

ATTACHMENT

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system of enhanced healthcare consistent with or exceeding community standards but it has also allowed us to develop long-term relationships which ensure future successes.

Fiscal and Facilities Impacts:

N/A

Attachments:

- A. Wellpath Annual Santa Barbara County Detention Facilities Report 2019-2020
- B. Sheriff's Main Jail Pharmaceutical Statistics

Authored by:

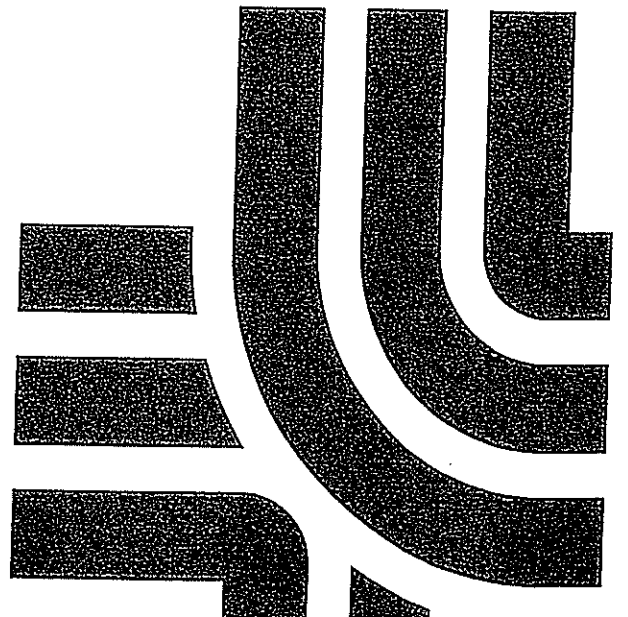
Anthony Espinoza, Lieutenant



To hope and healing.

Annual Report of Wellpath Services for the Santa Barbara County Detention Facilities

2019-2020



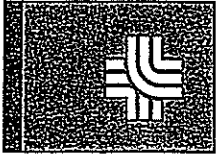
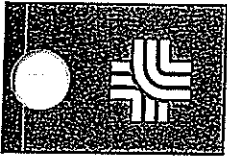


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Dear Santa Barbara County Board of Supervisors and Sheriff Brown,
California Forensic Medical Group, a Wellpath company, and I have remained committed to providing exemplary and professional care to every patient entrusted to us by Santa Barbara County for the last three years. I continue to be incredibly humbled and grateful for the opportunity to serve our community in the role of Health Services Administrator in our Detention Facilities. It is my honor and privilege to present to you our Annual Report of services, which includes the many successes that we have had throughout 2019 and 2020. It once again highlights the dedication and commitment to excellence of this team.

Year three was one that focused on growth and expansion for Wellpath in Santa Barbara. We established an expanded leadership team that was instrumental in many of our successes throughout the year. We successfully negotiated a new contract with the Sheriff's Office and Probation to include an expansion of services and a new facility. Our Medication-Assisted Treatment (MAT) program undeniably took flight and thrived. Lastly, our most exciting expansion project, while not started in our third year, was finalized; we are very much looking forward to the go-live of our Jail-Based Competency Treatment (JBCT) program later this year.

As we end our third year, I cannot help but take a moment to reflect on and appreciate our journey thus far. Despite the challenges, roadblocks, adversity and uncertainty we have faced together I take pride in the team we have collectively built and in the community that we serve. Positive and flourishing relationships, enthusiastic leaders, and engaged community members make me feel confident that we will achieve continued success in 2020 and beyond. We would not be where we are today without these strong partnerships.

We will continue to grow and collaborate with our county partners in the coming year to come up with solutions to the challenges that we all face for the betterment of our mutual clients/patients and our community. We look forward to continuing to provide services to Santa Barbara County for many years to come.

Respectfully,

Amber Nunes, RN, BSN, CCHP
Health Services Administrator

In-Custody Deaths

In 2019, there were three in-custody deaths. The in-custody facility death on April 12, 2019 was due to natural causes. The second in-custody facility death on June 30, 2019 was the result of a suicide, as was the death on October 31, 2019.

On-Site Medical Care

In year three we collected 14,356 sick call requests at the adult facility. There were 9,191 medical clinic visits completed by Registered Nurses and 876 by our Family Nurse Practitioner. Our contracted Medical Director completed 271 clinic visits excluding chronic care visits.

Wellpath continues to partner with Mobile Diagnostics for all radiological services. Over our third year we completed 342 x-rays.

Patients with chronic medical and mental health conditions are seen by providers within five days of coming in to custody and then every 30, 60 and 90 days or on an as-needed basis, dependent upon a patients stability. During those chronic care visits patients are ordered baseline laboratory testing, drug level testing, etc. Throughout 2019 and 2020 we submitted 3,653 laboratory tests to our new laboratory partner, LabCorp.

