



County of Santa Cruz

HEALTH SERVICES AGENCY
Behavioral Health Division



Salud Mental y
Tratamiento del Uso
de Sustancias

NOTICE OF PUBLIC MEETING BEHAVIORAL HEALTH ADVISORY BOARD

MAY 21, 2026, 3:00 PM-5:00 PM

1400 EMELINE AVENUE, CONFERENCE ROOMS 206-207, SANTA CRUZ

**THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR
CALL (831)454-2222, CONFERENCE 853 344 567#**

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Michael Neidig Co-Chair 3 rd District	Antonio Rivas Member 4 th District	Dan Barnett Member 5 th District	Natalie Stott Transitional Age Youth
Kaelin Wagnermarsh Member 1 st District	Dean S. Kashino Member 2 nd District	Hugh McCormick Member 3 rd District	Rachel Montoya Member 4 th District	Jeffrey Arlt Secretary 5 th District	Vacant Transitional Age Youth

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Behavioral Health Director	Meg Yarnell Behavioral Health Deputy Director

Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Conference Rooms 206-207, Santa Cruz. Individuals may click here to [Join Meeting Now](#) or may participate by telephone by calling (831)454-2222, Conference ID 853 344 567#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Behavioral Health Advisory Board website.

If you are a person with a special need, or if interpreting services (English/Spanish or sign language) are needed, please call 454-4611 (Hearing Impaired TDD/TTY: 711) at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format.

Si usted es una persona con una discapacidad o necesita servicios de interpretación (inglés/español o Lenguaje de señas), por favor llame al (831) 454-4611 (Personas con Discapacidad Auditiva TDD/TTY: 711) con 72 horas de anticipación a la junta para hacer arreglos. Personas con discapacidades pueden pedir una copia de la agenda en una forma alternativa.

BEHAVIORAL HEALTH ADVISORY BOARD AGENDA

ID	Time	Regular Business
1	3:00–3:15	<ul style="list-style-type: none"> • Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements <ul style="list-style-type: none"> – New board member: Dan Barnett, 5th District • <i>Approval of April 16, 2026 minutes*</i> • Secretary’s Report
		Standing Reports
2	3:15–3:25	April Patients’ Rights Reports – George Carvalho, Patients’ Rights Advocate for Advocacy, Inc.
3	3:25–3:40	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:40–4:00	Behavioral Health Director’s Report – Marni Sandoval, Behavioral Health Director
5	4:00–4:20	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:20–4:25	Funding Ad Hoc Committee – Jeffrey Arlt
		New Agenda Items
7	4:25–4:45	<i>Review revised sections of Jail Packet* – Hugh McCormick</i>
8	4:45–4:55	<i>Election of BHAB Officers*</i>
	4:55–5:00	Future Agenda Items
	5:00	Adjourn

*Italicized items with * indicate action items for board approval.*

**NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:
 JUNE 18, 2026, 3:00 PM – 5:00 PM
 1400 EMELINE, CONFERENCE ROOMS 206–207, SANTA CRUZ**



County of Santa Cruz

HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION

MINUTES – Draft



Salud Mental y
Tratamiento del Uso
de Sustancias

BEHAVIORAL HEALTH ADVISORY BOARD

APRIL 16, 2026, 3:00 PM - 5:00 PM

HEALTH SERVICES AGENCY, 1400 EMELINE, ROOMS 206-207, SANTA CRUZ 95060
MICROSOFT TEAMS (831) 454-2222, CONFERENCE 955 693 524#

Present: Dean Kashino, Jeffrey Arlt, Michael Neidig, Natalie Stott, Rachel Montoya, Valerie Webb, Xaloc Cabanes, Supervisor Kimberly De Serpa
Absent: Antonio Rivas, Hugh McCormick (public member), Kaelin Wagnermarsh
Staff: Marni Sandoval, Amy Rhoades, Danielle Long, Jane Batoon-Kurovski

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- I. Roll Call – Quorum present. Meeting called to order at 3:01 p.m. by Chair Xaloc Cabanes. Note: Hugh McCormick’s term expired April 1, 2026. Reappointment scheduled for the April 28, 2026 BOS meeting. Attendance is noted as a public member.
 - II. Public Comment – 1 individual addressed the BHAB in the conference room.
 - III. Board Member Announcements
 - Wellness Walk held March 28th at Sky Park in Scotts Valley – well attended with different activities.
 - Mike shared the psychotic break response in Capitola involving law enforcement and BH staff - had a positive outcome. Jeff noted that early involvement of BH crisis teams and use of 988/county crisis lines can reduce county response costs, support BHSA early intervention goals.
 - Natalie asked for clarification on the Board’s role in supporting youth and adolescents, including whether substance use disorder and psychiatric services are available specifically for youth.
 - IV. Approve March 19, 2026 Minutes
Motion / Second: Mike Neidig / Dean Kashino
Ayes: Kashino, Arlt, Neidig, Stott, Montoya, Webb, Cabanes, De Serpa
Nays: None
Abstain: McCormick
Passed.
 - V. Secretary’s Report
 - New annual cycle for training and attendance has begun.
 - Terms expiring in April 2027: Kaelin, Valerie and Rachel.
 - VI. Patient’s Rights Report – George Carvalho, Advocate for Advocacy, Inc.
March report was provided. George attended the meeting.
 - Telecare facility is temporarily down 6 beds due to flood damage. Repairs could take months due to asbestos inspections, dry wall repair, etc.
 - Hope Forward update - there have been 8 contacts, with no admissions.
 - Clarified that minors up to age 18 will be the primary client, not the parent, with considerations around consent and parental involvement.
 - VII. Board of Supervisor’s Report – Supervisor Kimberly De Serpa
 - County faces \$24M deficit; departments are implementing hiring freezes.

- Toured 7th Avenue facility, a 99-bed facility for conserved individuals awaiting transition to next placement in community.
- Testified before legislators in support of allowing the County to exceed the half-cent sales tax cap to support health care and BH programs. The proposed measure would help address funding deficits within HSA and social services programs, including food security initiatives.
- The Governor's May Revision budget proposal is expected to be released on May 5.

VIII. Behavioral Health Director's Report – Dr. Marni Sandoval, Behavioral Health Director

1. Adults Behavioral Health Update

- Bridge House will hold a ribbon-cutting ceremony on April 21, 2026. The Bridge House Project is expected to open in mid-April.

2. Children's Behavioral Health Update

- Hope Forward | Esperanza Adelante Youth Crisis Center opened on April 2, 2026. It is currently operating at 50% capacity with 4 chairs available for use. Since opening, the unit has diverted 14 youth from hospitalization through voluntary admissions and involuntary holds.

3. Substance Use Disorder Services Update

- The RENEWPath Program enrolled 52 participants. During first site visit, the commission provided positive reviews, especially regarding the men's and women's recovery residences, noting the women's residence as the first funded program dedicated to women.
- Recovery Incentives program received positive reviews during first monitoring visit.
- DUI program providers identified: Sobriety Works and Alert Driving, Inc. The programs open for enrollment in the next 6 months.
- SUBG Block grant – bi-annual application is open, hoping to continue to receive funds to support programming.

4. Other Updates / Clarification

- MHCAN has a fully appointed board who are reviewing financials and exploring short-term local partnerships for fiscal sponsorship, as well as the clubhouse model, to support reopening efforts. The primary goal is to reopen the program and refocus it with MHCAN's original mission of providing peer support for individuals living with mental health conditions.
- BH provides a full continuum of substance use disorder services for Medi-Cal members under age 18, including withdrawal management, residential care, intensive outpatient care, outpatient care, medication-assisted treatment/NTP, early intervention, recovery support services, and prevention services. Muir Wood is a contracted provider of youth residential treatment services located outside Santa Cruz County (including Sonoma and Fresno counties), used when residential-level care is needed. All other services are delivered by local providers within Santa Cruz County: Encompass Youth Services, Janus of Santa Cruz, Santa Cruz Community Health.

Presentation: Behavioral Health Services Act Public Comment Hearing - Formal close of public comment.

- This is a funding source that is intended to be used to supplement all the other behavioral health funding sources to ensure that gaps are filled in the continuum of mandated care.
- Approximately 50 public comments were received. All comments will be reviewed and considered. Final plan will be presented to the Board of Supervisors in June for approval.

Public Comments

1. Stephanie Barron-Lu from Positive Discipline Community Resources (PDCR) requested consideration for inclusion in the roadmap, highlighting its evidence-based, positive discipline parent programming for parents, youth, and educators. Services include free trainings, workshops, and support programs offered in English, Spanish, and Mixteco, with expansion into additional Indigenous languages. Stephanie emphasized its focus on parent competency, connection-centered approaches, and advancing linguistic and geographic inclusion priorities.
2. BHSA Integrated Plan Ad Hoc Committee Public Comment
Key discussion points included improving the overall penetration rates, particularly among Latinx and unhoused populations, expanding use of community health workers and peer support services, and exploring partnerships with statewide ECM providers. Members also supported centralized access and outreach strategies, emphasized program approach for high-acuity

populations given the difficulty to stand up facilities, and highlighted the importance of re-engagement strategies for individuals who discontinue treatment.

Accept the BHSA Integrated Plan Ad Hoc Committee comments as the comments of the Santa Cruz County Behavioral Health Advisory Board.

Motion / Second: Jeffrey Arlt / Dean Kashino

Ayes: Kashino, Arlt, Neidig, Sott, Montoya, Webb, Cabanes, De Serpa

Nays: None

Abstain: McCormick

Passed.

IX. Site Visit Committee Update

- El Dorado Center is a 15-bed, community-based short-term treatment facility supporting step-down care for individuals transitioning from locked settings back to the community. The program is consistently near or at capacity and provides counseling, structured activities, community outings, and skills training focused on activities of daily living and independent living. The visit reinforced the ongoing need for additional step-down options.
- Committee is considering returning to Juvenile Hall for the next site visit.

X. Jail Packet - Hugh McCormick

- Jail packet serves as a guide for friends and families of incarcerated individuals navigating the criminal justice system.
- Clarified there are improvements in access to medication since the transition from Wellpath to NaphCare, though some issues remain.
- The board requested future discussion on collaborative courts and expanded access to related resources, including improving accessibility in the waiting room.
- Other feedback - add more information regarding mental health care, including crisis intervention like MERT(Y).

XI. Appointment of Nominating Committee for Officer Elections

Ad Hoc Committee was established to propose candidates for Board officer positions. Volunteers for this committee – Valerie, Dean, Natalie

XII. Future Agenda Items – None.

XIII. Adjournment

Meeting adjourned at 4:49p.m.

