

Board Inquiry Form

Board Member	
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Inquiry Number:05

Department: ADMHS and PROBATION

Date: 6/5/2013

Page(s) of Budget Book: D-54, D-114

Request/Question:

Please provide a detailed breakdown of Probation's juvenile mental health services that are proposed to be cut from the ADMHS budget and performed by Corizon- include a comparison of positions and duties and hours, as well as the proposal for services submitted by Corizon, and Corizon's experience providing juvenile mental health services in CA and elsewhere; also provide the counter-proposals from ADMHS and options presented for closing the gap.

Response Prepared by: Probation, ADMHS, Richard Morgantini

Response:

The proposed contract with Corizon provides the same level of services to the youth at the Santa Maria Juvenile Hall (SMJH) and in Camp Programs for a significant reduction in cost to the Probation Department (approximately \$300,000). While the Probation Department has enjoyed an excellent working relationship with Alcohol Drug and Mental Health Services (ADMHS), the opportunity to contract for like services at the reduced cost was the reason behind this proposed change.

Given the quality of medical care provided by Prison Health Services and now Corizon Inc., since 2005, the Probation Department did not pursue an RFP process for mental health services.

As part of the review process Probation contacted seven Juvenile facilities who are in contract with Corizon Inc. for mental health and medical services in other States to assess the quality and level of service Corizon provides. These facilities have been in contract with Corizon Inc. from 3.5 years to 8 years. All facilities were satisfied with Corizon Inc.

The level of service ranged from "as needed" to acute care. They noted good to excellent communication and good team work. Most had a quality assurance protocol in place, including monthly meetings with Corizon Inc. Administration and Facility Administration. They are "excellent" in their hiring practice, they hold staff accountable, and are excellent in designating work and assuring the work is done well. Training is provided by clinicians to institution staff. In some facilities they provide first Aid/CPR training and others use them to train on MH related topics. All facilities reported that they would enter into a contract again with Corizon Inc. and would recommend Corizon Inc. to other juvenile facilities.

Probation and ADMHS considered additional proposals to finance the costs in different ways which would decrease or remove the gap from Probation. The only counter-proposal that ADMHS has at this point would be the possible use of 2011 Realignment (if available due to lower than expected Medi-Cal or indigent costs) or more GFC.

Corizon / JJMHS Staffing 03-19-13

Note: Corizon staffing includes Medical and MH Together
Current ADMHS is what has been done the past year
Proposed ADMHS reduces reliance on student volunteers

Juvenile Hall

Position	Corizon	Current ADMHS	Initial Proposed ADMHS
AHSA/DON	0.8	0	0
Regional Manager	0	0.15	0.15
Team Supervisor	0	0.3	0.7
Admin Assistant	0.8	0	0
Medical Director	0.6	0	0
RN	1.05	0	0
LVN	0.95	0	0
Medical Assistant	1	0	0
Psychiatrist	0.2	0.2	0.2
Licensed MH Counselor	2.4	3.4	3
Student Interns	0	0.8	0.38
Psych Tech	0.4	0.5	0.5
Total FTEs	8.2	5.35	4.93

Los Prietos

Position	Corizon	Current ADMHS	Initial Proposed ADMHS
AHSA/DON	0.2		
Regional Manager	0	0.1	0.1
Team Supervisor	0	0.2	0.3
Admin Assistant	0.2	0	0
Medical Director	0.15	0	0
RN	1	0	0
Psychiatrist	0.1	0.15	0.15
Licensed MH Counselor	1.6	2	2
Student Interns	0	0.7	0.38
Psych Tech	0.1	0.15	0.15
Total FTEs	3.35	3.3	3.08

MENTAL HEALTH SERVICES SCOPE OF WORK

1.0 Introduction

Corizon (Contractor) shall provide a comprehensive Mental Health (MH) program for Probation Youth detained at the Santa Maria Juvenile Hall (SMJH) and Youth committed to the Los Prietos Boys Camp and Academy (LPBC/BA).

