
Annual Report of CFMG Services Santa Barbara County Detention Facilities **2017-2018**



Amber Nunes, RN, BSN, CCHP-RN
CFMG Health Services Administrator
Santa Barbara County

Table of Contents

Table of Contents	1
Introduction	2
Overview of Services Rendered.....	4
Transition Overview.....	5
Community outreach	7
CorEMR	7
CQI and MAC.....	7
Off-site Clinical services.....	8
Clinic Services provided on-site.....	9
Pharmaceutical Management.....	10
Correct RX	10
Northern Branch Jail Project.....	10
Collaborative Correctional Care.....	11
Mental health Overview.....	11
NCCHC.....	13
Current SLA's.....	14
Proposed new SLA's.....	14
In custody inmate deaths.....	17
Annual Statistical Reports	Attached

Introduction

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

Health care is proudly provided to the patients at the Santa Barbara County detention facilities under contract by California Forensic Medical Group (CFMG). Enclosed you will find a summary and highlights of the services provided since April 1st, 2017.

2017 was a dynamic and rewarding year for both our teams. As a nurse who has participated in many transitions of CFMG into various counties it is not always easy to make these transitions seamlessly. However, this was not the case in Santa Barbara. Prior to our go-live date, we have felt incredibly supported and appreciated by the Sheriff's Office and Probation Department.

I'd like to take a moment to recognize members of your team for the superb work they have done, continue to do and the incredible support they provide not only to CFMG, but to our patients. Chief Probation Officer Tanja Heitman, Chief Vincent Wasilewski, Lieutenant Shawn Lammer and Commander Charles Powell have been extremely supportive of CFMG's entire mission and core values. They have an open-door policy for all issues that may arise; our staff feel comfortable coming to them with anything that may need their attention. Chief Wasilewski is supportive, professional and transparent. Lieutenant Sullivan and Lieutenant Espinosa have supported not just our people but the integrity of both agencies in always doing the right thing. Sgt. Liston and his staff have been diligent in their efforts to repair an aged facility and help us to create spaces where we all feel comfortable and proud to come to work. Lt. Warren has graciously included medical in various stages of the North county branch jail project to help make the best facility to house our patients and staff members. Additionally, Commander Meter has worked with the operations staff to help change the culture within our facility, which has removed silos and resulted in a collaborative atmosphere. With his help we have improved daily tasks/functions and raised the bar of the quality of services we each provide to this population. We have bridged the divide and are now working together as one team.

As managers we rarely get moments to reflect and recognize those who do great work on a day to day basis. Our time in the office, answering calls with local agencies, working with proper placement in the community can be consumed by fires burning (literally). There are many who make a difference; however, I want you to know of the select officers that meet or exceed the mission and expectations of your agencies. A few I must mention are: Sgt. Brooks, Sgt Ramirez, Retired Officer McDonald, Officers Koeller, Castillo, Bravo, Castro, Shannon, Contreras, Senior DPO's Ashley Cabral and Sonia Alcantar.

Our transportation officers serve as a vital link to the community resources that we use for special testing and consultations not available inside the jail. Additionally, I would like to recognize the outstanding efforts of our transportation juvenile institution officers and Custody deputies for their contribution of continuous on-going direction and support for

medical services. It is because of the leadership and communication between and with these people that we are able to provide high quality and cost-efficient health care.

Your dedicated and well-trained line staff, whose focus on safety and security, in collaboration with our team, drive the success of the healthcare program. A program that is focused on changing perception, by delivering on our promises, engaging the community and developing a culture that attracts individuals dedicated to this underserved population.

Our annual report demonstrates that CFMG staff has provided high quality, professional and cost-effective care that meets legislative requirements and often exceeds community standards of care.

Sherriff Brown and Chief Heitman, on behalf of the CFMG team, we are grateful for the opportunity and your support in the drive for excellence.

Respectfully,

Amber Nunes, RN, BSN, CCHP-RN

CFMG 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
Minor Surgical Procedures performed In-House
Mental health programming (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

Transition Overview

Our primary CFMG transition team arrived one week prior to go live. Prior to that time CFMG had people reviewing workflows, interviewing prospective individuals in preparation of the start. A two-day orientation for all CFMG Santa Barbara County jail staff members was held. CFMG believes in training and as a part of our onboarding all Registered Nurses are required to attend a 16-hour, two-day Standardized Procedure and physical assessment course before they begin working.

At midnight on April 1st, 2017 CFMG arrived at the facilities with a team that consisted of our Regional Vice President, our Chief Operating Officer, 2 mid-level providers (a Physician's assistant and Family nurse practitioner), 2 Medical Doctors (one of which is our Chief Medical Officer), 1 Psychiatrist, 12 Registered Nurses, 5 Licensed Vocational Nurses, 3 mental health professionals, 2 administrative assistants and 5 medical records clerks. The CFMG transition staff did 12-hour shifts in a day/night shift rotation. Most of the transition team members were deployed in Santa Barbara for 2-3 weeks. Two RN's and one LVN stayed for 30 days. A member of the transition team joined the Santa Barbara team as the Interim Director of Nursing after the first month and stayed on staff until July of 2017.

Day 1 we found over 1,600 inmate sick call slips in the adult facility that had not been seen and more in shred bins. After reviewing every sick call slip, 600+ were still in the jail's custody, while many of these were duplicates from the same inmates. Our goal and mission were to see every single one of them.

A summary of the first few days at the adult facility.

- ❖ over 100 sick call visits in that first day.
- ❖ Chronically ill patients (diabetics, hypertensives, epileptics and asthmatics were seen.)
- ❖ Medication management, labs and last chronic care visits were reviewed
- ❖ Fourteen-day health assessments had not been done consistently since October of 2016 in the adult facility.
- ❖ Medical records had been misfiled and gigantic efforts were put forth to identify all patients who needed 14-day health assessment screening, TB assessment screening, and PPD placement.

We were able to screen most inmates who needed to be screened within our first three months. Annual physicals were caught up by month 6.

Mental Health, a vital component for a successful program underwent change. We implemented a double staffing pattern in the Mental Health Department to increase patient access to mental health services and reduce risk for patient suicide. CFMG was able to blend the expertise of existing senior mental health professionals and provide additional training for new mental health professionals to create a new and strong team. Hours of operation for face to face mental health services increased from 7 days a week from 0700-1730 to 7 days a week 0700-2300.

During transition CFMG provided on site psychiatry for medication renewals, medication adjustments and new psychiatric evaluations with the highly skilled and bilingual Psychiatric Director and CFMG Founder Dr. Taylor Fithian. Continuity of care between the prior vendor and CFMG transition was flawlessly executed to ensure both patient treatment and medication remained consistent during this critical period.

CFMG Mental Health Professionals now provide 3 days a week of mental health contact in Segregated Populations, tripling the amount of prior contact. The increase of service level results in a marked decrease in Safety Cell placements, improves service delivery time for emergent issues, and reduces the risk for suicide with this protective contact to the most vulnerable population. The success of this has been a direct result of SBSO Custody's commitment to support access/ escort for our Mental Health Professionals to these patient encounters which often provide critical information on patient welfare/progress.

CFMG Juvenile and Los Prietos Boys camp experienced a seamless transition with little required change. Under the guidance and direction of Dr. Carrick Adam, the healthcare of the youth is exemplary.

Community outreach

CFMG has provided training year-round for SBSO Sheriff's Academy cadets in the CORE Academy. 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 pathogen and universal precautions,
- case law, common medical conditions encountered in custody,
- 14-day health assessment process, access to healthcare, and HIPPA compliance.