Summary

This is April 2026, Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reise Hearing activity, including the number of Reise Hearings filed, the number of Reise conducted, and the number that was lost.

Patients' Rights Advocate Report April 2026

7th Avenue Center

On April 14, 2026, This writer received a voice message from the unit coordinator of the 7th Avenue Center regarding a resident-to-resident altercation. This writer met with both the reported victim as well as the alleged perpetrator. The alleged female victim reported that the alleged male perpetrator refused to shut the door to the outdoors and was concerned that smoke may enter the facility and continued to perseverate on this issue which reported agitated the male resident. The reported victim did not evidence any bruising or cuts and appeared in good spirits. According to this client, staff advised her of the right to contact local law enforcement. The alleged perpetrator corroborated the information already obtained from the female resident

On April 15, 2026, this writer received a phone message from a male resident at the 7th Avenue Center. The name was garbled; however, the message was clear; a male resident requesting assistance with discharge planning in a step-by-step format. I attempted to return the phone message with a name that sounded the closest to the caller's I.D. but without success. Serendipitously, the alleged perpetrator also was the gentleman who contacted me the day before.

On April 27, 2026, this writer received a voice mail from a resident of the 7th Avenue Center. The client's primary concern was a lack of response and as well as a lack of support from his conservator. I received permission to speak with his conservator who readily contacted this writer. The conservator expressed concern and support for our mutual client but emphasized the 4-step tiered system of the program provided by 7th Avenue. I as of this writing, am unable to reach my client regarding our conversation,

Telecare PHF

On April 19, 2026, this writer received a voice message from a client receiving services at the Telecare Psychiatric Facility. She requested to speak with a Patients' Right's Advocate about her detention. This writer returned her call; after listening to her concerns and about the circumstance of her detention, I advised her of her right to be fully informed about her treatment as well as her right of due process if she is placed on a 5250 hold. This Advocate represented her at the Certification Review Hearing the following day. However, the hearing officer upheld the 5250. The hearing officer advised her right to appeal by requesting a writ.

**Reise and Certification Review Hearings
April 2026**

1. TOTAL NUMBER CERTIFIED	25
2. TOTAL NUMBER OF HEARINGS	22
3. TOTAL NUMBER OF CONTESTED HEARINGS	8
4. NO CONTEST PROBABLE CAUSE	14
5. CONTESTED NO PROBABLE CAUSE	4
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	3
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	4
10. NON-REGULARLY SCHEDULED HEARINGS	0

**Ombudsman Program & Patient Advocate Program shared 0 clients in this month
(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental
health client placed in skilled at Telecare (Santa Cruz Psychiatric Health Facility))**

Reise Hearings. /Capacity Hearings

Total number of Reise petitions filed by the Telecare treating psychiatrist: 3
Total number of Reise Hearings conducted: 0
Total number of Reise Hearings lost: 0
Total number of Reise Hearings won: 0
Total number of Reise Hearings withdrawn: 0
Hours spent on conducted hearing representation: 0
Hours spent on hearings not conducted: 0
Hours spent on all Reise hearings: 0
Reise appeal: 0

**Respectfully Submitted: Davi Schill, PRA
George Carvalho, PRA**

JAIL 101: MENTAL HEALTH GUIDE

IN FLUX: EXPLORING THE CURRENT STATE OF MENTAL HEALTH PROGRAMMING AND SERVICES WITHIN THE SANTA CRUZ COUNTY JAIL (SYSTEM) - AND BEYOND

STATE OF AFFAIRS: BACKGROUND, STATISTICS, AND SAD REALITIES

“The County Jail has become a de facto mental health facility – it’s become a detox center. No county jails are setup for this process.”

When it comes to incarceration, the United States is repeatedly cited as “an extreme case.” The nation’s ever-growing incarceration rate is more than three times higher than comparable nations: like Canada, England, and Australia.



The sad (or most disturbing) fact is – those living with (or suffering from) mental illness (serious or otherwise) are far more likely to receive treatment in California’s jail and prison system(s) than in any established (community-based) healthcare facility. Experts estimate that over 350,000 men and women - grappling with the realities of serious mental illness - find themselves deeply enmeshed (incarcerated) within the nation’s criminal justice system – almost ten times the number of individuals receiving treatment in the country’s psychiatric hospitals. In our home State of California, there are over 30,000 inmates with serious mental illness doing time in its ever-expanding prison system – compared to 6,000 individuals actively receiving treatment in the Golden State’s slowly diminishing (in size, scope and impact) psychiatric hospitals. Here locally,

in our picturesque seaside community of Santa Cruz, the Jail (Main Jail and other sites) has easily established a (rather notorious) reputation as the largest mental health (crisis, holding, and treatment) facilities/environments in the County. Recent reports show that around 45% of inmates in the Santa Cruz County Jail (system) are diagnosed with a mental illness - and close to 65% enter incarceration with some sort of Substance Use Disorder (SUDS). Many inmates enter into confinement with co-occurring disorders (also known as “dual diagnosis”) – actively struggling with *both* mental illness (serious or otherwise) and (often closely associated) addiction-related behaviors. The oh-so-impactful National Alliance on Mental Illness (NAMI) recently estimated that a sizable 30-40% of mentally ill Americans will most likely find themselves incarcerated and/or jailed during some period in their lives. By comparison, only a paltry 6.6% of the nation’s populace will experience lock-up during their lives. Former Santa Cruz County Sheriff Jim Hart described the increasingly dire – some call it a full blown “crisis” – situation regarding the housing, treatment (when and if available) and ongoing support of the mentally ill population in “his” community and local Jail (system): “about half of all County jail inmates take psychiatric medications,” he admits.

Sheriff Hart (and Office leadership), local inmate advocates, and those at all levels of the Santa Cruz County Jail and criminal justice system seem to agree on one thing: prisons and jails (like ours) are (or may be) singularly ill-suited to house and effectively treat those actively living, and coping day-to-day with acute (and/or serious) mental illness. Mentally ill individuals entering into incarceration and their “new home” within the dark and treacherous confines of Jail (and justice system) will undoubtedly experience pronounced emotional and psychological distress (and related trauma) at far greater rates than the general public (or what they may/would experience in community-based non-punitive treatment environments/programs). “I think there’s a certain populace of the incarcerated population that we can (could) pull out of the jail and place them somewhere else a little bit more humane and effective,” Hart says. As it turns out, entering into Jail settings (like the Santa Cruz County Jail) - even more so than state prisons – can be especially traumatic (and physically and emotionally taxing) for inmates actively coping with mental health issues. Jails, like Santa Cruz County’s typically house men and women for pretrial detention (10 million individuals nationwide each year), and individuals sentenced to less than 1 year of incarceration (close to 1 million souls nationwide). With rapid turnover, dizzying internal movement/assignments, and day/night processing, jail environments can be particularly confusing and chaotic places for those struggling with behavioral health issues – with many facilities lacking (the funding and structure) for the establishment of reliable (and often necessary) services and internal systems in place to provide effective and timely treatment and interventions.

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Many local jails have aged to become cold, sterile, and untherapeutic holding pens for those struggling with (all manner of) mental health concerns — a large portion include men and women unable to afford or post court-mandated bail, lacking stable/permanent housing, and waging (and ultimately losing) day-to-day battles against off-overwhelming and crushing socio-economic-structural realities. Jails are not happy places to be. Most agree they are not effective for treating- or even managing — mental illnesses or substance use disorders. Built upon a foundation of punitive forms of social control, monitoring, and medication-centered management, most jails simply don't provide the supportive therapeutic treatment environments that the mentally ill population desperately needs, and requires for physical and emotional health, stability, future community-reintegration, and ultimate recovery. The dark, confusing, often vicious and altogether overwhelming environments

endemic to California's jail systems can be too much to deal and cope with, and effectively manage even for the strongest, most confident, and most resilient of inmates to withstand. The pains of imprisonment often arrive as a heavy blow: a sudden lack of purpose, direction, and meaningful activity; a complete loss of autonomy and personal privacy; a sudden sky-high level of stress, uncertainty, and suffocating waves of fear; and a sudden (and almost complete) loss of agency and personal liberty. These powerful stressors and harsh new realities (will) undoubtedly affect an inmate's personal outlook and well-being - taking a far greater psychological toll on those already struggling with a mental health concern. The experience of incarceration itself, can exacerbate existing behavioral health conditions (for justice-involved individuals) — leading to higher rates of major depression (and other symptoms), risk of suicide, substance use and abuse, and additional mental illnesses (such as bipolar disorder). It's clear as day that many of the dark, confusing, and arguably ineffective jails and correctional facilities currently warehousing their community's mentally ill population (may) lack the structure, finances, and overall capacity to adequately meet the diverse and unique needs of those serving time within their imposing and siloed walls.

It's estimated that over half of the folks incarcerated in California's prisons have either current "psychological stress" or at least a history of mental health issues. That number jumps to two-thirds for those incarcerated in the State's expansive local jail system. It turns out, that women in jails, in particular, report higher rates of mental health needs and problems compared to their male counterparts. Studies show that female inmates are more likely to have a history of mental health problems — *and* are also more likely to report current mental health challenges (most prevalent in jails, actually). It's worth noting that the (root) psychiatric conditions of incarcerated individuals — that are often the reason, or at least part of it — that caused their dramatic journey (or fall) into the jail and criminal justice system, can also lead to further (in-custody) behavioral problems, and associated sanctions while behind bars. Mentally ill individuals are far more likely to commit rule violations and receive (major and minor) infractions and harsh disciplinary sanctions during their time in custody. Those with existing psychological conditions (and mental illness) are far more likely (than other "normal" general population inmates) to be housed and relegated to punitive segregation units (and/or environments) — subject to suffocating deprivations and at times, solitary confinement. Again, the Santa Cruz County Jail is not designed to be a mental health facility. Corrections officials to the best with the space and resources that they can. But at times, it's a frustrating endeavor and/or losing battle. Time spent in solitary environment — far more likely for those with established behavioral health problems — can lead to a long list of adverse symptoms (emotional and physical) including anxiety, outright panic, severe depression, paranoia, hallucinations, and increased suicidal ideation. There's nothing "good" about solitary confinement — and the symptoms of many mentally ill inmates who spend time in Ad-Seg and isolative environments become far worse, not better (behaviorally or otherwise).



By far, jails are the primary setting in which individuals — mentally ill or otherwise — experience incarceration. Those suffering from mental or behavioral challenges — charged with violent or non-violent crimes and offenses — are 10x as likely to land (and do time) in the jail and/or prison system than in mental health treatment facilities. There's no doubt that a portion of the mentally ill populace — often battling to survive daily with limited resources and/or systemic or financial assistance and support — do commit crimes. Many crimes and offenses are born from or associated with common "street" problems such as homelessness, addiction, and unwanted desperation.



