

Venters.5.Murray et al. v. County of Santa Barbara et al.

Fifth Monitoring Report of Dr. Homer Venters in
Murray et al. v. County of Santa Barbara et al. (Case No. 2:17-cv-08805-GW-JPR)

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I. Introduction

The Stipulated Judgment and Remedial Plan in Murray et al. v. County of Santa Barbara et al. stems from a lawsuit regarding 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 fifth monitoring report regarding medical care in this case. The prior report included several important improvements in monitoring performance, including moving from partial to

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substantial compliance in the areas of Screening on Intake. This report includes significant further progress in multiple areas as well as proposed areas for discontinued monitoring.

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

(“SC/Disc” indicates current assessment of SC, recommendation of discontinuation of monitoring)

PROVISION	REQUIREMENT	CURRENT RATING	PRIOR RATING
II.A.1.	County Monitoring of Private Medical Contract Appointment of County employee/consultant for monitoring/oversight	SC	PC
II.A.2.	Department of Public Health and Behavioral Wellness Monitoring of Jail health care contract	SC	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/Disc	SC
II.C.2.	Policies, Procedures for Adequate Documentation of Health Care Contacts and Treatment	SC/Disc	SC
II.C.3.	Policies, Procedures, for Ongoing Maintenance and Improvement of Electronic Health Record System	SC/Disc	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/Disc	SC
II.E.2.	Intake Screening Implementation Plan Components	SC/Disc	SC
II.E.3.	Registered Nurses to Conduct Screening, with Annual Training	SC/Disc	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/Disc	SC
II.F.3.	Timelines and Procedures for Emergent, Urgent, and Routine Requests/Referrals	SC/Disc	SC
II.F.4.	RN/Provider Health Care Encounter Components	SC/Disc	SC
II.F.5.	Timely Access to Appropriate Medical Care Based on Community Standards	SC	SC

II.F.6.	Timely Access to Clinically Indicated Dental Care	SC/Disc	SC
II.F.7.	Verbal Health Care Requests, Submission and Documentation	SC/Disc	SC
II.F.8.	No Prohibition on Reporting/Inquiring about Multiple Medical Needs During the Same Appointment	SC/Dis.	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	SC	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/Disc	SC
II.H.2.	Adequate Formulary Policies and Procedures	SC/Disc	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	SC	PC
II.K.2.	Providers and Patients are Promptly Informed about UM Decisions	SC	SC
II.K.3.	Process for Patients and Providers to Appeal Denial of Referral Request	SC/Disc	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	SC	PC

II.L.2.	Death Review Process Inclusion of Root Cause Analysis and Correction Action Plans	SC	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	SC	PC
II.N.2.	Continuous Quality Improvement (CQI) Unit, tracking mechanisms and monitoring of care, quarterly reviews, corrective action plans	SC	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
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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.

Areas that have a single prior rating of substantial compliance continue to be evaluated to ensure they do 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. Discontinuation of monitoring is specifically mentioned in the Remedial Plan with the following content in paragraph 52;

“Defendants may, after conferring with Plaintiffs’ counsel, request a finding by the Remedial Plan Expert(s) that Defendants are in substantial compliance with one or more components of the Remedial Plan and have maintained such substantial compliance for a period of at least six (6) months. Such a finding will result in a suspension of monitoring by the relevant Remedial Plan Expert and Plaintiffs’ counsel of any such component.”

Based on this language, the current report includes several areas where the current assessment is substantial compliance and the recommendation is for discontinuation of future monitoring based on agreement of myself, the County and Class counsel. These are marked as “SC/Disc.” in the summary table below. Several of the other areas in the report are assessed as substantially compliant and include a specific concern that I plan to evaluate in the coming year regarding how pending policies will be implemented in practice.

The facility inspection was conducted on September 8th and 9th, 2025. Aside from physical inspection of both facilities, interviews were conducted with security and clinical staff. In addition, 14 currently detained people were interviewed regarding their care. These interviews took place in a confidential setting, none requiring the use of interpretation services. I selected people for interviews myself. The specific reports from people about their health services are detailed in each of the relevant compliance sections below. Both defendants and plaintiffs were given draft versions of this report and offered the opportunity to provide comments and responses.

