ATTACHMENT

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Behavioral Wellness

	Question #1	Question # 2	Question # 3	Question # 4	Question # 5
Performance Measures	Where medication is verified, was the psychotropic bridge medication the same medication as the inmate received in the community, regardless of its formulary status? (Exceptions are benzodiazepines and medications solely prescribed for sleep)	Where psychotropic medication ***cannot*** be verified, did the RN confer with the Psychiatrist on site or on call to establish, document, and initiate a treatment plan and did this occur within 24 hours of detainee's arrival at the jail reception area?	For inmates with mental illness who are in restrictive housing, did the Contractor's Mental Health Professional assess and provide appropriate interventions at least three times a week?	Did the Contractor re-assess all inmates placed on suicide watch at least every 6 hours?	If there was no improvement in the inmate's condition (suicide watch) within 24 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment? Consult should continue every 24 hours with the County while the inmate is on suicide watch.
Contract Citation	Exhibit A, Section 1.1H	Exhibit A, Section 1.1 I(2)	Exhibit A, Section 4.1D	Appendix B, Section 1c	Appendix B, Section 2b
Instructions	30 charts of inmate receiving psychotropic prescription medication will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the bridge medication is the same medication as the inmate was receiving in the community, regardless of its formulary status	30 charts of inmate receiving psychotropic prescription medication that ***could not*** be verified upon intake will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the RN conferred with the Psychiatrists to establish, document, and initiate a treatment plan within 24 hours of intake	25 charts of inmates housed in restrictive housing will be randomly selected for review. 90% of the medical records of unique individuals should indicate a mental health intervention at least three times a week.	25 randomly selected individuals housed in the safety cell for longer than 6 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate a review by a Mental Health Professional (0700 to 2100) and a Health Professional (2101 to 0659) at least every 6 hours.	10 randomly selected individuals housed in the safety cell longer than 24 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate County Crisis Services Team was contacted and consulted for plan of care and need for a crisis evaluation on anyone remaining in the safety cell longer than 24 hours and every 24 hours thereafter while in a safety cell.

# of Charts	Patient CID #	Booking #	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1	[redacted]											X			X		
2												X					X
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80				X			X									
	Totals	3	1	26	17	1	12	11	10	4	25	0	0	3	0	6
	Percentages %	75%	25%	N/A	94%	6%	N/A	52%	48%	N/A	100%	0%	N/A	100%	0%	N/A

Narratives for Question #1- #5: Overall, Behavioral Wellness Quality Care Management (QCM) Department reviewed 80 records spanning the five Performance Measure Areas. QCM continues to see a small decrease in several of the areas since the last monitoring. QCM and WellPath continue to work collaboratively to ensure that all documentation is accounted for. WellPath continues to do a great job in light of the many things that they are juggling at this time, in particular many changes related to the continuing Covid-19 pandemic.

Question 1: QCM reviewed if the psychotropic medication bridged was the same medication that the patients received in the community. 4 of the 30 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ). Of these 4 charts, 32 charts (75%) showed that inmates were bridged to the same medication that they were on in the community. One chart (25%) showed that they received records from RiteAid but there were no notes as to why it was unable to be bridged. It continues to be difficult to find many charts where people state that they were on medications prior to entering custody but documentation has become much more consistent in this area. *This goal was not meet this quarter. QCM continues to recommend that WellPath clearly document why medications are unable to be bridged at intake.*

Question 2: QCM reviewed if the RN conferred with the psychiatrist when a psychotropic medication could not be verified. When reviewing the EHR, WellPath explained that their process if someone's medications cannot be verified upon intake; a Sick Call Note is sent to the MFT team and they are seen within 24 hours. After the MFT evaluation, the inmates are referred to the psychiatrist. 18 of the 30 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ) but their medications could not be verified. Of these 18 charts, 17 charts (94%) showed that an RN consulted mental health worker, within 24 hours. *This goal has not been met due to 1 chart not being scheduled for MFT evaluation. QCM reccomends that all inmates whose medications cannot be bridged be scheduled to see a MFT or psychiatrist within 24 hours of intake.*

