

Attachment D



Behavioral Wellness Monitoring: WellPath Mental Health Services FY 23-24

BACKGROUND:

Behavioral Wellness has been monitoring WellPath's Mental Health Services since FY 17/18. A monitoring tool was developed in conjunction with Behavioral Wellness (BWell), Santa Barbara Sheriff's Department (SBSO) and WellPath, the contracted Mental Health Provider. In the last quarter of FY 22/23 BWell, with input from SBSO and WellPath, updated the monitoring tool to incorporate recommendations from the DRC Remedial Plan, recommendations from contracted experts, updated contract information and best practices in alignment with WellPath Policies and Procedures. Additional monitoring sections were added to address areas of intake, on-going services, discharge and crisis services. The monitoring tool update also included the addition of the North Branch Jail (NBJ), with charts reviewed from both locations. It also incorporated a detailed Corrective Action Plan (CAP) process with procedures in place for implementation and follow up.

REVIEWS:

Q1 and Q2 reviews were completed on 11/27/2023. BWell reviewed 60 charts from NBJ and Main Jail for each quarter for a total of 240 charts. BWell reviewed a combination of charts in the Electronic Health Record (EHR) as well as paper Safety Cell Logs. Charts reviewed covered the areas of intake, on-going services, discharge and crisis services. WellPath was compliant in 24 areas audited and 12 areas were identified that need improvement. For compliant areas, it was noted that WellPath does a good job of consulting with BWell Crisis Services when an inmate is in a safety cell for more than 12 hours and in moving inmates from Safety Cells as soon as possible. WellPath always completed discharge documentation clearly and in easy to locate part of the chart. WellPath does a great job of completing the receiving screenings when an inmate is booked. WellPath received a CAP for 7 compliance review sections around tracking and responding to medication changes, having appropriate staffing to complete restrictive housing checks and around Safety Cell checks, as well as completing the suicide risk assessment in its entirety. WellPath completed their CAP action items as agreed upon by BWell and submitted evidence of correction and the CAP was resolved on 03/05/2024.

Q3 reviews were completed on 02/20/2024. BWell reviewed 60 charts from the NBJ and Main Jail for a total of 120 charts. In addition, BWell reviewed 30 random sick calls, 30 isolation logs, and 30 safety cell logs. BWell reviewed a combination of charts in the Electronic Health Record (EHR) as well as paper Safety Cell Logs. Charts reviewed covered the areas of Intake, On-Going Services, Discharge and Crisis Services. WellPath was compliant in 23 areas audited and 12 areas were identified that need improvement. For compliant areas, it was noted that BWell has seen improvements in

Quality Care Management

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countyofsb.org/behavioral-wellness

intakes being completed, as well as that when patient reported medications, ROI's were sent that day and bridged same day. It was noted that 14- and 30-day medication prescriptions were consistently provided at discharge and contact with BWell Crisis Services remained very timely. WellPath received a CAP for 7 compliance review sections around completing the MH assessments fully and completely, particularly around dispositions of urgent, emergent or routine referrals, how sick calls are triaged as urgent, emergent, or routine, appropriate staffing for restrictive housing and safety cell checks (a carryover from previous quarters) and completing the suicide risk assessment in its entirety (a carryover from previous quarters). WellPath completed their CAP action items as agreed upon by BWell and submitted evidence of correction and is currently being reviewed by BWell for resolution.

Q4 reviews are currently in process with a completion due date of 6/7/2024.

Attachments:

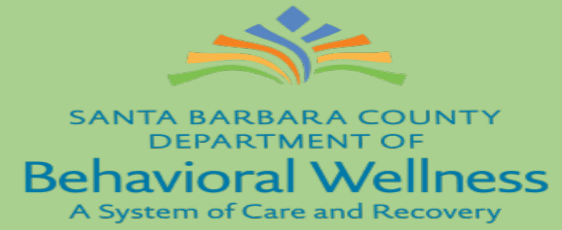
- A. WellPath Quarterly Monitoring Tool Q1 5.23 -7.23 No PHI
- B. WellPath Quarterly Monitoring Tool Q2 8.23- 10.23 no PHI
- C. WellPath Quarterly Monitoring CAP Q1 Q2 12.19.2023 Complete
- D. WellPath Quarterly Monitoring Tool 02.20.2024 Final No PHI
- E. WellPath Quarterly Monitoring CAP Final 04.16.2024 - CAP Plan Approved 5.6.26

Please reach out if you need more information or have any additional questions.

Thank you,

Jessica Korsan, LMFT
Quality Care Management (QCM) Manager
Behavioral Wellness
805-717-8036
jkorsan@sbcbswell.org

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



| | | |
|----------------|-----------------------|----------------------------------|
| Date Of Review | 11/27/2023-12/19/2023 | Quarter: Q1 Contract Year: 23-24 |
|----------------|-----------------------|----------------------------------|

| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT, QCM Manager | Stacey Sharpe, LCSW, QCM Coordinator |
| Email | jkorsan@sbcbswell.org | ssharpe@sbcbswell.org |
| Phone | 805-717-8036 | |
| Signature | | |
| Date Signed | | |

| WellPath Representatives | | |
|--------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| Sheriff Representatives | | |
|-------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

PROVIDER PRE REVIEW

Accomplishments Since Last Review

WellPath had no comments for this section.

Barriers/Hardships Since Last Review

WellPath had no comments for this section.