Lastly, the cadets are educated on the critical nature of the custody/CFMG relationship as OneTeam on how to best care for patients in custody. This training is also provided by CFMG in collaboration with BSU/CIT trainers throughout the year for field law enforcement providers and current Custody Deputies.

Dr. Adam and staff provide annual training to probation staff on the following topics: Tuberculosis, Influenza, Aerosol Transmissible Diseases, Blood borne pathogens, Opioids, naloxone nasal spray training, benzodiazepine epi, intoxication and withdrawal, Asthma, Medication Administration by probation staff, CorEMR training, Emergency Procedures, Mass disaster preparation and drill, "Think Trauma."

COMMUNITY ALLIANCES: To best serve our patients we find it incredibly important to develop strong relationships with our community. We have been successful in doing so with:

- Behavioral Wellness, Justice Alliance, CARES, AOT, PHF, CSU, RISE
- Cottage Hospital
- Santa Barbara County Public Health Department
- Marian Regional Medical Center

All this has led to an improvement in the continuity of care for patients entering or exiting custody. In the most recent Mental Health Treatment Court meeting, Judge Kuns spoke to the increased trust the court has in CFMG mental health patient care and transition to the community upon discharge. Dr. Lewis, Forensic Manager, has shared his gratitude for the strengthened communication/collaboration between CFMG staff and his program staff to the benefit of mutual patients and the community at large.

Our efforts didn't stop there, in December 2017, CFMG, in conjunction with the Sheriff's Office custody division, put together one hundred Holiday care packages for the homeless in our community. Donations for the care package items were received from custody and medical staff. Two weeks before Christmas we drove around town dropping off the care packages. We are excited to expand this event next year to include our north county community.

CorEMR

The implementation of our Electronic Medical Record, CorEMR was a collaborative effort between Sheriff IT and Probation IT departments. It went live on January 17th, 2018. CFMG brought in an entire CorEMR transition team to transform from paper charts, to the new electronic charting system which allows all staff and providers to easily and clearly see the progress of patient care and services delivery. CorEMR has assisted Probation staff to deliver medication to youth in a more effective manner.

All staff attended mandatory training on CorEMR prior to the launch of the new system, including probation staff who deliver medications to youth. In addition, CFMG designated 'SuperUsers' who are trained to support other line staff with troubleshooting or addressing technical issues as they arise. Staff and providers have overwhelmingly found that the Cor EMR system is 'user friendly' and has improved documentation, delivery of patient care and has enhanced patient safety.

CQI and MAC

Continuous Quality Improvement (CQI) is a tenet of who CFMG is and is one of our most substantial methods of assessing the quality of care provided to inmates and youth in our facilities. Our CQI program is multi-faceted and includes several scheduled audits by the Health Services Administrator and staff, as well as joint audits by Behavioral Wellness and Public Health which take place quarterly. We also have an outside medical doctor conduct a peer

review audit. These specific “requirement based” audits are numerous and cover a wide expanse of varying medical interventions and disease processes including acute problems and the intake assessment process.

In completing these audits, we found areas for improvement. For instance, a better discharge planning process was implemented. We went from a minority of the patients receiving discharge planning and discharge medications to 100% of all Chronic care and Mental Health patients receiving these services at our adult facility.

Another example is that during the first couple months we also found that the time between a patient submitting a sick call slip and actually being seen was increasing. The root cause we found was lack of officer availability to pull the inmates to be seen for sick call. We worked diligently with the Sheriff’s office command staff to come up with a permanent solution for this problem. We developed a custody deputy position, the medical escort team (MET). It consists of 4 dedicated deputies to our medical team 7 days a week. With the dedicated help we are able to see all patients within our desired timeframe for sick call, chronic care and 14-day health assessments.

An example of an important Quality improvement activity at the juvenile facilities was a school study that showed that high need youth were getting taken out of class several times a day to meet with various agencies including medical and BeWell. CFMG worked with probation, schools and BeWell to coordinate schedules to minimize school disruptions so youth could attain their educational goals.

In addition to almost daily contact with the jail’s and probation’s command staff to discuss items as they arise, there is a multi-disciplinary, monthly Medical Advisory Committee meeting (quarterly with probation) consisting not only of Sheriff and CFMG administration but added committee members from the county Public Health Department, Behavioral Wellness, Probation, Juvenile Hall and the Behavioral Sciences unit. CFMG’s administrative team also meets every Monday with custody staff and community partners to discuss high risk patients and coordinate approaches to medical and behavioral health needs, reducing risk for patients, custody and medical staff. These meetings are essential in discussing the various avenues of treatment and information sharing which demonstrates the commitment we all have in ensuring that Santa Barbara County possesses the required professional and technical competence to maintain the health of our inmate/patients.

At Juvenile Hall, CFMG staff participate in twice weekly multidisciplinary rounds where high risk and high need youth are discussed with Probation administration. BeWell and unit staff using a trauma-informed approach.

Juvenile Hall and Los Prietos Boys camp consistently meets 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 County Public Health Department’s Women’s Health Clinic for their pre-natal care and delivery. 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 use disorders are common, and lack of pre-natal care is prevalent. CFMG and SBSO plan to collaborate with a newly formed non-profit providing free pre/post-natal education to pregnant women in custody, with a special focus on high risk drug addicted women.

All patients diagnosed with Human Immunodeficiency Virus (HIV) are also referred to their previously established infectious disease specialist or if they do not have one established they are referred to Public Health Department infectious disease specialist. This has been a vitally important relationship as it has provided our patients an opportunity to establish a primary care provider with public health. We have seen numerous patients continue care with Public Health Department infectious disease and attend follow-up appointments that we have made for them after release.

When the needed level of medical care exceeds what is offered within the jail setting CFMG is responsible for obtaining outside community consultation. 375 community appointments were provided at our adult facility, including outside consultation/medical/dental services, and 168 community appointments from Juvenile Hall and Boys Camp. This number does not include emergency transports to the emergency room. We acknowledge and appreciate the quality service of the Sheriff's and Probations transportation staff to schedule and accompany these patients to their outside appointments. The continuity of care that our patients receive is not possible without the compassionate and confidential care provided by the Transportation officers and staff.

Clinic Services provided on-site

Patients may submit sick call slips describing a request for medical, mental health and/or dental services, which are collected and triaged nightly by medical nursing staff. Depending on the triage, requests are addressed in person same day or within 24, 48, or 72 hours by medical or mental health staff. At the juvenile facilities, sick call requests are collected at least twice daily and triaged within 4 hours when nursing is on site. All triaged sick calls are seen by the RN within 24 hours. The nurses are in contact with the physician for any emergent or urgent medical need or placed in the next physician sick call for non-urgent needs.

At the adult facility in our first year 9,178 medical clinic visits were completed by CFMG's Family Nurse Practitioner and Registered Nurses. 814 Clinic visits were completed by our contracted Medical Directors. Our Medical Director is Alireza Raboubi who joined our team on March 18th, 2018. Dr. Raboubi is a board-certified physician with expertise and experience in emergency and acute care medicine. He is double boarded through American Academy of Family Medicine along with American Board of Urgent Care Medicine. He also serves as an expert medical consultant with the California Medical Board's central complaint unit.

