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Annual Report of Services Provided by



Santa Barbara County Detention Facilities

**2018-2019**



Amber Nunes, RN, BSN, CCHP-RN  
Wellpath Health Services Administrator  
Santa Barbara County Detention Facilities

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## Table of Contents

Table of Contents .....	1
Introduction .....	2
Overview of Services Rendered .....	3
Wellpath .....	4
Community outreach .....	4
Community Partnerships.....	4
Staff Education.....	5
CQI and MAC .....	6
Off-site Clinic services.....	7
On-Site Clinic Services.....	8
Pharmaceutical Utilization and Management.....	9
Correct RX.....	9
Northern Branch Jail Project.....	10
Medication Assisted Treatment Program.....	10
Mental Health Overview.....	11
National Commission on Correctional Healthcare.....	13
In-Custody Deaths .....	14
Annual Health Services Reports.....	15
Pharmaceutical Utilization Reports.....	Exhibit II
Service Level Agreement Audits.....	Exhibit III



## Introduction

Dear Sheriff Brown, Chief Probation Officer Heitman and the Santa Barbara County Board of Supervisors,

The mission of Wellpath is to provide quality care to every patient with compassion, collaboration and innovation. We have been proudly doing just that in Santa Barbara County since April 1<sup>st</sup>, 2017. Enclosed you will find a summary and highlights of the services provided during our second year of partnership.

Two thousand and eighteen has been a year of unwavering commitment to provide high quality healthcare services to our patients. Wellpath, in collaboration with our county partners has strived to grow and evolve our practices to become a leading healthcare program. Our partnerships with community agencies, the Sheriff's Office and Probation are something to be incredibly proud of. The community's involvement and interest in what we are building speaks volumes to the level of dedication we all have to our patients and our county's overall healthcare system.

Our annual report demonstrates that Wellpath staff have provided high quality, professional and cost-effective care that meets legislative requirements and often exceeds community standards of care. Wellpath's objective is and will continue to be, to remove barriers to services in our facility, ensuring access to care while patients are incarcerated and upon reentry to the community. With the understanding that we cannot do this alone, we have continued to eliminate silos and work as a united entity with all of our community partners in order to achieve this goal.

I am both proud and humbled to lead this team in continuing to always do the right thing for our patients, our partners and our people. The respect and support that the community of Santa Barbara has shown us over the last year is a testament to the caliber of people we have at Wellpath, the Sheriff's office and Probation. Sheriff Brown and Chief Heitman, on behalf of the Wellpath team, we are grateful for your continued support and trust in us.

Respectfully,

Amber Nunes, RN, BSN, CCHP-RN



Wellpath Health Services Administrator

Santa Barbara

County Detention Facilities



## Review of Services Provided

Ancillary Services (Laboratory, X-Ray, EKG, hemodialysis)  
Chemically Dependent Treatment Plans  
Clinic Care  
Continuity of Pre-existing Care  
Continuous Quality improvement and Medical Advisory Committee  
Dental Care (Adult Facility)  
Discharge/Release Planning for Continuity of Care  
Emergency Care  
Health Inventory and Communicable Disease Screening  
Healthcare Maintenance  
Individualized Treatment Plans  
IMQ Standardization  
Maintenance of Health Records  
Medical/Legal Issues  
Medication Assisted Treatment Program  
Minor Surgical Procedures performed In-House  
Mental health programming and treatment (Adult)  
NCCHC Standardization  
Obstetric Care / Family Planning / Sexual Health Services  
Off-site Referrals and Consultations  
Optometry Services (Adult)  
Pharmaceutical Management  
Pre-Detention Medical Screening  
Professional Licensure of Medical/Dental/Mental Health Personnel  
Protocols and Standardized Procedures  
Title 15 Standardization  
Training for Custody and Probation



## Wellpath- The new CCS and CMGC

In October of 2018, CMFG's parent company, Correctional Medical Group Companies (CMGC), joined with Correct Care Solutions (CCS) to form Wellpath. Although the newly formed company is known as Wellpath, CFMG and CCS operate as separate entities with shared policies and procedures. Thus, our contract with CFMG remains intact but CFMG is now referred to as Wellpath.

Wellpath was born out of the joining of two great companies- Correct Care Solutions and Correctional Medical group Companies. Two organizations that recognized the importance of putting patients first and providing high-quality care to an often-overlooked population. We believe in transforming public health by delivering hope and healing to those who need it most. We treat our patients with the dignity and compassion they deserve. We also care about the heartbeat of our company- our amazing doctors, nurses, mental health providers and other clinical staff members who answer the call to help the underserved each and every day. We value the relationships with our client partners because they join us in our team effort to provide the finest healthcare available. We are Wellpath. We are the right people, striving to do the right thing. We will continue to create healthier communities wherever we go, wherever we grow- one patient at a time.

## Community Outreach

For the second year in a row Wellpath in conjunction with the Sheriff's Office Custody Branch put together 200 Holiday care packages for the homeless in our community. Donations for the care package items were received from custody and Wellpath staff. This year packages were delivered to both North and South county community members.

Members of the Sheriff's Office and Wellpath got together during their off-time to play a friendly game of softball to raise money for the Teddy Bear Cancer Foundation. This group of individuals donated \$1200.00 to this worthwhile foundation.

## Community Partnerships

During our first year, we identified a need to establish more effective communication and collaboration between Wellpath and our community partners specifically regarding our activities in the community and our goals for the future. After the fire and debris settled an opportunity for a fresh start emerged. A meeting was held with the leaders of Wellpath Santa Barbara, Behavioral Wellness, the Sheriff's Office, and the Public Defender's Office to discuss improving collaboration and continuity of care for our mutual clients. With this meeting, and several more to follow, trust and understanding began to develop. There was a realization that all entities had a common goal and the same desire to intervene early and decrease barriers to treatment for our patient population, both while in custody and during reentry. Increased collaboration began with increased communication and openness to adjust our individual programs to successfully accomplish our common goal. We believe that over the last year we have built a strong partnership with both County Behavioral Wellness and the Public Defender's Office.



The Sheriff's Office Grievance Oversight Committee, chaired by Retired Lieutenant Mark Mahurin meets monthly to provide input and ideas for process and facility improvements to better meet the needs of our incarcerated population. The changes they have suggested have been a key driver in improving treatment. Over the last year Wellpath has met with the committee on several occasions to open the lines of communication and provide further education on who we are, what we do and what we would like to see for the future of our county.

Wellpath continues to collaborate with our community providers including Cottage Hospital and Santa Barbara County Public Health Department.

Identification of an opportunity to improve communication between arresting agencies and our receiving nurses, led to the collaborative development of the "Mental Health Evaluation Request" form, which was introduced by Wellpath Health Services Administrator, Amber Nunes and Dr. Cherylynn Lee, of the Sheriff's Behavioral Sciences Unit. The form is available in receiving and is accessible to all arresting agencies. It is used to communicate mental health concerns and behaviors that are witnessed in the field. The form can be submitted to Wellpath intake staff and then given to the Mental Health team to conduct an Initial Mental Health Assessment upon immediate entry in to the facility. The implementation of this form has limited wait times for patients who may be experiencing acute Mental Health conditions and has ultimately saved one patient from an overdose within the facility.

## Staff Education

Wellpath provides training year-round for S.B.S.O. recruits in the C.O.R.E. Academy. The C.O.R.E. academy is taught by a Registered Nurse and Psychiatrist from Wellpath. The training is built on the following critical areas:

- Crisis intervention with mentally ill,
- Suicide prevention and intervention, understanding and identifying mental illness, assessing risk for suicide in custody,
- Responding to medical emergencies,
- Blood borne pathogens and universal precautions,
- Case law, common medical conditions encountered in custody,
- 14-day health assessment process, access to healthcare, and HIPAA compliance.

Lastly, the recruits are educated on the critical nature of a strong, trusting relationship between Custody and Wellpath staff to be able to provide the best care to our patients.

Wellpath has extended our training from only the C.O.R.E. academy to all custody personnel. In an effort to meet NCCHC standards a series of comprehensive trainings were developed by our Assistant Health Services Administrator. Wellpath now educates all Custody Deputies on the following topics:

- Communicable diseases
- Dental Emergencies
- HIPAA Legal Responsibilities



- Medical Emergencies
- Mental Health Disorders
- Mental Health Emergencies
- Precautions
- Substance abuse and withdrawal

Dr. Adam and Registered Nursing staff provide annual training to Probation staff on the following topics:

- Aerosol Transmissible Diseases (Tuberculosis and Influenza)
- Blood Borne Pathogens
- Opioids
- Naloxone use training
- Benzodiazepines
- Use of Epi-pens
- Intoxication and Withdrawal
- Asthma and Respiratory Emergencies
- Medication Administration and Documentation
- CorEMR training
- Emergency Procedures
- Mass Disaster Preparation and Drill
- "Think Trauma."

## CQI and MAC

Continuous quality improvement (CQI) still remains one of our most substantial methods of assessing the quality of care provided to patients in our facilities. Our CQI program is multi-faceted and includes several scheduled audits by our Corporate CQI Committee and site specific CQI studies developed by our Wellpath site administrators. Behavioral Wellness and Public Health complete quarterly audits on the service level agreements (SLA) between Wellpath and Santa Barbara County Probation Department and the Sheriff's Office. The service level agreements were modified during the year one annual report. Public Health's SLA audits of services provided to probation utilized the original SLA's in quarter one and quarter two and the new SLA's in quarters three and four. The SLA audits for the Sheriff's Office continued to utilize the original SLA's in year two for both the Behavioral Wellness and Public Health audit. The Sheriff's Office will use the new SLA's in year three. Please see Exhibit III for SLA Audits.