Question 3: QCM looked at the individuals with mental illness who reside in restrictive housing. 21 charts were reviewed to see if they were assessed by a Mental Health Professional at least three times a week and 11 of the charts, 52%, met this goal. WellPath states that they were planning on closing down the isolation cells per the Department of Corrections but that they had to reopen them during the Omicron outbreak. Of the inmates still placed there, most were checked on average 1-2 times per week in November and 3 times a week during December and January. WellPath states that inmates often move in and out of restrictive housing a lot and it can sometimes be hard to track the individual people. Next quarter WellPath will send a list of inmates who are consistently in restrictive housing. *This goal has not been met. QCM recommends that Safety Cell documentation be logged in one consistent place in the future and that checks occur three times a week.*

Question 4: QCM looked at 25 safety cell logs to determine if WellPath re-assessed inmates placed on suicide watch every 6 hours. 25 of the 25 charts were in compliance, 100%. *This goal has been met. QCM reccomends that staff continue to log their Safety Cell checks within the required timelines and on the Safety Cell log.*

Question 5: QCM looked at 9 charts to see if County's Crisis Services were called when an inmate was on suicide watch for more than 24 hours. Of these 9 charts only 3 of these charts were significantly more than 24 hours, and were reviewed for this measure. Of the 3 charts reviewed, all of the charts, 100% showed that WellPath contacted County's Crisis Services for consultation. *This goal has been met this quarter.*

Narrative for Quarterly Collaboration with Wellpath and Justice Alliance Team (Weekly meeting for continuity of care for new inmates in and discharges out for medication and discharge planning, 1370: PHF & Outpatient, 4011.6 evaluations): Alice Geanta is extremely communicative and she meets with Justice Alliance (JA) every Monday and is very helpful in answering their questions about clients. They report that she is also proactive in bringing to their attention Behavioral Wellness clients that are in custody so that JA can coordinate with her and any medications the clients are receiving from the clinics. The medical staff at Wellpath that help JA staff prepare the CRT packets are responsive as well, even in light of the current struggles they have been having. A current concern is how JA staff are going to coordinate or know where their clients are located with the new North County Jail.

Narrative for Quarterly Collaboration with Wellpath and Santa Barbara County Crisis Services Team (Crisis consultation and assessments for current inmates and cite & release inmates): South County Crisis staff report that they continue to appreciate WellPaths efforts to manage inmates with severe mental health issues and do a good job of de-escalating and safety planning to avoid need for 5150/PHF admissions.

Behavioral Wellness

	Question #1	Question # 2	Question # 3	Question # 4	Question # 5
Performance Measures	Where medication is verified, was the psychotropic bridge medication the same medication as the inmate received in the community, regardless of its formulary status? (Exceptions are benzodiazepines and medications solely prescribed for sleep)	Where psychotropic medication ***cannot*** be verified, did the RN confer with the Psychiatrist on site or on call to establish, document, and initiate a treatment plan and did this occur within 24 hours of detainee's arrival at the jail reception area?	For inmates with mental illness who are in restrictive housing, did the Contractor's Mental Health Professional assess and provide appropriate interventions at least three times a week?	Did the Contractor re-assess all inmates placed on suicide watch at least every 6 hours?	If there was no improvement in the inmate's condition (suicide watch) within 24 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment? Consult should continue every 24 hours with the County while the inmate is on suicide watch.
Contract Citation	Exhibit A, Section 1.1H	Exhibit A, Section 1.1 I(2)	Exhibit A, Section 4.1D	Appendix B, Section 1c	Appendix B, Section 2b
Instructions	30 charts of inmate receiving psychotropic prescription medication will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the bridge medication is the same medication as the inmate was receiving in the community, regardless of its formulary status	30 charts of inmate receiving psychotropic prescription medication that ***could not*** be verified upon intake will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the RN conferred with the Psychiatrists to establish, document, and initiate a treatment plan within 24 hours of intake	25 charts of inmates housed in restrictive housing will be randomly selected for review. 90% of the medical records of unique individuals should indicate a mental health intervention at least three times a week.	25 randomly selected individuals housed in the safety cell for longer than 6 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate a review by a Mental Health Professional (0700 to 2100) and a Health Professional (2101 to 0659) at least every 6 hours.	10 randomly selected individuals housed in the safety cell longer than 24 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate County Crisis Services Team was contacted and consulted for plan of care and need for a crisis evaluation on anyone remaining in the safety cell longer than 24 hours and every 24 hours thereafter while in a safety cell.

