

Venters.2.Murray et al. v. County of Santa Barbara et al.

Second Monitoring Report of Dr. Homer Venters in

Murray et al. v. County of Santa Barbara et al. (Case No. 2:17-cv-08805-GW-JPR)

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I. Introduction

The Stipulated Judgment and Remedial Plan in Murray et al. v. County of Santa Barbara et al. stems from a lawsuit regarding substandard health services for people held in the Santa Barbara County Jail, a facility of the Santa Barbara County Sheriff’s Office. The Stipulated Judgment and Remedial Plan agreement includes provisions for remedial plans to address deficiencies in several areas, including medical care, mental health care, disability access and accommodation,

environmental health and safety and custody operations/segregation. The Stipulated Judgment and Remedial Plan details multiple specific provision that the County shall address within each of these broad categories and includes identification of independent monitors to oversee and report on progress in these areas to assess compliance. This report is focused on assessment of the medical care provided in the Santa Barbara County Jail, which involves performance by both the Sheriff's Office and the health services vendor, Wellpath inc.

II. Methodology

The goal of this report is to review currently available information and provide a second report on compliance with the various provisions of the Stipulated Judgment and Remedial Plan agreement that relate to medical care. Each of the specific provisions in the Stipulated Judgment and Remedial Plan agreement are presented below, with a compliance rating and report on what data or information were utilized to achieve the rating. One change from the initial report is that instead of rating broad areas of compliance (A-N), this report includes compliance ratings on individual subsections (A1 &2, B1-4 etc.). This change was made in coordination with all stakeholders in the compliance monitoring process.

Compliance is divided into the categories of substantial compliance, partial compliance, non-compliance and unratable. Substantial compliance represents most or all of the elements of compliance being in place and working as designed. It is important to consider that a single rating of substantial compliance does not mean that an area will no longer be measured, or that such an area may not revert to lower levels of compliance. This is an important consideration

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whenever large-scale transitions occur with staffing, physical plant or emergency responses, all of which are currently relevant in the Santa Barbara County Jail.

Information utilized to assess compliance includes review of individual medical records, interviews with County and Wellpath staff and patients, and review of other information provided by the County and Wellpath. Medical records are reviewed remotely via secure access granted and maintained by Wellpath.

The facility inspection was conducted on August 9th-11th, 2022. Aside from physical inspection of both facilities, interviews were conducted with security and clinical staff. In addition, 18 currently detained people were interviewed regarding their care. Both defendants and plaintiffs were given draft versions of this report and offered the opportunity to provide comments and responses.

Among the 18 detained people interviewed, several issues were reported by multiple people. Five people reported delays in response to sick call requests, with written sick call forms either going unaddressed or leading to delayed clinical care. Six people reported problems with medications, including inconsistent time of administration. Three people reported that they were taking suboxone or methadone prior to arriving in the facilities but that their medications were terminated or interrupted upon arrival in the Santa Barbara Jail. Several of these cases are reflected below in the relevant area of compliance monitoring.

III. Stipulated Judgment and Remedial Plan Monitoring

Each of the following categories is specifically outlined in the Stipulated Judgment and Remedial Plan agreement. For each area of medical care, the elements of the Stipulated

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Judgment and Remedial Plan agreement are presented with compliance reported for each of the individual subsections instead of one broad compliance assessment covering the various subsections. Each element of the Remedial Plan (A-N) is presented with ratings for each subsection. Data utilized to make these compliance ratings include the following:

- Medical records of patients present in June, July 2022.
- Reports from 18 patients interviewed during inspection.
- Reports from security and clinical staff interviewed during inspection.
- Administrative data requests from the County/Wellpath after the inspection.

At the request of plaintiffs and defendants, several vignettes have been provided in the analysis section of individual ratings to elucidate areas needing improvement.

A. Private Medical Contract Monitoring by County

1. The County shall appoint a County employee or consultant with adequate expertise to provide ongoing monitoring and oversight of the private Jail health care provider contract.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The current rating for A.1 is based on discussions with County and Wellpath leadership and staff as well as review of documents utilized for delivery and improvement of clinical care. The County staff tasked with monitoring and oversight of medical care are

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knowledgeable and capable, but the county is still finalizing the role and guidelines for this position.

Recommendations: The County reports that the roles and responsibilities of health services oversight will be finalized in the coming six months. Establishing this clarity will allow for full compliance, but it is important to create sufficient support and time for this oversight to occur, notwithstanding the qualifications of the staff. A common jail scenario is to overload the security staff charged with oversight of the health services with too many other responsibilities.

2. The County’s Department of Public Health and Behavioral Wellness shall actively monitor the Jail health care contract with any private health care services provider.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The current rating for A.2 is based on discussions with County and Wellpath leadership and staff as well as review of documents utilized for delivery and improvement of clinical care. The County Department of Public Health and Behavioral Wellness are attending some of the facility quality improvement meetings, a necessary level of involvement. But it is still the case that these crucial outside stakeholders are not reviewing important data generated by Wellpath. In addition, the audits conducted by the County are received by the facility, but a process for how to implement their recommendations into sustainable workflow changes has yet to be finalized.