Our chronic care clinic saw over 1,500 cases with 37% of those visits being for cardiac-related diseases, 15% were diabetic visits, 13% endocrine-related disorders, 4% for epilepsy, 2% for Pregnancy related visits, and 29% for other conditions which include HIV and pain management as well as Hepatitis, skin and respiratory conditions. Our providers, Site Medical Director and Family Nurse Practitioner completed a total of 1,002 visits.

In addition to providing care to our patients with chronic and acute medical issues, we also provide emergency services. In our third year our medical staff responded to over 200 medical emergencies. Of those, six were serious drug overdoses, none of which resulted in an adverse outcome but all of which required off-site care at Cottage Hospitals.

Wellpath is contracted to provide 16 hours of dental service per week to patients at the Santa Barbara County Adult Jail. Patients presenting with dental complaints are triaged and prioritized and scheduled to see the dentist. If necessary, oral surgery that cannot safely be delayed until release from custody is referred to outside specialists. There were 847 dental clinic visits completed on-site. Our dentist also began completing annual dental exams and teeth cleaning for all patients who have been in our custody for one year. We completed 29 annual dental exams and cleanings in our third year. We will continue this practice on an annual basis for these patients.

In an effort to provide our patients with as many on-site resources as we can, we contracted with a Physical Therapist. Our contractor specializes in physical therapy and assistive technology. Assistive technology includes assistive, adaptive, and rehabilitative devices for people with disabilities and promotes greater independence by enabling people to perform tasks they could not do otherwise, or had great difficulty performing. Our therapist is on site at least once a week, unless a patient requires a greater need. Our Physical Therapist's passion for the work he does is unparalleled; he has begun to work closely with the Sheriff's Office A.D.A. Coordinator to ensure our mutual clients are well cared for and receiving the devices and assistance that they need.

Off-site Medical Care

In the event that a patient requires a greater level of care than what we can provide or is in need of specialty consultations, the patient is sent out to our community providers. During 2019 and 2020 we had 234 visits to Cottage Hospital for Emergency Services. We had 62 hospital admissions totaling 272 days of stay. We have referred 403 patients for specialty visits which includes, Orthopedics, Neurology, Nephrology, Hepatology, Infectious Disease, Oncology, Obstetrics, Oral/Maxillofacial Surgery, Dermatology and Plastics.

Wellpath and the Sheriff's Office has contracted with a wonderful local Optometrist to provide Optometry services to our patients. We sent 64 patients for visits during our third year. Our patients have been extremely pleased with the care provided to them by this contractor.

Medication-Assisted Treatment (MAT) Program

Our community has seen an increase in the number of persons who are entering Medication-Assisted Treatment Programs. This is in-part due to the increase in government funding and access to more programs. We are hopeful that we will begin to see a decline in the number of overdose related deaths in our community and a decrease in the number of drug related incarcerations. Santa Barbara County Jail is on the front lines of this war on opiate addiction, our Medication-Assisted Treatment program was created to aid these patients with opioid/substance use disorder. Our program combines pharmacological therapies with Substance Use Disorder counseling and discharge planning. Our goal at the Santa Barbara County Jail is to help greatly reduce our patients symptoms of withdrawal and cravings while helping them successfully navigate their road to recovery.

In our third year we received funding through the Expanding Access to MAT in County Criminal Justice Settings Grant. In September 2019, we hired our MAT Program Coordinator, D'ondra Williams. She is responsible for the screening of all patients interested in the program to determine eligibility. She coordinates in-custody provider visits and SUD counseling, provides patient education and community resources. D'ondra works closely with each participant and our community MAT partners to assist with discharge planning so we can ensure there is a warm hand off to a community clinic. The program grew quicker than any of us anticipated and a total of 140 patients have been enrolled while in custody.

Currently our most prescribed medication for the MAT program is Naltrexone. It has become the primary medication of choice with our MAT providers in our in-patient like setting. In our facility patients have the ability to be safely detoxified from opiates to achieve the few days of abstinence needed to start Naltrexone. Naltrexone aids in craving suppression for both opiate and alcohol users, it is a relatively safe medication and it has almost a nonexistent potential for abuse. Naltrexone also is the most safe medication to use in polysubstance abusers, especially if a patient's non-compliance with clinic visits could be an issue. Naltrexone is available in a once monthly injectable labeled Vivitrol®. The once a month injection eliminates the need to remember to take a pill every day, which our clients appreciate. Vivitrol® is provided to all patients who are scheduled for release and have completed the discharge planning process to continue treatment with a community provider. Santa Barbara Jail receives on average 140 patients per month who meet criteria for a diagnosis of substance use disorder and enrollment in to the MAT program.