The program will consist of routine and emergency care, treatment, and support of Youth in collaboration and consultation with Probation Detention Facility Manager and staff. All Contractor MH staff will function as part of a multidisciplinary team that is effective in stabilization, treatment, and helping Youth to permanently improve their lives. Contractor will provide the staffing required to successfully implement a quality MH program.

Contractor, in collaboration with Probation, County Education, and the Department of Alcohol, Drugs, and Mental Health Services (ADMHS) personnel will institute a coordinated Medical/MH team approach providing clinical tools and educational programs designed to facilitate early identification, intervention, and treatment of Youth in need.

1.1 Minimum Standards

All services and treatment will be in compliance with Institute of Medical Quality Health Care Standards for Juvenile Detention Facilities, and Specifically sections J-311, Mental Health Services, J-312 Suicide Prevention, and California Code of Regulations, Title 15, Division 1, Chapter 1, Subchapter 5, Article 8 Health Services §§ 1400-1454

1.2 Staffing

Contractor and County have agreed on a Staffing Plan that is expected to adequately address the medical and mental health needs of the Youth. The Staffing Plan is attached to this Agreement as Exhibit A. Depending on the needs of the Youth and the facility, Staffing may be redeployed between the SMJH and LPBC/BA when required to meet the clinical needs of the Youth.

Contract staff will be licensed and qualified personnel. MH personnel must meet all licensing requirements of the State of California, with specialized training in the treatment of adolescents with the array of disorders and challenges common to the juvenile justice population.

Contractor and Probation recognize the importance of providing bi-lingual and culturally sensitive services and treatment and will work to ensure that the needs of all Youth in the Juvenile Facilities are understood by seeking qualified bi-lingual staff.

Job descriptions for the Psychiatrist, Licensed Mental Health Counselor and Psychiatric Technician are attached.

Santa Maria Juvenile Hall

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
AHSA / DON	8	8	8		8			32	0.80
Administrative Assistant	8	8	8		8			32	0.80
Medical Director								18	0.45
RN	6	6	6	6	6	6	6	42	1.05
LVN	6	6	6	6	6	4	4	38	0.95
Medical Assistant	6	6	6	6	6			30	0.75
Psychiatrist	4				4			8	0.20
Licensed Mental Health Counselor	16	16	16	16	16	8	8	96	2.40
Psych Tech	4	4		4	4			16	0.40
TOTAL HOURS/FTE-Day								312	7.80

Los Prietos Boys Camp

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
AHSA / DON				8				8	0.20
Administrative Assistant				8				8	0.20
Medical Director								6	0.15
RN	8	8	8	8	8			40	1.00
Psychiatrist			6					6	0.15
Licensed Mental Health Counselor	16	16	16	16	16			80	2.00
Psych Tech			6					6	0.15
TOTAL HOURS/FTE-Day								154	3.85

Regional Vice President Charles Guffey, RN, BS, CCHP supervises a regional office staff with connecting management responsibility for a large field staff, and is responsible for achieving budgetary goals, maintaining high client satisfaction, ensuring that the contract achieves company goals and operates at a level to meet all local, state, and accreditation standards. He has over 25 years of experience as a Registered Nurse in many areas of the medical industry. He has been responsible for all aspects of health care delivery at the El Paso County (TX) Detention System as the Health Services Administrator since 2006. He became Regional Vice President in February 2012 and provides oversight for Corizon contracts in California, Texas, Arizona, Nevada and New Mexico.

Jennifer Slencak, BSN, RN, CCHP is the **Regional Clinical Services Manager**. Ms. Slencak provides clinical leadership to Santa Barbara County and other correctional facilities, including adult detention and juvenile facilities, throughout the Western U.S. She has a proven background of care delivery and

direction of clinical care over the past 14 years. She has a solid foundation in a variety of clinical settings with experience related to multiple patient populations across the life span. Her extensive management and administrative experience over 10 years has provided leadership, development, operational oversight, quality & risk management and fiscal responsibility in a variety care delivery settings.