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Recommendations: The County estimates that integration of the Department of Public Health and Behavioral Wellness into their quality improvement structures at the jail will require eight months. Finalizing this process will be necessary to establishing compliance with this part of the Remedial Plan.

B. Policies and Procedures

1. The County will develop and implement policies and procedures related to the delivery of medical care specific to the County’s Jail system. The County will have ownership and control over the final policies that are created from this process.

Prior rating	Partial compliance
Self-assessment from status report	Underway
Current rating	Partial compliance

Analysis: The current rating for B.1 is based on discussions with County and Wellpath leadership and staff as well as review of documents utilized for delivery and improvement of clinical care. Still missing from current policies and practices is a clear and updated health care policy.

Recommendations: The County anticipates that this part of the Remedial Plan will be implemented in the next eight months. Review of this document with recommended changes will occur once the draft policy is ready. Given the significant differences in how health services are accessed in the North Branch and Main Jails, the County should ensure that all applicable health care policies and procedures are written to be *specific* to Santa Barbara County Jail’s system, its

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operational needs, its physical plant/location of services, and the particular requirements in the *Murray* Remedial Plan.

One of the ongoing areas of concern is the limited use of keep on person medications. This is especially a concern at the Main Jail, where movement of nursing staff and overall provision of clinical services is most acutely impacted when there are staffing shortages of security staff.

Another area of needed policy review/improvement is patient safety for people undergoing substance withdrawal or intoxication in the main jail intake cells. There is no medical infirmary or area for safe medical monitoring, rendering management of seemingly stable withdrawal patients a serious safety concern. Each of these areas is referenced below in more detail.

C. Health Care Records

1. The County shall implement an integrated electronic health records system and provide ongoing IT support.

Prior rating	Substantial compliance
Self-assessment from status report	Completed
Current rating	Substantial compliance

Analysis: The current rating for C.1 is based on review of the electronic medical record (EMR) utilized by Wellpath as well as discussions with Wellpath leadership and staff. The current EMR continues to work as an acceptable platform for provision of health services. The IT support from Wellpath, although limited in capacity, has been adequate to provide support. One area of future development that is needed involves the tracking of disability needs and accommodation. This is an essential area that the ADA expert in this case is actively monitoring and relates to the ability

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of the EMR to interface with other databases utilized by security staff in a manner that ensures disability needs are appropriately identified and accommodated. This domain of shared information is not only possible while ensuring patient confidentiality, but is required for multiple areas of compliance, including care for people on suicide watch and those who are heat sensitive.

Recommendations: None

2. The County shall implement policies and procedures to ensure that health care staff adequately document health care contacts and treatment intervention information, including:

a) Patient housing location, type of health care service, and setting where the services were delivered;

b) Time of the health care encounter and time the note is generated in the system.

Prior rating	Substantial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: The current rating for C.2 is based on review of patient records in the EMR, as well as interviews with patients and staff. The key identifiers outlined in a) and b) of this metric are consistently and clearly marked in patient records that I review. In addition, patients do not report any consistent or systemic issues in this area.

Recommendations: One potential improvement for detecting errors is to develop a close call program whereby either patients or staff can report when a problem arises that might lead to

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errors. A common example for jails in this regard involves patients being handed the wrong medication, but they recognize the error and bring to a nurse's attention. This is something that the patient and nurse could report as a close call, with scrutiny from the leadership teams for potential quality improvement.

3. The County shall implement policies and procedures to ensure that the electronic health record system is modified, maintained, and improved as needed on an ongoing basis.

Prior rating	Substantial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: The current rating for C.3 is based on review of patient records and discussions with staff and leadership. The two significant workflow changes that have required modification since the last report are COVID-19 responses and opening a new facility. Wellpath has provided adequate IT support to meet the clinical needs for care via the EMR posed by these two developments.

Recommendations: None

4. The County shall implement and utilize Jail health care forms that the County owns.

Prior rating	Substantial compliance
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: The current rating for C.4 is based on review of the forms that are present in the EMR from Wellpath, which reflect forms created by Wellpath as well as the County. It is unclear how or whether both sets of forms undergo the same process for development, review and approval.

Recommendations: The County has indicated that the new iteration of the medical care policy will include clear protocols for the coordinated review and approval of both Wellpath and County forms. A core part of this process should be for the County and Wellpath leadership teams to review the forms utilized in patient care, so that policies are being correctly implemented. Completion of this review and medical care policy, estimated to occur in the coming six months, will be crucial to establishing compliance.