# of Charts	Patient CID #	Booking #	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1	[redacted]				X	X											
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	Totals	6	0	24	23	0	7	11	11	3	20	5	0	1	5	3
	Percentages %	100%	0%	N/A	100%	0%	N/A	50%	50%	N/A	80%	20%	N/A	17%	83%	N/A

Narratives for Question #1- #5: Overall, Behavioral Wellness Quality Care Management (QCM) Department reviewed 80 records spanning the five Performance Measure Areas. QCM has seen improvement in several of the areas since the last monitoring but some areas remain in need of quality improvement. WellPath sites concerns with lack of staffing and training new staff and believes they can meet performance measures in the future. QCM and WellPath continue to work collaboratively to ensure that all documentation is accounted for. WellPath continues to do a great job in light of the many things that they are juggling at this time, in particular many changes related to the continuing Covid-19 pandemic and the opening of the North County Branch of the jail.

Question 1: QCM reviewed if the psychotropic medication bridged was the same medication that the patients received in the community. 6 of the 30 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ). Of these 6 charts, 6 charts (100%) showed that inmates were bridged to the same medication that they were on in the community. It continues to be difficult to find many charts where people state that they were on medications prior to entering custody but documentation has become much more consistent in this area. In addition, Behavioral Wellness asks that more information be given about how the medications verified button on the intake is used as it seems to be inconsistent. *This goal was met. There are no recommendations at this time.*

Question 2: QCM reviewed if the RN conferred with the psychiatrist when a psychotropic medication could not be verified. When reviewing the EHR, WellPath explained that their process if someone's medications cannot be verified upon intake; a Sick Call Note is sent to the MFT team and they are seen within 24 hours. After the MFT evaluation, the inmates are referred to the psychiatrist. 23 of the 30 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ) but their medications could not be verified. Of these 23 charts, 23 charts (100%) showed that an RN consulted mental health worker within 24 hours. *This goal was met. There are no recommendations at this time.*

Question 3: QCM looked at the individuals with mental illness who reside in restrictive housing. 22 charts were reviewed to see if they were assessed by a Mental Health Professional at least three times a week and 11 of the charts, 50%, met this goal. Ad/Seg rounds were completed 3 times a week during 12 of the 14 weeks reviewed. For the 2 weeks that were missed, 2 visits were done. *This goal has not been met. QCM recommends that Safety Cell documentation be logged in one consistent place in the future and that checks occur three times a week.*

Question 4: QCM looked at 25 safety cell logs to determine if WellPath re-assessed inmates placed on suicide watch every 6 hours. 20 of the 25 charts were in compliance, 20%. Safety cells were not consistently checked in the overnight hours. *This goal has not been met. QCM recommends that staff continue to log their Safety Cell checks within the required timelines and on the Safety Cell log.*

Question 5: QCM looked at 10 charts to see if County's Crisis Services were called when an inmate was on suicide watch for more than 24 hours. Of these 10 charts only 6 of these charts were significantly more than 24 hours, and were reviewed for this measure. Of the 6 charts reviewed, only 1 chart, 17% showed that WellPath contacted County's Crisis Services for consultation. This has been a drastic reduction from previous reviews. *This goal has not been met this quarter. QCM recommends that County Crisis Services are called each 24 hour period that an inmate is in a safety cell and that this contact is logged in the same place each time.*

Narrative for Quarterly Collaboration with Well path and Justice Alliance (JA) Team (Weekly meeting for continuity of care for new inmates in and discharges out for medication and discharge planning, 1370: PHF & Outpatient, 4011.6 evaluations): The collaboration with Well path is going extremely well. Alice is fantastic to work with. JA works with her weekly on identifying AB1810 clients and evaluating for diversion appropriateness. She also provides the JA team with weekly updates on clients in the jail that are referred to them for Misdemeanor IST, 4011.6 evaluations, Jail discharge, MHTC and diversion. She also assists with scheduling TB test, COVID and medication support for discharge from custody. She is a key player in our ability to support with individuals smooth transition from jail to the community. JA has some concern over the lack of psychiatrist for about two weeks' time which affected access to services and court reporting.

