



Date: January 13, 2025

To: Santa Barbara County Board of Supervisors
Mona Miyasato, County Executive Officer

From: Mouhanad Hammami, Director, Santa Barbara County Public Health Department

RE: *Monitoring of Jail Healthcare by the Public Health Department*

Summary

The Public Health Department (PHD) and Behavioral Wellness (BWell) conduct quarterly monitoring of healthcare delivery provided by California Forensic Medical Group (CFMG/Wellpath) in the County detention facilities. At the Main Jail, CFMG/Wellpath is currently non-compliant in eight of the twenty-nine combined measures audited by PHD and BWell. Five of these combined measures demonstrate persistent non-compliance from prior audits. At the Northern Branch Jail, CFMG/Wellpath is currently non-compliant in seven of the twenty-nine combined measures, with five measures demonstrating persistent non-compliance. The Juvenile Justice Center (JJC) is currently and consistently fully compliant with the six measures audited by the PHD.

Background

In 2023, the Board directed the PHD to assume more responsibilities in monitoring and advising on the quality of care delivered by CFMG/Wellpath in the jails and CFMG/Wellpath and BWell at the JJC. PHD and BWell accordingly enhanced their screening tools and continued to perform quarterly audits at the jails (see attached). In addition, the Board authorized 1.5 FTE positions in the PHD to monitor the medical and mental health provision of care which enabled creation of the Correctional Health Team (Team) within the PHD.

The Correctional Health Team

The Team was created to facilitate monitoring of the CFMG/Wellpath agreement at the jails and JJC. Following monitoring, the Team reports findings to all stakeholder authorities. The Team includes Carrick Adam, MD MSPH, as Chief Correctional Health Medical Advisor, and Aaron Stilwell, DNP MBA RN, as Correctional Health Quality Care Improvement Manager. Dr. Adam has over twenty years of experience in correctional medicine and started in this role on December 10, 2024. Dr. Stilwell has over ten years of experience in healthcare quality improvement and started September 30, 2024. The Team is supported by the PHD Chief Medical Officer, Josephine

Preciado, MD, and PHD Director Mouhanad Hammami, MD MSHA, and meet on a weekly and monthly basis, respectively, to report updates and receive guidance.

Correctional Health Team Activities

To date, primary activities for the Team have included orientation to the correctional facilities and developing an understanding of the history, current state, and priority improvement areas. The Team has met with stakeholders within the PHD, Sheriff's Office, Probation Department, BWell, Public Defender's Office, and CFMG/Wellpath, as well as reviewed reports by external experts. The Team has conducted direct observation of care delivery through shadowing CFMG/Wellpath clinicians. The Team assumed the role of chairing the monthly Medical Administration Committee (MAC) and Continuously Quality Improvement (CQI) meetings, wherein the Team coordinates and facilitates review and discussion of clinical performance and efforts to address identified opportunities for improvement.

Initial Observations and Findings

The correctional setting adds significant and unique challenges to the existing complexities of healthcare delivery. A successful program relies on seamless collaboration by stakeholders across multiple agencies operating under potentially conflicting priorities and guidelines. The fundamental, overriding priority is safety of facility residents and staff. The physical layout of correctional facilities can create challenges in providing optimal health services. Additionally, incarcerated individuals constitute a vulnerable patient population with higher prevalence of mental health disorders, substance use disorders, and chronic medical conditions, and individuals retain the right to refuse care, including screenings, assessments, and treatments. Specific to Santa Barbara County, delivering care across two jail facilities increases inefficiencies and creates a greater workload for custody and healthcare staff. The Santa Barbara jail facility (Main Jail) faces greater challenges due to its outdated design, making it less suited to support modern programming and meeting evolving healthcare needs effectively and efficiently.

Jail Healthcare Monitoring

For the jails, PHD audits thirteen clinical performance measures focusing on intake medical screening upon arrival at the facility, initial health assessment within fourteen days of arrival, and management of hypertension (high blood pressure) as an indicator of chronic care management. BWell audits sixteen clinical performance measures focusing on intake mental health screening, access to mental health clinicians, discharge planning, and monitoring of inmates in safety cells and observation cells. For each measure, a sample of fifteen patients is randomly selected from the qualifying population, and a medical record review determines a status of compliant, non-

compliant, or non-applicable for each selected patient. Each measure is held to a performance threshold of 90%. CFMG/Wellpath is required to develop and implement a corrective action plan (CAP) for any measure that does not meet this threshold in a given quarterly review, and CAPs are categorized as either immediate action for high-risk concerns or needs improvement for more routine findings.

For Q3 of 2024, PHD identified six distinct areas across both jails that required a CAP. These areas include timely completion of intake screening, timely completion of initial health assessments, appropriate tuberculosis testing, and documentation of hypertension management. For the Main Jail, one of four non-compliant measures reflected continued non-compliance from Q2, and the Northern Branch Jail had two of four non-compliant measures continued from Q2.

For Q2 of 2024, BWell identified five distinct areas across both jails that required a CAP. These areas include checks on inmates in restrictive housing (i.e. safety cells and observation cells), sick call triage, charting of suicide risk assessments, and follow-up checks on inmates after removal from restrictive housing. All non-compliant measures, four for the Main Jail and three for the Northern Branch Jail, reflected continued non-compliance from Q1. It is noted that measures assessing monitoring of inmates in restrictive housing are flagged for immediate action.

Overall, trend analysis of CFMG/Wellpath's performance based on most recent quarterly service level agreement audits indicate recurring patterns of non-compliance regarding timely completion of the initial health assessment, timely completion of tuberculosis testing, timely access to mental health clinicians, and adequate monitoring of inmates placed in restrictive housing. Two measures that directly relate to inmate safety in restrictive housing have shown persistent noncompliance in spite of multiple CAPs. The Team and BWell have instituted a greater level of oversight as immediate action is required in several non-compliant measures while ongoing CAPs are not remediated. This is of key concern for individuals' safety and health.

JJC Healthcare Monitoring

For the JJC, PHD audits six clinical performance measures focusing on initial health assessment within three days of arrival, medication verification within twelve hours of arrival, assessment and provision of immunizations, and sexually-transmitted infection screening. A sample of thirty patients is randomly selected from the qualifying population, and a medical record review determines a status of compliant, non-compliant, or non-applicable for each selected patient. Each measure is held to a performance threshold of 90%. CFMG/WellPath is required to develop and implement a corrective action plan (CAP) for any measures that do not meet this threshold in a given quarterly review, and CAPs are categorized as either immediate action for high-risk concerns or needs improvement for more routine findings. For Q3 of 2024, PHD identified no

measures that were non-compliant and that necessitated the development of a CAP. Trend analysis shows that no CAP was ever required under PHD monitoring of healthcare delivery at the JJC.