D. Space for Health Care Service Delivery

- 1. The County shall ensure sufficient and suitable clinical treatment and office space to support health care service delivery. Space for health care services shall provide a therapeutic setting with adequate patient privacy and confidentiality.***

- 2. The parties recognize that paragraph 1, above, will require a remodel, reconfiguration, or renovation of the Main Jail subject to the timeframe set forth in the Stipulated Judgment. The County and the Sheriff's Office agree that, during the period of renovations at the Main Jail, they will, to the maximum extent possible given existing physical plant limitations, take reasonable steps to provide sufficient and suitable clinical treatment and***

office space to support health care service delivery with adequate privacy and confidentiality. (Metrics D1, D2 are rated together)

Prior rating	Non compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The rating of partial compliance for D.1 and D2 reflects the opening of the new facility, bringing improved access for some patients to clinical encounters that occur in therapeutic and confidential settings for patients now housed at the Northern Branch Jail. This rating, while improved, also reflects ongoing concerns at the Main Jail, where challenges in the adequacy of clinical spaces remain. One of the core problems with the Main Jail is that people are in housing areas far removed from clinical examination/encounter spaces. In these circumstances, lack of adequate security staffing or other barriers to accessing the health care encounter rooms forces clinical staff to attempt some encounters at the cell/housing area entrances, which is inadequate. In some cases, lack of security escort staffing causes health care encounters to be delayed or postponed, creating problems with respect to timely access to care.

Recommendations: The County is currently in the midst of a redesign process for the Main Jail. This process should be structured so that people can receive timely care in confidential and therapeutic/clinical settings. This redesign should include an absolute requirement that patients not have encounters with health staff at the door or open bars of a cell, where their clinical discussions can be heard by other detained people and security staff.

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In addition, it is crucial that during the period of these renovations at the Main Jail, the County “will, to the maximum extent possible given existing physical plant limitations, take reasonable steps to provide sufficient and suitable clinical treatment and office space to support health care service delivery with adequate privacy and confidentiality.” This need for an interim plan to ensure timely and adequate care during the Main Jail renovations is present across multiple domains of this settlement agreement and will be part of ongoing review. In addition, to the extent that the infirmary cells in the North Branch Jail become part of an interim plan, both the clinical scope and staffing of these areas should be reported to the experts by the County and Wellpath.

E. Intake screening

1. The County shall develop and implement an Intake Screening Implementation Plan that specifies standards and timelines to ensure that arriving prisoners are promptly screened for urgent health care needs (within minutes of a prisoner’s arrival when possible, and in all cases within two hours of arrival), with adequate confidentiality, timely follow-up, and disability accommodations. The standards and timelines shall include medical clearance on arrival at the Jail to determine whether the prisoner must be excluded from the Jail or housed in a special placement based on medical or mental health condition, initial health screening, and an initial health assessment within timeframes based on the individual’s conditions and acuity.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: Review of intake screenings conducted during June and July 2022 show that the timelines for expected clinical encounters are generally followed. In addition, it is clear that some patients are identified as needing clearance or higher-level assessment/care upon intake and are sent directly to a local emergency department. Ongoing challenges are based on the use of locked cells to monitor and care for people who have higher level medical or mental health needs during the intake process, and the lack of any infirmary or higher level of care for patients who require more monitoring/care but who do not meet hospital admission criteria. In addition, the intake process at the Main Jail also appears to provide barriers to confidentiality as security staff may stand inside the room where the encounter occurs.

Recommendations: Develop an intake pathway that allows for increased clinical engagement without use of locked cells and ensures patient confidentiality.

2. The Intake Screening Implementation Plan shall include the following:

- a) Standards and procedures to ensure Medication Continuity, either through outside verification or on-site physician medication order;***
- b) Procedures to ensure adequate review of individual health care records maintained by the County or otherwise available as part of the intake process;***
- c) Infectious disease screening and follow-up;***
- d) Initial Health Assessment for all incoming prisoners with chronic illnesses;***
- e) Psychological Evaluation for persons with signs of development disability;***
- f) Psychological Evaluation for persons with signs and/or histories of mental illness;***
- g) Clinical evaluation of persons in need of detoxification with clinical determinations for any use of sobering, safety or isolation cells;***

h) Use of a suicide risk assessment tool, with Psychological Evaluation for those with positive findings on the suicide assessment.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: While the bulk of the forms utilized for these encounters are adequate, remaining areas of work include ensuring access to County Behavioral Health and Wellness records for incoming patients, as well as implementing the intellectual disability screening workflow and ensuring adequate monitoring of people being treated for withdrawal or acute intoxication.

Recommendations: Development of a standard quality assurance audit for intake timeliness and adequacy is required, especially to track access to outside County health records, intellectual disability screening and monitoring/care of people being treated for withdrawal and intoxication.

3. Registered nurses shall perform the intake health screening and shall receive annual training on intake policies and procedures.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Substantial compliance

Analysis: Review of medical records shows that Wellpath is compliant with this metric.

Recommendations: None

F. Access to care

1. The County shall develop and implement a Health Care Implementation Plan to provide all necessary levels of care for prisoners with health care needs and to ensure that they receive timely treatment appropriate to the acuity of their conditions, consistent with established standards of care and clear timelines for routine, urgent and emergent cases.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The County and Wellpath are in the midst of revising their Health Care Policy, which will be reviewed when available.

Recommendations: Revision and finalization of Health Care Policy.

2. All non-emergent health care requests or referrals shall be reviewed by the triage RN within 12 hours of receipt and assigned a triage level for a Provider appointment of urgent or routine.