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 14 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

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	Completed
Current rating	Substantial compliance

Analysis: The County reports this area as completed and my assessment is that they have achieved substantial compliance with this area in the past year. Over the past year, the County has retained the expertise of a physician with considerable correctional health experience and a nurse with important expertise in quality assurance and improvement. These two professionals are focused on monitoring and reporting on the adequacy of care in the jails. This commitment of professional expertise to this critical work brings the County into substantial compliance with this part of the Remedial Plan.

Recommendations: Continue current level of staffing (with qualifications of correctional health and quality assurance) for this area of work.

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	Substantial 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 has recently combined the two areas of auditing into one unified audit. This audit, representing the 2nd quarter of 2025, is the first unified review and includes more rigorous assessments in the medical care areas with a goal of 30 records reviewed. This report was also created with active input from the vendor quality team and their regular meetings about areas of needed improvement and review of data reporting reflects a significant strength in the health service. While this is a new approach, I am confident that the current County monitoring team will continue to improve this auditing and that they will be able to sustain this level of compliance.

Recommendations: Continue current auditing and reporting frequency and format.

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: The process of creating updated policies for the jail health service is ongoing. In the latest Status Update, the County reported that “The County is in the process of fully implementing this requirement. The County continues to work with Wellpath to revise policies to include site specific provisions as well as recommendations from experts, class counsel, County Health, and BWell. The County and Wellpath have implemented a tracking mechanism to facilitate policy reviews and approvals and meets regularly with Wellpath to jointly review policies.”

I have reviewed some of the policies and provided feedback since the last monitoring report and will continue to review and provide feedback as new/revised policies become available. The next policies slated for review and comment include Patient Care and Treatment (E01-10) and Health Promotion, Safety and Disease (B01-09). The County has created a tracking system for review of all policies. This is an important system to coordinate work on these reviews by monitors, the County’s own correctional health team and the Parties. I will track this process over the coming year. As mentioned above, there are multiple areas of assessment in this report whether the individual cases I reviewed were substantially complaint but where the implementation of a

pending policy is crucial to provision of care. As a result, there are several areas assessed as substantially compliant for this report but which include a condition that I plan to assess whether pending policy implementation has occurred in the coming year.

One important area of improvement in policy during the past year relates to providing access to blood glucose monitors and insulin pumps over the past year. One future area of both policy and practice improvement involves creating a policy requirement that people held in a locked cell for most of the day (whether for security or mental health reasons) be regularly assessed for weight changes and physical/health decline.

Recommendations: The County reports that this area will be completed during the next reporting period and I will continue to review new and revised policies that are relevant to the medical care elements of this Remedial Plan.

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

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: This elements has been previously found in substantial compliance in the 3rd and 4th reports. My review of currently utilized forms in the patient records selected for this report indicate that the forms are County-owned and specific to the Santa Barbare facilities. There are several areas of pending policy review and implementation that will involve new or modified forms which I will review in the coming year, specifically to ensure that newly adopted policies are implemented to include County-owned forms.

Recommendations: To sustain substantial compliance and consider discontinuation of monitoring, I recommend completion of pending policy reviews and implementation with County-owned forms.

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 most recent status update includes the following; “The County is in the process of fully implementing this provision. The County's Northern Branch Jail has sufficient space to meet this requirement.” My own assessment is that the main jail continues to lack adequate confidential space for health services. I have not yet been provided with a concrete plan for how these spaces will be established in the proposed new construction. The County and Wellpath

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have reported that they plan to track appointments that are missed or delayed due to inadequate space.

Recommendations: The redesign of the Main Jail must allow for confidential encounters from the initial health assessment onwards, and for sufficient space to ensure timely access to care in an appropriate clinical setting. In addition, the County's plans to track instances when lack of space leads to missed or delayed encounters is an important one, and will assist in achieving substantial compliance in this area.

