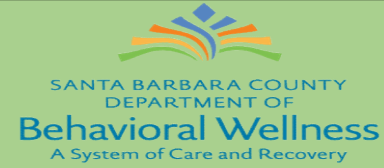


**Santa Barbara County Department of Behavioral Wellness Mental Health Provider WellPath Quarterly Monitoring Tool**



Date Of Review	24-Jan-25	Quarter: 3 Contract Year: 8
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Behavioral Wellness Reviewers		
Name and Title	Jessica Korsan, LMFT	Bonnie Zant, LCSW
Email		
Phone		
Signature		
Date Signed		

WellPath Representatives		
Name and Title	Nanci Martinez	
Email		
Phone		
Signature		
Date Signed		

SBSO Representatives		
Name and Title		
Email		
Phone		
Signature		
Date Signed		

Public Health Representatives		
Name and Title		
Email		
Phone		
Signature		
Date Signed		

## PROVIDER PRE REVIEW

### Accomplishments Since Last Review

LPT's are now fully staffed during the NOC shift at NBJ to help with Ad/Seg rounds.

Developed a sign off sheet for Ad/Seg rounds to complete weekly checks.

Safety Cell checks should show improvement.

### Barriers/Hardships Since Last Review

Evening MH Coverage in SBJ was not available a couple days a week.

### Review of Corrective Action Plan (CAP)

QCM has received all of the documents for the Corrective Action Plan and will be reviewing and finalizing the Q2 CAP.

