EXHIBIT B

Review of Santa Barbara County Jail Medical Services
Executive Summary

Scott A. Allen, MD

Introduction

I have been asked jointly by counsel representing the County of Santa Barbara and counsel representing inmates to provide an independent assessment of the medical care provided by the County in its jail system and to make recommendations as indicated as part of an alternative resolution process.

Standards

While it is understood that the Santa Barbara County Jail is not currently accredited by the National Commission on Correctional Health Care (NCCHC), the Standards for Services in Jails (2014 Ed.) provides a useful benchmark for *minimum* standards for jail health services in the Unites States, and I will refer to those standards in this report.[1]

In addition to the NCCHC standards, I will make reference in this report to community medical standards. While the acceptable clinical practice of medicine allows for a wide variety of approaches to practice, community medical standards are the point in which the greater body of experts and practitioners in the field have found agreement and are established by the standard of care accepted by the community at large.

There is no separate or unequal standard of care for inmates of correctional institutions; there are merely logistical challenges and reasonable accommodations and modifications of standard medical approaches that are a direct result of the constraints of confinement settings. Those exceptions and accommodations to security needs should be minimal and rarely interrupt and never prevent essential healthcare delivery. To the extent that providing medical care in a correctional setting raises some unique challenges, I draw on my knowledge of standards and practices as a physician experienced in correctional healthcare and familiar with standards of the field.

In general, when I refer to minimal community standards, I refer to services a patient with Medicaid or Medi-Cal coverage would likely be eligible to receive in a community health center or non-correctional county facility or similar setting,

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[1] When I cite the 2014 NCCHC Standards for Health Services in Jails, the standard is in the following format: the letter "J" followed by letter "A" through "I" and a number. For example, the standard for Receiving Screening is J-E-02.

recognizing that inmates are not constitutionally entitled to the most sophisticated care money can buy, but to adequate medical care.

Finally, when I do make reference to constitutional standards to health care (based on the Eighth Amendment prohibition on cruel and unusual punishment) I do so not as a lawyer (which I clearly am not) but as a physician with extensive experience in actually providing that level of care in jails and prisons and in helping the courts to define that standard in practical terms.

Specific Findings and Recommendations

The section that follows outlines specific deficiencies noted in my review. If there is a relevant NCCHC standard, I note it. [2] No adverse finding is based solely on an inmate claim made during an interview although some were identified first by an interview; all problems described were verified either by the medical record or by staff or in some cases, by both.

1. **Accreditation status**

   Finding:

   - Currently, the Santa Barbara County Jail Health Services are not accredited with the National Commission on Correctional Health Care (NCCHC) or the American Correctional Association (ACA).

   Recommendation:

   - The department should move forward with the process of preparing for, applying for and securing accreditation with the National Commission on Correctional Care.

2. **Policies and Procedures:**

   Findings:

   - In the course of this investigation, I had some difficulty in obtaining a copy of the policies and procedures as they were felt to be proprietary by the medical contractor.

[2] My inclusion of the standards is merely for reference and although I do describe deficiencies, inclusion of the standard in this section does not mean I have necessarily concluded that the standard is not being met. I do summarize standards that I feel are not being met later in this document.

- The policies were eventually provided to me and I found no major inconsistencies with NCCHC minimum standards. (J-A-05)

- The policies provided were CFMG policies, and were not site specific to Santa Barbara.

- There was no policy for dealing with transgender patients.

- The policy on drug/alcohol withdrawal did not include detailed guidelines and flowsheets for nurses to make clear the frequency of assessment and specific findings to be noted and recorded during the monitoring period.

Recommendations:

- The policies and procedures governing the delivery of medical care of the Santa Barbara County Jail should be promulgated by the County itself, and the County should exercise ownership and control over those policies.

- The County should have a policy for dealing with the medical care of transgender patients.

- The drug/alcohol withdrawal policy should be supplemented by clear clinical guidelines and flowsheets to enhance compliance with standard clinical protocols referenced by the policy (CIWA and COWS).