Narrative for Quarterly Collaboration with Well path and Santa Barbara County Crisis Services Team (Crisis consultation and assessments for current inmates and cite & release inmates): South County Crisis staff report that they continue to appreciate WellPath's efforts to manage inmates with severe mental health issues and do a good job of de-escalating and safety planning to avoid need for 5150/PHF admissions. There is some concern that staff are unable to get through when calling WellPath staff at the jail.

Behavioral Wellness

			Question #1			Question # 2			Question # 3			Question # 4			Question # 5		
Performance Measures			Where medication is verified, was the psychotropic bridge medication the same medication as the inmate received in the community, regardless of its formulary status? (Exceptions are benzodiazepines and medications solely prescribed for sleep)			Where psychotropic medication ***cannot*** be verified, did the RN confer with the Psychiatrist on site or on call to establish, document, and initiate a treatment plan and did this occur within 24 hours of detainee's arrival at the jail reception area?			For inmates with mental illness who are in restrictive housing, did the Contractor's Mental Health Professional assess and provide appropriate interventions at least three times a week?			Did the Contractor re-assess all inmates placed on suicide watch at least every 6 hours?			If there was no improvement in the inmate's condition (suicide watch) within 24 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment? Consult should continue every 24 hours with the County while the inmate is on suicide watch.		
Contract Citation			Exhibit A, Section 1.1H			Exhibit A, Section 1.1 I(2)			Exhibit A, Section 4.1D			Appendix B, Section 1c			Appendix B, Section 2b		
Instructions			30 charts of inmate receiving psychotropic prescription medication will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the bridge medication is the same medication as the inmate was receiving in the community, regardless of its formulary status			30 charts of inmate receiving psychotropic prescription medication that ***could not*** be verified upon intake will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the RN conferred with the Psychiatrists to establish, document, and initiate a treatment plan within 24 hours of intake			25 charts of inmates housed in restrictive housing will be randomly selected for review. 90% of the medical records of unique individuals should indicate a mental health intervention at least three times a week.			25 randomly selected individuals housed in the safety cell for longer than 6 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate a review by a Mental Health Professional (0700 to 2100) and a Health Professional (2101 to 0659) at least every 6 hours.			10 randomly selected individuals housed in the safety cell longer than 24 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate County Crisis Services Team was contacted and consulted for plan of care and need for a crisis evaluation on anyone remaining in the safety cell longer than 24 hours and every 24 hours thereafter while		
# of Charts	Patient CID #	Booking #	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1										X							
2										X							
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	Totals		5	0	25	19	0	11	1	24	0	25	0	0	2	1	5
	Percentages %		100%	0%	N/A	100%	0%	N/A	4%	96%	N/A	100%	0%	N/A	67%	33%	N/A

Narratives for Question #1- #5: Overall, Behavioral Wellness Quality Care Management (QCM) Department reviewed 80 records spanning the five Performance Measure Areas. QCM continues to see a sustained increase in 4 of the 5 areas since the last monitoring. QCM and WellPath continue to work collaboratively to ensure that all documentation is accounted for. WellPath continues to do a great job in light of the many things that they are juggling at this time.

Question 1: QCM reviewed if the psychotropic medication bridged was the same medication that the patients received in the community. 5 of the 25 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ). Of these 5 charts, all 5 charts (100%) showed that inmates were bridged to the same medication that they were on in the community. It continues to be difficult to find many charts where people state that they were on medications prior to entering custody but documentation has become much more consistent in this area. This goal continues to be met.

