

Venters.4.Murray et al. v. County of Santa Barbara et al.

Fourth 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 health services for people held in the Santa Barbara County Jails, facilities of the Santa Barbara County Sheriff's Office. The facilities include Main Jail (in Santa Barbara) and the Northern Branch Jail (in Santa Maria). 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. 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.

This is the fourth monitoring report regarding medical care in this case. While gaps remain in the scope, timing and adequacy of health services, one very significant step forward is the development of the County's oversight capacity to include active monitoring of the timing and

adequacy of care as well as efforts by Wellpath to improve care for people with substance withdrawal and who are in the intake process generally. Gaps in access for Hepatitis C treatment remain, as well the need to update care for diabetes. The mortality review for a death in custody in late 2024 reveals the importance of the County’s newly established oversight processes, as well as ongoing concerns with management of patients at risk for substance withdrawal.

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	SC
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	SC	PC
II.E.2.	Intake Screening Implementation Plan Components	SC	PC
II.E.3.	Registered Nurses to Conduct Screening, with Annual Training	SC	SC
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	SC	PC
II.F.3.	Timelines and Procedures for Emergent, Urgent, and Routine Requests/Referrals	SC	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	SC	PC
II.F.6.	Timely Access to Clinically Indicated Dental Care	SC	PC
II.F.7.	Verbal Health Care Requests, Submission and Documentation	SC	PC
II.F.8.	No Prohibition on Reporting/Inquiring about Multiple Medical Needs During the Same Appointment	SC	SC
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	SC
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	SC	SC
II.H.5.	Therapeutically Appropriate Timing of Medication Distribution	SC	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	PC

II.K.2.	Providers and Patients are Promptly Informed about UM Decisions	SC	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.	Discharge Planning 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.	Continuous Quality Improvement 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.	STAFFING FOR HEALTH CARE SERVICES 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 and Interviews

In order to assess compliance in these areas of medical care, reviews of medical records were utilized in conjunction with interviews of staff and patients, as well as a review of additional information requested from the County. 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. There are several specific parts of the monitoring in this case that are mentioned or referenced in multiple sections, including parts of the intake process (withdrawal monitoring) as well as chronic care and physical space for clinical encounters. The approach taken in this report is to cite deficiencies and downgrade compliance in the most specific area of review.

The facility inspection was conducted on September 10th, 11th and 12th, 2024. Aside from physical inspection of both facilities, interviews were conducted with security and clinical staff. In addition, 9 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.

Nine currently detained people were interviewed for this report. These interviews took place in a confidential setting, one requiring the use of video remote interpretation for sign language. I selected people for interviews myself. Among the 9 people interviewed, 5 reported arriving with potential withdrawal concerns and two of them reported that they were not regularly checked for withdrawal symptoms in their initial days of confinement. Review of their medical records indicated that one reported withdrawal concerns late in his stay and he was appropriately assessed at the time, while the other did have withdrawal monitoring documented in his medical records.

Three people detained in the Main Jail reported that sick call slips are sometimes picked up by correctional staff.

Six people reported that once started, their medications were available every day and that they had not experienced any interruptions.

One person reported waiting more than two weeks to see the Medication Assisted Treatment (MAT) coordinator at the Northern Branch facility.

III. Stipulated Judgment and Remedial Plan Monitoring of Medical Care

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 9 patients interviewed during inspection.
- Reports from security and clinical staff interviewed during inspection.
- Administrative data requests from the County/Wellpath after the inspection.
- Remedial Plan Status Report from Santa Barbara County (November 2023)¹

A. Private Medical Contract Monitoring by County

2.A.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

¹ The most recent Status Report is from November 2023, although an updated assessment report is anticipated in November 2024.

Analysis: The County continues to report this area as “Underway,” and my assessment is that they are in partial compliance. During my visit, the County reported that a nurse was being hired by the Department of Public Health and would be assuming some of the duties envisioned in this area of compliance. It is essential to have both nursing and physician level oversight of the health services provided in the jails. In addition, the job description and work assignments for the nursing role were still being finalized at the time of my visit.