At Juvenile Hall our CFMG Physicians completed 633 youth sick calls, 306 annual physicals, 273 interval exams (96-hour exam), and 65 Chronic care visits. At Los Prietos Boys Camp our same Physicians completed 316 youth sick calls, 17 annual exams and 106 chronic care visits. Our nursing staff at Juvenile hall completed 3,165 youth sick call, and 159 interval exams. At

Boys Camp our nurse completed 1,111 youth sick call. Juvenile Hall and Boys Camp combined gave 589 immunizations.

Radiology: Mobile Diagnostics completed 288 chest x-rays within the adult jail.

Lab: Quest diagnostic laboratories completed 2,220 laboratory tests for CFMG. Public health lab has completed 614 laboratory tests for Juvenile and Los Prietos Boys camp. We have implemented protocols which have improved collection of laboratory samples and coordination with diagnostic providers.

Dental services: CFMG 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. 899 dental clinic visits were completed on-site in the jail during our first year. During this last year Dr. Schneider retired after over 20 years of dedicated service to the Sheriff's office. He was succeeded by Dr. Daniel Pattanachinda. Juvenile Hall and Los Prietos Boys Camp made 91 community appointments for youth with dental complaints.

One huge area of cost and SBSO manpower savings realized by CFMG's protocols has been a marked decrease in patients sent to the local emergency room. In 2016 there were 282 emergency room visits; in CFMG's first year we totaled 140 ER send outs, a 50% decrease in ER send outs.

Pharmaceutical Management

Adult: There were 336,386 medications dispensed to adult patients and 37,787 to our youth patients in our first year. The yearly summary reveals an average daily population of 993 adult inmate patients; an average of 50 % of this population was on medications throughout the year. An average of 19.9 % of this population was taking psychotropic medications throughout the year. In the first-year medications were prescribed to 5,978 patients. Of those, 2,375 were prescribed psychotropic medication.

Probation: The yearly summary for our youth is an average daily population at Juvenile Hall to be 53.4 youths and 37.3 youths at Los Prietos Boys Camp. An average of 22 youths were on medication each month, including an average of 13 youths on psychiatric medications. At Los Prietos, an average of nine youths were on prescription medication, with 7 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.

Diamond Pharmacy completed the first 2 quarterly pharmaceutical inspections in 2017. This is a thorough 64-point evaluation and inspection. There were no issues noted during the audit. Correct Rx completed our last quarterly audit of the year and there were also no issues noted during the audit. Our 3rd quarter audit was unable to be completed due to the Thomas Fire incident and the Montecito debris flow.

Please see Exhibit I for our medication utilization report.

Correct Rx

CFMG has contracted with Correct Rx to provide all our pharmaceutical needs. With Correct RX we will transition from a stock medication pharmacy to a patient-specific pharmacy at the adult jail. This will provide enhanced patient safety and we anticipate some cost savings as we move this direction. The use of patient-specific medications is strongly supported and recommended by NCCHC. Correct Rx provides us with detailed pharmaceutical utilization reports at any time from their dashboard. CFMG has successfully used this system at other facilities and found improved accuracy and decreased waste for pharmaceutical delivery.

Northern Branch jail project

Negotiations are still on-going.

Collaborative Correctional Care

Collaborative Correctional CareSM is a patient-centered model in which primary care staff and providers, behavioral health specialists, and a Care Manager form a Care Team. This Care Team works collaboratively to assess the patient's care needs, enter the patient into the right care protocol, and monitor care progress and outcomes during the entire length of incarceration. Discharge planning ensures a successful "hand off" of care to community providers to help reduce community healthcare costs and recidivism. Collaborative Correctional CareSM follows five core principles:

1. Inmate-Patient Centered Care Team - Primary care and behavioral health providers collaborate effectively using shared care plans that incorporate patient goals.
2. Population-Based Care - Care team shares a defined group of patients with a variety of diagnoses tracked in an electronic tracking registry to ensure no one falls through the cracks.
3. Measurement-Based Treatment to Target - Each patient's treatment plan clearly articulates personal goals and clinical outcomes that are routinely measured by evidence-based tools like the PHQ-9, GAD-7, and clinical indicators such as blood pressure trends, HbgA1C trends.
4. Evidence-Based Care – All care guidelines are evidence-based and match community best-practice standards. Behavioral interventions will be part of the tools used by the care team.
5. Accountable Care - Providers are accountable for quality of care and clinical outcomes, not just the volume of care provided.

The structure of Collaborative Correctional CareSM focuses on the key care areas found in a correctional setting: Chronic Care, Situationally Depressed and Anxious, Serious and Persistently Mentally Ill (SPMI) and Substance Use Disorder. This care is built on a clinical philosophy of Care Management, Evidence Based Treatment Protocols and Outcomes.

Mental health

At the Jail, our Mental Health Professional staff consists of two full time Psychiatric RN's, specializing in psychiatric nursing and 3 full-time Licensed Marriage and Family Therapists (LMFT) and 1 Licensed Clinical Social Worker (LCSW). CFMG maintains a pool of highly trained and experienced per diem staff to cover during staff vacation/illness. Psychiatric RNs completed 1,854 patient visits, and the LCSW/LMFT staff completed 7,474 patient visits. An additional 1720 patient visits were completed by CFMG tele-psychiatrists, 749 visits were completed by an on-site psychiatrist. There were 38 suicide attempts by inmate/patients at the jail during our first year that were unsuccessful due to good observation and judgment by correctional and mental health staff.

The seriously mentally ill patient population benefit tremendously and noticeably with CFMG's increase in staffing, training and hours of operation of the Mental Health Department. Mental Health Professionals staff services at Santa Barbara Main Jail from 0700 to 2300, 7 days a week and are on call for custody and medical staff for emergent concerns throughout service hours for patients in mental health crisis. Mental Health Professionals are skillfully building rapport and therapeutic alliance with some of the most difficult and vulnerable patients in custody. With increased therapeutic contact, cognitive-behavioral interventions, and increased ability for follow up, we are successfully reducing harmful and risky behaviors.

Upon entry to jail, Mental Health Professionals provide initial mental health assessment (psycho/social assessment/mental status exam) of patients referred from multiple sources and triage follow up care and treatment planning based on clinical need and risk factors. Patients assessed with imminent risk of harming themselves (actively suicidal) or others (actively homicidal) Mental Health Professionals arrange their immediate placement in a Safety cell or an Observation cell to maintain life and personal safety.

While on suicide watch/observation, Mental Health Professionals use talk therapy/psychotherapy to provide de-escalation and containment of distressing symptoms, provide crisis intervention/de-escalation, educate patients on coping and mood management skills that patients can utilize while on observation to promote stabilization and improvement in functioning. Medical staff and custody staff also monitor these critical patients every fifteen minutes to ensure health and safety are maintained, and report any changes in mood, behavior or patient presentation.

Mental Health Professionals reassess patients in Safety Cells and Observation Cells at established rounding times to review any changes in mental status, assess risk for suicide, need for psychotropic medication evaluation, or step-down patients level of care due to improvement and stabilization. Patients are reassessed on suicide risk assessment tools and mental status examinations to determine appropriate levels of care and develop treatment plan interventions. Mental Health Professionals consult with Behavioral Wellness staff to request 5150 evaluations when needed and coordinate transfer of patients qualifying for involuntary psychiatric care to the local Psychiatric Health Facility (PHF). Every 12 hours a patient remains on Suicide Watch in a Safety Cell Mental

Health Professionals consult with Behavioral Wellness staff to ensure best practice for patient safety and treatment planning.