An expansion of our MAT program was the introduction of Buprenorphine continuations and Induction for our patients. All patients who enter custody with a current prescription for Buprenorphine (Subutex®) or Suboxone and show a positive presence in treatment while out of custody are able to continue their medication and enroll in the MAT program. Being that our site is not currently equipped or licensed to store and prescribe Methadone, patients who enter custody that show a high probability of experiencing withdrawal symptoms are given the option to convert from Methadone to Buprenorphine to prevent any possible medical issues related to severe opiate withdrawal. In the event that the patient does not wish to convert to Suboxone use, the patient is safely detoxed off

of Methadone on our Opiate Withdrawal Program which incorporates a Buprenorphine taper.

Substance Use Disorder counseling is the pillar in which success in this program is built upon. The MAT program is able to provide weekly Substance Use Disorder counseling for all MAT participants including those of whom choose abstinence over medication assistance. Our on-site Licensed Marriage and Family Therapists along with our Licensed Clinical Social Workers provide the counseling services that are centered on both an individual and group basis. The SUD counseling has received much praise from the patients. It is instrumental in the all-around care that is necessary when tackling the diagnosis of any substance use disorder. The MAT Coordinator is responsible for working alongside community recovery clinics and other county partners such as the Neighborhood Bridge Clinic, LAGS, Aegis and the Public Defender's Holistic Defense Team to ensure that any patient departing from custody receive all of the resources needed for continued treatment and success. Each person departing from custody leaves with an appointment for continuity of care with a community provider.

Thanks to the Narcan Distribution Project™, the MAT program has been able to provide two doses of intranasal Narcan® to each enrollee. Each Narcan® recipient also receives education on signs and symptoms of opiate withdrawal and a guide on how to properly administer the medication. MAT is further working to provide the lifesaving medication to all patients who report opiate use while out of custody. Having access to Narcan® has aided the Santa Barbara Jail medical team in saving numerous patients from suspected opiate overdose. A total of 41 units of intranasal Narcan® have been used this year.

All Wellpath staff received a two-day preliminary training in order to prepare for our implementation of a full MAT program. Some topics that were covered were Detox and the Withdrawal process, our new withdrawal management programs, new policies surrounding MAT and extensive education on MAT medications, the programs enrollment process, and on the proper use of Narcan®. Wellpath also partnered with the Santa Barbara County Sheriff Department's Crisis Intervention Team to provide MAT training to all custody staff who enrolled in the C.I.T. program.

Looking forward to the year ahead we hope to continue to expand our MAT program. Our goal for our fourth year is to on-board a licensed Substance Use Disorder Counselor to provide SUD counseling on an individual and group basis more than once a week to our MAT participants. We would also like to enhance collaboration with the Sheriff's Treatment Program and its participants. Wellpath is also currently in contract negotiations with an Opioid Treatment Program to begin to provide Methadone to more than just our pregnant patients.

Mental Health Services

Our mental health department consists of a Psychiatrist who is on-site 40 hours per week and one full-time Psychiatric RN who is a Board Certified Mental Health Registered Nurse. We have four full-time Licensed Marriage and Family Therapists (LMFT) or Licensed Clinical Social Workers (LCSW). Closing out our third year Wellpath and the Sheriff's Office realized we had a great need for a clinical leader for our Mental Health Professionals. Working within our current staffing matrix, Wellpath repurposed 1 FTE (full time equivalent) of a Psychiatric Registered Nurse and created a Mental Health Coordinator position. Our Mental Health Coordinator, Rebecca Buhl's main focus is on continuing the collaboration with outside agencies in order to grow and foster community partnerships that will aid in promoting continuity of care for all patients. She will also continue to improve on-site program processes to enhance the quality of care being provided to patients with mental illness.

Psychiatric RN's completed 1,134 patient visits. Our therapists completed 9,566 visits. Our on-site psychiatrist completed 1,398 visits and with that 674 Abnormal Involuntary Movement Scale (AIMS) assessments. We utilized telepsychiatry during our Psychiatrists leave of absence. The tele-psychiatrist completed 442 patient visits.