Review of Corrective Action Plan (CAP)

There are no previous CAP's to review.

| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
|---|---|--|----------|-----------|-----------|-----------|--|
| INTAKE | | | | | | | |
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will provide Behavioral Wellness with a list of all intakes 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 but Quality Improvement Feedback: BWell would like more information on how WellPath identifies if a client is a Emergent, Urgent, or Routine case. In particular, Q21 (Mental Health and Suicide Risk Screening – Additional Screening) |
| 2. In the intake assessment, 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 | | | Not Compliant. Quality Improvement Feedback: WellPath needs to clearly label medications reported by inmate or why medications were not captured in the intake form. |
| 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) | | County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | X | | | Not compliant. Only a few charts were able to be reviewed based on this criteria which led to low percentages. |
| 4. If medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | X | | | Not compliant. Quality Improvement Feedback: BWell suggest that cite & release clients be better labeled in chart. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | | X | | | Not compliant. Quality Improvement Feedback: BWell would like more information about the process when the patient comes in with no medication and did not request a psychiatry appt but they were identified as having MH needs, is protocol that they still must be seen in 7 days by psychiatrist? |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| ON-GOING SERVICES | | | | | | | |
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | 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. |
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | X | | | Not Compliant. Quality Improvement Feedback: BWell found it challenging to identify if inmates were not followed up with due to missing appointments or if they were discharged. |

| | | | | | | | | |
|---|--|--|---|----------|-----------|-----------|---|----------------------------------|
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | X | | | BWell reviewed 15 charts. It was difficult to determine if to determine if the inmate or WellPath staff were initiating the change. BWell would like to know how WellPath documents and tracks inmate requests for medication changes. | |
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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: BWell found it challenging to identify when it was an emergent, urgent, or routine request. BWell suggests that this is clearly noted and charted in the same place each time. | |
| 10. 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 | | | BWell reviewed 15 charts for the NBJ and not one chart was in compliance. At most, inmates in restrictive housing were provided appropriate interventions 1-2 times per week, some inmates were not seen weekly or not seen at all. | |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| DISCHARGE PLANNING | | | | | | | | |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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 | | | BWell reviewed 15 charts. Many staff did well at identifying, and even highlighting or circling, the number of days prescribed at discharge. Other charts only had medications for 5 or 7 days and it was not clear in chart why this did not meet the 14 day standard. | |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant. | |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| CRISIS SERVICES | | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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 | | | BWell reviewed 15 safety cell logs for the NBJ. The majority of the logs were non-compliant as overnight medical staff did not complete the checks every 4 hours. Additionally, MH staff did not complete overnight checks when they were indicated. | |

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|--|---|---|----------|--|---|
| <p>14. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?</p> | <p>Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.</p> | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | <p>Most inmates in a safety cell had a suicide risk assessment but it was not complete. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart.</p> |
| <p>15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell?</p> | | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | <p>Most inmates did not have a complete CSP. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart.</p> |
| <p>16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell?</p> | | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | <p>WellPath had a lot of variation in this section. Sometimes no scheduling or follow up appointments were noted, sometimes they were scheduled but not completed in the appropriate time and sometimes it was unclear if they were not done or the inmate was released. The NBJ completed in every 24 hours, 3 days and 7 days but the SBJ completed it every 24 hours, 5 days and 7 days.</p> |
| <p>17. 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?</p> | | <p>Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | <p>WellPath did a good job of removing people from safety cells prior to 12 hours and clearly documenting contact with BWell Crisis Services when an inmate was going to be in a safety cell longer than 12 hours</p> |
| <p>18. 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.</p> | | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | <p>WellPath did a good job of having the inmate evaluated by BWell Crisis Services prior to 24 hours in a Safety Cell.</p> |

| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
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| 4. If medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | | X | | Not compliant. Quality Improvement Feedback: Most charts were compliant but it was hard to track the 24 hour window. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | | | X | | Not compliant. Quality Improvement Feedback: BWell would like more information about the process when the patient comes in with no medication and did not request a psychiatry appt but they were identified as having MH needs, is protocol that they still must be seen in 7 days by psychiatrist? |
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| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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: BWell found it challenging to identify when it was an emergent, urgent, or routine request. BWell suggests that this is clearly noted and charted in the same place each time. |
| 10. 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 | | | BWell reviewed 15 charts for the SBJ and only 1 chart was in compliance. At most, inmates in restrictive housing were provided appropriate interventions 1-2 times per week, most some inmates were not seen weekly or not seen at all. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
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| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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 | | | | BWell reviewed 15 charts. Many staff did well at identifying, and even highlighting or circling, the number of days prescribed at discharge. Other charts only had medications for 5 or 7 days and it was not clear in chart why this did not meet the 14 day standard. |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| CRISIS SERVICES | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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 | | | BWell reviewed 15 safety cell logs for the SBJ. The majority of the logs were non-compliant as overnight medical staff did not complete the checks every 4 hours. Additionally, MH staff did not complete overnight checks when they were indicated. |
| 14. 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 | | | Most inmates in a safety cell had a suicide risk assessment but it was not complete. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart. |
| 15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | | | | Most inmates did not have a complete CSP. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart. |
| 16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | WellPath had a lot of variation in this section. Sometimes no scheduling or follow up appointments were noted, sometimes they were scheduled but not completed in the appropriate time and sometimes it was unclear if they were not done or the inmate was released. The NBJ completed in every 24 hours, 3 days and 7 days but the SBJ completed it every 24 hours, 5 days and 7 days. |
| 17. 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 | | | WellPath did a good job of removing people from safety cells prior to 12 hours and clearly documenting contact with BWell Crisis Services when an inmate was going to be in a safety cell longer than 12 hours. |

| | | | | | | |
|---|---|----------|--|--|--|--|
| <p>18. 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.</p> | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | | | <p>WellPath did a good job of having the inmate evaluated by BWell Crisis Services prior to 24 hours in a Safety Cell.</p> |
|---|---|----------|--|--|--|--|

PROVIDER EVALUATION SUMMARY

Areas of Compliance (No Follow Up Needed)

Your Program was found compliant in 15 areas audited.

WellPath does a good job of consulting with BWell Crisis Services when an inmate is in a safety cell for more than 12 hours.

WellPath is excellent at moving inmates from the Safety Cells as soon as possible, most before the 12 hour mark.

WellPath does a great job of completing the receiving screenings when an inmate is booked.

WellPath always completed discharge documentation clearly and in easy to locate part of the chart.

Areas Identified for IMMEDIATE ACTION (IA)

There was 0 identified areas that need Immediate Action

There were no areas identified that need Immediate Action.