The Santa Cruz County Jail becomes an ever-revolving door for many individuals — mentally ill or otherwise. But once in the system, those struggling with behavioral challenges are often subject to much harsher, and more severe sentencing (in court) than others — for the exact same crimes. Stigma is real. Even at the judicial level. Rules *do exist* in California courts of law designed to mitigate punitive measures for mentally ill criminal defendants. But the harsh reality is, studies illustrate that the average sentence imposed on defendants struggling with a mental health concern is larger — system wide — than those given to the non-mentally ill population (for the same crime and circumstances). This scenario and sad reality is true for every crime in the book — across the state of California.

A CRISIS ON THE STATE (HOSPITAL) LEVEL

Even the higher-ups at the Santa Cruz County Jail and Sheriff's Office will admit it: jails (like ours) are simply not designed — or even equipped — to offer all-encompassing care, and effectively deliver/provide (often complicated) appropriate psychiatric treatments for (all) inmates and community members suffering from serious mental illness. Yet, because of the statewide (nationwide, really) shortage — crisis really — of beds in California's quickly-diminishing state hospital system, jails like Santa Cruz County have become the home — holding pens in essence — for dozens of individuals struggling with mental illness (serious or otherwise) who haven't yet been convicted of a crime languish (in proverbial legal limbo) for long months, and even years. The number of state psychiatric hospital beds across the nation has eroded — rather quickly and precipitously — to a historic low of 36,000 (or 10.8 beds per 100,000 citizens). The majority of California's state hospital beds are occupied by individuals who have been committed to a hospital and treatment setting through involvement in the criminal legal system. And as the number of beds in the state hospital system continues to diminish, the percentage of beds taken by forensic patients (the justice involved population) has been steadily increasing (across the board). The (ever worsening) drought of available (psychiatric) beds in California's state hospital system can (and does) have dire consequences and far-reaching repercussions for many of the state's most vulnerable citizens — men and women in, and out of the criminal justice system.



For many decades, state hospitals existed as the nation's primary source/home of inpatient psychiatric treatment. — primarily providing long term care for those suffering from moderate to serious mental illness. In today's rapidly evolving world, inpatient psychiatric treatment is most often provided/offered in either private psychiatric hospitals, community hospital psychiatric (inpatient) units, and all manner of crisis facilities — each with inherently unique treatment programming and lengths of stay. In contrast with state psychiatric hospitals, most (82%) of community hospitals (and associated inpatient units) are privately owned. And unlike state operated psychiatric hospitals, most private, community hospitals generally refuse to accept patients who have been court-mandated to receive treatment through the criminal justice/legal system. In thousands of cases, the over-burdened state psychiatric hospital system is the only place willing to accept patients with violent behavior or both serious mental illness (SMI) and complicated medical requirements. Many private, community-based operations simply won't admit, or offer to treat those struggling with comorbid conditions — for monetary and safety reasons.

Due to this dynamic, and systemic norm, California's state hospital system exists as an essential service (and home — jail alternative) for many residents living with serious mental illness — many of whom actively experience "dual diagnosis" and/or co-occurring disorders. Currently, most "civil" patients requiring inpatient psychiatric environments choose to go the community hospital route — and beds in state psychiatric hospitals are primarily given "forensic patients." The forensic population — those whom the state has committed to a psychiatric environment because of their involvement with the criminal justice system — typically includes those who have committed a criminal offense but are not guilty by reason of insanity, those who are charged with a crime, but deemed "not competent to stand trial," and individuals who have been found guilty of a crime, but are believed to be not mentally fit to be sentenced to a standard prison term. The proportion of

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California state hospital beds occupied by forensic patients has increased by almost 60% since 2010, while the percentage of beds occupied by civil (non-justice involved) people has decreased by around 30% during that time.



The lack of bed space and inpatient treatment environments endemic to the nation's highly impacted — and routinely backed — state psychiatric hospital system means that many forensic patients (technically inmates in jails like Santa Cruz County's) - even those who have never been convicted of a crime — must tread water, manage their symptoms, and live in tenuous legal limbo (in Jail) for long periods of (unnecessary) time. Maybe obviously, when forensic patients are detained in jail — for long or short periods of time — while in the midst of mental health crisis, they are at pronounced risk of receiving additional criminal charges due to erratic or disruptive behaviors that are products of their continuing mental health struggles. At the end of the day, it's clear, both civil and forensic "patients" can be (and are) severely (negatively) impacted by the (routine) lack of available bed space in the state of

California's less-than-adequate state hospital system. Many of the non-justice-involved population — known as "civil" patients — similarly struggling with serious mental illness, and in need of longer-term hospital care, are left with few(er) options for treatment and rehabilitation. When civil patients, with no history of criminality or justice symptom involvement, are turned away from crisis environments,, emergency departments — and denied entry to a desired psychiatric inpatient environment.- or are discharged (back into the community) before they and their SMI symptoms have fully stabilized, they may be at serious risk of engaging in some kind reckless activity and/or disruptive behavior that could ultimately lead to their own arrest. For some years, "civil commitments" provided hospitalization for those suffering from severe mental illness — prior to their emerging psychosis or behaviors bringing them in contact with the criminal justice system. Today, civil commitments, and civil "patients" in general seem to be a mee afterthought within California's state hospital system. Even those experiencing severe and suicidal symptoms, are frequently deemed "ineligible for commitment to state mental hospitals, until they are charged with a crime and deemed "forensic." A shortage in civil beds, in particular, means that non-criminals or the justice involved with complex behavioral health needs — who cannot afford care in private hospitals and/or treatment environments — must often wait over a year for a bed to open to obtain the care and they treatment they need, and deserve. Just a few years back, the impactful Treatment Advocacy Center wrote, "the reality is that an immeasurable number of people with treatable diseases only get treatment when they get sick enough to commit crimes to send them to jail and then to a forensic bed should be a source of national shame and outcry for reform."

California's state hospitals — though at full capacity pretty much 100% of the time — are (arguably) riddled with issues and problems. More so each year, it seems. In addition to longstanding (severe) staffing challenges, state hospital operators must deal with an equally severe lack of appropriate (step down) facilities — where patients (forensic and civil) can receive continuing care after being discharged. With nowhere to place current patients — who are ready and willing to (finally) leave treatment and rejoin the community — state hospital operators must deal with a near-constant overflowing state of affairs, and long waiting lists for remaining available beds. When those in a state psychiatric facility are ready for discharge — and appropriate local or community placements are unavailable (for patients no longer requiring hospital level treatment) — hospital officials have few options. They can use scarce — and always in-demand — beds for patients who no longer require them, discharge patients to treatment environments that are simply unable to meet their care needs, or simply send them — bon voyage — onto the cold, hard, street. California's current state hospital psychiatric bed shortage was actually born out of good intentions at least (in theory) — the process of unilaterally eliminating state mental hospital beds and moving those suffering from serious mental illness out of state hospitals and into the nation's communities was (officially) called "deinstitutionalization."



In the early 1950's, the golden state of California was at the forefront of a movement to transform its mental health system. There was a prodigious push to transform from a state-governed public mental health system to a more decentralized system of treatment and care — with significant changes in the financial relationships between local governments and the state with regard to the delivery of (all manner of) mental and behavioral health services. The broad transfer from state to local control of mental health services/programming is now widely known as deinstitutionalization — a process that almost immediately, was accompanied by a marked increase in California's state prison population. The increase in the population of mentally ill inmates ended up being even more dramatic. Way back in 1957. The majority of California's mental health services were provided by a state operated/funded consortium/system with a total of 14 hospitals — 8 for mentally ill individuals, 4 for the developmentally disabled., and 2 serving both populations. Passed by California's legislature, 1957's Short-Doyle Act was ushered forward in response to a swelling number of the state's mentally ill population being confined in its public psychiatric hospital system. The impactful piece of legislature shifted California state funds to the local level — community based mental/behavioral health service delivery (treatment) programs. The theory behind the Short-Doyle Act was that some mentally ill individuals could be better (more completely) served by locally based, outpatient programs and services rather than around the clock hospital care (environments). Those behind the Act hoped or believed that locally based programs would/could allow mentally ill persons to remain in their communities, enjoy heightened autonomy, and solidify family and support network ties.



Short-Doyle, by providing financial incentives to local communities to handle the provision of local mental/behavioral health services, effectively caused the state mental hospital population to fall from 36,319 in 1956 to 8,198 in 1971. During this time of change and contraction, 3 of California's public mental hospitals closed their doors — permanently. Quite nobly, the California state legislature earmarked these systemic savings from the hospital closures for distribution to community programs (statewide). But the whole idea hit an iceberg in then-governor Ronald Reagan — who unilaterally vetoed the transfer of the funds. For the next decade, 1974 and beyond, the state and local funding landscapes for community mental health programs were in a state of constant, confusing flux. Many California communities and local governing bodies complained about community mental health service gaps due to universal lack of funding and assistance. The dramatic shift from state to local/community programs and services for the mentally ill brought forth a nasty side effect: a sizable increase in the population of mentally ill men and women in California's criminal justice system. A 1980 study, by the

American Journal of Orthopsychiatry reported that “emptying the public/state mental health hospitals had forced a large number of deinstitutionalized patients into the criminal justice system.” Over the years, numerous studies were published showing that a troublesome situation was just getting worse. Today, decades later, the National Sheriff's Association and Treatment Advocacy Center reports that “in California, there are almost no public psychiatric beds available for individuals with serious mental illness.”

From the words of Chief Deputy of Corrections (of the Santa Cruz County Jail) Brian Cleveland:

The jail's “incompetent to stand trial” program, its complicated processes, and the potential negative impact inherent issues have and could have involved inmates — on a “list” after deemed incompetent to stand trial, was something Cleveland highlighted. The jail works with the public defender's office for medications for inmates on the “list” but sometimes inmates could be in the facility — in a sort of limbo — for weeks without medication. The entire incompetent to stand trial process “needs to be streamlined” he said, “with more providers needed.” Only when someone is on medications can they stabilize, he admitted. When inmates are released, that when Cleveland says he and the jail needs partners to help them transition; “we often lose them” he says. There are some men and women in the Santa Cruz County Jail that, because of a conservatorship or other situation, need to be “shipped” to a State Hospital — but the paperwork, and entire process of it all can take months. In the meantime, the Jail must “hold” these “releasable” patients and do their best to treat their often-serious behavioral and emotional issues. The truth is, admits Cleveland, is that “we're really just stabilizing here in jail, there's no therapy or treatment” involved. This is a problem, and one of the reasons that most of the Santa Cruz County Jail's entire population is one some form of medication. 80% of those in the Jail's Probation program is on one or more medication — with 40-60% of those on a psychiatric medication. In addition, in and some part in relation, to this issue there are a collection of mentally inmates who could — if there were facilities or providers who were equipped/available to take them — “step down” and leave the Jail for community-based treatment and therapy. The lack of mental and behavioral health mental health “step down facilities” is of considerate concern.