Patient are scheduled for routine, priority or urgent follow up with a Mental Health Professional. During follow up sessions, Mental Health Professionals establish a collaborative plan of care with the patient and employ psychotherapeutic techniques: cognitive-behavioral therapy (CBT) psychoeducation, worksheet and interventions, and model/teach mindfulness techniques and coping strategies. Guided by empirical research, CBT focuses on the development of personal coping strategies that target solving current problems (mood disturbance, cognitive distortion, relapse with substances) and changing unhelpful patterns in cognitions, behaviors, and emotional regulation. It was originally designed to treat depression and is now used for a myriad of mental health conditions experienced by the patient population.

Mindfulness interventions include grounding techniques, breathing and medication exercises, increasing distress tolerance and acceptance of thoughts and feelings. Mental Health Professionals educate patient on relapse prevention strategies, healthy living activities, self-soothing techniques, self-care routines, safety plans and crisis prevention planning.

CFMG has a very strong Suicide Prevention Program where patients who have been removed from Suicide Watch have regular follow up with a Mental Health Professional within 24 hours, 3 days, 7 days, weekly for 30 days and monthly for 90 days to ensure patient progress and mitigate decompensation.

Mental Health Professionals assess patients and all inmates housed in Segregated Population housing units to assess mental status, health and safety concerns, risk for suicide and provide psychoeducation/intervention or referral 3 times per week. Mental Health Professionals develop therapeutic alliances with patient in Segregated Population through active listening, normalizing patient feelings/experience, challenging cognitive distortions and validating positive behavior change and rehabilitation.

Within the last 6 months, CFMG Mental Health Staff have received appreciation letters from former patients at State Hospital and those who have successfully transitioned back to the community. Since day one of CFMG contract there has been a huge reduction in mental health grievances from patients in custody and a greater sense of trust between patient and provider.

CFMG Mental Health Professionals advocate for patients in acute mental health and access higher levels of care whenever clinically indicated. Mental Health Professionals work diligently to encourage positive behavior change and rehabilitation, often resulting in life changing progress. One example is dramatic improvement of one young male patient in segregation population, suffering from mental illness and cognitive deficits. CFMG Mental Health Professionals have worked with this individual three times (or more) per week to address psychotropic medication compliance, address aggressive behaviors, and assist the patient in his goal to learn to read and write. This patient had been unable to communicate or comprehend the written language beyond a simple yes or

no. With heavy support, this patient in the last year is able to read aloud pages of books, program material and psychoeducation material. We accept the challenge to continue improve his reading and comprehension. This is just a few of the many success stories experienced in the last year of the new staffing and services available with the CFMG Mental Health Department.

CFMG is not contracted to provide mental health services to the youth of Juvenile Hall or Los Prietos Boys Camp.

NCCHC

In the first year at the adult facility we have created a NCCHC timeline. This included our first in-house pre-NCCHC site audit for the main jail. It was found that we are already meeting 55% of Essential standards and 50% of Important Standards. A meeting with Custody Command staff and CMGC corporate officials took place in 2018. In this meeting we discussed all standards that were not being met and round tabled how we could meet them. A plan was developed, and deadlines were assigned to all standards not currently being met. We report on our NCCHC timeline at every monthly MAC meeting.

The juvenile facilities have been working on a NCCHC implementation plan that includes timelines. While we are working toward NCCHC accreditation, we have applied for reaccreditation from Institute of Medical Quality (IMQ).

Current SLA's

Staffing vacancies

- 100% compliance, no vacancies for more than 60 days

Public health audit (*adult facility*)

- Q3: 70% compliance
- Q4: 100% compliance

Public Health audit (*Juvenile facility*)

- Q3: 100% compliance
- Q4: 100% compliance

Behavioral wellness Audit (*adult facility*)

- Q3: 81.78% compliance
- Q4: 86.5% compliance

New SLA's

Proposed Adult Service Level Agreement changes for 2nd year:

1. 14-day Health assessments

Performance Objective: The contractor will ensure that 14-day health assessments are done within 14 days of a patient's incarceration. If the patient refuses the

contractor will ensure proper documentation of refusals occurs. The contractor will ensure that all tuberculin skin tests are placed as needed. If the patient refuses, then the contractor will ensure that alternative methods of screening for tuberculosis are offered (i.e. Chest X-Ray then Quantiferon lab draw). If patient refuses all methods of screening contractor will ensure that the patient has a visual assessment completed by a mid-level provider or MD.

SLA: 90% of all inmates incarcerated will have a 14-day health assessment within 14 days.

Measurement: External chart audit by public health on a sample of 10% of inmates incarcerated for 14 days or longer in the prior calendar quarter. Analysis by Public Health will be conducted quarterly. Results from audit will be submitted to CFMG HSA and Sheriff's Office contract manger within 5 business days of audit date.

Penalty: The first quarter in which less than 90% of audited charts at the jail show compliance with the perform indicator, the Contractor must develop a written Corrective Action Plan (CAP) to the Sheriff for approval within 30 days of the audit. The Contractor will immediately implement CAP upon approval from Sheriff. Re-audit will occur on a sample of 10% of inmates meeting above criteria, beginning the quarter after the CAP was implemented. Re-Audit to be done by CFMG monthly until 90% compliance is met. Monetary penalty to be decided between Sheriff and CFMG at contract renegotiation.

2. Medication Verification

Performance Objective: Contractor shall ensure that medication verification is completed within 12 hours of a medical intake screening if the patient indicated essential or psychiatric (not to include benzo's or sleep aids) prescription drug utilization. If medications are verified, Contractor will ensure that the medications are "bridged" until patient is able to see a provider. If medications cannot be verified for essential and psychiatric conditions the nurse shall confer with the on-call medical or mental health provider (OCP) to establish, document and initiate a treatment plan if the provider is amenable to initiating treatment. This shall occur within 24 hours of arrival.

SLA: 90% of all inmates who have identified essential or psychiatric prescription medication utilization will have their medication verified and bridged regardless of formulary status (or medication of similar therapeutic class) within 24 hours. 90% of inmates who have identified essential or psychiatric prescription medication utilization whose medications cannot be verified have documented in their medical record that the nurse contacted an OCP within 24 hours.

Measurement: External chart audit by public health on a sample of 10% of inmates prescribed essential and psychiatric medication the prior calendar quarter. Analysis by Public Health will be conducted quarterly. Results from audit will be submitted to CFMG HSA and Sheriff's Office contract manger within 5 business days of audit date.

Penalty: The first quarter in which less than 90% of audited charts at the jail show compliance with the perform indicator, the Contractor must develop a written Corrective Action Plan (CAP) to the Sheriff for approval within 30 days of the audit. The Contractor will immediately implement CAP upon approval from Sheriff. Re-audit will occur on a sample of 10% of inmates meeting above criteria, beginning

the quarter after the CAP was implemented. Re-Audit to be done by CFMG monthly until 90% compliance is met. Monetary penalty to be decided between Sheriff and CFMG at contract renegotiation.

3. Chronic Care

Performance objective: The contractor shall ensure that all chronic care patients (this includes major mental illness) are being seen in accordance to NCCHC standard. The contractor will ensure that if providers are treating patients outside the chronic care guidelines their reasons for deviation from protocol must be justified.

SLA: 90% of all inmates who have identified essential or psychiatric prescription medication utilization will have their medication verified and bridged regardless of formulary status (or medication of similar therapeutic class) within 24 hours. 90% of inmates who have identified essential or psychiatric prescription medication utilization whose medications cannot be verified have documented in their medical record that the nurse contacted an OCP within 24 hours.