3. **Staffing:**

Findings:

- Currently nursing staffing remains short of the department's own stated plan and is not sufficient to deliver appropriate medical care. A reasonable staffing recruitment plan is in place (with one notable exception in intake described below), and efforts to recruit new physicians and nurses is underway, but four years after the department was made aware by consultants of staffing deficiencies, the staffing levels proposed by the department have not yet been met.

- The one shortcoming of the current staffing plan is the absence of a nursing post for intake. The intake nursing responsibility is handled by nurses being pulled from other posts. When that happens, other functions shut down. Intake is a critical post in a jail facility, and as such, it should have its own dedicated nurse.

- The facility is understaffed for medical providers and the schedule is inadequate to cover the needs of a 24/7 facility. Jails are high turnover institutions with many admissions and releases, and an inmate population often in poor health. According to the Sheriff's 2013-2015 Triennial Report, the medical program handled over 13,000 sick calls per year, or roughly 35 sick-calls a day.

- The current physician coverage for the jail is only a 0.4 FTE position, with physician present on-site for only three days a week, and those days are grouped together mid-week. As a result, there is no physician present for four continuous days every week. This is totally inappropriate and creates unjustifiable risks and liabilities.

- Current physician salaries may not be competitive with other correctional medicine opportunities in the state. (J-C-07)

Recommendations:

- The department should work with the contractor to establish appropriate medical professional staffing levels and then work to maintain them and adjust them to address changing needs.

- When target staffing levels are achieved, ongoing reassessment of changing needs and appropriate adjustments to staffing levels is essential.

- The most critical shortcoming in the current nursing staffing plan is the absence of a nurse primarily assigned to intake. The role of intake nurse is a critical function at a jail facility and should not be staffed by nurses pulled from other posts.

- Given the volume of intakes and releases at the Santa Barbara. The staffing plan should include at least one board certified FTE physician, supplemented by one FTE physician extender such as a nurse practitioner.

- Effort should be made to make salaries competitive with correctional health salaries in the state.

4. Physician Qualifications

Findings:

- There is currently only one physician medical provider at the main jail.

- A review of medical records reveals that the physician's medical documentation of care is poor and care of chronic conditions does not meet reasonable community standards.

- The only physician is not board certified in internal medicine, family medicine nor emergency medicine (the three appropriate specialties for a primary care provider in an adult jail).

Recommendations:

- The department should work with the contractor to establish appropriate medical professional provider staffing levels and then work to maintain them and adjust them to address changing needs.

- The physician(s) providing oversite and care at the Santa Barbara jails should be board certified in internal medicine, family medicine or emergency medicine. The physician who would also serve as the Responsible Physician with ultimate authority on all clinical decisions consistent with NCCHC policies should be a full-time position.

5. Overcrowding and Impact on Health

Findings:

• According to the 2016-2017 Santa Barbara County Grand Jury Report "Since 1988, the County has been under a court order to reduce the daily jail population to an 819 approved bed capacity. However, the average population frequently exceeds 1,100."

•From 2017 Grand Jury Report "The Main Jail, originally built in 1971, has been described as old, antiquated and overcrowded. It is rated for 659 inmates, and the Medium Security Facility is rated for an additional 160 inmates. The average population at the jail tends to be over 1,100."

• Overcrowding can impact both mental health and physical health. Overcrowding mat threaten physical health by bringing people into close contact that is conducive to the transmission of infectious diseases, ranging from common respiratory and gastrointestinal viruses, to bacteria and even tuberculosis.

• While the current medical program did not have good surveillance data, I happened upon a high number of inmates who actively had or had recently suffered from a serious skin infection due to a drug resistant form of the bacteria staphylococcus aureus, known as MRSA. Although without full data it is difficult to make a firm conclusion, this MRSA problem is likely a reflection of overcrowding combined with sanitation issues.

• Both overcrowding and poor healthcare have been found by the federal courts, including the U.S. Supreme Court, as potential evidence of unconstitutional care. As a constitutional issue, the obligation of the County to address overcrowding and health care impacts cannot be excused simply due to financial pressures facing the County.