LIFE AFTER WELLPATH

INTRODUCING NAPHCARE: THE SANTA CRUZ COUNTY JAIL'S NEW(EST) MEDICAL AND MENTAL HEALTH SERVICES PROVIDER/PARTNER/CONTRACTOR

In a bold and decisive move — one that surprised many parties inside and out of the Santa Cruz County Jail (and criminal justice system) — top area officials recently voted (In late, 2024) to back out of its decade+ (\$ multi-million) private corrections health services contract with long-entrenched industry behemoth Wellpath, in favor of (arguably) burgeoning and up-and-coming competitor, Naphcare. Wellpath — officially formed in 2018 in a merger between industry heavyweights Correct Care Solutions and Correctional Medical Group- had served as the Santa Cruz County Jail's medical service provider since 2016 - and provider of mental health treatment and services since 2021. In the wake of a slightly-damning report from the Santa Cruz County Civil Grand Jury — titled "We Can Do Better with Our Jails!" - Deputy Chief of Corrections, Brian Cleveland, repeatedly stated that he and his team were actually "pretty satisfied" with the work (delivery of mental health services, specifically) that Wellpath had long provided. And that the Grand Jury's incendiary report wasn't a contributing factor in he and his team's ultimate selection of Naphcare — and the awarding of the a nearly \$11 million one-year corrections contract for the provision of private medical, dental, pharmaceutical, and mental health services within the Santa Cruz County Jail (system).



The immediately impactful, and system-shifting contract represented a healthy year-over-year bump of over \$2 million — "to increase mental health services, where we're doing mental health screenings at intake, and even prior to intake," explains Cleveland. The extra infusion of cash (earmarked for the provision of mental health programs and services) was designed to help ease, smooth and altogether hasten the somewhat complicated and confusing handoff between long-term partner and provider Wellpath, and the Jail's newly chosen contractor — and fellow industry leader - Naphcare. Naphcare's 1-year trial run at the Santa Cruz County Jail ended up being a success - and Cleveland and

his team eventually made the important decision to renew the big-money agreement/contract/deal between the private corporation and the Jail. The company, with an estimated annual revenue of \$500 million+, effectively passed the proverbial test — solidifying itself as the Santa Cruz County Jail's sole medical, mental health, dental and pharmaceutical service provider.

Around for decades, Naphcare has really emerged and broken out of its shell within the past decade. Hospital pharmacist James McLane — who long provided drugs and pharmaceuticals to county jails in his immediate area— founded "Correctional Pharmacy Solutions" in the late stages of the 1980's, In 1993, McLane renamed his fledgling enterprise "National Prison Care" — which eventually coalesced (and combined) into the "Naphcare" that we see and experience today. Corporate reports from 2020 show that Naphcare — then raking in a solid a half-billion\$ annually — provided health care services to over 50 federal prison, and city/county jail systems nationwide; reaching over 80,000 incarcerated individuals. And business has actually ramped up since then — considerably - as the company expands in reach and reputation each year. Naphcare's "package deal" of mental health, medical, dental, and pharmaceutical programs services — "everything is done for you" the company advertises — makes perfect (economic and logistical) sense for many municipalities: including Santa Cruz County.

Over time, the number of jail and prison systems embracing privatization — for telecommunications, commissary, and of course medical/mental health services — has increased dramatically. Close to 70% of jails, nationwide, currently turn to private contractors to deliver vital services to incarcerated individuals. While many larger jurisdictions have the economic firepower that allows them to partner with local health departments to provide publicly managed care (within jails and prisons) many small to mid-size criminal justice systems are far more likely to turn to private contractors to deliver medical and behavioral health services. Saving money is paramount — and privatization (answering the too-good-to-be-true pitches and promises from corporations like Wellpath or Naphcare) is often the smart move — or in some cases, the only available move. When a County like Santa Cruz basically cedes control over jail healthcare to a private corporation like Naphcare, it effectively gives up control over that internal function in order to save money. In turn, private contractors are often pressured or even incentivized to cut costs and improve efficiency — at any cost. Naphcare's position as official mental health and medical service provider within the Santa Cruz County Jail (system) will be reviewed on a year-to-year basis. Now though, it seems like the days (years) of Wellpath's systemic dominance are over — at least locally.



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RULED BY A CHOSEN FEW: THE EMERGENCE AND SOLIDIFICATION OF THE JAIL AND PRISON HEALTHCARE INDUSTRY



Prior to the happy hippy days of the 1970's jail/prison healthcare existed as nothing more than an afterthought. Most correctional settings provided little more than basic first aid — a band-aid or a Tylenol here or there. Sick inmates? Well, who cares right? They're criminals. Things and times have changed since then — considerably. And the nation's entire criminal justice system has totally transformed (or fallen apart arguably) — jails and prisons have evolved to become the largest mental health facilities (holding pens) the planet has ever seen. A confluence of tough-on-crime (any crime

laws and policies caused the U.S. prison population to explode from 197,000 in 1970 to close to 2,100,000 in 2021 — resulting in an older, sicker more fragile, and far more mentally-ill inmate population — desperately requiring heightened medical and behavioral health care and treatment. Jail and prison medical and mental health care had never been “sexy” industries or places to play financially within the corrections system. Hardly. Today's top-to-bottom privatization of the jail and prison healthcare space is somewhat of a recent advent — officially popping up (on a basic or intrinsic level) in the late 1980's. In 1976, a group of industrious and fed-up inmates were able to rally together — successfully alleging that “deliberate indifference” to their medical and emotional health needs violated their universal constitutional guarantee of protection from “unnecessary infliction and wanton infliction of pain.” When inmates began to file lawsuit after lawsuit — with positive (often dramatic) results — the carceral healthcare industry began to take primitive shape. In the late 1980's, 90's and early 2000's the jail/prison healthcare industry gained traction, solidity, and consolidated. During that time, a systemwide push to deinstitutionalize those with mental illness spurred the shuttering of state mental health hospitals — pushing many in-need patients into the streets and ultimate incarceration.

The carceral healthcare industry that we see today took years to develop — government officials (in municipalities large and small) struggled with pervasive recruitment problems and oh-so-problematic staffing issues system-wide. Constitutionally mandated medical and mental health service provisions also forced jail and prison officials to scramble for ways to fight pervasive increases in the complexity and costs of required care — with harsh sentencing laws leading to the incarceration of men and women for (much) longer periods of time, and dramatically increased the average age of the nation's overall inmate population. In the late 1990's, early 2000's a fleet of new private medical corporations emerged to “solve” this increasingly problematic sector of the correctional industry. In essence, corporations like Naphcare and Wellpath began to promise that with enough money, they would take complete responsibility for any and all aspects of the administration of inmate and prisoner healthcare. Guaranteed. In most cases, the hard-charging corporations/operations promised to provide all required services (mental health, dental, pharmaceutical, and medical) cheaper — and in turn, would pass along the savings (directly to the municipality).

Flash forward to today — after year of infighting and consolidation — the jail and prison healthcare industry is dominated by a select few corporations: PrimeCare Medical, Armor Correctional Health Services, Corizon Health, Naphcare, and Wellpath (the Santa Cruz County Jail's previous provider). After a careful look and review, you can plainly see that there are not *that many* options out there (on the market) for jail and prison systems seeking a private medical and health care service provider. There are really not that many outfits to choose from today. In some instances — for municipalities attempting to choose a new carceral healthcare provider — it's like a game of musical chairs. While Santa Cruz County and Deputy Chief of Corrections Brian Cleveland chose to distance itself from industry leader, Wellpath, for smaller outfit Naphcare, some California municipalities are actually doing the opposite — canceling contracts with Naphcare in favor of Wellpath. After witnessing 3 inmate deaths in the course of 15 months, the Onondaga County Jail decided to cancel its substantial and long-standing contract with Naphcare and embrace Wellpath as its dental, mental health, and medical provider. In San Diego, the sheriff's office has been openly critical of contracted Naphcare — citing staffing issues and other failures in its decision to cancel its \$multi-million contract in favor of healthcare provider Correctional Healthcare Partners. The San Diego Sheriff's Office criticized Naphcare stating that the “Alabama correctional medical giant brought into manage treatment in the troubled county jail system, relied on unlicensed staff, ignored requests to repair or replace equipment, and failed to fill hundreds of shifts.” Here, just a stone's throw away in the coastal enclave of Monterey County, Undersheriff Keith Boyd has spent months soliciting bids and evaluating proposals for a new Jail healthcare provider. After 40 years of providing care within the jail, “Wellpath did not make the cut,” writes Boyd. Yes, there are options out there — technically -when it comes to the private provision of medical and healthcare services in jails and correctional institutions — but at the end of the day, they are few and far between.



INSIDE THE NAPHCARE CORPORATION: DELIVERABLES FROM AN EMERGING FORCE IN TODAY'S CARCERAL HEALTHCARE INDUSTRY

Boasting over 6,000 active employees (“healthcare heroes”), Alabama-based Naphcare Corporation is a private, independent “technology company” that provides a fleet of services that support a community standard of care within jail and prison systems — nationwide. With mental health and medical services, pharmacy, and its corrections-specific electronic health records platform (TechCare), Naphcare leads the way “with a patient-first approach to care, supported by innovative technology built specifically for the correctional environment.” Any and all on the Naphcare team (service network) are tasked with

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providing comprehensive medical and mental health care and services in jail and prison settings that are not well, or efficiently designed for the delivery of healthcare services. The company recently celebrated the 20th Anniversary of its flagship program/service TechCare – a comprehensive and pioneering medical management system, connecting clinical protocols to patient needs while meeting national compliance standards.