Plan and Recommendations

The Team continues to fully train and utilize the new staff, initiate monitoring, and will return to the Board with report(s) based on direction of contract and the results of established service level agreement reviews.

Copy:

Tanja Heitman, Assistant County Executive

Bill Brown, Santa Barbara County Sheriff

Antoinette Navarro, Behavioral Wellness Director

**Santa Barbara County Department of Behavioral Wellness Mental
Health Provider WellPath Quarterly Monitoring Tool**



Date Of Review	8/23/2024	Quarter: 1 (4/2024-6/2024) Contract Year: 8
----------------	-----------	---

Behavioral Wellness Reviewers		
Name and Title	Jessica Korsan, QCM Manager	Bonnie Zant, QCM Coordinator
Email	jkorsan@sbcbswell.org	bmacdonald@sbcbswell.org
Phone	805-717-8036	805-729-5449
Signature	<i>Jessica Korsan</i>	<i>Bonnie Zant</i>
Date Signed	10/14/2024	10/14/2024

WellPath Representatives		
Name and Title	Bailey Fogata	Nanci Martinez
Email	Bailey.Fogata@Wellpath.us	Nanmartinez@Wellpath.us
Phone	805-681-4211	805-681-4371
Signature	<i>Bailey Fogata</i>	
Date Signed		

SBSO Representatives		
Name and Title	Cassandra Marking	Ryan Sullivan
Email	clm3991@sbsheriff.org	rms3882@sbsheriff.org
Phone	805-681-4091	
Signature	<i>Cassandra Marking</i>	
Date Signed		

PROVIDER PRE REVIEW
Accomplishments Since Last Review
Contract renewed, additional staffing hired (clinicians and LPT's add on for restrictive housing rounds and night safety cell rounds)
Joe Schimmel worked with NBJ to get restricted housing rounds completed
Updated restricted housing flow sheets
Weekly KPI meetings with Director of Nursing and Regional Team to ensure MH alerts are being completed correctly
Barriers/Hardships Since Last Review
Adequate staffing for certain shifts and positions continued to be an issue last quarter at NBJ. Hiring was started with new contract and changes to shift hours but this implementation went into effect after this review period. Changes are expected to be seen in future quarters.
SBJ lost psych RN and was not filled with new contract changes. MHP's had to take over some duties, especially regarding restrictive housing rounds.
Review of Corrective Action Plan (CAP)
Corrective Action Plan for Q4, Year 7 has been approved but is currently being implemented. CAP is due 8/31/2024 with evidence of completion and will be reviewed at that time.

Audit tool was updated on 8/2024 to provide clarity around some questions and edit some questions to better meet current policies and procedures. Question 4 was a newly added question and will be reviewed during Q1 for general feedback but will not be included in final report or CAP.

NORTH BRANCH JAIL

PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
1. Did the contractor complete the initial intake screening fully?	Contractor will provide Behavioral Wellness with a list of all intakes with positive histories of mental health completed during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 1-5	DRC Remedial Plan, Monitoring, 3.J.4 Continuous Quality Improvement (Page 22)	X				Compliant.
2. In the initial intake screening, did the contractor document all reported medications and whether the medication could be verified?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant.
3. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 48 hours? (Exceptions are benzodiazepines and medications solely prescribed for sleep). If medications are not verified, is the inmate scheduled to see the psychiatrist within 24 hours of their arrival at jail?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant.
4. If an inmate is identified as having a MH need, were the referrals made in the initial screening completed according to the urgent, emergent and routine timeframes?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)				X	Not compliant. 5/15 or 33 compliance rate. Audit tool was updated on 8/2024 to provide clarity around some questions and edit some questions to better meet current policies and procedures. Question 4 was a newly added question and will be reviewed during Q1 for general feedback but will not be included in final report or CAP.
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	
5. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days, as outlined in the plan portion of the SOAP note?	Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8	DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant.
6. Are the above timeframes met, or if unable to be met, is there sufficient justification for the change in appointment?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant.
7. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls triaged and answered within 24 hours of urgent requests and 1 week for routine requests?	Contractor will provide sick call log during the review time frame. Behavioral Wellness will review 5 sick calls per month, 15 per review period, to answer question 9.	DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			Not compliant. 6/15 or 40% compliance.

8. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week?	Contractor will provide a list from custody of all inmates in restrictive housing during the review time frame. List should include the dates the inmate was in restrictive housing. Behavioral Wellness will review 5 inmates per month, 15 per review period, to answer question 10.	County Contract, Exhibit A, Section 4.1D	X				Not compliant. 5/15 or 33% compliance. This finding has been identified for several quarters but the dramatic improvement in June indicates that the changes are taking effect. Will continue to monitor at Needs Improvement level.
		REGULATORY AUTHORITY	Y	NI	IA	NA	
9. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 30 days.	Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer question 13.	DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				Compliant.
10. Is a discharge document complete?		DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				Compliant.
		REGULATORY AUTHORITY	Y	NI	IA	NA	
11. Did the Contractor re-assess all inmates placed on suicide watch in a safety cell at least every 4 hours by medical staff and every 12 hours by mental health staff?	Contractor will provide Behavioral Wellness with 30 randomly selected Safety Cell Logs during the review time frame. Behavioral Wellness will then choose 5 logs per month, 15 per review period, to answer question 15.	County Contract, Appendix B, Section 1c			X		Not compliant, 2/11 or 18% compliance rate. This section has been out of compliance for over a year and moved to Requires Immediate Attention
12. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?	Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.	DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.
13. Did the contractor complete a treatment plan and/or collaborative safety plan in full for each inmate prior to discharge from the safety cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.
14. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days, if clinically indicated, for each inmate entry into a Safety Cell or Observation Cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)		X			Not compliant, 1/10 or 10% compliance rate
15. If there was no improvement in the inmate's condition in the Safety Cell within 12 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment?		Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.
16. If there was no improvement in the inmate's condition in the Safety Cell within 24 hours was the County's Crisis Services team contacted for inmate to receive higher level of care.		County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.