Recommendation:

• As the impact of overcrowding impacts the health in the facilities, the County must develop a timely plan to address overcrowding.

6. **Physical space for medical care:**

Findings:

•There is no adequate centralized clinic space in the old jail. Clinic space and exam rooms is dispersed throughout the facility impacting efficiency of care and requiring the support of an additional security officer for each clinic space in operation at any given time.

•Intake screening room does not have a door and therefore does not provide auditory isolation for confidentiality of sensitive medical information. Lack of auditory privacy might lead to incomplete disclosure of critical health info and missed opportunities for risk mitigation. All clinic and screening spaces should have auditory privacy for health professional – patient interactions.

• Adequate clinical space in the main jail, as well as development of isolation cells that are not hidden or remotely located, will require substantial architectural modifications.

•There is inadequate office space to support the medical work force, and inadequate space for storage of supplies. (J-D-03)

Recommendations:

• The department should examine and consider options to develop newer and more suitable clinic space to support health operation; space should be large enough to accommodate clinical operations while also securing appropriate privacy for patients. Isolation cells should have direct line of site and be within hearing or two way intercom or call button.

• It would be advisable to consult closely with county correctional health staff on the plans for clinic space before breaking ground on the Northern Branch project.

7. Sanitation and Environmental Health Issues

Findings:

• The building is old and in disrepair. Overcrowding creates additional challenges to sanitation and cleanliness. During my visit, floors, counters and other services were in poor condition and were not clean. Rubbish and debris were found on floors and hallways. Boxes and other non-trash items were improperly stored in hallways and offices.

•Poor condition of physical plant and poor cleanliness have been noted in this facility in the past.

•I found issues of sanitation to be a problem throughout the facility, but worst in the oldest areas of the building. (J-B-01)

Recommendation:

•The county should formally consult an Environment of Care expert to evaluate the facility to make recommendations to address issues of cleanliness and sanitation.

8. Infirmary or Intermediate Level of Care

Findings:

•Across the entire system, the Santa Barbara County Jail has no ability to provide infirmary level or intermediate level of care. As a result, inmate patients requiring higher level of must be transferred to outside facilities with the attendant higher medical and security costs.

•The main jail does have a so-called "medical unit" but there is nothing about the unit that affords a higher level of medical care. It is simply a dormitory where inmates with medical conditions are housed. (J-G-03)

Recommendation:

•The department should explore options for developing at least one facility that could provide a higher level of medical care such as infirmary or sub-acute levels of care.

9. **Screening on Intake and Initial Health Assessments:**

Findings:

•Current intake does not meet NCCHC standards (J-E-02 and J-E-04) because not all incoming inmates are being screened. In random medical record reviews, I identified records of inmates housed in the facility for over two weeks with no medical screening at all.

Recommendations:

• The department should continue to ensure that all newly arrived inmates are screened on arrival by licensed nursing staff.

• The staffing plan should include an intake nursing post commensurate with the high volume of the facility and critical nature of this function. (J-E-04).

10. **Quality Management:**

Findings:

•Quality Management (QM) for the medical unit does not appear to exist at the Santa Barbara Jail.

•CFMG policy requires a QM program and there are plans to stand up a QM program in coming months. (J-A-06)

Recommendation:

• The department should continue to develop a continuous Quality Management program. Information gleaned from well-functioning QM processes helps administrators improve both quality of care as well as efficiency of care and can help identify opportunities for cost containment.

11. **Utilization Management:**

Findings:

•Beyond delegating authority to the vendor (CFMG), there is no apparent process for the County to review and approve use of outside care for patients requiring sub-specialty and hospital services.

Recommendation:

• The department should develop a utilization management process. Managed care approaches to allocating resources for high cost care have become an established mechanism for standardizing and controlling utilization of health resources.

• The department could consult with other detaining institutions both in the state and elsewhere to learn more about the utilization management process for incarcerated populations. Effective utilization management, while aiming to achieve cost containment, must not adversely impact access to care.

