

Venters.3.Murray et al. v. County of Santa Barbara et al.

Third 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)

Submitted by Dr. Homer Venters

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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 Jails, facilities of the Santa Barbara County Sheriff’s Office. The facilities include the Main Jail and the recently opened Northern Branch Jail. 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. The parties in the original lawsuit have also submitted a Joint Status Report and Stipulation that relates to implementation of the Remedial

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Plan and bears on several areas of this report. Notably, the Defendants have agreed to implement several key elements regarding withdrawal monitoring, ADA compliance, food safety and nutrition, staffing of health care services and mental health care. The elements of withdrawal monitoring and health care staffing in the Stipulation are referenced below.

This is the third monitoring report regarding medical care in this case and there is one consistent and concerning theme throughout these reviews: Santa Barbara County lacks meaningful and organized clinical oversight of the vendor providing health services in the jails. There are some areas of cooperation and review of jail health services with the Department of Public Health and Behavioral Health, but there is no clear County jail health authority or correctional health office that ensures the policies are adequate, that analyzes quality assurance data independently, or that reviews clinical data regarding deaths and formulates independent findings. Many of these tasks that should be conducted by the County are left to the vendor, Wellpath. In many cases, Wellpath provides adequate care, but this does not remove the County from a responsibility that is clearly identified in the Stipulated Judgment and Remedial Plan, and which it currently does not meet. This lack of meaningful and organized oversight by the County stands in the way of compliance with the Stipulated Judgment and Remedial Plan. I recommend that the County stakeholders consider creating a unified correctional health authority or some organized office that includes physicians and nursing staff with correctional health expertise to address these deficiencies. This area of concern is consistently represented in my findings below and is also consistent with the reports I have reviewed from the other monitors. The County does report that their level of coordination and oversight is increasing this year, “the County has increased efforts to ensure cross-departmental coordination and oversight of the medical/mental health care provided at the

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jail facilities. The quarterly audits by Behavioral Wellness and Public Health will be incorporated in the MAC/CQI meetings.”

Summary of Santa Barbara County’s Compliance with *Murray* Remedial Plan – Medical Care

PROVISION	REQUIREMENT	CURRENT RATING	PRIOR RATING
II.A.1.	County Monitoring of Private Medical Contract Appointment of County employee/consultant for monitoring/oversight	PC	PC
II.A.2.	Department of Public Health and Behavioral Wellness Monitoring of Jail health care contract	PC	PC
II.B.1.	Policies and Procedures Policies specific to County’s Jail system, County ownership/control	PC	PC
II.C.1.	Health Care Records Integrated Health Records System, Ongoing IT Support	SC	SC
II.C.2.	Policies, Procedures for Adequate Documentation of Health Care Contacts and Treatment	SC	SC
II.C.3.	Policies, Procedures, for Ongoing Maintenance and Improvement of Electronic Health Record System	SC	SC
II.C.4.	Jail Health Care Forms the County owns	SC	PC
II.D.1.	Space for Health Care Service Delivery Clinical Treatment/Office Space, Adequate Privacy/Confidentiality	PC	PC
II.D.2.	Interim Measures to Provide Clinical Treatment/Office Space, Adequate Privacy/Confidentiality During Physical Remediation Period	PC	PC
II.E.1.	Screening on Intake Intake Screening Implementation Plan, Standards/Timelines	PC	PC
II.E.2.	Intake Screening Implementation Plan Components	PC	PC
II.E.3.	Registered Nurses to Conduct Screening, with Annual Training	SC	PC
II.F.1.	Access To Care Health Care Implementation Plan for Timely Treatment Appropriate to Acuity	PC	PC
II.F.2.	Timely Triage for Non-Emergent Health Care Requests	PC	PC
II.F.3.	Timelines and Procedures for Emergent, Urgent, and Routine Requests/Referrals	PC	PC
II.F.4.	RN/Provider Health Care Encounter Components	SC	SC
II.F.5.	Timely Access to Appropriate Medical Care Based on Community Standards	PC	PC
II.F.6.	Timely Access to Clinically Indicated Dental Care	PC	PC