SOUTH BRANCH JAIL								
PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	
1. Did the contractor complete the initial intake screening fully?	Contractor will provide Behavioral Wellness with a list of all intakes with positive histories of mental health completed during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 1-5	DRC Remedial Plan, Monitoring, 3.J.4 Continuous Quality Improvement (Page 22)	X				Compliant.	
2. In the initial intake screening, did the contractor document all reported medications and whether the medication could be verified?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant.	
3. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 48 hours? (Exceptions are benzodiazepines and medications solely prescribed for sleep). If medications are not verified, is the inmate scheduled to see the psychiatrist within 24 hours of their arrival at jail?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant.	
4. If an inmate is identified as having a MH need, were the referrals made in the initial screening completed according to the urgent, emergent and routine timeframes?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant.	
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA		
5. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days, as outlined in the plan portion of the SOAP note?	Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8	DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant.	
6. Are the above timeframes met, or if unable to be met, is there sufficient justification for the change in appointment?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant.	
7. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls triaged and answered within 24 hours of urgent requests and 1 week for routine requests?	Contractor will provide sick call log during the review time frame. Behavioral Wellness will review 5 sick calls per month, 15 per review period, to answer question 9.	DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			Not compliant. 7/15 or 47% compliance.	
8. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week?	Contractor will provide a list from custody of all inmates in restrictive housing during the review time frame. List should include the dates the inmate was in restrictive housing. Behavioral Wellness will review 5 inmates per month, 15 per review period, to answer question 10.	County Contract, Exhibit A, Section 4.1D			X		Not compliant. 7/15 or 47% compliance. This section has been out of compliance for over a year and moved to Requires Immediate Attention	
		REGULATORY AUTHORITY	Y	NI	IA	NA		

9. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 30 days.	Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer question 13.	DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				Compliant.
10. Is a discharge document complete?		DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				Compliant.
		REGULATORY AUTHORITY	Y	NI	IA	NA	
11. Did the Contractor re-assess all inmates placed on suicide watch in a safety cell at least every 4 hours by medical staff and every 12 hours by mental health staff?	Contractor will provide Behavioral Wellness with 30 randomly selected Safety Cell Logs during the review time frame. Behavioral Wellness will then choose 5 logs per month, 15 per review period, to answer question 15.	County Contract, Appendix B, Section 1c			X		Not compliant, 3/14 or 21% compliance rate. This section has been out of compliance for over a year and moved to Requires Immediate Attention
12. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?	Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.	DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.
13. Did the contractor complete a treatment plan and/or collaborative safety plan in full for each inmate prior to discharge from the safety cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.
14. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days, if clinically indicated, for each inmate entry into a Safety Cell or Observation Cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)		X			Not compliant, 5/13 or 38% compliance rate
15. If there was no improvement in the inmate's condition in the Safety Cell within 12 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment?		Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.
16. If there was no improvement in the inmate's condition in the Safety Cell within 24 hours was the County's Crisis Services team contacted for inmate to receive higher level of care.		County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant.

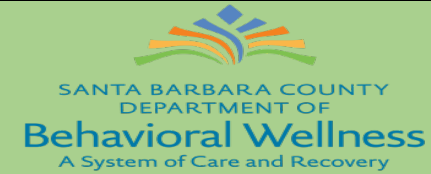
PROVIDER EVALUATION SUMMARY
Areas of Compliance (No Follow Up Needed)
Your Program was found compliant in 24 areas audited.
WellPath has improved on completing the Collaborative Safety Plan for anyone in a safety cell.
Wellpath continues to do excellent on contacting Bwell Crisis Services by the 12 and 24 hour marks.
Receiving screenings have been more descriptive using client statements and comments rather than just using radio dials.
Areas Identified for IMMEDIATE ACTION (IA)
There was 3 identified areas that need Immediate Action
WellPath needs to immediately correct Restrictive Housing Rounds in the Main Jail.
WellPath needs to immediately correct Safety Cell Checks at the North Branch and Main Jail.
See Corrective Action Plan for further details.
Areas Identified for NEEDS IMPROVEMENT (NI)
There was 5 identified areas that Need Improvement
WellPath needs to follow their urgent, emergent, and routine guidelines during intake and sick call rounds.
WellPath needs to schedule and complete all post safety cell observations at the 24 hour, 5 day and 7 day as needed timeframes.
WellPath needs to continue to complete the Safety Cell Checks at the North Branch Jail.

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted on your agency's letterhead within fourteen (14) days from the date of this report to bwellqcm@sbcbswell.org

Thank you for your participation in this quarterly Programmatic Monitoring Visit. Please feel free to contact us with any questions or concerns at bwellqcm@sbcbswell.org

Monitoring Reports and Corrective Action Plans will be presented at the next scheduled Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 3.1.1 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)

Santa Barbara County Department of Behavioral Wellness Mental Health Provider WellPath Quarterly Monitoring Tool



Date Of Review	11/8/2024	Quarter: 2 Contract Year: 8
----------------	-----------	-----------------------------

Behavioral Wellness Reviewers		
Name and Title	Jessica Korsan, LMFT	Bonnie Zant, LCSW
Email		
Phone		
Signature		
Date Signed		

WellPath Representatives		
Name and Title		
Email		
Phone		
Signature		
Date Signed		

SBSO Representatives		
Name and Title		
Email		
Phone		
Signature		
Date Signed		

PROVIDER PRE REVIEW
Accomplishments Since Last Review
Nursing staff has had several hires and there are only a couple positions remaining vacant at both facilities.
MBJ has hired both LPT positions and will be reflected in next monitoring.
During this monitoring period, NBJ hired a clinician or two and MBJ was pretty stable but recently had two new hires that will be reflected next monitoring period and are now fully staffed.
Ad/Seg rounds should show significant improvement at NBJ and MBJ
Set up timers in med room to remind staff about 4 hour checks for safety cell checks.
Discussion about nursing staff being trained to do MH checks at safety cells when MH staff is not present.
Barriers/Hardships Since Last Review
Still actively training to hire PRN's to get coverage when main staff are out.
MBJ lost two clinicians in September.
Review of Corrective Action Plan (CAP)
Q1 Corrective Action Plan has been reviewed and approved. BWell is waiting on proof of completion of CAP as well as new monthly self monitoring results.