12. **Medical Records:**

Findings:

•Medical records are currently paper-based. In 2017, a paper based medical records in a jail system is woefully inefficient and inadequate.

•A review of records reveals a pattern of unsigned telephone orders by physicians – some as old as one week – and key lab results that have been filed without notation or acknowledgment by a physician or nurse practitioner. Documentation of clinical encounters is often brief and incomplete.

•There is almost no documentation by physicians of patient education about their illnesses, their lab or test results or the treatment plan.

•Documentation by the current nurse practitioner, while typed and legible, over-used short cuts and general, non-specific words.

•In other charts, handwriting is frequently poor, and some providers do not use a signature stamp so it is unclear to a reviewer who wrote the note and their professional capacity (doctor versus nurse or other staff).

•Problem lists are often incomplete. Lab and radiology results are frequently filed without provider sign off and abnormal results were often filed without any documented intervention to address the abnormality. (J-H-01 and J-H-03)

•The department has plans for moving to an Electronic Health Record (EHR) in the future. At the time of this report, this new system is not yet deployed.

Recommendation:

•The department should follow through with its plan to deploy a correctional Electronic Health Record (EHR) and provide ongoing IT support to both the network infrastructure and IT support for end users of the software

13. Chronic Disease Management

Findings:

•Chronic disease management is inadequate. (J-G-01) My review found management of chronic illnesses such as asthma, diabetes, HIV and hypertension, among others, to be ad hoc, incomplete, inconsistent, and reactive as opposed to proactive. Care of chronic diseases appears to be driven more by inmate self-advocacy than by widely accepted clinical guidelines (including but not limited to those referenced by the NCCHC and Federal Bureau of Prisons).

•There is no complete, accurate or reliable list of patients with chronic care conditions.

•There are no protocols that are followed for ongoing care of chronic illness, such as regularly scheduled follow up visits (those appear to be scheduled inconsistently – if at all – by individual physicians and nurses with no clearly documented logic or clinical reasoning).

• In a number of reviewed cases, care of chronic disease patients appeared to be negligent and overall care of chronic diseases could be characterized as deliberately indifferent.

Recommendation:

• The Department should develop a chronic disease management process that references established guidelines (both correctional and community) for the management of common chronic conditions such as, but not limited to, diabetes mellitus, asthma, hypertension, HIV and hepatitis C.

• A well-functioning chronic disease management program should include:

- Documented individual treatment plans
- Case tracking (the facility does not currently know who has chronic disease)
- Adherence to widely accepted community standards
- Routine scheduled follow up with qualified health professionals including specialists where indicated

14. **Timely Access to Care:**

Findings:

•The Santa Barbara County Jail is not consistently providing timely access to care for serious medical conditions.

• *Timely access to nursing* – A review of records should inconsistent response times to requests for medical care, ranging from same day to four or five days.

• *Timely access to facility physicians*- Across the system, I documented unacceptably long waits to see a physician, with typical waits ranging from five days to two months or more. For the most part, this appeared to be related to limited staffing of physician providers. In other cases where physician availability has been improved, it appeared to be simply an established informal standard based on past practice. (J-A-01)

• *Timely access to specialty care* -The Santa Barbara County Jail is not providing timely access to specialty care for patients with serious medical conditions. (J-D-05)

Recommendation:

•Timely access to nurses and facility physicians- The Department should adjust staffing in order to accommodate timely access to care consistent with the timely access benchmarks established by the NCCHC.

• Timely access to specialty care –The Department should continue to work with the community providers to provide more timely access to specialty care for serious medical problems. (The community standard for timeliness is established by the entire community, not by the standard set by department's chosen community partner).

15. **Laboratory and Diagnostic Services**

Findings:

• Labs not being ordered, or if ordered, not drawn, or in rare occasions when drawn are not filed, noted and or acted upon, and almost never shared with the patient. This creates both delays in access to care and diagnosis, but also creates a substantial risk to patients and liability for the county when abnormal lab results are not acted on.(J-D-04)

Recommendation:

• Policies and procedures must be developed and deployed to ensure labs ordered by clinicians are drawn in a timely manner, and that the results are reviewed by nurses and clinicians in a timely manner, and that the results are communicated to the patients in a timely manner.