Diane Wood, M.ED, LPC, Manager, Behavioral Health Services, is responsible for the development of ongoing continuing education programs for mental health staff. She also provides supportive services and management coaching to site mental health program coordinators and directors to maximize their communication, leadership, and conflict resolution skills. Ms. Wood has over 21 years of mental healthcare experience, including 18 years in the field of correctional mental health. As a licensed family counselor she worked with adolescents and families at the start of her career, while working in a Half Way House. She then began her career in Corrections with the Virginia DOC as a Rehabilitation Counselor in 1993. She then went on to work for Corizon in service to the Virginia DOC; ending her tenure at Virginia DOC in 2007. She currently provides corporate level clinical mental health support to many of the Corizon jails and statewide correctional systems. Ms. Wood has been involved in all aspects of mental healthcare including providing direct clinical services, assessments/evaluations, diagnostic interviews, crisis intervention and staff training and development. She has also been responsible for assessing the mental health needs of the offender populations and supervising and monitoring mental health staff. Ms. Wood has extensive experience in mental health program development and implementation as well as the clinical supervision of mental healthcare staff.

Joseph M. Pastor, MD, CCHP, Chief Mental Health Officer, supervises the Corizon Behavioral Healthcare team and provides consultation for patient care and mental health staff utilizing telepsychiatry in jails and prisons. He consults with Corizon psychiatrists nationwide and serves on the company's Specialty Panel of Physicians. Dr. Pastor has over 20 years of medical practice experience and has extensive knowledge of correctional, community and academic mental health. He is an expert in the integration of physical and behavioral medicine and is trained in adult and child/adolescent psychiatry. He has worked in correctional health care since 1997 and began working exclusively with Corizon in 2007.

Following are brief summaries/job descriptions of other positions Corizon will be hiring to provide healthcare for the Santa Barbara detainees:

Physician - Provides and supervises medical care to detainees, evaluates medical program and medical services provided, evaluates patient care required or administered, evaluates condition and adequacy of treatment facilities, evaluates need for and condition of necessary medical equipment and conditions of non-medical nature that relate to general medical and health needs of inmates.

Psychiatrist - Evaluates and provides comprehensive psychiatric care in a juvenile probation custody setting, while observing and maintaining the requirements of security. Evaluates patients referred for the presence or absence of mental illness. Treats all Youth/patients requiring psychiatric intervention.

Licensed Clinical Social Worker - Responsible for providing a full range of mental health services to the inmate population, under the direction of the psychiatrist. Provides direct clinical services and consultation services in accordance with the policies and procedures of mental health services, the policies and regulations of the facility and in accordance with the ethics and standards of the National Association of Social Workers. Acts as a liaison between the Facility and the local community mental health programs.

Psychiatric Technician – Provides psychosocial and rehabilitative activities to Youth diagnosed with a mental illness in accordance with Corizon and site specific policies and procedures. Duties will be within the scope of the Corizon orientation and training program.

Registered Nurse – Conducts nursing sick call, can do routine physical exams, and responds to emergencies within the facility.

Licensed Vocational Nurse - Provides direct nursing care in juvenile facility setting while observing and maintaining the requirements of security.

Assistant Health Services Administrator (AHSA)- Provides administrative services including employee hiring; staff development, evaluation and discipline; case management; policy and procedure development and implementation at the Probation Facilities.

Medical Assistant – Assists with the daily operations of the medical unit, infirmary and laboratory.

Administrative Assistant – Answers phones and performs secretarial tasks for the HSA; assists with payroll; maintains personnel benefits and records; compiles inmate justice statistics; monitors accounts payable and billing; schedules outpatient appointments and arranges for transportation; orders supplies and does inventory with the assistance of the MA; and inputs monthly QA data into the computer.