Founded way back in the late-eighties, Naphcare was always designed to provide top-to-bottom proactive care to a vulnerable and high-needs inmate population. “In an industry marked by instability,” says company literature, “bankruptcies, mergers, acquisitions – Naphcare stands out as an independent, family-owned company with continuous sole-ownership and no outside shareholders.” This unique- especially in the correctional medical and healthcare spheres – structure and freedom allow the company to “move quickly to implement new technologies tailor services to its partners and focus on delivering quality care that improves outcomes and enhances operational efficiency.” When it comes to mental health and medical care, Naphcare proudly and vocally uses its “Proactive Care Model” – requiring

enhanced onsite care. The Santa Cruz County Jail provider’s approach focusses on the early identification of mental health and medical conditions in order to quickly intervene and prevent all manner of health emergencies. The contractor’s integrated approach to inmate care ensures medical and behavioral health clinicians collaborate closely for whole-patient treatment planning. Naphcare claims that its comprehensive system of innovative technologies and healthcare services includes

Mental Health Stabilization Units, Substance-Use Disorder/Detox Treatment/ Withdrawal, Mental and Behavioral Health Care, Proactive and Preventative Medical Care, Medication Assisted Treatment (MAT), Telemedicine and eConsults, Dental, Pharmacy, Dialysis, Receiving Screenings and Health Assessments, Suicide Prevention, Discharge Planning and Community Partnerships, Radiology Services, Laboratory Services, Accreditation, Network Development, Patient Education and Wellness Programs, Continuous Quality Improvement and Contract Compliance.

The corporation’s pharmacy program, dubbed “NaphCare Rx” operates as an in-house, on-site pharmacy for inmates in the Santa Cruz County Jail. NaphCare Rx is solely dedicated to the company’s correctional partners – connected by its operations management software and Electronic Health Records platform (TechCare). The pharmacists embedded in NaphCare Rx emerge as fully integrated and essential parts of the clinical team (within the Jail). Providing onsite dialysis through its dialysis units, the corporation greatly reduces complicated and cumbersome transportation to outside clinics or hospitals – with completely equipped hemodialysis and peritoneal dialysis units specifically designed for correctional facilities.

As the far as virtual, telehealth options go, Naphcare’s internally developed STATCare platform is designed to provide onsite clinicians with access to a centralized team of Nurse Practitioners to support the fast-paced booking, classification, and intake process. TechCare allows the contractor’s solid group of Nurse Practitioners to be available 24 hours a day, 7 days a week. This allows for successful and accurate booking and stabilizing patients and initiating treatments. NaphCare was one of the first service providers in the country to provide Medication Assisted Treatment (MAT) services to inmates under its care. The company believes in the promise of MAT to improve continuity of care for inmates and to reduce recidivism – through the use of medications, behavioral therapies, and counseling to treat substance use disorders. Naphcare’s THRIVE Programs are designed to deliver high-quality competency to stand trial evaluations and treatment services to address the swelling demand for court-ordered competency evaluations and restoration in the correctional environment/system. The company’s all-inclusive forensic services sufficiently manage the oft-complex and confusing processes, systems, and communication required for successful outcomes – in the end reducing wait times for important competency evaluations and treatment.

When technology solutions are concerned – Naphcare is one of the pioneers of the industry. Designed in-house, by experts in correctional health, the company’s “TechCare” was the first corrections-specific Electronic Health Records (platform). Beyond managing basic electronic health records, TechCare functions as a complete medical operations system – connecting clinical protocols to patient needs. The platform is designed – at least in theory – to allow jail staff to spend more time with patients and less time with administrative work. NaphCare’s MyCare Patient Portal is carefully and thoughtfully designed to improve access to inmate care and to give patients/inmates 24/7 visibility into their personal health information. The application is fully integrated with TechCare 5.0 and delivered through the Santa Cruz County Jail’s fleet of personal electronic Smart (Communications) Tablet devices – Through MyCare, inmates can connect with healthcare staff directly – and access their personal medical records and healthcare information. This promotes inmate engagement and equips inmates in the Santa Cruz County Jail with the tools and acumen to make positive choices – hopefully to reduce relapse and recidivism upon release.



MyCare connects patients/inmates directly with trained healthcare staff and enables quick and efficient access to personal medical records, including test results, medication specifics, upcoming internal and external appointments, and inmate/patient resources. The increased access and transparency that MyCare provides fosters more pronounced inmate/patient engagement and understanding of their individualized care plans and equips male and female inmates with the tools and knowledge to make healthier and more impactful decisions. Patients and inmates can use tablet-based MyCare to submit medication-related questions and requests to a team of Santa Cruz County Jail Naphcare Rx pharmacists – who respond directly through the platform. This groundbreaking two-way communication between inmate and the pharmacy team is unique to Naphcare – helping to ensure that program participants

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understand their overall treatment and take their medications as prescribed. The educational features embedded within the MyCare platform allow inmates/patients to receive condition-related materials directly on their personal electronic tablet devices — with valuable information and resources about their specific conditions, including potential, symptoms, causes, treatments and outcomes. The Naphcare corporation proudly boasts that MyCare “fosters direct, proactive communication between patients and clinicians, helping to reduce unnecessary patient/inmate movement and allowing staff to focus more on care and less on paperwork. At the end of the day, Naphcare’s MyCare Patient Portal bridges the at-time-considerate gap between the Santa Cruz County Jail and inmates spending time within its correctional environments.

INSIDE THE **WELLPATH CORPORATION**: INDUSTRY COUNTERPART, COMPETITOR, AND FORMER (LONG TIME) SANTA CRUZ COUNTY JAIL MEDICAL AND MENTAL HEALTH PROVIDER/CONTRACTOR/PARTNER

WHY SHIFT AND RE-CONTRACT FOR THE PROVISION OF COUNTY-WIDE JAIL MEDICAL AND BEHAVIORAL HEALTH SERVICES, **NOW?**

In response to a recent Santa Cruz County Civil Grand Jury report titled “We Can Do Better with Our Jails! Better Healthcare and Reentry Support, then- Sheriff Jim Hart — who oversees the Santa Cruz County corrections division -has repeatedly stated that the details of said report “were not factors in the selection of a new contractor (for the provision of medical and mental health services within the Santa Cruz County Jail). The Wellpath corporation became the Santa Cruz County Jail’s sole medical service provider/contractor in 2016, and its provider of mental/behavioral health services/programs in 2021. All things were going well — at least in theory. So, what went wrong *enough* for Sheriff Hart and the entire Santa Cruz County corrections team to choose smaller, upstart Naphcare over long-engrained industry dominator (and local partner/provider) Wellpath? A proud member of the Santa Cruz County Sheriff’s Office for over three decades, Hart, of “his” Jail’s mental healthcare, says “I think it’s been vastly improved, especially over the last 5 years or so. We have clinicians that are 18 hours a day. We have 24-hour tele-mental health available to all incarcerated people. We have mental health screening prior to intake.” This all sounds glowing, right? Like nothing is or has been going wrong. Then why on earth did Naphcare semi-suddenly become the chosen (local) lord of medical, pharmaceutical, dental, and mental health within the Santa Cruz County Jail (system)? It’s worth taking a quick — or more in-depth — peak into Wellpath and the ever-blossoming \$9.3 billion correctional healthcare industry- to (try to) get to the bottom of things. And to better understand — in size, scope, and impact - what is (and has been) occurring locally, and in co-existing jail and prison systems across the nation.



By all accounts, the correctional healthcare industry is a big deal. Just a decade ago, it’s estimated that close to half of all state and local prisons/jails had outsourced their healthcare operations to the tune of more than \$3 billion annually. Flash forward 10 years later, and the correctional healthcare space is worth upwards of \$10 billion annually. That’s a huge jump — with close to 70% of jails (like Santa Cruz County) outsourcing their internal healthcare operations to private corporations (such as Wellpath and Naphcare). Without a doubt, jail and prison healthcare contracting is a big friggin deal — incredibly lucrative — at least for a small collective of industry heavyweights. Contracting policies and practices differ from state to state, district to district, and can range from around \$20,000 per inmate in California to as little as \$2000 per inmate in Louisiana. An increasingly powerful handful of companies — including

the Santa Cruz County Jail’s longtime (chosen) contractor/provider Wellpath — have a virtual chokehold on the entire industry. The Wellpath company (group, corporation, entity, or what have you) employs over 15,000 healthcare professionals serving over 300,000 adult and juvenile inmates/patients each and every year. Officially formed in 2018, from the consolidation of H.I.G. Capital-owned Correct Care Solutions and Correctional Medical Group Companies (also acquired by key industry player H.I.G.) Wellpath is the defacto numero uno in the carceral healthcare space. Each year, Wellpath continues to expand its reach and control over the captive (literally) market — with numerous jail and prison systems (nationwide) agreeing to far-reaching \$multi-million contracts with the correctional healthcare powerhouse routinely. Many facilities tacitly agree to Wellpath’s terms and conditions after a difficulty finding an alternative provider/solution (such as Naphcare and a scant few other options). In 2022, Ventura County (CA) approved a 5-year agreement with Wellpath, with Naphcare being the only other corporation to submit a proposal to the desperate county. Wellpath or Naphcare? Naphcare or Wellpath? There really *aren’t that many* choices available for correctional systems ultimately deciding to contract out (or change) their healthcare operations (for whatever reason).

One of the only real criticisms voiced by Santa Cruz County Sheriff Jim Hart — in his explanation for deciding to officially sever longtime ties with partner Wellpath, in favor of relative-upstart, Naphcare — revolved around (consistent, inadequate) staffing within “his” Jail. “Wellpath has been having a real challenge with staffing,” voiced Hart. “We weren’t satisfied with their ability to provide us with sufficient staff at times.” As per the Santa Cruz County Civil Grand Jury’s most recent report, Nashville-based Wellpath routinely relied upon a single psychiatrist to provide assessments and deliver treatments

through video conferencing (telehealth). The Grand Jury's report stated that "in off hours, correctional officials cannot meet the mental health requirements of inmates." Just a stone's throw away in Wellpath-contracted San Luis Obispo Jail, the Justice Department reported that inadequate staffing is one contributing factor to Wellpath's issues in providing healthcare. "Wellpath fails to provide adequate staffing to prevent delays in medical care that places prisoners at substantial risk of serious harm," documents in the Justice Department. Those deeply embedded within the SLO County Jail report that the onsite Wellfare-provided correctional psychiatrist was regularly assigned 50% more patients per day than the psychiatrist felt comfortable seeing. Though not officially documented, at least here in Santa Cruz County, Wellpath boasts a rather dubious reputation and track record across multiple areas of the carceral healthcare space. Facilities operated and supported by Wellpath have come under fire as early as patient/inmate intake into facilities — with inadequate screening policies and practices. According to a recent report from the Department of Justice, incarcerated individuals were routinely examined beyond 14 days of admission — "or not at all - in a Wellpath facility located in Northern California. The recent Santa Cruz County Grand Jury report — with other corroborating parties — also reported that local inmates are regularly overprescribed psychotropic medications (with dosages ranging significantly).