16. Physical Disability Issues

Findings:

• The Santa Barbara County Jail makes minimal accommodations for inmates with physical disabilities and in many cases the accommodations are overly restrictive or inadequate to accommodate the disability.
(J-G-02 and J-G-10)

• The old building is not handicap accessible. Wheelchairs don't fit through some cell doors where wheelchair dependent inmates are housed (requiring the inmate to be carried or transferred in and the wheelchair must be collapsed first) and there are many other physical barriers to disabled inmates.

Recommendation:

• The department should follow expert consultant advice on developing less restrictive approaches to dealing with inmates with disabilities.

17. Pharmacy Services

Findings:

• There is a restrictive formulary with almost no medical non-formulary requests. There were multiple requests by the psychiatrist for non-formulary medications (most approved in recent weeks), but the medical doctor almost never requested a non-formulary medication. This suggests an overly restrictive approach to the formulary beyond what is reasonable.

•I found restricted of rescue inhalers (such as albuterol) and under-diagnosis of asthma.

• In inmate interviews, many inmates complained that gabapentin, a medication commonly used for neuropathy, was discontinued without any consultation between the doctor and the patients. Reviews of multiple medical records confirmed that there was a blanket discontinuation of

gabapentin without appropriate clinical consultation and individualized medical justification.

• The facility makes little use of Keep On Person (KOP) medications. (J-D-01)

Recommendations:

• Formulary adherence should be less restrictive and allow for thoughtful individualized treatment plans based on sound clinical criteria.

• Clinicians should be educated in the process of requesting non-formulary medications when there is legitimate and compelling clinical justification. The failure to ever request exceptions to a restrictive formulary is evidence of lack of individualized care.

• The department should liberalize the use of Keep on Person medications – especially for inhalers and medications that are available over-the-counter in the community.

18. Continuity of Medications

Findings:

•Inmates arriving on prescription medications often experience delays in the medication being ordered and administered, sometimes the delay is days or even over a week.

• A draft CFMG policy calls for verified medications to be ordered when the inmate is seen "at the next available sick call." This is problematic, especially considering that provider sick call does not occur every day.

Recommendation:

• The department should review procedures to remove unnecessary interruptions in timely access to care.

• In order to avoid interruptions in necessary medications for serious health conditions, nurses should evaluate patients who arrive with prescribed medications, acute illness and chronic conditions and consult with a provider in a timely manner (including over nights and weekends) to order necessary medications as clinically indicated.

• Policies must be developed and implemented to ensure that necessary and verified medications from the community are continued without

interruption, and that inmates with unverified medications for serious conditions are evaluated by the nurses with the support of on-call medical providers.

19. Grievances

Findings:

• All facilities experience a high level of grievances by inmates alleging inadequate care. A large number of these grievances were substantiated. (J-A-11)

Recommendation:

• Grievances should be categorized and analyzed as part of a Continuous Quality Improvement process.

20. Dental

Findings:

• Dental care when provided appears to meet minimal standards, but there are significant delays in access to such care. (J-E-06 and J-E-12))

Recommendation:

• Dental Clinics should be scheduled and staffed to allow for timely access to appropriate dental care.

21. Segregation

Findings:

• Standards dictate that inmates held in segregation are evaluated by both mental health and medical staff. Nursing staff reported that they do check on inmates held in segregation, often when they are on a housing unit doing a pill pass, but the documentation both on logs or in the medical record fail to document that these important checks are being performed at the required intervals (a daily check is required for complete isolation in a one-man cell). This does not meet the NCCHC standard for the monitoring of inmates in segregation. (J-E-09)

• In addition, the facility uses isolation cells that are hidden around corners and outside of any staff line of site. These cells do not have camera

monitoring or a in cell call button, placing the occupant at high risk should either self-harm or a medical emergency arise.