Recommendations: The County should complete hiring and define the oversight roles for nursing and physician level staff.

2.A.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	Complete
Current rating	Partial compliance

Analysis: The current rating for 2.A.2 is based on review of the audits being conducted by Behavioral Wellness and Public Health staff as well as County Sheriff’s staff and Wellpath leadership. The County Department of Public Health and Behavioral Wellness have expanded their monitoring of health services in the jails to include chronic care conditions such as hypertension. During our discussions at the site visit, the County reported that these audits were recently expanded and that they plan for the newly hired nurse to assume responsibility for conducting these audits once hired and trained. These audits represent important progress, and if

these audits are successfully integrated to the work of the new County nurse, and they continue, I anticipate substantial compliance with this area at the next measurement.

Recommendations: In order to establish substantial compliance, this newly expanded monitoring of health services by the County will need to continue with the same pace, and integrate the monitoring to findings from the MAC/CQI meetings and mortality reviews.

2.B.1 Policies and Procedures

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: During the site visit, the County and Wellpath reported that internal review of medical policies was ongoing. A process was discussed and agreed on that would involve internal review of policies and sending to myself (or other monitors) for comment and review. This process, once implemented, will help to establish substantial compliance with this area of the Settlement Agreement. Specific feedback I offered during the visit that is relevant to the Health Care policy (240) is that the policy should specifically require that patients in the Santa Barbara Jails be consistent with community standards of care, including specifically identifying the following;

- Identification and Treatment of Sexually Transmitted Infections
- Managing Withdrawal in Jails
- Hepatitis C Treatment Recommendations²

Similarly, I have recommended that the Communicable Disease policy (244) specifically reference the CDC policies that make relevant recommendations, including the TB, influenza and COVID-19 guidelines.³

While many of these areas are adequately represented in existing policies, adequate screening, diagnosis and treatment for Hepatitis C and substance withdrawal are two areas where clear differences exist between accepted policies/guidelines and current Santa Barbara policies (and practices).

One important area of improvement in practice that should be clearly stated in health policies is the allowance for patients with diabetes to have an insulin pump and/or glucose monitor in place during detention. Custodial staff reported that this was an acceptable practice but that no current patients had these devices in place. Review of recent communications between Plaintiffs' counsel and the County have also indicated that retaining glucose monitoring devices and insulin pumps is an ongoing concern. The newly updated recommendations from the American Diabetes Association on correctional care for people with diabetes is another important policy to specifically cite and use as a guideline, including for this issue of glucose monitors and insulin pumps.⁴

² STI diagnosis and treatment from CDC at <https://www.cdc.gov/std/treatment-guidelines/correctional.htm>; Withdrawal, U.S. DOJ, at https://www.cossup.org/Content/Documents/JailResources/Guidelines_for_Managing_Substance-Withdrawal_in_Jails.pdf; Hepatitis C, Joint recommendations of IDSA and AASLD, at <https://www.hcvguidelines.org/treatment-naive>.

³ CDC TB Guidelines, at <https://www.cdc.gov/tb/php/guidance/correctional-and-detention-settings.html>.

⁴ ADA statement on correctional settings, at <https://diabetesjournals.org/care/article/47/4/544/154277/Diabetes-Management-in-Detention-Facilities-A>.

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 implementation of these policies. The County has reported that “the 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.

2.C. Health Care Records

2.C.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. this rating for C.1 is based on review of the EMR utilized by Wellpath as well as discussions with Wellpath leadership and staff. The current review of medical records shows that facility health staff have continued to utilize the EMR in a meaningful way, and that important improvements in practice have continued, including using the alerts and special needs codes more often.

Recommendations: None

2.C.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 reviewed.

Recommendations: None.

2.C.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

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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 care via the EMR.