2.0 Mental Health (MH) Program

2.1 Primary Objectives of the MH Program

- 2.1.1 Provide clinical treatment services and participate in discharge planning of Youth at the SMJH, LPBC/LPBA.
- 2.1.2 Provide clinical accuracy in identifying and treating MH needs and promote healthy functioning and lifestyles.
- 2.1.3 Facilitate the coordination of medical and MH services, including integration of patient specific information for community providers.
- 2.1.4 Provide Suicide and Crisis Prevention and Crisis Response.
 - i. Assessment and Intervention: As outlined in the Corizon Suicide Prevention Manual and in coordination with facility personnel, develop Crisis Plans for Youth at risk of harm to themselves or others using protocol empirically proven effective for urgent referrals.

- ii. Prioritize treatment delivery to Youth showing significant signs of psychosis, delusional thinking, mood disorder, cognitive impairment (e.g. from chronic spice or meth use), substance abuse withdrawal, risk to harm self or others, disruptive conduct within the institution, or other urgent need.
- 2.1.5 Provide empirically based treatment for mentally ill Youth
 - 2.1.6 Participate in the design and implementation of institutional policies and programs to foster an approach that is maximally rehabilitative.

2.2 Contractor MH Clinician Duties

- 2.2.1 During staffed hours (8:00 a.m. to 7:00 p.m. M-F and 8:00 a.m. to 5:00 p.m. on weekends), screen Youth for MH conditions based on the scores of the Massachusetts Youth Screening Instrument- Second Version (MAYSI II) screening tool, which is administered upon intake at the facility. Clinicians will immediately respond to all Youth who score a warning on the suicide scale. Clinicians will respond to Youth who score a warning on all other scales or a caution on the suicide scale via the routine referral process.
- 2.2.2 Conduct a MH evaluation within 14 days of admission to the SMJH and upon intake for all LPBC/LPBA Youth. This will be part of the Health Appraisal, which includes a detailed history and physical examination.
- 2.2.3 Respond to clinical treatment needs including:
 - 2.2.2.1 Respond to Urgent and Routine referrals by Youth, Probation staff, and medical staff, prioritizing according to urgency and risk
 - 2.2.2.2 Conduct non-crisis treatment for high and moderate risk detainees, including individual and group therapy e.g. Moral Reconciliation Therapy (MRT).
 - 2.2.2.3 Provide gender specific treatment.
 - 2.2.2.4 Family therapy as appropriate
 - 2.2.2.5 Behavior plan development in collaboration with medical and Probation staff
- 2.2.4 Provide trainings to facility staff four times per year during scheduled staff meetings on mutually agreed upon topics. Probation Administration will assist in coordinating trainings.
- 2.2.5 Participate in Juvenile Institution Officer (JIO) Core Training by reviewing and providing feedback to update those sections related to MH issues (i.e., Suicide Prevention, Supervision of Minors) and teaching relevant

sections. Probation Administration will assist in arranging Contractor participation in Core Training.

- 2.2.5 See all Youth on a suicide watch status (Suicide Log Active (SLA) and Suicide Log Inactive (SLI)-5) and those who are on Maximum Security (MS) status on a daily basis, and more often depending on the severity and/or complications of other factors.
- 2.2.6 Participate in weekly treatment team meetings at the SMJH and LPBC/BA.
- 2.2.7 For Youth receiving psychotropic medication or receiving intensive MH services, make aftercare referrals and recommendations for continuity of care.
- 2.2.8 Contractor will provide MH assessment in the use of restraints to assess the need for mental health treatment, in accordance with CCR Title 15, Standards for Juvenile Facilities.

3.0 Psychiatric Services

3.1 Youth Taking Psychotropic Medication

- 3.1.1 Ensure Youth are seen by facility psychiatrist within seven (7) days of admission to the SMJH. Subsequent follow-ups should correspond with IMQ standards.
- 3.1.2 Link Youth and their parents/guardians to a community physician (county clinic or private physician) prior to Youth's release from SMJH, LPBC or LPBA by making contact with parent/guardian and community physician and making appropriate referrals. For Youth going into placement, Contractor will contact the Deputy Probation Officer (DPO) assigned to placements to ensure a psychiatrist appointment is scheduled. All contacts and referrals shall be documented by Contractor.
- 3.1.3 Complete a discharge summary that will be forwarded to the Youth's parent/guardian or placement personnel for delivery to his or her treating physician.
- 3.1.4 Contractor will track inventory, maintenance, and monitoring of psychotropic medication pursuant to State and Federal guidelines.