Areas Identified for NEEDS IMPROVEMENT (NI)

There was 21 identified areas that Need Improvement

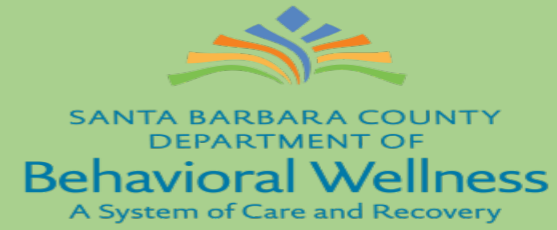
Please see attached Corrective Action Plan (CAP) for FY 23/24, Quarters 1 and 2.

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

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



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|----------------|----------------------------------|----------------------------------|
| Date Of Review | Quarter: Q1 Contract Year: 23-24 | Quarter: Q2 Contract Year: 23-24 |
|----------------|----------------------------------|----------------------------------|

| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT, QCM Manager | Stacey Sharpe, LCSW, QCM Coordinator |
| Email | jkorsan@sbcbswell.org | ssharpe@sbcbswell.org |
| Phone | 805-717-8036 | |
| Signature | | |
| Date Signed | | |

| WellPath Representatives | | |
|--------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| Sheriff Representatives | | |
|-------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

PROVIDER PRE REVIEW

Accomplishments Since Last Review

WellPath had no comments for this section.

Barriers/Hardships Since Last Review

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Review of Corrective Action Plan (CAP)

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| ON-GOING SERVICES | | | | | | | |
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | 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. |
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant. |
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | BWell reviewed 15 charts. It was difficult to determine I to determine if the inmate or WellPath staff were initiating the change. BWell would like to know how WellPath documents and tracks inmate requests for medication changes. |

| | | | | | | | |
|---|--|--|----------|-----------|-----------|-----------|---|
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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 | | | | Compliant but Quality Feedback: BWell found it challenging to identify when it was an emergent, urgent, or routine request. BWell suggests that this is clearly noted and charted in the same place each time. |
| 10. 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 | | | BWell only received 14 charts to review for the NBJ and only 1 chart was in compliance. At most, inmates in restrictive housing were provided appropriate interventions 1-2 times per week, most some inmates were not seen weekly or not seen at all. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| DISCHARGE PLANNING | | | | | | | |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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 | | | BWell reviewed 15 charts. Many staff did well at identifying, and even highlighting or circling, the number of days prescribed at discharge. Other charts only had medications for 5 or 7 days and it was not clear in chart why this did not meet the 14 day standard. |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| CRISIS SERVICES | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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 | | | BWell only received 11 safety cell logs to review for the NBJ (5 august, 3 sept, 3 oct). The majority of the logs were non-compliant as overnight medical staff did not complete the checks every 4 hours. Additionally, MH staff did not complete overnight checks when they were indicated. |
| 14. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | Most inmates in a safety cell had a suicide risk assessment but it was not complete. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart. |
| 15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | Most inmates did not have a complete CSP. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart. |

| | | | | | | |
|--|---|---|---|---|--|---|
| <p>16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell?</p> | <p>Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.</p> | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | X | | <p>WellPath had a lot of variation in this section. Sometimes no scheduling or follow up appointments were noted, sometimes they were scheduled but not completed in the appropriate time and sometimes it was unclear if they were not done or the inmate was released. The NBJ completed in every 24 hours, 3 days and 7 days but the SBJ completed it every 24 hours, 5 days and 7 days.</p> |
| <p>17. 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?</p> | | <p>Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | X | | | <p>WellPath did a good job of removing people from safety cells prior to 12 hours and clearly documenting contact with BWell Crisis Services when an inmate was going to be in a safety cell longer than 12 hours. 2 charts were missing any documentation about their time in the safety cell.</p> |
| <p>18. 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.</p> | | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | X | | | <p>WellPath did a good job of having the inmate evaluated by BWell Crisis Services prior to 24 hours in a Safety Cell.</p> |

| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
|---|---|--|---|----|----|----|--|
| INTAKE | | | | | | | |
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will provide Behavioral Wellness with a list of all intakes 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 but Quality Improvement Feedback: Receiving Screening not always found on summary page. BWell suggests that all documentation be charted in same place each time. |
| 2. In the intake assessment, 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) | | 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 medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | X | | | | Compliant. |
| COMPLIANCE REVIEW SECTION | | | | | | | |
| ON-GOING SERVICES | | | | | | | |
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | 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 but Quality Improvement Feedback: BWell would like clarification on how the 30, 60 or 90 days is determined and where it can be charted consistently. |
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant. |
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | BWell reviewed 15 charts. It was difficult to determine if the inmate or WellPath staff were initiating the change. BWell would like to know how WellPath documents and tracks inmate requests for medication changes. |

| | | | | | | | |
|---|--|--|----------|-----------|-----------|-----------|--|
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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 | | | | Compliant. |
| 10. 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 | | | BWell reviewed 15 charts for the SBJ and no charts were in compliance. At most, inmates in restrictive housing were provided appropriate interventions 1-2 times per week, most some inmates were not seen weekly or not seen at all. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| DISCHARGE PLANNING | | | | | | | |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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 | | | BWell reviewed 15 charts. Many staff did well at identifying, and even highlighting or circling, the number of days prescribed at discharge. Other charts only had medications for 5 or 7 days and it was not clear in chart why this did not meet the 14 day standard. |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| CRISIS SERVICES | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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 | | | BWell reviewed 15 safety cell logs for the SBJ. All of the logs were non-compliant as overnight medical staff did not complete the checks every 4 hours. Additionally, MH staff did not complete overnight checks when they were indicated. |
| 14. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | Most inmates in a safety cell had a suicide risk assessment but it was not complete. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart. |