In completing our assigned corporate CQI's we found areas for improvement. An area that was greatly improved was the coordination of care and discharge of our pregnant patients. It was found that pregnant patients were not being fully informed of all their rights and were not receiving adequate discharge planning. Our plan for improvement included the appointment of a Pregnancy Coordinator. This work was assigned as an additional set of duties to our Administrative Assistant. The coordinator is assigned oversight of the collaborative care of all pregnant patients to ensure all standards are being followed and community standards are exceeded. A pregnancy checklist was implemented to aid in this oversight. The coordinator meets with every pregnant patient within the first 5 days of incarceration to do the following:



- Help the patient understand their rights while they are incarcerated.
- Help the patient understand their options for care and the resources that are available to them including an option to have a Doula and/or support person during delivery.
- Provides patients with educational materials.

The patient is advised that upon release they will be provided with a 6-month supply of prenatal vitamins and various other resources, coupons and samples. The vitamins were obtained through a grant from Vitamin Angels by the Sheriff's Office and Wellpath. The coordinator is also responsible for scheduling all off-site obstetrics appointments and coordinating care upon release. The patient is given all up-coming appointment information upon release so there is a uninterrupted transition in care.

In response to the new Title 15 regulations and NCCHC juvenile accreditation standards, a process study was conducted on medical and mental health's response to youth on Room Confinement Status (RCS). The study found that the notification of youth on RCS and communication between agencies on youth's risk factors needed improvement. A procedure was created as was a RCS notification form to aid in interagency communication. A repeat study done 4 months after implementation of new procedure showed significant improvement of communication between departments when dealing with youth on RCS.

The Medical Advisory Committee meets monthly with the Sheriff's Office and quarterly with Probation. This meeting consists of Sheriff/Probation and Wellpath administration but includes committee members from the county Public Health Department, Behavioral Wellness, and the Behavioral Sciences Unit.

The weekly High Alert Risk Patients (HARP) meeting with Wellpath's administrator, a Mental Health Professional, a Sheriff's Office classification representative, the ADA Coordinator and Custody Support division Lieutenants continues to be a crucial part of developing multi-disciplinary treatment plans. With early identification, information sharing and troubleshooting of the unique needs of these patients, we have been able to effectively divert most of these patients away from self-harming or assaultive behaviors. Mental Health and Custody's early interventions have led to quicker stabilization and ultimately removal of the patients from this High Alert Risk list.

At Santa Maria Juvenile Hall, Wellpath staff participate in twice weekly multidisciplinary rounds with Probation administration, unit staff and Behavioral Wellness staff to discuss high risk and high need youth using a trauma-informed approach. Wellpath staff also are involved in weekly treatment team meetings and school meetings.

Santa Maria Juvenile Hall and Los Prietos Boys camp consistently meet 100% compliance with all CQI studies.

## Off-Site Clinic Services

All pregnant patients incarcerated at the Santa Barbara County Jail and Juvenile Hall are referred to their previously established obstetrician or to the Santa Barbara Public Health Women's Health Clinic for their pre- and post-natal care. This ensures that, not only the





mother's health is being attended to, but also the health of her baby. This is especially critical in this type of environment where substance abuse issues are common and lack of pre-natal care is prevalent. We have sent 47 patients from the adult facility and 1 from Juvenile hall over the last year to Women's Health to establish pre-natal care.

All patients diagnosed with Human Immunodeficiency Virus (HIV) are still referred to their previously established infectious disease specialist or if they do not have one established they are referred to Public Health's Infectious Disease Specialist. We communicate regularly with infectious disease staff to report on all HIV positive patients who come in to custody for better tracking of these individuals in the community. In 2018 we collaboratively treated one patient who was jailed due to being a public safety risk for refusing treatment for Tuberculosis. The patient was treated and released upon completion of treatment.

When the needed level of care exceeds what is offered within the detention setting Wellpath obtains outside provider consultation. 330 community appointments were provided at our adult facility, including outside consultation/medical/dental services, and 75 community appointments from Juvenile Hall and Boys Camp. At the adult facility we had 193 send outs to both Santa Barbara and Goleta Valley Cottage Emergency Departments. There were a total of 63 admissions to the hospital. We saw a marked increase in acutely ill patients over the last year that required a higher level of care than what could be provided in a correctional setting. The juvenile facilities sent 13 youth to area emergency departments and 0 hospitalizations for medical reasons. There were two 5585 hospitalizations during this period. A 5585 is the number of the section of the Welfare and Institutions code under California State Law which allows a minor who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be in danger to others, danger to self or gravely disabled.

## On-Site Clinic Services

In accordance with our contract Wellpath has not had any staffing vacancies that exceeded 60 days. In the adult facility we have 9.2 Licensed Vocational Nurse full time equivalents (FTE), 9 Registered Nurse FTE's, 0.4 Medical Director FTE's and 0.75 Nurse Practitioner FTE's. At the Juvenile sites we have 3.05 Registered Nurse FTE's, 1.05 Licensed Vocational Nurse FTE's and 0.6 Medical Director FTE's.

Patients at the adult facility submit sick call slips describing a request for medical, mental health and/or dental services, they are collected and triaged three times a day by medical nursing staff. This is an increase in access to care from our previous year. We began collecting sick call slips more frequently in order to triage them timely and address any emergent issues immediately. Depending on the triage, requests are addressed in person same day or within 24 hours by medical or mental health staff. We collected 16,095 sick call requests at the adult facility.

Youth at the juvenile facilities have sick call requests collected twice daily and triaged within 4 hours when nursing is on site. All triaged sick calls are seen by the Registered Nurse within 24 hours. The nurses or probation staff (when medical is not on-site) contact the on-call physician for any emergent or urgent medical need or the youth is placed on the next physician sick call for non-urgent needs.



At the adult facility in our second year 9,944 medical clinic visits were completed by Registered Nurses and 1,070 by our Family Nurse Practitioner. Our contracted Medical Director completed 314 clinic visits. These patient encounters would not be possible without our dedicated Medical Escort Team (MET's) which consists of 4 Custody Deputies that are assigned to Wellpath to assist in getting patients to their appointments with our staff.

At juvenile hall our Wellpath Physicians completed 417 youth sick calls, 234 annual physicals, 204 interval exams (96-hour exam), and 63 Chronic care visits. At Los Prietos Boys Camp our same Physicians completed 191 youth sick calls, 11 annual exams and 73 chronic care visits. Our nursing staff at Juvenile hall completed 2573 youth sick call, and 116 interval exams. At SMJH, 321 immunizations were given. At Boys Camp our nurse completed 931 youth sick call. Los Prietos Boys Camp gave 44 immunizations.

Radiology: Mobile Diagnostics completed 353 x-rays within the adult jail. The juvenile facilities sent 27 youth out for radiographic studies.

Lab: In year two we transitioned to services with Bioreference Laboratories. Wellpath submitted 3,601 laboratory tests. The juvenile facilities sent 467 laboratory tests to Santa Barbara Public Health department's laboratory.

Dental services: Wellpath is contracted to provide 16 hours of dental service per week to patients at the Santa Barbara County Adult Jail. We are not contracted to provide dental services to the youth population. Patients presenting with dental complaints are triaged and prioritized and scheduled to see the dentist (or referred to an outside Dentist for our youth). Medically necessary oral surgery that cannot safely be delayed until release from custody is referred to outside specialists. 908 dental clinic visits were completed on-site in the jail during our second year. Juvenile Hall and Los Prietos Boys Camp made 90 community appointments for youth with dental complaints and for comprehensive dental exams that must be done on all youth per NCCHC standards.

## Pharmaceutical Utilization and Management

Adult: There were 377,533 medications dispensed to adult patients and 23,890 to our youth patients in our second year. The yearly summary reveals an average daily population of 963 adult inmate patients; an average of 29.6% of this population was on medications throughout the year. An average of 12% of this population was taking psychotropic medications throughout the year. In the second-year medications were prescribed to 7,256 patients. Of those, 2,988 were prescribed psychotropic medication.

Probation: The yearly summary for our youth is an average daily population at Juvenile Hall to be 38 youths and 22 youths at Los Prietos Boys Camp. At SMJH, an average of 16.5 youths were on prescription medication each month, including an average of 13.6 of youths on psychiatric medications a month. At Los Prietos, an average of 6.9 youths were on prescription medication a month and 3.5 on psychiatric medication. Our youth sites track the number of medications missed being given and this number includes reasons such as: youth being at court, youth on furlough and youth refusing medication.



Correct Rx Pharmacy completed all quarterly pharmaceutical inspections in 2018 and 2019. This is a thorough 64-point evaluation and inspection. There were no issues noted during any of the audits.

Please see Exhibit II for our medication utilization reports.

## Correct Rx

The transition from Diamond Pharmacy to Correct Rx took place in 2018. The adult facility went from stock medications to all patient specific medications. Santa Maria Juvenile Hall and Los Prietos Boys Camp have always been patient specific. This change in pharmaceutical supplier has provided enhanced patient safety as every order that is placed is reviewed diligently by a Pharmacist for possible contraindications, drug interactions and medication dosages that may exceed the recommended daily dosage guidelines. While reviewing each order the Pharmacist also may recommend cost-saving alternatives to medication to our providers. Correct Rx provides us with detailed pharmaceutical utilization reports at any time from their dashboard. We have noticed a decrease in waste, expired medications and medication errors since our switch to patient specific medications.

## Northern Branch Jail Project

Negotiations for contracted healthcare services are nearing completion. The contract will be presented to the Board of Supervisors later this year.

## Medication Assisted Treatment Program

Medication assisted treatment (M.A.T.) is a component of the new standard of care in the treatment of individuals with Opioid Use Disorders. M.A.T. utilizes FDA approved medications such as Buprenorphine, Naltrexone or Methadone coupled with behavioral interventions to treat OUD's. It has been shown to reduce drug use, overdose, mortality and recidivism.