II.F.7.	Verbal Health Care Requests, Submission and Documentation	PC	PC
II.F.8.	No Prohibition on Reporting/Inquiring about Multiple Medical Needs During the Same Appointment	SC	PC
II.F.9.	Provision of Sufficient Custody Escorts for Timely Delivery of Health Care	Compliance Designation by Custody Operations Expert	
II.G.1.	Chronic Care Chronic Disease Management Program	PC	PC
II.G.2.	Written Individual Treatment Plans, Case Tracking, Adherence to Community Standards, and Appropriate Follow-ups	PC	PC
II.G.3.	Chronic Disease Management Protocols for Asthma, Hypertension, and Diabetes	SC	SC
II.G.4.	Timely Labs and Timely Communication of Results	PC	PC
II.H.1.	Continuity of Medication at Arrival and Throughout Detention	SC	PC
II.H.2.	Adequate Formulary Policies and Procedures	SC	SC
II.H.3.	Implementation of Keep-on-Person Medication Policies, Procedures	PC	PC
II.H.4.	Medication Administration Policies/Procedures, Initial Doses and Administration Record	PC	SC
II.H.5.	Therapeutically Appropriate Timing of Medication Distribution	PC	SC
II.H.6.	Sufficient Nursing and Custody Staffing to Ensure Timely Medication	PC	PC
II.I.1.	Transgender and Gender Nonconforming Health Care Individualized Care Consistent with Relevant Legal Requirements	PC	PC
II.J.1.	Drug/Alcohol Withdrawal Adequate Drug/Alcohol Withdrawal Policies, Procedures	PC	PC
II.K.1.	Utilization Management Implementation of Adequate UM system	PC	SC
II.K.2.	Providers and Patients are Promptly Informed about UM Decisions	PC	PC
II.K.3.	Process for Patients and Providers to Appeal Denial of Referral Request	SC	SC
II.L.1.	Review of Inmate Deaths Timely and Adequate Death Reviews, including Clinical Mortality Review and Psychological Autopsy (if Indicated), Multidisciplinary Administrative Review	PC	PC
II.L.2.	Death Review Process Inclusion of Root Cause Analysis and Correction Action Plans	PC	PC

II.M.1.	<i>Discharge Planning</i> Discharge/Reentry Program, Written Policy and Emphasis on Chronic Mental Health and Medical Conditions, Including Addiction	PC	PC
II.M.2.	Reentry Services Programs with Required Components	PC	PC
II.N.1.	<i>Continuous Quality Improvement</i> Quality Management Program to Regularly Assess and Take Necessary Measures to Ensure Quality and Efficiency of Care	PC	PC
II.N.2.	Continuous Quality Improvement (CQI) Unit, tracking mechanisms and monitoring of care, quarterly reviews, corrective action plans	PC	PC
II.N.3.	CQI Tracking of Completed, Delayed, and Cancelled Appointments	PC	PC
II.N.4.	CQI Tracking of Compliance with Chronic Disease Management Program	PC	PC
II.N.5.	Systematic Review of Prisoner Grievances Related to Health Care in Quality Management Program	Compliance Designation by Custody Operations Expert	
VII.1.	<i>STAFFING FOR HEALTH CARE SERVICES</i> Appropriate Medical and Custody Staffing Levels	Compliance Designations by Mental Health Care/ Suicide Prevention Expert	
VII.2.	Staffing Analysis		
VII.3.	Monitoring and adjusting staffing		

II. Methodology

The goal of this report is to review currently available information and provide a third report on compliance with the various provisions of the Stipulated Judgment and Remedial Plan that relate to medical care. Each of the specific provisions in the Stipulated Judgment and Remedial Plan are presented below, with a compliance rating and report on what data or information were utilized to achieve the rating. 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.

The parties have agreed upon the following compliance designation definitions for the Remedial Plan Experts to apply in their reports:

- **Substantial Compliance:** Indicates compliance with all or most components of the relevant provision of the Remedial Plan, and no significant work remains to accomplish the goal of that provision.
- **Partial Compliance:** Indicates compliance with some components of the relevant provision of the Remedial Plan, and work remains to reach Substantial Compliance.
- **Non-Compliance:** Indicates non-compliance with most or all the components of the relevant provision of the Remedial Plan, and work remains to reach Partial Compliance.
- **Un-ratable:** Shall be used in cases where the Experts have not been provided data or other relevant material necessary to assess compliance or factual circumstances during the monitoring period making it impossible for a meaningful review to occur at the present time.

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 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. Several lists of patient encounters were provided by Wellpath for this review. These lists represented consecutive encounters starting on a date selected by me for chronic care, sick call and other types of care.

The facility inspection was conducted on March 6th-8th, 2023. Aside from physical inspection of both facilities, interviews were conducted with security and clinical staff including the new MAT/MOUD coordinator. In addition, 12 currently detained people were interviewed regarding

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their care. Both defendants and plaintiffs were given draft versions of this report and offered the opportunity to provide comments and responses.

Among the 12 detained people interviewed, five reported regular use of opiates before their incarceration. Among these five people, one was being treated with suboxone and three others reported being on a wait list for treatment. One person reported that he was 21 days into his detention and was certain that he would go home before treatment was started. He reported that he has personally experienced overdose dozens of times and had been given Narcan in the week (before his incarceration) by friends when he overdosed. He and others expressed worries about dying from fatal overdose in the facility and when they left. Several of the people I spoke with had previously been detained in the jail and reported improvements in speed of the sick call response, and in their ability to see a dentist.

During the inspection, I was able to participate in a meeting between County jail leadership, Behavioral Wellness staff and the Wellpath team. This discussion demonstrated that the County Behavioral wellness team was very supportive of efforts to introduce Medications for Opiate Use Disorder (MOUD) in the jails and was providing technical support in this area.