We had a decrease of 45% in suicide attempts in our third year, with 19 attempts. There were two suicide deaths in 2019. These incidents resulted in immediate site-specific changes on multiple policies. One of which is how we track and follow-up with patient's who refuse recommended medications to treat serious mental illness. After our

June death we began to more closely monitor our patients who become non-compliant with psychiatric medications. They are placed on the Psychiatrist sick call list for a thorough evaluation and educational session. If the patient continues to refuse they are placed on our Special Needs list, they have an initial visit with a therapist and a treatment plan is developed and implemented. The therapists continue to see the patients on a monthly basis. Changes to the treatment plan are made on an as needed basis but no less than every 90 days. The psychiatrist also continues to make contact with the patient every 90 days. Another change was also made to Wellpath Santa Barbara's Benzodiazepine withdrawal protocol. We increased the number of days we check in with these patients from the required three times a day for five days to three times a day for 14 days. It is known that Benzodiazepine withdrawal peaks around two weeks and then begins to subside. During this time patients are at increased risk for suicide.

Our Psychiatrist, Dr. Hakim along with our previous Assistant Health Services Administrator (AHSA) presented to our local NAMI (National Alliance on Mental Illness) chapter to provide a better understanding of how a patient's mental health needs are addressed while incarcerated. NAMI members were given the opportunity to ask questions directly to our Psychiatrist and A.H.S.A. Efforts to build a relationship with this important, nationally recognized, organization has been and continues to be very synergistic and greatly benefits the treatment of the mentally ill patients in the county.

Our Mental Health Department continues to grow our relationship with our county mental health provider, Behavioral Wellness. Mental health staff participate in a weekly phone call as well as attend monthly meetings facilitated by, Justice Alliance, who is a forensic based team who seek to improve access to behavioral health services for adults with mental illness who are also involved in the justice system. Providing updates on patient compliance and progress allows the Justice Alliance team to work with the courts on determining the appropriate placement for the patient in the community. Mental Health staff also refer patients who are set to be released but may still be suffering a mental health crisis, to the Crisis Stabilization Unit (CSU), where they provide a safe, nurturing short-term, voluntary emergency treatment option for individuals experiencing a mental health emergency. Referrals are completed by mental health prior to the patient's release and the patient is directed on how to access services. On more than one occasion, mental health staff referred a patient prior to release but questioned their ability to be able to self-present to the facility. Mental health staff worked with custody staff on being able to utilize safe transportation to the CSU facility for a warm hand off with success.

Mental health also continues to forge a strong relationship with the Public Defender's Office. Daily email updates are sent to a liaison for the courts and to the Public Defender to communicate HIPAA compliant reasons that a mental health patient may not be capable of being present for their scheduled court date. Mental health staff also communicate with our liaisons daily via phone to collaborate on ways to aid patients in their participation in their legal process despite acute mental health symptoms making this difficult for them to do so. Mental health staff may also be notified by the liaison of patients who are found incompetent to stand trial, but may not have been flagged by mental health upon entrance to facility. This allows mental health staff to reach out and offer mental health services. Patients have been able to be successfully engaged by our mental health staff and treated with psychotropic medications. Probably one of our most proud accomplishments of the year was getting six patients who were found IST, re-evaluated for competency after treatment with our jail Mental Health staff. All six were found competent to stand trial which deferred them from being sent to a state hospital for treatment. This also allows for a speedier trial as patients do not have to spend the extended time in jail waiting for an available bed at the state hospitals, nor the treatment time while there.

In conjunction with the Behavioral Sciences Unit, our psychiatrist along with our HSA participated in the teaching of portions of the Sheriff's Office, Crisis Intervention Training program. Participants were educated on signs and symptoms of mental illness, psychiatrist medications and suicide prevention and crisis intervention. Our psychiatrist also continuously provides custody with examples of psychotropic medications used to treat patients and possible side effects that could occur. This education aims to provide custody officers with the confidence in being able to alert mental health staff with any concerns of patient behaviors in the facility. Wellpath will continue to be educators in the C.I.T. program on an on-going basis.

We have increased our prescription of LAI (Long Acting Injectable) medications. These medications are taken only once or twice a month. The patient does not have to remember to take medication every day which increases medication compliance. LAI's have been administered to an average of 21 patients per month. Our team puts forth our best effort to initiate the LAI medication at least a week prior to release to allow for patients to connect with

their community provider and have longer periods of consistent treatment. It is our hope that with the increase in LAI prescriptions we see greater medication compliance, therefore seeing a reduction in psychiatric symptoms. It is anticipated that patients who achieve greater mental illness stability will not participate in criminal behaviors and in turn reduce recidivism rates for our mentally ill population. Our Psychiatrist and Health Services Administrator continue to have a great partnership with pharmaceutical companies who continue to offer enrollment in their sampling programs. This makes these medications more accessible to patients without the county accruing any additional costs.

Collateral information from arresting officers utilizing our Mental Health Evaluation Request form has played a crucial part in the immediate treatment of patients who may not otherwise have been able to communicate the need for mental health services themselves. On one particular occasion, an arresting officer utilized the form, alerting mental health to a potentially suicidal patient who was located in holding immediately and treated for a potential overdose of medications.