With jails being on the front line of the opioid epidemic we are in a unique position to help individuals with OUD's. Wellpath in conjunction with the Sheriff's Office, Probation, Behavioral Wellness, Cottage Hospital, Marian Hospital, the Public Defender's Office and the Drug Treatment Courts applied for a grant, "Expanding access to M.A.T. in County Criminal Justice Settings." We were in the first cohort of this program with 21 other counties. The program began August 2018 and will end in January 2020. The initial grant funding was for \$25,000 to cover the cost of attending the in person learning sessions and participation in other MAT related activities. Additional funding was also made available to each participating county. Santa Barbara received an additional \$160,000 to help implement the M.A.T. program within the jail.

In November of 2018 Santa Barbara County Jail began to develop a pilot program to provide substance use treatment with the administration of naltrexone (vivitrol) to a select group of inmates with a history of opiate dependence and a willingness to get help. The pilot group has



shown some success. At the end of March, 2019 four patients had been through the pilot M.A.T program.

Wellpath is currently in on-going negotiations with a local OTP (Opioid Treatment Program) center to provide Methadone to our county jail patients. Once a contract is in place Wellpath will offer all M.A.T. medications to our patients. The anticipated start date of our M.A.T. program within the county jail is August 1<sup>st</sup>, 2019.

## Mental Health Overview

Our Mental Health Professional staff consists of a Psychiatrist who is on-site 40 hours a week and two full time Psychiatric RN's who are Board Certified Mental Health Registered Nurses. We have three full-time Licensed Marriage and Family Therapists (LMFT) and one Licensed Clinical Social Worker (LCSW). Psychiatric RNs completed 3,200 patient visits, and the LCSW/LMFT staff completed 7,441 patient visits. Our on-site Psychiatrist completed 2,045 visits and 670 Abnormal Involuntary Movement Scale (AIMS) assessments. There were 42 suicide attempts by patients at the jail during our second year. There was one suicide in 2018. The completed suicide resulted in immediate changes of Wellpath's intake process. Wellpath implemented a site-specific process for patients whom refuse to participate in the Medical Intake Triage and Receiving Screening in hopes to prevent patients with Medical or Mental Health conditions from falling through the cracks as a result of their refusal to participate in our receiving screening.

In our second year we on-boarded a new Psychiatrist and a new Assistant Health Services Administrator who is assisting in coordination of Mental Health Services. Wellpath has continuously strived to provide high quality care and services to our Mental Health population. We have a desire to create a program that sets the standard of care in a correctional setting. The Mental Health team collectively identified goals this last year which include;

- Creating a safe, relaxing and therapeutic space for patients to meet with our Psychiatrist,
- Improving community relations and collaborations,
- Creating daily/weekly/monthly site-specific audits in order to improve the services we offer our patients and
- Increased involvement in discharge planning.

The mental health team meets monthly to discuss ideas that could enhance the program and better serve our patient population.

Wellpath, with the support of the Sheriff's Office made the decision that Mental Health required its own treatment room. The conversion of the West Treatment room included the elimination of overhead florescent lighting, the implementation of aromatherapy and the addition of less sterile clinical furniture and decor. Two workstations were added so the psychiatrist could meet with patients and the Mental Health nurses could be present to assist with medication renewals, blood draws, and scheduling the patients follow up appointments. The space has increased the willingness of our patients to accept services and has helped decrease psychiatry refusals by 41.9%, as patients enjoy the surroundings and trust they are being cared for by a team that has their best interest in mind.



Seriously and Persistently Mentally Ill (SPMI) patients and patients deemed incompetent to stand trial (IST) began to be tracked and communicated between Wellpath, Behavioral Wellness, and the Public Defender's Office. With this new practice, we formed the idea that patients could ultimately be stabilized and possibly eligible for re-assessment of competency. Wellpath Santa Barbara has been successful in this practice with two patients sentenced to the Department of State Hospitals and one patient sentenced to county Behavioral Wellness placement; this was despite not having a Jail Based Competency Treatment Program. Along with tracking these patients, the barrier to expensive long-acting injectable medications was addressed by the Health Services Administrator and Psychiatrist. Meetings were held with pharmaceutical companies to enroll our Psychiatrist in their sampling programs. These medications could now be continued from the community without accruing any cost for the county. Our long acting injectable are currently being used in our SPMI population who are non-compliant with oral medications but are willing to accept a once monthly (or once every 2 months) injection.

Patients unwilling to accept services, but who were deemed to be in need, were closely followed on segregation rounds and follow up appointments; during these appointments' services were repeatedly offered. The Psychiatrist rounds a couple times a month to attempt to gain the patients trust and encourage them to attend a psychiatry visit. Meetings and consultations were held between clinicians and the psychiatrist when a patient was deemed to need extra engagement, even after multiple refusals, in order to prevent patients from falling through the cracks. This practice has significantly increased the number of patients willing to accept services and medication therapy. It is also our hope to decrease the number of patients deemed incompetent to stand trial and expected to endure lengthy stays in custody while awaiting placement with the Department of State Hospitals.

Collaboration with the Sheriff's Office classification unit is done weekly at the HARP meeting and through the use of a newly implemented Classification Input Form. The form is used to identify and communicate the needs of Mental Health patients with classification in regards to property items, clothing items, and housing needs. Weekly, during segregation rounds, clinicians and the psychiatrist meet to discuss the clinical appropriateness of a patients housing in administrative segregation. A report is given to classification to provide input on patients who may benefit from the discontinuation of administrative segregation housing. It should be noted that immediate notification is made to the Health Services Administrator of every person placed in an Administrative Segregation cell for a review of the patient's medical record to determine if there are any medical or mental health contraindications to placement. If there is a contraindication to placement that is communicated back to classification for review.

In order to improve communicate within our own program, several new logs and checklists have been implemented. Safety Cell checklists have been implemented for each placement. This checklist ensures that CARES mobile crisis is being called within 12 hours of placement, a psychiatrist is consulted, a suicide risk assessment is completed prior to release, and all follow up appointments are scheduled the same day as their release from a safety cell.

Logs have been implemented to track patients in Mental Health Observation, Safety Cells, patients requiring CARES mobile crisis evaluations, and patients placed on 5150 holds. Much like the tracking of patients deemed Incompetent to Stand Trial, a list has been started to track Seriously Mentally Ill patients and patients receiving long acting injectables. This list contains the patient's injection schedule, their demographics for discharge planning, the department



they are established with at Behavioral Wellness, and their release date. This list is used to assist with scheduling patient appointments after their release for follow up in the community. Along with tracking these patients, Mental Health nurses place community resources in the patient's property bin, along with the patient's injection MAR and their follow up appointment information.

Discharge planning has been and will continuously evolve and improve with our community partners. In order to gain more knowledge of the needs of our partners and our patients, Wellpath attends a weekly call with Behavioral Wellness and the Public Defender's Office to discuss patient needs and requests for services. As a result of the weekly call, we have identified the desire for greater outreach by our community partners with our incarcerated patients. In response, Behavioral Wellness increased collaboration by checking in with Mental Health staff while on site, increased outreach within the facility, increased calling and collaborating on patient care, and communicating patient history and medication information when their patients were booked in to custody. The Public Defender's Office identified a liaison between our two organizations to do outreach on patient's who did not appear in court and patients who are in need of services upon release. They also assist with discharge planning and placement; and have assisted with obtaining Release of Information forms from patients in order to discuss their care with Wellpath. At the end of each day, Wellpath clinicians email a select group of administrators with a Mental Health observation report that includes who is in observation, whether or not they are cleared for court, and a brief explanation as to why they are in observation. This has assisted the Public Defender's Office in scheduling their court visits and placing patients on the outreach list for their liaison. This practice of reporting has assisted in the decreased need for the Public Defender's Office to declare a doubt on patients who were not transported to court and allow Wellpath the opportunity to engage patients and offer services. The liaisons of Behavioral Wellness and the Public Defender's Office have ultimately decreased the requests for additional appointments from their organizations to Wellpath and lessened the strain on our Mental Health team. In response to the increased collaboration, Wellpath's Assistant Health Services Administrator began assisting with all requests for records for discharge planning and has been a consistent contact person for all outside agencies. The Wellpath Santa Barbara Administrators have also attended many community meetings in order to increase understanding of the jails practices and treatment of patients. This has decreased miscommunications and has led to the development of new practices to streamline discharge planning and requests for services.

Wellpath does not provide mental health services to the youth of Juvenile hall or Los Prietos Boys camp.

## NCCHC

In 2018 the National Commission on Correctional Health Care (NCCHC) released a new set of standards for Adult Jails. The changes to the standards were not minor. Wellpath and the Sheriff's office returned to the drawing board on many processes. It was decided that another pre-accreditation site survey would be beneficial. The Wellpath Director of our Accreditation and Compliance division came to Santa Barbara County to conduct site surveys. He surveyed both the adult and juvenile sites for compliance. In order to become accredited with NCCHC all facilities must meet 100% of Essential Standards and 80% of Important Standards. There



are 38 Essential Jail Standards and 21 Important Jail Standards. For the juvenile detention facilities there are 41 Essential Standards and 29 Important Standards.

The results from the survey showed that the adult facility was meeting 78% of Essential Standards and 65% of Important Standards. A report on Corrective Action plans was submitted to our Accreditation and Compliance division. Now that we have almost a year's worth of documentation meeting NCCHC standards the adult facility has begun the application process for NCCHC Accreditation.

The results from the juvenile facilities survey showed that Probation, Behavioral Wellness and Wellpath met 73% of Essential Standards and 88% of Important Standards. A corrective action plan was submitted to our Accreditation and Compliance Division. Wellpath has begun the NCCHC application process for our Juvenile sites.

Both juvenile facilities were reaccredited by the Institute of Medical Quality (IMQ) in 2018. Wellpath and Probation are committed to maintaining IMQ accreditation along with NCCHC accreditation.

### **In-Custody Deaths**

In year two there were two in-custody deaths. The in-custody in facility death on, July 5<sup>th</sup>, 2018 was the result of a suicide. The second in-custody out of facility death was, January 10<sup>th</sup>, 2019. The patient had a poor prognosis with his most recent diagnosis and was able to spend his last days surrounded by his loving family.