III. Stipulated Judgment and Remedial Plan Monitoring

Each of the following categories is specifically outlined in the Stipulated Judgment and Remedial Plan. For each area of medical care, the elements of the Stipulated Judgment and Remedial Plan 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 (specified for each element).
- Reports from 12 patients interviewed during inspection.
- Reports from security and clinical staff interviewed during inspection.
- Administrative data requests from the County/Wellpath after the inspection.
- Fourth Remedial Plan Status Report from Santa Barbara County (2/1/23)

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 County continues to report this area as “Underway”, and my assessment is that they are in partial compliance. While custodial leadership are well-positioned to work cooperatively with Wellpath, these relationships and workflows appear to focus on operational matters, not oversight.

Recommendations: The County should establish a group of correctional health experts who can provide meaningful oversight of the adequacy of all health services in the jails. The goal of this should be to independently assess compliance and not rely on Wellpath’s assessments of their

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own compliance. While taking a specific approach towards oversight is not outlined in the Remedial Plan, the County needs to expand their approach to oversight of care, and that this expansion will require nursing and medical professionals.

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 Behavioral Wellness staff as well as County Sherriff’s staff and Wellpath leadership. The County Department of Public Health and Behavioral Wellness have been providing important support to the County as they implement some MOUD programs, including their audits of several areas of health services.

Recommendations: The County reports that integration of the Department of Public Health and Behavioral Wellness into their quality improvement structures at the jail is still ongoing. A more broad and unified oversight is needed to that County health experts are part of jail policy making, quality assurance, mortality reviews and other basic elements of oversight. One area that would benefit from immediate intervention is adoption of some of the naloxone protocols (with County partner support) similar to what is in place at LA County Jail for introduction into the Santa Barbara facilities to reduce overdose deaths. The County should make naloxone (Narcan)

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available in all housing areas without the need for incarcerated people to access it via a correctional officer. The County has requested that this recommendation be provided outside the Remedial Plan context, and that this is not required by the Remedial Plan, but my assessment of the recent overdose deaths and lack of fully implemented MOUD program in the County’s facilities is that this is an essential recommendation to safeguard health and provide emergency care for clearly documented health problem. The County has reported on five overdose deaths-in-custody in the span of less than nine months (September 2022 to May 2023), a trend that calls for concerted and timely action.

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	Completed
Current rating	Partial compliance

Analysis: The current rating for B.1 is based on review of the health care policy recently signed (May 2023) as well as discussions with County and Wellpath leadership and staff as well as review of documents utilized for delivery and improvement of clinical care. Review of the new County policy (5/23) and the Wellpath policies for provision of health services shows an ongoing gap in guidance that should be provided by the County but is instead left to Wellpath to both describe and perform quality assurance on. One example is the policy approach to Hepatitis C diagnosis and

treatment. The County policy mentions Hepatitis C only once, “The County shall ensure that the contracted healthcare provider develops and implements 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.” The Wellpath Hepatitis C policy is fairly comprehensive and is linked to an internal corporate Hepatitis C review panel that approves treatment. But there is no clear guideline from the County of Santa Barbara about who should be treated and there does not appear to be any review of the Wellpath Hepatitis C panel reviews and decisions by any County physician. The Wellpath eligibility criteria appear to link treatment to longer periods of incarceration and more advanced liver disease, but it is not clear why or whether the County of Santa Barbara has agreed to these criteria or why. In nearby Sacramento County, the County jail has its own Hepatitis C policy that details eligibility for treatment as well as other basic elements of treatment. Because this treatment is so effective at preventing future morbidity and mortality, and because the basic decisions about whether to treat or not are so linked to the cost of treatment, this is an area that the County should specially address in their health care policy, based on consultation with Department of Public Health experts, and not leave to a corporate vendor. The section on quality improvement contains a similar disconnect, with the language requiring a quality assurance program by the vendor but without clear definition of who in the County is responsible for ensuring that this occurs adequately.

Recommendations: The County reports that this area is completed, but having an effective health care policy will require addressing the related questions about County level oversight. In order to come into substantial compliance, the County will need to create a broad health policy (which exist at many other CA County Jails) and establish oversight roles for monitoring

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implementation of these policies. The County has reported that “he County Departments of Public Health and Behavioral Wellness will be reviewing the updated Wellpath policies once completed.” This process is welcome and may provide a path towards improved compliance.

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 electronic medical record (EMR) EMR continues to work as an acceptable platform for provision of health services. The rating for C.1 is based on review of the EMR utilized by Wellpath as well as discussions with Wellpath leadership and staff. One area of ongoing development 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 of the EMR to interface with other databases utilized by security staff in a manner that ensures disability needs are appropriately identified and accommodated.

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 rating for C.2 is based on review of patient records, 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. There are several specific documentation issues outlined in the chronic care section, but those can be addressed via more robust quality assurance.

Recommendations: None.

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. Wellpath has provided adequate IT support to meet the clinical needs for

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care via the EMR posed by the new facility opening, implementing some MOUD and other new clinical workflows.

Recommendations: None

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

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

Analysis: The forms utilized for patient care now appear to be subject to a single review and approval process, with all forms belonging to (and reviewed by) the County.

