FTE - Day								582	14.55
Evening Shift/ Swing Shift									
Mental Health Clinician	8	8	8	8	8	8	8	56	1.40
Mental Health Clinician - Intake	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE - Evening								112	2.80
Night Shift									
Mental Health Clinician - Intake	8	8	8	8	8	8	8	56	1.40
Total Hours/FTE - Night								56	1.40
Weekly Total									
TOTAL HOURS/FTE - Per Week								750	18.75

I. Staffing Coverage

1. Contractor has proposed the staffing plan to include sufficient resources for mental health patients to be seen in a timely manner and allows for follow-up care in intervals consistent with chronic care recommendations.

2. Contractor will ensure the same staff category coverage during periods of planned or unplanned absence. Contractor's staffing plan and relief factor calculations ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. Contractor will use part-time and per diem personnel to provide coverage for scheduled absences and to supplement full-time staffing needs.

3. Contractor will maintain a PRN (per diem) pool to ensure the availability of backfill and relief coverage when needed. PRN pool employees will be staff members committed to several shifts per month and open to working when full-time staff members are absent. PRN staff will complete orientation and ongoing training consistent with full-time staff members to ensure they are capable and ready to provide continuity of services. PRN employees are selected based on the requirement that they work a sufficient number of shifts to be familiar with the current policies and procedures.

II. Credentials

1. MADF Behavioral Health Staffing

   Mental Health Program Director/Manager (Ph.D./Psy.D./LMFT/LCSW)
   Psychiatrist (M.D.)
   Psychiatric Nurse Practitioner /Physician Assistant (Advanced Practice Registered Nurse or certified Physician Assistant with training in the provision of primary behavioral healthcare)
   Mental Health Clinician/Mental Health Clinician-Intake (LMFT/LCSW/LPC)
   Substance Abuse/AODA Counselor (Certified)
   Discharge Planner/Reintegration Specialist (SW)

2. Jail-Based Competency Treatment Program (JBCT)

   Forensic Psychiatrist (M.D.)
   Forensic Psychologist (Ph.D. or Psy.D.)
   Competency Trainer (Master's degree in mental health related field, RN or LVN, or teacher certification/licensure)
   Mental Health Clinician/Counselor (LMFT/LCSW/LPC)

3. Employees with pending California licensure (license eligible) may be allowed to provide services under the Agreement under the condition that such employees are to be supervised by licenses staff as stipulated by their corresponding licensing boards.

EXHIBIT C

Contractors Specified Security Clearance Requirements and Procedures

1. Contractor must submit a list of employees who will be working in the Main Adult Detention Facility (MADF) and the North County Detention Facility (NCDF), hereinafter "detention facilities," to the designated SCSO representative at least two weeks in advance of entry to allow time for background security checks to be completed. In exigent circumstances, exceptions will be reviewed and approved on a case-by-case basis. For purposes of clarification, all staff employed by, or under contract to Contractor, who provides services within the detention facilities, shall be referred to as Contractor Workers.

2. Contractor shall provide the full name, date of birth, driver license, social security number, and a physical description of all Contractor Workers who will require access to the detention facilities, to the designated Detention Representative, for the purposes of identification and to conduct the background security checks.

3. All Contractor Workers must receive security clearance from the designated Detention Representative prior to being permitted access to detention facilities; Contractor Workers with prior felony convictions, extensive criminal histories, recent convictions, or any pending charges may be denied entrance into the detention facilities.

4. All Contractor Workers submitted for clearance shall be checked for outstanding warrants. Any active warrants attributed to Contractor Workers may result in the arrest of the subject.

5. No Contractor Worker under 18 years of age shall be admitted to the detention facilities.

6. Contractor Workers who have in their possession firearms, explosives, or any other weapon, as defined under Penal Code Section 171b, shall not be allowed to enter the detention facilities, and may be subject to arrest.

7. Contractor Workers who have in their possession alcoholic beverages will not be allowed to enter the detention facilities and may be subject to arrest.

8. Contractor Workers under the influence of drugs or alcoholic beverages will not be allowed to enter the detention facilities and may be subject to arrest.

9. Umbrellas, picket knives, scissors, metal nail filers, or other objects that could be used as weapons are not allowed within the secure perimeter of the detention facilities, with the exception of tools required to install, remove or repair the equipment the Contractor Worker is authorized to service.

10. Contractor Workers entering the detention facilities shall not give anything to any incarcerated person nor shall they take anything from any incarcerated person without prior approval from authorized detention staff.

11. No smoking is permitted within the detention facilities. Contractor Workers may not bring any tobacco products into the detention facilities.

12. Contractor Workers entering the detention facilities shall not lean, exchange, borrow, do favors for, or enter into any business transactions with any incarcerated person.

13. Contractor Workers will proceed directly to their designated work areas within the detention facilities. Anyone found loitering in unauthorized areas may be escorted from the facilities and may have his/her security clearance revoked.

14. For the safety of all persons, the SCSO does not allow any incarcerated person to escape in exchange for the release of hostages. All means will be used to ensure the safe release of hostages, with the exception of giving hostage takers weapons or additional hostages or allowing hostage takers to escape.

15. Detention staff are responsible for security. If directed by authorized detention staff to take any action (leave the area, secure tools, etc.), all Contractor Workers are required to immediately comply, without question.

16. Tools may be inventoried prior to entering the detention facilities, and again upon leaving the facilities. Only tools required to complete the specified work may be brought into the facilities. All tools must be secured before leaving the work area.

17. All Contractor Workers must attend a security briefing session before they are authorized to work unescorted, inside the detention facilities.

18. Contractor and all Contractor Workers who provide services under the agreement shall comply with all other SCSO detention facilities security procedures and protocols, and other security measures deemed necessary by the SCSO.