There were no in-custody deaths in the Juvenile Detention facilities.



MEDICAL ACTIVITY REPORT Year 2													YTD
AVERAGE DAILY POPULATION													963.2
Total # of inmates for the month													963.2
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	1974.0	2061.0	2034.0	2045.0	2181.0	2201.0	2074.0	1958.0	1925.0	1980.0	1972.0	2039.0	12415
<b>MEDICAL</b>													
TOTAL INTAKES	965	1070	1089	1047	1190	1109	1050	953	1000	1054	859	1029	12415
MEDICAL REFUSAL AT INTAKE	1	2	1	6	10	5	3	6	3	1	0	2	40
TOTAL # OF MEDICAL SICK CALL SLIPS SUBMITTED	1018	1219	1035	1359	1523	1416	1314	1267	1465	1492	1484	1463	16095
TOTAL # OF MH SICK CALL SLIPS SUBMITTED	705	951	1,040	980	1,006	1,055	958	1,015	1,012	1,149	979	1,238	12,256
SICK CALL - TOTAL	025	768	862	809	900	874	737	804	830	899	769	1,037	9,944
SICK CALL - MID LEVEL	51	57	81	90	81	90	116	117	52	146	87	102	1,070
SICK CALL - PHYSICIAN	46	38	11	11	17	15	7	15	56	27	42	29	314
SICK CALL - DENTAL	73	88	86	70	88	76	79	79	74	74	51	70	808
MAN DOWN	9	28	14	9	12	10	14	9	13	20	15	18	171
# of CMA PATIENTS	65	83	84	83	104	97	80	69	85	68	55	80	963
# of COWS PATIENTS	95	92	87	77	91	64	59	70	70	82	77	84	848
# of BENZO PATIENTS	10	6	10	9	5	7	8	6	10	9	4	9	93
HEALTH INVENTORY	412	313	447	390	259	385	263	454	393	400	337	397	4450
TB ASSESSMENTS	2	1	3	302	267	202	250	437	396	378	348	381	3050
ANNUAL HEALTH INVENTORY	2	1	3	20	9	16	0	14	9	14	2	2	72
SEG ROUNDS by medical staff	1410	1191	1209	1230	1148	1378	1320	1521	1354	1490	1309	1404	15964
TOTAL NUMBER OF X-RAYS COMPLETED	31	30	22	47	28	23	33	30	26	32	25	26	363
TB RELATED CHEST X-RAYS	25	24	10	28	15	19	19	21	19	15	6	12	213
TOTAL NUMBER OF LABS DRAWN	182	280	115	237	555	349	323	336	333	306	304	299	3601
<b>MENTAL HEALTH</b>													
ASSESSMENTS - PSYCHIATRIST	315	296	0	5	211	207	195	154	202	169	170	122	2048
Total number of AMIS Assessments completed				4	114	104	94	62	104	84	66	38	670
ASSESSMENTS - MH-P	544	744	681	732	702	688	602	500	539	606	523	680	7441
ASSESSMENTS - PSYCH RN	232	250	272	374	438	297	148	230	243	317	236	181	3200
TELEPSYCH VISITS	0	0	255	152	0	0	0	0	0	0	0	0	39
SUICIDE ATTEMPTS	9	11	3	2	4	5	3	4	1	1	2	0	42
SAFETY CELL PLACEMENTS	36	27	35	35	37	43	56	28	28	41	28	57	451
NUMBER OF MH OBSERVATION CELL PLACEMENTS			63	64	43	57	48	36	32	40	33	36	442
AVERAGE NUMBER OF HOURS SPENT IN MH OBS			35.16	33	23.9	19.6	28.1	15	18.3	19.48	21.15	31.8	24,649
AVERAGE NUMBER OF HOURS SPENT IN SAFETY CELL					10.24	15.65	30	11.9	10.2	19.92	11.14	16.6	16,708
CARE REFERRALS	6	3	6	6	6	1	11	3	7	3	3	5	10
SEG ROUNDS BY MH STAFF	1136	1126	969	1139	1237	1012	1150	1030	1276	503	421	1076	12,105
Emergency psychotropics administered	0	0	0	0	3	2	4	2	1	0	0	0	12
SENT TO PHF ON 5150	1	0	0	1	1	1	3	2	3				12
SENT TO PHF ON 1370	2	3	1	6	3	4	4	3	4				30
Total number of misd. IST's received for the month									5	3	3	5	10
Total number of misd. IST's transported to program											6	4	10
Total number of felony IST's received for the month											3	2	5
Total number of felony IST's transported to DSH											10	2	12
Total number of BSU MH referral forms received											23	25	48
<b>MAT Program</b>													
# of Patients enrolled in MAT									1	1	2	1	6
# of patients on Naltrexone									1	1	1	1	4
# of patients on Vivitrol									1	0	2	0	3
# of patients on methadone									0	1	0	0	1
Total number of Substance Abuse Counseling sessions									0	0	0	0	0
# of Drug overdoses									2	0	1	0	3
# of patients/clients given Naloxone in facility									1	0	1	0	2
# of patients given Narcan Kit at discharge									0	1	1	0	2
<b>OFF-SITE SERVICES</b>													
EMERGENCY ROOM VISITS	8	19	12	17	19	16	19	11	14	13	23	22	193
PHF ER CLEARANCES					6	3	0	5	2	0	0	3	22
AMBULANCE TRANSPORTS	3	12	6	16	19	16	9	14	12	3	5	3	133
SHERIFF TRANSPORTS	36	29	37	37	45	34	37	30	25	36	43	45	436
HOSPITAL ADMISSIONS	3	13	3	2	5	6	6	5	3	4	6	7	63
HOSPITAL DAYS	11	50	8	22	14	13	32	12	19	17	16	31	245
DIALYSIS	9	2	13	13	14	12	13	12	5	3	0	0	96
OPTOMETRY	4	7	3	6	6	3	6	4	8	6	8	7	78
OFF-SITE ORAL/maxillofacial specialist	8	0	0	2	0	0	0	2	0	0	1	0	13
ONE DAY SURGERIES	1	1	1	2	0	0	0	1	1	0	1	0	8
OTHER OFF-SITE SPECIALTY CONSULTATIONS	11	12	3	13	25	19	19	4	15	1	12	18	152
SPECIALTY CONSULTATIONS/VISITS TOTAL	33	22	20	36	45	34	37	27	25	3	20	28	330
HOSPITAL DEATHS	0	0	0	0	0	0	0	0	0	1	0	0	1
FACILITY DEATHS	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>PHARMACEUTICALS</b>													
NUMBER OF NEW PRESCRIPTIONS ORDERED	1794	2079	1994	2134	2609	2229	2344	2275	2300	2287	2134	2146	26326
NUMBER OF MEDICATIONS ADMINISTERED	27940	30275	30109	37120	31610	31499	30375	35569	30492	29641	28,828	34077	377,533
NUMBER OF IVs ON MEDICATION	521	531	584	636	685	564	745	583	564	641	587	615	7,266
NUMBER OF IVs ON INJECTABLE PSYCH MEDS	4	3	5	5	9	12	11	10	17	11	15	11	113
NUMBER IVs ON PSYCHOTROPIC MEDS	223	231	223	264	295	274	326	234	243	243	229	203	2,918
% OF IVs ON PSYCHOTROPIC MEDS	11.20%	11.20%	10.00%	12.90%	13.50%	12.40%	15.70%	11.00%	12.60%	12%	11.60%	9.00%	12.17%
NUMBER IVs ON HIV MEDS	3	0	2	1	5	1	1	0	0	0	0	1	15
NUMBER IVs ON HEP C MEDS	1	0	0	0	0	0	0	0	0	0	1	1	3
NUMBER IVs ON TB MEDS	0	0	0	0	1	1	1	0	0	0	0	0	3
NUMBER OF REFUSED MEDICATIONS	2732	2751	2714	2911	3365	3108	2231	3212	2454	3114	2260	2292	33,144
NUMBER OF Medications not given drt. court, Not in facility, PRN, duplicate orders			1199	2449	2236	1866	1707	996	1081				15,421
NUMBER OF Medications not given drt. NUC, PRN, duplicate orders, order expired									786	991	1309		2,086
NUMBER OF Medications not given drt. court, Not in facility									166	367	268		741
# of medications not in stock or pending FEG approval			158	488	390	294	339	315	189	268	213	46	2,711
PERCENT OF MISSED MEDICATIONS	9.70%	9.00%	9.50%	10.10%	11.90%	10.80%	8.40%	9.00%	8.50%	12.00%	9.80%	7.60%	9.61%
D/C 7/14 DAY MED SUPPLY	42	12	7	11	28	33	25	67	44	51	51	67	438
D/C 30 DAY MED SUPPLY	9	66	37	64	21	11	12	19	10	10	8	9	276
ANNUAL FLU SHOTS GIVEN TO SBSO STAFF	0	0	0	0	0	0	30	3	3	0	0	0	36
<b>CHRONIC CARE</b>													
CANCER	0	0	0	0	0	0	0	0	1	1	1	1	4
CARDIOLOGY	37	33	35	38	75	37	77	52	47	35	47	60	673
DIABETES	28	14	14	22	23	19	26	13	12	14	14	19	218
EPILEPSY	4	3	7	9	12	8	7	7	10	5	9	8	89
ENDOCRINE	1	8	6	8	23	8	18	11	7	10	13	16	129
HV	0	5	3	4	3	0	2	1	1	0	0	0	19
HEPATITIS C/ Hepatic Issues	1	0	1	4	2	1	2	0	0	0	1	0	12
OTHER CC VISITS	1	0	6	6	16	17	13	17	15	14	23	21	148
PREGNANCY	1	0	1	0	0	0	0	0	2	6	1	0	11
RESPIRATORY	2	7	6	6	6	6	11	11	4	9	4	6	78
SKIN									7	1	0	0	8
TUBERCULOSIS									0	0	0	0	0
CHRONIC CARE VISITS BY FNP	43	40	56	35	47	33	46	32	38	38	44	44	496
CHRONIC CARE VISITS BY PHYSICIAN	39	39	23	37	58	23	53	36	26	31	36	43	444
TOTAL CHRONIC CARE VISITS	82	79	79	72	105	56	99	68	64	69	80	87	940
<b>LONG ACTING INJECTABLES</b>													
Invega Sustenna				4	6	4	6	6	5	9	5	8	55
Invega Trinza				1	0	0	0	0	0	0	0	0	1
Abilify Maintena				0	1	3	2	3	2	8	6	7	31
Aristada				1	0	0	0	0	0	0	1	0	2
<b>INFECTIOUS DISEASE CONTROL</b>													
PPDs PLANTED	251	210	312	232	159								