Measurement: External chart audit by public health on a sample of 10% of inmates receiving chronic care appointments in the prior calendar quarter. Analysis by Public Health will be conducted quarterly. Results from audit will be submitted to CFMG HSA and Sheriff's Office contract manger within 5 business days of audit date.

Penalty: The first quarter in which less than 90% of audited charts at the jail show compliance with the perform indicator, the Contractor must develop a written Corrective Action Plan (CAP) to the Sheriff for approval within 30 days of the audit. The Contractor will immediately implement CAP upon approval from Sheriff. Re-audit will occur on a sample of 10% of inmates meeting above criteria, beginning the quarter after the CAP was implemented. Re-Audit to be done by CFMG monthly until 90% compliance is met. Monetary penalty to be decided between Sheriff and CFMG at contract renegotiation.

Proposed Service Level Agreement changes for 2nd year at Juvenile hall and Los Prietos Boys camp:

1. Health Assessments:

Performance Objective: The Contractor shall conduct a comprehensive Health Assessment on each youth detainee as soon as possible and no later than 96 hours from booking.

SLA: 90% of all youth who are brought in to the juvenile detention facility has a Health assessment completed within 96 hours of the youth being brought to the facility.

Measurement: External chart audit by public health on a sample of 10% of youth that have come in to custody during the previous quarter. Results from audit will be submitted to CFMG HSA, Juvenile Hall Pediatrician and Probation contract manger within 5 business days of audit date.

Penalty: The first quarter in which less than 90% of audited charts at the detention facility show compliance with the perform indicator, the Contractor must develop a written Corrective Action Plan (CAP) to Probation for approval within 30 days of the audit. The Contractor will immediately implement CAP upon approval from

probation. Re-audit will occur on a sample of 10% of inmates meeting above criteria, beginning the quarter after the CAP was implemented. Re-Audit to be done by CFMG monthly until 90% compliance is met. Monetary penalty to be decided between Probation and CFMG at contract renegotiation.

2. Medication Verification

Performance Objective: Contractor shall ensure that medication verification has begun within 12 hours of a CFMG medical intake screening if the youth indicated essential or psychiatric (not to include benzo's or sleep aids) prescription drug utilization. If medications are verified, Contractor will ensure that the medications are "bridged" until youth is able to see a provider. If medications cannot be verified for essential and psychiatric conditions the nurse shall confer with the on-call medical or mental health provider (OCP) to establish, document and initiate a treatment plan if the provider is amenable to initiating treatment. This shall occur within 24 hours of arrival.

SLA: 90% of all detainees who have identified essential or psychiatric prescription medication utilization will have their medication verified and bridged regardless of formulary status (or medication of similar therapeutic class) within 24 hours. 90% of detainees who have identified essential or psychiatric prescription medication utilization whose medications cannot be verified have documented in their medical record that the nurse contacted an OCP within 24 hours.

Measurement: External chart audit by public health on a sample of 10% of youth that have come in to custody and stayed longer than 24 hours who have identified utilization of prescription medication during the previous quarter. Results from audit will be submitted to CFMG HSA, Juvenile Hall Pediatrician and Probation Deputy Chief within 5 business days of audit date.

Penalty: The first quarter in which less than 90% of audited charts at the detention facility show compliance with the perform indicator, the Contractor must develop a written Corrective Action Plan (CAP) to Probation for approval within 30 days of the audit. The Contractor will immediately implement CAP upon approval from Probation. Re-audit will occur on a sample of 10% of inmates meeting above criteria, beginning the quarter after the CAP was implemented. Re-Audit to be done by CFMG monthly until 90% compliance is met. Monetary penalty to be decided between Probation and CFMG at contract renegotiation.

3. Immunizations

Performance Objective: The contractor shall assess immunization status of all youth during health assessments and administer age appropriate immunizations to all youths, with appropriate consent. Contractor shall ensure that all youth's immunizations are up to date within 2 weeks of the youth entering the detention facility.

SLA: 90% of all detainees who have entered in to custody have their immunizations up to date within 2 weeks of incarceration. 90% of all youth will have their immunization status assessed during their health assessment and age appropriate immunizations given if needed. 100% of all youth will have proper consent on file prior to any immunization being administer.

Measurement: External chart audit by public health on a sample of 10% of youth that have come in to custody and stayed longer than 96 hours during the previous

quarter. Results from audit will be submitted to CFMG HSA, Juvenile Hall Pediatrician and Probation Deputy Chief within 5 business days of audit date.

Penalty: The first quarter in which less than 90% of audited charts at the detention facility show compliance with the perform indicator, the Contractor must develop a written Corrective Action Plan (CAP) to Probation for approval within 30 days of the audit. The Contractor will immediately implement CAP upon approval from Probation. Re-audit will occur on a sample of 10% of inmates meeting above criteria, beginning the quarter after the CAP was implemented. Re-Audit to be done by CFMG monthly until 90% compliance is met. Monetary penalty to be decided between Probation and CFMG at contract renegotiation.

In-Custody Inmate Deaths

In 2017, there were no in custody deaths; in 2018 there has been one in-custody out of facility death from the adult facility.

On March 1st, 2018 a patient was found in a fragile state and was sent to Santa Barbara Cottage Hospital where they later succumbed to their chronic condition on March 3rd, 2018.