NORTH BRANCH JAIL									
PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES		
1. Did the contractor complete the initial intake screening fully?	Contractor will provide Behavioral Wellness with a list of all intakes with positive histories of mental health completed during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 1-5	DRC Remedial Plan, Monitoring, 3.J.4 Continuous Quality Improvement (Page 22)	X				Compliant. 15 out of 15, 100%		
2. In the initial intake screening, did the contractor document all reported medications and whether the medication could be verified?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant. 15 out of 15, 100%		
3. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 48 hours? (Exceptions are benzodiazepines and medications solely prescribed for sleep). If medications are not verified, is the inmate scheduled to see the psychiatrist within 24 hours of their arrival at jail?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant. 15 out of 15, 100%		
4. If an inmate is identified as having a MH need, were the referrals made in the initial screening completed according to the urgent, emergent and routine timeframes?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 12 out 15, 80%.		
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES		
5. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days, as outlined in the plan portion of the SOAP note?	Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8	DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 14 out 15, 93%.		
6. Are the above timeframes met, or if unable to be met, is there sufficient justification for the change in appointment?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 15 out 15, 100%.		
7. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls triaged and answered within 24 hours of urgent requests and 1 week for routine requests?	Contractor will provide sick call log during the review time frame. Behavioral Wellness will review 5 sick calls per month, 15 per review period, to answer question 9.	DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			Not compliant, 7 out of 15, 47%. Sick call slips not updated, still showing 1-4 rather than the 1-3 that corresponds with urgency. In addition, no numbers were circled except one so unclear how they were triaging sick calls. Compliant calls were seen within 24 hours.		
8. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week?	Contractor will provide a list from custody of all inmates in restrictive housing during the review time frame. List should include the dates the inmate was in restrictive housing. Behavioral Wellness will review 5 inmates per month, 15 per review period, to answer question 10.	County Contract, Exhibit A, Section 4.1D	X				Compliant. 15 out 15, 100%.		

		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
9. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 30 days.	Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer question 13.	DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				Compliant. 15 out 15, 100%.
10. Is a discharge document complete?		DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				Compliant. 15 out 15, 100%.
		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
11. Did the Contractor re-assess all inmates placed on suicide watch in a safety cell at least every 4 hours by medical staff and every 12 hours by mental health staff?	Contractor will provide Behavioral Wellness with 30 randomly selected Safety Cell Logs during the review time frame. Behavioral Wellness will then choose 5 logs per month, 15 per review period, to answer question 15.	County Contract, Appendix B, Section 1c			X		Not compliant. 0 out of 14, 0%. This is the 6th carryover of this goal and there has been a decrease in compliance.
12. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?	Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.	DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant. 12 out of 14, 86%.
13. Did the contractor complete a treatment plan and/or collaborative safety plan in full for each inmate prior to discharge from the safety cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant. 11 out of 14, 79%.
14. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days, if clinically indicated, for each inmate entry into a Safety Cell or Observation Cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)		X			Not compliant. 6 out of 14, 43%. Follow ups are being scheduled but are being completed late or not at all. This is the third carryover of this goal with little to no improvement.
15. If there was no improvement in the inmate's condition in the Safety Cell within 12 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment?		Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant. 13 out of 14, 93%.
16. If there was no improvement in the inmate's condition in the Safety Cell within 24 hours was the County's Crisis Services team contacted for inmate to receive higher level of care.		County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)				X	No records reviewed were in the safety cell over 24 hours.

SOUTH BRANCH JAIL									
PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES		
1. Did the contractor complete the initial intake screening fully?	Contractor will provide Behavioral Wellness with a list of all intakes with positive histories of mental health completed during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 1-5	DRC Remedial Plan, Monitoring, 3.J.4 Continuous Quality Improvement (Page 22)	X				Compliant. 13 out of 15, 87%		
2. In the initial intake screening, did the contractor document all reported medications and whether the medication could be verified?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant. 15 out of 15, 100%		
3. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 48 hours? (Exceptions are benzodiazepines and medications solely prescribed for sleep). If medications are not verified, is the inmate scheduled to see the psychiatrist within 24 hours of their arrival at jail?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant. 15 out of 15, 100%		
4. If an inmate is identified as having a MH need, were the referrals made in the initial screening completed according to the urgent, emergent and routine timeframes?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 13 out of 15, 87%		
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES		
5. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days, as outlined in the plan portion of the SOAP note?	Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8	DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 13 out of 15, 87%		
6. Are the above timeframes met, or if unable to be met, is there sufficient justification for the change in appointment?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 14 out of 15, 93%		
7. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls triaged and answered within 24 hours of urgent requests and 1 week for routine requests?	Contractor will provide sick call log during the review time frame. Behavioral Wellness will review 5 sick calls per month, 15 per review period, to answer question 9.	DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			Not compliant. 9 out of 15, 60%. Sick call slips not updated, still showing 1-4 rather than the 1-3 that corresponds with urgency. In addition, no numbers were circled except one so unclear how they were triaging sick calls. Compliant calls were seen within 24 hours.		
8. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week?	Contractor will provide a list from custody of all inmates in restrictive housing during the review time frame. List should include the dates the inmate was in restrictive housing. Behavioral Wellness will review 5 inmates per month, 15 per review period, to answer question 10.	County Contract, Exhibit A, Section 4.1D			X		Not compliant. 10 out of 15, 67%. July and August were in compliance but only a few checks done in September but were not provided three times a week.		
		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES		

9. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 30 days.	Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer question 13.	DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X					Compliant. 13 out of 15, 87%
10. Is a discharge document complete?		DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X					Compliant. 14 out of 15, 93%
		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	
11. Did the Contractor re-assess all inmates placed on suicide watch in a safety cell at least every 4 hours by medical staff and every 12 hours by mental health staff?	Contractor will provide Behavioral Wellness with 30 randomly selected Safety Cell Logs during the review time frame. Behavioral Wellness will then choose 5 logs per month, 15 per review period, to answer question 15.	County Contract, Appendix B, Section 1c			X			Not compliant. 2 out of 14, 14%. This is the 6th carryover of this goal and there has been a decrease in compliance.
12. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?	Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.	DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X					Compliant. 13 out of 14, 93%.
13. Did the contractor complete a treatment plan and/or collaborative safety plan in full for each inmate prior to discharge from the safety cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X					Compliant. 14 out of 14, 100%.
14. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days, if clinically indicated, for each inmate entry into a Safety Cell or Observation Cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)		X				Not compliant. 8 out of 13, 62%. Follow ups are being scheduled but are being completed late or not at all. This is the third carryover of this goal with little to no improvement.
15. If there was no improvement in the inmate's condition in the Safety Cell within 12 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment?		Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X					Compliant. 14 out of 14, 100%.
16. If there was no improvement in the inmate's condition in the Safety Cell within 24 hours was the County's Crisis Services team contacted for inmate to receive higher level of care.		County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X					Compliant. 2 out of 2, 100%

PROVIDER EVALUATION SUMMARY	
Areas of Compliance (No Follow Up Needed)	
Your Program was found compliant in 25 areas audited.	
1. Psychiatry/NP's are completing appointments on times and clearly indicating follow up in 30, 60 or 90 days.	
2. Improvement in restrictive housing checks for July and August.	
3. Intake Screenings are complete and include disposition in every chart audited.	
4. WellPath continues to have good communication with Bwell when inmates are in Safety Cells more than 12 hours.	
Areas Identified for IMMEDIATE ACTION (IA)	
There was 3 identified areas that need Immediate Action	
1. South Branch Jail needs to complete all restrictive housing checks regardless of changes in staffing.	
2. Both branches need to complete medical and mental health safety cell checks every 4 hours and 12 hours respectively.	
Areas Identified for NEEDS IMPROVEMENT (NI)	
There was 4 identified areas that Need Improvement	
1. Sick Call Slips need to be updated with agreed upon formatting for triage.	
2. Charting of suicide risk assessment at South Branch Jail needs improvement.	
3. WellPath needs to schedule and complete all post safety cell observations at the 24 hour, 5 day and 7 day as needed timeframes.	