Question 2: QCM reviewed if the RN conferred with the psychiatrist when a psychotropic medication could not be verified. When reviewing the EHR, WellPath explained that their process if someone's medications cannot be verified upon intake; a Sick Call Note is sent to the MFT team and they are seen within 24 hours. After the MFT evaluation, the inmates are referred to the psychiatrist. 19 of the 25 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ) but their medications could not be verified. Of these 19 charts, all 19 charts (100%) showed that an RN consulted mental health worker, within 24 hours. This goal continues to be met.

Question 3: QCM looked at the individuals with mental illness who reside in restrictive housing. 25 charts were reviewed to see if they were assessed by a Mental Health Professional at least three times a week and 1 out of the 25 charts, 4%, met this goal. WellPath states that during Covid they agreed to decrease Isolation Checks to twice a week since they now have to also do Isolation Checks in the IRC for inmates who are on a 14 day quarantine after their admission. Due to the increased monitoring in the IRC Units Mental Health Staff were unable to meet the three times a week check. Most isolation checks were completed twice a week, but there were some weeks when an individual was only seen once a week or once every 10 days. In May WellPath staff were able to decrease the quarantine isolation checks and reinstate the three times a week checks for restrictive housing. Once this happened WellPath met their goals. They did not meet the goals for the quarter but I expect to see them meet it next quarter if they continue in this trend. This goal has not been met.

Question 4: QCM looked at 25 safety cell logs to determine if WellPath re-assessed inmates placed on suicide watch every 6 hours. 25 of the 25 charts were in compliance, 100%. There were two Safety Cell Logs that showed a check more than 6 hours apart but upon review of the electronic medical records of those inmates with WellPath staff during the audit, they were able to produce documentation of the safety cell placement check in the inmate's health record. This goal has been met. QCM recommends that WellPath staff use the Safety Cell Log more accurately in the future.

Question 5: QCM looked at 10 charts to see if County's Crisis Services were called when an inmate was on suicide watch for more than 24 hours. Of these 10 charts only 3 of these charts were significantly more than 24 hours, and were reviewed for this measure. Of the 3 charts reviewed, 2, 67% showed that WellPath contacted County's Crisis Services for consultation. One chart did not show Crisis Services contact. This goal has not been met. WellPath shares that they are increasing the contact with South County Crisis Services to every 12 hours an inmate is in the Safety Cell. This should assist with them meeting this goal in the future. WellPath still does a good job of getting people out of the Safety Cells in under 24 hours.

Narrative for Quarterly Collaboration with Wellpath and Justice Alliance Team (Weekly meeting for continuity of care for new inmates in and discharges out for medication and discharge planning, 1370: PHF & Outpatient, 4011.6 evaluations): WellPath reports that collaboration continues to be great with Justice Alliance. They continue to meet on Mondays and work closely with individuals who are going to be 1370 (incompetent to stand trial). They report that they have a good working relationship and that the Justice Alliance team is very helpful with discharge planning, especially to Crisis Residential Treatment Facilities. WellPath hopes that Behavioral Wellness can come into the jail in the future to conduct their own assessments. Behavioral Wellness reports that Alice continues to attend the Justice Alliance morning team meetings on Mondays at 9:45 am and has been consistent, collaborative, and informed when questions are asked of her regarding inmates. Justice Alliance continues to report that she is "a part of our team in essence" and is readily available to coordinate on care and consult when we receive referrals for individuals who are in custody. There are no concerns at this time.

Narrative for Quarterly Collaboration with Wellpath and Santa Barbara County Crisis Services Team (Crisis consultation and assessments for current inmates and cite & release inmates): WellPath reports some difficulty working with South County Crisis Services (SCCS), mainly around SCCS stating that they cannot come out if there are no beds at the PHF, stating that the inmate is already contained and does not need additional assessment. WellPath states that due to a Department of Rehabilitation and Corrections Audit, WellPath now needs to call SCCS at the 12 hour mark and inmates must be removed from Safety Cells by 24 hour mark. WellPath states that they will need more assistance from SCCS to ensure this is completed and individuals remain safe. WellPath does state that SCCS is very responsive with cite and release inmates who need to go back to the community. The Santa Barbara South County Crisis Services (SCCS) Team continues to be in flux and is currently without a manager or supervisor at this time and therefore was not able to give any feedback. QCM will share WellPath feedback with the SCCS Manager and Supervisor when they are on-boarded.