| | | | | | | | |
|--|---|---|----------|----------|--|--|---|
| <p>15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell?</p> | | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | | | <p>Most inmates did not have a complete CSP. Many times the CSP section was blank or incomplete. When unable to complete or finish a CSP, or any other part of the suicide risk assessment, WellPath must document why in the chart.</p> |
| <p>16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell?</p> | <p>Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.</p> | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | | | <p>WellPath had a lot of variation in this section. Sometimes no scheduling or follow up appointments were noted, sometimes they were scheduled but not completed in the appropriate time and sometimes it was unclear if they were not done or the inmate was released. The NBJ completed in every 24 hours, 3 days and 7 days but the SBJ completed it every 24 hours, 5 days and 7 days.</p> |
| <p>17. 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?</p> | | <p>Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | | | <p>WellPath did a good job of removing people from safety cells prior to 12 hours and clearly documenting contact with BWell Crisis Services when an inmate was going to be in a safety cell longer than 12 hours.</p> |
| <p>18. 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.</p> | | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | | | <p>WellPath did a good job of having the inmate evaluated by BWell Crisis Services prior to 24 hours in a Safety Cell.</p> |

PROVIDER EVALUATION SUMMARY

Areas of Compliance (No Follow Up Needed)

Your Program was found compliant in 24 areas audited.

WellPath does a good job of consulting with BWell Crisis Services when an inmate is in a safety cell for more than 12 hours.

WellPath is excellent at moving inmates from the Safety Cells as soon as possible, most before the 12 hour mark.

WellPath does a great job of completing the receiving screenings when an inmate is booked.

WellPath always completed discharge documentation clearly and in easy to locate part of the chart.

Areas Identified for IMMEDIATE ACTION (IA)

There was 0 identified areas that need Immediate Action

There were no areas identified that need Immediate Action.

Areas Identified for NEEDS IMPROVEMENT (NI)

There was 12 identified areas that Need Improvement

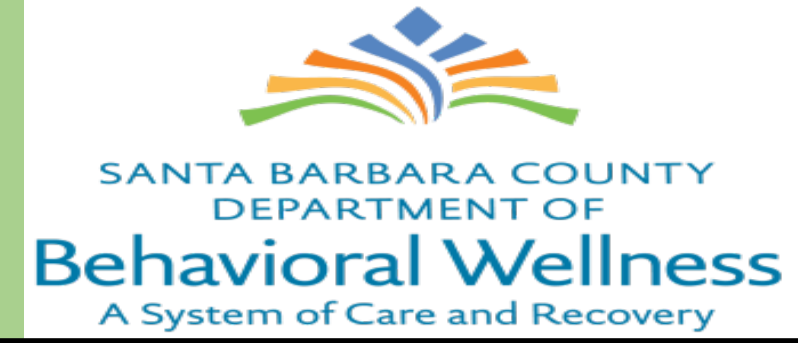
Please see attached Corrective Action Plan (CAP) for FY 23/24, Quarters 1 and 2.

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

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 Corrective Action Plan (CAP)**



| | | |
|----------------|-----------------------|-------------------------------------|
| Date Of Review | 11/27/2023-12/19/2023 | Quarter: Q1/Q2 Contract Year: 23-24 |
|----------------|-----------------------|-------------------------------------|

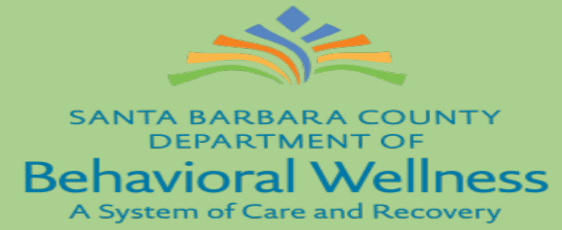
| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT, QCM Manager | Stacey Sharpe, LCSW, QCM Coordinator |
| Email | jkorsan@sbcbswell.org | ssharpe@sbcbswell.org |
| Phone | 805-717-8036 | |
| Signature | | |
| Date Signed | | |

| WellPath Representatives | | |
|--------------------------|--|--|
| Name and Title | Nanci Martinez CQI Coordinator | |
| Email | nan.martinez@wellpath.us | |
| Phone | 805-681-4294 | |
| Signature | | |
| Date Signed | | |