Recommendations: None

2.C.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	Substantial compliance

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

Recommendations: None

2.D. Space for Health Care Service Delivery

2.D.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.D.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 2.D.1, 2.D.2 are rated together)

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

Analysis: The County reports this area as ongoing, due to the impending redesign of the Main Jail. The ongoing deficiencies include areas where clinical assessments of patients undergoing withdrawal monitoring occur in a non-confidential manner, as well as those being assessed for suicide risk. One problem reported by three of the people I interviewed was the nonconfidential aspect of leaving their sick call slips in the open bars of their group cells in the Main Jail, for collection by either security or health staff.

Recommendations: The redesign of the Main Jail must allow for confidential encounters from the initial health assessment onwards. Sick call slips and other medical request slips should be submitted to health staff without being viewed by security staff or other patients.

The facility redesign should 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.

2.E Intake screening

2.E.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	Completed
Current rating	Substantial compliance

Analysis: The County rates this area as completed and I have also changed my prior assessment of partial compliance to substantial compliance. I have reviewed 30 recent intake screenings and find that the forms are adequate and that the timing is also within the prescribed requirements. Interviews with nine current patients and staff also reflect this. This review included assessing each intake for the timing of the encounter as well as whether the intake was clinically adequate, including action being taken when abnormal vital signs or other potentially serious issues were detected or reported. Among the 30 newly admitted patient records I reviewed, 28 were both timely and adequate, representing 93% compliance. The two deficient cases involved a lack of medical referral for an abnormal vital sign and a lack of medical referral for elevated blood

pressure, both cases were seen by nursing in the following days and had improved/normal vital signs. All 30 of the records I reviewed had timely and adequate screening for tuberculosis. A specific concern regarding a recent death and missed withdrawal monitoring is addressed in the section on withdrawal management below.

Recommendations: Continue the current approach to intake screening.

2.E.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
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Self-Assessment from status report	Underway .
Current rating	Substantial compliance

Analysis: The 30 records I reviewed indicated that the approach for initial assessment and treatment of health problems is substantially compliant with elements a-h of this metric. The Wellpath intake screening form is a strong tool and captures the needed intake elements. In the past year, Wellpath and the County made changes to this form that capture disability and accommodation needs that bring this metric into substantial compliance.

Recommendations: Continue current approach to intake encounters.

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

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

Analysis: Review of medical records shows that Wellpath continues to be compliant with this metric.

Recommendations: None

2.F Access to care

2.F.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 reports being in the process of addressing this requirement. My review of 30 patient records as well as my discussion with the County indicate that once the health policies have been updated, and those changes are integrated into care, this area will likely come into substantial compliance.

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

2.F.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.

2.F.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.*

2.F.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.*

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

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

Analysis: The County reports this area as complete. The improvement in this area reflects requests or referrals for care being assessed in a both adequate and timely manner. This assessment comes from my review of 30 newly admitted patients, 13 of whom had a sick call or other new referral or request for care, all of which were addressed in a timely and adequate manner. I have also reviewed County audits and Wellpath CQI reports that show these areas of care are part of ongoing monitoring. The need for adequate RN or provider level encounters (2.F.4) remains in substantial compliance based on my record reviews and interviews with patients.

2.F.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	Substantia compliance

Analysis: The County rates this area as completed. My review of 30 patient records indicates that these areas of requirement are being met. I have noted an important deficiency in the chronic care area below regarding Hepatitis C treatment. One potentially concerning development involves reports of long waits for optometry encounters, however I did not observe this in records I reviewed. It is important to highlight that because some elements of care are mentioned in this section as well as other more specific sections (adequacy of chronic care and clinical spaces), there may be deficiencies that have resulted in less than substantial compliance for those specific areas.

Recommendations: Continue current approach to identification of health problems and treatment planning.

2.F.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	Substantial compliance

Analysis: The County rates this area as completed. My review of medical records indicated that patients are seen in a timely manner for routine (2 weeks) and urgent (1 week) dental needs. This was also reflected in my interviews with current patients.

Recommendations: Maintain current dental staffing and access.