SBC SANTA MARIA JUV HALL/Boys Camp
TOP 50 MEDICATIONS BY QUANTITY
APRIL 1, 2017 THRU JANUARY 31, 2018

	MEDICATION	DISPENSED				COST		
		# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	Hydrocerin Cream LB	4	5448	454	1,100.00%	\$65.69	\$5.47	1,100.91%
2	Vitamins A & D Ointment	1	2712	0	100.00%	\$50.40	\$0.00	100.00%
3	Guiaf. Syp 10ml U/D	1	2000	0	100.00%	\$72.53	\$0.00	100.00%
4	Lice Shampoo W/comb	2	1888	0	100.00%	\$91.05	\$0.00	100.00%
5	Ibuprofen 200mg Tablet	2	1500	0	100.00%	\$14.49	\$0.00	100.00%
6	Chlorhex 0.12% *A/F* Rins	2	946	0	100.00%	\$15.86	\$0.00	100.00%
7	Chlorpheniramine 4mg Tab	8	900	180	400.00%	\$51.31	\$10.26	400.10%
8	Triamcinolone 0.1% Cream	3	880	0	100.00%	\$65.14	\$0.00	100.00%
9	Eye Wash Solution	1	708	0	100.00%	\$23.35	\$0.00	100.00%
10	Lice Killing Shampoo	1	708	0	100.00%	\$32.26	\$0.00	100.00%
11	Ibuprofen 200mg Tablet	5	690	0	100.00%	\$45.60	\$0.00	100.00%
12	Benz Peroxide 5% Gel	3	680	850	-20.00%	\$32.26	\$40.32	-19.99%
13	Selenium 1% Sulf Shampoo	1	621	828	-25.00%	\$9.53	\$12.71	-25.02%
14	BD Pen Ndle Nano 32g 4mm	3	600	0	100.00%	\$211.50	\$0.00	100.00%
15	FLUoxetine 10mg Capsule	12	600	0	100.00%	\$50.40	\$0.00	100.00%
16	Ibuprofen 200mg Tab	2	600	0	100.00%	\$15.63	\$0.00	100.00%
17	Divalproex *ER24* 500mg T	13	590	0	100.00%	\$271.83	\$0.00	100.00%
18	Ventolin HFA Inhaler	8	576	180	220.00%	\$1,540.09	\$481.28	220.00%
19	Quetiapine 100mg Tablet	8	570	0	100.00%	\$56.90	\$0.00	100.00%
20	Aripiprazole 5mg Tablet	15	480	0	100.00%	\$274.04	\$0.00	100.00%
21	DiphenhydrAMINE 50mg Cap	7	480	0	100.00%	\$35.91	\$0.00	100.00%
22	HydrOXYzine Pam 50mg Cap	8	480	0	100.00%	\$64.16	\$0.00	100.00%
23	Triamcin 0.1% CR LB	1	454	0	100.00%	\$17.80	\$0.00	100.00%
24	Cetirizine 10mg Tablet	13	450	0	100.00%	\$61.99	\$0.00	100.00%
25	Hydrocortisone 1% Cream	4	448	0	100.00%	\$27.56	\$0.00	100.00%
26	Divalproex *ER24* 250mg T	8	440	0	100.00%	\$154.09	\$0.00	100.00%
27	FLUoxetine 20mg Capsule	11	420	0	100.00%	\$39.33	\$0.00	100.00%
28	Guiaf. Syp 10ml U/d	1	400	0	100.00%	\$16.24	\$0.00	100.00%
29	Ibuprofen 200mg Tablets	1	400	0	100.00%	\$5.60	\$0.00	100.00%
30	Aripiprazole 5mg Tablet	6	360	60	500.00%	\$187.06	\$96.47	93.90%
31	Escitalopram 5mg Tablet	4	360	0	100.00%	\$23.44	\$0.00	100.00%
32	Selenium~2.5%~ Sulf Lot	1	360	240	50.00%	\$28.98	\$19.32	50.00%
33	Amoxicillin 500mg Capsule	5	345	150	130.00%	\$50.89	\$24.93	104.13%
34	clonazePAM 1mg Tablet	4	330	0	100.00%	\$19.44	\$0.00	100.00%
35	Escitalopram 20mg Tablet	11	330	0	100.00%	\$54.56	\$0.00	100.00%
36	Escitalopram 10mg Tablet	10	300	0	100.00%	\$41.20	\$0.00	100.00%
37	Ibuprofen 200mg Tablet	1	300	0	100.00%	\$5.46	\$0.00	100.00%
38	Loratadine 10mg Tablet	4	300	0	100.00%	\$31.63	\$0.00	100.00%
39	Bacitracin Zinc Ointment	3	280	0	100.00%	\$16.45	\$0.00	100.00%
40	Doxycycline Mono 100mg Cp	4	270	0	100.00%	\$77.10	\$0.00	100.00%
41	HydrOXYzine Pam 50mg Cap	4	270	0	100.00%	\$45.26	\$0.00	100.00%
42	Tolnaftate 1% Cream	2	252	0	100.00%	\$23.56	\$0.00	100.00%
43	Vacutainer Holders36-4815	1	250	0	100.00%	\$11.91	\$0.00	100.00%
44	Doxycycline Mono 100mg Cp	4	240	0	100.00%	\$52.28	\$0.00	100.00%
45	Ketoconazole 2% Shampoo	2	240	0	100.00%	\$17.28	\$0.00	100.00%

46	Quetiapine 300mg Tablet	7	233	0	100.00%	\$54.88	\$0.00	100.00%
47	FLUoxetine 20mg Capsule	5	210	0	100.00%	\$15.08	\$0.00	100.00%
48	Aripiprazole 15mg Tablet	6	180	0	100.00%	\$108.55	\$0.00	100.00%
49	Ketoconazole 2% Cream	1	180	0	100.00%	\$100.31	\$0.00	100.00%
50	Quetiapine 50mg Tablet	5	180	0	100.00%	\$22.82	\$0.00	100.00%
	TOTALS:	239	33439	2942	1,036.61%	\$4,400.68	\$690.76	537.08%
	% OF NET COST:					13.03%	2.05%	10.98%

SBC SANTA MARIA JUV HALL/BoysCamp
TOP 50 MEDICATIONS BY PRICE
APRIL 1, 2017 THRU JANUARY 31, 2018

	MEDICATION	DISPENSED				COST		
		# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	Abilify Maintena 400mg In	2	2	0	100.00%	\$3,768.74	\$0.00	100.00%
2	Strattera 80mg Capsule	5	150	0	100.00%	\$2,281.40	\$0.00	100.00%
3	Lantus (insulin Glargin)	3	90	0	100.00%	\$1,949.08	\$0.00	100.00%
4	Aplisol 50 Test	2	30	0	100.00%	\$1,679.97	\$0.00	100.00%
5	Ventolin HFA Inhaler	8	576	180	220.00%	\$1,540.09	\$481.28	220.00%
6	MedroxyPROG 150mg Vial	5	17	0	100.00%	\$1,441.88	\$0.00	100.00%
7	Latuda 40mg Tablet	2	45	0	100.00%	\$1,437.14	\$0.00	100.00%
8	Oseltamivir 75mg Capsule	2	130	0	100.00%	\$1,285.43	\$0.00	100.00%
9	Strattera 40mg Capsule	3	90	0	100.00%	\$1,269.39	\$0.00	100.00%
10	Latuda 20mg Tablet	1	30	0	100.00%	\$957.10	\$0.00	100.00%
11	HumuLIN 70/30 Vial	1	120	0	100.00%	\$951.52	\$0.00	100.00%
12	HumuLIN N 100unit Vial	1	120	0	100.00%	\$951.52	\$0.00	100.00%
13	HumuLIN R 100unit Vial	1	120	0	100.00%	\$951.52	\$0.00	100.00%
14	Latuda 120mg Tablet	1	15	0	100.00%	\$715.17	\$0.00	100.00%
15	Atomoxetine 100mg Capsule	5	150	0	100.00%	\$611.30	\$0.00	100.00%
16	Epinephrine 0.3mg Inj 2pk	1	4	14	-71.43%	\$599.27	\$2,097.44	-71.43%
17	Bicillin LA 2.4munit/4ml	1	8	0	100.00%	\$579.27	\$0.00	100.00%
18	Afluria Quad 2017-18 MDV	1	20	0	100.00%	\$493.00	\$0.00	100.00%
19	Ivermectin 3mg Tablet	2	80	120	-33.33%	\$483.02	\$504.05	-4.17%
20	Alvesco 160mcg Inhaler	2	24.4	30.5	-20.00%	\$471.49	\$589.37	-20.00%
21	Atomoxetine 40mg Capsule	4	104	0	100.00%	\$395.75	\$0.00	100.00%
22	Atomoxetine 80mg Capsule	3	90	0	100.00%	\$358.43	\$0.00	100.00%
23	Atomoxetine 25mg Capsule	4	97	0	100.00%	\$341.72	\$0.00	100.00%
24	Dexmethylphen ER 10mg Cap	2	60	0	100.00%	\$328.53	\$0.00	100.00%
25	Glucagon Emer Kit	1	1	7	-85.71%	\$295.22	\$1,895.77	-84.43%
26	Neomox/poly/HC Eye Drops	1	22.5	0	100.00%	\$291.09	\$0.00	100.00%
27	Aripiprazole 5mg Tablet	15	480	0	100.00%	\$274.04	\$0.00	100.00%
28	Divalproex *ER24* 500mg T	13	590	0	100.00%	\$271.83	\$0.00	100.00%
29	Dapsone 5% Gel	1	60	0	100.00%	\$260.26	\$0.00	100.00%
30	MedroxyPROG 150mg Syr	3	3	0	100.00%	\$249.76	\$0.00	100.00%
31	Sulfacetamide 10% Opl	2	60	0	100.00%	\$220.67	\$0.00	100.00%
32	BD Pen Ndle Nano 32g 4mm	3	600	0	100.00%	\$211.50	\$0.00	100.00%
33	Aripiprazole 5mg Tablet	6	360	60	500.00%	\$187.06	\$96.47	93.90%
34	HumaLOG PEN INJ 100/ML	2	6	0	100.00%	\$182.44	\$0.00	100.00%
35	Naloxone 0.4mg/ml Vial	2	13	16	-18.75%	\$175.30	\$243.60	-28.04%
36	Dexmethylph. ER 5mg Cap	1	30	0	100.00%	\$165.64	\$0.00	100.00%
37	Tretinoin 0.1% Cream	1	45	0	100.00%	\$155.62	\$0.00	100.00%
38	Tetanus Diphtheria 0.5ml	1	3	0	100.00%	\$154.48	\$0.00	100.00%
39	Divalproex *ER24* 250mg T	8	440	0	100.00%	\$154.09	\$0.00	100.00%
40	Qvar 40mcg Inhaler	1	8.7	0	100.00%	\$151.68	\$0.00	100.00%
41	Aerochamber Plus	1	3	0	100.00%	\$143.52	\$0.00	100.00%
42	Engerix-B 20mcg/ml Adult	1	3	0	100.00%	\$141.61	\$0.00	100.00%
43	Dexmethylph ER 30mg Caps	1	30	0	100.00%	\$132.55	\$0.00	100.00%
44	Atomoxetine 60mg Capsule	1	30	0	100.00%	\$113.70	\$0.00	100.00%
45	Aripiprazole 15mg Tablet	6	180	0	100.00%	\$108.55	\$0.00	100.00%