| Sheriff Representatives | | |
|-------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| 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 | BWell Approval of CAP or Requested Changes | Submitted Documents | Final Status |
|--|--|---|---|---|---------------------|---|---|--------------------------|
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | WellPath needs to clearly identify a way to track and respond to inmate requests for medication changes. | Request for medication changes will be identified by the mental health staff during the triaging of the sick call request and scheduled for psychiatrist sick call for changes in medication. The specific time slot of 48 hours is not part of our current requirement per the contract or Wellpath policies and procedures. | N/A | N/A | N/A | In compliance. Question will be reviewed with WellPath and Sheriff team and be updated to reflect your policies and procedures, best practice and standards, and the Remedial Plan. | N/A | CAP Complete |
| 10. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week? | WellPath will determine appropriate staffing and scheduling guidelines to ensure that all inmates in restrictive housing are provided appropriate interventions at least three times a week. These interventions will be documented in the same place in each chart. | Santa Barbara County Jail and Northern Branch Jail will have the NOC LVN complete the segregations rounds for medical to be completed nightly and document in the Restricted Housing Flow sheets. For Santa Barbara County jail the Psych RN will complete the segregation rounds for mental health 3 times per week (Monday, Wednesday, Friday) and document through Mental Health Restricted Housing Round Forms in a sick call. Northern Branch Jail will have the LPT complete the segregation rounds for mental health 4 times per week and document through Mental Health Restricted Housing Round Forms in a sick call. The DON will hold a Restrictive Housing Round training to be completed by the appropriate Medical Staff. | DON Stephany Baylor, Joseph Schimmel Mental Health Supervisor | Continued to be audited through our Wellpath CQI Mental Health audits. Suicide Prevention CQI completed twice a year. | | Approved, please send evidence of completion once action items have been completed, but no later than 2/28/24 | Medical Training: •NOC LVN completed nightly Completed During JAN Staff meeting pg 19 •Training: •Psych RN 3 time per week •EPT 4 times per week •Completed during December Staff Meeting for MH by MH supervisor. PG 2,3 | CAP Complete |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 days. | WellPath will clearly document in chart the 14 day prescription upon discharge. If the prescription is medically indicated for less days, WellPath will clearly document the reason why in the same place in each chart. | TITLE: HCD-110_E-10 Discharge Planning and Release Medications -- Santa Barbara CA. 6.6.2 Wellpath does provide a specific amount of necessary medications as determined by the contract. 30 days' worth of medication will be sent to a local pharmacy to the patient being released and available for pick up, except suboxone will only be prescribed for 7 days. These updates will be presented to the medical staff during January Monthly Staff meeting. | Custody Lieutenant Anthony Espinoza, CJM; DON Stephany Baylor | Continued to be audited through our Wellpath CQI Mental Health audits. Restrictive Housing CQI completed scheduled for once a year. | | Approved, please send evidence of completion once action items have been completed, but no later than 2/28/24 | •Announcement/ Email •Training (once Espi approves) •30 days with of medication sent to pharmacy HCD-100 E-10 Discharge Planning and Release Medications Santa Barbara CA | Pending Sheriff Approval |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | WellPath will determine appropriate staffing and scheduling guidelines to ensure that all inmates in safety cells are seen by medical staff every 4 hours and by mental health staff every 12 hours. | Per Santa Barbara County California Polivies & Procedures TITLE: HCD-110_G-02A Safety Cell Placement and Retention -- Santa Barbara CA 6.1.2 Health care staff will assess the patient in the safety cell every four (4) hours thereafter, when on site. This policy will be presented to the medical staff during January Monthly Staff meeting. Mental Health Staff have been informed during Decembers staff meeting that MH rounds need to be completed 8am and 8pm. | DON Stephany Baylor, Joseph Schimmel Mental Health Supervisor | Continued to be audited through our wellpath CQI Mental Health audits. Suicide Prevention CQI completed twice a year. | | Approved, please send evidence of completion once action items have been completed, but no later than 2/28/24 | Medical's January Staff Meeting Proof of Practice, MH December Staff Powerpoint Proof of Practice •Training (RN) complete in flow sheet every 4 hours Completed During JAN Staff meeting pg 4 • Training (MH) •8am and 8pm Completed during December Staff Meeting for MH by MH supervisor. PG 5 | CAP Complete |
| 14. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell? | WellPath will fully complete all sections of the suicide risk assessment, particularly the CSP section. | TITLE: HCD-110_B-05 Suicide Prevention and Intervention Program -- Santa Barbara CA 6.4.7. CSP will be utilized for all patients placed on suicide watch due to suicidal ideation or self-injury (including suicidal and non-suicidal self-injury). Mental Health has been educated on completing appropriate forms in the December Staff meeting. | Joseph Schimmel Mental Health Supervisor | Continued to be audited through our Wellpath CQI Mental Health audits. Suicide Prevention CQI scheduled for twice a year. | | Approved, please send evidence of completion once action items have been completed, but no later than 2/28/24 | Training Completed during December Staff Meeting for MH by MH supervisor. PG 5 | CAP Complete |
| 15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell? | WellPath will complete the CSP in its entirety. If they are unable to complete or finish the CSP WellPath needs to clearly document why it was not complete in the chart. | TITLE: HCD-110_B-05 Suicide Prevention and Intervention Program --Santa Barbara CA 6.4.7 CSP will be utilized for all patients placed on suicide watch due to suicidal ideation or self-injury (including suicidal and non-suicidal self-injury). Mental Health has been educated in the December Staff meeting. | Joseph Schimmel Mental Health Supervisor | Continued to be audited through our Wellpath CQI Mental Health audits. Suicide Prevention CQI scheduled for twice a year. | | Approved, please send evidence of completion once action items have been completed, but no later than 2/28/24 | Cinical Follow Up Onboarding Manual For Mental Health Professional Proof | CAP Complete |
| 16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell? | WellPath will schedule post suicide watch clinical follow ups as tasks at 24 hours, 5 days and 7 days. | Per Santa Barbara County California Policies & Procedures TITLE: HCD-211_B-05 Suicide Prevention and Intervention Program --Santa Barbara CA Patient will be scheduled post suicide watch by the mental health staff member. Clinical follow up as tasked will completed within 24hours, 5 days and 7days as evidence by this policy. Mental Health has been educated in the December Staff meeting. | Joseph Schimmel Mental Health Supervisor | Continued to be audited through our Wellpath CQI Mental Health audits. Suicide Prevention CQI scheduled for twice a year. | | Approved, please send evidence of completion once action items have been completed, but no later than 2/28/24 | *Training (MH)/ Part of our Onboarding Manual for Mental Health Professionals. Page 11; Part of Onboarding Manual for Mental Health Professionals pg 11 | CAP Complete |

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



| | | |
|----------------|-----------|---------------------------------|
| Date Of Review | 2/20/2024 | Quarter: 3 Contract Year: 23/24 |
|----------------|-----------|---------------------------------|

| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT | Bonnie Zant, LCSW |
| Email | jkorsan@sbcbwell.org | bmacdonald@sbcbwell.org |
| Phone | 805-717-8036 | 805-729-5449 |
| Signature | | |
| Date Signed | | |

| WellPath Representatives | | |
|--------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| Sheriff Representatives | | |
|-------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

PROVIDER PRE REVIEW

Accomplishments Since Last Review

WellPath is currently in contract negotiations for increased staffing.

Barriers/Hardships Since Last Review

WellPath reported no barriers/hardships since last review.