2.F.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	Completed
Current rating	Substantial compliance

Analysis: My interviews and review of 30 patient medical records indicate that the need for interpreter services is being detected at intake and accommodated in later encounters. The

Wellpath staff have significantly expanded their use of the alert function of the EMR to signal this need for accommodation since my last report. This alert likely assists the providers, nurses and other health staff to ensure compliance. One person I interviewed required virtual remote interpretation for hearing impairment, and he reported being accommodated most of the time in his encounters. When I reviewed his medical records, all of his provider and nursing encounters appeared to occur with adequate accommodation of his needs.

Recommendations: Continue current use of alerts for these language accommodation needs, continue use of interpreter services when indicated.

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

Prior rating	Substantial 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

2.F.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 the Custody Operation Remedial Plan Expert (Terri McDonald).

2.G.1 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: Among the 30 patient records I reviewed, 19 had chronic care issues evident. Among these 19 records, the timing and adequacy of care for patients with asthma, diabetes, hypertension and other chronic care problems was substantially complaint. The most significant gap in the County's approach to chronic care in the jails, which was present in 4 of the records I reviewed, involves a nearly total lack of treatment for patients with Hepatitis C.

The lack of current treatment for Hepatitis C was also discussed with the County and Wellpath during the site visit. In order to further understand this issue, I reviewed an additional 15 records for patients with the Hepatitis C alert in their records. These records indicate that patients are often identified as having Hepatitis C, and may even have their viral load and other basic blood tests obtained, along with some use of sonogram to assess for liver changes. But none of the

records I reviewed indicated that patients were being offered treatment. Some records included the following in their chronic care note: “IP was also advised regarding criteria for Hep-C antiviral treatment while incarcerated.” My understanding is that the current approach to Hepatitis C treatment in the jail is based on only offering treatment to some patients with more advanced liver disease including more severe liver fibrosis. This does not reflect the standard of care in the community or in jail settings. In addition, although it may require several weeks to obtain the initial blood test results and sonogram for assessing Hepatitis C infection, multiple patient records I reviewed were for patients who were in the jail for more than four months, during which time the initial workup and treatment should have occurred but did not.

Hepatitis C is an infection that causes chronic health problems in many of the people who become infected with this virus. Common and potentially fatal complications of Hepatitis C include cirrhosis of the liver as well as hepatocellular carcinoma, a type of liver cancer that can be fatal. Since 2023, the California Department of Public Health has promulgated the following guideline regarding Hepatitis C treatment: “For most people, hepatitis C can now be cured in as little as 8-12 weeks with limited side effects. National guidelines recommend hepatitis C treatment for nearly everyone with hepatitis C, including people who inject drugs and people in recovery.”⁵

The joint guidelines from the specialty groups for liver and infectious disease societies also recommend universal screening testing as well as universal treatment for Hepatitis C, except in the few instances where treatment may be contraindicated. The following is taken from their guidelines:

⁵ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HepatitisC.aspx>.

- Universal HCV screening is recommended.
- The simplified HCV treatment algorithm now includes persons living with HIV.
- A new algorithm for incomplete treatment adherence is included with a key recommendation for persons who have missed ≤ 7 days of DAA therapy.
- HCV treatment is recommended for infected persons residing in jail or prison.
- Emerging data highlight the safety and efficacy of HCV DAA treatment in persons who have undergone solid organ transplantation.

In addition, treatment for people in carceral settings like jail and prison is also recommended.⁶

I have reviewed the Wellpath CQI reports as well as the County audits for chronic care timing and adequacy. I find that with the exception of Hepatitis C, these efforts meet the needs of this part of the Settlement Agreement.

Another area that requires specific attention is implementation of recommendations for diabetic care, based on newly updated guidelines from the American Diabetes Association. Two areas that are important for the County to monitor are access to glucose monitoring devices/ insulin pumps and ensure that individualized nutritional and insulin assessments occur for each patient.⁷

One area of improvement in this system is the recent increase in access to MAT. I learned from both patients and staff that the Main Jail has no backlog of patients waiting for their assessment by the MAT coordinator, but the lack of a similar staff member at the Northern Branch facility has created a backlog for this essential care for patients housed there.