Mental health staff also collaborate with the Sheriff's Behavioral Sciences Unit (BSU) which was formed to oversee cases involving mental illness, develop a Crisis Intervention Team and to build community partnerships to help adopt restorative justice principles to divert individuals from the criminal justice system and into treatment. Collaboration with this team has been deemed beneficial as there are times patients have been unable to be diverted due to safety reasons and are instead arrested and brought to jail. The BSU and Co-Response team will notify mental health staff at the jail with important information regarding recent events and a history of a patient's mental health illness in the community, in order to provide timely care for the patient while they are incarcerated.

Jail-Based Competency Treatment (JBCT) Program

Wellpath's administration and Mental Health team along with the Custody Support Divisions Command Staff took the opportunity throughout the year to visit multiple county's JBCT programs. The group toured San Bernardino County, Sonoma County and San Luis Obispo County to get an idea of what we can expect the program to look like in our county. We collectively made decisions on aspects of the program that we felt were the best practices from each of the programs that we visited to bring back to our program. We hope to provide our patients with the most therapeutic environment that we can; one that will foster personal growth, stability and a sense of autonomy. It is our goal with the JBCT program to drastically reduce the length of time a person spends in our facility awaiting competency restoration and the time spent being restored to competency.

Pharmaceutical Services

Wellpath is in our second year of partnering with CorrectRx Pharmacy. CorrectRx continues to be recognized as one of the nation's leading correctional pharmacy services providers. Each medication that is ordered continues to be reviewed by our assigned team of clinical pharmacists to ensure each patient's safety. Medications are reviewed for cost saving alternatives and the pharmacists work with the providers to determine the best course of therapies for our patients.

There were over 350,000 medications dispensed and 7,100 patients on medications. We have a yearly average of 893 inmates in custody a month. We saw, on average, 30% of our population on medications throughout the year with an average of 11% of our total patient population on psychiatric medications. During the year we gave a total of 274 Long Acting Injectable anti-psychotics, this is a marked increase of over 100% from our previous year.

Wellpath had quarterly pharmacy inspections conducted by a contracted local Pharmacist. There were no deficiencies noted.

National Commission on Correctional Healthcare

It is with tremendous disappointment that we must report that we have had to postpone our NCCHC accreditation. Our third year was spent assiduously ensuring we met 100% of Essential and Important standards in order to gain accreditation. Our initial accreditation survey was scheduled for March 26 and 27, 2020. In late February, Wellpath Santa Barbara had a final self-audit by our Accreditation and Compliance department to give the green light on completing our official survey. We were given the departments blessing and were looking forward to this accomplishment. Due to the unforeseen circumstances surrounding the COVID-19 pandemic and the implementation of our Pandemic Response plan we unfortunately had to close our doors to all outside agencies for the safety of our patients. We have placed our accreditation survey date on-hold until further notice. We will be sure to update the Board of Supervisors as soon as we reschedule.

One of our key projects to meet several NCCHC standards was the creation of our Health Services Handbook. To our knowledge it is the first of its kind in the correctional healthcare sector. We are unaware of any other county, that at least Wellpath is contracted with that provides such a tool to the inmate population. The handbook is given to every new detainee when they receive their custody Inmate Handbook during the dress-in process of booking. The Health Services Handbook contains detailed explanations of all healthcare services available to our inmate patient population and how to access them. It also provides patient education on commonly encountered medical and mental health issues. Information on Medication Assisted treatment, Substance Use Disorders as well as the signs and symptoms of overdose and withdrawal are provided. There are educational topics on parenting and positive social communication and self-communication skills, stretching and stress management to list a few. The book is intended for informational purposes only and is not a substitute for professional medical/mental health advice, diagnosis or treatment.

In June 2019 there was a companywide initiative that updated and revised our policies and procedures. Our policies were updated to reflect recent changes in legislature and a merger of two of our legacy companies best practices. Santa Barbara county has updated our policies to reflect site specific processes as well. Our policies will be revised and updated on an annual basis.

Northern Branch Jail

Wellpath finalized our amended contract to provide healthcare services to our Northern Branch Jail facility and it went before the board on May 19, 2020. We are grateful for the opportunity to expand services to our north county community. We will be providing the same level of services to the NBJ as we do at our Main Jail, this includes the Medication-Assisted Treatment program. The state of the art Northern Branch jail affords us the opportunity to also provide a greater level of care to our patient population with the addition of our Out Patient Housing Unit. The creation of a dedicated Mental Health housing unit in close proximity to our clinic and the plethora of confidential treatment rooms is going to allow for better quality of care for these individuals. The space affords each person more out of cell time and the natural light that pours in from every corner will surely aid in a greater stability of our mentally ill patients. The Northern Branch Jail will be a very therapeutic environment for all our patients and we cannot wait to begin to provide care there.