It is required that your agency respond to the areas identified as “Immediate Action” and “Needs Improvement” in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted on your agency’s letterhead within fourteen (14) days from the date of this report to bwellqcm@sbcbswell.org

Thank you for your participation in this quarterly Programmatic Monitoring Visit. Please feel free to contact us with any questions or concerns at bwellqcm@sbcbswell.org

Monitoring Reports and Corrective Action Plans will be presented at the next scheduled Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 3.1.1 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)

Wellpath Jail Medical Record Review Summary 2023 quarter four and 2024 quarter one

Public Health Department Primary Care & Family Health (PHD PCFH) Performance Improvement RN staff have been reviewing Wellpath medical records for the Jail Medical services on a quarterly basis for the past 7 years. This past year the criteria for the record review have been updated to further ensure timeliness of services and to include appropriate follow up for patients with chronic care needs. An enhanced tool was developed and was initially utilized in the 2023 quarter 4 (Q4) record review. The new tool added measures to more closely monitor timeliness of intake screening, to more clearly address the medication verification process, and to ensure patients with chronic care needs are receiving adequate and timely services related to their diagnosis.

The PHD review staff worked with the Behavioral Wellness team to develop similar tools and reporting processes for medical and mental health reviews. WellPath CQI staff requested the record review be completed by location so that their team could clearly identify where shortfalls occurred and better address them.

For Intake services, Initial Health Assessments and Infectious Disease Screening the PHD staff review 10% of the records for all patients that are booked into the county jail facilities and remain incarcerated for 14 days or longer during the quarter being reviewed. For the Chronic Care services, 30 records of patients with a diagnosis of Hypertension that are in the county jail facilities during the review period are selected and reviewed to ensure timeliness and adequacy of care. The PHD staff receive a list of all records meeting the criteria from WellPath and randomize these to select the records for review.

The PHD staff meet with WellPath staff to go over the results of the quarterly review and provide them with measures that need corrective action (any criteria that falls below 90% compliance). With the new process of reviewing each location (North Branch and South Branch)

separately there have been more criteria falling below 90% compliance, as you will see in the results below. It is important to note that this might be attributed to a smaller number of records being evaluated in each measure at each location. There has been some noncompliance noted related to new WellPath staff not documenting in the correct location, in these cases the patient may have received the required/appropriate services, but the reviewers could not confirm this at the time of the record review. There were also some issues due to the staffing ratios at each facility that WellPath is working to resolve.

PHD staff including the Chief Medical Officer attend the Jails monthly Medical Administration Committee (MAC) and Continuous Quality Improvement (CQI) meeting and provide a report on the record review and corrective action plan quarterly at that meeting. The WellPath staff have done an excellent job of responding to items identified for corrective action.

PHD is currently interviewing candidates for two added positions that will provide adviser and monitoring of quality of care, the Chief Correctional Health Medical Advisor and the Correctional Health Quality Coordinator are expected to be hired within the next six weeks.

Below you will find 2023 Q4 and 2024 Q1 results and Corrective action plans.

Santa Barbara County Public Health Department WellPath jail Medical Quarterly Monitoring Tool



Date Of Review	1/23/2023	Quarter: 4 (10/01/23-12/31/23) Contract Year: 2023 CY
Public Health Department Reviewers		
Name and Title	Melissa Gomez RN Performance Improvement Coordinator	Yvette Calhoun RN Performance Improvement Coordinator
Email	MGomez@sbcphd.org	YCalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date Completed	2/6/2024	2/6/2024
Public Health Department Leadership Reviewing Results		
Name and Title	Josephine Phyllis Preciado, MD Interim Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-315-4633	
Date Reviewed	2/6/2024	
WellPath Representatives		
Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Reviewed		
Sheriff Department Staff Receiving Review Results		
Name and Title	Chief Vincent Wasilewski	Lieutenant Anthony Espinoza
Email	vww4973@sbsheriff.org	ane2825@sbsheriff.org
Phone		

PROVIDER PRE REVIEW	
Accomplishments Since Last Review	
None Provided	
Barriers/Hardships Since Last Review	
None Provided	
Review of Corrective Action Plan (CAP)	
No prior CAP to review	

NBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
INTAKE							
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				100% of the 15 records reviewed had intake screening completed timely
2. Did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?		County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				The majority of records reviewed did not identify any medications on intake. Those that did noted if the medications were verified or not.
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract, Exhibit A, Section 1.1G , DRC Remedial Plan Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1	X				Only a small number of the records reviewed identified medications upon intake 100% of those had the medication verified within the time period
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				100% of the 15 records reviewed met this measure
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract, Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1				X	There were no medications identified that could not be verified
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract , Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	X				Only 2 of the 15 records reviewed identified Chronic Care needs- these were referred for CC evaluation within 5-7 days

NBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration or if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.3A, DRC Remedial Plan -Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d		X			6 of the 15 records reviewed for this measure were either missing the IHA or it was completed late. There were no documented refusals for the IHA found on these records.
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract, Exhibit A Section 2.1.A4, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			5 records out of 15 were missing documentation that the TB skin test was either placed or refused within 14 days of intake.
9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	X				Compliant
NBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan -Exhibit A, Medical Care Monitoring, Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			2 records did not have documentation to indicate that an EKG had been ordered or that a prior EKG had been requested or reviewed. Because only 11 records met the criteria for this measure the compliance was below 90%. It was also challenging to find where the EKG was in many of the records reviewed
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan -Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				Compliant
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				Compliant
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				Compliant

SBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
INTAKE							
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				all 15 records reviewed are compliant. 1 record had documented patient refusal
2. did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?		County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				The majority of records reviewed did not identify any medications on intake. Those that did noted if the medications were verified or not.
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract, Exhibit A, Section 1.1G , DRC Remedial Plan Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1		X			2 Records out of 15 reviewed did not have documentation showing that verification of essential medications took place within 12 hours of intake. Because only a small number of records met the criteria (many had no medications and were not applicable) for this measure the compliance was below 90%.
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				Compliant
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract, Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1		X			2 Records did not have documentation showing that the OCP was contacted within 24 hrs. of intake Because only a small number of records met the criteria for this measure the compliance was below 90%.
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract , Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	X				Compliant

SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.3A, DRC Remedial Plan-Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d	X				Compliant
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract, Exhibit A Section 2.1.A4, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			2 out of 15 Records reviewed did not contain documentation that TB skin testing had been completed or refused.
9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	X				Compliant
SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan-Exhibit A, Medical Care Monitoring, Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			5 Records of the 15 records reviewed did not have documentation to indicate that an EKG had been ordered or that a prior EKG had been requested or reviewed. It was also challenging to find where the EKG was in many of the records reviewed.
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan-Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				Compliant
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				Compliant
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				Compliant

PROVIDER EVALUATION SUMMARY NBJ/SBJ

Areas of Compliance (Y= No Follow Up Needed)

Your Program was found compliant in **18** areas audited.