⁶ <https://www.hcvguidelines.org/treatment-naive>.

⁷ <https://diabetesjournals.org/care/article/47/4/544/154277/Diabetes-Management-in-Detention-Facilities-A>.

One additional area of chronic care that merits review is the newly updated guidance from the Food and Drug Administration regarding over the counter software for hearing aids.⁸ Access to hearing aids and potential delays will continue to be an area of review in the next monitoring report.

Recommendation: The County should continue the current approach to chronic disease identification and management outside the realm of Hepatitis C and diabetes. For patients with Hepatitis C, the County should create a workflow to ensure treatment is available to patients inside the jail as well as those returning home. Ensure adequate staff are working to eliminate/prevent backlogs for care, including access to MAT.

2.G.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: Among the patient records I reviewed, adequate treatment plans were present for all types of chronic care encounter except those with Hepatitis C. In addition, there should be workflow to obtain a nutritional assessment for patients with diabetes that includes specific foods

⁸ <https://www.fda.gov/news-events/press-announcements/fda-authorizes-first-over-counter-hearing-aid-software>.

they should have access to and their caloric needs. This likely requires the capacity to have patient encounters between patients and registered dieticians or nutritionists.

Recommendations: Create treatment plans for patients with Hepatitis C and those with who need nutritional assessments, including patients with diabetes. Ensure that chronic disease management program for diabetes incorporates the current standards of care, including as defined by the American Diabetes Association's current guidance.

2.G.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. The need to update the approach to care for patients with diabetes is outlined in the section above that deals with the overall chronic care program. Review of improvements to the protocols used in this and other areas will be needed to maintain substantial compliance in this area.

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. Ensure that chronic disease management program for diabetes incorporates the current standards of care, including as defined by the American Diabetes Association's current guidance.

2.G.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
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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 coming several months as laboratory testing is integrated with the CQI and external audit process. My own review of 30 medical records included 11 for whom laboratory tests were ordered. Among these 11 cases, 2 were deficient (82% compliance). One deficiency stemmed from blood work that was ordered but not tested because an inadequate sample was sent, with no evidence that the blood was redrawn or discussed with the patient in the following six weeks of detention. The second involved a patient who had an unsigned refusal form for lab tests ordered by the provider, but the need for the tests and refusal were not addressed in subsequent encounters.

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.

2.H Pharmacy Services:

2.H.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	Substantial compliance
Self-assessment from status report	Underway
Current rating	Substantial compliance

Analysis: This area appears to have sustained the improvements from last year's assessment.

Recommendations: None

2.H.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: This area also shows sustained improvement and substantial compliance.

Recommendations: None

2.H.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
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Analysis: The County's approach to keep on person medication remains unchanged, with administration of medication from carts for virtually all medications. They have reported a plan for a trial of expanded keep on person medications in a housing unit for detained workers.

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. The trial for detained workers may be a helpful first step in this effort. Specific steps that can help with this approach include starting with patients who have high levels of health engagement including those being treated for hypertension and diabetes who see nursing staff on a regular basis for other reasons.

2.H.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.

2.H.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	Substantial compliance

Analysis: Review of medical records and reports from patients via counsel and grievances indicate that medications are consistently administered within the expected timeframes. My review of 30 medical records, as well as my interviews with 9 current patients did not identify any concerns in this area. This area is newly improved from the last assessment.

Recommendations: Continue with current nursing staffing and pharmacy practices relating to timing of medication profiling and administration.

2.H.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 this area as underway. Currently, there is not a clear tracking mechanism to record and aggregate instances of insufficient staff for health services.

Recommendations: Ensuring adequate staffing as well as tracking and reporting instances when health services were delayed or interrupted due to staff are essential to achieving substantial compliance in this area.