Review of Corrective Action Plan (CAP)

QCM will be reviewing the CAP evidence of correction and give feedback.

| NORTH BRANCH JAIL | | | | | | | |
|---|---|--|----------|-----------|-----------|-----------|--|
| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| INTAKE | | | | | | | |
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will provide Behavioral Wellness with a list of all intakes 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, no findings. |
| 2. In the intake assessment, 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, no findings. Not able to review many charts due to non-reporting of individual. |
| 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) | | County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | X | | | not-compliant, 87%. ROI was usually completed and sent same day and records received same day or next. 2 charts not in compliance. |
| 4. If medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | | | X | | not-compliant, 87%. 2 charts not in compliance. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | | | X | | not-compliant, 87%. 2 charts not in compliance. MH dispositions did not use check boxes for urgent, emergent or routine. How is urgency assessed and acted on? |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| ON-GOING SERVICES | | | | | | | |
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | X | | | | Compliant, no findings. |

| | | | | | | | | |
|---|--|--|---|---|----|----|---|----------------------------------|
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8 | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, no findings. | |
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, no findings. Quality Improvement Feedback: How do you determine when inmates are requesting reviews of medications? How are these triaged? | |
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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 | | | | Compliant, no findings. Quality Improvement Feedback: How are you receiving and evaluating the urgency of sick calls? Do you track when requests are received and responded to? | |
| 10. 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, 25%, checks rarely if at all done. | |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| DISCHARGE PLANNING | | | | | | | | |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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, no findings. | |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant, no findings. It was found that two different forms were used to complete discharges. Recommended that one form be adopted and used regularly. | |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| CRISIS SERVICES | | | | | | | | |

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|---|---|---|--|----------|--|
| <p>13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)?</p> | <p>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.</p> | <p>County Contract, Appendix B, Section 1c</p> | | <p>X</p> | <p>non-compliant, 25%. Medical checks often missed 4 hour checks, mental health missed 12 hour checks overnight.</p> |
| <p>14. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?</p> | <p>Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.</p> | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | <p>non-compliant, 84%. 2 charts with no MH documentation at all.</p> |
| <p>15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell?</p> | | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | <p>non-compliant, 84%. 2 charts with no MH documentation at all.</p> |
| <p>16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell?</p> | | <p>DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | <p>non-compliant, 25%. 24, 5 day and 7 day follow ups are scheduled but are either completed late or not at all.</p> |
| <p>17. 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?</p> | | <p>Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | <p>Compliant, no findings.</p> |
| <p>18. 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.</p> | | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | | <p>X</p> | <p>Compliant, no findings.</p> |

| SOUTH BRANCH JAIL | | | | | | | |
|---|---|--|----------|-----------|-----------|-----------|--|
| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| INTAKE | | | | | | | |
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will provide Behavioral Wellness with a list of all intakes 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, no findings. |
| 2. In the intake assessment, 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, no findings. Not able to review many charts due to non-reporting of individual. |
| 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) | | County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, no findings. |
| 4. If medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, no findings. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | X | | | | Compliant, no findings. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| ON-GOING SERVICES | | | | | | | |

| | | | | | | | | |
|---|--|--|---|----------|-----------|-----------|--|----------------------------------|
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | X | | | | Compliant, no findings. | |
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | 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, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, no findings. | |
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, no findings. Quality Improvement Feedback: How do you determine when inmates are requesting reviews of medications? How are these triaged? | |
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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 | | | | Compliant, no findings. Quality Improvement Feedback: How are you receiving and evaluation the urgency of sick calls? Do you track when requests are receive and responded to? | |
| 10. 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 | | | non-compliant, 30%. | |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| DISCHARGE PLANNING | | | | | | | | |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 days. | Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant, no findings. | |

| | | | | | | | | |
|--|--|--|---|----------|-----------|-----------|--|----------------------------------|
| 12. Is a discharge document complete? | 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, no findings. It was found that two different forms were used to complete discharges. Recommended that one form be adopted and used regularly. | |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | | Y | NI | IA | NA | COMPLIANCE FINDINGS/NOTES |
| CRISIS SERVICES | | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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 | | | non-compliant, 33%. Medical checks often missed 4 hour checks, mental health missed 12 hour checks overnight. | |
| 14. 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 | | | non-compliant, 53%. Many charts missing CSP or not completed. | |
| 15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | non-compliant, 53%. Many charts had started CSP but not completed. | |
| 16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | non-compliant, 40%. 24, 5 day and 7 day follow ups are scheduled but are either completed late or not at all. | |
| 17. 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, no findings. | |
| 18. 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, no findings. | |

PROVIDER EVALUATION SUMMARY

Areas of Compliance (No Follow Up Needed)

Your Program was found compliant in 23 areas audited.

Bwell has seen improvements in intakes being completed.

When patient reported medications, ROI's were sent that day and bridged same day.

14 and 30 day medication prescriptions were consistently provided at discharge.

Contact with Bwell Crisis Services is very timely.

Areas Identified for IMMEDIATE ACTION (IA)

There was 0 identified areas that need Immediate Action

Areas Identified for NEEDS IMPROVEMENT (NI)

There was 13 identified areas that Need Improvement

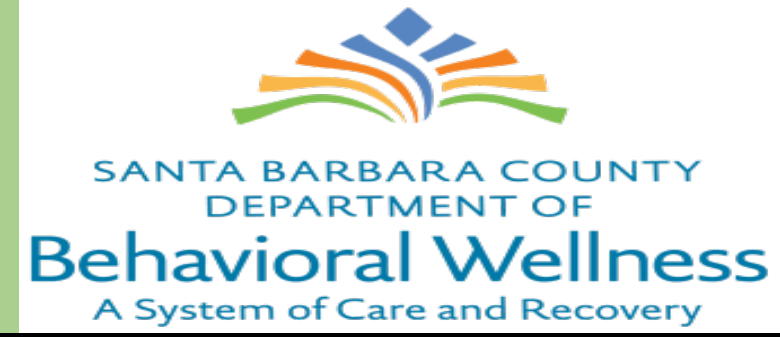
Please see attached Corrective Action Plan (CAP) for FY 23/24, Quarter 3.