NORTH BRANCH JAIL									
PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	COMPLIANCE FINDINGS/NOTES	
1. Did the contractor complete the initial intake screening fully?	Contractor will provide Behavioral Wellness with a list of all intakes with positive histories of mental health completed during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 1-5	DRC Remedial Plan, Monitoring, 3.J.4 Continuous Quality Improvement (Page 22)	X				Compliant. 14 out of 15 charts, 93%	Oct: 0577051 -10/01/24 admission - compliant; 0606540 - compliant; 0529193 10/10/24 admission -compliant; 0606383 - compliant; 0601525 - 10/24/24 admission - compliant. Nov: 0517948 - compliant; 0615410 - compliant; 0511702 - compliant; 0615443 - compliant; 0507262 - not compliant. Dec: 0615696 - compliant; 0615704 - compliant; 0609218 - compliant; 0242853 - compliant; 0615797 - compliant.	0507262- disposition not documented.
2. In the initial intake screening, did the contractor document all reported medications and whether the medication could be verified?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				compliant. 15 out of 15 charts, 100%	Oct: 0577051 -10/01/24 admission - compliant; 0606540 - compliant; 0529193 10/10/24 admission -compliant; 0606383 - compliant; 0601525 - 10/24/24 admission - compliant. Nov: 0517948 - compliant; 0615410 - compliant; 0511702 - compliant; 0615443 - compliant; 0507262- compliant. Dec: 0615696 - compliant; 0615704 - compliant; 0609218 - compliant; 0242853 - compliant; 0615797 - compliant.	
3. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 48 hours? (Exceptions are benzodiazepines and medications solely prescribed for sleep). If medications are not verified, is the inmate scheduled to see the psychiatrist within 24 hours of their arrival at jail?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant. 14 out of 15 charts, 93%	Oct: 0577051 -10/01/24 admission - compliant; 0606540 - compliant; 0529193 10/10/24 admission -compliant; 0606383 - compliant; 0601525 - 10/24/24 admission - compliant. Nov: 0517948 - compliant; 0615410 - compliant; 0511702 - compliant; 0615443 - compliant; 0507262- not compliant. Dec: 0615696 - compliant; 0615704 - compliant; 0609218 - compliant; 0242853 - compliant; 0615797 - compliant.	0507262- meds confirmed from ASH but not bridged for several days?
4. If an inmate is identified as having a MH need, were the referrals made in the initial screening completed according to the urgent, emergent and routine timeframes?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				Compliant. 14 out of 15 charts, 93%	Oct: 0577051 -10/01/24 admission - compliant; 0606540 - compliant; 0529193 10/10/24 admission -compliant; 0606383 - compliant; 0601525 - 10/24/24 admission - compliant. Nov: 0517948 - compliant; 0615410 - compliant; 0511702 - compliant; 0615443 - compliant; 0507262- not compliant. Dec: 0615696 - compliant; 0615704 - compliant; 0609218 - compliant; 0242853 - compliant; 0615797 - compliant.	0507262- unable to decipher if in compliance as no disposition listed in receiving screening.
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	COMPLIANCE FINDINGS/NOTES	
5. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days, as outlined in the plan portion of the SOAP note?	Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8	DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				compliant. 15 out of 15 charts, 100%	Oct: 711020 - compliant; 712337 - compliant; 708976 - compliant; 708962- compliant; 706246 - compliant. Nov: 711752 - compliant; 710608 - compliant; 711258 - compliant; 709466 - compliant; 711352 - compliant. Dec: 711445 - compliant; 711098 - compliant; 711225 - compliant; 711365 - compliant; 711618 - compliant.	
6. Are the above timeframes met, or if unable to be met, is there sufficient justification for the change in appointment?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				compliant. 15 out of 15 charts, 100%	Oct: 711020 - compliant; 712337 - compliant; 708976 - compliant; 708962- compliant; 706246 - compliant. Nov: 711752 - compliant; 710608 - compliant; 711258 - compliant; 709466 - compliant; 711352 - compliant. Dec: 711445 - compliant; 711098 - compliant; 711225 - compliant; 711365 - compliant; 711618 - compliant.	
7. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls triaged and answered within 24 hours of urgent requests and 1 week for routine requests?	Contractor will provide sick call log during the review time frame. Behavioral Wellness will review 5 sick calls per month, 15 per review period, to answer question 9.	DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)	X				Compliant. 12 out of 15 charts, 80%.	Oct: 282085 - compliant; 597474 - compliant; 549215 - compliant; 597474 - compliant; 595954 - not compliant. Nov: 603474 - compliant; 247024 - compliant; 580802 - compliant; 611494 - compliant; 615502 - compliant. Dec: 614953 - compliant; 257988 - not compliant; 257988 - compliant; 173010 - compliant; 507262 - not compliant.	595954 - I do not see a task listed related to MH Sick call on 10/29 and there is no indication of assigned time frame (urgent or routine). 257988 - scheduled to be seen 3 days later, but disposition timeframe of urgent vs routine not specified. 507262 - seen outside of 24 hr window and disposition not marked on Sc as urgent or routine.
8. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week?	Contractor will provide a list from custody of all inmates in restrictive housing during the review time frame. List should include the dates the inmate was in restrictive housing. Behavioral Wellness will review 5 inmates per month, 15 per review period, to answer question 10.	County Contract, Exhibit A, Section 4.1D	X				compliant. 15 out of 15 charts, 100%	Oct: 538465 - compliant; 596485 - compliant; 615273 - compliant; 271159 - compliant; 124439 - compliant. Nov: 538465 - compliant; 279801 - compliant; 615273 - compliant; 596485 - compliant. Dec: 538465 - compliant; 551776 - compliant; 279801 - compliant; 551776 - compliant; 124439 - compliant.	
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	COMPLIANCE FINDINGS/NOTES	
9. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 30 days.	Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer question 13.	DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				compliant. 15 out of 15 charts, 100%	Oct: 698567 - compliant; 708317 - compliant; 701447 - compliant; 700710 - compliant; 706551 - compliant. Nov: 709303 - compliant; 709819 - compliant; 700610 - compliant; 707787 - compliant; 707543 - compliant. Dec: 703932 - compliant; 709759 - compliant; 709390 - compliant; 711129 - compliant; 709580 - compliant.	
10. Is a discharge document complete?		DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				compliant. 15 out of 15 charts, 100%	Oct: 698567 - compliant; 708317 - compliant; 701447 - compliant; 700710 - compliant; 706551 - compliant. Nov: 709303 - compliant; 709819 - compliant; 700610 - compliant; 707787 - compliant; 707543 - compliant. Dec: 703932 - compliant; 709759 - compliant; 709390 - compliant; 711129 - compliant; 709580 - compliant.	