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	Substantial compliance
Self-Assessment from status report	Completed
Current rating	Substantial Compliance/Discontinue

Analysis: This element was previously found in substantial compliance. The policies and protocols for intake screening continues to show strength in that every person entering the jail is first assessed by a nurse who collects basic health information, reviews prior medical records for alerts and initiates transfer to outside hospital for medical clearance when necessary. During my visit, I again inspected the areas utilized for these encounters and also spoke with staff to confirm that patients who appear seriously injured or too intoxicated or otherwise unable to participate in their intake screening are sent for medical clearance. Overall, this process appears to be more than adequate based on the criteria in the Remedial Plan and basic correctional health standards of care.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision

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will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

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	Substantial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance/Discontinue

Analysis: This area was found to be in substantial compliance in the prior report and is assessed as complete by the County. In order to assess this area, I reviewed medical records of 20 patients that I selected from a report of consecutive admissions with a health alert in August 2025. This same list was also utilized to identify people for confidential interviews. Among these 20 records, they all showed a timely receiving screening and only one had a deficiency in the adequacy of the receiving screening, a patient with a history of seizures who was not asked about

their most recent seizure.¹ There was no apparent harm or medical consequence as a result of this deficiency. Overall, this review represents a 95% compliance rate and merits a rating of substantial compliance.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

¹ [Redacted name, 8/8/25](#)

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

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: This area was assessed as partially complaint at the last assessment. The County reports being in the process of addressing this requirement. My review of patient records as well as my discussion with the County indicate that once the health policies have been updated, and those changes are fully integrated into care, this area will likely come into substantial compliance. The next policy to be updated and reviewed in this area is the Nonemergency Requests Policy (HCD-110-E-07). Achieving substantial compliance in this area will be impacted by revision/updating of policies as well as the decisions made in the coming year about remediations to the Southern Branch jail's physical plant and potential movement of patients between the two facilities. One critical step in the coming year is to ensure that policies are implemented in a site specific manner that accommodates the differences in physical plant and staffing levels of the two facilities.

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

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

Analysis: All three of these areas (F.2, F.3, F.4) were found to be in substantial compliance at the last report. One of them, F4. was also found to be in substantial compliance in the 3rd report. and my assessment, based on review of medical records and discussion with facility staff and patients, is that all three remain in substantial compliance. The County reports all three as being completed. The medical records that I reviewed showed that nursing staff and providers are utilizing the acuity codes for referral to higher levels of care and that both nonemergent and emergent encounters are occurring within adequate timeframes and also occurring in an adequate clinical manner. Based on this, I recommend discontinuation of future monitoring.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision

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will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinuation of future monitoring

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

Analysis: This element was previously found in substantial compliance at the time of the most recent assessment. The County reports this area as completed. Among the medical records, most show continued and timely access to care, but some of the records I reviewed in this assessment do show delays in access to appropriate care. One scenario involves the delay in access to medications for opiate use disorder (MOUD). This is a relatively new area of care being provided in the Santa Barbara Jails and access to MOUD/MAT has improved, and the facility reports that there is no wait list for this care. Among the patients I spoke with, several did report a wait of up to 2 weeks to see the MAT/MOUD coordinator. When I reviewed the medical records of these and other patients, it did appear that patients who enter the jails and request to see the MAT coordinator often wait 1- 2 weeks.² These delays appear to sometimes complicate the withdrawal monitoring process. Two patients refused some of their monitoring while waiting for their MAT/MOUD initiation. which occurred on day 13 and 16 of their detention.³

² Redacted name, 8/27/25 (12 days); Redacted name, 8/23/25 (16 days); Redacted name 8/27/25 (13 days).

³ Redacted name, 8/23/25, Redacted name 8/27/25.