Prior rating	Partial compliance
Self-Assessment from status report	Underway

Current rating	Partial compliance
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Analysis: These reviews, which include sick call requests, have been hampered by COVID-19 responses as well as overall staffing issues. Wellpath and the County estimate that in the coming eight months, they will achieve compliance with this metric.

Recommendations: Tracking and ensuring that reviews and triage level assignments occur within the 12-hour timeframe.

3. For all health care requests or referrals, the following timelines and procedures shall apply:

a) Patients with emergent medical conditions shall be treated or sent out for emergency treatment immediately.

b) Patients with urgent medical conditions shall be seen by the Provider within 12 hours of review by the triage RN. For urgent referrals that occur on the weekend when a Provider is not on-site, medical staff shall complete a phone consultation with the Provider within 12 hours of review by the triage RN, with any clinically indicated treatment or other follow-up provided. The Provider will conduct a face-to-face appointment with the patient on the next business day.

c) Patients with routine medical concerns shall be seen by the Provider within five (5) days of review by the triage RN, or sooner if clinically indicated.

d) All health care requests or referrals that are received shall be seen by the RN or a Provider. The County affirms that it does not utilize a written response only process for medical care requests and referrals.

e) The County shall inform patients of the above timelines for urgent and routine care by including that information in the inmate orientation manual and on the medical request forms.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: Per Wellpath and the County, the aforementioned Health Care Policy review and nursing staffing issues are necessary to address to come into compliance with this metric. Several of the reports I received from incarcerated people involved delays in facility response to their sick call requests. One person, who was elderly, reported falling and injuring his hand. He reported showing his hand, which had become blue with bruising, to a security officer who told him to report the issue to medical. He reported that he submitted a sick call request and also told multiple medication nurses about his hand pain, but that he was not seen for one week, and only because a clergy member intervened. His medical records also indicate that he was seen one week after his injury, and that a fracture was quickly diagnosed and that he was sent for specialty evaluation. The County estimates that response to sick call requests and the other elements of this metric are estimated to become compliant within eight months.

Recommendations: Complete Health Care Policy revision and increase nursing staffing to ensure timely access to care, with regular review of timeliness.

4. The RN or Provider shall:

- a) conduct a brief face-to-face visit with the patient in a confidential, clinical setting;*
- b) take a full set of vital signs, if appropriate;*
- c) conduct a physical exam, if appropriate;*
- d) assign a triage level for a Provider appointment of emergent, urgent, or routine;*
- e) provide over-the-counter medications pursuant to protocols; and*
- f) consult with Providers regarding patient care pursuant to protocols, as appropriate.*

Prior rating	Partial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: This metric bears on the work performed by nursing staff and providers when they see patients. Medical records I have reviewed show that when these encounters do occur, they generally are adequate.

Recommendations: None

5.The County shall ensure timely access to appropriate medical care based on the community standard, including with respect to medication practices, treatment, clinical and administrative treatment space, access to specialty care and hospitalization, emergency response, chronic care, infirmary or intermediate level of care, follow-up medical attention for prisoners discharged from the hospital, and supervision of medical staff.

Prior rating	Partial compliance
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Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: Although the County rates this area as completed, there is still work to be done.

Specifically, the timeliness of sick call encounters is a concern, as well as the management of patients with more complex medical problems. There is no intermediate area for care, either as a dedicated infirmary or a housing area with some increased nursing resources and clinical surveillance. This gap is relevant to many patients who return from the hospital, and who have some increased health care needs that exceed what is possible in general population settings. The many cell areas of the North Branch medical clinic are not utilized for these needs, largely because of a lack of adequate nursing staff.

Recommendations: Create an intermediate level of care for patients who require more surveillance and care than is available in general population, but less than what is needed for inpatient hospital admission. In addition, any utilization of the North Branch Infirmary area should follow a clear plan for the required staffing, frequency of clinical assessments and scope of services to be provided.

6. The County shall staff and schedule dental clinics to ensure timely access to clinically indicated dental care.

a) A qualified or appropriately trained clinician shall triage dental care requests to identify emergent or urgent dental issues that require treatment of infection or pain.

b) Patients with emergent dental conditions shall be treated or sent out for emergency treatment immediately.

c) Patients with urgent dental conditions shall be seen by a dentist within one (1) week, or sooner if clinically indicated.

d) Patients with routine dental concerns shall be seen by a dentist within two (2) weeks, or sooner if clinically indicated.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: Delayed response to dental requests has been a common concern among patients over the past year. Facility staff report a mixture of challenges, including adequate security staffing, coordinating with other clinical work, and interruption of some encounters by COVID-19. The County and Wellpath estimate that their new approach to medical escort staffing will allow this metric to become compliant within six months.

Recommendations: Track delays in individual encounters and types of care caused by facility lockdowns, lack of staffing, lack of clinical staffing and other common reasons for review and improvement at joint Wellpath/County CQI meetings.

7. The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written health care requests, to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the

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request on an appropriate form and transmitted to a qualified medical professional for response consistent with the above provisions.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The County reports that they will come into compliance within six months regarding this metric.

Recommendations: Track and ensure compliance with the need for adequate language accommodation in health care requests, including review of sick call and grievance forms.