Even the way and manner in which Wellpath has ultimately secured (and is actively securing) much coveted \$multi-million carceral healthcare contracts with Jail (like Santa Cruz County) and prison systems across the nation, isn't without its fair share of controversy. The Wellpath corporation specifically makes political donations through Wellpath PAC — also widely known as Correct Care PAC. In the years between 2015 and 2019 (when the Santa Cruz County Jail entered and solidified its contract with the Nashville-based private contractor) the Wellpath/Correct Care PAC made over 100 investments or disbursements — including contributions to other PAC's and financial contributions to political candidates for executive, judicial, and legislative positions/roles at the state and local levels. Just a quick example of Wellpath operations — at the most local, organic level: Between the years of 2015-2016, Correct Care PAC contributed a small, but impactful sum of \$1000 to the campaign of Gary Cutler (for sheriff of Hays County, Texas). A few years later, in 2019 Hays County began contracting with Wellpath for the provision of the county juvenile center (complete with physician, licensed, and vocational nurses). Flash forward a few years later, in April 2002, Hays County unilaterally approved a brand new and much-expanded contract with Wellpath for healthcare at the Jail and juvenile detention centers. Under the sweeping new contract, Wellpath promised to provide dental care, telehealth services, intake screenings, health assessments, on-site emergency visits, and outpatient care as needed. Just a few states away, in the great state of Georgia, Wellpath/Correct Care PAC contributed close to \$4000 to four local sheriff races — including a small (but no doubt impactful) \$1500 donation to the campaign of DeKalb County's Jeffrey Mann. Wellpath and Correct Care have provided services to DeKalb County for more than a decade at a tune of about \$9 million per year.

A NEW(ISH) INDUSTRY RECEIVING (NEWISH) HEAT: HOW WELLPATH AND (MAYBE EVEN) NAPHCARE EVADE ACCOUNTABILITY AND OWNERSHIP OF OPERATIONS

An ever-increasing array/onslaught of lawsuits against NaphCare — the Santa Cruz County Jail's newly crowned provider of medical and behavioral health services — are casting doubts on whether the up-and-coming corporation's claims of "treating everyone how (we) want to be treated" and "blazing the trail" (in the carceral healthcare industry) really fuel the company's day to day actions. . . or whether the chief driving force behind the increasingly-prolific correctional entity's ongoing operations are strictly profit-driven. Just a few years ago, in late 2022, a federal jury sitting in the Eastern District of Washington State, awarded the estate of Cindy Low Hill (55) nearly \$27 million — including a whopping \$24 million in punitive damages against NaphCare. According to FBI accounts, Hill — was the 8th person to die in the NaphCare-controlled Spokane County Jail (SCJ) within 14 months. Similar to the state/situation of the Santa Cruz County Jail, the Spokane County Jail entered into its initial/trial six-month contract with NaphCare in 2016 because it couldn't secure/hire/attract enough nurses for its own (local) medical staff. Though undoubtedly solving shakingly serious staffing issues (almost in one fell swoop - upon arrival) a contingent of already-employed nurses stated (quite publicly) that NaphCare's de facto takeover (systemic invasion) of the Spokane County Jail system, and associated widespread budgeting and across-the-board cost-cutting measures were actively leading to lower-quality of care.

NaphCare has always followed in the footsteps — in a continuous (high stakes) game of cat +mouse— of industry leader Wellpath Corporation - by far the nation's largest and most powerful private (jail and prison) medical contractor - with substantial scale medical and mental health contracts with hundreds of carceral systems in dozens of states. In 2023, Wellpath generated more than \$2 billion in revenue. As it turns out, the long-time industry hydra-like hegemon also faced more than a thousand criminal and civil cases/lawsuits — many filed by those who (rightfully) claim they were harmed (seriously, in some cases) by the company's medical abuse and overall systemic neglect. Hundreds of former prisoners/patients doing their court-ordered time in Wellpath facilities (jails and prisons nationwide) allege they've suffered devastating, and (arguably) avoidable consequences including life-shattering injuries, loss of pregnancy, and even death. Just a short while after reporting record corporate revenue — in November, 2023 — Wellpath rocked the corrections industry (players large and small) when it filed for bankruptcy. The corporate maneuvering affectively halted the progress of more than a thousand cases — many

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considered serious enough to financially wound, or even cripple the long-number-one private contractor — or even deal a proverbial death blow to the corporation’s long-unchecked dominance within the jail/prison medical space.

When most folks — at least we, as Guide creators — hear the term “bankruptcy” e/they envision emptying offices (hastily filled-to-the-brim paper boxes with personal belongings and office décor) . . . basically everyone in failing a corporation “calling it quits.” As it turns out though, the practice of “filing for bankruptcy” is an oh-to-frequent avenue for multi-billion-dollar corporations to avoid pest-like litigation and responsibility for all manner of civil rights violations. When Wellpath chose to declare bankruptcy, courts across the nation were instructed to put a pause on all active civil lawsuits against the company until (and if) its proceedings end in court. Following this initial legal stop sign, bankruptcy courts could potentially eliminate further judgements against the (struggling, but not really) company. Wellpath (Naphcare in the future?) isn’t the first corporation to go the bankruptcy route amidst charges and allegations that they’d harmed someone(s). Good old Purdue Pharmaceuticals and the Johnson and Johnson Corporation have gone the same route facing allegations that they’d harmed patients/consumers on a massive level. Maybe not the best company (role models) to keep, right?

Does Wellpath even exist? Many corrections industry watchdogs claim that the giant player hides behind layers of corporate law and legal swords play to avoid justice. As a key cog in the machine that is H.I.G. Capital, Wallpath has effectively morphed itself into a collection of corporate entities — Wellpath Management, Wellpath LLC for example. This wishy-washy corporate structure and organization makes it incredibly difficult to determine which company (and what part of Wellpath) is really responsible for alleged harms/claims. It’s probably worth mentioning the past and current (corporate and legal) predicament of another Wellpath. (and NahpCare for that matter) competitor, Corizon. In 2023, Corizon — another increasingly powerful and altogether prolific private medical contractor — filed for bankruptcy amidst an ever-swelling collection of civil rights lawsuits and associated debts and charges. Though the initial case(s) Corizon is ongoing — into the foreseeable future — its corporate governance has proposed creating a brand-new corporate structure out of its ashes: continuing to engage in its same core business while paying far less for its current claims and legal defenses. It’s clear that bringing — and ultimately winning — legal and civil rights cases is a frustrating endeavor enough — but the increasingly-used bankruptcy process further illustrates how simple (and undoubtedly effective) it is for large corporations to evade accountability. From Wellpath, to Corizon, and in the future, maybe even the Santa Cruz County Jail’s newly crowned private medical contractor, the NaphCare Corporation.

SEGWAY AND TRANSITION TO HANDOFF TO LESS-EGREGIOUS AND CONTROVERSIAL NAPHCARE CORPORATION

MEDICAL AND MENTAL HEALTH: PROGRAMS AND SERVICES DEFINED AND DESCRIBED IN THE SANTA CRUZ COUNTY SHERIFF’S OFFICE CORRECTIONS POLICY MANUAL

[Link to 366-Page Santa Cruz County Sheriff’s Office Corrections Policy Manual \(PDF\)](https://shf.santacruzcountyca.gov/Portals/1/County/sheriff/CorrectionsPolicyManual.pdf)
<https://shf.santacruzcountyca.gov/Portals/1/County/sheriff/CorrectionsPolicyManual.pdf>

Corrections Policy Manual MISSION:

We protect the public by providing safe and secure custody of inmates and preparing them for successful community re-entry to reduce recidivism

Chapter 7 - Medical-Mental Health

700 - Access to Health Care	251	701 - Inmate Medical Fees	253
702 - Health Care for Pregnant Inmates	255.	703 - Health Authority	259
704 - Mental Health Services	261	705 - Mental Health Screening and Evaluation	262
708 - Administration of Psychotropic Medication	279		

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Santa Cruz County Sheriff's Office Corrections Policy Manual Foundation: Organizational Structure and Bureaus: The Sheriff is responsible for administering and managing the Santa Cruz County Sheriff's Office. There are three Bureaus in the Office:

- Administration Bureau
- Operations Bureau
- Corrections Bureau

CORRECTIONS BUREAU: The Corrections Bureau is commanded by a Chief Deputy whose primary responsibility is to provide general management, direction and control for that bureau. The Corrections Bureau consists of Main Jail, Women's Minimum-Security Facility, Rountree Medium Security Facility and Special Services that include Court Security, Food Services and Medical Services

ACCESS TO HEALTH CARE WITHIN THE SANTA CRUZ COUNTY JAIL (SYSTEM)

According to the Santa Cruz County Sheriff's Office Corrections Policy Manual, "the provision of adequate health services in a custody setting is a constitutional right afforded to all incarcerated persons. It is the policy of this office that all incarcerated persons, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgement and appropriate treatment. The Santa Cruz County Sheriff's Office facility (jails) will provide medical, dental, and mental health services as necessary to maintain the health and well-being of incarcerated persons to a reasonable and socially acceptable standard."

The Sheriff's Office Corrections Policy compilation/Manual establishes that the Jail (and Sheriff's Department) can turn to (outside) "contracted authorities" in the provision of (all) ongoing medical and dental services (including mental health). The Jail has long-outsourced medical, behavioral health, and dental operations in local facilities - recently deciding to sever ties (and lucrative long-term contracts) with industry dominator "Wellpath" in favor of smaller, but equally prolific NaphCare Corporation (for the operation of such internal programs and services). NaphCare and (formerly Wellpath) is what the Jail and Sheriff's Office calls its "Health Authority." Policies outlined in the annual Corrections Policy Manual dictate that "it is the responsibility of the health authority to arrange all levels of health services, assuring the quality of all health services, and assuring that (all) incarcerated persons have (unfettered) access to all (available) health services." As the Santa Cruz County Jail's newest "Health Care Authority," Naphcare effectively (currently) runs internal health (physical and behavioral) operations on a day-to-day basis; on behalf of the facility (multiple local sites).