3.2 Upon Discharge

- 3.2.1 Contractor will prescribe a maximum of a 30 day medication supply for Youth returning to the community.
- 3.2.2 Probation will be responsible for paying for medication.
- 3.2.3 Youth with medical insurance coverage are expected to receive a shorter supply of medication than those without insurance coverage.

3.3 Formulary

- 3.3.1 Corizon will use the Medi-Cal formulary, as published by the California State Department of Health Care Services, for prescribing medication.

3.4 Reporting

- 3.4.1 Corizon will provide to the facility manager monthly reports of the number of clients seen by the psychiatrist and the number of hours of direct service.

4.0 Service Level and Ancillary Services

4.1 Practice Guidance

- 4.1.1 “Practice Parameters for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities” will be communicated and followed by Corizon clinicians and Program Manager.
 - 4.1.1.1 The Clinician should have an awareness and understanding of the operations of the juvenile detention facility and the issues affecting it, including the interface with multiple systems (e.g., Police, Probation, Family/Juvenile Courts, Social Services, and Child Welfare Agencies) and existing educational and health care systems within facility.
 - 4.1.1.2 Youth held in a juvenile justice detention facility will receive continued monitoring for mental or substance use disorders, emotional or behavioral problems, and especially for suicide risk.

- 4.1.1.3 Any Youth with recent/current suicidal ideation, attempts or symptoms of a mental of substance-related disorder during the period of incarceration will be referred for additional evaluation by a MH clinician
- 4.1.1.4 MH clinicians working in juvenile justice settings must be vigilant about personal safety and security issues and aware of actions that may compromise their safety and/or the safety and containment on the detained Youths.
- 4.1.2 All MH professionals will clearly define and maintain their clinician role with Youthful offenders and their family members.
- 4.1.3 Adequate time and resources are needed to perform a mental health assessment of a detained Youth using a bio-psychosocial approach with special attention to cultural, family, gender and other relevant Youth issues.
- 4.1.4 MH clinicians will be alert to symptoms, behaviors, and other clinical presentations of malingering, secondary gain, and manipulative behaviors by detained Youth.
- 4.1.5 MH professionals should be aware of unique therapeutic and boundary issues that arise in the context of juvenile detention settings.
- 4.1.6 MH Clinicians will be knowledgeable about the facility's policies and procedures regarding seclusion, physical restraints, and psychotropic medication, and in support of humane care, will advocate for the selective use of restrictive procedures only when needed to maintain safety or when less restrictive measures have failed.
- 4.1.7 MH Clinicians will use psychotropic medications for incarcerated clients in a safe and clinically appropriate manner and only a part of a comprehensive treatment plan.
- 4.1.8 Clinicians will be involved in the development, implementation, and reassessment of the Youth's Individualized Treatment Plan while

in the facility and with the planning process for re-entry to the community that best incorporates multidisciplinary, culturally competent, family-based treatment approaches.

4.2 Training Orientation

- 4.2.1 Probation staff will provide a standard orientation to all new Corizon staff who will be working in a Probation Detention Facility. The orientation will occur prior to Corizon staff working with the detainee population. This includes interns or volunteers.

4.3 MH Updates and Court Appearances

- 4.3.1 As needed, Contractor staff will provide testimony in court or prepare informational reports for the courts or DPO relating to a Youth's current MH needs to the extent permissible under applicable state and federal law.
- 4.3.2 Contractor will not be responsible for full psychological reports, however contractor will facilitate release of information in cooperation with the Licensed Psychologist completing court ordered psychological evaluations to the extent permissible under applicable state and federal law.