Recommendations: None

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 South Branch 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 South Branch 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	Partial compliance
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: Ongoing areas where the County does not provide adequate clinical space include the initial health screening areas of the Main Jail and the cells utilized for patients undergoing withdrawal, intoxication, or suicide precautions. Other settings where care is provided are consistent with this part of the Stipulated Judgment and Remedial Plan for adequacy and confidentiality of space.

Recommendations: The redesign of the Main Jail must allow for confidential encounters from the initial health assessment onwards and must also allow for more therapeutic setting for people undergoing withdrawal management (see below). This redesign must work to eliminate the practice of patients being improperly provided 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.

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: The County rates this area as underway and my current rating is again, partial compliance. I have reviewed 20 recent intake screenings and find that the forms are adequate and that the timing is also within the prescribed requirements. Interviews with patients and staff also reflect this. As before, I remain concerned with the use of locked cells in the intake area for management of people who have higher level medical or mental health needs during the intake process but who do not meet hospital admission criteria. These cells can leave people to deteriorate out of sight and sound of others, and the newly promulgated guidance from the DOJ makes specific mention of housing people experiencing withdrawal together (see review of Withdrawal Management section J, below). In addition, the intake process at the Main Jail also appears to provide barriers to confidentiality as security staff frequently stand inside the room

where the encounter occurs. A recent Grand Jury report found deficiencies involving failure to communicate and coordinate care of a patient who later died, with emphasis on the need for more training and coordination among health staff in the overnight shifts and in response to mental health screening.

Recommendations: Develop an intake pathway that allows for increased clinical engagement without use of locked cells and ensures patient confidentiality. Review workflows for how mental health screening is conducted in the overnight shifts, and monitor/address gaps in communication between nursing and mental health staff.

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: The County rates this area as underway and my current rating is again, partial compliance. 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.

I am also concerned about the delayed approach to tuberculosis screening in the County jails.

The number of new cases of new TB cases has increased in both 2021 and 2022 in California.¹

Although Santa Barbara has not reported recent outbreaks, the County Health Department should review the current approach to waiting until day ten of incarceration (or later in many of the records I have reviewed) to check PPD status. One area in the initial receiving screening form that is often left blank is the infections disease symptom checklist. When this part of the receiving screening form is left blank (including the ‘denies all’ box), the result is that no affirmative questions about TB symptoms may be asked and documented until the second or third week of incarceration. The County reports recent training in this area and provided staff training documents and rosters.

¹ <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-TB-Snapshot-2022.pdf>

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The CDC recommends that all people be screened for symptoms of TB at jail intake and that a PPD be placed within 7 days of incarceration.² In NYC, we planted the PPD in the initial 48 hours of incarceration so that we could read the result by the day 4 or 5 court visit when many people went home. Ultimately, we moved to a blood test because even that approach left many people going home without a PPD either planted or read.³ The current approach by the County reflects the Wellpath corporate policy, but it results in a large percentage of people arriving and leaving the jail without their TB status being determined, and virtually none of those who are PPD positive but x-ray negative being initiated on treatment for latent TB infection. This approach places the County in jeopardy of missing a case of pulmonary TB, allowing spread inside the facility, putting large numbers of incarcerated people (and staff) at substantial risk, and being unable to conduct basic contact tracing for people who may be diagnosed outside the facility but passed through for less than two weeks. In addition, the lack of early identification and initiation of treatment for latent TB increases the overall burden of disease in the County and the State since 5-10% of people with untreated latent TB infection will ultimately develop active TB.⁴

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. The current approach to TB screening should be reviewed by the County Department of Public

² <https://www.cdc.gov/correctionalhealth/rec-guide.html#recommended-actions>

³ <https://www.liebertpub.com/doi/abs/10.1177/1078345818763868>

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<https://www.cdc.gov/tb/publications/factsheets/general/ltbiandactivetb.htm#:~:text=Persons%20with%20latent%20TB%20infection%20are%20not%20infectious%20and%20cannot,some%20time%20in%20their%20lives.>

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Health. The County should establish oversight of the intake process, as with other areas of this Remedial Plan, so that they are able to independently assess compliance, not rely on Wellpath's assessments of compliance.

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
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Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: The County reports being in the process of addressing this requirement. The newly shared health care policy does not include basic information about how level of control and acuity should drive how often people are seen by health staff, including physicians. Level of control refers to how well a chronic disease is being managed with current treatment, and whether exacerbations of that disease are occurring. For example, in hypertension and asthma, level of control documentation would include review since the last visit of recent blood pressure readings and review of asthma symptoms and rescue inhaler use respectively. The EMR and Wellpath policies do reflect the ability to document level of control and clinical status, as well as next appointment date, but the County’s own policy should have some of this basic guidance included, including a mandate that all incoming patients be screened and offered appropriate treatment for substance use disorders. The County has also indicated that “the County Department of Public Health will be reviewing all Wellpath policies once the outstanding policies are completed.”