Continuous Quality Improvement (CQI)

Wellpath is audited on a quarterly basis by County Behavioral Wellness and Santa Barbara Public Health

Department to evaluate for compliance of service level agreements with the Sheriff's Office. Please see Exhibit A for our yearly summary from both Public Health and Behavioral Wellness. Wellpath will continue with the current SLA's outlined in our contract.

During the course of the year we completed 29 audits of various processes and policies. Of those 29 audits, 10 were noted to fall below the 90% threshold for compliance. Corrective action plans were developed for the areas noted to be deficient. The studies were redone three months later. With each re-audit we saw an improvement in all deficiencies. In addition to our 29 audits we completed three process and outcome studies that were specific to persistent deficiencies we noted during the prior year. One study was conducted on our documentation of withdrawal monitoring, another on the documentation of HCG testing on all new female intakes and the last was a study completed on our Scabies treatment (ectoparasitic infection) policy. Corrective action plans were created to fix issues in our processes and they will all be re-evaluated in one year. In our site-specific study of withdrawal monitoring it was found that nursing education was a significant factor in why we were not at our ideal level of compliance. A one-day course was taught by our Regional Nurse Executive on the identification and management of detoxing patients to all staff who provide care to these patients.

Medication-Assisted Treatment (MAT) Statistics

Medication Assisted Treatment Program												
Santa Barbara County Jail	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec	20-Jan	20-Feb	20-Mar
Average daily population	954	889	980	898	910	881	856	856	858.0	891.0	918.0	827.0
Intakes	1085	1049	1012	1033	1202	1050	942	919	905	1047	870	726
Intakes requiring detox or monitoring for:												
Alcohol	84	101	82	75	81	77	75	91	86	62	45	44
Opioids	68	58	82	70	79	78	70	62	74	65	71	29
Benzodiazepines	20	5	13	10	11	18	10	10	11	11	18	5
Methamphetamine	0	0	0	0	0	0	0	0	0	0	0	5
Withdrawn from methadone	12	20	3	14	1	10	5	4	3	11	6	5
Withdrawn from buprenorphine	19	21	11	6	7	10	17	9	5	12	10	2
Withdrawn from naltrexone	0	0	0	0	0	0	0	0	0	0	0	0
Methadone												
Pregnant	0	1	0	0	0	0	0	0	0	0	1	0
Not pregnant	0	0	0	0	0	0	0	0	0	0	0	0
Continued on methadone	0	0	0	0	0	0	0	0	0	0	0	0
Inducted on methadone	0	0	0	0	0	0	0	0	0	0	0	0
Buprenorphine												
Pregnant	0	0	0	0	0	1	0	0	0	0	0	0
Not pregnant	0	0	0	0	0	0	0	5	3	0	0	0
Continued on Suboxone	0	0	0	0	0	0	0	0	0	0	0	0
Inducted on Suboxone	0	0	0	0	0	0	0	0	0	0	0	0
Continued on Subutex (buprenorphine)	0	0	0	0	0	0	9	12	7	7	16	1
Inducted on Subutex (buprenorphine)	0	0	0	0	2	1	0	2	3	7	0	0
Naltrexone												
Continued on naltrexone	0	0	0	0	0	0	0	0	0	0	0	1
Continued on naltrexone/vivitrol	0	0	0	0	0	0	0	2	5	0	1	0
Inducted on oral naltrexone	1	1	0	2	3	7	16	9	10	3	6	6
Received Vivitrol Injections	0	1	0	0	1	1	6	4	3	3	1	5
Narcan												
Drug overdose (fatal and nonfatal)	0	1	0	0	0	0	2	0	2	1	0	0
Units of narcan used for emergency response	0	1	0	0	20	0	6	0	4	3	7	0
Units of narcan given to MAT enrollees at release	0	0	0	0	0	7	6	8	9	6	10	10
Program Statistics												
Number of patients that meet criteria but declined enrollment						9	4	5	11	18	16	24
Total number of MAT provider visits (initial)						9	25	25	21	18	21	10
Total number of MAT provider visits (follow up)						6	3	0	1	3	0	5
Total number of visits by MAT coordinator						40	58	79	70	77	80	35
Total number of SUD counseling visits						13	44	40	56	41	35	18
Total number of group SUD counseling sessions						4	0	0	4	0	0	0
Number of patients referred to LAGS Clinic	0	3	0	1	0	2	6	4	3	3	1	5
Number of patients referred to B.Well	0	0	0	0	0	0	0	0	0	0	0	0
Number of patients referred to other MAT providers	0	0	0	0	0	0	1	0	0	0	0	0