4.4 Intern Program

- 4.4.1 The County recognizes the potential contributions of interns to service delivery, as well as the community benefits of opening governmental facilities to student and pre-licensed interns.
- 4.4.2 Upon receiving prior written approval from the County, Corizon may accept Student Interns at the Probation Detention Facilities by entering into Affiliation Agreements with certain educational institutions.
- 4.4.3 Upon receiving prior written approval from the County, Corizon may accept post-masters or post-doctoral interns at the Probation Detention Facilities to participate in structured professional experiences consistent with state requirements for internship and supervision leading to licensure. Corizon agrees 1) to provide adequate training and supervision

of Interns; and 2) that the Staffing Plan contemplates staffing levels sufficient to provide the required degree of supervision.

4.5 Affordable Care Act

- 4.5.1 In collaboration with Probation, Department of Social Services (DSS), and ADMHS, Contractor will develop policy and protocol to maximize the benefits of the affordable health care act for the Youth detained in Probation Detention Facilities, including reviewing regulations and establishing protocol when appropriate to determine Medi-Cal eligibility and coverage for eligible Youth.

5.0 Acute Inpatient Psychiatric Hospitalization

5.1 Psychiatric Emergencies

- 5.1.1 For Youth detained in Probation Detention Facilities experiencing a suspected psychiatric emergency who may require hospitalization pursuant to Welfare and Institutions Code (WIC) Section(s) 5150/5585:
- 5.1.1.1 When it is suspected that a detainee, as a result of mental disorder, is a danger to others, is a danger to himself or herself, or is gravely disabled in reference to the 5585 Decision Tree and protocol, a qualified Clinician (ADMHS or Safe Alternatives For Treating Youth [SAFTY]) will establish if acute hospitalization is necessary.
 - 5.1.1.2 If the qualified Clinician establishes that acute hospitalization is necessary, Contractor will search for an available bed.
 - 5.1.1.3 Upon locating an available acute hospital bed, the 5150/5585 order will be written by the qualified Clinician.
 - 5.1.1.4 Probation will be responsible to contact the parent/guardian to advise them to reactivate the Youth's Medi-Cal eligibility as soon as possible. Youths being hospitalized will be released to their parent/guardian pending their release from the acute inpatient psychiatric setting. In these cases, the Youth is no longer detained in a Probation Facility.

5.1.1.5 Youth who are unable to be released to a parent's/guardian's custody due to the gravity of the offense for which they are detained may not be eligible for Medi-Cal. The Probation Manager of the facility, in conjunction with Corizon, will communicate with the hospital to coordinate billing information. Probation is responsible for the cost of the care provided to the Youth by the hospital.

6.0 Quality Assurance/ Utilization Review

6.1 Medical Audit Committee (MAC)

6.1.1 Contractor and County shall maintain a Medical Audit Committee responsible for developing, recommending, and implementing all policies and procedures necessary for the operation of the health care program. The Probation Department's committee shall consist of the Deputy Chief of Probation Institutions, the Detention Facility's Probation Managers, an ADMHS representative, the Medical Director or designee, MH Program Director, AHSA or designee, and a registered nurse from each of the Probation Detention Facilities.

6.2 Quality Assurance

6.2.1 Contractor will develop and maintain a quality assurance (QA) and review protocol consistent with state standards and regulations.

6.2.2 Each month, a QA Review of MH operations will be completed which includes topics that include, but are not limited to, Mental Health Appraisal, Behavior Management, Intake/Receiving Screening, Mental Health Treatment Plans, and Analysis of the use of Psychotropic Medications.

6.2.3 Should the QA Review fail to meet 80% of the Quality Assurance standards as agreed upon in Exhibit B, Corizon will immediately implement a correction plan. The outcome of the QA Reviews and all Quality Improvement plans and outcomes will be presented for review at the MAC meeting.

6.2.4 Contractor will provide quarterly Quality Assurance (QA)/Utilization Review (UR)/Medical and MH Record analysis and reports to appropriate

Probation Managers (January 15th, April 15th, July 15th, and October 15th). The quarterly reports will include the quarterly QA and UR as well as the information below. The Probation Managers will include these reviews and documents along with Title 15 Inspections.