These instances are less than 10% of the cases I reviewed for this section, and I believe that the overall assessment is still one of substantial compliance. But I do believe the newness of this area of care merits another assessment in next year's report. I have also reviewed cases raised by the Class counsel regarding delays in specialty care and it appears that these cases did involve delays but that facility staff were working to the best of their ability to overcome hurdles in finding or scheduling outside appointments. These cases may be infrequent but it is important to track them and share with the County's oversight team. This approach will allow for greater County level insight of the month to month barriers in specialty care access, and it may also assist patient care if the County's experts can help secure timely appointments.

Recommendations: Despite 2 consecutive assessments of substantial compliance, I recommend another review of this area next year. I also recommend that the health service track the timeliness of MAT/MOUD initiation and share instances of specialty appointment delays with the County's correctional health team.

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

Analysis: This element was previously found in substantial compliance and the County reports this area to be complete. I reviewed 20 intake records from August 2026 and observed a sound dental referral process. The resulting encounters were both timely and adequate, leading me to again assess this area as substantially complaint.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

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Recommendations: Discontinue future monitoring.

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	Substantial compliance
Self-Assessment from status report	Completed
Current rating	Substantial compliance/Discontinue

Analysis: This element was previously found in substantial compliance in the 4th monitoring report and the County also reports this area as complete. Based on my review of medical records, including the use of alerts for language requirements and my interviews with staff and patients, I find this area to be again in substantial compliance.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring

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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: This area was assessed as partially compliant in the last assessment and the County reports implementation work as ongoing. Among the 20 patient records I reviewed, 14 had chronic care issues evident. Among these records, the timing and adequacy of medical encounters for patients with asthma, diabetes, hypertension and other chronic care problems was substantially complaint. Three of the patients had Hepatitis C and their records indicate improvement in assessment and care since last year's review with one receiving treatment and two being worked up for treatment. One of the patients experienced an interruption of their treatment for two days, but the facility provider consulted documented this interruption (caused by not having the medication in the facility) with outside specialists to determine the appropriate next steps, which involved continuation of the original timeline and regimen. I spoke with both vendor and County leadership who reported an ongoing plan to expand Hepatitis C treatment. I also reviewed multiple records for patients with diabetes over the past 6 months and have met with County medical staff as well as Plaintiffs' Counsel to discuss these cases. Several improvements have been made in this area of care, including access to continuous glucose monitors and better timing of meals with insulin/blood sugar rounds by nurses. One pending

recommendation I have made is to ensure that any patients admitted with insulin-dependent diabetes have their community plan of care obtained and when needed, that their providers be consulted by jail providers.

Another area of needed/ongoing improvement relates to the nutritional needs for people with diabetes. In cases that were raised by Class counsel, it was apparent that the timing of insulin and meals was inconsistent but then improved with increased monitoring by nursing and custody staff. This issue likely impacts most people with diabetes who need to coordinate their insulin with meals and establishing quality assurance for this part of the diabetes care is an important part of ensuring adequate care.

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Overall, I find this area to be in partial compliance but if these new areas of care regarding Hepatitis C and diabetes are continued over the coming year, I anticipate substantial compliance at the next assessment.

Recommendation: The County should continue the recent improvements in chronic care over the coming year including improvements in care of Hepatitis C and diabetes. This is an area where implementation of policies and protocols is essential, including Wellpath Policy F-01 (Patients with Chronic Disease and Other Special Needs).

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	Substantial compliance

Analysis: This area was assessed as partially compliant in the last assessment and the County reports this area as ongoing. Among the patient records I reviewed, adequate treatment plans were present for all types of chronic care encounter I reviewed. None of the patient records I reviewed displayed problems with the timing of follow up encounters.

Recommendation: The County should monitor the presence of treatment plans for patients with chronic diseases over the coming year. I will conduct another review of this area in the next report and consider a recommendation for discontinuation of monitoring if current levels of compliance are maintained.

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

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Analysis: This element was previously found in substantial compliance; however the County is currently working on several policies that bear on this area. Because the implementation of these policies will require review of practice, I plan to review this area over the coming year and make recommendations for further improvements or discontinuation in the next report.

Recommendations: Complete policy implementation relevant to chronic care protocols.