Behavioral Wellness

			Question #1			Question # 2			Question # 3			Question # 4			Question # 5		
Performance Measures			Where medication is verified, was the psychotropic bridge medication the same medication as the inmate received in the community, regardless of its formulary status? (Exceptions are benzodiazepines and medications solely prescribed for sleep)			Where psychotropic medication ***cannot*** be verified, did the RN confer with the Psychiatrist on site or on call to establish, document, and initiate a treatment plan and did this occur within 24 hours of detainee's arrival at the jail reception area?			For inmates with mental illness who are in restrictive housing, did the Contractor's Mental Health Professional assess and provide appropriate interventions at least three times a week?			Did the Contractor re-assess all inmates placed on suicide watch at least every 6 hours?			If there was no improvement in the inmate's condition (suicide watch) within 24 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment? Consult should continue every 24 hours with the County while the inmate is on suicide watch.		
Contract Citation			Exhibit A, Section 1.1H			Exhibit A, Section 1.1 I(2)			Exhibit A, Section 4.1D			Appendix B, Section 1c			Appendix B, Section 2b		
Instructions			30 charts of inmate receiving psychotropic prescription medication will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the bridge medication is the same medication as the inmate was receiving in the community, regardless of its formulary status			30 charts of inmate receiving psychotropic prescription medication that ***could not*** be verified upon intake will be randomly selected for review. 95% of the medical records of unique individuals charts reviewed should indicate the RN conferred with the Psychiatrists to establish, document, and initiate a treatment plan within 24 hours of intake			25 charts of inmates housed in restrictive housing will be randomly selected for review. 90% of the medical records of unique individuals should indicate a mental health intervention at least three times a week.			25 randomly selected individuals housed in the safety cell for longer than 6 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate a review by a Mental Health Professional (0700 to 2100) and a Health Professional (2101 to 0659) at least every 6 hours.			10 randomly selected individuals housed in the safety cell longer than 24 hours will be used for review. Data source for disposition will be Safety Cell logs. 90% of the safety cell logs of unique individuals reviewed should indicate County Crisis Services Team was contacted and consulted for plan of care and need for a crisis evaluation on anyone remaining in the safety cell longer than 24 hours and every 24 hours thereafter while in a safety cell.		
# of Charts	Patient CID #	Booking #	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1	[redacted]				X			X									
2			X			X											
3					X	X											
4					X	X											
5					X	X											
6					X	X											
7					X	X											
8					X	X											
9					X	X											
10					X	X											
11					X	X											
12					X	X											
13					X	X											
14					X	X											
15			X					X									

16				X		X										
17			X		X											
18				X	X											
19				X	X											
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22				X	X											
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76											X					
77											X					
	Totals	2	1	27	24	1	5	0	17	8	21	1	0	3	0	5
	Percentages %	67%	33%	N/A	96%	4%	N/A	0%	100%	N/A	95%	5	N/A	100%	0%	N/A

Narratives for Question #1- #5: Overall, Behavioral Wellness Quality Care Management (QCM) Department reviewed 77 records spanning the five Performance Measure Areas. QCM continues to see a sustained increase in 4 of the 5 areas since the last monitoring. QCM and WellPath continue to work collaboratively to ensure that all documentation is accounted for. WellPath continues to do a great job in light of the many things that they are juggling at this time, in particular many changes related to the continuing Covid-19 pandemic.