Health Services Report

MEDICAL ACTIVITY REPORT 2019	AVERAGE DAILY POPULATION												TOTAL # of inmates for the month	
	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0	2019.0		2019.0
MEDICAL														
TOTAL INTAKES	1045	1049	1012	1035	1103	1050	967	919	905	1047	970	978	978	1017
MISSED RECEIVING SCREENINGS	14	18	8	20	15	15	15	25	22	27	39	26	31	21
MEDICAL REFUSALS AT INTAKE	3	5	30	12	5	9	11	7	14	5	7	7	7	2
TOTAL # OF SICK CALLS SUBMITTED	3438	3497	3244	3367	3264	3115	2890	2687	2592	3047	2872	2872	2872	3117
SICK CALLS - TOTAL	3302	3435	3126	3275	3211	3017	2826	2620	2525	2980	2812	2812	2812	3059
-SICK CALLS - NURSES	300	310	290	300	300	290	280	270	260	300	290	290	290	300
-SICK CALLS - MID LEVEL	107	86	80	104	124	67	54	52	54	73	78	78	78	85
-SICK CALLS - PHYSICIAN	16	17	20	18	42	11	74	22	22	15	24	24	24	27
-SICK CALLS - DENTAL	69	70	77	40	71	64	54	73	73	65	65	65	65	69
-MAN DOWN	18	17	17	13	12	4	15	23	15	21	18	18	18	14
# OF CHAIR PATIENTS	84	101	83	75	81	72	75	81	80	63	45	45	45	53
# OF GOWNED PATIENTS	68	54	82	70	70	78	70	67	74	65	71	71	71	74
HEALTH INVENTORY	750	750	750	750	750	750	750	750	750	750	750	750	750	750
TO ASSESSMENTS	253	253	253	253	253	253	253	253	253	253	253	253	253	253
ANNUAL HEALTH INVENTORY	8	24	11	11	12	12	12	12	12	12	12	12	12	12
REG. DRUGS by medical staff	788	788	788	788	788	788	788	788	788	788	788	788	788	788
TOTAL NUMBER OF DRUGS COMPLETED	24	21	23	23	23	23	23	23	23	23	23	23	23	23
TO RELATED CHEST X-RAYS	14	13	21	14	14	11	10	14	14	14	14	14	14	14
TOTAL NUMBER OF LABS DRAWN	257	243	301	267	217	211	210	207	222	244	263	263	263	270
MENTAL HEALTH														
ASSESSMENTS - PSYCHIATRY	195	162	188	23	58	148	157	143	145	108	121	121	121	111
- Total number of AIMS Assessments completed	35	58	61	73	35	77	83	89	61	60	73	73	73	35
ASSESSMENTS - AOP	130	107	127	90	23	71	74	54	84	48	48	48	48	76
ASSESSMENTS - PSYCH RN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TELEPSYCH VISITS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUICIDE ATTEMPTS	3	3	3	3	3	3	3	3	3	3	3	3	3	3
SAFETY CELL PLACEMENTS	13	14	14	13	13	13	13	13	13	13	13	13	13	13
NUMBER OF PLACEMENTS IN MH DBS	32	35	34	30	30	30	30	30	30	30	30	30	30	30
AVERAGE NUMBER OF HOURS IN MH DBS	15.9	17.55	14.5	11.5	11.5	17.5	15.54	17.7	18.1	18.5	18.5	18.5	18.5	18.5
AVERAGE NUMBER OF HOURS SPENT IN SAFETY CELL	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
CARES CALLS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REG. ROUNDS by MH staff	1412	1387	1183	145	28	130	157	149	148	134	134	134	134	134
Emergency Psychotropic Administered	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of mild ISTA's resolved for the month	5	3	2	3	0	2	2	4	0	6	7	7	7	0
Total number of mild ISTA's transferred to program	4	5	2	4	1	3	3	3	3	5	4	4	4	4
Total number of follow up's received for the month	3	8	3	5	2	0	5	6	4	1	3	3	3	4
Total number of follow up's transferred to DSM	2	0	0	1	3	5	6	4	5	5	4	4	4	6
Total number of SBU MH referral forms resolved	28	21	24	21	23	23	20	10	16	6	3	3	3	2
OFF-SITE SERVICES														
EMERGENCY ROOM VISITS	25	25	28	31	32	37	38	34	22	21	17	17	17	13
PHI ER Clearances	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AMBULANCE TRANSPORTS	14	11	8	10	10	10	0	0	0	0	0	0	0	0
SHERIFF TRANSPORTS	43	43	41	40	43	43	43	43	43	43	43	43	43	43
HOSPITAL ADMISSIONS	3	6	6	6	8	8	5	5	7	7	6	6	6	5
HOSPITAL DAYS	16	17	16	30	17	41	25	29	18	21	17	17	17	11
DIALYSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPTOMETRY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OFF-SITE DIALYSIS/renal or renal specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ONE DAY SURGERIES	2	2	0	0	0	0	0	0	0	0	0	0	0	0