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
Self-assessment from status report	Underway
Current rating	Partial compliance

Analysis: This area was last assessed as partially compliant. The County has rated itself as underway for this metric. One of the pending tasks is to fully update policy E-09 and also integrate lab review into County audits in an ongoing manner. The lab tests I reviewed for 12 patients who had laboratory tests ordered showed that 10 of them received appropriate and timely tests and results. I believe that if recent improvements are maintained and the relevant policies updates are completed and implemented, the County will be in substantial compliance at the next assessment.

Recommendations: Continue recently initiated County audits of lab test compliance and complete and review new lab policies.

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring.

2.H.3 The County shall revise its Keep on Person (KOP) 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: This area was last assessed as partially compliant. The County has rated itself as underway for this metric. The County reports they have conducted keep on person pilot programs, however revision of KOP policies and large scale changes are still being considered. The County reports in their recent Status Update that these more substantial changes will be considered over the coming year.

Recommendations: As I recommended last year, patients in the chronic care program can 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

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Analysis: These elements were previously found in substantial compliance in the 3rd and 4th monitoring reports and review of the records included in this report also indicate ongoing substantial compliance. I do plan to assess this area again in the coming year once pharmacy and nursing policies have been implemented to ensure that medication administration practices continue in a substantially compliant manner.

Recommendations: Implementation of new nursing and pharmacy protocols to ensure timely and adequate medication 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: This area was assessed as partially compliant in the last report. The County reports that this area as underway. Currently, there is not a clear tracking mechanism to record and aggregate instances of insufficient staff for health services. In the medical records I have reviewed, there is an entry in the encounter list of “lack of escort” that is entered with great frequency for some patients. For example, when I count the number of times this entry appears and standardize to a rate of times this “lack of escort” appears per week of incarceration this problem is often entered multiple times per week per patient.⁴ This reflects missed or delayed encounters for patients but also signifies work for clinical staff to enter in each of these instances.

In addition, three of the patients I interviewed on the MOUD/MAT program reported that they experienced withdrawal symptoms in the afternoons/evenings due to once daily administration of Suboxone. Discussion with clinical leadership identified nursing staffing as the primary obstacle to twice daily administration of this medication, which represents a standard of care for patients who would benefit from this approach. The decisions about dosage and timing of MOUD/MAT must be made in a clinical context, meaning that a provider and a patient are involved in deciding the treatment plan. Some treatment plans may involve only once per day administration of oral

⁴ *Redacted name* 3.9 times per week (34 times in 61 days); *Redacted name* 2.8 times per week (10 times in 25 days); *Redacted name* 4.7 times per week (10 times in 15 days); *Redacted name* 4.1 times per week (24 times in 41 days); *Redacted name* 2.4 times per week (14 times in 41 days).

MOUD/MAT, often among patient who report success with his approach in the past. Other patients may require twice daily MOUD/MAT, especially if they report symptoms in the afternoon or evenings with only morning administration. These are clinical decisions and patients cannot be denied their twice daily medication based on non-clinical decision to only administer the medication once daily because of staffing concerns.

Recommendations: In order to come into substantial compliance in this area, the County should Ensure adequate staffing to deliver timely medication administration. This should include tracking and reporting instances when health services are delayed or interrupted due to lack of staff. These components are essential to achieving substantial compliance in this area. Determine and implement additional staffing needed for MOUD administration twice daily, which represents a standard of care.

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: This area was previously assessed as partially complaint, in large part because of the ongoing effort to update clinical policies. The County reports this area as ongoing in their most recent Status Update. I have reviewed the care of one patient who appears to have received adequate care in this area. I plan to provide feedback to forthcoming revised draft policies in the coming year. Based on the information I have reviewed since the last report, I find this area to be in partial compliance.