LOS PRIETOS BOYS CAMP													
MEDICAL ACTIVITY REPORT YEAR TWO	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals YTD
<b>AVERAGE DAILY POPULATION</b>	<b>34</b>	<b>30</b>	<b>30</b>	<b>26</b>	<b>26</b>	<b>19</b>	<b>24</b>	<b>19</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>22</b>
<b>PHYSICIAN SERVICES</b>													
SICK CALLS	21	17	20	22	21	15	17	18	9	18	4	9	191
ANNUALS	2	1	0	0	2	2	1	2	0	0	0	1	11
CHRONIC CARE	9	8	7	8	6	5	8	4	5	5	4	4	73
<b>NURSING SERVICES</b>													
NURSE SICK CALLS	62	79	115	87	60	80	107	55	72	75	63	76	931
IMMUNIZATION	3	0	7	0	1	4	24	1	1	0	0	3	44
TST ADMINISTERED	1	1	0	0	3	1	1	2	0	0	0	0	9
PPD READING	1	2	0	0	3	1	1	2	0	0	0	0	10
MEDICAL REFERRALS TO MH	0	2	0	0	0	5	10	3	14	7	3	10	64
MISSED APPOINTMENTS	0	1	0	0	0	0	0	0	0	0	0	0	1
<b>LABORATORY SERVICES</b>													
CZ TESTING	1	0	0	1	1	1	2	2	2	0	0	0	10
BLOOD/UA	0	0	0	0	1	0	4	0	0	1	1	0	7
<b>OFF SITE SERVICES</b>													
PUBLIC HEALTH	0	0	0	0	1	1	0	0	0	1	1	0	4
DENTAL	5	2	3	2	0	2	3	2	0	7	10	11	47
OPTOMETRY	0	1	2	1	0	2	2	2	0	1	0	0	11
PRIVATE OFFICE APPT.	2	3	2	1	0	1	1	1	1	0	0	0	12
OUT PATIENT SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0
X-RAYS	1	0	0	0	0	1	1	0	0	0	0	0	3
<b>ER HOSPITAL SERVICES</b>													
PROBATION TRANSPORTS	0	0	1	1	0	0	1	1	0	0	0	0	4
AMBULANCE	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>INPATIENT HOSPITAL SERVICES</b>													
HOSPITAL ADMISSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPITAL DAYS	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>COMMUNICABLE DISEASE</b>													
POSITIVE TST	0	0	0	0	0	0	0	0	0	0	0	0	0
POSITIVE STDs	0	0	0	1	0	0	1	0	0	0	0	0	2
MRSA										0	0	0	0
ECTOPARASITE										0	0	0	0
LTBI										0	2	1	3
HIV	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>MEDICATIONS</b>													
TOTAL DOSES OF MH MEDS	228	256	225	141	23	12	44	118	159	136	80	152	1674
TOATL DOSES OF RX MEDS	177	239	87	58	137	110	100	140	110	81	49	129	1417
TOATL DOSES OF OTC MEDS	655	854	560	705	523	471	334	452	328	321	393	751	6347
YOUTH ON MH MEDS	5	5	3	3	1	1	4	4	4	4	3	5	42
YOUTH ON RX MEDS	6	11	3	7	7	8	8	8	6	6	5	8	83
YOUTH ON OTC MEDS	22	28	15	24	20	18	16	12	12	8	15	14	204
MISSED MEDICATIONS	88	44	0	70	48	13	13	40	49	11	7	44	427
MISSED ESSENTIAL MEDS	19	14	8	9	13	0	6	3	2	1	4	3	82
REFUSED MEDS	11	9	4	7	2	15	14	0	20	13	4	30	129
<b>MISCELLANEOUS</b>													
GRIEVANCES	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUTH DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0

• Figure 2 Health Services Report Los Prietos Boys Camp

Santa Maria Juvenile Hall													
MEDICAL ACTIVITY REPORT YEAR TWO	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals YTD
AVERAGE DAILY POPULATION	35	43	35	33	32	38	37	40	43	40	40	37	38
<b>MEDICAL</b>													
TOTAL INTAKES	74	80	64	56	65	72	68	54	50	58	44	57	742
MISSED APPOINTMENTS	0	1	0	0	0	0	0	0	0	0	0	0	1
<b>PHYSICIAN SERVICES</b>													
SICK CALLS	22	51	32	31	41	25	30	18	35	41	37	54	417
ANNUAL	23	19	17	20	19	22	29	21	11	15	14	24	234
INTERVAL	20	16	15	15	20	17	14	31	16	16	13	11	204
CHRONIC CARE	4	5	4	2	4	3	4	5	6	6	9	11	63
PREGNANT YOUTH	0	0	0	1	1	0	0	0	0	0	0	0	2
PHD Womens Clinic REFERRAL	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>NURSING SERVICES</b>													
INTERVAL	14	14	12	11	14	4	18	8	6	7	3	5	116
NURSE SICK CALLS	240	260	296	199	154	196	232	193	209	146	210	238	2573
IMMUNIZATIONS	25	35	27	16	13	13	63	34	22	20	28	25	321
TST ADMINISTERED	18	19	17	21	17	26	24	19	9	18	15	23	226
PPD READING	18	14	16	15	15	19	20	18	7	14	10	20	186
MEDICAL REFERRALS TO MH	11	7	9	9	10	10	13	15	9	14	17	20	144
SEG CHECKS	88	119	113	119	95	148	110	110	141	56	172	118	1389
<b>LABORATORY SERVICES</b>													
CZ TESTING	41	34	32	31	33	56	35	20	13	28	19	39	381
BLOOD /UA	4	10	9	6	9	5	2	5	1	4	3	11	69
<b>OFF-SITE SERVICES</b>													
PUBLIC HEALTH	2	0	1	2	2	1	0	0	1	2	0	0	11
DENTAL	2	2	1	0	2	1	2	0	0	8	13	10	43
OPTOMETRY	1	4	3	0	1	1	0	4	2	0	0	0	16
PRIVATE OFFICE APPT.	3	2	7	0	0	0	1	2	0	2	2	2	21
OUT PATIENT SURGERY	0	0	0	0	0	0	0	0	0	0	0	0	0
X-RAYS	0	3	0	4	3	3	1	3	1	2	2	2	24
<b>ER HOSPITAL SERVICES</b>													
PROBATION TRANSPORT	0	0	0	0	0	0	0	4	1	0	2	0	7
AMBULANCE	0	0	0	0	0	0	0	0	0	0	2	0	2
<b>INPATIENT HOSPITAL SERVICES</b>													
HOSPITAL ADMISSIONS	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPITAL DAYS	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>COMMUNICABLE DISEASE</b>													
POSITIVE TST	0	0	0	1	1	1	0	0	0	0	0	0	3
POSITIVE STD	1	2	10	4	6	4	5	2	0	1	4	4	43
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
ECTOPARASITE										2	3	2	7
LTBI										0	0	0	0
HIV	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>MEDICATIONS</b>													
TOTAL DOSES OF MH MEDS	100	139	192	324	421	293	185	214	269	579	453	500	3669
TOATL DOSES OF RX MEDS	153	260	191	163	174	267	354	321	306	411	368	466	3434
TOATL DOSES OF OTC MEDS	346	502	486	309	475	440	604	559	811	935	999	983	7449
YOUTH ON MH MEDS	11	10	10	15	13	16	12	13	16	16	16	16	164
YOUTH ON RX MEDS	12	13	18	11	13	19	18	17	16	21	21	20	199
YOUTH ON OTC MEDS	36	27	36	25	25	30	36	32	33	34	34	40	388
MISSED MEDICATIONS	7	4	21	2	3	3	2	1	26	13	14	0	96
MISSED ESSENTIAL MEDS	0	2	0	0	3	4	0	0	6	0	0	0	15
REFUSED MEDS	20	34	50	29	54	26	29	9	15	39	41	45	391
<b>MISCELLANEOUS</b>													
GRIEVANCES RECEIVED	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUTH DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0