8. The County shall not prohibit patients from reporting or inquiring about multiple medical needs in the same appointment.

Prior rating	Partial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: Interviews with detained people and review of medical records does not reveal this metric to be a significant concern. Multiple sick call and chronic care encounters have been reviewed where more than one problem was reported by a patient. Interviews with patients also confirm that patients can report more than one problem or concern at a time.

Recommendations: None

9. The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.

Analysis: This area of compliance has been assigned to Terri McDonald, with input from myself and Dr. Johnson. Overall, this area of compliance appears more difficult to ensure at the Main Jail than the North Branch facility, in part because of the ability of nursing staff to administer medications in the new facility with the help of housing area staff.

G. Chronic care

1. The County shall develop and implement a Chronic Disease Management Program for the management of chronic conditions, including but not limited to diabetes mellitus, asthma and other respiratory conditions, hypertension, HIV, and hepatitis C.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: Many of the protocols required for this metric are in place, but there continues to be a significant gap in treatment for people with substance use disorders. Wellpath has implemented some treatment with medications of opiate use disorder (MOUD) to the extent that between 30-50 people are receiving treatment at any time. This likely represents less than 25% of the total need, and initiation and continuity of treatment is a problem even for those who do receive treatment. Two of the detained people I interviewed reported that they had recently been on

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Suboxone or Methadone but were unable to receive those medications when they arrived in the Santa Barbara jail. They both expressed worries that they would experience fatal overdoses when they went home from jail. This lack of treatment can also drive overdose death during incarceration, when people with opiate use disorder turn to illicit substance use for self-medication and may die from fatal and accidental overdose. I have requested the names of people who recently received the medication naloxone, utilized for opiate overdose reversal. This request (and conversation with these people) is geared towards understanding how available this medication is throughout the Santa Barbara jails, and also whether there are unaddressed opportunities to reduce accidental overdose and death.

Currently, the delivery of MOUD is conducted with the regular medication carts in a tandem process that has nurses administering other medications to a housing area before suboxone is given, two patients at a time. These medications should be administered by dedicated staff at dedicated times and in dedicated spaces. The current approach of adding this crucial and extremely detailed work to the regular medication cart work creates risks for patients and staff alike and reflects a lack of adequate resources.

Recommendations: Create a workflow for dedicated treatment with MOUD, including space, staff and timing that eliminates MOUD treatment interruption during detention and expends treatment to those who meet clinical criteria.

2. The Chronic Disease Management Program shall include provision of written individual treatment plans, case tracking, adherence to community standards, and routine scheduled follow up with Qualified Health Professionals including specialists.

Prior rating	Partial compliance
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Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: This area also requires development of treatment plans for people with substance use disorder. Currently, problems with substance use are documented during the intake assessments, but for many patients, no care is forthcoming. These problems, when identified, should prompt both in-jail treatment as well as re-entry planning. Monitoring of the appropriate dosage of Suboxone is essential for these medications to be use safely, but this monitoring requires that trained staff be afforded adequate time to ensure each patient’s treatment plan is working for them.

Recommendations: Creation of individualized treatment plans for people with substance use issues is estimated to require another six months by Wellpath and the County. My assessment is that providing this necessary treatment will require additional staff for the actual medication treatment as well as the re-entry work.

3. The Chronic Disease Management Program shall include, at a minimum, the following protocols, which will be regularly evaluated through quality management processes:

a) A Comprehensive Asthma Protocol: The protocol shall ensure that patients with significant asthma histories are regularly evaluated by physicians. Medical staff shall use appropriate diagnostic tool(s) to assess a patient’s ability to breathe. The County will allow patients to keep prescribed rescue inhalers on their person, consistent with individualized clinical and security input.

b) A Comprehensive Hypertension Management Protocol: The protocol shall ensure that patients with hypertension receive complete initial exams, including but not limited to lab tests and EKGs per clinical input, and medication at the appropriate times and intervals.

c) A Comprehensive Diabetes Management Protocol: The protocol shall ensure regular testing of blood sugar and hemoglobin A1C levels for patients with diabetes, at clinically appropriate intervals. Patients shall have access to the types of insulin and dosing frequency consistent with the treatment they were receiving prior to detention or most appropriate to their individual treatment goals and correctional setting, including multiple daily injection therapy using long-acting and rapid-acting insulins and insulin pump therapy, as clinically appropriate. The County will provide a diabetes-appropriate diet, compiled by a qualified registered dietician, to prisoners with diabetes.

Prior rating	Partial compliance
Self-assessment from status report	Complete
Current rating	Substantial compliance

Analysis: The protocols utilized by Wellpath for treatment of asthma, hypertension and diabetes are adequate.

Recommendations: To maintain this level of compliance, Wellpath should continue to report on the meeting of these chronic care goals through their quality management program in the coming year.

4. The County shall develop policies and procedures to ensure that labs ordered by clinicians are drawn in a timely manner, that the results are reviewed by nurses and clinicians in a

timely manner, that the results are communicated to patients in a timely manner, and that the results are placed in the patient's health care record in a timely manner.