		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
11. Did the Contractor re-assess all inmates placed on suicide watch in a safety cell at least every 4 hours by medical staff and every 12 hours by mental health staff?	Contractor will provide Behavioral Wellness with 30 randomly selected Safety Cell Logs during the review time frame. Behavioral Wellness will then choose 5 logs per month, 15 per review period, to answer question 15.	County Contract, Appendix B, Section 1c			X		Medical: Not compliant. 2 out of 15 charts, 13%. MH: Not compliant, 10 out of 15 charts, 67%. Oct (5): 613244: not compliant, missed medical and MH; 608314: not compliant, missed medical; 510635: not compliant, missed medical; 522635: not compliant; missed medical and MH; 615301: not compliant, missed medical. Nov (5): 596485: not compliant, missed medical; 250849: not compliant, missed medical; 615443: not compliant, missed medical and MH; 125622: not compliant, missed medical; 551776: not compliant, medical. Dec (5): 615700: compliant; 527737: not compliant, missed medical and MH; 613250: compliant; 549311: not compliant, missed medical and MH; 549311: not compliant, missed medical.
12. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?	Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.	DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant. 14 out of 15 charts, 93%. Oct (5): 613244: not compliant, no note on 10/4; 608314: compliant; 510635: compliant; 522635: compliant; 615301: compliant. Nov (5): 596485: compliant; 250849: compliant; 615443: compliant; 125622: compliant; 551776: compliant. Dec (5): 615700: compliant; 527737: compliant; 613250: compliant; 549311: compliant; 549311: compliant.
13. Did the contractor complete a treatment plan and/or collaborative safety plan in full for each inmate prior to discharge from the safety cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				Compliant. 14 out of 15 charts, 93%. Oct (5): 613244: compliant; 608314: compliant; 510635: compliant; 522635: compliant; 615301: compliant. Nov (5): 596485: compliant; 250849: compliant; 615443: compliant; 125622: compliant; 551776: compliant. Dec (5): 615700: compliant; 527737: compliant; 613250: compliant; 549311: not compliant, not completed post PHF; 549311: compliant.
14. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days, if clinically indicated, for each inmate entry into a Safety Cell or Observation Cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)			X		Not compliant, 10 out of 15 charts, 67%. Oct (5): 613244: compliant; 608314: compliant; 510635: N/A; 522635: not compliant, 24 hour 1 day late; 615301: compliant. Nov (5): 596485: not compliant, 5 day 1 day late; 250849: not compliant, 24 hour 1 day late; 615443: compliant; 125622: not compliant, 5 day 1 day late; 551776: compliant. Dec (5): 615700: N/A; 527737: compliant; 613250: not compliant, no 5 day scheduled or completed; 549311: compliant; 549311: compliant.
15. If there was no improvement in the inmate's condition in the Safety Cell within 12 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment?		Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)		X			Not compliant, 3 out of 4 charts, 75%. Oct (5): 613244: N/A; 608134: compliant; 510635: N/A; 522635: N/A; 615301: N/A. Nov (5): 596485: N/A; 250849: N/A; 615443: N/A; 125622: N/A; 551776: N/A. Dec (5): 615700: N/A; 527737: not compliant; 613250: N/A; 549311: compliant; 549311: compliant.
16. If there was no improvement in the inmate's condition in the Safety Cell within 24 hours was the County's Crisis Services team contacted for inmate to receive higher level of care.		County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)		X			Compliant. 1 out of 1 charts, 100%. Oct (5): 613244: N/A; 608314: N/A; 510635: N/A; 522635: N/A; 615301: N/A. Nov (5): 596485: N/A; 250849: N/A; 615443: N/A; 125622: N/A; 551776: N/A. Dec (5): 615700: N/A; 527737: N/A; 613250: N/A; 549311: compliant; 549311: N/A.