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@sbcbbwell.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 Corrective Action Plan (CAP)**



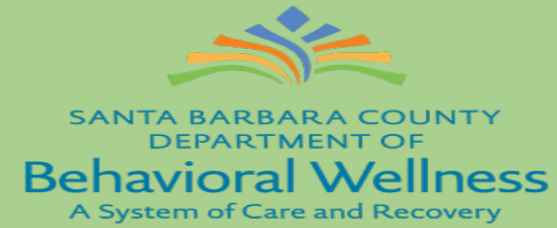
| | | |
|----------------|-----------|----------------------------------|
| Date Of Review | 2/20/2024 | Quarter: Q3 Contract Year: 23-24 |
|----------------|-----------|----------------------------------|

| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT, QCM Manager | Bonnie Zant, LCSW, QCM Coordinator |
| Email | jkorsan@sbcbswell.org | bmcdonald@sbcbswell.org |
| Phone | 805-717-8036 | 805-729-5449 |
| Signature | <i>Jessica Korsan</i> | <i>Bonnie Zant</i> |
| Date Signed | 06/07/2024 | 06/10/2024 |

| WellPath Representatives | | |
|--------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| Sheriff Representatives | | |
|-------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

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



| | | |
|----------------|-----------|---------------------------------|
| Date Of Review | 5/17/2024 | Quarter: 4 Contract Year: 23-24 |
|----------------|-----------|---------------------------------|

| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT | Bonnie Zant, LCSW |
| 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 | 06/07/2024 | 06/10/2024 |

| WellPath Representatives | | |
|--------------------------|---------------|----------------|
| Name and Title | Bailey Fogota | Nanci Martinez |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| SBSO Representatives | | |
|----------------------|-------------------|--|
| Name and Title | Cassandra Marking | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| Additional Participants | | |
|-------------------------|----------------------------|------------------------|
| Name and Title | Stacey Sharpe, LCSW, Bwell | Joe Martinez, WellPath |
| Name and Title | | |

PROVIDER PRE REVIEW

Accomplishments Since Last Review

WellPath had nothing to add here.

Barriers/Hardships Since Last Review

Staffing in NBJ has been difficult

Feb, March and April had a lot of transfers from NBJ - distinguish from SBJ and NBJ

Review of Corrective Action Plan (CAP)

Q1 and Q2 CAP is complete and fulfilled.

Q3 CAP in progress - questions regarding CAP #8 that was answered today.

| NORTH BRANCH JAIL | | | | | | | |
|---|---|--|----------|-----------|-----------|-----------|--|
| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
| INTAKE | | | | | | | |
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will provide Behavioral Wellness with a list of all intakes 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 | | | Not compliant, 53% compliance rate. In initial screening, form is not completely filled out, sections such as referral made/needed is often blank or checkboxes are checked but additional information is not given. Remains unclear if a mental health assessment is needed and what the timeframe is to complete i.e. urgent, emergent, routine. |
| 2. In the intake assessment, 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, 100% compliance rate. |
| 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) | | County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |
| 4. If medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 93% compliance rate. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | X | | | | Compliant, 93% compliance rate. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
| ON-GOING SERVICES | | | | | | | |
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | 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, 100% compliance rate. |
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |

| | | | | | | | |
|---|--|---|----------|-----------|-----------|-----------|--|
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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 | | | | Compliant, 100% compliance rate. |
| 10. 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, 17%. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
| DISCHARGE PLANNING | | | | | | | |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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 | | | | Complaint, 93% compliance rate. |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant, 100% compliance rate. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
| CRISIS SERVICES | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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, 7% compliance rate. Medical continues to miss checks both during overnight shifts and during business hours. MH also missing overnight checks. |
| 14. 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, 93% compliance rate. |
| 15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | X | | | | Compliant, 86% compliance rate. |
| 16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | Not compliant, 7% compliance rate. Checks are often scheduled, but not always, but are usually completed late or not at all. WellPath stated they moved to a 24 hours, 5 days, and 7 days <i>as needed</i> policy and was asked to send the policy but BWell has not received it yet so BWell continues to monitor on previous policy. |
| 17. 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, 100% compliance rate. |

| | | | | | | |
|---|---|----------|--|--|--|---|
| <p>18. 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.</p> | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | | | <p>Compliant, 100% compliance rate.</p> |
|---|---|----------|--|--|--|---|

| SOUTH BRANCH JAIL | | | | | | | |
|---|---|--|----------|-----------|-----------|-----------|---|
| PERFORMANCE MEASURE | REVIEW INSTRUCTIONS | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
| INTAKE | | | | | | | |
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will provide Behavioral Wellness with a list of all intakes 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 | | | Not compliant, 67% compliance rate. In initial screening, form is not completely filled out, sections such as referral made/needed is often blank or checkboxes are checked but additional information is not given. Remains unclear if a mental health assessment is needed and what the timeframe is to complete i.e. urgent, emergent, routine, as well as why appointments are rescheduled. |
| 2. In the intake assessment, 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, 93% compliance rate. |
| 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) | | County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |
| 4. If medications are not verified, is the inmate scheduled and seen for a mental health assessment within 24 hours of their arrival at jail? | | County Contract, Exhibit A, Section 1.1 I(2), DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |
| 5. After assessment by a mental health professional, was the inmate seen by the psychiatrist within 7 days. | | DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11) | X | | | | Compliant, 100% compliance rate. |
| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
| ON-GOING SERVICES | | | | | | | |
| 6. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days (per treatment plan) or when a medication is changed? | 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, 100% compliance rate. |
| 7. Are inmates monitored for medication efficacy and side effects by the qualified mental health professional within 2 weeks of prescription? | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |

| COMPLIANCE REVIEW SECTION | | REGULATORY AUTHORITY | Y | NI | IA | NA | COMPLIANCE FINDINGS |
|---|--|--|---|----|----|----|---|
| DISCHARGE PLANNING | | | | | | | |
| 8. If an inmate needs a change to a medication, they will be scheduled to see the psychiatrist within 48 hours. | | DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9) | X | | | | Compliant, 100% compliance rate. |
| 9. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls answered within 4 hours of emergent requests, 24 hours of urgent requests and 1 week for routine requests? | Contractor will provide list of sick calls received 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 | | | | Compliant, 100% compliance rate. |
| 10. 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, 86% compliance rate. |
| 11. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 14 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, 93% compliance rate. |
| 12. Is a discharge document complete? | | DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20) | X | | | | Compliant, 100% compliance rate. |
| CRISIS SERVICES | | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | 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, 33% compliance rate. Medical continues to miss checks both during overnight shifts and during business hours. MH also missing overnight checks. |
| 14. 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, 93% compliance rate. |
| 15. Did the contractor complete a treatment plan and/or behavior management plan in full for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | X | | | | Compliant, 93% compliance rate. |
| 16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell? | | DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4) | | X | | | Not compliant, 35% compliance rate. Checks are often scheduled, but not always, but are usually completed late or not at all. WellPath stated they moved to a 24 hours, 5 days, and 7 days as needed policy and was asked to send the policy but BWell has not received it yet. |

| | | | | | | |
|--|---|----------|--|--|--|---|
| <p>17. 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?</p> | <p>Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | | | <p>Compliant, 93% compliance rate.</p> |
| <p>18. 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.</p> | <p>County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)</p> | <p>X</p> | | | | <p>Compliant, 100% compliance rate.</p> |

PROVIDER EVALUATION SUMMARY

Areas of Compliance (No Follow Up Needed)

Your Program was found compliant in 29 areas audited.

1. Bwell is impressed with WellPath's medication reconciliation; when patients report medications that they are taking in the community, WellPath is quick to send an ROI and bridge medications when possible.

2. WellPath has improved on completing the full suicide risk assessment and specifically the Collaborative Safety Plan.

WellPath remains compliant with 14 day medication prescriptions upon discharge and discharge instructions were more uniform and almost always complete.

4. WellPath continues to have good collaboration and communication with Bwell Crisis Services.

Areas Identified for IMMEDIATE ACTION (IA)

There was 0 identified areas that need Immediate Action

1. There were no areas identified that need immediate action.

Areas Identified for NEEDS IMPROVEMENT (NI)

There was 7 identified areas that Need Improvement

1. WellPath needs to complete all sections of intake screening with clear disposition and plan around referrals made and timelines.

2. WellPath has shown a slight improvement in Restrictive Housing Rounds but continues to not be able to meet the 3 day a week requirement in NBJ.

3. WellPath continues to struggle with overnight safety cell checks for both Medical and Mental Health.

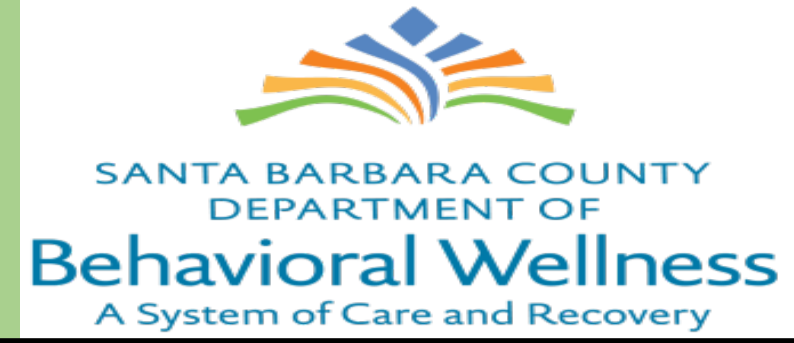
4. WellPath needs to ensure that 24 hour, 5 day and 7 day post safety cell checks are scheduled and completed on time.

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@sbcwell.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 Corrective Action Plan (CAP)**



| | | |
|----------------|-----------|----------------------------------|
| Date Of Review | 5/17/2024 | Quarter: Q4 Contract Year: 23-24 |
|----------------|-----------|----------------------------------|

| Behavioral Wellness Reviewers | | |
|-------------------------------|--|--|
| Name and Title | Jessica Korsan, LMFT, QCM Manager | Bonnie Zant, LCSW, QCM Coordinator |
| Email | jkorsan@sbcbbwell.org | bmacdonald@sbcbbwell.org |
| Phone | 805-717-8036 | 805-729-5449 |
| Signature | | |
| Date Signed | | |

| WellPath Representatives | | |
|--------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| Sheriff Representatives | | |
|-------------------------|--|--|
| Name and Title | | |
| Email | | |
| Phone | | |
| Signature | | |
| Date Signed | | |

| 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 | Behavioral Wellness Review of CAP Outcomes | CAP Complete? |
|--|--|---|---|---|---------------------|--|---------------|
| 1. Did the contractor complete all intake screenings fully, including the mental health assessment, medication assessment, and suicide screening tools? | Contractor will complete all sections of the intake screening. In particular the referral screening section needs to be checked yes or no and if yes, referrals made need to be listed out in the intake screening as well as the timelines for completing the referrals. | | | | | | |
| 10. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week? NBJ ONLY | WellPath will determine appropriate staffing and scheduling guidelines to ensure that all inmates in restrictive housing are provided appropriate interventions at least three times a week. These interventions will be documented in the same place in each chart. **This is the fourth carryover of this goal with little to no improvement** | | | | | | |
| 13. Did the Contractor re-assess all inmates placed on suicide watch at least every 4 hours by medical staff and every 12 hours by mental health staff (between the hours of 7 am and 11 pm for mental health staff only)? | WellPath will determine appropriate staffing and scheduling guidelines to ensure that all inmates in safety cells are seen by medical staff every 4 hours and by mental health staff every 12 hours. **This is the fourth carryover of this goal with little to no improvement** | | | | | | |
| 16. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days for each inmate entry into a Safety Cell? | WellPath needs to schedule the 24 hour, 5 day and 7 day follow ups upon release from safety and/or observation cell. Follow Ups need to be completed on scheduled day or note written with clear reason as to why it was delayed. | | | | | | |