Recommendations: Revision, finalization, and full implementation of Health Care Policy that addresses all relevant Remedial Plan requirements.

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.

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.

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.*

(F.2, F.3 and F.4 are reviewed together below)

Prior rating	Partial compliance (F.2, F.3) Substantial Compliance (F.4)
Self-Assessment from status report	Underway
Current rating	Partial compliance (F.2, F.3) Substantial Compliance (F.4)

Analysis: The County reports being in the process addressing these areas. The first two parts of the sick call elements refer to the timing of the initial review and the timing of the encounter itself. The third sick call element relates broadly to the adequacy of care. I have reviewed 20 sick call encounters, assessing each of these three areas, and not found any significant deficiencies in this sample. I have also reviewed the sick call audit tool that Wellpath and the County have developed, which is adequate. The County reported that they will begin tracking of these timeframes for review, as well as the adequacy of the encounters themselves and that they will report these findings into their quality committee meetings.

Recommendations: Once the County establishes tracking and reporting of the data referenced above and provided those data show compliance (as do my own reviews of medical records), I believe these three areas will be in substantial compliance, which will be an elevation for F.2 and

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F.3 and the same level for F.4. The County reports recently updating and improving this aspect of quality improvement.

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
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: The County rates this area as in process. Some of the closures in the Main Jail have helped in that segregation cell areas that were difficult to access or required additional escort staff for patients have been closed. As detailed in the last report, 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.

Recommendations: Create an intermediate level of medical monitoring for patients who require enhanced surveillance and care for a serious medical need but may not meet criteria for inpatient hospital admission. In addition, any utilization of the Northern 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: The County rates this area as in process, noting that the Main Jail continues to be more challenging for meeting these requirements. Medical records I have reviewed show this area to be improved in the past year, but with persisting delays in the Main Jail. In addition, patient and staff interviews indicate that the time between initial referral or request and encounter is improved and generally within the 1-week timeframe for urgent concerns and 2 weeks for routine concerns. This area shows recent improvement in the weeks before this report, and if

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current levels are maintained, I anticipate this metric to be in substantial compliance when next reviewed.

Recommendations: Maintain additional hours of dental staff.

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 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. I have reviewed 20 medical records of people who are known to require language services, and almost all of their encounters appear to occur with this accommodation. What remains is for the County and Wellpath to establish a way to track this accommodation and report into their quality structures.

Recommendations: Track and ensure compliance with the need for adequate language accommodation in health care requests. The sic call form has recently been updated, which should help establish substantial compliance in this area over the coming review period.

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.

This area of compliance has been assigned to Terri McDonald.

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
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Analysis: As stated above, several of these conditions and approaches to management are mentioned in the County health care policy but there still are large gaps in the County policy relating to chronic care. There are several elements that the County policy should mandate for chronic care encounters that include documenting review of prior encounters, including the level of control in the assessment/plan, and documenting the timeframe for the next encounter, with increasing frequency for poorly controlled chronic health problems. Wellpath does have its own policies relating to each of these conditions and their policies are generally in accordance with current NCCHC and other correctional health standards of care (see paragraph below). I have reviewed 20 chronic care encounters from March 2023. Each encounter was assessed for whether it was timely (based on the referral or prior encounter) and whether it was clinically adequate. Six of these encounters showed deficiencies in either the timing (three cases) or the adequacy (three cases) of the encounter. Wellpath responses to these cases indicate that a combination of wrong forms being utilized, and lack of escort staffing were identified as causes of the deficiencies.

Wellpath has provided several monthly quality assurance reviews that show compliance in the elements of chronic care timing and adequacy ranging from 71%-100%. multiple areas of review for chronic care visits. The approach taken in these reviews is good, but there is a gap relevant to this aspect of the remedial plan. One of the elements reviewed in these forms is “Treatment plan is modified if conditions change or if disease control is poor?” This approach does capture whether a change occurs in response to a poor level of control is poor, but it leaves

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out whether the level of control was captured in all other scenarios, so that a person who has moved from good to fair control might not be detected.

As I have previously reported, the lack of adequate treatment resources for people with OUD represents a major and ongoing deficiency in the County's jail health services. The collaboration with Behavioral Wellness, and the considerable work being conducted by the MAT/MOUD coordinator is important, but the persistence of a significant MOUD wait list make clear that this is largely a resource issue.

Recommendation: The County should develop their chronic care policy and oversight to reflect correctional standards, including documentation of level of control at chronic care encounters.

As part of this, the County should have their own policies regarding who should be screened for and who should receive Hepatitis C treatment and who should be referred to care outside the facility on discharge. Oversight of the adequacy of care in this area should include County level policies and review of encounters by County medical staff. Wellpath policies and procedures appear adequate in their clinical approach, with the one recommendation to explicitly review level of control for all chronic care encounters. deficiencies in these encounters reflect the need for more monitoring of chronic care encounters. The County should have an audit tool for chronic care visits that allows them to track the adequacy and timeliness of these encounters.