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: This is an area that was previously rated as partially compliant. The County reports this area as underway in their most recent Status Update. My review of medical records for patients with withdrawal alerts indicates both progress and some ongoing need for further improvements. I reviewed 20 medical records for people with withdrawal concerns who were admitted in August 2025. Among these records, four showed serious deficiencies in care, all of which involved a delay in having their initial health assessment by a provider despite reporting potentially serious health problems in the receiving screening.⁵ One person who reported a history of seizures as well as taking multiple medications for pre-existing hypertension did not have his initial health assessment by a provider as of day 15. This patient was seen by a physician on day 7 by a physician, but only because he became ill with symptoms of COVID-19 and tested positive.⁶ A similar scenario occurred for another patient who was undergoing treatment for withdrawal and reports a history of seizures that was not addressed until the initial health assessment 10 days later, despite intermittent contact with providers for very specific

⁵ Redacted name, 8/8/25 (10 days); Redacted name, 8/27/25 (15 days); Redacted name 8/24/25 (12 days); Redacted name 8/29/25 (not done in 30+ days).

⁶ Redacted name, 8/27/25.

indications (without completion of the full initial health assessment).⁷ These cases show that the scope of the initial health assessment is critical to ensuring that a provider reviews the full breadth of the serious health problems and develops an appropriate assessment and individualized treatment plan for each problem.. For patients who have a history of seizures or other potential types of complicated withdrawal, this initial health assessment by a provider should occur in the initial 24 hours of detention. I do see that providers are notified and write medication orders for many of these patients, but this is not adequate to make an independent assessment of the scope and severity of the problems for each patient reporting withdrawal and other serious issues. At least one of these four patients exhibited worsening withdrawal and increasing CIWA scores and was only cared for via nursing encounters and telephone orders from a provider.⁸

Among these patients, the CIWA and COWS monitoring appeared improved from prior evaluations, with only minor deficiencies in the records of 3 patients that I reviewed. This area of withdrawal care has improved. The County has moved patients undergoing withdrawal monitoring into the housing areas, and both patients and staff report a more consistent practice of completing withdrawal assessments, which has been a major concern of mine. Tracking the capacity vs. demand for physical areas where patients undergoing withdrawal monitoring will be important in the next year.

Recommendations: Ensure that patients reporting a history of seizures and/or who present with potentially complicated withdrawal are promptly assessed by a provider (i.e., within 24 hours or

⁷ Redacted name, 8/8/25.

⁸ Redacted name 8/29/25.

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arrival at jail). Ensure that patients receiving MOUD/MAT continue to be provided twice daily administration when clinically indicated and that the demand vs. capacity for withdrawal monitoring cells is tracked.

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	Substantial 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. The County reports this area as complete based on the new role of their own physician in reviewing this process. After interviewing this physician and reviewing the most recent audit reports the County has conducted, I agree that the County has established the ability to independently assess the adequacy of the vendor's UM process and decisions.

Recommendations: Continue current approach, ensure that UM review content is included in upcoming audit reports being conducted by the County correctional health team.

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

Analysis: This area was assessed as substantially complaint in the last report. The County reports that this area is complete. 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. Class counsel raised concerns about people knowing whether a specialty appointment had been made, including instances when the health service was facing challenges in securing an appointment. I did not detect this issue in the charts I selected, but the cases raised by the Class counsel did indicate prolonged wait times as facility staff sought to make arrangements for outside specialty care.

Recommendations: In area 2.K.1 I included a recommendation that UM review be included in the County's oversight audits. Part of this should include review of whether the patient's in these cases were informed of delays in their care. I will also review these cases and recommend discontinuation of monitoring in the next report if these steps have been taken

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/Discontinue

Analysis: The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

Recommendations: Discontinue future monitoring

2.L Review of Inmate Deaths

- 1. 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.***
- 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.***

(Both 2.L.1 and 2.L.2 evaluated together)

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

Analysis: Both of these elements were assessed as partially compliant in the last report. The County reports these areas as complete in their latest Status Update. Over the past year, the County has retained a nurse with quality assurance expertise and a physician with considerable correctional health experience to work in several areas of oversight of jail health services including mortality review. I remotely attended the most recent mortality review and found that the County staff were leading the discussion with all of the needed information and input from the vendor staff. The analysis, findings and corrective action plans from that mortality review were tracked for implementation. Based on this more robust approach, I find the County to be in

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substantial compliance with both of these elements of mortality review. This is another area where successful implementation of new policies requires an additional review in the coming year.