Recommendation:

• The department should establish procedures to ensure that inmates held in isolation and segregation have daily assessments by medical personnel and institute a logging procedure for those encounters.

• Isolation cells should have line of site observation or in cell monitored cameras and an intercom or call button.

22. Impact of a high security environment on health care

Findings:

• It is important to note for context that the Santa Barbara County Jail is a restrictive jail environment. There appears to be no meaningful standardized risk-based classification. While this may seem to allow for some efficiency for security purposes, such restrictive conditions of confinement create unnecessary barriers to care and introduce significant inefficiencies and risks in the delivery of health care. This approach seems particularly harsh and problematic for inmates who may be detained in these facilities for longer periods, such as the AB 109 population.

• Many inmates are confined to their cells or cell blocks for most of their incarceration period. (They are let out for daily showers and twice a week for recreation time. There appears to be very minimal programming or educational time). Their access to health care personnel is limited by their limited movement and relies on a paper driven "kite" system for reporting a health concern. Their only other alternative is to call a "man down" medical emergency.

• Conditions that are overly restrictive can and do have impact on inmate health and well-being and increase risks of adverse health events. Minimally, they create barriers to access to required medical care.

Recommendation:

• The department should consult with other jail facilities in the state and in the nation to learn about less restrictive detention practices that do not compromise facility safety and security, particularly for those inmates expected to remain incarcerated for longer periods of time.

23. Security Staffing in Support of Medical Services

Findings:

• There is insufficient custody staffing to support the medical program.

• Even if medical services are adequately staffed, access to the patients is entirely dependent on escort services provided by security. This includes both in facility and out of facility escort needs. A 2013 consultant report by Crout and Sida found insufficient custodial staffing overall, and insufficient medical escort staffing in particular.

• Insufficient custodial staffing in support of medical services remains an issue at the time of my visit resulting in preventable barriers in timely access to medical care and very inefficient use of medical professional time. Doctors and nurse are routinely kept waiting for patients to be transported or to be escorted to areas of the facility that require custodial escort for staff.

Recommendation:

• Security/Custodial staffing must be adjusted to fully support the medical program.

24. Discharge Planning

Findings:

• Per the JFA Report and my own investigation, the jail lacks a fully developed comprehensive program to prepare inmates with chronic mental and medical conditions for their release and transition back into the community.

Recommendation:

• Consistent with the JFA Report recommendations the County should implement and expand a comprehensive in-custody discharge planning program with emphasis on inmates who suffer from chronic mental health and medical conditions including addiction.

25. Review of In Custody Deaths

Findings:

• I was provided with limited access to some medical files of inmates who had died in custody.

• While the information provided was not complete (I was not provided with medical examiner reports in all cases, for example) what was clear was that routine reviews of inmate deaths (including an administrative review, a clinical mortality review and a psychological autopsy if death was by suicide) are not routinely and consistently being done. This is a missed opportunity to address critical problems and prevent future incidents. (J-A-10)

Recommendation:

• Routine death reviews (including a quick, multi-disciplinary administrative death review, a clinical mortality review and a psychological review if death was by suicide) should be done within 30 days of the death.

26. County Monitoring of the Medical Contract

Findings:

• Santa Barbara County Jail failed to deliver adequate medical care in large part because the previous medical contractor provided inadequate care.

• While replacing that provider with a new provider was an important corrective step, the County is still largely relying on the contractor to meet the County's constitutional obligations to provide care.

• While the work can be contracted out, the responsibility of the County in providing minimally acceptable medical care cannot.

• The County currently does not employ County resources nor expertise in providing oversight to the medical contract. In the 2016 report on realignment, the consultants made the following recommendation:

> *Require the Department of Public Health and Behavioral Wellness to Administer the New Medical Contract for the Sheriff*
>
> *Rationale*: The Sheriff is not the proper agency to monitor a contract that delivers mental health services in the jail. The County's Departments of Public Health and Behavioral Wellness should administer the contract to ensure inmates are being properly assessed and treated in the jail, and to ensure the transition from the jail to the community does not interrupt the services that were being provided in the jail.