MENTAL HEALTH SERVICES IN THE SANTA CRUZ COUNTY JAIL – AS PER THE SANTA CRUZ COUNTY SHERIFF'S OFFICE CORRECTIONS POLICY MANUAL

Just a few pages long, the "Mental Health Services" section of the Santa Cruz County Sheriff's Office Corrections Policy Manual is structured to ensure that all local inmates have unfettered access to mental health programs, treatments, and services during their incarceration — and that all incarcerated individuals identified as needing these important (potentially life-saving) services and behavioral health interventions are referred to appropriate (internal) parties/authorities. Officially, the Jail and Sheriff's Office define "Mental Health Services" as a "variety of psycho-social and pharmaceutical therapies, either individual or group, including biological, psychological, and social therapies to alleviate symptoms, attain appropriate functioning, and (ultimately) prevent relapse." The Policy Manual decrees that "a range of mental health services shall be available for any incarcerated person who requires them." It's the obligation of the Santa Cruz County Jail's chosen Health Authority, NaphCare Corporation — in close collaboration with the (Jail) Facility Manager and Responsible Physician — to offer the following (behavioral health) services to local inmates:

Identification and referral of inmates with mental health needs --- Basic mental health services provided to incarcerated individuals as clinically needed — Medication support services --- identification and referral of incarcerated persons with mental health needs --- crisis intervention and supports --- Mental health treatment programs provided by qualified staff (team members) --- suicide prevention programs --- obtaining and documenting informed consent --- Referral, transportation and (ultimate) admission to a licensed mental health facility (partner) for inmates with psychiatric needs that exceed the treatment of housing capabilities of the Santa Cruz County Main Jail --- Release planning services.

Inmates within the Santa Cruz County Jail (and Criminal Justice system) can be referred to on-site qualified (mental) health care providers/professionals through a variety of different means and modalities. Referrals to Jail and Naphcare (medical and mental health) staff and professionals can be made during an initial medical screening process, the mental health appraisal process, and through (individual) self-referral or (facility) staff-referral. By policy and overall edict, qualified health care professionals and team members should respond to all requests and referrals in a timely fashion and indicate, provide appropriate treatment programs and services within the Jail. Incoming (or new) inmates who have received mental/behavioral health treatments in the past, should be encouraged to complete a "release of information form" so that accurate and up-to-date treatment records can be obtained (and used to establish a continuous community-to-jail treatment regime. When inmates in the Santa Cruz County Jail system are to be released, and determined to be in need of ongoing care and support (mental health or otherwise, post-incarceration) it's NaphCare's role as Health Authority to provide those exiting incarceration with pertinent information, guidance, and support for accessing community-based mental/behavioral health treatment resources.

According to the Santa Cruz County Sheriff's Office Corrections Policy Manual, "Treatment Plans" should be established for all local inmates enrolled in mental health services (of any type or class). It's up to the Jail's chosen Medical-Mental Health contractor/provider to review psychiatric and special needs

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treatment plans every 180 days (at a minimum). Corrections Policy dictates that all incarcerated men and women taking psychotropic medications should be seen by a Jail/NaphCare psychiatrist at least every 90 days. Higher-risk individuals deemed to have “special needs” should make contact with a qualified (mental) health professional on a monthly basis (at minimum). Inmates, new and old, enrolled in ongoing types of mental/behavioral treatment should have their treatment plans/manifests completed twice per year (again, at minimum). When correctional staff — Jail or NaphCare — encounter inmates in the general population who are having considerable difficulties adjusting to the correctional environment (an alien and frightening world to many), but who are not currently diagnosed with a serious mental health illness, they must evaluate them for the appropriateness of mental health treatment (and/or interventions). As the Jail’s Qualified Health Authority, Naphcare physicians and staff are assigned daily rounds in the “Separation Unit” to determine and monitor the mental health status of inmates housed there. If qualified health care professionals (NaphCare or otherwise) have concerns about the level or types of treatments and interventions required to effectively manage an inmate housed in the Santa Cruz County Jail, the onsite (or virtual) Responsible Physician acts as the ultimate decision maker governing the ongoing (or current) healthcare needs of that individual. This Responsible party, on consultation with a psychiatrist, specialist or other health care staff, can determine whether an inmate should be transferred to a facility that is better equipped to handle the individual’s psychiatric needs.

SANTA CRUZ COUNTY JAIL MENTAL HEALTH SCREENING, EVALUATION AND APPRAISAL: NAPHCARE

Beginning on page 206 of the Santa Cruz County Sheriff’s Office Corrections Policy Manual, the “Mental Health and Screening” section establishes the process “by which all incarcerated persons receive an initial mental health screening by qualified mental health staff or health-trained custody staff.” Each incoming inmate (to the Santa Cruz County Jail) receives (at least by practice) an initial/routine mental health screening at the of booking (or future classification). The important screening — officially performed for the safety and sanctity of the arrested individual and the Jail’s general population (and staff) — helps the Jail/custody staff make appropriate classifications and (ultimate) housing assignments for incoming men and women with mental/behavioral concerns. Ensuring that all intervention and treatment needs are met as early as possible (in the dramatic process). It’s established “policy” that all individuals booked into the Jail (Main Jail) shall receive an initial mental health screening by a qualified mental health professional, qualified mental health staff, or member of the health-trained custody team. After an inmate’s initial screening/booking/classification, a more comprehensive and thorough medical examination and appraisal is (in theory) conducted within 14 days of incarceration — to ensure/determine that an individual’s treatment plan meets their specific/inherent needs.

At the (sometimes chaotic and dramatic) time of “booking,” incoming male and female arrestees receive initial (in depth) screenings to identify whether mental health conditions/illnesses exist in the present (or past) that may require immediate on ongoing treatment and intervention (during periods on incarceration). Immediate screenings — at the time of booking —are performed by Jail and NaphCare staff prior to incarcerated individuals being placed in general housing (units or facilities within the Jail system). All information gleaned from the mental health screening process is (or should be) recorded on the “receiving screening form” — which will become an important piece of the incoming inmate’s official “health record.” Here are a few things that these (routine) general and mental health screenings typically include:

--- Actively prescribed psychotropic medications --- Thoughts or history of suicidal behavior --- History of mental health or psychiatric treatment -- - History of treatment for substance abuse or treatment for substance abuse disorder --- Observations of: appearance and/or behavior, symptoms of aggression, psychosis, or depression --- And a determination whether the incoming incarcerated person is cleared for referral to general housing (Gen-Pop), general housing with mental health referral, or mental health emergency treatment ---

Once admitted — following their initial mental health (and entire) screenings - inmates entering into the Santa Cruz County Jail (System) shall (again, in theory) receive a more-in-depth “mental health appraisal” by a qualified (NaphCare) mental health professional within 14 days of incarceration. According to policy and protocol, “mental health appraisals” should include (but not necessarily limited to) a newly-admitted inmate’s mental health status, previous psychiatric treatment, suicide or violence potential, educational history, risk of sexual victimization (history), substance abuse or (past) treatment for substance abuse, and any treatment with psychotropic medications. Title 15 specifies that any inmate diagnosed with a mental health issue must receive a face-to-face evaluation with a mental health professional within 24-hours of being booked into the facility. And those on psychotropic maintenance medications see the doctor at least once per month to review and reassess their medication regimes. On any given day, NaphCare and the Santa Cruz County Jail provide local (170-200) inmates with psychiatric maintenance medications — twice per day — in each unit of the Jail - at 7:30AM and 8:00PM.

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CURRENT STAFFING ISSUES WITH NAPHCARE? EXPLORING ALL LISTED OPEN POSITIONS ON INDEED (ONLINE)

As noted previously, one of Santa Cruz County Sheriff Jim Hart's ultimate criticisms — following the Santa Cruz County Civil Grand Jury's slightly incendiary (2024) report titled "We Can Do Better with Our Jails! Better Healthcare and Reentry Support" — regarding then/former-medical and mental health service provider, Wellpath Corporation, revolved around inconsistent and ineffective staffing. "Wellpath has been having a real challenge with staffing," voiced Hart. "We weren't satisfied with their ability to provide us with sufficient staff at times." As per the Santa Cruz County Civil Grand Jury's report, Nashville-based Wellpath routinely relied upon a single psychiatrist to provide assessments and deliver treatments. But will the staffing (and retention) be any better with the Jail's new medical and mental health provider, Naphcare? That remains to be seen. Currently (listed and profiled below) Naphcare is actively on a hiring (or attracting) spree for its newfound medical and mental health operations at the Santa Cruz County Jail — an eerily similar scenario faced by its predecessor, Wellpath actually. The Santa Cruz County Sheriff's Office (itself) has long struggled to hire — and most importantly, retain- correctional officers that supervise inhabitants of its local jails. In late 2022, the Santa Cruz County Board of Supervisors approved a (rather substantial) 11% pay increase for supervising corrections officers, as well as a hefty bonus for all correctional officers with more than 8 years of service. Even with established hiring bonuses and juicy incentives, "hiring has been slow," admits Sheriff Hart. The department has many open positions says the Chief — "about half of the department lives outside of the county, some with hours-long commutes." Retaining correctional officers — and retaining trained and effective medical and behavioral health staff for that matter — is a tough prospect; given the area's extreme housing affordability crisis and astronomical cost of living. In 2022, Sheriff Hart admitted that though his office was budgeted for 100 correctional officers, he and his (active duty) squad only totaled 60. To maintain effective 24/7 operations, the Santa Cruz County Sheriff's Office relies heavily on mandatory overtime. Current staff routinely put an average of 12 hours of overtime on their books — mandated overtime. With weekly workloads upwards of 70 hours. Not ideal. As a County, Santa Cruz is frequently ranked as one of the most expensive places to rent in the United States — relative to local wages. It's estimated that only 13% of residents can actually afford a median-priced home. Given this dramatic situation, it might be fair to say that Naphcare's ongoing medical and mental health service deliverables (and pervasive staffing concerns) could be as problematic as predecessor, Wellpath's. It remains to be seen.



[Naphcare, Inc.](#): 3.23.2 out of 5 stars

259 Water Street, Santa Cruz, CA 95060

OPEN POSITIONS: [NAPHCARE](#) IN SANTA CRUZ COUNTY (JAIL)

CURRENT OPEN JOB POSTING/LISTING: Full-Time Licensed Mental Health Professionals (Dependent and Independent Licensed, LCSWs, LCMHCs, etc.)

DIRECT LINK: https://www.indeed.com/viewjob?jk=53762bb299713a16&from=shareddesktop_copy

[NaphCare](#) is currently hiring a **Full-Time Licensed Mental Health Professionals (Dependent and Independent Licensed, LCSWs, LCMHCs, etc.)** just like you to join our team at the **Santa Cruz County Jail** located in **Santa Cruz, CA**. **Full Time Shifts**. **Pay rates range from \$45.00 - \$61.75 per hour based on Shift**.

[NaphCare](#) is a family owned, healthcare technology company that has been delivering high quality healthcare to correctional facilities across the nation for over 35 years. Come join our team of over 5000 employees and growing! [NaphCare](#) pays well, offers outstanding benefits, and has an incredibly engaged corporate support team to make sure you have what you need to be truly excellent at what you do.