• Figure 3 Health Services Report Santa Maria Juvenile Hall

**SANTA MARIA JUVENILE HALL BY QTY  
APRIL 1, 2018 TO MARCH 31, 2019**

Drug Name	Orig Qty	Price
1 CLINDAMYCIN PADS 1%	1,380.00	\$577.07
2 FLUOXETINE (PROZAC) 20MG CAP	1,034.00	\$119.69
3 MINERIN (EUCERIN) 454 GM CREAM	908	\$10.68
4 BENZOYL PEROXIDE 5% 42.5 GM GEL	807.5	\$80.37
5 HYDROCERIN (EUCERIN) 120 GM CREAM	720	\$33.42
6 TRAZODONE (DESYREL) 100MG TAB	704	\$98.47
7 KETOCONAZOLE SHMP 2% 120 ML USE	600	\$40.65
8 ATOMOXETINE (STRATTERA) 40MG CAP	575	\$1,496.82
9 CALCIUM CARB [ANTACID CHEW] 500MG TAB	568	\$46.77
10 ACETAMINOPHEN (TYLENOL) 325MG TAB	540	\$37.44
11 DIVALPROEX ER (DEPAKOTE ER) 500MG TAB	508	\$235.32
12 RP RANITIDINE 150MG TAB	480	\$48.00
13 DIPHENHYDRAMINE 473ML 12.5MG/5ML LIQ	473	\$4.87
14 CTM (CHLORPHENIRAMINE) 4MG TAB	464	\$61.68
15 FLUOXETINE (PROZAC) 10MG CAP	426	\$52.46
16 GUANFACINE ER (INTUNIV) 1MG TAB	410	\$209.90
17 INH (ISONIAZIDE) 300MG TAB	402	\$91.45
18 LORATADINE (CLARITIN) 10MG TAB	365	\$44.50
19 AMOXICILLIN (TRIMOX) 500MG CAP	363	\$54.66
20 MINOCYCLINE (MINOCIN) 50MG CAP	360	\$94.23
21 SENSITIVE EYES SALINE SOL SOL	355	\$5.64
22 MAG HYDROX/AL HYDROX/SIMET 200/200/20 SUSP	355	\$4.61
23 DOVE BODY WASH 354ML	354	\$6.95
24 GUANFACINE ER (INTUNIV) 4MG TAB	336	\$167.05
25 GUANFACINE ER (INTUNIV) 2MG TAB	277	\$167.17
26 RANITIDINE (ZANTAC) 150MG TAB	272	\$31.59
27 METRONIDAZOLE (FLAGYL) 500MG TAB	270	\$77.22
28 TRAZODONE (DESYREL) 50MG TAB	255	\$33.28
29 MINOCYCLINE (MINOCIN) 100MG CAP	252	\$119.71
30 SERTRALINE (ZOLOFT) 100MG TAB	250.5	\$32.19
31 RP CHLORDIAZEPOXIDE 25MG CAP	240	\$34.64
32 AMOX/CLAV POT (AUGMENTIN) 875-125MG TAB	236	\$81.65
33 SULFACETAMIDE SODIUM 10% LOTION	236	\$182.86
34 CEPHALEXIN (KEFLEX) 500MG CAP	228	\$40.47
35 MIRTAZAPINE (REMERON) 15MG TAB	221	\$37.60
36 DIPHENHYDRAMINE (BENADRYL) 50MG CAP	217	\$19.73
37 AZITHROMYCIN (ZITHROMAX) 250MG TAB	210	\$82.60
38 DIVALPROEX ER (DEPAKOTE ER) 250MG TAB	210	\$175.15
39 SERTRALINE (ZOLOFT) 50MG TAB	208	\$31.29
40 GUANFACINE ER (INTUNIV) 3MG TAB	187	\$95.08
41 DAPSONE 60GM 5% GEL	180	\$738.18
42 DOXYCYCLINE MONOHYDRATE 100MG CAP	180	\$64.28
43 ANTACID CHEWABLE MEDIQUE	168	\$20.37
44 PREDNISONE (DELTASONE) 10MG TAB	168	\$22.53

45 TRIAMCINOLONE (PLASTIC TUBE) 0.1% 80GM CREAM	160	\$9.98
46 MIRTAZAPINE (REMERON) 45MG TAB	157	\$32.20
47 LAMOTRIGINE(LAMICTAL) 25MG TAB	155	\$16.83
48 FERROUS SULFATE 325MG TAB	150	\$11.53
49 PROAIR HFA 8.5GM INH	144.5	\$537.19
50 TRETINOIN (RETIN-A) 0.01% GEL	135	\$372.81

**SANTA MARIA JUVENILE HALL BY PRICE  
APRIL 1, 2018 TO MARCH 31, 2019**

Drug Name	Orig Qty	Price
1 GENVOYA 150/150/200/10 TAB	30	\$2,948.40
2 ABILIFY MAINTENA KIT 300MG	1	\$1,627.56
3 ATOMOXETINE (STRATTERA) 40MG CAP	575	\$1,496.82
4 VIVITROL DS SUSPENSION 380MG VIAL	1	\$1,311.75
5 LATUDA 40MG TAB	37	\$1,288.03
6 ALVESCO 60 INHALATIONS 160MCG 6.1GM INH	42.7	\$882.57
7 DAPSONE 60GM 5% GEL	180	\$738.18
8 CLINDAMYCIN PADS 1%	1,380.00	\$577.07
9 PROAIR HFA 8.5GM INH	144.5	\$537.19
10 HUMALOG KWIK PEN	15	\$506.63
11 IVERMECTIN (STROMECTOL) 3MG TAB	106	\$390.39
12 TRETINOIN (RETIN-A) 0.01% GEL	135	\$372.81
13 ALVESCO 60 INHALATIONS 80MCG 6.1 GM INH	18.3	\$364.41
14 TRAVATAN-Z OPHTH 0.004% 2.5ML SOL	5	\$344.30
15 TRETINOIN (RETIN A) 45GM 0.1% CREAM	135	\$330.66
16 BICILLIN LA 1.2MU 2ML SYR	4	\$317.43
17 ATOMOXETINE (STRATTERA) 60MG CAP	120	\$315.80
18 NEO/POLY/HC 7.5ML OPTH SUSP	22.5	\$302.79
19 LANTUS 100U/ML UNIT(S)	20	\$302.00
20 VYVANSE 40MG CAP	30	\$297.74
21 ATOMOXETINE (STRATTERA) 25MG CAP	120	\$291.57
22 DIVALPROEX ER (DEPAKOTE ER) 500MG TAB	508	\$235.32
23 GUANFACINE ER (INTUNIV) 1MG TAB	410	\$209.90
24 SULFACETAMIDE SODIUM 10% LOTION	236	\$182.86
25 DIVALPROEX ER (DEPAKOTE ER) 250MG TAB	210	\$175.15
26 ATOMOXETINE (STRATTERA) 80MG CAP	59	\$167.91
27 GUANFACINE ER (INTUNIV) 2MG TAB	277	\$167.17
28 GUANFACINE ER (INTUNIV) 4MG TAB	336	\$167.05
29 MEDROXYPROGESTERONE ACET SDV 150MG/1ML VIAL	4	\$160.97
30 ATOMOXETINE (STRATTERA) 18MG CAP	60	\$146.64
31 XULANE 1=3 PATCHES/MONTH 150-35	3	\$135.77
32 NARCAN NASAL SPRAY (2X0.1ML) 4MG/0.1ML SPR	0.2	\$127.13
33 MINOCYCLINE (MINOCIN) 100MG CAP	252	\$119.71
34 FLUOXETINE (PROZAC) 20MG CAP	1,034.00	\$119.69
35 CLINDAMYCIN TOPICAL 1% 60 ML SOL	120	\$108.81
36 TRAZODONE (DESYREL) 100MG TAB	704	\$98.47
37 GUANFACINE ER (INTUNIV) 3MG TAB	187	\$95.08
38 MINOCYCLINE (MINOCIN) 50MG CAP	360	\$94.23
39 INH (ISONIAZIDE) 300MG TAB	402	\$91.45
40 AZITHROMYCIN (ZITHROMAX) 250MG TAB	210	\$82.60
41 AMOX/CLAV POT (AUGMENTIN) 875-125MG TAB	236	\$81.65
42 ONDANSETRON ODT 8MG TAB	98	\$81.32
43 BENZOYL PEROXIDE 5% 42.5 GM GEL	807.5	\$80.37
44 METRONIDAZOLE (FLAGYL) 500MG TAB	270	\$77.22

45 CLOBETASOL (TEMOVATE) 0.05% 60GM CREAM	60	\$72.88
46 BENZTROPINE 1MG/ML 2ML AMP	4	\$69.90
47 DOXYCYCLINE MONOHYDRATE 100MG CAP	180	\$64.28
48 CTM (CHLORPHENIRAMINE) 4MG TAB	464	\$61.68
49 QUETIAPINE ER (SEROQUEL XR) 50MG TAB	66	\$56.44
50 AMOXICILLIN (TRIMOX) 500MG CAP	363	\$54.66