2.I.1 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: I have reviewed the cases of two patients, one of whom received adequate and timely care in the jails and one who did not. The patient with deficient care had medication as well as other health issues (including an apparent PREA report) that merited provider assessment and a treatment plan at the time of jail admission.⁹ I also plan to review the updated health policies that relate to this area of care during the next monitoring round.

Recommendations: Complete policy revision, create individualized treatment plans at the time of admission for patients and throughout their detention.

2.J.1 Drug/Alcohol Withdrawal

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

Analysis: The County has made substantial progress in recent months in drug and alcohol withdrawal assessment, monitoring and treatment. This is an area where prior assessments identified overreliance on intake cells, as well as inconsistent monitoring of patients for the severity of their withdrawal symptoms.

⁹ Moore, 706385.

The County has moved patients undergoing withdrawal monitoring into the housing areas, and both patients and staff report a more consistent ability for the withdrawal assessments to occur, which has been a major concern of mine. In early 2024, I reviewed medical records for patients with withdrawal concerns and communicated the following to the County;

Review of ten recent cases involving active withdrawal at the Santa Barbara Jail reveal clinical strengths as well as areas for further improvement.

Source of information: Medical records for ten patients with an 'active withdrawal' flag who were admitted in 2024.

Strengths:

- The intake screening appears to function well for asking questions about substance use and potential withdrawal, as well as for generating a CIWA/COWS order and active withdrawal alert when the nurse perceives the need. This alert is generated based on positive response in the intake screening and allows nursing managers to track whether the symptom severity assessments (CIWA or COWS) have been completed.
- Nursing staff document their communications with providers in their sick call notes.

Areas for further improvement:

- Patients who may face complicated withdrawal or who are refusing critical nursing assessments need an urgent face to face assessment by a provider.
- Some of the receiving screening forms fail to check the need for CIWA/COWS
- Some interruption of CIWA/COWS is evident, but much improved from prior reviews.

Since that communication occurred, the County reports they have conducted additional training for nursing staff on withdrawal monitoring. The vendor, Wellpath, has also added a new clinical layer, by having off-site nursing managers review every new admission to ensure timing and adequacy of encounters. These interventions appear to have made a substantial impact. Among

the 30 newly admitted patients I reviewed, 14 had a withdrawal monitoring need and 13 of these 14 were completed as ordered and as needed. However, a death in late 2024 involved a patient who clearly needed withdrawal monitoring but did not receive it. This problem was discussed extensively at the mortality review. The County discussed implementation of a pre booking form that may improve communication and monitoring when patients present with acute mental health and substance use concerns.

Recommendations: Ensure that withdrawal monitoring and the need for care occurs for all patients, including those with acute mental health needs. Implement the new pre booking form and actively monitor cases of missed withdrawal monitoring or care.

2.K Utilization Management

2/K.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	Partial compliance
Self-Assessment from status report	Completed
Current rating	Partial compliance

Analysis: This metric was previously rated as partially compliant because the County did not have a role in review or assessing the adequacy of the vendor's internal UM process. While the hiring of a nurse to conduct audits of patient records may be helpful in this regard, a physician or

Venters.4.Murray et al. v. County of Santa Barbara et al.

mid-level provider will be needed to independently assess the adequacy of the vendor's UM process and decisions.

Recommendations: The County should retain their own physician or mid-level practitioner to complete adequate reviews of vendor UM decisions and UM processes.

2.K.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	Substantial compliance

Analysis: The records I have reviewed, as well as the interviews I conducted with current patients, indicate that patients are informed of their specialty referrals and outcomes in a timely manner. I did not detect any instances when a patient was not informed about approval for their referral and this issue was not reported to me by the patients I interviewed. In addition, the MAC/CQI process now actively integrates grievance data including the scenario when a patient may report a referral decision being delayed or the referral not approved.

Recommendations: Continue current approach.

2.K.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.