Recommendation:

• The County must understand its responsibility in monitoring the medical contract on a day-to-day basis. It should consider hiring consultant or using existing County employed expertise to accomplish this critical oversite function. Consistent with prior consultant recommendations, the County should explore the possibility of requiring the Department of Public Health and Behavioral Wellness to administer the new medical contract for the Sheriff or alternatively, create a new position for a qualified individual with appropriate expertise and experience to perform that role.

• Medical care, a critical component of constitutionally guaranteed rights of the incarcerated, is too great a responsibility to contract out entirely. Expert and County based oversite of this complex program is in the best interests of the County and its citizens.

Summary of 2014 NCCHC Jail Standards Not Being Met or Requiring Further Work

The following is my summary of *priority* areas that the department should continue focus on in order to be ready for NCCHC accreditation:

J-A-01 Access to Care
J-A-05 Policies and Procedures
J-A-06 Continuous Quality Improvement Plan
J-A-09 Privacy of Care
J-A-10 Procedure in the Event of an Inmate Death
J-A-11 Grievance Mechanism for Health Complaints
J-B-01 Infection Prevention and Control Program
J-C-01 Credentials
J-C-02 Clinical Performance Enhancement
J-D-01 Pharmaceutical Operations
J-D-03 Clinic Space, Equipment, And Supplies
J-D-05 Hospital and Specialty Care
J-E-02 Receiving Screening
J-E-04 Initial Health Assessment
J-E-07 Non-Emergency Health Care Requests and Services
J-E-09 Segregated Inmates
J-E-12 Continuity and Coordination of Care During Incarceration
J-G-01 Chronic Disease Services
J-G-02 Patients with Special Health Needs
J-I-01 Restraint and Seclusion

Respectfully submitted to Counsel for the County of Santa Barbara and the Counsel for the Plaintiffs on July 3, 2017.

Scott A. Allen, MD

Appendix

Examples of inadequacies in chronic disease management:

Asthma- Asthma care in the cases reviewed does not meet nationally accepted standards. The facility makes no use of Peak flow meters. Peak flow meters are inexpensive plastic devices that allow for reliable objective assessment of the severity of a patient's ability to breath and are considered a standard part of asthma management. In some cases reviewed, patients with significant asthma histories were not evaluated by physicians unless they presented with an acute attack. Even with the new medical contractor, use of keep on person inhalers was being restricted, with inmates with documented asthma histories being directed to contact nursing only when they thought they needed to use an inhaler. This is a risky and unnecessarily restrictive practice.

Diabetes- Diabetes care at the jail facilities is inconsistent. Known diabetics do typically receive adequate monitoring by nurses with assessment of blood sugar by finger stick testing as ordered by a physician. However, regular evaluation by a physician is inconsistent. Measurement of Hemoglobin A1C (HgbA1C – a standard measure of diabetic control) on arrival and at recommended intervals (typically every 90 days) is inconsistent. In addition, patients entering the facility with confirmed treatment regimens do not have their community treatment continued. Rather, they are often automatically changed over to a generic sliding scale insulin protocol until they can be seen by a provider, often not until days after arrival. Sliding scale insulin is not the optimal primary method of managing diabetes particularly when a patient has a confirmed medication regimen from the community.

Hypertension- Management of hypertension in the Santa Barbara County Jail did not meet nationally accepted guidelines for the cases I reviewed (Ref: NCCHC October 2014 guidelines for hypertension, JNC 8). Specifically, patients with hypertension did not typically receive complete initial exams and work-ups, they did not consistently receive appropriate laboratory or EKG tests. In several cases I reviewed, the inmates went three to four days without medications.

HIV- HIV care in the Santa Barbara County Jail does not meet nationally accepted guidelines including timely consultation by a medical consultant with expertise in HIV management.

Other chronic conditions- In other cases where inmates had known chronic care needs (including conditions such as coronary artery disease,

neuropathy, gynecologic problems, chronic orthopedic problems) care was infrequent and cavalier.