- 6.2.5 Conduct quarterly QA on inventory log and labeling of medication to be completed and presented to the MAC meetings.
- 6.2.6 MH Program Manager will conduct monthly QA on clinician files to review progress notes, case plans, etc. A summary with findings, recommendations, remediation/training plan will be provided to the Facility Manager on a quarterly basis (January 15th, April 15th, July 15th, and October 15th).
- 6.2.7 Pursuant to the IMQ, Section J-106, Corizon will participate in an external peer review process that includes files from psychiatry and MH clinicians for detention operations. In order to ensure an impartial review, Probation shall be responsible for hiring and reimbursing the independent peer reviewer. Corizon will coordinate scheduling the review and assist the reviewer in accessing Youth files.
- 6.2.8 With feedback from the contracted Pharmacy, participate in quarterly review of medication usage, discussion of new generics, practices, etc. with a report out at the MAC meetings.

6.3 Monthly Data

- 6.3.1 Contractor will report the following data to the Detention Facility Manager monthly. These reports will be reviewed quarterly at the MAC meeting:
 - 6.3.1.1 The number of referrals received and for what type of evaluation;
 - 6.3.1.2 The number and type of service completed, including group counseling sessions; and
 - 6.3.1.3 The number and type of referrals pending for the month.

6.4 Quarterly Data

6.4.1 Contractor will report the following data to the Detention Facility Manager quarterly:

6.4.1.1 Number of bridge orders, including date ordered;

6.4.1.2 Aftercare/ continuity of care service referrals including date and to what agency or MH professional and service;

6.4.1.3 Number of court appearances and mental health updates prepared for Probation and for the Court.

6.5 Pharmaceutical Management

Through our partner, **Maxor Correctional Pharmacy Services (Maxor)**, Corizon has the capability to supply, consult and/or manage the pharmaceutical program **Through its preferred pricing arrangement with Maxor, Corizon will provide pharmaceutical services to Santa Barbara Sheriff's Office and Probation. The cost of such services shall be borne directly by its respective agency.**

Such plans, procedures, space and accessories shall include, but not be limited to, the following, as listed in the **2005 California Administrative Code of Regulations, Title 15:**

- Securely lockable cabinets, closets, and refrigeration units
- A means for the positive identification of the recipient of the prescribed medication
- Procedures for administration/delivery of medicines to detainees as prescribed
- Confirmation that the recipient has ingested the medication
- Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason
- Prohibition of the delivery of medication from one detainee to another
- Limitation to the length of time medication may be administered without further medical evaluation
- The length of time allowable for a physician's signature on verbal orders
- A pharmacist shall prepare a written report, no less than annually, on the status of pharmacy services in the facilities. The pharmacist shall provide the report to the health authority and the facility administrator.

Consistent with pharmacy laws and regulations, Corizon has established written protocols that limit the following functions to being performed by the identified personnel:

- Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law
- Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel
- Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law
- Preparation of labels can be done by a physician, dentist, pharmacist, or other personnel, both licensed and trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the detainee. Labels shall be prepared in accordance with Section 4047.5 of the Business and Professions Code
- Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law
- Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.
- Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.
- Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures

Medication Handling and Administration

Corizon provides a medication administration system that will meet the needs of the inmate/ detainee population. Once a medication order has been written, the medication is ordered from the pharmacy. Then the medication is delivered and health care personnel administer and document on the MAR. If medication is refused or not administered, it is indicated on the MAR. If the medication is urgently needed, they will be ordered from a back-up pharmacy. The designated back-up Pharmacy for Probation is Walgreens, a secondary back-up pharmacy

can be determined upon need and written authorization of the facility Manager, Deputy Chief Probation Officer or their designee.

In consultation with a pharmacist and in cooperation with the facility administrator, Corizon has developed a written policy and procedure regarding the use, administration, and control of sample prescription medications

PSYCHIATRIST

The Psychiatrist is supervised by the Site Medical Director or the Regional Medical Director. The Health Services Administrator (HSA) provides input.