One specific recommendation is for providers to review and document the range of recent blood pressures for hypertension encounters. Regarding MOUD treatment, the County should include this area in their health care policy and determine the resources needed to eliminate the MOUD wait list. The County has reported that "The County Department of Public Health will be reviewing all Wellpath policies once the outstanding policies are completed."

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
Self-Assessment from status report	Underway
Current rating	Partial compliance

Analysis: As stated above, I believe the Wellpath templates are largely adequate to allow for creating these types of treatment plans in chronic care, but the County needs to establish a real oversight role in monitoring how and whether these templates are utilized. The County has reported a current process for MOUD and substance use disorder treatment and the partnerships with the County Departments of Behavioral Wellness and Public Health plans is underway. The County has also provided sample treatment plans for review which appear adequate.

Recommendations: Finalize MOUD/SUD treatment plan implementation, work to address the backlog of patients who meet clinical criteria for treatment.

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	Substantial 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: The County has rated itself as underway for this metric and estimates compliance in the next six months. The County has also reported “The County intends to conduct this CQI quarterly”.

Recommendations: Create quarterly 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	Substantial compliance

Analysis: This area appears to have improved in the past year, based on review of medical records as well as interviews with patients. Review of 20 chronic care patients shows that while there are deficiencies in some of the actual chronic care encounters (below), the initiation and maintenance of medications is adequate. I have reviewed the Wellpath medication/pharmacy policies and find them to be adequate, but the County health care policy should be more specific about what elements of these policies are essential. The keep on person program remains far too limited, which continues to create the need for extra staffing and increases the opportunities every day for medication errors at medication pass. I have reviewed the waitlist for Substance Abuse Counseling services and this delay appears to involve mostly people who are not yet receiving treatment with MOUD but who meet clinical criteria, as opposed to those who are already on community treatment. This area of compliance is mentioned in G.2. Overall, I find the improvements over the past year to bring the County into substantial compliance in this area.

Recommendations: Improve the County health policy area dealing with medications/pharmacy with more detail about essential functions and create a County role for monitoring of medication administration.

- 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	Substantial 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 continues to rely on medication carts for virtually all medications, which increases the number of times each day that nursing staff hand a single pill to a patient instead of them taking their medication on their own. This increases staffing needs for nursing as well as

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security staff. This process is especially problematic at the Main Jail because of the physical plant.

Recommendations: I have recommended that patients in the chronic care program be prioritized for the next step of KOP expansion and this approach should be prioritized at the Main Jail.

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

Analysis: Review of medical records and reports from patients via counsel and grievances indicate that medications are intermittently administered outside the expected timeframes. The County has recently replied to this issue by stating the new staff are being hired and trained. This issue will require ongoing surveillance.

Recommendations: Continue with planned hiring of nursing staff, and oversight by the County of med pass times. The County should request a notification from Wellpath whenever med pass occurs outside expected timeframes and this metric should be reviewed at quality meetings with County oversight staff.

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

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Analysis: The County and Wellpath report this area as underway. As stated above, 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. The County acknowledges that “there have been some delays with medication pass at the Main Jail,” and notes in its Status Report that “the County and Wellpath are analyzing and assessing the circumstances,” including “working with an independent company to complete a staffing study.” The County reports that the Electronic Health Record will be used to monitor medication delivery times, and that “the County and Wellpath will work on a tracking mechanism to identify if medications were delayed due to custody or clinical staffing shortages.” These steps are essential and should move forward expeditiously.

In addition, any expansion of the discharge planning work, MOUD and higher level of care for patients with complex health problems or being managed for withdrawal will likely require additional nursing staff.

Recommendations: Ensuring adequate staffing is the core solution to this issue, although broadening the KOP program will reduce the number of medication passes significantly, which will also decrease the burden on security staff.

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

Analysis: The County reports this area as in process based on their own policy review. Plaintiffs’ class counsel provided input and resources to support implementation of this provision via letter dated July 18, 2022. In addition, one case in which a person was not maintained on their community treatment was identified by the Mental Health Monitor, Dr. Belavich.

Recommendations: Complete policy revision, several nearby county jail systems (*e.g.*, Los Angeles, Orange, San Francisco, and San Diego Counties) may have current policies that can provide guidance. This is an area where the coordination and communication between health and mental health staff during the initial 48-72 hours after arrival requires improvement.

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
Self-Assessment from status report	Underway

Current rating	Partial compliance
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Analysis: As previously reported, the current approach to withdrawal management relies on cells in the intake area to hold people being medically managed for withdrawal, a practice that is unsafe. The County has reaffirmed during multiple conversations that they do not intend to have an infirmary level of care in either facility. This approach is problematic because every jail must have some setting where people who are ill but who do not meet admission criteria for hospitals can be safely housed and provided care. This represents a wide range of people, from those who have complex medical problems to those being monitored for acute intoxication, withdrawal and mental health crises. I have reviewed the medical records of patients who are designated as “total care” who are held in the jail in a cell, and who require multiple nursing and medical interactions on a daily basis, but who do not meet criteria for hospital admission. In terms of this area of evaluation, there is a clear need for a physical setting outside the intake units where people being managed for withdrawal can be cared for.