2.L Review of Inmate Deaths

- 2.L.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 County has made an important improvement to the mortality review process in recent months, Specifically, County health staff have participated in the mortality review to

actively participate in the determination of findings and corrective action plans for a patient who died of suicide. I observed the most recent mortality review which included the County's nurse, and the benefits of independent review and oversight of the case were very clear. The mortality review process still lacks a County physician or provider-level participant to be part of review of non-psychiatric deaths, but this staffer has been identified and will start shortly.

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.

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. Conducting an adequate root cause analysis and other basic mortality reviews will require physician or mid-level providers to make independent assessments about these cases. Without this capacity, the adequacy of this process cannot be independently established.

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

2.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.

2.M.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.M.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 hiring of discharge planning staff represents an important step towards substantial compliance in this area. The County's workflow to ensure that patients have an encounter with a nurse before they leave facilities is also crucial and continues to occur reliably based on my review of medical records and interviews. Another recent improvement is the offering of intranasal naloxone to all people on the MAT service when they leave.

One area of ongoing need is to identify a group of patients who can receive their medications in hand (in addition to a prescription at a local pharmacy) when they leave, especially those with chronic health problems including diabetes, epilepsy, asthma, hypertension and HIV.

One site-specific problem with current discharge planning efforts is the lack of transportation options for people released from the Northern Branch facility. That jail is situated in a rural and very remote setting and multiple patients have reported to me that when released, they had no transportation available to them and spent more than one hour walking towards a place to find food, water or transportation. This is a very deficient practice because it predictably releases people into an unsafe circumstance when they may face dangers from walking on rural roads, health problems from exposure to rain, high heat or cold, and basic lack of disability accommodations.

Recommendations: Create a transportation plan for people leaving the Northern Branch facility. Consider adding medications in hand as part of the KOP trial for a small group to evaluate this option for people with serious health problems. Creation of a discharge planning workflow for the numerous people detained in “cite and release” status is also essential.

2.N. Quality Management

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

- 1. 2.N.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.***

(Both metrics rated together)

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

Analysis: The recently expanded audits utilized by the County represent an important step towards compliance in this area. The Wellpath internal CQI continues to be robust and County staff from Public Health and BeWell continue to participate in these meetings. It is unclear how the new nurse being hired will fill the current roles with respect to these meetings or the quality management process overall. I expressed concern during the visit that the amount of potential tasks for this nurse could easily amount to multiple full time roles. Both being overextended and staff burnout were important considerations.

Recommendations: In order to establish substantial compliance in this area, the County will need to continue their recent, higher level of auditing and CQI/MAC meeting participation through this year. Physician or mid-level provider involvement in this work is also crucial.

2.N.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.

2.N.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 being in process. The encounters that I reviewed did occur within the prescribed timeframes, however there is still a need for the County to be able to track the timing of chronic care appointments and compare the encounters that did not occur as prescribed with the reason codes for the missed appointments. During my visit, the County and Wellpath reported that this capacity was being developed for the coming year.

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.

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.*

Overall, the County has increased staffing since my last report, including increasing nursing and mental health staffing at the Northern Branch facility. In addition, the hiring of a discharge planning staffer has been a crucial development. A remaining staffing concern is the lack of sufficient MAT coordinator time at the Northern Branch facility. In addition, any expansion of the number of people housed at the Northern Branch may create serious staffing challenges, both for the MAT needs, as well as other basic health services including nursing and provider lines. Additional specific recommendations on staffing needs are included in the Mental Health Monitor's report.

G. Next Steps

Overall, this compliance assessment shows that the County and Wellpath have made important improvements since the last round of monitoring, especially in the County oversight of jail health services as well as the clinical domains of withdrawal management and MAT access. The most clear and serious gap in the clinical scope of services is the lack of Hepatitis C treatment for people held in the Santa Barbara jails. At the time of this report, I am awaiting information about a recent death that occurred involving a person who lost consciousness hours after his arrival at the Northern Branch facility.

Overall, I continue to view the County and Wellpath as exhibiting a high degree of cooperation, improvement and progress towards substantial compliance with this Settlement Agreement.