liked seeing psych tech notes! 527737: no MH visit for 24 hours, new safety cell logs in december and clearance checklist, 549311: no MH visit for 24 hours and not cleared on log

SOUTH BRANCH JAIL									
PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	COMPLIANCE FINDINGS/NOTES	
1. Did the contractor complete the initial intake screening fully?	Contractor will provide Behavioral Wellness with a list of all intakes with positive histories of mental health completed during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 1-5	DRC Remedial Plan, Monitoring, 3.J.4 Continuous Quality Improvement (Page 22)		X			not compliant, 10 out of charts compliant, 67%. Intake screening completed in full EXCEPT final disposition.	Oct: 610552 - compliant; 0613865 - not compliant; 0285498 - not compliant; 0524934 - not compliant; 0615268 - compliant. Nov: 0615494 - not compliant; 0503028 - not compliant; 0615517 - compliant; 0612000 - compliant; 0615560 - compliant. Dec: 0518185 - compliant; 0209425 - compliant; 0615780 - compliant; 0615787 - compliant; 0503028 - compliant.	0613865 no disposition listed ; 0285498 no disposition listed; 0524934 no disposition listed; 0615494 no disposition listed; 0503028 no disposition listed
2. In the initial intake screening, did the contractor document all reported medications and whether the medication could be verified?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			compliant. 15 out of 15 charts, 100%	Oct: 610552 - compliant; 0613865 - compliant; 0285498 - compliant; 0524934 - compliant; 0615268 - compliant. Nov: 0615494 - compliant; 0503028 - compliant; 0615517 - compliant; 0612000 - compliant; 0615560 - compliant. Dec: 0518185 - compliant; 0209425 - compliant; 0615780 - compliant; 0615787 - compliant; 0503028 - compliant.	
3. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 48 hours? (Exceptions are benzodiazepines and medications solely prescribed for sleep). If medications are not verified, is the inmate scheduled to see the psychiatrist within 24 hours of their arrival at jail?		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			compliant. 15 out of 15 charts, 100%	Oct: 610552 - compliant; 0613865 - compliant; 0285498 - compliant; 0524934 - compliant; 0615268 - compliant. Nov: 0615494 - compliant; 0503028 - compliant; 0615517 - compliant; 0612000 - compliant; 0615560 - compliant. Dec: 0518185 - compliant; 0209425 - compliant; 0615780 - compliant; 0615787 - compliant; 0503028 - compliant.	
4. If an inmate is identified as having a MH need, were the referrals made in the initial screening completed according to the urgent, emergent and routine timeframes?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)		X			not compliant, 10 out of charts compliant, 67%. Since intake screening did not have disposition, unable to monitor compliance to urgent, emergent and routine timeframes.	Oct: 610552 - compliant; 0613865 - not compliant; 0285498 - not compliant; 0524934 - not compliant; 0615268 - compliant. Nov: 0615494 - not compliant; 0503028 - not compliant; 0615517 - compliant; 0612000 - compliant; 0615560 - compliant. Dec: 0518185 - compliant; 0209425 - compliant; 0615780 - compliant; 0615787 - compliant; 0503028 - compliant.	0613865 no disposition listed; 0285498 no disposition listed; 0524934 no disposition listed; 0615494 no disposition listed
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	COMPLIANCE FINDINGS/NOTES	
5. Are inmates that are under the care of the psychiatrist seen by the psychiatrist every 30, 60 or 90 days, as outlined in the plan portion of the SOAP note?	Contractor will provide Behavioral Wellness with a list of all inmates on the psychiatrist task list during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer questions 7-8	DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				compliant. 15 out of 15 charts, 100%	Oct: 708961 - compliant; 708509 - compliant; 707757 - compliant; 710890 - compliant; 708509 - compliant. Nov: 710110 - compliant; 693717 - compliant; 708702 - compliant; 708954 - compliant; 695982 - compliant. Dec: 708359 - compliant; 710691 - compliant; 699053 - compliant; 701081 - compliant; 708675 - compliant.	