In August 2023, the parties reach an agreement and submitted a stipulation to the *Murray* court that provided further specifics, informed by Remedial Plan expert input, on implementation of this provision. Implementation of those specifically delineated requirements will be assessed in the next round of monitoring. Part of this agreement includes implementation of the type of care envisioned in the new Department of Justice guidelines regarding withdrawal management.

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. This could be a combination of a dorm and cell areas but where

health staff are able to see, hear and monitor patients in a dedicated space, out of the chaotic intake setting. This approach should also allow for confidential interactions between health staff, including mental health professionals, and patients. The recently released Department of Justice guidelines for management of withdrawal in jail settings make clear the need for this type of medical monitoring and confidential care.⁵

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

Analysis: This metric was previously rated as being in substantial compliance and is now rated as partial compliance. The reason for this change is that the obligations is for the County to implement and maintain a UM system, but the system that is in place belongs to and is operated by the vendor, Wellpath. The deficiency in this approach is that UM decisions by Wellpath are not regularly reviewed by any County level physician staff for appropriateness. In addition, it does not appear the nursing or physician staff working for the County are part of review of

⁵ <https://www.justice.gov/opa/pr/justice-department-releases-new-tool-manage-substance-withdrawals-jails>

grievances when a person reports a delay or problem with these UM decisions. Instead, these tasks are left to Wellpath without active monitoring by the County. The County has stated that “While the County is increasing efforts to ensure cross-departmental coordination and oversight of the medical/mental health care provided at the jail facilities, the Remedial Plan does not require that a County physician review UM decisions.” While it is true that the County need not engage a physician for review of each UM decision made by Wellpath, there must be some physician level review of this area of work by the vendor to ensure that their practices are consistent with their own, and the County’s policies, as well as basic standards of care.

Recommendations: The County must implement and maintain a system that includes its own team (including physician level review) conducting correctional health care oversight to ensure the adequacy of vendor UM decisions.

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

Analysis: The County reports this area as being in process. Discussions with patients, review of medical records and grievances shows that the process Wellpath currently utilizes leaves gaps in

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how timely patients are informed by their providers of key decisions about specialty assessments and care, as well as decisions about disability accommodations.

Recommendations: Creating and measuring an audit tool for the adequacy and timeliness of providing patient information could be an early CQI audit in this area. There should be a County role in oversight of this metric, including physician and nursing level reviews of timeliness and adequacy.

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

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

Analysis: The most recent visit confirmed earlier discussions that while Wellpath conducts its own death review, and meets with County staff to discuss their findings, County correctional health experts do not review medical data and formulate findings independently. Instead, the vendor Wellpath conducts an internal clinical review and presents their finding to County staff, who do not include physicians or nurses. This is very concerning because the County is the health authority and they should rely on their own correctional health experts to review data from each case and formulate findings for and about Wellpath and their care. The current process is timely, but still lacks sufficient involvement by County health experts in assessing the adequacy of care.

The County’s Fourth Status Report states that implementation of this provision has been “completed,” which is not accurate. More work remains to establish substantial compliance.

Recommendations: Designate a County-level correctional health physician and nurse to review each case of death and formulate an initial set of findings that can be shared and discussed with security leadership and Wellpath staff. In my last report I made the following recommendations regarding mortality reviews:

In addition, there should be a consideration in each mortality review as to whether the death is part of a trend. 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?*

Since that time, the County has reported on five overdose deaths-in-custody in the span of less than nine months (September 2022 to May 2023). The mortality reviews in the past year do not indicate that the common clinical trends of how people die are being reviewed and assessed with each new case. In review of potential trends, the mortality reviews should document what findings and corrective actions have been taken in other similar cases and present these as either ongoing efforts, efforts that were never implemented or efforts that that were unsuccessful.

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

Analysis: Partial compliance. Without County-level physicians nursing staff as part of the process, the adequacy of this process cannot be established.

The County’s Fourth Status Report states that implementation of this provision has been “completed,” noting that the County has “incorporated root cause analysis into the mortality

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review process.” However, more implementation work remains to establish substantial compliance. Some of the recent mortality reviews indicate that there is pending data not included in the review. This is normal occurrence, but one that requires re-examination of the new information when available, something the County and Vendor appear to acknowledge but not always comply with. For example, one recent review reported that “A complete analysis of this incident is hindered by the inability to review the reports and written statements that are sealed pending closure of the various ongoing investigations.” This report continued “Will follow-up once autopsy and investigation packages are completed.” No corrective actions were identified in the initial review and no subsequent review was produced. Full compliance with this area requires that the County establish an effective mechanism so that they (not the vendor) track the timely and complete review of mortality among detained people, as well as the content of the findings and corrective actions (mentioned above in L.1).

Recommendations: Designation of County level physician and nursing staff for leading or otherwise substantially participating in the mortality review, including the root cause analysis.