OTHER OFF-SITE SPECIALTY CONSULTATIONS	76	75	78	78	74	73	77	78	77	77	77	77	77	77
SPECIALTY CONSULTATIONS VISITS TOTAL	83	82	83	78	74	73	77	78	77	77	77	77	77	77
HOSPITAL DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FACTORY DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PHARMACEUTICALS														
NUMBER OF MEDICATIONS ADMINISTERED	21510	21477	20916	20169	20079	20001	20691	20484	20401	20700	20110	20110	20110	21401
NUMBER OF VIALS ON MEDICATION	148	148	148	148	148	148	148	148	148	148	148	148	148	148
NUMBER OF VIALS ON INJECTABLE PSYCH MEDS	205	202	178	183	183	183	233	233	240	247	254	254	254	271
NUMBER VIALS ON PSYCHOTROPIC MEDS	1000%	10.00%	9.40%	9.00%	9.00%	9.00%	12.80%	13.80%	14.80%	15.80%	16.80%	16.80%	16.80%	18.40%
NUMBER VIALS ON HIV MEDS	3	3	3	3	3	3	3	3	3	3	3	3	3	3
NUMBER VIALS ON RESP MEDS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NUMBER OF REFUSED MEDICATIONS	1801	1849	1890	2124	2124	2124	2124	2124	2124	2124	2124	2124	2124	2124
NUMBER OF MEDICATIONS NOT GIVEN (NIG) - NIG (NIG - duplicate orders, order expired)	779	447	433	732	428	634	459	529	485	691	691	691	691	700
NUMBER OF MEDICATIONS NOT GIVEN (NIG) - NIG (NIG - duplicate orders, order expired)	311	410	330	70	106	228	105	184	207	207	277	277	277	313
# of medications not in stock for pending FDA approval	162	184	133	140	155	158	162	162	162	162	162	162	162	162
PERCENT OF ASSESSED MEDICATIONS	7.00%	7.20%	7.30%	7.00%	7.20%	7.40%	6.60%	7.00%	7.20%	7.40%	7.60%	7.60%	7.60%	8.00%
D/C 7 DAY MED SUPPLY	47	21	143	231	84	34	20	45	20	18	18	18	18	18
D/C 30 DAY MED SUPPLY	8	13	8	7	5	3	1	6	3	4	4	4	4	4
ANNUAL RX VISITS GIVEN TO ESBO STAFF	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLINICAL CASES														
CANCER	4	0	2	0	0	0	0	0	0	0	0	0	0	0
CARDIOLOGY	15	16	14	18	20	18	18	18	18	18	18	18	18	18
DIABETES	7	11	12	18	20	15	23	17	11	21	24	24	24	18
EPILEPSY	22	9	15	11	17	17	17	17	17	17	17	17	17	17
ENDOCRINE	5	3	3	0	0	0	0	0	0	0	0	0	0	0
HIV	4	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS C/ Hepatic Issues	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Other CC Meds	2	2	2	2	2	2	2	2	2	2	2	2	2	2
PREGNANCY	2	2	2	2	2	2	2	2	2	2	2	2	2	2
RESPIRATORY	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Skin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OBSTETRIC CARE VISITS BY RN	17	18	18	18	18	18	18	18	18	18	18	18	18	18
CIRCHONIC CARE VISITS BY PHYSICIAN	11	11	11	11	11	11	11	11	11	11	11	11	11	11
TOTAL CIRCHONIC CARE VISITS	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Psychiatric Injections	7	7	11	12	10	11	14	17	10	10	10	10	10	10
Injury Situations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injury Trainers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ability Assessments	8	9	3	8	8	8	8	8	8	8	8	8	8	8
Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INFECTIOUS DISEASE CONTROL														
PFDX PLANTED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PFDS READ	18	22	24	18	21	18	18	18	18	18	18	18	18	18
POSITIVE PPD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACTIVE TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HPV	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGITIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LCIOPARASITES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OBJEVANCES RECEIVED	27	27	27	27	27	27	27	27	27	27	27	27	27	27
Number of (opened) grievances	0	0	0	0	0	0	0	0	0	0	0	0	0	0