Recommendations: Complete and implement relevant policies maintaining County's role in leading mortality reviews.

2.M. Discharge Planning:

2.M.1 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.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: This area was rated as partially compliant last year and the County reports this area as in process in their latest Status Update. Strengths of the current approach include a workflow that ensures patients have an encounter with a nurse before they leave facilities and offering of intranasal naloxone to all people on the MAT/MOUD service when they leave. Among the patient records I reviewed for this report, the “Red Stop Sign” document was present in most of the patient records. The most recent Status Update from the County reports ongoing work on policies as well as workflows in this area. During my visit, the County reported that each facility has a dedicated discharge planner and that chronic care appointments and medications were being addressed.

It will be important for the County and their vendor to track the completion of expected discharge planning work, including encounters, appointments and medications (both in hand and prescriptions).

One concern that has been reported on previously 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 some patients I have spoken with reported needing to walk for significant distances/time if there was no van available. The current status of transportation when I visited was that a nonprofit service provider came with a van 5 days per week for some transportation but that no public transportation and no weekend transportation was available. This practice can result in releasing people into an unsafe circumstance where 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. This issue should be resolved or addressed in the coming year, especially given the plan to house more people at this facility in the future.

Recommendations: Complete the County's plan for updating discharge planning policies, workflows and staffing. Create a transportation plan for people leaving the Northern Branch facility. 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.

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	Substantial compliance

Analysis: My review of recent quality committee reports, as well as meetings with the vendor and County staff working in the CQI realm demonstrate a robust and well-functioning team. The County's experts meet regularly with the quality team for the vendor and it is clear from review of reports from both sources that the basic elements of 2.N.1 and 2.N.2 are being met. One specific area of discussion during the site visit was to include wound care in quality reviews, with focus on whether providers personally assessed and examined wounds when they developed and updated a wound care plan. Because there are pending policy reviews and implementation, I plan to assess how the new policies relating to quality management and continuous quality improvement are implemented in the coming year.

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Recommendations: Continue current approach, ensure implementation of new policies relating to quality management and improvement, add in at least one review of wound care.

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: This area was assessed at partially compliant last year. The County reports these two areas as being in process. The encounters that I reviewed did not indicate any weakness in the clinical assessments for chronic care problems that were being addressed, but the requirement in this area is for the Chronic Disease Program to have a mechanism to track encounter timeline including instances when scheduled encounters do not occur as needed. 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.

Section VIII - Staffing for Health Care Services (Monitored by Mental Health Expert)

- 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.*

This area is being monitored by the Mental Health Expert. From my standpoint, 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. I have mentioned nursing staff for expanded MAT/MOUD administration to twice daily above. I am unclear whether some of the delays in MAT/MOUD encounters also cited above reflect a workflow or staffing issues and will continue to review this. I also believe that the dedicated mental health units in the North Branch facility would benefit from dedicated nursing staff lines. My own experience in these types of units is that the patients with serious

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mental illness who reside in the units also have high levels of physical health problems, which often benefit from increased nursing time to both provide care, counseling and ensure that specialty encounters occur and are not refused.

G. Next Steps

Overall, this compliance assessment shows that the County and Wellpath have made significant progress since the last assessment of medical care. Several areas have reached sustained levels of compliance and merit discontinuation of future monitoring. I believe that completion and implementation of new policies, for which the County has established a sound tracking process, will bring most of the pending areas into substantial compliance. Overall, I continue to view the County and Wellpath as exhibiting a high degree of cooperation, improvement and progress towards substantial compliance with this Remedial Plan.

A handwritten signature in black ink, appearing to read 'H. Venters', is placed over a light gray rectangular background.

Homer Venters MD MS

Medical Care Monitor, 12/30/25