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

Analysis: The county rates both of these metrics as underway. The County has implemented a required workflow for people leaving their custody that ensures contact with a nurse and discharge planning encounter. I have observed the process in the facilities as well as reviewed documentation of these encounters in medical records of individual patients. While this encounter is an important step forward, there is a need to provide more for people leaving the facility than a handout or brief counseling, which generally is what has been the practice at Santa Barbara County Jail to date. One of the most important remaining needs is to provide people with a short-term supply of medications, especially for people who take life-sustaining medications for serious physical health problems and/or who take psychotropic medications. This settlement refers to “*other appropriate reentry services,*” and provision of medications represents a crucial resource for people leaving jail that is part of modern practice for jail and prison re-entry services.

Recommendations: Design workflows for re-entry planning that start with admission and create a staffing matrix of needed roles, as well as criteria for provision of medications. I have

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previously reported that this area will likely require 2-3 dedicated staff at a minimum, however analysis of the need and potential staffing models was not included in the County’s contracted staffing report. This area of compliance includes, and will continue to rely on, input from the custody operations expert (Ms. McDonald) and the mental health care expert (previously, Dr. Johnson, and now Dr. Belavich).

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. The process described to me thus far is that County staff are recipients of quality management data but do not actually collect and analyze data on quality assurance indicators. The hiring of a quality assurance member of the Wellpath team is an important step in that collection of data can be standardized and tracked, as can follow-up actions on corrective actions. This move is important for creating a more responsive and data-driven health service from the vendor but does not replace or diminish the need for County-level, independent assessment of the adequacy of health services.

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.

- 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 vendor clinical leadership have dedicated time for clinical review of cases. The County should have its own nursing staff to participate in and oversee this work.

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: The County reports these two areas as be in in process.

Recommendations: Complete the tracking mechanisms for missed appointments presented in the Status Update and have County nursing and physician level staff review and make recommendations on data at quality meetings. The County reports that “Information regarding missed appointments will be added to the MAC/CQI meetings which are attended by County Departments of Public Health and Behavioral Wellness.” Tracking and use of this data will be crucial to establishing substantial compliance in this area.

Section VIII - Staffing for Health Care 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. *The County shall perform the following analyses:*
 - a) *Comprehensive staffing analysis based on a needs assessment, to include medical and mental health care providers and clinical staff, office and technological support, Quality Assurance staff, supervisory staff, and custody staff for escorts and transportation;*
 - b) *Determination of the number of positions required in each discipline for health care needs at each facility, based on current populations;*
 - c) *Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).*
3. *The County shall regularly monitor and adjust, as needed, staffing in order to ensure timely access to care.*

The Mental Health Care/Suicide Prevention Expert is providing the compliance designations for each provision in Section VIII of the Remedial Plan. My input as to the progress to date is provided below.

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. The County recently shared a staffing report, May 2023, provided by an outside vendor, Avocet Enterprises, LLC. This report was more of a review of workflows than an actual staffing analysis in that there was no review of data concerning the prevalence of various medical problems and the anticipated or estimated

number of encounters and full-time equivalents of various staffing required to provide care in these encounters either under the current scope of services or the scope envisioned by the Stipulated Judgment and Remedial Plan. The review did provide helpful recommendations regarding productivity of health staff and filling of existing health staff positions. There remains a serious need, and explicit Remedial Plan requirements, for a staffing analysis that reviews the scope of services envisioned by the Stipulated Judgment and Remedial Plan, as well as the acuity levels of patients, and makes recommendations based on this data. This need is especially apparent in the areas of MOUD and re-entry/discharge planning. The County does continue to monitor the number of staff working each shift and oversee the filling of the allotted staffing lines.

IV. Next Steps

Overall, this compliance assessment shows that Wellpath continues to meet many of the expectations provided by the County, but that the County continues to have serious deficiencies in their own oversight and monitoring responsibilities. Several areas of compliance have improved, including medication prescribing and renewal, while others remain partially compliant. I do not believe the County will be able to come into full and sustained compliance with this Stipulated Judgment and Remedial Plan without creating a more organized and professional correctional health mechanism. Other barriers to compliance continue to include the physical plant and staffing challenges in the South Branch 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. Two previously

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identified practices relate to morbidity and mortality, the reliance on locked cells for people needing treatment of complex medical and mental health crises, and the lack of sufficiently widespread access to MOUD to meet the patient population needs. Creation of physical settings where more consistent and confidential care/monitoring can occur has been discussed with the County and appears to be a priority for their redesign of the Southern Branch Jail. Interim measures to address patient needs during the physical plant remediation process will be necessary in the meantime. At the time of this report, another person is reported to have died in the Santa Barbara County Jail. Although the mortality review is underway, the press release from the Sheriff's Department includes "The inmate was housed in a single observation cell due to medical concerns including alcohol detox and was being checked by staff at regular intervals. Shortly after midnight on Sunday, September 3, 2023, Custody Deputies found the inmate unresponsive in his cell." I plan to make a mid-year visit in the late fall to the facilities to provide support and feedback on the implementation of new withdrawal protocols as well as discharge planning and several other areas.