46	Ketoconazole 2% Cream	1	180	0	100.00%	\$100.31	\$0.00	100.00%
47	Azithromycin 500mg Tab	1	60	0	100.00%	\$97.93	\$0.00	100.00%
48	Nitrofur (BID) 100mg Cap	2	90	0	100.00%	\$96.38	\$0.00	100.00%
49	Xulane 150-35mcg/24hr Pat	1	3	0	100.00%	\$93.34	\$0.00	100.00%
50	Lice Shampoo W/comb	2	1888	0	100.00%	\$91.05	\$0.00	100.00%
	TOTALS:	140	7361.6	427.5	1,622.01%	\$30,361.35	\$5,907.98	413.90%
	% OF NET COST:					89.89%	17.49%	72.40%

SBC SANTA BARBARA CTY JAIL
TOP 50 MEDICATIONS BY QUANTITY
APRIL 1, 2017 THRU JANUARY 31, 2018

	MEDICATION	DISPENSED				COST		
		# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	HydrOXYzine HCl 50mg Tab	25	24150	0	100.00%	\$2,171.09	\$0.00	100.00%
2	Acetaminophen 325mg Tab	6	16000	0	100.00%	\$100.52	\$0.00	100.00%
3	Ibuprofen 400mg Tablet	8	14000	0	100.00%	\$556.55	\$0.00	100.00%
4	Tolnaftate 1% Cream	10	11032	0	100.00%	\$1,031.50	\$0.00	100.00%
5	Milk Of Mag UD 30ml	3	6900	0	100.00%	\$240.30	\$0.00	100.00%
6	BusPIRone 15mg Tab	16	6750	0	100.00%	\$776.19	\$0.00	100.00%
7	HydrOXYzine HCl 25mg Tab	13	5820	1500	288.00%	\$561.21	\$144.30	288.92%
8	Lactulose 10gm/15ml Sol	3	5676	1892	200.00%	\$145.14	\$28.84	403.26%
9	BusPIRone 10mg Tablet	12	5400	2700	100.00%	\$394.50	\$197.22	100.03%
10	Tolnaftate 1% Cream	5	5400	0	100.00%	\$798.84	\$0.00	100.00%
11	Robafen DM 100-10/5 Syp	2	4730	0	100.00%	\$35.77	\$0.00	100.00%
12	LevETIRAcetam 500mg Tab	12	4620	300	1,440.00%	\$850.99	\$59.94	1,319.74%
13	Lithium Carb 300mg Caps	11	4590	0	100.00%	\$384.89	\$0.00	100.00%
14	Triamcin 0.1% CR LB	2	4540	1362	233.33%	\$54.88	\$16.46	233.41%
15	FLUoxetine 20mg Capsule	17	4500	0	100.00%	\$322.86	\$0.00	100.00%
16	metFORMIN 500mg Tablet	10	4470	0	100.00%	\$299.70	\$0.00	100.00%
17	Geri-Lanta Antacid Susp	3	4260	1065	300.00%	\$38.31	\$9.58	299.90%
18	Divalproex DR 500mg Tab	11	4170	600	595.00%	\$896.88	\$139.20	544.31%
19	Carvedilol 6.25mg Tablet	11	4050	0	100.00%	\$281.17	\$0.00	100.00%
20	Topiramate 50mg Tablet	14	4020	0	100.00%	\$416.00	\$0.00	100.00%
21	Acetaminophen 325mg Tab	1	4000	0	100.00%	\$29.12	\$0.00	100.00%
22	Ibuprofen 600mg Tablet	3	4000	0	100.00%	\$206.03	\$0.00	100.00%
23	metFORMIN 1000mg Tab	11	3990	0	100.00%	\$328.54	\$0.00	100.00%
24	Venlafaxine 75mg Tablet	11	3870	0	100.00%	\$459.50	\$0.00	100.00%
25	Olanzapine 5mg Tablet	12	3810	90	4,133.33%	\$414.02	\$9.75	4,146.36%
26	Lisinopril 10mg Tablet	14	3780	0	100.00%	\$260.74	\$0.00	100.00%
27	Ondansetron 4mg Tablet	10	3750	0	100.00%	\$890.30	\$0.00	100.00%
28	Sulfatrim DS Tablet	11	3660	2700	35.56%	\$626.75	\$433.47	44.59%
29	Mirtazapine 15mg Tablet	7	3540	1500	136.00%	\$592.63	\$259.10	128.73%
30	Olanzapine 10mg Tab-30	12	3450	90	3,733.33%	\$487.48	\$12.69	3,741.45%
31	Mirtazapine 30mg Tablet	10	3300	0	100.00%	\$670.00	\$0.00	100.00%
32	traZODone 50mg Tab(30)	12	3240	0	100.00%	\$296.09	\$0.00	100.00%
33	TraZODONE 100mg Tab	11	3210	0	100.00%	\$430.14	\$0.00	100.00%
34	Hydrocort 1% Cream LB	3	3178	0	100.00%	\$184.88	\$0.00	100.00%
35	Carvedilol 12.5mg Tablet	10	3090	0	100.00%	\$234.10	\$0.00	100.00%
36	Aspirin 5gr Tab U/d 2x250	1	3000	6000	-50.00%	\$55.69	\$111.38	-50.00%
37	Chlorpheniramine 4mg Tab	1	3000	0	100.00%	\$21.13	\$0.00	100.00%
38	Lisinopril 20mg Tab	13	2970	90	3,200.00%	\$242.92	\$7.36	3,200.54%
39	Vitamin A & D Oint U/D	4	2880	0	100.00%	\$43.42	\$0.00	100.00%
40	amLODIPine 5mg Tablet	8	2850	0	100.00%	\$184.25	\$0.00	100.00%
41	B&L Renu Multi-Purp Sens	2	2840	0	100.00%	\$88.04	\$0.00	100.00%
42	Robafen 100/5ml Syrup	2	2838	0	100.00%	\$15.28	\$0.00	100.00%
43	Benzotropine 1mg Tab-30	9	2790	2700	3.33%	\$574.35	\$554.58	3.56%
44	Meloxicam 7.5mg Tab	11	2790	2700	3.33%	\$191.53	\$187.81	1.98%
45	Acet/Cod 300mg/30mg Tab	8	2730	120	2,175.00%	\$437.60	\$19.22	2,176.80%