Prior rating	Partial compliance
Self-assessment from status report	Underway
Current rating	Partial compliance

Analysis: Review of medical records shows that some delays in laboratory documentation and reporting results back to patients persist. The County has rated itself as underway for this metric and estimates compliance in the next six months.

Recommendations: Create monthly facility reports on the percentage of timely laboratory reviews and reports of results to patients, including response to abnormal and critical results.

H. Pharmacy Services:

- 1. The County shall develop and implement policies to ensure continuity of medication at the time of Jail arrival and throughout the period of detention. Verified medications from the community shall be continued without interruption. Prisoners with unverified medications for serious conditions shall be evaluated promptly to ensure timely provision of necessary treatment.***

Prior rating	Partial compliance
Self-assessment from status report	Underway

Current rating	Partial compliance
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Analysis: The system for medication prescription and profiling is adequate, but delays in initiation of administration persist, especially in the Main Jail. Significant variation in the times of medication administration is also reported by patients in both facilities.

Recommendations: The County and Wellpath report that in the coming six months, the electronic medical record will be better utilized to improve consistency of these processes. Regular tracking of medication timeliness and the number of medication passes that occur outside prescribed timeframes should be part of this effort.

2. The County shall ensure that the Jail’s formulary policies and procedures are sufficient to provide adequate individualized care to patients, including through ongoing staff training on the process of requesting non-formulary medications.

Prior rating	Partial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: The current Wellpath approach to prescribing formulary medications and access to non-formulary medications is adequate. The issues reported elsewhere regarding lack of access to MOUD do not stem from problems with the formulary, but more with staffing and resources.

Recommendations: None

3. The County shall revise its Keep on Person medication policies and procedures for common over-the-counter medications, including but not limited to rescue inhalers for asthma treatment.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The County seeks to expend its keep-on-person (KOP) program but is limited by staffing and physical plant issues. Although KOP programs reduce the overall time and staffing need for nursing, the transition can be labor-intensive, as workflows for renewal need to be created while medication carts are still utilized three times per day for those receiving dose by dose administration.

Recommendations: I have recommended that patients in the chronic care program be prioritized for the next step of KOP expansion.

4. The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with applicable laws and through the following:

- a) ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of the prescription, unless it is clinically indicated to deliver the medication sooner;***
- b) ensuring that medical staff who administer medications to patients document in the patient's Medical Administration Record (1) name and dosage of each dispensed***

medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal, documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff. Rating for this (H.4) and the following metric (H.5) are combined below.

5. The County shall develop and implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times, including when out to court, in transit to or from any outside appointment, or being transferred between facilities. If administration time occurs when a patient is in court, in transit or at an outside appointment, medication will be administered as close as possible to the regular administration time. (Both subsections H.4 and H.5 are rated together)

Prior rating	Partial compliance
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: Review of medical records and data provided by Wellpath shows that the initial prescribing and profiling practices are adequate. The process for tracking missed medications requires more work because there are not consistently documented reasons for when and how patients miss their medications. As with scheduled encounters, it is crucial to track the occurrence and trends regarding missed medications due to late administration, lack of adequate security staff, medication side effects, and whether medication reconciliation has occurred in chronic care encounters.

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Recommendations: Create monthly reporting on missed and delayed medications that includes reason codes.

6. The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The County and Wellpath report ongoing work to ensure adequate clinical and security staffing. For the administration of medications, this issue is more pressing at the Main Jail, because nursing staff are able to safely complete their work more independently, even during short staffing, at the Northern Branch Jail due to efficiencies facilitated by the physical plant at that facility.

Recommendations: While the county and Wellpath aim to monitor this problem via the electronic health record, they will not likely address it with the current workflow problems in the main jail. One option may be to consider housing patients with chronic care and other serious health issues at the North Branch facility, to decrease the amount of staffing and work required in the outdated physical plant of the Main Jail.

I. Transgender and Gender Nonconforming Health Care

- 1. The County shall treat transgender prisoners based upon an individualized assessment of the patient's health care and related needs, consistent with relevant legal requirements.*

Prior rating	Unrated
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: The County and Wellpath do not yet have a newly revised policy regarding this metric. This policy appears broadly compliant based on review of individual patient records, but Wellpath and the County have yet to implement a new policy or measure whether/how well this policy is being implemented, including feedback/input from patients.

Recommendations: Create quality measurement of this area that includes grievance data, surveys or other direct feedback from patients who require and receive care.

J. Drug/Alcohol Withdrawal

- 1. The County shall develop and implement drug/alcohol withdrawal policies and procedures that include specific guidelines as to the frequency and documentation of patient assessment.*

Prior rating	Partial compliance
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Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: This metric mentions withdrawal specifically, but an integrated approach to intoxication, withdrawal and substance use disorders is needed. Regarding withdrawal, the ongoing threat to patients is that lacking any infirmary level of care, all people experiencing withdrawal, including from alcohol, are kept in locked cells with periodic checks by security and health staff. This practice creates serious risks that a patient will deteriorate and potentially die out of sight and away from continuous medical monitoring. Due to the complicated mixture of behavioral and medical health crises that people routinely experience in their early days of jail incarceration, reliance on locked cells as the primary setting for evaluation and treatment creates ongoing risks to their health, including death. In addition, the prevalence of methamphetamine intoxication and withdrawal requires more intervention by Wellpath and the County.