**SANTA BARBARA BOYS CAMP BY QTY  
APRIL 1, 2018 TO MARCH 31, 2019**

<b>Drug Name</b>	<b>Orig Qty</b>	<b>Price</b>
1 MINERIN (EUCERIN) 454 GM CREAM	3,178.00	\$37.38
2 IBUPROFEN (MOTRIN) 200MG TAB	1,134.00	\$87.75
3 HYDROCERIN (EUCERIN) 120 GM CREAM	1,080.00	\$50.13
4 LISTERINE ZERO MW CLR/MINT NO ALCOHOL USE	1,000.00	\$10.74
5 EYE WASH IRRIGATION 120ML NEW FORMULA SOL	960	\$39.76
6 BENZOYL PEROXIDE 5% 42.5 GM GEL	935	\$78.46
7 MILK OF MAG 355ML SUSP	710	\$6.72
8 GUAIFENESIN U/D 5ML (100/case) 100/5ML	500	\$150.45
9 GUAIFENESIN SF/AF 100MG/5ML	473	\$7.41
10 ACETAMINOPHEN (TYLENOL) 325MG TAB	390	\$27.04
11 TOLNAFTATE *30GM* (TINACTIN) 1% CREAM	360	\$60.86
12 VIT A & D 60GM OINT	360	\$19.62
13 CLINDAMYCIN PADS 1%	360	\$150.54
14 KETOCONAZOLE SHMP 2% 120 ML USE	360	\$24.39
15 SILTUSSIN SA SF/AF 120 ML 100MG/5ML LIQ	360	\$14.19
16 GABAPENTIN (NEURONTIN) 300MG CAP	360	\$21.65
17 DOVE BODY WASH 354ML	354	\$6.95
18 GUANFACINE ER (INTUNIV) 1MG TAB	312	\$158.37
19 TRAZODONE (DESYREL) 100MG TAB	300	\$49.61
20 TRAZODONE (DESYREL) 50MG TAB	295	\$37.71
21 GUANFACINE ER (INTUNIV) 4MG TAB	265	\$131.10
22 MUPIROCIN 2% 22GM OINT	242	\$76.40
23 HYDROGEN PEROXIDE 240ML 3%	240	\$2.44
24 RP RANITIDINE 150MG TAB	240	\$24.00
25 ZINCON DANDRUFF SHAMPOO 1%	240	\$8.44
26 CETIRIZINE (ZYRTEC) 10MG TAB	210	\$20.62
27 ANTI-DANDRUFF (SELSUN) 210ML 1% SUSP	210	\$5.13
28 CTM (CHLORPHENIRAMINE) 4MG TAB	202	\$27.99
29 AMOXICILLIN (TRIMOX) 500MG CAP	180	\$22.10
30 LORATADINE (CLARITIN) 10MG TAB	180	\$18.62
31 IVERMECTIN (STROMEKTOL) 3MG TAB	160	\$581.84
32 FLUOXETINE (PROZAC) 20MG CAP	150	\$20.01
33 PROAIR HFA 8.5GM INH	144.5	\$493.04
34 GUANFACINE ER (INTUNIV) 2MG TAB	138	\$88.15
35 TRETINOIN (RETIN A) 45GM 0.1% CREAM	135	\$330.66
36 TRETINOIN (RETIN-A) 0.01% GEL	135	\$371.43
37 BUPROPION XL (WELLBUTRIN XL) 150MG TAB	120	\$34.68
38 PRIFTIN 150MG TAB	120	\$469.55
39 SERTRALINE (ZOLOFT) 100MG TAB	120	\$15.88
40 ESCITALOPRAM (LEXAPRO) 10MG TAB	120	\$19.28
41 ARTIFICIAL TEARS 15ML DROP	120	\$26.40
42 RP SMZ-TMP DS 800/160MG TAB	120	\$13.36
43 ATOMOXETINE (STRATTERA) 10MG CAP	120	\$274.54
44 FLUTICASONE NASAL (FLONASE) 50MCG 16GM SPR	112	\$50.19
45 MICONAZOLE ANTIFUNGAL 2% 28 GM CREAM	112	\$15.32
46 PREVIDENT 5000 BOOSTER PLUS 1.1% MINT	100	\$16.69
47 GUANFACINE ER (INTUNIV) 3MG TAB	93	\$55.38
48 DIPHENHYDRAMINE (BENADRYL) 50MG CAP	92	\$10.46
49 DOXYCYCLINE MONOHYDRATE 100MG CAP	90	\$33.09
50 ATOMOXETINE (STRATTERA) 40MG CAP	90	\$227.22

**SANTA BARBAR BOYS CAMP BY COST  
APRIL 1, 2018 TO MARCH 31, 2019**

Drug Name	Orig Qty	Price
1 EPINEPHRINE (EPIPEN) 2PK .3/0.3ML INJ	4	\$782.20
2 IVERMECTIN (STROMECTOL) 3MG TAB	160	\$581.84
3 PROAIR HFA 8.5GM INH	144.5	\$493.04
4 PRIFTIN 150MG TAB	120	\$469.55
5 TRETINOIN (RETIN-A) 0.01% GEL	135	\$371.43
6 TRETINOIN (RETIN A) 45GM 0.1% CREAM	135	\$330.66
7 ATOMOXETINE (STRATTERA) 10MG CAP	120	\$274.54
8 ALVESCO 60 INHALATIONS 80MCG 6.1 GM INH	12.2	\$250.44
9 ALVESCO 60 INHALATIONS 160MCG 6.1GM INH	12.2	\$250.44
10 ATOMOXETINE (STRATTERA) 40MG CAP	90	\$227.22
11 DEXMETHYLPHEN ER (FOCALIN XR) 10MG ER CAP	48	\$221.88
12 TRETINOIN 0.05% 0.05% 20 GM CREAM	80	\$207.64
13 DEXMETHYLPHEN ER (FOCALIN XR) 30MG CAP	48	\$195.52
14 GUANFACINE ER (INTUNIV) 1MG TAB	312	\$158.37
15 CLINDAMYCIN PADS 1%	360	\$150.54
16 GUAIFENESIN U/D 5ML (100/case) 100/5ML	500	\$150.45
17 ATOMOXETINE (STRATTERA) 25MG CAP	60	\$146.35
18 GUANFACINE ER (INTUNIV) 4MG TAB	265	\$131.10
19 GUANFACINE ER (INTUNIV) 2MG TAB	138	\$88.15
20 IBUPROFEN (MOTRIN) 200MG TAB	1,134.00	\$87.75
21 BENZOYL PEROXIDE 5% 42.5 GM GEL	935	\$78.46
22 MUPIROCIN 2% 22GM OINT	242	\$76.40
23 TOLNAFTATE *30GM* (TINACTIN) 1% CREAM	360	\$60.86
24 GUANFACINE ER (INTUNIV) 3MG TAB	93	\$55.38
25 MOMETASONE (NASONEX) NASAL 50MCG 17GM SPR	17	\$50.51
26 FLUTICASONE NASAL (FLONASE) 50MCG 16GM SPR	112	\$50.19
27 HYDROCERIN (EUCERIN) 120 GM CREAM	1,080.00	\$50.13
28 TRAZODONE (DESYREL) 100MG TAB	300	\$49.61
29 CLINDAMYCIN TOPICAL 1% 60 ML SOL	60	\$48.88
30 GENTEAL TEARS 15ML MODERATE DROP	75	\$40.55
31 EYE WASH IRRIGATION 120ML NEW FORMULA SOL	960	\$39.76
32 TRAZODONE (DESYREL) 50MG TAB	295	\$37.71
33 MINERIN (EUCERIN) 454 GM CREAM	3,178.00	\$37.38
34 BUPROPION XL (WELLBUTRIN XL) 150MG TAB	120	\$34.68
35 DOXYCYCLINE MONOHYDRATE 100MG CAP	90	\$33.09
36 ONDANSETRON ODT (ZOFTRAN ODT) 4MG TAB	60	\$31.85
37 CTM (CHLORPHENIRAMINE) 4MG TAB	202	\$27.99
38 MINOCYCLINE (MINOCIN) 100MG CAP	60	\$27.43
39 ACETAMINOPHEN (TYLENOL) 325MG TAB	390	\$27.04
40 ARTIFICIAL TEARS 15ML DROP	120	\$26.40
41 DIVALPROEX ER (DEPAKOTE ER) 500MG TAB	60	\$26.18
42 KETOCONAZOLE SHMP 2% 120 ML USE	360	\$24.39
43 RP RANITIDINE 150MG TAB	240	\$24.00
44 QUETIAPINE ER (SEROQUEL XR) 50MG TAB	30	\$22.85



45 AMOXICILLIN (TRIMOX) 500MG CAP	180	\$22.10
46 GABAPENTIN (NEURONTIN) 300MG CAP	360	\$21.65
47 CETIRIZINE (ZYRTEC) 10MG TAB	210	\$20.62
48 VISINE A 15 ML DROP	45	\$20.43
49 NEOMYCIN/POLY B/DEX OPTH 0.1% 3.5 GM OINT	3.5	\$20.20
50 FLUOXETINE (PROZAC) 20MG CAP	150	\$20.01