6. Are the above timeframes met, or if unable to be met, is there sufficient justification for the change in appointment?		DRC Remedial Plan, Monitoring, 2.N.2 Quality Management (Page 11)	X				compliant. 15 out of 15 charts, 100%	Oct: 708961 - compliant; 708509 - compliant; 707757 - compliant; 710890 - compliant; 708509 - compliant. Nov: 710110 - compliant; 693717 - compliant; 708702 - compliant; 708954 - compliant; 695982 - compliant. Dec: 708359 - compliant; 710691 - compliant; 699053 - compliant; 701081 - compliant; 708675 - compliant.	
7. When inmates need access to psychiatry or mental health services between scheduled appointments, are sick calls triaged and answered within 24 hours of urgent requests and 1 week for routine requests?	Contractor will provide sick call log during the review time frame. Behavioral Wellness will review 5 sick calls per month, 15 per review period, to answer question 9.	DRC Remedial Plan, Information Sharing & Pharmacy & Monitoring, 2.H.1 Pharmacy Services (Page 9)		X			Not compliant, 9 out of 15 charts, 60%. Sick call slips still do not have a clear indicator of urgent, emergent or routine. All compliant charts were seen same day as sick call but unable to monitor compliance to urgent, emergent and routine timeframes for sick calls seen outside of the same day.	Oct: 504332 - compliant; 515167 - not compliant; 251221 - compliant; 52080 - compliant; 269629 - not compliant. Nov: 610595 - compliant; 505685 - compliant; 511921 - compliant; 280992 - not compliant; 501242 - compliant. Dec: 615436 - not compliant; 526036 - not compliant; 501242 - not compliant; 615213 - compliant; 520473 - compliant.	515167 - not compliant - no timeframe documented on sc and seen several days later; 269629 not compliant - seen after several days and no timeframe identified on sc. 615436 - no timeframe documented on sc. 526036 " ". 501242 " "
8. For inmates with mental illness who are in restrictive housing, was the inmate provided appropriate interventions at least three times a week?	Contractor will provide a list from custody of all inmates in restrictive housing during the review time frame. List should include the dates the inmate was in restrictive housing. Behavioral Wellness will review 5 inmates per month, 15 per review period, to answer question 10.	County Contract, Exhibit A, Section 4.1D	X				compliant. 14 out of 15 charts, 93%	Oct: 607238 - compliant; 614322 - compliant; 511283 - compliant; 614994 - compliant; 512910 - not compliant. Nov: 604710 - compliant; 614322 - compliant; 547212 - compliant; 613162 - compliant; 615065 - compliant. Dec: 604710 - compliant; 588297 - compliant; 615358 - compliant; 615065 - compliant; 512910 - compliant.	512910 - out of compliance one week
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	COMPLIANCE FINDINGS/NOTES	
9. The County will ensure that inmates taking prescribed psychiatric medications have continuity of medications for up to 30 days.	Contractor will provide Behavioral Wellness with a list of all inmates discharged during the review time frame. Behavioral Wellness will then choose 5 charts per month, 15 per review period, to answer question 13.	DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				compliant. 15 out of 15 charts, 100%	Oct: 709222 - compliant; 693232 - compliant; 708085 - compliant; 700912 - compliant; 706973 - compliant. Nov: 707757 - compliant; 708033 - compliant; 709778 - compliant; 710204 - compliant; 709260 - compliant. Dec: 711195 - compliant; 708472 - compliant; 697822 - compliant; 707849 - compliant; 711027 - compliant.	
10. Is a discharge document complete?		DRC Remedial Plan, Discharge and Reentry, 3.H.3 Discharge and Reentry Services (Page 20)	X				compliant. 14 out of 15 charts, 93%	Oct: 709222 - compliant; 693232 - compliant; 708085 - not compliant; 700912 - compliant; 706973 - compliant. Nov: 707757 - compliant; 708033 - compliant; 709778 - compliant; 710204 - compliant; 709260 - compliant. Dec: 711195 - compliant; 708472 - compliant; 697822 - compliant; 707849 - compliant; 711027 - compliant.	708085 - I do not see a discharge document?