Recommendations: Develop the capacity to medically monitor patients undergoing withdrawal in a setting that includes either infirmary level care or some more therapeutic setting that does not rely on locked intake cells. Create withdrawal protocol for methamphetamine that includes nutritional support and hydration.

K. Utilization Management

- 1. The County shall develop and implement a utilization management (UM) system that ensures that health decisions about patient care are made with sufficient input from Providers and meaningful consideration of patients' health history and needs.***

Prior rating	Unrated
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: Wellpath policies and records show that a process in in place in their Care Management Program to review referrals for care and appeals from patients.

Recommendations: None

- 2. The UM process shall ensure that Providers and patients are promptly informed about decisions made through the UM process, including with respect to specialist referral requests.*

Prior rating	Unrated
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: Discussions with patients, review of medical records and grievances shows that the process Wellpath currently utilizes leaves gaps in how timely patients are informed by their providers of key decisions about specialty assessments and care, as well as decisions about disability accommodation.

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Recommendations: Use of grievance information to drive CQI audits will be crucial for this metric. Creating and measuring an audit tool for the adequacy and timeliness of providing patient information could be an early CQI audit in this area.

- 3. The UM process shall include an appeal process to enable patients and Providers to appeal a decision denying a referral request.***

Prior rating	Unrated
Self-Assessment from status report	Completed
Current rating	Substantial compliance

Analysis: Compliant. This appeal process exists and is adequate.

Recommendations: None.

L. Review of Inmate Deaths

- 1. The County shall complete timely and adequate death reviews, within 30 days of any death, including a clinical mortality review in all cases and a psychological autopsy if death was by suicide or is otherwise indicated. The County shall also complete a multidisciplinary administrative review to assess custodial and emergency response actions.***

Prior rating	Unrated
Self-Assessment from status report	Underway

Current rating	Partial compliance
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Analysis: The County and Wellpath have established a system that reviews each case of mortality among detained people and assesses their trajectory of illness and care leading up to the death. This process is timely, but still lacks sufficient review of factors within the jail/incarceration that may contribute to death, including use of segregation or isolation cells in place of clinical and therapeutic settings and adequacy of staffing/resources to provide the care needed to especially vulnerable groups of patients. It is also important to include all of the patient's diagnoses in the mortality review and consider whether the death could be part of a pattern or trend, which is currently the case regarding overdose deaths in numerous county jails. Input on this area of compliance is also contributed by Ms. McDonald and Dr. Johnson. All three of our assessments include the need for greater information sharing between Wellpath and the County in their review of and response to deaths.

Recommendations: Complete the review of the facility Health policies and integrate a systems lens to review deaths in custody. Ensure that mortality reviews include the following elements;

- Did the patient receive the standard of care for their health problems?
- Did any factors inside the jail significantly contribute to the patient's death?
- Does the patient's death potentially indicate a pattern or trend?

In addition, the reports should increase involvement of County staff (custodial and County Public Health/Behavioral Wellness officials) in review of mortality cases, crafting and tracking of findings and corrective action plans.

2. The death review process shall include a root cause analysis, as appropriate, and the development of corrective action plans to identify and address systemic or individual issues.

Prior rating	Unrated
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: Partial compliance. One of the core elements to a root cause analysis is to have the relevant stakeholders present for the meeting. Wellpath conducts a fairly robust internal review, and these findings are shared with County staff in a joint meeting.

Recommendations: I have made recommendations to Wellpath and County staff that the current approach (which involves considerable clinical review by Wellpath and then discussion of findings by both Wellpath and County staff) be altered to include County staff in the initial deep dive of clinical and custodial care, so that findings are created and reviewed in writing by both services. The technical aspects of root cause analysis will need to be integrated into this death review workflow.

M. Discharge Planning: The County shall implement an in-custody discharge/reentry planning program, described in a written policy, with emphasis on prisoners who suffer from chronic mental health and medical conditions, including addiction.

1. *The reentry services program shall include the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.*
2. *The reentry services program shall include the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.* (both metrics rated together)

Prior rating	Non-compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The county rates both of these metrics as underway, with estimated compliance in the coming 6-10 months. While the County and Wellpath recognize the crucial role of re-entry or discharge planning for their patients, there is currently little structure dedicated to this area of compliance. This is a process that should start on intake, with every person coming into the jail with a serious health problem being identified and structured for an encounter with re-entry staff. Those staff and the processes they would rely on are just being developed. In addition, the workflows to coordinate these efforts with County partners are extremely limited, for medical, substance use and mental health care.

Recommendations: Design workflows for re-entry planning that start with admission and create a staffing matrix of needed roles. These workflows should consider common chronic care conditions including diabetes, seizure disorder, cardiovascular disease and asthma for which

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continuity of medication is essential as well as pharmacy access. This area will likely require 2-3 dedicated staff at a minimum but staffing for discharge planning will need to be addressed in the County's Health Care staffing analysis. This area of compliance includes, and will continue to rely on, input from Ms. McDonald and Dr. Johnson.