QUALIFICATIONS

- Licensed to practice medicine in California
- Graduate of accredited medical school with specialty training in Psychiatry
- One (1) year of clinical experience

GENERAL DESCRIPTION OF DUTIES

Evaluates and provides comprehensive Psychiatric care in a corrections-based setting, while observing and maintaining the requirements of security.

RESPONSIBILITIES

- Supervises clinical activities and medical personnel while on duty.
- Evaluates all patients referred for presence or absence of mental illness.
- Treats all patients requiring psychiatric intervention.
- Certifies patients, as necessary, to state hospital or acute care psychiatric facility.
- Provides evaluations as required by the courts, except forensic examinations.
- Reviews and adjusts, as necessary, all maintenance medications at a minimum of once every thirty (30) days.
- Reviews and approves all psychiatric standing protocols, especially those regulating the use of restraints.
- Provides emergency psychiatric care, as required.
- Provides in-service education for medical and correctional staffs, as requested.
- Documents all services provided in the patient's medical file.
- Accepts telephone calls outside of regularly scheduled hours (not "on call") to handle emergencies.
- Reviews isolation procedures and conditions.
- Participates in review of quality of care provided.
- Supervises and works cooperatively with staff psychologist(s).



LICENSED MENTAL HEALTH COUNSELOR

The Mental Health Counselor is supervised by the Psychiatrist (clinical) and the Health Services Administrator (administrative).

QUALIFICATIONS

- Appropriate California licensure (LMFT, LCSW, LEP, LPCC)
- Masters of Arts Degree and specialty training in Psychology or Psychiatry
- One (1) year of Clinical experience, preferably in a correctional setting

GENERAL DESCRIPTION OF DUTIES

Responsible for coordinating inpatient Mental Health services.

RESPONSIBILITIES

- Coordinates, monitors, and administers mental health services and procedures within the Medical Department.
- Serves as mental health liaison for the Medical Unit.
- Serves as mental health liaison for medical services, outside health care facilities, and other departments regarding mental health issues.
- Coordinates mental health program development.
- Provides one-to-one intervention and follow-up of substance abuse inmates.
- Gives weekly input on patient responses to chemotherapeutic intervention.
- Coordinates and facilitates admission and placement of certified patients in forensic and community hospitals.
- Works cooperatively with facility, court services, judges, and the court medical office.
- Trains medical personnel in the mental health area.
- Evaluates mental health status of patients upon referral of a primary treatment provider.
- Provides in-service education to facility staff.
- Prepares reports reflecting the above activities.
- Performs other duties as assigned.



PSYCHIATRIC TECHNICIAN

The Psychiatric Technician is supervised by the Mental Health Director.

QUALIFICATIONS

- Bachelor's degree in psychology, social work or a related field from an accredited college or university.
- Professional experience which indicates knowledge of behavioral management techniques, treatment planning process, group and individual counseling techniques and multidisciplinary team work.

GENERAL DESCRIPTION OF DUTIES

Provides psychosocial and rehabilitative activities to inmates diagnosed with a mental illness in accordance with Corizon and site specific policies and procedures. Duties will be within the scope of the Corizon orientation and training program.

RESPONSIBILITIES

- Provide direct clinical services such as unit rounds, group and individual activities, psycho-educational groups, crisis intervention, monitoring inmate patients' progress, providing input for individualized treatment plans and aftercare plans.
- Document individual inmate patient activities in accordance with facility and Corizon policies and procedures.
- Participate in Quality Improvement processes and the collection of documentation for audits.
- Maintain confidentiality of inmate patient information in accordance with state, facility and Corizon policy standards.
- Communicate, collaborate and coordinate with other mental health service staff, institutional staff, Corizon administrative and medical personnel, inmates and outside support agencies.
- Adhere to all Corizon and facility standards, policies and procedures.
- Complete all required work in a timely manner.