EXHIBIT D

Insurance Requirements

With respect to performance of work under this Agreement, Contractor shall maintain and shall require all of its subcontractors, consultants, and other agents to maintain insurance as described below unless such insurance has been expressly waived by the attachment of a *Waiver of Insurance Requirements.* Any requirement for insurance to be maintained after completion of the work shall survive this Agreement.

. Failure to demand evidence of full compliance with the insurance requirements set forth in this Agreement or failure to identify any insurance deficiency shall not relieve Contractor from, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the performance of this Agreement.

1. Workers Compensation and Employers Liability Insurance
   - **a.** Required if Contractor has employees as defined by the Labor Code of the State of California.
   - **b.** Workers Compensation insurance with statutory limits as required by the Labor Code of the State of California.
   - **c.** Employers Liability with minimum limits of $1,000,000 per Accident; $1,000,000 Disease per employee; $1,000,000 Disease per policy.
   - **d.** The policy shall be endorsed to include a written waiver of the insurer's right to subrogate against County.
   - **e.** *Required Evidence of Insurance:* Certificate of Insurance.
     - **i.** *Subrogation waiver endorsement; and*
     - **ii.** *Certificate of Insurance.*

   If Contractor currently has no employees as defined by the Labor Code of the State of California, Contractor agrees to obtain the above-specified Workers Compensation and Employers Liability insurance should employees be engaged during the term of this Agreement or any extensions of the term.

2. General Liability Insurance
   - **a.** Commercial General Liability Insurance on a standard occurrence form, no less broad than Insurance Services Office (ISO) form CG 00 01.
   - **b.** Minimum Limits: $2,000,000 per Occurrence; $5,000,000 General Aggregate; $5,000,000 Products/Completed Operations Aggregate. The required limits may be provided by a combination of General Liability Insurance and Commercial Excess or Commercial Umbrella Liability Insurance. If Contractor maintains higher limits than the specified minimum limits, County requires and shall be entitled to coverage for the higher limits maintained by Contractor.

c. Any deductible or self-insured retention shall be shown on the Certificate of Insurance. Contractor is responsible for any deductible or self-insured retention.

d. County of Sonoma, its Officers, Agents and Employees shall be endorsed as additional insureds on contractor's General Liability Policy.

e. The insurance provided to the additional insureds shall be primary to, and non-contributory with, any insurance or self-insurance program maintained by them.

f. *Required Evidence of Insurance:*

i. Copy of the additional insured endorsement or policy language granting additional insured status; and

ii. Certificate of Insurance.

3. Automobile Liability Insurance

a. Minimum Limit: $1,000,000 combined single limit per accident. The required limits may be provided by a combination of Automobile Liability Insurance and Commercial Excess or Commercial Umbrella Liability Insurance.

b. Insurance shall cover all owned autos. If Contractor currently owns no autos, Contractor agrees to obtain such insurance should any autos be acquired during the term of this Agreement or any extensions of the term.

c. Insurance shall cover hired and non-owned autos.

d. *Required Evidence of Insurance:* Certificate of Insurance.

4. Cyber Liability Insurance

a. With limits not less than $2,000,000 per occurrence or claim, $2,000,000 aggregate.

b. Coverage shall include, but not be limited to, claims involving invasion of privacy violations, information theft, and release of private information. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

5. Professional Liability/Errors and Omissions Insurance

a. Minimum Limits: $2,000,000 per claim or per occurrence; $5,000,000 annual aggregate.

b. Any deductible or self-insured retention shall be shown on the Certificate of Insurance. If the deductible or self-insured retention exceeds $25,000 it must be approved in advance by County. County gave advance approval 1/11/23 for self-insured retentions exceeding $25,000.

c. If the insurance is on a Claims-Made basis, the retroactive date shall be no later than the commencement of the work.

d. Coverage applicable to the work performed under this Agreement shall be continued for two (2) years after completion of the work. Such continuation coverage may be provided by one of the following: (1) renewal of the existing policy; (2) an extended reporting period endorsement; or (3) replacement insurance with a retroactive date no later than the commencement of the work under this Agreement.

e. County of Sonoma, its Officers, Agents and Employees shall be endorsed as

additional insureds on contractor's Professional Liability Policy.

f. The insurance provided to the additional insureds shall be primary to, and non-contributory with, any insurance or self-insurance program maintained by them.

g. *Required Evidence of Insurance:*

i. Copy of the additional insured endorsement or policy language granting additional insured status; and

ii. Certificate of Insurance.

6. Standards for Insurance Companies

Insurers, other than the California State Compensation Insurance Fund, shall have an A.M. Best's rating of at least A:VII.

7. Documentation

a. The Certificate of Insurance must include the following reference: Behavioral Health Services for Incarcerated Persons

b. All required Evidence of Insurance shall be submitted prior to the execution of this Agreement. Contractor agrees to maintain current Evidence of Insurance on file with County for the entire term of this Agreement and any additional periods if specified in Sections 1 - 5 above.

c. The name and address for Additional Insured endorsements and Certificates of Insurance is: County of Sonoma, its Officers, Agents and Employees

Attn: Sonoma County Sheriff's
Office 2777 Ventura Avenue
Santa Rosa, CA 95403

d. Required Evidence of Insurance shall be submitted for any renewal or replacement of a policy that already exists, before expiration or other termination of the existing policy.

e. Contractor shall provide immediate written notice if: any of the required insurance policies is terminated.

8. Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

9. Material Breach

If Contractor fails to maintain insurance which is required pursuant to this Agreement, it shall be deemed a material breach of this Agreement. County, at its sole option, may terminate this Agreement and obtain damages from Contractor resulting from said breach.