		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
11. Did the Contractor re-assess all inmates placed on suicide watch in a safety cell at least every 4 hours by medical staff and every 12 hours by mental health staff?	Contractor will provide Behavioral Wellness with 30 randomly selected Safety Cell Logs during the review time frame. Behavioral Wellness will then choose 5 logs per month, 15 per review period, to answer question 15.	County Contract, Appendix B, Section 1c			X		Medical: Not compliant, 11 out of 15, 73%. MH: compliant. 12 out of 15 charts, 80%
12. Did the contractor complete a mental health and suicide risk assessment in full for each inmate entry into a Safety Cell?	Using the 15 selected logs from question 15, Behavioral Wellness will review the corresponding charts to answer questions 16-20.	DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				compliant. 15 out of 15 charts, 100%
13. Did the contractor complete a treatment plan and/or collaborative safety plan in full for each inmate prior to discharge from the safety cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				compliant. 15 out of 15 charts, 100%
14. Did the contractor complete a post suicide watch clinical follow up and assessment within 24 hours, 5 days and 7 days, if clinically indicated, for each inmate entry into a Safety Cell or Observation Cell?		DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				compliant. 12 out of 15 charts, 80%
15. If there was no improvement in the inmate's condition in the Safety Cell within 12 hours, was the County's Crisis Services team contacted to consult for plan of care including need for a crisis assessment?		Contract, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				compliant. 5 out of 5 charts, 100%
16. If there was no improvement in the inmate's condition in the Safety Cell within 24 hours was the County's Crisis Services team contacted for inmate to receive higher level of care.		County Contract, Appendix B, Section 2b, DRC Remedial Plan, Monitoring, 2.A.2 County Monitoring of Private Medical Contract (pg.4)	X				compliant. 1 out of 1 chart, 100%

615358: not seen by MH for 24 hours, 588297: not seen by MH until next day after 2 pm entry

<b>PROVIDER EVALUATION SUMMARY</b>
<b>Areas of Compliance (No Follow Up Needed)</b>
<b>Your Program was found compliant in 25 areas audited.</b>
Continue to do well at bridging medications and completing psychiatric notes and follow up timely.
Excellent at completing discharge documentation and giving a 30 day supply of medications.
Vast improvement in restrictive housing checks and are now in compliance!
<b>Areas Identified for IMMEDIATE ACTION (IA)</b>
<b>There were 3 identified areas that need Immediate Action</b>
Showing improvement in SBJ in both safety cell checks and post suicide watch follow up but remains non-compliant in safety cell checks.
NBJ continues to have low levels of compliance in both safety cell checks and post suicide watch follow up.
<b>Areas Identified for NEEDS IMPROVEMENT (NI)</b>
<b>There were 4 identified areas that Need Improvement</b>
Intake screening completed in full EXCEPT final disposition.
Since intake screening did not have disposition, unable to monitor compliance to urgent, emergent and routine timeframes.
Sick call slips still do not have a clear indicator of urgent, emergent or routine.

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

**Thank you for your participation in this quarterly Programmatic Monitoring visit. Please feel free to contact us with any questions or concerns at [bwellqcm@sbcbswell.org](mailto:bwellqcm@sbcbswell.org)**

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