WellPath does an excellent job of completing intake screening within 2 hrs. of intake.

WellPath does a good job of documenting medications during the intake screening and verifying prescriptions

WellPath does a great job of identifying patients with chronic care needs and scheduling them for a chronic care visit

WellPaths CC documentation contains assessment of current status/level of control, any medications taken and adjustments or changes needed as well as a follow-up plan based upon patient condition and WellPaths HTN protocol

Areas Identified for IMMEDIATE ACTION (IA= immediate action required)

There was **0** identified areas that need Immediate Action

No areas required immediate action

Areas Identified for NEEDS IMPROVEMENT (NI= CAP)

There was **7** identified areas that Need Improvement

Please see attached corrective action plan (CAP) form for CY 2023 Q4 for measures requiring improvement

Areas Identified Nonapplicable (NA= no action needed)

There was **1** identified areas the were NA

It is required that your agency respond to the areas identified as “Immediate Action” and “Needs Improvement” in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MGomez@sbcphd.org

Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at MGomez@sbcphd.org


Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management

**Santa Barbara County Public Health Department (PHD)
WellPath Quarterly Review Corrective Action Plan (CAP)**



Date Of Review		1/23/2024	Quarter: Q4 CY 2023
PHD Reviewers			
Name and Title	Melissa Gomez RN, Performance Improvement Coordinator	Yvette Calhoun RN, Performance Improvement Coordinator	
Email	MGomez@sbcphd.org	ycalhoun@sbcphd.org	
Phone	805-681-5665	805-346-7338	
Date	CAP created 2/6/2024	2/6/2024	
PHD Leadership			
Name and Title	Dr. Preciado Chief Medical Officer		
Email	JPreciado@sbcphd.org		
Phone	805-681-5608		
Signature	Josephine P Preciado, MD		
Date Signed	2/6/2024		
WellPath Representatives			
Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator	
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us	
Phone	805-681-4294	805-681-4211	
Date Signed	2/23/2024	2/23/2024	
Sheriff Representatives			
Name and Title	Chief Vincent Wasilewski	Lieutenant Anthony Espinoza	
Email	www4973@sbsheriff.org	ane2825@sbsheriff.org	
<p>It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MGomez@sbcphd.org</p>			
<p>Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at MGomez@sbcphd.org</p>			
<p>Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management (Page 11)</p>			

Compliance Review Section	Findings to be Addressed in Corrective Action Plan	Describe How the Deficiency Will be Corrected	Person(s) Responsible for Correcting Deficiency	How Program Will Ensure Future Compliance	Implementation Date	PHD Review of CAP Outcomes	CAP Complete?
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process? SBJ	WellPath will ensure that staff complete medication verification process or contact the OCP for all essential medications identified. Documentation should be completed in a standardized location/format	Verified and unverified medication reported during intake will be reported to the on-call provider and receive an order to start it or not. Has been discussed during JANUARYS Medical Staff meeting.	DON	Audited through our Wellpath Nursing CQI. Receiving Screening & Medication Verification CQI is scheduled for once a year.	2/23/2024	2024 Q1 Record review completed 04/18/2024 and showed 100% compliance in this measure	yes 04/23/24 MG
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment? SBJ	WellPath will ensure that staff contact the OCP for all essential medications that cannot be verified within 24 hours of intake. Documentation should be completed in a standardized location/format	Verified and unverified medication reported during intake will be reported to the on-call provider and receive an order to start it or not. Has been discussed during JANUARYS Medical Staff meeting. Will be discussed during February Staff Meeting.	DON	Audited through our Wellpath Nursing CQI. Receiving Screening & Medication Verification CQI is scheduled for once a year.	2/23/2024	2024 Q1 Record review completed 04/18/2024 and this measure was NA for all records reviewed as verification was completed	yes 04/23/24 MG
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal? NBJ	WellPath will determine appropriate staffing and scheduling guidelines to ensure that IHA may be completed within the allotted time. WellPath will utilize refusal forms to document patient refusal of IHA within 14 days of intake	NBJ currently has RN staffing limitations. Our short-term plan was completed on February 12 the Health Appraisal Nurse, 2 RN and MA from SBCJ was on site at NBJ to help catch up the facility. Long term goal is to receive increase in staffing with the new contract being completed in March.	H.S.A, DON	Once Contract is completed and Audited through our Wellpath Nursing CQI. TB Screening CQI is scheduled for once a year. TB Screening CQI is chosen as the site Apecific Study at least once a year.	2/23/2024	2024 Q1 record review completed 04/18/24. This measure continues to be an issue for the NBJ, and was also noted during this review to be non-compliant at the SBJ as well. This measure will remain on the CAP for the next quarter	No - this will remain on the CAP for Q1 2024 MG
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal? NBJ and SBJ	WellPath will determine appropriate staffing and scheduling guidelines to ensure that staff are available to place TB skin test within 14 days of intake. WellPath to place TB skin test if needed or clearly document refusal within 14 days of intake.	NBJ currently has RN staffing limitations. Our short-term plan was completed on February 12 the Health Appraisal Nurse, 2 RN and MA from SBCJ was on site at NBJ to help catch up the facility. Long term goal is to receive increase in staffing with the new contract being completed in March.	H.S.A, DON	Once Contract is completed and audited through our Wellpath Nursing CQI. Initial Health Assessment CQI is scheduled for once a year.	2/23/2024	2024 Q1 record review completed 04/18/24. This measure continues to be an issue for both the NBJ, and the SBJ. This measure will remain on the CAP for the next quarter.	No - this will remain on the CAP for Q1 2024 MG
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ? NBJ and SBJ	WellPath will provide documentation on the HTN CC form if an EKG has been order or a prior one reviewed- there is a place for this in the HTN initial CC form WellPath has also indicated that "Moving forward we will be attaching EKG into the sick call that the request came out of"	During January Provider Meeting. Our Medical Director discussed with our providers the need to complete/ Task an EKG within 90 days of incarceration. Our medical Records Clerk will be attaching EKG to the requesting Sick call/ Chronic Care Appointment.	Medical Director, DON	Will be completed by our providers.	2/23/2024	2024 Q1 record review was completed and this was resolved for the NBJ, but remains non-compliant for the SBJ and will remain on the CAP for the next quarter	No - this will remain on the CAP for Q1 2024 MG