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NaphCare Full Time Benefits:

Prescriptions free of charge through our health plan
Health, dental & vision insurance that **starts day one!**
We offer low cost benefits to our employees and their families.
Employment Assistance Program (EAP) services
100% vested 401K and Roth with company contribution that **starts day one!**
Tuition Assistance
Referral bonuses
On-site education
Free Continuing Education!
Term life insurance at no cost to the employee
Generous paid time off & paid holidays

CURRENT OPEN JOB POSTING/LISTING: Registered Nurse (RNs)- PRN

DIRECT LINK: https://www.indeed.com/viewjob?jk=c43c290f1b3a444a&from=shareddesktop_copy

NaphCare is hiring strong PRN Registered Nurse (RNs) just like you to join our team at the Santa Cruz County Jail located in Santa Cruz, CA. Full Time, Part Time, PRN, and occasionally 8-13 week temporary contracts may be available! Pay rates range from \$58.00 - 67.00 per hour based on employment status, shift, specific facility, site needs, licensure, and experience.

NaphCare is a family owned, healthcare technology company that has been delivering high quality healthcare to correctional facilities across the nation for over 35 years. Come join our team of over 5000 employees and growing! NaphCare pays well, offers outstanding benefits, and has an incredibly engaged corporate support team to make sure you have what you need to be truly excellent at what you do. NaphCare partners with correctional facilities to provide proactive, patient-focused healthcare.

NaphCare Full Time Benefits:

- **Prescriptions free of charge** through our health plan
- Health, dental & vision insurance that **starts day one!**
- We offer low cost benefits to our employees and their families
- Employment Assistance Program (EAP) services
- 100% vested 401K and Roth with company contribution that **starts day one!**
- Tuition Assistance
- Referral bonuses
- On-site education
- Free Continuing Education!
- Term life insurance at no cost to the employee
- Generous paid time off & paid holidays

CURRENT OPEN JOB POSTING/LISTING: Licensed Practical Nurses or Licensed Vocational Nurses (LPNs or LVNs)

DIRECT LINK: https://www.indeed.com/viewjob?jk=72d8cedf81a579be&from=shareddesktop_copy

NaphCare is hiring Licensed Practical Nurses or Licensed Vocational Nurses (LPNs or LVNs) just like you at the Santa Cruz County Jail located in Santa Cruz, CA. Full Time At NaphCare, we want you to be able to use your skills. Our site positions encourage cross-training and include roles such as medication pass nurse, detox nurse, and sick call nurse. Pay rates are \$32-\$36 an hour for full time employees.

Position Description:

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- Take and document all patient history and vital signs
- Assist with daily triage/sick call, minor medical surgical procedures and examinations and/or treatments
- Administer medications
- Perform venipuncture and I.V. therapy
- Collect samples, specimens and cultures
- Transcribe therapeutic orders

NaphCare Benefits for Full-Time Employees Include:

- **Prescriptions free of charge** through our health plan
- Health, dental & vision insurance that **starts day one!**
- Lowest Cost Benefits! **\$44 for single, \$105 for family!**
- Employment Assistance Program (EAP) services
- 100% vested 401K and Roth with company contribution that **starts day one!**
- Tuition Assistance
- Referral bonuses
- On-site education
- Free Continuing Education!
- Term life insurance at no cost to the employee
- Generous paid time off & paid holidays

CURRENT OPEN JOB POSTING/LISTING: Dental Hygienist

DIRECT LINK: <https://join.naphcare.com/jobs/25498?lang=en-us>

NaphCare is hiring a **Dental Hygienist** to join our team of medical professionals in the **Santa Cruz County Jail in Santa Cruz, CA. This position will be for 8 hours a month. Pay range for this position is \$50.35 - \$53.00/hour**

As a **Correctional Dental Hygienist**, you will work alongside correctional officers and other dental professionals to provide dental care to the incarcerated individuals in residence. Working within a controlled environment, where security is top priority and the days are never dull, you will have a variety of duties to keep you engaged. This is a unique position where you can make a difference to this diverse population of patients with complex medical and dental needs.

Responsibilities

The **Dental Hygienist** is responsible for performing dental prophylaxis, assessing oral health, and assisting the dentist with procedures while protecting the rights, dignity, and health of our unique patient population. Duties and responsibilities may include and not be limited to:

- Cleaning teeth, removing tartar and plaque, applying fluoride, and taking x-rays.
- Assisting the dentist with patient care, instruments, supplies, documentation and supporting the function of the dental department
- Sterilizing and disinfecting equipment and tools
- Assisting in triage, dental sick call requests, scheduling appointments, managing patient records, and performing other administrative tasks
- Explaining dental procedures and oral hygiene practices to patients
- Taking and developing x-rays, assisting with dental laboratory function

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- Complete periodontal charting and, obtain other diagnostic records on patients
- Perform facial and oral tissue and oral cancer screenings during exams
- Provide thorough individualized oral hygiene instructions and/or other post-operative instructions to patients
- Monitor oral hygiene and periodontal conditions on each patient
- Use all functions and applications of TechCare™ relevant to document dental hygiene services within the patient record

CURRENT OPEN JOB POSTING/LISTING: PSYCHIATRIST (PART TIME)

DIRECT LINK: <https://talents.vaia.com/companies/naphcare-inc/psychiatrist-part-time-38814058/>

NaphCare is hiring an onsite **part time Psychiatrist** to join our team of medical professionals in the **Santa Cruz County Jail in Santa Cruz, CA** for **8-hour/week**. Pay rate for this position is **\$190-\$200/hour**.

As a **Correctional Psychiatrist**, you will oversee clinical responsibility for the mental health programs within the facility, while working alongside correctional officers and other medical professionals. This is a unique position where you can make a difference to this diverse population of patients with complex mental health needs. Responsibilities The Psychiatrist is responsible for providing comprehensive psychiatric evaluations and diagnosing mental health conditions to facility residents that protects the rights, dignity, and health of our unique patient population.

Additional responsibilities may include and not be limited to:

Providing medication management, therapy, and other evidence-based treatment plans to address mental health needs

Oversee the completion of mental health screenings and evaluations performed by others

Responding to acute mental health crises within the facility

Supporting the rehabilitation of patients and facilitating their successful transition back into the community

Coordinate, lead and participate in educational training activities related to mental health care.

Ensuring compliance with State and Federal mandates and regulations, including court mandates and standards

Collaborating with multidisciplinary teams, including correctional staff, psychologists, social workers and other medical professionals to develop and implement treatment plans and ensuring staff are responsive to patients' needs

Qualifications Education / Licenses / Certifications:

Medical degree (MD or DO) Must hold a current unrestricted license as a Psychiatrist in CA A current DEA registration in CA Must possess and be able to maintain BLS (Basic Life Support) certification; AHA or American Red Cross, preferred Be certified in a Board recognized by the American Board of Psychiatry and Neurology (ABPN) Must possess strong written communication and verbal skills and have strong computer skills.

Experience / Requirements / Qualifications / Skills:

Experience with underserved and marginalized populations, including those with mental health and substance use disorders

Strong communication skills and ability to communicate with diverse individuals, including other medical professionals, correctional staff and judges

Ability to interpret and analyze data to create treatment plans Knowledge of applicable laws, regulations, and industry standards

Able to maintain confidentiality of all proprietary and/or confidential information

Display integrity, professionalism and be able to adhere to a Code of Conduct and comply with all facility(s) correctional healthcare policies, procedures, and legal requirements

NaphCare Benefits for Full-Time Employees Include:

Health, dental & vision insurance that starts day one!

Prescriptions free of charge through our health plan, beginning day one!

Lowest Cost Benefits! Employee Assistance Program (EAP) services

401K and Roth with company contribution that starts day one! Tuition Assistance Referral bonuses

Term life insurance at no cost to the employee

Generous paid time off & paid holidays

Free continuing education and CMEs

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A PEEK INSIDE THE SANTA CRUZ COUNTY JAIL'S MENTAL HEALTH ENVIRONMENT

Most — in the behavioral health and correctional space — will admit that that Santa Cruz County Jail has become the de facto numero-uno mental health holding facility in the County. Over 40% of inmates in our Jail (Main Jail and otherwise) are actively diagnosed with some form of mental illness. And almost 65% of current inmates have an active Substance Use Disorder (SUD). To paint a prettier picture — a substantial 20% of the current inmate population were under the influence of alcohol or drugs during their time of crime (criminal offense). Dual diagnosis — is a big thing within the Jail and criminal justice system as well. What do you treat? A mental illness, substance use disorder, or both? It can be hard to exactly pinpoint. On the whole though — treatment for *both* mental illness and substance use concerns are limited (and arguably ineffectual) for men and women who find themselves incarcerated. The majority of inmates in the Santa Cruz County Jail (System) simply don't receive the care, treatment, and rehabilitation readily available to the "insured" population outside of custody and Jail walls. But treatment — if you can call it that — in jail is often the first and final treatment they will ever receive.

The Santa Cruz County Jail is filled with those struggling with substance use disorders and all manner of mental health challenges — the National Alliance on Mental Illness, our organization, estimates that 25-40% of mentally ill Americans will do time — at some point of their lives. On the flip side, less than 7% of the non-mentally ill will face jail or prison. (Then) Santa Cruz County Sheriff Jim Hart estimates that about half of current inmates in the local Jail take some form of psychiatric medication. And on any given day, he and staff have around a dozen to 20 men and women who've been deemed "incompetent to stand trial" with nowhere to go. "All they're doing is languishing in jail a bed at the state hospital opens up. Some wait up to six months," notes Hart. The Sheriff pontificates stating that County is in a veritable bed shortage — there needs to be more beds in locked detox and mental health facilities (beyond the 14 inpatient beds at always-at-capacity Telecare) and more unlocked, lower-level treatment centers. The Jail has become a detox center, and that's not what it was built for.

When new Santa Cruz County sheriff Chris Clark took over for former-boss Jim Hart, he (likewise) has called for a new (Main) jail to replace the dark, dreary, and by some accounts crumbling 44-year old structure on Water Street. "We need a new jail," says Clark straight up. "There's no question about that." Clark realizes that the Main Jail isn't designed for an (increasingly prevalent) inmate population with specialized needs (behavioral health or otherwise). And much of the current incarcerated population suffers from (often co-occurring) mental health and substance use disorders. To put things in perspective, the number of inmates in the Santa Cruz County Jail with a psychiatric prescription grew from a rough estimate of 50 folks in 2002, to close to 150 today. That's a considerable influx. To sum things up, Clark says that "his" Jail "is not a medical or mental health designed facility. Frankly, it's a cold Jail."