N. Quality Management

- 1. The County shall develop a Quality Management program to regularly assess and take necessary measures to ensure quality and efficiency of care.***

Prior rating	Partial compliance
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: The County and Wellpath have some important quality management structures in place, but adequate involvement of the County in monitoring clinical quality requires County staff to engage in further analysis of quality outcomes and review of clinical performance.

Recommendations: Ensure that County staff, including from Behavioral Wellness and Public Health, are part of the design and analysis of quality projects, as well as corrective action plans. Staffing for quality management processes will need to be addressed in the forthcoming required Section VIII Health Care staffing analysis.

- 2. The County shall establish a Continuous Quality Improvement (CQI) Unit to develop tracking mechanisms and to monitor the timeliness and effectiveness of care, to be***

reviewed at least quarterly and with corrective action plans employed where issues are identified.

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The County has identified that this part of compliance is underway and predicts compliance within eight to ten months. While tracking of timeliness can be assisted by the electronic medical record and done somewhat administratively, assessing the adequacy of clinical encounters requires direct involvement of clinical leadership, including the head nurse and physician.

Recommendations: Ensure clinical leadership have dedicated time for clinical review of cases.

Staffing for clinical case review will need to be addressed in the forthcoming required Section VIII Health Care staffing analysis.

3. The County shall track and document all completed, delayed, and canceled medical appointments, including reasons for delays and cancelations. Such documentation shall be reviewed as part of the quality management process.

4. The County shall track compliance with the Chronic Disease Management Program requirements for timely provision of appointments, procedures, and medications. (Both metrics rated together)

Prior rating	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: While some areas of care are tracked to completion (including medication administration), others remain outside the view of clinical and administrative leaders. One of the crucial remaining areas of work is to create structured fields for reasons that clinical encounters are missed or rescheduled, including the lack of security staff for escorts. This data is extremely important to track if the County seeks to know why and how often scheduled care is not delivered. The County has identified that this part of compliance is underway and predicts compliance within eight to ten months.

Recommendations: Implement tracking of reasons for missed clinical encounters. One of the crucial remaining areas of work is to create structured fields for reasons that clinical encounters are missed or rescheduled, including the lack of security staff for escorts. This data is extremely important to track if the County seeks to know why and how often scheduled care is not delivered.

5. The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program

Analysis: This area of compliance is now assigned to Ms. McDonald, and I will provide input in the coming year, especially regarding the clinical issues raised and addressed in grievances.

Not Rated: Safeguards for Prisoners Placed in Segregation

3. Health care staff shall conduct check-ins three times per week to assess and document the health status of all prisoners in Segregation, and shall make medical and mental health referrals as necessary.

This area will be reviewed in the coming compliance assessment, in conjunction with the other experts and reporting will be included in my next report.

Section VIII-Healthcare Staffing for Medical Services,

Rating, Partial Compliance

This area of compliance has three elements, including the requirement to maintain adequate staffing levels, to undertake a comprehensive staffing analysis and to monitor staffing levels for shortages in staff for the spectrum of health services.

- 1. The County shall establish and maintain appropriate Qualified Health Professional staffing levels and sufficient custodial staff to provide timely escorts for inmates to health care appointments.***
- 2. Comprehensive staffing analysis.***
- 3. Staffing monitoring***

Analysis/ratings. The first and third requirements (relating to Medical Care) are rated as partial compliance, because the County clearly has some structures in place to predict, deploy and review staffing for their health services. The opening of the North Branch Jail has revealed some longstanding issues with some staffing concerns (see Mental Health monitoring report), issues that the County is aware of and working to address. The County anticipates conducting the Staffing analysis in the next 8-12 months by the County, which also yields a rating of partial compliance. It is crucial that the areas of staffing shortfalls or new staffing need mentioned in

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this and other expert reports be integrated to the analysis. The most effective way to accomplish this would be to include the monitoring experts in this process.

IV. Next Steps

Overall, the County and Wellpath are working towards compliance with medical care aspects of the settlement agreement. Barriers to compliance include the physical plant and staffing challenges in the Main Jail, the lack of the ability to provide medical monitoring for high-risk patients during the intake period, and the need for expanded clinical care for people with substance use disorders and re-entry planning. While some of these challenges can be addressed with redesigned workflows and policies, some simply require more security and/or health staff to allow people to receive the care they need. Two current practices pose specific risks of morbidity and mortality for people in the Santa Barbara Jails, the reliance on locked cells for people needing treatment of complex medical and mental health crises, and the lack of widespread access to MOUD. The national problem of increasing overdose deaths in county jails, combined with the longstanding problem of suicide during isolation make this a dangerous time in the jail. The County and Wellpath need to conduct a comprehensive staffing analysis than has occurred to date. I will provide feedback to the County and Wellpath on their upcoming revision of the Health Care Policy and will soon plan my next visit to the facility, likely for spring 2023.