Santa Barbara County Public Health Department WellPath jail Medical Quarterly Monitoring Tool		
Date Of Review	18-Apr-24	Quarter: 1 Year: 2024 (Jan 1, 2024 - Mar 31. 2024)
Public Health Department Reviewers		
Name and Title	Melissa Gomez RN Performance Improvement Coordinator	Yvette Calhoun RN Performance Improvement Coordinator
Email	MGomez@sbcphd.org	YCalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date of review	April 18, 2024	April 18, 2024
Public Health Department Leadership Reviewing Results		
Name and Title	Josephine Phyllis Preciado, MD Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-315-4633	
Date Signed	April 29, 2024	
WellPath Representatives		
Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Received	April 29, 2024	April 29, 2024
Sheriff Department Staff Receiving Review Results		
Name and Title	Sgt. Cassandra Marking	
Email	clm3991@sbsheriff.org	
Date		

PROVIDER PRE REVIEW	
Accomplishments Since Last Review for 4/18/24 review	
Hired another PRN provider to cover both sites.	
Barriers/Hardships Since Last Review	
NP moved to prn role-Shifts have been covered by the PRN staff, onsite, and telehealth. No Empty Shifts. (Santa Barbara County Jail)	
Review of Corrective Action Plan (CAP)	

NBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
INTAKE							
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				100% of the 15 records reviewed had intake screening completed timely
2. Did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?		County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				The majority of records reviewed did not identify any medications on intake. Those that did noted if the medications were verified or not.
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract, Exhibit A, Section 1.1G , DRC Remedial Plan Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1	X				Only a small number of the records reviewed identified medications upon intake 100% of those had the medication verified within the time period
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				100% of the 15 records reviewed met this measure
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract, Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1				X	There were no medications identified that could not be verified
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract , Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	X				Only 2 of the 15 records reviewed identified Chronic Care needs- these were referred for CC evaluation within 5-7 days

NBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration or if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.3A, DRC Remedial Plan-Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d		X			6 of the 15 records reviewed for this measure were either missing the IHA or it was completed late. There were no documented refusals for the IHA found on these records.
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract, Exhibit A Section 2.1.A4, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			5 records out of 15 were missing documentation that the TB skin test was either placed or refused within 14 days of intake.
9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	X				Compliant
NBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan-Exhibit A, Medical Care Monitoring, Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			2 records did not have documentation to indicate that an EKG had been ordered or that a prior EKG had been requested or reviewed. Because only 11 records met the criteria for this measure the compliance was below 90%. It was also challenging to find where the EKG was in many of the records reviewed
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan-Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				Compliant
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				Compliant
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				Compliant

SBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
INTAKE							
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract , Exhibit A Section 1.1A &G, DRC Remedial Plan -Medical Care Monitoring 2.A.2, 2.E.1,2	X				90% -20 records were reviewed for this measure and 2 were found to be non-compliant. One of those non-compliant had no intake document in the file, the other two were completed outside of the 2 hour timeframe.
2. did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?			X				100%
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract , Exhibit A, Section 1.1G , DRC Remedial Plan Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1	X				100%
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract , Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				100%
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract , Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1				X	NA
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract , Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b		X			86% - There were 7 records of the 20 reviewed that fit the criteria for this measure. One did not have a CC visit ordered, the other 6 were compliant. Update to add WellPath CQI staff did find the CC visit task placed, but it was not documented on the standared forms or in the sick call which is where it should have been documented and so remains noncompliant

SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.3A, DRC Remedial Plan-Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d		X			70% - 6 of the 20 records reviewed were either missing the IHA or had it completed outside of the 14 day timeframe. Many of those that were non-compliant had been rescheduled multiple times. Often this occurs due to a staffing issue with either the medical staff or the corrections staff
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract, Exhibit A Section 2.1.A4, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			67% - 5 of the 15 records that met this measure were noncompliant. For the most part the TB skin test is placed within 14 day, with the IHA and so these are some of the same patients that were non-compliant for that measure, and the testing was either not completed, or was completed late.
9. If the patient refuses TB screening , then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			33% - only three of the records reviewed met this measure, and two did not have a CXR, and order for a CXR or documented refusal noted in the chart
SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan-Exhibit A, Medical Care Monitoring , Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			88% - of the 15 records reviewed 8 met the criteria for this measure. 1 record did not have an EKG ordered or noted in the record. Those that were NA for this measure were not in custody long enough to have the initial CC visit.
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan-Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				100%
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				100%
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				100%

PROVIDER EVALUATION SUMMARY NBJ/SBJ

Areas of Compliance (Y= No Follow Up Needed)

Your Program was found compliant in **15** areas audited.

WellPath does a good job of documenting medications during the intake screening and verifying prescriptions

WellPaths CC documentation contains assessment of current status/level of control, any medications taken and adjustments or changes needed as well as a follow-up plan based upon patient condition and following WellPaths HTN protocol

Areas Identified for IMMEDIATE ACTION (IA= immediate action required)

There was **0** identified areas that need Immediate Action

Areas Identified for NEEDS IMPROVEMENT (NI= CAP)

There was **9** identified areas that Need Improvement

Please see attached corrective action plan (CAP) form for Q1 2024 for measures requiring improvement

Areas Identified Nonapplicable (NA- no action needed)

There was **2** identified areas that were NA

WellPath does a good job of ensuring that medication verification is completed for all essential or psychiatric medications identified in the intake

It is required that your agency respond to the areas identified as “Immediate Action” and “Needs Improvement” in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted on your agency’s letterhead within fourteen (14) days from the date of this report to mgomez@sbcphd.org

Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at mgomez@sbcphd.org

Monitoring Reports and Corrective Action Plans will be presented at the next scheduled Medical Administration Committee (MAC) per DRC Remedial Plan

**Santa Barbara County Public Health Department (PHD)
WellPath Quarterly Review Corrective Action Plan (CAP)**



Date Of Review	4/18/2024	Quarter: Q1 CY 2024

PHD Reviewers

Name and Title	Melissa Gomez RN, Performance Improvement Coordinator	Yvette Calhoun RN, Performance Improvement Coordinator
Email	MGomez@sbcphd.org	ycalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date Reviewed	4/18/2024	4/18/2024