**SANTA BARBARA MAIN JAIL BY QTY  
APRIL 1, 2018 TO MARCH 31, 2019**

<b>Drug Name</b>	<b>Orig Qty</b>	<b>Price</b>
1 OLANZAPINE (ZYPREXA) 10MG TAB	20,983.50	\$3,792.19
2 OLANZAPINE [ZYPREXA] 20MG TAB	15,627.50	\$4,502.37
3 VALPROIC ACID 250MG/5ML 473 ML SOL	15,136.00	\$260.44
4 DIVALPROEX DR (DEPAKOTE) 500MG TAB	14,748.00	\$2,107.13
5 BUSPIRONE (BUSPAR) 15MG TAB	14,194.00	\$1,156.73
6 GABAPENTIN (NEURONTIN) 300MG CAP	12,219.00	\$1,450.18
7 HYDROXYZINE HCL (ATARAX) 50MG TAB	11,987.00	\$1,733.06
8 BENZTROPINE (COGENTIN) 1MG TAB	8,811.00	\$1,276.13
9 BUSPIRONE (BUSPAR) 10MG TAB	8,426.00	\$1,468.93
10 LITHIUM CARB (LITHONATE) 300MG CAP	7,719.00	\$847.26
11 OLANZAPINE [ZYPREXA] 5MG TAB	6,593.00	\$966.97
12 RP DIVALPROEX SOD DR 500MG TAB	6,570.00	\$1,953.48
13 LEVETIRACETAM (KEPPRA) 500MG TAB	6,361.00	\$898.91
14 RP BUSPIRONE 15MG TAB	6,150.00	\$746.20
15 OLANZAPINE (ZYPREXA) 15MG TAB	6,064.00	\$1,582.28
16 SERTRALINE (ZOLOFT) 100MG TAB	5,887.00	\$705.63
17 GABAPENTIN SOLUTION 470ML 250MG/5ML TEASP.	5,640.00	\$602.88
18 RP BUSPIRONE 10MG TAB	5,520.00	\$692.69
19 TRAZODONE (DESYREL) 100MG TAB	5,454.00	\$856.61
20 RISPERIDONE (RISPERDAL) 2MG TAB	5,371.00	\$500.72
21 GNP MULT PURP CONTACT 355ML SOL	5,325.00	\$90.55
22 TOPIRAMATE (TOPAMAX) 50MG TAB	5,303.00	\$526.10
23 LITHIUM SOL 300MG/5ML 500ML 8MEQ/5ML	5,000.00	\$1,430.50
24 MAG HYDROX/AL HYDROX/SIMET 200/200/20 SUSP	4,615.00	\$59.18
25 ESCITALOPRAM (LEXAPRO) 10MG TAB	4,560.00	\$734.19
26 METFORMIN (GLUCOPHAGE) 1000MG TAB	4,550.00	\$364.96
27 VENLAFAXINE CAPS ER (EFFEXOR) 150MG CAP	4,542.00	\$937.27
28 BUSPIRONE (BUSPAR) 5MG TAB	4,268.00	\$371.14
29 TOPIRAMATE (TOPAMAX) 100MG TAB	4,257.00	\$475.41
30 METFORMIN (GLUCOPHAGE) 500MG TAB	4,150.00	\$259.15
31 MIRTAZAPINE (REMERON) 15MG TAB	4,036.50	\$658.69
32 MIRTAZAPINE (REMERON) 30MG TAB	3,898.00	\$718.12
33 HALOPERIDOL (HALDOL) 10MG TAB	3,877.00	\$2,085.99
34 RISPERIDONE (RISPERDAL) 3MG TAB	3,833.00	\$443.98
35 RP RANITIDINE 150MG TAB	3,750.00	\$375.00
36 RP OMEPRAZOLE 20MG CAP	3,720.00	\$438.96
37 RP SMZ-TMP DS 800/160MG TAB	3,480.00	\$387.44
38 FLUOXETINE (PROZAC) 20MG CAP	3,417.00	\$321.13
39 RP MELOXICAM 7.5MG TAB	3,360.00	\$320.32
40 GUAIFENESIN (ROBITUSSIN) 200MG TAB	3,350.00	\$376.05
41 ARIPIPRAZOLE (ABILIFY) 15MG TAB	3,321.00	\$1,333.83
42 ARIPIPRAZOLE (ABILIFY) 10MG TAB	3,226.00	\$1,258.51
43 MELATONIN 1MG TAB	3,210.00	\$333.60
44 ZIPRASIDONE (GEODON) 40MG CAP	3,189.00	\$1,269.52
45 LEVETIRACETAM (KEPPRA) 750MG TAB	2,935.00	\$574.87
46 HALOPERIDOL (HALDOL) 5MG TAB	2,900.00	\$1,320.80
47 GUAIFEN DM (ROBITUSSIN DM) SYRUP 480ML	2,880.00	\$32.12
48 AMOX/CLAV POT (AUGMENTIN) 875-125MG TAB	2,840.00	\$915.70
49 RP CLONIDINE 0.1MG TAB	2,820.00	\$286.70
50 LISINOPRIL (PRINIVIL-ZESTRIL) 10MG TAB	2,665.50	\$335.59

**SANTA BARBARA MAIN JAIL BY COST  
APRIL 1, 2018 TO MARCH 31, 2019**

<b>Drug Name</b>	<b>Orig Qty</b>	<b>Price</b>
1 INVEGA SUSTEN 1.5ML 234MG/1.5ML SYR	24	\$40,503.63
2 EPCLUSA (ORIG BOTTLE) 400/100MG TAB	84	\$25,426.65
3 INVEGA SUSTEN 1ML 156MG/ML SYR	14	\$23,329.88
4 STRIBILD 150/150/300/200 TAB	164	\$16,911.20
5 PALIPERIDONE ER (INVEGA) 6MG TAB	458	\$11,647.40
6 XARELTO 20MG TAB	772	\$10,787.68
7 DELZICOL CAP 400MG CAP	1,872.00	\$6,917.25
8 ADCIRCA 20MG TAB	97	\$6,487.85
9 GENVOYA 150/150/200/10 TAB	60	\$5,896.00
10 TRIUMEQ 600/50/300MG TAB	60	\$5,615.90
11 QVAR REDIHALER 10.6GM 80MCG INH	233.2	\$4,929.01
12 ALVESCO 60 INHALATIONS 160MCG 6.1GM INH	219.6	\$4,598.88
13 OLANZAPINE [ZYPREXA] 20MG TAB	15,627.50	\$4,502.37
14 ZENPEP 20 20,000 UNITS	804	\$4,413.37
15 FLUPHENAZINE (PROLIXIN) 10MG TAB	672.5	\$4,336.16
16 BIKTARVY 50/200/25MG TAB	43	\$4,227.60
17 ABILIFY MAINTENA KIT 400MG	2	\$4,197.74
18 TADALAFIL (ADCIRCA) 20MG TAB	74	\$4,156.40
19 LETAIRIS 10MG TAB	10	\$3,960.01
20 OLANZAPINE (ZYPREXA) 10MG TAB	20,983.50	\$3,792.19
21 LANTUS 100U/ML UNIT(S)	240	\$3,643.35
22 ALVESCO 60 INHALATIONS 80MCG 6.1 GM INH	164.7	\$3,398.85
23 ATRIPLA 600/200/300 TAB	30	\$2,726.82
24 ARIPIPRAZOLE (ABILIFY) 30MG TAB	2,116.00	\$2,591.18
25 NOVOLIN R 10ML 100UNITS/ML UNIT(S)	330	\$2,400.75
26 NOVOLIN 70/30 10ML UNIT(S)	320	\$2,328.00
27 ZENPEP 40 40,000UNITS CAP	180	\$2,133.99
28 ELIQUIS 2.5MG TAB	300	\$2,108.90
29 DIVALPROEX DR (DEPAKOTE) 500MG TAB	14,748.00	\$2,107.13
30 HALOPERIDOL (HALDOL) 10MG TAB	3,877.00	\$2,085.99
31 LATUDA 80MG TAB	60	\$2,085.28
32 RP DIVALPROEX SOD DR 500MG TAB	6,570.00	\$1,953.48
33 IVERMECTIN (STROMECTOL) 3MG TAB	488	\$1,916.77
34 PREZCOBIX 800-150 TAB	30	\$1,809.38
35 ELIQUIS 5MG TAB	252	\$1,773.67
36 CHLORPROMAZINE (THORAZINE) 50MG TAB	390	\$1,733.42
37 HYDROXYZINE HCL (ATARAX) 50MG TAB	11,987.00	\$1,733.06
38 OLANZAPINE (ZYPREXA) 15MG TAB	6,064.00	\$1,582.28
39 LATUDA 120MG TAB	30	\$1,555.19
40 BUSPIRONE (BUSPAR) 10MG TAB	8,426.00	\$1,468.93
41 GABAPENTIN (NEURONTIN) 300MG CAP	12,219.00	\$1,450.18
42 LITHIUM SOL 300MG/5ML 500ML 8MEQ/5ML	5,000.00	\$1,430.50
43 ARIPIPRAZOLE (ABILIFY) 20MG TAB	2,357.00	\$1,426.98
44 XARELTO 10MG TAB	95	\$1,376.01
45 ARIPIPRAZOLE (ABILIFY) 15MG TAB	3,321.00	\$1,333.83
46 HALOPERIDOL (HALDOL) 5MG TAB	2,900.00	\$1,320.80
47 BENZTROPINE (COGENTIN) 1MG TAB	8,811.00	\$1,276.13
48 ZIPRASIDONE (GEODON) 40MG CAP	3,189.00	\$1,269.52
49 ARIPIPRAZOLE (ABILIFY) 10MG TAB	3,226.00	\$1,258.51
50 SEVELAMER CARB (REVELA) 800MG TAB	1,053.00	\$1,236.31

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## CFMG/Well Path Medical Record Review Summary

Public Health Primary Care & Family Health Staff have been auditing CFMG/Well Path (CFMG) medical records at both the Probation Department and the Jail on a quarterly basis. In addition the PCFH Medical Director has been attending the CFMG CQI meetings regularly per the service level agreement (SLA).

The medical records are reviewed based upon the performance measures identified in the service level agreement. After the first year of audits, CFMG Medical staff, along with jail and probation staff, worked to identify measures that would be more meaningful and indicative of the health status of the population served. Probation and the Jail departments selected slightly different measures as their populations have different needs. The new Measures are identified in the CFMG Annual report SLA. They cover a wide range of issues, ranging from timely health assessments, to identification and continuation of essential or psychiatric medications upon intake, to ensuring immunizations are up to date and assessing TB status.

CFMG has done generally very well on the audits of both Probation and Jail medical records over this past year. Well Path have been provided all the audit results to date.

CFMG, and the PCFH auditing staff continue to work together to identify areas for improvement in the measures.

### General recommendations:

1. As the current measures have only recently begun to be audited, the recommendation is to continue with these measures for the next year
2. Well Path should work with their EMR provider (or IT dept.) and additional quality measures should be identified that would be reportable from their EMR.



### **Behavioral Wellness-WellPath 18/19 Monitoring Visits Annual Report**

Currently, Behavioral Wellness is reviewing WellPath medical records and providing feedback on a quarterly basis. Monitoring visits were put on hold at the beginning of FY 18/19 until the monitoring tool was updated to reflect changes in the WellPath contract. Two monitoring reviews were completed by Licensed Marriage and Family Therapists using the updated monitoring tool. The next review is planned for the first quarter of FY 19/20, on September 5, 2019. Approximately 110 charts were reviewed in FY 18/19 using five 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 used solely for sleep)
- Where psychotropic medications cannot be verified, did the RN confer with the Psychiatrist on site or 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 the need for crisis assessment? Consult should continue every 24 hours with the County while the inmate is on suicide watch.

#### **Overall Recommendations:**

1. Increase documentation by nursing and mental health staff in a consistent part of the EHR to more accurately determine if medications were bridged or a treatment plan was initiated.
2. Recommend increased documentation, in a consistent part of the EHR, of WellPath staff calling to consult with County Crisis Service Staff when an inmate has been on suicide watch for over 24 hours.
3. Recommend that overnight staff ensure inmates placed on suicide watch are re-assessed at least every 6 hours.
4. Maintain appropriate staffing levels to ensure that inmates in restrictive housing are assessed and provided appropriate interventions at least three times a week.