46	Omeprazole 20mg Capsule	9	2610	2700	-3.33%	\$255.08	\$263.86	-3.33%
47	cloNIDine 0.1mg Tablet	7	2490	0	100.00%	\$184.69	\$0.00	100.00%
48	Diazepam 10mg Tab	6	2400	120	1,900.00%	\$156.45	\$7.82	1,900.64%
49	Trutol 100gm Orange	3	2368	0	100.00%	\$12.09	\$0.00	100.00%
50	Milk Of Mag Susp	2	2365	0	100.00%	\$10.29	\$0.00	100.00%
	TOTALS:	418	239867	28229	749.72%	\$18,940.42	\$2,462.58	669.13%
	% OF NET COST:					5.44%	0.71%	4.74%

SBC SANTA BARBARA CTY JAIL
TOP 50 MEDICATIONS BY PRICE
APRIL 1, 2017 THRU JANUARY 31, 2018

	MEDICATION	DISPENSED				COST		
		# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	Truvada 200-300mg Tablet	16	690	60	1,050.00%	\$36,286.49	\$3,145.92	1,053.45%
2	Invega Sust 234/1.5 Inj	9	13.5	0	100.00%	\$20,509.34	\$0.00	100.00%
3	Genvoya Caplet	4	210	0	100.00%	\$19,346.41	\$0.00	100.00%
4	Prezista 600mg Tablet	9	510	0	100.00%	\$13,115.44	\$0.00	100.00%
5	Isentress 400mg Tab	9	480	0	100.00%	\$11,711.68	\$0.00	100.00%
6	Tivicay 50mg Tablet	4	210	0	100.00%	\$10,786.64	\$0.00	100.00%
7	Triumeq 600-50-300 Tablet	3	120	0	100.00%	\$10,426.88	\$0.00	100.00%
8	Letairis 10mg Tablet	1	30	0	100.00%	\$10,391.69	\$0.00	100.00%
9	Stribild Tablet	4	110	0	100.00%	\$10,377.40	\$0.00	100.00%
10	Prezcobix 800-150 Tablet	4	180	0	100.00%	\$10,263.02	\$0.00	100.00%
11	Genvoya Caplet	2	90	0	100.00%	\$8,481.92	\$0.00	100.00%
12	Abilify Maintena 400mg In	4	4	0	100.00%	\$7,445.70	\$0.00	100.00%
13	Latuda 80mg Tablet	12	228.5	0	100.00%	\$7,350.15	\$0.00	100.00%
14	Invega Trinza 819mg Inj	1	2.62	0	100.00%	\$6,642.78	\$0.00	100.00%
15	RENVELA 800mg Tab	3	1080	0	100.00%	\$6,310.92	\$0.00	100.00%
16	Tubersol PPD~50~Test	2	100	0	100.00%	\$5,599.90	\$0.00	100.00%
17	Bicillin LA 2.4munit/4ml	2	64	0	100.00%	\$5,090.88	\$0.00	100.00%
18	Alvesco 80mcg Inhaler	7	237.9	42.7	457.14%	\$4,912.69	\$825.12	495.39%
19	Descovy 200-25mg Tablet	3	90	0	100.00%	\$4,645.18	\$0.00	100.00%
20	Afluria Quad 2017-18 MDV	1	175	0	100.00%	\$4,313.75	\$0.00	100.00%
21	Reyataz 200mg Capsule	3	150	0	100.00%	\$3,853.51	\$0.00	100.00%
22	Adcirca 20mg Tablet	1	60	0	100.00%	\$3,569.55	\$0.00	100.00%
23	Norvir 100mg Tablet-30	6	360	60	500.00%	\$3,262.48	\$543.75	500.00%
24	HumuLIN 70/30 Vial	5	410	0	100.00%	\$3,251.02	\$0.00	100.00%
25	Odefsey Tablets	2	37	0	100.00%	\$3,030.80	\$0.00	100.00%
26	Epinephrine 0.3mg Inj 2pk	1	20	16	25.00%	\$2,996.35	\$2,397.08	25.00%
27	Prezista 800mg Tab-30	1	60	0	100.00%	\$2,939.79	\$0.00	100.00%
28	Reyataz 300mg Capsule	1	60	0	100.00%	\$2,908.94	\$0.00	100.00%
29	Aplisol 50 Test	1	50	0	100.00%	\$2,799.95	\$0.00	100.00%
30	Sevelamer 800mg Tablet	1	540	0	100.00%	\$2,562.48	\$0.00	100.00%
31	Atripla 600-200-300mg Tab	1	30	0	100.00%	\$2,495.16	\$0.00	100.00%
32	Xarelto 20mg Tablet	6	187	0	100.00%	\$2,355.48	\$0.00	100.00%
33	Eliquis 5mg Tablet	7	360	0	100.00%	\$2,299.73	\$0.00	100.00%
34	Delzicol 400mg DR Cap	5	720	0	100.00%	\$2,292.10	\$0.00	100.00%
35	HydrOXYzine HCl 50mg Tab	25	24150	0	100.00%	\$2,171.09	\$0.00	100.00%
36	Aristada 882mg/3.2ml Inj	1	3.2	0	100.00%	\$2,166.41	\$0.00	100.00%
37	Viread 300mg Tablet	1	60	0	100.00%	\$2,141.46	\$0.00	100.00%
38	Zenpep 20000unt Capsule	1	360	0	100.00%	\$1,932.04	\$0.00	100.00%
39	Lantus (insulin Glargin)	3	100	0	100.00%	\$1,915.76	\$0.00	100.00%
40	Ranexa 1000mg Tablet	3	180	0	100.00%	\$1,727.94	\$0.00	100.00%
41	Evotaz 300-150 Tablet	1	30	0	100.00%	\$1,662.06	\$0.00	100.00%
42	Narcan 4mg/0.1Nasal Spray	2	38	0	100.00%	\$1,638.75	\$0.00	100.00%
43	Estradiol Val 40mg/ml Inj	2	50	0	100.00%	\$1,626.36	\$0.00	100.00%
44	Invega Sustenna 156mg/ml	1	1	0	100.00%	\$1,550.16	\$0.00	100.00%
45	Ventolin HFA Inhaler	3	558	126	342.86%	\$1,491.96	\$336.89	342.86%

46	HumaLOG 100unit Vial	1	100	0	100.00%	\$1,369.50	\$0.00	100.00%
47	Amitriptyline 50mg Tab-30	3	1950	0	100.00%	\$1,195.05	\$0.00	100.00%
48	Tolnaftate 1% Cream	10	11032	0	100.00%	\$1,031.50	\$0.00	100.00%
49	HumuLIN R 100unit Vial	2	130	0	100.00%	\$1,030.81	\$0.00	100.00%
50	Amox/Clav 875mg/125mg Tab	1	1500	900	66.67%	\$1,027.58	\$616.55	66.67%
	TOTALS:	201	47911.72	1204.7	3,877.07%	\$280,304.63	\$7,865.31	3,463.81%
	% OF NET COST:					80.58%	2.26%	78.32%