Question 1: QCM reviewed if the psychotropic medication bridged was the same medication that the patients received in the community. 3 of the 30 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ). Of these 3 charts, 2 charts (67%) showed that inmates were bridged to the same medication that they were on in the community. One chart (33%) did not bridge a medication that was brought in with inmate and there were no notes as to why it was unable to be bridged. It continues to be difficult to find many charts where people state that they were on medications prior to entering custody but documentation has become much more consistent in this area. *This goal was not meet this quarter. QCM recommends that WellPath clearly document why medications are unable to be bridged at intake.*

Question 2: QCM reviewed if the RN conferred with the psychiatrist when a psychotropic medication could not be verified. When reviewing the EHR, WellPath explained that their process if someone's medications cannot be verified upon intake; a Sick Call Note is sent to the MFT team and they are seen within 24 hours. After the MFT evaluation, the inmates are referred to the psychiatrist. 25 of the 30 charts reviewed indicated that inmates stated they were on psychotropic medications prior to entering the Santa Barbara County Jail (SBCJ) but their medications could not be verified. Of these 25 charts, 24 charts (96%) showed that an RN consulted mental health worker, within 24 hours. *This goal continues to be met.*

Question 3: QCM looked at the individuals with mental illness who reside in restrictive housing. 22 charts were reviewed to see if they were assessed by a Mental Health Professional at least three times a week and none of the chart, 0%, met this goal. WellPath states that they are closing down the isolation cells per the Department of Corrections so there were not many inmates residing in the cells at this time. Of the inmates still remaining, most were checked on average 1-2 times per week. During the debrief, WellPath stated that there are other areas of the EHR that track these checks. QCM was unaware of this EHR change and is unable to re-review this section per WellPath request. Next quarter QCM will meet with WellPath prior to the review to see if any changes to EHR and documentation has occurred. *This goal has not been met. QCM recommends that Safety Cell documentation be logged in one consistent place in the future.*

Question 4: QCM looked at 22 safety cell logs to determine if WellPath re-assessed inmates placed on suicide watch every 6 hours. 21 of the 22 charts were in compliance, 95%. There was one Safety Cell Log that missed a check by 25 minutes. *This goal has been met.*

Question 5: QCM looked at 8 charts to see if County's Crisis Services were called when an inmate was on suicide watch for more than 24 hours. Of these 8 charts only 3 of these charts were significantly more than 24 hours, and were reviewed for this measure. Of the 3 charts reviewed, all 3, 100% showed that WellPath contacted County's Crisis Services for consultation. WellPath has been working very hard on increasing this goal and it is showing in the data. *This goal has been met.*

Narrative for Quarterly Collaboration with Wellpath and Justice Alliance Team (Weekly meeting for continuity of care for new inmates in and discharges out for medication and discharge planning, 1370: PHF & Outpatient, 4011.6 evaluations): Justice Alliance (JA) meets with Wellpath every Monday morning via Zoom. Alice Geanta attends and is invaluable in communicating information regarding our clients. She was recently out on a well deserved vacation, and while Amber filled in with responses to our emails it would be helpful if and when Alice is out again that there is someone assigned to fill her role in regard to JA needs. JA shared that they worked very closely with Audrey at Wellpath recently regarding a 4011.6 and she coordinated with mobile everything went well. Johan with Wellpath medical is always responsive to our need for records. JA believes that they have a solid relationship with Wellpath overall. We have several go-to people (Alice, Johan, Audrey) that come through for them time and time again. In addition, another Wellpath staff Maureen Fisher is responsive and works closely with us in the absence of Johan Garcia.

Narrative for Quarterly Collaboration with Wellpath and Santa Barbara County Crisis Services Team (Crisis consultation and assessments for current inmates and cite & release inmates): South County Crisis Services (SCCS) reports that it would be helpful if Wellpath first researches the clients history and provides it to us prior to requesting a crisis evaluation as well as doing a visual evaluation of the client prior to calling us for an evaluation. Also, having Wellpath consider other available options such as a referral direct to CSU or the CREO 47 Stabilization Center prior to calling Crisis Services for an evaluation. SCCS is also requesting a meeting with WellPath to get information that would provide better understanding of the purpose of the 24 hour calls and what is required by SCCS. Lastly, SCCS is requesting clarity around who WellPath is calling for the 4011.6 evals. It used to be that JA did these during regular business hours and Crisis Services did them afterhours and weekends but they are not sure of the current process.