PHD Leadership

Name and Title	Dr. Preciado Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-681-5608	
Date CAP reviewed	4/29/2024	

WellPath Representatives

Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Signed	CAP initiated 5/10/24	

Sheriff Representatives

Name and Title	Chief Vincent Wasilewski	Sgt. Cassandra Marking
Email	vww4973@sbsheriff.org	clm3991@sbsheriff.org

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). **Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MGomez@sbcphd.org**

Thank you for your participation in this quarterly programmatic monitoring. Please feel free to contact us with any questions or concerns at MGomez@sbcphd.org

Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management (Page 11)

Compliance Review Section	Findings to be Addressed in Corrective Action Plan	Describe How the Deficiency Will be Corrected. <i>Please be sure to note any external factors that may impact compliance.</i>	Person(s) Responsible for Correcting Deficiency	How Program Will Ensure Future Compliance	Implementation Date	PHD Review of CAP Outcomes	CAP Complete? <i>To be assessed after the next quarterly review July 23, 2024</i>
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits? SBJ 86%	WellPath will determine appropriate staffing and scheduling guidelines to ensure that patients identified with a Chronic Care diagnosis are referred to and seen by a Medical Provider for chronic care evaluation within the allotted timeframe. WellPath staff will utilize the patient refusal form to document patient refusal of CC services within the 5-7 day time period.	Wellpath does not agree with Public Health's finding for this criterion. The one identified by the auditor to be non-compliant had a task for a chronic care visit which was created by the intake nurse. The task was found in the the historical task portion of the EMR.	No correction is needed.	N/A	N/A	This was reviewed with the WellPath CQI staff who agreed that the task was not documented in the usual/correct format. Moving forward it is recommended that staff document in a consistent manner so that the information can be found by outside personnel. PH reviewers are agreeable to receive training if changes are made to the documentation process and will provide WellPath staff several days to review any non-compliant records before the CAP is developed each quarter to ensure we are capturing correct information moving forward. 052324MG	
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal? 50% NBI and 70% SBJ <i>This measure is continued from the prior CAP for NBI and was not corrected</i>	WellPath will determine appropriate staffing and scheduling guidelines to ensure that IHA may be completed within the allotted time. WellPath will utilize refusal forms to document patient refusal of IHA within 14 days of intake	Wellpath would like it to be noted that during this period being audited there was a high number of transfers from our Northern Branch Jail to the Santa Barbara County Jail. Northern Branch Jail has its own challenges to meet compliance in this criteria due to staffing differences per the contract. High volume of 14 days had been non-compliant due to the staffing differences that Northern Branch currently has. 4 out of 6 non-compliant charts reviewed had been patients originally housed in the Northern Branch Jail in which brought down our compliance for our Santa Barbara County Jail. Santa Barbara County Jail has an Initial Health Assessment Nurse to complete this task. Northern Branch currently has the DON focusing on the completion of task. The DON is working with the floor staff to assign them with a selected amount of task per shift.	DON	Currently the CQI Coordinator performs a yearly audit on Initial Health Assessment. DON and HSA are monitoring the task being completed by the floor staff.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal? 52% NBI and 67% SBJ <i>This measure is continued from the prior CAP and was not corrected</i>	WellPath will determine appropriate staffing and scheduling guidelines to ensure that staff are available to place TB skin test within 14 days of intake. WellPath to place TB skin test if needed or clearly document refusal within 14 days of intake.	Wellpath would like it to be noted that during this period being audited there was a high number of transfers from our Northern Branch Jail to the Santa Barbara County Jail. Northern Branch Jail has its own challenges to meet compliance in this criteria due to staffing differences per the contract. High volume of its assessment had been non-compliant due to the staffing differences that Northern Branch currently has. 3 out of 5 non-compliant charts reviewed had been patients originally housed in the Northern Branch Jail in which brought down our compliance for our Santa Barbara County Jail. Santa Barbara County Jail has an Initial Health Assessment Nurse to complete TB assessments. Northern Branch currently has the DON focusing on the completion of overdue task. The DON is working with the floor staff to assign them with a selected amount of task per shift.	DON	DON and HSA are monitoring the task being completed by the floor staff.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	
9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA? 0% NBI and 33% SBJ		Wellpath has reviewed with the Medical Staff on the steps to take for patients refusing a TB assessment. Patient have the right to refuse a TB assessment. The patient will be offered a chest x-ray or a Interferon-Gamma Release Assays (IGRA) to rule out tuberculosis. The final step, if patient continues to refuse, will be a referral to the provider for an examination. All steps require a refusal form to be signed and scanned into the patient's chart. The process was presented during the April staff meeting.	DON, CQI Coordinator	DON and HSA are monitoring the task being completed by the floor staff.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit? 88% SBJ <i>This measure is continued from the prior CAP, it was resolved for the NBI but remains non-compliant at SBJ</i>	WellPath will provide documentation on the HTN CC form if an EKG has been ordered or a prior one reviewed- there is a place for this in the HTN initial CC form	Wellpath does not agree with Public Health's finding for this criteria. The one identified by the auditor to be non-compliant had a task created for the patient to have an EKG. The task was made by the provider during the initial chronic care visit. EKG was documented as a refusal from the patient in which it is documented and scanned into the patient's chart. No current timeframe is noted for this criteria and the time in which the patient refusing the EKG should not be the a factor to it being non-complaint.	No correction is needed.	N/A	N/A	When the reviewer went back to reassess the record in question the findings were: Re the EKG order- The intake was 03/08/24 The initial CC visits was 3/13/24 The EKG order/task is dated 4/8/24 And the refusal is dated 04/02/24- odd that it is before the task date In any case the task and the refusal are both dated 3+ weeks after the initial CC visit and so will remain non-compliant I did not receive further feedback from the WellPath CQI coordinator re this when I provided this update. 052324 MG	
12. Was the patient scheduled for follow-up CC visits following the HTN protocol? 88% NBI	WellPath will schedule CC follow-up visits as appropriate following WellPaths documented protocols for CC services	Provider's are required to use the appropriate forms in the patient's chart during the chronic care visit and utilize the system in the form to create the follow up appointment. Provider's will be reminded to use these forms and utilize the form to create the follow up appointments. This information will be provided during the monthly provider meeting in the month of May.	Medical Director	Currently the CQI Coordinator performs a yearly audit on Chronic Care Services.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MOomes@sbphd.org

Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at MOomes@sbphd.org

Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management (Page 11)